

## PROCESS RECORDING DATA FORM

Student Name: Karli Schnellinger

Patient's Initials:

Date of Interaction: 06/25/2024

**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?

The patient was a 25-year-old male who was recently admitted to the psychiatric unit due to having episodes of major depressive disorder, as well as suicidal ideations brought on after dealing with a breakup. He had previously self-harmed himself by deliberately cutting his wrists as a way to cope with his depressions and suicidal ideations. He had decided that he needed help finding other healthy ways to cope with these things, so he voluntarily admitted himself to the unit, where he was hoping to be able to regulate his medications better, and become mentally stable again.

- List any past and present medical diagnoses and mental health issues.
  - Deliberate self-cutting
  - ADHD
  - Depression
  - Anxiety
- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.

Pre-interaction: I was nervous to talk to this patient because I did not want to come across as pushy or that I was trying to force a conversation with him. I felt a little uncomfortable and awkward when I first sat down because he wasn't talking much and he was watching tv at the time.

Post-interaction: Afterwards I felt pretty good. I was able to have a good conversation with him, and at first, he was pretty shy and quiet, but as we continued to talk, he opened up, and started to talk to me about his job and his time here at 1 South. Having this conversation showed me that the patients in 1 South are just normal people going through a rough patch in their life, and the patient stated how it meant a lot for the students to come in and talk with them.

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

At the time of our conversation, the milieu was pretty hectic. There were people trying to get ready for therapy group in the big dining room, and there were lots of patients waiting around for it to start. Since most of us students were in the same general area, it was a little loud with everyone talking, as well as the tv going at the same time. I could tell the patient was a little anxious because he was bouncing his leg and rubbing his hands

together for nearly the whole time we were talking. I think if we would've moved to a quieter, less stimulating area, our conversation might have been a little more relaxed and calming.

### **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 coping**

- Anxiety
- Disturbed sleep pattern
- Fatigue
- Hopelessness
- Risk for injury
- Risk for loneliness
- Risk for suicidal behavior
- Self-neglect

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

- deliberately cuts wrists
- suicidal thoughts
- doesn't have much of a support system at home
- Pt has difficulty focusing on one topic and is overwhelmed
- Pt reported inadequate sleep patterns

- 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. Social Isolation**

- Canceling plans frequently
- Spending excessive time alone
- Anxiety or panic

#### **2. Anger/irritability**

- Restlessness
- Problems concentrating
- Moodiness

#### **3. Depression**

- Insomnia
- Feeling worthless
- Loss of appetite
- 4. Suicidal Thoughts**
- Feeling like a burden
- Social withdraw
- Sudden change in mood
- 5. Anxiety**
- Muscle tension
- Heart palpitations
- Shaking or trembling

### **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.
  1. Assess suicide risk daily → maintain pt safety
  2. Determine specific stressors such as work, family, relationships once daily or prn → helps pt to recognize what may be causing depressive episodes and anxiety
  3. Determine use of defense mechanisms daily → identifies any means of self-harm pt may exhibit
  4. Obtain vital signs on pt q4 hours → gather information to be able to look at trending to monitor pt progress
  5. Assess mental status daily → allows to see any changes and improvements
  6. Perform pt safety checks q4hrs → allows nurse to physically lay eyes on the patient and check up on them
  7. Administer prescribed medications prn → allows for med compliance and pt independence
  8. Education pt on healthy coping mechanisms such as walking, yoga, and breathing exercises daily → gives pt ideas of different healthy, effective coping mechanisms rather than harmful ones
  9. Encourage pt to attend most group therapies throughout the day → allows pt to discuss feelings and emotions with other patients, and hear their experiences
- Identify a goal of the **therapeutic** communication.

Patient is able to express feelings and emotions without feeling judgement from nurse, as well as identify appropriate forms of coping.

### **IMPLEMENTATION**

- Attach Process Recording.

### **EVALUATION-Reflecting**

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- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

1. Actively listening to pt and engaging in what he was saying → I wanted the patient to know that I was interested in what he was saying, so I maintained an open posture and eye contact while he was talking to make sure he felt heard and cared about.
2. Remaining patient → there were times when the pt would get distracted during the conversation, or take a little bit longer to answer, and I think I did a good job not rushing him with his answers
3. Making observations → I think I did a good job while talking with the patient to also notice the things he was doing such as looking around the room, shaking his legs, and rubbing his hands together

Weaknesses: (provide at least 3 and explain)

1. Probing pt → there were different times where I felt like the conversation might have been over, so rather than ending it, I continued to ask him more questions
2. Asking closed-ended questions → there were times where rather than asking the pt questions that he could expand on, I asked something that could be answered with a “yes” or “no”
3. Tone of voice → there were a couple different times where the pt would tell me something and not meaning to, my voice would sound disappointed or shocked at what he said which is nontherapeutic because it shows disapproval towards the pt

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

1. Environmental noise → due to the amount of people gathered in one place, it made it a little difficult to hear each other
2. Patient's psychological behavior → due to this pt struggling with severe MDD, he was easily distracted by the noise and things going on around him which made it more difficult to continue the conversation
3. Lack of trust → since I had only talked to this pt for a short period of time, I feel like there were things he might not have wanted to tell me because he did not quite trust me yet

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

- Patient recently broke up with his girlfriend which led him to having a severe episode of major depressive disorder and self-cutting his wrists as a way to cope with it.
- Patient works in a steel factory and when talking to him, it sounded like he really enjoys it, however, it can be a lot of pressure constantly working in the heat, and using heavy, dangerous equipment.
- Patient stated that he lives alone in an apartment and does not have much of a support system since him and his girlfriend broke up. I was worried that he would not have anyone to check up on him, or remind him to continue to take his medications.

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

Something that I could've done differently in regards to therapeutic communication would be to try and ask the patient more about his diagnosis. Since he was the first patient, I talked to I was nervous to ask him about how he was feeling, and his experience being in 1 South so far. I think being able to ask him questions about his diagnosis would allow him to open up a little more and would allow me to understand a little bit more about what he is currently going through.

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>
Making eye contact with pt	Making eye contact back to me	I felt anxious to start the conversation	Therapeutic: accepting → willing to interact with the patient
"Hi, I'm Karli." - SOLER	"Hi, how are you?"	Pt seemed tired	Therapeutic: offering self → showing the pt that I am willing to sit down and have a conversation with him
Smiling at pt	Pt smiling back at me	He seemed to relax a little bit	Therapeutic: accepting → shows interest in the conversation
"I'm pretty good! How are you doing?" - Making eye contact with pt	"I'm okay."	Didn't seem too talkative	Nontherapeutic: making stereotyped comments → Since these phrases are so commonly used, it encourages a stereotypical response by the patient such as "I'm okay"
"How did you sleep last night?" - SOLER	"I slept really good actually."	I was happy that he was able to get some good sleep	Therapeutic: Giving broad openings → allows the pt to express how they slept without forcing an answer from them
"That's good, I am glad you slept well!" - SOLER	"Yeah. Are you going to be a nurse or a doctor?"	Pt seemed interested in the conversation	Therapeutic: Restating → lets the pt know that I understood what they said
"A nurse, med school is too much schooling for me!" - Smiling at pt	"Yeah, I like school but not for that long."	I was worried what his response was going to be	Therapeutic: Giving broad openings → encourages pt to respond to me in a way that they feel comfortable
"Did you have a	"I liked reading."	Pt got excited	Therapeutic: exploring →

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<p>favorite subject in school?"</p> <ul style="list-style-type: none"> <li>- Making eye contact with pt</li> </ul>			allows for the nurse to find out more about the pt without probing them to continue the conversation
<p>"What about that class made you enjoy it?"</p> <ul style="list-style-type: none"> <li>- SOLER</li> </ul>	"I love to read books."	I felt a connection with the patient	Therapeutic: exploring → helps to allow the pt to explore his feeling towards some of his interests such as reading books
<p>"Me too! What kind of books do you like to read?"</p> <ul style="list-style-type: none"> <li>- Smiling at pt</li> </ul>	"I really like to read anime and manga."	I thought he was going to start to open up to me	Therapeutic: exploring → allows pt to open up more and a way to continue the conversation
<p>"That is awesome! I have a friend who loves to read anime too!"</p> <ul style="list-style-type: none"> <li>- Points towards anime magazine on tabletop</li> </ul>	"Yeah, I find it interesting to read."	Pt seemed a little distracted when talking	Nontherapeutic: Approving → with my statement it shows the pt that I am judging his choice of genres
<p>"I've never read those, but I'll have to try one!"</p> <ul style="list-style-type: none"> <li>- SOLER</li> </ul>	"Yeah, I recommend them."	Pt was starting to get anxious due to people around us	Therapeutic: Offering self → shows pt that I am interested in the conversation
Points towards dining room	Legs bouncing and rubbing hands together	I wanted to try to distract the patient since he was having anxiety	Therapeutic: offering general leads → allows the pt to continue the conversation with little to no input from me
<p>"Do you enjoy going to the therapy groups here?"</p> <ul style="list-style-type: none"> <li>- Motioned hands toward therapy dining hall</li> </ul>	"Yeah, I do! I feel like I learn a lot from them."	Pt calmed down a little and stopped rubbing hands	Nontherapeutic: Introducing an unrelated topic → rather than continuing on the conversation about a topic the pt seems to enjoy, changing the subject could imply to the pt that I am no longer interested
Smiled and nodded at pt	Pt looked down towards the ground	I was afraid I did something wrong and upset him	Therapeutic: Accepting → shows understanding and compassion towards pt
<p>"What has been your favorite activity you've done in group so far?"</p> <ul style="list-style-type: none"> <li>- SOLER</li> </ul>	"I really liked when we watched the video about being grateful for what we have because there are so many people that don't have as much as we do"	I was happy that the pt found this group activity meaningful	Therapeutic: Giving broad openings → this question allows the pt to tell me more about his experience on the unit, and allows him to talk about what he enjoys

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<p>“Is that the biggest thing you have learned since you’ve been here?”</p> <ul style="list-style-type: none"> <li>- Making eye contact with the pt</li> </ul>	<p>Pt looked down at the ground and then turned and smiled at me.</p>	<p>I was curious was he was going to say</p>	<p>Nontherapeutic: probing → this may cause the pt to feel like they are being used to only answer questions that I want to know the answer to</p>
<p>I smiled back at him</p>	<p>“The best thing I have learned was from a fellow patient that was discharged. He gave me a Bible and taught me that it’s okay to sin and that God still loves me!”</p>	<p>I was glad that he started to open up to me about his experience</p>	<p>Therapeutic: accepting → shows I was interested in what the pt was about to say in response</p>
<p>“That’s really good! Is God someone you look up to?”</p> <ul style="list-style-type: none"> <li>- SOLER</li> </ul>	<p>“Yes definitely!”</p>	<p>I was glad to hear that he had someone he could look up to</p>	<p>Nontherapeutic: approving → allows the pt to see that nurse’s role is to judge their thoughts and ideas</p>
<p>I looked around and then smiled and the pt</p>	<p>He looked at me and smiled, and his legs were no longer shaking</p>	<p>He was calm in this moment, and I was proud of myself</p>	<p>Therapeutic: accepting → shows that I am happy for the patient for finding something to look up to</p>
<p>“I am glad you have someone to look up to that hopefully helps you get through some of the harder days.”</p> <ul style="list-style-type: none"> <li>- Smiling and nodding</li> </ul>	<p>“Me too! It has seemed to make the hard days just a little bit more manageable!”</p>	<p>I was glad to hear that this pt found something to help with his coping when going through hard days</p>	<p>Nontherapeutic: accepting → this statement can come across as me saying it is a good thing he has someone to look up to which is a form of judgement</p>
<p>I looked up as the other dining room door opened up</p>	<p>He looked at me and then looked towards the dining room</p>	<p>I was wondering if group was starting</p>	<p>Therapeutic: Offering general leads → allows nonverbal form of input from the nurse that directs the pt attention to the dining room door opening</p>
<p>“Looks like group therapy is starting now.”</p> <ul style="list-style-type: none"> <li>- Smiling at pt</li> </ul>	<p>“Oh yay!”</p>	<p>I was happy to hear he was excited to go to group</p>	<p>Nontherapeutic: introducing a nonrelated topic → shows pt that the nurse is no longer interested in the previous conversation</p>

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