Process Recordings

- 1. What is a Process Recording and why is it necessary?
 - Suanna J. Wilson: Recording Guidelines for Social Workers, The Free Press 1976. Also: Field Instruction Techniques for Supervisors; The Free Press, 1981
 - Gives the intern and the supervisor an opportunity to evaluate the effectiveness of clinical work/case work in the field.
 - Gives student intern the opportunity to "self-observe, self-monitor, and self discipline" as an integral part of supervision and the "development of professional practice and professional roles with a movement toward autonomous practice" (part of the Learning Agreement).
 - Can enhance the effectiveness of supervision, provides a focus for discussion, increases the intern's awareness of self, provides useful knowledge/insight regarding the intern's skills as well as the areas that need improvement and makes the intern more responsible for their own learning.
 - Is a mandatory requirement but more importantly is a tool that should be used regularly.
 - Can be an effective tool for exploring segments of the session that the intern may be struggling with.
 - Can also be a confidence building tool/a way for the intern to demonstrate the things that he/she has learned at school and/or in supervision and agency training.
- 2. What goes into a process recording?
 - Identifying Information: Client name/ID#, number of the interview (i.e., 3rd session, assessment session), a brief description of the client's presenting problem/issues/focus of therapy (i.e., sessions primarily focus on anger management issues or dealing with loss issues associated with aging).
 - A word-for-word description of what happened as well as the student can remember.
 - A description of any action or non-verbal activity that occurred.
 - The student's feelings and reactions to the client and to the interview as it takes place. The student's observations and analytical thoughts regarding what has been happening during the interview (e.g., I didn't know what to say because I didn't want him to think that I was stupid or afraid. Should I work on a relaxation technique or should I confront him about the inappropriateness of his behavior?)
 - A brief summary at the end of the process recording that summarizes the students analytical thinking about the interview he/she had just recorded
 - A plan for the next session (could connect to the client's treatment plan and/or the next course of action).

- 3. Doing a Cognitive Process Recording (A little bit about the principles of cognitive therapy)
 - Focuses on the relationship between **thoughts**, **feelings**, **behaviors**, and **physical responses**. A cognitive process recording provides the format for exploring the student's awareness about his/her thoughts and feelings and how effects interventions/the therapy.
 - Is a good way to explore the student's beliefs about culture, fears, biases, expectations, as well as their understanding about transference (the displacement of positive and negative feelings and attitudes onto the therapist) and counter-transference (the displacement of affect onto the client or the therapist's emotional involvement in the therapeutic interaction).
- 4. Different methods for doing a Process Recoding.
 - Do an entire session.
 - Focus on a specific part of the session (Doing an MSE, establishing rapport with a client, developing a treatment plan, sticking with a goal, dealing with resistance, wrapping up a session, dealing with a difficult behavior, etc.)
 - Ask the student to record the session and then do the process recording (must have a signed consent form from the client and/or guardian). It is important to follow the agency's protocols/policies in this area. Voice recordings are especially beneficial when doing a process recording for the entire session.
 - Ask the student to observe a session followed by a process recording that focuses on his/her thoughts, feelings and observations.
 - Do a role-play process recording

COGNITIVE PROCESS RECORDING

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Dialogue Between Client and Clinician (includes verbal and non verbal communication). Example: Client: Yesterday I just wanted to die (Client begins to rub her hands, hangs head and sighs) Clinician: Can you tell me more abou thow you were feeling at the time?	Mood What was my emotional reaction to what the client said. (Rate0 -100) Overwhelmed 70% Worned 25% Sad 65%	Automatic Thought Situation specific reaction to what was being said. An AT c an be thoughts, images or me mories. (Example) What am I going to do now? I'm not trained for this. Why me? Remembering a relative who committed suicide and how it affected you. An image of being incompetent & untrained.	Clinician's Interpretation (At time of session & now) She trusts me. I need to ask more questions. This is a cry for help. I wonder how she is feeling now. I'm wondering what she will do/say if I ask her about being suicidal? I need to get more training in how to process this issue with clients.	Supervi sor's Comments				
				Hobart CSW 2002				