

SAMPLE

MICRO Reflective Learning Tool (RLT)

589a/589b

The PURPOSE of the RLT

The RLT makes explicit the interior world of both the social work student and client during the session for review in dialogue with feedback from the Field Instructor. It is a tool for reflection and critical thinking development (Competency 1) that allows the student to identify Evidence Based Practice and practice wisdom interventions (Competency 4) while the student develops into a professional social worker (Competency 1). The following RLT is the learning ground for reviewing the process while practicing engagement (Competency 6), assessment (Competency 7), intervention (Competency 8) and evaluation (Competency 9) through a Mindfulness-based approach: a nonjudgmental and accepting awareness of what is going on in the present moment (see [Kabat-Zinn](#) for more information). [CSWE Competencies](#) are noted throughout the RLT to help gauge your skill development in the MSW program and are listed on the final page.

FIELD INSTRUCTOR(FI)/External FI INSTRUCTIONS: Please review the following client session selected by your student and provide constructive feedback on professionalism, reflection, use of interventions, or any other agency related items you would like. Please note, question 7 is a specific question for you.

STUDENT INSTRUCTIONS: To the best of your ability, please respond to the following prompts based on a specific session (beginning, middle, or ending) which is:

- a. meaningful for you (i.e.: challenging, successful, or uncomfortable);
- b. something you will discuss with your Field Instructor in supervision.

PART 1: Session Reflection (Competencies 1, 4, 6)

Student Name Field Instructor

Session Date Date RLT Written

Session Number Session Location

Other

1. How did you prepare for this particular session?

2. If you introduced your MSW intern role this session, did you clarify you are supervised and would share clinically relevant information with your Field Instructor as needed?

3. How did you intentionally consider your safety prior to this interaction? If other, describe.

I did not consider

Other

4. What did you hope to accomplish in this particular session?

5. **How did your CLIENT appear upon arrival?** (Anxious) Other (Click or tap here to enter text.)
6. **How did YOU feel before this session?** (I felt comfortable, I have seen this client a few times now and feel like we have built a good rapport)
7. **What questions do you have for your Field Instructor based on this session? (Comp 1, 9)** (Is there a way you would have addressed the patients anxious appearance more directly?)
8. **Please select your client’s current stage of change *and* explain why? (Comp 7)** (Preparation: Client has made a commitment to change an identified behavior considered problematic and intends to make the change soon.)
Why (She did not seem to want to make any major changes at this point but she did think about it and come up with a plan to help her take her medicine. I think she is between preparation and action with regards to her meds.)
9. **What cultural factors were you aware of during the session? (i.e.: race, sexual orientation, immigration, socio-economic-status, education, historical trauma, gender roles, help-seeking behavior, cultural specific disorders, explanatory models of illness, indigenous healing methods, communication patterns, language, religious beliefs on health/illness, acculturation, etc.) (Comp 2, 3)** (Working with a teen of Hispanic descent. Also, client has a chronic illness. I realize that I do not know her beliefs regarding illness from a personal or cultural perspective? Maybe this contributes to the feelings of guilt?)
10. **Which identity or cultural factor (such as those listed in question 9) appeared to be the most relevant today? (Comp 2, 7)** (I would like to understand more about how the client sees their own health in context to their family. I think understanding the dynamics of how health is supported (or not) would be helpful.)
11. **Describe any counter-transference displayed through assumptions, biases, associations, apprehensions or fears YOU had towards your client(s) during the session. (Comp 1, 2)** (Although I am not significantly older than her, I can see how she might view me as a parent-like figure. I really care about her, but I am an older, healthy, Caucasian woman. I’d get it if she felt like I cannot understand her or her situation. I too feel scared because I am worried about being culturally insensitive based on ethnicity, age, and medical status or her and her mom. I am scared to have these talks with an anxious teenager. I could ask her to share her experiences with me more)
12. **Please select the most immediate barrier impacting your client in this moment? (Comp 3, 5)** (Physical Health) If ‘other’ (Click or tap here to enter text.)
13. **Please list a community resource or agency policy/program which would address the client’s barrier selected in question 12. (Comp 3, 5)**

I found a few dialysis support groups on Meet Up or affiliated with local hospitals which could assist the client in hearing others stories to know they are not alone and learn from others.

14. Please list one *strength* the client exhibited in this session. (Comp 9)

The client is very aware of what they need to do in order to maintain their health it is just a matter of following through.

15. Please list one thing you can do to improve your next session. (Comp 9)

I would want to clarify if client experiences difficulty taking meds only in the morning or at other times during the day as well. Then I would have wanted her to brainstorm ideas instead of me. I also wish I would have thanked the patient for being so honest and pointed out more strength.

16. Please describe the best part of your session. (Comp 1)

I was happy to hear that the client understood the importance of taking her medication after their transplant.

17. How do you plan on evaluating the effectiveness of your interventions? (Comp 4, 9)

Other

Other I plan to follow up with the client during the next session.

PART 2: IN SESSION Dialogue (Competencies 1, 6, 7, 8)

Note: For dialogue, please add lines as necessary to cover approximately 10-15 minutes of quality interaction (recommended 2-3 pages).

Client Initials Gender Ethnicity Age
Presenting Issue Purpose of Session

Please list the most effective intervention you selected for your client. (Evidence Based or Evidence-Informed Interventions) (Comp 4, 8, 9)

Before you begin, intentionally use moment to moment mindfulness throughout your RLT through **RAIN**:

- Recognize what is happening
- Allow the session to just be as it is
- Investigate your inner experience with kindness
- Non-identification; rest in Natural awareness

Portion of Session Dialogue/Clinical Sample	Notice what was true for <u>you</u> in this moment: feelings, somatic (body), thoughts, and experiences. (Competency 1, 2, 6)	Notice what was happening for the <u>client</u> in this moment: facial expressions, body language, behavior. Non-verbal. (Competency 1, 6, 7)	Clinical Skills used for Assessment and Intervention*: e.g. Reflection (simple, double, feeling), Socratic Questioning, Decisional Balance. (Competency 7, 8)	Field Instructor Comments:
CL: My mom is with me today	Excited to hear that her mom came	Seemed relaxed today		What about this felt exciting to you?
SW: That's great! What does she usually do while you are getting dialysis?	Curious about their relationship? Want to know more.	Looking down. Seems sad	Affirmation, Open ended question, assessment	Did she seem excited that her mom was there?
CL: She waits in the waiting room.	Sad mom doesn't come sit with her. Wondering how she feels about this?	Looks up. Responsive to question		Hmm...what do you think this is about? Great job recognizing your feelings
SW: I see, and how is your mom doing?	Still wanting to know more about their relationship	Seems more engaged	Open ended question, affirmation	
CL: She's okay, she has arthritis	Relieved that client is so responsive			



SW: Arthritis?	Sensing client worries about mom			
CL: Yeah. Sitting around a long time really isn't good for her. I feel really bad that she had to come here with me today. She really does not need this.	Starting to feel bad / sad for both of them. Poor family is dealing with a lot.	Seems to be feeling guilty		Seems to be an on-going theme of feeling bad / guilty. May want to further explore this with client or follow up with a referral to therapy.
SW: You feel bad that she is sitting in the waiting room because of her arthritis	Hoping patients isn't feeling bad	guilt	Simple reflection	Excellent self-awareness. How might this feeling impact your work? What exactly is your concern?
CL: Yeah	Feeling so bad for her	Guilt/sadness		
SW: What does feeling "bad" feel like to you	what does this actually look like		Open- ended question, Assessment, exploration	
CL: I don't know. It just makes me sad. I wish my dad came with me so my mom wouldn't have to sit so long.	Sad. Want say it's not her fault. Does she think her mom's arthritis is her fault?	Frowning. Sad.		It seems like her pain is palpable. Good self-awareness.
SW: What do you do you do when you feel bad or sad about your mom's arthritis?	Wish I could fix this	Gets distracted by something in the room	Open-ended question	I wonder if a reflection of feelings could have worked here.
CL: At home, I try to help out. I get things she needs and rub her legs.	She is SO sweet!	Focuses back on the conversation	Affirmation, closed ended question	This is a good opportunity to stick with strengths building
SW: That's really nice of you to help your mom out. Do you feel like the arthritis is your fault?	Hoping she feels good about helping her mom. I'm awkward	Seems to feel good about being acknowledge		
CL: No. I know it's a problem she has and I didn't	Glad she doesn't think this.	Confidently states NO		

do anything to make it happen.				
SW: Tell me about transplant, how do you feel about it?	Interested to hear		Open ended question	How was this transition for you, how did it feel?
CL: I'm nervous. I know I'll have to take medicine every day for the rest of my life and if I don't, I'll need dialysis again	Now I feel nervous	Less confident. See some worry		Good self- awareness
SW: That sounds like a big responsibility	Curious b/c I thought client was already taking daily meds	Starts to look around the room	Simple reflection	May have wanted to normalize and validate her concerns here as well.
CL: Yeah	Regretting my last comment. not helpful	Still looking around		Excellent observation!
SW: Are you taking medicine everyday now?	Hope if she does this now, I can point out and decrease anxiety.	Looks back at me	Open ended question	How could you rephrase this to be more open ended? or write closed ended next time.
CL: Yeah	Phew! This is working! Confused by worry.	Big sigh, not sure if she wants to talk about this anymore		Could you talk about what you are sensing with the client?
SW: How is taking medicine everyday now going for you?	Curious if this could be helpful	Not interested	Open ended question	
CL: It's okay. Sometimes I forget or my mom has to remind me. She doesn't like it when she has to remind me.	Understanding her nervousness more.	Sad. Low voice		I WONDER if this gives you a little more information about her relationship with mom?
SW: What types of things do you do know to remember to take it?	Assessing the problem and problem solving		Open ended question	Could have stuck with comment about mom or assessed how often she forgets. I wonder if this is a significant problem?
CL: Nothing. I just try to take it every day at the same time, but I'm so tired. I sleep	Worried that she does not have a way to	Looking guilty. Like she feels like she disappointed me.		Good place to assess biopsych. Is she so tired because of illness,

to 11am sometimes so I don't eat breakfast and then by the time I eat, it's late or I forget.	remind herself to take them			treatment, depressing, both? May want to consult with team.
SW: I see. Do you need to take your medicine when you eat?	Tring to gain a better understanding.	Still looks guilty	Affirmations/close ended question	Let's discuss more about affirmations in supervision.
CL: Yeah, I'm supposed to	Happy to learn more about the medication	Voice lowers. Does not want to address this		
SW: Okay, so waking up in the morning is difficult for you because you are tired and that causes you to miss breakfast and your medicine. Is that right?	Want her to know I am listening	Still engaged in conversation at this point	Reflection/transitional summary	Good.
CL: Yeah, I sometimes forget.	Glad I got it right.			
SW: And it's important to take your medicine at the same time every day?	Want to remind / encourage her to do this	Seems frustrated again	Close-ended question	Why do you think she became frustrated here?
CL: Yes	What do I say next?!	Nods		
SW: What are some things you think you can do to help get you up and remembering to take your medicine?	Hoping she sees that I care	BIG sigh. Does not look happy	Open ended question	Good observation. What can you do with this meta-communication? How can you respond to it or address it?
CL: I don't know	Regretting my last question	Looks totally disinterested		
SW: I heard some patients use a pill box, and alarm, or keep their meds in the same place. Do you think that could work for you?	Hoping to help	Looks around the room	Problem solving- finding solutions	PST could be beneficial here
CL: I don't know. I keep my meds in the same place	Wish I would have done this differently	Being more vocal		

already and it's not that I can't get up, I can. I don't want to get out of bed?				
SW: I see, What you need is an incentive to get up every morning that will help you get in a routine of consistency taking your meds.	Thinking she's just tired	Nods	Simple Reflection	
CL: I guess I could try the alarm thing and actually try to get up. I know it's important.	Just realized I did not assess if it's only the morning meds she has trouble with?!			Do you get the sense that she is committed to this solution?
SW: I think that's a great option you can try. How do you feel?	Hope she feels good about this option	Listening. Making eye contact	Affirmation. Validation. Open-ended question	
CL: I think I can do it	Happy	Engaged		How are you feeling here?
SW: How about you try it this week, and let me know how it goes?	Hope this works!	Nods	Suggestion	What is this does not work? How do you think she will feel telling you that?
CL: Okay. I can do that	Happy	Mood a little improved		
SW: That's good to hear. I hope it works.	Thinking about checking in with her	Nods	Affirmation	

Field Instructor Overall Comments/Questions

 Overall, sounds like a great session! See my comments in the dialogue section for specific feedback (PST would be helpful here) and we will discuss your question in #7 in our weekly supervision. 

Clinical Interventions

Evidence-based practice (EBP) is defined as “the integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preferences.” The purpose of EBP is to promote effective social work practice with an individual, couple, family, group or larger system that requires consistent reflection, assessment, and collaboration with field instructor.

The list of clinical interventions below does not constitute the depth and breadth of all EBP or best practice interventions. They are meant to be used to identify some of your interventions but also as “reminders” to other interventions that you may be using. It is imperative that you dialogue with your field instructor as also they are also experts in their agency regarding other EBP or best practice models and interventions.

Motivational Interviewing

- Affirmations
- Simple Reflections, Reflection of Feeling, Double-sided Reflection
- Open-ended Question
- Transitional or Major Summary
- Asking for Elaboration, Evocative Question
- Imagine Extremes, Explore Pros and Cons, Look Forward/Backward.
- Decisional Balance Exercise

Problem Solving

- Providing Psycho-education
- Assisting client with the following:
 - Identifying Problems
 - Developing Goals
 - Brainstorming Alternatives
 - Weighing Pros and Cons
 - Creating an Action Plan
 - Evaluating the Outcome

Cognitive Behavioral

- Identifying the Relationship between Thoughts, Emotions and Behaviors
- Questioning the Evidence
- Examining Options and Alternatives
- Listing Advantages and Disadvantages
- Labeling Distortions
- Cognitive and Behavioral Rehearsals
- Thought Stopping
- Using Paradox or Exaggeration
- Relaxation Techniques

Psychodynamic

- Examining Client-Social Worker Relationship Experience
- Affective Self-disclosure
- Monitoring and Collaborating with Client on Non-verbal Communication
- Tracking Fluctuations in Openness vs. Defensiveness, Positive vs. Negative Relational Experiences between Client and Social Worker
- Working with Anxiety, Shame and Guilt Responses, Defensive Responses, Relational Patterns
- Naming and Acknowledging Affective Experiences
- Facilitating Genuine Affective Experiences
- Focusing on Somatic (Body) Experiences
- Facilitating the Mourning Process