

PROCESS RECORDING EXAMPLE

Session#: 1 MSW Student's Name: J. Adams **Date:** 8/10/20

Introduction:

Include who participated in the session, the setting (office, home visit, phone, etc.), general impressions of client's appearance and behavior, and purpose for the meeting. Please disguise client name and identifying information.

This is my first office session with X. She indicated on her intake form that she is a white 50-year old woman who is a single mother of four on a fixed income through disability. X is working on maintaining her sobriety. She has been referred to our substance use program by Deborah, her caseworker at DCF. Participating in our program is part of her service plan; successful completion is required in order for custody of her children to be returned. X appeared eager; she answered questions without hesitating, smiled and looked directly at me. There were also moments in the interview when she seemed nervous and embarrassed or ashamed and really upset, evidenced by her breaking eye contact and picking at the hem of her skirt, and becoming distressed.

Student Learning Goals:

Identify 1-2 learning goals for the session, for example, explore affect, ask open-ended questions, intervene using a cognitive behavioral approach, etc.

My learning goals were to create a safe environment, to focus on asking open-ended questions, and to contain my own anxiety because this is my first client meeting ever.

Recording of Interview:

Text in gray below is there to guide you as your fill in your process recording. You may delete that information after you know what is expected in each area. This section should be at least 4 pages.

Student – Client Interaction Dialogue	Self-Reflection/ Rationale for Intervention	Field instructor's Observations
<p><i>(Beginning students should record all interactions, verbal and non-verbal. As the first year progresses students will become more selective and develop better recall of the interview and key interactions and use of words. By the end of the first year and in second year, the recordings should take less time and will focus on learning goals like diagnostic assessments, sitting with or pursuing affect, beginnings or endings, listening skills, etc.)</i></p> <p>J: Hello X, it's nice to meet you in person. As I told you over the phone, my name is J Adams. I am a Social Work intern and I</p>	<p><i>(Worker shares their affective and cognitive reflections about the client, the interview, and worker's use of self. This is a place to critique one's work and progress in mastering interviewing skills, planned interventions, self-awareness of counter-transference feelings, reflections about areas of diversity- i.e. race/ethnicity, class, religion/spirituality, sexual orientation, etc.), and integration of theory with observations.</i></p> <p><i>(Rationale for intervention: includes application of theory, reasons for choosing a particular intervention, use of evidence informed practice.)</i></p> <p>I am trying to be direct but relaxed. I am feeling very nervous inside.</p>	<p><i>(Supervisor's comments should be constructive and supportive. May include modeling of different ways to phrase questions or intervene.)</i></p> <p>Nice! Being nervous is to be expected at first.</p>

<p>will be working with you here at Clear Point until May. <i>Client: Okay, have you talked to my case worker, Deborah? (Had been looking straight at me with an open expression, now looking down at the threads on the hem of her skirt.)</i></p> <p>J: I did talk to Deborah briefly, and I am happy to share what we talked about, but first, I was hoping we could talk about how it is for you to be here and about your hopes for what we might accomplish together.</p> <p><i>Client: (making intermittent eye contact) Okay, I do want you to tell me what Deborah had to say... and aaaah. I need to stay clean. That's the main thing.</i></p> <p>J: Thank you for sharing that. Staying sober isn't easy, and I know that most people don't achieve it right away.</p> <p><i>Client: Yup. It's a bear.</i></p> <p>J: How long ago did you get discharged from detox?</p> <p><i>Client: Monday, and I am so proud of myself that I have not gotten high.</i></p> <p>J: That's great! You are working really hard. I know that Deborah referred you to a case manager. How did that meeting go?</p>	<p>Now we are both nervous. I wonder if being here reminds her of Deborah which maybe is stirring up some worry...</p> <p>Now that she's seeing me in person, I wonder if she is thinking about how much younger I am than her and about me being a person of color...</p> <p>I wanted her to know that I would not hide anything in my communication with DCF from her; based on her question, DCF seems to loom large. I also wanted her to know that her perspective is important to me.</p> <p>She seems really earnest and a little jittery. I think she is saying something here about wanting to get her kids back.</p> <p>I'm feeling a similar challenge – I've never been here before and I'm going to need some help to help her!!!</p> <p>I'm trying to show empathy for her struggle.</p> <p>I was trying to figure out if she was high. She did not seem high.</p> <p>My anxiety began to subside; I began to feel more comfortable. She appeared to be genuine when she stated this.</p> <p>We don't have that much more time in our session and I'm feeling some pressure to make sure that I am getting all of the information for the</p>	<p><i>Good observation. Be mindful not to assume without asking her about this directly.</i></p> <p><i>This was a good choice in terms of building trust with this client. From your response, I see that you are responding to dynamics of power in your relationship with her in trying to be open, and encourage you to be aware that this could be something that impacts her life in other ways.</i></p> <p><i>I like how you are noticing your differences and how that might impact your work together. Let's discuss more in supervision.</i></p> <p><i>This is a fair hypothesis; it is okay to ask her what she means. In fact, it would be helpful to specify what Deborah expects of X and what impact meeting these expectations will have for X and her children.</i></p> <p><i>That's a nice intention. You might ask what has helped her sustain her sobriety when she has achieved it in the past to identify her strengths.</i></p> <p><i>What did you observe that caused you to think that? If she was, you would need to bring the session to a close and explain that you are not comfortable about the way the substance she is on is impacting her ability to be in the conversation.</i></p> <p><i>Good observation. It takes time to learn how to balance all of the demands while keeping the work of engagement front and center. Looking back, where would</i></p>
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<p><i>Client: What meeting?</i></p> <p>J: You were supposed to meet to discuss your next steps, adding additional supports...</p> <p><i>Client: Right, but Deborah never shared that contact information, I thought they were supposed to contact ME! I've just been waiting on it. Now it's their word against mine, and these little incidents... I get judged on every little thing! Ugh, to have everybody suspicious of me all the time. It makes me nuts! Seems like there's never anything I can do right, anything I can do to fix it! I can't win!</i></p> <p>J: That sounds pretty terrible.</p> <p><i>Client: Yeah, some days I just give up!</i></p> <p>J: So you get to feeling pretty hopeless?</p> <p><i>Client: Yeah, I just start to feel like I'm not gonna make it, I have let everybody down. I can't do all of the things in my service plan.</i></p> <p>J: I'm sorry to have to stop you right here. Our time is up. I am really glad that we had this chance to meet. I'm glad that we are working together. Do you want to come back the same time next week?</p>	<p>intake. Now I am not following her in the conversation.</p> <p>As she raised her voice, I became more anxious. Where is the truth, should I believe her or Deborah?</p> <p>I don't know what to say, I wouldn't trust me either, I want to reassure her that she can trust me, but I can't think of anything that would be convincing.</p> <p>This sounds a bit like suicidal thinking, not sure how to ask without sounding super intrusive. I need help with this one.</p> <p>Not the transition I was hoping for. I just didn't want to go way over the time. Time management is not a strength of mine, so I have to be careful.</p> <p>I think she's mad at me for cutting her off.</p>	<p><i>you go back to pick up the thread of the conversation?</i></p> <p>Sometimes the truth is less important than validating or acknowledging the feelings coming up. Sounds like she feels judged and stressed about how this may be perceived by providers...</p> <p><i>Trust takes time to build, listening empathically as you are doing is a good place to start. We can talk about asking questions that demonstrate interest and will allow you to get to know her. And this will also help move you to more trust.</i></p> <p><i>It could be, and asking questions in an empathic way will help you to assess her depression and possible suicidal thinking and plan of action if she has one. It might make sense to ask follow-up questions, like asking more about this comment and whether or not this is an expression she often uses or if she has any thoughts/plans to hurt herself. Let's talk more about this in supervision. You are doing a nice job of staying with her feelings.</i></p> <p><i>We can talk about how to anticipate the end of a session and how you can begin to close the session at least 5 mins before the session ends to give clients time to transition, especially when you are talking about emotionally charged things.</i></p> <p><i>How did that make you feel?</i></p>
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<p><i>Client: Why don't you call me and I'll let you know if I don't have something else to do.</i></p> <p>J: Deborah also said she gave you an appointment time and place for your next meeting with her at DCF.</p> <p><i>Client: Like on a piece of paper?</i></p> <p>J: Do you have it? Can I see it?</p> <p><i>Client: (looking in her bag, desperately taking stuff out) Okay... I don't have it...oh my god... Oh my god, I am in so much trouble. I guess I didn't bother reading the paper. I'm not gonna get my kids back, am I?</i></p> <p>J: Anyone could have made this mistake. Don't worry – you can call her and have it rescheduled.</p> <p><i>Client: No, YOU need to call Deborah, because she will think that I didn't go because I was getting high. Look, I will do a drug test right now (she was visibly shaken and tears began to stream down her face).</i></p> <p>J: I can see that this is very painful for you, and I can see that you are worried about getting your kids back. Let's do this instead: let's call Deborah together and explain the confusion and if you like, I will go to the first appointment with you for support.</p> <p><i>Client: Oh god, please call her right now.</i></p> <p>J: It sounds like you have a lot of worries about working with DCF. My hope is that we can all work together.</p>	<p>Okay, now again I'm questioning if she is telling me the truth.</p> <p>My irritation got the better of me, and I'm raising my voice. I sound angry – not good. I am probably destroying the trust I was working on.</p> <p>Now I begin to worry that because she was getting anxious, she might relapse. I felt sorry for her. She seems genuine.</p> <p>I felt badly for her and needed to ease her feelings about her children. I put myself in her shoes and remembered all of the times in my life when I felt completely overwhelmed; this, coupled with stressors in my life, made me feel lost.</p> <p>I have always had someone for support, so I can be supportive to her now.</p> <p>I'm back on track now.</p> <p>This is such a hard ending of the session, and all I want to do is help build trust first...</p>	<p><i>Hmmm. Her reaction seemed to catch you off guard. What did it stir up? What were you hoping to accomplish with this line of questioning? What sort of stance have you taken up here?</i></p> <p><i>You are doing a good job of paying attention to your feelings and reactions.</i></p> <p><i>Your empathy and compassion are tremendous assets, but be careful not to assume too much responsibility for behaviors and consequences that are beyond your control. It's doubtful that any intervention will be successful if the client isn't ready or motivated.</i></p> <p><i>This will take time. If you could end this differently, what would you do differently?</i></p>
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<p><i>Client: It hasn't worked out that way before. I've learned not to trust anyone. No one understands what it's like to live on nothing, to have your kids taken away.</i></p>		
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Impressions:

What are your impressions about how you handled the interview? What are your thoughts about your client's progress? How do you understand your role?

I think I did ok for the first interview. I was pleased with the way I handled the first part of the session. I think I tuned in around how disempowered she feels having DCF in her life, and I tried to be transparent about how we would work together, which I think helped her to feel respected and to know what to expect from me. I asked open-ended questions more in the beginning. I think I could have talked about confidentiality and the limits of it. I got caught up in worrying about her being high, because I was totally unprepared for how I might respond, if she had been; I was worried it would mean I would have to take some kind of action that went against building the trust and safety I was working towards. I cannot comment on X's progress because this is the first session. I am working on establishing rapport and trust first.

I am a little bit confused about my role, and about who my client is, is it fully X or is it DCF? I would like to see my role as providing some space for X to understand her relationship to her substance use and to come to her own decision about how to manage it. If I think about what DCF wants, then my role is to help X control her substance use, so her kids can be safe when they are with her and she can get them back.

Reflection on Social Identity, Policy, Research or Ethics:

Choose one of the following topics to reflect on for this session. Over the course of the semester, please reflect on each of the topics.

- 1. How do aspects of social identity impact your work with this client?*
- 2. How might public policies impact your client? What barriers are impacting your client at the community level? How do they affect your work with the client?*
- 3. Is there a question you have about this client, or your work with the client, that research might help you to address?*
- 4. What ethical dilemmas have arisen in this clinical situation and what questions do you have?*

1. I am of a different ethnicity, much younger than she is, not a parent... I wonder how these differences might impact us as we move forward together. Should I bring up some of these differences and check in with her about how she might be feeling about it? Should I just avoid bringing them up?
3. I'm interested in learning more about and exploring harm reduction and motivational interviewing, and if this might be an appropriate approach.

Plan:

What is the plan for future sessions?

In future sessions, I'd like to get clearer on her goals for our work together. I need to go back to what she said and expand on it more. I also need to be explicit on the limits of confidentiality.

Questions for Supervision:

Which aspects of the interview would you like feedback on? What questions do you have for your field instructor?

How do you build trust when you know there are actions you might have to take that your client would be upset about?

Given my challenges with managing time, what strategies can I use to make sessions end more smoothly?