

PROCESS RECORDING DATA FORM

Student Name: Seth Linder

Date of Interaction: 06/03/2025

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 patient is a 33-year-old, single, male, who was involuntarily pink slipped from the Erie County jail. He was experiencing disorganized behavior and psychotic symptoms and repeatedly punching the wall until injuring his hand. He has a history of schizophrenia and prior psychiatric hospitalizations. He reported paranoia and delusions such as “hundreds of people are talking to him” saying they were telling lies about him. He does not think he is psychotic but “Just cannot think to get out of a box”.

- List any past and present medical diagnoses and mental health issues.
 - Schizophrenia
 - Hypertension
 - History of marijuana use
 - Daily smoker
 - History of medication noncompliance
 - History of mental illness in mother
- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.

Pre-interaction:

Before the therapeutic communication interaction, I was worried about how the patient might respond due to his recent behavior in jail and his psychotic symptoms. I was also worried about how he might act toward a male when he is used to interacting with all female nurses in the psychiatric unit. I wanted to better understand his thought process and how I could therapeutically support him.

Post-interaction:

After the therapeutic interaction with the patient, I was concerned but also felt bad for the patient. Based on the way he was talking to me he was obviously delusional, but he was open to talk to. I was surprised how open he was in sharing what had happened. I was able to establish trust in a short time with the patient.

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

In the milieu it was quiet, dim, and calm. There were patients walking back and forth between their rooms, interacting, and talking. During the conversation with the patient, everyone was calm. The low stimulus of the environment helped the patients relax. While I was talking to my patient he was sitting in a chair but could not stay still and was looking around. Although he seemed like he was not engaged, he responded well and kept the conversation going.

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).
 - Thought process, disturbed
 - Risk for injury
 - Impaired mood regulation
 - Ineffective impulse control
- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
 - Paranoid delusions (Reports hundreds of people are talking about him)
 - Disorganized thoughts (“Just cannot think to get out of a box”)
 - History of schizophrenia
 - Prior psychiatric hospitalizations
 - Recently needed restrained while in jail
 - Reported he is not stable
- 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. Worsening psychosis
 - Increased hallucinations or delusions
 - Disorganized thoughts and speech
 - Unable to tell reality from internal thoughts

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

2. Medication noncompliance
 - Refusing to take medications
 - Worsening agitation
 - Denial of problems
3. Risk for violence
 - Verbal threats
 - Aggressive language
 - Agitation
 - Pacing
4. Self-neglect
 - Poor hygiene
 - Inappropriate dressing
 - Lack of food or fluid intake
 - Refusing to care about medical attention
5. Social isolation
 - Avoiding interactions
 - Not participating in group therapy
 - Not talking
 - Staying in room

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. Ensure patient safety and monitor for aggression Q15 minutes
 - Due to his history of violence this is a high risk.
 2. Engage in conversations daily
 - Communicating helps to build rapport and reduce paranoia.
 3. Promote rest, nutrition, and hygiene PRN
 - Self-care promotes the patient's mood and overall well-being, which can reduce disorganized behavior.
 4. Encourage participation in therapeutic groups daily
 - This can increase socialization and decrease isolation.
 5. Administer Carbamazepine 400mg PO BID
 - Mood stabilization to help manage aggression or impulsivity.
 6. Administer Paliperidone Palmitate 156mg IM Q21D
 - "Paliperidone is used to treat the symptoms of schizophrenia (a mental illness that causes disturbed or unusual thinking, loss of interest in life, and strong or inappropriate emotions)" (U.S. National Library of Medicine, n.d., para. 1).
 7. Administer Paliperidone 6mg PO Daily

- Reduce symptoms such as delusions and hallucinations.
- 8. Administer Paliperidone 3mg PO Daily
 - Reduce symptoms such as delusions and hallucinations.
- 9. Administer Lorazepam 2mg IM Q6H PRN
 - Benzodiazepines can reduce symptoms of anxiety or agitation when the patient is disorganized.
- 10. Educate on purpose and side effects of medications Daily and PRN
 - If the patient understands why they are taking a medication and what it is used for, it reduces the risk of relapse.
- 11. Monitor for side effects of medications
 - Early detection of side effects ensures the nurse can do interventions quickly and promotes medication compliance.

Reference

U.S. National Library of Medicine. (n.d.). *Paliperidone: MedlinePlus Drug Information*. MedlinePlus. Retrieved June 17, 2025, from <https://medlineplus.gov/druginfo/meds/a607005.html>

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

Build rapport and reduce the patient's anxiety through active listening, empathy, and clarification.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

Active listening skills- I maintained eye contact and nodded during the conversation showing that I was listening.

Calm and nonjudgmental- Even though the patient had a recent history of being paranoid, I made sure to stay calm and did not judge him about his current or past situations such as being in jail. This helped to keep the patient less anxious and to continue the conversation.

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

Building rapport and trust- I allowed the patient to express his feelings and talk to him about things he liked to be able to gain trust. This allowed the patient to feel comfortable to talk to me more.

Weaknesses: (provide at least 3 and explain)

Closed ended questions- I used closed ended questions that did not allow for the patient to expand on their response. I could have rephrased to questions to be open ended to allow for the patient to be more expressive.

Follow-up- I did not follow up with more questions when the patient talked about certain topics such as his father passing away. I could have asked him how he felt when he heard that.

Changing topics- I changed the topic too many times and did not give good therapeutic communication. I could have stay on more important topics to make the communication more therapeutic.

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

Paranoia- The patient had a recent history of paranoia and did not seem to trust other people. This could limit his responses and not want to elaborate on certain topics.

Denial of problems- The patient stated during admission that he does not think he has psychosis. This makes it harder for the staff to help him because he has not yet accepted his diagnosis.

Lack of support- The patient had no support systems outside of the hospital. Both of his parents are deceased, he has no children, and he is not married. He also lives alone in an apartment in downtown Sandusky. This can make it harder for the patient to trust anyone and open up during conversations.

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

Education- The patient has poor health literacy because he does not believe he has the condition that he was diagnosed with. This can interfere with his treatment and management of his condition of psychosis.

Economic Stability- The patient does not currently have a job and is getting paid through a government assisted program. This might cause him to not be able to afford important things for his health such as medications. Low income can cause financial stress and cause his mental conditions to become worse.

Substance Use- The patient reported that he is a daily smoker of cigarettes and marijuana which can impact his mental health. This can physically harm the patient and make his overall situation worse.

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

Limited Access to Mental Health Resources- There was no report of the patient having a family doctor or psychiatrist to help with managing his mental disorders. It was reported that he has had multiple hospital admissions, but a psychiatrist could help manage the symptoms to a point where he did not need hospitalization.

Social and Community Context- The patient was recently incarcerated and has a history of multiple incarcerations. This can cause the patient to have psychological instability and may cause trauma. The last time he was in jail, he was put in a restraining chair due to behavioral outbursts.

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

An example of therapeutic communication that I could have done differently is rephrasing closed ended questions. Instead of asking questions such as “Do you live around here?”, I could have said “What is your living situation right now?”. Another thing I could have done differently is leaving out self-disclosure in the conversation. I told the patient that I too had lived in Toledo for a little bit, but this was not an appropriate response.

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)
“Hi, how are you?” (Smiling)	“I’m here.” (Flat expression)	I wanted to approach the patient gently and assess his mood.	Broad Opening Therapeutic: Establishes rapport and encourages free response.
“What kind of music do you listen to?” (Leaning forward)	“Kanye.” (Making eye contact)	I was trying to connect and build rapport.	Exploring Therapeutic: Allows the patient to talk about a comfortable topic.
“Do you listen to his old music or new music?”	“I only listen to his old stuff. I don’t like his new stuff.”	Staying engaged in the topic of music.	Closed-Ended Question Nontherapeutic: Does not allow for the patient to

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

(Smiling)	(Shrugs)		elaborate.
“Do you live around here?” (Maintaining eye contact)	“I live in Sandusky. I just got a new apartment, It’s really nice.” (Slight smile)	Trying to find out his living situation.	Exploring Therapeutic: Allows insite of the patient’s background.
“Did you go to school in Sandusky?” (Nods and maintaining eye contact)	“Yeah, I graduated from Sandusky High School in 2010.” (Neutral tone, relaxed posture)	Learning more about the patient’s background and education level.	Exploring Therapeutic: Lets the patient think about their past and builds rapport.
“Have you lived anywhere else?” (Leaning slightly forward)	“I lived in Port Clinton for one year and in Toldeo.” (Calm with arms relaxed)	Finding out more about his living situation and background.	Exploring Therapeutic: Allows to patient to talk openly and build rapport.
“I went to Toledo for college for one year.” (Slight chuckle, relaxed)	“That’s cool.” (Nods, soft smile)	I was trying to find some common ground with the patient to build trust.	Introducing an unrelated topic Non-therapeutic: I gave personal information about myself and shifted the focus away from the patient.
“How long have you been in the hospital?” (Sitting upright)	“I have been here for 3 days, but I should be out soon.” (Shrugs, avoids eye contact)	I wanted to assess to see if he could remember when he was admitted and how long he has been there.	Focusing Therapeutic: Assessing the time spent to help formulate a plan of action.
“How do you feel about being here so far?” (Soft tone, maintaining eye contact)	“I was supposed to connect with my dad when I got out, but someone told me he passed while I was in here.” (Looks down at ground)	I felt sad for the patient that his father had passed.	Open-Ended Question Therapeutic: Encouraged open emotional disclosure.
“I’m sorry to hear that. How old was he?” (Speaking gently, nods)	“63.” (Soft tone, looking at ground)	I wanted to stay on the topic of his father and help to get a better picture of the situation.	Focusing Therapeutic: Acknowledges the loss of his father and allows him to think of his father.
“I’m sure that was very hard for you.” (Warm smile)	“He taught me how to do martial arts.” (Slight smile)	I wanted to support his emotions.	Reflecting Therapeutic: Validates the patients feelings.
“That’s great. What kind of martial arts?” (Leaning forward)	“He made up his own kind.” (Using hands to show martial arts).	I wanted the patient to expand on connections he made with his father.	Encouraging Description of Perceptions Therapeutic: Encourages the patient to talk about strengths of the relationship with his

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

			father.
<p>“That’s nice. How have you coped with his loss?” (Sitting upright, soft smile)</p>	<p>“I deep breath and focus on my mind and martial arts.” (Deep breathing, calm tone)</p>	<p>I was glad to know he had positive coping strategies.</p>	<p>Encouraging Description of Perceptions Therapeutic: Promotes insight into self-regulation skills.</p>
<p>“Those are great ways to cope with his loss. Do you play any sports?” (Encouraging tone, sitting upright)</p>	<p>“I play pickup basketball games here in Sandusky at the park.” (Leaning back, smiling)</p>	<p>I wanted to explore if he had any other interests or coping strategies.</p>	<p>Giving Recognition/Exploring Therapeutic: Allows the patient to express interests.</p>
<p>“That’s awesome. Staying active can really help keep your mind in a good place.” (Slight nod)</p>	<p>“I got these shoes on jail. They are so comfortable.” (Patient doing martial arts)</p>	<p>I was glad to see he was actively using his coping mechanisms.</p>	<p>Giving Recognition Therapeutic: Encourages patient to express themselves and builds rapport.</p>
<p>“I’m glad you found something that works. Are you having any pain in your hand from before?” (Concerned expression, eye contact)</p>	<p>“It’s fine now.” (Fidgeting with hands)</p>	<p>I wanted to assess the patient’s hand from when he was punching the wall in jail.</p>	<p>Giving Recognition Therapeutic: Assessing for any physical pain resulting from mental disorder.</p>
<p>“Can you tell me more about what was happening when you were punching the wall?” (Soft tone, eye contact)</p>	<p>“They were neglecting the mentally ill in there. I was freaking out in my cell and kept punching the wall and that’s why they brought me here. They strapped me to a chair, and I freaked out so they tased me.” (Patient shows leg where he got tased)</p>	<p>I was concerned about his physical and mental condition from his experience in jail.</p>	<p>Seeking Clarification and Validation Therapeutic: Allows the patient to reflect on a past situation and how it was handled.</p>
<p>“It sounds like you have been through a lot. Have you had a chance to talk with anyone about how that affected you?” (Relaxed tone)</p>	<p>“Yeah, they have been helping me keep my mind right.” (Slight smile)</p>	<p>I was happy to hear he is getting the help he needs.</p>	<p>Exploring Therapeutic: Reinforces support</p>
<p>“I’m glad you have</p>	<p>“Thanks.”</p>	<p>I wanted to let the</p>	<p>Giving Recognition</p>

