Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2024
Nursing Process Study

PROCESS RECORDING DATA FORM

Student Name: Hannah Baum Patient's Initials: EA

Date of Interaction: 6/18/24

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

- Pertinent background information of patient (age, gender, 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 37-year-old female who lives in Upper Sandusky. The patient is divorced and has kids but does not have custody of them and has not seen them in three years. The patient is bisexual and currently has a partner who is her only support person. The patient has problems with her family because they are not supportive of her sexual orientation. The patient has financial issues and was admitted to 1S for increased anxiety and depression and suicidal ideation. The patient had plans to jump in the Sandusky River. Her admission was voluntary.

- List any past and present medical diagnoses and mental health issues.
  There was no past or present medical data entered in the patient's chart since this was her first day on 1S. The patient had a history of a cesarean section and an appendectomy. The provider had noted that the patient was experiencing increased anxiety and depression. The patient also had suicidal ideation with plans to jump into the Sandusky River.

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

  I was nervous to meet this patient because of her history of prostituting kids. I thought that this would make me feel biased against her because that is negative and illegal behavior. I wondered how someone could prostitute kids, especially when this person has kids of her own. It made me feel better knowing that she does not have full custody of her kids anymore. I thought that this judgement of her would interfere with my communication with her.

  Post-interaction:

  When I started talking to this patient, I had no idea that she was the one who was prostituting kids. I was able to talk to her normally, and I found out that she misses her kids a lot because she has not seen them in two or three years. I also discovered that the patient has flashbacks and a partner who does not support her when she is having her flashbacks. I came away from conversing with her wondering how different her situation would be if she had support from her partner and family and access to a better paying job. When I found out that this was the patient who was prostituting kids, I was shocked that someone who seemed so hurt and down in the dumps could do something like that to kids. It made me wonder what happened in her past that led to her doing something like that and I felt pity about her situation.

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

When I was conversing with this patient, the milieu was relaxed. A group of student nurses was sitting with other patients who were coloring and talking. Another student nurse was sitting with me and this patient. The patient had sat down to journal about her recent flashback when we sat with her. The patient seemed relaxed but was open to sharing many details about her experiences. I think her journaling put her in the mind to be open and share things that were on her mind and bothering her.

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).

  - **Anxiety**
  - **Compromised family coping**
  - **Disturbed sleep pattern**
  - **Ineffective coping**
  - **Risk for suicidal behavior**
  - **Risk for self-direction violence**

- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)

  - **Patient verbalized that support person is not supportive of them**
  - **Patient has problems with family due to sexual orientation**
  - **Patient's support person suffers from depression but is on Lexapro (support person may have preoccupation with own personal reaction)**
  - **Patient previously divorced**
  - **Patient has not seen kids in three years – misses them**
  - **Only support person identified is partner**

- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)
  - **Anxiety**
    - **Monitor for physical symptoms of anxiety such as chest pain, sweating, forgetfulness, altered sleep pattern, rumination, tremors, increased heart rate, increased blood pressure, abdominal pain, etc.**
  - **Trauma**
    - **Feeling socially isolated, dissociation, numbness, being easily startled, self-destructive behavior, aggressive behavior, dizziness, muscle tension, chronic pain, appetite changes, etc**
  - **Avoidance of others**
    - **Fear of rejection, suppressing emotions, avoiding emotional connection, difficulty trusting others, decreased motivation**
  - **Inappropriate social behavior**

  - **Inappropriate laughing, disrupting others, using offensive language, invading someone's personal space, being rude, social withdrawal, dominating conversations**
- **Inadequate emotional support**
  - **Lack of capacity to understand or relate to others, feelings of dismissal, emotional needs treated as unimportant**

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.
  - **Identify underlying situations that may contribute to the inability of the family to provide needed assistance to the patient. Q12 hrs and as needed. To determine resources that should be offered to the family to relieve strain that will increase the capacity of the family to assist the patient.**
  - **Note cultural factors related to family relationships that may be involved in problems of caring for a member who is ill. Q12 hrs and as needed. To provide cultural support to the family and patient in determining a plan of care.**
  - **Encourage family members to verbalize feelings openly and clearly. Q2 hrs and as needed. To allow family members to talk about their needs/observations/fears/etc with a professional who can offer support.**
  - **Discuss underlying reasons for patient's behavior. Q12 hrs and as needed. To help the family understand what the patient is experiencing so that they can more effectively act as support.**
  - **Involve patient and family in planning as often as possible. Q4 hrs and as needed. To allow patient and family to be understanding of goals and expectations of the patient's treatment plan.**

- Identify a goal of the **therapeutic** communication.
  To help the patient feel cared for and understood and to allow the patient to express concerns that they have.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

  Strengths: (provide at least 3 and explain)

  - **Utilization of silence to allow patient to expand on their thoughts and ideas in an organized way without my interruption**

- **Utilization of active listening techniques throughout the conversation. This helped the patient to feel that they were being listened to and may have encouraged them to share more information.**
- **Frequently using general leads to encourage the patient to continue expanding on their idea.**

Weaknesses: (provide at least 3 and explain)

- **Instead of spending so much time wondering if I was interrupting the patient, I could have offered myself and suggested that we spend time journaling together. This may have allowed the beginning of the conversation to flow more naturally.**
- **I could have tried focusing on the patient's flashbacks to see if she wanted to talk about them with me since she is unable to with her support person.**
- **I could have found a better way to more naturally end the conversation rather than ending it abruptly. My abrupt ending could have made the patient feel as though I do not care about what they shared with me.**

- Identify any barriers to communication. (provide at least 3 and explain)
  - **Time limit: The conversation I had with the patient was interrupted because group therapy was beginning. The patient clearly wanted to talk to me longer but we were interrupted.**
  - **Ability to relate to the patient: Communication and relationship building is easier if I have some shared experiences with the patient. For example, I do not have kids, I do not journal, and I do not have curly hair. The patient may feel a lack of connectedness to me due to unshared experiences.**
  - **Environmental interruptions: Patient may not want to share deeper thoughts and feelings if there are other people nearby they don't feel comfortable around.**
- Identify **and** explain any Social Determinants of Health for the patient.
  - **Financial struggles: This can cause stress for the individual and make them feel as though their food and housing situations are insecure. Financial struggles can cause a person to avoid seeking medical treatment for problems they may be having and may limit mental health resources available to them.**
  - **Relationship problems with partner (support person): This can create feelings of loneliness which can exacerbate depression and suicidal ideation. The patient may also have been feeding off her partner who also suffers from depression. This can create an environment that feels unsafe which contributes to feelings of stress, anxiety, and depression.**
- What interventions or therapeutic communication could have been done differently? Provide explanation.

I should have allowed the conversation to end more naturally rather than abruptly changing the subject and walking away. The patient may have wanted to share more information about a certain topic. I also could have asked more focused questions to encourage the patient to share thoughts/feelings about a specific topic. I could have offered to practice journaling with the patient or offered to color while she journaled.

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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 **(use Table 5-3, 5-4 and 5-5 in textbook for reference)**
(Sits down and faces patient. Arms and legs uncrossed.)	"Are you a student nurse too?"	Feeling awkward. Not sure if I am interrupting something the patient is doing.	***Therapeutic:*** Using silence to read the situation.
"Yeah, I'm Hannah. What's your name?" (Small smile.)	"I'm (patient's name)."	Feeling a little more comfortable. Not ready to engage the patient in conversation yet.	***Therapeutic***: Offering general leads to see if the patient is open to conversation.
(Glances around room at other nursing students.)	(Pt looks at their paper that they were previously writing on.)	Trying to gauge the situation and observe the patient's nonverbal communication.	***Therapeutic:*** Using silence to determine if patient would rather continue journaling or engage in conversation.
"It looks like you're journaling there." (Using SOLER active listening technique.)	(Nods head)	Curious about the journaling but not wanting to pry – what is the patient writing about?	***Therapeutic***: Making observations. Observing patient behavior.
"Do you like to journal when you're at home?" (Using SOLER active listening technique.)	"Sometimes. I like to journal about my flashbacks when I have them." (arms and ankles crossed)	Hoping the patient will talk about what they like to journal without my asking.	***Therapeutic***: Encouraging description of perceptions. Trying to determine if this is a new coping skill or something the patient does regularly.
(Nods head and leans forward.)	"My partner gets mad at me when I have flashbacks because they are about my ex and my partner gets jealous."	Unsure how to respond. Has the patient experienced trauma? There was no mention of the patient experiencing flashbacks or trauma in report.	***Therapeutic***: Using silence. Encouraging the patient to organize her thoughts to think about the significance of her feelings and thoughts.
"It must be hard for you to deal with these flashbacks with a partner who gets mad when you talk about them." (Using SOLER active listening technique.)	"My partner is having a hard time because she just moved to live with me, and she struggles with depression. She is on Lexapro. I understand that she is having a hard time,	Feeling bad that the partner does not have a supportive reaction towards the patient during her flashbacks.	***Therapeutic***: Verbalizing the implied. Putting patient's feelings in a general perspective to see if I am making correct connections about her experience.

	and that's okay."		
"Sounds like you are very supportive of your partner." (Using SOLER active listening technique.)	(Nods head.) "I really miss my kids though. I have not seen them in two years."	Surprise that the patient is so understanding of her partner's jealously and situation.	***Therapeutic***: Making observations. Giving recognition to the support that the patient offers her partner.
(Nods head and rests arms on table.)	"My youngest is eight and has bleach blonde hair and blue eyes. My daughter has curly blonde hair that her dad does not let her cut." (Looks down at journal page.)	Allows patient to elaborate about her kids without interruption. Unsure how to respond because of lack of commonality.	***Therapeutic***: Using silence. Allowing the patient to expand on her thoughts in an organized manner. Allowing the patient to guide the conversation.
"Curly hair must be hard to take care of." (Using SOLER active listening technique.)	"Yeah, that's why I like to keep my hair short." (Runs hand through hair.)	Feeling a little awkward, not sure what to say to patient.	***Therapeutic***: Offering general leads. Offering encouragement to the patient with minimal effort.
"It looks like we are going to be starting group therapy now. Do you want to join us? I think we are going to be playing Bingo." (Standing, looking at patient, and smiling.)	"Sure." (Gets up and walks back toward patient room, taking journal paper.)	Feeling relieved that group therapy is beginning but disappointed that the conversation got interrupted, I was hoping to somehow loop the conversation back to her journaling to talk about what she was writing.	***Nontherapeutic***: Introducing an unrelated topic. Conveying to the patient that I am no longer open to continuing the conversation.