The interaction between the nurse and the patient, as you recall, is recorded and examined in the process recording—that is, a record of the on-going interaction, the process of two people relating with each other. The recording includes a description of the patient's nonverbal and verbal behaviors, the nurse's response, identification of the therapeutic technique used by the nurse, and an explanation of the nurse's evaluation and interpretation of the interaction.

The major elements of the process recording are reviewed here:

**Patient's Nonverbal Behavior:**

First, notice the patient's nonverbal behavior, because it often speaks so much more loudly than the patient's actual words. Look at the patient's appearance—is clothing appropriate to the weather, the activity, the place? Are jewelry and make-up likewise appropriate? Is the patient neat, clean, free of odors, etc?

Next, look at the patient's body language—is he smiling, laughing, crying, maintaining a tense facial expression? Is his posture erect, stooped, slouched? Does he walk rapidly, shuffling, not move at all? Are his body movements slow, fast, jerky? What are his motor activities (kicking his foot against a chair, falling asleep during a conversation, etc.)? Is the patient able to establish eye contact with you? Does talking about certain topics cause the eye contact to increase or decrease? Are there signs of anxiety (moist palms, restlessness)?

Based on these observations, you may assess the patient's affect (or feeling tone—a reflection of mood). Is he happy, sad, lonely, apathetic, cheerful, angry, etc.? Is his feeling tone appropriate to the situation and recent events?

You may make many more observations of nonverbal behavior and include them in your process recording. The behaviors mentioned here are only to serve as a guide, a brief outline to help you gather ideas together.

**Patient's Verbal Behavior:**

Now, consider the patient's actual conversation with you. While you are talking with the patient, think about the following points and include them in your assessment:

1. Notice the patient's tone of voice—is it soft, harsh, commanding, frightened?
2. Are the patient's conversations appropriate to the persons he's with and the situation he's in? For example, in the midst of a baseball game, does he begin to cry and talk about his rejection by his mother?

3. Are his moods expressed appropriately? That is, does he laugh or cry in response to hearing a very sad story?

4. Are his thoughts and ideas connected and following a logical order, or disconnected, hard-to-follow, etc.?

5. Does his conversation demonstrate that he is reality-oriented (that is, in touch with reality) and, therefore, aware of who he is, where he is, who other people are, and what month and year it is? What does the patient actually say?

Once again, consider these verbal behaviors here assessed to be a mere guide for you. Please do not be restricted by the guide, for you may have many more verbal behaviors of your patient that you wish to record. But remember, the more accurately you record the patient's actual words, the easier you will find it to understand the communication.

**Nurse's Response:**

An interaction, as you recall from your experience with therapeutic communication, by its nature, is a two-sided event. For example, the patient may seem to exhibit certain nonverbal and verbal behaviors when alone. However, these behaviors are, in actuality, a response to nonverbal (and/or verbal) stimuli in the environment! These influences can include such things as rules and regulations, punishments or rewards for behavior, and very importantly, the verbal and nonverbal behavior of you, the nurse.

As your self-awareness increases (and it will!):

1. You will probably find yourself reflecting on your own behavior in specific situations and wondering why you responded to your patient in this way or that. Also, why your patient responded to you in this way or that.

2. You may want to remember what you said in response to your patient's verbalizations.

3. You may also want to know what nonverbal cues you have to the patient while you told the patient that you were glad to see him, did your voice sound strained or did you begin to wring your hands anxiously? These verbal and nonverbal responses objectively described and whether they actually match or agree with each other will give you and your instructor important information to assess your progression in using therapeutic communication techniques.
**Therapeutic Technique:**

Throughout your nursing program, you have been learning how to interact therapeutically with your patient. Learning better and more helpful ways to communicate is (and will be) a never-ending process in your nursing career.

You started studying about communication, including those techniques which are therapeutic and those which block communication in your first nursing course. At this point, you may want to review those techniques and blocks.

For example, your patient may speak to you in a way that is illogical and confusing. You would want to stop his flow of conversation to ask him to explain and clarify in greater detail. The therapeutic technique used in this interaction would be asking for clarification.

In another situation, your patient may begin to reveal some of his deepest feelings. If you became anxious and couldn't tolerate what he was saying, you might interrupt by changing the subject. Changing the subject in this particular situation would probably lower your own anxiety but most likely block further communication with your patient.

Remember, the Process Recording is a learning experience for you. It would be most helpful to you if you honestly record the therapeutic techniques and those techniques you used which blocked communication.

**Evaluation and Interpretation:**

As you write your process recording, certain thoughts may come to your mind. You may want to state why you did or said a particular thing or why you neglected to do or say something. You may wish to comment on what a particular flow of behavior means, as you interpret it. You may want to suggest another therapeutic action that might have been more helpful than the one you chose. By practicing in making interpretations of yours and the patient's behavior, you will develop new ways of looking at events and new insights into behavior.