CONAH- OVMC- 6A PROCESS RECORDING

.

Student: Jessica Tejedor	**Pt Initials**: K. W	**Diagnosis**: Schizophrenia & Bipolar DO
Instructor: N. Arquell	**Pt Age & DOB**: 32	**Admission Date**: 8/31/22
Subject: N233L	**Pt Location**: 6A	**Legal Holds**: 5270 – 30 Day Hold (GD)

Pre-Introduction Phase:

K.W. is a 32-year-old African American male with history of schizoaffective disorder (Schizophrenia and Bipolar disorder) along with medical history of hypertension. Patient was brought in by police for felony charge of carjacking. On the initial assessment patient appeared aggressive, agitated, and exhibited signs of acute manic symptoms. Patient was unkempt and screamed out slurs to multiple staff members, patient was not redirectable at this time. Patient's EKG presented with sinus tachycardia upon admission. Additionally, the patient revealed grandiose delusions stating that "America is his country and I have 2 million dollars in my bank account." Patient displays lack of judgement, lack of insight, and disorganized thought process. Patient was placed on an initial 5150 on 8/31/22. The patient has since then had his hold extended into a 5270 – 30-day additional hold due to being gravely disabled. Patient presents onset of disease at 20 years of age. Family history includes alcoholism, depression, drug use, and schizophrenia from immediate family members. Since initial treatment, patient seems to be more congruent and linear with his thought process, but still exhibits flight of ideas, grandiose delusions, and hyperverbal speech. Patient denied any suicidal ideations. Patient has become more goal oriented and has gained insight on his current mental status. Patient is current on the following medications: Divalproex Sodium (PO – 400 mg), Amlodipine (PO – 10 mg), Losartan (PO – 400 mg), and Ondansetron (PO – 4mg – prn).

Goal: Patient will be able to identify characteristic signs and symptoms of disease process. Patient will achieve a linear thought process by verbalizing at least 3 effective coping skills and will minimize delusions. Upon stabilization patient will be able to identify safe plan of care for discharge and be transferred to home with father who is willing to accept care of patient. Very good!

Introduction & Working Phase: Below is a process recording of conversations exchanged with K.W, a patient at Olive View UCLA-Medical Center's Psychiatric Inpatient facility. This document will analyze the conversations recorded show thoughts of the interaction and will determine if therapeutic communication was evident. Additionally, if any exchange was non-therapeutic, this assignment allows for the reflection of alternative statements to improve on the ability to navigate future conversations.

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Date: September 21, 2022

NURSE VERBAL (NONVERBAL)	CLIENT VERBAL (NONVERBAL)	NURSE'S THOUGHTS/ FEELINGS CONCERNING THE INTERACTION	ANALYSIS OF INTERACTION
"Hello there, my name is Jessica, and I am a student nurse. This is my classmate Polina. We will be here for the next couple of weeks. What is your name?"	**"**Hello, my name is K.W. Nice to meet you." *(Patient seemed euphoric and open to conversation)*	I had mild anxiety introducing myself to K.W. because I did not know what to expect, however K. W's affect was calm and his openness to conversation decreased my anxiety. He also shared a warm smile upon our introduction, he had adequate eye contact and would gaze away from conversation at times. At the same time, I was trying to evaluate K. W's appearance which as well-groomed.	*Therapeutic: introductions and Offering Self* Introducing ourselves and offering self was the first step in the introduction phase with the patient. With open stance and maintaining eye contact with the patient, I did my best to establish trust and establish rapport during the transition into the working phase.
"How are you doing today? Do you have any plans for the day?"	"I am doing great but let me tell you don't always trust your friends. I also can't wait to get out of here. I am getting ready to talk to my doctor soon."	The patient's reaction went from relaxed to anxious rather quickly. I was a caught off guard. At this point of the conversation, I was too concerned with trying to think of what to talk when he mentioned being mistrusting with his friends.	*Therapeutic: Broad opening* Following our initial introduction, I believe that this question allowed to direct the flow of conversation and offered the patient a good opportunity to discuss what was on their mind. This question allowed me to get a baseline of the patient's cognition.
"You said that you will talk to your doctor soon? That is good. Nontherapeutic agreeing with the patient. Why do you think that you can't trust your friends?"	**"**Well, my so-called friends left my in a forest. We were doing a dumb prank and they stranded me without my cell phone. Next thing I know I'm here. I'll just say this, NEVER trust your friends.	I wanted to gain more insight on what the patient might be discussing with his doctor and if he could provide me with a plan of care. At this moment, I thought the patient's story was true and did not recognize the lack of insight right away. I	*Therapeutic: Repetition and Seeking Clarification* When the patient stated something ambiguous, I believe that seeking

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	They are up to no good." *(Patient seems more suspicious and repeats thoughts)*	did not connect what I read on the patient's chart to his orientation to the actual facility.	clarification was the right thing to do in this point to determine if the patient's suspicious behavior would turn into aggravation? I also wanted more of an opportunity to process his thoughts more thoroughly.
"I'm sorry to hear that. That must have been a scary moment for you" **To make therapeutic: "Oh, was not aware of that. Do you remember how you were brought into the facility?"or what did you feel when left alone in the forest**	**"**Yes, don't trust your friends. Now I am here, and I need to get out, I don't really like LA people, I want to move back to D.C."	I was not aware that his story was a delusion and fed into the false reality. With the patient's information from the chart, I should have tried to re-direct the patient to how he was admitted to the hospital so he could gain insight of the actual reason of his stay.	*Non-Therapeutic: Fed into delusion* I believe a therapeutic response to this would have been to make the patient aware of how he was brought into the facility, and then asked if he remembered any of the events leading up to his admission.
"I see. Oh, so you are not from here? Are you from D.C originally? "This is suggestion, better where are you from originally?	"No, I am from New York, the people from LA are different. I need to make new friends. I am trying to get better and become a more well-rounded person."	This was the first time in the conversation that I was able to gain insight on the patient's ability to create goals for himself. I was pleasantly surprised that he had an appropriate affect and shared his goals with me.	*Therapeutic: Active Listening* The patient was more engaged in the conversation when I was able to show interest in the conversation and by acknowledging him the conversation was propelled and it seemed like we were building more trust.
"That a great thought, what are some things you think you can do to get discharged?	**"**Well, what they don't know is the longer I stay here the more disability money I get. I'm getting so much moolah" *(Patient smirks and makes gestures of bills in his hand)* So, I'm cashing out. Anyways,	The patient became elated and euphoric and started to exhibit grandiose delusions about all the money he had in his bank account. Reduction in the quantity of thought was also present and the patient became very tired after our	Therapeutic: *Giving recognition, Evaluating thought* Once the patient displayed a goal I wanted to build off of that thought. However,

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	I'm tired, I am trying to save my energy for the doctors." *(Patient labile and suddenly goes from euphoric to fatigued – leaves conversation)*	short conversation. At this point such a wide range of emotions were observed, and it was interesting to see such an aggressive switch in cognition and behavior. I realize that at time fatigue patients should get their rest.	when it was redirected with delusions I think I should have redirected the patient to question and asked again before we concluded the conversation.
"Hello again K.W, I see you went to morning exercise. You look more awake."	**"**Yes, it makes me feel good. So why did you decide to study nursing?"	I was glad to identify that the patient was involved in many social activities. I was able to observe a change in behavior in all of the patients when they were engaging in exercise. This was a pleasant interaction because the patient was able to have more concrete thinking and even asked about me. Patient was alert and appropriate at time and was very different from our first interaction.	*Therapeutic: Making observations* By giving recognition to the patient's actions and by drawing attention to K.W's appearance I think I was able to link the importance of how exercise can be beneficial to the patient's mood.
"Thanks for asking, well I have always loved nursing as a kid. How about you, did you have any jobs or hobbies that you liked?"	"I used to do programming. I was able to program for top governments and I am the best at it. *(Very grandiose – then switches conversation)* I don't want to take up more of your time. I'm sure there are more interesting people than me."	I was afraid to answer his question without giving too much detail into it. However, I did want to push for more trust in our relationship by sharing personal information – but making it short and sweet.	Therapeutic: *Re-directing* Re-directing questions is an appropriate response that nurses can do to focus on what is relative to the patient.
"We are here to talk to everyone. It was great getting to know you. If you ever need to talk, we will be here."	"Ok, well see you later. Wait did I say that already? I am going to my room."	This was a good end to our conversation. After we completed this interaction, my anxiety level decreased – I gained a lot of insight about how to apply what was learned in lecture to real life situations in the psych ward. I know it was going to take more practice.	*Therapeutic: Offering self* Reminding the patient that we are willing to offer self and time to their needs allowed the patient to become aware of the support systems that they have in place.

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Date: September 27, 2022

NURSE VERBAL (NONVERBAL)	CLIENT VERBAL (NONVERBAL)	NURSE'S THOUGHTS/ FEELINGS CONCERNING THE INTERACTION	ANALYSIS OF INTERACTION
"Hello K.W, how are you doing today? My name is Jessica, do you remember me from last week?"	**"**Hello, oh yes, I remember you! You're that group of nursing students. How are you all doing?" *(Patient is calm and appears open to conversation)*	I was more relaxed approaching this conversation now that I knew more about the patient. I was excited to get to know that patient more and focused on implementing a more thorough assessment of K.W's thought process and behaviors.	*Therapeutic: Broad opening* K.W appeared well kept, alert, and calm. The patient was engaged and maintained eye contact during out conversation.
"It is Tuesday today; do you have any plans for the day?"	**"**I think I am going to go to group today and maybe walk around the hall." *(Patient avoids eye contact)*	I observed that the patient would gaze in and out of eye contact from time to time. This response was short and direct.	Therapeutic: *Broad opening* By presenting the date I wanted to allow the patient to be redirected into reality. A broad opening about asking the patient's plans provided some repetition to how I started our conversation yesterday. I wanted to compare his responses from yesterday to see If anything has changed.
"You said you are going to support group? How do you feel when you go to support group?"	"I like that I get to talk about my feelings, I was a horrible person before, and I want to change. That way I can move in with my sister and finally be in a better place."	He identified that group was on his list of simple achievable goals for the day, so I wanted to highlight that and focus on this achievement.	*Therapeutic: Recognition and probing* I wanted to give recognition of his efforts in going to group and probe for a more elaborate response in his feelings towards the unit's activities. His statement reflected improvement in his insight, and he was able to disclose what his personal plans are after discharge. He was able also recognize negative behaviors.
"Thank you for sharing that. How did you sleep today?"	"I slept good, I got hypothermic again, sometimes my room gets cold. *(Patient starts to become hyperverbal and*	I felt at ease knowing that K.W trusted in our relationship to disclose his orientation to new goals. At this time patient was able to express interest in	*Therapeutic: Active Listening* The patient was exhibiting a flight of ideas and was

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	starts to pace in and out of the room during conversations) I think I want to eat breakfast. Also did you know that coding is different from nursing? It's a different type of thinking. When I get out of here, I think that's what I want to do."	engaging in social conversations. I used a lot of non-verbal cues such as maintaining eye contact when he was presenting various thoughts.	hyperverbal at this time. When patient presented multiple trains of thought, active listening might have encouraged my patient to keep talking and was willing to be more engaged in our conversation.
"It is exciting to have future. I understand you want to go home. That is something we are here to help you with. What are some things that you have done this week that will help you get discharged?"	"I spoke to my doctor, and he said that I am doing better. I try to go to as many classes as I possibly can. Anyways, I'm tired thanks for talking to me. I'm going to my room. See you later." *(Patient seems to be fatigued after a few minutes of conversation and leaves)*	This was the part of the interaction I was most proud of. I wanted to make sure that I made it clear that we students were interested in the patient's plan of care. These questions allowed me to observe his cognition towards his current environment. I also noticed that multiple questions might have made him tired.	Therapeutic: *Offer hope* I wanted to recognize that patient's ability for a future away from the inpatient facility. Hospitals can be a stressful place for many, so offering hope to preserve in their situation helps not only to further establish rapport but keep a positive state of mind.
(K.W approaches me) "Oh hello, how is everything going?"	"You like my new shirt? It was donated. I'm glad I have new clothes." *(Patient is calm, and is approachable to staff and students)*	I was happy when K.W approached me in the hall – this possibly was a sign of trust that was developed over the course of a few conversations. I think the patient was made aware that we students were starting to give recognition when they were well-groomed and engaged in proper hygiene.	Therapeutic: *Offering self* I stayed near the patient's room to offer self-incase the patient wanted to engage in conversation. Simply allowing yourself to be readily available for the patient allows them to be more comfortable in initiating the conversation.
"I see that you showered, and you have brand new clothes. How does that make you feel?"	"I feel better, I try to take a shower every day. I like to take warm showers."	I started to notice that the patient had a routine and the ability to perform self-care without the instruction from other nurses. With this question I wanted to recognize the patient's ability to practice self-care. I also wanted to gather better insight on how achieving simple tasks made him feel.	*Therapeutic: Recognition* Providing recognition at this point acknowledges the patient's positive behaviors. This may contribute to the patient's self-efficacy to continue performing tasks that will promote self-care.
"How have you been handling your manic episodes while you are here?"	"Well actually, I think that when I get too excited, I try to calm myself down by doing into my room and shutting the door. I think	I enjoyed this conversation because the patient was able to give me a lot of insight on his condition. His form of judgement appeared linear, and	*Therapeutic: Exploring* Exploring the patient's insight about his manic episodes gives the client the

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	the medications that I am on are helping. I don't ever want to be like how I was before. I know I was complaining a lot to everyone earlier when I first got here. I was a mess. I do not want to put myself in that situation again." *(Patient starts display insight on condition and is able to communicate ways to improve behavior)*	he was able to discuss how he might incorporate problem solving abilities. I was hesitant to ask this question because it isn't something you ask most people, but having these conversations were important in determining the patient's growth and change in behavior. His calm response to my question increased my confidence in being able to have these conversations.	ability to be aware of his condition.
"It seems like you are great at being aware of your behaviors."	"I don't want to talk your ear off; I know you have a lot of stuff to do. I am probably going to go to my room to rest." *(Patient leaves to room)*	I wanted to simply provide recognition of the patient's awareness of his behaviors at this point of his inpatient treatment. I also did not want to overwhelm that client by asking too many questions if his social battery was running low.	*Therapeutic: Recognition* Recognition acknowledges a patient's behavior and highlights it without giving an overt compliment. A compliment can sometimes be taken as condescending, especially when it concerns a routine task.
"It's no problem at all. We are here to help. It is always great getting to talk to you"	"You too! Thanks for talking to me. Bye"	I was content with our interaction for the day. At this point of our working phase I was able to identify trends in K.W's behavior and was able to point out whether he was have delusions or more linear thought.	Therapeutic: Offering self The nurse offers his/her presence and interest to understand. This shows they value patients and that someone is willing to give them time and attention.

Date: September 28, 2022

NURSE VERBAL (NONVERBAL)	**CLIENT VERBAL (NONVERBAL)**	**NURSE'S THOUGHTS/ FEELINGS CONCERNING THE INTERACTION**	**ANALYSIS OF INTERACTION**
"Good morning, K.W, it is nice to see you again. Did you have a good night's rest?"	"Actually, yes, I did, I actually had the best sleep ever. I haven't had that great of a sleep in a long time." *(Patient seems euthymic and calm)*	By the time of our third interaction, I was more confident in approaching the client and was excited to determine his plan for the day. The patient also seemed very excited to talk to me. His mood was elated, and he had	*Therapeutic: Broad opening* Therapeutic communication is often most effective when patients direct the flow of conversation and decide what to talk about. This was a great way to allow

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		optimal eye contact during out interaction.	patients an opportunity to discuss what's on their mind.
"I see you made your bed. And is that a bag of clothes? Are you doing laundry"	"Yes, I must call my nurse. I have this large load. I have a lot of newer clothes to take home." *(Patient smiles and gestures to his new items of clothing)*	The client's routines were more evident from every interaction. I wanted to keep providing support and encouragement by reinforcing the patient's ability to take care of himself in the unit. I think that I have been doing a good job at recognizing his ability to perform independently.	Therapeutic: *Giving recognition* Recognizing efforts, the client has made show that the nurse recognizes the client as a person/individual. Such recognition is neutral in notion.
"What else do you have planned for the day? I noticed you did exercise yesterday, and you also went to group. Tell me how that went."	"Well, I am ready to eat breakfast. I like to sleep before the meal. Exercise was fun but I got really tired, and I needed to rest before I talked to my doctor. *(Patient starts to have intense eye contact and becomes hyperverbal)* I don't think I ever exercised this much in my life. Maybe this is something I should start doing."	The client has been very interactive and present in the unit. I was genuinely interested in how all these activities were making him feel. My observation of his mood before and after the activity was that he was more elated after performing physical exercise and after discussing coping mechanisms with his group.	*Therapeutic: Observation* Observations about the appearance, demeanor, or behavior of patients can help draw attention to areas that might pose a problem for them.
"Hello K.W, have you had any feelings of suicide or depression lately?"	"When I first came in, I was very depressed because my friends left me here, and I did not know how to handle my manic episodes. I was going ballistic; I was going off the walls. I haven't had any thoughts of suicide, but I have my sad moments."	I was nervous to ask this question because normally when this question is asked it is during intake and patients will usually answer no. I know in this setting this question is essential to providing safety. After K.W's response, I was more at ease in knowing that these patients are more willing to share their feelings.	*Therapeutic: Assessment* Promoting safety is a priority for psychiatric patients and this all relies on an initial assessment of suicidal ideations and harmful risks. By gathering information on how the patient feels each day is vital in determining if there is a risk of harm to self or others.
"What are some things that have helped you in the past when you felt sad? I know I usually try to talk to a friend or family member when I need someone to cheer me up."	"I like to go outside for a walk. In group they talked about maybe trying new hobbies, I think I want to get into something new, I just don't know what yet."	Gaining insight on the patient's coping mechanisms was an essential piece of information I have not yet discovered. I wanted to give an example so that K.W was more comfortable with responding. I wanted to let him know that I also get feelings	*Therapeutic: Reflecting* Patients often ask nurses for advice about what they should do about problems or in specific situations. Nurses can ask patients what they think

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		of sadness, and that there are a variety of options to cope positively.	they should do, which encourages patients to be accountable for their own actions and helps them come up with solutions themselves.
"I overheard you talking to your social worker. Is it true that you're getting discharged this Friday?"	*(Patient is euphoric with a big smile)* "YES! I am so happy. Friday is coming and I get to move in with my sister. I am so glad I have her, she is great. So much better than those so-called friends I had"	When I heard this conversation, I was very excited for my patient. After a few weeks of interaction it was observable how his thought process was becoming more linear overtime.	*Therapeutic: Focusing* Indicating awareness of change, or noting efforts of the client.
"Your sister seems like a great source of support for you once you are discharged. It is always great to have someone you can talk to and rely on."	**"**Yes, I am so glad I get to live with her. I learned a lot from being here and I know I can control my thoughts a lot better."	Highlighting support systems in his life was essential. I remember that in clinical one of the best ways to overcome a crisis is to have balancing factors in place. I wanted to share this with my patient and emphasize the importance of support systems when faced with anxiety.	*Therapeutic: Providing Education* By providing patient education contributes to the patient's awareness of positive practice in terms of their health.
"What are some big goals that you have? What is the first thing you will do?	**"**I am definitely not going to be working for the next 3 months. I want to make sure I am focused on my recovery. I also hope to find someone special that I can start a life with and have kids with. That would be so nice."	Identifying the patient's goals was something I know I needed to do prior to discharge. This would help in the termination phase of our relationship.	*Therapeutic: Setting goals this would be helpfully to identify at the beginning of the nurse client interaction* Setting short and simple goals is essential for recovery. This allows the patient to keep track of growth and maintain confidence in themselves.
"It sounds like you learned a lot about how to manage your condition on your own and you have had a lot of thought when it comes to making goals for your future."	"I learned that I need friends. I also learned so much about how mean I was and how I have to stop myself from getting to angry sometimes. My social worker helped me learn to meditate, that will help me be at peace."	I was very proud of K.W and how far he has come. I made it an effort to emphasize the importance of goal setting. Goal setting in this case was important to the patient's behavioral change.	*Therapeutic: Summarizing* It's frequently useful for nurses to summarize what patients have said after the fact. This demonstrates to patients that the nurse was listening and allows the nurse to document conversations. Ending a summary with a phrase like "Does that sound correct?" gives patients

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			explicit permission to make corrections if they're necessary.
"Well Friday is coming up soon and we will probably not see each other next week. I enjoyed talking to you these past two weeks. It was great getting to know you. When you leave remember everything that you learned while you were here. When you feel anxious, overwhelmed, or angry - you can talk to someone. Make sure you also keep taking your medications which will help with your mania or depression. I wish you the best of luck."	"Thank you so much. All of you were nice to talk to. I will never be like how I was before. I appreciate everything everyone has done for me." *(Patient bowed down to show respect and smiled)*	This last interaction with the patient was one that I wanted to make as most impactful. I was very appreciative of our conversations over the course of the few weeks. In a short time, not only did I witness the patient recognize his ability to change his behavior, but I was also able to see how therapeutic communication can truly impact someone's self-esteem.	*Therapeutic: Offering hope* It is essential that a nurse is able to instill hope for their patients. In an environment such as an inpatient facility where it may be stressful, uncomfortable, and different from their norm; nurses can an optimal perspective on how they can persevere in any given situation.

Termination Phase: The termination phase of the therapeutic relationship was presented to the patient as discharge orders were placed on Friday 9/30/22. Termination of the relationship were contingent upon the patient being able to meet clearly defined goals. At the end of the patient's inpatient treatment, K.W was able to return to a linear thought process, present with emotional stability and recognized coping mechanisms to implement independently. When asked, patient was able to verbalize disease process and demonstrated two different techniques of preventing onsets of mania or depression. The patient was provided with education about the importance of medication compliance, positive coping strategies, and local support group resources in the area. K.W's was provided a summary of his progress from his initial evaluation to the last few days of his stay. The patient was thanked for this cooperation and efforts into learning new behaviors and a better outlook on life.

Reflection: This activity was instrumental to my development as a future nurse. Right away, socializing with patients I was able to highlight my strengths and weaknesses. My initial strengths stemmed from being confident in approaching the patient, and having an open approach, along with active listening. My areas of improvement were learning how to navigate more open-ended questions along with how to analyze the behaviors, thoughts, and cognition from any given conversation. When the patient was preoccupied with his own thoughts or non-directable in his behavior, I struggled to re-direct the patient back to reality. Through practice I was able to learn more about communicating with the patients by treating the conversations like any other conversation I would have with any other human being. I found that I should not be afraid in restating questions, asking for clarifications, and using silence to my advantage. I realized that therapeutic communication is such a powerful tool for a nurse, one that takes a lot of practice and reflection. When one is able to use words to decrease anxiety, increase awareness and offer support, it will be beneficial to every patient interaction I will have moving forward.