

PROCESS RECORDING FORM

Date: 4/22/2013

Student's Name: Jesse Bishop

Description of Interaction setting: The conversation took place in the psychiatric nurse's personal office with the client and nurse present. The window blinds were open and the door was closed to ensure a private and quiet setting. Lights were comfortably dim.

Environment: Environmental temperature is slightly warm. Client is sitting in an office chair across from me on the opposite side of the wooden desk.

Pt. Goal/Purpose: The goal is for the patient to explain progress of treatment since discharge from the inpatient psychiatric facility and to express concerns related to ongoing psychological issues.

Patient's Gender: F **Age:** 51 **Diagnosis:** Axis I Schizoaffective Disorder Type II **Axis II:** Deferred **Axis III:** None

COLUMN-1	COLUMN-2	COLUMN-3	COLUMN-4	COLUMN-5	COLUMN-6
Student's verbal statements (exact quotes)	Student's non-verbal behavior	Client's verbal statements (exact quotes)	Client's non-verbal behavior	Communication technique used. Designate Facilitators (F) OR (B) Barrier and name the type	Evaluation (as described in textbook) and/or Revision
"Hi, my name is Jesse Bishop and I am a nursing student at Lone Star College – Montgomery. How are you feeling today?"	Relaxed and open posture, legs uncrossed, leaning towards client, maintaining eye contact.	"Oh, I guess I'm doing okay. Just following up since I was hospitalized."	Arms crossed at chest, looking at wall to her right, rapidly and rhythmically tapping right foot.	(F) – "Giving information" (Videbeck, 2011, p. 103).	Giving information builds trust with the client and allows the client to know what to expect during a communication session.
"Alright. I noticed that you are tapping your foot. Are you anxious about something?"	Relaxed and open posture, legs uncrossed, leaning towards client, maintaining eye contact.	"No, it's just hard for me to sit still. I'm always on the move."	Arms crossed, maintaining eye contact, rapidly and rhythmically tapping right foot.	(F) – "Making observations" (Videbeck, 2011, p. 103).	Allows clients to verbalize feelings or "make themselves better understood" (Videbeck, 2011, p. 103). Also encourages clients to talk
"Okay. Is there anything in particular that you feel you need to talk about today?"	Relaxed and open posture, legs uncrossed, leaning towards client, maintaining eye contact.	"Umm, I don't know. Sometimes I just feel like I'm losing control of myself."	Arms folded in lap, maintaining eye contact, rapidly and rhythmically tapping right foot.	(F) – "Broad openings" (Videbeck, 2011, p. 102).	Broad openings encourage the client to take the lead within the conversation, especially when the client is hesitant (Videbeck, 2011).

<p>“You feel like you are not always in control of yourself?”</p>	<p>Relaxed and open posture, legs uncrossed, leaning towards client, maintaining eye contact.</p>	<p>“Yeah, I’ve felt that way since a few weeks before I was put in the psych ward.”</p>	<p>Arms folded in lap, looking at wall to her right and the ceiling, rapidly and rhythmically tapping right foot.</p>	<p>(F) – “Restating” (Videbeck, 2011, p. 103).</p>	<p>Allows client to know whether or not “they effectively communicated their ideas and encourages them to continue” (Videbeck, 2011, p. 103).</p>
<p>“What were the events that led up to your hospitalization?”</p>	<p>Relaxed and open posture, legs uncrossed, leaning towards client, maintaining eye contact.</p>	<p>“Well, my boyfriend and I started fighting a lot until I finally tried to kill him.”</p>	<p>Arms crossed at chest, maintaining eye contact, legs crossed.</p>	<p>(F) – “Placing event in time or sequence” (Videbeck, 2011, p. 103).</p>	<p>Helps the “nurse and the client see events in perspective” (Videbeck, 2011, p. 103). and recognize trends regarding cause-and-effect behavior.</p>

<p>“Why did you try to kill your boyfriend?”</p>	<p>Tense but open posture, legs uncrossed, leaning towards client, looking down at desk.</p>	<p>“He just made me so angry and I just had it in my mind that that was the right thing to do. He never seemed like he wanted me around and I wasn’t going to see him with anyone else if we split up. I had the chainsaw in my hands and everything until a friend of mine stopped me. I promise you I was going to kill him. It was definitely going to be a bloodbath.”</p>	<p>Arms folded in lap, looking down at hands and occasionally establishing eye contact, legs uncrossed, rapidly and rhythmically tapping right foot.</p>	<p>(B) – “Requesting an explanation” (Videbeck, 2011, p. 106).</p>	<p>Requesting an explanation with a “why” question may make the client feel like they need to defend themselves (Videbeck, 2011).</p> <p>Revision: “How do you feel about your attempt at killing your boyfriend?”</p>
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<p>Student's verbal statements (exact quotes)</p>	<p>Student's non-verbal behavior</p>	<p>Client's verbal statements (exact quote)</p>	<p>Client's non-verbal behavior</p>	<p>Communication technique used. Designate Facilitators (F) OR (B) Barrier and name the type</p>	<p>Interpretation And/or Revision</p>
<p>“Before this incident, had you ever felt this kind of anger before?”</p>	<p>Relaxed and open posture, maintaining eye contact, legs uncrossed, leaning towards client.</p>	<p>“Actually, he’s made me that angry plenty of times before but I just never acted on it until then.”</p>	<p>Arms folded in lap, head down and looking at hands, feet and legs still.</p>	<p>(F) – “Encouraging comparison” (Videbeck, 2011, p. 102)</p>	<p>Comparisons of past ideas and experiences encourage clients to think about effective coping mechanisms utilized in similar situations.</p>
<p>“So, what do you think you could do in the future to avoid trying to kill him if he makes you that angry again?”</p>	<p>Relaxed and open posture, maintaining eye contact, legs uncrossed, leaning towards client.</p>	<p>“Oh, I’m not sure. I really don’t plan on ever seeing him again, but I guess I’d probably go to a friend’s house until I was able to calm down and think a little more clearly. That’s what I used to do before.”</p>	<p>Arms folded in lap, maintaining eye contact, feet and legs still.</p>	<p>(F) – “Formulating a plan of action” (Videbeck, 2011, p. 102)</p>	<p>Formulating a plan of action increases the likeliness of the client effectively coping with similar situations in the future (Videbeck, 2011).</p>

<p>“I think that might be a good plan.”</p>	<p>Relaxed and open posture, maintaining eye contact, legs uncrossed, leaning towards client.</p>	<p>“Yeah, it might keep me out of trouble.”</p>	<p>Arms crossed at chest, maintaining eye contact, rapidly and rhythmically tapping right foot.</p>	<p>(B) – “Agreeing” (Videbeck, 2011, p . 105).</p>	<p>Agreeing with the client prevents them from being able to change their mind about their decision without feeling like they are wrong (Videbeck, 2011).</p> <p>Revision: “Has that worked for you in the past?”</p>
<p>“Can you think of any other ways that might help you cope with your emotions?”</p>	<p>Open and relaxed posture, maintaining eye contact, legs uncrossed, leaning towards client.</p>	<p>“Well, the doctor changed my medicine around, so I’m hoping that’ll help me deal with my problems. Other than that, I don’t think so.”</p>	<p>Arms folded in lap, maintaining eye contact, feet flat on the floor and legs are still.</p>	<p>(F) – “Formulating a plan of action” (Videbeck, 2011, p .102).</p>	<p>Formulating a plan of action increases the likeliness of the client effectively coping with similar situations in the future (Videbeck, 2011).</p>

<p>“Okay. So, in the past few minutes we have talked about alternative ways to deal with your changing moods, including taking your medication as prescribed and staying away from your boyfriend when you become angry. Is there anything you would like to add?”</p>	<p>Open and relaxed posture, maintaining eye contact, sitting up straight.</p>	<p>“No, I think that’s it. I actually feel a little better now that I’ve been able to vent to you. Thanks.”</p>	<p>Arms at sides, maintaining eye contact, smiling, feet flat on the floor and legs are still.</p>	<p>(F) – “Summarizing” (Videbeck, 2011, p . 104).</p>	<p>Summarizing highlights the important pieces of the conversation and eliminates the irrelevant information discussed. Summarizing also helps organize the discussion as well as provide a closure to the conversation (Videbeck, 2011).</p>
<p>“You’re welcome. Remember to call this clinic or the crisis hotline if you feel like your emotions are becoming too overwhelming. The crisis hotline is available 24/7. Have a good day!”</p>	<p>Standing, maintaining eye contact, arms relaxed at sides.</p>	<p>“Thank you so much! I always forget about the crisis hotline.”</p>	<p>Standing, maintaining eye contact, arms relaxed at sides.</p>	<p>(F) – “Giving information” (Videbeck, 2011, p . 103).</p>	<p>“The nurse functions as a resource person” (Videbeck, 2011, p . 103). Giving information builds trust with the client.</p>

Reference

Videbeck, S. L. (2011). *Psychiatric-Mental Health Nursing* (5th ed.). Philadelphia, PA: Wolters Kluwer/Lippincott Williams & Wilkins.

Overall Self Evaluation:

The process recording performed during the psychiatric rotation was startling, yet pleasantly different in context as well as content. I feel like I have greatly improved my communication skills and strengthened my therapeutic communication since the completion of my last process recording. Although some of the client's comments took me by surprise, I believe I reacted well and adapted fairly quickly to the situation. I believe my strengths involve understanding the client's condition and how it may affect their thinking and behavior. I believe my weaknesses involve trying to relate to the client on a more casual level as well as visibly reacting to somewhat shocking statements made by the client. During my psychiatric rotation, I learned great information about fairly common mental disorders. In completing my process recording, I realized how easily emotions, and even mental disorders, can be overlooked and confused with behavioral issues. As a society, we must recognize these types of disorders within our community and be able to accommodate the mentally ill accordingly. Overall, I believe this experience has enlightened me and allowed me to think more deeply about the causes of people's behaviors instead of solely focusing on the behaviors themselves.