

Name: _____

Date: _____

Process Recording

The process recording consists of verbatim documentation of an actual 30 minutes of conversation with another person. The process recording must include identification of all techniques of communication used by the author, as well as an analysis of the effectiveness of the communication process.

Grading Rubric for Process Recording			
Standards	Criteria		
	Outstanding <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
Identify therapeutic communication techniques.	Correctly identifies each therapeutic communication technique used throughout the entire interaction.	Correctly identifies ¾ of the therapeutic communication techniques used throughout the interaction.	Incorrectly identifies communication techniques.
Distinguish between therapeutic and non therapeutic communication techniques.	Outstanding <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
	Correctly distinguishes between therapeutic and not therapeutic communication techniques used throughout the entire interaction.	Correctly distinguishes between therapeutic and non therapeutic communication techniques ¾ of the time.	Incorrectly distinguishes between therapeutic and not therapeutic communication techniques used throughout the interaction.
Explain the rationale for the communication techniques used.	Outstanding <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
	Provides detail rationale for all techniques used.	Provides detail rationale for ¾ of the techniques used.	Unable to provide rationale for the techniques used.
Analyze barriers created by the use of non therapeutic communication techniques.	Outstanding <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
	Identifies and analyzes barriers created by non therapeutic communication techniques. Recommends alternative techniques to prevent barriers.	Identifies and analyzes barriers created by non therapeutic communication techniques.	Unable to identify and analyze barriers created by non therapeutic communication techniques.
Describe the impact of non verbal cues on the communication process.	Outstanding <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
	Identifies non verbal cues and describes the impact on the communication process. Modifies communication strategies to facilitate the process.	Identifies non verbal cues and describes impact on the communication process.	Unable to identify non verbal cues.
Presentation of written paper.	Outstanding <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>
	Contains no more than 2 errors in spelling or grammar, or punctuation. Appropriate use of terminology. Ideas are presented in a clear logical format.	Contains no more than 5 errors in spelling or grammar, or punctuation. Appropriate use of terminology. Ideas are presented in a clear logical format.	Contains more than 5 spelling, grammatical and punctuation errors. Inappropriate use of terminology. Ideas are not presented in a clear logical format making comprehension difficult.

SAMPLE PROCESS RECORDING

NURSE VERBAL (NONVERBAL)	CLIENT VERBAL (NONERBAL)	NURSE'S THOUGHTS AND FEELINGS CONCERNING THE INTERACTION	ANALYSIS OF THE INTERACTION
Do you still have thoughts about harming yourself? (Sitting facing the client; looking directly at client)	Not really. I still feel sad, but I don't want to die. (Looking at hands in lap.)	Felt a little uncomfortable. Always a hard question to ask.	Therapeutic. Asking a direct question about suicidal intent.
Tell me what you were feeling before you took all the pills the other night. (Still using SOLER techniques of active listening.)	I was just so angry! To think that my husband wants a divorce now that he has a good job. I worked hard to put him through college. (Fists clenched. Face and neck reddened.)	Beginning to feel more comfortable. Client seems willing to talk and I think she trusts me.	Therapeutic. Exploring. Delving further into the experience.
You wanted to hurt him because you felt betrayed. (SOLER)	Yes! If I died, maybe he'd realize that he loved me more than that other woman. (Tears starting to well up in her eyes.)	Starting to feel sorry for her.	Therapeutic. Attempting to translate words into feelings.
Seems like a pretty drastic way to get your point across. (Small frown.)	I know. It was a stupid thing to do. (Wiping eyes.)	Trying hard to remain objective.	Non therapeutic. Sounds disapproving. Better to have pursued her feelings.
How are you feeling about the situation now? (SOLER)	I don't know. I still love him. I want him to come home. I don't want him to marry her. (Starting to cry again.)	Wishing there was an easy way to help relieve some of her pain.	Therapeutic. Focusing on her feelings.
Yes, I can understand that you would like things to be the way they were before. (Offer client a tissue.)	(Silence. Continues to cry softly.)	I'm starting to feel some anger toward her husband. Sometimes it's so hard to remain objective!	Therapeutic. Conveying empathy.
What do you think are the chances of your getting back together? (SOLER)	None. He's refused marriage counseling. He's already moved in with her. He says it's over. (Wipes tears. Looks directly at nurse.)	Relieved to know that she isn't using denial about the reality of the situation.	Therapeutic. Reflecting. Seeking client's perception of the situation.
So how are you preparing to deal with this inevitable outcome? (SOLER)	I'm going to do the things we talked about: join a divorced women's support group; increase my job hours to full-time; do some volunteer work; and call the suicide hot line if I feel like taking pills again. (Looks directly at nurse. Smiles.)	Positive feeling to know that she remembers what we discussed earlier and plans to follow through.	Therapeutic. Formulating a plan of action.
It won't be easy. But you have come a long way, and I feel you have gained strength in your ability to cope. (Standing. Looking at client. Smiling.)	Yes, I know I will have hard times. But I also know I have support, and I want to go on with my life and be happy again. (Standing, smiling at nurse.)	Feeling confident that the session has gone well; hopeful that the client will succeed in what she wants to do with her life.	Therapeutic. Presenting reality.

SOLER:

- S** – Sit squarely facing the client. This gives the message that the nurse is there to listen and is interested in what the client has to say.
- O** – Observe an open posture. Posture is considered “open” when arms and legs remain uncrossed. This suggests that the nurse is “open” to what the client has to say. With a “closed” position, the nurse can convey a somewhat defensive stance, possibly invoking a similar response in the client.
- L** – Lean forward toward the client. This conveys to the client that you are involved in the interaction, interested in what is being said, and making a sincere effort to be attentive.
- E** – Establish eye contact. Eye contact, intermittently directed, is another behavior that conveys the nurse's involvement and willingness to listen to what the client has to say. The absence of eye contact or the constant shifting of eye contact elsewhere in the environment gives the message that the nurse is not really interested in what is being said.
- NOTE:** Ensure that eye contact conveys warmth and is accompanied by smiling and intermittent nodding of the head, and does not come across as staring or glaring, which can create intense discomfort in the client.
- R** – Relax. Whether sitting or standing during the interaction, the nurse should communicate a sense of being relaxed and comfortable with the client. Restlessness and fidgetiness communicate a lack of interest and may convey a feeling of discomfort that is likely to be transferred to the client.

