

PROCESS RECORDING DATA FORM

Student Name: Malone Phillips

Date of Interaction: July 1, 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?**

The client that I have chosen for this assignment is a single, 31-year-old Caucasian male who is homeless and unemployed. He was admitted voluntarily after experiences multiple delusions, including religious. He has traveled from Columbus to Sandusky to follow/see a woman that he loves. The client was taken to jail after kicking down a door in a hotel room, believing that the woman was inside attempting to take their own life. He stated that the woman was trapped, and he did not know how to get to her. The client also reported that if he does not see the woman here, he will go back to home country of Afghanistan to find another partner, also stating that there are three other woman whom he keeps into contact with, despite no actual confirmation. He consistently states that all four women watch him through the cameras, and that he can see what all of the people are doing if he closes his eyes.

The client stated that as a Muslim, Allah communicates with him in a different way than others, including hearing voices and receiving specific commands. The person has a fixed belief that Allah will directly intervene in the real world to harm/kill the woman who wronged him, so he does not have to. He also states that the woman he came to Sandusky for initially bought him a mansion, boat, helicopter, and 3 million dollars but has now taken everything away. The client also reported knowing and speaking with the President on a regular basis.

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

The client stated that he had no past medical history and/or hospitalizations, denying the use of taking any medications also. However, upon looking into his chart I have found evidence that he has had prior hospitalizations due to psychotic symptoms. He does not have any past medical diagnoses other than the current situation of experiencing delusions.

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

Pre-interaction:

My thoughts prior to the communication were that I was going to check in on and observe the client while they complete an activity, encouraging social interaction. I had a sense of hopefulness that I would have a successful, therapeutic conversation, while also promoting support. I wanted to provide the patient with a nonjudgmental space to be vulnerable and express their feelings.

Post-interaction:

After conversing with the client, my thoughts were somewhat scattered, as it was my first direct experience witnessing active delusions in an individual. I was focused on the responses I provided, while reflecting on if they were therapeutic or nontherapeutic. With it only being the first day of clinical for the week, I felt motivated to communicate more with the patient the next day, as well as seeking further information in the client's chart to understand their condition better.

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

At the time of the interaction, the milieu was calm and welcoming. Patients in the psychiatric unit were engaging in an artistic activity, painting while listening to mindfulness music. I believe this soothing environment had a positive impact on the client. I would consider the patient I spoke to as quiet and reserved, choosing to listen to others and observe their behaviors rather than participate in the conversation. I feel like the calm; supportive atmosphere created a space where the patient felt comfortable enough to express themselves more freely.

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).**

Disturbed Thought Processes

Risk for Violence
Spiritual Distress
Ineffective Coping

- **Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)**

1. Delusional (Magical thinking)

- Believes that he can see what everyone is doing by closing his eyes (special powers)
- Believes that a woman is trapped in the hotel room, needing rescued
- Multiple women watching him through the cameras

2. Auditory hallucinations

- Hearing voices and receiving commands

3. Poor judgment and insight

- Denial of illness
- Fails to recognize that his behaviors have consequences (kicking the door down and going to jail)

4. Religious-themed delusional beliefs

- Believes that Allah will kill the woman who wronged him
- States that his religion causes Allah to communicate him differently than others

5. Disorganized speech

- Tangential and difficult to follow

6. Grandiose thinking

- Client claims to know and have conversations with the president
- The woman bought him a mansion, boat, helicopter, and gifted him \$3 million
- The woman is the owner of the GAP company

- **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. Suicidal behavior/thoughts

- Feelings of hopelessness
- Mentioning death frequently
- High-risk behaviors

2. Violence towards others

- Paranoia from disturbed thought processes
- Increased agitation
- Verbal threats

3. Medication/Treatment noncompliance

- Pocketing medications
- Denial of mental health problem
- Missed appointments and follow-ups

4. Worsening psychosis and delusions

- Talking to oneself
- Visual hallucinations
- Inability to perform daily tasks

5. Impaired social functioning

- Withdrawing from friends/family and activities they once enjoyed
- Lack of participation in group activities

- o Inability to recognize the emotions of others

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. Establish trust and rapport upon first interaction and PRN.**
 - o This is the foundation for therapeutic communication, especially for a client who is paranoid. This also encourages cooperation and sharing of thoughts and feelings.
 - 2. Maintain a pleasant, quiet environment and approach the client in a slow, calm manner at all times.**
 - o The client may respond with anxious or aggressive behaviors if startled or overstimulated. An environment low in stimuli will help to avoid any triggers.
 - 3. Use the same staff as much as possible for client who is highly suspicious at all times.**
 - o This action would reduce any paranoid and encourages trust within the nurse-client relationship due to consistency.
 - 4. Avoid laughing, whispering, or talking quietly where the client can see but cannot hear what is being said at all times.**
 - o This action is important for paranoid clients who may misinterpret these behaviors. They may find these actions as threatening, so it is important to avoid these behaviors.
 - 5. Present reality concisely and briefly and do not challenge illogical thinking due to defensive reactions resulting at all times.**
 - o Do not argue or deny the delusional belief that the client is expressing. Instead, use the therapeutic communication technique of reasonable doubt. The progress of a trusting relationship may be impacted if stated otherwise.
 - 6. Encourage the client to participate in therapy groups and socialize with peers PRN.**
 - o The group activities that the psychiatric unit provides help promote orientation of reality, while reducing isolation and improving social skills.
 - 7. Educate on positive coping mechanisms throughout hospitalization and PRN.**
 - o This addresses long-term wellness and prevents relapse from occurring. This teaches the client to manage their psychotic symptoms, stress, and anxiety more efficiently.
 - 8. Educate on importance for adequate sleep upon discharge and PRN.**
 - o Sleep deprivation can increase confusion. Regular sleep routine reinforces the idea of bedtime, and adequate rest can enhance clarity of thinking (Doenges, 2022).
 - 9. Refer the client to community resources such as support groups, mental health treatment programs, and occupation opportunities upon discharge.**
 - o This can include identifying ongoing treatment needs and rehabilitation programs for the individual to maintain gains and continue progress regarding their mental health. With the client being unemployed, this will support their future.

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Resource:

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

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

The client will participate in daily therapeutic communication and demonstrate an improved sense of reality regarding their mental health diagnosis, while identifying one delusional thought during each session in one week.

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IMPLEMENTATION

- Attach 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)
"Hello!" (Smiles and waves.)	Hi! There is a seat next to me if you would like to sit." (Smiles.)	Initially, felt slightly uncomfortable since this was our first interaction. Viewed his response as he wanted someone to talk to.	Therapeutic: The interaction was welcoming and friendly, creating a foundation for a respectful conversation.
"Do you have any hobbies or activities you like to do for fun?" (Sitting facing client; Looking directly at client.)	"Yes, I enjoy playing the video game, PUBG, in my free time." (Smiles while making eye contact.)	Used this question as an icebreaker to get the client's thoughts/feelings flowing. Established trust and rapport.	Therapeutic: I asked an open-ended question to encourage conversation, and the client responded with positive rapport.
"That is a pretty intense game – do you usually play with friends?" (Smiling, maintaining eye contact)	"I have a girlfriend, and she talks to me all the time." (Looking down at lap.)	I noticed a sudden change in the client's body language, suggesting that this caused an emotional response.	Therapeutic: I showed active listening skills and engagement, while maintaining eye contact and openness.
"It sounds like your girlfriend is someone really important to you. How do you feel when you two talk?" (Gentle tone, maintaining eye contact.)	"I can hear and see her, and she watches me through the cameras." (Eyes widened, making eye contact.)	After the client's response, I immediately was on alert that there may be delusional thoughts occurring. However, I tried to remain calm and nonjudgmental.	Therapeutic: After observing and becoming aware of the client's body language, I continued the conversation with a gentle approach. My statement encouraged the client to share their feelings.
"That must cause uncomfortable feelings at times. Can you tell me more about you and your girlfriend's relationship dynamics?" (Actively listening, maintaining eye contact.)	"She gifted me a house, boat, helicopter, and \$3 million, but then took it all away from me." (Face reddened.)	This is the response where I become increasingly aware of possible grandiose thinking and delusions. His reddened face indicated that this causes him emotional distress.	Therapeutic: I responded to evidence of possible delusional thinking in a nonjudgmental way, while also acknowledging his emotions during this time.
"Wow, I am sorry that happened to you. How did that make you feel when it all changed?"	"Well, she took everything away from me. She took my job, my house,	I felt an emotional pain for the client with this response, and the silence after the fact	Therapeutic: I acknowledged the client's emotions regarding the experience and respected silence to allow the client time to

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(Active listening, maintaining eye contact.)	everything..." (Silence.)	was very meaningful.	process how he feels.
"This sounds like a huge loss to you. How did you react to this situation?" (Soft tone, nodding to encourage sharing.)	"I became into contact with the president, Donald Trump. He knows me." (Eyes widened, maintaining eye contact.)	In the past responses, there were times where I felt that the client was experiencing grandiose delusions. However, this was recognized as a definite sign. His body language suggested that he strongly believed this occurred.	Therapeutic: Based on his last response, I ensured that I continued the conversation respectfully to discourage any negative behavior. I used a soft tone and invited the client to share more if they desired through nodding my head.
"How did the interaction with the president come about?" (Active listening, maintaining eye contact.)	"Allah tells me what to do, and I always follow what he says." (Maintains eye contact.)	I noticed a shift from grandiose delusions to possible religious themes. I showed respect towards his faith life, while not validating the delusions experienced.	Therapeutic: I used active listening and eye contact, indicating interest in the conversation. Although the statement caused immediate concern, I continued to maintain firm eye contact and prepare myself for possible escalation.
"It sounds like your faith life is extremely important to you. Can you tell me more about how listening to Allah impacts your day?" (Active listening, maintaining eye contact.)	"I am different than everyone else. I can see Allah and my girlfriend if I close my eyes, and I can hear them." (Closes eyes.)	I recognized this response as possible visual and auditory hallucinations. By the way he closed his eyes, I could tell that this was important to him.	Therapeutic: I validated the client's faith as important and provided open-ended questions.
"Thank you for sharing that. What do Allah and your girlfriend say to you when you hear them?" (Active listening.)	"Allah told me that he can take the life of my girlfriend for all the bad she has done to me." (Eyes widened.)	I immediately saw this comment as a potentially serious issue, indicating a risk for harm if the client is experiencing command hallucinations.	Therapeutic: I explored the client's possible delusions more to guide nursing care moving forward. I remained calm which reduced defensiveness.
"That sounds really serious. When Allah said that, did you ever feel like acting on what you hear?" (Maintaining calm approach and steady eye contact.)	"No, I am a very friendly guy. The woman makes me crazy." (Looking down.)	After the client said this, I felt some reassurance regarding the risk. I was also mindful that if I do not address these feelings, the client's behavior could escalate.	Therapeutic: I gave the client an opportunity to express thoughts and impulses without implying blame. I created a safe space for the client to respond honestly.
"It sounds like you are under a lot of stress at the moment. Have you ever thought about praying to Allah for peace from the woman who has negatively impacted you?" (Active listening.)	"She will never leave. She always is watching me and has been for the past 5 years." (Maintaining eye contact.)	This validated my thoughts regarding the delusional thinking and became aware that these thoughts are extremely distressing to him.	Therapeutic: I guided the conversation with empathetic language, validating the client's emotions. I also incorporated the client's religious beliefs which shows respect.

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<p>“That sounds difficult to be dealing with for such a long time. How does this effect your daily life?” (Active listening.)</p>	<p>“I am sometimes paranoid and do not talk to others.” (Silence.)</p>	<p>At this point, I felt a deeper concern about his social isolation and mental health moving forward. I felt compassion towards his feelings, and a desire to help him feel a sense of reality.</p>	<p>Therapeutic: I asked open-ended questions that encourages the client to share, while providing validation of their feelings.</p>
<p>“I can understand how this can cause anxiety and stress. Would you be open to me introducing mental health support services to help with these experiences?” (Active listening.)</p>	<p>“I do not need any help. There is nothing wrong with me.” (Eye contact.)</p>	<p>I interpreted this response as denial of his mental health diagnosis. I felt that now was not an appropriate time to educate the client. However, I wanted to ensure that I provided support in the chance that his thoughts change.</p>	<p>Therapeutic: I offered support in a non-pressuring and respectful way, even though they do not want assistance at this time. I also provided a nonjudgmental environment.</p>
<p>“I appreciate your honesty and for being vulnerable. If you ever change your mind and want to talk, I am here for support.” (Smiles.)</p>	<p>“Thank you for talking to me.” (Smiles, waves.)</p>	<p>As I expressed appreciation for the client’s honesty, I also felt a sense of warmth and respect. His body behavior and response indicated connection and that the conversation has ended.</p>	<p>Therapeutic: My response leaves the door open for future engagement if the client wishes to do so. The client’s response indicates that they felt respected throughout the interaction.</p>

EVALUATION-Reflecting

- **Identify strengths and weaknesses of the therapeutic communication.**

Strengths: (provide at least 3 and explain)

A strength during the therapeutic communication with the client was my ability to acknowledge their feelings and show empathy in a calm, nonjudgmental approach. This is especially important in the client's situation, where they are experiencing delusional thoughts that are fixed and false. I also was able to further the conversation using open-ended questions. This allowed the client to explore their own thoughts and feelings, allowing them to decide how much of their feelings they want to share. Another strength of mine was showing cultural and religious sensitivity and support. I ensured that I incorporated his Muslim faith and how important that is to him, which assisted in creating a foundation of respect and rapport.

Weaknesses: (provide at least 3 and explain)

After reflecting on weaknesses and areas of improvement regarding my therapeutic communication techniques, I realized that I should have gently presented reality while exploring their beliefs. The client I was speaking to was quite calm and friendly, so I was not concerned that presenting reality would escalate the intensity of the situation. Another one of my weaknesses was my ability to understand and interpret their language and religious barrier, as we had different spiritual beliefs. It was important and a strength of mine to incorporate his faith into the conversation. However, I wish I had been more knowledgeable in the religion, Islam, to guide therapeutic communication in the most respectful way. After the client expressed denial, I chose to stop the education altogether. Instead, I could have introduced the education material lightly to see if they happened to show interest after all.

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

A major barrier to communication with this client was related to their cultural background. There were many differences in their cultural norms and beliefs, mainly around religion. I am slightly unfamiliar with the client's Muslim faith, so it was crucial that I was cautious on how my body language and responses may be interpreted as misinterpretations can occur. English was not the client's first language, so it was a struggle at times to interpret what they were trying to say. If I was unsure on a specific comment being made, I found another way to further the conversation in a therapeutic, more understandable manner. I also found that the environmental distractions of the other clients surrounding him in the psychiatric unit were overstimulating, making it even more difficult to concentrate, especially with his current cognitive impairments. I offered continuing the conversation in the day room where there were lower stimuli.

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

As I previously mentioned, the client's cultural background and language barriers made effective communication challenging. Being from Afghanistan, the client may be unfamiliar with available mental health resources and social service opportunities in the United States. With the current delusional thinking and knowledge deficit, this can interfere with living a fulfilled and stable life. With the client being currently homeless, this is a major barrier to their mental health recovery and treatment. Upon discharge, the client informed me that he would be taken in an Uber to a homeless shelter for temporary housing. Not having consistent housing can lead to increased stress, possibly worsening psychotic symptoms. Additionally, the client is unemployed after losing his job as a maintenance worker. This negatively impacts his financial stability and impairs his ability to obtain permanent housing or other support needed. The client lacks a support system with his relatives living in different places around the world such as California, Texas, and Afghanistan. Upon conversing with the client, he stated that his only meaningful social connects are with the several women who he believes he has relationships with. This fixed, delusional belief and lack of support from others increases his risk for social isolation, delaying his mental health recovery and treatment.

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

The communication with the client I care for during clinical was overall effective, therapeutic, and nonjudgmental. The responses provided did not cause increased agitation or offense, and I maintained a calm, patient manner throughout. However, upon reflection, I have identified areas for improvement in interactions moving forward. With the delusional thoughts present and the client being in denial of their problems, I found it difficult to educate the client on mental health resources to utilize for after discharge. In hindsight, I recognize that this may have not been an appropriate time to introduce educational material, as the client was not in a place cognitively where they could process this information. Additionally, I should have explored the client's delusions in a more therapeutic manner. At times, I found myself unintentionally challenging the delusions directly, rather than allowing him to explore his thoughts and feelings, promoting openness and increased trust.