

Micro Client Systems: Concepts Into Practice

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Throughout my recent experience with learning various aspects of the beginning phases of social work practice, I have explored several concepts, skills and techniques that are relevant to my current practice in my field placement. I have particularly focused on engagement and establishing a therapeutic alliance with the client systems that I work with on a micro level at the mental health clinic that I intern at. It has been very enjoyable getting to know so many different clients and exploring their past traumas, mental health symptomology and various aspects of their lives while building trust and establishing rapport with them.

Shulman describes the different elements that make up the therapeutic alliance as “*Rapport* refers to the client’s general sense of getting along well with the worker; *trust* refers to the client’s willingness to risk sharing thoughts, feelings, mistakes, and failures with the worker; and *caring* means that the clients sense that the worker is concerned about them as clients in their own right, and that the worker wishes to help them with concerns that they feel are important.” (Shulman, 2016)

I believe that establishing rapport and building trust are two of the most important aspects of developing and strengthening the working relationship also known as the therapeutic alliance between a social worker and a client. Without a strong foundation or base, any relationship has the potential to fall apart and that trust and rapport is the foundation of the relationship between a social worker and a client. A client is coming into a situation in which they need services from a social worker and that often present a feeling of vulnerability, especially when the client comes from a vulnerable population such as mentally ill, LGBTQ community, racially diverse communities, impoverished individuals, homeless individuals, trauma victims, victims of violence or crimes and elderly populations. Clients often share very intimate details about their

lives with their social workers and/or clinicians and a strong sense of trust and rapport is imperative in such situations.

Below is an example in which I was able to practice my skill of establishing rapport and building trust with a client. The client is a female in her late 20's who is being treated for symptoms of major depressive disorder.

Tkeyah: "So what's on your mind?"

Client: "Well I've been thinking you know, I just want to get better you know and stop repeating the same over and over without any change."

Tkeyah: "What do you mean by that?"

Client: "Well you know, I just want to get better and stop going through the same thing all of the time and getting any change. I just get worried sometimes."

Tkeyah: "I understand, and you seem to want to make some changes in your life, is that right?"

Client: "Yeah, I do. I want to get better for my daughter."

Tkeyah: "I see that your main concern is your daughter and I remember you said she's what keeps you going."

Client: "Yeah, she is."

Tkeyah: "You're a great mom! Everything you do is for her and that's not something all moms can say about themselves."

Client: *smiles* "Thank you."

Tkeyah: "You're welcome and that's a great quality to have, to be a very dedicated mom."

Client: *smiles and tears up* "Thank you so much, I try."

I believe that I did an overall good job at establishing rapport and building trust with the client in the above process vignette. I picked up on the cues that the client was feeling very depressed about herself and the lack of progress that she feels she has made in her life. This particular client has told me in the past that she feels that she has not lived up to society's standards for her and has expressed feelings of very low self-esteem. I realized the client often spoke about her daughter and has even mentioned to me in the past that she believes her daughter is the only reason why she has chosen to continue living.

I realized that the client was not used to hearing positive affirmations about herself nor her abilities. She simply had felt that she was not capable of doing anything well and her life had stagnated. By making strength based statements and positive affirmations to the client about

what a good job she does at raising her daughter and making her the number one priority in her life, the client was able to open up to me more as well as to feel a sense of trust and a bond between herself and I.

Another applied social skill that I have worked on with clients in my practice is prioritizing problems. Kirst-Ashman and Hull describe the process of prioritizing problems as “Many of our clients will have multiple problems on multiple levels...The first thing to do is to ascertain that the problems to be considered fulfill three criteria. First, the client must recognize that the problem exists. Second, the problem should be clearly defined in understandable terms. Third, you and the client should realistically be able to do something to remedy the problem.” (Kirst-Ashman, Hull, 2018)

I believe that assisting clients in identifying and prioritizing problems is a great technique in empowering clients to take initiative in addressing the concerns within their own lives. I believe that the process of prioritizing problems must be done in a manner in which the clients are taking the lead rather than me as the clinician, setting goals and objectives for the client. This method being in alignment with the NASW’s Code of Ethics ethical value of dignity and worth of the person. The NASW’s Code of Ethics states “Ethical principle: *Social workers respect the inherent dignity and worth of the person.* Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients’ socially responsible self-determination. Social workers seek to enhance clients’ capacity and opportunity to change and to address their own needs.” (NASW Code of Ethics, n.d)

Below is an example of an instance in which I practiced the skill of prioritizing problems.

This skill was used with the previous client who is being treated for symptoms of major depressive disorder.

Tkeyah: “So it seems like everything comes back to your daughter and being able to get better for her as well as yourself.”

Client: “Yeah, I just want to make sure she does better than I did and gets the help she needs because she’s doing worse than the kids in her class now.”

Tkeyah: “Is she in a special education class?”

Client: “Yes, but she’s worse than some of the other kids. Her speech is very bad.”

Tkeyah: “Oh yes you did mention she has a speech impediment.”

Client: “Yeah, and it’s hard to understand what she’s saying. I worry and I want her to get the best help that she needs.”

Tkeyah: “So you’re feeling like her current school setting isn’t the best for her?”

Client: “Well I google specialized schools and you know google doesn’t give everything.”

Tkeyah: “Right, I see. Well I do know there’s a specific type of public school special education setting that she may qualify for since she has an IEP. There is a part of the public system called district 75 schools that are for special education students.”

Client: “Oh really, can you write that down for me please.”

Tkeyah: “Sure. So district 75 schools can offer smaller classroom settings, like even 6 to 2 rather than 12 to 2 classroom settings, one to one paras, and other specialized services depending on the child’s IEP. They also offer bussing if the school is too far away from the home.”

Client: “Wow, that sounds great. Thank you so much. I want to look into that for my daughter for the next school year maybe because she needs more attention on her. Her classroom is 12 to 2 right now and I feel she’s not getting enough attention and the help she needs.”

Tkeyah: “Your welcome. So how are you feeling now? Still feeling relieved?”

Client: “Yes, I do feel good that I have this information for my daughter now. I feel good.”

In this example process vignette, I was able to work with the client on identifying that her fears were specifically about her daughter’s learning disability and speech impediment causing her daughter to have a difficult childhood in which she will fail academically and be bullied as the client herself was in her childhood. I believe I did a good job at providing the client with information on educational resources that she can utilize to assist her daughter in identifying an appropriate educational setting for her to thrive in. I was also able to assist client in verbally agreeing to begin the steps in addressing this problem by following up with the resources that I provided her with.

In hindsight, although I did address a problem that was troublesome for the client, being her daughter's learning struggles and educational setting, I could have made the focus more on the client considering she is my client and her daughter is not. I now can reflect on how that portion of the session was spent focusing on identifying goals for her child rather than refocusing on how I can assist client in assuaging her internal fears, worries and struggles with self-esteem. There may have been a better way I could have went about addressing the problems in which client identified without focusing entirely on her child, however I do believe I was able to empower the client into a position in which she can make decisions for her child, a position in which she seems to be longing to be placed in.

Another applied social work practice skill I have utilized is identifying strengths with respect to the assessment process. Kirst Ashman and Hull describe the importance of emphasizing clients' strengths when they state "...emphasizing clients' strengths is critical throughout and helps in several ways. First, it reinforces a client's sense of self-value. Second, it provides rays of hope even in "tunnels of darkness." Third, it helps identify ways to solve problems by relying on the specified strengths." (Kirst-Ashman, 2018)

I believe that identifying a client's strengths can be a great tool in strengthening the client's self-determination as well as strengthening the therapeutic alliance. The client-social worker relationship should be a partnership which means that clients should not be simply expecting the social worker to provide them with all of the answers. Rather, clients should be able to utilize their strengths to advocate for their needs which increases their value, worth and self-determination. It can also assist the client in realizing things about themselves they were unaware of that they now can utilize in working towards their goals.

Below is an example of an instance in which I practice identifying strengths with a client.

The client is a male in his late teens who has difficulties coping with symptoms of psychosis and depression.

Tkeyah: “Okay, well no pressure, do what makes you feel comfortable. Have you considered the Pros program here or any others?”

Client: Yeah well someone at the college is trying to help me get into an ‘on track’ program for youth and young adults with mental illness who want to get back on track.”

Tkeyah: “Wow, that’s amazing. You’re very on point and proactive about getting the things you need.”

Client: “Thanks. Yeah I did all of this on my own, applied to colleges on my own, I’m on top of my mental health, I want structure for myself, you know.”

Tkeyah: “Yeah and that’s really admirable because you’re so young and you’re taking charge of your own life and your mental health.”

Client: “Thanks.”

I believe that I did a good job in identifying the client’s strengths in this process vignette.

The client was able to later state that he did all of things that we were discussing prior including applying to colleges, enrolling in colleges, locating a mental health provider and staying very on top of his mental health by attending all of his appointments and advocating for himself while in therapy. The client was able to realize the value in the fact that he was able to do so much on his own without the help of family, friends or mental health clinicians despite the current state of his decline in functionality due to increased symptoms of psychosis. Rather, he was able to put into perspective that his illness has not been able to defeat him, and in fact he has been able to take charge of his own mental health.

Another applied social work practice skill I was able to utilize in my practice is tuning in.

Schulman describes the concept of tuning in as “To tune in effectively, a worker must try to experience the client’s feelings. One way to do this is to recall situations that are similar to the client’s...Can the worker remember how it felt, and what his or her concerns were?” (Shulman, 2016) I believe that the process of tuning into a client’s feelings can be very valuable in assisting

the client in becoming comfortable and willing to elaborate on feelings throughout session. This is significant to the engagement process and can help both the client and the social worker to feel at ease as the conversation flows rather than feeling forced by too much prompting.

Below is an example of when I practiced the skill of tuning in with a client. The client is a female in her mid-twenties who is being treated for symptoms of bi-polar disorder, depression and anxiety. Client reports having a history of trauma.

Tkeyah: “Oh I see. I know you’re close to your sister but what about your other family members or friends?”

Client: “Well you know you don’t I don’t really socialize I don’t have many friends because I don’t trust people and my family they’re there but it’s always an excuse with them and I honestly just don’t want certain things around my kids you know.”

Tkeyah: “Yeah I understand. Yeah I remember you did say you want to work on socializing more because it’s been bothering you right?”

Client: “Yeah you know I don’t trust people and it’s like I’ve been through so much in my life I can’t trust people it’s always something back to back. The way I see it is if I don’t trust you enough to be around me, how can I ever trust you around my kids.”

Tkeyah: “I see you are so protective of your babies and you kinda view it as if they are not worth coming around me they are definitely not worth coming around my kids.”

Client: “Exactly! I am very protective. Yes thank you and I’ve been through too much and every time I meet new friends they always show me that they are not really my friends you know.”

Tkeyah: “Yeah and you have good reason not to trust people based on your prior experiences. It isn’t like you are avoiding socializing for the sake of avoiding. You are doing that rightfully so and you always keep your children in mind when even considering meeting new people which is great!”

Client: “Yes always I never want my kids to grow up like I did especially my daughter. I want my children to always have someone there for them and I just want to my best for them. I would like to feel better and be happier and socialize more but...I don’t know it’s hard opening up.”

I believe I did a good job at tuning into the client’s concerns and feelings in this portion of the process vignette. I was also attentively listening to the client’s concerns in detail. I was able to reflect some of the ideas that the client was expressing to me without appearing robotic or as if I was simply reiterating her words. It appeared that the client felt a sense of validation and that someone understood her perspective as she often indicated phrases such as “exactly” and “yes you understand” throughout the entirety of our session.

With respect to recalling a specific similar situation to the client's in which I can place myself back in, I wasn't quite able to do adequately do so in this instance. I have not yet been blessed with children, therefore I am not fully capable to understand the experience of a parent. However, I was able to recall instances in which I felt very guarded and protective of myself and finding it difficult to open up to others around as the client also expressed in detail. I do believe that I felt connected to the concepts that the client was expressing, which made me come across as very genuine in my reflecting what she was saying back to her.

Client Systems: Obstacles and Challenges

I can recall a situation in which I felt significantly challenged by one of my clients that I had been meeting with for individual therapy on a weekly basis. This particular client is a 40 year-old Hispanic man who was seeking out individual therapy and medication management for symptoms of anxiety and anger outbursts that he reported that he had been experiencing throughout the entirety of his life.

The client was transferred to me from a clinician who had been transferred to the PROS program on the opposite side of the clinic in which I work. The transfer came as a surprise to me and I honestly felt uncomfortable with the manner in which I was informed that the client would now be on my caseload; which was particularly via a very informal e-mail requesting that I contact the client and schedule him for a session with me. I had not received any prior information regarding the client's background nor was I briefed on the fact that the client was very unhappy that he was being transferred after only having three individual therapy sessions with the prior clinician.

Despite my disappointment in the manner in which the client was 'sprung' on me for lack of a better term, I made it work so to speak by searching through the electronic medical record

system that the clinic uses in order to review his intake assessment at the very least. After scheduling the client and finally meeting with the client in person, much to my surprise the client expressed frustration with the clinic and the manner in which he believed he was being “passed along” to different clinicians. The client expressed frustration with having to “start all over” with a new therapist and feeling as though he has not been receiving expedited attention with respect to his request for a psychiatric evaluation in order to determine if he in fact has a mental illness diagnosis and will be required to take medication to address his symptoms.

During the client and I’s first couple of sessions, he often appeared to be very standoffish towards me and often compared me to the clinician he had been assigned to prior which did cause me to feel discomfort and at times a sense of insecurity. The client would make statements that were offensive to me such as “the way the other therapist talked to me was different, she had a better vibe than you.” I had learned how to turn the conversation around to the best of my abilities during our first three or four sessions, however I noticed not much of a change from the client’s tendency to make comments that quite honestly offended me.

The client also displayed irritability, agitation and aggression in his affect at various times throughout my interactions with him. The client portrayed himself to be somewhat of an “alpha male” in my opinion and even discussed a past history of domestic violence with his ex-wife, an experience in which he was the perpetrator of the violence. I found myself having to check my personal feelings about domestic violence offenders at the door while engaging the client in discussion, however some of his somewhat abrasive comments and demeanor often made me feel very uncomfortable even working with him.

My discomfort came to a head about a week ago during a session with the client, a session that ended up being our final session as a result. The client had been returning to session

after a week out of the State visiting his children and ex-wife's home. The client has appeared to be in an improved mood than I had ever witnessed him to be as evidenced by his affect, body language and facial expressions. I initially felt very excited that the client appeared to be in an uplifted mood and imagined the session would go quite well. However, almost immediately after initiating session, the client began to exhibit agitation, and speak in the abrasive manner in which he had in prior sessions.

The client expressed frustration about not hearing from the clinic's psychiatrist regarding providing him with a prescription for the medication that he discussed with him prior. I explained to the client that I had made several attempts to make the psychiatrist aware that the client was in need of a medication prescription and had even involved my supervisor and the clinic's administrative director in my efforts in trying to reach the psychiatrist who had proven to be very difficult to get into contact with. The client became upset and stated "well you know I didn't know this place was like this, I came here to get help and I thought this was a legitimate place, I didn't know I'd be getting passed around and that there were interns in here."

I assured the client that the clinic was a legitimate clinic and I explained to him that I thought he was informed that I was an intern prior to being assigned to me. He expressed he did not know that and later laughed in a dismissive manner and stated "you haven't been doing this long have you?" I noticed myself feeling very uncomfortable and personally attacked. I felt like the client was dismissing my ability to provide him with therapy because I was an intern. The client later confirmed my feelings when he stated "well I just feel like I'm being experimented on, I'm 40 years old, I done been through a lot okay, and you just... I don't know if you understand that."

I then began to feel as though the client was judging my abilities based on my age and perhaps my appearance. I even wondered if the client was judging me on the manner in which I spoke because in prior sessions he had mentioned that I don't speak similar to the prior clinician. Interestingly, the prior clinician was a Hispanic woman who appears to be in her late 30s which could have be reason for the client's rapport with her. During the exchange, I found myself becoming irritated and even noticed physiological changes within myself as a result of feeling uncomfortable and quite honestly, disrespected by the client's dismissive comments.

I found my hands shaking and noticed my nose and palms of my hands sweating, a reaction I am familiar with when I have been put in situations that I felt either threatened or personally attacked by someone's demeanor or comments. I noticed myself becoming upset with the client while simultaneously feeling pity for the client; a feeling that I later regretted. I felt like I pitied the client for being limited in his perception of what a therapist should look and sound like, while simultaneously feeling upset with the client for being so abrasive and dismissive of me.

I found myself judging the client for his reactions and rationalizing my judgment with thoughts of the client not being capable of acting any other way than aggressive towards a woman due to his history of being an abuser. That is when I informed the client that if he feels uncomfortable working with an intern, I can speak to my supervisor about assigning him to a full time clinician or fee-for-service clinician that may assuage the frustrations that he had been expressing. The client agreed and continued to act in a dismissive manner by rolling his eyes at me, laughing and shaking his head.

After the exchange, I briefly spoke to my supervisor about what had occurred and she expressed that with time I will become more confident in my skills as a therapist and it is not

uncommon for some personalities to simply not “like” certain therapists. She informed me that this experience is normal and that I should not take it personal as I had been. She expressed it was good that I am developing self-awareness as a therapist and was able to verbalize what I was feeling inside as a result of the uncomfortable exchange with the client.

I realized that although I found myself feeling discomfort and disdain towards the client as a result of the manner in which he interacted with me, I was able to remain true to my professional values. I did not allow myself to be taken to a place in which I was acting disrespectfully to the client, rather I worked towards attempting to maintain the therapeutic alliance and partnership by assuring the client that my primary goal was for him to be comfortable and if working with me, as an intern caused him discomfort than I would do everything in my power to correct that for him.

By doing so, I also acted in accordance with the values of social work explicated in the NASW’s Code of Ethics with respect to the initial ethical principle, service. The Code of Ethics states “*Social workers’ primary goal is to help people in need and t address social problems...Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems.*” (“NASW Code of Ethics”, n.d)

I believe that there have been some situations in which I have interacted with different client systems in which I was able to demonstrate the techniques in which I have been learning how to utilize as best practice with respect to my work to provide social work services to different client systems on a variety of levels. Although, not all situations were executed in the manner in which I would have liked, in hindsight I have been able to strengthen my self-awareness, a skill that will be invaluable for me in my future practice as a clinical social worker.

References

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