

Dover Behavioral Health  
Clinical Assignment  
2025

Student Name: Lillian Maslauskas Date: 10/21/25

Patient's Initials: H.C Age: 50 Sex: M

Psychiatric Diagnosis(es): Substance Abuse

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Brains reward pathways Your ventral tegmental area produces dopamine and plays a role in substance abuse as there is an increase in dopamine.
Neurotransmitters:	Increase of dopamine, serotonin, increase GABA decrease in glutamate, increase in norepinephrine.
Course/ characteristics of illness:	It first starts off with experimenting with the substance which can be through special occasions or social aspects. Then it leads to and increase use of the substance and tolerance starts to develop due to constantly craving it and having that loss of control. Then leads to having a dependance for that substance and now it has become uncontrolled and an addiction at this point with relapses.

**Medications**

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Disulfiram	ETOH abuse therapy adjuncts/enzyme inhibitor. It inhibits the enzyme aldehyde dehydrogenase. Leading to accumulation of acetaldehyde (breakdown products of ETOH)	<ul style="list-style-type: none"> <li>- Taking with ETOH causes unpleasant taste and making pt sick.</li> <li>- Drowsiness, metallic taste, hepatotoxicity.</li> </ul>	<ul style="list-style-type: none"> <li>- Pt. safety of ETOH avoidance, monitoring adverse SE, heavy on pt, education.</li> <li>- Never give to an intoxicated pt.</li> </ul>
Prozac (Fluoxetine)	Antidepressant/SSRI	<ul style="list-style-type: none"> <li>- Insomnia, tremors, HA, serotonin syndrome,</li> </ul>	<ul style="list-style-type: none"> <li>- Educating to not abruptly stop.</li> <li>- Can take several weeks to take effect.</li> </ul>

		suicidal ideation, sexual dysfunction, photosensitivity.	- Monitor for suicide.
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**Mental Status Exam:**

	Subjective Data	Objective Data
Appearance	Stated "I feel good and slept good"	Groomed nicely, dressed for the day. Personal hygiene performed.
Behavior	N/A	Happy mood, smiling, involved with group activities, watching TV.
Speech	N/A	Normal rate and sound. Easy to make conversations. No disturbances.
Mood	Stated "I feel good today", "My goal is to have a positive attitude"	A very positive attitude, outgoing and appropriate.
Disorders of the Form of Thought	N/A	Normal thought process
Perceptual Disturbances	N/A	None.
Cognition	Able to talk about the past.	Very orientated, alert with good memory and decision making.

Ideas of harming self or others	None.	None.
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**Problem #1: Ineffective coping**

Priority Patient Goal:

1. Pt. will demonstrate effective coping mechanisms during my time of care.

Assessments:

- Assess coping strategies, patterns and any stressors during my time of care.

Top 2 Interventions with rationale:

1. Encourage to verbalize feelings and identify personal stressors. Rationale: This can promote self-awareness and help notice what those triggers are and how to avoid them.
2. Teach/ encourage healthy coping techniques, such as deep breathing, exercising or journaling. Rationale: This provides different way to help manage the stress and anxiety that can come with substance abuse.

**Problem #2: R/f injury**

Priority Patient Goal:

1. Pt. will remain free from injury during my time of care and when leaving facility.

Assessments:

- Monitor LOC and compliance with medications.

Top 2 Interventions with rationale:

1. Maintain a safe environment. Rationale: This reduces risk for falls or any accidental injury from occurring.
2. Educate importance of being compliant with medications. Rationale: Educating them on their medication can help them further understand that if they are not they may spiral backwards.

Patient Teaching

List 2 teaching topics that you taught a client.

1. Being involved with the community and a different good crowd of people can help with recovery and getting yourself back in a good mindset.

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2. How important it is to make small goals every day and how proud he should be for achieving those goals.

#### Growth & Development

1. Discuss norms of growth and development for your patient, including development stage.

Middle adulthood stage. Normals: Involvement with community and future generations, self-reflection, growth of grey hair and wrinkles, decrease in immune system.

2. Discuss any deviations of growth and development.

Homelessness, no future generations, decrease involvement with the community, unemployed for substance abuse reasons not because of retirement time.

#### **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 think I did very well with therapeutic communication and having the pts. open up very well. I was not judgmental at all and made sure to make them feel proud about even the smallest accomplishments. I think something I could have done better was talking to more pts. I talked to 2 or 3 and got their full story but I want would have liked to be more involved with more of them.