

## PROCESS RECORDING DATA FORM

Student Name: Laurel Sieger

Patient's Initials: AG

Date of Interaction:

**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?

Patient is a 29-year-old female who is not married but in a relationship. She has a history of mental health issues and stays at psychiatric units. Her parents are both substance abusers, father has a history of verbal abuse, mother has a history of neglect and using substances with the patient as a child. Patient is one month postpartum. She was admitted to the unit after telling her counselor that she wanted to put her hand through glass and use the shards to cut her throat this was after she lost custody of her three children. The children have been placed with the patient's mother and sister. The patient is currently in a manic phase and suffers from bipolar personality disorder. She is non-compliant with medications but seems willing to do whatever possible to get her children back.

- List any past and present medical diagnosis and medical health issues.  
Past medical history only includes her mental health diagnosis: mania, major depressive disorder, and bipolar personality disorder. There were no other substantial findings in her medical chart.
- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.  
Pre-interaction:

I was scared to interact with my patient at first. I had no idea how she was going to act toward me or if she was going to be cooperative. I chose her because of her age and her situation with her children. I felt like I could relate with her on that level and build a sense of trust with her. I had no objections or opinions about why she was admitted or her situation. Just glad that she was seeking help to be with her children again.

Post-interaction:

It was hard to follow my patient at times she was very sporadic with her language but always in a pleasant tone when talking. I noticed that at times she would either speak in an English or Australian accent. She spoke very fast and about many subjects all at one time.

- Describe what is happening in the "milieu". Does it have an effect on the patient?  
The milieu did not seem to have an effect on the patient she was able to talk to just about anyone and seemed to get along with everyone. The only time the environment seemed to be triggering for my patient was when she wasn't able to find a phone number to contact her mother about her children. Otherwise patient was getting along just fine. She was attending group, compliant with medications, and overall pleasant.

## 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.)

Ineffective coping related to situational crises as evidence by manic episodes.

- determine the degree of impairment.

- **Assess coping abilities.**

- Patient was admitted due to being unable to cope with losing her children, she was also unable to cope with the fact that her children were placed in her mother's care.

- Assist client to deal with current situation.

- Provide for meeting psychological needs.

- Promote wellness.

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

Hyperactivity                      Depression                      Injury                      substance abuse                      post-partum psychosis

- Flight of ideas                      flat affect                      falls                      positive drug screen                      suicidal ideations

- Rapid speech                      Fatigue                      bruises                      bizarre behaviors                      increased mania.

- Pacing                      hopeless                      self-report                      lethargic                      increased depression

## 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.
  - Assess patients' level of anxiety as needed to determine what increases the patient's anxiety.
  - Assess patients coping abilities once during patients stay to determine what effective methods they use and what we need to work on.
  - Encourage recognition of intrusive thoughts and behaviors as needed. This is to help the patient learn positive coping mechanisms that will help them deal with anxiety.
  - Meet the patient's dependency needs in the beginning, encourage independence and positively reinforce independent behaviors as needed. If dependency is shut down to soon would cause anxiety to the patient. The use of positive reinforcement will teach the patient appropriate behaviors.
  - Provide structured schedule of activities for the patient, including time for rituals daily. This keeps the patients anxiety levels low, while the structure keeps them on tract.

- Identify a goal of the **therapeutic** communication.  
Therapeutic communication helps a patient to feel that they can trust you and its safe for them to open up and talk to you.

## IMPLEMENTATION

- Attach Process Recording.

## EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3)

- Keeping the conversation on track even though her train of thought was all over the place.
- Keeping an open posture, showing the patient that they are free to speak with me.
- Usage of silence, allowing the patient to finish their whole though without being interrupted.

Weaknesses: (provide at least 3)

- I have a hard time always using therapeutic language.
- Keeping eye contact with people.
- Sometimes I don't know when to stop probing for information.
- Identify any barriers to communication. (provide at least 3)  
Manic presentation, preoccupation with other things, lack of focus.
- Identify **and** explain any Social Determinants of Health for the patient.  
Economic stability, the patient is a stay-at-home mom with only her boyfriend for a source of income, they have 6 children to take care of between them. Education level, the patient did not graduate from high school, so she may not understand some terminology. Social and community context, patient does not have a good support system and has little trust in her family to help her out.
- What interventions or therapeutic communication could have been done differently? Provide explanation.  
Therapeutic communication could have been more geared towards the patient and what was going on with her. I was trying to relate to her and build rapport. I should have used more techniques of exploring and focusing to help with this.

Note: Students as you type in the cells the cells will expand. **Reference table 5-5 pg. 120** in textbook for sample process recording.

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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 <b>(use Table 5-3, 5-4 in textbook for reference)</b>
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Getting some meds? (Smiling at patient)	Nicotine gum, getting anxious. Need a cigarette. (shakes head)	Normal interaction	Making observations: therapeutic
Everything okay? (Look of concern)}	Called Paul, he said he was walking out the door, the court door, so makes me really anxious. (Flat affect.)	Normal interaction	Exploring: therapeutic
Ohh, that's right your boyfriend was going to court today for kids. Is he going to call you after or well you call him?	He's going to come in for visitation. You will recognize him, he's half Italian. (patient smiled, moving hands around rapidly)	Normal interaction	Restating and probing: therapeutic and non- therapeutic
Well that's good you'll get to see him and hear about what's going on in court with your kids right?	Yeah, make sure I'm getting everything correct.	Normal interaction	Seeking clarification and validation: therapeutic
You have 3 kids, right?	yes	Normal interaction	Making observation: therapeutic
And you just had your youngest a month ago?	yeah	Normal interaction	Making observation: therapeutic
I have 3 myself. Do you want anymore?	Yes! We want more and I don't believe in birth control. I just started my period too. (Talking with hands).	I was a little concerned that she wanted more children considering everything that was going on.	Exploring: therapeutic
You said your oldest daughter's birthday is next month? My twin's birthday is next month too! (smiling)	Twins? Don't say twins. If I have twins this time I'd freak out and I'm Irish. My sisters an RN, two sisters. Holly, I don't know her last name. (Almost dancing around, smiling, talking with hands.)	Her and her sister must be estranged if she doesn't know her last name.	Exploring: therapeutic
Twins wasn't hard.	How was it the whole twin double pregnancy?	Normal interaction	Agreeing or disagreeing: nontherapeutic
It wasn't bad, well I had a lot of complications, but it	What's that gallstone and the other thing you said?	Normal interaction	Focusing: therapeutic



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