

Narrative Summary of Key Practice Skills

**10a- Engagement**

Throughout my time at River Valley I learned that the most important aspect of working with an individual is building a relationship with that individual. No matter the capacity in which you are working with the client or what the client is going through, you can make connections with that individual. In order to make the greatest impact it is crucial to build a strong relationship. When I first began interning at River Valley I would strictly talk to client's about their feelings and what they have been struggling with, however I have realized that it is highly important to talk about what the client enjoys, such as cars, music, or sports to build the client/clinician relationship. In the beginning when I talked to clients about music, cars, sports, etc. I felt that I was not doing enough and not providing them with "therapy," however through the aid of my supervisors I came to realize the importance of making connections and building relationships with the client. Another important aspect of engagement that I gathered throughout my time at River Valley was fully understanding how to empathize with clients. When I first started my internship I believed that empathy was a tough and confusing aspect of social work because I did not comprehend how I was supposed to understand what my clients were going through when I had never experienced the same things myself. I believed that in order to fully empathize with someone I had to completely understand their situation and their struggles. However, I came to realize that no matter the client's background I can find connections and empathize with that individual because everyone has human emotions and feelings, such as sadness, joy, grief, etc.

As I stated above it is possible to empathize and make connections no matter how different the social worker and client are, however to be able to make those connections and build that empathy it is crucial to listen and try to understand where the client is coming from. Often times social workers meet with individuals that have gone through such traumatic situations in their life that we as social workers cannot relate to. To be helpful to these individuals it is important to listen and learn from what they are saying. To build that relationship the social worker must listen to the client and try to understand their situation. I have a couple of individuals that I see on a weekly basis that I struggle to relate to and often times find myself at a loss as to what to do during sessions. However, I have come to realize that if I just listen to them, they basically unknowingly tell me what they need from me as the social worker.

I still struggle to engage with clients that are resistant or not engaged within session. I often find myself over explaining topics or trying to force a topic upon a client just to have them talk because I do not just want to sit there silently with the client. In addition, I need to gather more experience around meeting the client where they are at and not pushing the client into difficult situations.

\*\*sorry for a long response

### **10b- Assessment**

To be able to build a healthy therapeutic relationship it is important to gather the client's history and understand what the client has experienced. However, I have come to learn that clients do not always express all of their presenting problems within the initial intake session, meaning that the assessment aspect of treatment continues throughout the entire process of treatment. Prior to beginning my time at River Valley I had a solid understanding on how to collect information to create a biopsychosocial, yet I struggled to interpret the assessment and assess the client's readiness to change and select appropriate interventions. However, throughout my time at River Valley I have learned to assess the client's readiness by talking with the client and having a discussion about their expectations and desires from treatment. Also, I have begun to be able to select appropriate interventions for clients because I create mutual treatment plans with the clients and have a discussion with the client about their needs. Even though I have grown immensely on being able to collect and interpret appropriate information to create an assessment of a client, I still need work on my skills of knowing when to ask clients about past experiences and when to change the topic.

### **10c- Intervention**

When I entered my internship at River Valley I had no idea how to provide children and adolescents with therapy. However, throughout my time at River Valley I learned that a lot of the work of a clinician is trial and error. Since every client is different one intervention may work with one client but not with another. For example, one intervention that I often use with clients is "Thought Stopping" and two of my clients find it helpful and two do not find it helpful. In addition, I have come to learn that one of the most important interventions used within outpatient therapy is to provide the client with a safe space to vent and to constantly validate their feelings. Lastly, I have also learned that one of the most important interventions that help adolescents is normalization. Often times the client feels like they are the only individual dealing with grief, depression, anxiety, etc. However, normalizing their feelings and expressing that others have similar experiences could be an important turning point in their treatment. Even though, I have come a long way in understanding appropriate interventions, I still struggle at times to provide clients with evidence based interventions, such as Cognitive Behavioral Therapy, Interpersonal Therapy, and Narrative Therapy due to a lack of experience.

### **10d- Evidence base practice**

Even though I struggle at times to provide clients with evidence based interventions and practice models, I personally believe that evidence based therapies are necessary because they are prove to be effective. Throughout my time at River Valley, I mostly use Task-centered practice, Narrative therapy, and Cognitive behavioral therapy (CBT). At the start of my time with client's I often use a combination of both task-centered practice and narrative therapy. I used tasked centered practice to create and measurable goals. I would collaborate with the clients to create specific strategies and steps to begin reaching those goals. Through Narrative therapy I was able to gather information about the client's history and begin to build a relationship with the client. I found that within this therapy I could explain to the client that, the client is not defined by the problem, and the problem exists as a separate entity. Lastly, I like to incorporate CBT at a basic level with many of

my clients. I would explain to my clients that an individual's thoughts establish how an individual feels and behaves. Then I would attempt to change the client's patterns of thinking and behaving, which in turn will change the way the individual feels. I would attempt to change the client's patterns of thinking by challenging their thoughts, exercising a thought stopping technique, and mindfulness.

Throughout my time at River Valley I have come to learn that evidence based practices sometimes work with clients and sometimes do not work with clients. Narrative therapy and Task-centered practice work with a wider range of clients, while CBT works with a lesser range of clients, however with the clients that CBT did work it was highly beneficial.