Wendy Perego

Verbatim # 1B 4

Clinical Location: Ochsner/LSU Shreveport

Date of Visit: 9/13/2024

Date of Verbatim: 9/24/2024

Chaplain: Wendy Perego

Educator: Colette Gaffney

Part One:  The Subject of the Verbatim

The subjects are a patient and her boyfriend. The patient (Rachel) is 23 and has a history of bipolar disorder. Two weeks prior to this visit, she got into a confrontation with her boyfriend (Gary) and ran out of the house and shot herself in the chin. She suffered horrible, disfiguring injuries to her face and has had multiple reconstructive surgeries. Her mood has appeared angry and defiant in past visits, and it was difficult for her to communicate. Gary was present at each visit, always standing at the foot of her bed. I read up on the recent notes of her chart that morning. Apparently the medical team was trying to get her to transfer directly from the hospital to a psychiatric facility. She was refusing. She was quoted as saying, “if I can survive shooting myself, I can handle going home.”

Describe the surroundings?

There were three people in the room – Rachel lying in bed, Gary standing at the foot of her bed, and patient sitter sitting at a small desk. The lights were low and it was the middle of the afternoon. Rachel was awake and looked anxious to talk to me.

Part Two: The Chaplain

Describe yourself in this setting: I had just signed out for the day when a nurse came and got me. I felt very grateful they asked me to come and that I had not already left. This was my first time for a sudden, unexpected death to happen and being present for the family being informed. I wanted to be of any help I could be.

Part Three:  Goals for the Visit

What was the opportunity and what was your intention for the visit?

The opportunity was to provide support to Rachel now that she is better able to verbalize and see if she would discuss the possibility of going to treatment. I wanted to be a listening ear and support to her, but it is difficult having Gary always lurking over her.

Part Four: Verbatim dialogue: C: Chaplain, R: Rachel, G: Gary, P.S.: Patient Sitter

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| **Initials** | **Dialogue** | **Your Thoughts, Feelings, Sensations** | **Observations of the Care Partners Present** |
| C1 | Hi Rachel. It’s good to see you. I heard that you are getting close to discharging! |   |   |
| R1 | Yes, I’m ready to get out of here. |    |   |
| C2 | Where are you going when you leave here? |   |  |
| R2 | HOME! |   |  |
| C3 | Oh, I know it was a consideration for you to go to treatment when you leave. Have the plans changed? |  |  |
| R3 |  Yes, I’m going HOME |  |  |
| C4 | Do you have home health care set up? Who will be taking care of you while you heal? |   |  |
| R4 | Gary. I only want Gary to take care of me. |  |  |
| C5 | Gary, how are you? Do you think you are this on your own? |  |  |
| G1 | Yes, I am going to take Rachel home and take care of her day and night. I will never leave her side.  |  |  |
| P.S. | Gary really loves her and they have each other. I think this is going to work out well. He will take really good care of her.  |  |  |
| C6 | When are you expecting to be discharged? |  |  |
| R5 | They are filling out the papers right now. |  |  |

1. What in your spiritual orienting system informed your work in this verbatim and how? What were its limitations?  Strengths?

I practiced curiosity and tried not to tell them what to do – but question if they think they are doing the right thing for any of them. My limitation was my jaw dropping at how insanely unhealthy this sounded and not having time to work with them.

1. What do you think is going on in this person’s spiritual life?

I think she is trying to control the situation but her own mental and spiritual health are unstable. Gary is trying to please her and probably feels guilty for her shooting herself. He seems to have no healthy boundaries. I don’t see them “living happily ever after.”

1. How do you hope you were used in this visit?

I hope that I at least raised questions in their minds about whether this was a good discharge plan.

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1. Identify and discuss who you identify with in this encounter.
2. Is this a familiar experience (abandonment? Loneliness, etc.?); how does it intersect with you own narrative history?  Does anyone remind you of someone?

I identified somewhat with Gary. Not exactly. My son is the Rachel in the family and his mental health is the center of attention frequently. I have always sought out resources such as psychologists, psychiatrists, counselors, treatment centers, therapeutic boarding schools, etc. etc. etc. But have felt emotionally hostage like I think Gary is experiencing.

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1. What feelings surfaced for you during the encounter?

Feeling that this isn’t right for Rachel, Gary, or anyone. And thought the Patient Sitter has no idea what she is talking about.

Part Six: Awareness of Self and Others

1. What socio-cultural elements were at play in this encounter?

I am significantly older than this couple. They are in their early twenties.

Part Seven:  Relational Dynamics

1. What relational dynamics were present during the encounter?  What did you do with your observations of these dynamics?  How does your presence impact the dynamics at play?

The relational dynamics seemed to be between a girlfriend who is emotionally labile and a boyfriend who is immature and now feels he should leave his whole life trajectory to take care of her because of guilt.

1. Were there any dynamics present between the subject and the care team? If so, describe.

From the notes, I gathered that the care team vehemently disagreed with her not going to treatment.

1. When you reflect on this encounter what emotion/s do you experience?

Apprehensive, disturbed.

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1. Were you missing any information or knowledge that you wish you had while you were engaging this individual?

I wish I knew how the staff came to the resolution that she can be discharged home with no professional support in place.

Part Nine:  Professional Development

**What questions particular to this encounter do you have for your learning process? (This is your opportunity to consult with your peers and supervisor about what you want to learn or gain from this event.)**

Does this situation remind you of anyone in your life that is the center of attention and demands everyone to care for them?

What are some techniques for communicating with someone like this?

Would you have tried to speak to Rachel and Gary separately? I would have liked to but did not know how to suggest this.

How do you navigate a situation that will have long term challenges and you are only there for a moment?