**WFU RECORDING REVIEW FORM**

***for Supervision and Case Presentations***

Student Name:

Date:

Recording #:

Date of session:

Session # with this client:

Timestamp of section for review:

Adobe Connect link:

**Brief Client Background Information**:

* Demographic information (Age range, gender, etc.)
* Current environment

**Subjective Observations**:

* Information given by client or responsible individual
* Client’s perception of the presenting problem, including supports and obstacles
* Intensity of the issue and/or impact of the situation on the client’s life
* Potential cultural and systemic factors that the client reported which may influence the presenting concerns listed

**Objective Observations**:

* Factual information
* Counselor’s factual observation of the client in session; may include appearance, affect, behavior (verbal and nonverval), strengths
* What can be seen, heard, smelled, counted, or measured?
* Aspects of culture which may be accounted for in reference to client’s appearance, affect, and behavior

**Assessment/Conceptualization**:

* Counselor’s clinical judgment/impressions regarding issue(s)
* Synthesizes the information from the subjective and objective sections
* May include a diagnosis or potential diagnosis from the DSM-5
* Alternative explanations for clients’ situation based on sociocultural factors

**Plan**:

* Treatment plan based on your assessment of the client’s presenting concerns, including interventions used and treatment direction (interventions to be used)
* Treatment prognosis  - potential gains that can be made by following the treatment plan
* Short- and long-term goals for counseling
* Culturally sensitive, evidence-based practices that could be used to support this client
* May include counseling approach/theoretical orientation, alternative modalities

**Supervision Questions**:

* What went well?
* What would you have done differently, and why?
* Issues you would like to discuss in supervision

**RECORDING REVIEW FORM (Example)**

**Brief Client Background Information**:

* White, female, mid-30s, Christian
* Moved in with parents 8 months ago after losing her job as a cashier at Target

**Subjective Observations**:

* Client reports “communication problems” – her parents nag her about “finding a job and a man” – she is financially supported but most conversations end in an argument
* Client would like to go back to school but she has no income; she previously took some community college courses but struggled to maintain her grades due to her work schedule
* Client feels isolated by living back at home – she has a few friends in town from high school but they are mostly busy with families now
* Client reports her lack of education to be a personal and professional barrier
* Client spends most of her time at home, creating art and journaling

**Objective Observations**:

* Client presents with a sad affect
* Rarely makes eye contact, speaks slowly and quietly, often sits with hands clasped
* Client is appropriately dressed and groomed
* Client answers questions thoroughly, but does not offer much unless asked

**Assessment/Conceptualization**:

* Client may be experiencing problems with self esteem
* Client feels guilty leaning on her parents, but angry with their judgment of her life; possible family enmeshment
* I conducted a suicide assessment (client said she “just didn’t have much”) – client says she thought about it once but could never go through with it due to her religious beliefs
* It’s possible the client feels embarrassed to talk to me due to our educational differences
* Would like to explore Depression diagnosis, medication

**Plan**:

* Client’s goals are to reduce arguments with parents, find a job; I would like to see her meet some new people as well
* I am using a person-centered approach to establish trust with and build up her self esteem
* I will screen for depression using BDI – may refer to healthcare provider for medication
* I will incorporate CBT techniques to help her identify triggers and behaviors associated with her arguments with her parents
* I may work to incorporate her art and writing into treatment

**Supervision Questions**:

* I have built good rapport and used challenges effectively
* I wish I would have assessed for suicide more confidently
* How can I get her “out of her shell” to meet people?