A Counseling Internship at a Community Mental Health Center

Mary Lou Collins
Western Michigan University

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A COUNSELING INTERNSHIP
AT A
COMMUNITY MENTAL HEALTH CENTER

by
Mary Lou Collins

A Project Report
Submitted to the
Faculty of The Graduate College
in partial fulfillment
of the
Specialist in Education Degree

Western Michigan University
Kalamazoo, Michigan
August 1974
ACKNOWLEDGEMENTS

So very few times in my life have I had the opportunity to openly express my gratitude in a written form. I am glad that I now have this opportunity.

First and foremost, I would like to thank my major advisor, Dr. William Carlson, for the great caring he has shown in my personal and professional development. Secondly, I would like to thank committee members Dr. Kenneth Bullmer and Dr. Thelma Urbick of Western Michigan University's Department of Counseling and Personnel for the personal encouragement and assistance they gave me from the beginning to the completion of my degree. Thirdly, I would like to thank Dr. William Martinson, Chairman of the Department, along with the entire staff for having a counseling program both at the masters' level and the specialist level that I feel is of the highest quality.

Lastly, I would like to thank my internship supervisor, Ms. Mary Louis, along with the entire staff at the Mason Mental Health Center for the excellent experiences and supervision given to me.

Mary Lou Collins
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Masters Thesis

Collins, Mary Lou
A Counseling Internship at a Community Mental Health Center.

Western Michigan University, Ed.S., 1974
Education, guidance and counseling

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CHAPTER I
INTRODUCTION

My internship at Mason Mental Health Center occurred from January through May 2, 1974, and consisted of 324 hours which was divided between training experiences and practical experiences both in therapy and in consultation. At the same time I carried on full-time employment in the afternoons as a school counselor at a near-by junior high school.

Before entering my internship, three meetings were held with the director, Mr. Thomas Helma, and my future supervisor, Ms. Mary Louis, from Mason Mental Health to discuss scheduling of hours and possible objectives for professional and personal growth. A copy of this proposal is included in Appendix A. My objectives, upon entering my internship, included the following: To gain further experience in counseling with all age groups; To gain further insight in working with different kinds of client problems; To gain more experience in taking a client from intake (beginning of therapy) through to the client's termination; To learn new approaches to therapy; To learn how the organizational make-up of a mental health agency functions; To learn to work more effectively with other therapists as co-workers; To gain more training and experience in consultation; To gather information in making a job decision. My intentions for this paper are to relate how these objectives were or
were not accomplished and how by accomplishing my objectives, I personally and professionally grew.
CHAPTER II
COMMUNITY MENTAL HEALTH

The late President Kennedy issued his Message on Mental Illness and Mental Retardation on February 5, 1963, to the Congress of the United States which later was passed by Congress and known as the Community Mental Health Centers Act of 1963. This legislation was designed to set up a country-wide system of community mental health centers, each of which would act as the fulcrum for a comprehensive community program, to provide services for the prevention or diagnosis of mental illness and the treatment or rehabilitation of mentally ill patients.

The Ingham County Board of Supervisors, upon recommendation of its Preliminary Study Committee, implemented this legislation on August 11, 1964. Although not provided for in the Community Mental Health Act of 1963, a Tri-County Mental Health Board of Clinton, Eaton, and Ingham Counties was established, which became the backbone of community mental health in this area of Michigan. Catchment Areas, a federal public health term meaning a geographic area comprised of no more than 200,000 residents, were established. Mental Health Catchment Area One was comprised of the northern part of Lansing and all of Clinton County and is now serviced by the Community Mental Health Centers at St. Johns and at St. Lawrence Hospital. Mental Health Catchment Area Two
was comprised of most of Ingham County and all of Eaton County and is now serviced by the Community Mental Health Centers at Charlotte, Mason, and Ingham Medical Mental Health Center.
CHAPTER III
MASON MENTAL HEALTH CENTER

Mason Mental Health Center, one of the centers located in Catchment Area Two, was the site of my internship. It was established as a Satellite Center in the town of Mason on May 4, 1970, by the Ingham County Community Mental Health Board. Temporary offices were set up at the Health Department, and on October 1, 1970, permanent office space was leased at 157 West Maple Street under its first coordinator, Mr. Ben Perri. At that time the staff consisted of three psychologists from the Ingham Medical Mental Health Center's regular staff (two of them part-time) and three part-time psychiatric social workers. The staff was expanded to include three full-time therapists (two holding MSW Degrees and one holding a MA Degree in Clinical Psychology), a half-time psychiatric nurse, a consulting physician, and a director.

While I was there, the staff was also active in training a student from Michigan State University in counseling and a student from University of Michigan in social work. I found that these two students were both more behaviorally oriented in their counseling approaches than I. I learned more about behavior counseling from talking and observing their failures and their successes. In turn, I shared with them my knowledge and my skills in Gestalt Therapy,
Rational-Emotive Therapy, and hypnosis.

Mason Mental Health is an outpatient facility that helps individuals and families handle the problems of daily living. As direct services, the center offers individual counseling, family therapy, marital counseling, group therapy, a medication clinic, and emergency services. All of these services are available to children, adolescents, and adults, although the greatest percentage are adult women with only a very small percentage of adult men, adolescents, and children being seen. Their indirect services include community education and consultation with various social agencies, schools, and professionals.

The building that houses Mason Mental Health is located in the center of Mason in a rather old, brick structure. There are four offices for therapists, one office used by students and by the Connection (the center's night crisis line staffed by trained volunteers), one office for the director, and one reception room that serves both as a waiting room and a work room for two secretaries. It is generally agreed upon by the staff that there is a need for a larger, more modern facility in a different section of Mason that would provide for more office space and better acoustics, and in order to help some people, who need to come to a mental health center, feel more comfortable knowing that it is not as obvious to their friends on the street that they are seeking assistance with problems.
CHAPTER IV
TRAINING EXPERIENCES

My training experiences were made up of supervision, staff meetings, inservice, readings, writings, and workshops/conferences. Each added in its own way to my professional and personal growth.

Supervision

My major supervisor was Ms. Mary Louis whom I met with as scheduled on Mondays at ten o'clock. Other meetings with her occurred whenever there was a need. My supervision was accomplished by discussing my client's personality dynamics, their diagnosis and prognosis, their progress, and the methods of treatment I was using. She provided much insight into personality dynamics involved in homosexuality and alcoholism and into methods used in marriage and family therapy. Through my supervision, I learned about the separateness that must occur between the client and the therapist to prevent the client from developing too much dependence towards a therapist. In the other role of consultation, we discussed the various ways of working with individuals, my role boundaries, and my objectives in relationship to the consultation I did with physicians, schools, and social services. I also found that it was helpful to use the other staff members for
supervision in their areas of expertise.

Staff Meetings

Staff meetings were held every Wednesday morning. This was a time when the entire staff including the two secretaries met. New policies and procedures used for Mason Mental Health were discussed, and I saw how much time it seemed to take to make any changes. The director discussed issues that the Board of Community Mental Health were deciding, and I saw how frustrated the staff members and the director were when they felt that they did not have any real say in the major policies adopted by the Board.

Mr. Thomas Helma conducted meetings in a democratic manner. Anyone, a staff member or a student, could bring up a policy to discuss or express any feelings they had. Often times the meetings resembled an encounter group allowing each to gain personal experience from the other which seemed to bring about a feeling of unity among staff and students.

Inservice

The first week I was at Mason, an annual meeting was held for all staff members of the Satellite Clinics of Tri-County Community Mental Health. Mr. Richard Cooper, Associate Director of Programs and Administration, was the guest. Questions and ideas that the clinics had were directed towards him. Two main topics discussed were
performance objectives and the hospitalization of clients. I learned that one of the major aims of community mental health centers was to try and keep the client out of the mental hospital by providing outpatient services, while it appeared through statistics that some psychiatrists in the area admitted patients more often as a standard procedure. I came to realize how much criticism people in mental health have had and that performance objectives for centers and for therapists will be set up and evaluated. Programs may exist or not exist depending on the evaluation. I also realized again how little power the therapists or even the directors of each center have towards establishing policies. The Board seems to hold the vast amount of power.

In addition, there were six other inservice programs held by Mason. An inservice program on the topic of the early recognition of learning problems in young children acquainted me more with diagnosing children and in providing consultation to the school and to the parent. The second inservice was a series of filmstrips called "The Aged and What It is Like to Grow Old." Through them, I developed a better understanding of the psychological and the physiological problems an older person can have. Our next inservice was held with Social Services; therapists needed to have a reservoir of information that they could give to clients who were in need of financial assistance. Since Mason Mental Health wanted to expand their program and work with more children, an inservice was held on the topic of working with
children. A local psychologist was invited to meet with us. Through this meeting, it became evident to me that there are not many psychologists or psychiatrists who work with children and for those who do there are many different approaches. Our last inservice, which was open to the other Satellite Centers and to the area schools, was on the topic of hypnosis. Through this inservice, I became more familiar with the historical background of hypnosis and came to the realization that Freud's "Verbatim Instructions for Free Association" are hypnotic (Tobey & Vacchiano, 1972).

Readings and Writings

Although there was not a great amount of time to read, I was able to read pamphlets and newsletters published by Tri-County Mental Health and a few books by various authors. Also during my internship, I kept a journal describing each day's activities, thoughts, and feelings. The publications from Tri-County Mental Health brought me into closer contact with different legislation, established policies, and the people involved in mental health.

Being involved in doing marital counseling with some clients and using hypnosis with a psychosomatic client, I decided I wanted to do further reading in hypnosis. In reading Haley (1973), I especially agreed with the basic philosophy of Milton Erickson that whatever the stage of family life that the transition to the next stage is a crucial step in the development of a person and his family.
The strategies used by Erickson to resolve these problems at each stage are different, and I could not help but marvel at his abilities. I also especially liked the definition given by Haley (1973) of hypnosis as being "a process between people, a way in which one person communicates with another." I found it difficult to incorporate any of Erickson's hypnotic techniques into my own.

Coleman (1964) served as my basic reference for diagnosing. I found that I did not like to label a person knowing that the label would be permanently recorded.

While working therapeutically with one client who seemed to be knowledgeable in Transactional Analysis, I reread Harris (1969) and James & Joneward (1971) to gain a further background. Harris (1969) provides a basic guide to Transactional Analysis, while James & Joneward (1971) incorporate Gestalt Therapy with Transactional Analysis. Because of this combination, I especially see where together they provide better methods of discovering and fostering awareness, self-responsibility, and genuineness.

Along with workshops I was attending, I became familiar with Gerald Caplan who has done much pioneering work in the rationale and methods of preventive psychiatry. Caplan (1964) defines preventive psychiatry as

the body of professional knowledge, both theoretical and practical, which may be utilized to plan and carry out programs for reducing (1) the incidence of mental disorders in a community ("primary prevention"), (2) the duration of a significant number of those dis-
orders which do occur ("secondary prevention"),
and (3) the impairment which may result from
those disorders ("tertiary prevention").

Consultation is the major technique in preventive psychiatry.

Caplan (1964) defines consultation as

the interaction between two professional people--
the consultant, who is a specialist, and the
consultee, who invokes his help in regard to a
current work problem with which he is having
some difficulty and which he has decided is
within the consultant's area of competence. The
consultant may offer helpful clarification,
diagnostic interpretation, or advice on treat-
ment, but the consultee is free to accept or
reject all or part of this help. Action for the
benefit of the client which emerges from the
consultation is the responsibility of the
consultee.

According to Caplan (1964) and Cohen (1974), another
essential aspect of this type of consultation is that the
consultant engages in the activity not only in order to
help the consultee with his current professional problem
in relation to a specific client or program, but to add
to his knowledge and to lessen areas of misunderstanding,
so that he may in the future be able to deal more effectively
with this category of problem. Caplan (1964) and Cohen (1974)
provided a basic guide for my training and practical
experiences in consultation.

The more I became involved in primary prevention the
more interested I became in the problems of raising
children so that they would be more responsible and
generally have a mentally healthier concept of themselves
and others. Along with workshops, I also read Adler (1957),
Dreikurs & Grey (1968), and Gordon (1973). Adler (1957) rejected autocratic methods of dealing with children as well as submissiveness suggested by Freud. For Adler (1957), the essential theme was cooperation. Dreikurs & Grey (1968) agree with Adler, and this is essentially the same philosophy Gordon (1973) holds. The only differences seem to be that Gordon (1973) has used this philosophy and has developed a step-by-step method that can be taught to parents, and he has made it into a money-making business.

Because of a large number of marital cases I was seeing, I read Rogers (1972) not for techniques, but because I was interested in different kinds of marriages and alternatives people have chosen. Communication between people seemed to stand out as the key issue for a happy relationship whether it was marriage, friendship, or any other alternative.

Workshops/Conferences

I attended a two day workshop on January 17 and 18, 1974, on Mental Health Consultation and Education: Avenue to Prevention and Intervention in Life Crises. The keynote speaker was Raquel Cohen, M.D., Associate Director of the Laboratory of Community Psychiatry, Department of Psychiatry, Harvard Medical School. She laid the foundation for the remaining part of the workshop by speaking on the systems approach, method of intervention, and process of intervention.

From our first small group session, I learned about the
system of mental health: How mental health is funded, and how it internally operates. I also met the key people involved in mental health in Michigan, and learned about some of the potential pitfalls of mental health.

For the next three small group sessions, I participated in a group led by Dr. Cohen which discussed the techniques of consultation in different systems. I saw how economical, in both time and number of people changed, consultation is in comparison to therapy. I became aware of preventive mental health and the three levels--primary, secondary, and tertiary. I learned the procedures and strategies of consultation. As a result of these experiences, I started thinking more in the area of primary prevention.

For my next conference, I visited Grand Ledge Public Schools in Grand Ledge, Michigan, to learn about a program called Focus, a Primary Preventive Program, sponsored by the Tri-County Community Health Board, Michigan Department of Mental Health, and Grand Ledge Public Schools. Focus is a systematic program designed to teach problem-solving techniques to help the child become aware of himself. It has been in existence for two years and has been implemented into two of the elementary schools in all K-5 classrooms.

The program coordinator, Mr. David Groves, employed by Tri-County Community Mental Health, meets with teachers, parents, and school administrators on a weekly basis.
Parents are involved through discussion groups in such areas as behavioral management, effects of feelings on behavior, and communication skills. Teachers and administrators are trained in the use of primary prevention techniques through workshops and individual meetings with the consultant. Within primary prevention, teachers learn a great deal about not only their relationships with students, but also about themselves as professionals and individuals.

Some teachers using the primary preventive techniques think that there has been a reduction in the incidents of behavioral problems, and they associate this reduction with the child's increased skills in handling peer relationships and child-adult relationships. No research has been completed at this date to prove or disprove this thinking.

While observing the children and the teachers, I could not help but notice the atmosphere and feel how different these schools were from ones with which I have associated. In each classroom, each child and teacher had their own feeling wheel, a circle labeled with many emotions. The circle is equipped with an arrow which may be moved to indicate any change of emotions. Role-playing, puppets, small group discussion, and open-ended stories were used, resulting in expression of many emotions. It appeared to me that teachers were saying that the emotional development of the child was as equally important as the intellectual development.
I question whether this effort is being made early enough in a child's life since parents have six years before he enters school to condition the child not to recognize and deal effectively with feelings. At least an attempt, though, can be made by the schools to help the child feel as good as he can about himself and to help the child be better prepared to adapt to stress in life. This is what the Focus Program attempts to do. Also, I think that the consultation that is being done with parents may have a long term effect upon preschool children.

The third preventive mental health conference I attended was called Parent Effectiveness Training. Dr. Thomas Gordon who is the founder and the president of Effectiveness Training Associates, which now includes training programs for teachers and other leaders, was the speaker.

Dr. Gordon has basically taken the techniques used in empathy (active-listening), problem-solving, and Gestalt Therapy and combined them into a step-by-step method that can be taught to others. If a parent uses this approach to raise children, Gordon (1973) says that the child will be mentally healthier than if an authoritarian or a permissive approach of child rearing would have been used and that this child will be more responsible. Research was not provided either during the conference or in his
writings, but Gordon (1973) says that research is available upon request.

The last conference I attended was called Sex Therapy conducted by Dr. and Mrs. Clark Vincent. Dr. Clark Vincent is co-founder of Sex Information and Education Council of the United States (SIECUS). Therapeutic techniques for use with different sexual problems were not discussed (To learn about techniques had been my objective for attending the conference). The topic consisted of information on sex, and I felt during the presentation as if I was being treated as if I knew nothing about sex. This was a major mistake on Dr. Vincent's part for not taking into consideration the educational level of the professionals he was addressing. Also the title of the conference was misleading and should have been called Sex Information.
CHAPTER V
PRACTICAL EXPERIENCES

My practical or working experiences at Mason Mental Health falls into two categories: individual therapy and consultation.

Individual Therapy

Clients came to the center either by self-referral or by referral from a physician, clergy, court, school, or friend. Each paid a fee, based on his or her income and the size of the family, which was set at the initial interview between the client and the secretary. My experience shows that any person who can pay twenty-five to forty dollars an hour does not receive therapy at a community mental health center, but instead chooses a private psychologist or psychiatrist.

Clients came to the center for a variety of reasons: the ones I saw suffered from psychosomatic disorders; situational disturbances such as marital difficulties, lack of money, family problems, environmental difficulties; sexual disorders; self-concept problems; alcoholism; drug abuse; and/or psychosis.

Part of the therapeutic process consisted of doing an intake evaluation for new clients assigned to me, completing an initial interview which required writing about the major
complaint and the history of the complaint, making a tentative diagnosis, and making a recommendation for treatment. Each time a client was seen a progress report was written, and at the end of therapy a termination report was written. Copies of these forms can be found in Appendix B.

Some clients I saw only once, others I saw weekly over a period of months. It depended upon the client's unique set of problems as to what kind of techniques I used.

Consultation

My experiences cause me to think that many people who I have seen consulting are not trained in the techniques of consultation. It is a skill that comes after having acquired knowledge of the procedures, strategies, and the formation of objectives and with direct experience.

Using part of Gordon's model and adding some of my own techniques, I developed a class for nineteen parents (5 men and 14 females) in the community of Leslie, an area served by Mason Mental Health. The class lasted for eight weeks with two hour sessions each. A local elementary counselor provided co-leadership. Objectives included the following: (1) To learn how to become more effective listeners, (2) To be able to recognize feelings of their own and of others, (3) To become acquainted with other methods of discipline, (4) To learn how to express themselves in relationship to their needs.
The following are some of the summarized responses made to a question on the evaluation, "What do you feel you got out of taking this class?"

For me it was mainly to learn to listen to what my kids were saying--to let them try to solve their own problems.

Awareness, first, and how to listen, respond to, and discipline my children in a new way, second.

I learned how to deal with a child in a human-to-human manner.

Better listening to children; more of an idea of what is the child's problem and what is mine.
CHAPTER VI
AN EVALUATION OF MY OBJECTIVES

I feel I was highly successful in achieving my proposed objectives except for gaining further experience in counseling with all ages and with group therapy. I saw one adolescent, and the rest of my clients were adults. Very few children and old people were seen at the center. There was, also, very little group therapy being done at the center, and I was not able to establish a group.

In making a job decision, my experiences strengthened my thinking that a school counselor should be a mental health worker; for many people, I found, will first try talking to a physician, clergy, or school counselor before they will make an appointment at a mental health center. For these people, a mental health center is only for "crazy people".

As a therapist, I experienced the stages of therapy from intake (beginning of therapy) to termination. I learned about the dependency many clients can have towards a therapist, and that clients must assume responsibility for their own therapy. I saw the value of defense mechanisms, and how important they are for protection until the time comes when the organism is ready to change. I also realized how much work it takes for one who wants to change. I learned further about the dynamics involved in different
kinds of problems. I started to realize how important primary prevention might have been in these peoples' lives. With it, they might have had no need for therapy at a mental health center. Also I started to question the amount of time I was spending with just a few people to rehabilitate them. By using primary preventive consultation as I did with my parents' group and with other helping professionals, my time could be used more productively to serve many more people.
CHAPTER VII
SUMMARY

In summarizing, I feel that I have not only gained more knowledge and skills in therapy and in consultation, but I have also gained a greater realization of my skills and capabilities both professionally and personally.

Through my internship, I gained insight in working with different kinds of client problems, and I gained more experience in taking a client from intake (beginning of therapy) to the client's termination. I learned new approaches to therapy and a new technique of primary preventive mental health—consultation. I developed and successfully led a parents' group to promote awareness and to acquaint parents with other methods of discipline. A sufficient amount of information was gathered about the organizational make-up of a mental health agency, and a job decision was made that causes me to think that a school counselor should be a mental health worker.
REFERENCES


Cohen, R., "Consultation and Education: An Avenue to Prevention in Mental Health." A speech presented at a mental health workshop, Michigan State University, January 17, 1974.


APPENDIX A
APPLICATION FOR PERMISSION TO ELECT

712 Professional Field Experience 2-12 hours

Please indicate your plan for enrolling in the course

Semester Winter Year 1974 Hours 4 1st Enrollment

Name Mary Lou Collins Student Number 368-46-2816

Address 1874 Auburn Street, Holt, Michigan 48842

Degree Program Specialist Program in Counseling

Description of Independent Study See attached description on the following page

Name of interning organization Mason Mental Health Center

Name of organization supervisor Mary Louis

Amount of stipend, if any None

(s) William A. Carlson (s) Mary Lou Collins
Signature of Faculty Sponsor under whom study is to be completed

(s) William A. Carlson (s) William Martinson
Signature of Faculty Advisor The Graduate College

Distribution: Graduate College, Faculty Sponsor, Faculty Advisor, Student
PROPOSAL FOR INTERNSHIP
SPECIALIST DEGREE
Mary Lou Collins

PLACE: Mason Mental Health
157 W. Maple Street
Mason, Michigan
517-676-2761

SUPERVISOR: Mary Louis, MSW

TIME: Winter Semester (January 7-April 27), 1974
Monday-Friday. . . . . . . 8-11 A.M.
2 Nights . . . . . . . . . . . . 4 Hours
1 Thursday/Month . . . . . . 8-2:30
Total of 322 Hours

NUMBER OF HOURS SPENT ON OBJECTIVES

136 Hours. . . . . . . Individual Therapy
64 Hours. . . . . . . Group Therapy
48 Hours. . . . . . . Supervision, Talking to other therapists, or Reading
32 Hours. . . . . . . Writing Reports or Reading
16 Hours. . . . . . . Staff Meetings
8 Hours. . . . . . . In-Service
18 Hours. . . . . . . Seminars at St. Lawrence

322 Hours

DESCRIPTION OF MASON MENTAL HEALTH

Mason Mental Health is a satellite clinic of Ingham County Mental Health Center. It is primarily an outpatient facility that helps individuals and families handle the problems of daily living.

The staff consists of mental health professionals with training in the fields of psychiatry, psychology, and psychiatric social work. As direct services they offer individual counseling, family therapy, marital counseling, group therapy, a medication clinic, and emergency services. All of these services are available to children, adolescents,
and adults. Their indirect services include community education and consultation with various social agencies, schools, and professionals.

PROFESSIONAL OBJECTIVES

OBJECTIVE 1
To gain further experience in counseling with all age groups.

Implementation of Objective 1
All age groups receive help through Mason Mental Health so, therefore, I will have a population that I can pick from in acquiring my objective. Also, reading will be done on the types of therapy that can be used with different age groups.

OBJECTIVE 2
To gain further insight in working with different kinds of client problems.

Implementation of Objective 2
Since people come to the clinic for various problems such as marital difficulties, drug problems, family problems, and others, I will become involved with clients who have these kinds of problems. More reading will also be involved in addition to supervision.

I will also be responsible for seeing patients just released from an institutionized setting as outpatients.

OBJECTIVE 3
To gain more experience in taking a client from intake (beginning) through to the clients termination.
Implementation of Objective 3
Some of the new people coming in will be assigned to me for the screening and then given appointment times for a continuing therapy, if it is needed.

OBJECTIVE 4
To learn new approaches in therapy: both group and individual.
Implementation of Objective 4
Seminars given by Ingham County Mental Health and other mental health agencies will be held in addition to the supervision and the reading I will do. Two hours a month will be spent in in-service training through Mason Mental Health, and there will be seminars held at St. Lawrence Hospital every Thursday from eleven to two-thirty. Four hours a week will be spent in working with groups.

OBJECTIVE 5
To learn how the organizational make-up of a mental health agency functions.
Implementation of Objective
I will be attending the organizational meetings held by the director of the clinic and will help to provide suggestions on issues as they occur. There will be staff meetings every Wednesday from 9-10 A.M.

OBJECTIVE 6
To learn to work more effectively with other therapists as co-workers and to share our knowledge of therapy.
Implementation of Objective
I will be getting to know other therapists besides by supervisor
and will ask for suggestions from them in order to gain knowledge that they show expertise in. Hopefully, I will also be able to share with them areas that I have more knowledge.

OBJECTIVE 7 & 8
To gain more experience in a consultation role.
To learn to work more effectively with other agencies, courts, doctors, and schools.

Implementation of Objectives
Since a role of Mason Mental Health Clinic is to provide consultation to other agencies, schools, doctors, and courts, I will be involved in this role and will gain experience in this area.

OBJECTIVE 9
To gain more experience working with a team of specialists in making a decision as to the placement of individuals or as to the needed treatment.

Implementation of Objective
This involves working with diagnostic psychologists who will give certain tests when needed, other therapists who may be counseling with parents of certain adolescents or children, or other social workers who become involved in the placement of the mentally ill into a hospital situation.

OBJECTIVE 10
Job Decision--To gather information and experience that I can use in making a decision as to where I can best use my abilities.
Implementation of Objective

I have worked in the public school system as a counselor for five years. In this new role at Mason Mental Health as a therapist, I will be able to experience the other side of referrals that are made by school systems, courts, or other agencies. Also by this experience, I will be able to decide where I can best use my talents--functioning as the therapist working with referrals out of the schools domain or as the counselor at the local level making the referral. Most counselors, due to the defined role of being guidance oriented, do not have much time to function in the area of therapy.
Date: April 17, 1974

712 SUPERVISOR'S EVALUATION FORM, FORM A

(Supervisor: Please complete and return to the Faculty Sponsor by the beginning of the final week of the semester/session.)

Name of student Mary Lou Collins Semester Winter 1974

Interning Organization Mason Mental Health Center

1. Description of student's job activities and training.

The role of a Mental Health Agency in the community is two-fold—first as a source of providing a therapeutic service to clients and second as consultants in Mental Health in the community.

In fulfilling this internship, Mary Lou was required to involve herself in both of these roles. Therapeutic process consisted of her doing an intake evaluation on new clients assigned to her. At the first session she made a diagnosis, evaluated the degree of disfunctioning and determined a course of treatment. At this point also, she could choose to (1) give testing, (2) refer client to other therapist or agency and/or (3) consult with other involved agencies. Mary Lou was required by agency policy to fulfill certain written requirements in the form of initial interviews. During the entire therapeutic process she was to keep case notes on the client's progress and to write a final termination report upon the client's ending. Along with these mechanics also came the requirement of keeping monthly statistics on all client contacts. Mary Lou attended regular staff and inservice meetings.

In fulfilling the second role as a Mental Health Consultant Agent, Mary Lou was involved in community consultation and enrichment. She attended workshops dealing with children's feelings and behavior in school (FOCUS), parent's attitudes towards discipline (PARENT EFFECTIVENESS TRAINING) and therapeutic skills in dealing with sexual problems (SEX THERAPY).

Mary Lou used other staff members as well as her supervisor in clinically discussing her clients.

In addition to all of these role requirements, she did much reading on Mental Health and always was reaching out to enhance her own knowledge.

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2. Evaluation of the student's performance on the job and training activities.

In all areas of this internship Mary Lou has displayed a superior level of competence. She has performed all task activities and mechanics of the agency with efficiency and accuracy. Her clinical skills in terms of diagnosing, interviewing and therapeutic intervention have been excellent. Mary Lou uses supervision well;-- she asks for and uses help in a personal growth-provoking manner.

Her view of herself as a therapist and her responsibilities in accepting that role and providing her clients with an objective, sensitive therapist has always been highly ethical.

As her supervisor I have not only viewed the process of her becoming more clinically skilled but I have thoroughly enjoyed being a part of her growth.

3. Performance:  
Satisfactory X  Unsatisfactory

(s) Mary L. Louis
Organization Supervisor's Signature
Date: April 19, 1974

712 STUDENT'S EVALUATION, FORM B

Please complete and return to the Faculty Sponsor by the beginning of the final week of the semester/session.

Name of Student: Mary Lou Collins  Semester: Winter 1974

Interning Organization: Mason Mental Health Center

Organizational Supervisor: Ms. Mary L. Louis

1. Evaluation of the 712 experience. (positive and negative)

   My internship at a community mental health center was a valuable experience helping me gain knowledge and skills in both consultation and therapy by attending workshops, practical experience, reading, and through supervision from both my supervisor and the entire staff. Because of the close feelings among staff members, it was like one family of which I felt an important part both professionally and personally.

2. Suggestions for the improvement of the 712 experience.

   Because of my extreme satisfaction with this internship, it is hard to make any suggestions for improvement. I would want to encourage a supervisor to allow much freedom to explore areas of interest as my supervisor did, which I am grateful, and to encourage the participant to allow themselves to be open and to pursue some new directions for professional and personal growth.

   (s) Mary Lou Collins
   Student's Signature
APPENDIX B
FORMS USED AT MASON MENTAL HEALTH CENTER
MASON COMMUNITY MENTAL HEALTH CENTER

INITIAL INTERVIEW

NAME: THERAPIST:

DATE: REFERRED BY:

1. CHIEF COMPLAINT:

2. HISTORY AND DEVELOPMENT OF COMPLAINT:

3. OTHER SYMPTOMS AND CLINICAL IMPRESSIONS:

4. PATIENT'S RESPONSE TO THERAPIST: ( ) cooperative,
   ( ) fearful, ( ) suspicious, ( ) hostile, ( ) deference,
   ( ) other.

5. COMMUNICATIVENESS: ( ) satisfactory, ( ) garrulous,
   ( ) underproductive, ( ) answers questions only.

6. INSIGHT AND MOTIVATION: ( ) denies problem, ( ) aware of
   problem, ( ) aware of emotional nature of problem,
   ( ) resistant to therapy, ( ) desire only symptom relief.

7. TENTATIVE DIAGNOSIS:

8. RECOMMENDATIONS:
TERMINATION SUMMARY

1. NAME: 
2. THERAPIST: 
3. DATE OF INITIAL INTERVIEW: / /19__ 
4. DATE OF TERMINATION / /19__
5. TOTAL NUMBER OF SESSIONS:______
6. REASON FOR TERMINATION: ( ) planned ( ) patient withdrew
7. CONDITION AT DISCHARGE:
   ( )a. Recovered: Asymptomatic with good insight
   ( )b. Markedly improved:
      ( ) Asymptomatic with some insight
      ( ) Asymptomatic with minimal or no insight
   ( )c. Moderately improved:
      ( ) Partial reduction of symptoms with good insight
      ( ) Partial reduction of symptoms with minimal or no insight
   ( )d. Slightly improved
   ( )e. Inimproved
   ( )f. Worse
8. AREAS OF IMPROVEMENT:
   ( )a. Symptoms:
   ( )b. Adjustment to environment:
   ( )c. Interpersonal relations:
9. PRIMARY MODE OF TREATMENT: ( )a. crisis intervention, 
   ( )b. supportive therapy, ( )c. educative therapy and 
   guidance, ( )d. reconstructive or insight therapy,
   ( )e. other____________________
10. COURSE OF TREATMENT:

11. ATTITUDE TOWARD THERAPIST AT DISCHARGE: ( )friendly,
    ( )indifferent, ( )unfriendly

12. RECOMMENDATIONS:

13. FINAL DIAGNOSIS: