**PROCESS RECORDING DATA FORM**

Student Name: Dylan Wilson                    Patient's Initials: ES

Date of Interaction: June 5th

**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?
    o 21 M Single
    o Patient was drunk at a hotel when he decided to leave his friends behind abruptly and take an entire bottle of ibuprofen in attempt to kill himself. He was then taken to Firelands ER. Patient states this was a one time thing and he didn't mean it. It only happened because he had been drinking. Non-voluntary.

- List any past and present medical diagnoses and mental health issues.
    ➢ Bipolar
    ➢ Depression
    ➢ Anxiety
    ➢ Suicidal thoughts

- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction. Pre-interaction: Sounded like an interesting story, the patient was at a convention for Comicon with a group of buddies, partying all night. I wasn't sure what had led up to the suicide attempt, no details given during morning report. Pt was highly energized possibly related to the antidepressant that he had just started after being admitted. I felt comfortable talking to him because he seemed very talkative and open judging by interactions others had with him.

Post-interaction: Felt good about how the conversation went. I was able to grab more details from him about what he does outside of 1S. Seemed passionate about his work in electrical. The nurse had told him that he was going to be discharged later today, but I did not feel like he was ready after only 1 day in 1S. Overly energized with denial about ever actually being suicidal. I was worried that he might have the energy now after taking an anti-depressant to carry out his SI. Hard to see someone being sent home early when they clearly have mental health issues, especially SI. My thinking was that he needs another day or more to fully be evaluated and cleared to return home safely.

- Describe what is happening in the "milieu". Does it have an effect on the patient?
  - From my time in the Milieu most patients sit there silently next to other watching TV or falling asleep. I'd say the majority of the other patients get their morning medications and then go to hibernate in the room. If I was a PSYC nurse on 1S I would have more encouragement with the patients to come out of their rooms to socialize. Being in bed all day in a room without windows seemed to make their case worse. You can tell a difference from the patients who socialize and those who don't. The ones that do seem to be more willing to learn coping mechanisms that will assist them after discharge.

**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).
  - ➢ Ineffective Denial
    - Identify situation and client perception including personal responsibility.
    - Assist patient to deal appropriately with situation by developing therapeutic communication
    - Promote wellness
      - Give patient verbal and written information about illness/situation, treatment regimen, follow up, and long-term goals.

- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
  - ➢ Denies Needing help
  - ➢ Refuses to take certain Psych medications because they "don't help"
  - ➢ Inadequate sense of control
  - ➢ Ineffective coping strategies
  - ➢ Anxiety when dealing with strong emotions

- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)
  - ➢ Suicidal thoughts
    - ▪ Verbal cues of wanting to die
    - ▪ Behavioral changes such as social withdraw
  - ➢ Substance abuse
    - ▪ Decline in work performance
    - ▪ Showing up late or missing work
  - ➢ Increased anxiety
    - ▪ Tachycardia
    - ▪ Always worrying
    - ▪ Problems sleeping
  - ➢ Workplace issues
    - ▪ Difficulty concentrating
    - ▪ Increased errors with his electrical work
  - ➢ Impaired judgement
    - ▪ Poor decision making
    - ▪ Impulsive
  - ➢ Impact on family/friends
    - ▪ Tearing relationships apart
    - ▪ Family/friends start to feel stressed about situation

**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.
    - Develop therapeutic communication with the patient Daily
        - Communication is important to establish rapport and trust with the patient so that you can collect in more detail what they are feeling.
    - Provide a safe environment for the patient. Daily
        - Places such as the milieu is a great place for the patient to feel safe to open up and communicate without the fear of being judged.
    - Determine the stage/duration of denial and any other defense mechanisms used by the patient Daily
        - Patients often use more than one defense mechanism unconsciously to protect their ego
    - Compare the patients perception of symptoms to the reality of the clinical picture and impact of illness or problem on lifestyle Daily
        - Gathering information on the patients perception can help to determine their mindset and assist with the plan of care
    - Encourage patient to attend group activities Daily
        - Patients in denial need ongoing support to move forward with the reality of life

- Identify a goal of the ==**therapeutic**== communication.
    - A goal for therapeutic communication is to encourage open communication with the patient. We are there to help them better control their mental illness and coping skills. If they are unable to be honest and provide detail into how they are feeling then is makes helping them more difficult and can lead to poor nursing care.

**IMPLEMENTATION**

- Attach Process Recording.

**EVALUATION-Reflecting**

- Identify strengths and weaknesses of the therapeutic communication. Strengths: (provide at least 3 and explain)
  - o Validates patients' emotions
    - ▪ Some patients just want to be heard and they aren't able to be until they get admitted to 1S. This promotes healing and makes the patient feel understood.
  - o Promotes problem solving
    - ▪ Therapeutic communication helps the patient to recognize their problems and understand ways to solve them through healthy mechanisms
  - o Builds trust and rapport
    - ▪ A trusting relationship is important for nurse/patient communication. Patients are more likely to open up to their problems when they feel as they can trust you.

- Weaknesses: (provide at least 3 and explain)
  - o Misinterpretation
    - ▪ Communication can sometimes be misinterpreted and cause confusing between you and the patient.
  - o Dependency
    - ▪ If the patient doesn't have a good support system and relies on their therapist or nurse to express their feelings then this could be a problem after they get discharged, or the therapist is unavailable when they need help.
  - o Financial problems
    - ▪ Therapist and hospitalization can be expensive if you don't have the funds, which is a common occurrence. People often prioritize the need to provide food and basic essentials before looking for mental help.

- Identify any barriers to communication. (provide at least 3 and explain)
    - Fear of being judged
        - If you are unable to establish a trust between the patients and yourself then they may be holding back information because they think you are judging them.
    - Medications
        - Some of the medications being used in 1S give the patient a sedative effect th at may impact how they communicate effectively.
    - Mental Illness
        - These patients in 1S have serious mental health issues that could impact their communication skills such as schizophrenia, hallucinations, bipolar, MDD, etc.

- Identify **and** explain any Social Determinants of Health for the patient.
    - Poor Environment
        - My patient was in a bad environment of drugs and alcohol that ultimately lead to the decision to attempt suicide

- What interventions or therapeutic communication could have been done differently? Provide explanation.
    - The main intervention that could have been done differently is to keep the patient in 1S. If the doctor were to ask me if he should go home I would've confidently said no he needs more time. Being in there for one day didn't seem to help much. I believe it was more of the antidepressant that he just started taking that gave him the energy and confidence to feel good enough to go home. I don't believe that after one day the SI just went away and all of a sudden he was okay.
    - I could've improved my therapeutic communication by better answering his statements about the feelings he was having. Being the first week on 1S I was still learning how to effectively communicate. During week 2 I felt better about answering questions and addressing concerns that the patients verbalized.
    - I wish there was a way to mandate at least one group activity per day. Some patients spent all of their time laying/sleeping in the windowless dark rooms.

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

| 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) |
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| "How'd you sleep last night?" | "I slept alright, they have better beds than the mental health facility I work at." | Positive thoughts, was able to get good sleep which is important. | Therapeutic: Focusing on current feelings after the first night in 1S |
|---|---|---|---|
| "Where do you work at?" | "Nationwide children hospital as a mechanical engineer." | Confused about how he is an "engineer" with no education or previous experience | Therapeutic: Attempting to assess the patient's life situation without prying information |
| "That's awesome! Did you go to school for that?" | "No, I actually just kept applying so much that it started to annoy them I think and then they hired me." | Hey good for him, he was consistent and didn't give up and it worked out. | Therapeutic: Conveying empathy, and giving positive feedback |
| "You must've been pretty persistent then." | "Yea, everyday I would go online and click apply with my resume." | Bit of an unconventional approach but it worked. | Non-therapeutic Could possibly sound that I agree with them about being annoying |
| "Sounds like they plan to discharge you later today" | "Yea it only took my mom calling them and threatening to sue in order for me to leave." | Concerned for pt safety after discharge, felt he wasn't ready to leave based on his mood. | Non-therapeutic The patient's discharge was a sensitive subject that could've been triggering. |
| "Is your Mom your main support?" | "No, I have some good friends that I also talk to luckily. " | Great, he already has an established support group. | Therapeutic: Focusing on a positive influence in the patients life who he enjoys. |
| "Yea, its nice to be able to have someone to share your thoughts and feelings to." | "Yes, I'm lucky to have them. " | Great, he already has an established support group. | Therapeutic: Restating his statement about him feeling lucky to have someone to share feelings with. |
| "If you can't talk with others, how do you cope?" | "They're almost always available, but if not them I just sleep it off then I fell better." | Curious is he has a plan for effective coping mechanisms. | Therapeutic: Formulating a plan of care on how to deal with coping. |
| "Do you cope any other way besides sleeping?" | "Um no, that's about it." | Concerned that he has been bottling his emotions by sleeping them off. Didn't seem like a positive mechanism. | Therapeutic: Focusing on the patients current feelings to assess mental status for coping skills. |
| "What about alcohol, does that seem to help relieve stress?" | "Sometimes, you know how it is when your drunk, you get super high highs and super low lows. This was just a one time thing. I didn't mean | Agreed with the patients even though I didn't agree with his statement. I didn't believe this was a "one time thing". | Non-therapeutic: Bringing up drinking could have made the patient think back to the night of the suicide and trigger negative emotions. |

| | it. " | | |
|---|---|---|---|
| "Have you spoke about suicide previously to anyone?" | "No but, I have a good psychiatrist and psychologist that I see that help me. " | Concerned that he hasn't expressed his depression or SI to his HCP. | Therapeutic: Exploring further into the patients plan after discharge if they were to experience SI again |
| "Do you feel confident about being discharged?" | "Yes, I don't actually need to be here." | Concerned for safety and lack of realization that he does need help and 1S can provide that to him. | Therapeutic: Focusing on patients current feelings, noticing sudden burst of energy and feeling of not needing to be here possibly from anti-depressants |
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