9.7
Process Recording

**PURPOSE:** To establish a record of the social worker’s practice so the process of helping and client-worker interaction can be studied.

**DISCUSSION:** Process recording is a detailed form of recording often used to assist students and new workers in learning practice skills. It is also used when a worker is having unusual problems with a client and wants to create a record that can be examined by his or her peers, supervisor, or consultant as a basis for making suggestions on how the worker might overcome the problems.

A social work student’s process recording might include the following components:

1. Names of those in attendance at interview or meeting
2. Date, location, and length of session
3. Purpose of session (i.e., why client and student were meeting and how this session fits within goal of intervention)
4. Student’s plan for session (i.e., what student hoped to accomplish and how)
5. Description of interaction and content—for example:
   - how session began
   - significant exchanges during session (e.g., what client said and how student responded; what student said and how client responded)
   - specific topics discussed, decisions reached, plans made
   - new facts and information obtained by student
   - mood and feeling tone of session
   - how session or meeting ended
6. Student’s role and activities (e.g., techniques and skills used during session; roles and responsibilities taken on by student during session)
7. Student’s assessment of client’s concern, situation, or problem and client’s current response and reactions to student social worker and to helping process
8. Student’s assessment of his or her own performance during the session (e.g., problems encountered, strengths, limitations)
9. Student’s plan for next interview or meeting with client

A process recording is an excellent teaching tool because it encourages the worker to analyze his or her practice behavior and decisions. A major disadvantage is that it requires a great deal of time to prepare. Many experienced social workers recommend the process recording of at least one case in a worker’s caseload. A careful and detailed study of even one case can prove valuable for skill development and increase self-awareness.

**Audio- or videotape recordings** are, in many respects, superior to process recording as a teaching tool. However, many agencies do not have video equipment; even if they do, it often requires that the interview take place in a studio atmosphere in order to escape background noise. Compact camcorders may expand opportunities for students and workers to study their own performance. Although audiotaping an interview can be useful, listening to an audiotape is tedious. Workers must be especially careful about the ethical matters of informed consent and confidentiality when using audio and video recordings.

**SELECTED BIBLIOGRAPHY**
11.2
The Dual Perspective

PURPOSE: To graphically depict barriers and supports that affect a person’s interactions with his or her social environment.

DISCUSSION: Among the helping professions, one of social work’s unique contributions is its emphasis on understanding the client within the context of his or her social environment. Norton’s (1978) dual perspective brings this conceptualization alive in practice. She identifies two distinct sets of influences that make up a person’s social environment: the nurturing environment and the sustaining environment.

One’s nurturing environment (or immediate environment) is composed of family, friends, and close associates at work or school. These are people with whom a person interacts frequently and often in an intimate manner. It is in and through these relationships that a person develops a sense of identity, belonging, and selfworth. These relationships have a profound effect on one’s functioning.

A person’s sustaining environment is made up of the people one encounters and learns to deal with in the wider community and broader society, including, for example, political organizations, work settings, labor unions, the media, educational systems, health care facilities, and human services programs. (A social worker and a social agency are also part of this sustaining environment.) Ideally, the individual is accepted, respected, and supported within both his or her nurturing and sustaining environments, but this is often not the case.

Of special concern during the assessment phase of the change process is the question of whether an intervention should be directed toward elements of the nurturing environment or toward the sustaining environment. The dual perspective helps to answer that question. For example, if the nurturing system is positive but the messages from the sustaining system are negative (e.g., a minority child from a supportive family who feels devalued when in school), the social worker needs to focus on changing aspects of the client’s wider environment. If the messages from the nurturing system are negative (e.g., the child abused by his parents), arranging a positive sustaining system experience can help compensate for these negative influences but the social worker must focus primarily on changing interactions within the family. Finally, and most difficult, are those situations where both the sustaining and nurturing environments give negative messages to the person. An example of this double negative would be a gay or lesbian adolescent who is rejected by his or her family, by peers at school, and by the wider society. In that situation, change efforts would need to be simultaneously directed toward helping the adolescent cope with the rejection, helping the family understand and accept the adolescent, and changing community attitudes toward gays and lesbians.

The concepts of a nurturing and a sustaining environment can be translated into a simple assessment tool for identifying the location of both the supports and problems a person experiences in the social environment. To make a dual perspective assessment, one begins by recording on a chart (see Figure 11.2) the positives and negatives in the client’s situation as you understand them. Begin with the person. List in the inner-most circle the characteristics and capacities of the client and indicate with a (+) or (−) the effects they have on his or her functioning. Make a few notes in the margins to explain the reasons for arriving at this conclusion. Next, move to the center circle—the nurturing environment. Write in the names of key actors in the client’s situation and again indicate if they are a positive, negative, or neutral (0) influence. Once again, add some description to clarify the rationale for your judgments. Finally, do the same for the circle representing the sustaining environment. Some social workers have found it useful to conduct a dual perspective assessment directly with clients to check the accuracy of the judgments and help clients gain insights into the issues they face. Examination of the completed dual perspective worksheet will reveal both the areas that need to be changed (i.e., the − notations) and the areas of strength (i.e., the + notations) that might be resources for accomplishing change. With an accurate problem and resource assessment completed, it is then possible to begin planning appropriate interventions.

SELECTED BIBLIOGRAPHY
11.5

Life History Grid

**PURPOSE:** To graphically depict significant events in a client’s life and/or the development of significant problems through time.

**DISCUSSION:** The *life history grid* is a method of organizing and presenting data related to the various periods in a client’s life. The grid is especially useful in work with children and adolescents, where an understanding of life experiences during a particular stage of development may shed light on current functioning. Data from a variety of sources (interview, agency records, hospital records, etc.) are brought together in a life grid.

Figure 11.8 is a grid prepared on David, a 14-year-old referred to a social worker because of behavior problems. When one examines David’s life history grid, it becomes apparent that his problems have grown worse in reaction to his parents’ escalating marital conflict and eventual divorce. Also, there appears to be a relationship between his asthma attacks and significant family changes. Thus, we see that a life history grid can help a social worker formulate hypotheses about the origin of problem behavior and suggest focal points for intervention.

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11.13

Multiworker Family Assessment Interviews

PURPOSE: To secure an understanding of how each family member views the family’s presenting problem or concern by utilizing more than one social worker during family interviews.

DISCUSSION: A multiworker family assessment interview is conducted after the social worker assigned to the case (i.e., the primary worker) has conducted an initial interview with the family. If this worker decides to use a multiworker assessment, it is explained to the family. Once the family agrees, secondary social workers are temporarily assigned to each family member (e.g., if there were four family members, four additional workers would be needed). Each secondary worker then spends an hour or solistening to their assigned family member’s perspective on the family’s problem and attempts to understand how that member sees himself or herself within the context of the family system. After these individual interviews are completed, the secondary social workers and the primary social worker meet for about an hour and share what they have learned about each family member. Meanwhile, the family members spend this time together without a social worker being present.

Next, all of the social workers and all of the family members meet together. Each secondary social worker sits next to his or her family member and speaks for that person; each speaks as if he or she were the family member and uses I-statements to describe his or her thoughts and feelings about the family’s functioning. During this phase, the family members are not to speak. If a family member does not like what is being said, he or she can leave the room, discuss the difference, and then rejoin the group. After all of the social workers have spoken for the family members, the family members are asked to react to what they have heard.

The last part of this session is used to plan the next steps in the family’s effort to secure help with their problem. After this multiworker assessment, the primary social worker continues to provide service. Although this assessment process may take from three to five hours, it has important advantages, such as the following:

1. A great deal of information is gathered and each family member’s point of view is expressed and explored. The workers are often able to say things that the family member is afraid of saying, thus the issues are out in the open.
2. The family members usually leave this lengthy assessment session feeling they have been listened to and understood. Typically, the process yields a firmer commitment by the family members to work on the problem, a feeling of helpfulness, and ideas on how to make changes.
3. The process has the effect of creating several consultants who have firsthand knowledge of the family, which can be helpful to the primary social worker.

SELECTED BIBLIOGRAPHY
13.22

Information and Advice

PURPOSE: To enhance the client’s problem-solving capacity by providing needed information and guidance.

DISCUSSION: Information giving refers to providing a client with information he or she needs to make a decision or carry out a task. As used here, the term advice giving refers to worker statements that recommend what a client should do. In information giving, the client feels free to use the information as he or she sees fit; in advice giving, the client clearly senses the social worker’s preference.

One of the common errors made by inexperienced social workers is to give advice when the client has not asked for it. This is an understandable error because often the worker has known other clients with similar problems or has had personal experience with the concern faced by the client, and, naturally, the worker wants the client to benefit from those experiences. However, there are many pitfalls in advice giving, and the worker needs to be very cautious in using this technique. Follow these guidelines for advice giving:

1. Before giving advice, reflect on how you feel when someone gives you advice. Remember that most people do not follow advice, even when they have requested it. And when someone does follow advice, it was usually advice offered by a person he or she has known for a long time and trusts completely.

2. Whether the giving of advice is appropriate depends largely on the purpose of the worker-client interaction. If it is a counseling-therapy relationship, giving advice is seldom appropriate. If the purpose relates to referral, brokering, or advocacy, advice giving may be appropriate and necessary.

3. Consider the issue of legal liability if you advise a client and he or she later suffers an adverse personal or financial consequence as a result of your recommendation. For example, beware of advising a client who asks questions such as: Do you think I should get a divorce? Do you think I should quit my job and look for another? Do you think it would be OK if I cut down on my medicine?

4. Be alert to the dangers of giving advice to a manipulative client, who may then hold you responsible if things do not turn out well (e.g., “I did what you said and it didn’t work, so it’s your fault”). Also be alert to the danger of encouraging dependency in a client who can and should take responsibility for decision making.

5. Do not offer advice until you have determined that the client genuinely wants your opinions and suggestions. Test the client’s receptivity to advice by asking questions such as “Have you asked others for suggestions?” and “May I tell you what other people usually do in that situation?”

6. When you do give advice, present it in a way that says, “This is what I would do” or “This is what others have done.” But leave the responsibility for deciding what to do to the client. Explain the reasoning behind the guidance you offer. Never give advice on a topic outside your area of training and expertise.

When providing information to a client, keep these guidelines for information giving in mind:

1. Carefully consider the client’s state of mind. For example, if the client is anxious or overwhelmed, he or she may not comprehend or remember the information or instructions you provide. Also, adapt what you say in consideration of the client’s educational background, intelligence, command of the language, and the like. If the client will likely misunderstand what you have to say, seek his or her permission also to give this information to his or her family, friends, or others who can help the client make use of it.

2. Provide information or directions in a logical, organized, step-by-step fashion. Give the client time to think about what you are saying, and invite him or her to ask questions to clarify any uncertainty. Never assume that the client understands what you have said. Look for signs of misunderstanding. After giving information to a client, it is desirable to end your message with something like: “Now I want to make sure that I was clear in what I have been telling you. Would you please repeat back to me what you heard me say?” Do not simply ask, “Do you understand?” All too often, people will answer by saying that they understand even when they do not. It is important always to check that your message was understood.
3. Complicated, multistep instructions (e.g., how to get to another agency) may need to be written down. Also write out names, addresses, and phone numbers needed by the client.

4. Use pronouns (e.g., *it, this, that, those, them*) with caution. For example, the statement, “Fill out the form and take it to the person at the desk over there” could be very confusing to someone who does not know what the “form,” “it,” “person,” or “over there” mean specifically. It is best to use the exact word rather than a pronoun, or provide sufficient description so there can be no mistake about what or to whom you are referring.

**SELECTED BIBLIOGRAPHY**
13.25

Crisis Cards

PURPOSE: To help a client manage a recurring troublesome situation.

DISCUSSION: Crisis cards are a set of 3” _ 5” cards on which the client has written various suggestions to himself or herself on how to cope with and manage a situation that could easily escalate out of control. For example, if the client is a father who is easily angered by his son’s rebellious behavior, crisis cards might be used to help the father maintain self-control during times when tensions are high.

The suggestions written on the cards are ones identified by the client during discussions with the worker. Brainstorming may be used to identify the various options. They must be ones that make sense to the client and are likely to work, given the client’s patterns and circumstances. For example, the father just mentioned might prepare the following seven cards:

Card 1: Remember that this will pass. Don’t do anything foolish! Remember the times when I was a kid and also drove my parents nuts.

Card 2: Look at the family photo album and think of happier times.

Card 3: Read my Bible and pray.

Card 4: Call my friend Jim, and ask him to listen to my frustration.

Card 5: Work out on my weight-lifting set.

Card 6: Cook one of my favorite meals.

Card 7: Walk to the store and back.

When the father finds himself getting angry and in danger of losing control, he refers to the cards and looks for a suggestion that might help him control his anger.

In addition to helping the client prepare a set of crisis cards, it is usually important to help the client work out a system for recognizing when he or she needs to use the cards. For example, the father could be helped to formulate a 10-point anger scale, ranging from 0 (no anger) to 10 (close to being violent). As the father learns to monitor his level of anger, he comes to recognize that at point 5 on the scale, he is to refer to the crisis cards.

The crisis cards technique can be adapted for use in work with whole families. For example, during a family meeting, the members might brainstorm various options on how they could better handle recurring conflicts or misunderstandings and then write the options on a set of crisis cards. A set of cards might also be used by someone learning to cope with a newly acquired disability or a difficult job-related task. Such cards and self-messages can also be used by someone working to maintain sobriety or trying to change a behavior pattern (e.g., keep to a diet, stick with a program of physical exercise, etc.).

SELECTED BIBLIOGRAPHY
14.7

**The Client Self-Rating Scale (CSRS)**

**PURPOSE:** To enable a client to visually track movement toward desired outcomes.

**DISCUSSION:** Clients find it helpful to receive feedback regarding the progress they are making. The social worker’s verbal appraisal of progress is important, but when that is supplemented with a visual representation of change, the client’s clarity about what is occurring is increased. A simple format for helping clients visualize change is a **client self-rating scale (CSRS)**, a specialized form of single-subject design.

The first step in developing a CSRS is to clearly state in positive terms each goal identified by the client and worker as a target for change: for example, “I want to increase the number of conflict-free interactions with my brother, John” or “My goal is to complete my homework assignments each night before 10:00 P.M.” For each goal, the worker creates a chart. If some goals are interrelated, progress toward more than one goal might be recorded on the same chart. The chart is designed so that along the left axis scores from −10 to +10 are recorded. The most accurate way to determine the scores on this axis is to establish, in collaboration with the client, descriptors (or anchor points) reflecting the criteria for assigning scores (see Item 14.1). For example, −10 might reflect “I did not get any homework completed,” −5 might be “at least two nights I completed all of my homework,” a score of 0 could indicate that “homework was completed three nights that week,” +5 might reflect “at least four times all homework was completed,” and +10 could reflect “I always completed all of my homework.” Along the bottom axis the dates of each session with the client are recorded as the process evolves (see Figure 14.9).

At each session, the worker and client discuss the client’s improvement (or deterioration) in moving toward each desired outcome. The client then arrives at a self-rating, and the worker records the score on the chart. If the ratings related to more than one goal are included on a single chart, the scores can be recorded with different colors or by using solid, dotted, and dashed lines.

The trends reflected on the charts can be discussed with the client to identify factors that have influenced the scores. This visual representation of what has occurred helps clients identify and possibly decrease resistance and barriers to change as well as experience a sense of success.

[Figure 14.9]

**SELECTED BIBLIOGRAPHY**


14.9

Peer Review

PURPOSE: To have colleagues evaluate the quality of a social worker’s practice by comparing his or her activities against a set of established principles and standards.

DISCUSSION: The process of peer review refers to a periodic examination of a social worker’s performance by a fellow worker who understands the agency’s clientele, policies, and procedures. Essentially, peer review is a form of quality control. Some settings, like hospitals, are required by accrediting organizations or regulatory agencies to establish peer review systems.

The first step in developing a peer review procedure is for the social workers to agree on a set of principles or criteria that reflect good practice in their particular setting. In order to keep the process relatively simple, the number of criteria should probably not exceed 10. Those participating also need to agree on the procedure for selecting cases to be reviewed. The random selection of cases from a worker’s active case file is a common approach. Peer review sessions should be regularly scheduled (e.g., monthly); a single session should be limited to about one-half hour. A system of rotation ensures that each worker has a chance to conduct a peer review on all other workers in his or her unit or department. This can be a valuable learning opportunity. Results of the review should be recorded on a form. A recurring problem found in the performance of an individual worker may require remediation. And a recurring problem among all of the workers may signal a system problem and the need to examine existing policies and procedures.

Figure 14.10 (p. 500) presents an example of peer review for a five-worker unit form within a family agency. Many variations are possible.

SELECTED BIBLIOGRAPHY

[Figure 14.10]
16.5

Using Humor in Social Work

**PURPOSE:** To make use of humor as a counterbalance to the frustration often experienced in professional practice.

**DISCUSSION:** The appropriate use of humor can help social workers cope with job-related stress. A number of activities can encourage humor in the workplace:

- Devote the first five minutes of each agency staff meeting to sharing jokes or to describing “this week’s most embarrassing moment.”
- Create a humor bulletin board on which staff can tack jokes, cartoons, comic strips, and so on. Create a second board and invite clients to post humorous items.
- Design a staff training session on how to use humor to handle stressful situations or the effective use of humor in work with clients.
- Develop a lending library of humorous books, articles, and tapes.
- Keep a file of jokes, anecdotes, and humorous agency stories from which ones can be selected and shared with staff at times when comic relief is especially needed.

Poking fun at our professional shibboleths and sacred cows is a first step toward developing a social work humor. For example, one might ask: How many social workers does it take to change a lightbulb? Responses might include the following:

“I hear you saying that you are concerned about the lightbulb. Tell me more about that.”

“Is the lightbulb the thing you most want to change about your situation?”

“The lightbulb doesn’t need changing; it’s the system that needs to change.”

“None. It’s no longer a reimbursable activity.”

“We don’t change lightbulbs; we empower them to change themselves.”

An irreverent look at our professional jargon will also uncover some humor. For example, Brown (1976) offers the following definitions:

*Crisis Intervention:* Technique for rapid transfer of anxiety from client to social worker.

*Unmotivated:* Frequently stated reason for termination of services. What is not clear, however, is who is being described—the client or the social worker?

*Intake:* The process by which clients are screened out or screened in—depending on what is needed for the agency’s annual report.

At times, humor is an effective tool in direct work with clients. Social workers should view the use of humor as they would any other technique: It may or may not be appropriate or helpful, depending upon the client and his or her situation. Factors such as a client’s age, culture, ethnicity, education, or gender may determine whether a particular use of humor is perceived as funny or offensive. It is recommended that the professional helper conduct a “humor assessment” before using humor in a practice situation. Such an assessment might include questions like these:

- Tell me about the last time you had a good laugh.
- Can you recall something funny that happened in recent weeks?
- Would you tell me your favorite joke?

The client’s responses to such questions will indicate his or her receptivity to humor and capacity to perceive humor in a practice situation.

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