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

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 at all times.**
    - **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 at each interaction.**
    - **Provides an less threatening demeanor for a patient who is easily agitated**
  - **Remove all dangerous objects from patients environment upon admission and at all times.**
    - **Patient and other patients safety is top priority.**
  - **Maintain a low level of stimuli in the patients environment at all times.**
    - **A quiet environment and dimmed lights may help with agitation.**
  - **Screen for substance use and abuse upon admission.**
    - **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.

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EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

- **A therapeutic strength that I used was offering self. There were many times throughout my conversation with this patient where I would sit down at a table with him and ask about how he was feeling at the time. This would then lead into a very positive conversation about our hobbies and same interests. Making the time for the patient seemed to be very beneficial way to introduce trust into relationship with the patient.**
- **Another strength that I used with my patient was restating. In our conversations there were times when he would repeat something a few times. I picked up on this and would restate the main idea of what he was talking about to help continue the conversation about what he brought up a few times.**
- **Attempting to translate words into feelings is another therapeutic communication I incorporated with the patient. I used this in cases during our conversation where the patient was starting to talk about something, and then say nevermind its stupid. Whereas, his non-verbal expression would show he seemed like he wanted to talk about the topic. So I would try to translate his words and his body language into what he really wanted to say. There were many times it was successful and times where it was not as well.**

Weaknesses: (provide at least 3 and explain)

- **One weaknesses I had with therapeutic communication was giving false reassurance. The patient was getting excited about the possibility to be leaving soon. I had told him how I thought he would probably be leaving that day as well. This was a negative communication technique that could have caused a strain in the patient relationship if he were not able to leave that day.**
- **Another weakness I used was poor body communication. There were times when another patient was trying to talk while my patient was and I would sometimes would give bad eye contact and focus on the other person. This seemed to annoy my patient when someone would over talk him, and me looking at the other patient urged them to talk more.**
- **Giving advice was another therapeutic communication weakness I used. The patient had expressed how he was not wanting to go to group therapy. In a way to encourage the patient I told him that he should go to group because it could possibly make him feel better.**

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

- **A barrier was sometimes there would be miscommunication. There were times where I would take what he was saying in a different meaning. Since he was older than me there were things that I knew differently than the way he knew.**
- **Another barrier was the difference is education levels. This patient had struggled while he was in school and told me how he was never the smartest. Having this difference in education made it hard some times when communicating when I had to explaining something out that he didn't understand.**
- **Another barrier that I noticed between us was gender. Since he was a male there were some things I did not really understand or could relate to as it would be about something for males. This caused some barriers to our communication but we were able to work around them.**

- 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.
    - **An intervention I could have done differently was give better eye contact. There were times during our conversation where I was distracted by another patient. Giving better eye contact could have possibly helped the patient realize he was being heard.**
    - **Another thing I could have done differently was to not probe. During our conversation I did not realize I had been probing, but after understanding there were times where active listening would have been better suited.**

- **A therapeutic communication I could have done differently was utilizing the skill of exploring a little more. There were times where I had been confused about something he told me but instead of exploring it more I let it go.**

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)**
"Are you from around here?" ("Sitting facing the patient")	"No I grew up in Michigan, and I now live in Toledo. I used to have two roomates but I don't know if I do anymore." ("Looking down")	I was wanting to understand more about him. He opened up pretty early in the conversation.	For this interaction I would say this could have been nontherapeutic. This may have 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	I was happy that he was opening up and he seemed to be enjoying the	This interaction I used therapeutic skills by exploring more about his hobbies as he seemed to enjoy talking about

	you."	conversation.	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 now?" ("Direct eye contact and straight posture")	"No I haven't for awhile now." ("Crossed his legs and leaned back")	I was happy to hear he did not still currently have any of those thoughts, but still felt bad.	This interaction could be nontherapeutic due to saying I am sorry. This could have been taken as making a stereotyped comment.
"That is good to hear." ("Using SOLER technique for active listening")	"Yeah. I am excited to get out of here because my birthday is in a week." ("Smiled")	He was happy that his birthday was coming up and I was hoping he would be able to celebrate it outside of the unit.	This interaction could be nontherapeutic because I was agreeing meaning I was passing my judgment onto the patient.
"Do you have any plans for your birthday?"	" Not yet but I will probably just hangout with my friends and doing something with them."	He seemed excited about the possibility to do stuff with friends, but he still seemed a little sad about getting older.	For this interaction I believe this was therapeutic because I was exploring into something he seemed happy about.
"Well I hope you are able to have a good birthday."	"Thank you I hope so to."	This was the this conversation because of group activity but I felt really good with how it went overall.	This interaction I believe was therapeutic because I was focusing in on a topic he enjoyed and tried giving a positive response.

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