

## APPENDIX F

### MORAVIAN SEMINARY • MAPC PROGRAM COUNSELING INCIDENT REFLECTION GUIDELINES

In two to three single-space typed pages, describe an incident or interaction at your counseling placement site this past week. Choose an event in which you were personally involved (usually, but not always in a counseling session), one that triggered high anxiety within you or gave you intense satisfaction or gratification. In other words, an incident might be an event seen as a “low point” or a “high point” in your practice of pastoral counseling at your site this week.

Introduce the other person/s with a brief description including age, gender, family status, presenting problem, whether this is an intake/supervision session/ongoing counseling client, etc. Mask the identity of the client by using initials or a made-up name. Identify, also, the place and situation in which this incident occurred (e.g., “This was our second session in marital counseling. M., the wife, had come in without her husband, G. – apparently at his request.”)

Then, cover as many of the following areas as you can. If you leave out an area, explain why.

#### **In Verbatim Form:**

1) Describe the incident or interaction as fully, clearly, and concisely as you can. Record all verbal interchanges in verbatim form (C1, C2, C3, etc. for what the client says; use your own initials for your responses such as J1, J2, J3, etc.). See the Verbatim example that follows these guidelines.

(2) Describe the emotions you perceived in the client or other as accurately as you can, putting them in parentheses next to the appropriate verbatim segment.

(3) Describe your feelings and internal reactions during the incident, putting them in parentheses next to the appropriate verbatim segment. Note especially any awareness of internal anxiety. Be aware of other gut-level feelings that could be signs of counter-transference.

(4) Record your observations of non-verbals, putting them in parentheses next to the appropriate verbatim segment (facial expressions, gestures, posture, hand movements, etc.). Include your own non-verbal communications!

#### SEPARATE SECTION FOR REFLECTION/ANALYSIS:

Identify what are your clinical hunches, observations, and analytical impressions of what process was going on in the incident. How do you interpret clinically what was occurring and the meaning of the interaction.

Identify what significant theological themes (grace, hope, community, forgiveness, sin, etc.), thoughts, connections between the human story and the divine story (Biblical stories or pericopes) that occur to you as you reflect on this interaction? Where might God have been working in this interaction – or not?

Reread your verbatim and reflection. What do you like/dislike about what you did? What did you “miss” during the session that you see now? If you are seeing this person for another session, what do you want to do differently? What do you want to continue to do? How will you prepare for the next session professionally? personally? as a person of faith? What is one learning you will take from this experience?

### **Verbatim Example**

The following example is an example of the way you will record the Verbatim portion of the Critical Incident Report. In this excerpt, Mark (M) is on sick leave from his teaching job and meets with his counselor (C).

M1: I really don't know what to do...whether to go back to teaching school. Ah- I can hardly stand the thought...but, you know, a stable job - a decent salary...Or else make a clean break, likely go back to university - find something I can get excited about...(clasps and unclasps his hands; he seems nervous, anxious and looks around the room without making eye contact)

C1: (I interrupt Mark and lean in closer to him, trying to make eye contact) The closer it gets for you to return to work, the bigger this inner turmoil...

M2: I don't know...(buries his head in his hands)

C2: (I'm feeling anxious . . . what can I say that will make him feel better? I breathe deeply to calm myself) You say “I don't know” but I wonder whether you really do know what you want to do.

M3: (Looks up and makes eye contact; he look frightened and trapped) Perhaps I am too scared to really say... (looking away) that I don't want to go back to teaching.

C3: (I take another breath; I'm feeling a tinge of fear or apprehension) Pretend that you are not scared. Tell people - your dad... your wife...Right now tell me: “I don't want to go back to school.”

M4: I...I.. don't want to go back... to school. (haltingly, looks at the floor) (Silence)

C4: What is happening Mark? (my heart is pounding, am I doing the right thing?)

M5: God – my heart is pounding...(begins to cry) I can't even say it.

C5: Perhaps it is not just your job you are disgusted with ... (oops, here I am putting my own thoughts into his situation)

M6: What do you mean? (looks vulnerable, ashamed, then makes eye contact)

C6: I think I hear you berating yourself, saying that you haven't the guts to quit.

M7: Well should I quit? .

C7: (I caught myself before responding to his question. I reminded myself that I need to throw this back to him. My palms are sweaty with anxiety) How important is it for you to know what others think is best for you, and how concerned are you not to disappoint them?

M8: It wouldn't be the first time that I disappoint people, especially my family... (sniffs and wipes nose)

C8: I think, Mark, these are the scariest things in life - to leave, or disappoint others. (oops, now I see how I keep putting my own interpretations into my responses –I am anxious to look like I know what I'm doing)