

PROCESS RECORDING DATA FORM

Student Name: Brianna Dobias

Date of Interaction: 7/1/2025

ASSESSMENT- (Noticing- Identify all abnormal assessment findings (subjective and objective); include specific client data.)

-Facial/ Neck twitches

-Difficulty focusing/ following conversation

-Restless

-Impaired speech

-Low self-esteem

-Depressed and Anxious mood/affect

-Mild Confusion

-Flight of ideas

- 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?

-61 year old female, married

Reason for admission: The patient was brought to the emergency room and reported that she is depressed and plans to overdose on pills to commit suicide. She was also paranoid that her husband was going to leave her and was cheating on her with her sister. This was a voluntary admission.

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

Medical diagnoses: None

Mental health issues: Major depressive disorder, recurrent, severe, with psychotic symptoms, and Depression

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

Pre-interaction: Prior to the therapeutic communication interaction, I did not feel confident in my ability to engage in therapeutic communication with the patient, I was worried that I would say the wrong thing and have non-therapeutic communication with the patient and was unsure how to address the issues my patient was having at first

Post-interaction: After my interaction with the patient, I felt more confident in my ability to engage in therapeutic communication, I also felt that I was able to maintain a good therapeutic conversation with my patient while also building a trusting relationship with them, and felt more prepared to utilize therapeutic communication techniques in the future.

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

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Psychiatric Nursing 2025
Nursing Process Study

During my clinical at 1 South, the milieu could be best described as frequently changing from quiet and relaxed to loud, energetic and social. I noticed that during group therapy sessions, the patients tended to get louder as they began the activities and started talking with their peers. The patients also tended to stick to small groups of people who they made friends with. This environment effected my patient because during group therapy sessions, as the room got louder, my patient became more and more anxious and upset. In addition to this, my patient was not included in any of the small groups of her peers, and therefore felt excluded and lonely.

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, Anxiety, Depression, Risk for self Injury, Insomnia

- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
- Depressed mood/ affect 5/10, Anxious mood/ affect 9/10, Restless (inability to sit still/ fidgeting with hands, Difficulty focusing, Racing Thoughts, Difficulty following conversation
- 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: Isolation, feelings of hopelessness, feelings of worthlessness
 - Anxiety: Restless, difficulty concentrating, difficulty sleeping
 - Depression: feelings of hopelessness, sleeping more or less, little to no motivation
 - Maladaptive coping mechanisms: use of denial, substances, self-harm, etc,
 - Social Isolation: Increased sleep, avoiding social interactions, feelings of loneliness
 - Inadequate sense of control: Risk-taking behaviors, fatigue, feelings of hopelessness and anxiety

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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.

- Develop therapeutic relationship with patient utilizing therapeutic communication

Rationale: Gain trust, encourage open communication and establish rapport

- Assess current level of depression and anxiety daily

Rationale: Gain insight into patient's current mental status to identify goals for the day

- Assess current or past coping mechanisms on admission

Rationale: Identify effective and maladaptive coping mechanisms to determine which ones need adjustment to become healthy coping mechanisms

- Identify thought processes and actions that inhibit the use of appropriate coping mechanisms daily

Rationale: Gain insight on conscious and subconscious things that inhibit the patient from using healthy coping mechanisms to address them and promote changes

- Address thought processes and actions that inhibit the use of appropriate coping mechanisms daily

Rationale: Promote accountability and reality for the patient's responsibility for actions and ability to change

- Identify behaviors that preceded feelings of extreme anxiety or distress on admission

Rationale: Gain insight on these behaviors indicating increased distress to educate patient to recognize these behaviors and address them before their stress increases further

- Provide stress relieving actions and techniques daily

Rationale: Provide patient with ways to manage stress before feelings of anxiety and distress reach extreme levels

- Encourage patient to communicate with staff and peers when experiencing feelings of stress, anxiety, or depression daily

Rationale: Promote adequate social interaction and open communication

- Administer Duloxetine as ordered daily

Rationale: Maintain therapeutic level of medication for treatment of major depressive disorder

- Administer trazodone as ordered daily

Rationale: Prevent insomnia, promote rest, and treat anxiety

- Administer Olanzapine as ordered daily

Rationale: treat psychotic symptoms

- Administer Hydroxyzine as ordered daily

Rationale: Treat anxiety and agitation

- Educate patient on disease processes of anxiety and depression before discharge

Rationale: Address how anxiety and depression can affect daily life and promote feelings of control over self (Doenges, Moorhouse, & Murr, 2022)

- Educate patient on out-patient resources available to them before discharge

Rationale: Promote well-being and on-going care after discharge

- Identify a goal of the therapeutic communication.

One goal of the therapeutic communication was to help my patient identify appropriate coping strategies to use when she is experiencing feeling of anxiety or is becoming overwhelmed. Another goal of the therapeutic communication was to help my patient calm down so she could continue to participate in the group activities.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

One strength of the therapeutic communication I had with my patient was, I used open-ended questions to gain insight on how she was feeling and what was causing those feelings. Another strength of this communication was, I discussed coping mechanisms previously used, and new ones to possibly implement in the future, I also allowed the patient to guide the conversation so she could choose what she wanted to talk about and encouraged problem-solving.

Weaknesses: (provide at least 3 and explain)

One weakness of the communication I had with my patient is, I was unsure of what to say to her multiple times during our conversation, which caused long pauses between what she said and my response to it. Another weakness of this communication was, my patient was having difficulty focusing on what I was saying, which may have impaired her ability to understand what was being said. A third weakness of the communication between the patient and I was, the environment was loud at the time, which also may have interfered with her ability to understand what I was saying to her.

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

One barrier to communication I faced with my patient was, she was mildly confused which impaired her understanding of the conversation being had. Additionally, my patient has a speech impairment which made it a little harder to understand what she was saying and prevented clear communication. A third barrier to communication I faced with the patient was, she was experiencing racing thoughts at the time and so had a difficult time focusing and listening to what I was saying.

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

The main social determinant of health that has affected my patient is, her lack of a support system. My patient has an ineffective support system because as she stated, she “can’t talk right”, and so she does not talk to anyone very often. While she mentioned that she is close to her children, and her husband, she does not have an adequate support system from them because she is not willing to talk to them about any of her problems due to her insecurity about her speech impairment. This social determinant of health impacts my patient’s mental health because she often feels helpless, alone, and hopeless and does not have an effective way to express these feelings to anyone. According to (Alegría, NeMoyer, Falgàs Bagué, Wang, & Alvarez, 2018), “ Social support, community belonging, and trust in others have been significantly associated with mental health outcomes, and perceived emotional support and family/friend network size were identified as protective factors against common mental health disorders, personality dysfunction, and psychotic experiences”. Social support is especially important for individuals with mental health disorders because it provides the necessary emotional support to work thorough the associated emotions and thoughts of their mental health issues. Me patient

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mentioned multiple times that she would like to talk to her daughter more but “isn’t good with small talk” and “can’t talk right”, so she just doesn’t talk to her much. If my patient’s lack of self esteem could be improved, I feel that her social support could be greatly improved, as she would be more willing to talk to her loved ones and therefore feel supported.

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

One way therapeutic communication could have been done differently to have better outcomes is by waiting until the patient calmed down and had the conversation in a quieter environment. For example, during my conversation with the patient, we were in the dining area, where all the other patients were talking amongst themselves, which created a loud environment and contributed to my patient’s rising anxiety. These changes would have allowed for the patient to focus on the conversation and not what was going on around her and what other people were doing. If the patient were calmer, she also would have been better prepared to listen and express herself because she would not be experiencing moderate anxiety which is known to inhibit the ability to learn.

Reference:

Alegría, M., NeMoyer, A., Falgàs Bagué, I., Wang, Y., & Alvarez, K. (2018). Social determinants of mental health: Where we are and where we need to go. *Current Psychiatry Reports*, 20(11), 95.
<https://doi.org/10.1007/s11920-018-0969-9>

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)
“You seem anxious, what’s going on?” (Sitting facing patient, leaning forward with eye contact when possible)	“Yes, I’m really anxious and can’t stop all these thoughts.” (Looking down, fidgeting with hands, facial and neck)	Trying to find a way to help calm her down and figure out why she seemed so upset.	Therapeutic- Making observations on patient’s behavior to promote exploration of her thoughts and feelings

