

PROCESS RECORDING DATA FORM

Student Name: Isabella Riedy

Date of Interaction: 06/10/2025

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?

My client is a 30-year-old female that is divorced and was raised by her mother and stepdad. While growing up she experienced verbal abuse from parents, sexual abuse as a teenager, and experienced domestic abuse regarding her past husband. She recently got out of a toxic relationship that lasted about four years. She has four children, but one of her four sisters has custody of them. She has a civil relationship with her sibling, however her main support system consists of her mother and a friend. My client was admitted to the hospital because she was experiencing hallucinations, was currently using methamphetamine and marijuana, and had not been compliant with medication therapy for depression. This was an involuntary pink slip and at a suicidal level 1.

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

Past medical and mental health history: depression, PTSD, bipolar, anxiety, acute psychosis, suicidal ideations. Additional history includes domestic, verbal, and sexual abuse.

Current medical illnesses and diagnoses: schizoaffective disorder, major depressive disorder, unspecified psychosis, and substance use/abuse. Everyday smoker of marijuana and recent use of methamphetamine.

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

Pre-interaction: prior to interacting with my client and having a conversation I was a little nervous. I wasn't sure how to approach the client and if they would want to communicate. I knew she stayed in her room for about half of the day and would stay to herself. Since I knew this was a possibility, I was hesitant to approach the client. Not knowing if she would just walk away.

Post-interaction: after interacting and having conversations with the client I felt as if a good patient nurse therapeutic relationship was established. Once I approached the client I could tell she felt a little uncomfortable at first but once I started the conversation she opened up. I felt hopeful that these conversations would positively impact my client and her recovery. I was worried about making sure to

speak therapeutically. However, I felt after I reflected on the interactions, that they were overall positive regarding the therapeutic communication and relationship.

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

Overall, the therapeutic environment is busy, supportive, interactive, and noisy. There were many individuals within the environment, so the stimuli were high. The environment was positive overall, especially during groups and participation. However, because of the amount of people and the busy environment my client would stay in her room during downtime. This was both a positive and negative experience for my client. On the positive side it promoted her to open and interact with more individuals, establishing that support and relativeness. On the negative side she would get overwhelmed and overstimulated easily and resort to her room often.

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).
 - Ineffective coping
 - Disturbed thought process
 - Risk for suicide
 - Disturbed sleep pattern
 - Anxiety
 - Impaired adherence to medication therapy
 - Social isolation
 - Risk for self-harm
 - Low self-esteem
- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
 - Isolating to room
 - Substance use
 - Anxious
 - Depressed
 - Impaired judgement
 - Avoidance of full participation in groups
 - Oversleeping
 - Not eating as much
 - Noncompliant with medications
- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)

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Mood instability

- Depression
- Anxiety
- Oversleeping

Risk of suicide

- Self-harm
- Mood changes
- Substance use

Risk for substance use

- Anxiety
- Depression
- Lack of support system

Noncompliant with treatment

- Denial regarding need for medication
- Missed appointments
- History of noncompliant therapies

Low self-esteem

- Isolating
- Withdrawn
- Negative self-talk

Ineffective decision making

- Impulsive choices
- Poor judgement
- Anxiety regarding decisions

(Townsend and Morgan, 2024).

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.
- Establish a therapeutic relationship on admission and continue daily.

Rationale: Establishing rapport, trust, and maintaining milieu with the client provides them with a healing environment to work on improving their psychological and mental well-being.
- Assess anxiety and depressive emotions daily.

Rationale: Allows emotional distress to be identified early for the appropriate interventions to be implemented including coping mechanisms and medication therapy.

- Assess for signs of hallucinations daily.

Rationale: Identify the occurrence of auditory and visual hallucinations to implement interventions and medication therapy to ensure client safety and decrease occurrence.

- Assess sleep quality and pattern daily.

Rationale: Establish the quality and amount of sleep to determine clients behavior patterns and overall well-being along with the need of any additional interventions.

- Assess current coping skills and establish effective mechanisms on admission and throughout stay.

Rationale: Determine effectiveness to establish how the client copes with stressors and support the development of effective mechanisms.

- Set realistic goals on admission and continue daily.

Rationale: Establishing goals aid in guiding client centered care and promotes motivation and support.

- Educate on medication adherence prior to discharge.

Rationale: Ensures safe and effective treatment therapies to enhance client's overall safety and providing families with appropriate resources and support to overall benefit the client.

- Provide the client and support system with appropriate resources and support at the time of discharge.

Rationale: Promotes client's role in their own care, improve coping skills, and affective transition home and into community.

(Townsend and Morgan, 2024).

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

A goal of therapeutic communication is to create an environment that establishes rapport, trust, and safety where clients are supported and respected. Allowing clients to express their emotions and have autonomy to positively impact their coping and healing process.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

1. **Builds rapport and trust:** Encourages clients to participate in care along with providing space for openness to communicating personal information pertinent to care and treatment.
2. **Encourages problem solving and decision-making skills:** Promotes client autonomy and participation when working towards recovery and treatment. Establishing positive coping mechanisms and identification of negative behaviors and stressors.
3. **Improves treatment therapy adherence:** Participating in therapeutic communication with clients provides them with support which aids in a higher likeliness of adhering to treatment plans.

Weaknesses: (provide at least 3 and explain)

1. **Time requirement:** Establishing mutual therapeutic communication and relationships with the client and nurse can take multiple attempts and days. It not only involves the nurse but requires equal involvement from the client and this may not occur right away depending on the individual.
2. **Emotional distress triggers:** The topics that need to be discussed between the client and nurse can be sensitive and emotional to the client. The way it is approached is important. Depending on the client, these sensitive conversations even with therapeutic communication, can be triggering and cause negative outcomes at first.
3. **Misunderstood communication:** Some topics and formats of communication can cause confusion to clients. When things are taken in a different context this can cause the client to withdrawal from the therapeutic relationship.

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

1. **Emotional state:** The clients post trauma, fear, and lower self-esteem created a barrier when communicating. Their past experiences made it difficult for them to express themselves and have therapeutic conversations.
2. **Mental health symptoms:** The client's hallucinations, anxiety, and depression made it difficult for them to open up and communicate with others. This created a barrier when communicating because it made it difficult for them open up and express their emotions and concerns.
3. **Environmental Barriers:** The environment was busy, noisy, and extremely active. There were many stimuluses that created an overwhelming environment for the client. This made it difficult for them to express themselves.

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

Social Determinants of Health that apply to my client include economic stability, social community and context, and neighborhood and built environment. Economic stability: my client does have a current job however she is unable to work right now because of struggling with mental health problems. She expressed her worries about being able to pay the bills and making other payments. This creates an increase in anxiety regarding financial stressors. Social community and context: my client has a small support system that consists of her mother and a friend. She does have siblings however they are just civil and do not have much contact. One of these siblings has custody of her four children. My client also expressed that she had just got out of a toxic relationship that had lasted for four years. Not having many positive relationships creates ineffective coping skills and can increase isolation and risks for additional mental health problems. Neighborhood and built environment: my client does not have secure housing and access to necessities. While she is getting everything together to better herself for discharge, there is still limited access to necessities. She currently is looking at apartments but has been rotating between her mothers, a friend, and previous boyfriend's house. This creates a deficit when having access to food and other necessities.

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

Some communication techniques and approaches that I would handle differently include the way I initially approached my client along with specific phrases and questions that I used. When first approaching her, I was visibly hesitant and nervous, and I believe that my client noticed this, and it affected the conversation. Overall, this made it more difficult when establishing therapeutic communication and relationships. If I could do it differently, I would ensure that I have fully prepared myself and examined my emotions regarding approaching the client beforehand. I think if I had taken more time to do this, I would have been able to approach my client more efficiently. One conversation I believe that I could have communicated differently was bringing up the topic of her children. I had asked if she had children and I realized then that it was a sensitive topic for her. Although she did open up and talk about her children and other concerns within her life. Once she was done talking, she isolated herself to her room. If I could have handled this conversation differently, I would have left this up to the client to choose if she wanted to talk about this topic or not. Overall, I aim to approach clients with confidence and fully examine my emotions beforehand. Along with not directly bringing up sensitive topics to clients and letting them make the choice of introducing them into the conversation.

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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)
"Good morning, how did you sleep last night?"	"Good morning! I slept ok but I got too much sleep."	Initially I felt nervous to start a conversation but wanted to give a broad opening to start building a therapeutic relationship.	Therapeutic: Giving broad openings. Allows clients to openly share and play a role in interaction.
"You got too much sleep? How many hours would you say?"	"Ya, I feel even more tired, and I slept about 12 hours."	I started to feel more comfortable knowing she is opening up to me and willing to communicate with me.	Therapeutic: Restating and seeking clarification. Repeating the statement on the subject clarifies that they have been understood and allows for expansion regarding the information.
"Do you like to color at home?"	"Yes, I am worried about my job and not getting paid because I am in here and cannot work. I have bills to pay"	I wanted to explore her interests, however, once she responded with some personal challenges, I was not sure how to respond.	Therapeutic: Exploring interests. Builds rapport and explores personal interests to build a therapeutic relationship.
"That is stressful having to worry about that." (SOLER)	"Ya, I just want to get out of here. I am looking forward to getting better for my children."	I was still hesitant to respond, worried about saying the wrong thing. Feeling bad for what she has experienced and struggled with.	Therapeutic: Verbalizing the implied. Reflects and shows understanding regarding the clients' feelings.
"How many children do you have?" (SOLER)	"I have four and they are my whole world. My sister has custody of them, and I used to be in a toxic relationship for four years. This has caused me to not see my kids for 5 years. I am single now and am just ready to work towards getting	I was worried about this question being nontherapeutic for the client. Once the conversation continued, I felt bad about bringing up this specific topic.	Nontherapeutic: Exploring. Allowing client to openly share on personal aspects aiding in building a therapeutic relationship. However, this brought up previous trauma regarding her situation with her children. Resulting in her expressing concerns and then isolating to her room.

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	better.”		
“That is great!” (SOLER)	“I have everything lined up. I have a car, a job, and housing. I just do not like the town I live in.”	Feeling positive about the progress that she has made regarding her goals.	Therapeutic: Giving recognition. Encourages and provides awareness on positive behavior and accomplishments.
“That must be hard.” (SOLER)	“Yes, I just want to start taking the right steps to work towards seeing them again.”	I felt a little uncomfortable and wasn’t quite sure what to say.	Therapeutic: Verbalizing the implied. Acknowledges client’s experiences without judgement while being empathetic.
“There are many beneficial resources and support groups available in towns close by. We could help provide you with the proper resources so you can hopefully find a resource that works for you.” (SOLER)	“Yes, that would be great! I hope to find something that works for my current lifestyle because I work night shift.”	I felt positive being able to provide resources and support regarding her concerns.	Therapeutic: Focusing and giving information. Provides support while encouraging client participation and problem solving.
“It sounds like you have many positive goals that you are starting to work towards!” (SOLER)	“Yes, I just want to get back to my kids and family.”	Continuing to feel positive regarding her progress and goals.	Therapeutic: Giving recognition. Provides clients with reinforcement and acknowledgement of progress made.
“Would you like to go outside when group starts?”	“Yes, I think fresh air would be beneficial!”	Excited that the client’s get to go outside and get some fresh air.	Therapeutic: Offering self and encouraging participation. Promotes client autonomy and offers interest in regards of client’s feelings.
“Ok, yes that sounds like a good plan.”	(smiles)	I felt good being able to establish a therapeutic relationship with the client and show support.	Therapeutic: Giving recognition and offering support. Reinforces and acknowledge client autonomy and participation.
“Hey, group has started, and they are about to head outside. Would you like to join?”	“No, thank you.”	I was hoping that she would want to join the group outside and felt a little confused as to why she no longer wanted to.	Therapeutic: Offering self and giving broad opening. Providing the client with the opportunity to have autonomy to focus on their role.
“Would you like to share one balloon and one cloud on your worksheet?”	“No, I do not want to focus on any negative emotions.”	I was glad that she participated in my group activity, and I was understanding as	Therapeutic: Focusing and encouraging expression. Encourage client autonomy and participation focusing on

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		to why she did not want to share.	their thoughts.
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(Morgan, 2023)

References:

- 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>

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