



# 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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**There are numerous different supervisors at this site, and multiple units (Admissions, Forensic, Short-Term, Long-Term, etc.). Please keep this in mind as you read about students' experiences at this site below:**

***Moriah McDonald – Fall 2023***

During the Fall 2023 semester, I completed my field placement at Western State Hospital (WSH) under the supervision of Dr. Mary Kate Law. WSH is an inpatient psychiatric facility that is funded by the Virginia Department of Behavioral Health and Developmental Services. The hospital serves to provide “individualized treatment” and a “recovery-focused environment” for a wide demographic of adults with serious mental, substance abuse, and/or intellectual disorders. The patients at WSH fall into three categories: civil, forensic, and not guilty by reason of insanity (NGRI). While civil patients are either admitted voluntarily or by one’s family or community service board, forensic patients are commonly transferred from jail to undergo “forensic restoration” or to complete temporary detainment orders (TDOs) at the hospital. Forensic restoration is the process by which patients are initially deemed incompetent to stand trial (IST) by a judge and then placed in a psychiatric setting to be treated for their mental illness and to receive education about the court system. Individuals with TDOs are placed at WSH because they were experiencing severe mental health symptoms while they were in jail. Finally, NGRI patients have already dealt with their charges and serve their time at a psychiatric hospital by following their treatment plans long enough to demonstrate that they are prepared to return to the community.

Most of my experience at WSH took place in an extended care unit called 1 Pine, where Dr. Law works as the lead clinical psychologist. 1 Pine consisted of mostly forensic patients, with a handful of NGRI and civil clients. My supervisor and I began each morning in the unit’s team center for a patient update meeting with staff including a psychiatric nurse practitioner, a social worker, and mental health workers. These meetings consisted of a unit nurse reporting on all of the 1 Pine patients’ physical and psychological symptoms throughout the week. I also sat in on monthly individual meetings with patients and their treatment team about their progress at the hospital. This opportunity allowed me to begin writing mental status evaluations; based on the observational notes I took on patients’ appearance, mood, behavior, and affect during meetings, I wrote summaries on their psychological conditions. Furthermore, I accompanied Dr. Law to informal individual meetings with the patients in the unit. These conversations would



mostly involve helping patients practice for their competency exams, such as discussing their plea options and reviewing their police reports.

One of my favorite experiences at WSH was observing Dr. Law's second opinion evaluations of new patients in the acute care units. These meetings served to determine whether the patient was aware of why they were placed in the hospital and if they should be responsible for deciding if they wanted to receive medication. This opportunity was a sharp contrast from the patients I saw day-to-day because the symptoms of individuals who needed second opinions were more severe than 1 Pine patients'. I also attended psychosocial rehabilitation groups almost every afternoon at WSH. The hospital offers an extensive range of groups including Alcoholics Anonymous, forensic training, and work skills. Patients are assigned to groups based on their individual needs that serve to improve their experience at the hospital and in the community. The groups I attended regularly were Social Cognition Interaction Training (SCIT) and Stress Management. At the end of the semester, I had the opportunity to lead SCIT and Stress Management meetings. Finally, there were a few unique experiences I took advantage of at WSH, such as observing a neuropsychologist administer an intellectual assessment and seeing the admission process of a new patient.

I thoroughly enjoyed working at WSH throughout this past semester. Firstly, I was happy to be placed in an extended care unit because I was able to develop relationships and build rapport with many of the 1 Pine patients (which is something I would not have been able to do in an acute care unit). I also felt extremely welcomed by the 1 Pine team; they were more than happy to answer any questions that I had during my time there. One of the biggest advantages of my field placement experience was seeing how mental diagnoses manifest in the real world and how the unit staff collaborated to develop specific treatment plans for each of their patients. Gaining this knowledge gave me a better idea of my potential future roles and responsibilities as a clinical psychologist.

I also gained insight into what it is like working at a state-regulated facility and how many of the hospital's initiatives must be approved before being implemented into one's treatment plan. While I enjoyed learning about the court system and how it collaborates with psychiatric facilities, my field placement experience has influenced me to pursue a career working in an outpatient setting over an inpatient facility. I believe that my passion for clinical psychology would be best utilized in facilitating psychotherapy and helping clients with issues outside of the legal system. Nonetheless, I would recommend field placement at WSH for anyone who is seeking to work with psychiatric patients. It was an invaluable experience that offered me a one-in-a-lifetime opportunity to interact with people representing diverse psychological diagnoses. Before my field placement, I had never (knowingly) seen how disorders such as schizophrenia and borderline personality disorder look in real life. This aspect of working at WSH undoubtedly enhanced my understanding of the clinical psychology field.

My coursework in Abnormal Psychology was extremely helpful in my success at WSH. Possessing a baseline understanding of the various diagnoses outlined in the DSM-5 was crucial to my ability to understand the mental conditions of the patients. Another aspect of the Psychology major that helped my field placement experience was utilizing the strategies that I learned in Counseling Psychology. Although my supervisor did not explicitly administer talk therapy, I was able to make connections between common therapeutic strategies (e.g., open



versus close-ended questions, active listening, and challenging) and how Dr. Law went about assessing patients during the individual meetings I observed.

Because the majority of the patients with whom I worked were working toward forensic restoration and had been placed there for criminal charges in the past, I designed my contribution project to help individuals generalize legal information to hypothetical situations outside of their current legal charges. I created an interactive game consisting of graphic cards that displayed various forensic terms that patients need to understand to be discharged. Based on the cards a client is dealt (i.e., the type of crime and the strength of evidence against them), they are encouraged to consider what the best plea option would be to “win” the game. The goal of my game design is to offer alternative situations so that patients refrain from solely understanding forensic information in the context of their case. This more dynamic forensic training (as opposed to simply memorizing information to pass a competency evaluation) will hopefully educate psychiatric patients with legal charges on how to deal with the court process in the long term. On my last day at WSH, I was able to play the game with a forensic patient, and she reported that it was helpful to study the forensic terms visually.

### ***Caitlyn Hewitt – Fall 2023***

I had my field placement at Western State Hospital (WSH) during fall of 2023 under the supervision of Dr. Megan Morrison, a psychologist on 2 Hickory. Western State is a psychiatric hospital in Staunton, VA, and its mission is “to provide safe and effective individualized treatment in a recovery focused environment.” Western State is best suited for patients who are a danger to themselves or others or can no longer care for themselves. Throughout their time at Western State, they will have staff watching them and ensuring their safety while a treatment team develops the best plan of action to get them discharged with proper medication, better coping skills, and resources in the community. If a patient came from jail, they are most likely at WSH to restore competency to stand trial, which treatment teams will then also provide them with the rehabilitation groups and information to pass their competency test.

I was on 2 Hickory, an acute care unit that mainly handled admissions and short-term patients until they were either discharged or moved to an extended-care unit. Since this is a shadowing experience, most of what I did was observing my supervisor and other psychologists/clinicians. Most days I attended weekly treatment team meetings for patients, which was comprised of my supervisor and a psychiatrist, social worker, nurse practitioner, and occasionally other people needed for patient care. I really enjoyed these meetings, as they were a time to check in and learn more about patients. During these meetings, I wrote down information necessary for a mental status exam, such as a patient's appearance, mood, thought patterns, and apparent symptoms. This information enabled me to write up a few mock mental status exams as well as suicide risk assessments (if applicable) to go over with my supervisor to get feedback. This really helped me to understand the different symptoms associated with mental illnesses, and



how to properly assess patients. I found the information I learned in Abnormal Psychology really helped me with this task, but that the ability to actually see the symptoms in person really solidified my understanding of the common illnesses presented at WSH, such as borderline personality disorder, bipolar disorder, and schizophrenia/schizoaffective disorder.. I also was able to observe department meetings which covered a range of topics, from informational sessions documenting the 10 years at WSH to meetings discussing difficult patients and how units can move forward in caring for them.

Finally, I sat in on rehabilitation groups, which is another big part of this field placement. These groups are important for patients, as they're a way for patients to get off the unit, have access to educational or recreational content, and show treatment teams they're more stable. I was able to attend multiple groups covering a range of topics, such as healthy communication, relaxation through media, life skills, and forensic/court information to help patients restore their competency to stand trial. My supervisor helped co-facilitate the forensic group, which ended up being the group I co-facilitated with another student and facilitated by myself once. I knew going into this experience that I wanted to run a group at least once, and I'm thankful my supervisor set up the option to do that. I considered leading a group as one of my biggest weaknesses, and one I knew I needed to work on if I continued in clinical psychology. While there's definitely still room for improvement, I'm glad I had the chance to lead a group now while in undergrad when there's less pressure versus leading one in graduate school.

When it came to my contribution project, I focused on the issue of readmission in psychiatric hospitals and how that connected with non-suicidal self injury in patients. I ended up designing a questionnaire that asked patients about themselves and their urges. For the clinician, I created a sheet that explained groups of coping skills and what groupings work best for each patient based off of their questionnaire answers. Finally, each grouping had its own page of examples that could be given to patients. Ideally, a clinician would sit down with them and go over the examples, highlighting or circling specific examples a patient likes. Thus, when the patient brings the sheets home, they are more likely to remember and utilize the coping skills covered. Due to the timing and lack of patients in my unit that this questionnaire could be given to, I couldn't implement this project with a patient, but I was able to implement it by showing it to the treatment team I worked with all semester. They gave me valuable feedback that helped me improve my project.

Overall, I have found both pros and cons of working on an admission unit, but I'm overall happy I was placed here versus an extended-care unit. When I first accepted this position, I was nervous to see how I would handle an admissions unit, as the patients are normally newer and not as stabilized. Coming into this placement, I knew I wanted to work on being able to compartmentalize my emotions and not "bring them home", as that's an important skill for anyone going into the health and psychology field. I imagined the varying stability of patients



would make it hard to control my emotions. Although, I actually found it was easier to compartmentalize my emotions on an admissions unit versus an extended care unit. With patients coming and going often, it is hard, especially as a student shadowing, to develop a relationship with the patients. I normally saw the same patient maybe 2-3 times before they were either discharged or moved. Because of the lack of a relationship with the patients, I was able to handle my emotions better and keep composure. Although, a con of this is that if you do want to develop close relationships with your patients, the admissions unit is not the place for you. While I do wish I knew some patients better, I felt this was a good first step into learning how I handle my feelings in emotional settings and has better prepared me for future positions in psychology and health-related fields.

This experience overall solidified for me that I want to go into the clinical psychology field, and that I am better equipped to handle it than I realized. I did really enjoy seeing how patients are cared for and treatment plans are devised, and it allowed me to better see myself doing all of that in the future. I'm very grateful that I had the opportunity to have my field placement at Western State and to get to know my supervisor, Dr. Morrison, better. She helped me immensely throughout this internship and I can't thank her enough for all the knowledge and advice she has given me throughout my time here. I would highly recommend this field placement to anyone who's interested in clinical and forensic psychology, as the experience and knowledge learned here is invaluable and really does help you see yourself as not only a student of psychology but also as a future clinician.

### ***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 gage 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 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