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Psychology Internship

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Internship Evaluation

Introduction

For the last semester of my senior year I proposed to do a 40 hour a week internship at the residential therapeutic facility called CooperRiis. This particular mental health facility presents a unique program for recovering from mental illness and strives to redefine what mental illness really is. I arranged to work in a volunteer position at CooperRiis full time for 16 weeks in which I observed and experienced various aspects of the community and was immersed in both staff and resident activities. Throughout this time I met regularly with CooperRiis and Warren Wilson supervisors to set academic goals and discuss methods for getting those goals met.

Setting

CooperRiis is a therapeutic mental health community located in the Montford neighborhood of Asheville, NC. CooperRiis deals with a broad range of mental health issues, including bipolar disorder, depression, schizophrenia, anxiety disorders, substance abuse, and various personality disorders. In comparison to more traditional mental health facilities, CooperRiis is different in its holistic and community-based approach to healing. The CooperRiis community describes itself as “a nurturing caring environment for learning, living, and working together around the common goal of moving our community members towards wellness.” Rather than referring to people as patients, CooperRiis calls those who choose to stay residents. This

helps to keep all people on the same level and to keep the environment focused on individuals rather than focused on sickness or diagnoses. CooperRiis has a multifaceted approach to healing that includes work, service, creativity, and physical wellness.

I worked in a section of the program called Life Skills, which is much like Warren Wilson in that each community member is asked to work on a crew for a set number of hours each day completing projects for the community and volunteering at local organizations. The goal of the Life Skills program is to help those whose lives are hindered by symptoms of mental illness to learn to function effectively in a community, practice accountability, and receive some possible employment training. Life Skills is divided into five different crews (art, kitchen, maintenance, housekeeping, and gardening) that each led by a Life Skills manager. My job title was 'Life Skills Support Staff.' This basically means that I helped the Life Skills managers gather residents, planned projects for the community, offered residents support when needed, and filled in for the managers when they were absent. I mostly worked in the maintenance section of Life Skills, in which residents help to complete maintenance request forms, do monthly fire/safety inspections, and volunteer at Habitat for Humanity.

Goals

When initially planning the internship, I was asked specifically what I wanted to gain from the experience. First and foremost I wanted to get a better idea of how the field of mental health functions internally. I became interested in the counseling field after I learned its value through my own experiences. I have been able to practice more effective coping mechanisms because of my own counseling experience, and this became the catalyst for my wanting to help others. I discussed my method of accomplishing this goal with my CooperRiis supervisor. I expressed that I wanted to attend staff meetings, learn more about the clinical issues the residents

experience, and learn more about the structure and policies of the organization itself. My supervisor was very willing to help me achieve this goal and welcome to any suggestions and requests that I had.

My next goal was to become more comfortable communicating with others and offering therapeutic support. Before this opportunity, I engaged in a weekly counseling session with a geriatric patient. Although I think that she and I did make some progress, I was occasionally uncomfortable offering any advice. Within this goal of communication, my aim was to quiet the part of myself telling me that I am not making a difference and to trust my instincts as a person wanting to make a difference. My weekly check-ins with my supervisor allowed me the opportunity to voice any concerns that I had with my performance as an intern and to ask for advice in dealing with some tricky situations. About half way through the internship, my supervisor expressed that she was really impressed with the work I was doing one-on-one with residents, but that I tended to fall to the back in a group setting. I noticed that my tendency to follow rather than lead was because I doubted my abilities to communicate with an entire group and felt inexperienced in some of the tasks we needed to complete. For the remainder of my internship, I tried my best to step outside of my comfort zone when the opportunity arose. For example, when a Life Skills manager was unable to come to work, I filled in and tried to lead to group of residents to the best of my abilities. I know that I still have a long way to go before I am fully comfortable leading a group of people, but the CooperRiis staff offered enough support that I am no longer afraid to try some new things.

Recovery Philosophy

The CooperRiis recovery philosophy is based on the Enhanced Recovery Model, created by CooperRiis psychologist Dr. Sharon Young. This model sees recovery as a gradual process.

CooperRiis describes mental health recovery as “an evolving process that involves gradual and sometimes uneven progress over the course of time. Recovery does not imply cure but, rather, overall movement forward.” This statement implies that recovery is not a black and white process (sick or better), but is a step by step process which is different for each person. Dr. Young's model is divided into three phases. The *Initial Phase* “is characterized by achieving a stable sense of acceptance of one's illness as opposed to the pre-recovery state of minimization and denial” (Young 4). In other words, the first phase is accepting the illness as being a part of one's life, rather than denying its existence. The *Middle Phase* “is characterized by multiple processes including discovering and fostering a sense of empowerment, gathering new perspectives about oneself and one's illness, and returning to a level of basic functioning that may have been left behind due to one's symptoms” (Young 4). At CooperRiis this phase is characterized by an increase of participation and taking on personal projects. For example, if someone has been having difficulty showing up to their art Life Skills time, increasing their Life Skills participation and suggesting new projects would be indicative of a transition to the *Middle Phase*. During this phase, one may also find more ease regaining control over symptoms, practicing more effective coping strategies, and having an increased sense of empowerment. The *Final Phase* of recovery “entails striving for and attaining a stable sense of wellbeing and a better quality of life” (Young 4). At this point, a person has a much more positive outlook on life, a substantial decrease of symptoms, and a sense of purpose and meaning. A person in the *Final Phase* has a stronger sense of independence and self-sufficiency.

All of the phases are achieved through the fulfillment of the *7 Domains*. The *7 Domains* encompass multiple areas of wellness that mirror a holistic approach to healing. The first domain is *Social/Community Connectedness*. Many residents come to CooperRiis lacking the skills or

desire to engage in social activities, mainly because of the experience of social anxiety. At CooperRiis, residents are encouraged to join the community multiple times a day and engage in activities with residents and staff. Some residents report that the relationships they form are the most important part of their recovery.

The second domain is *Spirituality*. Because CooperRiis is open to all practices of spirituality and does not accept one over another, this domain is best defined as an individual's sense of inner peace. The *Spirituality* domain is seen in daily centering practices (yoga, meditation, tai chi), the application of mindfulness to the healing process, and the opportunity to attend religious services of one's choice on Sundays.

The third domain is *Purpose/Productivity/Fulfillment*. This domain is described as “the sense of accomplishment and fulfillment that derives from meaningful and rewarding activities” (Young 4), and is mainly represented through the Life Skills program in which residents engage in daily work related tasks that keep the community up and running. This aspect of the CooperRiis program allows residents to cultivate a sense of responsibility and realize the importance of their role within the overall community.

The fourth domain is *Empowerment/Independence* described by Dr. Young as “the development of attitudes and behaviors, which foster increased independence.” This domain is first instigated when someone first enters CooperRiis. Upon admittance, a resident is asked to fill out a dream statement in which he or she describes their particular goals and expectations for their stay. This process empowers one to take control over their recovery process.

The fifth domain is *Emotional and Psychological Health* which is mainly implemented through individual as well as group therapy. Residents meet with their therapists weekly and engage in multiple group therapies including DBT (dialectical behavioral therapy), interpersonal

processing, and social awareness. This domain also includes assistance from a psychiatrist who offers pharmaceutical assistance through individual consultations.

The sixth domain is *Physical Wellness* which encompasses personal hygiene, exercise, sleep habits, and nutrition. At CooperRiis residents are served whole organic foods and receive individual nutritional counseling, as well as group nutrition classes. A trip to the local YMCA is offered four times a week to work out, as are Zumba, jogging, yoga, walking groups, and tai chi. Proper nutrition and regular exercise are offered and exemplified by many staff members in the facility.

The seventh domain is *Intellectual/Learning/Creativity* which is exemplified in many ways. Firstly, CooperRiis offers evening art courses open to the entire community that accept suggestions for projects and activities. Aside from the daily learning of engaging in the Life Skills program, CooperRiis also offers the opportunity for residents to attend classes at local colleges for those wanting to finish their bachelor's degree. The opportunities to experience both intellectual and creative activities allow residents to expand their personal interests and skills.

Observations

Because I had previously had an informal internship at CooperRiis during the summer of 2010, its style of functioning did not come as much of a surprise. When I began my first experience at the facility, I was not given very much direction as to what my role was or where I was needed. I found that it took about a month of working there full time to figure out the daily rhythm. One of the first things that I noticed was that every day was completely different from the one before it. Schedules were constantly changing as well as daily activities. All of this variety and change led to a very spontaneous work environment. Although most work crews do have routine tasks to complete, more specific projects come from resident suggestions and

community needs. It is nearly impossible to get an accurate impression of CooperRiis by only spending one afternoon visiting.

Another interesting observation I had was that the amount of internal communication that it takes to make a facility such as CooperRiis function is far greater than I would have imagined. So many little things can fall through the cracks, such as a last minute therapy appointment, that can lead to confusion, frustration, and lower Life Skills participation scores for residents. On multiple occasions I witnessed residents as well as staff members express a need for more thorough communication and clearer explanations as to why some things can or cannot happen. Staff mostly experienced this frustration when a resident's schedule was not clearly set or changed at the last minute, which can lead to confusion as to where the resident is located in the building. In the residents' case, not having a clear and logical reason as to why a rule is changed or why something is not permitted can lead to anger and cause possible splitting between staff and residents. Throughout my months of work at CooperRiis, I have seen this observation greatly improve to the point in which staff and residents are able to openly voice their concerns out in community settings.

Other modes of learning

When first planning this internship at CooperRiis I worked with my academic advisor, Bob Swoap, to construct a syllabus that included some supervision sessions and readings to accompany my experience. I met with Bob and my CooperRiis supervisor weekly to discuss what I was experiencing, evaluate my performance, receive feedback, and ask questions related to clinical issues. I found these sessions to be the most useful mode of learning, because I was able to discuss complicated situations that I encountered and ask questions related to ethical issues. The meetings I had with my CooperRiis supervisor was more like a general check-in in

which I evaluated my own performance and discussed what she had observed. We regularly discussed my role in a group setting as opposed to working with residents individually, and set goals related to my being more assertive and taking leadership. The other part of our check-in was mostly me asking questions to learn more about specific residents and how to handle difficult situations.

My supervision sessions with my Warren Wilson advisor were joint sessions with another intern, in which we described our impressions of the structure of CooperRiis' program and discussed assigned readings. Each week we picked readings related to our work to be discussed the next week. These readings included some theories on recovering from mental illness by Larry Davidson, *Land of Stone*, and specific case studies related to some of the clinical issues we dealt with. Discussing these readings allowed me to explore different perspectives on mental illness and draw my own conclusions about my view on recovery. The case studies in particular were helpful in learning about what specific residents go through each day.

In addition to my supervisions and readings, I kept a daily journal to record my observations and experiences, so that I was able to revisit my thoughts and articulate my impressions more effectively. I brought this journal to all of my supervision meetings to discuss issues that had come up with my supervisors. The journal was particularly helpful to my experience, because I am more willing to put my personal thoughts on paper than to speak them aloud to another person.

Personal Experiences

My internship at CooperRiis consisted of equal parts working with residents in a group and working with them individually. Around the third week of working my supervisor requested that I work with a couple of residents that were struggling with classes that they were taking at a

nearby college. I started working with a young male resident enrolled in an English course who struggled to get one word on the page. He was constantly editing himself before his ideas ever left his mouth. Instead of working to complete formally structured essays, I encouraged him to free write so that he could practice writing without judgment. After a couple months of working together twice a week, he was feeling more comfortable articulating his ideas and we would have long discussions in which he did not seem to be holding back anymore. Both of us observed that he eventually felt more confident writing. He is currently feeling optimistic about his future as a student and hopes to transition to a higher level of independence as soon as the opportunity arises.

On the other end of the spectrum, I also worked in groups of 4 or 5 residents completing Life Skills tasks. This is definitely the area that I had my most noticeable growth edge in. By this, I mean that I am not a very assertive person, and tend to fall to the back of a group. My Cooper Riis supervisor pointed this out on multiple occasions while recognizing the individual work that I had completed. We set the goal for myself to get outside of my comfort zone at least once every day. This goal proved to have a positive effect on my leadership skills. Whereas I would commonly fade to the background in a group setting, near the end of my internship I was leading entire Life Skill crews and filling in for the managers.

In evaluating the experience that I had through this internship, the most substantial thing that I learned is that working in the mental health field can be extremely draining and very fulfilling. There were times that I came home very upset by a certain incident, or was just exhausted from an interaction. Many times I was upset by seeing a resident in so much pain and was not able to do very much about it. Although these moments did occur and had me questioning my efficacy as support staff, other times made me realize that the smallest gesture

can lighten somebody's day. The larger, more upsetting events seemed to overpower the rewards at times, but the relationships formed within the community affected me more overall.

Conclusions

Overall, the experience that I had at CooperRiis helped me meet all of the goals that I initially set out to accomplish. In terms of getting an inside look into the mental health field, the staff was enthusiastic and willing to include me in their meetings, as well as discuss important clinical issues and be open to feedback. The only way that I may not have met this goal is that in being a very unique and progressive facility, CooperRiis probably does not best represent residential facilities as a whole. With regards to my goal of learning to communicate better, I believe that I have made a lot of progress with my interpersonal skills. I now feel more comfortable being myself and do not feel as much of a need to always act 100% professional.

In evaluating the program as a whole, I strongly believe in the Enhanced Recovery Model, and that every part of the 7 Domains is necessary to lead a balanced and healthy lifestyle. Part way through my internship the owners of CooperRiis expressed that their long-term goal is to have a CooperRiis in every state. Although I feel strongly that the program is helpful and effective, I think that the monthly cost impedes some people from receiving this kind of multifaceted treatment. I do hope that this kind of treatment becomes the norm, and that seeing the inside of the mental health field in America means using a holistic model as an overarching template.

References

Young, Sharon, Ph.D. "The Recovery Philosophy." *CooperRiis*.

<<http://www.cooperriis.org/programs/index.html>>.