

PROCESS RECORDING DATA FORM

Student Name: Ashley Huntley

Patient's Initials: JM

Date of Interaction: 6/6/23

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?

The patient was a single, 60 yo. F who has never been married. She has 1 child and 2 grandchildren. Pt. admitted due to disclosing during day treatment she planned to commit suicide by overdose because she was depressed due to a recent breakup and turmoil with her daughter. She recently got out of an abuse relationship which she identified as her primary trigger. She also disclosed that her trigger was heightened due to her daughter withholding her grandchildren from seeing her. This is a voluntary admission to 1S.

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

She has severe- major depressive disorder and hypotension as her current medical diagnosis. Her past medical history is Cannaboid hyperemesis syndrome, carpal tunnel, cholecystectomy, COPD, Depression, Diverticulitis, Fibromyalgia, GERD, Hiatal Hernia, Neuropathy, overdose, sciatica, and pre-diabetes.

- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.
Pre-interaction: I was very nervous to speak to someone about such personal issues. I didn't know how I was going to relate to personal experiences to those I spoke with. Also the patient I picked was older and didn't know if she would be willing to talk due to the stigma of mental health with the older generation. I was shaking when I was walking up to approach her. My biggest fear was that I was going to offend or trigger a negative response from my patient. Also, that I was going to have sympathy instead of empathy.

Post-interaction: There were many times during the interaction that I was at a loss for words from what my patient disclosed to me. Every sentence she spoke made my heart hurt worse and worse for the trauma that she has endured through her life starting so young. I was proud of myself for the therapeutic conversation that I had and hopefully the therapeutic relationship that I began to establish.

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

In the "milieu" patients are able to move freely from room to room. When group occurs TV and Phones are put away so it's essentially the only thing to do. The schedule is posted for everyone to see and it also stays consistent from day to day, so it establishes a routine. There are no punishments for doing what they want (sleeping, conversing, coloring) instead of attending activities. There are also consistent and firm rules to follow like not going behind the nurse's station or having the opposite gender in your room. All doors are double locked to promote a sense of security. The bathroom doors are oddly shaped to prevent being able to be used to self-harm.

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.)

Risk for loneliness, Anxiety, Chronic Pain, Dysfunctional family process, Impaired social interaction, Nausea, **Risk for suicidal behavior.**

Verbalized suicidal intent, expressed feeling of ineffectively coping with current life situation, pt. has chronic pain, substance abuse (self-medicates with marijuana), limited family support, economically disadvantaged, history of suicide attempts.

- 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- Making remarks “I just can’t do it anymore” “I have nothing to live for”, Giving away belongings, A sudden uplift of emotions after being depressed for a while

Major depressive disorder- social isolation, no interest in activities that usually bring pleasure, reduced appetite

Social isolation- sleeping excessive amount, not leaving the house for multiple days, missing prior obligations

Hopelessness- lack of initiative, reckless behaviors, loss of interest in life

Substance abuse- Financial troubles, The need for more of a substance to get the same desired effect, Not meeting social or work obligations or cutting back on activities due to using the drug

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. Place patient in a double room near the nurse’s station during the patient’s stay Q24H- Rationale: to - keep patient safe
 2. Observe patient Q15 mins Rationale: patient verbalized suicidal intent during admission
 3. Administer medications PRN as ordered Rationale: to maintain effective mood regulation and adjust medication dosages if necessary.
 4. Develop a therapeutic nurse patient relationship PRN during every interaction Rationale: to gain the patient’s trust and promote healing.
 5. Educate the patient on what to do if she begins to have suicidal ideation Q24H Rationale: to establish a plan in the event of an emergency.
 6. Refer the patient to a support group at discharge Rationale: to develop a support system and meet peers who may have gone through similar situations. Helping to gain new coping skills and see how others deal with traumas.

- Identify a goal of the **therapeutic** communication.

A goal of therapeutic communication is to develop a trusting relationship by making the patient feel cared for, respected, and understood without passing judgement.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3)

1. Allowed time/ empty space for communication to occur
2. Conversation was in a neutral ground area
3. Used open ended questions to allow the pt. to guide the conversation

Weaknesses: (provide at least 3)

1. Sometimes I felt pushy trying to get more info- almost prying
 2. I feel like I was stereotyping my patient in my head during the conversations and I would catch myself almost asking a question based on an assumption that I had in my head.
 3. Gave false reassurance
- Identify any barriers to communication. (provide at least 3)
 1. Loud environment
 2. Other patient and students were sitting at the table/ in the area and the patient may have been hesitant to fully open up about emotions
 3. The patient was coloring and doing puzzles during the interaction and could have been slightly distracted from the conversation.
 4. We were interrupted a few times for groups when the conversations were going well.
 - Identify **and** explain any Social Determinants of Health for the patient.

She lives in an apartment provided by a Christian charity so at any point in time she may have to find somewhere else to live or figure out how to pay for it. She is on disability so she has a fixed income with that and social security. She does not have a job. Has only daughter as a support system and the relationship is dysfunctional. Has a car but it was described to be unreliable and “cheap.”

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Psychiatric Nursing 2023

Nursing Process Study

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

I need to work on therapeutic communication. After doing the process recording, I realized my weaknesses and where I used non-therapeutic communication specifically probing requesting an explanation. Also, I should have explained resources to my patient regarding support groups in the area and what is available to her- such as the Sandusky artisans. This would have given her peers to support her and help her get out of her house to make relationships.

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Nursing Process Study

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)
"Tell me more about how this effected your childhood"	"I was sexually abused by my uncle from ages 5-10"	I was at a loss for words and definitely fumbled my words	Therapeutic: Exploring Wanted to learn more about childhood trauma and how the patient views it.
"did that happen before, during, or after the abuse by your uncle"	"My father verbally, physically, and sexually assaulted me for 22 years"	Still fumbling my words- I started to feel overwhelmed by what she was telling me. Worrying that I was going to say the wrong thing.	Therapeutic: Placing the event in sequence or time. Helping the patient to organize thoughts about the experience.
"Why do you think you stayed in the relationship"	"The longest relationship I had lasted 1 year, and I just got out of it. He verbally, physically, and sexually abused me."	Didn't realize what I said may have been intimidating until I sat and wrote it down. Stated to feel sympathy and then caught myself.	Not-Therapeutic: Requesting an explanation Sounds judgy- like I am seeking an answer for why she did that. Should have said "How do you feel now that you're are out of that relationship"
"It's hard to understand why your mother stayed with your father while she was being abused"	"My mother was beaten by my father for years. I have no Idea why she never left him"	This comment made me realize she did the same thing as her mother by staying in an abusive relationship.	Therapeutic: Restating Using restating to bring attention to the patient that she may be acting similarly in her relationships.
"What is something that you enjoy doing"	"My last job was at Jo Ann's and I really liked it, but I had to stop because they made me lift too much and talk on the phone which made me uncomfortable."	I was trying to learn more about her as a person rather than someone who has trauma. Generating report	Therapeutic: Exploring Asking questions unrelated to illness/trauma will help the patient feel valued as a person.
"You seemed to get a huge smile when you said that"	"I just got my first place after 7 years"	I felt so happy to see her smile after having such heavy topics earlier in the conversation	Therapeutic: Making observations Presenting awareness too and understanding emotions by noticing and explaining them.
"go on"	"I don't talk to any of my brothers or sisters and I don't know why they hate	Starting to realize that she doesn't have support outside of the hospital	Therapeutic: Offering general leads Encouraging the patient to explore feelings deeper.

