## Process Recording

**Patient Information and History:** 45 year-old Male with Schizophrenia with Paranoia

**Purpose of Conversation:** Mental/Physical Assessment

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<th>Interviewer Statement/Questions</th>
<th>Patient Responses</th>
<th>Nonverbal Response by Patient</th>
<th>Communication Technique</th>
<th>Analysis (Patient Feelings/Affect, Effectiveness)</th>
<th>Nursing Interventions Needed</th>
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<tr>
<td>Where are you from?</td>
<td>Well, I am from Idaho.</td>
<td>Very expressive with hands Pressured speech</td>
<td>Giving broad openings</td>
<td>It started the patient talking. Pt. is very happy and overly communicative</td>
<td>Continue to inquire about living conditions</td>
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<td>How do you like your neighbors?</td>
<td>I think they are all very uppity and arrogant and think they are better than everyone else. They just want to get me committed to the hospital.</td>
<td>Expressive with hands Open posture</td>
<td>Giving broad openings</td>
<td>The patient’s mood turned to frustrated and a little agitated. The patient is definitely paranoid about his neighbors.</td>
<td>Assess the patient for thoughts or risk for other-directed violence.</td>
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<td>You appear agitated when talking about your neighbors. Tell me more about that.</td>
<td>Yes, they constantly try to get me committed back to this crazy house. I’m in here for false reasons because of them.</td>
<td>Expressive with hands Open posture, but arms are crossed</td>
<td>Encouraging description of perception</td>
<td>This further helped illustrate this patient’s paranoia. This also further agitated the patient but patient remained positive toward me.</td>
<td>Continue to monitor risk for other-directed violence Administer psychotropic medications as ordered by MD.</td>
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<td>Could you describe the “false reasons” you believe you are at the hospital for?</td>
<td>Well everybody thinks that I “overdosed” on my drugs but I didn’t, I was passed out because some girl hit me in the back of my head with a beer bottle.</td>
<td>Patient showing me the “bump” and continuously rubs it Patient runs his fingers through his hair a lot</td>
<td>Exploring</td>
<td>Pt. continued with paranoia and delusions. Although it says in his chart that he said he “took all of his drugs”, he continues to assert that a girl smashed a beer bottle on his head. Pt. repeated this several times. Continuing agitation</td>
<td>Complete MSE Assess for existence of “bump” on head. Assess patient’s medication compliance Administer psychotropic medications as ordered by MD.</td>
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NURS323 Mental Health Nursing

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<th>Question</th>
<th>Response</th>
<th>Exploring</th>
<th>Action</th>
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| So how do you feel being at the hospital right now?                      | Well I like it here. I just feel watched all the time. Like if you knock over a cup they’ll immediately admit you and that’s that. You know the CIA are watching us right now in those cameras all around. | Pt. knocked over cup  
Pt. running fingers through his hair  
Pt. looking at the cameras. | Administer psychotropic medications as ordered by MD.  
Assess for risk for elopement |
| So you feel that the staff is restrictive and that you get admitted easily? | Yes, but don’t tell anyone because I don’t want the nurses to be mad at me. I just don’t like being with all of these psychos. | Pt. places hand over his mouth.  
Pt. ducked his head | Further assess for understanding of diagnosis  
Educate patient on their diagnosis and treatment associated with it.  
Educate patient on indications for each medication. |

Analysis

1. Identify presenting issues. Include the client’s cognitions (basic beliefs about self, others, and the world) and the impact those had on you.
   a. The patient is obviously paranoid about his own safety. He thinks the other patients are crazy and talks condescendingly to them. He seems to believe his world is out to get him committed quickly to the hospital. He has some grandiose thoughts like the CIA is watching him. These paranoid thoughts scared me at first because I was afraid he may dislike me and possibly become violent because I am “one of the nurses”, however, after a while of speaking with him, I realized that he just wanted someone to express these thoughts to and they weren’t necessarily associated with any negative behavior.

2. Identify any recurring themes and patterns, if applicable.
   a. The patient continuously reverted back to talking about his neighbors and how they were trying to get him committed to the hospital. He also had constant pressured speech and would define many words with incorrect definitions of the word.

3. What cultural factors were you aware of during the interaction? How did these factors influence the session?
   a. The patient seemed to be from the lower to middle class with his mistrust of his affluent neighbors in Sun Valley. This influenced the session by making the “rich people” a sort of scapegoat of why he was in the hospital and with all of the things he perceived as wrong with the world.

4. What specific observations should the nurse make with regard to mental status? Thought processes?
a. Specific observations would first be the way he was groomed and dressed was disheveled and undone. Next, he displayed severe pressured speech and continuous repetition of the same information. Through this, we saw cyclic thought processes and also thought processes displaying acute paranoia. However, the patient maintained a positive attitude throughout the interaction and did not display aggression associated with the paranoia.

5. How did the patient’s behavior/ affect fit with what you know about their past behavior/ affect?
   a. The past history of the patient stated many of the same things such as pressured speech and the patient believing he was in the hospital for “false reasons” that were found upon assessment. He does not seem to be improving yet since admission.

6. What are two issues that emerged?
   a. The main issue that emerged was his paranoia not only regarding his neighbors, but also toward the staff of the hospital. Another issue that emerged was his joking about antisocial behavior as a means to cope with the people out to get him.

7. What were your thoughts and feeling about the interaction?
   a. I thought the interaction went well, but it was interesting how the patient continuously spoke when someone started to pay attention to him. I felt out of control of the conversation because I couldn’t get a word in!

8. What are the goals and functions of the therapeutic nurse-patient relationship? Explain if you feel you were able to establish a therapeutic relationship?
   a. The goals of the therapeutic nurse-patient relationship are to establish rapport and gain the trust of the individual so they will open up to you and give you further insight into their thoughts and behaviors. I don’t feel as though the therapeutic relationship was fostered because I was just someone to talk to. Yes he confided a few things to me, but these weren’t necessarily of clinical significance.

9. What were the boundaries and roles in this relationship?
   a. The boundaries were a nursing student trying to talk to and get information from conversing with the patient who wanted to talk to anyone who happened to be the student nurse.

Reflection:
1. What behaviors did you exhibit that you would want to change, based on the experience?
   a. I would like to take more initiative with the conversation and try to keep it more focused on the issues at hand in the future. I realized this time how out of hand and random these conversations can get, so directing and focusing the conversation is definitely something I would like to change. Another behavior I would like to change is acting more as an equal with the patient rather than feeling pity for them because anyone can perceive that feeling of just being another case to observe. Last, I want to find out more about my patient’s background and explore that to see if there are any factors that are missing from the assessment.

2. What are your feelings about the interview process?
   a. The interview process is complicated and difficult to master. It is definitely very different than just regular social conversation and needs to have a specific purpose behind it to be successful.