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Process Recording 2

By:

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BSW Social Work Program

Spring 2008

SOCW 441

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For privacy purpose I will call my client Ms. Doe

Ms. Doe is at Moccasin Bend Mental Health Institute because she has been diagnosed with schizoaffective, Bipolar Type (she is in partial remission and treatment resistant fixed delusional). She was ordered hospitalized by the Hamilton County Criminal Court for an evaluation and treatment after being arrested for Kidnapping. The legal charge involved her belief that she was the grandmother of a three-year-old female who then removed that child from the residence of the caretaker. The child's mother reported her missing and shortly after that the police apprehended her with the child as she was walking down the road. Ms. Doe requires her medication for a mental illness. Although, she has taken her medication for almost 12 years, she still is very delusional. She has made a lot of progress but is still considered a risk to the community based on her limited insight and present mental status; including delusional thinking and hallucinations.

Ms. Doe is a 57 year old, African American female. She was admitted to Moccasin Bend on April 16, 1997. She is currently a patient in the subacute unit at Moccasin Bend. She is a divorced mother and a parent to four grown boys. She currently believes that she had three children four months ago and every day she says she will be leaving the following day.

There are no other people involved in the situation at this present time. Ms. Doe has four children who visit her every now and then. They do not influence her situation, but provide some support. She participates in anger and stress management groups. These classes help her express her emotions and discuss different situations that might occur after discharge. She is also involved in the legal system. Because she is unable afford an

attorney she was provided a court appointed attorney for her trial date. There were no jury members and the judge found her NGRI (not guilty by reason of insanity).

Ms. Doe considers the purpose of the session to be a 20-minute conversation about things that pertain to her life. I told her that I had a school project called a process recording, which meant that we would talk about things and I would record it on a tape recorder. She informed me that she did not want to be tape recorded. I said that was fine, instead I will write everything down and she was ok with that. I let her know that she could look at everything I was writing and if she wanted me to change anything I would. She said she trusted me and that she wasn't worried about anything.

I think the purpose of this assignment is to enhance my ability to recall the details of interactive work with clients; to document complex thoughts, actions and feelings that comprise my social work practice; to reflect on my work, integrating theoretical concepts, skills and values that are being taught in the UTC Social Work curriculum.

Ms. Doe's perception of the purpose of this exercise is similar but different to mine. She knows and understands what the external purpose of this assignment is but does not realize that I am trying to implement things I have learned from my social work classes. I think this project has really made me realize how much knowledge I contain. I really integrated theoretical concepts while analyzing her thought process and used different skill techniques that I learned in interviewing class.

My field instructor let the client know that she should be as honest with me as she could because I am a student learning and it is a school project. I informed her two days before I wanted to do the process recording, so she would make plans in case she had groups or anything thing else going on. She seemed very willing to talk with me since I

have talked with her on many different occasions. Upon my arrival to work client was sitting outside. She asked me if I was ready and preceded to pull up a chair on the outside. I asked her if it was ok if we went inside to allow for more privacy. She was in a great mood like she normally is. She had on a jogging outfit and walking shoes. She seemed very relaxed and in a very good mood before and during the interview.

I had the impression that Ms. Doe's attitude was happy and very willing to answer any questions I may have. She just wanted a comfortable chair to sit in, so we got one out of the common area. She had the same feelings at the beginning of the session as she did when we ended. I was very excited about interviewing her because I feel that she is a very interesting person. She has her own reality which I go along with because to her the thing she believes in is very much real. I think I made her as comfortable as I could before and while we talked. My field instructor brought her something to drink while we were talking so I think that made her happy. I had a list of questions and I told her I was going to let her read them so if there were any she did not want to talk about then we did not have to. At one point we both just started laughing, so I think that may have taken away any stress or nerves she may have had. She appeared somewhat anxious at times as she quickly went from one subject to another. Her smile was spontaneous as she sat in a relaxed position.

<p>Feelings of self-worth—psychosomatic complaints, grandiose delusions.</p>	<p>Pt: You know cutting out with another woman. He was a preacher and cut out with my aunt.</p> <p>SW: I am sure that was hard on you. He was a preacher and your aunt did something like that to you?</p> <p>Pt: Yep (laughing).</p> <p>SW: Wow.</p> <p>Pt: Has your life changed since you developed a mental illness? I own Red Carpet Inn, in Ooltewah.</p> <p>SW: Who has been running it since you have been in here?</p> <p>Pt: Friends are running it.</p> <p>SW: Oh ok. I had no idea that you owned your own business.</p> <p>Pt: Yes ma'am. What do you see as your biggest support system? JESUS is my support system. I sing gospel</p> <p>SW: So you sing gospel?</p>	<p>She really jumped around on the questions. I do not think it is intentionally.</p> <p>She reads the questions very quietly. Then goes on to the answer.</p>	<p>Bio-psycho-social</p> <p>Empowerment perspective</p> <p>Empowerment perspective</p>
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<p>Again, grandiose delusions---how does she feel about herself?</p>	<p>Pt: Oh yes. I have 3 albums out right now and have won 11 awards and 9 Oscars</p> <p>SW: That is a huge accomplishment. Congratulations!</p> <p>Pt: Thank you. Jesus is everything. If you believe in him you will not have any faults. We all have skeletons but I don't because I have Jesus.</p> <p>SW: That is true. Jesus can help you get through a lot of things. It seems like you rely on Jesus all the time</p> <p>Pt: How do you think your treatment is going at MB? Well I have been raped by three women.</p> <p>SW: Three women here?</p> <p>Pt: Yeah those three and some other ones.</p> <p>SW: Did you tell the doctor?</p> <p>Pt: The doctor did nothing about it. I am alright though.</p> <p>SW: I am sorry to hear that. It must</p>	<p>I knew that this was not true but again this is her reality.</p> <p>She became very happy talking about Jesus.</p> <p>She was shaking her head yes.</p> <p>I knew that this statement was not true either. She did not talk a lot about this subject.</p>	<p>Bio-psycho-social</p> <p>Strengths perspective and Empowerment</p> <p>Empowerment and SW Values: respecting clients perspective</p>
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	<p>have been traumatic for you. What do you think about your medication?</p> <p>Pt: I guess it is ok, it's pretty good. I take a pill in the morning, two at four o'clock and five at night. I used to be a wreck and really shaky. Now I'm not shaky at all. I have been in here for 12 years and I can do anything.</p> <p>SW: Yes you can.</p> <p>(She skipped the next question)</p> <p>Pt: What do you think you can do to make you become more successful when you leave the hospital? My kids keep me going. They pray for me, we go to church together.</p> <p>SW: Do you think your children will help you stay on you medication?</p> <p>Pt: I'll always take my meds. The doc had changed my meds before but not often. My eyes are burning. You know when my kids were</p>	<p>She knows her medication very well. I feel that she really knows that it helps her.</p> <p>She knows that she has been at MB for 12 years but still thinks that she is leaving very soon.</p> <p>I think she did not want to answer this question because she did not want to think about where she might be in five, ten or twenty years.</p> <p>She thinks of her children a lot. They really seem to be her main focus.</p> <p>I feel that she knows her medication helps her.</p> <p>She has never gone</p>	<p>Life Span Theory</p> <p>Bio-psycho-social</p>
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	<p>little, I went blind and they had to lead me around the house.</p> <p>SW: How did that happen? That must have been painful.</p> <p>Pt: I woke up the other morning and couldn't see anything. They put these drops in them before I went to bed.</p> <p>SW: That must have been an awkward experience for you. Are you ok now?</p> <p>Pt: Ah yea.</p> <p>Pt: What will you do differently that you did not do before you came to this facility. You know I was cooking chicken back when the kids were young and the curtains caught fire.</p> <p>SW: What did you do?</p> <p>Pt: We all ran outside, it was a nice day outside. Then we moved to Alton Park, now they have condos.</p> <p>SW: Did the house burn?</p> <p>Pt: Yeah so we moved.</p>	<p>blind. I wonder if she was referring to something as becoming blind. Maybe she was blind to her husband's affair.</p> <p>I feel that she just thought about this particular situation and wanted to talk about it. I am not sure if this really happened or not.</p> <p>I feel that she brings her husband up a lot. Which is not a bad thing, but I feel that a lot of her issues began with him.</p>	<p>Reflecting feeling and content</p>
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<p>This client seems to have a need to nurture, feel useful maybe by caring for others—her children who are now adults. Her belief is that she is still having children to take care of.</p>	<p>My husband married my aunt. They have a boy together.</p> <p>SW: Do you or your children have any contact their father?</p> <p>Pt: Yeah we still talk to him.</p> <p>SW: Do you talk to your aunt?</p> <p>Pt: No, she came up here the other day and I didn't talk to her. The kids go to the same church as them.</p> <p>Pt: I remarried five years ago but he got killed someone shot him in the back at our house. I supposed to be there but I was here. We had a bunch of kids together.</p> <p>SW: How many kids did you have?</p> <p>Pt: A bunch! I just had twins two weeks ago.</p> <p>SW: With who?</p> <p>Pt: My ex-husband.</p> <p>SW: You still talk to him?</p> <p>Pt: Yeah but we aren't going to have</p>	<p>I am not sure if her aunt really come up here or not.</p> <p>She only has four children, who were with her first husband.</p>	<p>Bio-psycho-social</p> <p>Bio-psycho-social</p> <p>Bio-psycho-social</p>
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<p>Eager but on the other hand, does leaving cause her to have some fear of returning to the community</p>	<p>anymore kids and ill never marry him again. I've be married three times. We just had twins together.</p> <p>SW: So do you think you would have done anything differently before you came to Moccasin Bend?</p> <p>Pt: If my house did not burn down then I would have taken a trip to Florida to see a friend.</p> <p>SW: That would have been a nice trip to take.</p> <p>Pt: Yes would have. My son could have taken me to his house but we argued about me being here. I've been trying to get a hold of him to come get me cause he's living at my house with his wife and taking care of my children. I should be doing that.</p> <p>SW: I understand that you would want to be with your children. That is important to you.</p> <p>Pt: It is! Are you nervous about leaving Moccasin Bend?</p>	<p>I do not think she owns a house.</p> <p>She is very eager to leave the hospital.</p>	<p>Empowerment perspective</p> <p>Reflecting feeling and content</p>
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<p>Good that you pointed this out to her—to expect changes. Any fears about this?</p>	<p>I'm not nervous about leaving, cause I'm leaving next week. It will be victorious party when I do.</p> <p>SW: That is good that you're not nervous. You know a lot of things have changed in the past 12 years. Chattanooga doesn't even look the same.</p> <p>Pt: It makes me happy to think about leaving. I talked to the doc and told him that I know I'm ready to go. I feel good; I want to take care of my children. All my children are married. One just opened a restaurant off the west side. He named it Gene. It's named after me.</p> <p>SW: I can understand why that made you feel special.</p> <p>Pt: I'll be helping him cook!</p> <p>SW: Is there anything I can do to make to you less nervous about leaving?</p> <p>Pt: I'm not nervous, I'm happy bout leaving. I kept my word and</p>	<p>She talks about all of her children being married, then talks about wanting to take care of her other children. I wonder if she knows she doesn't have young children, she just likes to pretend.</p> <p>She does not have a PhD.</p>	<p>Reflecting feeling and content</p> <p>Reflecting feeling and content</p>
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I see her. She has four sons that sometimes stop by to say hello and goes out for day visits with them occasional. She attended college for two years and has great communication skill. Some of her weaknesses are; she needs supervision and she is very delusional. She is a very independent woman but she needs someone to look after her. She believes that different things have happened to her though out her life, when in reality it has not.

My current assessment is the same as my original assessment of my client. I knew going into my process recording that Ms. Doe is very delusional and has some hallucinations. I have talked with her on many occasions and have been in group meetings with her. She has always been very polite and pleasant when I see her. While doing this assignment, I learned a lot about her and how she views what has happened to her during her life.

I reflected on different theories and other knowledge, I learned in my social work courses, which helped me understand the process and content of my session with Ms. Doe. I reflected on the psychosocial perspective because it recognizes the influences of biological factors, internal psychological and emotional processes, external social and physical conditions and the relationships between all of these influences. I feel that Ms. Doe's mental break down was first influenced by her husband's affair, which has contributed to her mental status at the present time. I also thought about the feminist theory because it has four standpoints of this approach which help social workers be more responsive to clients: knowing, caring, connecting, and multiplicity. I feel that Ms. Doe and myself connected on a high level because we are both women. I do not know how comfortable she would have been talking with me if I were a male. I think she could see that I cared about what has happened to her and what is currently going on now. I have

gone back and fourth on the object relation theory because it is described as objects that can be people (mother, father, others) or things, such as transitional objects with which we form attachments. These objects and the developing child's relationship with them are incorporated into a self, and as such become the building blocks of the self system. I am not sure if this theory applies to Ms. Doe. I personal feel that she has delusions about herself having a lot of children because she feels that if she has “small children” then they will need her to take care of them. She will always be wanted because all children need their mothers love.

I think I have utilized what I have learned in my social work classes and used my skills during the interview. I relied heavily on my interviewing skills. I made sure that she was relaxed and comfortable with the questions being asked. I reiterated the importance of what she was feeling and thinking. I feel that the interview was very unique due to the differences in mine and her realities. I reflected on the different theories I had learned in my social work classes to be able to understand what she was going though. I realized that there are things that happened in her life that has made her the person she is today.

There are some specific social work skills and/or techniques that I learned in my practice courses that I did not utilize during the session. I wish I could have recorded Ms. Doe, so that I could go back and reflect on our session together. It seemed like time flew by and I did not have time to reflect on our actual conversation. I also wish that I could have utilized her feeling a little bit more then what I did. She moved around a lot while answering the questions, so it left me little time to talk about her feelings in depth. Ms. Doe was very willing to take charge in the session, which was nice. I did not have to pull information from her, she was very eager to tell me things about herself. The only

weakness in my practice during the session was that we did not have enough time. She had to go to groups and she was pretty much through talking to me. I could tell at the end that she was trying to hurry up. There was not a lot I could do since she had to go to her group. I feel that the purpose of the session was complete. I felt that I showed my ability to recall the details of interactive work with clients; to document complex thoughts, actions and feelings that comprise my social work practice; to reflect on my work, integrating theoretical concepts, skills and values.

I think that the interview I conducted on Ms. Doe went very well. I feel that I accomplished my purpose and learned a lot more about my client. I feel that I handled the interview as best as I could. I think it is hard to realize that everyone has their own reality in which they believe to be true. I went along with whatever Ms. Doe told me because I did not feel the need to tell her that some things she believes to be true, actually hasn't. I think she responded to me well because I made her feel comfortable and showed compassion to the different situations she brought up during the interview. I feel that my objectives were achieved during the interview. I feel that this interview has prepared me for future clients. I have to be prepared to talk with all different kinds of people and the mentally ill will be some of my future clients. I have to realize that just because people tell me things does not always make them true. On some of Ms. Doe's answers I had to ask my field instructor if they were true or not.