

## PROCESS RECORDING DATA FORM

Student Name: Caitlyn Silas

Date of Interaction: 7/6/2023

**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 is a 43-year-old female who is married. She voluntarily admitted herself due to depression, anxiety, and fear related to her trauma from when she was rape and abducted when she was 15 and left in the woods to die. Her trauma is resurfacing due to her abductor getting released from prison on June 27<sup>th</sup>. This caused her to not leave the house since he has been released and she noticed the effects it was having on her family and wanted to see what she could do to get help.

- List any past and present medical diagnosis and medical health issues.  
Medical History: Anemia, endometriosis, migraines, ovarian cyst, panic attacks, TBI

Mental Health: Childhood abuse from father, rape and abducted at 15

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

Before I interacted with this patient I was nervous on how I would feel with her talking about her trauma, I was also excited due to never having a patient with this type of diagnosis so I was interested to learn and hear her story.

Post-interaction:

During my interaction with her it was clear to see that she was full of fear from finding out her abductor was released from prison, and she felt as if she could no longer live her life and I found that to be so sad and terrifying especially being a young woman myself. After my interaction with her it made me realize that I need to be more aware of my surroundings even more than I already am because anything could happen to anyone. I am also glad I got to talk to her and get an insight and try to understand how someone who went through this experience and be able to better take care of my patients in the future if this is something they ever experienced. I thought the conversation went really well and that I was able to help her feel comfortable enough to open up. I felt as if my communication skills were well developed from talking to so many patients in the past that I wasn't as uncomfortable as I thought I would be.

- Describe what is happening in the "milieu". Does it have an effect on the patient?  
The milieu is a therapeutic healing environment. Healing, safety, courage, bravery, fear, sadness, grief, happiness, is all happening in the milieu setting. This is a place where patients are able to express how they feel safely and try to get the help that they need. It has a positive effect on patients and their healing. My patient personally did not like all the group therapies because she said it felt like she was a

kindergarten in school and that it wasn't the help she was expecting to get. A con of the milieu is that not everyone is going through the same thing and could possibly trigger another patient. One of the other patients triggered my patient by stating that he was arrested for following a 15 year old girl just because "he wanted to thank her." This triggered my patient because she was abducted at 15 and so we removed ourselves from the situation and went to talk privately in her room with the door open so that way she could feel more comfortable. I alerted her nurse about what happened and they made sure that they would not be around each other since she felt so uncomfortable. There are pros and cons to the milieu setting, my patient just happened to have a bad experience but that does not mean everyone does.

### **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.)
  - Rape-trauma syndrome
    - Raped and abducted at the age of 15
    - Left alone to die in the woods
    - Abductor just released from prison on June 27<sup>th</sup>
    - Fear of walking outside of her house even to get the mail
    - Fear of white cars, African Americans, and woods
    - Straining relationship with husband and children
  - Post-trauma syndrome
  - Anxiety
  - Dysfunctional family process
  
- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)
  - Suicide
    - Watch for suicidal ideations
  - Depression
    - Monitor if the patient has no motivation or interest in things
    - Monitor if the patient is not getting any enjoyment out of life
  - Eating disorders
    - Monitor for restriction of food, bingeing, or purging
    - Monitor for weight gain or loss
  - PTSD
    - Monitor if the patient is having vivid flashbacks or nightmares
    - Monitor for intrusive thoughts or images
  - Anxiety
    - Monitor for restlessness, tachypnea, tachycardia, or arrhythmias, hot flashes, headaches, fidgeting
  - Self harm
    - Monitor for scars, fresh cuts, scratches, bruises, bite marks, or other wounds
    - Monitor if the patient only wears long sleeves

- Social isolation
  - Monitor if the patient is avoiding social interactions, canceling plans
  - Experiencing panic or anxiety when talking about social interactions
- Abandonment issues
  - Monitor for anxiety, distrust, and codependency

### **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 the patients level of distress from the past trauma, upon admission and daily
    - Assessing this helps to obtain a base line and see if the patient has improved or declined
  - Assess if the patient has any healthy coping mechanisms, upon admission and daily
    - Assess this helps to obtain a baseline and determine what kind of help the patient needs
  - Determine if the patient has a good support system upon admission and discharge
    - It is important to have a good support system to get through mental health issues
  - Stay with the patient during triggers or flashbacks, daily
    - This is important to do because they need to know that they are in a safe environment
  - Educate patient on resources that are available outside of the inpatient unit, upon discharge
    - It is important to provide resources if the patient is feeling distressed again and to help prevent them from coming back to the unit and getting help outside as well
  
- Identify a goal of the **therapeutic** communication.

A goal of the therapeutic communication was to build trust with my patient to truly understand how she was feeling and to make sure she knew she was in a safe environment. By building trust I was able to help her open up and express her feelings to aid in the healing process.

### **IMPLEMENTATION**

- Attach Process Recording.

## EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3)

1. Allowing the patient to feel that they are in a safe environment.
2. Creating trust and creating a safe place for the patient to express any concerns.
3. Are able to provide education to patients on getting the help they may need.
4. I was able to remove my patient from the triggering event, and have appropriate communication with her to ensure her that she is in a safe environment.

Weaknesses: (provide at least 3)

1. I wasn't sure how to start the conversation, but she brought up the trauma which helped begin it.
  2. I wasn't sure of what the right vs. wrong things were to say.
  3. It was hard for me to keep my composure when she was sharing details of her trauma, it was heartbreaking.
- Identify any barriers to communication. (provide at least 3)
    1. Language
    2. Perception
    3. Emotional
    4. Eye contact
    5. Culture diversity
  - Identify **and** explain any Social Determinants of Health for the patient.

My patient had several social determinants of health including income, employment, housing, exposure to trauma, and stress. Income and employment fall under the economic stability category of the social determinants of health, my patient is currently not working and does not have any of her own income coming in and is depending on her husbands. Housing falls under the neighborhood and physical environment category of the social determinants of health, she lives at her house and has to pass woods anywhere she goes but does not want to move because she raised her children there. Exposure to trauma and stress fall under the community, safety, and social context of the social determinants of health and she has been exposed to trauma all her life and is very stressed about her abductor being released from prison.

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

I feel that I could have agreed with her more, but technically that is a nontherapeutic way of communicating although I find it comforting when someone feels the same way I do on certain topics. I don't think I could have done anything differently with nursing interventions because I encouraged her to go to group, talked with her, and removed her from an uncomfortable situation.

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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 <b>(use Table 5-3, 5-4 in textbook for reference)</b>
Approached patient sitting in chair. "Good morning, my name is Caitlyn. I am going to be your student nurse today, is that okay with you?" (Smiling and calm tone)	"Yeah, that's fine. It's nice to meet you." (Smiling)	Nervous	Offering self – I offered myself to the patient to start our interaction
"How are you feeling today, is there anything you would like to talk about?" (Calm tone)	"I'm very nervous, I just got here last night and I am still adjusting" (Fidgeting with hands, appears anxious)	Concerned she may not want to open up	Giving broad openings – I let the patient chose what she wanted to talk about.
"You appear to be anxious, is there anything I could do to make you feel more comfortable?" (Calm and caring tone)	"I would like to talk about how I am feeling if that is okay." (nervous, still fidgeting with hands)	Glad she is willing to open up to me	Making observations – I observed that the patient was feeling anxious
"Of course that is okay, I'll stay with you for awhile." (Caring tone and sat down to make patient feel more comfortable)	"Thank you, I was raped and abducted when I was 15 and my abductor was just released from prison and now I am scared for my life." (Holding back tears)	Made me sad that she had to go through this trauma	Offering self – I offered myself to allow her to express her feelings
"I'm so sorry that happened to you" – (used silence)	"I have been through so much trauma, that's just a part of it." (Sad, crying)	Interested to hear more about what she has gone through	Using silence – I used silence to see where she would like the conversation to go
"Would you like to tell me more about what is specifically bothering you?" (Calm and caring tone)	"Yes, I admitted myself voluntarily because I just don't know how to live life anymore." (stopped crying)	Sorry to hear that she feels she doesn't know how to function anymore	Focusing – trying to focus in on what brought her into 1 South Inpatient Unit
"When did this feeling	"It began on June	It made me think that	Placing the event in time or

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begin?" (Calm and caring tone)	27 <sup>th</sup> when he was released from prison." (shaky voice)	I would feel similar feelings if this happened to me	sequence – trying to determine when these feelings began
"I see, how has this had an impact on your daily life?" (Calm tone)	"I am scared to go outside anymore, I won't even walk to my mailbox." It has also affected my relationship with my kids and husband." (fidgeting with hands)	Makes me upset that it has affected her personal relationships with her loved ones	Offering general leads – I offered a general lead to try and get more information about the trauma from her
"Tell me more about how this has affected those relationships." (calm tone)	"I haven't been outside in 12 days, I can't even go visit my adult kids because I am terrified he is out there." (Looking down at table, ashamed of herself)	Her fear is understandable and I don't know how I would respond if I were in her shoes	Exploring – trying to explore how much her personal relationships are being affected
(Used silence)	"Victims should be allowed to chip their abusers, so we know where they are at all times." (Angry tone, very adamant that this should happen)	I understand why she would want this but I don't think this will ever be implemented	Using silence – I used silence for a second and she started talking immediately
"Tell me more about why you think this should be implemented?" (Calm and caring tone)	"It should be implemented because victims have the right to know where their abuser is at all times so they know the spots that they are safe" (Not making eye contact)	I understand that she is not feeling safe when she doesn't know where he is at	Focusing – trying to focus on why she thinks this would be implemented
"So you are scared that you may cross paths with him?" (Concerning tone)	"Yes, I am terrified of that." (fidgeting with hands)	I would be terrified of crossing paths as well	Verbalizing the implied – I was verbalizing the implied to try and get off the topic of chipping abusers because I did not know what to say
"Do you feel safer when you go out with others in public?" (Calm and caring tone)	"Yes, that helps a little bit, but since he has been released nothing has helped." (Sadness in voice)	Sad that she has so much fear, she can't step outside	Exploring – I was exploring to see if there was any way she would go outside



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