Summer Internship Paper

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This summer, I completed my required internship at Virginia Family Services located in Farmville, Virginia. Virginia Family Services is an organization in which individuals of the community can inquire about receiving services from the qualified counselors and social workers of the office. Before I began my internship, I was briefed and given a detailed document outlining the different aspects of the profession that I would experience while interning at Virginia Family Services. In the three weeks that I spent at the office, I was exposed to four components of the organization, which were human resources, business management, marketing, and counseling in that respective order. These aspects of the internship were easily relatable to the knowledge I have acquired in psychology courses I have taken at Longwood University, specifically abnormal psychology and industrial organizational psychology. While transitioning back and forth between these four phases, I received information and guidance from my co-workers and the clients that I met that shaped my experience throughout the duration of my time there.

Upon arriving for my first day of the internship, I was introduced to my co-workers that primarily worked in the office: Mr. Cooper, Mr. Flowers, Mr. Haynes, Mr. Early, Ms. Redd, and Ms. Beatson. Mr. Cooper is the chief executive officer of the organization. Mr. Flowers is being trained by Mr. Cooper to become the co-department manager of the office in Richmond. Mr. Haynes is the clinical supervisor who is in charge of all distribution of assignments, budgets, and monitoring of the counselors and social workers of the Farmville office. Mr. Early and Ms. Redd are both human resource managers in charge of maintaining personnel files and staffing of the office. Mrs. Beatson is the regional manager in charge of marketing for Virginia Family Services of Farmville. There are also about twenty-five to thirty clinicians with varying licenses for mental health counseling and social work. These individuals were essential components of the knowledge and experience that I was exposed to while completing my internship, so it is imperative that they be mentioned due to continued reference of them throughout this paper.

After I was introduced to my co-workers, I was required to watch three videos created by Mr. Haynes, which discussed work place ethics, introductory information of the Department of Medical Assistance Services (DMAS), and in-depth descriptions of the clinical programs that the Farmville office deals with that I would be exposed to during the three weeks I would work there. DMAS is the department that manages clinical programs to individuals that meet qualifications that are set to receive these services. Virginia Family Services of Farmville primarily deals with seven main clinical programs, which are Intensive In-Home Services (IIHS), Mental Health Skill Building Services (MHSS), Therapeutic Day Treatment (TDT), Family Partnership, Parent Aid, Mentoring, and Independent Living. The two programs that I was directly exposed to were Intensive In-Home and Mental Health Skill Building Services.

After I finished watching the videos, I was required to take a comprehensive test, which was a way for Mr. Early and Ms. Redd to evaluate how much information I took away from the briefings. I related this to a component of industrial organizational psychology, in which employees are sometimes required to undergo preliminary interviewing and testing to acquire the job position they are applying for. Some occupations also require annual recertification to ensure that the workforce maintains certain standards of performance. As I touched upon above, Mr. Early and Ms. Redd are responsible for all human resource information, such as filing client paperwork and dealing with selecting applicants to be interviewed for potential hiring to the office. This process includes applicant screening and testing. I mentioned that most organizations require their applicants to be tested, and these tests can be administered in different ways, including written, spoken, and physical. There are also tests that can be administered to assess an applicant’s cognitive and psychomotor abilities, which may set them apart from other applicants during the hiring process.

During my interviewing process to acquire the internship with Virginia Family Services, I met with Mr. Cooper to discuss the phases of the internship I would be required to complete. As he was explaining the requirements, he mentioned that the office had had some issues with dating in the workplace that interfered with the dynamics of the office. In industrial organizational psychology, we examined a section of the textbook regarding the characteristics and dynamics of workplace relationships, and how they may be dealt with in the real world. I remember studying the three main motivators of workplace dating, which were money, work status, and romance. Individuals may be motivated to involve themselves in relationships with coworkers because they may be able to earn more money. For example, if an employee gets involved in a relationship with their superior, they may be given promotions or pay raises more frequently than other employees might. Employees may be motivated to become involved in workplace relationships to receive work benefits or preferential treatment, such as avoiding occupational duties and responsibilities that other employees uninvolved in workplace relationships would have to fulfill. Like any other relationship, workplace dating can also be motivated by romance if the individuals involved are dating simply because they genuinely care about each other.

The second day that I worked at the office, Mr. Cooper held a staff meeting with all of the employees and clinicians regarding alterations that have been made with job titles and job descriptions. This also can be related to what I learned in industrial organizational psychology about job analyses. A job analysis is a breakdown of occupational duties and responsibilities that need to be met by the individual employee, and requirements that need to be fulfilled by them as well. At the staff meeting, Mr. Cooper informed the office that there were changes being made to their job titles and job descriptions, so they were required to read and become familiar with their new descriptions and titles.

Aside from the administration and clerical work that I completed every day, I also had the opportunity to learn about and experience the services that the office provides. Although I labeled and filed client paperwork primarily to assist Mr. Early and Ms. Redd, I also learned about the clients that I would eventually get to visit through shadowing. The Department of Behavioral Health and Developmental Services (DBHDS) licenses Virginia Family Services. The clients that Virginia Family Services provide services to must have three requirements in order to qualify for the programs that they offer. The potential client must have bipolar disorder, major depressive disorder, or schizophrenia. In some instances, the potential client has more than one of these diagnoses, which would still qualify them for the services. The second qualification is that the potential client must have been hospitalized for psychiatric assistance in the past. The last requirement is that the potential client must have been prescribed some sort of psychotropic drug and have been taking it for at least a year before inquiring about mental health services. The Department of Medical Assistance Services determined all of these requirements. Once the potential client qualifies for the above requirements, they can be admitted to one of the services that the office provides.

As I mentioned before, I was predominantly exposed to clients that were under the Intensive In-Home and Mental Health Skill Building programs. It was simple to relate these programs with the curriculum I studied while taking abnormal psychology. Intensive In-Home services are for clients aging from five years old to seventeen years old. The licensed counselors visit these clients in their homes and hold sessions with just the individual child, or with the child and their family together. Mental Health Skill Building Services are for clients that are eighteen and older. This program was designed to assist the client in their everyday lives and obstacles they may face. The sessions are based on the goals that are implemented in the Individualized Service Plans (ISP) of the clients. The clients’ comprehensive clinical assessments are also taken into account when counseling them in their sessions.

I had the opportunity to shadow Ms. Abbott twice during my internship with the office. Ms. Abbott is a licensed Qualified Mental Health Professional (QMHP) who is able to have clients of both child and adult ages. We spent many hours together driving back and forth to the clients’ homes, so we had some time to discuss the every day aspects of her job. She mentioned that as a counselor, one must report everything they may observe during their sessions, whether it is negative or positive. I shadowed her session with a seventeen-year-old client with schizophrenic and dissociative tendencies in the Intensive In-Home program. I also shadowed her session with a twenty five-year-old client struggling with anger management, major depressive disorder, and bipolar disorder. Before each session, Ms. Abbott allowed me to view the clients’ comprehensive clinical assessments and ISPs so I could become familiarized with the clients before observing them, which was very helpful. She also encouraged me to observe every aspect of the session by using my eyes and ears.

During the sessions, Ms. Abbott would discuss the goals of the ISP with the clients and/or their families, and then carry out plans that would complete the goals that have been set by Ms. Abbott and the client (and/or their families) together. For example, the seventeen-year-old is struggling with obesity on top of her mental health diagnoses. Her primary care physician set one of her goals in her ISP, which was “to become more physically active and maintain a healthy lifestyle”. Another goal set by Ms. Abbott and the client’s mother was to become more socially active. So when we arrived to her home, we picked her up and took her to the local gym and supervised her workout with her personal trainer. Ms. Abbott and I both exercised around the client to encourage her to complete her workout, and held conversation with her and her personal trainer to promote an increase in her socialization and decrease her dissociation and isolation from people.

After each session, Ms. Abbott asked me what I observed from each client, and what I learned. This was very beneficial to my shadowing experience because it allowed me to apply my prior knowledge of abnormal psychology to real clients. Most of what I observed correlated with my knowledge that I have acquired from abnormal psychology. When Ms. Abbott would quiz me after each session, she would ask me to relate what I observed to psychological principles. For example, she asked me, “What behaviors did you observe from our client that would exemplify her depression, schizophrenia, and dissociative tendencies”? My answer was that the client would be engaged in a conversation and suddenly zone out and break eye contact, and sometimes even fall asleep. The client generally seemed to be in her own world separate from the real world, which all exemplifies dissociation. Based on the client’s comprehensive clinical assessment, she also frequently isolated herself from social interaction in school and at home, had no friends, and lacked desire and motivation to gain friends, which are negative symptoms of schizophrenia. She sleeps for most of the day, and spends the rest of her time eating or lying alone in a dark room, which are both symptoms of major depressive disorder. So my prior knowledge of abnormal psychology was definitely advantageous to me while answering her questions.

Although Ms. Abbott asked me many questions, she also encouraged me to ask her any questions that I had as well. I asked her what types of therapy she used the most with her clients during her sessions. She identified cognitive behavioral therapy as being the type of therapy that she utilized the most with her Intensive In-Home clients. She said that she used solution therapy for her Intensive In-Home and Mental Health Skill Building Services clients, which she defined as helping the clients find a solution to what they need or want to accomplish, according to their ISP goals.

The past three weeks have given me an insight to what field of psychology I potentially want to be apart of in my career. I gained skills in business management, human resources, marketing, and counseling, and learned how all of them are imperative components to psychology and in any other field as well. I also had the opportunity to relate what I have learned during my college career to what occurs out in the real world, which allowed me to gain a different perspective to many aspects of psychology.