Personal and Professional Growth through an Internship Experience

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PERSONAL AND PROFESSIONAL GROWTH
THROUGH AN
INTERNSHIP EXPERIENCE

by

Joyce A. Schuur

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
ACKNOWLEDGMENTS

I would like to thank my major advisor, Dr. William Carlson, for his support and assistance during the final phases of my work toward the Specialist Degree. In addition, I would like to express my appreciation to Dr. Kenneth Engle and Dr. Thelma Urbick of the Western Michigan University Department of Counseling and Personnel for serving as committee members. One of the most outstanding parts of my program was the internship at Riverwood Mental Health Clinic. Mr. Charles Rubel and the other therapists with whom I worked had a direct effect on my personal and professional growth and to all of them I am most grateful. Without a doubt my family deserves the biggest thanks for all the encouragement they gave me and the tolerance they showed for what were often stressful and trying times.

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

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I. INTRODUCTION

My internship was done at Riverwood Mental Health Center which is adjacent to Memorial Hospital in Saint Joseph, Michigan. The center occupies a 3-story 42,000 square foot building which is owned and operated by the hospital. The center is a comprehensive mental health facility which provides a complete range of mental health services for the people of Berrien and Cass counties. Operating expenses of the center are met through charges to patients, county funds allocated through Public Act 54, funds allocated by the local United Fund, and contributions from interested groups and individuals. The clinic is operating on a budget of $1,200,000.

Dr. Martin Abbert, a psychiatrist, is the center director. There are four more psychiatrists on the staff. Other staff members include 35 professionals and 27 non-professionals. My supervisor was Mr. Charles Rubel, MSW, Supervisor of the Outpatient Clinic.

My internship participation was divided between four services: Day Treatment, Family Workshop, Transactional Analysis Group, and Individual Therapy.
II. DAY TREATMENT

I spent three weeks participating in the Day Treatment program at Riverwood Clinic. That program has been in existence since January of 1971 with the primary goal of providing a part-time treatment program for those persons who are not yet able to function in an outpatient setting, but who are no longer in need of a 24-hour service.

The program is staffed by three full-time therapists: Mr. Joe Opalski, MSW, director of the program, Mr. Jim Finnegar, MA in clinical psychology, and Mr. Don Johnson, MA in counseling. Other staff members at Riverwood are used as needed: psychiatrists, social workers, psychologists, psychiatric nurses, and occupational and recreational therapists.

The program is geared to serve any individual who may be overwhelmed by problems of daily living or is experiencing mental or emotional upset. Some of the greatest problems encountered by the Day Treatment applicants are lack of self-confidence and self-worth, fear of forming relationships with others at work or at home, and tendencies to withdraw and become isolated. Specific activities are built into the Day Treatment program with the goal of enhancing opportunities for self-discovery, mastery of various tasks, social interactions and problem solving. Every facet of the program has therapeutic value.
and for that reason participation in all of them is a requirement for all patients.

The group approach is used extensively to implement the socialization aspect of the program. The group process is designed to treat effectively problem areas of interpersonal relationships and adequate social functioning through the use of constructive small tasks and therapy group experiences. Group members are provided with the opportunity to participate in carefully structured problem solving situations. Further, the group approval is used to test and evaluate skills and insights gained from other experience situations since it provides a non-harmful and non-threatening climate.

Transactional Analysis is used both directly and indirectly by staff and other group members. In addition, many other philosophies are used, contingent upon the circumstances and the degree to which an individual therapist is familiar and comfortable with the approach. Gestalt, Rational-Emotive Therapy, and Reality Therapy are only a few used in addition to Transactional Analysis. It is a systematic, eclectic, approach.

By way of explaining my participation, I will describe the typical activities of an eight to twelve, four hour day. Each morning before the group convened, the staff met out on the patio to discuss the previous day's happenings, anything that happened after the group meeting,
and what might be expected in the day's meeting.

First, in discussing what had happened the day before, we reviewed and analyzed group members' problems and behavior and we discussed techniques used by the staff. Second, we gave individual reports on what had happened since the last group meeting: during family conferences, individual counseling sessions, and interviews with prospective group members. Third, while anticipating what was going to occur during the upcoming meeting, we focused on such things as whether or not individual group members would carry over emotional behavior from the previous meeting, which members were likely to be present or absent, and which therapy approaches would be continued, discontinued, or modified.

At nine o'clock the staff moved inside and met with the rest of the group members in the patio lounge, a very large comfortable room with a sofa, stuffed chairs, and other living room furniture. The first portion was called the general meeting. At this time on Monday group members often talked about what they had done over the weekend. This portion of the session was either "light" or "heavy" depending on what came up. Afterward, the activities for the day were discussed. For instance, if we were going bowling, someone needed to arrange transportation and assign partners—a task that would turn into a major accomplishment for one of the group.
Next came a half-hour break. Some patients took this opportunity to check out their feelings with a staff member or other group members. Some worked on the self-evaluation report. Some patients did not know what to do during this time so I would try to ease their anxiety and increase their ability to socialize by engaging one or two of them in casual conversations.

At ten o'clock we would begin a new group activity. Depending on which day of the week it was, we would have problem solving, occupational therapy, a video tape play back of the general meeting, or perception and awareness exercises.

The hour on Monday was set aside for problem solving. During this time the patients could bring up any problems they had. For instance, Robert* said he wanted to be more open and trusting. A therapist approached it by having Robert role play a situation with another therapist in which he would not be open and trusting. After this exercise, Mr. Opalski went to the blackboard and asked Robert to state his problem in one sentence. "I feel inferior to other people," he finally said. When the therapist directed the group to brainstorm for recommendations, each individual's response was written on the board. We then voted for the suggestion we thought would bring the best results.

On Tuesday and Wednesday the group was involved

*All patient names are pseudonyms.
with occupational therapy. During my time at the clinic, this consisted of sewing for the women and woodshop for the men. On one occasion, I was outside with the men who were building a regulation horseshoe court on the lawn. Dave, an immature 19 year old patient, threatened to squirt me with the hose. Tom, an equally immature fellow, decided he would come to my rescue and started to yell at Dave. My initial reaction was to laugh and run away. What I did, however, was to confront the two of them with what had transpired and have them examine the motives for their personal behavior, turning it into a learning situation for both them and me.

Because of my schedule, I did not participate on Thursday when the video taping was done.

On Friday perception and awareness exercises were conducted. These consisted of various modalities such as trips, films, records, and guest speakers. One particular exercise in which I participated had to do with the interpretation of contemporary posters. The group was divided into pairs. Each pair was given a poster to interpret to the entire group with a saying such as: "A person is constantly called upon to create his own future," and "Each dawn is a new beginning." The reports ranged from very insightful interpretations to the number of times a certain letter appeared in the saying!

After the group had finished one of these ten to
eleven o'clock sessions that I have just described, the patients did one of two things, again depending on what day it was. On Monday, Tuesday, and Wednesday they wrote and listened to personal evaluations. On Thursday and Friday they participated in recreational therapy.

The personal evaluations consisted of a patient reading from his personal file those goals which he had set for himself for the previous week. He then explained how he was able or unable to meet those goals.

For instance, in one situation Albert had set his goal to say "Hi" to people. He said he did it but was very disappointed and confused because three people did not respond. To try to get him to understand his feelings, we asked him to analyze his own reasons for previously not saying hello to people: he simply didn't hear them, he wasn't aware they were talking to him, he felt shy and self-conscious. We then suggested that those might also be the reasons why the three people did not respond to his greeting. Consequently, he decided to keep the same goal for the coming week.

After this was done and he had gotten feedback from his peers and the staff regarding the previous week's goals and the goals he set for himself for the coming week, Mr. Opalski dictated a summary of the patient's report using a dictaphone in front of the entire group. He also dictated his interpretation of the discussion.
which comprises the chief entry into the program and center files of the individual.

Recreational therapy filled the last hour of the other two days. Activities such as volleyball, horse shoes, and ping pong gave the opportunity for competition, team work, and physical exercise. Bowling once a week concluded that portion. Many interesting things happened as a result of my participation in bowling. For one thing, I am a very enthusiastic bowler: I shout, gesture a lot, and I enjoy doing well and encouraging those around me. The first week, my behavior was viewed somewhat suspiciously, I thought. The second week I was challenged by one of the men. I beat him both games; but because I didn't gloat over winning, the situation provided him the opportunity for a learning experience in accepting defeat gracefully. By the third week I noticed that many of the patients were loosening up and letting themselves enjoy the recreation. They said that I was greatly responsible for this.

My participation in Day Treatment was valuable for several reasons. I had never seen the force of a group operating with such strength. It was a beautiful thing to behold. My own immersion in the group seemed to me to be immediate.

I not only saw the effect of a group effort and acceptance, but observing and working with three trained pro-
fessionals added to my own repertoire of therapeutic techniques: using the blackboard for illustrating relationships, problem solving techniques utilizing brainstorming and listing, fantasizing to facilitate decision making. Watching one therapist grasp a thread let out by a patient and carefully pull it to see what would come was very interesting. There were times when I would have pulled the same thread. At those times my own confidence in my ability as a therapist was reinforced. There were other times, however, when I would have pulled at a different thread. Each time that I checked this out later with the other staff members, I found that my approach would have been an appropriate course to take as well. That increased my confidence too. The reinforced realization that there is no one way to deal with a patient was an important one for me.

Another insight on my part was the realization of the importance and significance of every day occurrences to the patients. Constantly and quickly analyzing all of the patients' transactions is a strain though, and there were times that an afterthought revealed what I should have done or said in a given situation. However, as Mr. Opalski pointed out to me, it is impossible to deal with everything, but that awareness that something is going on is what is important.
The Family Workshop has been going on since September of 1970 with Mr. Bob Tollaksen, MA in clinical psychology, as the primary therapist. Mr. Don Johnson, MA in counseling, is the co-therapist. The group meets for one and one-half hours once a week. It is a place where family stresses and the options to resolve them are explored. Membership in the group usually consists of a mother, a father, and an adolescent son or daughter.

People are referred from other staff at Riverwood, local physicians, the juvenile court, the drug center, and other group members. It also provided an immediate opportunity for people to begin therapy when the waiting list for individual therapy is long. The group is ongoing. Some attend regularly, but sometimes an individual or family will attend only once. There is a charge of two dollars a family per session after the first visit.

The philosophy behind the Family Workshop stems from the writings of people such as Jay Haley and Nathan Ackerman in which the emphasis is on "family therapy" as opposed to "individual therapy." The underlying premise is that there are usually no innocent bystanders in families with problems and that family therapy is a natural rather than a contrived method of healing.
The overall goals of the workshop are to make the participants aware of who is doing what and how, and to help them develop skills which will allow them to cope with their situation. In addition, the workshop is designed to show participants how to improve family interaction and how to foresee and prevent the development of further "illness" in their own families. The priority is on change and growth rather than on the elimination of one set of symptoms only to be replaced by another. The Family Workshop taps the motivation of the family group to improve itself by encouraging openness, candor, and self-criticism. Because more than one family is represented at any workshop session it cannot be considered family therapy in the strictest sense although each family is viewed as a unique social system.

Specific techniques used in the workshop are varied and many: asking provocative questions (used especially as an ice-breaker at the beginning such as "Is running away from home a legitimate option for teens today?") role playing, doing Gestalt exercises, fantasizing, showing films and listening to tapes of professional therapists expounding on their theories (Fritz Perls, for example), and video taping the proceedings of the group.

The techniques are fully controlled by Mr. Bob Tollefsen who is a very dynamic, forceful, dramatic, and in his own words, an "hysterical" therapist. Because of the
strength of his own personality, he is the dominant force
in the group. Those who are there for the first time
find it out in a hurry; those who are returning, expect it.
The co-therapist serves as a catalyst and a supporter.
Seldom is a co-therapist called on to "carry the ball"
although if he wanted to, he could. For three of the
weeks I was participating, Mr. Tollaksen had other commit-
ments so Mr. Don Johnson and I handled the group. In
those instances, it was more of a joint effort and I
felt that I contributed a great deal more because Mr.
Johnson expected me to work with him equally, whereas
Mr. Tollaksen did not. Professionally and personally
I was more satisfied after those latter sessions, although
I learned from the other as well.

No matter who was in charge, with rare exception only
one problem was focused on each week. Although the specific
problem belonged to one individual, others in the group
could relate to the situation and contribute from their
experiences and/or gain from the contributions of others.
In order to illustrate, I'll relate what happened one
night.

The group this particular night concentrated on a
mother who came because she was having trouble with her
son acting belligerently. He often wouldn't go to school,
but instead would go to a friend's house. According to
his mother he was intelligent but didn't care about aca-
demic achievement. The mother was very frustrated because she blamed herself for her son's behavior and felt guilty because she would lose her temper and scream at him.

The way we began working on this woman's problem demonstrates the typical perception and influence of Mr. Tollaksen. When no one spoke up to initiate a problem at the beginning of the group meeting, Mr. Tollaksen asked an apparently random, provocative ice-breaking question: "What can parents do when their teenage children don't listen to them?" This question, however, was not chosen randomly. Mr. Tollaksen discovered that this was the problem a woman was bringing with her that night. He got that information while riding down in the elevator with her and chatting. Although she was too inhibited to raise the problem before the group herself, the woman very soon began to explain her particular situation and the attention was focused on her rather than on a discussion of the general question which Mr. Tollaksen had introduced.

Group questioning helped to define the situation. One mother in particular was able to relate to the problem. She explained how her now-grown son had given her a great deal of trouble when he was a teen. She managed to feel very guilty and responsible for the outcome—her son's running away from home. She then went on to explain how she had overcome those feelings, and she gave
the woman to do the same.

Another mother was able to relate from her personal experience the effect of being adopted. The boy in question was adopted and the woman expressed doubts as to the way she and her husband had handled that. She was given reassurance.

One conclusion reached was that although things really seemed bad at this point in time the boy was probably just testing because he had never run away or taken any other overt action to leave. It was recommended that the boy and his father join the mother in the family workshop the next week. At this time, the mother questioned her own ability to talk with her son about coming, emphasizing that not one of them but rather all of them had a problem. Role playing was initiated in order to give the woman a rehearsal. She left the workshop feeling less guilty, much more able to cope with her emotions, and fairly confident in her ability to face her son. Other members of the group were able to relate to the situation in that all at one time or another felt guilty about responses and reactions.

After this session, the staff, as usual, spent some time in private going over the night's happenings and what the outcome might be. No specific records were kept. During the workshop I was given free reign and my comments and interpretations were discussed right along
with those of the other therapists.

In evaluating my Family Workshop experience, I would say that I learned a great deal from watching Mr. Tol-
laksen and Mr. Johnson operate in the group. Their under-
standing of the problems was encouraging; and their use of a variety of techniques, some of which I had not seen used before, was enlightening and instructive.

 Probably the most important realization on my part was the usefulness of the family workshop concept. Not only does it seem particularly important to bring together members of a family having trouble, but it seems espe-
cially productive to have other families present to learn from and support each other.
IV. TRANSACTIONAL ANALYSIS GROUP

The Transactional Analysis (TA) group is run by Mr. Charles Rubel with his wife, Virginia, as co-therapist. They have been working together as a team for about two years. Unlike the rather loosely structured Family Workshop, the TA closed group attendance is regular and the methodology is consistent. There is also a definite orientation and education in TA given to group members. A booklet is handed out along with an introductory chapter which Mr. Rubel wrote. Most of the members in the group I joined have been coming for at least a year. Some are single; some are married. In some instances it's a husband and a wife coming together, in another it's a wife coming for a while and then trading off with her husband. In yet another, it's one person coming without his or her mate.

Mr. Rubel begins the session by asking "Who wants to work?" Usually someone volunteers a problem to work on right away. Topics include dissatisfaction and unhappiness with one's job, children, spouse, or self.

Using the Transactional Analysis framework, Mr. Rubel starts by identifying the strength of the various ego states. From there he will deal with the person's transactions with others involved in the identified situation. At other times he will discuss "stamp
collections" (saving up feelings for one guilt-free act of
revenge), "rackets" (self-indulgence in feelings of guilt,
inadequacy, and hurt), and "games" (a series of transac-
tions with an ulterior motive) in relation to the problem.
He might even analyze a patient's "life script" (the life
plan related to the early decision of a child). The
group members are familiar with these concepts and are
able to apply and deal with them. Occasionally other
group members will participate, usually by sharing a
similar experience. Mr. or Mrs. Rubel will then suggest
an exercise that will involve the entire group like
giving a person a "warm fuzzy" (recognition that makes
a person feel OK). Although the group is scheduled for
two hours, more often than not it will last longer in order
to give all those who want to work on a problem the op-
portunity.

A typical working through of a problem can be demon-
strated by the following example. Leslie said she wanted
to give her children orders as a "nurturing parent" (sym-
pathetic and protective) rather than as a "critical parent"
(prejudicial and intimidating) because she felt that
that is the way it should be done. Mr. Rubel asked her
to give an order to various group members from that ego
state. As she tried to do it and the group members re-
sponded, she was able to analyze just how she phrased her
demands. It was demonstrated how clear instructions
from the "adult" (dealing with reality objectively) or "critical parent" would work in her situation. She then made a contract to give each of her children two unconditional "strokes" (recognition for what a person is) a day.

After each workshop we had a psychological post mortem. The three of us discussed what went on, the rationale behind the techniques employed, and what was likely to happen as a result of the night's work. Mr. Rubel keeps a written account of each session which includes a brief description of the work done by the group members and a notation of any contract or assignment made.

My own participation in the group was limited because of my unfamiliarity with Transactional Analysis. Each session, however, I learned more and was able to contribute more. Now I find myself using TA more and more in therapy sessions.
V. INDIVIDUAL THERAPY

I was given open access to the files of new patients. I could choose to work on any of those cases which interested me. I purposely tried to select cases which presented a variety of problems. After I had chosen the cases, however, it was not always easy to get the patients to actually come in for therapy.

In instances when I was unable to reach the person by phone, I had appointment letters sent. Two of these people never did respond. Usually, I would try to contact the people by phone to make an appointment. Some interesting things happened. One girl decided that she could not handle the perceived social stigma attached to coming to the clinic; another said she had been treated rudely in a previous phone conversation with someone at the clinic and she was terribly disappointed after having heard so many good things. She was sorry but she could not possibly come for therapy now! Another woman insisted on seeing a psychiatrist and was not satisfied even when the procedure for psychiatric referral was explained. Although I never did see her, she sent me a note thanking me for my concern. On four occasions when the phone contact was made the person claimed everything was fine and he would not need to be coming now. Four others did not show even when the appointment was confirmed. It became apparent to me that for some
people the gesture of seeking therapy was sufficient to allay any pressures they felt.

The length of contact with those I did see ranged from one to twenty-eight appointments. The client I saw the longest was a man (and later his wife as well) who had been referred by the court after he was arrested for indecent exposure. In addition, I saw other couples with marital problems, another exhibitionist, women with problems concerning their sexuality, and others with social maladjustments but without manifest psychiatric disorders.

During these sessions I used all the counseling techniques with which I was familiar. There were times when I really felt as though a particular approach was productive and I would continue along those lines. At other times I would sense a technique's unproductiveness or counter-productiveness and I would switch to something else. Through this experimentation, I began to get a better feeling of what would work with whom.

The most frustrating aspect of this part of the experience was having patients not show up for appointments. This happened to me on several occasions, not only with new patients but even with some I had seen before and had felt certain would return. Only after talking with Mr. Rubel did I realize that I should not take it so personally--apparently it happened to all the
therapists.

Each week I would meet with Mr. Rubel to discuss the clients I had seen during the past week. At this time, I would describe what had happened in the sessions, how I had analyzed the problem, and what direction I had planned for the client. It quickly became apparent to me that although I could relate pretty well what had happened during the sessions, and what I had made of it, I had a very difficult time explaining where I wanted to go with the client in therapy. Primarily this was due to my reluctance to commit myself and to my lack of confidence in my ability to help a person to reach a goal. I would not think beyond the immediate situation, somehow assuming that that would take care of itself. I was content to "play it by ear." With Mr. Rubel's encouragement and guidance, I am now much more able to be specific in my dealing with clients. I have come to realize that vague impressions, although useful, are not nearly as helpful as specific feelings and behaviors.

One day during our weekly sessions as Mr. Rubel was explaining how it was possible for a client to determine when he had reached a goal, the whole concept suddenly made sense to me and my own way of working with people. Since then I have been able to operate with more confidence and a better sense of direction.

In addition to helping in that way; Mr. Rubel shared
his own therapy experiences with me in order to broaden my perspectives and experiences. He would take the time to help me work through a problem I had. For instance, the husband of one client had been seeing a psychiatrist for two years and she was very disturbed by the psychiatrist's manner in dealing with her. Mr. Rubel detected, as I was relating the interview, that I had a few biases of my own in regard to psychiatrists. Consequently, he had me draw a picture of a psychiatrist on the blackboard in his office. We proceeded to increase my awareness of my own feelings.

Another time when I asked him about "Valium," a certain drug a client was taking, he answered that question and also gave me a brief description of other drugs currently being prescribed by the clinic doctors.

At other times we discussed the operation of the clinic, funding, clinic procedures, and any other topics that would help to acquaint me with the clinic specifically and the mental health field generally.
VI. GENERALIZED BENEFITS

One of the goals I set for my internship was to acquaint myself with the various services provided by the clinic. I feel I was able to do that for two main reasons: Charles Rubel and the other therapists with whom I worked were very agreeable, and the length of my participation made it feasible. Because of that, my internship provided me with exposure to several distinct activities and several different therapists broadening my perspective and experience considerably. In addition to the concentrated participation, I also investigated the Preschool Program, the Alcoholism Program, the Model Cities Clinic, and the Inpatient Service. I had conferences with the Center Administrator and his staff, the Director of Outpatient Services, and the Director of Consultation and Education Services. I was continually impressed by the high degree of professionalism exhibited by the staff which was reflected in the atmosphere of the clinic.

I consider myself fortunate to have been supervised by Mr. Rubel, a man for whom I hold the highest regard both as a person and as a professional. From the beginning of my contact with the clinic, he gave me consistent and continual support and supervision. Although he took an active interest in my activities, he gave me leeway to
pursue them in my own way.

Because of the personal and professional growth I experienced during the internship, it is very difficult for me to identify any weaknesses in the program. I would like to have had the opportunity to participate in all of the services offered by the clinic. I realize, however, that if I had been introduced to other parts of the clinic, I would have had time to be only an observer rather than an active participant, an arrangement that I feel would have been much less beneficial.

Without a doubt, the internship has been very gratifying.
References


Appendix
APPLICATION FOR PERMISSION TO ELECT

712 Professional Field Experience

Semester Summer Year 1973 Hours 4
Name Joyce A. Schuur Student Number 356-32-1392
Address 1581 North Riviera Drive, Stevensville, Michigan, 49127
Degree Program Specialist in Education
Description of Independent Study The internship time will be spent in the following way: Day Treatment 15%, outpatients 35%, groups 35%, staff meetings, visitation 15%. My objectives are to improve my skills in individual, family, and group counseling and to gain an awareness of the formal and informal administrative and communication structure within the clinic setting.

Name of interning organization Riverwood Mental Health Clinic
Name of organization supervisor Charles Rubel

/s/ William A. Carlson /s/ Joyce A. Schuur
Signature of Faculty Advisor Signature of Student
APPLICATION FOR PERMISSION TO ELECT

720 Specialist Project

Semester __________ Summer Year __________ 1973 __________ Hours __________ 2 __________

Name Joyce A. Schuur __________ Student Number 356-32-1392 __________

Address 1581 North Riviera Drive, Stevensville, Michigan, 49127

Degree Program __________ Specialist in Education __________

Description of Independent Study The Specialist Project will be a narrative summary of my internship at Riverwood Mental Health Clinic. The writeup will include my experiences in the various areas in the clinic setting: Day Treatment, outpatients, groups, meetings, and visitations, as well as specific examples of how I have met my objectives.

Name of intern ing organization Riverwood Mental Health Clinic

Name of organization supervisor Charles Rubel

/s/ William A. Carlson __________ Signature of Faculty Advisor __________ /s/ Joyce A. Schuur __________ Signature of Student
Date: December 5, 1973

712 SUPERVISOR'S EVALUATION, FORM A

Name of Student______Joyce Schuur

Interning Organization______Riverwood Mental Health Center

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

Joyce's internship in this Center was planned and carried out at twelve hours a week for eighteen weeks. She participated in a variety of programs and experiences and eighteen hours of individual supervision was provided plus approximately twenty hours of staff group discussion, planning, etc. Her objectives included gaining a competence in diagnosis, formulating and carrying through a treatment plan with individual counseling, exposure to and participation in a variety of group approaches, and supervision providing a critical appreciation of her written and verbal expression and to stimulate growth in the areas above. Accordingly her internship began with a three week involvement (three days per week) in the Adult Day Treatment Center Program, followed by seven weeks of participation in a family workshop group approach to parent-child problems, especially those of adolescents, and eight weeks of participation in a Transactional Analysis Therapy Group. Concurrent with the last two she was involved eight to nine hours weekly in individual counseling with a wide variety of clients, situation, etc. In addition she also invested herself in some readings in Transactional Analysis in preparation for her group experience.

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

Joyce came to this internship with a goodly amount of skill, competence, and capacity and made excellent use of the experience in terms of learning and personal growth. This area of personal growth which was most outstanding and gratifying to observe was the growth in her own appreciation of her own competence and ability. In the beginning Joyce tended to discount her spontaneity, "herself," and her skills and abilities, i.e. would not "know what she knows." An evaluation session regarding her Day Treatment experience focused keenly on these areas and subsequently her "owning" herself and her abilities blossomed beautifully.

In terms of the stated goals of the internship she already had considerable competence in diagnosis and was able to really get in touch with her own power, the power of the client, keeping those two separate, and acquire a real feel of what to do and how to do it in order that the client gets
what they came to get.

The second goal called simply for exposure to group approaches to treatment, and it is apparent that Joyce gained a new appreciation of the power and effectiveness of the group as a therapeutic approach. There may be some contamination here from her supervisor as this sort of move parallels my professional growth and development over the past two years.

Throughout her experience here, Joyce allowed her own personal involvement in her work and learning, did well with that and then experienced the pain of saying goodbye. The goodbyes remain somewhat difficult for her and she is working with that.

I was disappointed that the staff position I offered her did not fit her needs. She would have been an asset to our staff.

3. Performance: Satisfactory

/s/Charles Rubel, ACSW
Organization Supervisor's Signature
712 STUDENT'S EVALUATION, FORM B

Name of Student: Joyce A. Schuur
Semester: Fall 1973

Interning Organization: Riverwood Mental Health Center

Organizational Supervisor: Charles Rubel

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

Riverwood Mental Health Center proved to be an excellent location for my Specialist degree internship. I was able to participate in a variety of different services: Individual Therapy, Day Treatment, Family Workshop, and a Transactional Analysis group. In each of these four situations I had the opportunity to work with other therapists and learn from them.

The most positive aspect of my internship was the supervision I received from Charles Rubel. Not only did he give me consistent and continual support but he taught me a great deal of counseling theory. As a result of this exposure, I was able to grow personally and professionally.

2. Suggestions for the improvement of the 712 experience.

My internship experience was positive in all respects because the staff was cooperative and the clinic was flexible enough to accommodate my personal request for a variety of experiences. Because Riverwood Mental Health Center had not been used by Western Michigan University as a site for a Specialist internship before, the absence of a specific guideline from the university was a concern for a while.

My only regret was that I was not able to participate more fully in all the services offered by the clinic. This would not have been a reasonable goal though, because then I would have had time to be only an observer.

/s/ Joyce A. Schuur
Signature of Student