Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2025
Nursing Process Study

PROCESS RECORDING DATA FORM

Student Name: Brittany Rodisel

Date of Interaction: 6-11-2025

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?

  The client is a 47-year-old male who is currently separated from his wife. He presented voluntarily to the emergency department after worsening depressive symptoms and suicidal ideation. He was admitted to the behavioral health unit for Major Depressive Disorder and Bipolar Disorder. The client's wife had recently kicked him out of their home due to his excessive alcohol consumption. The client reported that his family had been encouraging him to harm himself, which further exacerbated his suicidal thoughts. He described a clear plan to end his life using a gun and his family told him that they would even load it for him. When talking to the client he did state that he doesn't understand the need to go on anymore. His mother brought him to the ER for evaluation. Since his admission to the behavioral unit, the client has exhibited signs of alcohol withdrawal and is currently being monitored.

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

- Alcohol abuse; history of consuming 10-12 beers and vodka throughout the day
- Noncompliance with prescribed current medications
- Hypertension
- Hip replacement
- Subdural hematoma status-post craniotomy
- Congenital hip dysplasia
- History of methamphetamines
- Depression
- Bipolar

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

  Pre-interaction: Before the interaction, I felt uncertain and lacked confidence in my communication techniques. I was nervous about saying the wrong thing or unintentionally triggering negative emotions. I worried that I might not be able to provide comfort or therapeutic value. My anxiety increased as I

reviewed the seriousness of the patient's recent suicidal ideation, which made me question my ability to respond effectively and appropriately. I did remind myself that being present and listening could be just as therapeutic as saying the right thing.

Post-interaction: After the interaction, I felt calm and collected. It wasn't as intimidating as I initially anticipated. I was able to actively listen, which helped the client feel heard. The experience made me more aware of how deeply the client is affected by his mental health and environment. I recognized the power of presence and empathy in therapeutic communication and gained confidence in my ability to support clients in crisis.

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

  The milieu on the day of the interaction was somewhat chaotic. There was a female patient walking around the unit performing random dance movements, and there was general disorganization and high sensory stimulation in the environment. The milieu was bright and loud. This seemed to have had a noticeable effect on the client, who was actively experiencing alcohol withdrawal symptoms. He was worsening as he was stumbling on his feet and trying to go into other people's room. He was going to be transferred to the back, last I knew, but we were leaving so I didn't find out until the following week that he ended up being transferred and after a day or two his behavior was a lot better. A chaotic environment can intensify symptoms of alcohol withdrawal. He definitely needed to be transferred to the back.

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).

- Mental Health Priority Problem:

  - Risk for suicide
  - Hopelessness
  - Ineffective coping
  - Acute Confusion
  - Dysfunctional family processes

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

  Recent separation with wife
  History of alcohol abuse
  Inadequate social support
  Reports hopelessness
  Reports on worsening depression
  Voluntary admission
  Family encouraging self-harm
  Specific plan for suicide – threatening to kill himself with gun (Morgan, 2023).
  History of substance abuse with methamphetamines
  Non-compliant with prescribed medications for bipolar

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

  Risk for self-injury- withdrawal from interactions, giving away possessions, statements about death, or appearing suddenly at peace.

  Increased severity of depression –increased hopelessness, low energy, sleep/appetite changes.

  Alcohol withdrawal complications (seizures, delirium) – tremors, hallucinations, elevated BP, agitation, confusion, diaphoresis

  Isolation/lack of support – limited communication with peers/staff, withdrawal, lack of interest in group activities.

  History of substance abuse- red eye, or dilated/constricted pupils, sudden weight loss or gain, poor hygiene or neglect of appearance, track marks or bruises on arms

  Death – coolness in extremities, irregular or shallow breathing, decrease in blood pressure, weak or absent pules

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.

Ask directly to patient: "Have you thought about harming yourself in any way? If so, what do you plan to do? Do you have the means to carry out this plan? How strong are your intentions to die? How often do you think about suicide? q shift and PRN behavioral changes (Townsend & Morgan, 2024).

-Rationale: The risk of suicide is greatly increased if the patient has developed a plan and particularly if means are accessible for the patient to execute the plan.

Create a safe environment for the patient. Remove all potentially harmful objects from patient's access (sharp objects, straps, belts, ties, glass items, alcohol) daily

-Rationale: Patient safety is the number one priority

Maintain close observation of patient. Depending on the level of suicide precaution, provide 1:1 contact, constant visual checks. Do not assign a private room. Keep the room close to the nurse's station. q15 mins/PRN behavioral changes

-Rationale: Close observation is necessary to ensure that the patient does not harm self in any way. Being alert for suicidal and escape attempts facilitates being able to prevent or interrupt harmful behavior.

Provide a calm, low-stimulation environment daily

-Rationale: To reduce agitation and confusion during withdrawal

Maintain special care in administration of medications

-Rationale: Prevents saving up to overdose or discarding and not taking

Administer Escitalopram 10 mg once daily

Rationale: To treat major depressive disorder

Administer thiamine 100 mg PO BID

To prevent: Wernicke's encephalopathy

Administer Seroquel 100 mg PO TID

Rationale: To treat episodes of mania and to help stabilize thoughts, actions, and moods.

Educate on therapy daily and prior to discharge
-Rationale: Educating and encouraging patients on therapy daily encourages consistency in attending sessions, reinforces the importance of ongoing support and helps monitor for warning signs of relapse or worsening mental health

- Identify a goal of the **therapeutic** communication.
  -To build a trusting and supportive relationship that helps patients open up and express their feelings and concerns. This can help us as nurses better assess the patient.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

  Strengths: (provide at least 3 and explain)

Active Listening – I was able to remain quiet and give space for the client to talk, helping him feel validated.

Empathy and Nonjudgmental Approach – I maintained a compassionate tone and body language that made the client comfortable.

Recognized Triggers – I observed how the milieu and withdrawal symptoms affected the client and adapted my communication accordingly. He was all over the place and unsteady on his feet he had to be redirected several times.

Weaknesses: (provide at least 3 and explain)

Nervousness – I felt anxious before the conversation, which made my introduction feel slightly awkward.

Limited use of open-ended questions – I could have asked more open-ended questions to encourage him to open up more

Uncertain phrasing – I occasionally hesitated when offering therapeutic responses, needing more confidence.

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

Client's withdrawal symptoms – His discomfort and irritability made it difficult for him to focus.

Environmental chaos – The noisy, overstimulating environment affected our ability to concentrate.

My anxiety – My own worry about saying the wrong thing limited my flow of conversation at times.

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

Lack of family support – Family encouraged self-harm rather than providing support.

Housing instability – Recently separated and possibly experiencing homelessness (where he was living was not noted in his chart and we did not talk about it)

Substance use disorder – Chronic alcohol use impacts health, finances, and stability. The patient has a history of using methamphetamine

Access to healthcare – Only sought treatment after crisis and indicates poor access or follow-through previously.

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

I could have incorporated more silence strategically to allow the patient space to reflect. I also could have practiced grounding techniques to help both myself and the client manage the effects of the chaotic environment. More use of reflective statements and paraphrasing would have helped demonstrate understanding and support a deeper understanding of his feelings. Overall, I think our conversation got better as it went on, but since this is our first time trying to use therapeutic communication, I definitely think there is room for improvement.

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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/_

Townsend, M. C., & Morgan, K. I. (2024). *Pocket guide to Townsend's psychiatric nursing: Assessment, care plans, medications*. (12th ed.). Philadelphia, PA: F.A. Davis Company. https://www.fadavis.com

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	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)**
"How are you feeling today?"	Shrugs shoulders – "Good I guess"	Worried, awkward, unsure what to say next	Borad opening: Allowing focus on the patient-therapeutic
Sits quietly, keeping eye contact	Patient started to stare off into space	I wanted to allow him space, without pressure	Silence: Allowing or encouraging client to talk about feelings - therapeutic
"It's important to be honest with your wife I know it's hard"	"It is. But she doesn't like my drinking"	Maybe the client is getting more comfortable with me	Agreeing: Preventing client to change his view -therapeutic
"I know, I am sure it's been hard being separated from your wife"	"I still can't think straight. All I want to do is drink I don't know why she left me"	Showing empathy helps the client build a relationship with me	Making observations: Encourages client to develop awareness of how they are perceived by others-therapeutic
"How did she (wife) upset you?"	"I can't stop drinking my life has spiraled downhill no one is there for me, and my family hates me"	expressing feelings with me. He's starting to open up and talk about things that he's going through without me asking questions	Probing: Client may feel used that I am asking him questions for information and that I do not have any empathy-Nontherapeutic

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“Oh, I wouldn’t say that. We will get you the help you need that’s why you are here”.	“I don’t think I’ll ever be normal again or feel normal. Life sucks”	Not sure what to say. It’s hard not knowing what to say when a client is in this situation	Giving false reassurance: I am just giving him unrealistic comfort instead of validating that he is in distress- Nontherapeutic
“Do you want to talk about why you think your wife is upset?”	“Shrugs shoulders, I don’t want to talk about my wife anymore she left me, it’s my fault at this point”	Realizing he is taking account for his actions and feeling weird because I keep asking about his wife	Exploring: trying to explore but don’t want to probe again. His main concern was his wife kicking him out, but I may have asked too many questions about her- could be therapeutic or non-therapeutic at this point
“I’m sorry to hear that. We can talk about that. Being able to talk about your past can help you better your future. We have a lot to focus on right now also with you being in here”	Nobody ever asks me about my childhood. It still bothers me. Me and my sister were sexually assaulted by my uncle. My mom and dad knew, but they still kept him coming around	This makes me sound like I just don’t care, and his feelings are invalid	Rejecting: This is probably going to have him discontinue any conversation with me, but I didn’t know what to say at the moment. It’s hard to use therapeutic communication - nontherapeutic
“Hey! I see you went to group therapy this morning!”	“Yeah, gives me something to do”	Sad that it just “gives him something to do” he seems like he has no hope or joy in life	Giving recognition: Acknowledging him. This may be better than giving a compliment - therapeutic
“I don’t think the staff has any surveillance on you”	“I think they have cameras in the tv spying on all of us”	Didn’t really know what to say or expect that to come out of his mouth. I tried to respond the best I could	Presenting reality: Expressing my perception without devaluing him- therapeutic

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