

**Internship as Mentorship:
A Brief Report of Undergraduate Mentoring from a
COAMFTE-Accredited Couple and Family Therapy Program**

Christopher K. Belous
Mercer University - Atlanta

Jessica A. Topor
and
Samantha G. Gorton
Michigan State University

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ABSTRACT. In this brief report, we discuss the importance of socializing interested undergraduate students into a mental-health focused internship, particularly associated with a Couple and Family Therapy program. We present information on the design and implementation of the program, discuss feedback received from alumni, and describe its evolution over the semesters. Finally, we make the argument to include similar types of internships in other university and college programs for undergraduate students in an effort to solidify interest in mental health graduate programs.

Keywords: undergraduate, internship, mentorship, couple and family therapy

Direct correspondence to Dr. Christopher K. Belous at belous_ck@mercer.edu.

As a field of study, Couple and Family Therapy (CFT - often housed within Departments of Human Development and Family Studies) is highly focused on graduate education, frequently overlooking undergraduates. The goal of this paper is to provide the outline and structure of an undergraduate internship program specifically designed for undergraduate students interested in graduate study in a Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) approved doctoral program. We will present an overview of the program, followed by a discussion of the outcomes from alumni of the program within the previous two years. A recommendation for similar programs to be created is offered.

Benefits of Internships

Internships have long been viewed as a beneficial aspect of the undergraduate learning experience (Kardash, 2000; Satariano & Rogers, 1979; Smart & Berke, 2004). Stone and McLaren (1999) found that, “[internships] help students crystallize their vocational self-concept” (pp. 172). Internships provide practical and theoretical benefits for both the students and academic departments by placing emphasis on career preparation and creating a better connection to faculty members. These learning experiences have been very helpful and it has been recommended that they be required in every undergraduate program (Stone & McLaren, 1999). Additionally, research has shown students involved in undergraduate internships obtain several academic advantages. For example, Parilla and Hesser (1998) indicated that the integration of classroom-based knowledge and the knowledge acquired through practical experiences lead to long-term retention of material. Similarly, Kardash (2000) suggested that internships help to foster the learning environment of undergraduates and lead to a multitude of benefits for students – including higher rates of knowledge and confidence in their chosen field.

Mentoring within Internships

Mentoring within academic internships promotes communication and collaboration between undergraduates and their graduate student mentor-supervisors. This mentorship often includes both professional and practical information. Long and colleagues (Long, Fish, Kuhn, & Sowders, 2010) also discovered that having a close mentoring relationship with a faculty mentor helps prepare undergraduates to be more successful in graduate school, making linkages to higher levels of confidence. Evans, Perry, Kras, Gale, and Campbell (2009) found nearly 75% of all psychology graduate students reported having direct interaction with undergraduates through internships and research projects. Incorporating undergraduate students into research projects has created a dynamic mentoring relationship between graduate students and undergraduates as graduate students are frequently their direct supervisors. These mentoring relationships within internships are believed to be an equally positive educational experience for both undergraduate and graduate students. Additionally, undergraduates often seek advice on professional issues and graduate school information from graduate student supervisors. Graduate mentors draw from their own experiences to help undergraduates gain a better understanding of the graduate school application process, including writing personal statements, getting faculty recommendations, and preparing for interviews (Evans et al., 2009).

Current Programs and Internship Opportunities

According to Prouty, Johnson, and Protinsky (2000), undergraduates obtain a better understanding of Couple and Family Therapy (CFT) by participating in internships in clinical settings. Outlets exist in similar fields, such as social work and psychology for undergraduates to actively practice, but very few opportunities exist for undergraduates desiring experience in CFT. For example, according to the minimum requirements to join the American Association of Marriage and Family Therapy, students must be enrolled in a master's level program; however, the American Psychological Association and the National Association of Social Workers both accept undergraduates (Prouty et al., 2000). Smith and Allgood (1991) report that there are also fewer academics that identify with the CFT field in higher education compared to other mental health fields. This lack of representation is reflected in the limited number of undergraduate CFT internships (Latty, Angera, & Burns-Jager, 2010; Prouty et al., 2000).

In an effort to promote future CFT majors at the undergraduate level, Latty, Angera, and Burns-Jager (2010) of Central Michigan University designed a CFT Survey course to familiarize undergraduate juniors and seniors to theories, research, and the profession of CFT. Additional activities like visiting a COAMFTE Accredited CFT program, attending an experiential training facility, and participating in the Michigan Association for Marriage and Family Therapy's Annual Lobby Day were also incorporated into the course to socialize undergraduates towards the CFT field. At the conclusion of the course, students were asked to participate in an open-ended survey, of which 40 students participated. Fourteen of the students stated that the course supported their desire to be involved in the mental health field or continue on to a CFT profession. Twenty-two of the students reported that graduate school was something they wanted to pursue either in CFT or another mental health profession. The course also proved successful in recruiting students who were previously unsure about continuing their education, inspiring them to continue with graduate studies (Latty, et al., 2010).

Socialization to the CFT field was also found to be valuable by a survey given to twenty-one graduate and eight doctoral programs (Smith & Allgood, 1991). The questions in this study centered on the amount of participation of the programs in undergraduate socialization activities. Primarily, the questions asked about eight different socialization activities ranging from CFT faculty teaching undergraduate courses, to the availability of internships or research courses for a more hands-on mental health experience. Of the CFT programs that participated, 50% of master's programs, and 64% of doctoral programs participated in and valued socialization activities (Smith & Allgood, 1991).

Emergence of a Need for an Internship as Mentorship Program

In looking over the limited literature available, it was clear that there is a need to socialize interested undergraduates to the CFT field; the benefits of a mentoring type of relationship involved in an internship opportunity is pivotal to the success of the program (Giles & Mize, 1990; Long, et al., 2010). There has long been a call in the literature for more quality internship placements, as well as mentoring relationships between faculty or experienced graduate students and undergraduates, particularly in the CFT field (Hardy & Keller, 1991).

Building on this concept, it would be valuable to enact programs that not only encourage an exceptional undergraduate internship opportunity for students interested in a mental health graduate program, but also a mentoring program for them as they complete their internship. The program we have developed does just that.

Our Internship Program

As part of the undergraduate major in Human Development and Family Studies (HDFS) at Michigan State University, all students are required to complete an internship. Our internship possibility is one of many that are offered in the community; however, we are the only one located in a mental health facility. The undergraduate internship program described here was developed and takes place in the Couple and Family Therapy Clinic located on campus. The program has been active for many years, but it has only recently become structured and educational in nature (having formal curriculum and educational outcomes). The internship is a nine-month commitment. It starts in the fall semester and continues through the spring semester, with the possibility of a summer continuance. The graduate Clinic Coordinator, who is supervised by the faculty Clinic Director, supervises the internship program. As the central component of the program is to mentor, as well as prepare future CFT's, the Clinic Coordinator is also the direct supervisor who evaluates, and spends a significant amount of time working with, the interns. In general, interns work approximately 10 hours per week, six in clerical tasks and four observing live therapy. This equates to at least 300 hours at the completion of the internship. This requirement is set forth as a component of the required internship. A sample syllabus is included in Appendix.

Recruitment of Interns

Interns are made aware of the internship by faculty class announcements and through the undergraduate advising office in our department. Interested students are encouraged to contact the Clinic Coordinator who provides more detailed information. If still interested, they officially apply by submitting a cover letter and resume. All applicants are screened for initial compatibility by considering such elements as previous volunteer experience, GPA, career goals, and extra-curricular activities. Top candidates are invited for a brief interview with the Clinic Director and Clinic Coordinator.

Major Components of the Internship

The internship is comprised of didactic meetings, semester projects, clinical observation, clerical and support tasks. In this section we provide an in-depth description of each of the components.

Didactic Meetings. Interns participate in themed educational meetings spread throughout the internship. Meetings occur biweekly during the first semester, then decrease to once per month in the second semester. Each meeting has a specific theme and is generally planned in collaboration with the student interns to best meet their needs and desires. Student input for these meetings are gathered at their orientation/training program before the start of the internship. Generally, we

have focused on clinical training and practical information. Topics have included, but are not limited to: surveying theories in CFT; identifying and processing self-of-the-therapist issues; learning basic therapy skills (attending, listening, reframing, and feedback); understanding teaming skills – giving feedback and asking questions based on theory; selecting a graduate school program and preparing your application; constructing the curriculum vita; setting up a private practice; understanding assessments – scoring and interpretation; learning safety issues in CFT; developing a specific theoretical orientation with detailed interventions (and role play); developing a theory of therapy/change.

Semester Projects. The semester project is a case presentation that students give at the end of the semester, after they have watched all the sessions. In selecting a case to follow, the interns are expected to identify a therapist whose theoretical orientation is appealing to them, or that they will be able to follow their work closely. Interns are expected to watch each session of their case throughout the semester. They also are to interact closely with the therapist asking them (first) for permission to follow their case, and then teaming with them on the case (engaging in process discussions prior to and after each session). As the case progresses, they are expected to have continual conversations with the therapist about theory-specific interventions that have been used, as well as therapy goals and the therapist's future plans. The presentation includes background information on the client system and student observations on the therapy change process. Students, are also to conceptualize how they would continue treatment (as if they were transferred the case) - and specify theoretical constructs and their ideas for interventions.

Clinical Observation. In order to get some direct experience within the CFT field, interns are assigned to a practicum-clinic night each week throughout each semester. They spend four of their ten hours on a clinic night, observing live cases through video feeds and participation in the supervision process. Clients are made aware of the teaming process, which can include undergraduate interns, as part of their intake and consent to treatment document. This experience acclimates the undergraduate interns to the therapy process, allows them significant experience with different therapeutic approaches, and training models to expect in graduate school. Further, they must complete teaming logs which mimic the process of case documentation. This helps them learn additional clinical skills, and the importance of confidential and complete record keeping.

Clerical and Support Tasks. Interns also provide invaluable service to the clinic in a clerical and supportive role. As part of their internship, they spend approximately five hours per week on a desk shift answering phones, taking intake phone calls, filing, stocking, and preparing the clinic so it has a professional appearance. They also complete special projects under the guidance of the Clinic Coordinator. These projects can include research projects with clinic data, presentations at conferences, and various tasks to make the clinic more functional and up to date. For example, one of the interns completed a project assessing each toy in the clinic, and made recommendations for the purchase of new toys to replace old or broken ones, and put together a proposal for a sand tray kit. Another group of interns actively participated in a research project on the demographics of the clinic's clientele, looking at such things as average length of treatment, ethnicity, and socio-economic demographics. Students had the opportunity to present

this information at a student-faculty meeting and the Michigan Association for Marriage and Family Therapy annual state conference.

Evaluation of the Program

It is important to note that a program such as this should not remain stagnant. Therefore, in order to gain evaluative feedback we asked each group of interns to provide input on the design and implementation of the program to allow for an ever-evolving and improving experience. We gathered responses from student interns through open-ended questionnaires, and anonymous surveys of our alumni. In both cases, we used SurveyMonkey™ (a free online web survey software). We analyzed the data from a phenomenological lens, however we were more concerned with the overall picture than finding thematic elements; so we coded only for understanding and interpretation of the raw data. This allowed us to use the data as more of feedback on the process of the internship in order to make changes and influence the further development of the program.

Intern Characteristics. The undergraduate interns comprised a total of nine students, seven majoring in Human Development and Family Studies, and two had declared majors in Psychology. There were a total of four interns in year one, and five in the second year (with one repeat), for a grand total of eight participants. Seven were seniors (in their final year of undergraduate studies) and one was a junior at the start of their internship experience. The individual who was a junior chose to reapply and remain an undergraduate intern for a second year (and their final year of undergraduate study). Seven identified as female, and one identified as male. Seven identified as heterosexual, one identified as gay. All interns were between 21-23 years of age.

Feedback. The feedback we have received has been extremely positive. Intern alumni have stated, *“This experience has helped me decide what program and direction my future academic career will take.”* They have also made positive statements regarding the overall time they spent in the internship program, *“I loved every minute of this internship! There was so much we were able to do, and so much I have learned.”* However, virtually every undergraduate intern mentioned that their favorite part of the internship was being able to observe live therapy sessions and getting real-life experience in the mental health field. One student stated that *“The ‘clinic night’ observations and interactions with real clients were the most exciting, helpful – and daunting – I have had in this program. It really solidified for me that I wanted to go into the therapy field.”*

The development of this program has gone through many stages and continues to evolve. However, we have consistently received instructive feedback and have had an increased interest in student participation. All but one of our alumni continued in the mental health field. The one who did not, said *“[I] discovered that maybe therapy isn’t for me.”* This, too, was a successful outcome to the student’s internship experience.

Discussion

We have attempted to put together a comprehensive internship program that embodied the literature – encompassing both a practical internship experience, as well as the inclusion of mentoring relationships. Having this type of internship program is not only valuable for the interns, but also for the graduate program within which it is housed, and the overall CFT community. The undergraduate interns provide an important, and much needed, support system for the functioning of the clinical space, and allow graduate students to practice mentoring relationships with more junior students. Further, by participating in the observation of live therapy, the undergraduate interns often have insight into clients' process that can be overlooked when focusing on the technique of the student by the supervisor. The overall CFT and mental health community also benefit from students being involved in these types of internships. For example, alumni of programs, such as this one, are better prepared and come equipped with existing knowledge of the therapy process and invaluable foundational skills. An additional benefit that arose out of this program was recruitment of students from other disciplines who otherwise would not have considered CFT as a possible profession.

The results of our brief evaluation and the development of our program draw a parallel with the research previously published in this area. Most of the literature stated that undergraduate internships helped to solidify self confidence in a student's chosen field, as well as develop their career identity (e.g., Kardash, 2000; Stone & McLaren, 1999). Our alumni described how the internship solidified their decisions to enter (or refrain from) the field of mental health. They also spoke about the value of the mentorship experience they had, which coincides with the research of Evans, et al. (2009). Overall, this program fit in well with the previous research published on undergraduate internships, and advances our knowledge of how undergraduate internship programs in mental health can be structured to function well.

Limitations

A limitation of this brief report is that we did not complete an evaluation of the objectives of the program as listed on the syllabus (Appendix A). In our data collection we were mostly concerned about the experience and process of the internship for the undergraduate students in a formative manner for the overall program, and so neglected to consider measuring the objectives to determine individual outcomes. For future evaluation of the program, we will be collecting information and having students provide feedback on their comfort level in the areas mentioned as an objective of the internship, as well as the developmental feedback for the overall program.

Conclusion

While Couple and Family Therapy is a graduate-only profession, we cannot overlook the need to invest in socialization for undergraduates. Since CFT is often housed in HDFS departments (where most future CFT's get their undergraduate degrees) – we have a responsibility to provide opportunities to help undergraduates find and explore graduate options in the CFT field. As the research suggests (Kardash, 2000; Long, et al., 2010; Prouty, et al.,

2000; Smart & Berke, 2004), one of the best ways to do this is to engage in mixing the practical experience and mentoring process in the internship. While program evaluation is always ongoing, this internship program has proved itself to be a valuable experience that leads to positive outcomes for the undergraduates who have participated.

Christopher K. Belous, PhD, is Assistant Professor and Clinic Director of the Mercer Family Therapy Center in the Marriage and Family Therapy Program of Mercer University – Atlanta, GA 30309. Email: belous_ck@mercer.edu.

Jessica A. Topor, MA is a doctoral student in the Couple and Family Therapy Program at Michigan State University, Lansing, MI.

Samantha G. Gorton is a MSW Candidate in the School of Social Work, Michigan State University, Lansing, MI.

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Appendix

Example of Syllabus Used During Internship

Internship at the Couple and Family Therapy Clinic
Department of Human Development and Family Studies
Michigan State University

-CONTACT INFORMATION, GENERAL DATES OMITTED-

Internship Objectives

At the completion of the course, students should be able to articulate theories of the family, describe developmental processes of adulthood, have a good understanding of social issues related to adulthood, and be able to describe normative life processes. Topics to be covered and understood include: sexuality, research, work, family, stress, parenting, decision making, partnering, violence, etc.

Internship Design

The clinic intern is expected to work approximately 10 hours per week in the clinic. Of these ten hours, four are spent on a clinic night, directly observing clinical work and interacting with therapists and supervisors. The remaining six hours are spent in clerical and administrative work. In addition, there will be an educational component with two-hour educational meetings every month. Administrative and clerical tasks are more clearly outlined in the Responsibilities section of the intern manual.

Some interns may be responsible for special projects as assigned by the clinic coordinator. Part of the internship experience will involve research and presentation at conferences or at clinic meetings of the program. Interns are under the supervision and direction of the clinic coordinators.

Clinic Night – A *clinic night* is one night during the week that therapists and supervisors are all present to see clients – it typically lasts from approximately four hours (either 3pm to 7pm or 4pm to 8pm), with one hour of supervision. Interns are expected to attend and participate in clinic night. You should take part in the observing and teaming on live sessions. Ask questions and participate in discussion. To help scaffold your learning process, you will be provided with a teaming log to write down aspects of the cases you follow. These logs will help with case conceptualization and tracking.

Clerical and Administrative Duties – The internship at the Couple and Family Therapy Clinic requires completion of a number of clerical and administrative duties. Interns are required to spend six hours managing the desk. During those six hours, interns should answer the phones, take intake phone calls, and maintain the clinic. A task list is to be filled out each week upon

completion of the task. Clerical and Administrative Duties are laid out in fuller detail in the intern manual.

Educational Component– Interns are expected to participate in educational meetings on topics related to CFT theory, practice, and education. During the fall semester, meetings will be held twice a month. During the spring semester, meetings will be held once a month. Most meetings will be held in the CFTC; one meeting may be held at an outside training (SW CEU). Meetings will last two hours.

Requirements

Meet the Therapists –

For this assignment, you will be provided with a series of questions to ask each therapist in an attempt for you to get to know them better. These questions will ask about each therapist's experience, caseload, and case preferences. Due: **Friday, September 7, 2012 at 5pm**, by email to the coordinators

Intern Hour Sheets –

This internship requires 270 hours over the course of the year. Completing your 10 hours a week, should meet this requirements. Each week you are required to fill out a time sheet to be signed by the coordinator and sent over to the advisors monitoring the internship. Turn hour sheets into the folder desktop titled "TIME SHEETS." These hour sheets are due **Friday by 5pm**.

Reflection Papers –

After each educational meeting, a two-page reflection paper will be due. The paper should include a reflection of the meeting, what you learned, what you wish would have been more clear, and what you wish would have been included. These papers are due the following **Friday by 5pm** to the coordinators by email.

Teaming Logs –

You must follow cases during clinic night, participate in the teaming experience in the observation room. Teaming logs should include who was present in the room, presenting problem, topics discussed, and intervention used. Teaming logs should be succinct, should observe confidentiality, and should show progression over the semester. Teaming logs will be due at the end of each month (educational meeting) to go over as a group.

Feedback Paper –

At the end of each semester, you will be asked to provide a 2-3 page reflection of the semester. Reflections should focus on how requirements were met, difficulties in completing tasks, feedback on the coordinators, what you need more of, what you liked and did not like. Papers are due at the **last meeting of each semester**.

Case Presentation –

You will be required to follow one case in depth. The case to be followed is up to the interests of the intern. You should get the permission of the therapist on the case, as you will be expected to ask them several questions and follow the case in great detail. At the end of the semester, each

intern will present their case study to the rest of the intern group. The presentation should contain some kind of handout, and must include theoretical constructs, interventions, background information, and a hypothetical intervention for future work, devised as if the intern were the primary therapist on the case. A detailed outline will be provided for this assignment.

Final “Big Project” –

This will be a project to prepare you for graduate level work. The group, interns and coordinators, will work together on the project throughout the year. The project could take the form of a poster, paper, presentation, etc. The project will be based on data available in the clinic. Project will be decided in a collaborative way to meet the interests of the interns.

How to Be Successful in the Clinic

- Participate actively in Clinic Night, ask questions about what you see and hear, provide suggestions, be engaged.
- Communicate with the coordinators if you are having difficulties. Ask questions!!!!!!
- Put forth the effort! – You will get out of it what you put into it.
- Provide feedback when you don’t understand or do not feel like you are getting what you need.
- Get to know the therapists. Most are more than willing to talk about cases and theory with you.

-OUTLINE OMITTED-