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## Flourishing and Self Care in Masters Level Internship

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### **The Deeply Committed Student**

*Most interns flourish.* They put their all into the experience. Internship is the time to learn, to develop skills, and to apply classroom instruction to real life challenges.

These students do extensive reading and study. When a client mentions a medical problem, a medication, a type of occupation, or an interest, they look it up. They have clear goals for what clinical skills and self-assessment they hope to achieve by the end of the experience. Although they cannot know at the outset all the content, personal development, and skill-learning ahead of them, they embrace the role of intern.

When it comes to actual client interviews, while some continue to offer practical suggestions, resources, and surface-level interventions – which is not the essence of therapy – others more quickly embrace the serious, in-depth processes of a psychotherapist attentive to the client’s inner experience.

On the other hand, some put in just enough to get through. They appear to be motivated by completing a course requirement and reaching the minimum requirement for hours.

Also, some have an over-committed life that does not create adequate space for a meaningful internship. “Intern” is one of many roles in their lives – partner, parent, student, full-time worker, and/or keystone in extended the family.

***We want the internship relationship to be successful and the intern to complete the program armed with the clinical, ethical, collegial, and writing skills necessary in order to be ready for full time employment as a therapist.***

Those last two groups include students who might reconsider how to get the most out of the experience.

Lastly, while most become effective therapists, a small number drop out of internship. Some finish internship, but leave the field altogether.

While we are helping clients lead healthier lives, we also want the interns' lives to be well-balanced. *We do not want the Intern's life to derail due to internship stressors. We do want the internship relationship to be successful. We want the intern to complete the program armed with the clinical, ethical, and writing skills necessary in order fit our vision to help students to be ready for full time employment as a therapist.*

In our experience, the *deeply committed intern* gets the most out of the experience and is ready to achieve that goal – that is, ready to manage a practice. That certainly does not mean mastery of a range of therapeutic techniques – you should give yourself at least five years for that. But it does mean accomplishing the goals of **basic readiness to assess and treat many of the problems that will come up, manage time, engage clients, work with clients to implement effective therapy, and produce quality documentation.** All those are amongst our goals.

So, in order to enhance their experience, to increase the likelihood of a positive outcome, and to reduce the likelihood of a negative outcome in the form of emotional distress and dissatisfaction, I asked a team of Interns and recent graduates to answer questions about the experience of going from student to Intern.

\*How can the intern best be prepared?

\*What promotes learning, bridging from classroom learning to practical application?

\*What is reinforcing and enhancing to professional self-esteem and what erodes it?

\*What is demoralizing?

\*What is hardest?

\*What school experiences contribute and where is the school experience inadequate to the task of starting to be a clinician?

\*What's best about our site?



This document distills and organizes a large number of their responses and observations. It is written for interns, for clinical supervisors, for practicum/intern instructors, and for advisors who may recommend internships.

**We hope our interns will flourish.**

## MACRO IDEAS

### **1. Why Are You Doing This?**

Considering these questions about motivation is crucial for thriving in internship.

- What is the source of your dedication to this work?** Think about the experiences in your life with helping persons, authority figures, mentors, teachers, personal relationships with someone(s) who may have had psychiatric problems or disabilities. Think about your future vision for yourself. From what internal forces do you derive your commitment to this field?
- Know your level of true interest and commitment to this *life's work* and this internship experience?**
  - What is your ideal post-Masters job?
  - What is your career goal five years out? Have you tested that idea with supervisors to see what is reasonable and what you need to master in order to get to that goal? Some students, for example, expect to start a private practice right after school. As their therapeutic skill is not yet very developed, that may be unreasonable. Others have entrepreneurial expectations, and it may take several years to acquire the necessary skills and knowledge of mental health systems. Others may want to spend 4-5 years after school in our setting or one like it where there is a lot of support for more learning. Students have told us about a wide array of “five-year” goals and we have helped them think out what is reasonable and what steps to take.
  - What are your main reasons for seeing yourself in that career setting?
  - Why did you contact this particular internship site?
- How would you profile yourself on some of these dimensions from the Big Five personality traits:**



Low Level	The Big Five	High Level
Practical, conventional, prefers routine	1. OPENNESS to imagination, feelings, taking action, ideas	Curious, wide range of interests, independent
Impulsive, careless, disorganized	2. CONSCIENTIOUSNESS competence, self-discipline, thoughtfulness, goal-driven	Hardworking, dependable, organized
Quiet, reserved, withdrawn	3. EXTROVERSION sociability, assertiveness, emotional expression	Outgoing, warm, adventuresome
Critical, uncooperative, suspicious	4. AGREEABLENESS cooperative, trustworthy, good-natured	Helpful, trusting, empathic
Calm, even-tempered, secure	5. NEUROTICISM tendency to unstable emotions	Anxious, unhappy, prone to negative emotions

If you find yourself on the HIGH side of one through four and the LOW side of trait five, presumably you have the makings of someone ready to learn, ready to write timely documentation, and able to form engaged clinical relationships.

However, if you find yourself on the LOW level on any of one through four *or* the HIGH side of number five, then the complex interpersonal, internal, and legal processes of this challenging work may pose problems for you. Are you ready to challenge yourself to make the changes that will help you succeed? To compensate for any weaknesses? To share your challenges with your supervisors? *To receive feedback non-defensively?* To put into your own practice any techniques needed to overcome the areas in which your skills and patterns need work, such as mindfulness, cognitive restructuring, exposure and resolution methods for pathogenic experiences? To work with a supervisor to uncover blind spots in your ways of knowing and your *Model of the World* so you can be maximally effective? Internship is, after all, about growth.

**Know your past, present, and future commitment to what it means to be a practicing psychotherapist.**

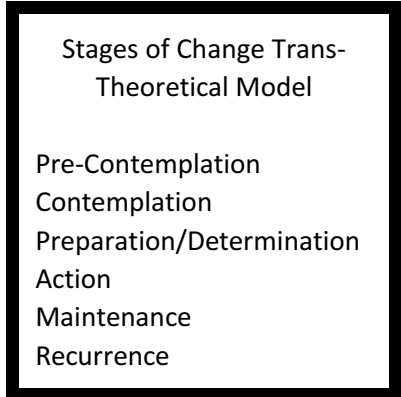
If you came to internship with strong interests in learning therapy, be prepared for what that means for you. This is merely a partial list of what it means for each of us.

- ✓ a career of interpersonal connection, empathy, and compassion
- ✓ the ability to both connect and to step back to an objective, evaluative stance
- ✓ closeness to others
- ✓ thinking deeply about others' behavior
- ✓ a spirit of endless inquiry and study

- ✓ complex problem-solving
- ✓ identifying repetitive dysfunctional patterns not only in clients, but in one's self
- ✓ a very high level of responsibility to and for others, sometimes a life and death level of responsibility
- ✓ working with complex problems and sometimes difficult clients, including clients who may be suicidal or may be involved with Protective Services
- ✓ awesome results and frequent disappointments
- ✓ training and re-training in approaches to psychotherapy as new evidence accumulates
- ✓ many hours of continuing education every year
- ✓ the potential for compassion fatigue
- ✓ perhaps participation in the state organization for your profession (e.g., AAMFT, ACA, NASW, NAADAC)

- Consider yourself on the Stage of Change Model as you enter this experience. Internship is designed to change your professional self. Most of our interns come into the field with a Preparation/Determination and Action Stage commitment to becoming a skilled therapist.

*E.g., Sally was a Social Work major who went directly from a BSW into an MSW program. She had some experience as a psychotherapy client. That motivated her to become a psychotherapist. In her undergraduate field work, she was placed on an inpatient psychiatric unit where she was able to sit in on groups and one-on-one sessions and to read professional documentation. She asked the staff for readings to explain what they were doing. She took a course on Abnormal Psychology in the Psych Department. She watched YouTube videos about or by the major figures in the field. After her BSW and during the first year of her MSW, she continued to work 24 hours a week on the inpatient unit. After interviewing for the internship, she followed our suggestion to memorize the DSM criteria for the most common disorders. During orientation, when we practiced diagnostic interviewing, she was active in our role plays. When given a critique or suggestion, she was non-defensive and accepting. She came to supervision prepared with questions and knowledge of the case material. She made a habit of completing her documentation within 24 hours of sessions. We could see her consistent improvement in her clinical skills and writing. At the end of the internship, she accepted a position with us as a post-graduate Qualified Treatment Trainee with a full caseload.*



Some may come into the field with less of the focus on requisite skills and personal growth.

*E.g., Hal's father is a Psychologist. It became apparent mid-Internship that his first love was in another career and he decided to finish the Masters and go back to the other work.*

*Mick struggled to master the interpersonal skills of an effective therapist and his commitment to the work was never that strong. So he left with his degree and went into the hospitality industry where he felt more comfortable.*

*Barb came into counseling from a sales career. Although she had exceptional people skills, she left to go back into corporate sales.*

*Nina was trying to develop her career by going to graduate school. She had three children aged two through seven. Her partner worked third shift in security so he would home when Nina had classes and internship responsibilities. Nina worked 32 hours a week in order to provide health insurance. Although she could participate in some internship activities by video conference from her work, she could not work some of the activities into her schedule. She could only allot two small blocks of time to client sessions. When a child was ill, she had to cancel clients. In order to be able to say she completed internship with effective learning, we tried to problem solve by offering to extend the internship to 16 months so she could spend fewer hours per week. Although we have had some students with young children succeed, Nina had too many interruptions to make that semester a success. In the end, so that her partner could shift to a job with insurance coverage and she could devote more time, she suspended internship from July through December,. She then stretched internship from 9 months to 16, ending successfully.*

*Diane came into counseling, as many students do, as a kind of self-healing. She reported a personal history of some trauma, depression, and anxiety. She had been in therapy and was taking medications. She found practices, such as mindfulness, catharsis, acceptance, and positive regard, to be personally healing. She thought a life as a therapist would help her feel in control. She felt safe among professionals who were thoughtful, bright, and sensitive. What she had not reckoned in her vision of the work was that strong-voiced or assertive males elicited her passivity. Also, her fear of confrontation hampered her interventions. Clients with complicated family problems evoked anxiety and a sense of helplessness. Diane worked with her supervisor to identify these countertransference situations and to master them. The team recommended she restart her own therapy specifically to work on these challenges. That enabled her to persist in her quest to become a skilled therapist.*

So, ambiguous or ambivalent motives can affect the outcome. The examples of Nina and Diane are two in which we could help work out the personal problems. Sometimes, we cannot solve those problems. So the student should be aware of personal challenges and motivations.

## 2. Choose Wisely

Choose an internship that gives you the most useful experience for what you hope to do in your career. That will enable you to be ready for your career and less prone to burnout.

For an outpatient setting, that means (all with supervisory oversight and assuming a solid ethical culture)

- a clinical setting, outpatient preferred, but a community inpatient setting may work (provided the setting exposes the intern to a variety of patients by age and diagnosis)
- variety of patients of all ages and types of problems
- a variety of treatment orientations/models, not merely one model
- personal responsibility for a clinical-professional role (not all shadowing/co-therapy)
- practice doing solo interviews and diagnosing
- ability to learn 2-3 therapies in some depth
- supervisor who can devote the time and takes an interest, preferably one who participates in selection of interns (and if the site signs up interns without the supervisor involved, ask to meet with the supervisor)
- for optimal learning, 6-10 different clients a week, 300-360 client hours in total (as too few client hours mean a less enriching learning experience)
- at least some exposure to the financial/economic environment of the setting (i.e., how people earn a living in this work)
- CPT coding is helpful
- supervisors have thought out the progression of skills and topics to foster learning and resilience



*You want skills that transfer beyond the site.* If the goal is to work in an inpatient, residential, school, or college counseling setting, choose an internship in the appropriate setting. However, a broader outpatient clinical experience still prepares one for those settings and more. *To repeat, you want skills that transfer beyond the site and prepare you for your next professional challenge.*

For instance, we receive job applications from new graduates who want to become outpatient therapists, but whose internships had one or more of these problems –

- \*non-clinical
- \*narrow population
- \*no personal patient responsibility and role induction as a solely responsible clinician
- \*no diagnostic practice

- \*only one kind of therapy that may not translate well into a general clinic practice
- \*all observation or co-therapy
- \*few hours of providing psychotherapy alone, if at all
- \*provides a set program, so all the clients have the same goals and interventions

We usually cannot hire those students for a clinic practice. That limits earning potential, variety of future experiences, and related factors, some of which can make for burnout.

### 3. Role Expectations

One trainee, Sarah Sleider, remarked, “Your internship is going to be what you make of it.”

Except for those who have had some years of prior professional human service or teaching experience, Internship is a huge jump from the student role to the clinician role. **Understanding that role, being ready to rise to its demands, and being able to *shift to this new identity* are crucial.**

*Imagine a medical student attending lectures and labs for four years, and doing some rotations. On the rotations she is wearing a short lab coat. She is identified as a medical student. After she interviews patients, a resident or advanced physician also interviews the patient. So, the student’s responsibility is limited. Then, she graduates. She is Dr. Goode. She begins residency right after. On day one, she is assigned ill patients to examine. They are her patients. Suddenly, her decisions are all her own and all crucial. Crises and urgent situations abound. She is to write up the exam in a specific, complex format. She has to suggest treatments and even prescribe medications. The patients think of her not as a new learner, but as a medical professional. We ascribe authority and power to that role. [It sounds very much like the challenges of a psychological clinician!]*



*Imagine a counseling student attending lectures for a Bachelor’s degree, graduating, and then taking a year of classes towards a Masters. There is so much material to learn. There are no “labs.” There is very little time for practicing the skills. The range of material is so vast, some courses can only shallowly survey the rich materials. Responsibility is measured in grades. She has not yet graduated when she begins to practice. She has not even taken all the coursework. We may call it practicum, fieldwork, or internship. One day she is assigned behaviorally troubled patients to examine. They are her patients. Suddenly, her decisions are*





*crucial. Although a supervisor may be watching or may only be told about the cases, the intern is making numerous decisions, discriminations, and recommendations. Every moment of interaction requires decisions about what to say. Crises and urgent situations abound. She is to write up each assessment in a specific, complex format dictated by state law and common practice. Some patients may articulate suicidal thoughts. She has to make numerous treatment decisions within each session. The patients think of her as medical professional. We ascribe authority and expertise to that role. Patients have expectations of her having a level of professional power and performance. Yet the Masters student may or may not be prepared and ready to see herself in that way, to rise to the demands of the role identity. Numerous demands on the job do not correspond with anything discussed in class.*

So, understand the new role. By observing advanced clinicians, consider the professional role itself. The Intern will be developing a therapeutic ego and therapeutic voice. Accept that this can be a daunting transition.

*Rule of Thumb: It takes 5 to 10 years of study and practice to make an effective clinician. An effective clinician is more likely to be able to manage the challenges and difficulties along that path.*

#### **4. Be Prepared and Ready**

a. Make space in your life for the time commitment. The onsite/telehealth/digital commitment may be 15-20 hours a week. But the internship could take 20 hours or more. In addition to looking up the interventions for client problems, the student should be researching all the medications and illnesses of clients.

Here are some important free resources. Start by downloading the free app Epocrates and looking at the psychiatric drug section. Download Medscape and sign up for psychiatry emails. Subscribe to Psychiatric Times. In addition, join AAMFT, ACA, NASW, or NAADAC as a student member.

Some students have the finances (or a partner or live with parents) to enable putting in the time. But some have full time jobs which are often anathema to a rich internship experience. We understand that the need for an income competes with the demands to read and research.

Inflexible jobs prevent a suitable experience. In Fall, 2021, one student had to defer starting because she could not get off to attend group supervision on the days it was held, in-services on Friday mornings, and even the initial intensive on-boarding orientation. Another student had a demanding job with tasks that consumed large blocks of time and she could not give internship

her full attention. She was in a state of continual high anxiety. Her internship experience was compromised and she did not learn as much as she might have under more flexible constraints.

*If the student cannot make the time now,*

*\*perhaps defer until he or she can arrange to put in the time*

*\*cut back work to 30 hours of work if possible*

*\*consider extending internship over 15-18 months with fewer hours per week.*

*This may delay graduation, but you will get more out of your graduate education.*

b. Also, be honest with the site. **The interviewer assumes you will participate in the full internship experience.** Most sites have a number of planned, scheduled activities. At Shorehaven, that means we assume you can get the full benefit of participating a mentoring group on Tuesday afternoon or Friday morning, a child therapy study group on Wednesday afternoon, an MFT study group, group supervision on Friday mornings, and webinars that are generally on Friday mornings. At Shorehaven, we expect you to carve out 10-11 hours during which to schedule clients at times clients are most likely to want to schedule, generally late morning through late afternoon. If you cannot participate fully, that does not preclude your acceptance, however, it may mean finding ways around your other responsibilities.

c. Make space in your life for the learning opportunity

Personal and family responsibilities during internship can put an emotional strain on the student. A fabulous internship is a commitment not just of the student, but also, in some ways, of the family as well. Can the family give the student the space and time for intensive study?

As we said above, the internship is a designed experience built upon the learning and teaching experiences of the supervisors. It also requires a lot of reading and writing in addition to your classroom work.

d. Study DSM5 until you know the criteria and differential diagnostic considerations for all the most common problems you are likely to encounter in a practice, especially

- Depressive Disorders and Bipolar Disorders
- Adjustment Disorders
- The spectrum of Anxiety Disorders
- PTSD
- Behavior Disorder & ADHD

You don't have to memorize them word for word, but be able to list them so you can ask in an interview.

Knowing the criteria enables the student to know how to interview a client in real time, knowing the next question to ask. For example, the client may say he cannot concentrate and has insomnia. We can think of many possible problems behind those symptoms – e.g., depression, ADHD, GAD, PTSD, to name a few. Without mastery of the criteria, the student cannot conduct a proper interview. With mastery, the student can feel more confident. He or she will know how to ask the pertinent questions.

Also know about Attachment styles and the major screening tools for depression, anxiety, PTSD, children's problems, and family functioning.

e. If you can, finish most of your courses before internship. If it is not feasible, ask the site for readings in the areas with which you are not familiar.

f. Pay attention in your studies to research findings on the therapies you will be using and on therapy generally. Almost all the schools have a written evaluation for the supervisor to complete. All of them ask if the student is citing research and knows the research. You do not want to have a lower grade because you did not take that material as seriously as the more compelling reading about intervention methods.

g. Definitely take additional classes even if it means some additional expense, if you can, in these four subjects:

- 1) Family/Couple Therapy
- 2) Child and Adolescent psychopathology and psychotherapy
- 3) Substance Abuse
- 4) Trauma.

Your career is likely to require rich skills in each of those areas.

h. Internship sites base policies and procedures on laws and ethical codes. At a minimum, skim through Wisconsin Statutes Chapter 457 (455 for Psychologists), 51.30, 51.45, Wisconsin Administrative Code MPSW (for Psychologists, code PSY), DHS35, DHS92. The idea is to understand why sites have certain intake, documentation, and other policies. That provides context for the work.

i. *Writing skills are essential.* Students do not realize about 20% of your time, 8 years of a 40 year career, are devoted to writing. Perhaps even more. Be open to correction and editing. Defensiveness about learning contributes to unhappiness in the work. Ask for templates and samples. We have gone so far as to recommend a writing course to an Intern whose writing skills were not up to the necessary level.

j. Be open about your work and open to feedback. Be generous with self-affirmation for the

one's effort and courage. Trainee Stephanie Ahrens wrote "Come in with an open mind, an empathetic heart, and the fact that you chose this work for a reason and that you put in the time, money, and belief that you can make a difference and you have the knowledge to start that journey."

## 5. Understand How Psychotherapy Is a Different Way of Interaction

Psychotherapy is not ...

- advice-giving, though some advice and resources may be given
- suggesting practical actions, though occasionally those are the best intervention
- friendship, with its give and take and mutual revelation, although friendliness is an important part of it
- a relationship of mutual sharing of needs
- a real-worldly relationship, though it is a real relationship of interest, concern, and awareness of the client's life
- mutual self-disclosure
- an informal or casual relationship

Psychotherapy is ...

- a special, unique, tilted relationship (client-expert)
- a fiduciary relationship investing special legal responsibility in the therapist
- based upon connection, empathy, acceptance, engagement, rapport, and regard
- an opportunity for clients to project (transfer) their way of relating into the relationship
- an opportunity to reduce symptoms and overcome impairments
- driven by goals
- observation of patterns of ...
  - \*reaction
  - \*thought
  - \*emotion
- uncovering pathogenic experiences and traumatic experiences that are affecting current functioning and which need to be resolved
- habilitation of developmental deficits and skills in need of further growth and learning
- resolving and coping with current crises
- learning more mature defenses
- comprised of interventions derived from schools of therapy and from therapist experience rather than ordinary conversation.



## **6. Know Your Personal Challenges/Pursue Self-Awareness**

*Sally internalized every mistake and thought she was doing a poor job. That was far from correct. The supervisor inquired and Sally revealed a history of depression and feelings of inadequacy. Sally agreed to return to her own therapist to work on how the internship recapitulated old tendencies. The supervisor asked her to chart the progress of her cases using screening questionnaires so she could see she was truly effective.*

*Joan was surprisingly passive in a family session in which the father took a punitive stance with the behavior of a child with ADHD. The supervisor inquired and Joan revealed her own father had a booming voice and was verbally abusive. The supervisor advised Joan to push against her tendency to be intimidated and if that didn't succeed, to consult a therapist. In supervision, Joan role-played and rehearsed more adequate responses.*

*Lance fell behind on documentation. He said he would have to resign from the internship. Remembering Lance' fatalistic attitude about two cases that no-showed, just rationalizing giving up on them, the supervisor saw a pattern of withdrawing from challenges. He did not let Lance resign and worked on an action plan to catch up and push against his avoidant tendencies. In the end, Lance completed the internship with an excellent result.*

*In group supervision in a family therapy program, each clinician spent two hours at the white board building his or her own family genogram and answering questions about roles, responsibilities, alliances, boundaries, history, etc. The object was for the group to be able to recognize how one's own family may affect the clinician's perception and behavior with client families. The team could hypothesize about situations for which the therapist may be best prepared and situations that could prove to be personally challenging.*

We all have blind spots, biases, and interpersonal challenges. Recent events in the USA have pushed clinicians to consider unconscious and implicit biases, stereotypes, and attitudes. The study of these tendencies are part of a constant process of personal improvement. Blindness to these challenges can cause anxiety, feelings of inadequacy, and a poor outcomes.

## **7. Understand Therapeutic Use of Self**

*Psychotherapy is an engagement process which from the therapist's standpoint, engages observing emotional, cognitive self. While we may use measurement scales and tests, the self is the major tool of helping. Above all, Internship is about the development of the **Therapeutic Self**, sometimes called the **Therapeutic Ego**. That means developing your*

- 1) capacity for connection
- 2) professional identity, with its clinical values and stance towards clients, families and community
- 3) *careful, reliable, conscious, planned* use of your personality, interpersonal relatedness, empathy, awareness, introspective capacity, insights, perceptions, knowledge, ability to affirm and validate the client, and clinical judgments on behalf of clients you treat and clients you are invited to consult about
- 4) consistent self-awareness of your thoughts, feelings, reactions, and behavior, and how your personal history affects you
- 5) building and maintaining a therapeutic alliance with clients, with connectedness and openness
- 6) ability to shift between experiencing mode and observing mode, that is, from being *with* the client *to* observing and thinking about the client's content, process, and patterns
- 6) judicious use of personal experiences and limited self-disclosure
- 7) learning how to help *without* relying upon advice, suggestions, and recommendations
- 8) capacity to be silent
- 9) self-awareness of counter-transference reactions, religious and cultural beliefs, and biases, attachment style, and keeping those out of the intervention-space
- 10) endless curiosity about the inner truth of each client.

### **8. Form an Informal Support and Study Group**

One of the best preventatives for student burnout and supports for growth and learning is an informal support group among the trainees at the site or across sites. Students can share resources and normalize stressful experiences. Students can help one another with preparation for national exams. Peers can share tips and show one another how to do various tasks.

Stephanie Ahrens wrote, "I can't imagine that my transition would have been as successful if I hadn't had the assistance of my coworker peers. We continue to keep contact and when we were all in the beginning, we were able to take an hour here and there to talk and consult about cases, talk about our dreams, comfort and reassure each other in that we are doing our best and our clients are getting that from us, encourage each other to look into different resources and cases to further ourselves, and most of all bond and support each other."

### **9. Self-Assess Your Pre-Internship Skills**

Having a realistic picture of skill levels can help in thinking about where the intern is at the outset and which skills need to be a focus of learning. Most university evaluation forms have us rate skills as *minimal, in development, at an expected level for an intern, or advanced/competent*.

- Relationship skills, empathic responding, engaging
- Assessment skills, diagnostic acumen, dynamic conceptualization
- Ethical and legal awareness
- Setting SMART goals
- Treatment Planning
- Intervention skills
- Diversity awareness
- Personal awareness, countertransference
- Language skills in spoken and written communication
- Use of supervision, openness, non-defensiveness
- Self-insight

### **10. Develop a Formative Learning Plan**

*Formative* means a plan that will be revised and updated based upon new feedback and observations.

A learning plan lists strengths and skills the intern wants to master. The plan is updated periodically to account for improvement and new areas the student wants to master. The plan is negotiated with the clinical supervisor and includes the latter's observations. The plan organizes the work of the next few months, including readings and new intervention skills.

The supervisor has a *developmental model* of the intern learning. For example, the first few months are about mastering documentation, scheduling, and engagement. The next few months are about learning to be more accurate in assessment and diagnosis, deepening therapy, and presenting some recordings for intensive analysis. The final part is for in-depth application and practice of the range of interventions from one or two orientations. *The end goal is readiness for post-Masters practice, which is more independent.*

### **11. Mentoring and Clinical Supervision**

Supervisor Michael Tomaro said, "This is your time to try things and make mistakes and learn."

\*Use supervisors to grow. Feedback is intended to that purpose. It's not criticism. The supervisor is likely to support taking on challenges, to give suggestions on the assumption the intern understands them and is able to implement them. So it is fundamentally supportive.

\*Your Clinical Supervisor is unlike any Administrative Supervisor you may have had. Learn to be open, honest, and willing to present all the data (even that parts you were not so sure you did well), to say “Here is what I need help on,” and to accept feedback.

\*Reach out to the senior staff. They want you to succeed.

\*Record some video (or audio). A supervisor can teach you so much from a 10 minute snippet.

\*The supervisor’s motives are for you to grow and for the clients to receive good services.

## **12. Attend The In-Services and Any Online Trainings You Can**

The purpose of Internship is learning and development of a therapeutic ego. The more you can learn the better. Many sites offer in service trainings. Take advantage of them. Many free webinars can be found on online. Youtube offers numerous videos on most clinical topics.

We suggest all interns use these free resources:

- download Epocrates
- subscribe to Psychiatric Times
- subscribe to Medscape and Goodtherapy.org
- On Facebook and LinkedIn, like Shorehaven
- join ACA or NASW or AAMFT as a student member.

Often, the student’s life is less complicated than it is likely to be in the future. This is a time to take advantage of learning opportunities. Sara Sleider said, “Use the resources that are there.”

## **13. School Only Exposes You to a Limited Part of the Knowledge You Need**

Schools do not train on coding, insurance, community resources, or working with other systems (CPS, court, lawyers, W-2, etc). Schools do not train on letter-writing and professional communications. Concepts such as transference and counter-transference are essential in practice, but many schools do not touch upon them. Schools often do not have time for extensive practice of skills. Each form of therapy includes numerous intervention methods. Classes may not go into the use of all these. Working clinicians can instruct you. **This is a challenging message, but what made you succeed in academics may not be all you need to succeed as a clinician.**



“School is something you get through and do the assignments. Internship is not something you get through. Utilize the skills. Utilize the people who you work with,” said then intern Brad Klinger

Three of the most useful books recommended by staff are Cognitive Therapy Techniques by Robert Leahy and Helping Skills by Clare E Hill and Selecting Effective Treatment by Laurie W Reichenberg and Linda Seligman.

## **14. Unlearning**

Other service professions teach a different **stance** towards those they serve. Nurses, teachers, case managers (with a fix-it orientation), clergy, CPS workers, addiction specialists – each focuses on a different role towards clients and a different set of interventions. An addiction counselor in a training position, Brad Klinger, said “Every time I heard a client was suicidal, I was to send them to their therapist. Then I realize I AM the therapist.” One intern who had been a teacher used buzzwords, such as “acting out,” “issues,” and other vague terms we want to eliminate. “That’s what they encouraged in teaching” possibly to avoid upsetting parents.

Each other field has something to contribute and something that does not translate well. Teachers have comfort with kids and how to communicate. Case managers know resources. But a certain amount of unlearning takes place in order to learn the role of clinician. *If you come from another field, be open to asking how the roles differ.* Be prepared to, in essence, unlearn the previous way and to learn a new way of observing, perceiving, and reacting.

## **MICRO IDEAS**

We begin with working on a healthy lifestyle and a strength-based approach to self. Practice what we do for others.

### **Continuity of Care**

Continuity of care not only means smooth handover to bridge from one level or locale of care to another. It also includes continuity within your therapy with your clients over time. Read your notes before sessions. So, write notes that will be helpful. All documentation must be timely. Write notes with the intention that the information will be important to the next session and the next treatment for the client.



### **Language**

The student will be asked to escape his or her culture in many ways, not the least of which is to learn to professionalize spoken and written language and professionalize how one relates in therapy. *An important function of internship is socialization to the profession.* We'll ask you to be more and more specific and to avoid buzzwords. Psychotherapy depends upon language and linguistic skills for conveying ideas and emotions. Be open to correction of spoken and written communications – very open. Learn the professional language to describe all that you are doing. If the supervisor points out vague language and buzzwords, *accept that as a gift (non-defensively)* and restate your point more professionally.

### **Block Out Time for R & R/Mindfulness**

Mindfulness practices and Centering before sessions can keep the intern fresh. Some kind of practice such as mindfulness, meditation, yoga, and centering, help clear the mind and prevent the accumulation of emotions and pressures throughout the day. It does not have to be mindfulness, but have some practice for clearing each session and preparing for the next. Also, protect your sleep. And avoid those activities that interfere with adequate sleep and mental sharpness.

### **Feedback Informed Therapy [FIT]**

Psychotherapy researchers Scott Miller, Barry Duncan, and Daryl Chow asked why some therapists have better show rates and better outcomes than other therapists. Their research shows that asking the client for feedback leads to better engagement, a stronger therapeutic alliance, and better outcomes. They developed a field of FIT. They recommend frequently asking the client if the sessions feel right, if you are covering what the client intended to cover, how the client evaluates the experience, and the unfolding outcome. <https://scottmiller.com/wp-content/uploads/FIT%20handouts.pdf>

### **Keep Up on Documentation**

Falling behind on documentation creates constant anxiety. We all think we can go home at night and finish our notes later. So, we deceive ourselves and fall behind.

*Mantra: Finish it now.*

### **Reward Yourself In and Out of the Work**

The reward is getting work done and the satisfaction we take in the work. Too often, we reward avoidance. So, we put off doing what we need to get done. Reading and documenting are difficult. Social media, TV, etc., are easy. They should come after completing work, not before. At the end of the day, do something for yourself, but get the work done first.

Many setting factors may contribute to burnout – rigid hierarchies, lack of recognition and validation, high levels of work pressure, self-judgement, and so on. We don't want to become disillusioned and ineffective. Most days have many positives. Review each day for all the went well.

*Manta: Remember to say – I think most of the people I encountered today are better off for knowing me and I for knowing them.*

### **Ask for Help**

Ask for help. Everyone at the site knows you are a learner.

So that you can build your social network, stay on site to do the work even if you can do it home. If doors are open, stop in a say hello.

Help-seeking is a strength. It's brave. By meeting with your colleagues often, you can get help in the moment. You can page the supervisor. You can talk to other advanced clinicians at the site. You can reach out to your field work instructor at school.

For more personal problems, many sites have an Employee Assistance Program that you can access.

### **Accept the Demoralizing and Difficult Parts of Internship**

\*Clients cancel at the last minute or no-show. It happens to everyone. Most of the work of interns is with populations that are on Medicaid. The literature tells us the show rate is 60-66%. At Shorehaven, it is over 70%, even for interns. We ask you to aim for 75% and, if you achieve that, shoot for 80%. This will force you to consider a range of engagement skills.

\*Clients may not see you as a good fit.

\*Clients ghost therapists. They may have actually benefitted. Don't blame clients – that common tendency actually creates a barrier to connection.

\*Learn to do what you can control.

\*Often, you do not know what do say or do in the moment. Silence can be an appropriate tool. A few statements can help, such as “Wow you are going through a lot.” “You were brave to share so much.” “You've given us a picture into so many of your challenges.” “Tell me more.” “That's puzzling. Explain a little more.” “What comes to mind about that?” “How do you piece together those thoughts?” “You're shown us how this works in your life.”

\*Interns often perform adequate first interviews. A recent intern then reported, “I had no idea what to do after that. I was suffering from anxiety about what to do in the 2<sup>nd</sup>, 3<sup>rd</sup>, even the 7<sup>th</sup> session. I mean panic. I wanted to quit.” We will help you with what to do and say and how to intervene.

\*Self doubt! It is easy to question if you did a good job and said the right thing. As you gain more experience, you will be more comfortable with what you said or did in the moment.

\*Some sessions are hard. The client was in crisis or criticized the therapist. Couples argue. Don't take it personally. Just be curious about what may have been missed and what could have been better.

\*The first time you have to decide on a diagnosis for yourself can be daunting.

\*The first client who expresses suicidal ideation can be overwhelming. Supervisors are here to support you and help you.

### **Welcome the Clients Into Your Experience**

Some of your best learning comes from clients with problems that are new for you.

Post-Masters trainee, Caylee Kennedy, offered some practical tips:

\*Create a schedule and stick to it. [Ask your colleagues how they built their schedule and ask for pointers.]

\*It's a marathon, not a race. [Learning takes time and practice.]

\*Do not over-book yourself with diagnostic assessments. Allow yourself plenty of time with your first couple of DA's. [Give yourself time to write them up and to think about what you are discovering about your clients.]

\*Practice a diagnostic with a colleague.

\*It's more important to be fully present in a DA than to get all the information.

\*Do not go 2 days without writing notes. [Focus on getting notes done daily.]

### **Awareness of Symptoms**

Headaches, disturbed sleep, muscle aches and stiffness, GI distress, mood swings, feeling inadequate, irritation, wishing clients would not show up, unable to concentrate, procrastinating on work tasks, feeling tired a lot, not feeling present – these could be signs of burnout, compassion fatigue, or vicarious trauma.

Saying “No.” Sometimes the Intern has to say he or she has too many cases or too many assignments. Make sure your schedule is well organized and you can stick to it. If you notice an unusual level of negativity in your attitude, evaluate your situation and whether you are over-committed.

### **The Art of the Reframe**

\*The point of internship is growth. Mistakes are growth opportunities.

\*It's a time to learn. Mistakes are inevitable.

\*It takes time to learn. You did not walk in with all the necessary skills.

\*I help clients realize you cannot achieve perfection. Neither can I achieve it.

\*Clients will do what they will. I don't control it. ,

**When You Are Not Doing Well – Compassion Fatigue, Burnout, Vicarious Trauma, Moral Outrage**

Compassion fatigue represents frustration, feeling low energy, negative thoughts, workplace and home conflicts. Burnout is a larger problem of mental and emotional exhaustion due to the conditions of work manifest in such symptoms as fatigue, insomnia, reduced concentration, feeling overwhelmed, physical signs of anxiety, illness, depressed mood, urges to avoid the work, irritation and irritability. The Professional Quality-of-Life Scale is a measure of Compassion Satisfaction, Burnout, and Secondary Trauma. Compassion Satisfaction is enjoyment associated with effective work.

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*The best advice I can give you now is go back to page one and read this document again. Clinical Supervisors are here to help you learn. Most have been training others for many years. And, lastly, we all have been beginners walking into an internship!*