

**PROCESS RECORDING DATA FORM**

Student Name: Madison Proy

Patient's Initials: L.F.

Date of Interaction: 7/14/22 & 7/15/22

**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?**

This patient was a 26-year-old male. Physical history included kidney stone and back pain. Psychological history undiagnosed but states he has had on and off suicidal ideations for about 4 years. Patient is admitted for acute episode of major depressive disorder along with suicidal ideation. This episode was provoked by many factors in his life. He shared with me that he was married for 3 years before going through divorce. His ex-wife and him have a 3-year-old child together whom she rarely lets him see and this triggers a lot of his depression. He states he plans on taking the custody battle to court but fears how he will afford an attorney and how he will afford this hospitalization. He also shared with me that he has a current girlfriend who has two children of her own. She moved in with him and he said they have been fighting very often which triggers some of these depressive symptoms as well. He expressed feelings of guilt regarding how he had cheated on his girlfriend with a woman from work. The girlfriend doesn't like him going to work now for this reason, but he is there only source of income, and he stated this puts a lot of stress on him. This admission was non-voluntary, but he was calm, listened to rules, and took advantage of his time there by going to group therapies. Some other things to note is the patient experienced significant weight loss in the past several months, has a family history of depression, his mother passed away when he was 6 years old, he experienced sexual abuse, father was abusive, has a past suicide attempt, and was positive for THC. These are all risk factors that could be a reason for his current diagnosis and symptoms.

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

This patient's medical history was very insignificant. He had no current medical health issues but did have a history of a kidney stone and back pain listed in his records. The patient also mentioned to me how he still struggles with frequent back pain. He shared he takes ibuprofen at home, and I took some time to educate on nonpharmalogical forms of pain relief such as cold/heat therapy, chiropractic care, and music therapy.

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

**Pre-interaction:**

Before the interaction with this patient, I was very nervous. I had not yet been on 1 south so I had very few experiences practicing my therapeutic communication skills. Also, with his diagnosis I was very afraid of saying the wrong thing. I felt myself being very uncomfortable approaching the patient and beginning the interaction. Aside from being nervous and afraid I was also excited to work on these skills and help him along with other on the unit while I was there.

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**Post-interaction:**

After the interaction I felt relieved. I was relieved because I felt like I did a good job and felt accomplished. After the interaction with this patient, I was way more confident approaching other patients on the unit and initiating conversation. I felt like the therapeutic communication started to come way easier for me the more I put myself out there and talked with these patients.

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

In the milieu the patients are given their own rooms, some with roommates. There was a common area for the patients to congregate and interact with each other which was recommended for many of the patients to do. This common area had a television, coloring, and games for the patients to take part in. There was also an area called the “day room” that was open for the patients and was where all the group therapies took place. There was also a small area outside from them to utilize if at least two personnel were able to go out with them. The milieu was very structured. There was bulletin board with the schedule for the day, so the patients were aware of what the day entailed. Also, if they attended the first group therapy of the day the schedule would be discussed. Having a scheduled environment is important for these patients. The group therapies were very beneficial for these patients to attend. They had activities such as yoga and painting and discussed topics such as stress management, coping skills, and relaxation techniques. While I was there, there was no disruption in the milieu, but when one does occur it is handled appropriately so that it has little to no effect on other patients. My patient personally was affected by the milieu in a positive way. He made sure to attend all scheduled therapies and spent little time alone in his room. He stated to me that the environment benefitted him a lot getting to take a break from his life stressors, learn new coping techniques, and interact with people who are also struggling to relate and learn from.

**DIAGNOSIS/PRIORITY MENTAL HEALTH PROBLEM:**

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

Major depressive disorder along with suicidal ideation

- **Identify all potential complications (at least 5 complications)**

-drug abuse: changes in pupils, trembling, weight fluctuation, lack of hygiene

-self-care deficit: uncombed hair, body odor, disheveled clothing

-insomnia: difficulty falling asleep, staying asleep, lack of energy, difficulty concentrating

-relationship & work issues: loss of income, poor communication skills, failed interpersonal relationships

-decreased appetite: malnutrition, weight loss

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**PLANNING:**

- **Identify all pertinent Nursing Interventions in priority order including rationale and timeframe. (At least 5 interventions). Interventions must be individualized and realistic.**
  - 1) Check on patient every 15 minutes or PRN. Rationale: To ensure safety of patient and decrease risk of harm.
  - 2) Assess the pts current mood and mental status Q4H or PRN. Rationale: To monitor changes in mood and be able to act on these changes in a timely manner in case the pt is experiencing worsening depression or anxiety. This is especially important because of his new prescription for Lexapro and never being on an antidepressant before.
  - 3) Administer Lexapro 5mg daily. Rationale: To decrease depressive symptoms and improve mood.
  - 4) Administer PRN medications (olanzapine 5mg, trazodone 50mg, & lorazepam 0.5mg) as needed. Rationale: To maintain the patients current state and decrease any insomnia, anxiety, or psychotic behaviors that arise.
  - 5) Educate patient on new psychological medications (Lexapro 5mg, olanzapine 5mg, trazodone 50mg, & lorazepam 0.5mg) before administration & discharge. Rationale: Allow the patient to be informed on their care and able to report adverse effects.
  - 6) Educate patient on resources and coping skills during course of stay and before discharge. Rationale: To prepare the patient for life after their visit and how to cope in the future to eliminate any depressive or anxiety symptoms.
- **Identify a goal of the therapeutic communication.**

A goal of the therapeutic communication was to provide the patient with adequate support to open up about his current emotions and mental state and promote improvement in mood with education on coping skills for his stressors in life.

**IMPLEMENTATION:**

- **Attach Process Recording.**

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**EVALUATION:**

- **Identify strengths and weaknesses of the therapeutic communication.**

**Strengths: (provide at least 3)**

- 1) I was able to offer myself to the patient in a therapeutic way. This allowed the patient to know I was available and interested in talking with him. This in turn made the patient feel welcomed and cared for. As we know, this is important because having a good support system is vital in recovery.
- 2) I was able to therapeutically utilize silence. I felt like I didn't overuse this technique and I felt like I also used it at appropriate times that enhanced the therapeutic communication.
- 3) I also did a good job at restating, verbalizing the implied, and making observations. I felt like this helped the patient recognize his own feelings and helped show that I was truly listening and engaged in what he had to say.

**Weaknesses: (provide at least 3)**

- 1) I at one point used a nontherapeutic form of communication. I belittled the patient's feelings by stating "I am sure it is not as much as you think it is." I did this when he shared with me that he had a lot going on. I immediately recognized my fault and regretted it. If I went back, I would of just asked the patient to continue and elaborate.
- 2) I used a nontherapeutic form of communication again when I requested an explanation. I asked why. I should have just again asked the patient to elaborate or explain. By asking why I could have made the patient feel intimidated and hesitant to share more with me. Thankfully he ended up sharing more but this could have ruined the therapeutic conversation.
- 3) I found myself hesitating and scared to respond during the conversation. I think this is something that will diminish as I continue to engage in therapeutic communication and practice my skills. During this conversation though if he picked up on my nervous energy or hesitancy it could have caused him to hold back or exhibit similar feelings.

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

- 1) The patient had a high anxiety level. This made it hard to communicate with him because he was hesitant.
- 2) The patient was quiet and withdrawn this made it hard for me to get him to open up and feel comfortable enough to talk to me or trust me.
- 3) He was in an unfamiliar setting. He was just admitted the night prior so I could tell he wasn't very settled in yet or comfortable. This made it hard to find a quiet place away from other patients to talk.

- **Identify any Social Determinants of Health for the patient.**

The patient was struggling financially and was nervous about how he was going to afford missing days at work due to be admitted. He was unsure on how he was going to afford this hospitalization and how he was going to afford an attorney for his custody case for his son.

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

Yes, there was interventions and therapeutic communication that could have been done differently. Intervention wise I could have provided more education to the patient regarding his new medication prescriptions and coping skills. He lacked knowledge on both of these topics. He had never taken an antidepressant before and being on one made him very nervous and I think some education could have been very valuable to the patient. Also, educating him on coping skills would have been beneficial for his diagnoses. He was also very open to education and learning about ways he could help himself. He was truly engaged with his care and wanted help. Regarding therapeutic communication I could have been better at hiding my nervous energy. I had little experience with therapeutic communication, so I was very nervous talking to him and making sure I was saying the right things. I also used nontherapeutic communication techniques a couple times such as belittling his feelings and requesting an explanation. I need to work on how to better respond in those specific situations, so I don't repeat my mistakes. But, for my first long conversation with a patient in a psychiatric setting I think I did a very good job and provided good thought-out therapeutic communication.

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**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)
"Hello, is it okay if I sit here with you?"	"Yes, that is fine." (Looks at me with small grin)	I felt uncomfortable. Wasn't sure if the patient would be open to communication.	Therapeutic: Offering self. Showing willingness to engage with patient.
"How are you doing"	"I'm okay" (Looking down at his drawing)	I felt discouraged. I was feeling as though the patient wasn't going to open up to me.	Therapeutic: Offering self. Showing interest in patient's feelings.
(Grinned at patient)	"I just have a lot going on at home, it is kind of why I am here." (Quiet tone. Quivering in voice.)	I felt nervous and eager. Unsure how to respond but eager to hear more and help the patient.	Therapeutic: Using silence. Allowed the patient time to organize thoughts and decide if he was willing to share anymore with me regarding how he was doing.
"You appear to be a bit upset. Is there anything you want to talk about?"	"Well, I don't know it's a lot"	Beginning to feel more comfortable talking with the patient.	Therapeutic: Making observations and giving broad opening. Bringing awareness to the patient's feelings and allowing the patient to continue to share.
"I'm sure it's not as much as you think it is. Do you want to share anything with me?"	(Silent) "I don't know. My girlfriend and I have been fighting a lot and I don't know."	I felt discouraged because I felt like I said the wrong thing.	Nontherapeutic: Belittling feelings expressed. I feel as though this comment could have made the patient feel as though his feelings were insignificant.
"Tell me more about that."	"Well, I cheated on her with a girl from work. I hate myself for doing that. She doesn't like me going to work anymore but she doesn't work so I have to go. She doesn't understand."	I felt good. I was happy he shared this with me and felt comfortable enough to do so.	Therapeutic: Focusing. I focused in on the issues he stated he had with his girlfriend to learn more about why this is a stressor in his life.

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Psychiatric Nursing 2022  
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	(Looking down at drawing and continuing to draw.)		
"It sounds like this is something that really stresses you out"	"Yeah, it does. But the main reason I think I got to this point is because my ex-wife."	I felt sorry for him. I could tell there was a lot on his mind.	Therapeutic: Verbalizing the implied. I put into simpler words what I thought the patient was conveying.
"Why does your ex-wife cause you distress?"	"She doesn't let me see my son. My son's name is Mattix. He is my whole world. It really hurts me not getting to see him. She will have her karma one day for taking him away from me."	I felt even more sorry for this patient but grateful he opened up to me about this.	Nontherapeutic: Requesting an explanation. This may of come off intimidating for the patient asking him why. I should of instead offered a general lead for the patient to continue with this thought.
(Made eye contact with patient and nodded head)	"I don't know. I love my son and would do anything for him. This is just something I have no control over, and it hurts. He's only three years old he doesn't understand, and I am afraid one day he will blame me."	I feel terrible for the patient and wish there was something I could do to relieve his pain.	Therapeutic: Accepting and using silence. Nodding my head allowed him to know I was engaged in what he was saying and understood. Silence allowed him to collect his thoughts and continue.
"You're afraid your son will resent you for not being around as much as you wish?"	"Yes, I want to take it to court. To gain custody... I want an attorney, but I can't afford it. I don't know how I am going to even be able to afford being here right now. My girlfriend doesn't work. I pay for everything." (tearful)	I feel empathetic to his situation. I couldn't imagine the stress put on him.	Therapeutic: Restating. This shows I understood what he expressed to me and gives him the opportunity to continue or clarify.
"I can tell you are very overwhelmed. I am sorry you are going through all this." (leaning towards patient initiating eye contact.)	(silent)	I felt like there was nothing I could say or do to make him feel better. I felt helpless at this point in the conversation.	Therapeutic: Attempting to translate words into feelings. Shows that I am understanding what he is saying and listening.
"What do you usually do to help relieve this stress and anxiety these things cause you ?"	"I don't know. I don't have time to do anything for myself. But these group therapies are helping a lot. I need to take time	I felt like I could help him by educating on coping skills.	Therapeutic: Assessing for use of coping skills so I can educate if needed.

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 Psychiatric Nursing 2022  
 Nursing Process Study

	for myself. It's just hard.		
"Making time for yourself is very important. I am glad that group therapy is benefiting you."	"Yeah, me too. I am kind of tired I think I am going to go lay down for a little bit. Thank you for talking with me though. I appreciate it.	I felt good about this conversation. I felt as though I established a trusting relationship with the patient and that he felt comfortable talking with me.	Therapeutic: Restating. I restated the importance of making time for yourself and practicing the skills he is learning in therapy.
"You're welcome. I will be here tomorrow too if you need anything."	"Okay." (smiled)	I felt accomplished because the conversation overall went very well	Therapeutic: Offering self. Letting him know I am available to talk in the future.