

PROCESS RECORDING DATA FORM

Student Name: Zachary Grosswiler

Patient's Initials: C

Date of Interaction:

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 age 50, female, single and lives alone with her three cats. She has a family she interacts with often due to being in the family business, the family consists of herself, her brother, her sister, and her father. She explains that she does not get along well with her family, and that they are a major source of stress for her. The patient was admitted to the behavioral unit following a meeting with her mental health professional where she relayed plans for suicide. The patient was admitted non-voluntarily.

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

Medical diagnoses for the patient include multiple personality disorder, eating disorder, borderline personality disorder, and bipolar disorder (1).

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

Pre-interaction, I positioned myself next to the patient near the T.V. and waited for an opportunity to speak with her. She did not seem very attentive to what was being displayed and seemed very anxious and was not talkative. I sat for quite a while without saying much as I wanted her to know I was approaching for a conversation, but I felt I had missed my chance already due to how many people were near us watching T.V.

Post-interaction:

After interacting with the patient, I felt that we had a good conversation, and my view of her behavior was significantly altered. I felt that I was able to lend an ear which she seemed to have wanted based on how much I was able to get her to talk about.

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

At or just before the time of the interaction, the patients in the milieu were mostly gathered in the day area watching T.V., there are some patients on the phone or receiving medications as well. Some of my fellow students are conversating with the other patients as well. There are some parts of the milieu that influence my patient. For example, my patient was anxious watching the clock on the T.V. and watching morning news because she explained she usually would be getting ready for work at this time. Also, my patient did not like to be with the group, noting she becomes anxious and uncomfortable in groups, and sat by herself.

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).

Moderate Anxiety

Impaired mood regulation

Risk for Chronic Low Self-Esteem

Compromised family coping

Dysfunctional family processes

Imbalanced Nutrition: Less than body requirements

Disturbed sleep regulation

Impaired social interaction

Ineffective coping

Ineffective impulse control

Ineffective role performance

Disturbed personal identity

Risk for suicidal behavior

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

The patient reports 9/10 anxiety. The patient has racing thoughts and is not able to be distracted well from her current situation. The patient is not able/does not want to contact anyone because she is afraid of what they will think of her. The patient avoids groups noting social anxiety. The patient continually reminds herself/verbalizes her poor situation.

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

1. Depression

- a. Low mood, continual sadness
- b. Hopeless feeling
- c. Lack of motivation

2. Social isolation

- a. Low self-esteem
- b. Minimal interaction
- c. Poor conversational skills

3. Suicidality

- a. Any form of ideation
- b. Anhedonia
- c. Risky behavior
- d. Odd behavior

4. Potential for drug/alcohol abuse

- a. Slurred speech
- b. Significant, sudden, and unexplained weight loss
- c. Insomnia
- d. Impaired sleeping pattern

5. Insomnia

- a. Difficulty falling asleep
- b. Tired throughout the day
- c. Impaired executive function
- d. Impaired recall, impaired focus

PLANNING-Responding

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- 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. Perform a Mental Status Examination once daily – to update the patient’s baseline mental status (and anxiety level) and form the daily plan of care
 2. Assess anxiety level additionally before groups – to monitor and update patient progress towards social ability and to update anxiety level
 3. Administer lithium 450mg PO TID – In order to prevent serious complications with stopping lithium in bipolar disorder, mood control to suppress anxiety level
 4. Administer benztropine 1 mg PO/IM q6h PRN – Dystonia associated with lithium/antipsychotics
 5. Administer duloxetine 20 mg once daily – indicated for depression, suppress complications of anxiety
 6. Speak with patient q2h – Maintain rapport and reinforce patient
- Identify a goal of the **therapeutic** communication.

A goal of the therapeutic communication is to bring the patient’s anxiety level down (a reasonable level such as a 5/10 or 6/10).

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

Some of the strengths with the communication were that it targeted some of the patient’s most impactful stressors, the conversation was extensive enough to be relieving to the patient, and the mood was maintained and was positive.

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The patient notes that one of her most impactful stressors is her family, which we were able to discuss extensively, and the patient was able to talk about her family and her situation without restraint from just talking for a small time. Towards the end of the conversation, the patient expressed her want to get better and feel relieved by committing to participate in care including group therapy, something which she was particularly anxious to participate in.

Weaknesses: (provide at least 3 and explain)

Some of the weaknesses with the communication were that it didn't explore much related to her suicidality/reason for admission, it didn't explore all of her most important stressors in depth, and the communication was halted several times.

One thing that was not discussed heavily and was skirted by the patient was her suicidal ideations, discussion on being suicidal were kept on the outside of the conversation with her stressors, as well as the exact details behind her admission and what exactly she was saying in her ideations. Also, conversation about stressors largely revolved around her family and not some other pertinent issues to be explored such as her religion and financial troubles. This was probably due to the communication being interrupted several times by the staff for assessments or halted because of an activity in the milieu.

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

Some barriers to communication with the patient would be her age/gender, her anxiety and depression level, and her racing thoughts.

The patient is from a different generation and is female, so finding initial conversation with her was difficult for me and only became easier when conversation was shifted to her life. The patient's anxiety and depression level had a few manifestations in conversation that made it slightly more difficult to keep the patient engaged in conversation, and between therapeutic and non-therapeutic conversations. Lastly, the patient's racing thoughts made it harder for her to form a full thought in the depth that the communication would have preferred, primarily when the patient was returning from interruptions.

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

Some of the social determinants of health for the patient include that she is single and lives alone, she is employed but employment is in the family business she has (pertinent due to her poor relationship with several family members) and she does report significant financial struggles.

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

Some parts of the therapeutic communication could have been done differently. For example, I feel as though I kind of fell flat with some responses I had and was just a little unprepared to have the communication. Also, another part which could have been done differently was how I tried to end the communication. I did end the communication with several thoughts, including giving advice in a way, and the communication ended without as much expression as it should have had from my end (it may have seemed like I needed to be somewhere else for the patient).

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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)
Mind if I sit with you here? (standing)	Sure. (straightens posture slightly)	I finally was able to find an opportunity to speak to the patient without many others nearby.	Therapeutic. Offering self.
How are we doing today, Christy? (moves chair to face patient and sits)	uh... okay today, I guess. I don't really like to be in groups... (smirk or fake smiles through sentence)	The patient immediately reasoned why she was here (why she left the bigger circle of chairs with the rest of the group) and assumed that is why I was talking with her.	Therapeutic. Giving broad openings.
Ah, yeah, I noticed you left so I thought I might come over and see what's up. (leaning in towards patient)	Yeah, I just don't do groups, I'm not really a people person in that way, they kinda give me anxiety. (shakes head)	I felt a little more comfortable going into this interaction because she gave me something to work with.	Therapeutic. Clarifying.
It can definitely be hard to really function in a group when you have a lot of anxiety. (nodding)	Yeah. (patient looks past me with slight flat smile, has returned to hunched position)	I had already planned to ask her about anxiety, but I tried to return her feelings with something she could appreciate.	Therapeutic. Verbalizing the implied.
Speaking of, how would you rate your anxiety today? On a scale from 1-10. (lean back, folded hands)	(thinking) Ohhhh, probably a 9/10. Probably the same for depression too.	She also included the depression rating, which said to me that she wanted to talk a bit more.	Therapeutic. Focusing.
I see. So that definitely might impact being in a group. (nodding, straighten posture slightly)	(agreeing nod)	I tried to connect it back to what we were talking about, but it came out sounding something like this.	Therapeutic. Making observations.
(silence)	(silence)	Maintained some	Therapeutic. Silence.

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	Seeing the clock just reminds me “I should be getting ready for work right now” ...	silence to think about what else I wanted to ask her, before I was primarily focused on the anxiety/depression rating.	
Ah, yeah... what do you do for work? (lean in towards patient slightly)	I’m a driving instructor, my dad owns a school that we (family) run. Now’s usually the time I’d be getting ready for work...	She brought up some things about her routine, so I had her expand a bit and wanted to get to the family because I read that was part of her overall mental health state.	Therapeutic. Exploring.
I see. It must be difficult to be thrown off of your routine like you would be in here. (nod)	Yeah... I do like to stick to routines. And I’ve been an instructor for more than 20 years.	Tried to affirm and restate her difficult situation, then was thinking about moving to talking about the family.	Therapeutic. General leads.
What’s it like running with the family? How is your relationship with them? (lean back slightly, cross legs)	Ah, its... don’t really get along with them, no. I know this is gonna make me the “black sheep” of the family. I don’t get along with my dad at all, and my sister is so bossy. I know calling my dad would just make him worse... (sighing, deflated tone)	I already knew about her family a bit as I said, and felt confident enough to ask about them.	Non-Therapeutic. Questioning/probing.
Ah... that sucks. It doesn’t seem like they understand you. (frowning, nodding)	Yeah, we don’t really get along. All I’m thinking about is what I gotta do when I get out of here, I just up and left them without another driver because the therapist wouldn’t let me take care of it... I do want to get better here though; I don’t want to leave if I’m	I got a lot from inquiring about the family. All I could say was this, kind of another weak point but I tried to restate the obvious with it to explore a little bit about what they feel about her. I didn’t get a whole lot back, but she did expand on her situation.	Therapeutic. Making observations.

