Nursing interpersonal process recording course work

Sociology, Communication

Interpersonal Process Recording

Description of Environment: Cafeteria in the inpatient unit

Description of Client (including affect): Male /84 years old/ feels anxious and sad/ poor concentration/ blank affect/ poor insight judgment/soft speech/previous history of depression/recently came back from California.

Antecedent Events:

Pt admitted for ECT treatment. Pt previously received treatment in February 2011, but had minimal success. He feels highly anxious, avoids social interaction and has stopped eating. " I am depressed and I do not care about life anymore". Patient has a history of depression 13 years ago.

Nursing Objective(s):

(1) Gain client's cooperation

(2) Improve concentration through listening and validation

(3) Offer opportunity to express concerns

(4) Provide a safe space for sharing concerns

(5) Offer support through nursing intervention.

Psychiatric Diagnosis/es: Major depression

Nursing Situation (describe the nursing situation using Carper's Ways of Knowing, Roach's 6 Cs, or Mayeroff's 8 Caring Ingredients):

Carper’s Ways of Knowing is a theoretical assumption, which states that there are four distinct ways of obtaining knowledge.

First is through empirical evidence contained in research findings found in books or journals. Knowledge obtained from previous research was utilized to understand the way VC responded to questions I asked since patients with major depression act in this manner

Secondly, by personal knowledge gathered from experiences. Previously I worked with clients suffering with major depression and knew how they can react to people from time to time. This experience was applied to appreciating VC’s non verbal reaction to my probing for information about himself.

Thirdly, from ethical standards and morals that influence one’s behavior. During my interaction with VC I had to be concerned about his culture and whether my communication was consistent with it. As such, I had to observe both verbal and non verbal cues to understand if we were culturally compatible during the interaction.

Fourthly, aesthetic knowledge derived from the art of repeatedly doing something thereby receiving first hand information concerning the process. Regularly interacting with clients like VC enabled me to be empathetic as he fumbled for expression and did not respond verbally at all. I displayed a great degree of compassion for his dilemma during the conversation.

Conclusively, the typology embodies empirical, personal, ethical and aesthetic ways of knowing, which were all applied during different stages of the interview.(Carper, 1978)

Guidelines for Recording and Analyzing Dialogue:

Nonverbal: Describe the body language, proxemics, kinesics, eye contact, etc. of each speaker--this includes you.

Verbal: Paraphrase to the best of your memory the verbatim conversation.

Analysis: If the speaker is you--indicate the use of therapeutic communication techniques or barriers. If the speaker is the client, Interpret the text and behavior for defense mechanisms and/or s/s of psychiatric illness. Cite your sources.

Nurse’s Thoughts/Feelings

Nurse’s Verbal and Non-verbal Responses

Analysis and Rationale

(include citation)

1. Client appears to be very anxious , but sad. He has a vacant stare pretending to escape yet does not go anywhere out of the cafeteria.

2. Poor concentration with blank responses are demonstrated when questioned about where he lives, age, siblings, children and even job relationships. No specific oriented answers are offered to any of these questions.

3. Dull insight and judgment when asked about personal issues. He could not remember what he ate for breakfast before arriving at the location. Often he would simply repeat the question rather than respond appropriately. Usually, it would be accompanied by a cynical smile.

(4) Speech was not quite clear neither comprehensive. It lacked conviction and purpose

2. At 84 years old my feeling is that the client was going through an aging process of rejection, isolation and loss of interest in life.
2. Even though he did not comprehensively verbalized these feelings it was evident in the way he responded to questions and how oriented he is to time and place.
3. There seemed to be no major health issues beside the depression. As such, it could be devised that his reaction is due to loneliness.

1. My first reaction to the client's anxious stare was to ask him how he was doing to get his attention focused on what we were going to begin.
2. In not hearing a verbal response, but him staring at me instead, I encouraged him to sit with the reassurance that I could be of help if he would answer my questions because it was O. k. to give me the necessary feedback.
3. He did change his posture from pacing the cafeteria floor to sitting while I gently sat waiting for him to pour out his heat. He never did. Silence ensured before he walked out the door.

1. This 84 year old client seemed overwhelmed about life. As such, he was reluctant to share any of his personal goals because apparently there were none.
2. Depression had made such an impact on his lifestyle that he seemed to fear living itself and identifying with the outside world of relatives, friends,

occupation as well as hobbies.

3. Drs. Melinda Smith and Jeanne Segal (2011) confirmed through studies that depression can be mistaken for dementia and sometimes wrongly diagnosed as Alzheimer disease. (Smith& Segal, 2011) By not remembering what he had for breakfast could have been mistaken for dementia had not all other conditions evaluated.

Stage of Therapeutic Relationship with Supporting Description:

The stage of Therapeutic Relationship employed in this scenario can be applied to Understanding and Empathy. My goals are to gain the client's support in improving concentration. This is to be achieved by allowing myself to first listen to the client, then forging attention for listening to me in response. After this is achieved to some extent, the client is encouraged through creating a safe space to verbalize concerns. Consequently, the applicable nursing intervention of encouragement, validation and enhancement of self esteem are executed.

Patient's Developmental Stage: State which stage the patient " should" be in according to Erikson's Stages of Development and then state which stage you think the patient is actually in (provide supporting description for why you think this): VC should be in the eight stage of Erickson's Psychosocial development theory whereby the question of " Have I lived my life fully is asked? It should be a time full of wisdom encompassing " ego integrity versus despair"(Kail & Cavanaugh, 2004)) Ego from wisdom derived from life experiences and despair thinking there are no further contributions to make

because of the age factor. Society seems to be giving fewer opportunities to older adults who sometimes become obsolete with their wisdom.

It was not easy to identify the stage Mr. VC is in since he did not talk about this in the interview even though prompted. However, from observations he demonstrated a psychological crisis applicable to trust versus mistrust by not verbalizing any of his concerns. Precisely, confidence in whether a need would be fulfilled appears to be the motivation for response.

Self Evaluation: How well did you do as a therapeutic communicator during this dialogue? What changes will you make to your communication style in future nursing situations?

The fact that it was difficult to obtain verbal responses form MR. VC is indicative that the next time there are other interpersonal cues to be applied. Perhaps, my therapeutic intervention could have been transposed into a more advanced stage of providing support through touching the client, but as a young practitioner I feel ill equipped with skills for this intervention, presently. Apart from this development I am sure my therapeutic communication was effective since, eventually, I was able to get Mr. VC’s attention to sit.

References

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