

Dover Behavioral Health
Clinical Assignment
2025

Student Name: Camryn Tesch Date: 11/4/2025

Patient's Initials: Q Age: UNK Sex: Male

Psychiatric Diagnosis(es): substance use disorder

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	<p>Opioids: reduced volume and activity in the prefrontal cortex.</p> <p>Alcohol: Long-term abuse can cause neuron loss and frontal lobe shrinkage.</p>
Neurotransmitters:	<p>Opioids: endorphins (opioids mimic them causing receptor overstimulation), dopamine (reward pathways- euphoria), GABA, norepinephrine (responsible for withdrawal symptoms).</p> <p>Alcohol: GABA (sedation, anxiolytic effect), glutamate (inhibition responsible for "blacking out"), dopamine (reward pathway, reinforcement of drinking), serotonin (contributes to cravings/mood).</p>
Course/ characteristics of illness:	<p>Opioids: begins with prescribed pain meds or illicit drugs like fentanyl/heroin. Tolerance develops quickly, and so does dependence. Withdrawal symptoms include muscle aches, diarrhea, yawning, sweating, anxiety. Risk for overdose is high due to respiratory depression of drug.</p> <p>Alcohol: often reinforced socially, tolerance can develop over months/years. Withdrawal can be fatal and includes tremors, anxiety, nausea, sweating, seizures, and hallucinations. Can eventually cause liver cirrhosis, pancreatitis, and cognitive decline.</p>

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Suboxone: Buprenorphine + Naloxone	Partial opioid agonist (Buprenorphine partially stimulates opioid receptors, reducing cravings and withdrawal) and Opioid antagonist	Sedation, HA, constipation, nausea, sweating, precipitated withdrawal (if opioids were used too recently when given),	Start only after signs of moderate withdrawal (12-24 hours after last short-acting opioid – heroin), assess respiratory rate before giving and assess for resp.

	(Naloxone blocks opioid receptors only if injected, prevents misuse)	hypotension, dizziness.	depression throughout treatment. Monitor VS, mental status, and liver function. Instruct to avoid other CNS depressants.
Disulfiram	Alcohol aversion drug inhibits aldehyde dehydrogenase, this leads to unpliant physical symptoms when alcohol is ingested.	Drowsiness, fatigue, HA, metallic taste, acne-like rash, hepatotoxicity, peripheral neuropathy. If alcohol is consumed while on this med, flushing, severe N/V, throbbing headache, and dyspnea can occur.	Avoid ALL forms of alcohol, including mouthwash, cough syrups, hand sanitizers, cooking extracts, and aftershaves/colognes. Monitor LFTs. Contraindicated in severe heart disease, pregnant, and psychosis.

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	Well groomed, wearing a matching outfit.	N/A
Behavior	Very relaxed. when the movie on the TV was potentially triggering to him and other patients, he switched it to a comedy movie.	When another patient walked into the room and he was in her usual seat, he got up and helped her to her seat.
Speech	Speech WNL and appropriate for age, very talkative.	Would get hooked on a topic, the restaurant conversation lasted for approximately 5 minutes, and it was slightly repetitive.
Mood	Pleasant, in a good mood, very sweet.	Drew a nurse and said, "I am going to give her a big bright smile."
Disorders of the Form of Thought	During the anger management group activity, he went off on a tangent about topics not pertinent to the conversation.	During the anger management group activity, he said, "I am very good a reading people's body language" and began talking about people in a restaurant and how he

		knows what everyone is talking about.
Perceptual Disturbances	N/A	N/A
Cognition	Appropriate for age, able to have well thought-out conversation.	Told Danni and I, "If there is one piece of advice, I could give you all in this field, it's don't listen to the textbook, just be empathetic and listen, we don't need people working off a textbook but just someone to be their and try to understand."
Ideas of harming self or others	None verbalized or observed.	None verbalized or observed.

Problem #1: Ineffective Coping Mechanisms

Priority Patient Goal:

1. Will identify at least one healthy coping mechanism during my care, MET.

Assessments:

- He had a folder with very talented drawings in it, and he was actively drawing one during group time.

Top 2 Interventions with rationale:

1. Reinforced drawing is a healthy coping mechanism.
2. Asked open ended questions about his drawing to illicit meaningful conversation/responses.

Problem #2: Disturbed Thought Processes r/t substance use or withdrawal.

Priority Patient Goal:

1. Will engage in coherent conversation and respond appropriately when talked to during my care, MET.

Assessments:

- When triggering scene was playing on the TV, he got up and switched to a different movie that everyone else agreed on.

Top 2 Interventions with rationale:

1. Reinforced that it was a good idea to switch the movie that was on due to its triggering.
2. Activity staff provided silence and allowed him to speak about his feelings freely during group activity.

Patient Teaching

List 2 teaching topics that you taught a client.

1. That drawing is good for him, it was a very brief conversation, but we talked about his art and how it is beneficial for him.
2. Reinforced that it was a good idea to switch the movie that was on due to its triggering.

Growth & Development

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

He is a young adult. He is in Erikson's stage of intimacy vs. isolation, in which his key goal is to find the ability to love and form a deep connection with a lifelong partner (failure to do so results in isolation + loneliness). He is in Piaget's Formal Operational Stage, which includes abstract thinking, reasoning, and problem-solving. He is in Kohlberg's Post-conventional stage social contract or Stage 5 of moral development, in which laws are respected but can be changed if they don't serve the greater good. He did not verbalize a relationship outside of this facility, and he mentioned that he has been to prison, and he has substance use disorder. His norms in development include his ability to be empathetic towards his peers, and his ability to hold a meaningful conversation with almost anyone he spoke to.

2. Discuss any deviations of growth and development.

He seemed a little behind in development, I am not sure of how old he was, but he acted slightly immature for the age he appeared to be. Otherwise, his speech and cognition were appropriate.

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 when I was spoken to, I did make conversation well with the patients, but something I can do better tomorrow is initiating conversations, being more outgoing, and trying to get more out of them. For example, when my patient was talking to us about empathy it was a very fruitful conversation, but when I initiated a conversation with another client, it went as far as me finding out he likes Marvel over D.C. I want to be better at making conversation in the future.