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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Read about students’ experiences at this site below:
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
turbmoil 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 placement 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 the 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 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.