

## PROCESS RECORDING DATA FORM

Student Name: **Kylee Cheek**

Patient's Initials: **JT**

Date of Interaction: **5/30/2024**

**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?

**My patient was a 37 year old male who was single and came into the unit voluntarily. He had admitted himself into the unit because he was having homicidal ideations towards his partner, and did not want to act upon his thoughts. He had been previously hospitalized for his mental health in Ohio, Kentucky, Michigan, and Indian. This patient also had a criminal record for previous physical assault and spent some time in prison. In his report he stated that he thought his partners were taking his appendages and selling them for drugs.**

- List any past and present medical diagnoses and mental health issues.

**This patient had been a meth user off and on for 14 years. He also tested positive for THC and is a smoker. He has a medical history of hypertension, anemia, and a brain tumor. His mental health issues include a history of depression, anxiety, PTSD. He also has a history of mental emotional abuse, severe childhood neglect, binge eating, and anger management issues.**

- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.  
Pre-interaction: **Prior to my the therapeutic communication interaction I was not sure if the patient was going to open up or be closed off to having a conversation.**

Post-interaction: **Once starting the conversation it was evident that the patient really enjoyed talking about his life. He had opened up about his childhood and even about his current life. We were able to have a steady flowing conversation, that he seemed to enjoy.**

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

**During my time in the milieu there were pretty good patient to patient interactions. A lot of the patients liked to spend their time outside of their rooms and talk with the other patients. This seemed to have a really good effect on the patients who were engaging with others. They played games together and liked to talk about the things they had in common like knowing the same television shows and famous actors. A**

lot of them just wanted to feel included and this environment was a positive place for many of the patients.

## 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).
  - **Other-directed Violence**
  - **Ineffective coping**
  - **Post-trauma syndrome**
  - **Self neglect**
  
- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
  - **Patient came into the psych unit for threatening his partner. His behavior toward his partner was described as aggressive. He had a history of assault and had served time in prison. This patient had a history or severe childhood neglect along with mental emotional abuse which could be part of his aggressive behaviors. He also had gone to anger management classes to help with his anger problems.**
  
- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)
  - **Denial of obvious problem**
    - **S/S: Avoiding taking responsibility for own actions, projects problems onto others, refusal to talk to someone about said problem.**
  - **Provocative behavior**
    - **S/S: Argumentative, dissatisfied, overreactive, hypersensitivity.**
  - **Verbal threats against self**
    - **S/S: Suicidal thoughts, hitting or injuring self, banging head against wall.**
  - **Agitated behavior**
    - **S/S: argumentative, pacing, fidgeting, repetitive movements.**

➤ **Superior attitude toward others**

- **S/S: Smugness, conceded, deep feeling of inferiority.**

**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.
  - **Frequently assess clients behavior for increased agitation and hypersensitivity.**
    - **Having an eye on the clients behavior can help the nurse identify early if the patient is starting to get agitated and to help prevent any harm to any of the other patients.**
  - **Use a calm and firm approach.**
    - **Provides an less threatening demeanor for a patient who is easily agitated.**
  - **Remove all dangerous objects from patients environment.**
    - **Patient and other patients safety is top priority.**
  - **Maintain a low level of stimuli in the patients environment.**
    - **A quiet environment and dimmed lights may help with agitation.**
  - **Screen for substance use and abuse.**
    - **Substance use can be another reason for the agitated behavior.**

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

**A goal of therapeutic communication is that the patient is being heard and fully understood while forming a relationship with the medical staff members. Having established a level of trust can make the whole process easier.**

**IMPLEMENTATION**

- Attach Process Recording.

## **EVALUATION-Reflecting**

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

**One strength of therapeutic communication is that it builds trust with the patient and health care team. When a patient is demonstrated with empathy they feel that their feelings are being validated and understood. Another strength of therapeutic communication is reducing patient anxiety. Many times when people come into the hospital it induces a lot of stress and anxiety. Being able to have good therapeutic conversations can help the patients stress and anxiety levels go down just by knowing they can confide in their health care team. Another big strength of therapeutic communication is better patient outcome/ medical adherence. Patients want to be able to talk to their healthcare team and get the education they need to get better. With positive communication they are able to work out any confusion and make sure the patient fully understands everything.**

Weaknesses: (provide at least 3 and explain)

**One weakness of therapeutic communication is hitting someone's trigger point. There are many great ways to use therapeutic communication but there are times where we may not know that persons trigger and may accidentally bring it up while communicating. Miscommunication is another weakness for therapeutic communication. A lot of times the patient may not fully understand what the nurse or other healthcare worker may be saying and this can cause some miscommunication. This can cause a lot of stress and aggravation for a patient. Another weakness for therapeutic communication is body language. A conversation may seem to be going really well by the words that are being presented but if the body language is showing something else it can be interpreted in a whole different meaning.**

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

**Some barriers to communication may include the level of education of the patient. Communication can be hard if the patient is unable to fully understand what is happening. Another barrier to communication may be gender. Some patients have a preference of who they would like to take care of them, and if they have someone they don't feel comfortable with it can cause a strain in the communication. Trust is another barrier that can cause trouble with effective communication. It may take a patient a long time to start trusting if they have previous trust issues. This can make it hard for the health care team provide the best care as possible if that trust is missing.**

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

**For this patient he had a few Social Determinants of Health, these include:**

- **Unemployed:** This can cause problems with being able to afford and get the medication needed for his mental health.
- **No psychiatric physician:** This can be from being unemployed, but this can make it hard for the patient to be able get the regular refills and help he needs.
- **Job opportunities:** This can be limited due to the criminal record this patient has. Not being able to get the job opportunities can cause problems with being able to afford medical treatments.
- **Housing:** This is a big social determinant of health for this patient because he was living with his partners, but due to the fight he had no place to go to when he left the unit. Not having a place to go to after he gets out of the unit could make his mental health problems worse.
- **Environment:** The environment this patient lived in lead him to a life of drugs. Having this type of environment can have a big impact on his health along with his mental health.

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

**There were many things I could've done differently with communication skills. Since my clinicals was the first one I was still in the process of learning what therapeutic communication was. I had used some nontherapeutic communication skills like prying. During the conversation I used prying to get some personal information out that might have agitated a different patient. It can be hard during a flowing conversation to always implement therapeutic communication skills. But after going back and seeing how some of the interactions could be prying it made more sense.**

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 and 5-5 in textbook for reference)</b>
"Are you from around here?" ("Sitting facing the patient")	"No I grew up in Michigan, and I now live in Toledo. I used	I was wanting to understand more about him. He	For this interaction I would say this could have been nontherapeutic. This may have

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

	to have two roommates but I don't know if I do anymore." (“Looking down”)	opened up pretty early in the conversation.	been probing and a trigger for the patient.
“Did you do any sports in high school?” (“Using eye contact as a form of active listening” )	“Yeah I did basketball and baseball. When I did basketball I broke one of my ankles and tore ligaments in my knee.” (“Arms crossed and legs crossed”)	He seemed happy and enjoyed to talk about his past.	For this interaction I believe it was therapeutic. Earlier he had talked about his childhood for a good amount. I used exploring as a way to talk about his past.
“Seems painful. Do you have any hobbies now like basketball and baseball?” (“Using SOLER technique as a form of active listening.”)	“I don't do either of them anymore, but I do enjoy cars.” (Direct eye contact, legs crossed, and arms crossed)	I wanted to know if there were any hobbies that he did and to see if they were helpful coping skills.	For this interactions I used exploring again to find out more about how he spends his free time.
“Thats nice. What type of cars do you like?” (“Using SOLER technique”)	“I like all of them. I work at a car shop and have worked on any car you can think you.”	I was happy that he was opening up and he seemed to be enjoying the conversation.	This interaction I used therapeutic skills by exploring more about his hobbies as he seemed to enjoy talking about them.
“You seem to enjoy cars.” (“Using active listening”)	“I do I know all about them. I was always into cars when I was younger.”	I was very surprised with how well the conversation was going.	I used restating for this interactions therapeutic communication. I restated the fact the he enjoyed cars.
“Using SOLER for active listening”	“I stopped doing car stuff for awhile when I was younger because I tried to commit when I was 16 and then again at 28 years.”	I was starting to feel sympathetic for him, but tried to show my compassion.	For this interaction I used silence after he talked about his cars. He had gone into talking about personal history so I used active listening as a way to show therapeutic support.
“I am sorry. Are you still feeling that way	“No I haven't for awhile now.”	I was happy to hear he did not still	This interaction could be nontherapeutic due to saying I



