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Practicum Placement Site: Community mental health (CMH) agency
Date Submitted: month/day/year

Practicum Instructor's Comments	Dialogue	Your Feelings Must be your feelings only. The rest belongs in Analysis.	Analysis Identify the type of response you make and your reason for selecting it. State what you think the client is feeling or thinking. Evaluate your skills.
Feeling nervous is a normal reaction to learning new materials. The intake process is a comprehensive assessment of the client to gather pertinent information to help make a case formulation. It can be quite intimidating to begin with, but once you start using the form, it flows quite easily.	The following Process Recording is my notes on an intake done by my coworker at Southwest Counseling Solutions. I was shadowing on a phone call and consent was given by the client. A. KR is the client/RB is my coworker B. 18 years old C. Single D. Freshman at Wayne State E. First time F. Intake/Biopsychosocial	I am feeling Nervous, anxious, overwhelmed at the amount of questions that need to be asked in a Biopsychosocial assessment	
	RB: Before we get started, is it alright if we have one of our new trainees listen in on this call for training purposes? KR: Yes that's fine	Here I was feeling nervous that the client was not going to be ok with someone listening in on their intake.	It is important to disclose with the client that someone is listening in on the conversation.
Good insight, now that many services are via phone call and there is an absence of body language and facial expressions, it's important to emphasize other ways to build	RB: Great, I really appreciate that! Before we get started as well, I just wanted to let you know the purpose of this phone call is to give us some background on you so that we	Grateful and eager to learn how a biopsychosocial works in real time	RB definitely started with a warm and understanding affect even while on the phone. This is not an easy skill and it is super important to do now that a

<p>rapport and create a good atmosphere for the client.</p>	<p>can get you connected to someone for services. If at any time you feel like you don't have an answer to any of my questions is no big deal, just answer them to the best of your ability ok?</p> <p>KR: yes that's fine</p>		<p>lot of services are over the phone (COVID).</p>
	<p>RB: Awesome I really appreciate it. So, why don't you tell me what's been going on and what made you decide to receive services?</p> <p>KR: *Proceeds to discuss family issues with mother and how she is not supportive of KR talking to boys or forming a relationship*</p>	<p>Empathetic and I am feeling compassion for the client. I feel hopeful we can find them services</p>	
	<p>RB: I am so sorry to hear that. Do you have any support in your family? Do you have anyone who can back you up or talk to in situations like this?</p> <p>KR: My grandmothers support me in all I do but It's hard for me to discuss issues with my parents.</p>	<p>More feelings of empathy for the client</p>	

<p>To answer your question, yes, the initial intake is probably the most important time to gather/collect as much information up front as possible, the purpose of intakes and screenings is to gather information. There are sections in the screening and assessment that specifically ask for supports and contact information. This will be especially important when you observe information on the Crisis Prevention Plan. This allows for a central location to seek information about the client. Names of people could easily get lost in multiple therapy session progress notes. Plus, if the client is MIA or in crisis, you can easily refer to supports she has listed that can be contacted.</p>	<p>RB: Understandable. Do you have any good friends you could talk to about this as well? Sometimes friends are a good alternative if biological family is not a option right now.</p> <p>KR: Yes I have a couple good friends. *proceeds to name them*</p>		<p>Is it actually important information to get names of friends during an intake session? Or is that something the clinician should ask during first session after intake</p>
<p>Becoming comfortable with silence in a session is a necessary skill to have. It takes practice to restrain yourself from filling in "awkward silences" by YOU talking. When you do this, your stopping an opportunity for the client to take their time or be held accountable to participate rather than avoid. There are lots of therapeutic scenarios for appropriate silence in session.</p>	<p>RB: So, I'd like to ask how you grew up and where you lived while growing up</p> <p>KR: Um... *silence*</p>	<p>Felt a little confused and concerned that there was silence after this question</p>	
<p>Depending on the client and the situation, it is sometimes</p>	<p>RB: And remember that if there is anything you don't want to</p>		<p>It is understandable that the client does not have to</p>

<p>necessary and appropriate, and the responsibility of the clinician to try and evoke more information from the client if they are presenting as guarded. There is language you can use to hold the client accountable to participate in their treatment. At the same time, sometimes it is appropriate to not push the client and simply document "client is presenting as guarded and does not wish to disclose information at this time". It takes clinical experience to know which is the most effective way to approach the client and meet them where they're at. Actually, intake is usually the most appropriate time to get this information since it's only gathering factual information verse actually addressing and working on issues in therapy, which takes having therapeutic rapport established. Therapy sessions allow more time for building rapport and working on issues through therapy modalities.</p>	<p>share with us right now or something you do not want to go into detail about that is totally ok, you can definitely share anything and everything you are comfortable with.</p> <p>KR: Okay, I grew up with my brothers in Detroit</p>		<p>disclose a lot of information during the intake, but what happens if the client does not disclose enough or not a lot of information during the intake?</p>
	<p>RB: Okay great, I just want to make sure I heard you right, you said you grew up with your brothers in Detroit?</p> <p>KR: Yes that's right</p>		<p>RB did a great job in reflecting what the client said to get a 100% guarantee that the information was correct. Documentation is important especially in the intake session!</p>
<p>You see here where motivational interviewing skills with open ended questions can help ask a client a question and allow lots of space for the client to respond.</p>	<p>RB: Okay awesome. Was there anything else you would like to share with me about growing up that maybe lead you to seek services?</p> <p>KR: Um, yeah I kinda had a toxic relationship back in grade</p>	<p>This part definitely brought up some empathetic emotions for me, and I also felt sad for her because of my own experiences and experiences of people close to me.</p>	<p>RB asked an open question which then prompted the client to go into a couple other issues that would have prompted them to seek services. This was important background information that RB needed</p>

	<p>school but I had friends who supported me. I also dealt a lot with my mom belittling me and judging me, she was very overpowering and I felt like I didn't have any control over my own life, this is kinda the first time I get to do something for myself and create a solution for myself.</p>		<p>to fulfill that portion of the biopsychosocial.</p>
	<p>RB: That's completely understandable, I think it's great that you are finally going to take this step for yourself.</p> <p>KR: Thank you</p>		<p>RB did a great job praising the client for taking a step on their own. This reassures the client that they are taking an appropriate and important step that can help them learn the coping strategies they need to be successful.</p>
	<p>RB: Okay so now that we have gone through that long series a question, not comes the part where we focus on the goals that you want to set. I'm just going to take what you say as a goal and kinda word them into goals we can follow through your sessions with the clinician ok?</p> <p>KR: Okay</p>	<p>Felt curious and excited to get going on goals.</p>	<p>RB effectively explained that goals are formed in the client's own words and that all she is doing is formulating them into effective goals.</p>
	<p>RB: Okay, great! So what are some of your strengths?</p> <p>KR: I'm hardworking, intelligent, and determined</p>		<p>RB is getting the client to focus on positive thoughts by starting with strengths. I think this is a great way to get the client to focus on what they are doing right, not what they need to work on.</p>
	<p>RB: I think those are great! From our conversation so far I think those are very true. What are some abilities you have?</p> <p>KR: Thank you. I can play</p>	<p>I felt agreement with what RB was saying to the client. I was feeling happy for the client at this point.</p>	<p>RB did a great job in praising the client here in coming up with important strengths. She is definitely good at making the client feel accomplished.</p>

	volleyball, dance, and basically what else I put my mind to		
	<p>RB: Those are also really great abilities! What would you describe your needs to be?</p> <p>KR: I need to learn how to be more patient, and just reassure that I'm doing the right things in my life right now.</p>	I continued to feel happy for the client at this point.	I felt it interesting that the question was not said like "What do you need from us", instead it was "How would you describe your needs". This was a great way to continue to frame questions in a client-focused manner.
As we discussed in supervision, there are many ways to gather information about client's goals, desires, needs. Use of analogies can help establish rapport with the client so they feel heard and can easily understand what information we need to collect to effectively assess.	<p>RB: Awesome that's totally understandable. You know, one way I kinda frame this for clients to ask them, "If you can wave a magic wand, what would you like to see in 6 months"?</p> <p>KR: How to have a relationship with boys, not worry about relationships, how to focus on me as a person, be productive, money management, listen before I respond, money management, listen to other perspectives, how other people think</p>	I felt confused, but also happy to see there is a different way to ask this question.	I genuinely thought this was an effective and easy way to ask what the client wants to see for themselves. I have never heard a clinician ask this question before but I think it is an easy way to get younger clients to understand what you are asking them. The client was able to describe what they hoped to see themselves accomplished.
	<p>RB: Those are great! Also, I remember you saying at the beginning that you had some relationship issues with your mom, remind me is that something you wanted to work on as one of your goals?</p> <p>KR: Oh, yeah I think I want to learn how to set boundaries kinda with her</p>		I think that's was a really effective transition that RB used to kinda guide the client into a goal that she thought would be effective for them. But she did it without outright saying this is something the client should do.
all clients will receive an initial biopsychosocial assessment completed by a clinician, and then will get scheduled for an initial psychiatric evaluation with a psychiatrist, for	RB: Great! I'll be happy to add that in as well. Now to kinda finish everything up, I wanted to let you know there is an option to do a psychiatric evaluation as well. Is that	Felt happy and satisfied for the client, now that we have reached the end of the intake session	This was something new for me to listen to. I was not sure that psychiatric evals were included in most intake sessions at SW Solutions. My question

confirmation of diagnosis, evaluation of symptoms, and evaluation of medication needs. that is standard practice in most CMH agencies.	something you're interested in? You don't have to. KR: No I don't think that's something I want		would be, are all psychiatric evals included in intake sessions? Or is it based on insurance?
	RB: Awesome no worries on that. Okay, well the next step is to then get you scheduled. So I will be giving you a call back once I get that set up for you, ok? KR: Okay great thank you	Continued to feel satisfied with the intake and excited for the client to reach services with a clinician at SW Solutions	

Provide an evaluation of your overall skill during the session.

I personally demonstrated great listening and observing skills, but RB demonstrated patience, she spoke clearly on the phone, she documented everything well, and she was easy to follow along with. She also demonstrated empathy and compassion for the client over the phone.

How do you see yourself as being effective during the session? What skills would you like to improve?

I personally felt effective because I was quiet and listened closely to what the client was saying. I asked RB what she would like to improve, and she said time management, keeping the flow of the conversation, and being careful at not going into the therapy realm and not asking therapy type questions. She is mostly trying to keep intakes a bit shorter. Hearing RB explain these struggles and improvements are something that I want to note and make sure are things I also work on when I start doing intakes.

What questions do you have for the reader so you can receive feedback on your skills? (Note: General questions are not acceptable, they must be specific questions and they must have depth).

How can I avoid stepping in too much into the therapy realm when doing an intake/biopsychosocial? What are some questions to avoid? How do I navigate an intake with a client who does not want to disclose a ton of information?

Please identify the theory/theoretical perspective(s) or intervention model that you used in your work with this client/client system. In order to demonstrate your understanding of the application of theory to social work practice, please identify and explain the specific theory-based interventions you used with the client/client system. Discuss why you used each intervention.

RB mostly used client-focused interventions when doing this intake. She used this approach effectively when asking open-ended questions, framing goals to suit the client's needs and putting the goals in their own words, and also adding in praise when the client discloses important information useful for the biopsychosocial assessment.