Dover Behavioral Health
Clinical Assignment
2025

Student Name: Jamesia Alphonse Date: 10/21/2025

Patient's Initials: R.R Age: 73 Sex: M

Psychiatric Diagnosis(es): Alcohol Use Disorder
Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Impairs impulse control and judgement, memory impairment and difficulty recalling memories, motor impairment and coordination problems
Neurotransmitters:	Dopamine
Course/ characteristics of illness:	Slurred speech, Unsteady gait, Incoordination, Impaired judgement, Irritability

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Prozac	SSRI- blocks reuptake of serotonin	Sexual dysfunction, insomnia, agitation, anxiety	Watch for serotonin syndrome, do not stop taking abruptly
Disulfiram	Dehydrogenase inhibitor- blocks aldehyde dehydrogenase	Drowsiness, headache, skin rash, fatigue	Pt must be free from alcohol use for a few weeks

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	“I brushed my teeth and washed my face this morning, I need to shave though.”	Appears to be well groomed, dressed in clothing appropriate for weather, missing majority of teeth
Behavior	“I’m in here because I have a drinking problem.”	Cooperative and answers questions appropriately
Speech	“Every now and again I have a problem getting my words out.”	Speech is clear and coherent
Mood	“I feel pretty good, I’m getting discharged tomorrow”	Appropriate affect, makes eye contact during conversation
Disorders of the Form of Thought	“I’m going to a nursing home in Wilmington for 14 days and then I’ll be transferred to Georgetown.”	Thoughts are clear and organized
Perceptual Disturbances	N/A	No observations of hallucinations or illusions
Cognition	“I was married for 21 years, I have 2 children, 5 grandchildren and a great grand child on the way”	Alert and oriented x4, able to recall memories of his wife and children.
Ideas of harming self or others	“I have never thought about hurting myself or anyone else”	No observations of suicidal or homicidal ideation

Problem #1: Deficient Knowledge

Priority Patient Goal:

1. Will name 2 effects that alcohol has on mental and physical health by the end of my care

Assessments:

- Assess for knowledge of effects of alcohol on physical and mental health q 12 h

Top 2 Interventions with rationale:

1. Provide information about the physical, psychological and social effects of alcohol use
   Rationale: Increases awareness and promotes informed decision making
2. Explain the process of alcohol withdrawal and the importance of medical supervision
   Rationale: Encourages compliance in treatment

Problem #2: Ineffective Coping

Priority Patient Goal:

1. Will name 2 effective coping strategies to manage stressors

Assessments:

- Assess current coping strategies and motivation to change PRN

Top 2 Interventions with rationale:

1. Help identify specific stressors or triggers that lead to alcohol use
   Rationale: Understanding personal triggers can lead to developing healthier coping alternatives
2. Encourage participation in group sessions
   Rationale: reduces the feeling of isolation, and allows individuals to learn from others in recovery

Patient Teaching

List 2 teaching topics that you taught a client.

1. Healthy ways to cope with stress
2. Prioritizing his health

Growth & Development

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

My patient had a few health complications. He had hyperlipidemia and hypertension. He uses a wheelchair to get around most of the time. His developmental stage would be Ego vs Despair. He

seemed to fall more in the despair category. He wanted to be more independent and take care of himself, but he realized that he wouldn't be able to do it alone. He also discussed how he didn't communicate with his children much.

2. Discuss any deviations of growth and development.
My patient had decreased muscle mass and mobility and was unable to walk to the activity room.

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 today was a good day. I was able to have a conversation with an older gentleman and get to know a little bit about him. I learned about his family and a bit about his background. One thing I could have done better is to try and learn more about his history with his addiction and what may be some of his triggers and how he can cope with them.