

# Structured process recording: a comprehensive model that incorporates the strengths perspective

THOMAS C. WALSH

---

---

**Abstract** *Process recordings continue to be a reliable teaching tool for social work education. The structure of process recordings has undergone refinements over time in response to changes in practice. With the development of the strengths perspective within the profession, it is suggested that the structured format for process recording be further refined to include an ongoing assessment of clients' strengths. An ART (Assessment, Relationship, Treatment) Checklist is provided to enable students to systematically analyze their interventions along a number of dimensions, including strengths.*

Process recordings have been a reliable, effective, and time tested teaching tool for social workers. The process of remembering, documenting, and analyzing an interaction provides students with insights about their clients and themselves (Kagle, 1995). Process recordings are a versatile tool that can be utilized with individuals, families, groups, and organizations; and can be fine-tuned to focus on specific areas of student development. They have been used to augment skills in recalling, reflecting, and writing (Neuman & Friedman, 1997); to identify and document client change in single subject research (Childs & Timberlake, 1995); and to assess the developmental stages of groups (Cohen & Garrett, 1995). In relation to field supervisors, the use of process recordings has lent more structure to the teaching process resulting in greater satisfaction with the field supervisor (Abramson & Fortune, 1990), and has demonstrated a positive correlation with the amount that the student has learned and the extent to which the student feels prepared to enter practice (Knight, 1996).

Critics of the process recording method suggest a number of disadvantages, which include: time constraints on the student and the supervisor; distorted and incomplete information (due to either selective recall, forgetting, or both); and feelings of anxiety created in the student. Graybeal and Ruff (1995) suggest that supervisors utilize a continuum of observational techniques (audio, video, one-way mirror, etc.) that do not rely solely on the written process note. Neuman and Friedman (1997) suggest limiting the recording to specific segments of the interview that will be written with a preplanned focus of attention. Royse *et al.* (1996) suggest selecting the most challenging cases in order to deal with the time constraint issue. However, in her defense of written process recordings, Urdang (1979) argues that process recordings enhance fundamental clinical skills of recall and analytical reflection. She enumerates five major clinical skills that are augmented by the use of process recordings: development of the therapeutic dialog; awareness of interactional aspects of

---

Correspondence to: Thomas C. Walsh, Boston College Graduate School of Social Work, McGuinn Hall, Chestnut Hill, MA 02467, USA.

interviews; learning how to utilize cognitive skills in clients; dealing with affective and latent aspects of communication; and developing ability in diagnostic and treatment analysis. Despite the time constraint and selective recall problems, written narrative recordings provide a format for personal reflection and analysis of both verbal and non-verbal communication. Few other formats allow the student this type of self analysis in the process of preparing for their supervisory session.

A number of process recording formats have been suggested and utilized over the years. The basic format of verbatim (or summarized) interview content, student analysis (including reflections, feelings, and questions), and supervisor's comments has remained the same for years. Refinements have come in the way of organizing the student's presentation of the data in a manner that directs him/her to deal with certain areas of analysis. Wilson's (1980) process recording outline consisted of: (1) identifying information; (2) verbatim description of the interview; (3) a description of any non-verbal activity that occurred; (4) feelings and reactions to the client; (5) observations and analytical thoughts about the interview; (6) a diagnostic summary of the student's impressions; and (7) a treatment plan. Urbanowski and Dwyer (1988, p. 57) proposed a 'structured recording' which consisted of: (1) purpose of client contact; (2) observations; (3) content of the interview; (4) impressions; (5) worker's role; and (6) plan. Tourse (1994) added two components to Urbanowski and Dwyer's structured format: (7) themes, and (8) defenses.

Efforts to refine the process recording format have focused on emphasizing significant areas that deserve special attention by the student. Since interactions with clients are complex, it is useful to provide the student with key elements to focus their attention when analyzing their interactions. One area which has often been neglected in the use of structured formats is the strengths perspective. In recent years, there has been a concerted effort in the social work profession to focus on clients' strengths, resources, and coping abilities, rather than on problems and pathology (DeJong & Miller, 1995; Weick *et al.*, 1989). The strengths perspective is well established in micro- and macro-level work. Clinical social workers use it to deal with a number of diverse client groups (Saleebey, 1996), and social policy planners and community organizers are using it in social policy development (Chapin, 1995). Its emphasis on personal empowerment, resilience, competencies, values, and uniqueness fit well with the profession's value base of self-determination and dignity and worth of the person (Cowger, 1994).

The strengths perspective is predicated on the basic assumption that humans are resilient beings, capable of healing and growing despite great challenges. The basic principles, as outlined by Saleebey (1997), are as follows: (1) every client (individual, group, family, and community) has strengths; (2) adversity creates opportunities; (3) there is no limit to a client's potential for growth and change; (4) clients are best served via collaboration with the worker; and (5) all environments have assets and resources. The strengths perspective employs a client-centered approach which relies on collaboration and partnership with the client—focusing on the *client's* problem definition, goals, and strategies for resolution (Early & GlenMaye, 2000). The chief methodology of this approach is empowerment, defined as the process of assisting clients to discover and utilize both inner and outer resources (Saleebey, 1997), and the process of helping clients to increase and utilize their own power (Gutierrez, 1990). This method is particularly useful when working with victims of oppression and discrimination because it identifies, validates, and encourages their survival strengths (Gutierrez, 1990).

Although the strengths perspective is being routinely taught in the classroom, students are often working in agencies that maintain a problem-oriented, pathology focus. The crisis oriented mindset of managed care service delivery maintains problem focused interventions.

The complexity of most cases supports both problem focused and strengths perspective interventions. Since students are expected to recall and analyze a number of verbal and non-verbal communications in their process recording, it is suggested that they be given a structured process recording format with a checklist, which includes, among other things, an inventory of the client's (or system's) strengths.

An example of a modified and consolidated structured format is presented below [see Figure 1 (Walsh, 1998)]. It contains the basic elements proposed by Urbanowski and Dwyer (1988) and Tourse (1994), and adds a checklist of criteria for analysis which includes a focus on strengths. The basic format would include the following.

### **1. Purpose of the interview**

This consists of a clear statement regarding the purpose of the interview, the relationship to previous contacts, and the function of the agency (Urbanowski & Dwyer, 1988). It should also include a discussion of any discrepancy between the client's understanding of the purpose of the session and the student's understanding. For example, one student approached the initial interview with a teenage boy with the purpose of trying to understand his truancy problem, increase his self-esteem, and modify his self-destructive antisocial behavior. However, the client was able to articulate quite clearly that the purpose of the interview was to satisfy his probation requirements and avoid being locked up. It is important that the student does not assume that she and the client share the same 'obvious' purpose of the interview.

### **2. Content of the interview**

This section contains a description of the interactions between the client and worker. It includes the worker's observations about verbal and non-verbal communication, as well as an ongoing appraisal of the client's affect. The content may be a verbatim account of all or part of the interview, or a summary of the major issues discussed. It also includes a description of the transition process from one topic to another, and the worker's reasons for various interventions. For example, when working with a woman with marital problems, the student wrote, 'I then asked her, "have any other men in your life disappointed you like your husband has?". I asked her this because she insinuated earlier on that men, in general, are no good, and I wanted to see if there was a pattern of being disappointed by men that is repeating itself with her husband'. Students are encouraged to report what they say to a client, and then to reflect on what they say in order to understand their own motivation and reasons for their interventions.

By incorporating the strengths perspective into the structured process recording, students are encouraged to utilize a client-centered approach. The client-centered approach (now more often referred to as the person-centered approach) is grounded in postmodern constructivist theory, which describes reality as a relative process based upon one's individual perceptions and constructed meaning of experience (Carpenter, 1996; Duncan *et al.*, 1992). The person-centered approach emphasizes the worker's readiness and ability to empathically listen to the client (Farber *et al.*, 1996; Rogers, 1961). It assumes that: (1) people are self-actualizing and growth oriented; (2) respect, genuineness, and empathy are key elements of the client/worker relationship; and (3) people are capable of understanding their issues and changing their self-concept to ameliorate their distress (Rowe, 1996). The student, then, is expected to demonstrate her/his ability to hear and report the client's feelings, perspectives, comments, self-perceptions, and metacommunications about the intervention process. The

Student Name \_\_\_\_\_ Mary Smith \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Jane Doe \_\_\_\_\_

Agency Name \_\_\_\_\_ Community Counseling, Inc. \_\_\_\_\_

Date of session \_\_\_\_\_ October 10, 2000 \_\_\_\_\_

Client(s) Name \_\_\_\_\_ Mrs. G. \_\_\_\_\_

Notes \_\_\_\_\_ This is my second interview with Mrs. G. She was referred to us from Central Hospital following her suicide attempt. Last week we discussed her history, and this week I tried to focus on her goals so that we can work out a treatment plan together. \_\_\_\_\_

**PROCESS RECORDING CONTENT**

1. Purpose of the interview/contact/meeting.
2. Content of the interview - detailed narrative account of the interaction between client and worker that includes observations regarding appearance, attitude, and affect, as well as a description of the interaction from the client's perspective.
3. Analysis of Content (interwoven with narrative account) - review of Assessment, Relationship, and Treatment issues.

Content Analysis Checklist:	ASSESSMENT	RELATIONSHIP	TREATMENT
<input type="checkbox"/> Biological - health issues	<input type="checkbox"/> Defense Mechanisms	<input type="checkbox"/> Therapeutic Alliance	<input type="checkbox"/> Environmental/advocacy/social action
<input type="checkbox"/> Basic Needs - food, shelter, safety, economic.	<input type="checkbox"/> Developmental Issues	<input type="checkbox"/> Feelings	<input type="checkbox"/> Supportive/case management
<input type="checkbox"/> Strengths Assessment - coping skills	<input type="checkbox"/> Cultural Issues/Socioeconomic issues	<input type="checkbox"/> Transference	<input type="checkbox"/> Individual
<input type="checkbox"/> Relationships - quality of current relationships	<input type="checkbox"/> Ecosystems Perspective - strengths & stresses within client system	<input type="checkbox"/> Countertransference	<input type="checkbox"/> Conjoint or Family
<input type="checkbox"/> Themes - manifest and latent issues			<input type="checkbox"/> Group
			<input type="checkbox"/> Outcome Measures

4. Worker's Role, Goals, and Plans - includes worker's agenda for facilitating the clients' strengths to deal with issues, and specific intervention plans.

FIG. 1. Process recording cover sheet.

Content Analysis Checklist:	ASSESSMENT	RELATIONSHIP	TREATMENT	Supervisor's comments
<p>Student's questions feelings, comments, etc.</p>	<p><input type="checkbox"/> Biological - health issues  <input type="checkbox"/> Basic Needs - food, shelter, safety, economic...  <input type="checkbox"/> Strengths Assessment - coping skills  <input type="checkbox"/> Relationships - quality of current relationships  <input type="checkbox"/> Themes - manifest and latent issues</p>	<p><input type="checkbox"/> Therapeutic Alliance  <input type="checkbox"/> Feelings  <input type="checkbox"/> Transference  <input type="checkbox"/> Countertransference</p>	<p><input type="checkbox"/> Environmental/advocacy/social action  <input type="checkbox"/> Supportive/case management  <input type="checkbox"/> Individual  <input type="checkbox"/> Conjoint or Family  <input type="checkbox"/> Group  <input type="checkbox"/> Outcome Measures</p>	
<p>I feel that she is so hopeless about everything. I wanted to challenge what she meant by "wasted".</p> <p>I want to help her set some goals that will make her feel better about herself—but I'm not sure if this is her agenda or mine?</p> <p>This was the first time I heard her sound positive about anything, and I didn't want her to let her suicide attempt ruin her future.</p>	<p>Narrative content of interview/contact/meeting</p> <p>Student: So, how are you feeling today?</p> <p>Mrs. G.: About the same...I have trouble seeing any kind of future for myself. Now with Josh (son) out of the house, I feel even more alone and empty. I'm not returning to teach this year, and my plans to go back to graduate school have been wasted because of my suicide attempt.</p> <p>Student: What do you mean by "wasted"?</p> <p>Mrs. G.: You know...I mean I was amazed that they accepted me into the graduate program to begin with...and now that I blew them off, they'll never take me back. [Client had attended only the first two weeks of classes before her suicide attempt and hospitalization].</p> <p>Student: You still sound pretty hopeless about things. Last week you told me that you were feeling hopeless about your marriage...has that improved at all?</p> <p>Mrs. G.: No, its been like this for years...constant bickering. He thinks I should just go back to my old teaching job and earn money for Josh's education. He doesn't want to hear that I'm tired of teaching elementary school.</p> <p>Student: What do you want to do?</p> <p>Mrs. G.: I wanted to get my degree in education administration so that I could be involved in education policy making...as a teacher I really think I have something to offer...I know what teachers go through in the classroom and what they need to be able to do a good job.</p> <p>Student: It sounds as though you had made a big change in your life prior to your suicide attempt. What would enable you to get back on track with your original plans for yourself?</p> <p>Mrs. G.: Well, first I need my husband's support so I can pay for graduate school, and then I need for him to stop arguing with me, and then I need some miracle to get back into the school, and</p>		<p>Why was she "amazed" that they accepted her? Given all that she has accomplished (as a mother and a teacher), why such low self regard?</p> <p>Why change the subject to last week and her marriage? She's talking about her recent loss of graduate school — try to stick with her material.</p> <p>Good. Help her to discuss her plans and what's important to her.</p>	

Fig. 1. Continued.

<p>I felt annoyed that she is so dependent on her husband, but instead of asking her about him, I felt I needed to try to keep her on a positive track.</p>	<p>then I need to feel less depressed so I can concentrate on what I'm doing, and...                  Student: OK let's start with what you want for yourself, and then we can tackle what needs to be done for you to succeed. So, what do you want your future to look like?                  Mrs. G.: I would like to use my brain the way I know I can...I've always dreamed about getting my degree...and I want to live in peace, that is, I want to stop all the arguing with my husband, even if that means leaving him if I have too.                  Student: I get the sense from listening to you that you've been able to get things done under difficult circumstances...you've raised a son and worked for twenty years despite the problems in your marriage and despite your struggle with depression and alcohol. If you decided to try to resume your graduate studies, how might you start the process?                  Mrs. G.: Well, I'd have to talk to someone at the school, but I'm too embarrassed to tell them what happened.                  Student: You're entitled to get sick...you won't be the first person who had to delay their program because of an illness. Maybe we can rehearse how you might handle a phone call to your faculty advisor...what you will say...how you will handle sensitive questions...and how you can convey to her how important this education is to you.                  Mrs. G.: I thought about calling her and asking for another chance, but I'm afraid to.                  Student: When you've been afraid in the past, how have you handled it?                  Mrs. G.: Usually I'd drink, just to put things out of my mind.                  Student: Did it work?                  Mrs. G.: No...it just made me more depressed and feel like a failure?                  Student: Would you feel like a failure if you were in a graduate program?                  Mrs. G.: No, that would be a dream come true.                  Student: Then let's figure out how to make your dream come true.</p>	<p>How is your feeling "annoyed" with her husband effecting your work with her? - let's discuss.</p>
<p>I wanted to convey to her that her suicide attempt isn't something that she should be ashamed of. I wanted to tell her what to do to try to get back in school, but I know she is smart enough to figure this out.</p>		<p>Nice job helping her to recognize her strengths despite all that she's been through recently.</p>
<p>I'm concerned about her drinking, but I'm trying to get her to stay focused on something positive about herself right now.</p>		<p>Good task oriented intervention. What other resources might she use to accomplish her goal to get back into school?                  Good job of joining her in a positive goal that will help her self esteem.</p>

FIG. 1. Continued.

ASSESSMENT	RELATIONSHIP	TREATMENT
<p><b>Biological:</b></p> <p><input type="checkbox"/> Physical health issues</p>		
<p><b>Psychological:</b></p> <p><input type="checkbox"/> Basic needs: food, shelter, safety, economic, etc.</p> <p><input type="checkbox"/> Strengths assessment: coping skills</p> <p><input type="checkbox"/> Relationships – quality of current relationships</p> <p><input type="checkbox"/> Themes – manifest and latent issues</p> <p><input type="checkbox"/> Defense mechanisms</p> <p><input type="checkbox"/> Developmental/ Life cycle issues</p>	<p><input type="checkbox"/> Therapeutic alliance</p> <p><input type="checkbox"/> Feelings between worker and client</p> <p><input type="checkbox"/> Transference issues</p> <p><input type="checkbox"/> Countertransference issues</p>	<p><input type="checkbox"/> Environmental/advocacy/social action</p> <p><input type="checkbox"/> Supportive / Case management</p> <p><input type="checkbox"/> Individual therapy</p> <p><input type="checkbox"/> Conjoint and/or Family therapy</p> <p><input type="checkbox"/> Group therapy</p>
<p><b>Social:</b></p> <p><input type="checkbox"/> Sociocultural issues</p> <p><input type="checkbox"/> Socioeconomic issues</p>		
<p><b>Systems:</b></p> <p><input type="checkbox"/> Ecosystems perspective – strengths and stresses within client system (family, work, school, church, community, etc.)</p>		<p><b>Outcome:</b></p> <p><input type="checkbox"/> Measurement of progress</p>

FIG. 2. The ART (Assessment, Relationship, Treatment) checklist.

client's perspective should be included in the narrative content and be a focal point for analysis by the student and supervisor.

### 3. Analysis of content

The analysis of the content is a critical piece for the student's learning and demonstration of clinical knowledge and skill. This section includes a written checklist of items that are essential to the analytical process of recording. The process recording checklist above is based on the ART Model of Therapeutic Intervention (Walsh, 1995), which includes an analysis of each dimension of the intervention process—Assessment, Relationship, and Treatment. The student's analysis on each dimension is generally interwoven into their description of the narrative content of the interview.

#### *Assessment*

The ART (Assessment, Relationship, Treatment) Checklist (see Figure 2), which is used to analyze the content of the intervention, incorporates a bio-psycho-social assessment. It begins by focusing the student's attention on basic health and safety needs, before proceeding to more theoretical explanations about what is occurring in the interview. Students are expected

to be familiar with Maslow's (1987) Hierarchy of Needs, and to have a conceptual idea of where the client fits on the continuum of needs before proceeding.

The next area of focus is the client's strengths. By analyzing strengths directly after assessing 'basic needs', the student begins to immediately frame the problematic situation in a manner which focuses on: (1) what the client wants; and (2) the client's inherent strengths and coping strategies. Since distressed clients are often unable to articulate their own strengths, the worker must proactively identify and begin to utilize these strengths in the course of treatment. Helping clients to uncover and recognize their strengths provides empowerment which mitigates their feelings of helplessness (Pinderhughes, 1989; Saleebey, 1996). Identifying and emphasizing strengths early on helps to level the power relationship between client and worker, and provides the student, client, and supervisor with a broader definition of the problem, which includes environmental problems that impact the client (Cowger, 1994).

Throughout their content analysis, students are expected to utilize their knowledge about the psychological aspects of the client's problem, which include an assessment of: (1) relationships; (2) themes; (3) defenses; and (4) developmental issues. Relationship issues often play a key role in the resolution of the client's problem. An assessment of the quality of the client's interpersonal relationships includes the impact of both negative and positive relationships on the client. It is essential, whenever possible, that the worker identify external supports for the client to rely on apart from the worker.

Themes, as described by Tourse (1994), enable the student to identify general issues in the interview instead of merely identifying one topical shift to another. Manifest themes are more apparent to the student, and serve as a starting point for identifying major issues that the client brings to the session. Less apparent, yet crucial for a more comprehensive understanding of the interview process, are latent themes. These involve undercurrents of issues that are often chronically problematic for the client, and may in fact be demonstrated in the relationship between client and worker. Unconscious connections between past events and current behaviors are often revealed in latent themes. For instance, one student, who processed a therapy session with a middle aged woman, correctly identified the manifest theme of anger towards her husband, and also was able to identify the latent theme of a pattern of choosing inappropriate male partners. Identification of both manifest and latent themes improves the student's dynamic understanding and provides a blueprint for a treatment agenda.

Identifying the client's defensive structure gives the student important information about how the client responds to stress. Since most clinical interviews (particularly initial assessment interviews) are anxiety provoking for the client, it is important for the student to appreciate the protective function that defenses serve before confronting the client. Defenses, when working in an adaptive capacity, will enable the client to function adequately. However, defenses also can interfere with the worker-client relationship, and interfere with the client's ability to function in their personal and professional lives. Learning when and how to confront a person's defenses is a critical learning point in supervision, and therefore, should be reflected in the student's ongoing process recordings.

Knowledge and awareness of developmental life cycle issues allows the student to place the client's issues in the context of a particular stage of development. This automatically enlightens the student about phase specific issues that the client may be in the process of working through. Also, knowledge about developmental issues is particularly useful in understanding the timing of traumatic events in clients' lives (in relation to the particular developmental stage at the time of the traumatic event). For instance, the developmental strategies for coping with a trauma will differ if the event took place at age 4 years, 14 years,

or 24 years. These coping strategies often become entrenched, and if the strategy is dysfunctional, it is useful for the worker to have some idea about its etiology.

Sociocultural issues form the context of the client's experience and therefore require students to develop a contextual repertoire for understanding their clients. Ethnic-sensitive practice places clients' values, attitudes, and behaviors in a cultural context (Devore & Schlesinger, 1991; Schlesinger & Devore, 1995). Multiculturalism, and its emphasis on diversity, has led to the integration of several theoretical frameworks (Turner, 1996). Since social work students receive training in working with diverse populations (Council on Social Work Education [CSWE], 1992), their process recordings provide an opportunity for them to contemplate and demonstrate their knowledge of sociocultural contexts.

Finally, students are encouraged to always consider the broader system issues which impact upon their clients. For this, the eco-map (Hartman & Laird, 1983) or some other organized method for assessing systems is recommended. Methods, such as the eco-map, provide a visual display of the dynamic relationships between the client and other family members, friends, school, work, church, etc. (Hartman & Laird, 1983). The eco-map, or its equivalent, can be directly incorporated into the process recording. It is particularly useful in helping the student to avoid a myopic view of the client's problem, and in helping the client to recognize where to direct his/her strengths and resources.

### *Relationship*

Establishing a relationship with a client, developing an objective view of that relationship, and using the relationship to create therapeutic change are ongoing endeavors for all social work professionals. Research has demonstrated that positive treatment outcome is most highly associated with the quality of the therapeutic relationship (Woods & Hollis, 1990). Students are expected to develop the capacity to analyze the quality of their therapeutic relationships. The ART Checklist gives them four categories to continuously assess in the course of their interviews: therapeutic alliance, feelings, transference, and countertransference.

As students write their process recordings, they are asked to reflect on and assess the general quality of the therapeutic alliance: is it positive or negative, strong or weak? Supervisors are helpful in teaching students how to improve or sustain the therapeutic alliance. Students are also expected to recognize and report on feelings that were experienced by themselves and their clients. Feelings, unlike transference and countertransference reactions, refer to affects that arise in the course of the interview that are not necessarily related to experiences in past relationships. For instance, one student reported feeling anger as she listened to a woman describe being physically abused by her husband; another reported feeling sad and tearful as her client discussed a recent diagnosis of terminal cancer; and another reported feeling frightened and angry after being assaulted by a psychotic client. Being in tune with one's affective responses allows the worker to remain objective and rational in the treatment process.

Transference and countertransference issues often require the assistance of supervisors to identify and manage. Students and clients will sometimes demonstrate a 'double barreled reaction' to a situation, one barrel pertaining to an expected emotional response to an event (e.g. sadness, annoyance, or anxiety regarding a worker's vacation); and the second barrel pertaining to emotion expressed in reaction to a past event that is being stirred up in the person's memory [e.g. rage and acting out behavior in response to the worker's perceived abandonment (vacation)]. Emotions that are expressed in extreme ways often carry a double barreled reaction, which students should learn to recognize in themselves and their clients in order to foster greater understanding of emotional reactions. Students can also learn to use

their own countertransference reactions to better understand the dynamics involved in the client's ability to stir up such strong reactions in the student as well as other people in their lives.

### *Treatment*

The treatment section of the ART Checklist requires that the student continually assess the suitability of the current treatment modality, as well as the specific therapeutic techniques being employed. The treatment checklist includes: (1) environmental interventions, advocacy, and social action; (2) supportive/case management services; (3) individual treatment; (4) conjoint or family therapy; and (5) group treatment. Treatment can include either one modality or a combination of interventions. By systematically reviewing the various treatment options in the process recording, students can demonstrate their flexibility in applying and shifting treatment interventions as needed. Securing the best fit of services for a client often involves referral and coordination of treatment systems to meet the client's needs. Focusing on this piece of the student's work reinforces the value and professional identity of social workers as advocates and coordinators of resources.

Reflection on the selected treatment modality(s) and treatment process also includes an appraisal of the treatment's effectiveness. Social work practice (both micro and macro) demands empirical assessment of the effectiveness of the treatment interventions (Jordan & Franklin, 1995; Mattaini, 1998; Kettner *et al.*, 1999; Slonim-Nevo, 1997). Including treatment 'outcome' in the process recording format allows the student and supervisor to routinely discuss the most appropriate measures to evaluate practice outcome.

## **4. Worker's role, goals, and plans**

The process recording should conclude with the student's reflection about their specific role in the intervention, a statement about what they were trying to achieve, and an appraisal of the effectiveness of their intervention (Urbanowski & Dwyer, 1988). This section can be used to demonstrate their familiarity with a problem-solving or task-centered approach, in which they outline their goals and specific plans for problem resolution. In adhering to a strengths perspective of emphasizing and utilizing the client's strengths, this section should include the student's explicit agenda for facilitating the client's strengths to deal with issues.

## **5. Conclusion**

Structured process recordings, utilizing a checklist of assessment, relationship, and treatment issues, provide the student with a comprehensive and organized format to analyze the complexities of social work interventions. Including an ongoing strengths assessment and a formulation of strength utilization in the planning process engages the student more fully in the strengths perspective. The use of the ART Checklist is meant to be a dynamic process in which the student's assessment affects and is affected by the relationship and the treatment intervention. Using the proposed format has the advantage of allowing supervisors and students to focus on particular areas of the analysis of content which are particularly relevant to the student's learning needs.

Incorporating the strengths perspective adds a dimension to the analysis which holds the student accountable for assessing and utilizing the client's strengths. It brings the concept of strengths into the supervision process in a more tangible manner—focusing on the identification and utilization of strengths in the empowering process. The supervisor, as

teacher, has the opportunity to help the student identify client strengths and resources which may be unrecognizable to the student. The supervisor's teaching and modeling of this approach creates a learning environment that focuses on positive aspects of both the client and the student as resourceful partners working on a collaborative effort.

Process recordings also hone the worker's reflection-in-action skills. The reflective practitioner, by definition, is open to new information and makes sense out of new, contradictory, conflicting, and confusing data. Schon (1987) describes learning the artistry of professional practice as, 'we learn new ways of using *kinds* of competences [sic] we already possess' (p. 32). The focus on strengths and competencies in the reflective process further reinforces and models the use of the strengths perspective for both the client and the worker. Students and practitioners are expected to be able to reflect and react to the client's material in a dynamic way. However, being able to reflect on and report on the reflection process, which is often automatic and subliminal, requires a different set of skills. Written structured process recordings provide a format for articulating one's 'reflection-in-action' skills, which in turn lead to the recognition of the worker and client's competencies and strengths, and new knowledge and understanding about the worker and client.

The use of process recordings is a hallmark feature of the social worker's education. The model described herein emanates from a North American practice context and emphasizes the relationship aspects of treatment. It is a structured model that may be modified for use in non-clinical settings. Students are expected to grapple with a great deal of raw interview data, theoretical knowledge, and intervention skills as they process their interventions. The proposed format, with its ART Checklist and emphasis on strengths, is intended to build upon and expand earlier structured process recording formats. It, too, is intended to serve as a model for future refinements and changes that reflect current social work practice.

## References

- ABRAMSON, J. & FORTUNE, A. (1990) Improving field instruction: an evaluation of a seminar for new field instructors, *Journal of Social Work Education*, 26(3), pp. 273–286.
- CARPENTER, D. (1996) Constructivism and social work treatment in: F. TURNER (Ed.) *Social Work Treatment*, pp. 146–167 (New York, Free Press).
- CHAPIN, R. (1995) Social policy development: the strengths perspective, *Social Work*, 40(4), pp. 506–514.
- CHILDS, L. & TIMBERLAKE, E. (1995) Assessing clinical progress: a case study of Daryl, *Child and Adolescent Social Work Journal*, 12(4), pp. 289–315.
- COHEN, M. & GARRETT, K. (1995) Helping field instructors become more effective group work educators, *Social Work with Groups*, 18(2/3), pp. 135–145.
- COUNCIL ON SOCIAL WORK EDUCATION (1992) *Curriculum Policy Statement for the Master's and Baccalaureate Social Work Programs* (Alexandria, VA, CSWE).
- COWGER, C. (1994) Assessing client strengths: clinical assessment for client empowerment, *Social Work*, 39(3), pp. 262–268.
- DEJONG, P. & MILLER, S. (1995) How to interview for client strengths, *Social Work*, 40(6), pp. 729–736.
- DEVORE, W. & SCHLESINGER, E. (1991) *Ethnic-sensitive Social Work Practice* (New York, Macmillan).
- DUNCAN, B., SOLOVEY, A. & RUSK, G. (1992) *Changing the Rules: A Client-centered Approach to Therapy* (New York, Guilford Press).
- EARLY, T. & GLENMAYE, L. (2000) Valuing families: social work practice with families from a strengths perspective, *Social Work*, 45(2), pp. 118–130.
- FARBER, B., BRINK, D. & RASKIN, P. (1996) *The Psychotherapy of Carl Rogers* (New York, Guilford Press).
- GRAYBEAL, C. & RUFF, E. (1995) Process recording: it's more than you think, *Journal of Social Work Education*, 31(2), pp. 169–181.
- GUTIERREZ, L. (1990) Working with women of color: an empowerment perspective, *Social Work*, 35(2), pp. 149–153.
- HARTMAN, A. & LAIRD, J. (1983) *Family-centered Social Work Practice* (New York, The Free Press).

- JORDAN, C. & FRANKLIN, C. (1995) *Clinical Assessment for Social Workers: Quantitative and Qualitative Methods* (Chicago, IL, Lyceum).
- KAGLE, J. (1995) Recording, *Encyclopedia of Social Work* (19th edition) Vol. 3, pp. 2027–2033 (Washington, DC, NASW Press).
- KETTNER, P., MORONEY, R. & MARTIN, L. (1999) *Designing and Managing Programs: An Effectiveness-based Approach*, 2nd edition (Thousand Oaks, CA, Sage).
- KNIGHT, C. (1996) A study of MSW and BSW students' perceptions of their field instructors, *Journal of Social Work Education*, 32(3), pp. 399–414.
- MASLOW, A.H. (1987) *Motivation and Personality* (New York, Harper & Row).
- MATTAINI, M. (1998) Monitoring social work practice in: M. MATTAINI, C. LOWERY & C. MEYER (Eds) *The Foundations of Social Work Practice*, 2nd edition, pp. 117–131 (Washington, DC, NASW Press).
- NEUMAN, K. & FRIEDMAN, B. (1997) Process recordings: fine tuning an old instrument, *Journal of Social Work Education*, 33(2), pp. 237–243.
- PINDERHUGHES, E. (1989) *Understanding Race, Ethnicity, and Power: The Key to Efficacy In Clinical Practice* (New York, Free Press).
- ROGERS, C. (1961) *On Becoming a Person* (Boston, Houghton Mifflin).
- ROWE, W. (1996) Client-centered theory: a person-centered approach in: F. TURNER (Ed.) *Social Work Treatment*, pp. 69–93 (New York, Free Press).
- ROYSE, D., DHOOPER, S. & ROMPH, E. (1996) *Field Instruction: A Guide for Social Work Students*, 2nd edition (New York, Longman).
- SALEEBEY, D. (1996) The strengths perspective in social practice: extensions and cautions, *Social Work*, 41(3), pp. 296–305.
- SALEEBEY, D. (1997) Introduction: power in the people in: D. SALEEBEY (Ed.) *The Strengths Perspective in Social Work Practice*, pp. 3–19 (New York, Longman).
- SCHLESINGER, E. & DEVORE, W. (1995) Ethnic-sensitive practice in: R. EDWARDS (Ed.-in-Chief) *Encyclopedia of Social Work* (19th edition, Vol. 1, pp. 902–908) (Washington, DC, NASW Press).
- SCHON, D. (1987) *Educating the Reflective Practitioner* (San Francisco, CA, Jossey-Bass).
- SLONIM-NEVO, V. (1997) Evaluating practice: the dual roles of clinician and evaluator, *Families in Society*, 78(3), pp. 228–238.
- TOURSE, R. (1994) Completing the process tapestry, *Journal of Teaching in Social Work*, 9(1/2), pp. 155–167.
- TURNER, F. (1996) An interlocking perspective for treatment in: F. TURNER (Ed.) *Social Work Treatment*, pp. 699–711 (New York, The Free Press).
- URBANOWSKI, M. & DWYER, M. (1988) *Learning through Field Instruction: A Guide for Teachers and Students* (Milwaukee, WI, Family Service America).
- URDANG, E. (1979) In defense of process recording, *Smith College Studies in Social Work*, 50(1), pp. 1–15.
- WALSH, T. (1995) *The ART Model of Therapeutic Intervention*. Unpublished, Boston College Graduate School of Social Work, Chestnut Hill, MA.
- WALSH, T. (1998) *Process Recording Format*. Unpublished, Boston College Graduate School of Social Work, Chestnut Hill, MA.
- WEICK, A., RAPP, C., SULLIVAN, P. & KISTHARDT, W. (1989) A strengths perspective for social work practice, *Social Work*, 34(4), pp. 350–354.
- WILSON, S. (1980) *Recording: Guidelines for Social Workers* (New York, Free Press)
- WOODS, M. & HOLLIS, F. (1990) *Casework: A Psychosocial Therapy*, 4th edition (New York, McGraw-Hill).

Copyright of Social Work Education is the property of Carfax Publishing Company and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.