

Process Recording: An Introduction

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Background

- Social Work Education
- Field Instruction / Internship
- Learner-Supervisor Relationship
 - Collegiality, respect, humor
 - Suspension of learner's self-criticism by encouraging mindfulness, non-judgmental observation of one's own feelings, assumptions, interventions

Process Recording

Fellow's Name:

Patient Initials:

Encounter Date:

Process Recording Session Date:

I. Purpose of this Encounter:

II. Content:

ENCOUNTER CONTENT (VERBATIM)	FELLOW'S GUT LEVEL FEELINGS/AFFECT/ BODY LANGUAGE	PATIENT/VISITOR FEELINGS/AFFECT/ BODY LANGUAGE	INTERVENTIONS & MAJOR THEMES	SOCIAL WORKER COMMENTS



III. Impressions & Assessment: What did you observe throughout the encounter? What were your personal reactions and feelings? Did you observe any non-verbal communication?

IV. Use of Professional Self: Choose two significant interventions you used. What was your impression of your effectiveness? What would you change?

V. Issues, Questions, Concerns: Explore issues around diversity, value dilemmas, countertransference, boundaries etc.



Goals of Process Recording

- Recall
- Reflection-on-Action
- Development of therapeutic dialogue skills
- Assessing & dealing with affective and latent aspects of communication (i.e. “reading a room”)
- Addressing transactional exchange of feelings between clinician and client
- Revealing clinician’s assumptions & bias (based on age, gender, class, culture, religion, race, sexual orientation)

Drawbacks of Process Recording

- Time-consuming for both learner and educator
- Inaccurate or embellished recall
- Learners may have fear of “exposing” their vulnerabilities

Translating to other learners...

- Nursing and Chaplain education
- Palliative Care & Social Work share similar values
 - rapport-building, trust, therapeutic relationship, whole-person care, starting where the client is
- Application to Palliative Medicine Fellowship
 - Gives physician fellows an opportunity for bi-directional, shared reflection on their interactions with patients, families, colleagues
 - Reverses the traditional academic principle of “personal→objective,” (i.e. journal article, research paper) by recording an objective encounter and *then* eliciting the depth of the clinician’s personal experience

Feedback from Palliative Medicine fellows

- “Process Recording allowed me to be more aware of my emotions and to name them.”
- “Helped me move from ‘reactive’ to ‘introspective’.”
- “Helped me identify my own triggers.”
- “I found the 1:1 time with the social worker therapeutic.”
- “Provided a safe space to examine and talk about our own bias without feeling ‘judged’.”
- “Gave me a structure for reflection that I will carry forward in my own practice.”
- “Doing a PR about a patient whom I ended up seeing several times again helped me apply the skills I learned during PR session during those later interactions.”

III. Impressions & Assessment: What did you observe throughout the encounter? What were your personal reactions and feelings? Did you observe any non-verbal communication?

I was feeling sorry for her that she had to deal with that traumatic event during her last admission. I was also worried that she would never complete those forms and it will cause a lot of unnecessary distress related to guardianship and possible conflict with the father of her children if Pt dies. I have completed many legal documents to prepare for an emergency to ensure my daughter is cared for and I want that peace of mind for her too.

I wanted to find a solution to her expressed concern, and I wanted to reinforce that overall it might make her feel better despite the temporary distress initially.

As I the words were coming out of my mouth, I knew that I was trying to make myself feel better and that clearly this was emotional block for her. I felt frustrated that I used the intervention above and recognized that I knew better. I regretted saying that and felt bad that I missed the mark. Of course, this isn't about the paperwork I knew that.

I was trying to recover and align with her experience more and make her feel like she can trust I get it. I wanted to acknowledge her strengths amid her feelings of avoidance.

No major non-verbal communication issues

IV. Use of Professional Self: Choose two significant interventions you used. What was your impression of your effectiveness? What would you change?

Normalizing and validating her experience and fears related to completing paperwork. I think eventually she was able to feel connected and heard, but I would change the way I initially responded. I would have not tried to fix her issue of uncompleted documents. I would have created space for her to share the reasons why she hasn't and normalize her fears.

V. Issues, Questions, Concerns: Explore issues around diversity, value dilemmas, countertransference, boundaries etc.

Why did I feel the need to help her fix the issue? Good reminder that the issue is rarely the real issue.



To teach things, we have to do them ourselves...

Please take 15 minutes to:

1. Read the PR sample provided to you
2. Complete the Interventions/Themes column
3. Answer the follow-up questions



Supportive Care Medicine Fellowship Integration

- Fellow physicians complete 1 process recording during each inpatient 2-week rotation, for a total of 6-9 throughout the entire year.
- Fellow physician will complete the document and send it to the Teaching Team social worker during the 2nd week of the inpatient rotation (deadline: Wednesday afternoon)
- Teaching Team social worker & fellow physician will meet for a 1:1 30-min process recording session on the Thursday or Friday prior to the conclusion of the inpatient rotation.
- All inpatient teaching faculty are aware of Process Recordings being a part of the fellowship curriculum.

For your reading pleasure...

- Homonoff, E. (2014). Gimme that Old-time Reflection: Process Recording. *Field Educator*, 4(1).
- Urdang, E. (1979). In Defense of Process Recording. *Smith College Studies in Social Work*, 50(1), 1-15.
- Urdang, E. (2010). Awareness of self – A critical tool. *Social Work Education*, 29(5), 523-538.
- Rai, L. (2006). Owing {up to} reflective writing in social work education. *Social Work Education*, 25(6), 785-797.
- Myers, P. (2003). Process recording: Importing a technique from social work field instruction. *Journal of Teaching in the Addictions*, 2(1), 99-108.
- England, M. (2005). Analysis of nurse conversation: Methodology of the process recording. *Journal of Psychiatric and Mental Health Nursing*, 12, 661-671.