Dover Behavioral Health
Clinical Assignment
2025

Student Name: Noelle Benson Date: 10/21/25
Patient's Initials: C Age: 65 Sex: M

Psychiatric Diagnosis(es): ETOH use disorder

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Use at young age (synaptic pruning), genetics, produce morphine like substance.
Neurotransmitters:	Dopamine (overtime tolerance builds so has to increase amount to get same effect)
Course/ characteristics of illness:	Excessive use of ETOH over a 12-month period (cravings, unsuccessful attempts to quit, tolerance, impacts ADLs, etc.) Risk for withdrawal and long-term health effects (Wernicke encephalopathy, GI impairment). Use of 12 step program along with therapy and meds are go to treatment.

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Prozac (Depression, anxiety, PTSD, OCD, etc.)	SSRI Increase serration reuptake & improves depressed mood (take a few weeks)	Sexual dysfunction, insomnia, weight gain, GI disturbances, dizziness, SI (1st few weeks of tx)	Monitor for serotonin syndrome, don't give with MAOI. Monitor for increased risk for suicide (especially in the 1st few weeks), take in AM
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Mental Status Exam:

	Subjective Data	Objective Data
Appearance	Mostly well groomed (slightly disheveled)	Clean, no pupil dilation or constriction, facial expression congruent with mood, appropriate height and weight, right arm in soft cast
Behavior		No excessive or reduced body movements, no peculiar or abnormal movements. Appropriate eye contact. Participating in group therapy
Speech		Normal rate of speech, normal volume, no speech disturbances
Mood	Reported feeling "good"	Flat affect most of the time, occasional small smile, mood. Mood clam, relaxed, determined
Disorders of the Form of Thought		No disturbed thought process or thought content
Perceptual Disturbances	No hallucinations or illusions	No signs of hallucinations
Cognition	Explained what caused him to be admitted, told me that he is ready to make change and recover	A&O x4, full memory intact, good attention, very good insight, appropriate judgement
Ideas of harming self or others	No thoughts of harming self or other	No actions that indicate risk for harming self or others

Problem #1: Ineffective coping

Priority Patient Goal:

1. Will identify 2 triggers that lead to drinking during time of care

Assessments:

- Triggers, CAGE & AUDIT, coping skills, reasons for recovery, family & personal hx, support system

Top 2 Interventions with rationale:

1. Identify triggers that lead to wanting to drink and was to reduce these or how to deal with them. (Helps client better understand triggers, be mindful of them, and have tools to deal with them when they come up instead of drinking)
2. Educate & help utilize positive coping skill that client can use when wanting to drink. (using positive coping skills instead of drinking, making a plan of action when feeling the urge, well help reduce relapse and increase recovery)

Problem #2: Impaired family process

Priority Patient Goal:

1. Will state 2 ways to improve relationship with children and make a plan on what to say to them.

Assessments:

- Support system, level of communication with children, ability to contact children, motivations.

Top 2 Interventions with rationale:

1. Help make plan of what he wants to say to his children and provide emotional support (it will help him if he knows what he wants to say to them and help him better verbalize his emotions to them, giving support because this can be very challenging and stressful)
2. Educate family on disorder and get them involved in treatment (having his family understanding this disorder can be very helpful, a strong support system including his family can improve changes of recovery and reduce relapse)

Patient Teaching
List 2 teaching topics that you taught a client.

1. How having a positive outlook can be beneficial to treatment and recovery
2. Coping skill that he can use such as taking a walk, deep breathing, guided meditation

Growth & Development
1. Discuss norms of growth and development for your patient, including development stage.
My patient was in the late adulthood stage of life. One of the major tasks is reviewing their life and finding meaning from it. I definitely think that my patient we meeting this because he was telling me about his whole life and reflecting on his past decisions. He seemed to look back fondly on his young adult years when he was working in Madrid and then comping back to the US to have a family. He also seemed to be thinking about his future and how he wants to be in recovery.

2. Discuss any deviations of growth and development.
One deviation I noticed was that he wishes that he could go back and change so things about his life, he also said since his divorce he has been lonely and having a harder time being on his own. These events lead hi to develop unhealthy coping mechanisms (drinking) to deal with this.

Self-Evaluation: Answer the following question.

1. What is your personal perception of your performance during your clinical day? What did you do well? What could you have done better? Give specific examples.
I was very nervous at the start of the day, I didn't know what to expect. Throughout the day I became more comfortable ask the patients questions and getting to know their situation better. When I first got to the unit I was standing in the corner not sure how to start conversation. After vitals I was more comfortable and began talking to Chris and learning his backstory. We discussed how his life and how he ended up here. He was very open about everything and had a really positive outlook, I feel like I did a good job getting to know his circumstances better and providing support and encouragement.
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