[redacted]

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Semester Project

April 10, 2014

Part I

Introduction

For this assignment I chose a genre in the field of Social Work. I would be required to do a massive amount of writing in any area of Social Work I am considering, of which there are several. This actually made deciding “what to write” rather complicated. In the end, I settled on writing an Interview Assessment. As a Social Work student I would be required to give possibly hundreds of interviews and transcribe each of them before becoming eligible to test for my license. Documentation is key for all areas in this line of work. If I were to have any success in this field I would need to master the skills of observation, recording, analysis, and reporting.

Writer, Reader, Relationship

As the writer in this genre I am a student… I know, it’s a bit of a stretch. However, my goals are much different in this context. The reader would be my professor, field instructor, and possibly a body of government, such as the National Council of Social Service, who would use my assessment to log into a case file. My relationship with each party is determined by my ability to prove competence, thus establishing my ethos. The level and quality of my insight, and my ability to record this adequately, is how I would be able to assert myself as credible.

Context and Purpose

The underlying need for interviews is the foundation of Social Work. Potential clients need to be assessed in order to determine candidacy for Social Services. It is primarily through interviews with current clients that support is provided, as well as monitored. Case Workers need to document each meeting with their clients to report pertinent information about their status and wellbeing, or lack thereof. Although there are many avenues of Social Services, each depend heavily on interviews and written documentation.

Columbia University's School of Social Work writes that as a student I would need to "complete two to three full process recordings per week," which implies how essential this skill set is for a Social Worker. This is highlighted in Columbia's description of "Why are Process Recordings required?" In the description the school states "in social work the practitioner's major tool is one's self and one's ability to interact effectively with clients and other professionals…[these writings] require that the student attend to interactions on a level not required by verbal review of theoretical analysis. They encourage integration of the multiple levels of learning that a student is exposed to in field and class [and] allow for close oversight of student's work by both agency and school."

If I become a Social Work case worker, this is a mandatory part of training that I would need to partake in. The reflection and analysis that goes into these writings are preparation for using systems such as the Statewide Automated Child Welfare Information System (SACWIS). There are many SACWIS templates, however they all

have 90 requirement fields that are needed for documentation, according to the Administration for Children and Families, which is a branch in the US Department of Health and Human Services.

Writing in any field of Social Work seems to take a symbiotic relationship of pathos and logos. When emotions of an experience are combined with logic we create schemas, or files, in our brain that allow us to have intuition. As a case worker I would rely heavily on my feelings and intuition to guide me through the maze of information each client and situation would present. My ability to accurately document with analysis would determine how each party would respond to each situation. My recordings would directly affect the outcomes.

Rhetorical Conventions

There are several different models or templates that can be used to assess or record an interview. I found a series of examples from Columbia University's School of Social Work. In their "Handbook for Student Social Work Recording," they state that "[s]udents should use whatever model is suggested by their field instructors." After reading through the examples in their handout, I devised a template of my own which contains the elements Columbia states must be included in all process recordings. These elements are: the student's name (mine), date of the interview and the client's disguised name, initials, or pseudonym, interview objectives (specific goals, nature of referral, nature of issues, focus for work, connection to overall purpose), "word-for-word description of what happened" according to me, description of action/nonverbal activity, my "feelings and reactions to the client and to the interview as it took place," my

“observations and analytical thoughts regarding what [happened] during an interview,” a summary of my impressions, and future plans/goals.

Processing an interview requires accurate recall. Ideally I would use a recording device or take notes when possible. Each writing needs to have detailed descriptions of my observations using pretty much all of my senses: smells, sounds, sights, etc. The emphasis of my writing will be anything and everything that stands out during an interview. What was and how were the client’s surroundings, physical status, and emotional status? What was said? What was happening around us? Did the client or myself interact with anyone else during the interview? Each of these and many more details needs to be included in the write up. Student interviews with clients, and consequently their processing afterward, are observation and awareness training. I would need to employ all of my skills not just during the interview but during the documentation as well.

Part II

Resources

In order to understand what genres in which Social Workers write, I did a number of internet searches. Many of the document examples and instructions I found were either through colleges, schools of Social Work, or government agencies. Each state has different reporting requirements. For this assignment I tried to use the most inclusive and widely used information available. Most of the templates and examples that I referred to were in PDF file links from the websites of Columbia University School of Social Work and various branches of US Department of Health and Human Services including Administration of Children and Families.

"Handbook for Student Social Work Recording". *Columbia University School of Social Work.* N.d. Web. April 15, 2014

"Intake and Assessment - A Guide For Service Providers". *National Council of Social Service*. Sep. 2006. Web. April 18, 2014

"Statewide Automated Child Welfare Information System (SACWIS)". Administration for Children and Families. Dec. 2005. Web. April 17, 2014

Part III

Interview With Client

Student's Name: [redacted]

Interview Date: April 1, 2014

Relevant Background Data

[redacted] 74 year old woman, was brought to the hospital one week ago by ambulance after 911 received a phone call from her daughter saying that her mother's leg was black. She had surgery to amputate her right leg below the knee due to severe infection. She is currently on several different antibiotics to fight a septic infection. She has another surgery scheduled due to the spreading of the the infection.

Focus for Work/Connection to Overall Purpose

My interview with [redacted] is going to take place in her hospital room. I am not sure what her condition will be, [redacted] or mentally. During the course of this interview I would like to gain a better understanding about when the infection started, whether she was aware of it or not, and how she could have let the infection go for so long before receiving treatment. I would like to assess what her living situation is like at home and whether or not there is anyone available to help her once she is discharged from the hospital. My main focus during our interview will be to get to know [redacted] and to attempt to read her levels of emotional/mental well being and stability.

Interview

As I approached [redacted] room I could see a man in scrubs standing in the doorway. As he walked away she looked up and saw me and remarked that he was an "a**hole". The man was a physical therapist. He had just told her that she needs to try sitting up in her chair for at least 20 minutes due to the fluid on her lungs. Apparently this is a very challenging physical task for her at this point in time.

My immediate impression of [redacted] was in regards to her slight physical stature. I estimate that she weighs approx. 70-75 lbs. The bandage around her amputation looked clean and in good care. She had severe swelling in her arms and several wounds and bruises as well. Her face however looked puffy but clear. I would guess that she has had plastic surgery at some point. Her breathing was labored and audible. She was sitting up, slightly reclined, in a chair.

After her quip about the male physical therapist I came slightly into her room and introduced myself. She smiled warmly at me, which was a surprise, but exactly the consent to enter that I was looking for. I then told her that I was here to talk with her about her experience at the hospital and to see if she could answer some questions for me about why she was here. There was no reply so I paused and then asked her how she was feeling at that moment. She replied that she really wanted to lie down again but

that “he” (the physical therapist) wouldn’t let her. I asked if it was okay if I sat and talked with her for a moment. She said yes.

Her room was quite small and there was no extra chair to sit on so I pushed some bedding aside and sat on her bed. I told her that I knew she had surgery due to a severe infection. I asked her how long her leg had been bothering her. She replied that “it all happened so fast” and that she “had just had a little itch on her ankle” which she scratched and “two days later I ended up in here.” This concerns me because she may not have felt or even noticed her leg getting infected. I would like to figure out why.

I asked her if she lived alone. She then told me that her daughter and grandson lived with her. This also surprised me because this means that three people had the opportunity to notice the onset of infection and it still was not caught until way past the point of safety. I asked her if she could tell me a little bit about her home. She suddenly looked a bit sad, perhaps even embarrassed and said that she really didn’t come out of her room a lot anymore so she really wasn’t sure how it looked. Obviously a home visit/ interview will need to be scheduled with her daughter and/or grandson. I asked her to tell me about her daughter. She looked to the ground and told me that she had “been into drugs for a long time”. This makes the whole picture a lot more clear. I asked her if she minded telling me what kind of drugs and she sighed saying “well anything really, but I guess her drug of choice has always been meth.” This information completes the story. This makes it easier to begin to understand how someone could barricade themselves into a room and have a terrible septic infection go unnoticed.

I then asked her how old her grandson was, fearing that I may need to contact child protective services as well. Her response was worse than I had thought. She told me that her grandson was 29 but that he had been involved in a terrible automobile accident in 2009 and was now a quadriplegic. [redacted] told me that it was a “damn shame” because he was such a “big beautiful boy” but that alcohol was involved and that it still is. We need to get someone over to assess the living situation in that house immediately. How is that young man even able to gain access to alcohol, let alone drink it, if he does not have use of his limbs? If he is a large man, how could this slight older woman care for him? I think there may be more than one adult victim in this family.

I asked [redacted] if her daughter had come to visit her while she was in the hospital and she told me that “yes, in fact she just came in today. She needed money to get lettuce for the guinea pigs.” I asked her how many animals she had and she said that she had five cats and she wasn’t sure how many guinea pigs (GP). She commented that she did not like the GPs much and that “they stink up the house.” This could be the possible source of her infection.

At that point I looked around her room and noticed an untouched strawberry yogurt cup on her tray. I asked her if she had much of an appetite and she said that she “ate all the time” but her shallow smiled seemed to indicate a need for an eating disorder assessment. I thought then of my initial observation of her possible face lift/ plastic surgery. In time I would like to address her image of her self. If her expectations and ideals are of an unrealistic point of view this may be a good vantage point to work with her on becoming truly aware of her surroundings. However, looking at the current severity of her situation along with her age, this may not be a pattern that can be broken let alone addressed.

The physical therapist then came into the room and told her that she could move back into bed. He said that he would help her but she would need to help herself too. All she needed to do was stand and then pivot into bed. She needs to be able to move by herself a bit because she will be relocating to the rehab wing of the hospital. [redacted] is not remotely ready for this transition, however her insurance will not allow her to be in the ICU any longer. The two of them made a couple of attempts together but in the end the PT ended up lifting her from the chair into bed. She soiled herself unknowingly while in the chair. Incontinence is normal with the amount of antibiotics that she has had in her system. When she became aware of the mess she said “so much for pride.” Hopefully that is true. Pride is often one of the largest obstacles on the road to self advocacy and support.

As the nurse was being called to come in and change [redacted] linens and gown I told her that I would see her in her new room in two days. She acknowledged my departure and said “ok, thanks”, which I am not sure was authentic or generational manners. The expression on her face was hard to read. I think in all reality she was just wanting the nurse to come in so she could lie down comfortably.

Impression and Next Steps

As I left [redacted] room the weight and depth of [redacted] problems began to come together. This physically fragile older woman has been [redacted] to the point of abuse and her living situation is sub-standard by a long way. It is imperative to get into her home to assess the condition, arrangement, and accessibility. If it is not a safe environment [redacted] may need to be relocated into a assisted living facility. I also would like to see if I can help her grandson in any way. He may need to be relocated as well. I am not sure what kind of support can be offered to [redacted] daughter. Rehab would be ideal, however I wonder if she may face criminal charges as this case continues? More information is definitely necessary to better facility support in [redacted] situation.

Part IV

Introduction

This assignment was challenging to write. I chose to write as a student and not a practicing case worker because I do not know all the aspects required of the job. The reporting criteria of a Social Worker is mind bogglingly complex, but the basic point is that writing is an essential component of this career. As a student I am meant to make observations, comment on them and include any information that I think needs to be pursued in the future. I would have a field worker who would go over the case with me to monitor my interview and talk with me about areas that need improvement, more attention, or that I covered well. I did my best to have integrity through my observations, speaking personally and objectively as a pretend Social Work student given this case to oversee.

Writer, Reader, Relationship

I touched a bit on the process of being the writer/interviewer in my intro above. I wrote as a Social Work student who was given a case to observe by my field instructor. I would be conducting 2-3 interviews a week, or possibly more. I would be in a learning process. The reader would be my field instructor and any agencies involved with the case. My relationship would be that of an information deliverer. I am trying to figure out where this case needs to go and how much attention needs to be paid to [redacted] In a way I have little credibility as a student until I prove myself capable of keen observation, then my credibility goes up as I identify the need as high, specifically in this situation. If I had walked into this room and acted in an unprofessional manner or conducted myself

in a way that made me unapproachable to [redacted] I would cease to be of any use to anyone. So in essence my credibility is apparent in the fact that I get any information at all, thus proving myself competent and supportive.

This leads me to a entirely new kind of audience and relationship which I had not considered in Part I. The client. Even though the client may never see any of the documentation, recordings, or reports attached to their case, the dynamics within the relationship with a client are crucial for success. The Social Worker - Client relationship is the deal breaker or deal maker. If as a Social Worker, I am unable to present myself as someone who the client deems worthy of connection, my ability to serve would be almost entirely handicapped. However, defining the elements of this connection seem to take place on a case by case basis. I imagine the expertise it takes to operate within these dynamics would take years of education and experience.

Context and purpose

The context of this interview was highly complicated… As is life. Reality is often more far fetched then fiction. If I were to become a Social Worker I am sure I would have cases equally chaotic and depressing or more. This is a sobering thought. However, the interviews and subsequent documentation are the foundation for future support and services. This genre of writing is very dependent upon personal evaluation. During this “interview” I relied on my feelings to help me assess how the client looked, spoke, and acted. I wrote about my observations “looking around the room”, indicating that I was paying attention to as many details of [redacted] surrounds and situation as I could. I looked for clues, such as her food, asking if her daughter had come to visit,

watching her body language and reaction to my questions. It is often through this post-op documentation that little pieces of the story come together.

The “purpose” of this document is to assess the need for further action and support. Clearly in this situation the need is high. The purpose is also to assess what kind of support should be given. Social Work is all about reading between the lines. Many of the people who find themselves under the watchful eye of social services are in no way capable, or willing, of accurately describing all the details that are accompanying their present circumstances. When mentality shifts from thriving to surviving, naval gazing is the first privilege to go. “What do I want out of life?” is a question that is available only to those who have surpassed the other tiers of Maslow’s hierarchy of needs. I imagine the best version of Social Work being one that enables people to ask such questions and then helps them to decipher the answer. This is no easy task, and furthermore people have to want to ask and listen. I touch on this in the processed interview when I write about how “ looking at the current severity of [Sandy’s] situation along with her age, this may not be a pattern that can be broken let alone addressed.” Until someone is willing to look at and admit the truth, it seems to be all about code breaking. What is REALLY going on in any particular situation? If it looks bad from the outside, it is usually unimaginably worse on the inside.

Rhetorical Conventions

In recording this “interview” I included all necessary documentation that was listed in the Columbia handbook. My name, date of the interview, pseudonym of the client, background info, and a description of everything that happening during the “interview”. My documentation painted a picture of the situation through my

observations. I wrote about how things looked and felt, for example when I described [redacted] room or what she looked like. Her “slight physical appearance,” how her bandages looked, her swelling and wounds, as well as the observation that she may have had plastic surgery in the past. I included feelings that came up for me during the “interview” and how difficult it was to piece together the story. I made notes based on how I thought she was feeling such as sad or embarrassed. I also wrote about my own feelings, like being concerned or wanting to get access to her home, daughter, and grandson.

To completely beat a dead horse, the rhetorical conventions that I used for this genre of writing were all about observation and assessment. I spoke from a first person account of an interview with a very frail older woman in much need of assistance. My recalling and documentation included detailed descriptions of [redacted] and her surroundings. I included details like her “untouched strawberry yogurt cup”, her small room with no chairs, the cats and guinea pigs in her apartment, her description of her grandson as being a “big handsome boy” who was now a quadriplegic, etc. In this genre my job is to paint a picture using as many details as possible. My paintbrushes in this medium are my senses and feelings. It is an incredibly emotional job where someone needs to maintain professionalism while being empathetic as a client discloses barricading themselves into their room to get away from the filth, drugs, and pain that has taken over their family. Being a Social Worker is stepping in and standing up for someone who is too weak to do so for themselves. The writing needs to reflect this truthfully and respectfully. Professionalism and tact is a paramount rhetorical convention in this field and all writing genres accompanied.