

Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2022
Nursing Process Study

PROCESS RECORDING DATA FORM

Student Name: Livia Suresh

Patient's Initials: KU

Date of Interaction: 06/15/2022

ASSESSMENT

- Pertinent background information of patient (age, sex, marital status, etc.), description of why the patient was admitted to the Behavioral Unit. Was this a voluntary or non-voluntary admission?

My patient was a 22 year old single male. He was voluntarily admitted by driving himself from Toledo to find a hospital that would work for him. The patient was admitted into the behavioral unit due to auditory hallucinations, visual hallucinations, and his dissociative disorder. He expressed he has had suicidal ideations, with a history of a suicide attempt by vehicular accident, but during his admission processes he stated he was not currently feeling suicidal. He did express anxiety. His toxicology was positive for THC.

- List any past and present medical diagnosis and medical health issues.

KU has a past diagnosis of bipolar 1 disorder, depression, and hypoglycemia. Per my patient, he stated he has IBS, issues urinating, and skin reactions/sensitive skin. My patient is diagnosed as schizoaffective.

- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.
Pre-interaction:

Prior to communicating with my patient, I sat in during his admission process. He seemed very calm during the interview, along with being honest, descriptive, and highly intelligent. He was able to describe dates, details, and memories with ease. I noticed he also seemed very tired since he drove himself in the middle of the night.

Post-interaction:

Post-interaction, I reflected on the things he told me. He explained that he was sex trafficked in Toledo by the Free Masons, and that he has killed people to protect himself. I sat there and actively listened to allow him to share his story, but I have to remember that he has a history of hallucinations and schizoaffective disorder. His story was very descriptive, and truly disturbing. I felt an array of emotions from sadness, to empathy, and it was honestly very interesting to me to hear his perspective on his life.

- Describe what is happening in the "milieu". Does it have an effect on the patient?

The milieu during the date of our interaction was that there were a lot of rowdy patients that were creating an active, but tense environment. There was another patient that has suspected dementia and would continuously speak in outbursts, interrupt people, and telling irrelevant stories. There was also another patient who had pseudo-seizures and would start hitting herself and yelling. This environment was not very therapeutic and could create stress and could trigger another patient.

Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2022
Nursing Process Study

DIAGNOSIS/PRIORITY MENTAL HEALTH PROBLEM:

- Mental Health Nursing Diagnosis: (Not patient medical diagnosis)

Disturbed thought process & Risk for suicide

- Identify all potential complications (at least 5 complications)
 1. Harm to self or others
 2. Side effects of antipsychotics and antidepressants (increases risk for suicide)
 3. Increased anxiety from unfamiliar environment
 4. Suicide
 5. Manic episodes from disorientation
 6. Disturbed reality

PLANNING:

- Identify all pertinent Nursing Interventions in priority order including rationale and timeframe. (At least 5 interventions). Interventions must be individualized and realistic.
 1. Ensure the patient is safe AAT, with persistent observations q15m
 - a. R/T suicidal ideation and past suicide attempt.
 2. Remove all dangerous objects and belongings from patient's room and immediate vicinity (around the clock)
 - a. To prevent harm to self and to others.
 3. Interact with patient to better understand thought process and perceptions (around the clock)
 - a. to allow for expression of possible SI, HI, or hallucinations. Precaution is necessary to maintain safety.
 4. Administer Vistaril 50mg PO PRN Q6Hh
 - a. R/T expressing anxiety.
 5. Administer benztropine 1mg PO q24h
 - a. for extrapyramidal side effects.
 6. Administer olanzapine 5mg PO q24h
 - a. for psychosis.
- Identify a goal of the **therapeutic** communication.

A goal of therapeutic communication is to develop a therapeutic nurse-patient relationship. It also helps allow a patient to explore their own motivation for change by making them the center of the conversation. Therapeutic communication can help create behavior change by opening up emotions and allow for the realization of issues in the patient's life.

IMPLEMENTATION:

- Attach Process Recording.
(See below)

Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2022
Nursing Process Study

EVALUATION:

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3)

Strengths of mine are that I allowed the patient to open up, and I maintained eye contact and an open posture (SOLER). I stayed the entire time actively listening and giving cues that I was still listening, such as restating what he would say, and exploring. I also felt like I did a good job of setting any bias behind me and not judging my patient for everything he was telling me.

Weaknesses: (provide at least 3)

Weaknesses of mine would be I didn't have much to say in response, and I also would get confused by his story. I also felt that I was being controlled by the conversation, which he even admitted that he would do. I am not sure if he thought I was easily controllable and if that was his goal during our interaction. I also at times felt as though I did not believe his story he was telling me. Before our conversation I did make sure I checked my bias, and I feel in my heart that I do not stigmatize those with mental illnesses, but this was my first time listening to a story like his own. It was a very descriptive and heavy story that contained history of abuse and possible homicide.

- Identify any barriers to communication. (provide at least 3)

Barriers to communication in the milieu we conversed in include the constant distractions. While it was necessary, an LPN working in 1S interrupted to give KU his anti-anxiety medication. It kind of made us both lose our train of thoughts. Another barrier was I did not get to know him very well before I talked to him. I began our conversation almost immediately after his admission processes, so while I had a general idea of what he was going through, I did not get his full picture before talking with him. The milieu was also very erratic like I stated earlier.

- Identify any Social Determinants of Health for the patient.

Social determinants of health for KU would be that he has a bad relationship with his mother and friends. It sounds like from his stories that he would offer unsolicited advice to friends, and he even told me he has to constantly control the conversation. He told me that his friends never want to listen to him or help him. His lack of support outside of the behavior unit is a social determinant because everyone needs someone to rely on. He stated he has a great relationship with his dad, but he cannot talk about his history of abuse with his dad because his reality is very altered to what his dad's reality is.

- Were there any interventions or therapeutic communication that could have been done differently. Provide explanation.

Interventions I would have done differently would be to not pry. Reflecting to how I conversed with him, what I thought was opening up communication and clarifying what he was saying, may have been probing for answers which is a non-

Firelands Regional Medical Center School of Nursing

Psychiatric Nursing 2022

Nursing Process Study

therapeutic technique. He seemed very willing to talk about everything he has gone through and his perception on the situation, but I could have done better. I could have also used the therapeutic technique of presenting reality, but I do not feel experienced enough yet to make sure I do the technique correctly and it doesn't turn into making the patient feel like I'm completely shutting down their version of what they believe is true.

Process Recording

Note: Students as you type in the cells the cells will expand. Reference table 5-5 pg. 116 in textbook for sample process recording.

Student's Verbal or Nonverbal Communication	Patient's Verbal or Non-Verbal Communication	Student's Thoughts and Feelings Concerning the Interaction	Student's Analysis of the Interaction (use Table 5-3, 5-4 in textbook for reference)
Is it okay if I sit with you? (I walk over to his table he is sitting at alone)	Yeah, sure. (He is eating breakfast)	I felt like I really wanted to talk to KU because I did not know much about him since he was just newly admitted into the behavioral unit.	Offering self. By asking if it's okay if I sit with KU, it shows that I am willing to spend time with him and it shows that I am interested and can help increase a patient's feeling of self-worth.
Is your food good? (I sit down)	It's alright. (Continues eating)	I feel like I might be bothering him at this point, so I figured I should make small talk to see if he would be willing to open up.	Making observations. I feel like this question was me observing that he is eating breakfast, and it also opens up more communication.
Do you want to talk about what happened? (SOLER)	(Stops eating and puts fork down). My friends don't want to help me and I want to die.	I was very shocked by this response because he stated in the admission process that he did not have any current suicidal ideations. But with this statement it sounded like he did actively want to die.	Giving broad openings. This therapeutic technique I used could allow the patient to choose to open up about his feelings or shut the conversation down.
Why don't your friends want to help you? (SOLER)	I try to give them advice, try to tell them what to do, but they don't want to listen to me. I have to have control of the situation and I tried to tell my friend we should make these YouTube videos	At this point I could tell where maybe the dissociative personality disorder might be shining through. I also thought it was interesting that he admitted he has to have control of all the	Probing/ requesting an explanation. I should have reworded this conversation to "please explain your feelings in detail about your friends." Instead I asked the question in a very non-therapeutic way.

Firelands Regional Medical Center School of Nursing
 Psychiatric Nursing 2022
 Nursing Process Study

	to make money and he would not listen.	situations. It made me wonder if he was going to try to control me as well.	
You feel as though your friends don't listen to you. (SOLER)	Yes. I've gone to them that I need help. I've told them to tell me to remind me to eat because I don't remember to eat. I told them to tell me to take my medications because I can never remember. They tell me that my behavior is scaring them.	I felt like I may have been prematurely judging as well, because I was wondering if he may also have narcissistic disorder since he said he has to control everything. I also noticed that he has gone to his friends for help, but wondered if him asking for help was more-so demanding specific help from his friends who may have just not been able to emotionally provide what he needed.	Restating. I restated what my patient was conveying. This technique allows him to correct me if I did not understand what he expressed to me.
You like when people give you reminders. (SOLER)	Yes. I need to be reminded to do things because I cannot remember. (Makes eye contact)	I noticed he stopped eating his breakfast to talk with me and I did feel really bad about that.	Restating. I was restating again what KU said, because I realized that I was not giving him reminders about eating.
I'm really sorry I did not remind you to eat your breakfast, I can remind you if you would like. (SOLER)	It's okay, you did not know. (Looks away)	I thought his response was nice, but I also noticed that maybe this is his way of controlling people as well, by setting expectations for individuals and being upset if they do not meet those expectations.	Introducing an unrelated topic. I feel like by me apologizing for not doing something may have reversed roles of patient/nurse, and I should have just stated that I could remind him to eat if he liked, instead of apologizing.
Do you want to talk more about how your behavior is scaring your friends? *SOLER)	They say that my anxiety and what I tell them is giving them anxiety and making them scared. I am trying to tell them how I feel, and I cannot emotionally handle their feelings on top of my own. I am going to	I could relate to this statement. I feel like in my past I sometimes try to express my anxiety/feelings to other people, and it may be too much for them to handle, and it does make me feel bad. I felt empathy for	Encouraging description of perceptions. I could tell KU was distressed about his emotional support he does/doesn't receive from his friends and this allowed him to talk more about it.

Firelands Regional Medical Center School of Nursing
 Psychiatric Nursing 2022
 Nursing Process Study

	them for help and they just tell me I'm scaring them and making THEM anxious.	my patient.	
(Stays silent, remains in SOLER, nods.)	So I drove myself here. I am from Toledo and I came here last night because the hospitals over there have not helped me.	I remained silent and let KU continue to talk. I noticed that I need to just let him talk and maybe I will get to know him better by letting him control the situation.	Using silence. I stayed silent to allow KU to organize his thoughts and think about what else he wanted to talk about to me, or if he did still want to even talk to me.
Tell me more about you driving yourself here.	I felt like I needed help. I have a lot of sh*t that has happened to me in my life and no one understands.	This statement was a turning point for our conversation because I realized that everything he talked about in the admission processes was very superficial, and there was a lot more trauma that led to this point than the nurses may know.	Focusing. I focused in on that he drove himself all the way from another city to seek help, and I thought that was something very important to talk about.
Do you want to talk about what you've been through?	Do you know about Toledo and the busy interstate that runs through there? I have been sexually abused and sex trafficked during my childhood. My family was a part of the Masonic Temple. The Free Mason's would take us and brain wash us and use flashing lights to control us. I was forced to do unspeakable things. My dad and grandpa, who built that temple, had their memories erased so they do not even know what happened. When they tried to wipe my memory the machine malfunctioned. I have a cousin who went through the same	I realized at this point that this is where the auditory and visual hallucinations may have come in, along with his disturbed thought processes. I am not shutting down what he believes happened at all, but I have never been told anything like this before in my life. I was honestly just in complete shock what he was telling me and I almost just didn't know what to say.	Probing. I may have been asking too many personal questions because I wanted to know more about KU. Persistent questioning of the patient and pushing issues can contribute to the patient feeling used only for the information that the nurse may be seeking.

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Nursing Process Study
