



Western State Hospital

Placement Description

- Work with an inpatient population and engage in mental health research
- Participate in a full spectrum of psychological services: Individual, Group and Behavior therapy
- On average, there are between two to four slots available for field placement students at WSH

Responsibilities/Opportunities

- Observation of intake interviews
- Observation of psychosocial rehabilitation groups
- Co-lead psychosocial rehabilitation groups
- Develop lesson plans and activities for psychosocial rehabilitation groups
- Attend staff meetings and training events
- Administer and score tests
- Compile data from structured interviews and tests and put it into computer
- Help design and administer pre and post test measures for clients
- Do behavioral assessment and intervention

Placements Within Western State

- Forensic Unit –focus on persons with mental illness who are also charged with crimes or have been adjudicated Not Guilty by Reason of Insanity
- Acute Care – focus on newly admitted clients who require stabilization on medications.
- Extended Care Wards – focus on clients who have been in the hospital for more than a month and are challenging to place in the community.

Contact Information

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Dr. Kaiser – Forensic Unit

Fall 2022 – Aliza Tobias

Throughout the fall 2022 semester, I completed my field placement at Western State Hospital with Dr. Alison Kaiser as my supervisor. Western State Hospital in Stanton, VA is one of the psychiatric in-patient facilities apart of the Virginia Department of Behavioral Health and Developmental Services. The hospital offers short- and long-term care units as well as forensic and civil units. With the mission “to provide safe and effective individualized treatment in a recovery-focused environment,” the hospital serves patients with diverse backgrounds, needs, and mental illnesses. My internship was completed on 2 Pine's short-term forensic/acute care unit, where patients are commonly admitted for competency restoration or a temporary detainment order (TDO). In other words, patients were admitted due to the judge or their attorney not deeming them competent to stand trial for their alleged crime. By treating a patient’s mental illness with the help of medications and rehabilitation groups, the goal is to return a patient to their baseline so that they can discuss the legal system as well as their own charges in the competency evaluation. Patients who come to the hospital under a TDO, who do not need to complete the competency evaluation, were displaying severe symptoms of mental illness or suicide ideation/attempts while in jail.



Since my supervisor was promoted to NGRI Coordinator a few weeks into my internship, I had the chance to shadow Dr. Kaiser, the psychologist who replaced her on 2 Pine, and other psychologists on forensic units. Every week, I joined the treatment team, composed of a psychiatrist, social worker, and psychologist, in their weekly meetings with patients on the unit. In these meetings, I recorded notes regarding a patient's appearance, mood, thought patterns, apparent symptoms, and concerns to send to the psychologist. Outside of the weekly treatment team meetings, I observed various psychologists complete competency evaluations with patients. In these oral evaluations, the psychologist asks questions about the basic principles of the legal system and about a patient's charges. Once a patient passes and can rationally and hypothetically discuss these matters, they return to jail to await their sentencing. Additionally, I observed competency restoration 1:1 sessions and even completed my own 1:1 session.

Beyond the competency evaluations, majority of my days were spent attending psycho-social rehabilitation groups. These groups range in topics from anger management to coping skills, community integration, substance use education, and forensic education. As part of a patient's treatment plan, groups are meant to offer coping mechanisms and education that can help patients succeed within the hospital and out in the community. When groups were not occurring and there was a lull of activity on the unit, my supervisor would supply relevant documents for me to read over such as competency evaluation reports, analysis of risk reports, and NGRI documentation. This allowed me to get a general sense of what court documents look like, as well as get background information about patients on the unit.

Although I had a vague impression of the site on my first day, after completing my hours I can say that this site was an extremely welcoming and supportive environment. Every staff member at the hospital was willing to answer questions and offer advice on any concerns. I appreciated how I was treated professionally, as it made me feel valued and taken seriously as an undergraduate intern. In addition, this site allowed me to explore my career goals in greater depth as without this internship, there is a possibility I could have achieved a degree in something that I did not genuinely enjoy. A significant advantage of interning at Western State is the ability to figure out if clinical or forensic psychology is a good fit for you. Equally so, I appreciated the opportunity to shadow multiple psychologists with differing expertise.

Overall, my experiences at Western State were positive, but it would be unrealistic to talk about my experience without diving into the few negatives. Logistically, the 30-minute drive on interstate 81 was not always pleasant, especially during poor weather. I am thankful that I always left the hospital an hour before my classes began so that I had a cushion in case something was to happen on the drive home. With the increasing price of gasoline, I choose to go to my site two or three times a week for approximately 6 hours. Being at my site for this many hours a day did require a schedule with afternoon and evening classes, which I am not the most found of. With this



in mind, I wish that I did not take as many credits during the semester of my field placement as it was overwhelming to balance the internship, classes, and my job at once.

Field placement, at any site, is an exceptional opportunity as it allows you to apply learned concepts into the real world. If I had not taken abnormal psychology, interning at this site would have caused me great confusion and the experience would not have been anywhere near as impactful. In addition to abnormal psychology helping me succeed at my site, taking biopsychology while in field placement helped me understand the basics of various medications and behavior as a response to physiological and biological functions. All other psychology classes have helped in preparing me for this internship, although their application is more subtle. Specifically, a background in psychology prepared me to use particular language when discussing matters of mental illness and understand the methods of treatment based on scientific research.

At the time I selected Western State Hospital as my top choice for field placement, I was at a crossroads of whether I wanted to go into clinical or forensic psychology. From my time at the hospital, I learned that clinical psychology is not for me. I assumed that I would be capable of working with this population of patients, but after some self-realization, I concluded that my prior individual experiences and emotionality may cause me to perform poorly in this setting. Although it was difficult to process that I did not perform my best in the psychiatric hospital environment, I am grateful for the opportunity to improve upon my areas of weakness. Looking forward, I am more confident than ever in my decision to pursue a career in applied forensic psychology work, with always the possibility of trying again in the clinical field.

For my contribution project, I created an orientation brochure for newly admitted patients to the 2 Pine unit. Since residing in an in-patient psychiatric facility is a socially daunting task, I wanted to ensure that new patients were aware of as many resources as possible in hopes of decreasing anxiety about living on the unit. Taking common patient concerns into consideration, I created an orientation brochure, which included information regarding groups, different resources at the hospital, how to effectively live with others, and how to meet your own personal needs. The orientation brochure's goal is to provide the needed information for new patients to feel confident in their ability to have a safe and successful stay at the hospital. Upon printing my brochures, they were placed in the conference room used for patient meetings to be distributed to new patients as needed.

Spring 2022 – Katie Fuller

This spring, I had the opportunity to complete my field placement at Western State Hospital under the guidance of Dr. Alison Kaiser, a licensed clinical psychologist. Western State Hospital is a state-funded, behavioral health facility, ran by the Virginia Department of Behavioral Health and Developmental Services. Their mission is “to provide safe and effective individualized treatment in a recovery focused environment.”



There are several types of units at WSH, short and long term as well as forensic and civil. Forensic patients are those sent from the court and jail system while civil patients are admitted from the community and surrounding areas. Forensic patients may be admitted for a variety of reasons, most often competency restoration or a temporary detention order (TDO). Patients who are sent for restoration of competency do not meet the following criteria to proceeding in their legal case: a factual and rational understanding and appreciation for their charges and legal situation and the ability to effectively collaborate with their lawyer on their case. TDO patients may have been having mental health difficulties while in jail or generally disrupting jail procedure.

I was placed on the 2 Pine unit, a co-ed short-term, forensic unit. Commuting twice a week, I would have different experiences on different days. I had the opportunity to participate in treatment team meetings, where my advisor, a psychiatrist, and a social worker would meet with patients to discuss their treatment plans and timeline on the unit. I would take notes during these meetings and write up subsequent mental status evaluations and weekly notes for patients. Mental status evaluations (MSE) are reports that note a patient's appearance, mood, affect, speech, thought content, and any other important information from the patient during the interview. I learned very quickly how to take notes that encompass how the patient appears at the time of meeting. Learning how to write what they say verbatim was difficult but added additional notes for other care providers to base their treatment plans off of. Other times, we would meet to "staff" a new patient; this is a preliminary interview to gauge the patient's symptoms and currently knowledge. For these, I would write similar reports, but they would also include background information on the patient, including where they were from, what they were charged with, how they acted during their outpatient CST evaluation if necessary, and previous mental health experiences.

Other times, Brooke, another graduate student, and I would meet with patients individually to practice for their competency exams. Brooke was working on her PhD, so being able to work alongside her was a unique experience; I had the opportunity to learn from her as well as Dr. Kaiser. In order to pass, they must have a general factual knowledge of the court system, court personnel, and types of pleas. They must also know their charges and be able to talk about them in a rational manner. During these meetings we would cover relevant material and ask questions such as, "What does the defense attorney do?" "Who is the judge?" "What are the four plea options?" We would also cover information pertaining to their charges, including their classification and how they acquired them. After this we would write up a brief report on how they did and what further interventions may be necessary for them to meet the competency standards. However, it is important to note that any information shared about their charges is never written to maintain confidentiality and respect toward the patient. Every so often, I would have the opportunity to travel to a local jail with Dr. Kenneth Showalter, another clinical psychologist at WSH. Since Dr. Kaiser does not do outpatient evaluations at jails, Brooke and I would take turns traveling with him and assisting in writing notes for his CST



evaluations. This was a very exciting and rewarding experience I had while working at WSH.

On other days, I had the opportunity to sit in and lead various psychosocial rehabilitation (PSR) groups. Patients have the opportunity to go to group activities and seminars to learn skills and earn credit for rewards. Sitting in on various groups, I learned about relationships, substance abuse, forensics, and general life skills for post release. Dr. Kaiser lead the Healthy Relationships group, so I had the opportunity to co-lead and facilitate discussions about coping skills, relationships/friendships, mindfulness, as well as a variety of other lessons. I also had the opportunity to lead forensic issues group, a group where patients learn more about the legal system and how to pass their CST. Part of my contribution project pertained to learning more about evidence and how to apply it to a case. I created several vignettes, or short scenarios, that outlined a case and a defendant. WSH had a few scenarios, but creating additional informational materials and activities allowed the patients to engage with the material in more depth. The patients would look through additional “evidence” and decide how they would plead if this was their case. I used these materials to facilitate discussion and help patients learn more about how legal situations can differ depending on available evidence.

WSH offers excellent mental health services to people of the community and forensic patients. It is crucial that information learned in previous psychology course be understood in order to apply it to a real-life setting. Of course, abnormal psychology and forensic psychology are two of the more important classes to take for this placement, but I also used principles from learning, social, and counseling psychology. Just because the material is not based in clinical practice does not mean it cannot be applied to the clinical setting. One of the biggest inherent disadvantages of the placement is the inability to build sturdy rapport with the patients. Short-term units typically house patients for two months at the most. If they do not make steady improvements, they are usually transferred to another, long-term unit at WSH. However, I did have the opportunity to jump units and participate in different groups and meetings; this allowed me to engage with previous patients and see their improvements! Another disadvantage is the commute from Harrisonburg to Staunton. While not a difficult drive, it can range from 20 to 30 minutes depending on the traffic on Interstate 81.

Working at WSH has cemented my passion for clinical and forensic psychology. Before completing my placement there, I was unaware of the work forensic psychologists do post-arrest. Acting as expert witnesses, completing evaluations, and working up close and personal with patients just scratches the surface of the profession. Working alongside Dr. Kaiser and Brooke has been an excellent learning opportunity. Their guidance and feedback have made me a better writer, more observant, more confident in my communication skills, and brought me out of my shell. My placement has made me more excited to pursue a career in clinical and forensic psychology; I will be completing my Master’s in Forensic and Legal Psychology at Marymount University in the fall. Field



placement has been one of the most rewarding experiences during my time at JMU. I am thankful for the opportunity and highly recommend it to future students!

Fall 2021 - Nick Trusty

The mission at Western State Hospital (WSH) is “To provide safe and effective individualized treatment in a recovery focused environment.” This mission statement is backed up by the variety of services that WSH provides. These services include: providing medication to patients who need it in order to assist them with their mental illness, providing patients with psycho-social rehabilitation and coping skills groups, short-term care of both civil and forensic patients, long-term care for both of those patient groups, therapy services for long-term patients, among many other things. WSH provides a location for people to get back on the track of their lives safely and effectively after potentially having a mental health crisis. WSH is the trampoline that catches you when you fall far, the springs that bounce you back to your feet, and the mat that you land on after being launched.

Above I described the mission statement and broad strokes of WSH’s duties, but what did I do specifically while I was there? Every morning started off with morning report: a report of what had occurred over the night while most of the staff is away. On Tuesdays, this would lead into treatment team meetings. Treatment team meetings are meetings between the patient and their respective treatment team, which is comprised of a social worker, a psychiatrist, and a psychologist. I was able to sit in on these meetings and take notes on how patients had been doing. Following this, we (me and my supervisor’s graduate assistant) would see patients for competency training sessions. Competency training sessions are meetings where we ask questions to forensic patients related to the Competency to Stand Trial Evaluation. Other than those two main duties, I was responsible for writing up patient backgrounds (write ups about the patient’s reason for being at WSH and any other previous visits) and patient notes from the treatment team meetings in order to keep a log of where patients are at in their recovery process. On Thursdays, my duties were largely the same, with the exception that treatment team meetings were replaced by my involvement in psycho-social rehabilitation (PSR) groups. At the beginning of my time at WSH, I watched my supervisor lead the groups, and then eventually I was able to co-lead them with my supervisors graduate assistant (and even solo led two of them!). That list of duties is not exhaustive, but it hits on the main points.

As for my impressions of the site, they are mostly biased towards the treatment team that I was a part of. Each treatment team operates differently and interacts with their patients differently, and I just want that to be acknowledged before I speak to my impressions. I found that the environment was generally helpful to patients, because it gave them a safe environment to try new medications and have the confidence that everything will be okay should their medications not improve their symptoms yet. This



gives a level of comfort to the environment for the patients, I think. What's unfortunate, is that often a patient's recovery path is heavily influenced by the other people currently on the ward. There were numerous instances when patients would get into scuffles with others on the ward, and I would imagine that these experiences challenged their feelings of safety at WSH. This isn't WSH's fault, though; it's just a factor/fault of the current system of inpatient treatment. Another impression that I had, is that I was surprised about the things done at WSH that weren't a one-to-one replication of research. Take the PSR groups, for example. These are groups that talk about apologizing, personal boundaries, vulnerability, and more. When coming into WSH, I was curious about the research and further effectiveness backing up these PSR groups. My supervisor told me that they are not exact replications of research, but that they are instead based on the ideas present in Cognitive-Behavioral Therapy. This made me feel a little weird when I first heard about it, because I would imagine and hope that everything done at an inpatient facility is basically research replications. However, a certain phrase that my supervisor told me reframed the groups in my mind: "It's mostly to give patients a feeling of reality. It's to give them a break from their current stressful situation." I like this approach. This approach creates an atmosphere that not everything at WSH is immensely cold and calculated, but is sometimes a fun side activity that patients can use to gain a feeling of humanity with the staff and other patients. I'll cap off this section by saying that I generally really enjoyed WSH and had a valuable time there thanks to my wonderful supervisor.

As for my own career, one thing that slightly bent the trajectory of my career goals is forensic evaluations. Forensic evaluations are done to test a person's competency to stand trial. Should a person be found incompetent, they are sent to an inpatient facility (if they were at jail), or they continue with their treatment at an inpatient facility. Forensic evaluations seem *awesome*, and I would like to incorporate them into my work should I pursue a Ph.D. program. I got to see my supervisor do a few of these, and I was thoroughly interested in doing them myself should the need arise. So, seeing forensic evaluations being done influenced my career goals by making *me* want to do them!

The two main fields of the psychology major that helped me at WSH were abnormal psychology and counseling psychology. Abnormal psychology taught me a lot about mental illness and the medications that are used to remedy mental illness. Having this background helped me stay in the loop when the treatment team would be discussing a patient and their medication plans. Counseling psychology helped me with my ability to socialize with patients on the ward. I was initially quite afraid of going out on the ward because of my own biases surrounding forensic patients (them being people charged with crimes), but I found that the message of counseling psychology—healing and therapy is a built on a relationship—really helped with my comfortability with patients. I realized that



I needed to foster positive, healing relationships with these patients, and I couldn't do that if I was fearful.

My contribution project went through quite a few changes as the semester went on. It was initially about Mental Health Courts, but eventually shifted to being about mental health and its association with diet, sleep, and exercise. My research interrogated this association, and there is indeed an association between all three factors and mental health. So, my implementation of the project would be to lead a coping skills PSR group talking about my research. I took my research and made it more applicable to an audience that didn't regularly engage in psychological academia, and then I led the group on my final day of WSH. Thankfully, it seems like the patients were receptive! This capped off my experience at WSH: on a note of triumph after a semester long project and 150 hours of hard, meaningful work.

Spring 2021 - Lauren Kristofco

This semester I had the opportunity to spend my field placement at Western State Hospital in Staunton with Dr. Alison Kaiser as my supervisor. Western State Hospital is an inpatient psychiatric hospital whose mission is "to provide safe and effective individualized treatment in a recovery focused environment". I worked on the 2Pine unit which serves primarily forensic patients with some civil patients as well. Forensic patients are individuals who are sent from a jail to receive treatments in order to be evaluated for their competency to stand trial. Patients participate in weekly meetings with their treatment team, made up of a Psychiatrist, Psychologist, and a Social Worker, where their treatment progress and symptoms are assessed. They are also able to attend groups such as Healthy Relationships, Coping Skills, and Forensic Issues, and receive individual restoration practice to prepare for their CST evaluations.

Throughout my time at WSH, I was exposed to a large variety of experiences that occur in a psychiatric hospital. I was able to attend the weekly treatment team meetings, staffing meetings for new patients, individual restoration meetings with patients, several different groups, as well as observe two competency evaluations. Over time, I was able to develop more responsibility and independence by writing various reports and co-leading or independently leading groups. One of the reports that became a consistent responsibility for me was writing Initial Psychology Notes for new patients after staffing meetings. These notes involved a section about background information on the patient including the events that led them to admission at WSH, their mental health history, and family/education history. The next section is a mental status evaluation in which the presenting symptoms from the staffing meeting are summarized. Finally, there is a section about the plan for the psychological services that will be provided to the patient during their time at WSH. Another type of report I was able to write was a Weekly Psychology Note, which is a progress report about a patient's symptoms based on the



weekly treatment team meetings. Thirdly, I was able to write progress reports after completing individual restoration meetings with patients to document their current understanding of the required material for their CST evaluations.

Apart from writing reports about patient behavior and symptoms, I was able to directly work with patients in different settings. At the beginning of the semester, I was able to observe individual restoration meetings with patients, and I was eventually able to participate in asking the patients questions alongside a partner as well as finishing the semester by working with a patient on my own. Another large aspect of my field placement experience regarding working with patients directly was creating and facilitating lesson plans for the Healthy Relationships and Coping Skills groups. In the beginning of the semester, I observed Dr. Kaiser and her graduate student facilitate these groups and worked on creating my own lesson plans. Some of these topics included Conflict Resolution, Managing Anger, Interpersonal Effectiveness, Self-Validation, Self-Compassion, and Healthy Habits for Social Media Use. I eventually started co-leading these groups with Dr. Kaiser and her graduate student and was able to independently lead groups by the end of the semester.

My field placement experience at Western State benefitted me in many ways. I have always been interested in the clinical side of psychology and when looking into doing a field placement, I knew WSH was the right choice for me. While there, I was able to see what it would look like to be a psychologist in a psychiatric facility, as well as the advantages and potential downsides of working in this type of setting. One of the great things about this site, is the opportunity to work with a constantly changing patient population. Because the unit I was on is not a long-term care unit, new patients were constantly arriving, and current patients would be transferred or discharged frequently. This made for an interesting and exciting environment. Another advantage to working at a site like WSH is the exposure to different presentations of various mental illnesses. Getting to see unique symptoms of several disorders was a very educational experience that truly enhanced what I learned from my abnormal psychology course. Although there are many benefits to working in this type of facility, it may not be right for everyone. For example, because the patients admitted to a forensic unit are typically very sick and potentially unstable, there are extensive safety measures to keep in mind at all times. In addition to this, a frequently changing patient population can create difficulties for the staff regarding things like patient behavior and group participation. This type of setting also may not leave room for the type of personal connection that some students prefer in their field of psychology.

Before this field placement, I had only a vague idea of the type of career I thought would be good for me to pursue post-graduation. Through this experience, my expectations were thoroughly surpassed, and I was able to envision myself in a role similar to my supervisor in my future. I learned how much I enjoy working in a hospital setting, and with more acutely ill patients that are constantly changing. I also recognized how much I am interested in the forensic side of this field of psychology. I aspire to have



a career that allows me to provide forensic education to patients and hope to one day be certified to conduct CST evaluations.

Because of my interests in the forensic side of psychology and the competency evaluation process, my contribution project was meant to support patients in learning the material necessary to pass the evaluations. During many of the restoration meetings that I was able to observe, I noticed a topic that was particularly challenging is learning about the four pleas and a plea bargain. I decided to create a brochure about the pleas and a plea bargain that included a chart which compares the differences between each plea right next to each other. In addition to this, I made that chart into a fill-in-the-blank game board to be used during the Forensic Issues group, where patients can physically place the correct descriptions of the pleas into their corresponding boxes. My hope is that these resources can be useful to patients with different preferred learning styles to help them understand those difficult topics.

Overall, the opportunity to work with Dr. Kaiser at Western State Hospital this semester has been one of the highlights of my time at JMU. I learned so much during this experience about my own interests and about what it would be like to work in this particular setting. I am very grateful to her for all she has taught me, and the psychology department at JMU for organizing such a wonderful learning opportunity for students

Spring 2020 – Madison Puryear

The role of Western State Hospital is to provide inpatient psychiatric services to the western part of Virginia as well as forensic psychiatric services to the northern and eastern parts of Virginia. They are funded and run by the Virginia Department of Behavioral Health and Developmental Services. Their mission is “to provide safe and effective individualized treatment in a recovery focused environment”. There are long term and short-term units, as well as civil and forensic units among the 9 units on site. Forensic patients come from the jails/criminal justice system and the civil patients are from the community. Patients are admitted for a number of different reasons, some were admitted under a Temporary Detention Order for stabilization, restoration of competency of competency or evaluation of competency to stand trial.

This semester I did my placement on 2 Pine, a co-ed, mixed forensic and civil unit under the supervision of Dr. Alison Kaiser, clinical psychologist. My typical day at Western State included attending, sometimes co-leading, and observing psychosocial rehabilitation group in the mornings. I observed a wide variety of groups during my time there, these included Positive Psychology, Wellness Recovery Action Plan (WRAP), Dialectical Behavior Therapy, Symptom Management, Managing Yourself, and Aiming Forward, and also Seeking Safety and Forensic Issues which are both co-facilitated by Dr. Kaiser. Seeking Safety was centered around creating open discussions about the effects of trauma or abuse and give healthy ways for them to cope with it. I was able to co-lead this group in discussion and activities a couple of times and this was a great



learning experience in how to keep the patients active and engaged. The Forensic Issues group was one that recently began during my time there and it was created as another way to help teach forensic patient about the court system. I attended the morning report meetings where the nurses updated the staff on the patients and the last 24 hours. Sometimes, depending on the needs of the day, I would attend competency evaluations, this is where the psychologist asks questions about the court systems, as well as the patient's perception of their charge and lawyer. These are used to determine whether or not a patient is competent, or able, enough to stand a trial and understand what is happening. On some days I was able to attend the mental status exam for a new patient on the unit. These included the treatment team, each team consists of a psychiatrist, clinical psychologist, and social worker. They meet with the patient when they are first admitted to get an idea of the patient's current mental health and what brought them to Western State for treatment. I wrote reports for these meetings, taking notes on any observations I had as well as reading through their files to compile a report on the patient's background information, this included things like highest education level, previous hospitalizations and medications prescribed, any reports of trauma, substance abuse, family history etc. During my time I was also able to meet with various different professionals and learn so much about their role at the hospital and the services they provide.

Western State offers an environment where the things we are used to reading about in textbooks, you get to experience first-hand; this is such a valuable learning style and it gave me a different reference and added to my understanding of different disorders and treatments. I was given a lot of freedom and autonomy by my supervisor to do the things that interested me, and that I felt comfortable doing. Since this is such a different environment than I was used to, it took a couple of days for my nerves to go away. Once I had time to adjust to the new environment, I was able to feel more confident engaging with the patients and staff. Dr. Kaiser made sure to make my time at the site productive and meaningful by also keeping an eye out for interesting things for me to attend and participate in. A downside is that the commute to Staunton, it can make scheduling time to go to get site hours a little more complicated than something closer by. While I was given a lot of autonomy, I was still under supervision by the staff at all times, this was both reassuring and also made me wish I was able to have a little more freedom. However, it was nice to know that I had those who were experienced around me at all times and that this was for safety reasons. I enjoyed the clinical setting and it was what I desired from a site, so I am very pleased with my decision to do my placement at Western State.

My site experience influenced my future career choices and helped me solidify what exact path I would like to take. I am starting Pharmacy School at Virginia Commonwealth University to earn my PharmD in the fall. I have always known that I have a passion for psychology, especially the effects of medication and how they're used to treat mental disorders. My experience at Western State allowed me to meet with Dr. Ken Brasfield, the psychiatric pharmacist on site. I learned all about his role and day to



day tasks to provide medication management for patients and consult with the psychiatrists. His experiences helped me to decide that I would be interested in pursuing this specialty and doing a psychiatric pharmacy residency.

For my contribution project I took all my observations and found the unique challenges associated with the forensic psychiatric patients to be interesting. My supervisor was working on developing a new group for forensic psychiatric patients to teach them about the legal system and help them get ready for these competency evaluations. I researched the various issues they face as well as the importance of education about these issues. I created a couple of activities including a mock trial activity for the group to participate in. Even though my time there was cut short due to the closures and I was only able to complete half of the anticipated time there, I think it was one of the most valuable experiences I've had.

Fall 2019 – Gen Allison

This semester I completed my field placement at Western State Hospital, which is licensed and operated by the Virginia Department of Behavioral Health and Developmental Services. Their mission is, “to provide safe and effective individualized treatment in a recovery focused environment”. The hospital includes 9 different units based on duration of care (long and short term) and the patients on the unit (forensic or civil). The forensic patients come to the hospital from the criminal justice system whereas civil patients come from the community. I worked under the supervision of Dr. Alison Kaiser in 2Pine, which is one of the short-term (admission) forensic units, but this unit houses and work with both forensic and civil patients. There are three different reasons patients are admitted to our unit: crisis stabilization, restoration of competency or evaluation for competency to stand trial. If patients were sent for crisis stabilization, this was under a Temporary Detainment Order. These patients included both individuals from the community and the criminal justice system. The other reason for inpatient treatment on our unit was for restoration of competency, which only includes forensic patients. These individuals committed a crime, were evaluated and found not competent to stand trial. Thus, they come to us to be restored so that they are able to stand trial. The last reason that some patients come to our unit is to be evaluated for competency to stand trial, but this was rare because the court system tries to have individuals evaluated before sending them to us.

While at Western State, I have had a variety of responsibilities, such as attending meetings and writing patient reports. When patients are first admitted to the hospital, they complete an initial intake interview. After that, they are evaluated by their treatment team on their unit, which is called a staffing meeting. Each unit has 1-2 treatment teams, which are comprised of a clinical psychologist (my supervisor), a psychiatrist and a social worker. In these, the treatment team tries to gain knowledge about the patient's mental



health and understanding of why they are at Western State. The team uses these meetings to develop an individualized treatment plan for each patient. Every morning, my supervisor and I also attend morning report, which is where one of the nurses would review the past 24 hours. They discuss patient mood, medications and any problems that may have arisen. I also attended weekly treatment team meetings where we meet with patients one by one to discuss their progress in their treatment and any problems they may be having with it, such as medication changes.

Every week I chose two patients and wrote their report from the treatment team meeting, which is comparable to a mental status exam. Apart from the treatment team write ups, I also wrote other reports on new patients which include their reason for admission, psychiatric history (past hospitalizations), and social history (highest level of education, substance abuse history, etc.). Additionally, I attended psychosocial rehabilitation (PSR) groups that are intended to promote recovery and learning in a group environment. A few examples of groups that I have attended include, Coping Skills, Cognitive Behavioral Therapy and Wellness and Recovery. Lastly, I met with some of the forensic patients, where I helped them study and/or quizzed them for their competency to stand trial evaluation. In terms of my contribution project, my supervisor and I came up with the idea of creating psychoeducational materials for patients. I created 8 infographics, including information such as coping skills and negative effects of drinking. I placed these infographics in one of the bulletin boards located on the unit so that all patients can see them and use the coping skills when they are stressed or feeling negative emotions.

I chose Western State for a number of reasons. My second major is in justice studies with a concentration in crime and criminology, so I've always been interested in forensic psychology. Additionally, I've had prior experience working in a counseling setting thus I wanted to expand my knowledge by working in a clinical setting. I was ecstatic to receive the opportunity to work in a setting that combines all of my interests while also expands upon my experiences in working in a different fields of psychology. In terms of other advantages of the site, all of the staff are very knowledgeable, easy to approach and answer any questions that I may have. For example, during all of our meetings we discuss medications and our psychiatrist has been more than happy to answer any questions I have about the medication and how it works. Another advantage of the site is that my supervisor has been happy to help me seek out extra opportunities. For example, she got approval for me to go to Central State with her, which is 2.5 hours away, to observe a temporary custody evaluation. We assessed someone who was found not guilty by reason of insanity and offered an opinion as to whether they should be released or admitted to for inpatient treatment. The only disadvantage of the site is that it is about 30 minutes away, but the drive is well worth the experience.

While being at Western State I have gained valuable knowledge and experience, especially in working with individuals who have severe mental illnesses. I have learned how to write and perform various evaluations of patients. Out of all of my experiences at



Western State, what has influenced my career and vocational goals is writing the patient reports, specifically their admission reports. Two components of this report include their psychiatric and criminal history. In my time at Western State, I have written many reports and read even more. I've noticed that most of our patients have a long psychiatric and criminal history, with many of them having five to ten prior hospitalizations and a long criminal record. This has influenced my career goals because one of the things I would like to do is find ways that we can reduce a patient's likelihood of being readmitted or recidivating. Even in my short time at Western State, my treatment team has worked with patients who were admitted more than once and that is only in a period of 3-4 months. In sum, completing my field placement at Western State has been one of the best experiences of my undergraduate career at JMU. It has solidified my desire to pursue a graduate degree in clinical psychology and I am extremely grateful that I was given this opportunity.

Spring 2019 – Emily Shaffer

This past semester, I had the opportunity to shadow Dr. Alison Kaiser, a clinical psychologist, at Western State Hospital. Western State is an inpatient psychiatric facility located in Staunton, VA, run and funded by the Virginia Department of Behavioral Health and Developmental Services. The mission of Western State is, "to provide safe and effective individualized treatment in a recovery focused environment". Treatment is administered through an individualized approach, with each treatment plan created and modified accordingly for each respective patient. The hospital is separated into long-term care, acute care, and forensic units. I was on 2 Pine, a ward that had both forensic and acute care patients. Patients came straight from the admissions office to my ward. If patients failed to show considerable improvement from treatment within a certain time frame, most of them were transferred downstairs to a long-term care unit. Since the patients arrived to our ward as soon as they got to the hospital, I was able to see patients' mental illnesses at their most severe. A lot of the patients who were admitted to the hospital suffered from bipolar disorder or a psychotic disorder, mostly schizophrenia and schizoaffective disorder.

Most of my days at Western State consisted of sitting in on various meetings or the psychosocial rehabilitation (PSR) groups which are offered at the hospital. Every morning, my supervisor and I would attend the daily morning meeting, during which a psychiatric nurse would review the patient list for the ward and describe each patient's mood and behavior over the past 24 hours. Any noticeable changes in a patient were also discussed during these meetings. On Monday mornings, these meetings covered the mood and behavior of each patient from the entire weekend. Depending on what was going on at the hospital, I would then typically attend a few PSR groups. My supervisor was in charge of co-facilitating a group called Seeking Safety. This group was aimed



toward patients who had experienced some sort of severe trauma or abuse in their life, and group discussions often centered around healthy ways to handle these past adverse experiences and develop positive coping skills. Since I attended this group regularly, I was able to take a more active role in this group. I had the opportunity to lead a few discussions and activities throughout the semester. At first, I was nervous that the patients would not be receptive to my ideas or would not take me seriously as a facilitator. However, I soon learned I had no reason to worry about this. The patients were active and engaged in discussion, and I think the activities that I planned helped the patients understand and appreciate the content that I covered. I also regularly attended the Positive Psychology group. In this group, we read through various fictional stories and tried to identify different strengths and abilities the characters displayed that could apply to the patients back out in the community. These PSR groups gave me a chance to participate in discussions and interact with a variety of patients who were not on my ward. Other PSR groups I attended throughout the semester included Dialectical Behavior Therapy, Forensic Issues, and Anger Management.

I also attended staffings when new patients were admitted to the hospital. During these staffings, the treatment team, which consists of a psychiatrist, a psychologist, and a social worker, would conduct a preliminary interview with the new patient. The treatment team asked questions such as, "Do you know why you're here in the hospital?", and "Have you had any thoughts of hurting yourself or others recently?" I was responsible for taking detailed notes during the interview in the form of a mental status exam. In order to successfully compile one of these, I had to remain observant and watch for a number of certain things regarding the patient's mood and behavior. A few of the components of a mental status exam are the patient's general appearance (unkempt, disheveled, groomed, etc.), speech (pressured, loud, quiet, etc.), affect (euthymic, incongruent with mood, etc.), and thought process (tangential, loose, etc.). There were other things I had to take note of, but these four components were what I typically spent the most time focusing on. My supervisor would use my notes for the initial psychological assessment that she created for a new patient. If we had enough background information on the patient, I would also occasionally complete this assessment. The initial psychological assessment consisted of the mental status exam, reason for admission, medical and social history, past psychiatric hospitalizations, and history of substance use. Composing these assessments provided me with good practice for identifying important features of a mental health patient and writing professional clinical notes.

Another experience I had at WSH was helping patients study for competency evaluations. A significant portion of the patients on my ward were in the hospital for competency restoration. In order to meet the standard for competency in Virginia, a defendant must have a rational and factual understanding of their charges and the court proceedings against them, as well as a sufficient ability to assist in their own defense. To help patients review for competency evaluations, my supervisor and I asked patients different questions about the criminal justice system and courtroom personnel, such as,



“What does the Commonwealth Attorney do?”, and “What are the different ways you can plead?” We helped patients work through these questions and explained what they should expect during their evaluations. I appreciated these meetings because it gave me the chance to connect with patients one-on-one.

I was exposed to many novel experiences during my time at Western State. The inpatient setting is unlike any other, and it did make me a bit nervous during my first few days. However, I quickly became more comfortable at the hospital and with the patients. The staff was always incredibly friendly and more than willing to answer any questions I had. It was obvious that they were invested in my field placement experience and wanted me to get a lot out of it. I learned so much throughout this semester, and I am very happy with my decision to complete my field placement at Western State. One disadvantage of this site is the lack of independence. WSH is a learning hospital, but undergraduate students are supposed to be under the supervision of a staff member at all times. My supervisor was a supportive and reassuring mentor. However, I do wish I could have been a bit more self-sufficient during my time here. Of course, this rule is in place for safety purposes, so it is probably somewhat unrealistic to want more independence in this position.

Since I started in the psychology major, I have always been more interested in counseling psychology and working in an outpatient setting. I had never considered working with hospitalized patients with severe mental illnesses. After my experience at Western State, I am now leaning toward continuing my education in clinical psychology, rather than counseling. My experiences at Western State showed me how interesting and impactful working with this population can be, and I am incredibly grateful for this.

Fall 2018 – Tyler Greenough

My field placement was at Western State Hospital under the supervision of Dr. Alison Kaiser on the forensic 2 Pine unit. Western State is a state funded psychiatric hospital in Staunton, VA. It is both licensed and operated by the Virginia Department of Behavioral Health and Developmental Services. Its mission statement is “to provide safe and effective individualized treatment in a recovery focused environment”. The hospital caters to clientele, both civil and forensic, by using an individualized treatment approach designed to help empower and stabilize patients for the outside community. There are three different types of wards: acute, long term, and forensic. The acute wards are for people that are newly admitted, typically during severe periods in their mental illness. Should they not be discharged out after some time on the ward, they will likely be transferred to a long-term unit for continued care. Forensic units house patients with criminal charges.

I was placed on a special mixed acute-forensic unit that had both civil and forensic patients. They all, however, were experiencing the more drastic phases of their



mental illness. I was able to experience a good mix of patients who were either facing restoration of their competency to stand trial or who required emergency treatment from the community. In meeting with patients to restore their competency to stand trial, I would ensure that they had the ability to work with their attorney, as well as had a proper understanding of the court system and its workings. These meetings often involved giving education to patients about the nature of their own legal charges and about how the court operates. Based on how patients did with information that we went over with them, we had the ability to recommend them for evaluation by another psychologist in the hospital in order to see if they were prepared to stand trial. Once a patient is found to be competent to stand trial, they are sent back to jail to await their court date. Emergency treatment of civil patients looks a lot like inpatient care. It is essentially a period of time that the patient is stabilized and well cared for in a controlled setting. For some patients, this may be the first time they had been sober in a while, had a warm meal, or received the medication they needed to counteract their symptoms.

I chose Western State hospital for quite a few reasons. One major one was their reputation of being a very professional, well organized hospital. After being there for several months, I can attest that not only is the hospital well run and organized, it is also full of people who care immensely about the patients there. The practitioners and workers at Western State work so hard for each and every client there and are emotionally invested in the wellbeing of their patients. Another big reason that I chose Western State was to see severe mental illness in context. I was unsure of what level of severity of mental illness that I wanted to work with and I wanted to see how I would do in that sort of population. A huge part of why I was able to see so many different diagnoses was because I was in an acute ward. This is an important difference between that and a long-term ward. In a long-term ward, (from what I've heard from friends who interned there), you are able to make much more meaningful connections with patients, as you will have much more time to establish rapport with patients. In an acute ward, you will have less time with patients, but you will see a lot more of them. In terms of disadvantages, they aren't huge but should be factored in. There is a 25-30 minute commute. Additionally, if you cannot be there on Wednesdays, you will miss grand rounds, which is a cool opportunity to learn pressing, new information in the field.

A big lesson that I learned at the field placement was that, as a practitioner, you have to deal with the harshness of life. Some patients will be readmitted to the hospital for their 5th or 6th time simply because their outpatient psychiatrist changed their medication and their symptoms flared up again. Consequently, they may be separated from their families and have their jobs placed on hold at no fault of their own. Sometimes we would receive patients with horrific trauma histories or chronic homelessness. At Western, you are going to encounter people who have had rough lives. This work is not for the faint of heart. It is however, important to have a soft heart though: the ability to empathize and sympathize with those that have been dealt an unfortunate hand in life. Another lesson I learned is that it is not your responsibility to fix people, however. There



are some parts of people that you cannot rid of symptoms. You can however, do your best to treat them with dignity and compassion. That's all a lot of patients at Western State are looking for anyway; normalcy and respect. All things that you are able to provide.

In terms of its impact on my vocational goals, I would say my experience at Western State has shown me that I could see myself in a clinical setting. I am, however, not certain that it is what my heart is set on and am still curious what the other faces of practicing counseling and clinical psychology look like. I think this experience has given me a better idea of what I do want in a job. I know what sort of supervision that I thrive under, that I prefer a team settings, what sorts of hours I would ideally like to work, if I would be able to balance my work and home life both physically and emotionally, and all other sorts of lessons that go beyond the nature of the work that I want to do. I think the field placement is a good platform to teach you just as much about yourself and your limitations as it is a platform to learned about what type of work you see yourself doing.

In terms of my contribution project, I tried to aim it towards being as practical as I could make it for the site so that I was benefiting the hospital rather than writing some fluffy paper about an abstract, unrealistic idea that I had. I ended up creating a one-page educational handout that could be given to forensic patients considering the NGRI process. On the page, it clarified and demystified the process and dispelled some of the false beliefs about NGRI such as it being "getting off easy". All-in-all, I would highly recommend doing a capstone at Western State. It is an incredible experience that will teach you a lot about yourself, as well as look great on a resume!

Spring 2018 – Karla Kolb

I completed my field placement at Western State Hospital in the Forensic Unit under the supervision of Dr. Alison Kaiser. The mission of Western State Hospital is "to provide safe and effective individualized treatment in a recovery focused environment". Individuals who come to the hospital have a variety of mental illnesses and receive treatment that is geared towards their specific needs, but the ultimate goal is to treat the patient until they are well enough to leave the hospital. There are acute units where individuals go when they first come to the hospital and are usually quite sick. There are also long-term units where individuals will go when they have been at the hospital for a while but are not getting significantly better. Finally, there is a forensic unit where patients come to when they have a mental illness, but are also charged with a criminal offense.

The forensic unit was the unit that I was placed on and we mainly saw patients who were at the hospital for competency restoration, and occasionally emergency treatment or were found to be not guilty by reason of insanity. Competency to stand trial is the ability to work with your attorney and have the factual and rational understanding of the court process. Most of the patients that come to the forensic unit are there to be treated and evaluated on their competency. These patients needed to receive education on



the court and their charges while they are staying at the hospital in order to deal with their legal situation. Emergency treatment is when someone in the community has brought up that the individual is not doing well and needs to receive inpatient treatment. Not guilty by reason of insanity is when an individual is found not guilty because they were not mentally well when committing the crime and they instead will serve time in a psychiatric hospital. In the case of competency treatment, once a patient is evaluated and found competent to stand trial, the normal procedure is to send the patient back to jail where they will await their court date.

I chose Western State because I had never had experience with serious mental illness and I felt as though this would be a good way to see if that population was a good fit for me. I was able to see a number of different serious mental diagnoses while at Western State which I think was a huge benefit of the placement overall. Some diagnoses I saw were schizophrenia, bipolar disorder, depression, antisocial personality disorder, and borderline personality disorder. No two patients were the same, so every case was a new learning experience. For example, I might see two patients who have schizophrenia, but neither of them presented their illness in the same way.

During my semester in field placement I was able to do a number of diverse things. One of my main duties was to attend a variety of different meetings. I attended morning meetings where all the staff would discuss each of the patients and how they did overnight. I also attended weekly treatment team meetings where the treatment team (a psychologist, a social worker, a psychiatrist, and a nurse) would meet individually with the patient to discuss their overall treatment and how their hospital stay was going. Finally, I would attend staffing meetings where the treatment team would do an extensive interview of a new patient when they first arrived at the hospital. These meetings were the most interesting and beneficial in my opinion because they allowed me to see a patient un-medicated and at their most sick.

Another duty of mine was helping my supervisor write patient notes. I would write daily notes for patients during their treatment team meetings on things like how they had been doing on the unit and what they had to say about their treatment. I also would write notes during staffings in which I would write about social history, psychiatric history, substance use, reason for admission, and what they said during the actual meeting. I would also go with my supervisor to meet with patients one on one and talk with them about things like competency or concerns they had about treatment. Finally, I would attend various group therapy sessions. I was able to sit in on groups such as cognitive behavioral therapy and coping skills, but was allowed to have more of an involved role in my supervisor's group "seeking safety". Seeking safety was a group modeled for individuals that experienced a type of trauma and was geared towards helping them work through that trauma. I enjoyed going to this group because I was able to get to know the patients well and was able to learn from my supervisor how to lead group therapy.



I believe that the forensic unit at Western State Hospital is a great placement for students who are interested in serious mental illness as well as the legal system. The forensic unit is a short-term unit which I think was an advantage for me as a student because I got to experience a lot more patient cases. The short-term unit was also great because it allowed me to see a patient when they were really sick and watch them improve and eventually become well enough to leave the hospital. One disadvantage of the site was that it wasn't one that gave you much independence. Part of the reason for this is that as an undergraduate intern, there is only so many jobs they can give you at Western State. I don't really see this as a huge issue because you still learn so much, but if you are looking for a site that is geared more toward independent work, this site is not for you. One thing I learned at the site is that working with individuals with mental illness is tough work. Many of the patients at Western State, especially on the forensic unit, were very sick and uncooperative. To work in this field, I now know that you have to have a thick skin and must have a lot of empathy when working with these individuals. I was surprised at how comfortable I was with the patients and how much I enjoyed working with them. Fortunately, I have loved my experience on the forensic unit so much that I have confirmed this is the population I want to work with in the future and plan to go to graduate school for clinical psychology to eventually work in a psychiatric setting.

Dr. Curry-El – Forensic Unit

Fall 2016 - Ashley Thompson

My field placement was at Western State Hospital (WSH) in one of the forensic units with Dr. Curry-El as my supervisor. WSH is a state run hospital whose mission statement is to provide safe and effective treatment in a recovery focused environment. There are several different units within the hospital each with their own specific goals. Overall, the goal is to help patients work through their mental illness. The forensic units have their own specific goals. On my unit, the goal was to restore people to be competent for trial, combat emergency mental health issues of forensic patients, and to help treat a few civilly committed patients.

Most of our patients were hospitalized because they were incompetent for trial. In order to pass a competency exam they must have a rational understanding of their charges, a factual understanding of court proceedings, and the ability to work with their lawyers. Other patients were there for emergency treatment from jails and prisons. Examples of emergencies include: not eating due to catatonia, threatening/harming correction officers due to paranoia and so on. Once they were deemed competent or the emergency subsided they were discharged back to jail/prison. We did help treat a few



civily committed patients as well. Some common diagnoses on our unit are: schizophrenia, bipolar, schizo-affective, and personality disorders.

One of my duties was to attend rounds with patients twice a week. Each patient had one day of the week where they would meet with the treatment team to discuss their progress and make any changes to their treatment plan. During rounds, I could ask patients questions, but I mostly took very detailed notes. I took notes on what was said, how the patient looked, and any other important information.

I would use my notes from rounds to write clinical SOAP notes. SOAP stands for subjective, objective, assessment and plan. For the subjective part, I would write direct quotes from patients. For objective I would describe their physical presentation. Assessment is stating how the patient is progressing. Lastly, the plan was to encourage patients to attend rounds. It was incredibly beneficial learning how to write clinical notes as an undergraduate.

I also attended group therapy twice a week. I got to observe and participate in several different groups such as Dialectical Behavior Therapy (DBT) and Positive Psychology. Depending on where and what the group was the time can last from thirty minutes to about an hour. The goal of all therapies was to educate patients on different issues such as coping skills, court proceedings and so on. For my contribution project I led my own DBT group. I created the lesson plan and the handouts for the session on opposite action. It was very helpful to learn and practice effective facilitator skills in a group therapy session.

Another one of my duties was meeting one on one with patients. I got to meet with several different kinds of patients by myself such as catatonic, paranoid, and homicidal. For some, I would help educate them on what to prepare for with the competency exam. Some I would just be check in with to see how they're doing. These meetings would typically last fifteen to thirty minutes. Sometimes it was just talking with them and other times we would play card games.

I also observed a few competency exams. They lasted about an hour or two. We would check to see if they had a rational understanding of their charges, if they know the facts about how the court works, and if they could trust working with their lawyers.

There are several advantages to this field placement site. It was eye-opening to see psychopathology in real life. Abnormal psychology shows psychopathology in a



clear-cut textbook way; however, in real life it is much different to see how different disorders present and progress. I enjoyed the quick turn-over rate on my unit. Our patients were typically there for a few days to a few months. This allowed me to get to see a lot of different patients and their presentations. In addition, my supervisor gave me tremendous opportunities. Leading group therapy, writing clinical notes, and meeting with patients has provided me with exceptional experience as an undergraduate. I believe this experience will help propel me into graduate school and help me achieve my goal of becoming a clinical psychologist.

One disadvantage to this site is the commute. It does take about thirty-minutes to get to and from the hospital. I used that time to prepare for the day or relax after a busy day. This site does expect a lot from their students, but provides such a valuable experience.

I was able to learn key clinical psychology skills by working at WSH. I was able to learn how to write clinical notes as an undergraduate. I increased my use of psychology terminology. I also saw the dynamics of working in a team full of psychologists, social workers, psychiatrists, nurses and mental health workers. I was able to practice developing rapport with patients. As a result, I believe that this unique undergraduate experience will help me achieve my career goal.

Spring 2015 – Erin Lee

Western State Hospital is a state run psychiatric hospital that aids in the recovery of mentally ill patients. Western State's mission statement is to "provide safe and effective individualized treatment in a recovery focused environment. I spent my semester at Western State Hospital on a forensic admissions unit under the supervision of Dr. Curry-El., a licensed clinical psychologist. A forensic patient is someone who was admitted to the hospital from a jail, and is there for emergency treatment, restoration of competency, or another legal order. Being on a forensic unit allowed me to learn more about the legal side of psychiatric treatment, and how a psychologist interacts with the court system. I appreciated the experience because I do not think I would have had hands-on experience with forensic issues and mental health anywhere else.

On the forensic unit under Dr. Curry El's supervision I was able to sit on weekly treatment team meetings with patients, and learned how to record psychology notes for the treatment plan. Treatment team meetings allowed me to see the interactions between the psychologists, psychiatrics, and social workers on different teams, and how different people interviewed patients. I also was able to observe many new patient staffings, and



see patients as they were arriving on the unit. I also attended different group therapies available to the patients on the short-term care units, as well as a couple of long-term care groups.

One group I attended several times was Dialectical Behavioral Therapy (DBT), which is co-lead by Dr. Curry El. She and a partner run a revised version of DBT because patients do not have time to do a regular DBT program. We did several activities on mindfulness, emotion regulation, and how to handle stressful situations. I was actually allowed the opportunity to co-lead DBT group on increasing positive emotions. Co-leading groups is a great opportunity available to students at Western State Hospital.

Another thing I did on my unit was meet with a patient one on one to help prepare them for a competency to stand trial (CST) evaluation. I helped them to understand the court system as well as their legal charges, and the importance of helping their lawyer for their case. I also was able to sit on a CST evaluation done by Dr. Curry El in order to learn more about the process. Another learning opportunity at Western was attending educational Grand Rounds every week on varying topics. Grand Rounds are continuing education lectures available to staff during lunch hour on Wednesdays at Western State. I had a very well-rounded experience at Western State and was able to participate in several different activities that allowed me to get an idea of how the hospital runs.

I had an amazing experience at Western State, and it was the greatest learning opportunity I had while attending JMU. There was an overwhelming amount of advantages to participating in field placement at Western over disadvantages. Working in a psychiatric facility gave me the opportunity to see severe mental illness up close, and taught me a lot about the difference between book definitions of symptoms and symptoms in real life. It is a very unique experience to be able to interact with such acute patients at an undergraduate level, and taught me a lot about care for mentally ill patients. All of the staff at Western are very welcoming, and willing to aid students if they are in need of help. Western State was a great experience because it involves a lot of interactions among different professions, and there are many students receiving various training at Western. The staff at Western trusts students with sensitive information, and makes sure students learn as much as possible in their time at the hospital. The drive to Western does take about thirty minutes, but it goes by quickly, and carpooling with another student going to Western helps pass the time.

I enjoyed being able to observe patient rounds, and see how each team member would interview the patients. I also enjoyed talking one on one with patients and learning about their lives, and how they were doing while at Western State. One of the things I enjoyed the most at Western was attending group therapies available to the patients. Observing group was interesting because I could see each instructor's different style of leading group, and see how patients outside of my unit interacted with one another. This experience made me feel more comfortable working with individuals with severe mental illness such as schizophrenia, bipolar disorder, and schizoaffective disorder. It has helped to solidify my goals for after I graduate from JMU. I am attending a master's in



counseling program in the fall, and this program helped to be sure that I really do want to work in the mental health field.

Dr. Stout – Long Term Care Unit

Fall 2018 – Emily Isola

Western State Hospital is an inpatient psychiatric hospital with acute, long-term, and forensic units. The mission of Western State is “to provide safe and effective individualized treatment in a recovery focused environment.” The treatment teams at the hospital believe adamantly that patients and their family should play an active role in the development of individualized treatment plans. This approach helps establish a respectful rapport between patients and their treatment team and emphasizes the dignity, worth, and uniqueness of each patient. Each day, patients attend group therapy sessions that help patients work towards recovery. No two patients share the same group schedule, emphasizing the individualized treatment concept adopted by the hospital. Examples of groups include reality testing, mindfulness, and substance use education and recovery.

I believe the personalized treatment plans are a great advantage of Western State. It was refreshing observing patients have an active say in their recovery plan during treatment team meetings. I appreciated that the doctors did not act as though their degrees and schooling meant that they always knew what would be best for each patient; rather they allowed the patients to express what they thought would or would not work. There were also several group therapy topics that I found to be very beneficial and educational for the patients. The Wellness Recovery Action Planning, or WRAP group appears to be a very effective group for patients. It provides them with the opportunity to consider their healthy behaviors, warning signs, steps of action they would like family or friends to take if they were approaching a crisis or in a psychiatric crisis, and medications/treatments that have and have not worked in the past. Copies of the final plan can be stored by the patient, their family, at Western State Hospital, and with the patient’s treating physicians after they leave the hospital. It is an important document that preserves the patient’s autonomy in their treatment when they may be experiencing a crisis and cannot advocate for themselves. Another therapy group that I found to make an impact on the patients was the mindfulness group. We began each group with a mindfulness meditation that appeared to really calm the patients and put them in a positive mindset. After the meditation, the group leaders taught a mindfulness lesson, but the material presented was sophisticated and challenging at times. I think the patients enjoyed thinking about abstract ideas. In other groups, I noticed that the material quickly became repetitive and simple which often led to the patients being bored. In the mindfulness group, however, I feel the information was challenging and interesting enough to keep the patients engaged.



One disadvantage I noticed at the hospital was the burnout rate of the staff, particularly the nurses on the units. On multiple occasions, I heard patients complain that they did not feel like the nurses on their units were helping them or even acknowledging their concerns. This information was very disheartening, however, I am confident this is not an issue specific to Western State. The nursing profession is often associated with high burnout rates and psychiatric nursing is considered to be among one of the professions with the highest burnout rate due to the level of stress associated with the occupation. Because of this, Western State and other psychiatric hospitals are often short staffed and the nurses are spread thin on their units. I do not think the staff at Western State are intentionally trying to make the patients feel ignored or neglected; they are trying to divide their time across all their patients and are likely overtired and overworked. In addition to the shortage of nurses, I also noticed that some therapy groups held little therapeutic value. On several occasions, I observed groups in which patients only completed word searches or watched television shows. I am curious as to how such activities truly help the patients in their recovery. I think it would have been beneficial for myself as well as for the patients if the group leaders explained the value of the activities at the start of the group. Overall, however, most groups aided in the bigger goal of patient recovery.

As part of my field experience, I observed group therapy sessions, observed treatment team meetings with patients, attended the weekly Grand Rounds lectures, developed material for and co-led five group therapy sessions focused on psychiatric medication education, and finally, worked one-on-one with a patient on competency restoration. During free time or on days when the hospital did not hold afternoon groups, I enjoyed going to the commons and interacting with patients outside of groups. The more relaxed setting of the commons helped me build rapport with the patients. A trusting yet professional relationship was important to develop because it allowed me to better understand the patients and gave us the opportunity to discuss some of the underlying issues they were experiencing.

A really important skill I learned during my field placement was confidence in myself to provide effective help to the patients. At the beginning of my placement, I was very nervous about leading my own group therapy lessons. I was also concerned that the patients would not be interested in the lessons I would be leading. Finally, I was anxious about conducting one-on-one therapy with a patient. I was unsure if I would be able to help the patients in a meaningful way. As my time at Western State progressed, I gradually became more comfortable interacting with patients and gained a greater appreciation for the therapeutic value of groups. When it actually came time to co-lead my first group therapy lesson I was very excited. All five lessons went very well; the patients were engaged and asked intelligent questions. I surprised myself with how comfortable I became leading the group and how I adjusted the focus of discussions on the spot to better address questions that arose.



I think having this experience to look back on will be very helpful as I move forward in my education. I want to become a psychiatrist, therefore I will likely have to lead group and individual therapy again throughout my education. When it comes time to do so, I will not be nervous and I will be able to more quickly engage in the treatment of the patients. This experience has also further solidified my desire to go into psychiatry. Before doing my field placement I always envisioned myself working in a private practice psychiatry office. After the experience, however, I would now like to start my career in a psychiatric hospital and possibly move out to private practice after some time in the hospital. I have learned a lot about the structure and programs of psychiatric hospitals and the need for psychiatrists in such a setting is great. I truly enjoyed working with the population of patients at Western State and the severity of the patients' illnesses, while saddening, no longer intimidates me. I am very grateful for my experience at Western State Hospital and feel that I will be a better psychiatrist in the future because of my interactions with both patients and staff at the hospital.

Fall 2018 - Keiva Brannigan

Western State Hospital (WSH) is a public, adult psychiatric facility that serves patients with a variety of mental illnesses between the ages of 18-65. The hospital offers short- and long- term care for individuals suffering from mental illnesses such as schizophrenia and other disorders on the schizophrenia spectrum, bipolar disorder, major depression, and personality disorders. The mission statement of WSH is "to provide safe and effective individualized treatment in a recovery-focused environment."

My placement was in the Extended Care/Long-Term Care Unit, which houses and treats patients who have been in the hospital for upwards of a month and who are stable enough to start prioritizing rehabilitation rather than stabilization. Dr. Jason Stout was my supervisor; he is the clinical psychologist for the 1 Pine ward, which houses roughly twenty-thirty patients at any given time. In the Long-Term Care Unit, patients are required to attend daily psychosocial rehabilitation groups (PSR groups). These groups are usually aimed at providing patients with skills and resources that will help them function once they are discharged from the hospital. For example, some groups I frequently attended were Recovery Strategies, Problem Solving, Wellness Recovery Action Planning, and Reality Testing. I was able to attend, explore, and participate in groups with free range. Eventually, I had the opportunity to lead a couple sessions of the Reality Testing group in which I presented on brain functions and medications that were commonly prescribed in the hospital. I aimed to educate the patients about how their medications work and why it is important to take them.

In addition to attending PSR groups, I also had the opportunity to attend treatment team meetings in which the patient would meet with his/her entire treatment team, which consists of a psychiatrist, a clinical psychologist, a social worker, and registered nurses



who interact with the patient on a daily basis, to discuss medications and progress of the patient. These monthly meetings provide an opportunity for patients to meet individually with their providers to discuss their own questions and concerns. After these meetings, Dr. Stout would frequently test my knowledge of symptomology and manifestation of mental illnesses by quizzing me on what disorder each patient had. This allowed me to utilize the information I learned in my classes here at JMU and apply it in real world scenarios. I have noticed a dramatic increase in my ability to identify symptoms of different illnesses and make accurate diagnoses, which is a skill I very much value and will help me in my future education and career.

One of my favorite things about working at WSH was the down time I got to spend with the patients. When there were no groups, I would frequently go down the The Commons, which is where the patients often hangout in their free time. There I got to play pool, ping pong, board games, and card games with the patients as well as watch movies and just hangout and get to know them. Interacting with the patients one-on-one was a great experience because I got to know what their personalities were like outside of group therapy and treatment team meetings. Another great chance I got to hangout with patients outside of group was through some of the off-grounds opportunities they provide for patients. On Fridays, there are tons of groups that go off-grounds to do things like bowling, swimming, seeing a movie, exploring downtown Staunton, etc. I frequently got to tag along with the bowling group on Friday mornings, and I got to know some of the patients really well. These off-grounds opportunities are great ways for the patients to maintain some sense of contact with the world outside the hospital.

Another opportunity I had at WSH was to work with individuals who were deemed to be incompetent to stand trial. These are patients who have been charged with crimes but who, because of their mental illnesses, are unable to give themselves a fair trial. These patients often spend much of their time at the hospital working with professionals to restore their competency. This process often includes informing the patient of their charge(s), educating them about the actors of the court, informing them of their different plea options, helping them understand how to behave in court, etc. I was lucky enough to get the chance to work with a patient on his competency restoration, which involved me helping him understand his charges and his plea options. This was a very exciting experience for me as I aspire to work in the field of forensic psychology and/or crime scene investigation post-education.

As mentioned before, my contribution project consisted of me and another student developing a series of presentations on general brain functions and medications. We gave five presentations: 1) brain overview, 2) antidepressants, 3) anxiolytics, 4) anti-psychotics, and 5) mood stabilizers. Each presentation consisted of a discussion-based lecture, where the patients were encouraged to ask questions, and a jeopardy game where we quizzed the patients on the information we shared with them. These presentations were very well-received by the patients and facilitated rich



discussion on the function and importance of their medications. We will be sharing our presentation with professionals at WSH so they can utilize them for years to come.

Overall, I very much enjoyed my time at WSH. The entire staff is very welcoming to students and interns, and we are treated with the same sense of independence and authority as the other staff. Patients were also incredibly receptive to our presence, which made it a great environment to learn and interact. I learned so much through my field placement experience at WSH, from how to act professionally in a variety of contexts, to how to properly recognize and diagnose a wide range of mental illnesses, to how to perform competency restoration. Dr. Stout provided me with a number of amazing learning opportunities and allowed me to navigate my internship with an incredible amount of freedom and independence. I hope that, time permitting, I can continue to work there next year by getting a job in the rehabilitation department. There are a number of amazing job opportunities offered at WSH that students can take advantage of, so I hope to find myself working there again in the future.

Spring 2018 Colin Smith

Western State Hospital (WSH) is a psychiatric hospital in Staunton, Va. The hospital provides psychiatric care and administers psychiatric tests and competency evaluations to clients who are admitted from all over Virginia. The hospital consists of multiple different wards. Wards are designated as either short-term, long-term, or forensic. Short-term wards treat clients for a maximum of 45 days after which they are transferred to a long-term unit. I completed my field placement at WSH in a long-term ward.

Clients at Western State attend daily psychosocial rehabilitation (PSR) groups. These PSR groups range from topics such as substance abuse recovery to bowling and table games. Clients are encouraged to attend and choose groups which they think will be beneficial to their treatment. I spent the majority of my time at WSH in these PSR groups. I observed substance abuse recovery, anger management, music for coping, wellness recovery action planning (WRAP), citizens council, and interpersonal coping groups. In most of these groups my responsibilities included contributing to the discussion and occasionally aiding in facilitation. One PSR group in which I had significant responsibilities was interpersonal coping. The facilitator of the group was very encouraging of me to lead groups. I started by observing the group for about a month and then I began to plan and lead groups. The group leader would give me topics she wanted me to cover and then I would prepare group discussion plans for them and review them with her. Topics on which I led discussion included healthy lifestyles, trust, mindfulness, and safety. Through planning and leading groups I learned organizational skills, time management skills, and listening skills. Most of all, I grew in confidence in my ability to lead PSR groups. At first it was intimidating to facilitate PSR groups. I was nervous that I would run out of discussion topics and that the clients would not like me. As time passed



and I led more groups, I gradually became more comfortable and confident as a group facilitator.

In addition to PSR group, I was able to observe client treatment team meetings. Each client in the ward has a treatment team consisting of a psychologist, physician, social worker, community service board liaison, and a nurse coordinator. Every month each client meets with their treatment team to discuss their symptoms, recovery planning, discharge plans, community housing, medications, and whatever else may be on the client's mind. Through treatment team meetings I got to witness how clients interacted with their treatment team and what concerns and challenges they faced.

A more informal way I got to know clients was by simply having conversations with them. My first day at WSH my supervisor told me to go on to the ward and just make conversation with the clients. Like in the PSR groups, I was nervous and quiet at first. As I spent more time at WSH, I got to know more of the clients and felt more comfortable striking up a conversation with clients. One benefit of having these conversations was that when I began to facilitate PSR groups, I had built a little bit of rapport with the clients in the group. I believe this made the clients a little more comfortable with me and willing to discuss in group. Another benefit from informally talking with the clients was that I was better able to understand and empathize with the clients. This made it easier to tailor discussions in groups and group plans to the clients' needs.

WSH has 256 beds and serves around 1,100 clients a year. The facility is visually impressive, having finished construction in the last few years. The grounds have courtyards for clients to walk in, basketball courts both indoor and outdoor, and even a greenhouse for gardening PSR groups. The hospital is able to provide a lot of opportunities for clients to make trips into the community. WSH provides transportation and can take clients to Walmart, to look at community housing options, bowling, swimming, and more. One advantage of WSH is the large range of groups offered to clients. One disadvantage of WSH is the quality control of the PSR groups. Some groups were well planned out and facilitated. Other groups consisted of just reading off a printed handout from a blog with facilitators who seemed like they did not care about the group or the clients. While some facilitators were empathetic and present, others would check their facebook pages on their phones during groups. Clients would, at times, complain that they did not see a point in going to groups and I could understand how they felt. The vast majority of groups I observed seemed beneficial and well-planned, however, a few did feel like they lacked direction and benefits for the clients.

An additional staffing concern expressed by both the staff and the clients was the overworking of the nurses. WSH has a very high turnover rate for their nurses and psychiatric nursing assistants (PNA). Nurses and PNAs are often asked to work double shifts at the hospital. Not only does this lead to more burnout but it also decreases the care given to the clients because the nursing staff is tired and overworked. Clients were



very aware of this issue and they felt that they were not getting the treatment they deserved because of it.

Before beginning my field placement at WSH, I was pretty sure that I wanted to become a psychologist and work in a psychiatric hospital. Now, having completed my field placement, I can confidently say that this is what I want to do. I have learned a lot about the mental health system and therapeutic techniques. Through clients' complaints about the WSH, the staff, and the mental healthcare system as a whole, I am now better able to empathize with individuals receiving treatment for psychiatric disorders. I believe that this understanding will help me in my future career plan of being a psychologist. Additionally, I practiced leading group discussions and, in turn, listening non judgmentally to the clients. These are also skills that will make me a better therapist. My time at WSH has taught me a lot and was an invaluable experience on my road to becoming a psychologist.

Fall 2017 – Cerella Chandra

Western State Hospital (WSH) is an inpatient facility that is funded by the Commonwealth of Virginia. They provide short-term and long-term care for individuals suffering from severe mental illness, such as schizophrenia, schizoaffective disorder, bipolar disorder, and personality disorders. WSH aims to provide safe and effective individualized treatment in a recovery focused environment. They also strive to help individuals reach their highest level of functioning within the least restrictive environment.

My placement was specifically in the extended care unit, which is for patients who remain at WSH for more than a month. I shadowed Dr. Jason Stout, the clinical psychologist on the 1PINE ward. I attended treatment planning conferences with 1PINE's core treatment team, which consists of a psychiatrist, clinical psychologist, social worker, and registered nurses. These meetings occur about once a month with each patient to check in on their symptoms and the side effects of their prescribed medications. This is where I conceptualized different psychological disorders and corresponding psychiatric medications. I was able to use my knowledge of abnormal psychology, biopsychology, and behavioral methods from classes and transfer them into the real world. I have improved my ability to determine diagnoses based on symptomology. I have learned from my placement how mental disorders can manifest differently in various individuals.

I spent the majority of my time in various psychosocial rehabilitation groups. In the extended care unit, patients are required to attend all four groups during the day. The goal of these groups is to improve well-being and functioning so that patients can successfully reintegrate back into the community. In different groups, patients learn relevant information on their disorders, positive coping mechanisms, independent living skills, social skills, and vocational skills. I observed and participated in groups that



focused on stress management, anger management, substance abuse recovery, Dialectical Behavior Therapy, and reality testing. For my contribution project, I planned lessons and lead a group called Music Appreciation; I used music therapy methods to get patients to speak up more during the session. Through facilitating this group, I developed organizational, communication, and leadership skills.

I also attended Grand Rounds while at WSH. Every Wednesday, professionals from outside of the hospital give presentations on clinically-relevant topics to the staff at WSH. These lectures have educated me on a wide variety of practical issues in the field. For example, I have learned about how to best interact with patients with autism, how to approach difficult ethical dilemmas, the validity/reliability of modern measures of psychopathy, and the importance of the allocation of government funding within the mental health field. I really enjoyed listening to these lectures.

In my spare time, I went to the ward or common area and talked to patients. I played pool, ping pong, and card games with them as well. One time, I was able to accompany an off-grounds trip to a park to play Frisbee-golf with a group of patients. These casual interactions are not to be underestimated, as I was able to connect with the patients in a different way than when in groups. I learned how to build rapport with specific individuals and empathize with their situations.

One of my favorite experiences of my internship was observing a court hearing. Dr. Stout occasionally gets called to testify as an expert witness in Not Guilty By Reason of Insanity conditional release hearings. Since I have an interest in forensic psychology, he let me attend court with him. It was my first time in a courtroom, which was exciting and eye-opening. I was able to see multiple mental health workers testify on the stand. From this, I learned a little bit about how the court system works, especially with cases concerning the mentally ill.

Along with an abundance of different opportunities, WSH also has other advantages. I was granted a lot of independence during my field placement, which I enjoyed. Dr. Stout gave me the schedule for groups on my first day, and I sat in on the groups that interested me throughout the semester. If I wanted to help lead a group, it was up to me to approach the facilitator and plan the lessons myself. At the beginning of each day, Dr. Stout would let me know about any scheduled treatment planning conferences or grand round lectures. I could attend any of these if I chose to, and I took advantage of this. This kind of freedom allowed me to get exactly what I wanted out of this experience; it helped me become more assertive and self-assured.

The staff at WSH are extraordinarily warm and hospitable. Students are treated like staff from day one. Many of the facilitators prompted me to participate in groups at the beginning of my internship, which made me feel welcomed and valued from the start. I have made many meaningful connections with staff members which have opened doors to several unique opportunities. In addition to my duties within the hospital, I was able to take notes for a forensic consultant during competency to stand trial evaluations in jail settings. Also, a position on a different ward was recommended to me, so I may be able



to continue to work at WSH next semester. This placement is an incredible experience on its own, but it can also hold additional opportunities if you keep your eye out for them.

The only possible disadvantage of this site is the commute. A car is necessary to get to WSH. It takes about 30 minutes to get there, but it is a very straightforward drive down I-81. I scheduled my classes so that I could have two whole days devoted to my placement; this made the drive more worthwhile. Also, another intern and I took turns carpooling in order to save gas money. I highly suggest that future WSH interns consider these options.

This placement was very relevant to my career goals. I have always been interested in clinical psychology, but I never had the opportunity to work directly with the mentally ill until I worked at WSH. Technically, I did not need to participate in field placement, because I am already fulfilling my capstone requirement with an honors thesis. However, I really wanted to intern in a clinical setting, and this was the perfect opportunity to do so. There is not any part of me that regrets devoting extra time to this endeavor, as it has been completely worthwhile. I have enjoyed every moment at this site, and I am now able to say with confidence that I want to pursue clinical psychology as a career. I have applied to PhD programs in clinical psychology in the hopes of becoming a clinical psychologist one day. My goal is to work in a psychiatric facility similar to WSH.

Fall 2017 – Kathia Bonilla

Western State Hospital is a state psychiatric facility located in Staunton, Virginia under the Department of Behavioral Health and Developmental Services. The hospital's mission is to provide safe and effective individualized treatment to patients in a recovery focused environment. This is accomplished through inclusion of patients in the development of their treatment plan. Other distractions that could slow down recovery such as smoking are not allowed within the hospital environment. Patients are expected to actively engage in their treatment plan in order to improve symptoms of their disorder. Western State serves patients in Virginia with a wide range of psychiatric disorders from depression to schizophrenia.

During my field placement, I worked with my supervisor, Dr. Stout on 1-Pine, one of the long-term care units. This team is made up of a psychiatrist, clinical psychologist, social worker and registered nurse. On my first day, Dr. Stout asked me if I was able to stay for the treatment planning conferences. Although I was unsure of what to expect, the nature of the meetings were a pleasant surprise. In these meetings, the team discusses medication, treatment, a patient's progress, and possible discharge. The patient can request changes to medication and other parts of their treatment plan such as groups. There are many therapy groups patients can choose from. If patients prefer another group, the clinical psychologist works with them to change their group schedule. Patients would also express any concerns or symptoms that they were experiencing. When the patient is ready for discharge, often a Community Service Board's member will join the team to



discuss housing options. Through this experience, I improved my ability to recognize psychiatric disorders. After a meeting, Dr. Stout would ask what disorder I thought the patient was diagnosed with. This helped me apply my knowledge from abnormal psychology. Whenever I had difficulty arriving at a conclusion, Dr. Stout would help me think through the patient's symptomology.

As previously mentioned, the treatment team is composed of various professionals. The interdisciplinary nature of this team helped me learn about the many aspects of recovery. The hospital is dedicated to providing all the resources necessary to promote recovery in patients. By working with these professionals in these meetings, I was also able to expand my knowledge of medication. The psychiatrist would always talk to patients about their medication and its purpose. Through this process I was able to learn the purposes of different medications and how they work together. As an aspiring clinical psychologist, I think that this is important knowledge to have given the vast majority of patients with a disorder are taking medication. It is important to understand its effects and how it works conjointly with therapy to help reduce patient symptomology.

In addition to attending treatment planning conferences, I also attended and participated in therapy groups. Western State Hospital offers many options to patients for group therapy including recreational groups. While at Western State, I attended Men's Issues, Substance Abuse Education, Let's Talk about Culture, Mental Health Education, Advanced Art, Positive Psychology, Forensic Issues and Reality Testing. These are only a small subset of the many groups available to patients. When attending groups I would contribute to discussions and observe how the facilitator guided discussion. I also observed how the facilitators managed disruption from patients and built rapport with them. Through observation I was able to learn techniques that I could apply when leading a group on my own. As part of my contribution project, I created materials for the group Let's Talk about Culture. My goal for this group was to create a structured environment where patients could learn about others through multicultural education. I used multicultural education as a tool to instill empathy in patients. Empathy promotes prosocial behaviors which can aide patients in interacting with other people either within the facility or in the community once discharged. By learning about other cultures, patients are able to take the perspective of others and engage in cognitive empathy.

The materials I created focused on different aspects of culture. I structured the group in a way where patients would learn about a different culture and also learn about research addressing topics that could prevent us from engaging in empathy. For one group we discussed the country of Japan, I taught patients about the culture and also brought in a Japanese desert called mochi. Patients appreciated being able to experience the culture through food. Once I taught the patients about the culture, we would watch a Ted talk on a topic such as implicit bias. Patients would apply the topic to their initial perceptions of the culture we discussed. Through this experience, I was able to enhance my presentation skills. I was also able to further develop my ability to create materials for psychosocial rehabilitation groups. Leading this group was one of my favorite



experiences at Western State. The group facilitators were very welcoming and open minded to the type of approach I wanted to implement in the group. They also helped me think of ways to manage the group when patients were not cooperative. Leading this group was challenging at times. Given the debilitating nature of some of the illnesses patients have, they would sometimes lack motivation to participate in discussions. A few patients in my group also had schizophrenia and they would disrupt the group by vocalizing their delusions. At first I was unsure of how to respond to patients without making them feel ignored. The more I led groups, the more easily I was able to redirect their attention and relate their comments to the topics discussed in group. Through this experience I was able to learn how to work with patients with severe disorders. This exposure will help me in the future as a clinician.

Another great opportunity my supervisor offered me at Western State was the chance to work with a patient on restoration to Competency to Stand Trial. I worked with a Hispanic patient in Spanish on educating him on court room procedures and his current charges. This experience was very rewarding because I was able to observe the progress of the patient. He was the only Hispanic patient on the unit and did not speak English so I worked with him often. I learned how to provide restoration services and gained experience in forensic psychology. My goal in the future is to become a clinical psychologist with a forensic focus. Through this experience I was able to confirm my passion for clinical psychology and my desire to work with forensic populations.

Dr. Stout and all the staff at Western State were very supportive throughout my field placement. Dr. Stout offered me many amazing opportunities and I was able to learn through him many aspects of a great clinician. He was also very receptive to my desire to return to Western State next semester in a different capacity. I was fortunate enough to receive a student engagement grant from JMU and I will be conducting Art Therapy with patients in the Advanced Art therapy group. Working at Western State has been one of the most fulfilling experiences in my undergraduate career and it has exceeded my expectations.

Fall 2016 - Gabrielle Reimann

By definition, Western State Hospital is an adult state psychiatric inpatient facility operated by the Virginia Department of Behavioral Health and Developmental Services. By mission, it is a recovery-focused facility which emphasizes individualized treatment in a safe and effective environment. While Western State Hospital admits patients with a range of psychiatric and mood disorders, it also opens its doors to students from local universities who are interested in applying classroom knowledge and gaining perspective on the mental health profession.

As a student intern at Western State Hospital, I worked directly with schizophrenia, depression, borderline personality disorder, and other psychiatric and mood disorders. I was able to interact with the patients in a one-on-one setting and hear



stories of their lives. The rapport I built with patients was one of the most rewarding parts of the placement. It was very interesting to have an interpersonal perspective, and then observe patients in treatment planning conferences. Treatment planning conferences are a time for patients and their respective staff team to discuss medication regimen, rehabilitative groups and other aspects of current treatment plans. This was also a time to discuss potential for patient discharge. It was interesting to see the administrative work that goes into patient discharge, including orchestrating living arrangements, services, and conditions for release. A patient's treatment planning team is made up of the head of the treatment team, a clinical psychologist, social workers, a nurse coordinator, and anyone else who may be involved in the patient care. As a student, it was extremely fascinating to observe multiple disciplines in the mental health profession playing into a patient's treatment plan. I have worked with my supervisor, Dr. Jason Stout, to cultivate my ability to conceptualize diagnoses, deliberate on patient cases, and understand treatment strategies. These aspect of placement at Western State Hospital makes for a well-rounded experience encompassing critical thinking and analysis on treatment approaches for psychiatric cases.

A large part of my experience has been observing, assisting, and facilitating the many psychosocial rehabilitation groups Western State Hospital offers to patients. I assist with a symptom/stress management group called Interpersonal Coping Skills. The objective of this group is to cultivate ability to cope with stressors, situations, and people. Topics covered in this group range from communication techniques to the importance of gratitude. I had the opportunity to design my own series of lessons regarding working with individuals who have personality traits that make it difficult to engage in cooperation. The characteristics discussed in the lessons were based on the 'Big Five' personality traits. I was excited to implement my knowledge of psychology into context. One strong advantage of a placement at Western State Hospital was the freedom to get creative and take groups in a direction that was of personal interest to me. Another group I took part in a trauma-specific group called Seeking Safety. This group tailors its lessons to individuals who have experienced trauma and partake in some sort of risk behavior, such as substance abuse, aggression, or unsafe sex. Unlike Interpersonal Coping Skills, Seeking Safety is an empirically-supported intervention tactic which utilizes pre-designed lessons to guide patients away from negative behaviors. In this group, I led lessons distinguishing constructive and destructive behavior, and the harms of a static recovery. It was very interesting to see different layouts and objectives for rehabilitative groups. I was also grateful for this experience because it improved my public speaking. This site is advantageous for anyone who would like the chance to work on personal goals such as presentation skills.

This experience has been very relevant to my career goals. As someone interested in pursuing Clinical Psychology, working with psychiatric disorders gave me the opportunity to apply information from classes like Personality Psychology, Abnormal Psychology, and many others. Western State Hospital also allowed me to observe the



inner workings of an inpatient facility, and see the differences between admissions and extended care. With this information, I am able to discern my main populations of interest. This is a very valuable experience for anyone who is interested in exploring the mental health profession.

My experience at Western State Hospital has been extremely positive and well-rounded, but this does not mean I came into the site without reservations. Before my first week, many of my worries came from not knowing what to expect from a placement in a psychiatric facility. Although I was not nervous about interacting with patients in a psychiatric hospital, my first few days reassured me that I was safe in this facility. Also, I did not know how an undergraduate student would be received by patients and staff alike. However, much of my anxieties were reduced after the first day. While I was new to this site, Western State Hospital has welcomed many students before. As a result, staff had plenty of groups, activities, and other suggestions for me to engage in while I was determining how I wanted to individualize my experience. My first day jitters did not overwhelm me or last very long. I immediately felt comfortable at Western State Hospital. While the site had numerous advantages, the distance between James Madison University and Western State Hospital was not ideal. Located in Staunton, Virginia, Western State Hospital is about a thirty minute drive, resulting in an hour round trip commute for one day's work. While I did not like the commute, the trip is a straight drive down Route 81 and could not be easier. One other significant thing to note is that most of the activities, including groups and treatment planning conferences, happen between 9:00 am and 3:00pm. This semester I had a morning class and left immediately afterwards for my placement. In hindsight, I would have adjusted my schedule so I could dedicate the whole day to Western State Hospital, especially because the commute makes it hard to catch up on hours if need be.

Ultimately, Western State Hospital has allowed me to apply my classroom knowledge and flourish as an aspiring clinician. My interactions with mental health professions, as well as patients, have afforded me the confidence to continue in this field with vigor and excitement.

Spring 2016 – Mikala Morrow

At Western State hospital, we strive to provide individualized care to persons with a mental illness. We have a strong focus on recovery and a strong emphasis on hope. We work towards recovery through a number of ways. One of the biggest methods we use is through therapy, both group and individual. The group therapies offered go over concepts that encourage mental health and how to live in the community with a mental illness. The staff also offer individual therapy. This is usually with patients who request individual therapy. They discuss more specific problems and how they can be resolved out in the community.



The therapy we offered was a great opportunity for me to get involved. The mental health workers were extremely inviting and encouraged my input. I really enjoyed the group therapy experience because it was discussion based. Each therapy topic was extremely relevant to mental health and was also relevant to each of the patients in the group because it was recommended by the treatment team. Therapy was my primary way to get involved but I was also given the opportunity to shadow and be exposed to almost everything that my supervisor was exposed to. I truly felt that I was a fellow employee and was given opportunities to observe something new every day. I was able to observe treatment planning conferences where I watched the treatment team work with their prospective patient. The team was there to listen to the patient and provide the assistance the patient wanted. They spoke to the patient about their recovery rate and whether or not discharge from the hospital would be a possible option.

I also attended outings with the patients. The patients with the higher levels of freedom were able to go off grounds to different areas. I went bowling with the patients and also had the opportunity to go with the patients to a park. This is where I was truly exposed to the stigma surrounding mental illness. Many families were protective over their children and chose to stay farther away from us. Western State really gave me a lot of freedom to explore a clinical hospital setting. I had discussions with patients and eventually formed great relationships with them. Western State helped me grow professionally as well as I grew to know the faculty and eventually work with them on some things as I became more independent. I am truly thankful for the opportunity to be so independent and the opportunity to take initiative. I was able to take initiative with relationships with patients and initiative in my input whether in therapy groups or in TPCs. I felt that my opinion was respected and honored.

Independence was just one of the advantages of my site. This was one of the most obvious advantages. I was given a full range of duties and freedom. Something else that I appreciated from Western State was the respect I was given from the other employees. As a student, I do not think we always know how we will be perceived. Before I began at Western, I had the impression that I would have to earn respect based on my knowledge and abilities. This did not hold true at Western State. Throughout my first day at Western State, I felt respected by all. I did not have to earn a place; I was given a place. The staff were there as a resource for me. I asked them endless questions and spoke with them on numerous topics. Each time, they welcomed my conversation and took my questions seriously. Another advantage was working with the patients. The patients were also extremely respectful. I also had the impression that some patients would try to take advantage of me as a student. I thought they would try to convince me to let them break hospital rules. This impression was also entirely wrong. I made wonderful relationships with the patients. I spent a lot of my time getting to know them and just spending time with them. We often had long conversations and I really felt respected by them. I enjoyed working with this population, they truly are wonderful people.



I was very anxious going into my practicum experience. I felt that I would not be able to do it or do it well. I had the idea that I would have to know everything as soon as I walked in the doors. I felt I would have to be able to handle any situation by the first day. This was not true. All staff and patients were extremely helpful in my experience and helped me grow as a student and as a professional.

The only limitation I had was myself. Since I was anxious going in and was not as confident as I could have been, I limited myself. I did not meet as many patients as I feel I could have because I did not feel confident enough to strike up a conversation with a quiet patient. This is the only limitation I felt throughout my time at Western but I am thankful for the awareness of this and am looking forward to gaining more confidence in myself.

At this site, I learned what it meant to be an empathetic clinician. By the end of my time at Western, I looked at each patient as an individual person and did not first look at them as a mental patient. I appreciated their whole identity and not just the part of them that got them into the hospital. I felt this really helped my perception of the world and my perception of those in need of health services. I began to appreciate the individuality of each person. This will help in my profession as a therapist for many reasons. When I am helping my clients, I need to look at them with empathy and with the perception that they are an individual. They are not a project that needs to be fixed nor is their identity completed by the problems they are going through.

I also learned how to work in a team. I learned this from observing the 1Pine treatment team work together. They stayed in constant communication regarding each patient. They also had the ability to confront one another when they felt someone was not making the best choice. Stemming from this however, I admired their ability to be patient with each other as well. They truly respected each other and worked very well together. This in turn, really helped the patients have a positive time in their ward. This will really impact my ability to receive constructive criticism in grad school as well as in my profession. I really admired how they worked as a team and this inspired me to strive for that cohesiveness in my next team experience.

Western State has been a wonderful experience. I have grown exponentially as a woman as well as a student. I feel much more confident to enter a workplace and have just as much respect as the male I am working beside. I also feel very comfortable in working with male patients. The staff at Western State were warm and welcomed any questions I had. They went further than just answering them but also offered explanations as well. I am so glad I was able to take advantage of this opportunity.

Spring 2016 – Shannon Malloy

At Western State Psychiatric Hospital I had the incredible opportunity to work in the extended care ward under the guidance of Dr. Jason Stout. Western State's mission is



to provide individualized treatment in a recovery-focused environment. The extended care ward itself caters to patients who have been a part of the hospital system for 45 days or more. During my tenure at the site I had the chance to engage in a variety of experiences working with all levels of staff and I could not have been more pleased with my overall experience.

The large majority of my time was spent shadowing the facilitators of different psychosocial rehabilitation groups. Western State offers a plethora of different groups to allow each patient to find a group schedule that interests and benefits them every day of the week. Groups differ in their therapeutic value with some providing more direct utility for patients while others serve as a recreational outlets. As an intern I was afforded the opportunity to choose the groups that I wanted to be engaged in as well. During the semester I attempted to try as many different groups as possible in order to get a greater sense of the programs provided by the hospital.

One of my favorite groups, and the one that I spent the largest amount of time over the fifteen weeks was the Mindfulness Group. This group attempts to teach patients the powers of observation, description, and participation in the present moment of their daily lives. The objectives of the course are to cultivate self-awareness and compassion (both for the self and others) and to learn emotional regulation. While I was a part of this group I was awarded the chance to lead the group which I incorporated into my contribution project.

For the session that I led patients had the opportunity to engage in a guided chocolate meditation. The patients focused on the present moment and learned the benefits of mindful eating as they engaged in their snack with all five senses. At the conclusion of the meditation we discussed an article I had brought about five ways to bring mindfulness into daily life. The patients discovered easy ways that they could bring mindfulness to their daily routine in order to practice mindfulness outside of group. I also created a mindfulness journal that included guided meditations, art activities and music that they could use to practice their skills of observation, description and participation.

I participated in many other groups besides the Mindfulness group. These ranged from groups such as therapeutic laughter, to Seeking Safety (a trauma recovery group), to WRAP (wellness recovery action planning), to a community outing group (where patients had the opportunity to go bowling). There seems to be a group for every sort of interest that a patient (and future interns) could hope to have. Additionally, group leaders try to alter the content and structure of their groups to fit the needs of the current patients of the group emphasizing the hospitals mission of individualized treatment.

Besides shadowing I was able to attend conferences, administrative meetings and lectures held at the hospitals. Treatment planning conferences were one of my favorite aspects of working in a hospital atmosphere. The treatments teams (psychologists, psychiatrists, nurses, and social workers) for each ward are required to meet with a patient once a month to ascertain the patients' current health, question the patient as to any changes in their care they feel are needed, and in some cases to determine plans for



discharge. It is during this period that patients really get to voice their concerns and I truly appreciated the level of focus and concern that was given to each patient during these meetings.

I only had the opportunity to join one behavioral management conference as these meetings are reserved for high-risk patients. This meeting involves the higher-ups of the hospital along with the treatment team of that ward. It seems the goal is to ascertain if any changes (beyond the normal level) can be made in order to lower the violence or aggression exhibited by these patients. Another meeting that was quite enlightening about the functioning of a state hospital is the weekly levels meeting. During this meeting the treatment team determines if any patient on their ward needs to have their level changed. Hospital levels determine the amount of freedom and privilege that patients have in where they can go in the hospital and when they can be there. Having a level raised or dropped is determined by the behavior of each patient relative to their individual levels of functioning.

Finally, during my time as an intern at Western State I attended multiple different Grand Rounds lectures. These lectures act as professional development opportunities for the staff and were actually one of the highlights of my time at the hospital. Speakers come from other hospitals, agencies, and community programs to present on different topics. I attended programs on physician burnout, ethical responsibilities during active shootings, and even one on medical toxicology. I really enjoyed the community of learning and the desire for edification that was generated within all the staff members that attended these lectures.

There are many obvious advantages to being an intern at this site. The level of direct interaction that comes with being an intern cannot be undervalued. The high expectations of the treatment team pushes you out of your comfort zone and mandates that you learn how to interact effectively with this population. I think perhaps the only downside (and this may be personal preference) is the vast array of programs offered. Wanting to get involved in each group makes connecting with patients more difficult as an intern. And in some cases it may be overwhelming to try and get a sense of the dynamics of each group to find one where you can be beneficial. However, once you find your niche I think even this “disadvantage” disappears.

My placement at this site was the driving force in my graduate study decision. I will be entering in to a doctoral level program intent on studying clinical psychology. Prior to my internship I was on the path to earn my masters in counseling to become a licensed professional counselor. However, after working with the seriously mentally ill population I couldn't see myself doing anything but clinical psychology. Before being an intern at Western State I had shied away from the more extreme abnormal part of psychology, instead wanting to focus on the more “mundane” issues of human existence. However, after working with patients with diagnoses from schizophrenia, to borderline personality disorder, to bipolar disorder I realized how little difference there is between the “normal” and the “abnormal” in psychology. Although all of the textbooks we've read



as psychology students say the same thing (that a person isn't their mental illness) it wasn't until I connected with patients on a personal level, in this environment, that I realized the depth of that truth. And I sincerely believe that by working with this population I will carry that sentiment with me as I become a clinical psychologist.

Dr. Gallagher – Forensic Admissions Unit

Fall 2014 – Lauren Stiles

Western State Hospital is a psychiatric hospital that provides a variety of recovery services for mentally ill patients. Their mission statement is to "provide safe and effective individualized treatment in a recovery focused environment". My semester at the facility was spent in a variety of ways. I worked on a mainly forensics admission unit with Dr. Gallagher which allowed me to experience not only mental health services but how they also interacted with the legal system. This interaction is never something that I had considered; however it is something that is very prominent in mental health and it was a great opportunity to learn more about it. I also worked with my supervisor by attending patient treatment team meetings. Here I was able to observe single patient meetings and the interactions between the psychiatrists, psychologist, and social workers and how they worked with the patients. Also during these meetings I had the opportunity to sit in on the staffing of new patients. During these staffings I helped my supervisor with initial psychological assessment and practice writing mental status exams on these patients. I was also able to sit in on different groups throughout the week including those catered towards the long-term patients and new admission patients in all parts of the hospital.

I had the opportunity to visit groups for lower functioning patients as well. I was able to regularly attend some of these groups as well as had the freedom of trying new ones throughout the week to see the different approach presented in each. One of the main things I focused on was working one on one with patients to help restore competency in the court system. I met with several patients on the days that I was at WSH and helped them to understand the court system process as well as comprehend their own legal charges. I also had the opportunity to be able to work with the neuropsychologist and observe neuropsych testing on a patient. I was also able to read neuropsych assessments on several patients that I was working with. On multiple days I was at WSH I was also able to sit in on staff meetings including a psychodynamic group with several psychologists throughout the hospital as well as sit in on educational Grand Rounds meeting that is available to all of the hospital staff. Overall I was able to get a taste of everything that Western State had to offer as well as focusing on several services that I thought were particularly interesting.



I really enjoyed my time working at Western State and it has been one of the best opportunities I have had during my college experience. I would have to say that having my placement at Western State definitely had many more advantages than it did disadvantages. Working in a strictly mental health hospital was an interesting experience in itself. Being able to be around the patients at all times allowed me to have a very unique experience. I was able to see a variety of interactions including how patients interacted with each other as well as how they interacted with staff. Nothing really fazes you after experiencing some of the things at Western State. All of the staff were friendly and were always willing to help me out when needed and help me experience a variety of things. They allowed me to have the best experience at WSH. I was, at first, shocked at how much they trust you with patient information, however it made the experience even more worthwhile. As the semester continued the 30 minute drive to Staunton didn't seem as long.

I liked being able to work one on one with patients and get to know them and their illness. Attending and helping out with groups was something that I also enjoyed because I was able to interact with patients as well as get guidance from some of the other staff members. I also enjoyed being able to sit in on patient meetings with the treatment team and see how that aspect of patient care worked. Some of the things that you are able to do are limited, especially in the hospital, because you are an undergrad student, but that is probably the nature of most sites. I think overall this experience has helped me feel more comfortable working with the mentally ill population. Along with being a psychology major I am also pre-Physician Assistant and had been considering becoming a mental health PA. After this experience I have solidified that mental health is the field I want to work in.

Dr. Showalter – Civil (Short-Term) Ward

Fall 2022 - Erica Axelson

This past semester, I had the opportunity to work at Western State Hospital under Dr. Showalter. Western State is a psychiatric inpatient hospital located in Staunton, Virginia. I had the pleasure of working on 2 Elm, which is a short-term forensic unit at the hospital. Western State's mission is to "provide safe and effective individualized treatment in a recovery focused environment," which can be seen in the services and treatment that is provided to the patients.

As a forensic unit, 2 Elm typically treated patients who were both accused with a crime and were also struggling with a severe mental illness. Further, many of the patients were ordered to Western State by a judge for restoration of competency- meaning they were found incompetent to stand trial. On the other hand, some of our patients were sent



to us for suicidal ideation or an attempt while they were incarcerated and needed emergency treatment for their mental health. The diagnoses that I saw being treated the most often were schizophrenia, schizoaffective disorder, anti-personality disorder and bipolar 1 and 2. Each patient is assigned a treatment team, which consists of a psychiatrist, a psychologist, and a social worker, who work alongside one another to provide a comprehensive form of treatment. The patients are provided medication treatment, psychosocial group therapy, as well as forensic education if needed. Aside from the patient's direct treatment team, the Western State staff also includes a dietician, mental health workers, occupational therapists, and specialized doctors- all of whom assist in providing individualized treatment depending on each patients' specific needs.

While no day was the same, one of the consistent aspects was the daily morning report with the 2 Elm team- where the treatment teams would meet alongside an RN and a mental health worker to discuss how each patient behaved overnight as well as any requests from the patients. After morning report, my days typically varied. Once a week, my treatment team would meet with each of our patients individually to check in and address any concerns at that time. The duration, quality and content of these conversations typically depended on where each patient was in their treatment. I also sat in on initial intake meetings with patients who are newly admitted to the unit. During this time, I typically was responsible for taking notes on how the patient presented and behaved to complete a mental status report.

I also had the opportunity to attend and observe the psychosocial therapy groups that the patients were able to attend. Some of the groups that are offered revolve around teaching coping skills and exploring emotions, while others specialize in forensic or substance use education. Towards the end of the semester, I had the opportunity to create and co-facilitate a group of my choosing. For my group, I explored how music and art can evoke different emotions while they can simultaneously be a healthy effective way to release deep, overwhelming emotions. This consisted of playing a musical piece and releasing the emotions through watercolor painting, then expressing those thoughts afterward through a collaborative discussion.

My final responsibility that became one of my most cherished experiences was having the opportunity to meet one on one with a patient on our unit. Prior to starting at Western State, I remember being extremely nervous to meet with a patient individually, as I felt like I was not capable of handling that, but once I became more comfortable with building rapport with the patients, Dr. Showalter found a patient that was appropriate for me to meet with. I began meeting with my patient each day that I was at the hospital and these meetings typically ranged from 10-30 minutes. During these conversations, I was able to talk to him about his life before his accused crime, his experiences in jail and in the hospital, and his aspirations after he resolves his case. These meetings provided me with a small glimpse into how to interact and build rapport with patients as well as different aspects of individual therapy sessions.



I truly could not say more good things about my experience at Western State Hospital. I feel as though this experience provided me with knowledge and confidence that I could not have gained in a classroom setting. While I knew this experience would tie in the curriculum from Abnormal Psych, Clinical Psych and Forensic Psych, I still was not sure that would be enough. I felt as though I would make a fool of myself and would not be able to hold my weight as a student there. With this being said, Western State and the staff fostered an environment that was both nurturing and challenging. From the very first day that I walked into the hospital, I felt welcomed. The team and the staff went out of their way to include me and make sure that they were there whenever I needed them. Every question I had was answered without judgement and they were eager to help further my education and knowledge. In terms of the patients, it was beyond rewarding to watch so many of the patients arrive as either hostile, delusional or disorganized and then be able to see them slowly stabilize and be pleasant, polite, and thoughtful. Being able to see the effects of treatment take place right before my eyes was an experience I will never forget.

The only negative I can find with Western State would be the drive. Western State is approximately 20-30 minutes from campus and is located right off Route 81. The drive is not complicated, but depending on one's schedule, could be long. When scheduling for this semester, I made sure to set 2 full days aside to attend the hospital so that timing would not be an issue. The only problem I had with the drive was the gas money to travel, but when planned accordingly is not too much of an issue. In my opinion, the gas money and travel time were worth the experiences I walked away with.

I entered Western State having a very specific career goal- child and adolescent psychologist, and I can confidently say that my experience has turned my head in the direction of forensic psychology. During my time at WSH, I had the chance to learn a lot about competency to stand trial, the process of restoration, and how competency evaluations were completed. I learned how to work with patients who have severe mental illness as well as patients who have a history of violent behavior and how to recognize dangerous behaviors that may escalate. I learned how to work alongside a team of colleagues and build professional relationships with them. I grew to love the field of forensic psychology and am interested to see if my experience at Western State will ultimately sway my decision for post-graduation plans.

While I learned a great deal of professional knowledge during my time, my personal development means the most to me. After my first day, I cried a lot. I was scared and overwhelmed and doubtful of my abilities. I felt like I did not deserve a seat at the table and felt as though I was in over my head. I have always been extremely hard on myself, and I quickly realized how unnecessary that was. Over the past semester, I found a confidence in myself that I never thought I could have. I entered a field I knew little about and worked with a patient population that for lack of better words, terrified me at first, but I left being confident in my abilities to be successful in whatever field I end up in. I adapted very quickly to an uncomfortable situation, I pushed myself way out of my



comfort zone, and I contributed immensely to the team and the patients who I had the opportunity to work with. I am leaving my field placement experience as a confident, strong, and knowledgeable young woman- and I have 2 Elm to thank for that.

Fall 2020 - Sarah Ketchum

My experience at Western State Hospital gave me a once in a lifetime experience to which I can apply what I learned to my future career in clinical psychology. The mission statement of WSH is “To provide safe and effective individualized treatment in a recovery focused environment”. The hospital specializes in providing treatment, as well as recovery programs for those battling with mental illness. Teams of social workers, mental health workers, case managers, psychiatrists, occupational therapists, therapists, etc. all assist in creating a plan to assist in the recovery of patients.

At Western State, I had many opportunities to work hands-on with patients in the all male forensic ward, and immerse myself in the environment independently. When I first began, my tasks involved sitting in on groups, such as substance abuse, anger management, coping skills, and medication, and slowly began to watch how the patients interact. Starting out like this gave me the opportunity to talk with patients and become familiar with them before jumping into individually meeting with patients. During this time, I was also able to accompany my supervisor to jails in Virginia to complete mental health evaluations, as well as competency evaluations. Experiencing the jails gave a whole different view to mental illness, and really opened my eyes on how poorly the judicial system treats mental illness.

As my time at the hospital went on, I was assigned to many patients, and was able to meet with them on a daily basis. When meeting with patients, they were able to discuss with me whatever was on their mind, and I would provide an ear to listen. They often thanked me for how nice it was to just have someone to listen to them vent. I also would provide them with information regarding competency restoration to prepare them for their final evaluation with Dr. Showalter and the courts. I would quiz them and give them study guides on the roles of each person in the courts for when the individual goes to trial. I got to know patients very well by doing this, and I thoroughly enjoyed it.

I continued to be able to work with groups, which I loved. We sometimes were able to attend arts and crafts groups, which was so relaxing for the patients, and they were able to talk and do something that they enjoyed. We also were able to attend music groups where the patients could choose music they wanted to listen to. I always enjoyed these kinds of groups because it allowed you to interact with the patients, and they were often happier and more excited than they typically were on the ward.

This site had a multitude of advantages to it. It gave you the opportunity to explore many depths of mental illness. You are exposed to many different diagnoses, and it gets you familiar with how to interact with those who are schizophrenic,



schizoaffective, bipolar, antisocial, etc. This really helps prepare for a future in working in a clinical setting, which is just what I wanted out of an internship experience. I came into this experience with little knowledge on how these illnesses work and how they are treated, and left with an abundance of knowledge. There truly were not many disadvantages to the site, minus the impact that COVID had. Typically, patients are able to interact more with one another, and interns are able to travel around the hospital, but because of the restrictions, this was not much of a possibility. Either way, we were exposed to so much, and I absolutely loved it.

For a person who is interested in clinical mental health, this is a more than perfect site. I went in not sure what kind of setting I wanted to work in for the mental health industry, and left with the knowledge that I want to work clinically. This site prepares you by surrounding you with people from all different backgrounds and mental illnesses. I could not have asked for a better site, this was such an eye-opening and wonderful experience.

Fall 2020 - Sophie Darabaris

This past semester, I had the opportunity to complete my Field Placement at Western State Hospital in Staunton, VA. Western State Hospital is an inpatient psychiatric hospital which is licensed and operated under the Virginia Department of Behavioral Health and Developmental Services. The hospital's mission statement is "To provide safe and effective individualized treatment in a recovery focused environment." Western State emphasizes the dignity and uniqueness of the individual and implements a treatment approach that recognizes each individual's potential to reach their highest level of functioning. There are 9 patient-care units in the hospital, separated into forensic, acute care, and extended care units.

I was placed on 2 Elm, one of the hospital's forensic units. The term "forensic" refers to a relation with legal issues, so forensic patients in the hospital are those who currently have criminal charges against them or have been criminally convicted. Patients are involuntarily sent to the hospital, instead of staying in jail, for a few reasons. The patients on 2 Elm are usually sent to the hospital by a judge for restoration of competency to stand trial or emergency treatment of a mental illness, with the ultimate goal of being able to return to jail and court. Many of the patients are in a severely ill mental state when they first arrive to the hospital, displaying a variety of symptoms and illnesses. The most common mental illnesses I have seen are those related to psychosis, such as schizophrenia and schizoaffective disorder, along with antisocial personality disorder, borderline personality disorder, and type I and II bipolar disorder. Since the goal of hospitalization is often to restore competency to stand trial, the patients need to be educated on the criminal justice system by learning about who is in court, how to act in court, and the different kinds of charges and pleas. Once the patient is evaluated and



found to be competent and/or mentally stable, they are sent back to jail to await their court date.

My days at Western State usually started out the same way each morning. I would arrive in time to go up to the unit with my supervisor, Dr. Showalter, for the morning report with the treatment team. My supervisor is a Forensic Psychologist at the hospital, so he performs competency evaluations and leads psychosocial rehabilitation groups on forensic information. The treatment team consists of a psychologist, a social worker, and a psychiatrist, and there is often a nurse in the meetings as well. Morning report is a way for the treatment team to be updated on everything that happened on the unit over the past 24 hours and ensure that everyone is on the same page about each patient's behavior. If a new patient had arrived at the hospital, the treatment team would also complete an initial staffing of the new patient after morning report. Staffing is where the team first meets with a patient to get to know certain things about them such as their symptoms, understanding of where they are and why they are there, and the presence of any thoughts to harm themselves or others. As the intern of a forensic psychologist, my job during these staffing meetings was to focus on the patient's present appearance, behavior, and mood, similar to a mental status exam. I would take notes that I felt were relevant to a psychological evaluation, then discuss my notes with my supervisor afterwards.

After morning report and staffing meetings finished, I would usually attend and participate in psychosocial rehabilitation groups. There are many different kinds of groups at the hospital and they are on a weekly-rotating schedule. Some of the most common groups I went to were peer support groups with topics such as anger management, decision-making, and coping skills. I also joined groups on medication education, mindfulness, music, and art. I found going to groups to be very interesting and beneficial to my time at Western State, as they allowed me to connect more with the patients and taught me helpful techniques to implement into my own life as well.

Another experience I enjoyed at Western State was assisting patients in learning forensic information, with the goal of helping them eventually pass their competency evaluations. I would sit down one-on-one with a patient and ask them various questions about the criminal justice system, such as "Who are the two attorneys?", "What does a judge do?", "What are the four pleas?", and "What is cross examination?" If a patient did not know something, I would take note of it, spend some extra time on that term, and give them some time to study it on their own. I would continue meeting with patients until they appeared to have all of the information down and were ready to be evaluated for competency. This work was rewarding for me as I got to see the patient's knowledge improve greatly, which helped them move forward with their hospitalization and court process.

Since my supervisor Dr. Showalter is a Forensic Psychologist, I was also able to go with him to court to sit in on a sanity evaluation. A sanity evaluation differs from a competency evaluation in that it aims to determine the individual's state of mind at the time of the offense, whereas a competency evaluation is just the state of mind at the



present moment. These evaluations can take anywhere from an hour to several hours, depending on how much information the person wants to give and how severe the charges against them are. A sanity evaluation specifically requires more background information, so it usually takes a little bit longer to complete than an evaluation of competency. During the evaluation I attended, I took detailed notes following an outline that Dr. Showalter used to take notes as well. The outline consisted of things typical to a mental status exam, such as present behavior and appearance, but it also covered the individual's social, family, educational, medical, and psychiatric histories as well. Questions Dr. Showalter asked were also related to the individual's understanding of her charges and the situation in which they occurred.

I also took the time to come into the hospital on a few Saturdays throughout the semester to help out the Rehabilitation Therapists with their weekend activity program. Saturday activities consisted of prepping arts and crafts then going to different units in the hospital and helping the patients complete the crafts. I loved doing this because it gave me another chance to interact with patients on other units, and it also gave them a chance to do something new and entertaining. The crafts often focused on relevant seasons and holidays. For example, around Thanksgiving time we folded paper turkeys and painted food baskets. When the weather was nice enough, Saturday activities also consisted of taking the patients outside where they could get fresh air, play basketball, throw a football, and draw with chalk. The patients were so appreciative of me sitting and talking with them and for the weekend activity program as a whole, so I am very glad I chose to participate in that as well.

There are so many advantages of having my Field Placement site at Western State Hospital. Going into this internship, I had no experience with such severe mental illness in person. I had been learning about mental illness for years, but this site helped me apply my education into real, hands-on work. My favorite experience from this site was that it allowed me to see patients go from severely ill to eventually being stable and discharged, which was so amazing and uplifting. While I was mainly placed on a forensic unit at the hospital, I was able to help out and meet patients from other units as well, which showed me an even wider range of psychiatric care techniques. My supervisor gave me numerous opportunities for learning and growth at Western State, and I am eager to implement such knowledge into my future work.

A potential disadvantage of this Field Placement site is the drive to Staunton from Harrisonburg, which takes about 25 minutes. I personally did not mind this, because it allowed me to prepare for my day on the way there and debrief from my experiences on the way back home, but I can understand that some might not enjoy the drive as much.

I have learned so much from the past few months at Western State. I remember my first few days at the hospital were very nerve-wracking because I was pushing myself so far out of my comfort zone, but it was amazing how quickly I felt more comfortable. This experience allowed me to gain greater confidence working with psychiatric patients and taught me the skills to properly communicate with them in varying situations. I



learned a lot about mental illnesses, forensic psychology, and clinical psychology throughout this experience, but I also learned a lot about myself as well. I knew beforehand that going into the field of mental health is not easy and that it takes a certain kind of person to do such work. However, going through this experience helped me see that I am meant for working in this field and that I can be a great asset to the community of mental health workers in my future. I am so grateful for my undergraduate experience at Western State. I hope to apply what I learned here to a graduate program focused on counseling, and eventually work as a Clinical Mental Health Counselor one day.

Spring 2020 – Danielle Mariano

For my field placement experience, I visited Western State Hospital twice a week under the supervision of Dr. Kenneth Showalter. Located in Staunton, VA, WSH is a psychiatric facility funded and run by the Virginia Department of Behavioral Health and Developmental Services. The hospital provides a wide array of services, including short and long term units, as well as forensic and civil care wards. Western State's mission statement is to "provide safe and effective individualize treatment in a recovery focused environment." To ensure this goal is being met, each patient is assigned to a treatment team upon admission to the hospital. This team is comprised of the personnel who work with the patient to develop a personalized recovery plan, prescribe medication, and listen to the needs of each patient. When the patients are not meeting with their treatment teams, they are attending group therapy meetings that discuss any variable of topics.

Considering Dr. Showalter is a forensic psychologist, I was placed on the all male forensic ward of the hospital, called 2 Elm. At any given time there are twenty-eight patients on the ward who all have a variety of criminal charges. Patients are typically sent to this unit from jail in order to be treated for mental illness, or to be restored to competency so that he may be able to stand trial. In most forensic cases, admittance to the hospital is court mandated, meaning patients must stay for a minimum amount of days; this makes 2 Elm a short term care ward with patients constantly arriving and leaving the hospital.

After a few visits, my days at Western State started to become routine. I would start each day by attending the morning meeting with 2 Elm's treatment team and nurses. During this time, the members got caught up on each patient by hearing what has been happening on the ward within the past day or over the weekend. Information usually includes the eating and sleeping habits of the patients, patient requests, as well as behavioral issues that occurred. On Thursdays, Dr. Showalter's treatment team would meet with about 3-5 patients individually to get a sense of how the patient was doing overall. The team would prompt questions such as, "do you feel safe on the ward," "how are your medications going," "is there anything we can do for you," etc. These meetings typically last about twenty minutes per patient, and were really interesting to sit on



because I was able to experience the personalities of each patient. I really enjoyed seeing the behind the scenes process of how a patient gets treated, in addition to the progression that an individual can make in such a short period of time. This was a valuable experience for me because it further solidified the difference a mental health professional can make in an individual's life.

Once these meetings were completed, I often met up with patients that Dr. Showalter assigned to me in order to provide them with information they needed to know for their competency to stand trial evaluation. During these individual sessions, the patient and I would discuss concepts such as courtroom proceedings, pleas he can enter at arraignment, appropriate courtroom behavior, and other topics. At one point I had four patients that I was conducting these meetings with, which would take up a great deal of my day, but I did not mind because I knew I was doing work that actually mattered. Reflecting on my time at Western State, my fondest memories are of when patients remembered more information than they had in the previous session. Seeing the pride and happiness on their faces when this happened made me feel like I was actually going to make an adequate helping professional one day.

After lunch time, I would attend two group therapy meetings, usually forensic education and interpersonal coping skills. Patients from all different wards attend these meetings, giving patients a chance to meet new people and open up about their experiences, feelings, or thoughts about that groups topic of the day. Frequently attending the same therapy groups allowed me to express my thoughts. Once I opened up, I found the experience to be even more rewarding than previously because I would feel more involved and get better responses from patients. Seizing these opportunities was important for me because I learned how to communicate effectively with people who have serious mental health illnesses, which is a skill I will carry for the rest of my career. Although I never received the chance to facilitate my own group meeting, I anticipate that it would have been a wonderful experience that further developed my communication and personal skills.

At psychiatric hospitals such as Western State, staff typically see the readmittance of patients, sometimes the same patient many times. Seeing this personally, I chose to write my contribution project on the motivational and educational aspects that will decrease rehospitalization rates. My paper proposed several solutions to this issue, and my supporting materials provided a new resource for patients to learn the competency issues from. Due to the shortening of my semester, I was never able to implement my supporting materials, but I still believe they would have a lasting effect on patients.

Being an intern at Western State went and above and beyond my expectations. I primarily decided to do my field placement there because I wanted more exposure to patients who suffer from debilitating mental illness, and to the field of forensic psychology. With that being said, I am glad to have received the chance to work with patients in individual and group settings. Even though I had such a positive experience at WSH, it made me realize I do not want to pursue forensic psychology for my future



career. While everything I learned regarding competency and the courtroom is valuable knowledge, I would rather focus my services directly on the mental health aspect of psychology. I highly recommend this experience to every field placement student, but especially to those who are interested in the interconnectedness of law and psychology.

Spring 2020 – Savannah Pugh

My field placement was at Western State Hospital located in Staunton, VA. It is run and funded by the Virginia Department of Behavioral Health and Developmental Services. Western State Hospital's mission statement is, "to provide safe and effective individualized treatment in a recovery focused environment." I believe this mission is true, especially after learning about all the different services Western State supplies. They offer individual therapy, group therapy, nutrition advising, hygiene maintenance, and a special medical ward. Group therapy is probably the biggest service offered. The patients have many psychosocial rehabilitation groups to choose from, such as music therapy, symptom management, seeking safety from trauma, interpersonal coping skills, etc. I was located on 2 Elm and Dr. Kenneth Showalter was my supervisor. 2 Elm is a forensic all male ward, which means these patients have committed a crime and are either sent to the hospital for competency restoration or a temporary detainment order. Competency restoration is where a patient has to gain a factual and rational understanding of their charge and how the court process works. They also have to show that they are able to discuss their charges and possible outcomes with their attorney. Temporary detention orders (TDO) are if someone in jail seems to be showing signs of a mental illness and needs to be stabilized. Patients spend more time in the hospital for competency evaluations than for TDOs. There are also civil wards that are located downstairs and are for people who were out in the community or have been in the hospital and moved for long-term care.

During my experience, I got to attend treatment meetings, met with patients one-on-one, helped facilitate groups, and attended forensic evaluations. Everyday had a similar routine, I would start out listening to a nurse share how the patient's have been within the last 24 hours. Next, the treatment meetings would begin. Each patient has their own treatment team that consists of a psychologist or a psychiatrist, nurse practitioner, and a social worker. During these, patients are able to voice any concerns they may have or ask questions. The nurse practitioner or psychiatrist would ask if their symptoms were being relieved and if they knew what medicines they were on and why. For newly admitted patients, this process was called staffing and after meeting them I had to develop a mental status exam about them. Next, I met with specific patients on my list and helped them learn about the competency information they needed to know to



pass their evaluation. Once I felt the patient was ready, my supervisor would give me a practice evaluation to quiz those who seemed ready. As I stated above, group therapy is a big part of a patient's time while at the hospital. I attended several different ones, but by the end I was mainly helping with a group called interpersonal coping skills. This group mainly taught how to handle uncomfortable situations that involve other people. A couple of times I got to attend forensic evaluations with my supervisor, one was at a jail and the other was at a courthouse. I learned how these evaluations normally go and what to look for when deciding if someone is incompetent or not.

I think working at this site has many advantages. One is you are getting an experience that many people never get to try or see. I think working in these types of hospitals is a very eye-opening experience that can help you understand how people end up in these conditions. It's also a first-hand experience to see how symptoms of mental illnesses really affect people and their mindsets. Another advantage is within your treatment team you see how different types of fields come together to help these patients get back out into the community. You work with a psychologist (or psychiatrist), nurse practitioner, and a social worker. The psychologist mainly focuses on helping the patient become restored and pass the competency evaluation. The nurse or doctor helps prescribe medication to patients to relieve their symptoms and find their baseline. Lastly, the social worker communicates with the patient's family and provides resources for the patient to look into for when they leave the hospital. The best advantage is probably that you get to work with specific patients one-on-one to work on their competency restoration. I thought that was really cool and this helped me learn how to talk to these groups and figure out the best ways to teach them. Also, being one-on-one with them creates a bond between you and them. They start to recognize you in their treatment meetings and around the hospital. They begin to open up more with you each time you meet with them. I thought being able to learn more about them and seeing their excitement when put on the evaluation list was the most rewarding thing. One last advantage is you get to see how the different wards work and the admissions process. I thought admissions was exciting to sit in and learn how they process new patients who are admitted.

I didn't really think there were disadvantages, but there is one big part that as a student you can't participate in. If there is a "Code Purple", you aren't able to go out into the ward with everyone else. You have to stay in at the nurse's station and can watch through the glass. It's not a big disadvantage considering it's for your own safety, but I definitely wish sometimes I could've gone out just to learn how these situations are



handled.

My contribution project idea was to create a flowchart that showed the court processes these forensic patients have to go through. It starts with the offense, then shows all the different concepts that are required to be known for the competency evaluation, and finally ends with either a sentence or being released. This flowchart can now be given to the patients along with their competency booklet to help them study for the competency evaluation. They can use the flowchart to guide them, while going through the booklet to understand when specific steps happen throughout the court process. As a student, who did one-on-ones with patients, I was always carrying the booklet with me to use during our sessions. Now, these can be carried with staff along with the flowchart to cover more during those sessions.

I loved getting to work at Western State. I have always been super interested in psychology and criminal justice and I felt this site succeeded in giving me experience with both of these fields. I also had already done an internship with an out-patient group and wanted to know what it's like working with a group who have more severe mental illnesses. I am planning on going to grad school in the future and this helped me decide that this is a field I'm very fascinated with. I also had an awesome supervisor who answered every question I had in great detail and really showed that he cared. He is very passionate about this field and you can see it in how he interacts with the patients and even his other staff members.

Fall 2019 – Cassidy White

For my field placement, I was at Western State Hospital under the supervision of Dr. Kenneth Showalter. I was placed on 2 Elm which is a forensic short-term unit. Western State Hospital is located in Staunton Virginia. It is one of Virginia's psychiatric inpatient facilities that is funded and run by the Virginia Department of Behavioral Health and Developmental Services. The mission statement of the hospital is "to provide safe and effective individualized treatment in a recovery focused environment."

Western State Hospital is broken up into long-term care and short-term care. Patients on the downstairs units have been determined to need longer, more extensive care after being on the upstairs short-term units without making significant improvement. Western State serves a mix of patients. With most patients coming to the hospital for psychiatric services, they are typically at the height of their mental illness and in the most severe situation. The most common disorders seen are schizophrenia, bipolar disorder, and borderline personality disorder. Not all, but most patients come into the hospital in some type of psychosis. Patients can either be admitted through the forensic system or



civily. Most of the patients I worked with on 2 Elm were forensic patients although we did have a civil patients occasionally. Forensic patients are patients that are coming from jail or prison with criminal charges or pending criminal charges.

A patient may be under a forensic temporary detention order which is also referred to as an emergency treatment order. Patients under this order come to the hospital due to the fact that the jail or prison has good concern about an inmates psychiatric condition. A lot of times patients under this order started refusing medication they typically take in jail and their mental illness becomes very severe. Another type of forensic patient is a patient who has been found Not Guilty by Reason of Insanity (NGRI). Most NGRI patients are sent to Central State Hospital, another Virginia inpatient hospital outside of Richmond. However occasionally an NGRI patient will come to Western State. During my field placement, there was only one NGRI patient on my unit. The most common type of forensic patients at the hospital are patients who are not competent to stand trial. All people going through the criminal justice must be deemed competent and those who are not are evaluated further and brought to Western State to be restored to competency.

My day at the hospital started off pretty much the same each day. At Western State, morning rounds occur in a conference room with all of the professional staff receiving updates from a nurse on each patient's mood and activity from the past 24 hours. This is a vital process as it gives insight to the psychiatrists and psychologists how the patient has been according to the nursing staff who have been around them the most often. Patients can be admitted to the unit 24 hours a day so patients who have come onto the unit after the last morning rounds are brought in for staffing's which means they meet with their treatment team who includes one psychologist, one psychiatrist, and one social worker. Lastly, each patient is assigned one day a week where they meet with their treatment team so every morning whichever patients were assigned for that day came in and updated the staff on how they were feeling and any changes or questions they had. I enjoyed these morning meetings as it was a way to interact and hear first-hand from patients how they were feeling and what concerns they had that needed to be addressed. It was my role to take detailed notes during the meetings with patients so that the treatment team was able to have good documentation for their write-ups.

One of my main tasks throughout the day was to meet with patients who were on the unit for restoration to competency. This meant that I would help teach patients factual information about the court system, work with them on how to rationalize their own situation to the factual information, and work with them on the importance of working with their attorneys. I really enjoyed getting the opportunity to meet one-on-one with patients as I not only helped them with competency but I would ask them how they were doing in general. I found that a lot of times patients at the hospital just need someone to give them individualized attention whether that be so they can ask questions they needed further clarification on or just to talk about they felt which was therapeutic in itself. Along with teaching



competency, I also had the opportunity to observe and take notes for competency evaluations given by clinical psychologists.

Every morning and afternoon, there are several different types of psychosocial rehabilitation groups. Some of the groups were: coping skills, cognitive behavioral therapy, acceptance commitment therapy, forensic education, and community recovery planning. I would attend different groups each day as long as time permitted as my main role was to meet with patients for competency.

For my contribution project, I created an informational booklet given to patients who are considering using the NGRI plea. I found that in my time meeting with patients to go over competency, a lot of patients had an incorrect understanding of the insanity defense. The book is meant to better inform patients on how the NGRI plea is used, what happens if you want to use the NGRI defense, and aims to break common misconceptions held.

Overall, I really enjoyed my field placement at Western State and believe the experiences and opportunities provided are very rare for undergraduate students to typically have. Working one-on-one with patients who were facing extreme mental illness while also typically looking at a serious criminal charge was something I originally was nervous about but found myself surprised at how much I learned from my patients. I was also considering a future career in clinical psychology and wanted to see if I would be able to handle working in an inpatient hospital as it is very fast-paced. I was affirmed that this was the line of work I was interested in and was even more surprised at how much I loved the cross over between the law and psychology. This is a great placement for anyone looking to get more experience with severe mental illness and has interest in the legal system.

Spring 2019 – Madeline Grove

Western State Psychiatric Hospital is a state run facility licensed and operated by Virginia Department of Behavioral Health and Developmental Services. There are short term, long term, and forensic units. Patients are given a treatment team consisting of nurses, psychologists, psychiatrists, and social workers. Each individual receiving treatment at Western State works with their treatment team to come up with a personalized recovery plan, which seems to be very effective and allows the patient to be more involved in their own care. Patients attend four group therapy sessions per day, two in the morning and two in the afternoon. Along with the use of psychiatric medication, these groups provide a safe environment for individuals to learn a variety of skills and techniques to further their recovery.

I was placed on the all male forensic ward, 2 Elm, with my supervisor Dr. Kenneth Showalter. This means that the ~28 patients on the ward have criminal charges, and often are sent to us from jail in order to be treated. Along with managing mental



illness, 2 Elm has an additional task of restoring its patients to competency so they are able to stand trial. 2 Elm is considered to be a short term care unit, so there are constantly patients cycling in and out.

On a day to day basis, I would begin the day by attending morning meetings, where the treatment teams are caught up on what's been happening on the ward in the past day. In this meeting, individual updates on each patient are read by nurses, along with behavioral issues or patient requests. After the morning meeting, I would attend two group therapy sessions and help the facilitators with whatever lesson they were leading that day. Since Western State cannot afford to give each patient individual therapy services, the group sessions are meant to function as a safe space for patients to open up about their experiences and learn positive skills to cope with their mental illness. I loved attending groups and found them to be much more rewarding than I initially expected. Some of the groups I frequented were cognitive behavioral therapy, dialectical behavioral therapy, coping skills, art therapy, community living, and even gardening in the greenhouse. I found that groups allowed patients to develop a learning community and learn valuable social skills as well as mental health related concepts. As part of the end of my placement, I got to lead my own CBT group centered around positive psychology, which I thoroughly enjoyed. The group leaders are also incredibly gifted with forming lessons and keeping patients engaged with different types of learning tools so I learned a lot from them about what it takes to lead a successful group.

Along with regularly attending groups, I also sat in on treatment team meetings and took notes for Dr. Showalter. Each week, every patient gets a meeting with their full treatment team to check up on how things are going, adjust medication, and discuss next steps. I thoroughly enjoyed getting to know the process behind treating an individual during these meetings, and how different aspects of their case influence decisions that were being made. I learned how to write up psychosocial history, mental status, and give comprehensive briefs on patients. These are valuable skills I will use going forward in my career, and I am grateful that I got a chance to develop them while still in undergraduate school.

As I mentioned before, 2 Elm has an additional job which is restoring its patients to competency. In order to aid in this process, I worked one on one with patients to help them study for their competency evaluations. This involved quizzing them on the different roles of people in court, general proceedings, and helping them to understand their charges and the legal process. If a patient did not pass the competency evaluation within a reasonable amount of time, they would be sent to one of the long term wards downstairs. However, with medication and studying, most patients are able to go back to jail and move forward with resolving their charges. Working one on one with patients was very rewarding and we often talked about more than just competency issues. It felt humbling when patients would tell me a part of their story or how their experience had been in the hospital or while incarcerated. Simply getting to know different types of



people that I wouldn't ordinarily get to meet helped me become more open minded and accepting of others, and these are lessons I will take with me for the rest of my life.

My favorite part of my placement was being able to be involved in Dr. Showalter's private consulting practice. He travels around the western part of VA doing competency, mental status, and NGRI (not guilty by reason of insanity) evaluations. I was able to assist Dr. Showalter during these evaluations at jails, attorney's offices, and at Central State Hospital. It was fascinating to meet these individuals and hear their story from start to finish. I learned how to take concise notes during evals and even conducted my own psychosocial history interview portion of an evaluation. I also got to write up portions of the official reports that were sent to judges and attorneys. I feel incredibly grateful that I almost got two different placements, the one at Western State and assisting a forensic psychology private practice. I was able to develop my professional skills and learn more about the field of clinical and forensic psychology.

For me, the main drawback of this placement was driving 30 minutes to Staunton each day. Fortunately, I was able to work longer hours a couple days a week so it didn't end up being that big of an inconvenience. Working with Dr. Showalter and commuting to jails that are oftentimes a couple hours away also made for a couple long nights, but these experiences were so rewarding that I didn't mind. I would recommend having good time management skills and a lower course load if you wish to pursue this placement.

It was also interesting to see the ups and downs of how a hospital is operated. This in itself gave me a new perspective on how the healthcare system in the US works and what needs to be improved in years to come. Dr. Showalter is an excellent supervisor and he always knew how to challenge me and gave me advice on how to move forward with my career. I will be entering graduate school next year for Clinical Mental Health Counseling to become a Licensed Professional Counselor, and I think this placement was crucial for helping me realize why I want to be in this field. There were some challenging things that I encountered at Western State, and it is important to always stay put together and patient when issues do arise. For me, I loved being pushed outside of my comfort zone and developing not only professionally, but personally. Being able to develop my empathic skills and being exposed to new environments I could see myself having a career in is why field placement at Western State was the best thing I was able to do at JMU. I would recommend this placement for anyone interested in clinical work, forensics, or working with tough populations. I will be forever grateful for this opportunity!

Spring 2019 – Kaleigh Fuentes-Fuller

Western State Hospital (WSH) is a state-run psychiatric facility located in Staunton Va. The mission of WSH is "To provide safe and effective individualized



treatment in a recovery focused environment.” In order to meet their mission, WSH provides a multitude of services and treatments depending on the need and treatment plan specifically designed for the patient. There are three types of wards within the hospital; acute, long-term, and forensic. When patients first arrive to the facility, they are seen by the admissions unit and once they are seen by a nurse and psychiatrist they are placed to a ward. The condition of the patient’s mental and physical health, whether they’re a civil or forensic client, along with bed availability can determine which ward they will be sent to. The acute wards will take new admissions and if a patient has not been released after an allotted amount of time (typically 45 days) they will be sent to a long-term ward. Forensic wards are typically inhabited by patients who are sent from jail/prison or have criminal charges against them. After a patient’s initial in-take they will be admitted to their ward and seen by their treatment team which consists of a psychiatrist, psychologist, social worker, and the unit nurse.

I spent my semester on 2 Elm which is an all-male forensic unit under the supervision of Dr. Showalter (Psy.D.). I went to WSH most Mondays and Wednesdays from 8:30am-3pm. Many of my days consisted of observing progress rounds, treatment team meetings, morning and afternoon groups, and attending grand rounds. Progress rounds typically occurred in the morning and consisted of the unit’s head nurse reading off patient’s charts which contain their weekend and overnight behaviors recorded by staff on the ward. After progress rounds, treatment team meetings would take place. During these meetings is when I would record things about the patient for my supervisor. I learned that paying attention to not only what the patient is saying, but also their appearance, body movements, eye contact, mood, affect, and speech are all important to include in progress reports. Once treatment team meetings finished it was usually time to go to groups. Patients attend four groups a day; two in the morning and two in the afternoon. There are many groups offered at Western State, however, the patient’s level determines which groups are open to them. For instance, the long-term and more stable patients usually have higher levels (access and freedom) which allows them to attend both upstairs and downstairs groups. Some higher-level groups include woodshop, art therapy, gardening, gym, and yoga; while many of the upstairs groups are catered more for the acute and forensic patients. The main groups I attended were Dialectical Behavior Therapy (DBT), Cognitive Behavioral Therapy (CBT), Discussion Group, and Doctors Group. Towards the end of the semester I was able to create and lead my own DBT group which was a great experience and made me appreciate the amount of thought and work that group leaders put into their groups.



My time at WSH was unlike anything I had ever experienced before. Prior to field placement I hadn't been around many adults with criminal charges, nevertheless individuals coming straight from jail due to being mentally ill. Part of my role at WSH was practicing with the patients on 2 Elm to help restore their competency to stand trial. For an individual to be competent to stand trial they must be able to understand their charges along with have a decent understanding of the court system. Initially, I was kind of nervous to meet with the men one-on-one, however, after meeting with them a couple times the nerves went away because we quickly developed a rapport. At times working with patients could be a strange dichotomy because on one hand you got to know a patient through their chart and on the other hand you got to know them in person through conversations. There were times where I would learn about a patient's charges after practicing with them for their competency evaluations and I would be completely shocked by what I was reading because the patient's demeanor and behavior did not align with the descriptions in their files. It was interesting to see how much a patient could change once they were medicated and stable. There were times when I wouldn't recognize a patient because of the progress that was made within a few days. These were times when I felt optimistic about the work being done at WSH.

My experience at WSH was unique in the fact that I was able to learn outside of the hospital setting as well. My supervisor had a side practice in which lawyers would contact him to complete Mental Status Exams (MSO) and Competency to Stand Trial (CST) evaluations for their clients. I was able to travel to jails and courthouses around Virginia recording answers from the interviews. My supervisor also allowed me to write up the Mental Status parts of the report and the Social History of the client from the interview. This experience furthered my note taking and writing skills. Prior to my time at WSH I had never heard of the MSO/CST acronyms, and after I was able to effectively explain what both entailed and why they would be administered.

WSH opened my eyes to the importance of collaborative efforts. Sitting in on treatment meetings and watching individuals from the team pop into one another's office asking for advice and answering questions taught me that one person cannot do it all. Everyone plays a vital role in the treatment of the patients. Being a team player is an important skill and I got to see first hand why college puts such an emphasis on developing that skill. I was also made aware of how common it is for patients to return to the hospital. Many patients that entered our ward were individuals that have been in and out of WSH their whole life. It can be hard for patients to continue to take their meds once they leave the hospital, especially if they don't have a support system at home. I can



sympathize with mental health practitioners and understand why the burnout rate can be so high. There's so much work that needs to be done at any given moment and when the results aren't there it can feel like everyone's hard work and effort is all for naught. However, when progress is made, and a patient does get better, it all seems worth it.

Although I was unsure of what career path I wanted to pursue prior to this experience, I would have never imagined myself within a hospital setting working with adults. I've always gravitated towards working with kids, but now I could envision myself working with adults. Furthermore, working in a hospital setting is no longer a foreign or intimidating concept to me, I learned that I enjoy a hospital setting. Even though I'm still not completely certain about what the future holds for me, I do know that this experience has made me a stronger individual and helped me develop skills that will help me in the future. I definitely recommend field placement at WSH!

Spring 2017 – Brooke Bowie

Western State Hospital is a state-run psychiatric hospital located in Staunton, Virginia which was founded in 1828. The mission statement of the hospital reads "to provide safe and effective individualized treatment in a recovery focused environment" and during my time there, they upheld this in every aspect. Within the hospital, there are acute, long-term, and forensic wards in order to be able to serve any type of patient successfully. The new location for the hospital, which has only been used for three years now, is absolutely beautiful and gives off a vibe of success and treatment that is hard to explain without walking through the door and seeing it for yourself.

My supervisor, Dr. Kenneth Showalter, is a psychologist who had worked at Western State for twenty-four years. After my experience, I can firmly say that this man is an amazing role model and I was lucky enough to be able to observe, learn, and grow from his advice and willingness to help me during my time there. An unusual coincidence that happened during my placement was that my last day actually ended up being Dr. Showalter's last day as well. He was able to take on a new job opportunity which showed me that it's never too late to take new chances, even if you're comfortable where you are. I am so grateful I was able to have the chance to work with Dr. Showalter before he left, it was the best experience I could have ever asked for.

At Western State, I was a part of a treatment team on an acute ward. The team consisted of a psychiatrist, psychologist (my supervisor), and a social worker. Within each ward there were multiple treatment teams in order to ensure that each patient was given enough time and opportunity to build up rapport with the team during their stay. While I was a member of the team, I was able to sit in on new admissions, progress rounds with the patients that were held each week, and observe how each role of the staff



impacted the treatment for the patient. During each meeting with the patient, I was responsible for writing mental status exams and taking notes which provided information about the patient's state of mind at the current moment, which I would then present to my supervisor at the end of the team meeting. This was the best skill that I was able to develop during my time at the hospital since it is something that I know will one day be a part of my professional duties that I hadn't previously had the opportunity to explore.

In addition to team meetings, I was also able to attend group therapy sessions that took place four times a day. Some examples of these groups include arts and crafts, discussion, seeking safety for substances and risky behavior, nursing education, and many, many more. These groups were assigned by the patient's psychologist for what would best fit their needs in order to promote treatment for the patient. I was also able to create my own group on visual journaling and present it to patient's multiple times which gave me an incredible opportunity to build my presentation skills in a setting with mentally ill patients.

The best part of my experience at Western State was that I was able to meet one on one with my regular patients I was assigned to. I was able to build up rapport with the patients, learn from their experiences, and also understand how they perceive treatment from their viewpoint. Not only were the patients welcoming to working with me, but they also felt comfortable enough to tell me about their illnesses and their life experiences that allowed me to gain more insight of what impacts the development of illnesses and how they affect the person's everyday life. Seeing the illness in person is much different than reading about it in a textbook and hit me harder than I had expected it to.

Not only was I able to have the inpatient hospital experience, but my supervisor also has a private practice centered around forensic psychology that I was able to partake in as well. Being able to see how he conducted both competency to stand trial and sanity evaluations was very eye-opening to the whole process and reaffirmed that forensic psychology is a specialty I want to be involved in. I was able to see what the notetaking processes and evaluation steps were in cases like this in comparison to what we were doing in the hospital on a daily basis.

One thing that I really enjoyed about my experience included the relationships I was able to build. Not only with the patients, but also with the staff at the hospital, I developed great relationships that I am very thankful for. The environment was extremely welcoming and comfortable and because of this I knew that the staff would have my back in any given situation or if I ever had a question or concern. After my time in this hospital setting, I can say that there is a very good possibility that this is what I want my future to look like. Before this placement, I was still pretty lost about my career goals, besides the fact that I wanted to one day be a psychologist, I didn't know where else I was headed. After diving in to this experience, I can understand the operations of a psychiatric hospital and what the responsibilities were for different members of the staff.

Some of the best skills that I developed during my placement were the growth of my independence and confidence. I was given the responsibility and guidance necessary



to learn, but I was also given the space to grow and do things without my hand being held the whole way. My independence and confidence used to both lack since doing tasks I wasn't familiar with wasn't always something that I felt comfortable doing without someone being there to doublecheck I wasn't doing something wrong. What was different here in this setting was how at home I felt which allowed me to believe in my abilities and take care of my duties on my own.

Overall, this was by far the best experience I have ever had in regard to my education and job outlook. The skills and relationships that I will take away from this placement are ones that I know will build up my confidence and abilities to work in such a demanding field. The only struggle of being in a setting like this is the emotional drain this can take on you that tends to lead to high burnout rates. After seeing the operations in action, I can fully understand why this is. Seeing patients come in and out of the hospital, meeting with them and listening to their life stories and struggles, and trying to give them the best treatment possible for them to live out in the community can eventually take its toll. Being able to see this firsthand would help anyone going into the profession to have a small amount of insight to what their future might hold.

Spring 2016 – Grace Johnson

My placement was at Western State Hospital, a state psychiatric hospital located in Staunton, Virginia, that is operated by the Virginia Department of Behavioral Health and Developmental Services. The hospital's mission is "to provide safe and effective individualized treatment in a recovery focused environment." In first exploring their site, their philosophy really stood out to me, which begins as, "We believe in the dignity, worth, and uniqueness of the individual, and their potential to participate in the development of treatment." In my view, patient empowerment, and the maintenance of their dignity and worth despite their mental illness, is vital to any successful therapeutic environment. Individuals served at WSH primarily include those that suffer from serious mental illnesses, such as schizophrenia and bipolar disorder. These individuals also often have comorbid diagnoses like substance-use and personality disorders. Patients receive treatment from an interdisciplinary treatment team, which includes a psychiatrist, psychologist, social worker, registered nurse, and often times students. The patients are active in helping the treatment team create an individualized treatment plan, as well as participating in psycho-social rehabilitation groups. Patients meet with the treatment team weekly to discuss where they are in their recovery process, make any medication adjustment, and express their concerns, until they are ultimately ready for discharge.

The opportunities afforded to me at Western State Hospital were vast, and I was given much more responsibility than I had anticipated. My placement was in the short-term civil unit on ward 2-Oak. In this type of ward, there are multiple admissions



weekly and patients are in and out in a few months typically, either discharged from the hospital or committed to a long-term ward at Western State. I shadowed Dr. Kenneth Showalter, the treatment team's licensed clinical psychologist, who has been a wonderful mentor, teacher, and supporter. He placed me in very challenging opportunities that I feel have greatly furthered me as a psychology student. Each day at my site would begin with a morning report, which I would attend. Here, the nurse would present report on each patient to the treatment team, which gave us information about how the patients had been doing the previous day or weekend. After report, I would either stay with the treatment team for "staffings" or go to groups. Staffings are intake interviews conducted by the treatment team that are done when there are newly admitted patients. It was my job to take notes and then give a verbal report on the intake to Dr. Showalter. When I wasn't at a staffing, I would attend morning and afternoon groups. Dr. Showalter made sure I got exposure to each group offered to our ward's patients. Some of my favorites included Dialectal Behavior Therapy, Problem Solving, and Community Life Skills. During these groups, I would help the group leaders with any facilitation needs that they had, participate with the patients, and offer any input that I thought might be helpful. Eventually, I got to co-lead Problem Solving. This involved me creating a lesson plan for the group, implementing it, and facilitating the activity and discussion. In addition to groups, I got to meet one-on-one with patients that my supervisor assigned to me. This was one of my favorite parts of my placement. The meetings with patients could take many forms including private conversations in an interview room, or simply spending time together on the ward playing cards or catching up. I was so surprised that I actually felt like I was making an impact on many of the patients I met with, just by listening to their struggles, and offering them support during this difficult time in their lives. However, since these patients are just beginning to receive treatment, almost all of them are severely psychotic, showing strong symptomology, making it one of the most challenging parts of my day. Although it was challenging, it taught me how to adequately communicate with individuals with serious mental illnesses.

One of the best parts of my experience, which was unique to my supervisor, was exposure to forensic psychology. Dr. Showalter has a private forensic practice, and he gave me the option of working with him in this to obtain some of my hours. His practice involves evaluating defendants for competency to stand trial, mental status at the time of the offense, and NGRI acquittee assessments, providing expert opinions regarding these evaluations, and sometimes testifying in court. We would travel to jails, outpatient centers, and other state inpatient hospitals to evaluate the defendants. Once, I even attended court with Dr. Showalter and watched him testify. This was a fascinating experience and I took every opportunity to go on as many evaluations as I could. At first, I would attend the evaluations and take notes that my supervisor would use to help write his reports. Eventually, after practicing, Dr. Showalter actually allowed me to conduct a large portion of the competency evaluations. This was easily the most exciting part of my experience. Additionally, I had the responsibility of writing up many of the official



reports regarding these evaluations that are sent to the judges and lawyers. The skills and experience I gained in conducting interviews and report writing are invaluable, especially at this early stage in my training.

I cannot express enough my positive view of Western State as a hospital, and my appreciation for the experience I had there. I believe Western State is an effective and necessary mental health facility that really works to live by its mission and philosophy. Besides the help and services it provides to its patients, it's a welcoming professional environment, with talented staff and team members that are happy to be doing the work that they do. The treatment team members and other staff deal with a very sick population, and receive the patients that outpatient facilities and private hospitals cannot handle, but they still maintain the focus of getting these patients back to a standard of wellness. When some of these patients are too ill to ever truly achieve discharge or recovery, Western State provides a safe place, comfort, and a purpose to people that suffer with something more difficult than most of our society could ever imagine. It is truly a place I would want to work one day. I'm so grateful for all I have learned at my site, including how to work with professionals in the field, how to interact and help patients with serious mental illnesses, how to speak with a clinical vocabulary, how to facilitate a therapeutic group, how to write a forensic report, and how to conduct a forensic interview. My time at Western State affirmed to me that I want to be a clinical psychologist for people with serious mental illnesses. Getting to see what it would be like to work at a place like Western State is what is going to motivate me throughout graduate school and internship in these next five years of my future. I cannot sum up my field placement experience at Western State Hospital in any way other than recognizing it as not only one of the most impactful experiences of my college career, but of my life so far.

Dr. Law— Short-Term Ward (2 Hickory)

Fall 2021 - Haley Hunt

Throughout this semester, I was placed at Western State Hospital in Staunton, VA with Dr. Mary Kate Law as my supervisor. I was originally placed with her on the 1 Pine, long-term care unit. However, due to staffing shortages, the 1 Pine unit was temporarily closed. This left my supervisor and I doing a little bit of juggling to see patients on different units all over the hospital. I was originally interested in this site due to the wide range of mental illnesses and professions that I could witness and learn more about, as well as the notion that this unit was about 50% forensic. Western State Hospital (WSH) as an institution has a mission of “providing safe and effective individualized treatment in a recovery-focused environment.” WSH provides treatment for severe mental illness through psychiatric medication management, behavioral treatment plans, implementation of psychosocial, forensic, leisure, and psychoeducational groups, and discharge planning



to appropriate settings in the community with resources to continue treatment outside of the hospital. The 1 Pine unit was where I began my journey, and this unit housed a mixture of patients with both civil and forensic commitments. The forensic patients consisted of individuals who were found to be Incompetent to Stand Trial (IST) who were at WSH for restoration services and patients who pleaded Not Guilty by Reason of Insanity (NGRI) and were completing their necessary psychiatric treatment.

During my placement, I was able to witness and work with patients who have been diagnosed with severe mental illnesses that have impacted their life in significant ways. On the 1 Pine unit, I began getting to know the patients slowly. Since it is a long-term unit, it was expected that I would see the same patients from week-to-week. I attended monthly interdisciplinary Treatment Planning Conferences (TPC) that included the patient, the unit's Psychologist, a Psychiatrist, a Social Worker, and a Nursing Coordinator. The interaction between the different professions was one of my favorite parts of my experience, for I was able to hear everyone's point of view on the patient's progress, ideas for treatment, and see the different ways in which each professional interacted with the patient. TPC's were my way of getting to know a lot of information on the patient's recent behavior and how it manifested itself on the unit with their interactions with direct care staff and peers. This helped me know how to approach each patient, and I found this to be very useful. Along with attending monthly TPC's, I was also able to gain more knowledge about Mental Status Examinations. My supervisor taught me a lot about how they are written and what types of behavior to look for. I was then able to practice writing them for various patients.

As mentioned earlier, groups are a large and important part of the patient's treatment at WSH. The main group that I was able to participate in was the Forensic Education Group. This group was designed for patients who are IST and need to gain more knowledge about the court system in order to become competent to stand trial. Towards the beginning of my placement, some of the court information was new to me. I was able to expand my knowledge on the court system, how it operates, and how I can best teach the necessary information to patients. Along with group forensic education, I was also able to meet with IST patients on an individual basis with my supervisor. This allowed us to gauge what the patient's needs were in learning the court information, as well as incorporate their own criminal charges into instruction so that they are better prepared for their court date. Despite the COVID-19 pandemic, WSH had just started conducting the NGRI Community Outing Group again. Patients who are NGRI must make their way through the level system at WSH, and a requirement of the upper levels is to attend supervised community outings. The patients were able to choose where they wanted to go, and we were able to take them in a van provided by the hospital. This was a great experience because this was the first time out in the community in quite a while for some patients. It was great to be a part of such an exciting time for them.

When the 1 Pine unit was shut down, my supervisor and I had a different schedule. My supervisor was able to incorporate Capacity Evaluations into our agenda



and I am appreciative for this opportunity. This allowed me to see the short-term, admissions units of the hospital. Our duty was to determine the patient's capacity to make psychiatric medical decisions. I was able to view first-hand the vast difference between long-term and short-term units in terms of patient symptomology and stability. This unique experience also allowed me to view the functioning of different units and how each unit chooses to operate. I was able to see major differences from unit to unit and identify what I liked and disliked, which helped inform my future approach to team functionality in my profession. A potential deterrent from students wanting to be placed at WSH is obviously the safety aspect of the site. Patients are potentially unstable, and it has a larger patient population than other sites that are offered. This was intimidating for me due to the fear that I wouldn't be able to develop rapport or relationships with the patients and that I would always be a new face to them. However, I quickly realized that these individuals are looking for allies and people who support and care about them. Once I was able to get past the label of the psychiatric diagnosis and learn more about their background and how it may have contributed to the development of the illness, I was able to relate and communicate with them on a more compassionate level.

My contribution project focused on my interest in helping underserved patients at WSH, particularly the Spanish-speaking patients. I created a written booklet that included almost all of the factual information that the patient will need to know to become competent to stand trial. In this booklet, I included pictures to help visual learners and created an audio file of myself reading along to the booklet for audio learners. The written booklet was then translated to Spanish to provide a version for those who speak Spanish. I then had a colleague of mine record himself reading along to the Spanish version. Both audio files are now uploaded to MP3 players at WSH, along with the written booklets, for the patients to utilize and learn from,

My experience at WSH was one that I will remember forever, and it was so enjoyable in part because of my supervisor, Dr. Law. She provided a warm and welcoming environment and provided the space for mentorship, as well as individuality in my tasks. She taught me a remarkable amount about the in-patient psychology field and for that I am forever grateful. My future education and career endeavors have been influenced by this experience as I plan to become a Licensed Clinical Social Worker to provide individual therapy to those who have experienced trauma and have been severely impacted by it.

Spring 2018 – Briana Craig

Western State Hospital is an inpatient psychiatric facility located in Staunton and operated by the Virginia Department of Behavioral Health and Developmental Services. The hospital's mission statement is to "provide safe and effective individualized treatment in a recovery focused environment."



This semester I worked with Dr. Mary-Kate Law on the 2 Hickory Unit, which is an acute care ward. Patients in 2 Hickory receive short term psychiatric care that can last as little as a couple days or as long as a couple months. When a patient is admitted, they are assigned a treatment team to guide them during their hospitalization. The treatment team consists of a nurse, a social worker, a psychiatrist, and a psychologist (my supervisor); all of who work to develop a treatment plan which will guide a patient to their recovery and discharge. In the acute care ward, the team tries to meet with each patient on a weekly basis to go over the treatment plan, so that medications can be adjusted accordingly, and the patient has clear goals to strive for.

As a student, I got to operate as a member of the treatment team for select patients. Sometimes, I would be tasked with writing the mental status examination (MSE) after these meetings. An MSE is an assessment of many aspects of a patient's current state, such as their physical appearance, eye contacts, mood, affect, speech, current delusions, hallucinations, and orientation. MSEs are important additions to a patient's record at Western State, and an excellent experience for anyone hoping to pursue a clinical psychology career.

I also attended grand rounds, something that I did not initially expect would be a part of my field placement. Grand rounds occurred every Wednesday at noon when Western State Hospital brought in a speaker to present on diverse topics. These events are opportunities for the faculty to refresh their knowledge of important subjects, receive educational advancement in unfamiliar areas, or simply hear information on interesting events related to mental health. Some notable talks included a look into the psychopathology of the mind behind the Anthrax letters, the science of pseudo-seizures, influences on ADHD, the psychology of mass shooters, the key components of successful crisis intervention, and the medical ethics related to transgender individuals.

My responsibilities also included acting as a shadow to my supervisor. I would often come with her when she met with patients and talk to her about the patients' statuses and groups. After I got more comfortable, my supervisor began to task me with having my own one-on-one meetings with patients. In these meetings, I taught them relaxation exercises (e.g. progressive muscle relaxation and mindfulness), talked to them about their lives, showed them around the hospital, and educated them on various subjects, such as emotions, relapse, or building healthy relationships.

One of my favorite things that I did involved a group therapy called Seeking Safety. Seeking Safety aims to help individuals who have experienced trauma and additionally struggle with substance abuse. Each session begins with "check-ins," which is simply asking patients to describe how they feel using an emotion wheel and inquiring about their safe and unsafe behaviors during the week. For the majority of my time at Western State Hospital, I led the check-in process. Eventually, I worked my way up to leading several group sessions. The first group I led was about the effects of trauma, and a brief description of PTSD. The second group I led was about self-care, and how it can be incorporated into the physical, emotional, social, and spiritual aspects of our life.



In addition to Seeking Safety, I sat in on other group therapies, such as dialectical behavioral therapy, art therapy, music and culture group, aromatherapy, doctors group, creative expressions, laughter therapy, and an off-grounds group excursion. In these groups, I had the opportunity to see some of the joy and humor that comes out in the therapeutic settings. There were times that the patients would make me laugh, and times where I would leave group with a smile. I enjoyed the group therapy setting so much that my own contribution project involved designing a relaxation-based group therapy that borrowed some of the skills that I had encountered during my time at Western State. One disadvantage of a placement at Western State would be the distance. Staunton is about a 30-minute drive away from JMU, but the drive is relatively simple. I never minded the drive, but it does add to the gas bill. Another “disadvantage” to Western State Hospital is that some aspects of the internship can be emotionally difficult. I was careful to take care of myself throughout the process, and I learned that I had great capability for emotional strength; however, there were a couple of times when I could feel the emotional weight of the hospital.

This placement influenced me in many ways, some of which I expected, and others I did not. I learned a lot about different disorders, more than the DSM-5 diagnostic criteria could ever tell me. There is a lot of variety and ambiguity in the various mental disorders, and I was exposed to the perspective that mental health does not fit into categories neatly, try as we might. Although I had a lot of exposure to people with bipolar 1 disorder (usually during a manic episode), I also had the opportunity to meet people with posttraumatic stress disorder, borderline personality disorder, various substance use disorders, schizophrenia, antisocial personality disorder, autism spectrum disorder, and intellectual disability. Meeting these individuals helped me to really understand the disorders, and what someone experiences as a result. I did not expect that this journey would help me gain a new perspective and appreciation for my own life’s circumstances. I feel incredibly fortunate that I have a roof over my head, a supportive family, and the ability to attend college. I’ve always been grateful for these things but working at Western State Hospital reminded me just how much of a privilege these things are. When I began this experience, I wanted to be a researcher. Although my field placement did not change that goal, it ignited a stronger passion to help this particular population of people. Getting to know the patients at Western State Hospital was such an incredible and unique experience, and after meeting everyone, I want to do as much as I can to help ease the burden that mental health can create. I will always cherish my time at Western State hospital, the people I got to meet, and the incredible perspective it brought me.

Spring 2017 – Meg Gravely



The mission of Western State Hospital is “to provide safe and effective individualized treatment in a recovery focused environment”. WSH is a public, in-patient psychiatric hospital for adults in the state of Virginia. There are approximately 260 beds, spread over 9 Units, at WSH and the hospital receives a little under 5,000 admissions per year on average. The Units are divided by type of care administered, with long-term care, acute care, and forensic wards available to patients based upon their needs. A wide variety of diagnoses and circumstances are treated/addressed at WSH and each patient seems to bring an entirely unique presentation to the hospital.

This semester I worked on 2 Hickory Unit, an acute care ward, with Mary Kate Law, Ph.D. The purpose of an acute care ward in a psychiatric hospital is to provide short-term, crisis-centered care to individuals experiencing severe episodes or psychiatric emergencies. Often times, individuals are admitted to the hospital experiencing their first episode of mental illness, and many others seem to be “regulars”, cycling in and out of psychiatric hospitals for many years. On 2 Hickory Unit, there are approximately 30 beds, which mostly stay filled, and although length of stay varies widely (from less than 48 hours to many months), the average stay is one month.

Throughout my semester spent at WSH, I had the opportunity to experience far more than I ever anticipated in an intern position. I was able to observe and actively participate in many levels of care, from morning nursing reports to Treatment Planning Committee meetings (during which I had the chance to interact with several different clinical psychologists, psychiatrists, social workers, psychopharmacologists, nurses, and of course, with patients). In addition, I had the opportunity to participate in, co-facilitate, and even facilitate group therapies, which varied in nature from recreational to psychoeducational, and also observe individualized one-on-one therapy with my supervisor and patients, and even work with several patients independently. Another major skill I was able to develop throughout my field placement semester was that of clinical writing. I consistently had opportunities to write summaries of weekly Treatment Planning Committee meetings and mental status examinations of new admissions for hospital records. Through this opportunity, I learned a great deal about clinical language and writing that I could not have otherwise hoped to develop in a classroom setting.

In addition, I also had several opportunities throughout the semester to experience extremely valuable aspects of clinical psychology and psychiatric in-patient care that were outside of my ordinary experiences at WSH. For example, this semester, I had the opportunity to travel with my supervisor, Dr. Law, to Central State Hospital in Petersburg to conduct a forensic evaluation. CSH is a maximum-security forensic facility (which is a vastly different environment than Western State, and especially 2 Hickory), and interview an NGRI patient in order to evaluate competency and safety. I was able to observe and assist in the interview and then to read my supervisor’s evaluation for the state once it was completed, giving me a glimpse into the world of forensic psychology to add onto my view of acute care. I also had the chance to participate in an off-grounds group therapy with many patients from my unit, going to a nearby regional park with a number



of high-privilege level patients. Each of these experiences served to expand my view of the field of clinical psychology and the potential roles of a professional in a similar setting to WSH, and only enhanced my overall learning experience this semester.

I certainly understand the stigma that surrounds the population with which I worked at Western State, but I cannot stress enough how consistently patients disproved this stereotype to me—I worked with a number of very ill and very difficult patients, and although many circumstances certainly placed me outside of my comfort zone, I never felt remotely unsafe or seriously uncomfortable at WSH. In addition, Although Western State Hospital is about a 30-minute drive from JMU campus, I did not have any problems with making this commute for my field placement. In terms of other potential “disadvantages” when considering a placement at Western State, I believe it is also important to consider the basic implications of working on an acute care unit—many patients are not committed to the hospital long enough to build rapport with or even to receive adequate care, many are extremely challenging and symptomatic (often times it’s the “sickest of the sick” that end up in acute care of a psychiatric hospital), and many seem to remain acute for long periods of time—never getting better for long enough periods of time to hope for discharge, or even transfer. These are difficult circumstances to work in, but any individual with an interest in clinical psychology and in-patient care will learn a great deal from experiencing these challenges, and although they can be exhausting, they will surely result in immense growth for a field placement student.

Prior to my field placement experience, I had the chance to intern in a private psychiatric hospital for children in New Kent, VA. Through this experience, I had determined that my passion lay in the in-patient, high-risk population that I was able to work with both that summer and this past semester at WSH. When I was lucky enough to be offered a field placement at Western State Hospital, I chose this site in order to gain experience in the in-patient setting with an entirely new population (adults). My desire to continue my education and work in this type of setting increased ten-fold during my field placement at Western State, and I felt that throughout my experience I gained a tremendous amount of knowledge and skills—an increase in my understanding of hospital operations, a far deeper understanding of psychiatric diagnoses, the ability to build rapport and increase comfort in interactions with individuals with serious mental illnesses (SMI), group therapy leadership, and most importantly, an entirely new sense of flexibility, patience and acceptance.

I could not have possibly chosen, or even imagined, a better supervisor than Dr. Mary Kate Law. She consistently demonstrated unwavering faith in me, challenged me to learn and experience more each day, and made me feel comfortable, safe and valuable throughout the semester. Western State Hospital truly embodies the spirit of a teaching hospital—not only did I learn a great deal all semester from Dr. Law, but also from each and every member of staff I had the privilege of encountering, and from others students as well (both in my field placement program and from other schools and programs). Every member of the interdisciplinary team on 2 Hickory welcomed me warmly, always



happy to go out of their way to teach me something new, engage me in an experience, give me advice on my future in the field, or just to ask me about my experience at WSH, and because of these people I had the privilege of working with and the experiences they offered me, I had the greatest learning experience of my undergraduate career at Western State Hospital this past semester.

Spring 2016 - Lauren Alexa Gambrill

I was lucky enough to get one of my top choices and had my Psychology Field Placement experience at Western State Hospital (WSH). To understand what you have to look forward to at this placement it is important to understand their mission statement: “Mission: To provide safe and effective individualized treatment in a recovery focused environment” (taken from their website: <http://www.wsh.dbhds.virginia.gov/>).

The population treated in this Mental Health Hospital is primarily made up of individuals dealing with symptoms or disorders classified under the umbrella term serious mental illness (SMI) and those with complex or co-occurring substance abuse disorders. Their commitment to quality care extends, as a State funded institution, to the citizens of the commonwealth of Virginia. They utilize interdisciplinary treatment teams to address patient needs and work to create an “integrated and collaborative service system(s) which involves linkage with consumers, families and community health care providers” (taken from their website).

My placement in particular was primarily within what is called a “short-term ward”, that unit being 2 Hickory Hall, under the truly superb supervision of Dr. Mary-Kate Law. The difference in these types of units (as opposed to “long-term”, or “forensic”) is that they are typically the first to see the patients after admissions is done, and can have a few more surprises as they attempt to treat and stabilize patients to make more informed decisions about what should happen next. The length of stay is varied for each patient on this ward and can range from a couple weeks to a few months, depending on a range of details needed for discharge or relocation.

When I started out was nice to learn ward rules, and observe protocols at work and daily functioning on the unit. My supervisor scaffolded safe interactions with patients on the Ward, to learn from them about their own experiences. She had me involved in planning and implementing approved interventions and discussion for planning and educating patients about treatment plans and about their specific diagnoses and presentation of symptomology.



Along with various worksheets and safety plans I was able to attend groups covering an array of topics and skills. Eventually I was able to design, lead, and co-lead groups for Music and Coping, Recovery Wisdom, and Outing Groups to name a few. I was also able to refine and put into practice a great deal of the terminology learned in classes by assisting in paperwork for patient staffing's and mental health status notes.

My time at WSH has been one of the most beneficial and influential opportunities I have ever experienced and helped me grow both personally and professionally. It is impossible to write the warm welcome I received that carried on, and the awe at the proficiency of the staff that formed into the staunch admiration I hold for the entire WSH family. Though they are all people with busy lives outside the hospital walls it was clear that they believe in the dignity, worth, and uniqueness of each individual patient who comes through their doors. Using protocols in place to maximize their patients' potential to participate in the development of treatment and emphasize achieving the individuals highest, safest, and most sustainable level of functioning.

I cannot truly pinpoint any 'negative' limitations or disadvantages from my time at WSH, but I do caution students that are considering this placement that having your own transportation and funds for gas is preferable and certainly something to consider before accepting the position.

For my own personal vocational path I was able to reassert where my interests are directed. In my time at JMU I was able to complete both a BS in Psychology and a Bachelor's in Social Work (BSW), and was able to be in placements for both degree tracks. My time at WSH was invaluable as it truly solidified the fact that I am more personally inclined and academically interested in pursuing more education in clinical psychology.

Last word of advice from someone who spent several wonderful months learning and helping at WSH, you may hear rumors of unpleasant stories about what has gone on in the past, don't let these deter you if you want experience with fantastic in-patient clinical settings. If you get the interview go and gage how comfortable you are. It may not be the place for everyone, but no one I've come across has been anything less than ecstatic with all they got to experience and a touch melancholy to see it end.



**JAMES MADISON
UNIVERSITY.**

Dr. McLain – Admissions (2 Hickory)

Spring 2016 – Natalie Hicks

Western State Hospital is a state-funded psychiatric hospital located in Staunton, Virginia; it serves individuals ages 18-65 who have severe and debilitating mental illness, such as schizophrenia, bipolar disorder, depression, and personality disorders. The mission statement of Western State is “To provide safe and effective individualized treatment in a recovery focused environment”. Western State provides this treatment in a variety of ways, including psychotropic medication, group therapy, and recreational therapy. There are three types of unit on the hospital: forensic, long-term, and admissions. Each unit has a treatment team composed of 1-2 psychologists, 1-2 psychiatrists, 1-2 social workers, one head nurse/nursing coordinator, and several registered nurses (RN), licensed practitioner nurses, and professional nursing assistants (PNA). I did my Field Placement on one of the admissions units, 2 Hickory, under the supervision of clinical psychologist Dr. Carol McLain.

Working with and learning from Dr. McLain has easily been one of the greatest experiences I’ve had during my time at JMU. The first task I would have each morning was to go to morning staff meetings- these were a nice way to see how the staff interact with each other, and taught me that you can have a sense of humor and joke with your colleagues while being professional. These meetings would then often transition into treatment planning conferences (TPC meetings) in which patients meet individually with their treatment team (psychiatrist, psychologist, social worker, and sometimes a nurse or the OT would also sit in). In these meetings, the patient discusses how treatment is going for him/her, changes made be made to medications or groups, and any other comments, questions, or concerns are brought up. I also got to sit in on staffing meetings for new patients in which the treatment team meets with a newly admitted patient to go over his or her medical and mental health history, job, education, and family history, and what brought him or her to Western State at the time. Initial medications and groups are also prescribed/assigned, and a treatment plan involving goals is designed by the team with input from the patient. In each of these types of meeting (but especially staffings), I learned how to take concise notes and fill out mental status checklists, which I then used to help Dr. McLain write her official notes following the meeting.

As Dr. McLain’s student, I was able to attend the groups she leads. On Wednesdays, Dr. McLain co-leads Dialectical Behavior Therapy (DBT) with Dr. Curry-El, another psychologist. I had the opportunity to observe and participate in this group as a student, but I never co-led or led a lesson. On Fridays, Dr. McLain and Dr. Law lead Music, Mood, and Coping and Recovery Wisdom. I did have the chance to co-lead Music, Mood, and Coping with Dr. McLain and with Lauren-Alexa, a fellow



JMU psychology student, and I led alone on coping with anxiety through music towards the end of the semester. I also co-led Recovery Wisdom with Lauren Alexa, and individually gave a class on stigma as part of my contribution project.

Another opportunity/responsibility I had was to meet patients either with Dr. McLain or by myself, though more often than not, I went with Dr. McLain, as safety was often an issue on the unit. Dr. McLain likes to meet with her patients outside of TPC meetings to check in with them in a more personal and private way because she wants to give the patients a chance to speak up more about treatment- it can sometimes be nerve-racking for patients to talk freely in TPC meetings with so many people. Doing this also helps Dr. McLain to develop rapport, and gave me the chance to meet patients I may not have otherwise. Going to groups and meetings and seeing patients made up most of time at Western State; however, I did get to do a few other things here and there. Dr. McLain arranged for me to visit other groups, such as an art group, Seeking Safety, and Discovery group. The art and Discovery groups are more recreational, unlike the groups Dr. McLain leads, so it was fun to see groups that were geared more towards letting the patients do things that interest them. I also got to do one-on-one behavioral observation for a patient who has difficulty following rules and staying on-task. I was given a list of appropriate/target behaviors, as well as inappropriate behaviors, for the patient, and went to groups with her to monitor and take note of her actions.

In my opinion, Western State is a great Field Placement site for anyone interested in clinical or forensic psychology. Most of the experiences I had were hands-on, meeting with patients and working with the multidisciplinary treatment team. This was a great learning opportunity to have, as most healthcare and forensic settings involve a lot of team work and keeping in contact with people in other professions; I thought it was good to see this firsthand and notice how the different disciplines interact. All of the staff that I worked with are very friendly and knowledgeable, and have a lot to teach any student interested in the field. Dr. McLain in particular has a lot of knowledge to offer- she has been at Western State since she did her doctoral residency there in 1989. She was always able to answer my questions, and often went above and beyond to find an answer for me if she couldn't immediately come up with one herself (for instance, she contacted colleagues a few times to get answers to some of my questions). We also had an excellent mentor-mentee/teacher-student kind of relationship- Dr. McLain is very nurturing, offers feedback in a constructive way, and teaches by example. She allowed me to get comfortable at Western State before increasingly getting me out of my comfort zone; this helped me to develop more self-confidence.

The one overarching "disadvantage" to doing a Field Placement at Western State is that it is about half an hour from JMU; however, the drive is very straightforward, and I never hit heavy traffic coming or going. Another possible downside is that a student may



have to arrive to Western State “early” (by student standards); I usually got there around 8:30 in the morning, but this wasn’t much of a problem for me. On the admissions unit in particular, the only disadvantage I noticed was the difficulty (and sometimes impossibility) of developing rapport with patients. Given the nature of an admissions unit, patients are often not there for very long- about a month and a half at most. Only two patients out of about 28 were at Western State the entire time I was there, from early January to late April. Occasionally, some of our patients were transferred to long-term units in the hospital and I would still see them around, but most were discharged to go home or to a halfway home or assisted living facility. I interacted with the patients on the unit as much as possible, but I would have liked to have had more professional relationships with the patients.

I really enjoyed my Field Placement at Western State because I hope to someday work as a clinical psychologist. This opportunity gave me excellent clinical experience and greater knowledge of abnormal/counseling/clinical psychology and confidence in applying that knowledge. I also gained skills that will be applicable and a great benefit when I go to a doctoral program this Fall; for example, I further developed my communication skills, both in writing and in public speaking, and I learned how to take clinical notes, from meetings with patients to updates in treatment plans, and so on. I am not sure what type of setting I would like to work in after I receive my doctorate, but after the experience I had at Western State, I am considering working in an inpatient setting (though I have a few years before I have to make that decision). Doing my Field Placement at Western State was literally a dream come true for me; I had wanted to have this experience since I was a sophomore just getting into the psychology major. I am so glad and grateful to have gotten to do this, and my choice to study clinical psychology was further inspired and solidified during my time at Western State; now I am even more excited to learn more and gain additional experience from graduate school and its practicums/internship.

Dr. Bass - Long-Term Ward (1 Hickory)

Fall 2017 – Amanda Thompson

Western State is a state-funded psychiatric hospital, serving multiple types of patient needs in terms of mental health treatment. The overall hospital mission statement is “to provide safe and effective individualized treatment in a recovery focused environment.” There are three main types of treatment units within the hospital, including admissions, forensic, and long-term or extended care units. The hospital serves admissions needs, where patients stay shorter term, and need stabilization on medications, long-term care needs, where patients need to stay longer than a month’s



period and are more difficult to place in the community, and forensic care needs, where patients are in the hospital for reason of Not Guilty By Reason of Insanity (NGRI). The admissions units in the hospital tend to be faster paced, and experience a quicker turn around of admitting and discharging a patient, whereas the long-term care units spend more time working on developing relationships with patients in order to help the patient achieve their goals for treatment and placement in the community upon discharge readiness. While there are some units that are solely consisting of forensic patients, there are long-term care units who have NGRI patients. I know I had a misconception about this prior to getting involved in my field placement at WSH, until I began learning about the patients and inner workings on my unit.

In this Fall Semester 2017, I spent the majority of my time on a long-term care unit downstairs, 1-Hickory, under the supervision of Dr. Lee Ann Bass, a licensed clinical psychologist. On a long-term care unit, there are 28 beds, and one treatment team, including a psychiatrist, psychologist, social worker, and sometimes nurses or other aides. I did attend staffing meetings that included the treatment team, which is when we would interview a patient new to our unit coming downstairs from an upstairs admissions unit. This was a more infrequent experience that would ebb and flow with frequency of taking on new patients during the course of the semester. Based on staffing meetings I attended, there were three new patients on separate occasions that I wrote background, brief hospital course, and patient strength reports for, based on getting the opportunity to write from Dr. Bass. I enjoyed practicing writing these types of reports on new patients, and got more comfortable over time gathering the information I needed to include in these three categories of a report for my supervisor to review and put into hospital records. While these staffing meetings and writing opportunities were important parts to my experience, they were more irregular in terms of routine. More regular parts of my experiences and daily schedule included attending group therapy sessions.

I spent the first few weeks in the hospital attending a number of group therapy class sessions, including Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), and Developing Healthy Partnerships. After attending groups for the first few weeks of the semester and getting a better idea of how a group often runs, I got the opportunity from Dr. Bass to begin planning and facilitating group sessions. I began by planning an idea for a topic and activity, and would then run it by my supervisor or respective facilitator of the group on a regular basis, before implementing my plan into the session. I facilitated CBT and DBT a couple of times each, but spent the most time planning for and facilitating Developing Healthy Partnerships. I really enjoyed this group in particular because there was more of a wide range of the types of topics we could cover within contexts of friendships, family, dating, and marriage. I led this group about 5 to 6 times over the course of the semester, including topics such as empathy, domestic partner violence, disclosure when dating, and the implementation of my contribution



project regarding interview skills and preparation in new social contexts. Covering a variety of topics within developing healthy partnerships group was probably one of my most favorite and satisfying experiences in my semester spent at Western State. Sometimes participants will share significant moments in their lives pertaining to the topic, and other times they can show a fun sense of humor to keep the group lively. I have a strong interest in seeking out more training in counseling and therapy with my career goals, so this opportunity was reinforcing in confirming what I would like to do in the future.

While group therapy opportunities were confirmation of seeking out a career in the mental health field, specifically in the context of counseling, there were features to the working environment in this hospital that, while valuable learning experiences, gave me more pause about choosing future workplaces. One of the realities of working in a psychiatric hospital is that there will be patients who struggle with behavioral difficulties, and may need to spend time working with security and staff deescalating their behavior, whether that be resolved on its own, or needing to put someone in seclusion or restraints until they are better able to settle and relax. I think that future students should be aware that this is something they may encounter in their placement since it can sometimes be surprising or a little unsettling when they may not previously be used to this kind of dynamic from their prior experiences. Even though I was more taken by surprise with some of these incidents initially, this dynamic would not have changed my decision to do my placement at WSH, and one largely rewarding aspect of the job includes many ways in which I found the staff and patients to be enjoyable, warm, and caring.

Fall 2016 - Erin Massie

Western State is a psychiatric hospital located in Staunton, Virginia. It is one of several state funded psychiatric hospitals located in Virginia. The hospital provides in-patient treatment for individuals with severe mental illness with the goal of eventually discharging the patients. There are many different kind of units at Western State including: forensic units which deal with people who need restoration to competency and those found NGRI (not guilty by reason of insanity), short term care and long term care. The mission statement at Western State is “to provide safe and effective individualized treatment in a recovery focused environment”. Every unit at Western State has a treatment team comprised of a psychiatrist, clinical psychologist and social worker. Nurses and nurse practitioners are also sometimes present for the meetings. The treatment team meets with each patient weekly or monthly depending on the type of unit they are in to create a treatment plan and to keep track of the patient’s progress. I was placed in 1-Hickory, a long-term care unit. This means that the patients generally spend more than a couple of weeks in the psychiatric facility and need long-term care.



When I first started at Western State I was not sure how much I was actually going to be allowed to do. I was really surprised at the scope of the activities I was allowed to observe/participate in. My mornings usually started with attending morning meeting with the patients and the mental health workers. Here, they gave out announcements and money to those who had gone to their groups the day before. After morning meeting, the patients go to their group therapies and I would sit in on treatment planning conferences with the treatment team. This is when the treatment team meets individually with patients in the unit. I really enjoyed these because it gave me insight into the patient's thoughts, their progress and the treatment team's thoughts. Sometimes, if there was a new patient I would sit in on the staffing. Usually, these patients came from the short-term care units, but the treatment team still has to do a full interview. I also really enjoyed this because I got to see what kinds of questions the treatment team asked, how the patient acted and why they were there and I also got to see them return back to their baseline because they were in the unit for a while. I would then go to groups. I went weekly to Dr. Bass's Developing Healthy Partnerships group and eventually helped facilitate and co-lead this group. I also was able to go to other groups including dialectical behavior therapy, a men's issues group, and a leisure group. I really enjoyed going to all different types of groups. I was also able to sit in on different units' treatment planning conferences so I was exposed to the short-term units, including the forensic units, as well as other long-term care units to see how they differed from the one I was in. I also was given the task of monitoring some of the patient's internet usage to use in recommitment hearings as well as given the opportunity to write some of the background sections for new patients which really helped me with my writing abilities.

I wanted to do my field placement at Western State because I have always loved the field of mental health but I wasn't sure if I wanted to pursue it as a career. The best thing that this field placement has given me is confirmation that I want to become a mental health provider. I thought that I wanted to go into the field of clinical psychology mainly to do research and teach at the university level. I was dreading leading groups because I thought that I was going to hate it. I led my first group and it turns out that I absolutely enjoy and get satisfaction out of leading group therapies. The more groups I attended and led the more it confirmed that therapy is definitely something I want to pursue as a career. This experience has helped me decide to pursue becoming a licensed clinical social worker.

I really enjoyed a lot of aspects of Western State such as attending groups, treatment planning meetings and staffing new patients. I also really enjoyed being in the environment of a psychiatric hospital. I think a lot of people view psychiatric hospitals as dark, scary places but Western State is the opposite of that. The staff cares so much about every patient and will go out of their way to make sure they get the best treatment possible. They also care about the patients when they leave the hospital, making sure that



they have adequate support with housing and money. It has really provided me with insight into the inpatient settings of hospitals. Dr. Bass really helped develop my knowledge about mental illness and the different careers that are available in the mental health field. The only downside I can think of to Western State is the drive. Staunton is 30 minutes away and the field placement generally involves getting there early. The actual drive is pretty straightforward and I've never encountered traffic while going there or coming back. Overall, I think Western State is the best field placement option for anyone who is thinking about pursuing a career in the mental health field. It provides so much insight into mental illness, the people that suffer from it and the jobs that are available in this field. I am so glad that I was able to have this opportunity because it has really shaped the direction of my career.

Spring 2016 - Megan Paul

Western State Hospital is a state psychiatric hospital with a mission to provide safe and effective individualized treatment to all patients admitted. Within the hospital, patients are treated with medication, individual therapy, and group therapy where they learn new coping skills to help them manage their illness and any challenges they might face once they are eventually discharged. During my time at Western State, I worked on the long-term unit, 1 Hickory, with Dr. Bass. The majority of patients on this unit have been in and out of Western State or similar hospitals for many years. Because their illnesses are usually more difficult to treat or to control on their own, they require the services of a long-term unit. In addition, a decent number of patients on the unit are NGRI, meaning that they committed a crime but are not guilty by reason of insanity.

Over the course of the semester, I was able to have many experiences that I probably never would have had without this field placement opportunity. The most important one to me was getting to know people with severe mental illnesses. Getting to know the patients helped me understand their illness more than any abnormal psychology textbook could ever do. Another very important experience to me was being able to facilitate and eventually lead group therapy sessions. While intimidating at first, I quickly grew to love being in the position of a group facilitator. Some of these groups included Developing Healthy partnerships, Cognitive behavioral therapy, and Dialectical behavior therapy. As part of my contribution project, I was able to research new therapeutic techniques to use in groups, especially Cognitive behavioral therapy. I was also able to attend groups with other doctors as well, like Seeking Safety, Substance Abuse, and Positive Psychology. Other experiences included attending treatment plan meetings for individual patients in various units. This meant working with a psychiatrist, psychologist, social worker, and nurse to develop a plan to help treat an individual patient. During these meetings, patients could talk about any problems on their unit, their medication, the groups they are attending, and any future plans for discharge. Other experiences I had at the hospital were attending group outings with the patients, visiting Central State



Hospital to assess a patient, and studying the files of patients on the unit to better understand their history and onset of illness.

Before my initial interview at Western State, I was very nervous. Due to movies and literature describing psychiatric hospitals as scary, dark places, I wasn't sure this would be the right fit for me. I could not have been more wrong. Many people have a negative view of psychiatric patients, however, I was able to see the side of them that not many others can see from outside the hospital. I was able to understand that for most, their illnesses did not define them. Being able to spend time with the same patients on the unit and getting to know them throughout the semester was a big advantage to working on a long-term unit. The only disadvantage I can think of is the half hour drive there on early mornings. But even then I was excited to get to the hospital and see the patients. Although I followed a similar schedule most days, each day was different than the last depending on how the patients were doing each day.

I think the most important thing I learned during my time at Western State was how to build rapport with patients and how to interact with them individually as well as in a group setting. My supervisor, Dr. Bass, could not have been more helpful in my development of these skills. As a psychologist, she treats all her patients with the upmost respect and compassion. In addition, she uses appropriate humor with the patients in order to build rapport. With her help, I was able to realize what it is I wanted to do with my degree in psychology. I initially chose Western State as a top choice because of the opportunities I would have observing and engaging in counseling with the patients. After helping Dr. Bass facilitate groups and eventually lead my own, I was able to realize that counseling was the career path that I wanted to follow. Specifically, I decided I wanted to go to graduate school for social work to become a licensed clinical social worker. Once I made this decision, Dr. Bass encouraged me and helped me get in touch with social workers at the hospital to talk with them about the process. Taking this field placement class and interning at Western State Hospital was definitely one of the best decisions I made while attending JMU for both academic and personal reasons. I cannot recommend field placement enough to any psychology major who is considering it, especially a placement at Western State Hospital.

Dr. Lacey – Extended Care Unit

Spring 2022 – Alice Klein

My field placement was at Western State Hospital (WSH), a state psychiatric hospital in Staunton, Virginia. This sites mission is to “provide safe and effective individualized treatment in a recovery focused environment”. Each unit in the hospital consists of a treatment team that includes a psychiatrist, psychologist, and a social worker. I was on 1 Elm, a long-term care unit for whom the patient population is entirely



male. Many patients at WSH are forensic patients, either there to be restored to competency to stand trial and they have been found Not Guilty by Reason of Insanity (NGRI). There are also patients who are not forensic and have been civilly committed to receive treatment.

The hospital creates a recovery focused environment for patients through a variety of ways including medications, group therapy, individual therapy, occupational therapy, peer support, and recreational activities. Throughout my time at WSH, I attended many different group therapy sessions such as, social and emotional connections, leisure skills, spirituality, art and culture, cognitive behavioral therapy, and forensic issues. For the second half of the semester, I co-led the forensic issues group with my supervisor, Dr. Lacey-Eusse. My first couple sessions I was nervous, but I quickly grew to enjoy leading the group and finding my own confidence as a group leader. I also attended treatment planning conferences in which the treatment team would sit at a conference table and have patients come in individually to speak to them about their progress and any concerns the patient may have. Part of my responsibilities included facilitating individual restoration sessions with two patients that were CST (competency to stand trial) patients. I would meet with each patient once a week for a 20–30-minute session and discuss the details of their cases to discuss the factual and rational details surrounding court. I would teach them about the courtroom personnel, plea options, and possible outcomes for their charges. After each session, I would write a note on any progress or lack of progress that I noted, as well as their appearance and demeanor for Dr. Lacey to enter into their record. Each month, I would also write a monthly progress report for each patient I was working with, discussing their mental status, restoration progress, and any barriers that may exist for the patient in their progression. I also had the opportunity to attend monthly in-service lectures given by psychologists in the hospital. Dr. Lacey-Eusse arranged several opportunities for me to shadow on other units including the admissions unit where patients are more acutely ill as well as treatment planning conferences and group therapy on different units. I also had the opportunity to sit in on an individual session with an occupational therapist and patient who were working on a crises management plan. I had one opportunity to observe a competency evaluation as well and see firsthand how psychologists decides whether a patient is competent or not. I also spent time with patients in the commons. This is an area where patients can play pool, ping pong, go to the common's library, or spend time on the computer. The doctors and patients I met through these experiences were all friendly and supportive, fostering an excellent learning environment.

Overall, Western State is a great environment to be a student in. Every time I shadowed on a new unit or met a new psychologist, they were always willing to spend time talking with me and answering my questions. One thing that I struggled a bit with at the start was feeling safe around patients. Many of them are there for criminal charges, may have difficulty with impulse control, or be hypersexual and create situations that may be uncomfortable to be in as a female student on an all-male unit. It took me a few



weeks to feel confident walking around on the unit and setting clear boundaries, but most patients were respectful and non-threatening. I also made sure to never be alone with patients or out of eyesight of the nurses or staff. Once I got to know the patients better, I felt safe and more confident sparking conversations and spending time on the unit. Working with this population of patients can come with a mental toll occasionally, especially at the very beginning when you are adjusting to the new environment. Most if not all the patients have traumatic histories, and their stories can be hard to process if you do not take the time to reflect and debrief with your supervisor.

My field placement experience was an opportunity to integrate what I had learned from textbooks and lectures to firsthand experience. I gained a deeper understanding of inpatient life, the mental health care system, the function of a treatment team, how to develop rapport with patients, and how to recognize and label symptoms and disorders. Before beginning this placement, I had already wanted to pursue a PhD in clinical psychology and this experience only affirmed my decision. Not only did I receive several opportunities to apply what I have learned, but I also spent many hours in discussion with my supervisor on several topics in psychology. Dr. Lacey-Eusse graciously offered me ample time each week to bring her any questions I had from my experiences in the hospital, books she allowed me to borrow, or questions about specific patients.

The idea for my contribution project was a result of discussing with my supervisor what the hospital needs. For my project, I created five infographics on the most common diagnoses at the hospital, schizophrenia, schizoaffective disorder, bipolar disorder, borderline personality disorder, and antisocial personality disorder. I included a definition of the illness, symptoms, treatment methods, treatment options at WSH, tips for staying well in the community, and a list of things to do when they find themselves upset. For each illness, I individualized what group therapy might be the best for their treatment. I also worded the entire infographic at a fourth grade reading level to ensure that every patient would be able to access it. As I continued with my time at WSH and observed my family and friends' reactions to learning I was working in a psychiatric hospital, I became interested in the stigma of mental illness. Many of the people I spoke with had large misconceptions of what serious mental illnesses looked like. I also observed many of the patients struggling with understanding their diagnoses and the importance of receiving treatment. I decided to research the effects of psychoeducation of reducing stigma of serious mental illness. This gave me the opportunity to not only create these psychoeducational infographics but to also understand the possible impacts my materials could have on the patient population.

I will value my time at Western State Hospital for the rest of my career. I chose to push myself far out of my comfort zone and face the inevitable anxiety that came with it. As a result, I have grown exponentially as a young professional in clinical psychology, and as a person. I now feel confident working with psychiatric patients, communicating with a supervisor, and managing myself in a professional environment. I was able to take full advantage of my experience at WSH.



Fall 2018 – Joanne Flavell

I chose to complete my field placement at Western State Hospital in a long-term care unit under Dr. Anna Lacey-Eusse. I got to work with other staff members on the unit under forensics, social work, and some substance abuse specialists as well. The mission statement for Western State Hospital is “to provide safe and effective individualized treatment in a recovery focused treatment environment.” This hospital is funded by the state and is located in Staunton, Virginia. This hospital oversees a very large catchment area in the state of Virginia. The individuals who are admitted to the hospital are either there for civil or forensic reasons. Each individual has their own specific difficulties with mental illnesses and they receive treatment that is geared toward their specific needs. Treatment teams spend a lot of time working on their goal to help the patient be well enough to be able to leave the hospital and enter the community. Western State Hospital has two floors. The upper level units are called admissions units, where patients who are first admitted to the hospital go. Once patients are not manic or psychotic, or are determined to need long-term care, they are transferred to long-term care units that are on the lower level of the hospital. There are 5 units on each level, which are all named after different types of trees: Dogwood, Hickory, Oak, Pine and Elm. I spend most of my time with the treatment team and patients on 1 Elm, but interacted with other units’ patients and treatment teams. Patients attend groups, which are like classes, which are rendered toward their treatment and diagnoses. These were on Mondays and Wednesdays, as well as a few on Fridays.

During my time at Western State, I was there on Mondays and Thursdays. On Mondays, I would attend my supervisor’s groups. She led 3 groups with some help from other doctors. One group Dr. Lacey-Eusse led was Forensic Issues. With the help of one of our mental health workers on the unit, Chance, they discussed legal terms and court proceedings with the group. I spent a lot of time working making worksheets and handouts for this group. I would find scenarios that were similar to some of the patients’ and walk through the scenario with the help of the group. Another group that my supervisor led was ACT. With the help of another doctor, Dr. Gallagher, this group focused a lot on values and what is important to each patient. We started that group with a 10-15 minute mindfulness activity to help patients be more aware and conscious to be able to assess their true values and morals for the lesson. The last group Dr. Lacey-Eusse led was Seeking Safety. Seeking Safety was a group focused on safe coping skills. This group consisted of patients with substance abuse problems, as well as patients who have been through some type of trauma or suffer from PTSD. This group focused on the positives of life and learning how to deal with stressful situations. It emphasized safe coping and most of our lessons were based upon that. Each patient would end the group with some sort of “commitment” to be safe and positive until the next meeting. I was able to lead this group myself twice. My supervisor gave me the lesson plan and I adjusted it



and made handouts to fit my style of “teaching” accordingly. Although it was intimidating at first, leading group was actually really fun. Dr. Lacey-Eusse gave me a lot of free range and flexibility for how I wanted to go about things. Even when I did not make the handout or lesson plan, she would ask my suggestions on what I thought could be better or more exciting or improve the group in any way. This made me feel like I was more included in the groups even when I was not teaching or leading myself.

Also on Mondays, I would help staff with Art Hour. Although it usually lasted over an hour, we would spend the time either coloring, drawing, playing board or card games, etc. It was just a nice hour+ to spend on the unit with the patients that all the patients were allowed to come to. Seeing them in a classroom setting versus on the unit playing games was exciting. Some weeks we had special events set up, like Bingo or Rummy tournaments and almost all the patients on the unit would attend. This was where I got to know the patients the best and where they started opening up to me the most. I could tell they felt a little uncomfortable around me during group, but it was a completely different experience playing games with them.

On Thursdays, the first thing we did was our treatment team meetings, or rounds. The treatment team would meet and spend a little over 2 hours going over each patient on the unit and their treatment/updates for the week. Although this did not require a lot of work from myself, I liked watching these meetings because I got to see how the treatment team works together first hand. Some patients we would talk about for 5 minutes, and others would be 30. Watching Dr. Jana, the head psychologist, interact with my supervisor, two social workers, nurse coordinator and two other mental health workers was noteworthy.

When we would get new patients on the unit, we would have intake interviews shortly after our team meetings on Thursdays. These were nice to observe because I got to see what a real intake interview was like. I got to see Dr. Jana in a doctor-patient setting. I was able to hear the types of questions they would ask patients and how they responded to the way the patients were responding. The intake interviews consisted of the new patient, Dr. Jana, my supervisor, and one of the social workers.

Some days when I had some free time, I was able to observe groups on the admissions level of the hospital. Psychotherapy and Community Living Skills were two of the ones I observed most frequently. I also got to observe a BCM meeting. There were about 25 people in the room, not including myself or the two other students, as well as someone on the intercom. This meeting was especially interesting because it took about 2 hours and they only talked about 2 patients. It was similar to our treatment team meetings. These meetings happen about once a month and are for more difficult and complicated patients, so I’m pretty glad I got to observe one of them.

Overall, my time at Western State Hospital was a great experience for students who are interested in serious mental illnesses. Personally, I grew in a number of skill areas, including experience with patients as well as professional staff. Fortunately, this



area of psychology is exactly what I want to pursue, so I really enjoyed my time there and am sad to see it come to an end.

The mission at Western State Hospital is “to provide safe and effective individualized treatment in a recovery focused environment.” This site is focused on helping patients recover from mental illnesses as much as possible in order to stand trial or help them adjust back into the community. The patients admitted to the hospital are there for a wide variety of reasons as some are involuntarily committed by family members or the court system, some may be sent to restore their competency so they’re able to stand trial, and a small percentage voluntarily admit themselves. Typically, patients are admitted into a unit and their mental status is assessed by the treatment team of that unit. Based on this assessment, background information, and other observations, the treatment team creates a treatment plan that identifies the patient’s main problems and addresses these concerns with possible solutions and expectations.

If the patient has not shown significant improvement within a month or two, they can be transferred to extended care wards that are able to help them improve over a longer period of time. However, some patients may remain on the acute care wards based on how stable they are in their recovery process. While at Western State, patients are expected to attend group therapy sessions that their psychologist has assigned to them based on their needs. There are typically two morning sessions and two afternoon sessions Monday through Friday. If patients attend group, they receive points from the group leaders and these points coincide with the amount of money they receive at the end of the week. Therefore, attendance is incentivized with money as well as helping them in their recovery process. Western State has three treatment malls: Webb and Harvest are for higher-functioning patients with groups that last about 40-50 minutes while First Step is for lower-functioning patients with groups that last about 20-25 minutes.

As a field placement intern at Western State Hospital, I was given the opportunity to observe patients in group therapy, sit in on treatment team meetings, play games with patients on the unit, and plan and facilitate group therapy sessions. I was also able to write mental status reports, treatment plans, and transfer assessments to work on my clinical report writing skills. I also appreciated the wide variety of activities I was able to be involved in during my placement at Western State. While I had a typical routine of groups, treatment team meetings, and helping with afternoon activities, I was also able to observe a number of other interesting situations. During my time there, I attended two Behavior Management Committee meetings, one competency evaluation, half a dozen grand rounds presentations, and a number of other meetings that the treatment team was involved in. In order to see what things were like on a different unit, my supervisor arranged for me to observe admissions on a different unit, where I saw patients that were a lot less stable than the patients on my unit.



I really enjoyed the chance to improve my writing skills since I will be writing clinical reports in the future. It was also really challenging for me to facilitate group therapy sessions. I hadn't worked with this population of patients before and it took me a little while to get used to the environment. Leading group therapy pushed me out of my comfort zone, especially since the patients in the ACT group I led usually had a hard time contributing to the discussion. I had to get used to a lot of silences and calling on patients to offer up some opinions or answers to the questions and ideas I posed to the group. As I learned more about the process of group therapy and more about the patients, I really started to enjoy facilitating more and I wasn't as nervous as I'd initially been. I'd built a stronger rapport with some patients and they seemed to feel more comfortable approaching me and talking to me the longer I was at Western State.

Being placed at this site was a big deal for me because I'm interested in working in a hospital setting in the future and I knew this would be a good way to see how hospital operations can work. In terms of the advantages of this site, I know I really appreciated the chance to work with patients and interact with them in meetings and in group therapy. It was also really nice to be able to play games and participate in activities with them because it gave me the opportunity to get to know them better. I would say that while interacting with patients was one of the most challenging parts of my experience, it was definitely my favorite. Getting to know patients in this population allowed me to appreciate the struggles that mentally ill people go through and just how difficult it can be to manage these severe illnesses. It was important to me to really try to understand how disorders impact the behaviors of our patients and how detrimental they can be to the patients and their loved ones. The only opportunity I wish I was able to take advantage of but couldn't was observing neuropsychological assessments. Since I'm interested in neuropsychology, my supervisor tried to set up times where I could meet with the neuropsychologist on staff, but unfortunately there weren't any tests going on during the days of the week that I went to the hospital.

During my experience, I learned a lot about myself and what I wanted to do with my future. Working in this setting confirmed my interest in working in a hospital or clinic where I could continue to see patients and monitor their progress. Getting to know their backgrounds and personalities helped me understand their situation better and I'm hoping to be able to use that ability in the future. I observed a lot of self-growth over the past few months as I became more comfortable in this setting and with conversing with patients. I learned a lot about the way group therapy can be presented to clients, different styles of patient-staff relationships, and the protocols and processes of how a state mental hospital works. I also learned how to relate to patients in appropriate ways and how I can utilize this with my own patients in the future.

My time at Western State was very informative, interesting, and helpful. I appreciated the efforts my supervisor made to make my experience both educational and safe. She was able to set up a variety of opportunities for me to learn in and consistently checked in with me about my impressions of patients, any thoughts I had about group,



and how I was feeling during certain situations. While teaching group was out of my comfort zone, I'm glad she put me in that position because I was able to grow as a clinician and as a person. I'm very grateful for this experience because not only did I learn a lot about myself and the hospital, but I had fun doing it as well.

Dr. McFarland – Forensic Unit

This semester I fulfilled my field placement hours at Western State Hospital (WSH) on 2 Elm, one of the forensic units, under the supervision of Dr. McFarland and Dr. Rowe. WSH is a state psychiatric hospital located in Staunton, Virginia. It is a medium security facility that houses long-term, acute, and forensic patients. The mission of WSH, as stated on the official website, is “to provide safe and effective individualized treatment in a recovery focused environment.” On the forensic units, the primary goal is to restore patients to competency to stand trial so that they may attend court and move forward in the criminal justice process. I spent a lot of my time aiding the staff in these specific efforts, but was also able to participate in a variety of other activities that contributed to a more comprehensive learning experience.

The standard proceedings that I took part in every day at WSH included attending morning meeting, listening to the morning nursing report, and participating in treatment team meetings. During morning meeting one of the staff members (usually accompanied by a couple medical students) asked the patients trivia questions and took note of any requests. I tagged along to observe and converse with patients upon arriving and leaving the common area. It was a nice way to start off every day. Immediately following that, the staff gathered into the conference room to listen to the nursing report on each patient's behavior and activity patterns for the last 24 hours. Once that was finished, the treatment team (which consisted of a psychologist, a psychiatrist, a social worker, and a nurse) began pulling in patients from the unit for their weekly meeting. During this meeting we addressed any misbehaviors, assessed the current mental state, and discussed the plan for moving forward. Sometimes adjustments were made to their medication regimens or group schedules.

Groups were another important part of the daily structure and my experience at WSH. Many different types of classes are offered, and patients are placed in ones most relevant to their needs and interests. The group I observed most frequently was the “Forensic Issues” group, during which patients were either provided with some type of puzzle or game that tested their knowledge on legal information, or there was an open forum for lecture and discussion of these topics. Another group I was fortunate enough to take part in several times was the dog therapy group. This took place every other week with my supervisor's therapy dog named Blue. Everyone in the hospital knew who Blue was and expressed great excitement whenever he came to visit. It was amazing how much positive energy one friendly animal could bring to the hospital. Lastly, every



Thursday I was able to attend an off-site group with my supervisor, another psychologist, and three long-term patients. We also were able to pick up a former WSH patient from his group home to accompany us. The activities of this group varied, and included things like going to a glassblowing shop or playing with goats on a farm. This group was special to me because I was able to form close connections with these patients by interacting with them outside of the hospital setting. I think it provided them with opportunities that will make their adjustment back into the community much easier.

One of my favorite responsibilities at WSH, however, was the one-on-one meetings with patients. During these meetings I essentially tutored patients on the factual trial information (e.g. definitions of major court actors, different plea options, types of charges, etc.) and tested their rational understanding of this information as it related to their case. In order to aid in this process I created a booklet containing questions about this material for the patients to fill out. I often asked the patients to explain how they ended up at WSH and how they planned on getting out to get a sense of how their thinking patterns were progressing. Over the course of the semester I met with about seven patients individually, four of which ended up being discharged and going to trial. I was able to observe several of the competency evaluations that were ultimately the culmination of my one-on-one efforts with the patients. It was a great feeling to see patients succeed in becoming competent to stand trial, especially when I played a direct part in helping them get there.

Either upon admission or after competency evaluations I was given the chance to practice some clinical writing as well. My supervisors frequently asked me to edit their writing, and even used parts of my notes in their official documents. I was provided with all the files available for several patients, from jail records to prior hospitalization notes, and then I was able to condense all this information into either an initial mental assessment report or a competency evaluation letter. Writing in a clinical context helped me discover new terminology and professional ways to discuss a person's mental health status. It also allowed me to analyze psychological material in a more applicable way than I could in a classroom setting. This is a skill I don't think I would have been able to practice prior to graduate school if I had not been granted the position at WSH for field placement.

I loved being able to have such a hands-on role at my site! The staff on 2 Elm truly welcomed me in and treated me like a valued member of the team. They never hesitated to reach out to me with opportunities to help them and enhance my learning experience. A huge advantage of this site was the diversity in these opportunities. I feel like I got such a strong understanding of how the hospital works because of the variety in activities that I was able to participate in. Additionally, I didn't feel the need to stay by my supervisors' sides the entire time. I had the freedom to choose which staff member I wanted to shadow and when I wanted to do this. Everyone was open to answering my questions and I enjoyed hearing the different perspectives throughout the unit. My schedule was largely dictated by an ideal compromise between what my supervisors



thought would be helpful and what I was interested in doing. Often times, our goals overlapped.

Being able to see the way that different disorders present themselves in real life and the variation from individual to individual really expanded my knowledge of abnormal psychology. Getting a taste of what it is like to work in a hospital setting also helped me think about the kind of career I might want to pursue. Although I am not positive that working in a hospital setting is for me, this is something I would not have realized had I not been given this opportunity. The only downside about this site placement was the long commute (30 minutes from Harrisonburg) and the early mornings (8:30am start time). The days were long, tiring, and frustrating at times, but my patience and mental stamina gradually grew stronger. I did not expect to feel so emotionally involved in my work, and by the end of my time there it was hard for me to leave both the patients and the staff members who I had formed close bonds with. Ultimately, I have gained so many valuable skills at WSH that I know will better prepare me for graduate programs, and am even more eager now to move forward in my education in clinical psychology.

Dr. Wellman - Short-Term Forensic Unit

Fall 2022 – Rachel Wade

This semester I interned in the forensic unit at Western State Hospital, an inpatient psychiatric treatment facility located in Staunton, Virginia. Their mission is “to provide safe and effective individualized treatment in a recovery focused environment”. They carry out their mission through their team-based treatment programs that incorporate multiple entities to ensure the success of their patients. They offer many different treatment options such as short- and long-term care as well as forensic and civil patient types. Forensic patients are sent to the hospital on a court order for competency restoration or due to a temporary detainment order (TDO). The main focus for these patients is understanding the court system, the charges they have against them, and an ability to help their lawyer assist them in their case as well as mental health treatment. Civil patients are those who come from the community and the main focus for them is mental health treatment and being able to effectively integrate functionally back into the community.

I was on 2Elm, an all-male short-term care forensic unit with Dr. Wellman as my supervisor. I was given many opportunities to observe and participate in different aspects of the patient’s treatment. I was at the site twice a week and at the start of every week I would sit in on patients' weekly meetings with the treatment team. The treatment team consists of a psychiatrist (who is the head of the team), and psychologist, and a social worker. The team and the patient would discuss their medications, their forensic situation, how they are feeling, any changes that should be made, any troubles they are having, etc.



Throughout my time I also got to observe and participate in different patient evaluations/assessments such as mental status exams, malingering assessments, diagnostic assessments, etc. I was also able to observe, participate, and eventually facilitate my own group therapy session. There were a wide variety of group therapy sessions offered to patients such as forensic, coping skills, substance use, discussion, etc. Groups happened every morning and afternoon and I was able to go to many afternoon groups and interact with patients who were on different units as well in these groups. I was able to read background on the patients such as any history of mental illness or being in treatment previously, their criminal history, their previous competency evaluation, and notes from the psychologist, etc. Some limitations at my site were that my unit was on covid quarantine for about a month, so I was not able to step up more and put myself out there in doing more than observing in interactions with patients. I did sporadically and more so at the end but not as much as I would have been able to if they were not on quarantine. Another limitation was I was only there twice a week and sometimes certain groups that I wanted to attend were happening on the days I was not there or something else I wanted to experience would be possible but only on the days I was not there. However, this was not a large setback because Dr. Wellman made many efforts to allow me to see and experience a wide variety of things, especially ones I expressed significant interest in. Overall, Western State had many advantages in the wide array of experiences you can obtain and be exposed to in comparison to the very few limitations that were mostly unique to my situation this semester.

This site is a great place to see clinical and forensic psychology intertwined. I was given the opportunity to interact with people who have serious mental illnesses and learn beneficial interpersonal skills to best interact with them and support them in their treatment. This site is more clinical psychology based in that it has forensic aspects, but it more so focuses on mental illness and treatment/recovery rather than the crimes committed by the forensic patients. I am more versed in the criminal justice field rather than clinical psychology field, so I didn't have much knowledge going into this experience and I thought it was more centered around the crimes that the patients committed. The psychology classes that assisted me at this site was mainly counseling psychology. The interpersonal skills that were taught in that class and how to create a therapeutic environment and conduct a therapy session benefited me in interacting with the patients, one-on-one support sessions with patients, and when I facilitated a group therapy session. Abnormal psychology also assisted me in my understanding of the patients and what they might be experiencing and what symptoms they may be showing. However, what was great about Dr. Wellman was that she would do supervision sessions with me and refresh my memory on some information as well as expand my knowledge on certain areas that weren't taught to me. She made it a great environment to ask questions and learn new things whether that was in the forensic realm or psychology realm. This was a different experience than I anticipated going into it but I'm glad that I got to see this side of psychology and criminal justice because I could see how much of a



balance of the two, I want to look for in my future career. After this experience I want to focus more on forensic psychology rather than clinical, but maybe later I will want to work with this population again.

My contribution project was empowerment of minorities with mental illness in the criminal justice system. Throughout my experience at Western State, I heard many of the patients say, “it’s guilty until proven innocent” and many of them had the charge assault on a police officer. The population of patients at Western State is predominately minorities and with everything in the media highlighting the mistreatment of minorities by law enforcement in addition to what the patients were saying, it felt necessary to make efforts to mend that relationship. I wanted to create a space where the patients could communicate their concerns about the criminal justice system and law enforcement encounters and give them helpful strategies to be able to advocate effectively for themselves in those possible situations. My contribution was creating a group to be co-facilitated by a public safety officer at the hospital. This includes talking about the best way to interact if encountered by law enforcement (what to expect, how to conduct yourself, best questions to ask/how to ask them, etc.) and practicing a plan in the case they are encountered. The goal is to focus on how their actions can shape how they are treated and potentially the outcome of the encounter. Research shows that a person’s relationship with law enforcement shapes their outlook on society as well as if they abide by the law. Having the patients be taught this information by someone who is law enforcement will create a significant impact in helping them build rapport as well as mend their view on law enforcement which could create lasting change. I am grateful for the opportunity to contribute something to such a great site and overall, I had a great experience at Western State. It gave me an idea of what I want to do after I graduate and knowledge and skills that I can use in everyday life.

Fall 2021 – Maeve Register

This semester, I had the opportunity to spend my field placement at Western State Hospital in Staunton, Virginia working alongside my supervisor, Dr. Bethany Wellman. Western State Hospital is a forensic psychiatric hospital that aims to “provide safe and effective individualized treatment in a recovery focused environment.” In my time at Western State, it was clear that the hospital’s main focus was on treating the patient and then subsequently treating the disease/illness. Treatment approaches were always individualized to the patient and no plan looked exactly the same. In the hospital there are 9 total units consisting of long term and acute care units, as well as forensic units.

I was able to work on 2 Elm, which is a forensic, acute care unit in the hospital. 2 Elm is an entirely male unit that treats and works with individuals with severe mental illness. This unit houses three different kinds of patients: those under a Temporary



Detention Order (TDO), individuals being assessed for competency to stand trial (forensic patients), and civil patients. Temporary Detention Ordered patients are those who are admitted to the hospital for risk and stability assessments. On the other hand, forensic patients are in the hospital to be assessed for competency to stand trial. These patients have committed a crime and are in the hospital to learn about the inner workings of the court system while ensuring that they are able to make beneficial decisions regarding their legal circumstances. The ultimate goal when working with forensic patients is their return to jail to face their charges. Lastly, there are civil patients who are admitted from the community. Specific to 2 Elm, most of the patients that I had the chance to interact with were forensic patients or those with a Temporary Detention Order. Regarding mental illness, most of the patients who arrive at the hospital are initially very sick. Diagnoses that I have seen include Schizophrenia, Schizoaffective Disorder, Narcissistic Personality Disorder, Bipolar Disorder (type 1 and 2), Major Depressive Disorder, Delusional Disorders, etc.

My days at Western State varied every day that I was there. Because of the nature of the unit, flexibility was always essential because no single day was the exact same. Despite this, I did have a tentative schedule that I followed. Typically, I would start mornings out with my supervisor at a morning report meeting with members from both treatment teams. In this meeting, a member from the nursing staff would update the treatment teams on the patients from the past 24 hours or from over the weekend. Additionally, I was able to sit in on treatment team meetings when each patient would come in to discuss their treatment and if they are having any issues on the unit. I was able to gain great experience writing detailed notes regarding different patients. In these notes, I would include relevant information that the patient said, my assessment of the patient/what their barriers to competency were, and how I thought best to proceed. I also got to engage in group therapy and witness individual therapy sessions. Different group therapy sessions that I had the chance to witness included trust building, how to handle stress, substance abuse, first impressions, etc. Attending these groups was helpful in getting to know the patients on a deeper level and helped me to understand what therapeutic techniques are used in a group setting. During my time at the hospital, I was also able to witness a couple of competency evaluations with another psychologist on the unit, Dr. Showalter. These evaluations assess patients' knowledge of the legal system and their ability to make rational decisions regarding their legal circumstances. They often ask questions like "What does the judge do" or "Do you feel as though you can successfully work with your attorney." During these evaluations, I took detailed notes of how the patient was answering and how they were presenting physically.

Disadvantages of this site include the drive and the sometimes-violent nature of the unit. Unfortunately, the site is about 30 minutes away which may be difficult for some individuals without way of transportation. However, I personally did not mind driving



back and forth from Staunton as it gave me time to think about the day ahead of me. Additionally, 2 Elm occasionally can house violent/aggressive patients. I had never been involved in a violent encounter and I was only initially nervous about the nature of the unit. However, if one were to be uncomfortable in this setting it may not be suitable for their needs. The advantages of this site far outweigh the disadvantages. The amount of severe mental illness that I was able to witness was astonishing. It was fascinating to be able to take my textbook knowledge and apply it to the real world. Specifically, Abnormal Psychology and Learning Psychology were helpful classes to take in preparation for this field placement. Abnormal provided me with the knowledge of severe mental illness and how they are often treated. Learning Psychology was helpful in understanding reinforcement and punishment and how they can be used in behavioral plans for different patients. Lastly, the individuals/staff who I had the opportunity to work with were incredibly kind and were always very encouraging and motivating. Dr. Wellman was very helpful in talking through different patients and answering any questions that I had.

In terms of my contribution project, I focused on group therapy surrounding anger management. Because of the nature of the unit and the patient's legal circumstances, there would sometimes be a lot of tension on the unit between patients. Violence in a forensic psychiatric unit is a topic that is important to address and can be minimized if patients understand their warnings to anger and how to manage them. In my group therapy session, I provided patients with different worksheets/information sheets about different emotions that lead to anger, warning signs of anger, and how to best calm yourself down/manage that anger.

Coming into the internship, my future goals were directed towards becoming a clinical psychologist. Although that goal remains, I have also determined that I would like to work in a setting that also incorporates forensic psychology. Through witnessing the change that the treatment teams were able to make for the patients at Western State, it has opened my interests to working with forensic patients. With that being said, I am now looking into clinical programs (masters and doctorate) that specialize in forensic psychology. I would highly recommend doing your capstone at Western State Hospital if you are interested in forensic psychology, clinical psychology, or the legal system.

