**MICRO Reflective Learning Tool (RLT)**

**691/693/699a/699b**

**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 Practicum Instructor. It is a tool for critical thinking (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 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](https://www.mindfulnesscds.com/pages/about-the-author) for more information). [CSWE Competencies](https://www.cswe.org/getattachment/Accreditation/Accreditation-Process/2015-EPAS/2015EPAS_Web_FINAL.pdf.aspx) and [NASW Code of Ethics](https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English) standards are included throughout the RLT as guidance to assist your understanding, development, and connection to your own professional development and identity.

**Practicum Instructor (PI)/External Practicum Instructor (EPI) INSTRUCTIONS**: Please review *Part 1, 2, and 3*.

Please note: Part 2 and Part 3 request specific feedback or comments from you which you can type directly into the document.

**STUDENT INSTRUCTIONS**: To the best of your ability, please complete Parts 1, 2, and 3 reflecting on a specific exchange which is:

* + 1. meaningful for you (i.e.: challenging, successful, or uncomfortable);
		2. something you will discuss with your Practicum Instructor/External Practicum Instructor.

**PART 1: Session Reflection**

(CSWE Comp 1, 2, 4, 6, 9)

**Student Name:** **Practicum Instructor:**

**Session Date**: **Date RLT Written:** ­­­­­­­­­­­

**Setting:**

**If you wrote ‘public place’ did the client verbally consent to meeting there?**

(circle) Yes / No / Not applicable

Using components of the *Mental Status Exam*, please:

* + - 1. Select an item (or N/A) below which you observed in session.
			2. (If applicable) Provide comments for your selection.

**Thinking:** Orientation to time and place / Memory / Thought content / Thought process / Delusions / Hallucinations / Potential for violence / Judgement / Insight / Not applicable

* **Comments:**

**Mood:** Affect / Emotional state / Not applicable

* **Comments:**

**Behavior:** Appearance / Speech / Motor activity / Impulse control / Not applicable

* **Comments:**
1. **What *cultural factors* were you aware of during or after the session? (Comp 2, 3)**

1. **Did you self-disclose in session? (Comp 1)** Yes (respond to q.3) / No (skip to q.4)
2. **If yes, in what context was self-disclosure done?**
3. **Describe an exchange from your session where you did or could have dialogued in order to learn more about aspects of your client which are *different* from you? (Comp 2, 3**)
4. **Describe any transference displayed through assumptions, micro-aggressions, biases, fears, or apprehensions you believe your CLIENT may have had or displayed towards you. (Comp 3)**

1. **Describe any counter-transference displayed through assumptions, micro-aggressions, biases, apprehensions or fears YOU had towards your client(s) during the session. (Comp 3)**
2. **What potential or actual ethical dilemma(s) were evident?**
3. **Which specific** [**NASW Code of Ethics**](https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English) **standard would assist you to address the dilemma listed in question 7?**
4. **Please identify an agency policy or program which could support your client and why. (Comp 5)**
5. **Please identify one local, state, or federal policy which does/could impact your client? (Comp 5)**
6. **What do you feel best about in this session and why? (Comp 1)**
7. **Please list one thing you can do to improve your next session with this client? (Comp 1, 9)**
8. **What are your plans for routine outcome monitoring (ROM) through formal (Feedback Informed Treatment, MAP, etc.) or other informal methods? (Comp 1, 9)**

1. **Researchers find that a positive *working alliance* (collaboration, trust, feelings of appreciation) between social worker and client is one of the best predictors of outcome. On a scale from 1 (negative alliance) to 5 (positive alliance), how would you rate the *working alliance* between you and your client and why? (Comp 9)**

**Number:**

**Why:**

1. **The term attunement takes this working alliance to an emotional connection between social worker and client (e.g. empathy). On a scale from 1 (low attunement) to 5 (high attunement), how would you rate the *level of attunement* between you and your client and why? (Comp 9)**

**Number**:

**Why:**

1. **What did you learn from your client in session today which will support you in future sessions/clients?** (Comp 1)

**Practicum Instructor Questions/Comments**

**PART 2: IN SESSION Dialogue**

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

 **(**Competencies 1, 6, 7, 8; NASW Standards 1.02, 1.05, 3.01, 3.02, 4.05)

**Client Initials:**  **Gender:**  **Ethnicity:**  **Age:**

**Presenting Issue:** **Purpose of Session:**

**List the most effective intervention you selected for your client? (Include Evidence Based or Informed Interventions) (Comp 4, 8, 9)**

**How is your intervention related to your client’s stated goal(s) or presenting problem(s)?**

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

* **R**ecognize what is happening
* **A**llow the session to just be as it is
* **I**nvestigate your inner experience with kindness
* **N**on-identification; rest in **N**atural awareness

| **Portion of Session Dialogue / Clinical Sample** | **Notice what was true for you in this moment:**feelings, somatic (body), thoughts, and experiences. (Competency 1, 6) | **Notice what was happening for the *client* in this moment:** facialexpressions, body language, behavior. Non-verbal.(Competency 1, 6, 7) | **Clinical Assessment and Interventions\*:** (e.g. Trauma Focused, Motivational Interviewing, Solution Focused, Problem Solving, CBT, etc.)(Competency 7, 8) | **Field Instructor Comments:** |
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**Important Definitions**

**Implicit Bias** is also known as implicit social cognition, implicit bias refers to the attitudes or stereotypes that affect our understanding, actions, and decisions in an unconscious manner.  These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual’s awareness or intentional control.  Residing deep in the subconscious, these biases are different from known biases that individuals may choose to conceal for the purposes of social and/or political correctness.  Rather, implicit biases are not accessible through introspection (Kirwan Institute, 2015).

**Intersectionality** is a lens through which you can see where power comes and collides, where it interlocks and intersects (Crenshaw, 2017). It is important to acknowledge the social categorizations overlap which creates interdependent systems of discrimination, subjugation, and or marginalization.

**Microaggression** is a term used for brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative prejudicial slights and insults toward any group (Sue, 2010).

**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. 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.

**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