

## PROCESS RECORDING DATA FORM

Student Name: Madison Wright

Date of Interaction: 6/5/25

**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?

My patient is a 21-year-old, single, Christian female that was admitted for hearing voices and experiencing paranoia. She was a voluntary admission, as she was worried that she would give in to the voices that told her to “use the gun” in the home. These voices would sometimes appear as blobs that would tell her to kill herself and others.

- List any past and present medical diagnoses and mental health issues.
  1. Bipolar disorder
  2. Hx of self-harm by cutting
  3. PTSD
  4. Schizo-affective disorder
  5. Depression
  6. Anxiety
  7. Substance abuse
- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.

Pre-interaction:

Pre-interaction with my patient, I was very nervous and unsure on what would happen. I have never been in a unit similar to this, so the environment was very new to me. I have had friends/family deal with mental health issues, but I have never dealt with people who struggle with these issues from a professional aspect. I am hoping I can withhold integrity, confidence, and give reassurance to my patient during my time here.

Post-interaction:

I gained newfound confidence from the interaction with my client. I feel like I helped empower my client, as well as having built or have started to build a therapeutic relationship. She had felt comfortable enough to trust me to hear about some very devastating circumstances she had been in. I was not expecting how much a story from a stranger would impact me. The weight that some of these patients carry is astronomical, and you would never know unless they share it with you. I am happy my patient trusted me enough to be able to allow me to see into those situations.

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

The milieu is very bubbly and interconnected. We spent most of the day surrounding the TV. Laughs, jokes, and stories were all shared by the patients. Although they had made a tight-knit community between one another, my patient preferred to be alone. I feel as though she preferred to talk one on one and go in depth with her issues, rather than participate in “problem distracting” conversations with others.

**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 of suicide
    - Risk of self harm or injury
    - Risk of homicide or injury to others
    - Ineffective coping mechanisms
    - Risk of substance abuse
- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)

She is experiencing visual and auditory hallucinations, she has decreased ADLs, has daily nightmares, self-harms, and she feels like someone is watching her. She tested positive on her tox screen for marijuana and cocaine use.

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

Self-harm:

- Frequent “accidental” injuries
- Unexplained injuries
- Covering skin surfaces suddenly

Isolation:

- Increased anxiety
- Avoiding calls or texts
- Declining social events

Substance Abuse:

- Tremors, shakes
- Unexplained weight loss
- Dilated or constricted pupils

Hopelessness:

- Loss of motivation
- Sadness
- Increased irritability

Hallucinations:

- Hearing voices
- Seeing figures or people
- Seeing shadows or shapes

Regression of Bipolar Disorder:

- Impulsive behavior
- Poor judgement
- Racing thoughts

**PLANNING-Responding**

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- 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 risk degree + potential for suicide and the seriousness of the threat STAT  
Rationale: Recognizing degree of risk allows for appropriate care and interventions provided
  2. Assess for drug use upon admission  
Rationale: Using drugs may increase suicide risk, and withdrawal symptoms may need to be treated on the unit.
  3. Administer Ziprasidone 20 mg PO DAILY  
Rationale: To treat symptoms of Schizo-affective disorder, and return patient to normal functioning.
  4. Develop a therapeutic nurse-patient relationship upon admission/STAT  
Rationale: It is important to collaborate with the patient to better understand the problem, as well as assessing client's ability to solve the current problems.
  5. Maintain straightforward communication AAT  
Rationale: To avoid manipulating behavior.
  6. Encourage the patient to engage in physical activity programs AAT  
Rationale: Promotes feelings of self-worth and improves sense of wellbeing

(Doenges et al., 2022)

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

My goal would be to build trust and rapport with my patient.

## **IMPLEMENTATION**

- Attach Process Recording.

## **EVALUATION-Reflecting**

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

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Encouraged description of perceptions- By encouraging the description of perceptions from my patient, it may be easier to understand where my patient was coming from with what they are feeling/believing. It also allowed me to redirect those feelings into what current reality is in a way that would be therapeutic and understandable.

Provided support- Throughout this conversation, I was able to provide support for my patient in times of need. I did this through offering self a few times throughout the conversation. I aimed to make my patient feel like I would be there for her, and I believe I was successful in doing so.

Gained trust- I was able to gain some trust with my patient throughout my conversation. Once I was able to get her talking and reinforce positive attributes to why she was there, she was willing to open up to me about what she has been through and why she is here.

Weaknesses: (provide at least 3 and explain)

Made a stereotypical comment: I unfortunately used a non-therapeutic conversation method while talking with my patient. I made the comment of "I'm sorry you had to go through that." This was not meant as a stereotypical comment in the moment, but after seeing how my patient reacted, I felt as if she might've been annoyed, and that she has heard that one too many times. In the moment it may have come off as brushing her off and that I was really "listening" as I couldn't provide an actual detailed response that wasn't generic.

Lack of depth: During my conversation, I felt as if I lacked depth in my responses occasionally to my patient. Her topics were difficult, and to be completely honest they left me speechless. To my patient, it may have come off as I didn't care because I didn't say much in return about her issues.

Hesitancy: While speaking with my patient, at points I was hesitant in what to do. I didn't know whether to lead the conversation or let her take over. I did not want to overshadow her importance in the conversation, so I tried to let her have multiple opportunities to lead, but between exchanges I may have come off as hesitant due to thinking of what to do next.

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

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Environment- In the environment, it was primarily men who were in the community room. This put my patient on edge, as she seemed to have trauma related to men. This made her hesitant to be completely open at times.

Lack of eye contact: My patient had a tendency of looking away, and at times it made non-verbal communication to my patient hard, as she wasn't able to view my body language.

Social interruptions: During my time at the unit, we had many social interruptions such as others joining the conversation, group therapies, or mealtimes. This made it hard to continue deep conversations after these interruptions happened.

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

Living/Finances: My client seems to have her family responsible as her primary trigger for her mental health issues. She does work a full-time job, but work is causing her issues to worsen. She has applied for disability to be able to leave her job, but then she would not be able to move out and get away from her triggers. This makes her feel isolated, and she doesn't reach out for help because she feels trapped.

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

I wish I had communicated differently when my client mentioned her trauma. As I mentioned, I was quite thrown aback when she was describing what she had gone through. Instead of saying "I'm sorry" I wish I would have said something along the lines of noticing her effort in trying to get better, and how far she has come with positive coping mechanisms and identifying the problem. I would have liked to use the therapeutic communication tactic of giving recognition instead of making a stereotypical comment. In the future, this situation will benefit me as I know making a comment I think is positive or comforting might come off as generic or lacking meaning to my client.

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Reference:

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurses' pocket guide: Diagnoses, prioritized interventions, and rationales* (16<sup>th</sup> ed). F. A. Davis Company: Skyscape Medpresso, Inc.

Note: Students as you type in the cells the cells will expand. Reference table 5-5 pg. 120 in textbook for sample process recording.

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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 <b>(use Table 5-3, 5-4 and 5-5 in textbook for reference)</b>
Have you enjoyed your time here so far? (Turning toward client)	I feel like I do not need to be here. (looks away at the wall)	I am curious about why she feels this way. She is here to get help, why does she feel like she doesn't need it?	Focusing: Therapeutic  This interaction would be considered the therapeutic communication of focusing. This is because I am focusing in on a specific topic, wanting to hear about what the client has to say about this topic specifically.
Why is that? (SOLER)	I feel like I am taking up a spot from someone else who actually needs it. (looks away at the ground)	It was hard to hear that she feels she is taking up a space, I want to be able to reinforce why she has a purpose here.	Encouraging description of perceptions: Therapeutic  I considered this as the encouraging description of perceptions due to the fact I am asking my client to describe her perceptions, so I can formulate an understanding of them.
Do you feel like this has benefitted you at all? (SOLER)	Yes, I feel like I have made improvements in myself. (looking at me)	I am hoping to encourage her to reflect on how she has benefitted here, making her feel like she belongs for a reason.	Exploring: Therapeutic  I am using the therapeutic technique of exploring here. By doing so, I can help dig in to the other topic further by gaining an understanding of feelings relevant to the previous topic.
You needed to be here because you needed some help, and now you have benefitted from this experience, there is a purpose for you to be here. (SOLER)	I guess you are right. (smiles)	After working through her thought process, getting her to admit she has a purpose was what I was looking for, and I want her to remember that.	Presenting reality: Therapeutic  Here, I am presenting reality to my client by reinforcing why she is here, and that with my observation, she has a purpose to be in the environment. I am trying to avoid challenging her view.
(Returns the smile) Is there anything you'd	Can I explain to you why I am here?	I wasn't quite sure what to follow up	Giving broad openings: Therapeutic

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Psychiatric Nursing 2025  
Nursing Process Study

like to talk to me about?	(looks at me)	with next, so I remained open to my patient in hopes she would continue the conversation, which she did end up doing.	I tried to give a broad opening in hopes of shifting the conversation to other topics my client may need to talk about. This gives my client a sense of control on what we may talk about next, reinforcing her importance. ()
Of course, I am here to listen. (Smiles, making eye contact)	I was sexually assaulted, and I have a hard time dealing with it. (Shrugs her shoulders)	This is devastating to hear. Getting to know her in the morning by basic conversation was very heartwarming, but knowing why she is here was heartbreaking.	Offering self: Therapeutic  Here, I am offering myself by being willing to listen. This shows my patient I have an interest in what they have to say.
(Silence for a few seconds) I am sorry you had to go through that.	I don't want a pity party (silence)...but thank you. (Arms crossed, seeming annoyed)	I wasn't quite sure what to say, and it was not what she wanted to hear. I was nervous I upset my client.	Making stereotyped comments: Non-therapeutic  I tried to give my patient my apologies for what she has gone through, and instead I feel as if she took it as something she has heard before, or that I do not truly care due to lack of depth of response.
I am always here to talk about it regardless, or just listen if that is what you need. (SOLER)	(Smiles, looking back at me) Thank you, it is nice to have someone to talk to. How long are you here for?	Since I do not know what to say in regards to her purpose for being here, I want her to know I will just listen since it seems to be what she is looking for.	Offering self: Therapeutic  I considered this offering self as I am making myself available to be there to listen, letting her know someone is interested in what she has to say, and wants to be there for her.
I am here all day, so whenever you need to talk I'll be here. (SOLER)	(Client smiles) I am glad you are here.	I am enjoying where this conversation has headed, I feel like we are back on track to developing a therapeutic relationship.	Offering self: Therapeutic  I am offering self in this phrase because I am letting her know of my availability, and how I will have the time for her.

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<p>Would you like to go color while we talk more? (Motioning toward coloring table)</p>	<p>(Nods).</p>	<p>I wanted to distract her with positive activities like coloring if we were to get on hard topics again. I am hopeful to learn more about my patient in the future.</p>	<p>Giving broad openings: Therapeutic</p> <p>I chose giving broad openings for this as I am leading us into potential new conversation. Although I am specific about the activity, I am very non-descriptive about what our conversation will entail, leaving the client to direct the conversation next.</p>
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