

PROCESS RECORDING DATA FORM

Student Name: Veronica Cromwell

Patient's Initials: DS

Date of Interaction: 6/8/23

ASSESSMENT- (Noticing- Identify all abnormal assessment findings (subjective and objective); include specific patient data.)

- 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 27-year-old transgender female who began her transition a year ago with hormone therapy. She is currently not married but began dating a man in March who she met online. She was voluntarily admitted with major depressive disorder after an appointment where she confessed to experiencing suicidal thoughts. On admission, DS was experiencing auditory and visual hallucinations and suicidal ideations. She had attempted suicide the week before admission by overdosing on Percocet and did not seek medical attention following the attempt.

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

DS has a medical history of lumbar radiculopathy, fibromyalgia with falls, acute left back pain with sciatica, chest pain, dental caries, and suicidal ideations. She has anxiety, depression, obsessive-compulsive disorder, and a family history of suicide on her father's side.

- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction. Pre-interaction: **Originally after the report, I was hesitant on how to approach DS and bring up topics without offending or upsetting her. I was worried about doing more harm than good during our conversations and that I would cause more decline in her mental health.**

Post-interaction: **DS was extremely willing to talk and open up about her situations and what brought her to the hospital. I was more aware of the different layers that went into her mental decline and ultimately caused her to become suicidal. I became more comfortable using therapeutic communication skills and how to address sensitive topics.**

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

The milieu was very calming and organized. There was a schedule posted on the board for patients to know what events were taking place during the day and when they were able to make calls to family/friends. The staff did 15-minute checks on patients to ensure they were safe and unable to harm themselves or others. Visitors who brought items in had to bring it to the staff prior to it being released to the patient to ensure it could not be used to cause harm. DS seemed to like the organization and schedule. She seemed calm knowing what events were happening next.

DIAGNOSIS/PRIORITY MENTAL HEALTH PROBLEM- Interpreting

- Mental Health Priority Problem (Nursing Diagnosis): (Not patient medical diagnosis) (List all nursing priorities and highlight the top mental health priority problem. Provide all the related/relevant data that support the top mental health priority nursing problem.)

Acute pain, anxiety, decreased activity tolerance, disturbed body image, disturbed family identity syndrome, dysfunctional family processes, hopelessness, impaired mood regulation, impaired physical mobility, ineffective coping, risk for adult falls, risk for suicidal behavior.

Data: suicidal ideations, previous overdose attempt before admission, reported temptation to drive into oncoming traffic, attempted to shoot herself but was unable to pull trigger, family history of suicide, lack of support system, needs to vacate home by September, financial instability due to reduced hours at work from fibromyalgia issues, sexually abused when she was thirteen.

- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)

Suicidal ideation- withdrawing from social contact, feeling trapped or hopeless, talking about suicide.

Self-negligence- poor personal hygiene, improperly dressed for the weather, unexpected/unexplained worsening of health or living conditions.

Substance misuse- changes in appetite or sleep patterns, deterioration of physical appearance and grooming habits, sudden weight loss or gain.

Social isolation- withdrawing from activities they once found pleasurable, declining to socialize with friends/family.

Increased risky behavior- engaging in activities known to be dangerous, less caution used when determining actions.

PLANNING-Responding

- Identify all pertinent Nursing Interventions relevant to the top mental health priority problem. List them in priority order including rationale and timeframe. (At least 5 interventions). Interventions must be individualized and realistic.
 1. **Assess patient safety and location Q15min**
 - a. **Ensure patient remains safe**
 2. **Assess risk for potential harm and risk for suicide Q4/PRN**
 - a. **To prevent harm to patient and others, assess mental status and potential for plans to harm self**
 3. **Administer escitalopram 20mg PO BID, and if still necessary olanzapine Q6 PO, trazodone QHS.**
 - a. **Escitalopram is an antidepressant/SSRI, olanzapine is antipsychotic, and trazodone is an antidepressant (Deglin, Vallerand, & Sanoski, 2023). These will improve mental health and reduce suicidal ideations with consistent use.**
 4. **Assist patient to plan a course of action to cope with existing situations BID**

- a. **Course of action will provide the patient with a plan for when they're feeling anxious/suicidal. This may prevent suicide attempts. (ex. Calling therapist)**
5. **Educate patient on risk associated with medications Q12**
 - a. **Risks associated with abruptly stopping medications, continuing medications even when they are feeling better, calling provider before making changes to doses.**
- Identify a goal of the **therapeutic** communication.

The goal of therapeutic communication is to establish a relationship with the patient where they feel comfortable expressing concerns and feelings.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3)

Although it was my first attempt, I felt I was successful at establishing a therapeutic relationship with the patient. I knew what therapeutic techniques to use to guide the conversation and I was successful at finding information regarding her nightmares and their contents, her family dynamics, and her religion. At one point I attempted to ask too many questions about her nightmares and she declined to answer. I knew not to push the topic more and guided the conversation back in a safer direction.

Weaknesses: (provide at least 3)

At the beginning of the clinical, I was slow to start the conversation with the patient. I was worried my own skill set would be lacking and not be adequate in having a therapeutic conversation. There were also a few occasions where I used silence when the situation called for another technique. I was unsure of what to say at the moment and allowed the patient to continue talking. Lastly, there was a time I requested an explanation during the conversation, when I should have worded it differently, so it was exploring.

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

For most of the day, we were sitting in the day room. Due to this, there was a large amount of traffic and patients who would walk by or sit at the table. It would become hard to communicate more sensitive topics with DS when there were other people nearby. Another barrier was the noise level in the day room. Occasionally, the noise level around our table would rise too high for us to be able to effectively communicate. There were also time restrictions between group activities,

lunch, and debriefing. Sometimes, our conversation was cut short due to DS needing to be present at another event.

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

DS had an extremely small support system due to her family and friends disagreeing with her choice to transition. She has made a few new friends but has a limited number of people she is able to rely on. She is experiencing financial insecurity due to her hours being cut at her job. DS began working at McDonald’s, but due to her fibromyalgia she was unable to stand for long periods of time. She was reduced to twelve hours a week and is not able to make enough money to survive. DS has an unstable living situation and is currently living at her mother’s summer home. She was told she must vacate the premises by September and currently has plans to move in with her boyfriend who she began seeing in March. Her fibromyalgia has caused her to have recent falls and she has been forced to start using a cane to walk.

- What interventions or therapeutic communication could have been done differently? Provide explanation.

I think I was silent too frequently during our conversations. DS did not seem to notice; however, I was unable to think of therapeutic responses at the moment. After the conversation was over, I was able to think of responses that would have been more beneficial. I also would suggest moving to a different area than the day room. The tables by the TV were smaller and had less activity. They would have been more appropriate for our conversations and would have gotten rid of the barriers we experienced.

Note: Students as you type in the cells the cells will expand. **Reference table 5-5 pg. 120** 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)
“How did you sleep last night?”	“I was able to sleep for 7 hours, but I’m still tired. I had a lot of nightmares.”	I could understand why she may be tired even after sleeping seven hours.	Therapeutic: Offering self
“Tell me more about your nightmares.”	“They’re always dark with the same creatures. They never change appearances except this one.” *Shows drawing of horned creature with tentacles*	The pictures in her folder were all detailed, dark, morbid creatures. It seemed like her overall thoughts were generally dark.	Therapeutic: Exploring

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“Do the creatures ever do anything in your dreams?”	“I would rather not talk about that.”	I got the feeling that it was extremely unpleasant for her and chose to change the topic.	Therapeutic: Focusing
“I understand. We don’t have to discuss anything that makes you uncomfortable.”	*Continues playing solitaire and wins*	I did not want her to think she had to be ashamed for not wanting to talk.	Therapeutic: Accepting
“That was awesome! I don’t think I have ever completed a game of solitaire.”	“I like playing games to keep my hands busy. I normally play video games at home.”	I was trying to lighten the mood after discussing her nightmares. She was doing extremely well at solitaire.	Therapeutic: Giving recognition
“What kind of games do you play?”	“Normally first-person shooter games. I use it to get my aggression out and I’m really good at them.”	I was getting concerned as to why she had so much aggression and why video games were her outlet.	Therapeutic: Focusing
“What makes you feel that way?”	“Usually my mom. She doesn’t understand anything about mental health. She just thinks I’m always lazy when I’m just really depressed.”	The lack of a support system became extremely evident in this conversation. Her mother seems to have a huge effect on her mental health.	Nontherapeutic: Requesting an Explanation
“I’m sorry to hear that. Do you have anyone else you can talk to when you feel depressed?”	“I have my boyfriend. He has always been supportive. That’s where I’m going when I leave here.”	I was surprised they were moving in together already, but not surprised he was the one she was leaning on for support.	Therapeutic: Exploring
“You’ll be moving in with your boyfriend?”	“Yeah, I’m actually really excited. I live at my mom’s right now and it’s not going well.”	The lack of a support system was showing again. I could see the relief she had to get away from her mother.	Therapeutic: Restating
“I can understand why you would feel that way. Group is starting; did you want to go?”	“Yeah, I like going to groups.”	Our conversation had to end due to group starting in the day room where we were.	Therapeutic: Accepting