

Process Recording & Analysis Handbook

Addendum of Recording & Analysis Examples

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Clinical Process Recording Column Format 1: Foundation Student

Client Information (disguised) and Date Indicating Contact (1st Session,) *Alice is 44 year old Irish Catholic married woman pregnant with second child; high risk pregnancy because of diabetes and high blood pressure. 5th psychiatric illness in 2 years, diagnosis of manic-depression; previous diagnoses include schizoaffective disorder and major depression with psychotic features.*

Goals for Intervention: Specify outcomes the student hopes to achieve in the contact session. *Introduce myself – see how I can help client.*

Plans: Describe what the student plans to do to achieve the goals. *Ask questions about client’s situation and establish a relationship.*

Supervisor’s Comments	Content of Contact	Student’s Observations	Student’s feelings, Reactions, Behaviors	Competencies
<p>Next time introduce yourself as a social work student so your role is clear from the beginning.</p> <p>Nice job asking if that is ok—shows willingness to work together and respect her feelings</p> <p>Nice open-ended question</p>	<p><i>J: Alice McBeal?? Hi, I’m –uh—Jennifer, a social work---er. Do you --um, I want to help you today if we could spend some time together. Do you want to go to your room?</i></p> <p><i>A: No, no, no. My roommate is in there.</i></p> <p><i>J: She’s in there right now?</i></p> <p><i>A: She’s always sleeping in there.</i></p> <p><i>J: I don’t have an office – is this room okay?</i></p> <p><i>A: Yeh yeh --</i></p> <p><i>J: Why don’t you grab that chair?</i></p> <p><i>J: How are you?</i></p> <p><i>A: I’m fine, fine. Thank you. I’m going to stay here as long as they want me to.</i></p> <p><i>J: Okay, what brings you here?</i></p> <p><i>A: I don’t’ know – I just don’t like to cause trouble.</i></p>	<p>She seems a bit paranoid and nervous</p> <p>Seems like she’s used to this. Worried she’s going to be in trouble?</p>	<p>I’m nervous, not sure what to say, a little overwhelmed by her presentation and the file, not sure how to introduce myself.</p> <p>Not sure how to start. Trying to use an open-ended question.</p>	<p>Competency 1: Identify as a professional social worker; Competency 10.: Engagement: use professional and interpersonal skills</p> <p>Competency 10: Engagement: use</p>

<p>Good effort to clarify what she means</p> <p>You sounded a little judgemental here. I wonder if you could have said this in another way?</p> <p>She is being very challenging here. I can understand why you were struggling.</p> <p>Good response.</p>	<p>J: What do you mean?</p> <p>A: Well, I was cooking and somebody called the cops and they wanted me to come with them so I did 'cause I don't cause trouble.</p> <p>J: Do you know where you are?</p> <p>A: Of course I do, I've been to places like this before, I've been to hospitals.</p> <p>J: What have you been to hospitals for before?</p> <p>A: Don't you know? I have psychological problems I know that.... Are you going to be my social worker because I need someone to help me with my issues who is an MSW. I know you are a student and I need somebody else.</p> <p>J: As far as I know I am – I'm here Monday, Wednesday and Friday and I'll be working with you and helping you as much as I can.</p> <p>A: Well, yeah, I'd like to help you out here but I need a real social worker, I need an MSW Master degree person to help me with my issues. So, I need someone else, I know you are just a student. I know...</p> <p>J: I understand your concerns but I'm studying to get my MSW and interns have a lower caseload than MSWs and I'll be able to spend more time with you.</p> <p>A: But you're not a real social worker!!</p> <p>J: But I do have a supervisor who helps me with my work and she can help me help you with anything you think I'm not doing...</p> <p>A: Okay, okay – what other questions do you have?... I mean I do have an issue that needs to be looked into. I have another child you know.</p> <p>J: What about your child?</p>	<p>She seems like she might be confused about where she is.</p> <p>She seems annoyed with me.</p> <p>Is she trying to make me feel like she feels—scared, confused—or does she just think I'm stupid?</p> <p>She seems annoyed, but I wonder if she is just worried.</p>	<p>Trying to do some reality testing.</p> <p>Feeling unsure of myself, like I should have prepared better.</p> <p>Feeling insecure and not sure what to say.</p> <p>I am trying to justify myself, but it's not working. Wondering what I should have done instead?</p>	<p>professional and interpersonal skills</p> <p>Competency 10 : Engagement: What professional skills would have helped here?</p>
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<p>Nice response. Shows concern and respect.</p>	<p>A: <i>I have a son at home, he's almost 9, and...what time do you have now?</i></p> <p>J: <i>Um, it's almost noon.</i></p> <p>A: <i>See there, he gets out of school right now, he gets out at 3. And I don't know if anybody is taking care of him and I don't even know if he went to school today. But somebody needs to look into that.</i></p> <p>J: <i>As far as I know, from my understanding, I thought your husband was taking care of your son.</i></p> <p>A: <i>See, you don't know – a social worker knows these kinds of things. I'm separated from my husband and I'm gonna to divorce him as soon as I get out of here – AS SOON AS I DO! And somebody needs to take care of my son.</i></p> <p>J: <i>Okay, I'll make sure your son is taken care of...who do you live with? Do you live with your husband? Do you live in an apartment, in a house, who pays the rent?.....</i></p> <p>Here she discussed her living situation and her concerns about her son but I don't exactly recall what we talked about. Then I asked her some questions that I knew I was supposed to for the assessment – like about her drinking and smoking and how she spends her time. I think she said she went to church – that seemed to be something that was important to her. Then she started talking about her health problems although I don't remember how we got to that topic. She said she didn't like the food in the hospital because she is supposed to be on a special diet. I think I suggested she could have lunch and so we ended about that time. Oh and I told her that I would try to see her again later in the day or if not, then on Monday. She said she wasn't sure she would still be here on Monday.</p>	<p>She is worried about her child. Shows investment outside of herself.</p>	<p>I assumed she wasn't a parent...</p> <p>I'm confused and getting worried with her. I wish I had read the file earlier.</p> <p>Now I feel like I might have something I can help with...</p>	<p>Competency 10: Assessment: Collect, organize, and interpret information</p>
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Assessment: *Include student's evaluation of the intervention, formulation of client and student issues, goals, and plans for future interventions.*

I was really nervous and didn't have time to read the file before going in to see Alice. If I had done that, I think I might have felt more prepared, but I also might have felt more overwhelmed because it was a big file. I also felt insecure around Alice because she didn't seem to

like or trust me. I wasn't sure what to do with this. In the end, I felt like I made a connection with her when we started talking about her son. I feel bad for her and hope I can help her.

Questions for Supervision: - *Competency 1: Identify as a professional social worker: use supervision*

Is there a better way to start off an interview with a client than I did?

How should I handle clients that I find intimidating or who don't seem to like me?

Is there part of the file that is best to read when it is very big and I don't have a lot of time to help me feel more prepared?

Clinical Process Recording Column Format 2: Advanced Student

Date of Contact: November 6, 2015

Please note that the comments in the right margin represent the field instructor's feedback to the student and the student's responses.

General Demographics: Ridley Marquez is a queer, nonbinary Black Latinx in their late twenties who reports being currently single. They follow a faith of Persian origins, finished some college, and are employed part-time at a nonprofit. [Competency 4: engage diversity and difference in practice]

Presenting Concerns and Catalyst: They were self-referred after hearing about my services through a local queer Facebook group. They identified their primary issues as overcoming trauma and dealing with intimacy and connection challenges in relationships. Through therapy, they want to learn how to have healthy relationships and better process the things that have happened in the past. Ridley noted they're currently dealing with relationship problems, loss/death, prolonged difficulty concentrating, and weekly nightmares related to a traumatic event (parent's death). Regarding the latter, there is also a desire to work on coping with the feelings right after the traumatic nightmares, which happen (according to Ridley) with no discernible pattern.

History and Family Makeup: Ridley comes from a large family and has 9 siblings, though none are local. One of their parents is deceased, and there was no mention of another parent in the session or the forms. Ridley was very sick in 2008 and had to drop out of school. They were also involuntarily hospitalized for three days in 2008 after a RN suspected them of suicidality (which was inaccurate, according to client, and was a cultural/class-based misunderstanding of hopelessness). There is an added layer of trauma from witnessing their parent's sudden (though not violent) death in the home. Currently, Ridley is not on any medications (as noted in their intake forms), but mentioned they have polycystic ovarian syndrome. Ridley reports a history of domestic violence (witnessing and experiencing—the latter at the hands of their now-deceased parent in the form of physical and emotional abuse), sexual violence, panic/anxiety attacks, chronic stress, thoughts of suicide, childhood abuse, family conflict, and self-harm. Their previous therapist noted OCD tendencies, particularly around hygiene. [Competency 10b: assessment]

Content of Contact	Observations	Student's Feelings, Reactions, Behaviors	Competencies
Ridley: So...I wasn't fully honest last week. Me: Oh? Ridley: I realized in talking to my friend Sandra that I was not being	Body language and facial expression exhibited a mix of		

super honest about how I was doing. I said I was fine, but I'm not fine. My OCD tendencies have been ramping up and I downplayed at our last session how I don't share spaces well. It's exhausting. I notice if people move something, like a book, 2 inches to the right, and it's really bothersome. I am SO hard to live with, because I get frustrated by all the trappings of living with other people. But I say I'm fine... Like I'm fine now...

Me: —until you're not!
(both laugh)

Then we engaged in a conversation about this more in depth.

Ridley: In high school, I dated a guy. I wasn't really emotionally invested in him. Actually, I was slightly repulsed by him...but he had a car...so we dated on and off for a year. Then I went to college and...wow. There were SO many hot people. Sophomore year of college, there was this girl at Smith. And Smith was a VERY overwhelming place.

Me: Why was it overwhelming? Because of the hot people?

Ridley: Exactly. And this girl...it was like love at first sight. Or, no, it was *overwhelming* at first sight. Being with her was so intense...it felt like drowning. But I didn't get any validation out of it.

Me: How so?

Ridley: Everyone thought we were dating, and it really seemed we were dating, but we didn't have a label and she refused to talk about it. But she was CLEARLY interested! Like, I asked people, because I thought I could have maybe been imagining it.

Me: So it was a label-less relationship and she avoided the conversations, but you tried to talk about it with her?

sheepishness and confident "let me tell you this story".

Ah, that makes sense. I should ask more about the OCD symptoms later and consult the DSM-5 regarding diagnostic criteria.

7 – Assessment; apply knowledge of human behavior

I feel this; I've definitely been there in the past. Things feel like they're controlled until BAM!

Shaking head when clarifying it was overwhelming.

Curious about this sense of drowning and being overwhelmed. This is one of the biggest relationships they mention... but it was also not sexual. I'm curious what the interplay of sex and emotions is in Ridley's life? It's clear they're not exactly asexual.

Competency 10: Assessment

Competency 3: Apply critical analysis

Commented [A1]: FI: Great. I would love to see some of how you teased out these details. It's important to get as thorough a sense of what their OCD looks like and how it impacts their life.

Commented [A2]: Student: We teased this out way more when talking about their handwashing habits, frequency of it, and so on. I asked for more details but also mirrored their language and compared conflicting statements they'd mentioned at various points in the session. Like "you said this wasn't a big deal earlier, but now you're mentioning you sometimes wash your hand until they bleed. What do you make of that?"

Commented [A18]: FI: Yes, and not unusual at all in therapy. People are used to wearing different masks and sometimes it takes a while before they feel safe enough to reveal the depths of their feelings.

Commented [A19]: Student: My own skepticism and knowledge about the field vis-a-vis marginalized populations informs this a lot too and gives me a lot of access to compassion toward clients around this! So I try to mitigate it in sessions, give a lot of autonomy and choice, and all that!

Commented [A3]: FI: A good thing to practice, and this is tough to remember, is to ask without supplying an answer. When I remember to do this, I'm often surprised by the responses I get.

Commented [A4]: Student: This feedback we already discussed in supervision but I wanted to restate how helpful it has been and how I've def. been changing my wording/Q's more!

Commented [A20]: FI: Great. Always important to notice language that is surprising or unusual in any way.

Commented [A5]: FI: Good follow-up.

Commented [A6]: Student: Yeah, in my head I was wondering a few things: "was this...a straight girl Ridley had a crush on and who didn't necessarily return the feelings? was it someone questioning their ID and willing to be flexible/exploratory up to a point but nothing beyond that? was this a really close friendship with uneven investment?"

Ridley: Yeah, and she just didn't want to talk about it. It was high intensity... and I actually wonder if she was on the spectrum in any way? Because other people had described her as a weird communicator in the past.

Me: So you had mentioned earlier that you haven't had a sexual connection with someone you've been emotionally invested in. Does this mean you didn't have a sexual relationship with this person?

Ridley: We had a lot of physical contact and sleepovers and all that sort of thing, but I'm not really comfortable in going into details. I just think that sort of thing is more private.

In talking about relationship goals:

Ridley: And I think this goal of "having healthy relationships" is unrealistic. I never have significant others that I feel great about, and I think I'm just going to be single forever.

Me: How does that feel, to think that?

Ridley: I dunno. It's depressing...but also not? If I had to choose between a partner and my friends, I'd 100% choose my friends, no question about it.

Me: What would be making you choose in that scenario?

Ridley: Society, I guess.

(...)

Me: And what would you want from a relationship? Beyond maybe access to a car?

Ridley: I want to feel tethered. Connected to something but free to do what I want.

Me: Can you say more about that?

Ridley: Yeah, I just want a partner to give me the amount of space

I'm wondering if this was a closeted person...? Or how this other person may have perceived what they were doing? And what the mechanisms of "avoiding talking about it" were?

There's that dichotomous thinking again! It harkens back to the "being in poverty forever" conversation—I can't say that's not true, but we can explore what that means to them and what they think...

(For context, we'd talked about their dating history and how they dated a lot of cisgender men they didn't even like because it was in some way convenient/helpful, like in gaining access to a car)

Commented [A7]: FI: What do you think they mean here? Do they mean that they think sex is more private and they should not talk about it? Obviously they are letting you know that they are not yet comfortable going there, so that's important to respect, but also to keep in the back of your mind how one's upbringing shapes one's views of sex & the body, especially when there is sexual trauma.

Commented [A8]: Student: Sex is more private itself, yeah, I asked them about it after and in another section to check in again about it. So my approach overall is to not assume, but also respect Ridley's boundaries, and work to clarify vague language. (This came up later on in this very session around kink). But yeah! Super curious about messaging during youth about sexuality and privacy levels!

Commented [A9]: FI: Great question.

Commented [A21]: FI: Yes! This is where we get into how thinking can narrow the possibilities for ourselves. At some point it might be good to ask questions that point to the gray areas, such as: Do you think it's possible to be friends with someone and in a romantic relationship with them? How would you define a healthy relationship? What models of healthy relationships have you seen? What about unhealthy relationships?

Commented [A22]: Student: I like the idea of thinking about the "global" scope, and I think part of it is that Ridley has a disjoint between how they understand boundaries/expectations/etc. for themselves vs. for others. I've pointed this out like twice at this point, and it's true that sometimes they have high expectations for EVERYONE, but sometimes they're flexible with others but not w/ themselves (or vice versa).

Re: the being able to be friends and also romantic, or being able to have sex AND romance with the same person, they've noted that it just hasn't happened yet. Part of them thinks it COULD happen but that it seems SO unlikely for them right now.

Commented [A23]: FI: Got it.

that I need.

Me: What else?

Ridley: Good teeth! And there would be kink involved...

Me: Is the latter something you're being vague about because you don't want to go into details or because you didn't know if you should? I remember you mentioned those kinds of topics felt more private, so I wanted to check in with you instead of assuming either way.

Ridley: Yeah, because that feels more private.

Me: Okay—we don't have to go into detail there. If you want to share something in the future, know that on my end I'm down to hear any of it, and I thank you for pushing yourself in sharing a lot of information already. Anything else you want to add?

Ridley: I'd want them to be a person of color.

Me: Is being White a deal-breaker at this point?

Ridley: No, not exactly, but White people need to be invested. It has to be close to home for them.

Me: So they have to be truly in the movement for anti-racism, not just posting articles online every so often?

Ridley: Right. It has to be personal, and feel personal.

Me: You mentioned a real craving for family in our last meeting and today. I'm wondering, if you had to describe the ideal family you would want to have, how you would describe it? *[given the prior context, it was clear we were talking about creating a home in the future, not addressing their actual biofamily/past]*

Ridley: A triad, I guess? And dogs, dogs are non-negotiable. But I can't even find ONE person that I like so that seems unlikely. Plus the dating pool is so limited!

Me: Well we don't have to bother with likelihood here; we're just

"Being vague" could be read as negative framing, but I'm using a tone of voice that's respectful yet somewhat humorous, then launching into a more serious/compassionate tone with "I remember"

Commented [A10]: FI: Good. I'm glad you picked up on that. My guess is they have no idea what they actually want, and what a healthy relationship actually might look like. One thing you might say is, 'It seems like this is hard for you. Maybe it's something you could spent some time writing about and we could talk about it later. And/or who are people in your life-past or present- who had relationships where you were like: that's the kind of relationship I want to have!

Commented [A11]: Student: Yeah, they've flat out said they don't know what a healthy relationship looks like and that's part of why they're in therapy, so throughout all our work I'm trying to embed that in there even though our focus has now shifted specifically to school-related logistics :) Especially because their romantic/sexual landscape is "empty" right now, I've advocated for looking at relationships in general and seeing what lessons can carry across, since their disrupted relationships were in the family arena and play into their sex/romance life.

Commented [A12]: FI: Again, a real sense of hopelessness come through.

Commented [A13]: Student: Yeah this is where I'm having some trouble figuring out how to address it (which I described in another process recording and have ideas on riding it out for now)...because there IS truth to some of what they say, and I can't promise anything. A tactic I used more recently in relation to the school accommodations (but that I think can relate to this too) was to focus and zero in on the work/time NOW. That we can't guarantee things or predict the future but we can prep for it, and that we can work together to build skills and capacities to be better prepared to have healthy relationships.

thinking about ideals and what your dreams are. But I hear you on the dating pool. Especially for QPOC who want antiracist QPOC partners.

Ridley: I feel like I have simple needs but really high expectations? (...)

Ridley: It's been hard to go back and think about past relationships because I like to forget 'em as soon as they're over.

Me: You've done a great job at outlining a lot of the key points of your dating history so far, so maybe we can just focus for a bit more on the future and your thoughts on it. Can you tell me more about this idea of being "single forever"?

Ridley: So it's depressing, but also awesome because I love being independent. I hate relying on people or asking for help, and I hate it when I see other people asking for help too.

Me: What about other people asking for help bothers you?

Ridley: Just...the audacity! To ask for help so publicly. I had to bust ass to get where I am, and I've had so little help from other people.

Commented [A14]: FI: Great. You're giving them permission to just dream. Can they do it yet?

Commented [A15]: Student: They were able to in the session, yeah! :D

Commented [A16]: FI: Independence seems like it was a means of survival for them. I would be sure to validate that. At the same time I might: I hear that being independent has been really important to you, but I also wonder if it has come with any costs for you?

Commented [A17]: Student: 100% on point. This was a really interesting point of managing countertransference for me, since I heavily skew toward independence, survival, needing to be guarded and all that BUT my moral/ethical values skew toward and highly value collaboration, interdependence, and all those things that feel SUPER uncomfortable and scary to my "baseline" self. So I'd been writing about these very issues and was able to draw from that language I'd pre-formed when thinking about this for myself. At the same time, working to mediate so I wouldn't be assuming how they feel or putting words in their mouth. Some of the language I recall using was the idea of being armored/shielded as helpful for survival, but that the same armor/shields could become very toxic, constricting, and isolating (connecting to prev. conversations about adaptive coping skills becoming maladaptive).

Commented [A24]: FI: Great! Use of humor is undervalued by too many therapists.

Commented [A25]: FI: Some people who think of themselves as independent think that relying on others is using them, when in fact it's pro-social, healthy and necessary for our survival.

Commented [A26]: Student: YEP. YEP. This is really helpful language for my brain, thank you.

Assessment:

- **Evaluation of Session:** It's clear that Ridley is pushing themselves in these sessions, and I make sure to acknowledge the hard work that is and continue to elicit more feedback and depth. They are increasing their trust in me by sharing more and more each time and noting that they are likely to want to stay working with me when January rolls around (we'd established this would be a trial period through the Dec/Jan time before they returned to school). **Humor has been a really useful tool to mediate difficult conversations.** There are some "concerning" things that I'd like to explore in more depth in future sessions / some things that stuck out in my mind, like patterns of "using" people (but reframing that as a mechanism of survival, too), the consistent separation of sexual connection and emotional connection (may be something binary there? or a rupture in that integration?), and the

- **Formulation:** Ridley exhibits very dichotomous thinking at times, putting themselves mentally in situations where they have to “pick one or the other.” This could be a way to remove a sense of overwhelm by limiting their own options and it could also be tied to societal ways they get pushed toward binaries. There’s a pattern of them “should”-ing themselves, and feeling conflict over how they feel vs. how “they should feel,” most notably when discussing how relationships “should” be and how they “should not care about what other people think. Two of their main coping mechanisms are intellectualization, compartmentalization, and repression. Part of our work will be to help Ridley be more compassionate and flexible in thought toward themselves, and a useful tool for this might be the liberation health approach combined with more cognitive techniques to leverage their interest in addressing systematic oppression issues while rewiring their thought patterns. [Competency 3: Critical Analysis; Competency 10: Intervention; Competency 7 – Human Behavior; Competency 5 – Advance human rights and social & economic justice]
- **Plans for future and next steps:** In our next meeting, we’ll continue to focus on this relationship/family question and work toward building a foundation for goals to emerge. Though initially they wanted to be very concrete, we’ve worked a bit more in a psychodynamic style (with their full knowledge and consent).

Commented [A27]: FI: I agree. I would also stay attuned for good/bad binary thinking, especially as it applies to themselves. Shame is often deeply ingrained in trauma survivors.

Commented [A28]: Student: This is what I tapped into when we discussed the emotional support animal accommodations via email, and it was successful, so I was excited!

Commented [A29]: FI: Yes. Absolutely. I think in a situation like this, the clinical relationship is going to be a major component of the work. How you relate, the development of trust, the ability to withstand challenges from the client, the ability to repair ruptures. Also, keep in mind the types of relationship they have had with other women, and don't be surprised if some of those dynamics get played out in your relationship.

Commented [A30]: Student: Yep, really curious about how this plays out!

Clinical Process Recording Column Format 3: First Year Student

Client Information (disguised) and Date Indicating Contact (1st meeting- very informal not really a session.) Mr. P is a 90 year old resident, living in elder housing, who is legally blind and relying on a series of services (nurses and homemakers) to be able to live independently.

Goals for Intervention: The goal for this meeting is to see how Mr. P is doing since I have not seen him in a couple of days. The interaction takes place in a common area of the building as he is getting off of the elevator.

Plans Describe what the student plans to do to achieve the goals: In order to achieve this goal I plan on asking my field instructor a few questions to check in make sure he is feeling okay

Supervisor's Comments	Content of Contact	Student's Observations	Student's feelings, Reactions, Behaviors	Competencies
<p>Being aware of situations that may induce countertransference is critical as it may have a significant influence on our responses to the respective resident.</p> <p>His response to you is testament to his trust in you as he is sharing an intimate part of his experience.</p> <p>This is fantastic! Resident was not participating in the meal plan initially. Because of his decreased ability to prepare food, he has come to rely on this internal resource.</p> <p>Resident is very conscientious about food and what is most healthy for him.</p> <p>This is absolutely great feedback to share with the vendor as it may be</p>	<p>RSC intern: Why hello there Mr. P how are you doing today? I feel like I have not seen you in such a long time.</p> <p>Client: Hi honey it is very nice to see you. I haven't been out very much because I have not felt good. My stomach has been a little weird, maybe it was something I ate so I have been spending a lot of time at home watching Western movies.</p> <p>RSC intern: Oh no! How are you feeling right now though? Is your stomach still hurting you?</p> <p>Client: Well actually I am feeling much better now. In fact I am here now because I am so hungry! Yesterday I decided to have light meals in order to not upset my stomach and I spent the entire day pretty stable. I think I am fully recovered now because I feel so hungry from eating lightly yesterday and it is a shame I ate lightly yesterday because the dinner served last night was so good!</p> <p>RSC intern: Really? I was not here yesterday, what was served that you liked so much?</p> <p>Client: Well we had shrimp with rice and vegetables and it was good. I like it when we have fruits and vegetables because it helps me with my fiber.</p> <p>RSC intern: That sounds delicious! And I am very glad to know</p>	<p>Mr. P rubbed his stomach to show me where it hurt and also had a very sad facial expression when telling me he had been sick.</p> <p>Smiled when he spoke about the food being good the day before. Seemed very pleased.</p>	<p>When Mr. P said western films my mind immediately went to my own grandfather who loves these movies to death. I felt a little worried that this connection to my own grandfather would make me gravitate more towards Mr. P or transfer my feelings towards my grandfather on to him.</p> <p>I was glad to hear that Mr. P really enjoyed his meal here and thought about how useful it could be to relay this message to the kitchen staff, especially after the discussion that took place at Wednesday's meeting with regards to the current meals being served.</p>	<p>Competency 10 - Engagement</p>

<p>indicative of what residents may want.</p> <p>Great work! Reinforcing social behavior is instrumental in helping decrease the isolation that may occur in senior residences.</p> <p>Resident shared another important piece of his experience that has potentially influenced his values, beliefs, etc.</p> <p>Great insight regarding your response of his disclosure! Although resident is in the driver seat of the conversation, you have the ability to guide the conversation to best provide support, guidance, etc.</p> <p>Incorporating movement during clinical interactions can be an effective intervention within itself.</p> <p>Great open ended question! You took an important piece of information that he shared and explored it to have a better understanding of the presenting issue. It is clear from what he shared</p>	<p>that you are feeling much better today. However there is still another half hour before lunch. What are you going to do in the mean time?</p> <p>Client: Well since I did not spend too much time down here these past couple of days I am going to walk around and say hi to everyone.</p> <p>RSC intern: That sounds like a great plan to check in with your friends down here. By the way, L told me that you are an expert in the gym. We will have to go together at some point so you can teach me some tricks.</p> <p>Client: Well yes I enjoy the gym. You know I am a WWII veteran so I always have enjoyed working out. If you would like we could take a walk there right now together.</p> <p>RSC intern: Yes I would love to take a walk with you to the gym. Also I was not aware that you were in WWII that is so admirable thank you so much for your service. (we are walking together to the gym at this point as the conversation is going on)</p> <p>Client: Yea I was in the war a long time ago. Well here is the gym, let me show you some of the machines. This one here is a new walker and I am afraid to get on it because I cannot see really well.</p> <p>RSC intern: Yes I can see how it is a potential problem, especially if you accidentally set the speed too fast.</p> <p>Client: Yes I could go flying out. These two other machines are like bikes, now these I really like. I have not come in here in a while though.</p> <p>RSC intern: Do you mind me asking why you have not come down to the gym in a while if you enjoy it so much?</p> <p>Client: Well I just don't like to be here alone too much. But if I have company it is easier.</p> <p>RSC intern: Well Mr. P, until May I will be here every Thursday and Friday. If you would like I could come with you one of these days.</p> <p>Client: You could? That would be very nice. Now Thursdays I have someone come in to clean my house so I can't but maybe Friday.</p> <p>RSC intern: Okay so how about we meet not this Friday but the following, and we can come into the gym together for like 30 minutes to</p>	<p>As he said this, he directed his attention to the staff members who were currently at the front desk almost in a flirtations manner. He seemed very animated when looking at them.</p> <p>Mr. P smiled when I told him I could walk with him to the gym expressing a bit of joy I think.</p> <p>Mr. P swiftly mentioned WWII and didn't really seem comfortable saying much about the war.</p> <p>We both laughed as he said he could fly out.</p> <p>Mr. P's light almost seemed to light up when I told him I could accompany him at the gym.</p>	<p>I could not help but laugh when Mr. P redirected his attention to the women at the front desk.</p> <p>When Mr. P told me he had served in WWII an immense feeling of respect and admiration took a hold of me. I almost felt an urge to further inquire about his experience but after he seemed to quickly change the subject I realized his memories at war might not be the most pleasurable. I tried to think of the best way to express my feelings of respect towards him and wish I would have done some more.</p> <p>I felt a bit sad to see how happy Mr. P was when I told him I could accompany him at the gym. I felt like he might be very lonely. It made me wonder how many family/friends actually come here</p>	<p>Competency 4 – Diversity & Difference</p>
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<p>that he thrives when socially engaged.</p> <p>How else could you have responded to this situation?</p> <p>What are some ways he can potentially engage others to join him?</p> <p>Very good point. Despite our commitment to not make assumptions about those around us, we have a culture where the practice appears to be accepted. As such, our responses to those around us will be rooted in assumptions.</p>	<p>an hour whatever you feel most comfortable with.</p> <p>Client: Well I think that is a really good idea. Now I have to ask you for a favor when you see me next week please remind me. Now don't think I am losing my mind or anything, I may be old but not that old. Sometimes I just need a little reminder.</p> <p>RSC intern: Mr. P I will check because I don't think I can actually come up to your home and remind you but I can definitely remind you next Thursday when I see you in the dining room.</p> <p>Client: Yes I think that sounds good.</p> <p>RSC intern: Okay Mr. P so the plan is to meet next Friday for about 30 minutes to an hour, whatever you feel comfortable with and go to the gym together so you can you can work out and show me what you've got!</p> <p>Client: yes that will be nice.</p> <p>RSC intern: Okay Mr. P I look forward to our time next week and in the meantime take care of yourself. It is almost lunch time so you can finally go eat a full meal now that you are feeling better.</p> <p>Client: Yes I am going to go to the dining room soon.</p> <p>RSC intern: Alright Mr. P enjoy your lunch and I will probably see you later.</p> <p>Client: okay.</p>	<p>Mr. P took a posture that seemed to convey immense pride when stating that he was not losing his mind.</p> <p>Mr. P 'flexed his muscles while I said this.</p>	<p>to visit him and also admire his cheerful spirit especially if it is the case that he doesn't necessarily have many people constantly spending time with him. However I realize that these are all assumptions I am making. I would like to further look into this.</p> <p>When Mr. P made the comment of not losing his mind it made me wonder of his perception of those residents who do suffer from memory loss and if he avoids interacting with them for this reason.</p>	
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Assessment: Include student's evaluation of the intervention, formulation of client and student issues, goals, and plans for future interventions:

For the future I see a lot of things that could happen with Mr. P. First and foremost I need to make sure that I come through with the plan I made to see him at the gym next Friday. I want to make sure to set a time to see him which is something I failed to do, especially because I have my monthly seminar next Friday which means my day will be shorter at the internship. I am also inclined to really foster a relationship with Mr. P, since he seems to really want someone to talk to. However, the next time I see him I need to make sure that I am not imposing this on him, **(Competency 2 – Ethical Behavior)** and really try to gauge where he stands in terms of really wanting me around or not. In the future, I would also like to delve into the comment of memory loss that Mr. P made, and see how his perception of memory loss affects his relationships with others here. I realize that I can't change Mr. P's mind, but if he does have a negative perception of those residents who are experiencing memory loss, I can try to frame the issue differently. I would like to do this because I think it is important to really enhance the sense of community here and I realize that not everyone will get a long but if I can change even just one person's perception and expand their relationships here I will feel accomplished.

FI: Per our conversation, establishing clear boundaries and expectations as well as being transparent about your role and limitations of your respective role is critical when developing a relationship. Great example of this: you expressed to him your uncertainty regarding his request for you

to go up to his apartment. In that moment, you reminded him that you are still new to the site and that you are in a learner role. (Competency 2 – Ethical Behavior)

Questions for Supervision:

I am concerned with the connection I made between Mr. P and my own grandfather. I just want to know how to mentally set these two relationships apart. I truly want to foster a relationship with Mr. P because he is so likeable but I also want to make sure that I don't impose my feelings for my own grandfather on to him.

FI: Step #1: Awareness is key. Being aware allows you the time to respond accordingly. As you know, your role in the life of the resident is very different than your role in your grandfather's life. You can develop a meaningful relationship with resident while maintaining firm professional boundaries. (Competency 4 – Diversity & Difference)

I am also concerned that committing my time with Mr. P will make other residents feel like I am giving him special attention and/ or make them feel neglected. I really don't want to play favorites and my goal at the placement is to get to know as many residents as possible and really form a bond with them.

FI: As mentioned in the text of the process recording, what are some other strategies you can suggest to address the root cause of resident's hesitancy in using the exercise equipment?

Clinical Group Process Recording: Advanced Student

Client Information (disguised) and Date Indicating Contact (1st Session, 3rd Phone Call, etc.): 3rd group session, *Early Days of Grief* open support group (All client name identifiers have been changed to protect confidentiality).

Goals for Intervention: Continue to establish therapeutic skills in facilitating and helping to develop mutual aid within the group milieu

Plans: Plan to facilitate group exercise whereby group members use a single word to describe their experience of grief over the past week. Encourage processing, elaboration, and continued development of mutual aid. **Competency 10a: Engagement**

- How did you prepare for group? What factors did you account for in planning?

Supervisor's Comments	Content of Contact	Student's Observations	Student's feelings, Reactions, Behaviors
<p><i>This was a great exercise to increase engagement in a new group where some may still be reluctant to share</i></p> <p>Competency 10c: Intervention</p> <p><i>Excellent reflecting!</i></p>	<p>Karen: Well, I guess my word would have to be "sorrowful"...I spent this last week sorting through my mother's belongings in preparation for a garage sale...I was doing just fine with it until I opened a unmarked box and found my mother's knitting materials and some unfinished sock puppets she used to make and donate to the children's hospital.</p> <p>Student Facilitator: That must have been really hard for you, Karen...I'm wondering what happened after you opened the box... <i>Good job validating her here!</i></p> <p>Karen: I just fell apart...began crying hysterically...I know it sounds silly...from the outside looking in, it's really just a box of mundane, invaluable stuff...</p> <p>Student Facilitator: But, to you, it wasn't just stuff...I'm curious what your thoughts were at that moment... <i>+ help with elaboration</i></p> <p>Karen: I suppose my thought was "this is my mom...this is who she was...the part that made her so special...her compassion and love for others was remarkable..." I had a really tough couple of days after that... <i>strengths based!</i></p> <p>Student Facilitator: <i>You are really strong</i> to have seen your way through that extremely painful experience...it sounds as if, in retrospect, you were actually quite surprised that the seemingly experience of encountering your mother's knitting supplies ignited such strong emotions...</p>	<p>She's expounding upon her word...she has something to process...</p> <p>She's being really transparent...this is so good for both Karen and the group...It's great that she is working through this...a great opportunity for her to receive support and model sharing...</p>	<p>Help her elaborate... <i>Good!</i></p> <p>I feel empathy for Karen...I can't imagine how hard that must be.</p> <p><i>Glad to see you were aware of this - easy to forget</i></p> <p><i>Dual-Client:</i> I need to bring this conversation back to the group to ensure attenuation and equity...</p>

Karen: Yeah, I was pretty taken aback...

Student Facilitator: I'm wondering if there is anyone else who has experienced being rather surprised by an emotion suddenly upon them as a result of a trigger bringing back memories or feelings about your loved one...

Ellen: Well, I for one, totally understand that kind of feeling, Karen...the other day someone said to me that they knew my mother must have been a wonderful person because of who I am...and, and I just broke down...I lost it completely...Such a kind and innocent statement just sparked this little burst of grief...

Nancy: I've had those experiences too...it used to happen every day for me, but now it doesn't. There are weeks now where I can think about my sister and not cry. Now there are remembrances of her that cause me to smile. I know that time will come for both of you too...when happy thoughts will bubble to the surface with memories...more than that painful ones...

Karen: *Began to cry softly and received comfort in the form of physical contact from the group participants on either side of her.*

Student Facilitator: *Turned in my chair to face Anna*

Anna: *Nervously laughing... Why are you looking at me?*

Deflection?

Student Facilitator: Because I see you crying and it looks like you are thinking about something important...do you feel comfortable sharing your thoughts with us?

Anna: I guess...I've been thinking a lot this week about the upcoming anniversary of my mother's death...her anniversary...that's a really weird word for it...is just around the corner and I'm not sure what I should do with that...

*Good job here
awareness and
mutual aid*

+ Recognition

*Mutual Aid!!! Good job,
Ellen...*

Anna appears sad and unengaged from the group...fidgeting with her hands, tears in her eyes, looking down at her lap.

She hasn't yet volunteered to share

+ Good narration here

Others in the group likely have important contributions to make here...

*again - continued
advance of*

Success in bring the conversation back into the fold of the group!

So glad Nancy is touching on this...instilling hope for those who are still feeling overwhelmed by their grief...

Sorry for Anna's sadness...want to engage her without being too threatening...I will be silent and let her respond...want to see where she is in her readiness...

She may need to be gently encouraged through her resistance... *Great recognition of Anna's potential defensiveness*

That can be such a confusing occasion...the first anniversary of death is hard...

	<p>Student Facilitator: When you say “you don’t know what to do...” ⊕ <i>Elaboration</i></p> <p>Anna: I suppose I don’t know if I should think about her, celebrate her, ignore it and go on with my day...”</p> <p>Student Facilitator: These first anniversaries...whether it be of death itself, a birthday, a special family occasion...these can be confusing and difficult hurdles...I can certainly appreciate why you are struggling...I’m wondering how others in the group have managed these times...</p> <p>Kent: I’m sorry for you, Anna...What feels most appropriate to you in terms of recognizing the day?</p> <p>Anna: Well, I feel like I want to remember her...it doesn’t feel right just treating it like any other day, I guess... It’s just painful to think about remembering and painful to think about forgetting...</p> <p>Kent: How might you typically celebrate an important date or anniversary for a loved one?</p> <p>Anna: Hmm...I guess it depends...</p>	<p>She may need some help elaborating to work through her feelings...</p> <p>Thank you, Kent...she needs the group to help her sort through her emotions and problem solve...</p>	<p>She needs validation of this difficult grief task...</p> <p>Competency 10c: Intervention</p> <p><i>Good - returning question to group - can be hard to resist engaging further (as in 1:1)</i></p> <p>That is so well put...you are getting there, Anna! Now we are getting down to the true “why” for you in terms of your struggle...</p> <p>Good question...you have her thinking...</p>
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Assessment: Overall, I feel as these interventions were successful. I engaged in pre-planning for the group with the idea of helping to facilitate dialogue in a relatively immature group (given this is only the 3rd session). My goal was to encourage discussion, assist members in the exploration and elaboration of their feelings, manage the dual-client dynamic, and promote the system of mutual aid which has already begun to develop. I believe I did a good job staying attuned to both individual and group processes, and helped individual members to expound upon and explore their feelings. I also feel like I promoted group involvement by bringing questions back to the group to encourage mutual aid and a sense within the group of universality.

Questions for Supervision: Given I don’t have a great deal of experience with groups, I would like to know where you think I might have improved, intervened in a different way, etc. **Competency 1: Identify as a professional social worker - use supervision**

Clinical Process Recording Narrative Format: Foundation Student

Boston University School of Social Work Field Education Department

Description of Session: Second interview with 15 y/o girl in school based counseling program, referred for acting out behavior in school and at home.

Goals for Intervention: To engage client, to continue conversation on themes we explored in previous session

Plans: Ask open-ended questions, create comfortable environment, listen attentively and observe client's reactions.

Content of Interview:

I: Hi Susan, it's good to see you. How are you?

S: Fine. Don't you have a key yet? *(She meant for the elevator since she is so "tired" to walk up the stairs)*

I: No, why – you know I don't have keys. Why, what's ailing you today? *(This last statement was said in a teasing way)* **Competency 10 - Engagement**

S: No, it's just that I'm tired today *(She giggled. I noticed that Susan did seem a bit tired, walked slowly behind me, lagged behind, looked into classrooms, and tried to stop and talk to a teacher.)*

I: Come on Susan – we should get going *(Susan said nothing and continued to lag behind.)*

I: You know, I was thinking a lot about what you said last week. I must say again how I'm really proud of you. You showed some real maturity last week because not only did you think about the times you acted up for the past year – but you considered how it was affecting how you were getting along with your mom and how your actions affected her and your sister. That takes a lot of thinking on your part. It showed me that you really do care and that takes a lot of guts. Especially after what you've been through. What do you think? *(As I said all this, she nodded quietly in agreement.)* **Competency 10 - Assessment**

S: I just thought about not having this effect on my little sister, that's all. *(I detected some edginess in her voice.)*

I: *So, do you still worry about her?*

S: No, I don't worry. I just thought about her before, that's all. *(She seemed more distant than last session.)*

Field Instructor

1. How were you feeling going into the session?

Field Instructor

2. You seem to have a comfortable rapport with her.

Field Instructor

3. Very good observations of Susan's non-verbal communication

Field Instructor

4. What were you hoping to accomplish here?

Field Instructor

5. These are not open-ended questions. Let's talk about other ways of asking these questions...

Field Instructor

6. Good observation. Any thoughts about why?

I: So have you talked to your mom this week? *(I was trying to see if there were still some good feelings towards mom like in last week's session.)*

S: No.

I: How come? Did something happen?

S: No. *(pause)* She was supposed to come to school this week but she couldn't come because she had to wait for the exterminator to come to the apartment. *(She said this matter of factly.)*

I: Did it upset you that she couldn't come?

S: No, I don't worry. I just thought about her before, that's all. *(She said this quickly.)*

Assessment of Interview: Client seems somewhat engaged (used humor to relate to me); also seemed reluctant to engage fully (lagged behind). I began to lecture the client instead of asked open ended questions.

Questions for supervision:

1. Do you think I was too directive?
2. Why do you think she was reluctant after we had such a good session last week? **Competency 7 – Human Behavior**
3. What should I continue to work with her on if she doesn't want to follow up from the previous session?

Field Instructor

7. See comment 5

Field Instructor

8. See comment 5

Field Instructor

9. Let's talk when we meet for supervision on Friday about what typically happens during the engagement phase from both the client's perspective and the social worker's. Also, what are your thoughts about having this conversation in a public place?

Macro Process Analysis Journal Format: Advanced Student

Process Analysis, Week 5, #1

Thursday, June 20, 2013

Event: OurPower's Turning the Promising Practices Conference

"(C:#)" indicates Macro advanced competency number

Yesterday I attended a conference "Recovery & Rehabilitation: Turning the Promising Practices." Its target audience was mental health and substance abuse consumers, and those professionals and friends that provide services to the consumer population. I was excited about the conference because I had contributed in a small way by making turn out calls and drumming up interest among clubhouses and substance abuse treatment programs to register. It must have worked to some degree because we had 600 people register for the conference (although only 500 actually were in attendance). This was a huge turn out and exceeded what the conference planners had hoped for. Obviously there are a great many people who subscribe to the belief that recovery is possible for all who suffer from mental disorders or substance abuse and want to actively learn the skills and techniques to make recovery happen.

One of the principles of community organizing that I'm learning at OurPower is that it is hardly ever just a 9 to 5 job. Sometimes you need to go beyond the call of duty to insure that you achieve your objective, or in this case, bring people to an event! Because many of the individuals we work with lack access to transportation, OurPower needed to provide transport to the conference. **(C 9:Respond to context!!)** This involved my supervisor renting a van early in the morning and picking up 8 people (including myself) to take them to the conference. Coordinating any group of people to arrive on time is always a challenge, and this situation was no different, so we ended up leaving later than expected. When we arrived at the conference we had missed the first 45 minutes and the opening remarks, which included remarks from Marylou Sudders, Commissioner of the Massachusetts DMH. I was disappointed to have missed her speak, but I'm sure I'll have another opportunity in the future.

Author
Yes!

Author
Or come seeking hope

Author
Elaborate. Was this situation "no different" – diff pops have diff needs, assets, challenges. C4: Diversity/difference?

From what I could tell, the conference seemed to go smoothly as far as logistics were concerned. However, the keynote speakers, although their messages were inspiring, lacked focus in the delivery of their speech and did not fulfill the expectations of content that the titles of their speeches suggested. I hate to be critical or negative of someone when they're doing public speaking—I know all too well the anxiety that it can produce and I applaud anyone for undertaking it—but I think it would be doing them a disservice not to offer critique and feedback on improving their performance. My take on the speeches was that they were not well thought out and perhaps prepared in a rush. The messages of hope and recovery that the speakers were trying to convey could have been all the more powerful if they were delivered in a cohesive, structured manner that engaged the audience more. (C

10d:eval)

The ride back from the conference provided me with some insight on my strengths and limitations as a social worker. It's difficult for me to be patient all the time and I feel that with the mental health consumer population it's a great asset if you can be relaxed and calm as possible in your interactions with them. But how realistic is this? We're social workers not saints! We all have our breaking points. It strikes me how important it is to provide support for the caregivers as much as for those we're caring for. In relation to my work at OurPower, I find I'm constantly battling with myself on how to work with the consumers—not wanting to do *for* them but *with* them—but occasionally find myself in a gray area of this. (C 1: SW identity) Gray areas, are a daily part of the social worker's life and will be a consistent presence for the rest of my professional career.

Questions for supervision:

q. I wrote about my impatience, and about the transportation issues making us late. How do you manage to stay so patient, non-judgmental not just day-to-day but over the years?

q. As a student, how can I give feedback to speakers or organizers – balancing the truth of my observations with respect for clients' and staffs' hard work?

Author

Discuss, listening with a kinder, gentler ear also Were there mechanisms for feedback? Speakers were experienced?

Author

This is so important

Author

What made you notice this? How did you/could you deal w impatience?

Author

Yes, self-care is a critical skill to develop. Let's talk about how you may do this.

Author

What are some of these?

Macro Process Analysis Column Format: Foundation Student

Today's date: 12.6.15

Activity: CAPAC Planning Committee

Date of activity: 12.1.15

Purpose of activity and how it supports higher goal: The Child Abuse Prevention Action Committee (CAPAC)_ meets monthly to recruit new members and plan a state legislative advocacy agenda.

Participants: New student (me), about 12 participants whose names are on the sign-in sheet, some new members, some existing members. Most were providers, some other advocacy folks and one parent.

Content	Student Observation, Self-Reflection and Analysis	Competency Demonstrated	Supervisor Comment(s)/Feedback
<p>The facilitator was a colleague from another organization, Erica, who leads this committee. She asked people introduced themselves, their organization and their goals for the meeting. Some stated that they wanted to help pass bill H. 784 to increase funding for parenting education in low income communities – or help in any other way to reduce child abuse. Two people talked for a long time about related factors in child abuse – poverty, racism, economic inequality and poor education and said the group should do something about it. Then Erica asked people to tell them what they knew about the bill. A few people chimed in, but not many. Erica then provided an overview of the bill and its history, strengths and weaknesses. The same person who spoke for a long time in the beginning, Maria, spoke again about the</p>	<p>I think Erica let some people talk for too long of a time.</p> <p>This one person was dominating the discussion. If I was Erica, I would have asked her to stop sooner.</p>	<p>10. Assessment (identify and analyze group dynamics)</p> <p>10. Assessment (observing group dynamics)</p>	<p>It is very common for systemic issues to be identified as contributing barriers – which they are – but remember to rein in the discussion at some point and focus on the tangible, concrete action.</p>

<p>weaknesses in the bill and that it doesn't include a public service campaign. Erica tried to explain why this was taken out (as a compromise to get the rest of the bill passed), but the person didn't let up.</p> <p>Finally Erica said something like "you have a lot of concerns – why don't we talk more after the meeting?" But Maria said, "why can't we talk here in this meeting in front of everyone else?" Erica asked if anyone else had the same concerns and the rest of the group said no. Erica quickly followed up and asked if Maria would meet with her later.</p> <p>Erica asked the group about participating in the lobby day at the state house and gave details. She gave a flyer with all the information and encouraged folks to bring parents and children.</p> <p>Then Erica led a discussion about the groups other priorities for the year.</p>	<p>Why is she complaining so much? Who is she? What power does she have – or want?</p> <p>I can't believe how challenging Maria is! Can she be asked to leave - she is really not helping.</p>	<p>3. Critical Analysis (issues of power)</p> <p>1. Professional identity (self-reflection)</p> <p>1. Professional identity (clear role definition)</p>	<p>Good observations – understanding her motivation is really crucial – if you can.</p> <p>Good that you are noticing your reaction to her (I would feel that way, too). Let's talk about the idea to ask her to leave and what impact that may have.</p> <p>What was your role at the meeting? What were you doing during the conversation with Maria? Was there an opportunity for you to intervene?</p>
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Questions for supervision: How could Erica have handled Maria differently? What would I have done – and do I have the skills to do it? How do you handle people at meetings who may be challenging?