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

PROCESS RECORDING DATA FORM

Student Name: Savannah Willis Patient's Initials: S.P.

Date of Interaction: 6/20/24

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?**
  My patient was a 55 year old female voluntarily admitted to the mental health unit due to having suicidal ideation and having a plan. She had been divorced once in the past and have 2 children. One child lived out of state and would rarely reach out to her. The second child worked in the hospital and refused to talk to her at all. She had a history of substance abuse, physical abuse from her ex-husband, and emotional abuse from her parents growing up. She said all of this led up to her feeling unworthy of her life and no longer wanting to live it.

- **List any past and present medical diagnoses and mental health issues.**
  My patient had a medical history of an appendectomy, tubal, ligation, hypertension, hypokalemia, tonsillectomy, restless leg syndrome, and an ovarian cyst removal. She had a mental health history of major depression disorder, generalized anxiety disorder, bipolar I disorder, and suicidal ideation.

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

  Going into the day I was nervous that I would talk about something that would trigger a patient or say to many things that were nontherapeutic. I did not want to speak to anyone and primarily waited until someone wanted to talk to me. This interaction was a mix of both though.

  Post-interaction:

  After talking to my patient and getting more information from them I felt better with speaking with other patients in the mental health unit. It was rather intimidating, but it let me know that I could do it and succeed at helping patients going through a mental crisis feel better.

- **Describe what is happening in the "milieu". Does it have an effect on the patient?**
  In the milieu patients were forming small groups where they would talk and be supportive of each other. About a third of the people there were straying from the groups and preferred to be alone. My patient seemed to be a mixture of both and she mentioned that she preferred it that way because she felt she had space to grow and be accepted but also figure herself out.

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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**).
  Severe Anxiety
  Chronic Low Self Esteem
  Compromised family coping
  Disturbed family identity syndrome
  Disturbed Personal Identity
  Dysfunctional Family Processes
  Hopelessness
  Ineffective Coping
  Ineffective Relationship
  Parental Role Conflict

- **Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)**
  - Unadressed domestic violence from ex husband
  - Ineffective family communication between mother and daughters
  - Ineffective family coping strategies, isolating from each other and denying communication
  - Excessive stress from being unemployed, unable to pay bills, and lacking support
  - Inadequate social support; discrimination from estranged daughter to mother
  - Economically disadvantaged; unemployed with no viable means of financial support

- **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 Ideation
  - States hopelessness
  - Withdrawing from friends
  - Eating and sleeping less
  - Extreme mood swings

  Social Alienation
  - Refusal to converse with anyone
  - Straying from group
  - Feeling disconnected from people around them

  Self Harm
  - Bruising in hidden areas of body
  - Several constant lacerations
  - Hiding skin, long sleeves in hot weather

  Substance Abuse
  - Unable to function without substance
  - Feeling guilty when participating in substance use
  - Devoting excess time to substance
  - Craving substance

  Depression
  - Feelings of hopelessness
  - Fatigued
  - Anhedonia

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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. Identify changes in family composition, social interactions and relationships. (when first meeting with patient, and when meeting with family)
     - Knowing the changes of the family composition can help the nurse form a plan to help better the family.
  2. Assess patients' attitudes, motivation and readiness to better their family relationships. (Q once daily and PRN)
     - Understanding and having insight on the patients' attitude can assist in knowing how much the nurse has to intervene and identify realistic communication goals.
  3. Encourage and engage family in communication about situation and roles portrayed to each other. (Daily, when meeting with family, and PRN)
     - Communication about problems helps to find the source and resolve it.
  4. Encourage family communication of frustration with statements such as, "I feel…" rather than use statements that promote blame. (Daily, throughout day and when meeting with family, and PRN)
     - Expressing feelings rather than blame promotes and understanding environment and clears any miscommunication so everyone feels seen and heard.
  5. Educate family on the benefits of family counseling. (When meeting with family and at discharge)
     - Family counseling is a resource that can further benefit their growth and development together.

- **Identify a goal of the therapeutic communication.**
  The goal of therapeutic communication is to provide a safe environment for the patient to feel seen, heard, and understood while they can express themselves long with their feeling and fears.

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)

  - I was able to get my patient to open up slightly about her past. She had been unable to open up to any of the nurses about growing up and what her influences were as a child so this was a major moment for her.
  - I was able to build rapport with the patient by showing interest in an activity they also enjoyed. I was able to color a page they recommended to help them feel accepted rather then ignored.
  - My patient told me their feeling related to how they feel in the milieu. My patient stated she felt safe in the milieu and that it was a large contribution to how she was growing and developing a better mind set.

  Weaknesses: (provide at least 3 and explain)

  - I asked a lot of direct questions to my patient. Occasionally direct questions can be therapeutic but my questions quickly turned into probing as my patient had really just been answering the questions and not fully engaging in the conversation.
  - I was not confident in my ability to turn nontherapeutic communication to therapeutic communication, so my end of the conversation seemed very blunt and direct rather than flowy.
  - I was giving compliments and approving my patients' decisions. This enforces the idea that behaviors or ideas can be "good" or "bad" which can seem judgmental from the patients view.

- **Identify any barriers to communication. (provide at least 3 and explain)**
  - Overall I feel my worries of non-therapeutic communication made me think about it too much and then I could only think about nontherapeutic ways rather than turning them into therapeutic ways. I was so focused that I contradicted my thoughts and partook in types of conversation I wanted to avoid.
  - My patient was rather reserved and shy, she did not want to fully open up since I was a new person and she did not know me.
  - Her and I were in an area of the common room where anyone could listen in and intervene. This type of environment is not the best option for trying to foster a caring and welcoming environment for thoughts. The patient may not have felt comfortable talking about the original reason she came in.

- **Identify and explain any Social Determinants of Health for the patient.**
  Economic stability: my patient was in between jobs due to her major depression and inability to fint the motivation to go to work every day. This created a large financial burden for her and has made it difficult to pay bills and keep up with things.
  Neighborhood and Physical Environment: My patient currently has a home but has not yet paid off her mortgage on it yet. This worried her and she thought she might lose it if she does not try to get her life on a better path.
  Education: like my patient stated, she was unable to go past the 8th grade in school but from her implications it seemed like she has her GED for employer purposes. Not finishing school can put her at a disadvantage when applying for jobs and comparing applicants.
  Community: my patient did not have a great home community. She was having a lot of family issues and had very few friends. She did not like to be very close to people because she felt scared they would leave. This creates problems when she is going through a stressful event and needs someone for support but does not have anyone for her.

- **What interventions or therapeutic communication could have been done differently? Provide explanation.**
  Rather than mentioning that I liked her coloring page I could have said, “I see you’re coloring currently,” this would be therapeutic by giving recognition. Saying that I liked it implies judgenment and can be seen in a negative light from a patient perspective. When my patient started to talk about her past I noticed she was starting to avoid eye contact and seemed more tense; rather than simply asking if she’d like to continue I should have mentioned my observation as her being tense. When a nurse openly mentions what they see with a patient it makes them feel seen and understood. Rather than probing my patient with so many questions I should have given a broad opening and asked what she would like to talk about. Doing so lets the patient decide how the conversation will go and gives a slight insight about what the patient is comfortable talking about.

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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)**
"Hi, I'm Savannah. I like your coloring page." *looking at page and glancing at patient*	"Thank you, it makes me feel calm." *Eyes down, coloring*	I thought that patient would not want to talk to me considering they were keeping their head and eyes down.	Nontherapeutic – Giving compliment/approving
"How are you feeling?" *facing patient, *	"Good. Better than the past few days." *Eyes down, coloring*	Felt that the patient was uninterested in the conversation.	Therapeutic – asking direct question.
"May I join?" *Gestures to empty chair diagonal to patient*	"Oh, of course! Here I love this page." *Smiles and Hands me a coloring page*	Thought patient was starting to open up and share interests with me.	Therapeutic – asking direct question and gaining consent for conversation
"It seems very relaxing coloring these pages." *looking through crayons, glancing at patient*	"Yeah, it gives you a break from a lot of others things going on." *Glances at me and continues coloring*	Felt accepted by the patient and comfortable continuing conversation.	Therapeutic – making observations
"Yes, much like the Ted-Talk earlier, it is important to take breaks and not dwell on things." *Starting coloring page*	"Yes, I loved that Ted-Talk, it was very helpful." *Smiles and continues coloring*	Attempted to color to seem more relatable and nonjudgemental with patient.	Therapeutic – encouraging comparison
"Do you have any other coping skills you use besides coloring?" *Glancing up at patient, attempted to make eye contact*	"Um, no not really. I never really have. That's why I'm here I guess. I've been dealing with things since a young age and I feel like I just always spiraled down." *Stops coloring, makes eye contact*	Tried to gain insight on what patient already does in attempt to help them gain more coping skills.	Nontherapeutic - probing
"Do you feel comfortable elaborating?" *Maintains eye contact, facing patient*	"Yeah, my mom was never a very helpful person. She got into drugs and tried running from the police so I hopped	I wanted the patient to decide whether they wanted to continue or talk about something else.	Therapeutic – exploring and focusing

	around different schools and states following her next move and next boyfriend. I never did well in school, I couldn't make it past 8th grade." *fidgeting with hands, in and out of eye contact*		
"That seems very difficult for you to have gone through at such a young age." *Slight downward frown*	"It was, I wish I could have gone farther in school. I admire you girls and your desire to continue your education." *Resumes coloring*	I was scared to respond because I didn't want to turn the conversation into something about me but I didn't want trigger her with asking about more.	Therapeutic – acknowledging and making observations.
"Thank you. Do you feel like being here has helped you?" *Staring to color, glancing up at patient occasionally with body turned towards them*	"Yes, I feel safe here." *looking down, coloring*	I wanted to avoid talking about myself as much as possible. Attempted to redirect conversation.	Nontherapeutic - Probing
"Have you been able to gain any new coping skills?" *Continuing coloring while glancing up at patient*	"Well, not many but I've only been here for 2 days I like to focus on art more and some activities don't interest me. But, like I said I feel safe." *looking down, coloring, no eye contact*	I thought I would make the patient uncomfortable if I had not continued coloring. Did not want them to become uncomfortable.	Nontherapeutic - probing
"That's good, your safety is our priority when providing the best care we can provide." *Continuing coloring while glancing up at patient*	"I like it I'm excited to get better." *looking down, coloring, no eye contact*	Reestablishing goal of care. Felt the patient was starting to feel awkward.	Nontherapeutic – approving and defending
"That's a good outlook to have. Oh, it looks like therapy group	"Of course!" *Starts packing things, smiling*	Attempted to avoid the patient feeling pressured to continue	Nontherapeutic – approving

starts again soon, would you like to join me?” *Looks at clock and then to patient*		questions, wanted to engage the patient in the next group activity.	