

PROCESS RECORDING DATA FORM

Student Name: Colleen Camp

Date of Interaction: 6/17/25

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 was a 22-year-old white male. He is single and has never been married with no children. He was voluntarily brought to the hospital by the police. He arrived at the police station with his mother 1 hour prior to arriving to the hospital for erratic and uncontrolled speech. He stated that he had smoked a marijuana pen, and he believes it sent him into psychosis. He then states that he is God and that he needs to be controlled before he takes over the world. His mother stated that he was acting bizarre and that he threatened to harm her.

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

My patient has a history of bipolar disorder, menta abuse, physical abuse, sexual abuse, schizoaffective disorder, anxiety, hypertension, PTSD, and substance abuse. He was recently diagnosed with schizoaffective disorder and is experiencing psychosis related to bipolar disorder.

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

Prior to my conversation with my patient, I was a little nervous to speak with since it was my first time in special care and hearing about his situation in report. He was also up pacing around saying erratic things before I got to speak with him. I was also excited to talk to him at the same time because I was interested in what he was going to say and how the conversation was going to go. During the conversation he was easily distracted and would get off topic and it was hard to keep up as he would switch topics very quickly.

Post-interaction: **After having a conversation with my patient, I thought he was interesting to listen to. Once the conversation started, I was no longer nervous because he was nice, he just could not keep his thought together. I also felt more comfortable to talk to other people after our conversation.**

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

In the milieu of the special care unit, they have a couple tables with chairs and a day room with a TV. In this side of the unit the patients wander freely and communicate with each other. I felt that this did have an effect on my client because once more people started to come out of their room, he got very anxious and his pacing got worse.

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).
- **My patient’s priority problem is **disturbed thought process**. Other nursing diagnoses include: risk for injury, impaired impulse control, ineffective coping, impaired mood regulation, labile emotional control, post trauma syndrome, risk for loneliness, ineffective self-health management, impaired social interaction, and impaired comfort.**
- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
 - **My patient stated, “I am god, and I need to be controlled before I take over the world.”**
 - **He was pacing around the unit talking to himself about things that did not make sense.**
 - **My patient stated, “I need to live in St. Peters church because I am the pope.”**
 - **He asked me to call him Muhamad and said that he is King.**
 - **He could not hold a conversation and would ramble on and switch topics very fast.**

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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)
- **Risk for self-injury: hopelessness, isolated behavior, cuts or self-harm marks, inability to maintain a relationship.**
- **Depression: extreme fatigue, weight loss or gain, loss of interest in activity's, isolated behavior, flat affect.**
- **Impaired communication: poor concentration, inability to hold a conversation, disorganized speech, racing thoughts, withdrawal from conversations.**
- **Emotional distress: confusion, agitation, frustration, inappropriate behavior.**
- **Ineffective coping: substance abuse, emotional outburst, agitation, obsessive thought, compulsive behavior.**

(Sawyer-Sommers, 2023)

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.
- Assess attention span and ability to make decisions or problem solve daily; This is to determine how well the patient will be able to participate in the plan of care.
- Assess level of anxiety daily; this helps to determine the need for pharmacological or nonpharmacological intervention to prevent an anxiety attack from occurring.
- Therapeutically communicate with the patient during every interaction and daily; This is to establish and maintain trust and rapport with the patient.
- Perform neurological and behavioral assessments Q6hr; This helps to compare with baseline and note changes in cognition, and to promote early recognition of symptoms to decrease behavioral outbursts.

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- Administer paliperidone 24hr ER 6mg PO daily; This is to maintain treatment of schizoaffective disorder.
- Administer Hydroxyzine pamoate 50mg PO Q6hr and PRN; This medication is to help with anxiety and decrease incidences of panic attacks.
- Educate on support groups and counseling services before discharge; This is to help the patient continue with their plan of care outside the hospital and let them know that there are people out there who are willing to listen and hear their story if they want to talk to someone.

(Deglin, Vallerand, & Sanoski, 2024)

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

A goal for my patient would be to be able to recognize the signs of racing thoughts and anxiety before it gets worse and notify the nurse of these symptoms to get medication for them by discharge.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

One strength in my communication is that I am a good listener. I will listen to the patient full story before interrupting. I will also repeat what they said back to help so that they know I am listening and that I care about what they have to say. Another strength is that I am empathetic to my patient's situation, and I try to understand how they are feeling. My last strength is that I reassure them in the fact that they are not alone and let them know that I will be there to talk even if they need to take a break from the conversation and revisit it later.

Weaknesses: (provide at least 3 and explain)

One weakness in my communication skills is that I don't always know what to say if my patient is telling me something that is bizarre. I need to work on being able to therapeutically communicate with them instead of just responding with "okay." Another weakness I have is giving false reassurance. I want to help and comfort the patient by saying everything will be okay, but I know that for some situations it may not be okay. Finally, my last weakness is trying not to give advice to the patient. I am very much a helping friend and want to help everyone in their situations, so I need to learn to not say things like "you should try."

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

One barrier of communication was that my patient was not able to concentrate on one topic to have a good conversation. He was having racing thought and he would switch topics every few seconds. If I would ask him a question he would answer it and change the topic. Another barrier was that he was in acute psychosis, so he had reality disorientation. He thought he was the pope and was very paranoid that someone wanted to kill him. Finally, the last barrier that I recognized was that he was very defensive and would get upset if I asked him questions about the people who he thought was going to harm him. If I asked him questions about anything he would ask me why I wanted to know.

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

My patients SDOH include transportation, employment, and housing. After speaking with my patient, he explained to me that he does not have a car or a driver's license. He said that transportation was an issue with being able to make it to appointment because he must rely on other people for a ride. He said he is not employed now and does not plan on getting a job when he discharges. He said that he currently lives with his mother but is scared she is going to kick him out.

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

Some therapeutic communication that could have gone differently was asking more open-ended questions and not so many closed ended questions. After some of the things my patient said I would have a hard time trying to think of a therapeutic response and would just say things like that's good or nice. Some of the nurses were not very helpful in communicating with the patient and would just tell him to go sit down. An intervention that could have been done better was assessing his anxiety levels. He seemed to be getting anxious throughout the morning, but the nurses would just tell him to go sit down.

References: Sawyer-Sommers, M. (2023). *Davis's diseases and disorders: A nursing therapeutics manual* (7th ed).

F. A. Davis Company: Skyscape Medpresso, Inc.

Deglin, J. H., Vallerand, A. H., & Sanoski, C. A. (2024). *Davis's drug guide for nurses* (19th

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.

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 my name is colleen I am a student nurse is it okay if I sit with you?"	Patient nodded his head and said, "yeah you can sit here."	I thought this was a good start to the conversation he seemed calm.	Therapeutic- offering self and respecting. I chose these because I offered myself to sit with the patient and I respected them by asking their permission.

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“What is your name?”	Patient stated their name.	I was trying to build a therapeutic connection by getting to know his name.	Therapeutic- building rapport. I was building rapport with the patient and trying to build a foundation for a conversation.
“Did you sleep good last night?”	“I slept good, I am the pope, and I live in the church, you can call me Muhammad.”	I was a little confused by this statement and it threw me off I didn’t really know what to say.	Nontherapeutic- Closed ended question. I used a closed ended question not allowing for him to think deeper about his response.
“That’s good, is there anything specific you want to talk about”	“Are you on drugs”	This comment threw me off. I was trying to build rapport with him and he didn’t seem to want to answer my question.	Therapeutic- offering self, Open-ended question. I used an open question allowing for a free response and offered myself for the patient to talk to.
“No, I am not on any drugs. Can you tell me a little bit about yourself?”	“Okay, I am the king, and Jesus is the lord, and I am his server.”	I was again trying to get know him. This statement did not surprise me this time, but he seemed to want to talk about his religion.	Therapeutic- exploring. I was exploring my patient and his interests.
“Can you tell me more about what it’s like being his server?”	“I am here to serve Jesus, and I am the king here to spread his word”	I was trying to explore this topic because he seemed very passionate about his religion.	Therapeutic-encourage description of perceptions. I was encouraging him to open, and he did.
“Being his server seems like it means a lot to you”	“Yeah, it does, why are you asking me all these questions?”	I think I am starting to upset him by asking to many questions.	Therapeutic- verbalizing the implied. I was verbalizing what he stated about being a server.
“I am just trying to get to know you better.	“Okay I will talk to you if serve Jesus Christ, can I give you a hug?”	I am starting to feel like he is going to open up. He is making me a little uncomfortable asking for a hug.	Therapeutic- expressing genuineness. Letting the patient know I am genuinely interested.
“No thank you, I am not really a hugging person”	“Can I have a fist bump?”	I was trying to set a boundary between us so I settled for a fist bump.	Therapeutic- setting boundaries. I set a boundary, and he respected that.
“Yeah, I can do that.” *Gives fist bump*	*Gives fist bump back*	I was hoping this would make him happy and more trusting of me.	Therapeutic- building report. Offering self. I was trying to make the patient feel comfortable while still keeping a boundary set

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			offering myself.
“Where are you from?”	“I live in Huron with my mom”	I was trying to get him to open up and was hoping that I had built up trust with the fist bump.	Therapeutic- exploring. Trying to get to know my patient more.
“that’s nice! do you have a job or a car?”	“No I don’t have a job, I have my permit though. What color are your eyes?”	I was starting to feel like he was wanting to open, so I decided to ask another question.	Nontherapeutic- closed ended question. This was a closed ended question not allowing for him to freely respond.
“That’s okay, my eyes are blue, Do you have any plans for when you get to go home?”	“I want to be a neurosurgeon I like science and Neurology”	He was starting to open up and didn’t seem defensive, so I wanted to explore this part of the conversations.	Therapeutic- exploring. I was exploring future plans.
“That’s cool, do you want to tell me more about that”	I like science and Jesus is real, and science is cool because its facts. I want to go to college.”	I finally felt like this conversation was starting to blossom into something therapeutic.	Therapeutic Focusing. Always focusing on the topic of science to try to keep him from bouncing topics.
“I like science too, do you know of any school you would want to go to?”	“No, I don’t know, you’re smart because you’re a student nurse”	I felt like he was trusting me a lot more than in the beginning. He wasn’t being defensive and genuinely seemed like he wanted to talk.	Therapeutic-open-ended question and focusing. I used an open-ended question and was focusing on the school topic.
“Thank you, is there anything else you want to talk about?”	“I used to do drugs, and my brother was mean to me”	I felt a sense of relief here because he is finally opening up and there’s room for me to have a good conversation.	Therapeutic- Exploring. He was slowly starting to drift from the topic so I wanted to explore different topic.
“Tell me more about that.”	“He used to hit me and punch me and I smoke weed, have you ever done drugs?”	I felt very sad for him and wanted him to know that I was interested and listening;	Therapeutic- Focusing. I was focusing on the topic of his brother.
“No, I have not done any drugs, it sounds like your brother was mean.”	“Yeah, he was mean, he left now?”	I was a little confused on what he meant by left.	Therapeutic- Verbalizing the implied. I was verbalizing that his brother seemed mean based off of what he had just told me.
“When you say he left	“Yes, he moved out	I felt like I needed to	Therapeutic- Seeking

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do you mean he moved out of your house.”	because Jesus is king, and I talk to angels.”	clarify what he said. He started to get off topic again, so I wanted to bring it back in.	clarification and validation. I was confused on what he meant so I clarified with him.
“How does that make you feel that he’s gone?”	“I’m happy, I am going to serve Jesus and take a shower.”	I was glad that he answered my question and started to realize he did not want to talk anymore.	Therapeutic Exploring. I was exploring my patients’ feelings on his brother moving out.
“I am glad you are happy; we can talk later if you want.”	“God will tell me if I will be in church but maybe I can see you later.”	I was happy that he felt safe in his house now that his brother was gone.	Nontherapeutic- Approving of the patient's feelings.
“Okay, I’ll see you in a little bit, goodbye.”	Patient got up and walked away.	I felt like we had an okay conversation. I didn’t go as I had hoped but I felt like part of it was therapeutic and he did end up talking to me again later in the day.	Therapeutic- Offering self. I was offering myself if he wanted to talk later.