PROCESS RECORDING DATA FORM

Student Name: Trenton McIntyre Patient's Initials: KS

Date of Interaction: 6/26/24

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?

Client is a 23-year-old single male. Client had a brief psychotic episode in which he went to a hotel, took a shower in a random room that was open, then walked around naked. This was a non-voluntary admission.

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

Client had zero background in chart; there was no previous medical or mental health diagnoses.

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

  Was feeling nervous because of how unpredictable he seemed. Had a few different thoughts on what to say because I didn't want to say the wrong thing.

  Post-interaction:

Felt relieved. Was a very good interaction that went a lot better than I expected.

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

In the milieu, there are always people grouped up in the common area or at therapy. Lots of talking, tv noises, etc. I feel like this had a great effect on him because a couple times I sat down with him I n the common area or at therapy and he started hallucinating. It seemed like the milieu made this worse for him.

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).

   ==Disturbed thought process==, anxiety, disturbed sleep pattern, fear, and impaired social interaction.

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

Expressed unreal thoughts, extreme difficulty in verbal/social communication, inadequate emotional response to many situations, disorganized thought sequences, very rare to have a full conversation with him without him experiencing hallucinations.

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

   Memory impairment – difficulty recalling/retaining information.

   Impaired attention and concentration – difficulty focusing or staying engaged.

   Social challenges – having a difficult time in social situations.

   Behavioral disturbances – any unusual behavior.

   Cognitive disorientation – confusion about surroundings.

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.

Identify underlying condition upon initial assessment- disturbed thought processes can be a result of many things.

Determine alcohol or other drug use – drugs can have a direct impact on the brain.

Evaluate impact of client's surrounding environment Q4H – Noise, multiple people, etc can result in overstimulation.

Assess for presence or severity of pain upon initial assessment – can diminish thinking processes.

Assess dietary intake/nutritional status – nutrition is essential for optimal brain functioning.

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

To establish a relationship and trust with the client.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

Active listening – made client felt heard.

Eye contact – showed empathy towards client.

Gave full attention – made client feel worthy of time.

Weaknesses: (provide at least 3 and explain)

Lack of privacy – conversation was in common area.

Difficulty understanding non-verbal cues – didn't fully understand client's communication,

Hesitation – it took me a little bit of time to respond to certain things he said.

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

Environmental noise – milieu had a negative effect on client.

Cultural difference – came from completely different backgrounds.

Language difference – spoke differently with words and tone.

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

Lack of employment – client had no income.

Lack of medical insurance – didn't have full medical insurance coverage.

Lower socioeconomic status – client/family had low income.

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

I regret not making more conversation with him. Most of the time, he was walking around and seemed like he didn't want to be bothered. It took a day and a half for him to have good conversation with me and I think that may have been changed with more therapeutic communication efforts. The communication I did have was therapeutic, I just could have attempted at having more with him.

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)**
"Good afternoon, (name)."	"Hello."	Felt nervous to start conversation.	Establishing conversation, therapeutic.
"How are you doing this morning?"	"I'm doing okay, better than yesterday."	Still nervous, not sure if he is wanting to conversate.	Asking open ended question, therapeutic.
"Did you get more sleep last night than the night before?"	"Yes, I got about two more hours of sleep."	Feeling good for him that he is sleeping better.	Exploring, was effective.
"That's good, sleep always makes me feel better."	"Me too."	Feeling more comfortable in conversation, not sure if I should keep talking to him.	Reflecting, therapeutic.
"That's good, I always try to make sleep a priority no matter what's going on."	"That's awesome man I try to do that as well."	Positive feeling that he knows the importance of sleep.	Therapeutic.
"I see you're doing a crossword puzzle."	"Yes, I've done a couple of them this morning."	Wanting to join him with his crossword puzzles.	Clarifying, was effective.
"How are they going for you?"	"Pretty good, they are making me think really hard."	Positive feeling knowing that his brain is currently distracted of the hallucinations.	Asking open ended question, therapeutic.
"That's a good thing, gets your brain moving."	"I agree, it's definitely making my brain move."	Feeling very comfortable that conversation is going better than I expected.	Summarizing, therapeutic.
'Would you mind if I joined you for a puzzle or two?"	"Yeah man, I would love if you joined with me."	Very happy, this is the most he's opened up to me.	Asking a question, therapeutic.
"Thank you for letting me do them with you."	"You are welcome man, anytime you	Very thankful and feel like the	Showing thankfulness, therapeutic.

	want to."	conversation went really well.	