

PROCESS RECORDING DATA FORM

Student Name: Melinda Pickens

Patient's Initials: C.M

Date of Interaction: 7/6/23

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?

My patient was a 45-year-old male voluntarily admitted to the psychiatric unit for major depression with suicidal ideations. He came to the hospital via EMS, and he believes his counselor called as she might have been concerned with the severity of his condition. He stated he was down by the water and “drank a lot of fireball”, he wanted to sleep it away and felt he had nothing else to live for. He is divorced as of 2019, has limited time to see his kids, and lost his mother in 2022. His sister and him don't have a great relationship, he stated that she is often mean to him, and he doesn't know why. He is a diabetic and just left the hospital from osteomyelitis, and recently had to get the 5th metatarsal amputated with a current MRSA infection. He is also awaiting rehab treatment. He is behind on bills and is worried that he won't be able to work anymore. In January of 2023 he had a previous suicide attempt with alcohol and pills.

- **List any past and present medical diagnosis and medical health issues.**
 - Client was admitted for Major depressive disorder with suicidal ideation.
 - Recent toe amputation following a severe infection of osteomyelitis.
 - Client currently has type 2 diabetes mellitus as well as diabetic neuropathy.
 - Client also has a history of hyperlipidemia, pneumonia due to Covid-19 virus, vitamin D deficiency, as well as hypertension.
 - The client is also a current every day smoker, drinks alcohol, and uses CBD gummies.
- **Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.**
Pre-interaction:

Before my interaction I didn't know what to expect. In report hearing what they went through and that they felt this was the best option didn't sit well with me. It made me feel sad as well as confused. Sad at the fact that this is the best option they felt for themselves. It's not that they wanted to go through with it, but more so that they don't have the coping mechanisms to deal with stress or other emotions they are feeling. On the other hand, I felt confused because how could it get this far before something was done? I know that I need to put aside these feelings and try to understand what my patient is going through. I need to be more empathetic and help them by maybe offering different community services or just by simply listening to them.

Post-interaction:

After listening to this patient, I felt that they just needed someone to sit and listen to them. From the conversation we had it just seems like he lost everything and didn't know how to cope and didn't have any support. This made me feel that we are all one traumatic event away from a crisis and possibly being in one south. I did find it important to understand and acknowledge my feelings prior to the interaction, as this made it possible for me to be more empathetic and understand what the patient was going through. I feel as though I can communicate better to patients who are depressed and can try to help find community resources that might be available to them.

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

The milieu is a therapeutic environment. The milieu offers a safe place that is therapeutic for patients and group therapy is usually performed. In group therapy they will explore their feelings as well as develop coping skills to help them in the future to hopefully decrease the chance of another hospitalization. The milieu did influence the patient I had. He enjoyed socializing and attended every group. He enjoyed telling jokes and getting everyone to laugh, and when he couldn't find something positive to say about himself other group members spoke up and said he had a great sense of humor. This instantly brightened his mood. Over the course of a week, I could see how much attending these group therapies changed his whole demeanor.

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.)

High risk for suicide R/T suicidal ideation AEB:

- Alcohol consumption with pills
- Feelings of hopelessness
- Previous suicide attempt
- Feelings of worthlessness
- Previous attempt of suicide

Disturbed body image R/T recent amputation

Impaired physical mobility R/T recent amputation

Ineffective coping R/T recent amputation, Loss of mother and divorce.

Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2023
Nursing Process Study

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

High risk for suicide R/T suicide ideation AEB:

- **Death**
- **Loss of a limb**
- **Bleeding**
- **Feelings of worthlessness**
- **Feelings of hopelessness**
- **Brain damage**

-Previous suicide attempt in January

-Alcohol consumption with unknown pills

-Feelings of worthlessness

-Feelings of hopelessness

-Lack of motivation

-Limited social support

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. Patient will remain safe and have no evidence of self-harm during stay and upon discharge.
2. Assess the suicide intent and if they plan to harm themselves on admission.
3. Help the patient explore their emotions and demonstrate healthy coping skills by discharge.
4. Provide the patients with a safe environment free from harm during their stay and form a plan to remove potentially harmful objects such as guns and excess pills from their home by discharge.
5. Educate the patient on the appropriate use and dosage of medication during their stay as well as at discharge.

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

The patient will talk openly about suicidal thoughts and reasons for them, and identify ways to cope and keep themselves safe.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3)

The conversation with my patient and I went well. Some strengths of the communication were that I was able to sit and listen attentively to the patient. I was relaxed, maintained eye contact, and leaned in towards them while they were talking. I was able to offer self during our conversation, as they don't have anyone at home to talk to, so this meant a lot for the patient. Just having someone to listen to helped. I was able to build a trusting relationship with my patient. During another classmate's therapy activity, I was participating and sharing some things I struggle with coping at and I felt this allowed my patient to have trust in me to share their story with me.

Weaknesses: (provide at least 3)

Some weaknesses during the conversation with my patient was that I did offer some non-therapeutic communication, such as making stereotyped comments. I did say at one point "you just have to talk it one day at a time". I could tell this irritated the patient and they told me it was because they had heard that so many times. I did use probing as well, but I don't feel that this hurt the trusting relationship we had, as my patient liked to open up and enjoyed the fact that someone cared and wanted to know more about them. Giving false reassurance is another example of non-therapeutic communication that I used. This one did not hurt the trusting relationship, but at the same time didn't really do anything for the patient.

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

The only barrier to communication that I noticed would be that the patient had some trust issues as well as used jokes to cope/hid what they were really feeling. The patient I had told me that he had been divorced, lost time to see his kids, and even got kicked out of programs that he enjoyed such as church. He often told jokes and initially was quiet. Due to his past, it was hard for him to open up. I felt that at times he used jokes to truly hide

Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2023
Nursing Process Study

what he was feeling. Once other members left the group and I stayed to talk with him, he stopped telling jokes and started to cry while telling me his story.

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

Patient lives alone in his parent's house that he obtained after the passing of his mother. Currently he isn't working due to an ongoing infection in his left foot that resulted in an amputation of his toe, but he is currently on leave from P and T products. His bills are behind, and he has issues catching up on them as his name isn't on the utilities. The illness as well as being late on bills puts extra stress on him, and not having good coping skills just makes his situation worse. The quickest "fix" was for him to drink and just "sleep it away". He reports that he has a toxic relationship with his sister and that she is mean to him for no reason, so he doesn't have much if any of a support system. He is dependent on his therapist Deena for emotional support. Not being able to have someone to talk to can put a strain on your mental health, as we all need that human connection. His highest level of education is high school. He stated that he is Lutheran, however talking to him he stated that he had gotten kicked out of his church. In his childhood he was a victim and a witness to domestic violence. He also reports severe childhood neglect as well as physical, sexual, mental, and emotional abuse. This puts the patient had a higher risk for suicide and even having a hard time coping with things. It wasn't listed at what age or if it was his whole childhood, but going through any of this as a child can majorly affect how you cope as well as your brain development.

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

I felt that when I was communicating with the patient that I was focusing more on what I can say that sounded therapeutic and less on focusing on what they were going through. For example, I would listen to what the patient said and then I would just restate it focusing more on what was therapeutic to say. Rather than listening, I found myself wondering what I was going to say next, when they just needed someone to listen to them as they don't have a support system at home. I could have just offered self or just offered general leads and still could have been therapeutic in my approach.

Firelands Regional Medical Center School of Nursing

Psychiatric Nursing 2023

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)
<p>Approached client that was sitting in the milieu waiting on group, "Good morning Chadrick, my name is Melinda. Is it okay if I sit here by you for group?" NONVERBAL, smiling, maintained eye contact, calm warm tone.</p>	<p>Yeah, that's fine. NONVERBAL, slouching, little eye contact, no smile.</p>	<p>Feeling a little anxious and nervous.</p>	<p>Asking permission, Accepting Greeted patient and introduced myself.</p>
<p>(Notice the patient drawing) "I noticed that you just drew goofy from mickey mouse." NONVERBAL, eye contact, leaning in</p>	<p>Yeah, he is the only one that I know how to draw. I enjoy drawing and painting. NONVERBAL, slight smile, constant eye contact</p>	<p>Starting to feel more comfortable, almost as if I felt that the patient became more comfortable with me.</p>	<p>Making observations, Accepting Determining whether the patient will open up to me, just ignore me, or change the topic.</p>
<p>Drawing and painting is a great way to help you relax.</p>	<p>Yeah, I do that, and I also like to tell jokes, if you couldn't already tell. NONVERBAL, slight laugh, smile, eye contact</p>	<p>Worried that the patient doesn't want to talk about anything and that I might be probing.</p>	<p>Restating, Trying to get the patient to open and develop a trusting relationship.</p>
<p>(Notice people slowly leaving the milieu and the patient looking at me) I can stay and sit with you for a while. Did you enjoy the group activity? NONVERBAL, calm tone, relaxed, smile.</p>	<p>I enjoyed it, it feels good to get out of my room. I feel so stupid for being here and going through this again. I did this back in January and thought I learned my lesson. NONVERBAL, lack of eye contact.</p>	<p>Nervous I am going to say the wrong thing, but wanting to help the patient</p>	<p>Offering self. Letting the patient know that I am here for them If they want to talk without putting pressure on them.</p>
<p>I'm not sure that I understand, can you tell me more about why you feel that way?</p>	<p>You know I got a divorce from my wife after I caught her cheating on me. I</p>	<p>Interested to hear more on how the patient got to where they are now.</p>	<p>Seeking clarification and validation, exploring. Allowing the patient to share their story and feel heard. This</p>

Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2023
Nursing Process Study

<p>NONVERBAL, leaning in, maintaining eye contact</p>	<p>found the man's gold necklace on my side of the bed and she pushed me and told me to leave the house. After she pushed me, I knew I shouldn't have but I shoved her back, and I got arrested. NONVERBAL, pouted face, lack of eye contact</p>		<p>also helps to build trust and explore the patients' current feelings into this matter.</p>
<p>I understand that must have made you frustrated. What happened next? NONVERBAL, leaning in, focused</p>	<p>Yes, it was very frustrating. But now I am not allowed to see my kids except for 40 hours a year. I just miss being with them. NONVERBAL, eyes light up, focused eye contact.</p>	<p>Curious on where this conversation is going to turn to next.</p>	<p>Restating, Placing the event in time or sequence. Explore the patients feelings as well as the time frame of when he does see his kids.</p>
<p>Your kids mean a lot to you. NONVERBAL, eye contact, nodding.</p>	<p>They are my whole world. I went down by the water, and I took a bunch of pills I don't even remember the name of them and then I drank a lot of fireball. I learned from last time because I took the pills last. But I got on my phone after I drank and I..... (starting to cry) NONVERBAL, unable to talk due to crying</p>	<p>Anxious not sure what to do in this moment, but knowing I must be there for support and trust.</p>	<p>Accepting, making observations. Focusing on the patient's observation and how they knew they made a mistake and exploring their emotions.</p>
<p>It's okay, take as much time as you need. I will sit here with you while you cry, I understand this is a lot. (We sat in silence for a few moments, while he cried)</p>	<p>Thank you, I just looked at my phone and saw the picture of them and instantly felt regret. I called 911 myself because I still want to be here for my kids. I love</p>	<p>I can't believe the amount of hurt someone would have to be in to try this and then realize how big of a mistake they made.</p>	<p>Offering self, using silence Allowing the patient to experience their emotions in a judgement free zone.</p>

Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2023
Nursing Process Study

NONVERBAL, silence, calm tone, relaxed, eye contact	them. NONVERBAL, crying off and on through this conversation		
I can tell you that your kids are very important to you. NONVERBAL, leaning in, relaxed	They are. My daughter is so smart just like her dad. And my boy, well he is so good at sports. I miss taking him to games. But I'm stuck in here again, I just got my toe cut off and now I might lose my job. So now I don't know how I'm going to see them. NONVERBAL, maintained eye contact, slight smile	Glad that the patient is starting to smile again, and that they are understanding and processing their emotions.	Restating, Trying to understand what would best help the patient currently and what coping skills they have.
You're worried you won't be able to see your kids once you leave here, is that right?	Yeah, but I guess I could take them fishing. I really can't wait to see them again. At least when I leave after I go to rehab for my foot, I can plan for that.	I felt that the conversation went well.	Exploring, making observations Identifying that the patients' kids means a lot and finding ways for him to cope with limited time of seeing them.
I understand, that sounds like a great plan.	Thank you for sitting down and talking with me. I don't have anyone outside of here to talk to. I have my sister, but she is so mean and nasty to me for no reason. It was good for me to get this all out. I even was kicked out of my church, So I have been feeling alone.	Happy that I was able to help someone and was able to notice a huge change in their mood.	Acceptance Offering some praise and positivity to the patient.
I understand. You can become very lonely without anyone to talk to. (Started to bring lunch trays in and room started to fill up with people)	Thank you for listening. But I think I am going to eat my lunch and then get a nap in. If you're here later maybe, we can talk again.	Worried the patient would feel that I was not maintaining eye contact as much. But the patient wanted to eat so I felt better they wanted some	Acceptance, Restating. Allow the patient to see that everyone gets lonely and that's okay, but also exploring their emotions on how that makes them feel and ways to cope.

