RMH Mental Health Center Inpatient

Placement Description

Acute care inpatient facility treating primarily Major Depression, Bipolar Disorders and Psychosis.

Intern or Field Placement Responsibilities/Opportunities

- Observation of group interventions
- Observation on individual and/or family interventions
- Observation of assessment
- Observation of commitment process
- Opportunities to learn about the use of psychotropic medications
- Observation of Recreational Therapy/Occupational Therapy
- Learn the workings of multi-disciplinary teams

Contact Information

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Read about students’ experiences at this site below:
This semester, I had the opportunity to complete my field placement experience of 150 hours at the Sentara RMH Behavioral Health Unit. Throughout the semester I grew as an individual and as a future provider. I feel that my time spent on the unit has prepared me for a career after graduate school and has given me the assurance that behavioral health is the path that I’d like to pursue.

Sentara RMH has not always been the large hospital that it is currently. Prior to 2011, the hospital was known as Rockingham Memorial Hospital and served Harrisonburg and the surrounding areas. In 2011, RMH was purchased by Sentara, a non-profit organization that in turn built a new facility capable of serving more individuals and providing an abundance of services. The hospital currently abides by the mission statement “we improve health everyday” and adheres to the vision statement “to be the healthcare choice of the communities we serve.” Not only have I seen these statements present in the hospital staff, I have witnessed the hospital’s role in the community and the impact it has had on not only the patients but also on JMU and surrounding students as well.

While completing my hours at RMH, I was fortunate enough to have two wonderful supervisors. My first supervisor, Tammy Kitta, primarily worked day shift and worked night shift each Wednesday. My second supervisor, Andra Keister, worked only night shift and worked stretches of 6 days on and 8 days off. Although some tasks were the same on both day shift and night shift, the shifts definitely differed in responsibilities. At the beginning of each shift, day or night, I would help my supervisor with vitals on each patient. This mainly consisted of getting a patient’s temperature, blood pressure, and heart rate. I began the semester by simply putting these numbers into the computerized system but eventually graduated to being able to take the vitals myself. In addition, I was often tasked with the 15-minute checks on both shifts. The 15-minute checks are completed every 15 minutes, as its name suggests, and is a way for the staff to know where patients are and what activities they are participating in. The checks are especially helpful to the nurses so that they can document how the patient spent their day on the unit.

When I worked day shift with Tammy, I often had the chance to document the morning group sessions. Tammy let me begin to document groups early in my field placement and I can say that my documentation skills only improved as time progressed. When I first started on the unit, I would simply attend the morning group and observe and then afterwards discuss the group with Tammy. However, as I got more comfortable on the unit I was able to lead the morning goals group and was eventually leading group and documenting it on my own. Tammy was extremely helpful in giving me the confidence to lead a group and interact with patients first thing in the morning. While on day shift I also got to sit in on recreational therapy groups, observe patient discharges, and interact with patients more on a personal level. I enjoyed day shift and the opportunities it provided for me such as observing evaluations by the recreational therapist, listening to sessions conducted by the social worker, and attending Temporary Detention Order hearings.

Although I really enjoyed working day shift, I also loved working night shift with Andra. As Andra would often tell me, nightshift was a whole different ballgame. Night shift meant a lot less staff, often 2 nurses and Andra, and a lot of admissions. The main thing I learned to do on
night shift was patient admissions, as the majority of admissions happened after 7pm. Andra was very patient in teaching me how to quickly and efficiently get questions answered by the patient and get them settled into their room, as patients had often been in the Emergency Department for hours. By the time I was halfway through with my hours, I was able to set up a patient’s room, print labels, file the correct paperwork, and input patient information into the computer without having to be prompted. Additionally, night shift taught me how to help out around the nurses’ station when we weren’t busy. I became familiar with how to set up the 15-minute check sheets for the next day and how to fill admission packets that were empty. Night shift also afforded me the opportunity to lead the evening goals group and to document the group. Andra and Tammy were both very similar in their documentation procedures and having them both teach me how to document group the same way was extremely helpful and aided me in learning the process quickly.

After first starting on the unit, I was hesitant with how the semester would go. I had not yet learned how to balance my school work with often working until midnight or later on the unit and I became overwhelmed very quickly. Fortunately, Tammy and Andra were both amazing in helping me set up a schedule of when I would work that centered around the hours they worked on the unit. In addition, their ability to be flexible when I worked unconventional hours made my experience that much better. The advantages to working on the RMH BHU were first and foremost the staff, the easily accessible location of the hospital, and the abundance of learning opportunities. In my opinion, I don’t believe that there were any disadvantages to being placed at this site, as everyone was friendly and willing to teach. In regards to limitations, I feel that a limitation could be hours worked on night shift. I personally chose to work a lot of my hours on night shift because it worked best with my schedule, however depending on others’ schedules, working until 1am on some nights could be seen as a limitation.

As previously mentioned, what I loved most about working at RMH was the staff. I formed close relationships with Tammy, Andra, and many of the nurses on the unit. They were all instrumental in making me feel welcome and I truly felt comfortable in asking questions and receiving critique that was necessary for my growth. What I learned most while working at this site was compassion. I often saw patients multiple times throughout my time on the unit, some patients being admitted three or more times, but I learned to have compassion and to treat them like it was their first time on the unit. The job of a behavioral health worker is strenuous and exhausting, but Tammy and Andra showed me how to be compassionate and make the patient my first priority. This lesson that they taught me will most definitely stay with me throughout my life and into my career as mental health provider.

My time at Sentara RMH has reassured me more than any other experience that mental health is my passion and the career that I hope to pursue. I learned valuable lessons from the staff that I couldn’t have learned in a classroom setting. I am so thankful for the time that I got to spend on the unit and can honestly say that the lessons I gained from Tammy and Andra will accompany me well into my future.

Spring 2017 – Anna Sasala

During my spring semester, I had the opportunity to conduct my field placement experience of 150 on-site hours at the Sentara RMH Behavioral Health Unit. I have noticed a lot
of personal growth due to the experiences and opportunities that were offered through my site. I feel that my time in the unit has prepared me for future career opportunities by giving me the opportunity to learn first hand from real world experience.

Prior to 2011, the hospital was known as Rockingham Memorial Hospital. It was a small hospital with 238 beds that served the seven counties surrounding the Harrisonburg area. In 2011, Sentara, a non-profit organization, purchased the hospital and built the new location outside of the JMU area. Sentara’s mission statement is to “improve health everyday”, which is then followed with a vision statement of “to be the healthcare choice of the community we serve”. I have seen these statements reflected in the quality of care provided in the behavioral health unit throughout this semester. The unit served a diverse community from the Harrisonburg area as well as patients from other parts of Virginia, such as the Richmond area and Chesapeake area. I was able to assist patients with a variety of mental health issues, including patients suffering with depression, anxiety, bipolar disorder, schizophrenia, substance abuse withdrawal, and many other issues. Through the use of constant group therapy sessions throughout the day and individual meetings with the nurses and psychiatrists, the program hopes to discharge patients within a week’s stay.

I had the opportunity to experience both the day shift and night shift of the unit. My day shift supervisor was Diane McCurdy, with whom I was able to facilitate group therapy sessions, take vitals of patients, assist in admissions and discharge processes, and assist in day-to-day activities in the office and in the unit. Although the days could get hectic, the organizational skills and communication skills that Diane exhibited helped move the days along; she served as a great role model on how to act in stressful situations, while also exhibiting great work ethic in times where the unit was not as hectic. My night shift supervisor was Andra Keister, with whom I was able to facilitate the evening goals group therapy sessions, assist in the admission of new patients, and complete tasks to maintain organization in the unit. Andra was very helpful at teaching me how to create a to-do list to prepare the unit for the next day; she reinforced a strong work ethic and an adaptability to new situations that arose on the unit throughout her shift.

My ability to perform these tasks alongside my supervisors did not happen over night. In the beginning of my field placement, I would sit back and observe Diane and Andra during group sessions and would take notes on the types of questions and discussions that they led during this time. Over time, I began to feel more comfortable facilitating and leading group sessions and was able to chart notes in the computer after the completion of the groups. These notes would include the topic of the group, who attended, what the patients behavior was like, and how long the group lasted. By the end of my field placement, I had created two groups that I led by myself. One group discussed positive and negative automatic thinking accompanied with a worksheet and group discussion, and another group that discussed healthy interpersonal boundaries along with a worksheet as well. Aside from groups, I learned how to maneuver my way through the hospitals computer system during admissions processes and interviews and assisted my supervisors in setting up rooms for incoming patients. I also assisted in the process of sorting paperwork during the discharge of patients and retrieved the items the patients came in with from their personal locker. To help with day to day tasks on the unit, I would help pass out and clean up patients meal trays, help patients fill out their menus, help patients fill out their discharge safety plans, organize incoming medications in the medication room, refill admissions packets with new paperwork, restock printer paper in the office, and would organize the
activities closet. In addition to these jobs, I would also spend my time attending Temporary Detainment Order (TDO) Hearings, which is when a patient, committed to the unit involuntarily, goes in front of a judge who then determines whether or not they are free to go. The judge views the patients file and speaks with the staff of the hospital to determine whether or not they are able to take care of themselves, and whether or not they are a threat to themselves or others in the community. All of the experiences listed above were so helpful in preparing me for any future careers I may have; these experiences have provided me with skills that can be adapted to many other work environments.

Overall, I had a great experience. Diane and Andra were wonderful to work with, the nursing staff was friendly and helpful, and everyone was patient with me as I learned the ropes of the unit. My supervisors were always happy to answer any questions I had and were always more than willing to help me on tasks that I was unfamiliar with. My time with Sentara has given me the opportunity to practice working and communicating with a team rather than working on tasks alone. Not only that, but my experience in the unit has also helped me find my voice as a leader in group therapy sessions. In the beginning of the semester, I was very hesitant about leading groups, but through constant reassurance and guidance from Diane and Andra, I eventually led groups confidently on my own. In addition to communication, I was able to enhance my adaptability and confidence when dealing with stressful and unexpected situations. Each day on the unit was different from the last, which taught me how to be adaptable and how to stay calm in stressful and ambiguous situations. I also found opportunities to learn through the weaknesses of the unit. During my time on the unit, there was a major change in scheduling which then led to several employees leaving due to their hours being cut. There were also several occasions where there was a lack of communication between the management and the staff of the unit, which led to disgruntled employees. These experiences have shown me that workplace are not always easy to deal with, and has shown me the harsh reality that some employees must face when it comes to hours and income. Aside from this, I have also seen how difficult it can be to work with a doctor that doesn’t always make the best decisions when it comes to the safety and productivity of the unit. I have seen times where there were patients that were admitted that did not fit the criteria to stay in the behavioral health unit and were a potential danger to the staff, or were not medically stable enough to stay in our unit. Not only that, but there were also times where the census cap was too high for the amount of staff that was scheduled, which not only affects the staff but also affects the quality of care for the patients. Through these experiences, I have seen how executive decisions can affect the staff. Although the staff is faced with difficult situations when these decisions are made, it was great to see how they worked together to overcome these challenges.

I have noticed a tremendous amount of self-growth as a result of my time working with Diane and Andra. I have learned so much about what I’d like to do as a career in my future, and I am now seriously considering attending a graduate program that focuses on clinical mental health. This site has provided me the opportunity to experience what it’s like to work in a real hospital setting, and has given me the comfort of getting used to treating patients under the supervision of a professional. Knowing that I had someone to turn to with questions or turn to for advice was such a wonderful thing to have, and I can’t thank my supervisors enough for that. I am very appreciative of the experience Sentara has provided me to work with patients suffering from mental illness. It’s one thing to read about disorders in a textbook, but it’s something
Fall 2016 – Alison Gilbert

This semester, I had the wonderful opportunity to complete my field placement at Sentara RMH’s Inpatient Behavioral Health Unit. It has been incredible to see the significant strides that I made through this experience, both in my skills as a budding mental health professional and my ability to work in the real world.

Sentara is a not-for-profit healthcare company that controls a network of over 100 sites of medical care, 12 of which are hospitals. The site’s mission states that “we improve health everyday.” Our vision is “to be the healthcare choice of the community we serve.” We value “people, quality, patient safety, and integrity.” The most common disorders treated on the BHU are affective disorders, anxiety disorders, substance abuse, and psychotic disorders. The program offers group therapy, individual counseling, art therapy, music therapy, pet therapy, case management, and medication planning. My supervisors for field placement were Andra Keister and Diane McCurdy. Andra is a mental health technician and I worked with her during the night shift. Diane wears many hats on the unit. Her training is in recreational therapy; however, she also works as a mental health technician and as a social worker.

I began my time on the BHU by shadowing my supervisors and observing the various events that occur on the unit. For example, I sat-in on TDO hearings. TDO stands for Temporary Detention Order, which occurs when the police bring a patient to the hospital because they are a danger to themselves or to others. At the hearing, a judge hears from the hospital and the patient and decides if the hospital still needs to hold the patient. After a few weeks, as I gained more independence and felt more comfortable, my supervisors gave me tasks to complete on my own. The tasks I was responsible for depended entirely on which role my supervisor took that day. If my supervisor was working as a mental health technician, I took patients’ vital signs, handed out meals, helped patients fill out their menus, cleaned the unit and manned the front desk while answering phone calls and helping patients with various questions. Also under the supervision of a mental health technician, I got to lead community group. Community group is the first group session of the day, in which each patient sets a goal for the day and the facilitator gives the patients information on how the day will look, such as which psychiatrist is on and which groups are being offered.
When my supervisor acted as a social worker, I helped the patients arrange and manage their lives after they get discharged from the hospital. This involved conducting interviews with the new patients, discussing their living situation, their source of income, their outpatient providers, etc. We also contacted the outpatient provider to set up discharge appointments, so that the patient can continue their treatment. Frequently, we had homeless patients, so we were also able to help patients find a place to live after their discharge, such as a halfway house or a shelter.

Under the recreational therapist, my main job was to attend, participate in, and sometimes lead group therapy. There were several groups offered on the BHU, ranging from art therapy to stress management. I also charted on each of these groups. For every group, the chart must include a summary of what the group discussed and what happened during the session, along with a description of how each individual patient acted during group: did they participate? Did they demonstrate understanding of the material? Etc. With the contribution project, I chose to design and lead my own group therapy session. I created four different groups, each focusing on one of the four main skills of dialectical behavior therapy: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.

There are many advantages to completing field placement at RMH. First of all, Andra and Diane are incredibly helpful, flexible, understanding, and knowledgeable and I am so grateful that they were my supervisors for this experience. Secondly, there is a great deal of diversity at RMH, so it is an incredible opportunity to observe a variety of disorders, treatment strategies, and jobs in the mental health field. For example, I had no idea what a mental health technician was before completing this placement and now I am considering it as a job for after graduation.

Overall, I had a very positive experience at my site and a positive impression of the unit. However, there are a few things that field placement students should be aware of when considering this site. First of all, due to the nature of the inpatient setting, you are often seeing people when they are at their lowest. The hospital is only supposed to admit patients when they are a danger to themselves or others and cannot function in the outside. Many of the patients are in an extremely deep depression, are experiencing suicidal or homicidal ideation, are going through drug detox, or are in an extremely psychotic state where they cannot recognize reality. It can be incredibly difficult to digest these sad situations; however, in my experience, it is easier to handle when you are able to see how much the patient has improved at the time of their discharge. Additionally, it is very common for JMU students to come into the unit as patients. These situations can be very awkward, especially if you recognize the patient from around campus. However, it is important to remember that everything that you see on the unit is
completely confidential and you can never share with anyone information that will give the patient away. I have found that if I remind the student/patient about these rules, they feel comfortable with having me there.

It is also important to recognize that Sentara is first and foremost a business, so it has many policies that influence your experience at the site. First, there is a great deal of paperwork involved when you start the placement, including a TB test, insurance forms, and a background check which may cost anywhere from 40 to 100 dollars. Also, in order to save money, the hospital has different policies for how many staff members can work depending on how many patients are on the unit. There were many days where I got a text from my supervisor telling me not to come in that day because there were only five patients on the unit and she was not allowed to come in. This can affect the completion of the 150 required hours, however, I did not have an issue completing my hours because every time I went into the unit, I was there for at least four to six hours, sometimes even eight.

It is incredible to see how much I have grown through my placement this semester. I have seen myself improve in a variety of skills such as interacting with the mentally ill, leading group therapy, charting, communication, and time management. The biggest take away that I have gained from this experience, however, is my impression of the mentally ill. Before field placement, I only thought of mental patients as pages on a textbook, and while I recognized how destructive the stigma against mental illness is, I will admit that I had many biases about the people struggling from these disorders. This was the first time that I was ever around mental illness in the real world, and I have learned so much about who these individuals really are. They are normal people who are just going through a struggle and are trying to get help. Field placement affirmed that I am going into the right profession for me, and I am sure that I will utilize this experience in my future studies and career.

_Spring 2016 – Michael Keiter_

Sentara – RMH: BHU goal and mission is to provide excellent patient care for those that enter the unit. Staff’s intent is to stabilize the patient so that they may be placed back into the community with appropriate resources and medications. I was able to help provide excellent patient care, with staff by my side, to everyone that entered or was sent to our unit. I was able to be a part of the process of helping patients which included group intervention, individualized psychosocial therapy, medication and stabilization, and discharge services.

Working at Sentara – RMH: BHU I’ve learned more then I possibly could have imagined. Being able to work with hospital staff I was able to pick up techniques and skills that are hopefully going to benefit me in my medical career in the future. The staff took in me in, in a surprising way. It is not often that I have seen professionals take in interns the way that the staff
at RMH did. They answered every question that I asked and made sure to thoroughly explain everything that they were doing – even staff members that were not my direct supervisors. I greatly appreciated the opportunity and knowledge that they had shared with me. Having been trusted with tasks gave me great pride and made me proud of the site that I had chosen for myself and I have only Diane and Andra to thank for that – for they gave me a second chance.

These two women, my supervisors, entrusted me to chart, take vitals, and lead groups that required me to work directly with patients. Although it was towards the end of my time at the BHU, I was still pleased to have the direct experience with patients. Over time I was able to pick up more intuitive skills, such as seeing patients and realizing you could tell those of whom wanted to get help and those who just wanted the warm bed and medications. Despite the fact that these patients didn’t want psychosocial treatment and were sometimes hard to work with, we couldn’t treat them any differently. However, working with patients that were seeking treatment gave me a chance to see what the patients were going through and the experiences that they have had. I will never forget the patients that truly took what we were saying to them, the skills that we were trying to teach them for when they left the unit. I always hoped that I never had to see the good one’s again.

One of the “good” patient in particular was a mom who had two children and truly wanted to leave and be there for her kids. She and I knew she shouldn’t have been admitted; her psychiatrist had told her to come here just in case. She wasn’t a harm to herself or anyone else and she knew that as well. The day I met her, was also the day that she was discharged. It was my last day-shift that this had happened and I was both angry and joyous in that moment she was discharged. Joyous because she could go home to her kids, but angry that in this instance the system had not done its job. It seemingly had taken advantage of her and wanted more money out of her.

Patient care is a priority of the staff on the unit, but the hospital and the “higher-ups” only want to discharge patients, admit as many patients as possible as quick as possible, and continue to make money. The staff did their jobs and worked tirelessly with patients to ensure proper care and procedure was taken. Although a little crass at times, they really did care. I did feel however that those who were making decisions could have done a better administrative job. An extreme lack of communication was apparent amongst staff and it showed – especially between day shift and night shift and even between administration and general staff. An effective staff needs to have effective communication because without it the whole dynamic of the staff will crumble. Meaning I would definitely suggest to them to move shifts around, by switching day shift and night shift staffs, and even putting administration and doctors on the night shift to see the differences and the impacts that they have on each other.

Many of the staff I believe are also transitioning from working for a private hospital versus a public hospital that is now ran by business administrators and not health care professionals – which is where a lot of the confusion may be. However, I believe a lot of the problems on the unit stem from the lack of communication by the doctors as well. There are three doctors and two nurse practitioners that work on the unit. They approach the treatment of
symptoms in different ways and if a patient is there with a different doctor each week then that
can cause problems for their stabilization and discharge. I have seen one doctor give patients
sleeping medication while the next doctor then removes all sleeping medications without
informing the nursing staff, the night shift staff, or even the patient. Not speaking to the patients
about their own care, or just not giving them more then 10 minutes can cause a lot of problems.
Patient care should stem from the patient and their needs and not a self-righteous stance where
you think that you know everything there is about medications that may or may not be beneficial
to a certain patient and their symptoms. Medicine is about treating the patient and not their
symptoms.

Honestly, the unit has taught me a lot. The BHU has taught me about what kind of doctor
that I want to be, what kind of person I want to be, and how I want to approach everyone.
Patients are just people who are going through a rough time or are having symptoms that they
can’t control. They need help that they can’t provide for themselves. Although there are people
out there who are taking advantage of the system, everyone just needs a reminder that there are
good people and patients out there that require your best care possible – even on your worst day.

Fall 2015 - Ashleigh Powell

The Behavioral Health Unit at RMH is an adult inpatient unit offering acute-crisis
stabilization and treatment of mental illness. The patients primarily suffer from depression,
Bipolar, schizophrenia, and personality disorders. This program utilizes a multidisciplinary team
approach to treatment by having psychiatrists, nurse practitioners, registered nurses, social
workers, recreational therapists, and medical technicians. Sentara RMH uses the Recovery of
Hope model in regards to treatment which focuses on hope, healing, empowerment, and
connections. This model is incorporated in various services the unit provides. These services
include 24-hour nursing, daily meetings with the psychiatrist or nurse practitioner, group
sessions, recreation therapy, case management, and many more. The main goal of this program is
to help stabilize patients and provide them with the tools to have a successful recovery.

During my time on the unit I was following Diane McCurdy (recreational therapist) and
Andra Keister (medical technician). Having two supervisors was amazing and allowed me to see
various aspects of the program at all hours of the day/night. Throughout my field placement I
was able to lead group sessions, conduct recreation and admission assessments, take and record
vitals, and chart on patients. The group sessions could be anything from going over coping skills
to playing bingo with the patients, and varied from day to day. At first, I would observe group
sessions and the assessments but over the course of the semester I was able to lead the groups
and complete the assessments on my own while my supervisors observed. In addition to these
tasks I would attend nurse or treatment team rounds. During this time, the staff would go over
each patient and discuss how they’re doing and their treatment plan. Not only did I participate in
these tasks daily, but I also had a couple unique opportunities off the unit. I was allowed to go
down to the emergency department and observe how admissions to the inpatient unit through the
Psychiatric Emergency Team works. Additionally, I was able to sit in on a temporary detainment
order (TDO) hearing, where a judge comes in and determines whether or not a patient can be
released, stay voluntary, or be held involuntarily. These two experiences really opened my eyes to the various ways a patient can end up being admitted to the unit and how the judicial system plays a role. I was also able to go to Arbor House which is a short-term crisis stabilization program. Often patients from the hospital attended this program as a transition from the hospital back to their normal life, so it was very fascinating seeing what that program had to offer.

I absolutely loved my field placement experience. Diane and Andra went above and beyond to make me feel welcome on the unit and ensured I got to experience as much as I could from the site. They were great about easing me into the experience and making sure I felt comfortable when leading groups or completing tasks. Not only were my supervisors welcoming, but the rest of the staff was welcoming too. They would let me help them with various tasks as well. I also really liked that my supervisors had me start the week before classes, so if there were weeks during the semester where my schedule was busier (such as midterm and finals week), I knew I was still on top of my hours. In addition, Andra worked the night shift and Diane worked in the day shift, so I was able to see how the two times of day compared to one another. They also occasionally worked weekends so I was able to go in then too. Being able to see the unit at various hours allowed for great variation in my tasks, which always kept things interesting. One of the greatest advantages of this site for me was how much I learned about Abnormal Psychology. I took the course beforehand, and although I had learned a lot, it was not until this placement that I really understand the mental illnesses I had been taught. It also showed me how much a disorder can vary from one person to the next, which is something that was hard to grasp through a textbook. The only limitation I would say this site has is that because it is a short-term care, unit you do not get to see many of the patients again once they leave, and I always wonder how they are doing. However, several of the patients would return throughout the semester, and I was able to really get to know them, which was very rewarding.

Throughout this experience, I have been able to develop several skill sets further, including professional, interpersonal, and technical. I have been able to build rapport with patients and other healthcare professionals such as psychiatrists, registered nurses, and social workers. Learning how to professionally interact with patients and staff is something I find very valuable, as I will be working with various types of people as a future physician. I was also able to really understand what it means to be empathetic with a patient and listen to them without judgment, which makes such a difference to them. In addition, I learned how to take vitals, properly chart and document events, and conduct admission and recreation assessments. These are all skills I found to be very valuable as I could use them again in my future career. Finally, this experience solidified my future career choice. I always knew I wanted to work in a profession where I was able to help others, but being in this field placement allowed me to experience what it is like to work in a hospital setting and in the mental health field. It also made me realize how much I love the multidisciplinary team approach and how vital that is to a patient’s success. Overall, I would encourage anyone interested in the mental health and/or medical field to apply because this has been one of the greatest learning experiences I have had at JMU.
My internship was done on the behavioral unit of Rockingham Memorial Hospital. The mission of this unit is to provide diagnostic and treatment services to help adults in acute crisis heal and grow while they work towards stabilization. The staff fulfills this mission by employing a variety of different specialists such as social workers, psychiatrists, and therapists to speak with the patients and help them individually heal and grow in all aspects of their life. In addition, the staff works with patients through a variety of different types of group therapy. Patients are asked to attend a plethora of group therapy sessions each day including recreational therapy, occupational therapy, pet therapy, nutritional therapy and pharmaceutical therapy. Through these therapies the hospital hopes to help patients create a toolbox of wellness tools that will help them have strategies to use when facing stressors after they are released from the hospital.

I chose this site because I loved the idea of being able to observe different types of therapies run by a multitude of people. I also liked the idea of an approach that targeted all parts of the patients’ lives to help them recover. Through observing this eclectic style of healing, I was able to learn what I did and did not want to incorporate into my own therapy sessions in the future.

A second reason I chose this site, was the variability in types and ages of patients. Patients came onto the unit for all types of reasons ranging from substance abuse, to grieving, to mood and anxiety disorders. Seeing all of these different mentalities allowed me to see real life versions of what I had been learning throughout my four years at James Madison University. In addition, I also enjoyed seeing people's ages range from 18 to 87. The diversity in age allowed me to see how the disorders progress and how they present differently in people of different ages.

Finally, I chose this unit because it was affiliated with the court system. I hope to work with juvenile delinquents in the future, and I thought it would be important for me to see how the court system worked. The behavioral unit has a judge come in around 11am on the weekdays to hold temporary detainment order hearings. It is during this time that it is decided if a patient will continue to be held against their will due to their illness being a safety hazard for themselves or others, or if the patient is capable of choosing their care. I was able to attend hearings and see the role the lawyers, hospital and judge play in the process. I found this process fascinating, and believe observing it will be an asset to my future work with juvenile delinquents.

Having two mentors on the unit that worked in different positions during opposite hours, I was able to acquire experience in a multitude of areas. When I was working with my first mentor, a recreational therapist, I attended morning report where we were briefed about the patients on the unit, their diagnosis, how they had came onto the unit, and their behaviors during
the preceding night. I then helped take patients’ vitals, and prepared for, and led recreational group therapy. Recreational group therapy usually consisted of some type of activity that would help patients get their minds off their illnesses and stressors such as creating window glass or mosaics. After completing the activity, the patients would speak about what they were feeling, and thinking about, during the activity. During this time we tried to help the patients elaborate on their emotions as much as possible, in order to help them deal with their feelings, and realize others were feeling the same way as them. This helped keep the patients from feeling isolated and helped them connect with one another. Following recreation group therapy, I helped my mentor chart about the patients' vitals, how much each patient ate during their meals, what the patients were doing around the unit, and how the patients handled the recreational group therapy session. If there were new admissions, I helped give the general admission interviews, and then later on when the new patient was settled in, I would give a recreation interview. This interview consisted of asking patients questions about their recreational activities outside of the hospital. By understanding what the patients did outside of the hospital, and what recreational activities they wanted to get better at, we were able to provide recreational therapy that was individualized and therefore fulfilled as many patient needs as possible.

Working with my other mentor, who was a psychiatric technician and worked night shifts, was much different. As we did with the morning shift, during the night shift the first thing we did was get report about who was on the unit and how they behaved during the day. We then would hold community night group where we would speak to the patients about how their days went and if they fulfilled the goal that they had set during the day. Many times after speaking about these topics we would speak about any sleeping difficulties or other difficulties that they were having. Following community group therapy we allowed the patients to relax until bedtime. During this time we would make sure everything was clean and in good shape. We also would chart and set things up for new admissions. If any new patients were admitted, it was our responsibility to give the general interview to find out why they were on the unit and what they hoped to accomplish during their stay. We would also familiarize them with the unit and what was expected of them if they were to stay on the unit.

My internship on the behavioral unit of Rockingham Memorial Hospital provided me with numerous advantages. First I was able to listen to nurses speak about diagnoses, and observe diagnoses I had learned about all throughout my college career. When I did not understand something about a diagnosis or a patient’s behaviors, nurses happily would enlighten me and would explain with real world knowledge. I was also able to create material for, and lead group therapy sessions. This enabled me to start thinking like a therapist and see what did and did not work with patients. Furthermore, from my first day on the unit, my mentors made sure that I was experiencing their positions as much as possible. They did this through allowing me to fulfill as many responsibilities as possible. I was never sitting and listening to them, instead I was
observing and working alongside them. Also having mentors that worked both the day and night shift, I was able to see the differences in tasks and patients’ behaviors between the shifts. This enabled me to understand how the unit ran throughout the day, from before the patients woke until after they went to sleep. Last, everyone on the unit was welcoming and wanted to help me however possible. Not only did they help me understand information about the unit but also they were willing to speak with me about other opportunities in the community that I could pursue if I wanted to work with mentally ill people. The staff on the unit wanted to help me succeed and showed me this every day by helping me learn as much as possible and always being there for any question I threw their way. Through their desire for me to succeed, I was recommended for and able to procure a job at a mental health facility. Without this internship I would never have found out about the opening.

I highly recommend the behavioral unit of RMH for a field placement. The staff on the unit is welcoming and eager to teach anyone who wants to learn. They also send interns to different facilities to observe how others mental illness facilities help stabilize patients, which can help open doors to opportunities in the mental illness field. Without this internship I never would have been able to acquire half as many experiences with the mentally ill or obtain a job after college as easily or quickly. It is a great place to fulfill your hours and it leads to wonderful opportunities.