

PROCESS RECORDING DATA FORM

Student Name: Abby McNulty

Date of Interaction: 5/29/25

ASSESSMENT- (Noticing- Identify all abnormal assessment findings (subjective and objective); include specific client data.)

- Pertinent background information of client (age, gender, marital status, etc.), description of why the client was admitted to the Behavioral Unit. Was this a voluntary or non-voluntary admission?

-56 M

-divorced twice

-increase in anxiety diagnosed with a mental health problem (mhp) major depressive disorder (MDD)

-attends group therapy x5 weekly and was suicidal making comments at therapy about having an urge to hurt/cut himself and that he did not feel safe, therefore this is what brought him into the unit (voluntary)

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

medical history: alcoholism, panic attacks, anxiety, depression, previous known suicide attempt

reason for visit: mhp (mental health problem)

visit DX: Major depressive disorder, single episode, unspecified

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

-nervous

-anxious

-didn't want to say the wrong thing

-intimidated

-unsure if I was going to be able to talk to someone therapeutically who is suicidal

-didn't really know what to expect

-worried about not knowing how to keep the conversation going

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Post-interaction:

- conversation went well
- patient opened up & told me his story/background
- felt good about how the communication went
- felt a sense of relief and calmness
- felt like allowing my patient to express his feelings to me was beneficial for him
- felt like my patient had appreciated my presence and felt support from me

- Describe what is happening in the “milieu”. Does it have an effect on the client?

- pacing
- watching TV
- talking/communicating
- therapy groups (art therapy, goals, going outside, etc)
- card games
- coloring
- reading the newspaper

My patient tends to isolate himself due to his social anxiety and is not a crowd type of person. However, he will have conversations with individuals and interact with other clients in the milieu when he is in the main room or in group. My patient never wanted to play any games or color but was always willing to sit down and chat with me.

DIAGNOSIS/PRIORITY MENTAL HEALTH PROBLEM- Interpreting

- Mental Health Priority Problem (Nursing Diagnosis): (Not client medical diagnosis) (List all nursing priorities and highlight the top mental health priority problem).

-Risk for Suicidal Behavior

- Risk for Injury
- Ineffective Coping
- Anxiety
- Insomnia
- Powerlessness
- Disturbed Thought Process
- Social Isolation

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

- anxiety 8/10
- depression 8/10
- ongoing suicidal thoughts
- plans to cut himself
- hopelessness/worthlessness
- racing thoughts

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

- death (cessation of breathing & heartbeat, loss of responsiveness, cold extremities)
- self injury (unpredictable, impulsive behaviors, isolation, scars/cuts)
- depression (weight gain or loss, no motivation, no enjoyment in life)
- long term deficit (brain injury, speech issues, motor skill problems)
- extreme mood changes (sad, substance abuse, empty, bipolar)
- fatigue (muscle weakness, slowed reflexes and responses, always tired)

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. Ask the pt if they have ever thought about harming themselves and if so, what do they plan to do? It would also be important to ask if they have the means to carry out with the plan and how strong their intentions are to die every morning before medication administration.

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Rationale: When a pt has developed a specific plan the risk of suicide is greatly increased.

2. Assess the pt for anxiety, depression, racing thoughts, and feelings of hopelessness/worthlessness TID (morning, afternoon, night).
Rationale: To help treat the patients' symptoms, improve treatment outcomes, and to ensure patient safety at all times.
3. Assess the patient's skin for signs of self-harm TID (morning, afternoon, night).
Rationale: To make sure that the patient has not harmed their self in any way under our watch on the unit.
4. Create a safe environment for the patient on admission and perform room searches as necessary.
Rationale: Patient safety is a top nursing priority.
5. Convey a caring, empathetic attitude towards the patient giving them all of the support they need while encouraging them to actively participate in establishing a safety plan on a daily basis. (Morgan 2023)
Rationale: It's important for establishing trust with your patient for building a therapeutic relationship & for developing a plan for their ongoing safety.
6. Maintain close observation of the patient and continue to monitor the patient's mental status by completing checks every 15 minutes.
Rationale: Observing the patient closely is important to ensure that the patient does not harm themselves.
7. Maintain special care in administration of medications every time you are passing meds throughout the day/night.
Rationale: Prevents saving up to overdose or discarding and not taking during med administration.

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

Patient will be encouraged to explore their feelings and understand the motivation that is driving their behaviors. The communication between the student and patient will be nonjudgemental, discourage defensiveness, and promote trust.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

1. A strength of mine would be that I utilized the therapeutic communication technique offering self. I was always asking my patient how he was feeling and letting him know that I will stay with him. I was

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always willing to spend time with my patient whenever I had the chance to and would show interest in my patient to help promote my patient's feelings of self-worth.

2. Another strength of mine during therapeutic communication would be when I used the technique giving broad openings. When interacting with my patient I would ask him what he would like to chat about that way he could direct the conversation in a way so that we could be talking about things he wanted to be talking about. It is important when communicating to let the patient direct the focus of the interaction so that they can feel comfortable and also emphasizes how important the patient's role is in the communication process.
3. I felt like another strength was using the formulating a plan of action technique with my patient during interaction. For instance, I had asked him what are some positive coping mechanisms that you would be willing to try to help decrease your anxiety and depression instead of wanting to harm yourself. This helped encourage my patient to identify a plan for ways to change his behavior that will promote developing better coping skills for the future.

Weaknesses: (provide at least 3 and explain)

1. An area where I could improve on during communication is when certain things are said, and I am unsure of how to respond back specifically suicide talk. For example, when a pt says to me that they are perfectly content with dying and that they want to see what is on the other side of life, I am not sure what the appropriate response back to that is.
2. Another area of weakness when it comes to therapeutic communication could be having a noisy or distracting environment. I found it difficult at times to sit next to my patient in the main room and have a conversation with him without being interrupted by other clients. It seems as if other clients who were also in the room, they would try to talk to me at the same time and then it would get a little bit chaotic with multiple clients trying to talk at the same time.
3. A weakness I had when interacting with my patient was when he was showing me the symbols that he drew on his arms on ways he was thinking of cutting himself. I just felt uncomfortable and did not know what to do or how to respond appropriately. I know that as time goes on, I will start to feel more comfortable in certain situations and learn how to respond appropriately.

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

1. A barrier to communication could be a physical barrier like the noise and distractions clients were being in the milieu when trying to chat with my patient. It made it challenging to communicate with my patient when other clients would interrupt us and intervene into our conversation.
2. Another barrier that could affect communication with one's patient could be an emotional barrier such as feelings of fear, anger, and anxiety. If a patient is having any sort of those feelings, they may not feel comfortable with talking to you depending on the situation and environment.

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3. Perceptual barriers also can play a role when it comes to communication. For instance, the individuals who are communicating perceive and interpret information differently which can lead to disagreements of interpretations.
- Identify **and** explain any Social Determinants of Health for the client.

My patient has numerous Social Determinants of Health that all impact his health. He has been unemployed since February, so he is worried about a steady place to live as he lives in a not so nice apartment right now. He is currently 3 months behind in rent and has no income. He utilizes the transport system to get to wherever he needs to go. He is a current everyday smoker and needs resources for rent, food, and help getting into a steady path.

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

Something that needs to be done differently moving forward is how I communicate with individuals when they are crying. I never know what the appropriate response is to say to an individual who is crying. I always feel empathetic, and it makes me so sad when I see individuals cry. The experience I had with this on 1South was okay. I offered to grab the client a box of tissues and sat with her while she was crying and actively listened to everything she was telling me. I just feel uncomfortable when it is silent, and I am unsure of what to say so I am hoping in the future I get more comfortable with this to improve my therapeutic communication skills.

Reference:

Morgan, K. I. (2023). *Davis Advantage for Townsend's essentials of psychiatric mental health nursing* (9th ed.). Philadelphia, PA: F.A. Davis Company. <https://www.fadavis.com/>

In-text citation (Morgan, 2023)

Student's Verbal or Nonverbal Communication	Client'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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“Good morning, how’d you sleep last night?” (SOLER)	“Good morning” (smiles). “I slept okay. I woke up 3 times and came out here and checked the time.”	Was happy to see him smile at me. Felt bad for him that he’s experiencing some sleep disturbances r/t his racing thoughts.	Therapeutic: Offering self by encouraging the patient to express his thoughts and feelings without judgement
“How are you feeling today?” (SOLER)	“I don’t want to be on this planet anymore and that it’s time for me to give up. I am also perfectly content with dying and seeing what is on the other side of things.”	Felt a little uncomfortable and sad. Always a hard conversation to have. Wishing there was a way I could help relieve his suicidal thoughts.	Therapeutic: Offering self by showing willingness to spend time with the patient and show interest promoting the patient’s feelings of self-worth
“Tell me more about why you are feeling like this.” (SOLER)	“I wish I could tell you why I was feeling like this, but I just can’t give a reason.”	Feeling sorry for him.	Therapeutic: Focusing by encouraging specific conversation about his feelings he is experiencing
“You made a comment at your outpatient therapy group about wanting to harm yourself, is that right?” (SOLER)	“Yes, but I am angry at myself for saying it at group and should have just kept to myself.” (Fidgeting)	Felt sad and could feel the pain my patient was experiencing.	Therapeutic: Attempting to translate words into feelings by seeking clarification and validation
“Do you take your medications as prescribed daily?” (SOLER)	“Yes, I take my medications every day and never miss a day.” (Looks directly at student)	Positive feeling to know that he is compliant with his medication regimen.	Therapeutic: Exploring by asking the pt a question regarding his medications to help better understand his health
“What are some positive coping strategies you could utilize to help decrease your anxiety and depression?” (SOLER)	“I don’t know what is going to happen from here when I leave.” (Fidgeting)	Felt concerned and knew he was nowhere near close to being ready to be discharged.	Therapeutic: Formulating a plan of action by trying to help the patient identify ways to cope instead of wanting to harm himself
“Yes, I see.” (SOLER)	“I don’t like to communicate with anyone, so I tend to just stay to myself.”	Felt like this probably is not the best for him because talking to people benefits him instead of socially isolating. Felt a sense of sadness when he told me he does not talk to anyone.	Therapeutic: Offering general leads by encouraging the patient to continue talking with little input from the student

