

PROCESS RECORDING DATA FORM

Student Name: Cora Meyer

Date of Interaction: 6/25/25

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?
- Patient is 53M and has a history of bipolar and major depressive disorder. He was a trauma alert for a suicide attempt in which he used a kitchen knife to cut his forearms bilaterally 9.5x1.5 cm. He was admitted to the ICU and was then pink slipped and sent to 1S. Patient comes from home with his girlfriend. He was fired from his job 2 months ago and because of this he was off his medication, lost 20lbs., and did not see his physician during this time frame. Previous history includes an ER visit for alcohol intoxication.
- List any past and present medical diagnoses and mental health issues.
- Bipolar and MDD. Bipolar with extreme paranoia, auditory hallucinations (occasionally). History of previous occasional falls and alcohol use.
- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.
Pre-interaction:
 - I was a bit nervous because I had not been in this setting before and did not know how patients would be acting. I had seen older adult patients that were considered psych and handling that situation, but this setting was much different. I was ready to see the cases but was nervous, I wouldn't know how to communicate with the patients. I didn't want to seem fake in communicating with them.

Post-interaction:

- I quickly adjusted to the environment and was comfortable communicating with the patients in front. I did have some trouble communicating with the patients and keeping conversations going. Some patients were just not communicating and that's ok. I want to work on my communication skills further because I want to have better responses to patients.
- Describe what is happening in the "milieu". Does it have an effect on the client?
 - The milieu was calm and relaxed. However, during my experience there was a staff member who used him as an example on learning how to be relaxed and handling situations better, without being extremely drastic. In this example, she stated that she was in a fight with him at work and tried to get him fired rather than resolving the conflict. With him just recently being fired and going through his issues it was to close to home. He was uncomfortable and sad. His body language showed him sinking in his seat, with his smile gone, and head hung low. He was negatively affected by this exchange.

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 for suicidal behavior, risk for injury, ineffective coping

- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
 - Suicide attempt
 - Pink slip from ICU to 1S
 - History of alcohol use
 - Bipolar and MDD history
 - Occasional auditory hallucinations
 - Off psych medications for 2 months
 - Unemployment
- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)
 - Increased suicidal thoughts/ideations
 - Relapse of medication compliance
 - Relapse of alcohol use (ineffective coping)
 - Ineffective coping outside of inpatient unit
 - Inability to afford treatment outside of inpatient unit (Job loss)

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.
 - Institute safety and suicide precautions immediately once
 - o To ensure client safety while on inpatient unit.
 - Assess patients' belongings immediately once
 - o To ensure client safety on inpatient unit.
 - Assess patient Q15 minutes
 - o Assess patient while in suicide precautions to ensure patient safety.
 - Assess mental status including sleep, appetite, mood. Q shift and PRN
 - o To assess for improvements in patients psychological condition.
 - Assess pulses in forearms (radial, brachial, ulnar) Q shift and PRN
 - o To ensure patients forearms are healing appropriately.
 - Vitals Q shift and PRN
 - o To ensure patients safety and physical status.

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- Administer medications Q shift and PRN
 - o To maintain medication routine for psychiatric medications and status.
 - Wound care of forearms once daily
 - o To ensure wounds are healing appropriately and are maintained.
 - Educate on medication compliance once and PRN
 - o To ensure patient understands the importance of medication compliance.
 - Educate on alcohol abuse history once and PRN
 - o To educate on better coping strategies for the best patient outcomes.
 - Educate on suicide precautions once and PRN
 - o Educate on precautions relating to patient care for best understanding of condition and treatment.
 - Educate on community resources once daily and PRN
 - o Education on resources available for best outcome after inpatient care.
- (Townsend & Morgan, 2024)

- Identify a goal of the **therapeutic** communication.
- Establish rapport, create a trusting relationship, to help give him a positive outcome. Offering self as an active listener with the patient. Connecting the patient with appropriate resources at discharge for the best outcomes.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

- I used empathy and validation when he mentioned his unemployment.
- I encouraged participation by asking about group and talking about the activities planned for group.
- I offered self when asking him if he needed anything as well as when I offered to redress his forearm bandages.

Weaknesses: (provide at least 3 and explain)

- I used close ended questions when I asked about receiving resources and when I asked if he needed anything before I left.
- I should have asked if he needed to talk or how he felt at those times. I also used abrupt phrasing when I asked what do you mean by that. It can come across as judgmental.
- Another weakness was when I mentioned that it was boring here, I did not explore those feelings. I just moved on and did not go further and ask why he was feeling that way or how to help keep him engaged.

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- Identify any barriers to communication. (provide at least 3 and explain)
 - One barrier to communication was that when I was talking with him, we were in the open room and day room. Being out in the open areas may not be comfortable for him to open up or tell me things.
 - Another barrier was I used close-ended questions that did not give him an opportunity to expand more on my questions.
 - Another barrier to communication was being abrupt in some of my communications. It could lead to the patient feeling challenged rather than feeling open to collaboration.
 - Another barrier was me learning and adjusting my communication to be more therapeutic and addressing some harder topics. I at times was not comfortable and awkward.

- Identify **and** explain any Social Determinants of Health for the client.
 - This patient lives with his girlfriend after losing his job 2 months ago. He cannot afford to live on his own, or his doctors' appointments, and medications. He has been without his medications during these 2 months. Because of this he has lost 40 pounds, and attempted suicide with large deep lacerations to the forearms bilaterally.

- What interventions or therapeutic communication could have been done differently? Provide explanation
 - I used abrupt phrasing at times and could have used softer clarification techniques.
 - I at times missed emotional cues and unintentionally avoided exploring underlying feelings.
 - I also seemed to be generic in my communications. Such as asking about vitals, asking if he needed anything, or when saying goodbye. He possibly could have interpreted this as me not being emotionally invested or caring for him and his case specifically.
 - I also used vague encouragement when mentioning his word search, I wish I used more specific phrasing to improve his self esteem and motivations.
 - I also used more close ended questions rather than open-ended questions which restricts deeper sharing and exploration from the patient.

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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)
"Morning my name is Cora. How are you doing today?"	"Feeling good, I finally got some good sleep last night." Smiling, body relaxed	Wanting clarification on his answer but want to get vitals while he talks to me about it. Happy he is starting to sleep better.	Therapeutic: Using broad openings, offering self, making observations (indirectly), open ended questions
"May I get your vitals?"	"Absolutely." Smiling, body relaxed, holding arm up for me to put BP cuff on	I wanted verification before I got his vitals, then I could ask him questions about his sleep.	Non-therapeutic: introducing an unrelated topic
"Do you normally not get enough sleep at night?"	"Not so much lately. I haven't been tired." Neutral expression and body language	Wanting clarification on his comment about getting better sleep than previous nights.	Therapeutic: exploring topic, encouraging description, seeking clarification, open ended questioning
"Are you interested in going to group today? We students have fun activities planned."	"I'd like to go. What do you guys have to do? I'm excited to do something different than normal." Smile, expressing excited	Happy he was ready for our activities. Thankfully we chose fun activities to do to shake it up, which is what he wanted.	Therapeutic: giving info, broad opening, encouraging participation, offering self, validation of positive behavior
"Can you tell me what's going on with you today?"	"Just getting back into a schedule with my sleep, meals, and medications." Neutral expression and body language	Interested in understanding more of what had thrown him off.	Therapeutic: exploring, encouraging expression, open ended questions
"What caused you to get out of your schedule?"	"I lost my job and have just been having a hard time lately." Sad gloomy facial expression and body language	Wanting a better understanding of his situation, to help him get feeling like himself.	Non-therapeutic: probing, requesting an explanation
"I'm so sorry to hear that. I can imagine that has been difficult to handle."	"Thank you. It has been. I'm trying so hard to find a new job. No one is hiring." Slight smile,	Feeling sorry for him, wishing there was more I could offer to help him.	Therapeutic: empathy, validation, offering support, active listening, encouraging expression

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	and improved gloomy body language		
“Has anyone given you resources for job openings already?”	“Yes, they have helped me fill some applications out. Hopefully I hear something back soon.” Improved expressions	Relieved to know he has started the process of applying and now is the dreaded waiting.	Therapeutic: seeking info, problem solving, encouraging autonomy
“That’s good to hear. You’re taking important steps.”	“I know. I’m excited to get things back in order.” Smiling, improved relaxed body language	Happy to hear he’s excited about searching for jobs.	Therapeutic: validate, emotional reflection
“Your bandages look like they’re coming off. Can I fix them?”	“I think the nurse is going to change them soon.” Relaxed neutral facial expression and body language	The bandages cover traumatic lacerations from his suicide attempt. I did not want to trigger him.	Therapeutic: observation, seeking permission, offering self, respect for boundaries
“Can I do anything for you before I go? Do you need anything?”	“No, I’m good thank you.” Relaxed neutral facial expression and body language	I needed to step away and I didn’t want to leave abruptly.	Therapeutic: expressing availability, offering self, encouraging expression, respect for autonomy
“Wow you’re doing so good with your word search.”	“I like doing them, they keep my mind on track.” Smile, relaxed body language	Happy he was finding activities to do.	Therapeutic: giving recognition, encouragement, encouraging expression, positive reinforcement
“What do you mean by that?”	“Just that it keeps me busy, and focused because it’s boring in here.” Neutral facial expression and body language	Curious as to why he made the comment about getting his mind on track. As soon as I said it I knew it didn’t come out as I anticipated.	Nontherapeutic: probing, requesting an explanation
“We are leaving for today. I’ll see you tomorrow.”	“Ok see you then.” Smiling and waving at us students	Happy he smiled and was looking forward to seeing us students again.	Therapeutic: giving information, closure, respect for patients time and feelings
			(Morgan, 2023 pgs. 112-120)

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Resources:

Morgan, K. I. (2023). *Davis Advantage for Townsend's essentials of psychiatric mental health nursing* (9th ed.). Philadelphia, PA: F.A. Davis Company. <https://www.fadavis.com/>

Townsend, M. C., & Morgan, K. I. (2024). *Pocket guide to Townsend's psychiatric nursing: Assessment, care plans, medications*. (12th ed.). Philadelphia, PA: F.A. Davis Company. <https://www.fadavis.com>