



RMH LIFE Recovery Program

Placement Description

Substance abuse assessment and treatment.

Intern or Field Placement Responsibilities/Opportunities

- Observe intensive outpatient treatment groups
- Learn to use breathalyzers to check sobriety
- Learn to check-in and orient clients
- Teach psycho-educational components
- Do background research for therapists
- Attend grand rounds
- Observe treatment group at the partial hospitalization program
- Attend team meetings
- Observe Consults
- Observe group at inpatient unit

Contact Information

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<http://www.rmhonline.com/BehavioralHealth/BehavioralHealthAddictionServices.aspx>

Read about students' experiences at this site below:



Fall 2022 - Claire Peterson

This semester, I had the pleasure of being an intern at Sentara RMH Behavioral Health under the supervision of Robin Breeden. Their mission statement explains that “Sentara provides a comprehensive approach to mental health, offering a variety of treatment options and both inpatient and outpatient care. We put patients first. Drawing on the wealth of experts and resources throughout the Sentara network, we treat the unique and complex medical and psychological needs of patients. Patients and their families are included in the process of treatment and recovery. Our experts help patients realize that although they may not have full control over their symptoms, they do have control over their lives.” Sentara RMH Behavioral Health offers a variety of outpatient services, including substance abuse treatment, assessment and counseling services, group therapy, bereavement services, seminars, and training, as well as the Partial Hospitalization Program. During my time as an intern at Sentara, I had the opportunity to observe and co-lead groups in the LIFE Recovery Program, Intensive Outpatient Program, and occasionally the Partial Hospitalization Program.

The LIFE Recovery Program and Intensive Outpatient Program are both outpatient treatment services designed to assess and treat substance abuse. The LIFE Recovery Program’s philosophy states that “alcohol/drug dependency is a chronic and progressive, but highly treatable, disease.” The LIFE Recovery Program is a substance abuse treatment service that takes place on Tuesdays and Thursdays from 9:00 am - 10:30 am and is designed for individuals with substance abuse who are in early remission. For the Intensive Outpatient Program, Sentara states that this program is “designed for patients with chemical dependency and substance addiction who are beginning recovery. The program allows patients to receive the help and therapy they need with minimal disruption to their lives.” Like the LIFE Recovery Program, the Intensive Outpatient Program is a substance abuse treatment service. This program is designed for individuals with substance abuse who are early in their recovery and takes place from 4:00 pm - 7:00 pm on Mondays, Tuesdays, and Thursdays.

Before attending the group, Robin, Alison (another counselor at Sentara), the other undergraduate interns, and I would spend about an hour discussing what topics we would discuss during the group for that day and for groups that I had to miss (due to my schedule) what I had missed. For both the LIFE Recovery Program and Intensive Outpatient Program, groups would typically begin with check-in, where clients would state their names, whether they were sober, any triggers or stress they were experiencing, and coping skills used in their recovery. After check-in, Robin would teach clients psychoeducational components (such as radical acceptance, mindfulness, stress management, shame vs. guilt, and coping skills) and would hold a group discussion about these topics and how they related to the client's recovery. At the end of the group, clients would discuss how they planned to maintain their sobriety. Following the group,



Robin, Alison, the other interns, and I would discuss what we observed during the group that day and ask any questions regarding the information discussed. After our debrief of the group, one of the interns would document information from the group into an electronic healthcare record system called EPIC (we would switch off doing this depending on our schedules). As an intern, I had the opportunity to observe and co-lead groups under the supervision of Robin. During my first few weeks at my site, I would mainly observe how Robin interacted with clients during group and as the semester progressed, I began to interact with clients more. Observing how Robin interacted with clients and hearing about client's recovery during group helped to give me more confidence in my interactions with clients, and by the end of the semester, I found myself speaking more often during group. An experience that further increased my confidence in interacting and facilitating discussion with clients was implementing my contribution project, which was nerve-racking but rewarding.

My contribution project focused on relapse prevention for individuals with substance use disorder, specifically by utilizing skills used in Mindfulness-Based Relapse Prevention. Mindfulness-Based Relapse Prevention focuses on integrating mindfulness practices into the treatment of substance use disorder and research suggests that this treatment modality is associated with positive results and may be effective in preventing relapse. After examining the literature regarding implementing mindfulness for relapse prevention, I analyzed what common topics were for sessions discussed in the studies and translated these themes into topics I could integrate into group discussions during the Intensive Outpatient Program. Throughout 4-sessions, I was able to co-lead the group by introducing a topic related to mindfulness and facilitating a group discussion about how this topic related to relapse prevention. The primary topics that I incorporated into group discussions included mindfulness meditation, urge surfing, and automatic thoughts. Typically, I would find a worksheet online related to whatever topic I was presenting in that session and use that worksheet to facilitate group discussion. In addition, I would supplement the group discussions by integrating mindfulness-based activities related to the topic discussed during the group.

One of the biggest advantages of interning at my site was the opportunity to observe and help facilitate group discussions under supervision of Robin. Having the opportunity to observe how she would interact with clients and respond to them provided me with valuable insight into what it's like to be a counselor and reaffirmed my desire to pursue a career in counseling. In addition, another advantage of being an intern at Sentara was Robin's enthusiasm for the intern's growth and development of skills. Robin would encourage the interns to contribute and integrate relevant information during group discussions, which I enjoyed having the opportunity to do. One limitation that I experienced was being unable to observe individual counseling, but this is not a limitation unique to Sentara and applies to most interns at the undergraduate level.



Courses in Counseling Psychology and Abnormal Psychology were extremely helpful to me during my time at Sentara. During Counseling Psychology, we were given the opportunity to role-play a scenario with our professor where our professor was the counselor and one of the students was a client struggling with substance abuse issues. During this unit, my professor described helpful techniques for approaching topics specific to substance use disorder, which I found myself utilizing at Sentara during group discussions. In addition, Abnormal Psychology helped for me to better understand psychological disorders and their relation to substance use. Knowledge of symptoms that are associated with certain psychological disorders and how they could manifest in terms of substance use helped me to have a more comprehensive understanding of the client's recovery and insight into how different approaches can be essential depending on the client.

In terms of lessons that I learned at my site, there are too many for me to begin to describe. Still, one of the most important ones I have learned so far is that many individuals, regardless of whether they have been diagnosed with a substance use disorder, could benefit from the skills taught during the LIFE Recovery Program and Intensive Outpatient Program. Developing skills and increasing education about psychoeducational components (such as self-esteem, anxiety, depression, guilt, acceptance, and communication) can help us cope with life's challenges regardless of whether someone is struggling with substance use. This has affirmed my desire to become a licensed professional counselor and I feel more confident in my ability to help clients in my future work as a counselor. While I am still unsure of what exactly I plan to specialize in as a counselor, I am very interested in working with individuals who have substance use disorder after my experience at Sentara.

I truly enjoyed my experience at Sentara, and I will miss being an intern here. I am so happy that I had this opportunity to not only gain insight into the field of mental health and substance abuse but also into myself as a person. I am incredibly grateful for this experience and all that I have learned.

Fall 2022 - Jenny Olcott

For my field placement site I had the opportunity to intern at Sentara RMH Behavioral Health in downtown Harrisonburg. At Sentara RMH I worked alongside Robin Breeden, LCSW, in the Life Recovery program. The mission of the Life Recovery program is that "Alcohol/drug dependency is a chronic and progressive but highly treatable disease". The Life Recovery Program is one of the many services offered at Sentara. This program works specifically with individuals who are in recovery for substance abuse whether that be alcohol, prescription medication, methamphetamine, etc. The Life Recovery group meets twice a week and is a 16



session program. Sentara RMH also offers other group therapy services, which includes the Partial Hospitalization Program and Intensive Outpatient Program.

During my time at Sentara RMH I was primarily working in the Life Recovery Program, however I was able to observe some of the other services that were offered at my site. I was not only able to observe the other group therapy services, however I was also able to observe a Psychological Assessment with one of the clinicians at Sentara RMH. The Intensive Outpatient Program was another service that I took part in and was very passionate about attending. The Intensive Outpatient Program is designed for individuals who have chemical dependency and are in early recovery. The Life Recovery is a program that most individuals will attend when they are finished with the Intensive Outpatient Program as a way to stay active in their recovery. The experience of being able to attend the Intensive Outpatient Program, I believe helped me when co-facilitating the Life Recovery group because I had a better understanding about the process of addiction and what the early stages of recovery looks like. This program is longer than Life Recovery, as it meets 3 times a week and is a total of 21 sessions. This program is also 3 hours long while Life Recovery is 1 ½ hours long. During my time in Life Recovery I would co-facilitate the group with Robin Breeden by helping lead the check in process and lead group discussion on a psychoeducational topic related to recovery. These topics ranged from the process of addiction, the neuroscience of addiction, Cognitive Behavioral Therapy/Dialectical Behavioral Therapy, Radical Acceptance, Mindfulness, Stress/Anxiety Management and much more. During check in everyone is asked to state their names, how long they have been sober, any stress/triggers they have been experiencing, and what coping skills they use to manage their stress or triggers. The Intensive Outpatient Program also uses the same check in process, however it goes more in depth with the psychoeducational topics.

Before my internship I was not entirely sure about what I wanted to pursue as a career with my Psychology degree. During my interview and visiting Sentara RMH I felt as though I could really see myself working in a similar environment after graduation. During my time at Sentara RMH working with the Life Recovery program as well as the other programs offered, I felt a sense of passion about helping the individuals and I really wanted to do what I could to learn more so that I could be a valuable asset to the groups. Another great opportunity at my site that helped me to explore more about what I wanted to do upon graduation was being able to sit in on all the staff meetings. At the end of the meetings if there was time left the other interns and I were able to ask the clinicians questions we had. I was able to discuss with them what I wanted out of my degree and received advice about how to achieve my goals in becoming a Licensed Professional Counselor.

Another area of Psychology that helped me to be successful at my site was taking Biopsychology. The reason that this class was beneficial to have taken before my internship was



that I had previous knowledge about the biology of the brain, which helped me to understand how addiction affects the brain. During Life Recovery we would discuss how addiction is a disease and how it has an effect on the reward system in your brain. I was able to grasp and understand the science when we would have discussions on the science behind cravings and how someone can become addicted to a substance. During a few of the groups I attended we watched a film titled, *The Neurochemistry of Relapse & Recovery*, which I could understand and relate back to what I had learned in my Biopsychology course.

For my contribution project I decided to create a brochure that gave information about how to help a loved one who struggles with substance abuse. During my time at Sentara RMH I learned that many people who struggle with addiction can feel misunderstood because some individuals do not see addiction as a disease. Some may also want to help, but don't know how they can help. After hearing stories that were shared in Life Recovery, I decided for my contribution project that I wanted to create a resource that would have some of the information that a family member or loved one could learn about addiction and how they can be of support. Another reason I wanted to create this brochure is that members also expressed how they wish their family members knew about the different psychoeducation tools they have learned in the group, so they could have a better understanding about what they were going through. This brochure included information about different treatment options, the science behind cravings, different podcast/book recommendations about addiction (which could be specific to having a child or parent who struggles with addiction), as well as how you yourself can play a role in your loved one's recovery. This brochure will be implemented if a member of the Life Recovery or Intensive Outpatient Program mentions how they want to talk to their loved one about addiction or they want their loved one to learn more about the disease. The brochure can also be implemented if a patient at Sentara RMH who does not have an addiction themselves, however they want to learn about how to help their loved one who is struggling.

I am very grateful for my time at Sentara RMH and felt as though this was a great stepping stone towards my career. Through this experience I was able to decide that pursuing graduate school is a goal of mine that I want to achieve. Before this internship I was not sure if I wanted to go on to graduate school and become a LPC, however after this experience I know that my passion for this career is something I want to pursue. Interning at Sentara was a great fit for me and I felt as though I can leave having gained more knowledge than ever I could learn in a classroom or textbook. I also was able to see myself grow and gain more confidence in my ability to succeed in this career path.

Spring 2022 - Julia Smaltz



This semester, I had the opportunity to intern at Sentara RMH Behavioral Health. This agency is located in downtown Harrisonburg and offers many outpatient behavioral health services including both individual and group therapy. The mission states that “alcohol/drug dependency is a chronic and progressive but highly treatable disease. Dependency is an illness that results in pain, grief, guilt, shame, and turmoil in all areas of life for the individuals and families involved. Those affected often feel trapped, helpless and isolated.” Sentara RMH Behavioral Health strives to treat individuals with substance use disorders and other mental health disorders through multiple group therapy programs, including the intensive outpatient program, the life recovery program, and the partial hospitalization program.

This semester, I interned under the supervision of Robin Breeden, LCSW in the life recovery program alongside a graduate student who was completing her MSW. This program is an 8-week, 16-session group for individuals 18 and older who struggle with alcohol or drug use/dependency and are currently in recovery. The group meets every Tuesday and Thursday morning for an hour and a half. In the morning, Robin, the graduate intern, and I would spend an hour before group preparing what we would cover that day. In group, we would first have a check-in process where each member would go around and state their name, whether they were clean/sober, and if they had experienced any triggers or cravings recently. Then we would teach the group a psychoeducational topic and lead a discussion on how this is relevant to their own lives and their own recovery. These topics include but are not limited to cognitive behavioral therapy, stress management, mindfulness, communication skills, radical acceptance, HALT, and relapse prevention skills. In the beginning of the semester, I mostly observed while Robin led the group and interacted with the members. As the semester went on, the graduate intern and I started to co-lead group together, and eventually I was leading group on my own from time to time under supervision. At the end of group, each member would share what activity or skill they plan to do or practice over the next few days to protect their recovery.

After group, we would spend between 15 and 30 minutes processing what happened in group. This was a time for each of us to share insights on what we think went well, what did not go as planned, and any triggering or concerning topics that were brought up by the group. This was also a time for Robin to give us feedback on how we did as leaders. This was some of the most valuable insight for me to hear, as her advice and feedback helped me to strengthen some of my counseling skills. After this, I would enter the notes that I documented during group into an electronic software called EPIC.

In addition to helping with life recovery, I was able to help out with the other groups from time to time. Most often, I would help with either the partial hospitalization program or a CBT follow-up group. The partial hospitalization program is a 1-week program for individuals with chronic mental illness. On occasion, I was asked to lead a 1-hour group session on a topic of my choosing. Further, I was also given the opportunity to sit in on individual intakes and chemical assessments. This was especially interesting because I was able to hear the client’s story in more detail. Although my main duties were to help lead the life recovery program, I was also responsible for drafting letters to the court to vouch for group members’ progress and participation in the group. Additionally, I would do research on certain topics for Robin from time to time and would sometimes be responsible for other desk work and filing duties.



One of the most unique experiences I was given this semester was to shadow Robin at the Psychiatric Evaluation Team (PET) at the main hospital. This is where Robin would evaluate individuals who came into the Emergency Department in psychiatric crisis. This was a very interesting but emotionally taxing experience. I was able to see what it would be like to work on a more psychiatric side of mental health and in a hospital setting. However, it was not easy to listen to so many people describe such intense issues in one day. Nevertheless, I am extremely grateful to have had the experience.

I was definitely able to use knowledge from many areas of psychology in this internship. However, I mostly drew upon the topics I learned in clinical and counseling psychology including different therapy and treatment modalities, as well as ethics and confidentiality.

For my contribution project, I decided to implement an abbreviated version of Interpersonal and Social Rhythm Therapy to the life recovery program. IPSRT is a form of therapy that I learned about in Clinical Psychology and is used to treat patients with bipolar disorder. IPSRT focuses on how to maintain biological and social rhythms such as sleep and social interaction. After extensive research, I found that there was evidence that IPSRT could be effective for patients with substance use disorders as well. I implemented this treatment in a 2-session format. During the first session, I led a discussion with the group on sleep and how to maintain sleep hygiene, as well as the importance of sleep hygiene for recovery. For homework, I gave them a routine log to document what time they did certain activities throughout the day. During the second session, we discussed this log as well as the importance of social support in recovery. One of the best parts about this experience was hearing Robin's feedback, both positive and constructive. It was great to be able to hear what she thinks I do well as a group leader, as well as what she sees that I could improve upon.

I greatly enjoyed my time at Sentara RMH very much, and am quite sad to leave. Everyone there is so warm and welcoming, and all of the professionals are so friendly and have so much knowledge to share. Robin does a fantastic job at providing her interns with so many opportunities for personal and professional growth. Although it can be emotionally taxing at times, it is very important work that is being done. I learned a lot about myself and about others this semester. However, one of the most valuable lessons I learned is that although the media may portray substance abuse and addiction a certain way, drugs truly do not discriminate. This experience challenged so many of the biases and stereotypes that I was not even aware that I had about the disease of addiction. I know and am confident that this experience will make me not only a more empathetic and understanding person, but also help me a better counselor in the future. In fact, this experience has made me interested in pursuing substance use and addiction counseling. I would definitely recommend this site to anyone interesting in the clinical or counseling side of psychology because of how much experience you are able to have with observing and leading group therapy. Being able to interact with clients every day was such an amazing experience, and helped confirm my passion for mental health counseling.

Fall 2021 - Jessica Dobbs



This semester I have had a very memorable learning experience interning at Sentara RMH Behavioral Health. Their mission provides that “alcohol/drug dependency is a chronic and progressive but highly treatable disease. Dependency is an illness that results in pain, grief, guilt, shame, and turmoil in all areas of life for the individuals and families involved. Those affected often feel trapped, helpless and isolated.” The outpatient substance abuse programs treat patients aged 18 and older who are suffering from issues due to drug and alcohol use. They provide three main programs: the intensive outpatient program, the life recovery program, and the partial hospitalization program. I had the opportunity to take part in all three of these programs. However, the primary program that I assisted with was Life Recovery. It is an 8-week outpatient program that took place for an hour and a half on Tuesday and Thursday mornings.

I had the opportunity of assisting my supervisor, Robin Breeden, LCSW. My two primary responsibilities were helping to facilitate group sessions and researching information to present to the groups each week. At the beginning of the semester, I watched as Robin interacted with the clients and lead them through each of the sessions. As the semester progressed, I was provided the opportunity to lead the clients through the group sessions.

The sessions began with a check-in process where the clients spoke about whether or not they were maintaining their sobriety and if they had been having any cravings or triggers. This was followed by a group discussion in which the clients were taught skills and coping mechanisms to help get them through their recovery. The group concluded with the clients talking about what skills or activities they would be performing in the following days in order to help protect their abstinence. The site has a binder where many of the worksheets for skillsets including CBT, emotions, mindfulness, and radical acceptance are held. I was able to add research to this binder after finding information and creating worksheets for subsequent group topics including codependency, self-talk, and stress management skills. I was able to find the information for these online and through prior knowledge of what I have learned in classes, including social and counseling psychology. After the conclusion of each meeting, I wrote notes on an electronic system called EPIC, where I documented the information that the clients discussed throughout the session. Another task that I performed was drafting letters to the court on behalf of the clients on how they interacted during their group sessions. For some patients, I was even able to sit in on their intake interview, which allowed me to attain a full perspective of their individual stories.

As mentioned above, Sentara RMH Behavioral Health has three types of groups. I had the opportunity to sit in on the two other types of groups when I was not working with the Life Recovery Group. On a few occasions, I was able to assist with the Intensive Outpatient Group, which is a substance use group that meets for 21 three-hour long sessions. The third type of group that I was able to take part in was the Partial Hospitalization Program, which helps people in a group setting that experience mental health issues. Besides my involvement with these three groups, I also had the amazing experience in shadowing Robin at the Psychiatric Emergency Team (PET). It was a full day of learning. We were on call from 8am to 4pm, during which I was able to see Robin evaluate patients with psychotic symptoms.

There are so many advantages to working at this site. I was really able to learn a lot not only by watching and listening, but also by doing. I am so glad and feel fortunate that I was able



to experience a wide-range of learning opportunities through being involved with the various groups, observing intake interviews, and being a part of the PET team. I learned so many things that cannot be simply taught in a classroom. For instance, the handle of different situations that may arise during group. I was also able to learn a lot about addiction. Not only did I find a great amount of information through research, but I learned first-hand through interactions and discussions with the individuals themselves. It is bringing a much greater understanding than what can be absorbed from a textbook.

The only limitation, which I do understand, is that due to HIPPA regulations, I was unable to experience individual counseling, which is what I plan to do in the future. However, based on clients' reactions, group therapy can be a critical part of their recovery journey. By taking part in these experiences and through discussions and interactions, I was still able to understand their journeys and help bring them another step closer to recovery. This experience was a self-acknowledgment that assured me that I was making the correct choice in my career pathway. This internship has had such an impact on me, that I have decided to try to pursue a concentration in addiction rehabilitation as I progress in my future education.

In addition to all of the above experiences, my contribution project was aimed at finding additional resources for the groups that provided information on stress management. The resources that I created included worksheets detailing what stress is, why stress happens, the clients' personal stressors, and skills on how to cope with stress. I had the opportunity to personally use these resources in both the Life Recovery Program and the Intensive Outpatient Program. These worksheets were also used in a group that was led by one of the other interns. These worksheets and resources were made available for future use. I believed that adding more resources on stress management was important, because most of the materials on this subject that were provided previously were mostly informative and not interactive. By providing both informative and interactive material, the clients were able to share their own stressors and learn stress management skills at the same time. At the time that it was presented, the desire to learn how to cope with stressors during early recovery was a topic discussed by the groups.

My time at RMH has taught me a lot about myself personally, my future career goals, and about others in the community. I learned that substance abuse is an issue that many people confront almost daily, and that addiction can be a problem that anyone can face. I have seen first-hand that clients can be very diverse, and that I need to be aware of every individual's own personal issues. I think that it was a very rewarding experience, and though my supervisors taught me so much, I also learned a lot from my clients as well. I am very grateful for my time interning at Sentara RMH Behavioral Health.

Spring 2021 – Kiley Gagain

This semester I had the privilege to intern at Sentara RMH Behavioral Health. Their philosophy states that alcohol/drug dependency is a chronic and progressive, but highly treatable disease. Dependency is an illness that results in pain, grief, guilt, shame, and turmoil in all areas of life for the individuals and families involved. The purpose of their programs is to treat unique and complex medical and psychological needs of patients. They aim to treat patients with a



holistic approach while providing education on a healthy lifestyle. A holistic approach means they focus on the individuals as a whole rather than solely focusing on the presence or absence of substances.

While working at this site, I assisted my two supervisors, Robin Breeden and Stefani Laird. While Stefani was my direct supervisor, I was still able to work and collaborate with Robin while in the office. I was there for a full day on Mondays and 4 hours on Tuesdays. I was able to sit in on the Intensive Outpatient Programs (IOP) sessions on Mondays and Tuesdays from 4:00pm to 7:00pm. Group sessions start with a “check-in” from each patient where they stated if they are sober/clean, if they experienced any stress / triggers, what skills they used to cope since the last time we saw them, and they are asked to share something about themselves or their recovery. On Mondays I would take notes during the check-ins. On Tuesdays I would get there an hour before group started to enter the notes into our charting system as well as help plan lessons and get the materials ready for that day. I also helped my supervisor lead check-ins on Tuesday s. After check-ins, we would lead a discussion or show a video to help support the new concepts being taught. Different lessons were taught each day, and they strived to help decrease different areas of stress within our clients lives. Examples of lessons we have taught in class included improving social support, self-love / self-care, addiction education, mindfulness, radical acceptance, etc. I was given the opportunity to create my own lessons and taught two full classes without my supervisors present. An undergraduate social work intern and I led check-ins and executed the full-class lesson plan we created. Another therapist in the office was there to support us if we needed and took an hour of the class to teach her specialty, anger management. It was a great opportunity for me to practice appropriate interactions with patients as well as be able to answer questions that arose during the conversations. Getting the chance to lead a class on my own helped booster my confidence and showed me that I was capable of taking on challenges like this one and succeeding.

On top of working in a group setting, I also saw an individual client with my supervisor, Stefani, and got to be a part of initial assessments. Each week I came into individual sessions with a different lesson made for them and co-lead the session. It was a great learning experience to see how my supervisor would add on to the things I said while teaching, it showed me alternative ways to explain certain topics to clients to ensure their full understanding. I was able to collaborate with Stefani about future topics that would be beneficial to go over with our client after debriefing on what we talked about in their session. Initial assessments are the first time we see a client. We go over their family, medical, and health history as well as their current presenting issues. This session helps our office decide whether or not they would be well fit for one of the addiction services we provide. While I didn’t participate much in these sessions other than take notes, I really enjoyed them. There is an office for the interns, and that is where I did majority of my work. I enjoyed being able to have my own space, while constantly being in touch with Stefani and Robin if I ever had any questions. Both of my supervisors, as well as other people at the office, were excited to have me be a part of the team and were very willing to explain anything I had questions about. They did a great job at helping me learn the ropes and supported me during my time throughout the semester.



Overall, I enjoyed my experience at this site, but I did have some fears while there. Being so close to JMU, I thought there would be far more college-aged clients coming into the office. In reality, there were many older clients, which intimidated me at first. I was worried I wouldn't be taken seriously due to being young and an intern. Over time, as I learned more about the site and gained more confidence in myself, that fear went away. Especially once I was able to build a professional trusting relationship with clients. I really enjoyed getting to work closely with clients and hear more about their life experiences. I did not have prior experience to this population and was excited to learn more about addiction and the effect it has on both clients and their loved ones. I really enjoyed seeing individuals take in all of the information they were given and come back saying they tried something we recommended. It was very meaningful to feel like we were making a difference. This experience helped confirm my desire to work in the health profession. I enjoyed being presented with an issue and collaborating with clients to find the best solution for them.

During my time at this site, I was able to create and implement a Contribution Project. I made individual session lesson plans for 4-6 sessions. Prior to starting at this site, my supervisor told me they didn't have a set schedule for what they taught to clients each session. Instead, they just pulled from past activities and found what worked best for the current client. I worked with Stefani to find key topics that were important to discuss and created new lessons and activities that could be utilized in the future, in both individual sessions and group sessions.

I overall really enjoyed my time at this site and would recommend it to others. I got a lot out of just observing the way both Stefani and Robin carried themselves and responded to certain situations relating to clients. I admired the way they carried out their responsibilities with such grace and could see how much their clients appreciated their work. They both have so many characteristic's that I would hope to have as a future health care professional and am very thankful, I was given the opportunity to work with them.

Spring 2021 - Samantha Earp

Sentara RMH Outpatient Behavioral Health Specialists provides a multitude of services for mental health, including individual therapy sessions, inpatient treatment, crisis care, and outpatient substance abuse treatment. I was involved in a number of these services, but I mostly interned at the Life Recovery Program. The Life Recovery Program is an 8-week outpatient treatment program for substance use, focusing on education about addiction while providing therapy in a group setting. The group meets on Tuesday and Thursday mornings for an hour and a half; the staff uses a variety of treatment approaches, but particularly use Cognitive Behavioral Therapy and Mindfulness Techniques. The philosophy of the Life Recovery Program is that substance abuse is a disease that is chronic and progressive, but can be treated successfully. The clinicians involved in the substance abuse treatment programs at Sentara use a holistic approach to treat substance abuse, focusing on healing the mind and body while educating clients on substance use and the necessary skills to overcome it. The Life Recovery Program is run by one of my supervisors, Robin Breeden, LCSW; Robin focuses the educational component of the



program on developing patients' coping skills and stress management, in order to treat the main triggers of substance use.

I assisted Robin in facilitating the Life Recovery meetings on Tuesday and Thursday mornings. The Life Recovery meetings start with check-in, where clients state if they are sober, what triggers or stress they have experienced that week, and how they coped with it. Then, the group moves to the educational component, which was chosen by my supervisor prior to the meeting starting. At the beginning of the semester, I mostly observed Robin interacting with clients during check-in and then presenting the educational component she had chosen that day. I was able to go through the Life Recovery binder, look at all of the options for education, and assist Robin in choosing what would be presented. Robin particularly likes educating on the principle of radical acceptance and on mindfulness techniques, but there were materials about CBT, emotions, stress management, and addiction, just to name a few.

As the semester progressed, I was able to become more involved in both check-in and presenting the educational materials; by the end, I was leading check-in and teaching some lessons by myself. After the meeting ended, I was responsible for completing the progress notes, which contained information about what the client discussed during check-in, how they behaved during group, and what was taught during group. The notes were completed electronically on EPIC, Sentara's documentation software. I performed all of these duties for every group session. Occasionally, I administered drug screens to clients; most of the screens were administered for court or child custody issues, but sometimes, screens were administered because Robin suspected one of the clients was under the influence of drugs or alcohol during the meeting. I never had prior experience completing or administering a drug screen, so this was an interesting occurrence for me. Also, I was able to observe initial assessments when a new patient was being evaluated for treatment; I observed my other supervisor, Stefani Laird, LCSW, for initial assessments because she was the only one who had new patients on my days. Finally, I was able to shadow Robin at the Psychiatric Emergency Team at Sentara. I followed Robin as she performed consultations on the patients experiencing mental health crises at the Emergency Department. The day I shadowed was more active than usual, as she tried to evaluate a woman experiencing psychotic symptoms. It was a very intense and fast-paced environment from the start, which was somewhat jarring to me. I am incredibly grateful I was able to shadow Robin, although I would not choose to work on the PET team.

For my contribution project, I developed materials for education about the relationship with self. Through research and the stories of the patients, I learned that many people who struggle with addiction also struggle with having a good self-relationship; their self-esteem and self-worth are poor, and they often use drugs or alcohol to escape the discomfort with themselves. Using the research from the contribution paper, I developed a packet with information about the relationship with self, its components, and how to improve it. I implemented it during the group just like the other educational components are presented, and it went well. The group had a healthy, lively discussion about self-worth and self-esteem, and I felt the patients left the session ready to practice improving how they feel about themselves.

I truly enjoyed my field placement experience at the Life Recovery Program. The biggest advantage was the hands-on experience conducting therapy. I have decided to pursue counseling



as a career, and being able to participate in it was very helpful for me. I loved being able to take what I have learned in my classes about therapy and apply practically. I always appreciated that Robin and Stefani were patient and met me where I was; they challenged me, but they never pushed me so hard that I felt uncomfortable. They set expectations for my involvement in the group sessions, but respected that I wanted to become involved at my own pace; this pace was faster than I originally expected, but I never felt that I was intruding on Robin or Stefani. Robin and Stefani are incredible women and were heavily involved in my professional development throughout the semester; I developed strong relationships with both of them, and I hope to emulate that with my supervisors, bosses, and supervisees in the future. The only limitation of this site is that I am not able to observe individual counseling sessions after the initial assessment with a clinician. This was because of confidentiality concerns and remaining compliant with HIPAA laws. Observing individual sessions would have been beneficial for my overall experience and for discerning whether I want to pursue individual therapy in my career, but I understand why that was not possible. Otherwise, the experience was positive and offered so many experiential opportunities for learning. Something important I learned at the site is that group therapy works very well, especially when treating substance use disorders. This observation has led me towards considering group therapy as a treatment option for my future career as a therapist. Overall, this experience has deepened my knowledge of substance abuse and confirmed that I want to be a substance abuse counselor. I am thankful for all that I was able to do at Sentara RMH Outpatient Behavioral Health Specialists, and for the knowledge and support given to me by Robin and Stefani.

Fall 2020 – Kristin Manz

For my field placement capstone course, I interned at Sentara RMH Behavioral Health. Sentara RMH Behavioral Health offers a multitude of services such as 24-hour crisis care, addiction services, bereavement services, child and adolescent services, counseling services, inpatient treatment, intensive outpatient treatment (IOP), and outpatient services. Throughout all of the services listed, I was an active individual working in their addiction services, more specifically, working with the LIFE Recovery Program. The philosophy of this program is “that alcohol/drug dependency is a chronic and progressive but highly treatable disease. Dependency is an illness that results in pain, grief, guilt, shame and turmoil in all areas of life for the individuals and families involved. Those affected often feel trapped, helpless and isolated.” Despite all the devastating consequences that addiction holds, the mission of the Sentara RMH LIFE Recovery Program is to cure this highly treatable disease physically, mentally, and emotionally. This program provides outpatient substance abuse treatment for individuals age thirteen and older who are suffering from problems due to drug and/or alcohol use. Sentara RMH LIFE Recovery Program allows clients to attend the program while still maintaining their everyday lives by living at home, continuing to interact with their family members, and attending their regular school or work schedules. The LIFE Recovery Program occurs on Tuesday and Thursday evenings for an hour and a half, from 5pm to roughly 6:30pm.



In regard to my personal experiences and opportunities at Sentara RMH Behavioral Health, I mainly worked under the supervision of Robin Breeden, LCSW. Each week I arrived at my site thirty minutes to an hour prior to help prepare program materials and aid in faxing and/or filing papers. Each session began with patients following “check-in” guidelines. These guidelines included stating their name, stating if they are sober, if they experienced any triggers or cravings, and if so, how did the individual go about handling them. During this process, I took notes on what each patient addressed in order to submit progress notes afterwards. Although there were some patients that weren’t completely truthful about their recovery progress, I took this situation and made it into a learning experience. Oftentimes, the individual is experiencing guilt, shame, and embarrassment; but their effort to attend group and learn about our educational topics, shows initiative. After the “check-in” procedure, the psychoeducational topics began to be discussed. This was a time where patients were encouraged to participate and share their own experiences throughout their recovery. During this time, I helped lead specific worksheets, give advice and my own knowledge regarding these topics. Once the programming came to an end, I penned progress notes that included stating each patient’s session number, diagnosis, chief complaint, and other essential notes insurance companies and clinicians need to see and keep up with. After group ended for the night, my supervisor and I discussed take-aways from the group process. I came in the next day to complete the progress notes and get them signed before submitting them. Following the completion of submitting notes, I helped my supervisor with anything that would benefit her. I was able to gain experience contacting insurance companies to gain authorization for patient’s treatment, organize folders consisting of program worksheets, completing outside research for my supervisor, and assist in the process of intakes for new patients. After taking notes during these intakes, I completed an integrated assessment that provided the patient with a diagnosis, listed their family history and previous psychiatric treatment, and noted any additional key information. Assisting with intakes became one of my favorite responsibilities that I was involved in at my site other than our LIFE Recovery group. To be allowed to sit in on these intakes was very rewarding because the patient showed trust in both Robin and myself to listen to their story and be an active part of their journey.

Sentara RMH Behavioral Health holds many advantages throughout their organization. One advantage is that it treats a variety of patients, with a multitude of disorders. I was exposed to a very diverse population that varied in age, gender, race, socioeconomic status, disorder, just to name a few. Throughout this exposure to such a diverse population, I was able to learn how to effectively communicate with all of the individuals I came into contact with. I learned more about the dynamics of group therapy, the techniques, and coping skills that are taught to individuals suffering from both substance abuse and mental health issues. I benefited greatly from being able to observe and engage with patients in both group and individual sessions.

In addition to being able to work with a multitude of individuals, an advantage of this placement site is the staff. They truly care about everyone they work with and all of the patients that they come encounter with and see. From the beginning, I never felt like “just an intern”, I was welcomed with open arms and treated like one of the staff. Each staff member that I had the pleasure to meet, was extremely friendly, personable, and compassionate. In addition to each staff member being so kind and compassionate, they had one another’s back. Whether someone



was having a hard day, experienced a challenging patient, or just needed some time to catch up on progress notes or assessments; each staff member was their standing behind them for support. Experiencing such a great aurora at RMH Sentara Behavioral Health, has upped my standards for what I'm looking for in a future employer environment.

My supervisor, Robin, was a big reason that my field placement felt like such an adequate fit. She was encouraging, hard-working, and overall, a positive influence on my time at Sentara RMH Behavioral Health and more specifically, while working with her through the LIFE Recovery Program. Robin exceeded my expectations in what a supervisor could be, and I'm very grateful to her for her guidance, patience, and positive outlook. Throughout my time working with Robin, she was very supportive in my ideas and encouraging when I felt defeated in the group setting at the initial start of my field placement. I give Robin a lot of credit, when I first started my field placement, she was tackling individual counseling sessions on top of being the LIFE Recovery coordinator for our substance addiction group. Being the only clinician in charge of this group, can be extremely overwhelming with keeping up with notes, court letters, breathalyzers and drug screenings, and more. Robin handled each day with grace and motivation to make it a great day. She is truly dedicated to her job and shows up for herself, which betters her services to her patients every day.

One particular piece that I thoroughly enjoyed was working with Robin at her part-time job with Sentara's Psychiatric Emergency Team (PET). I was on-call with my supervisor on a Saturday from 8am-4pm. Robin called me and went into the hospital to respond to the services needed. Throughout the day several patients came to the hospital with issues regarding psychological services. Robin and I went to each patient's room and evaluated their current state and decided on imperative next steps that were appropriate for each individuals' unique circumstances. The patients that we did evaluate, were held for hospitalization, but Robin explained to me that others are oftentimes recommended to attend the Intensive Outpatient Program (IOP), and few were sent home with recommendations for individual counseling. While shadowing Robin in that environment, we always had to be on our toes as you never know what could potentially happen with a patient; whether they get aggressive, agitated, or completely shut-down, we had to be prepared for circumstance. During my time, there was an altercation with one of the individuals after we had evaluated them. The psychiatric nurses and Robin were extremely diligent and quick to respond to help keep this individual safe for their overall well-being. The constant fast-paced and active environment was particularly interesting to me as I never have been interested in a slow, stagnant environment. This specific opportunity greatly influenced my future career plans because I hope to be a part of something very similar as an additional form of practice, for both the experience and to aid this community.

The only limitation I noticed while completing my field placement at Sentara RMH Behavioral Health, was that the interns are unable to observe individual counseling sessions, after the initial counseling session with a patient. This disadvantage unfortunately limits our knowledge and understanding of the dynamic of a true and raw individual counseling session. However, I was able to address this with my supervisor and learned that this is due to confidentiality restrictions and HIPPA laws. After learning this new piece of information, I was more aware about the reasoning behind this. Other than that, there was really no other limitations



that came to my concern throughout my field placement experience. Everything was so interesting, and interns were able to experience many new things.

Overall, I appreciated and enjoyed my time at Sentara RMH Behavioral Health. I learned several aspects of this field that spark my interest such as Psychiatric Emergency Team (PET), individual counseling, and substance abuse groups in general. This community tends to be so underserved due to the stereotypes and individual biases held by individuals who aren't affected. Working with this community and forming interpersonal bonds with each patient, I will continue to advocate for these individuals because they truly deserve clinicians who care about their well-being and treat them like human beings in society. Unfortunately, I also witnessed the hardships and troubles that surround working with insurance companies. At times, insurance companies would no longer cover treatment for a patient. This can be extremely difficult because if a patient was doing exceptionally well, ending their coverage could be detrimental to both their physical and mental health. In addition to these obstacles, contacting and speaking with a representative who work for these companies can be dreadful and tedious. My future career goals were impacted by this because my experience gave me reassurance that I want to provide individual counseling to those struggling with psychological problems. In addition, the opportunity this site provided me with further solidified my passion to work with those struggling with substance abuse and I hope to further my experiences working with substance abuse groups by offering this service at my private practice as well.

Spring 2020 – Biz Hanlon

The philosophy of the Sentara Life Recovery program is that alcohol/drug dependency is a chronic and progressive but highly treatable disease. This site provides many services to the individuals in the surrounding area. I mainly just observed the addiction recovery services, and groups dealing with this topic. I shadowed under Robin and Mary, and found it quite beneficial to see two skilled professionals at work. Both of these individuals have differing ways of communicating with patients and assessing problems, and I enjoyed seeing two different approaches. Throughout my time within this placement I have observed both of my supervisors working alongside this philosophy quite well. Both Robin and Mary acknowledge the pain and turmoil that clients may be feeling, and validate every individual's concerns. However, they also do a good job with combating the negative aspects of addiction with positive mentions of a successful recovery. At this site I was able to observe/plan intensive outpatient therapy group sessions twice a week. I would take notes on each client every session, and then input these observations into the online system at RMH. I also had the opportunity to shadow client intakes. These intakes occurred when a new client came in for an initial observation. I would write the details of the client's history with addiction and any other important info. These sessions lasted for around an hour, and were one of my favorite tasks at this placement. After the session was over, I would create a document that explained all of the information disclosed by the patient, and input it into the online system for my supervisors. Supervision wise, I appreciated the freedom that my two supervisors gave me. Even though I was able to have room for my own creativity, they were both there to provide constant guidance and are ready to answer any



questions that I may have had. They were both nonjudgmental when answering my questions, no matter how small they may have been, and I appreciated this environment of comfort they created for interns.

One aspect that I have noticed about the staff at the facility is that there is not much diversity when it comes to gender and race. Over this past summer I worked in quite a diverse environment, and it has made me notice when other work environments differ from this. I enjoy all of the members of the staff at my field placement location, and they have all been incredibly welcoming to me. However, I do notice that everyone who works within the facility that I have met has been a woman, and seemingly white. I know this field of work attracts more women, but it might be nice for both genders to be included in this workplace. On a similar note, I think the inclusion of more ethnic backgrounds would be beneficial for gaining a more rounded worldview. I appreciate hearing the opinions from individuals of all walks of life, and think that it is important to have a diverse work environment for the growth of the organization and the benefit for the clients. Despite this lack of diversity, many of the staff within the facility come from various backgrounds which is quite interesting.

While at this site I was mainly interacting with adults. My past work experiences/internships I have worked with youth in various forms. This experience was able to show me that I thoroughly enjoy working with the adult population as well. I enjoyed hearing the life stories of all of the clients, and they were all so caring in their interactions with me. Learning that I enjoy working with both younger and older populations will ultimately open up more opportunities for working as an occupational therapist in the future. This was also the first field in which I was working directly in a rehabilitation setting, and I enjoyed it immensely. I think this experience helped confirm my desire to pursue occupational therapy. I enjoy assessing an individual, and assisting him/her in any way to get to where his/her goals are in life. I also appreciated the flexibility that accompanies this site. Both of my supervisors worked around my class schedule quite well, and would notify me if there was an interesting opportunity to shadow at a time I would not usually be there. I could tell that they both wanted me to learn/observe as much I could, and I could not ask for a better strength from an internship than this.

My contribution project aims at addressing a lack of organized resources that can be made available to clients to use following the IOP treatment's completion. While RMH is quite helpful with the implementation of ongoing counseling after group ends as a form of support, my supervisors both agree that there is not enough information given to the client's on potential community resources to seek out. I enjoy learning about the community I live in, and seeing what it might offer the individuals who reside there. I find it quite interesting to research resources for any client involved in the IOP groups, as I have seen many clients start to feel overwhelmed with the prospect of leaving IOP. I was thought it would be nice to provide certain hobbies that an individual could get involved with, or free events in the area. Alongside these indirect sources, I would include information about sober living communities in the area, and any direct community support for addicts. Continuing care promotes the progress made during initial treatment for alcohol and drug dependence and increases an individual's chances of long-term sobriety. Individuals who face addiction require continuous forms of care to battle the substance that rewired his/her brain structure. Having a support system is essential for maintaining proper



mental health, and often individuals can find support through community engagement. No one can traverse through life's challenges alone, and each individual deserves support. I initially was going to make a binder of resources for my supervisors, but as there was a sudden change mid semester, I had to adjust this project a little. I moved to creating a web page that linked resources for the clients at RMH. The webpage proved to be quite challenging to make, but hopefully it will be easier to update in the future.

Fall 2019 – Raquel Dash

For my field placement capstone, I interned at RMH's Intensive Outpatient Program (IOP) for individuals struggling with substances. This three-hour program occurred on Monday, Tuesday, and Thursday nights from 4 pm to roughly 7 pm. I was involved in programming on Monday and Thursday nights. The mission of the site and program states, "Many people face the challenge of substance abuse or chemical dependency. Whether it's dependence on alcohol, nicotine, prescription, street or over-the-counter drugs the problem needs to be addressed." Although I specifically worked with the IOP, other services at the site include individual counseling, bereavement services, a life recovery program (a less intensive outpatient program), and a partial hospitalization program. IOP addresses certain aspects surrounding addiction such as shame and guilt, addiction as a disease, the brain and drug interactions, radical acceptance, coping skills, and mindfulness.

In regard to my personal experiences and opportunities at the site, I mainly worked under the supervision of Robin Breeden, LCSW. Additionally, on Monday nights I co-facilitated with Mary Bauman, LPC. Each week I arrived at my site thirty minutes prior to help prepare program materials and aid in faxing and/or filing papers. Each session began with patients following "check-in" procedures which included stating if they are sober, if they experienced any triggers, and if so, how did they handle them. During this process, I took notes on what each patient addressed in order to submit progress notes afterwards. After, programming began, patients were encouraged to participate and share their own experiences. During this time, I helped lead specific worksheets (some of which I created), give advice and my own input. Once the programming came to an end, I penned progress notes that included stating each patient's session number, diagnosis, chief complaint, and other essential notes insurance companies need to see and keep up with. Depending on the night, if the clinician in charge wanted to head home, I came in the next day to complete these notes and get them signed before submitting them. Following the completion of submitting notes, I helped my supervisor with anything that would benefit her. I was able to gain experience contacting insurance companies to gain authorization for patient's treatment, organize folders consisting of programming worksheets, and assist in the process of intakes for new patients. After taking notes during these intakes, I completed an 'integrated assessment' that provided the patient with a diagnosis, listed their history, and noted additional key information. Assisting with intakes became one of my favorite responsibilities I was involved in at my site.



Occasionally, I was able to administer random breathalyzer and drug tests to patients. This opportunity further influenced my contribution project idea due to some patients being under the influence while attending IOP. There were moments throughout my time at the site that patients arrived clearly intoxicated and/or high. When this occurred, the clinicians struggled to come up with on the spot decisions about the 'correct' way to handle the patient's relapse. Witnessing this, I decided I wanted to create a protocol that would be used by the clinicians when making decisions for further acting on the patient's intoxication. Additionally, when each patient is given their treatment plan, this protocol can be distributed to them as well, so they are aware of the protocol and not blindsided if they arrive under the influence and need to be sent home. On this sheet, there is also a place for each patient to write down the name of a support person the clinician can call if the patient needs transportation home. Hopefully, by having this protocol in place, both clinicians and patients will be prepared for dealing with patients who are under the influence. Since completing this project, the site has not experienced any more patients arriving under the influence, so we were not able to use the protocol, however, the process of distributing this to patients upon their first session is underway.

My absolute favorite and the most impactful experience was when I shadowed my supervisor at Sentara's Psychiatric Evaluation Team (PET). This opportunity presented itself when I was asking my supervisor for additional hours in order to reach the 150-hour minimum for the capstone. Gratefully, I went "on-call" with my supervisor on a Saturday afternoon and went into the hospital with her upon being called. Throughout the day several patients came to the hospital with issues regarding psychological services. Robin and I went to each patient's room and evaluated their current state and decided on imperative next steps that were appropriate for each individuals' unique circumstances. Some patients were held for hospitalization, others were recommended to attend IOP, and few were sent home with recommendations for individual counseling. This specific opportunity greatly influenced my future career plans because I now hope to be a part of something very similar as an additional form of practice. The constant fast-paced and active environment was particularly intriguing.

Overall, I appreciated and enjoyed my time at RMH. I learned several aspects of this field that spark my interest such as PET, individual counseling, and substance abuse groups in general. This community tends to be so underserved and truly deserve clinicians who care about their well-being and treat them just like everyone else in society. On the other hand, I firsthand witnessed the hardships and troubles that surround working with insurance. At random times insurance companies would no longer cover treatment if a patient was doing exceptionally well and contacting and talking with people who work for these companies can be dreadful. Throughout my time, the main issue I came across was witnessing and experiencing boredom during these long programs. I tried my best to aid in this dilemma, but the nature of the program made it difficult. The same repetition of each day's responsibilities also led to additional boredom on top of the slow-paced and sometimes dragged out programs. At times I wish there were a lot fewer sessions that did not strictly include reading off of worksheets. During this time, I witnessed my first couples' therapy which I originally thought I would not like but happened to thoroughly enjoy it. My future career goals were impacted by this with the newfound desire to include couples' therapy into my private practice. I also hope to further my



experiences working with substance abuse groups by offering substance abuse groups at this practice as well. The opportunity this site provided me with further solidified my passion to work with those struggling with substance abuse.

Fall 2018 – Morgan Welch

RMH Sentara Behavioral Health's mission is to provide a comprehensive approach to mental health that offers a variety of inpatient and outpatient treatment options. The staff of RMH Behavioral Health prides themselves on putting the patients first, while also incorporating their families into the treatment and recovery processes. They offer 24-hour crisis care, addiction services, bereavement services, child and adolescent services, counseling services, and inpatient and outpatient services. The LIFE recovery program is an 8-week-long outpatient treatment for individuals suffering from addiction. It is administered in a group setting, and meets every week on Tuesday and Thursday mornings or evenings. The LIFE recovery program educates the patients about addiction and recovery, and equips them with the coping skills necessary for sustaining abstinence and maintaining their recovery. The Partial Hospitalization Program (PHP) is an intensive outpatient program for individuals suffering from a variety of mental health issues. PHP services are provided for up to 6 hours per day, for 5 days a week. PHP offers individual, group, and family therapy, stress management and education in an outpatient treatment setting which can help to shorten a hospital stay or provide the intervention necessary to avoid hospitalization.

During my time at RMH Behavioral Health, I attended the evening LIFE recovery groups on Tuesday and Thursday. My supervisor and I would set aside about 30 minutes before each session to prepare for the group and review the activities for the upcoming session. During the group, my job was to observe and take notes on each patient's progress since the previous session. The LIFE recovery program is set up so that the first 30 minutes are dedicated to "check-ins." This is when each patient reports whether they are clean and sober, what triggers they have experienced, what skills they use to cope, and anything else relevant to their recovery process. The rest of the time is dedicated to a lesson taught by my supervisor, Ginny. I was encouraged to engage with the patients during the activity and help facilitate discussion. It was essential that I take detailed notes on each patient's progress and participation because I was required to update each patient's file in the company's software, EPIC, following each session. This involved keeping track of the number of sessions each patient attended, when they would return for their next session, and reporting what they said in group, how they behaved, what their level of participation was, and if they demonstrated understanding of the material discussed. In addition, I attended the PHP "community check-in" on Wednesday mornings. During this group each patient would rate their emotions on a scale of 1-5; 1 meaning that they are terrible or suicidal, and 5 meaning that they are perfect. After rating their emotions and discussing why they felt that way, we would complete an activity with them which usually involved having them discuss their values, support system, and emotions. It was important for me to take detailed notes in this group as well because, just like with the LIFE recovery group, I would have to update



each patient's EPIC file after the group. Although most of my time at RMH was spent in either the LIFE recovery group or PHP, I was also able to observe initial intake sessions and update the EPIC file for those sessions as well. An initial intake session was the patient's first visit, where one of my supervisors, Robin or Ginny, would ask the patient a series of questions to try and understand their needs and why they were seeking out counseling. I would pay close attention during these sessions because it was very important to get all of the information the patient was providing so that I could write their integrated assessment correctly. An integrated assessment consisted of a summary of the patients presenting issues, psychosocial history, family and medical history, any treatment the patient has previously received, potential diagnoses, and other risk factors. Integrated assessments were the most time-consuming to write, but the most interesting because you got to learn about an individual patient in depth.

RMH Behavioral Health is advantageous in that it treats a variety of patients, with a multitude of disorders. I was exposed to a very diverse population that varied in age, gender, race, socioeconomic status, religion, disorder, etc. and was able to learn how to effectively communicate with all of them. I also learned about the dynamics of group therapy, and the techniques and coping skills that are taught to individuals suffering from both substance abuse and mental health issues. I benefitted greatly from being able to observe and engage with patients in both group and individual sessions. I think the greatest advantage of this placement is the staff. They truly care about everyone they work with and all of the patients that they see. They are extremely friendly, personable, and compassionate individuals, and truly want the best for everyone. They made me feel comfortable, included, and appreciated, and I enjoyed working with them so much that I volunteered to continue my internship into next semester.

The only limitation I noticed was that interns are unable to observe individual counseling sessions (after the initial intake session), which limits our knowledge and understanding of the dynamic of a true individual counseling session. However, this is due to confidentiality restrictions, and is not something RMH Behavioral Health can ethically allow.

My contribution project was adapted from a documentary called "Memo to Self," which discusses addiction and relapse prevention. The narrator of the film presents 10 essential components to relapse prevention: treatment, therapist/coach, recovery residence, support groups, relapse plan, testing, job/school/ future, addiction medicine specialist, medication, and hedonic rehabilitation. I created an activity called "The Slices of Cheese" which asks the patients to think about each of the 10 components and answer a few questions regarding their experience with each of them. My hope is that the patients will answer the questions for each component and write it on the designated "slice" and then refer to it when necessary or relevant. I hope that it helps remind them of their journey, and keeps them strong during times of struggle. I will be teaching this activity next semester during the PM LIFE recovery group, and I am excited to see what the patients think of it!

My time spent at RMH Behavioral Health has helped me to make many life decisions, and taught me so much about the mental health field. Before beginning at RMH, I was unsure of whether I wanted to pursue a career as a Clinical Psychologist or a Substance Abuse Counselor. While I truly enjoyed my experience at RMH, I have decided that I am not as passionate about substance abuse counseling as I am about becoming a Clinical Psychologist. I appreciate the



work that substance abuse counselors do and think it is a really rewarding field, but I am more interested in assessing and treating patients with severe mental illnesses (e.g. mood and personality disorders, schizophrenia, etc.). I am eternally grateful for my experience at RMH Behavioral Health, and am excited to continue with them next semester!

Fall 2018 – Kayla Pitchford

Sentara RMH LIFE Recovery Programs philosophy is that alcohol and/or drug dependency is a chronic and progressive disease that can lead to pain, grief, guilt, shame and turmoil in all areas of life for the individuals and families involved. Yet despite all its devastating consequences, the mission of Sentara RMH LIFE Recovery is to cure this highly treatable disease. This program provides outpatient substance abuse treatment for individuals age 13 and older who are suffering from problems due to drug and/ or alcohol use. Sentara RMH LIFE Recovery allows clients to attend the program while still maintaining their everyday lives by living at home, continuing to interact with their family members, and attending their regular school or work schedules.

At Sentara RMH LIFE Recovery Program, I was able to participate in a multitude of tasks and therapy groups. Initially when I first arrived, I was given a tour of the facility and immediately got the opportunity to sit in on morning psychotherapy group. Shortly thereafter I began to scribe notes during group discussions and enter them on the Epic HyperSpace database, which is electronic health records software used by many medical organizations. Approximately a month into my internship I began to travel to the main hospital once a week with a different clinician to sit in on a separate psychotherapy group. This group was unlike LIFE Recovery because it catered to individuals who had not yet accepted the possibility of them having an addiction problem. Individuals early in recovery attended as well as those who reported not having a substance abuse problem. Like the LIFE Recovery Program, I sat in on the first few meetings to get comfortable with the new atmosphere and then proceeded to scribe notes during meetings and enter them on Epic Hyperspace.

In addition to scribing notes I got to assume a more active role as well towards the end of my internship. During the final weeks I got a chance to lead my own psychotherapy group by implementing my contribution project idea. Furthermore, over a weekend I attended an on-call shift at the main hospital with my supervisor as a part of the Psychiatric Evaluation Team working as a crisis intervention coordinator. During the shift I got an opportunity to help perform psych evaluations for patients brought into the hospital. I also aided in conducting bed searches for patients admitted into Sentara RMH Hospital and for other hospitals calling to inquire about possible beds for their patients. Administrative work I participated in during the shift involved completing paperwork for patient admission to the behavioral health unit of the hospital.

The last opportunity I received, though completely unexpected, while interning at Sentara RMH LIFE Recovery Program was gaining research and grant proposal writing experience. Through personal investigation and collaborating with other clinicians within the facility I was able to write a grant proposal for the program to receive funding for a new program being implemented in January of 2019. Fortunately, our proposal was selected, and we were granted



funding for the program. I also spent time at my site compiling credible sources for clinicians performing research on the effects of physician burnout, compassion fatigue, and the standard of care.

My overall impressions of Sentara RMH LIFE Recovery Program were very positive. I liked the way they went about treatment of substance abuse that is different from the traditional Alcoholic Anonymous point of view, which is heavily directed toward Christianity and believing in a higher power. In contrast, the behavioral health program took a scientific approach to substance abuse, placing emphasis on the biological aspects of addiction, and working to improve coping and stress management skills. The present program was founded on its roots being invested in CBT (i.e., cognitive behavior therapy).

There were numerous advantages of interning at this site, such as being able to participate in a wide variety of psychotherapy groups and being given the chance to work with other clinicians in different areas of work (e.g., Psychiatric Emergency Team and Partial Hospitalization Program). The amount of autonomy this site provided was yet another advantage point to interning at the LIFE Recovery Program. I was often given the freedom to decide what activities I would participate in on the given day, whether that be sitting in on morning psychotherapy group, the Partial Hospitalization Program, or assisting in group at the main hospital location. Being able to venture out and assist in so many sectors of work is what I liked most about my internship. It kept me engaged and enthused about going to work each week, knowing there were always new experiences waiting to be explored.

Contrarily, there were some minor limitations associated with Sentara RMH LIFE Recovery Program that one might want to consider before accepting an internship at this site. Primarily, the fact that substance abuse is the preeminent diagnosis among all patients. Although it was to be expected acknowledging the philosophy and services provided, I would not recommend this program to individuals who do not have an open mind towards, or an interest in treating addictions. Another disadvantage about interning at this location was difficulty with receiving experience regarding individual treatment, which I faced the most at LIFE Recovery. When a patient is referred to the program, the first step in treatment is to schedule an individual meeting. During this meeting an integrated assessment takes place in which the clinician evaluates the client's educational, mental health, substance abuse, and/or occupational needs. Patients have the right to either consent or deny my permission into this meeting, unfortunately, denying occurred more often than not in my case. Although I thoroughly respected each client's right to privacy, I commonly felt frustrated when I wasn't granted permission to sit in on these meetings for learning purposes.

As previously stated, Sentara RMH LIFE Recovery Programs purpose is to provide substance abuse treatment. Individuals who accept their addiction and make the decision to become sober go through a series of four stages. These stages are known as the "Roadmap to Recovery." For my contribution project I chose to discuss this topic and used a visual presentation to educate patients. After presenting the slideshow, patients completed their own "Roadmap to Recovery" on a worksheet I created. The worksheet instructed patients to write about a defining moment that occurred to them in each of the four stages. After everyone completed the worksheet, patients were instructed to choose one stage out of the four to share



with the rest of the group. Luckily, I was able to implement my contribution to both the Tuesday and Thursday morning psychotherapy groups. Additionally, my supervisor has asked that I come in to present my contribution to her Wednesday group as well.

The most valuable skill I believe I learned at Sentara RMH LIFE Recovery Program is the ability to empathize. My worry was that since I had never personally faced addiction or knew someone who had, I would have difficulty understanding and connecting with patients. However, the more time I spent at the site the more I got to know the patients, their story, and the triggers they battled. As time went on, I soon came to realize I did relate to the patients in some way, and it didn't take going through exactly what they went through to get there. I believe this was an important lesson to learn both as a person and a clinician which I will extend to my future career goals and life.

Ultimately, I would eventually like to receive a PhD in psychology and become a licensed clinical psychologist. My hope is to go into the field of clinical health psychology and practice evaluating the biopsychosocial aspects associated with illness and how they effect a person's overall quality of life and well-being. Though I personally may not be diagnosed with some of the illnesses the patients will have, I would still be able to apply the skill of empathy I've learned at the LIFE Recovery Program. I believe this skill will help me become a better clinician in the future. My time at Sentara RMH LIFE Recovery came to an end all too soon but has given me a whole new outlook on many things. This experience has granted me the validation in knowing this is the field of work I would like to practice, and I will remember this experience for many years to come.

Fall 2017 – Sejal Ratta

RMH Sentara Behavioral Health's philosophy is to "provide a personalized approach to mental health treatment" for individuals that are seeking help at their facility. The LIFE Recovery Program is an 8-week-long outpatient treatment program for individuals suffering from issues that are a result of an addiction to alcohol or drugs. This intensive outpatient treatment is in the form of group therapy that meets every week on Tuesday and Thursday mornings or evenings. The LIFE Recovery Program teaches individuals the coping skills necessary for sustaining abstinence and ways in which they can maintain and protect their recovery. Patients are welcome to join the once a month maintenance group that meets one Friday of each month or create their own maintenance plan after completing the 16-session program.

During my time at RMH Behavioral Health, I attended the evening groups on Tuesday and Thursday. I often helped prepare for group by making copies of the handouts my supervisor said she needed and other materials (paper, pens, etc.) that were necessary for group that day. My task in group was to take notes on each individual's progress since the last session. The LIFE Recovery Program is structured in a way that the first 30 minutes of the session is spent going through the check-in process, where each member of the shares if they are sober or not, what triggers or stressors they are experiencing, what skills they are using to cope, and any other part of their recovery they choose to share. The last hour of the group was dedicated to a lesson that was taught by my supervisor, where I was encouraged to help facilitate conversation and take



notes on each person's contribution to the discussion on that day. It was important for me to take diligent notes during group on each member and their group participation was because I was required to update each patient's file in the online system, EPIC, following each group. This process entailed keeping track of the number of sessions they have attended, when they will return for their next session, describing how they behaved in group, what their level of participation was, and if they demonstrated understanding of the material discussed.

Although I spent a great deal of my time at RMH in the evening LIFE Recovery Program groups, I was assigned to help with other tasks as well. One other major part of my time at this site was me sitting in on and writing notes about the patient in an intake assessment conducted by my supervisor. An intake assessment was someone's initial visit, where my supervisor would try and get to know the client and understand what their needs were and why they were seeking counseling. I would listen and take notes on essentially all of the information the patient gave so that I could later type up an integrated assessment, or summary of presenting issues, and add it to the patient's file. An integrated assessment consisted of a summary of the issues discussed in the assessment, the individual's family, medical, and social history that plays a part in whatever issues are at hand, any treatment (inpatient or outpatient) the individual has received, the potential diagnosis, and other risk factors for the individual. Aside from observing intake assessments and typing up the integrated assessment, I completed discharge summaries for patients that no longer attended group or individual counseling services with my supervisor. These helped keep record of why the person no longer used the services at RMH, whether they stopped coming, completed the group, or found a better fit for treatment elsewhere.

In addition to intake assessments and progress notes, I had the opportunity to create my own lesson on the importance of gratitude in substance abuse recovery and teach it to the class. This was one of the most exciting parts of this experience because it allowed me to take on a huge task, do lots of research, and gave me the confidence to "teach" a group of people that seemed to value my hard work. Along with this, I created a Gratitude Journal and incorporated it as a part of the check-in process in the beginning of group. Having this opportunity to step outside my comfort zone and leave my mark on the LIFE Recovery Program was one of the many reasons why I enjoyed my time there.

My time at RMH Behavioral Health was advantageous in many ways. One of the things I felt that I benefited the most from was being a part of each group meeting, hearing the group members share their stories (good and bad), and engaging with them in during group discussion or sometimes before group began. One of the biggest advantages within that was being able to learn the dynamics of group therapy and the techniques and coping skills taught to individuals struggling with substance abuse.

Another huge benefit of this placement was my supervisor, Robin Breeden. Robin is the coordinator of the LIFE Recovery Program as well as the 'Substance Abuse Specialist' at RMH Behavioral Health. She has many years of experience, working with people of all ages and is truly passionate about helping people and cares so dearly about the individuals she sees. Robin taught me so much during my time at this site, from the basics of how to write a progress note to the detailed descriptions necessary in an integrated assessment to completing discharge summaries for old patient files. Another thing I appreciated about Robin was the freedom she



gave me to explore and research anything that was of interest to me or that I simply wanted to learn more about. She constantly encouraged me to delve deeper into things that caught my attention or even things I had questions about relating to substance abuse and addiction. Robin was always confident in my abilities and pushed me to grow, not only as an intern, but as a student and in my personal development.

The one thing I would've changed during my time at placement site was sometimes having too much downtime or having to find ways to fill my time. Often, there would be days where there were no intake assessments and no group meetings so I would have a lot of free time and would need to find things to research or other things to do around the office to fill my time. Although I appreciated the downtime at times, I sometimes felt that there was too much of it and I wished there was more for me to do during those times. However, I was able to find a solution and create mini-projects or lessons during the extra free time that I had towards the end of my internship.

My time spent with the LIFE Recovery Program at RMH Behavioral Health has taught me many things. My career goals have been to attend law school and become a criminal defense attorney for individuals struggling with mental illness. Since completing my internship this semester, I want to be able to incorporate helping individuals with substance abuse and addiction struggles, so I am hoping to gear my law career towards helping people who are dealing with legal troubles as a result of an addiction to drugs or alcohol. I have learned that addiction truly is a disease and that it can force people to make wrong decisions, but that does not mean they are bad people and don't deserve a second chance. I am eternally grateful for my time spent and experienced gained from my field placement at RMH with the LIFE Recovery Program.

Fall 2017 – Rachel Hoffman

According to their website, the mission of Sentara as a whole is to improve health every day and to be the healthcare choice of the community they serve. My site in particular, RMH Behavioral Health, which is a branch of Sentara, provides an abundance of services. In total there are four different programs that they hold. These include the partial hospitalization program, bereavement services, psychological testing and assessment, and the LIFE Recovery Program. All of these programs demonstrate counseling expertise by handling issues such as depression, anxiety, bipolar disorder, grief, relationship problems, substance abuse, and many more--oftentimes combinations. My program in particular, the LIFE Recovery Program, was an outpatient group therapy session attended by people struggling with substance abuse. Patients are expected to complete 16 sessions over the course of 8 weeks to help start or maintain their recovery.

This semester I had the privilege to intern with RMH Behavioral Health and assisted my supervisor, Robin Breeden, with the LIFE Recovery Program. I got the opportunity to sit in on the group therapy sessions every Tuesday and Thursday morning, alongside the monthly maintenance groups every third Friday of the month. During these sessions I would take notes as patients went around to check in, updating the group on their recovery over the few days



between sessions. These check-ins often included patients sharing whether or not they used any substances and describing any triggers or coping mechanisms they used to combat said triggers. After checking in, my supervisor would lead a discussion on a particular subject such as mindfulness, radical acceptance, the process of addiction, wise mind, etc. Many of the discussions we had were on subjects I never heard of before. For example, one thing we talked about was urge-surfing, a concept that depicts a craving as a wave. Substance abuse victims are expected to ride the wave or craving so that they experience and acknowledge it, but still maintain their recovery on the way down. As an intern, I was encouraged to take part in these discussions whenever I could. After group, I was responsible for updating each patient's information on the computer where all the records were stored digitally. Each note would include their sobriety status, most of the things they shared during their check-in, and then how they responded in the discussion that day.

Occasionally Robin would have me sit in on initial visits to evaluate patients and better understand their needs from the site. During these sessions I would record key details such as the source of their referral, their age, marital status, career, family life, background, previous trauma, etc. From there Robin would determine what services they need, if any at all. Aside from these notes, I also took care of discharge notes, which are the final notes written to close out a patient's file. What was interesting about these notes in particular was that they showed just how many patients drop out of the program by no longer showing up. From the discharge notes I wrote up it seemed as though there were very few individuals who actually completed the program; however, this demonstrated the struggles of treating substance abuse, which was something I was not previously exposed to.

Aside from these responsibilities, Robin also encouraged me to do my own research both at the site and on my own time. In one instance I found myself looking up Fibromyalgia in an attempt to better understand a patient's physical pain and how it influenced her substance use. In addition, I had the opportunity to prepare and present a demonstration on the opioid crisis in Virginia to a nursing sorority from another local college alongside my supervisor. For this presentation we attended dinner with the group and then educated them with statistics, prevention methods, and local resources. Finally, I was granted the chance to contribute something to my site, which led me to research acceptance and commitment therapy. During my research, I found the technique applicable to substance abuse recovery and made my supervisor a unit of handouts she can use in the future. I also chose an activity to use during a session, which I am scheduled to lead the final week working with RMH.

Overall I think this site had a lot of positives. It provides counseling for so many people from different walks of life and between all the counselors there are many different therapeutic techniques practiced. The staff was very friendly and my supervisor was great when it came to giving me opportunities to learn. For example, she arranged for me to work at another Sentara hospital with the Psychiatric Emergency Team that she works with part time. This experience put me in a different setting than RMH Behavioral Health and showed me a different pace than what I was used to. Something I really liked about the LIFE Recovery Program was the freedom Robin had in running it. She had a filing cabinet full of different units (concepts from different



therapy techniques) and she got to choose whichever one she thought applied most that day to discuss in our group.

I thoroughly enjoyed my time at this site; however, there was one concept that I found a bit irritating. During the intake sessions we would do, there would be plenty of circumstances where a college student came in with a charge filed against them pertaining to alcohol. These violations would land them in ASAP classes and they would be forced to pay fines and complete time consuming requirements. With that said, they would be required to get an evaluation by a site such as mine. Throughout this semester Robin and I witnessed several cases in which a college student was going through a similar ordeal and Robin always evaluated them the same way--they did not have a problem. Plenty of college students drink and although it is against the law it seems to me like a waste of time for some of these individuals to be evaluated by a site like RMH. Those intake sessions take up appointments of individuals who may really need them, such as someone battling the opioid crisis. Mental health services can be hard to receive so I would hope that the services be spent on situations that truly need counselor attention.

My time at RMH Behavioral Health taught me a lot about what I want to do in my future career. Mental health is definitely the field I want to be in and I still want to be a counselor, but I did realize that I may need something with more urgency. When I spent a day with the PET at the hospital I liked how unpredictable the day was, whereas LIFE Recovery was pretty easy to foresee unless a patient had a crazy story to share. Otherwise, I didn't mind the paperwork, something many professionals complain about, and I loved seeing how much people could improve even after just one session.

Spring 2017 – Carsen Wilkerson

The RMH LIFE Recovery Program is an 8-week (16 session) program that focuses on individuals with substance abuse issues. The idea of the program is that addiction is not a choice, but a disease that can be managed through an array of techniques and coping mechanisms. During the program, patients are expected to remain sober and to contribute to group as much as possible.

During my time working in the RMH LIFE Recovery Program, I was tasked with taking individual notes for each patient for each session. I was to report what they discussed during the time that they “checked in,” which is the period at the beginning of each session when patients give their names, if they have had any triggers, and if they are using any coping skills to handle triggers now that they are in recovery. I was also to report what they talked about during the group discussion on whatever therapeutic strategy was to be presented in group on that particular day. Along with taking individual notes, I also updated patients’ files, kept track of the number of sessions that everyone had completed, and prepared for group each morning by making copies of handouts my supervisor wanted to use during the session.

Besides paperwork, I had the opportunity to interact with all the patients during group, break, and at the beginning of their treatment to go over the paperwork that all new members receive upon starting the program. I sat in on group every Tuesday and Thursday and listened to everyone share parts of their stories of addiction and events of their day-to-day lives. I was able



to learn more about multiple topics such as radical acceptance, mindfulness, and relapse prevention techniques.

The experiences I got out of doing my field placement at the RMH LIFE Recovery Program are incredible. The advantages of doing my field placement were numerous, as I learned so much about therapy techniques and group therapy in general, and how patients respond to different techniques. Even though there were some patients that blatantly lied about their recovery, I take that as a learning experience as well. My favorite part of the session was when people would check in and we would hear about how their recovery and life was going.

Another advantage was how great all the staff are at the Outpatient Behavioral Health Center, the building where the RMH LIFE Recovery Program is held. Every single person – front desk, other interns, all the therapists, and especially my supervisor – were friendly and helpful throughout my entire time at my field placement. I never felt like “just an intern” and felt respected the whole way through.

My supervisor, Robin Breeden, was a big reason that my field placement felt like such a good fit. She was encouraging, honest, and an extremely positive influence on my time at RMH LIFE Recovery. She was very supportive in my ideas and encouraging when I felt uncomfortable in the group setting. Robin exceeded my expectations in what a supervisor could be and I’ll always be grateful to her for her guidance, patience, and positive outlook.

The only disadvantages I can think of from doing my field placement at RMH LIFE Recovery was the group setting and my inability to speak up often during the sessions. I knew from the onset that I was uncomfortable with speaking in groups, specifically in groups that were comprised of mostly adults who are older than me. I thought maybe I could adapt throughout the semester, but I don’t feel like I was able to, and that’s just due to my lack of experience. I was able to present my contribution project (effects of mindfulness on the brain) to the group without any issues, so I know one day I will be able to lead groups in my career, I just need a lot of practice.

Through the positive experiences I had at my site, and even through the one negative aspect of it, I learned a lot about what I want for my future and what I do not. I used to want to be a substance abuse counselor when I was younger and I still believe that this might be a possibility. I do find substance abuse counseling to be difficult, due to the mixture of substances and mental health, but I think that is a worthwhile field to work in and I’d be interested in that possibility. I feel fortunate that I got to observe an array of different types of people (some that wanted to be sober and some that did not) which I feel has better prepared me for my future if I ever work with substance abuse patients again.

Based on this experience with groups, I initially was fully convinced that whatever I end up doing as my career it needs to not involve leading a group at all. Once I actually presented my topic to the group, I felt okay about it. I’ve been thinking about the possibility of having to lead a group if I ever become a counselor and I’m finally confident that one day I will be able to do it without being excessively stressed out. Through knowledge from my supervisor and some of my own self-reflection, I believe that with practice, I can manage to gain the confidence and ability to successfully lead a group.



Before I attempt to go to graduate school and become a counselor, I'm going to take a few years to see if there's a job that I enjoy with just my Bachelor's and also to get more experience in the real world. As of right now, I don't know exactly what that will be, but due to being introduced to the field of substance abuse patients, I am interested in seeing the other side of the process and possibly working for Alcohol Action Safety Program (ASAP). I would never have thought about working a job such as that if it weren't for my field placement experience. Being an intern at RMH LIFE Recovery has made me more confident to branch out when I enter the job market and I'm thankful I chose this site as my field place experience.

Fall 2016 – Nick Shaffer

I completed my Field Placement working for the LIFE Recovery Program in Sentara RMH's Behavioral Health office. The mission of Sentara is to improve health every day, and that was the feeling of the LIFE Recovery Program. LIFE Recovery is a group therapy program lasting eight weeks, with two sessions per week, for recovering substance abusers. LIFE Recovery's philosophy centers around the disease model, or the idea that addiction is a disease of the brain's pleasure centers that is progressive and chronic, but also treatable. LIFE Recovery uses mostly treatment options from under the cognitive-behavioral umbrella, but also pulls in elements of art therapy and positive psychology. The main skills taught in LIFE Recovery are Mindfulness and Radical Acceptance. Mindfulness is the practice of being in the moment and gaining control over unhelpful thoughts. Radical Acceptance is acknowledging that one can suffer through emotionally painful events and still live a life worth living. These two skills formed the basis for everything else taught in LIFE Recovery.

During my time with LIFE Recovery, I worked under Robin Breeden, LCSW. Robin is a master in the field of substance abuse treatment, with years of experience in many different types of social work jobs. Under Robin's mentorship, I was able to gain a good perspective on the day-to-day work of a mental health professional. She also painted a comprehensive picture of my career options coming out of school with an undergraduate degree. Thanks to Robin, my plans for the future are much more concrete than they were when I entered the program.

As for the actual program, patients enrolled in LIFE Recovery had problems with a variety of substances: alcohol, opiates, marijuana, amphetamines, etc. Some were forced to attend by the justice system or child protective services. Others attended out of an intrinsic motivation to get clean and pull their lives together. Patients came from all different backgrounds



and tax brackets, confirming a saying from group therapy that, “Addiction does not discriminate.”

My job mainly consisted of preparing for group, sitting in on and contributing to group, and writing up patient notes after group. Preparing for group was your typical intern-work: making copies, brewing coffee, and the like. Sitting in on group was the meat of the experience. I observed first hand the treatment options and exercises mental health professionals use with recovering addicts. I also observed a multitude of real, human moments, some soul crushingly depressing and others warm and uplifting. After group I would type up patient tickets, noting progress and notable quotes from group. For my Contribution Project, I led a group therapy session on Unhelpful Ways of Thinking, or Cognitive Distortions, as Robin had mentioned to me that her knowledge of distortions could be stronger. Occasionally, I would administer Breathalyzer tests to patients struggling with alcohol abuse in the program before or after class. Otherwise, a lot of my time was spent talking with Robin, learning about her career path and experiences. Also, on some days I would come in and sit in on the Partial Hospitalization Program, a group therapy program for people struggling with depression, anxiety, stress, and grief. I would also document patient progress for this group.

The advantages of interning for Robin were numerous. I got to work on the ground level of the mental health field and see real people struggling, and working to overcome, real problems. I improved my writing and documentation skills by typing up patient notes and tickets. I also improved my listening and communication skills in a clinical context by interacting with people at their lowest points. The disadvantages were few, if there were any at all. I didn’t particularly like getting up as the sun rose (group started at 9 am and I was typically at the office by 8), but that’s only a minor complaint. I couldn’t even tell you a thing I disliked most, as I really didn’t dislike anything about the job. Even the paperwork was interesting and engaging.

I want to stress how touching some of these sessions can be to experience first-hand. I remember a woman sharing a dramatic account of her stopping a relapse in progress. This woman was in group for alcohol abuse as a result of her husband’s battle with Stage 4 Melanoma. She shared how she bought a bottle of cheap vodka during a moment of weakness and then, while driving down Route 33 in hysterics, she tossed the bottle out the window of her car before it had been opened. At the end of the night she told her husband about her near relapse and got the love and support she needed from him. Another specific instance I can recall off the top of my head is of a woman having something close to a breakdown in class. She sobbed while sharing her situation, how she had little money, no transportation, two children in social services,



no friends, chronic pain, and a lifetime's worth of stress. And though it's a cliché, it really did put into perspective how small my own problems were in comparison.

This site, above all, confirmed for me my decision to enter the field of Social Work, and eventually, Counseling. I was unsure whether I would like the work at first, and I remember even being worried that I would hate it, but once I had sat in on a few group meetings I knew I was going to enjoy my time. Ultimately, it's the people that make this a great Field Placement. You develop relationships with the patients; you're sad to see them go and happy to hear about their success in recovery. This experience was by far the best class of my semester, and I'll miss getting up early to go help with group.

Spring 2016 – Akyla Joseph

For my field placement site, I worked with RMH's Partial Hospitalization and LIFE Recovery program. Both organizations are ran under Sentara, a not-for-profit organization that purchased Rockingham Memorial Hospital in 2011. The mission of Sentara is to improve health every day, and their vision is to be the healthcare choice of the community they serve. Services at the partial program include group therapy and educational workshops, psychiatric evaluations, and also medication management. PHP consists of a five-day program that covers six different groups each day, beginning at 9AM and continuing until 3PM. The topics from these groups can include subjects such as communication, stress management, art therapy, yoga, and pet therapy. All ages are welcomed, so there can often be a group ranging from one patient who is 18 to another who is 70 years old.

For LIFE Recovery, their services include AM and PM groups on recovering from substance abuse, which consists of 16 sessions. The group topics consist of different recovery skills such as mindfulness, stress management, physiological symptoms, and much more. There is also an AM and PM maintenance group two times a month that are for people who complete LIFE Recovery but still want to check in with a community that they can relate to. Lastly, there can be individual sessions for patients who are both in the program and those who do not want to be in groups. Teenagers who struggle with substance use usually choose to have individual therapy, so the groups mainly contain adults around 21 and older.

For the partial program, every morning I would begin the day by preparing the partial group room, restocking items in the kitchen, and then making coffee. After that, I would check in with my supervisor Jennifer to see if there were any new patients expected today. If there were new patients I would give them an orientation that briefly shows them around the building, record their personal and medical information, and also explains their responsibilities while in the program. After completing all of my morning duties I would sit in on the first group led by Jennifer and take notes on what the patients say. Then I would give them a questionnaire called



the overall rating score, which portrays how they feel in different aspects of their life at the current moment. Once the group was over I would enter their ORS scores into an excel file and complete progress notes on all the patients in group. During the rest of my time with the partial program I would either sit in on rounds with the psychiatrist, take notes in group for other therapists, or work on any extra tasks Jennifer had for me to complete.

I enjoyed working with the partial program because there was a lot of flexibility in what I would like to observe for the day. The interns are allowed to sit in on any group offered, and Jennifer also gave us opportunities to lead the morning discussions and/or fill in for another therapist. I also had to opportunity to see how the different types of therapists interact with each other when diagnosing a patient, and I also was able to shadow the psychiatrist during her medication management. One of the things I enjoyed the most was when there would be a particular event or behavior that happened in group, our supervisor would come to our room after and explain what happened/any implications made in regards to their diagnosis or treatment. One disadvantage with this site was how quickly the patients completed the program. Since it is a five-day program, the people are constantly changing, so you do not really have time to get to know the patients. This site has helped me learn and understand how there are so many more people in the world who have things they struggle with than we expect, so it is important for communities to provide an abundant amount of resources for those who are struggling. I have also realized that even though I loved how this program allowed people to receive help while still continuing on with their lives, I would enjoy conducting more individual programs since I am able to get to know the patient better and create a more individual treatment plan.

On Thursdays I worked with Robin in the LIFE Recovery program. After preparing the partial room and making coffee, I would get ready for the LIFE Recovery group by printing out the check-in sheet and making copies of handouts for the day. Then I would bring in the Patient from the waiting room and help Robin by taking notes on the patients as well as writing down major points on the board for the patients to copy. Once group was complete I would log the check-in sheet in a binder and then call people who did not make it into group that day, making sure they are doing well and did not relapse. Then I would fill out progress notes on the patients, fax information to other organizations, and complete insurance forms. Lastly I would put the worksheets used in a binder to help Robin organize her lesson plans and prepare for the next week.

I really enjoyed working with this site as well because it exposed me to how much of an impact substance use can have in a person's life. Since this program requires 16 sessions, I got to know the patients better, thus making the conversations more productive. Robin also allowed me multiple opportunities to lead groups, so knowing the patients already helped me be able to engage with the patients better than if they were strangers. One disadvantage of this site was that at times the topics can get repetitive since people do not all join the group the same day, so it is hard to make sure that the patients hear every topic. Similar to partial, this group has shown me how many people are affected by substance use, and also how this abuse can be related to



traumatic moments or major life events that occur in people's lives. Related to my career goals, I hope to work as a counselor for military members and their families. This group has helped me consider working with substance use prevention programs since it is common for military members to use substances as a coping mechanism for PTSD or other mental health issues.

Fall 2015 – Sarah Brown

My time at Rockingham Memorial Hospital's Behavioral Health facility in the LIFE Recovery program has been a rewarding and impactful opportunity. In the LIFE Recovery program, I had the privilege to work under the supervision of Robin Breeden, LCSW. I was also able to interact on a daily basis with other faculty and staff who shared their experiences and knowledge with me, which helped guide me to have a successful internship.

The mission at RMH and for the LIFE Recovery program is to improve health everyday. RMH's vision is to be the healthcare choice of the community they serve. The faculty and staff at the Behavioral Health facility are driven by the RMH values, which include, People, Quality, Patient Safety, Service and Integrity. Before starting my internship, I am lucky to say that I shared some of those values and that is why I felt that I selected the right field placement.

The Behavioral Health facility is focused on a full range of mental health and chemical dependency services for seniors, adults, adolescents and children. The facility offers either inpatient or outpatient services that involves counseling, inpatient stay, workshops, and group counseling sessions. At the patient's first initial visit they will meet with a counselor to decide a treatment plan that fits the patient's needs best. For the LIFE Recovery program, it works in a similar manner. A patient will first meet with my supervisor, Robin Breeden, to discuss their chemical dependency, which could vary from alcohol to any other type of drug addiction. Once she has met with a patient, she will decide which program, individual counseling, Phase II AM group or Phase II PM group will be best for that particular patient. The Phase II groups are either at 9 a.m or 5:30 p.m on Tuesdays and Thursdays that require an attendance of 16 sessions. The Phase II groups focus on the same goal that is to help patients live a substance-free life. During this time, Robin teaches various lessons about recovery, relapse prevention, skills to maintaining sobriety and other lessons that aid in the patients' journey to recovery.

During my time with the LIFE Recovery program, I have gained numerous types of experiences and opportunities. My most significant experiences were products of my responsibilities and duties as an intern. The primary responsibility I had was to observe and assist in the facilitation of the Phase II group therapy sessions. I was able to research, create and organize specific lesson worksheets and activities. After each group, I had to type and file patient progress notes which are reports regarding their recent stressors, their affect and mood, their participation in specific lessons, and their progress in the program. I was given the opportunity to observe and assist patient Chemical Use Assessment Intakes that were apart of the patients'



initial visit with Robin. Another opportunity I was involved in was to observe and facilitate lessons from the LIFE Recovery program, such as Mindfulness to the patients in the Partial Hospitalization Program, as well as type their progress notes. Other than my basic intern duties, I had the opportunity to learn and experience the overall internal structure and functions of the RMH Behavioral Health facility.

The foundation of my field placement was based off all the advantages my site offered. I was able to meet and interact on a daily basis with psychology professionals. They gave me an insight into a world that I was only able to view through textbooks and lectures in class. I now know the possibilities that careers in psychology can offer. I have also had the advantage of making great connections within an excellent facility. I have become familiar with faculty members who could be possible networks in my future. The one advantage of this field placement that I found most important was the hands-on experience it provided. I had the ability to put all the information I have learned so far as a psychology major into action, especially my knowledge of different types of therapies and mental disorders. There was no better way than working with the LIFE Recovery program to validate my choices as a psychology undergraduate student. However, I did stumble upon some things that I did not like or disadvantages as an intern. This included things like working with staff that had different perspectives than me. I had to put aside what I thought was the right actions or decisions to make in order to truly benefit the patients. Even if I felt that it was incorrect, I needed to be open minded to what a faculty member wanted me to do. It was difficult as a LIFE Recovery intern to be limited to only seeing certain functions of that program and dealing with those specific patients. Although I wanted to be involved in everything I possibly could, like individual therapy, I knew that it was not realistic, and I could only do so much as an intern.

Starting at RMH, I was eager to jump right into the group sessions and make an impact on patients' lives. I have learned that in this situation working with recovering addicts is that, not always will I be able to change a patient for the better. As an intern I was limited to the actions I made and the advice I gave. It was important to be careful that I correctly followed my supervisor's instructions and criticisms. As an intern, I have observed patients who are only attending group because of external factors like court. In this situation, I realized that for someone to change it had to come from within, they had to want to change their lifestyle and some patients did not want to change. However, I did not take this to heart or become discouraged because I observed that in a group setting patients would come and go. I had to remind myself that I would come into contact with patients who are going through many struggles and sometimes it is out of my control to help them. I was not able to relate to them, but I gave them my respect and tried to understand as much as I could. Even though it was overwhelming working with these types of patients, I was able to ask questions and learn how to properly engage with them.

Working at RMH Behavioral Health LIFE Recovery program was a hands-on learning experience. I discovered a lot about myself that I did not know before. This field placement has



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strengthened my skills and also exposed my weaknesses in which I will continue to work on. From my time at this site, I have learned that I want to continue with psychology but direct it to my passion of medicine. Although I have always wanted to be a counselor, I feel that it may not be appropriate for me after observing all that it entails, like certain limitations to dealing with patients and proper paperwork. This experience has opened my eyes to more opportunities. Instead of counseling, I would like to use my skills and knowledge I have gained from my field placement to become a mental health nurse, still incorporating my love for psychology.