

PROCESS RECORDING DATA FORM

Student Name: Nevaeh Walton

Date of Interaction: 05-29-25

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?
 - The patient was a 49-year-old male that came in voluntarily. He came in because of worsening depression, anxiety, alcohol abuse, and suicidal thoughts. All of which could possibly be related to risk of job loss and the stress of supporting his family and paying bills. He also stopped taking his psych medication and self-medicated with alcohol. He was previously married but is now divorced. He currently has a girlfriend who he is engaged to.
- List any past and present medical diagnoses and mental health issues.
 - He has a past diagnosis of major depressive disorder, and previous inpatient hospitalization on 1-South. He also has a history of alcohol abuse, hypertension, and hyperlipidemia.
- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.
Pre-interaction: I was unsure of how the interaction was going to go.

Post-interaction: I was surprised how easy it was communicating. I was not sure what to expect my first day at 1- South, but was surprised with how easy and relaxed our conversation went. I was also surprised with how open he was with sharing his history and what he struggles with.

- Describe what is happening in the “milieu”. Does it have an effect on the client?
 - He says that he is experiencing mental and emotional abuse from ex-wife and his co-workers. He also reports being a witness of domestic violence. He also reports grief issue related to the death of his father. He is also currently unsure of what is happening related to his job, and is nervous about

possibly losing it. All of these are big stressors that the client faces, and without positive coping strategies it has a great, negative impact of his mental health. He also struggled with medication compliance. With all these combined stressors, a patient is more likely to have difficulty coping, which can impact activities of daily living (Myers, 2023).

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

-Hopelessness

-Ineffective Health Maintenance

- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
 - States that he self-medicates with alcohol
 - Increasing depression
 - Worsening anxiety
 - Suicidal Ideation
 - Non-compliant 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)
 1. Depression
 - Persistent sadness and hopelessness
 - Fatigue
 - Suicidal thoughts
 2. Anxiety Disorders
 - Excessive worry or fear
 - Difficulty concentrating
 - Rapid heart rate and shortness of breath
 3. Substance use
 - Slurred speech
 - Mood swings
 - Decline in functioning
 4. Suicidal behavior
 - Talking about hopelessness
 - Previous suicide attempts

- Giving away belonging
- 5. Physical Illness
- Headaches, or generalized pain with medical cause
- Fatigue
- High levels of reported stress
- Sleep disturbances

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. Assess for suicidal ideation or risk of violence every shift or PRN.
 - Identifying risk as soon as possible allows for interventions to prevent injury or death.
 2. Establish a therapeutic relationship throughout care or stay of patient at hospital.
 - Building this trusting relationship or rapport between the nurse and patient allows the patient to feel more comfortable expressing how they feel and what their current stressors are.
 3. Identify current coping strategies within first 24 hours after admission or whenever patient is first able.
 - This allows for the nurse to understand both the adaptive and maladaptive behaviors the client currently has, which lets them individualized their plan of care.
 4. Teach and reinforce positive coping strategies daily or PRN.
 - Giving the client more positive coping skills allows them to manage their stress more effectively and reduces the likelihood of using substances to cope.
 5. Involve support system and or resources daily or PRN.
 - This can aid the client in their long-term recovery and give them additional support and motivation to continue with their positive coping strategies instead of more harmful ones.
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- Identify a goal of the **therapeutic** communication.
 - To have the patient open up and be engaged in the conversation. Also to make the patient feel comfortable and safe sharing as much or as little as they want or need.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

1. Patient opened up about his emotional support.
 - Explained that his girlfriend that he has been with for five years and his own two kids are a big support of his.
2. Patient mentioned what his stressors were.
 - Explained that he was under a lot of stress at work, with the risk of losing his job and not being able to support his family.
3. Patient opened up about his future goals.
 - Explained how he planned to go back to school to be a radiologist.

Weaknesses: (provide at least 3 and explain)

1. Unsure how to provide comfort over biggest stressor.
 - Patient mentioned how he was worried about how he didn't know if he was going to keep his job.
2. Unsure what to say when patient mentioned wishing he never voluntarily came to 1-South.
 - Mostly because he was not able to get through to his job and did not know what was happening outside of 1-South.
3. Felt like I could have communicated more therapeutically with the patient.
 - Maybe by providing more support when he mentioned his biggest stressors.

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

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1. Anxiety or Panic
 - This may cause the client to have trouble focusing or having racing thoughts making it difficult to communicate.
 2. Impaired concentration due to stressors
 - Excessive stress or trauma can affect how the client processes information, especially in a conversation.
 3. Lack of privacy
 - Some clients might feel uncomfortable sharing their thoughts or feelings in a crowded room or a busy setting.
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- Identify **and** explain any Social Determinants of Health for the client.
 1. Economic stability
 - This is because of his possible risk of unemployment and financial stress that the client has currently.
 2. Social and community context
 - This is from his lack of emotional support especially in his workplace. This can negatively affect how he chooses to cope and increase his risk of substance abuse.
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- What interventions or therapeutic communication could have been done differently? Provide explanation.
 - Some therapeutic communication that could have been done differently is for example when the patient expresses how hopeless he's been feeling lately and I responded how it's important to keep a positive outlook. I should have instead responded with something like, "It sounds like you're feeling discouraged right now. Can you tell me more about what's been going on?". This validates his feelings without giving false hope. Another instance was when the patient expressed wishing that he never voluntarily admitted himself to 1-South and I was unsure of how to respond therapeutically to that. I should have responded with something similar to, "It sounds like you're having a lot of mixed emotions. Can you tell me more about what is making you feel this way?". This reflects his feelings and gives him the opening to talk more about what he is thinking or feeling.

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Myers, E. (2023). *RNotes: Nurse's clinical pocket guide* (6th ed). F.A. Davis Company: Skyscape Medpresso,

Inc.

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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)
I walk up to the client and smile at him.	He smiles back and maintains eye contact.	I felt good so far about this interaction because I took it as a good sign that he was open to a conversation.	Therapeutic: Offered presence
"Hi I'm a nursing student. Is it okay if I sit with you for a little while?"	"Yes, that's fine I am just doing a crossword puzzle."	Still feel like he is open to having a conversation and seems friendly.	Therapeutic: Used a soft and open tone of voice and gained consent which helps build trust.
"How have you been feeling today?"	"Pretty good. Crosswords help pass the time until group"	Starting to feel more comfortable, and the client appears willing to talk.	Therapeutic: Offered a general lead to see what the client might want to talk about or mention.
"Do you enjoy going to group?"	"Yeah. There's not much else to do around here so you might as well go to group"	Little unsure how to respond, but want to encourage going to group.	Therapeutic: Again, offered a general lead to see how the client feels about participant and attending group.
"They seem to be a lot of fun and from what I hear a lot of people enjoy going"	"Yeah, they are fun and I really like the guy that runs them. He's a really cool dude. I'm not really into the art groups though"	Wanted to encourage him attending.	Nontherapeutic: Should have given him the opportunity to talk about what he likes about group.
"No? Why is that?"	"I'm just not really an artistic guy. I never color here I mostly just stick to my crosswords. Did you say you are a nursing student?"	Wanted to give him the opportunity to talk about what he enjoyed doing.	Therapeutic: Gave him an opening to delve further.
"Yes, I am"	"My fiancé is a nurse. She has been for a while now."	Starting to realize that she might be a strong support system for him and wanting to give him an opportunity to talk about her.	Therapeutic: Offering self and allowing him to talk about what he wanted to talk about
"Yeah?"	"Yeah, I thought about going to school"	Positive feeling about potential goals	Therapeutic: Still offering self and giving him an opportunity

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	and becoming one myself a long time ago.”	for future.	to express his feelings.
“What changed your mind?”	“It was mostly due to money and it didn’t seem like the right time to go to school. I had two kids and my wife at the time wasn’t very supportive”	Starting to sorry for him and his situation.	Therapeutic: Exploring more into this topic and how he might feel about it.
“You felt like it just wasn’t the right choice for you at the moment?”	“Yeah, exactly. I’m glad that I didn’t decide to go that route looking back though. My fiancé loves her job, but she can be pretty stressed out”	Feeling glad that he isn’t upset about a missed opportunity.	Therapeutic: Restating. Which shows him that I’m actively listening and understanding what he is saying.
“It can be a pretty stressful jobs at times”	“It definitely can. I’m looking at becoming a radiology tech when I save up enough money. I have kids though so it’s hard to find the time and money.	Happy that he has a new goal to strive for and seems excited to achieve.	Therapeutic: Showing empathy.
“How many kids do you have?”	“I have two kids, and my fiancé has three so it’s a blended family.”	Feel like its nice but also thinking that taking care of five kids can be a pretty big stressor.	Therapeutic: Exploring. Can look further into if the responsibility that comes with the kids is a possible stressor for him.
“That’s wonderful. Do all the kids get along?”	“Yeah, they get along pretty well. As of right now we still live separately but plan on moving into the same house pretty soon.”	Glad that he has another goal to strive for.	Therapeutic: Still exploring this possibility
“That’s nice. How long have you and your fiancé been together?”	“Weve been together about five years now. Were saving up now to get married, but work hasn’t been the best environment for me lately. “	Worried about how his work environment is.	Nontherapeutic: Possibly changed the subject too fast and could’ve explored how he felt about the kids more.
“That sounds like	“It definitely has	Starting to get more	Therapeutic: Exploring.

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that's a big stressor for you. Why is that?"	been. Mostly because of my co-workers. I feel like they target me and verbally abuse me. Not much different from my ex-wife though."	worried about other stressors.	Looking more into the different types of stressors he currently has.
"Yeah?"	"I guess you could probably stay that those are my biggest reasons why I'm here."	Interested in seeing what his coping strategies might be.	Therapeutic: Offering self and letting him continue on with his train of thought.
"Not a very good environment to be in"	"No definitely not."	Feeling sympathy for him.	Nontherapeutic: Agreeing. Better to maybe explore why else he might feel like the environment is not great.
"How do you cope under that type of stress?"	"Under that kind of stress, I've been drinking more even though I know I shouldn't. I've also stop taking my meds at times and when I start taking them again it takes weeks for me to feel better again"	Worried for him concerning non med compliance and substance use.	Therapeutic: Exploring. Looking into further about what he uses to cope.
"Yeah, it's very important to take meds at the right time that their prescribed"	"Its just hard because sometimes I'll self-medicate with alcohol instead of taking my meds and it'll mess with my head."	I feel sympathy for him.	Therapeutic: educating him on importance of medication compliance.
"Because of all the stress your under?"	"Yeah, I know how important mental health is, which is why I made the decision to come in. It's also hard because I feel like my bosses don't get that.	Starting to feel worried about his job situation.	Therapeutic: Restating. Showing that I'm still actively listening to what he is saying.
"It seems like your really worried about your job"	"I just can't seem to get in touch with anyone. I heard that there might be some people losing their jobs. I'm a little	Starting to feel bad for him and the stressful situation he is in.	Therapeutic: Attempting to translate words into feelings.

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	worried about the financial side of things”		
“You feel stressed about supporting yourself and your family?”	Yeah, especially when I’m worried that they won’t take my stay here and my mental health seriously.”	I empathize with him.	Therapeutic: Again restating. This allows him to know I’m listening to what he’s saying but also allows him to continue this train of thought.
“That seems like a lot of stress to be under. What are some things you do to relax or cope?”	“I like spending time with my fiancé and our kids. We go a lot to cedar point as a family and it’s a lot of fun to just be with everyone.”	Starting to get curious about some positive ways he copes.	Therapeutic: exploring. Looking into more positive coping strategies that he has used and could use in the future.
“I bet. It seems like they are a good support system for you.”	“Definitely. Especially my fiancé. She comes to visit me whenever she’s able, and should be here later today too”	Glad that he seems to have a good support system in his family.	Therapeutic: Restating. Shows him that I’m engaged.
“That’s exciting are you looking forward to it”	“Yeah, I can’t wait to see her. Oh, it looks like group is about to start”	Happy that he seems interested in attending group.	Therapeutic: Giving board openings.
“Yeah, it looks like it is. Are you coming to this group today?”	“Yeah, I think I will. Maybe we can talk again later?”	Glad that he’s descried to attend.	Therapeutic: Seeking clarification
“Yes, it was nice talking with you and we can talk more after group if you would like”	“Yeah, that sounds good”	Happy that the conversation seemed to go well.	Therapeutic: Offering self.