

Anne: Get feeling and I always like that I record. Alright, so let's get started with the interview question. So, I thought before we get started again, the research question, as I feared is, how do Master Social Field instructors use the supervisory relationship with their students and teaching the CWE competencies, which we reviewed when we reviewed the informed consent and in helping students develop professionally and personally, so I thought maybe you'd share a little bit about yourself in terms of how long have you been to field instructor to master level social work students and a little bit about your agency.

Lexi: Okay, great. Yeah, so I have been a field instructor for 5 years. I adore it. I work for the Justice Resource Institute in Boston. The agency has over 300-- I guess not placements of ordinary org., but smaller organizations within it, which include community-based organizations and health and wellness programs, specifically working with people with HIV, several group homes for transitional age latency youth and adults of development disabilities, as well as some DYS place and support clinics. There are more... [crosstalk]

Anne: So, what if specialty pockets within this broad...

Lexi: Yes, exactly. I am the division clinical director for the transitional age youth group homes. I think that's a little bit about the agency.

Anne: How long have you been there?

Lexi: 5 years.

Anne: Oh, wow. When you say youth, is there a particular age range? [crosstalk]

Lexi: Yeah. So, the group home that I have been working... I transitioned into this role recently. So, the group where I've been at, we have used to identify as male, ages sixteen through twenty-two. They aged out of the system at twenty-two

Anne: Do you find that you cannot take the second-year students over the first-year students or a mix of both?

Lexi: A mix of both but that had an issue that I found is that now only taking students from one school. I previously had students from BU and Simmons predominantly at first. Our Boston University and Simmons and then I brought it in I think 2 years ago my first Smith intern and I realized very quickly that year that I could never again have Boston, Simmons, Boston College a Smith intern. So, we're only Smith interns now.

The difference is that they are field placements for 35 hours a week as opposed to a 16- or 24-hour placement, which in a group home makes a significant difference as well as the way their schooling is-- and I'm a Smithy myself, the way schooling is done, you have ten weeks in the summer, then you go into your 9-month placement or you're doing 35 hours a week. I meant summers and another placement. So, they also come in. If they're coming in, even when they come in as a first-year and I've had like second-years from BU, it's the difference was so massive in terms of education.

Anne: So, I'm hearing a real intensity in the sense like it's a full-time job, for the time it did there. So, there's an intensity of teaching. That's great. What made you decide to be a field instructor for master's level students?

Anne: I was previously a high school teacher and I really love teaching, I love the process behind teaching, and I like helping people grow and develop, so it was really a natural role for me to follow too. And I had hoped to work it-- when I was an intern, I remember thinking I hope I get to work with interns.

Lexi: So, your overall experience as an intern yourself for like first-year and second-year?

Anne: The first year was terrible. I learned pretty much nothing. The agency I was assigned to-- they just didn't know what to do with interns and my supervisor didn't know what to do with me because I would come in and I want to talk about theory and how I was stuck on... I don't even know an example but like, I don't know, something Anna Freud versus... or how would I apply self-psychology in a case and she didn't know anything about theory and that would frustrate her, as well as I'm very inquisitive and sometimes that it frustrates supervisors, but I also just don't have enough clients to really utilize supervision in a way that what is more academic because I had like too that here and what's more supposed to carry case with page, at least.

The second year was incredible. My supervisor-- I got so much supervision from the director of the organization, in addition to my supervisor, in addition to being having to shadow the occupational therapist and educational therapist, and nutritionist, which was such well-rounded. I just learned so much from that placement. That's the placement that really helped me develop how I work with my interns.

Anne: Got it. Okay. In terms of your experience in the last 5 years being a field instructor, how would you describe that experience in terms of teaching or being a field instructor?

Lexi: Like just overall with that's feeling?

Anne: Yeah.

Lexi: I think, it's been really positive. For the most part, I have not run into any giant red flags or any difficulties. The 2 students where I did have to like pull in their advisor. We were able to get... One of them was just youth young and immature. We just haven't had to talk about it, "Okay. Well, if you're going to go to France for 2 weeks, you need to let me know." Things like that, but overall, it's been very positive. I think the one difficulty sometimes is just the-- some of the evaluations just take up a lot of time and of course, the deadlines are never in a grace time period but other than that, it's really been a pleasant experience.

Anne: What keeps you coming back to being a field instructor?

Lexi: I think. Like a question. When I do like the process, I like the teachings to my colleagues and I really have put a lot of work into developing a really strong intern curriculum that [inaudible] I think the other pieces like it have been such good experiences and I've hired a couple of my interns and most of my interns have stayed in contact in some capacity. Whether it's a note here or there, or most recently, the Smith interns, they all have connected with each other, each year to tell each other about the placement. So, they asked me if I would start as an unofficial sort of group outside of work for my Smith interns as they go through a supervisory slash social gathering siting, which we might do that next year.

Anne: So, a lot of connections?

Lexi: Yeah.

Anne: When you think about your role as a field instructor., what comes to mind in terms of how you understand the role?

Lexi: I think, number one for me is really building confidence and building competency in my interns. So, from the get-go, I let them know. One thing, I always fit in their heads, is, unfortunately, sometimes without a Ph.D. or an MD after your name. You're not always be taken seriously, but in the majority of the states, you are a legal diagnost--, or you will be a legal diagnostician, and you'll get different roles where you're going to be called on and resent information. Depending on the people in the room, they'll be taken seriously, or you won't. You need to know your stuff inside-out, backward, forwards, upside down, inversely. And you need to also know you take your stances on things because that's also going to help you as you encounter different situations.

So, for me, it's really about, I think building the confidence, building the skill, making sure they're using critical thinking skills. Making sure... it's really important to me that they understand as clinicians, who most of them do want to move forward to do individual therapy, but not all of them that they understand that the background, the micro, don't have to be separated, that social justice has a huge role in individual therapy and should. And that skills some individual therapy can be incredibly useful in the more macro work, in community work, organizing and things like that.

For me, it's important that they also get a really well-rounded experience. So, I've noted them. I have all my interns do a small policy project. I have all of them do training for staff so that they can get feedback on their presentation style and get used to just having to talk in front of a group of people and usually what I do is have them connect that to like it an area of interest that they already have. So, there's it, it's fascinating training that I've learned quite a bit.

I guess that's not a short answer, but that's essentially like, I want them to come out as ready as possible. And be very confident, very competent social workers.

Anne: I'm also hearing, you also mention competencies too. So, when you think about the Council of Social Work, education competencies, is that helpful for you to kind of structure the year, in terms of the kind of guiding their learning. Does that come into play?

Lexi: It doesn't guide how I structure, like the curriculum, but I make sure that there are elements from all my competencies time. Online competencies that are going to be involved with it, especially because I think I can't remember which one it is. But there's the one that's something about environmental justice as well. [crosstalk] [inaudible]

Anne: Social, environmental, and economic, social justice. All that [inaudible]

Lexi: So, there are some areas where I'm like, "Well, we might not hit on this exactly, but how can I either make a connection or claim it sure we have as a product discussion around where this could come into play in their future. If it's something coming to play in the group home." So, if you do the like them.

Anne: I'm hearing a lot of discussion about systems. Coming to be mindful of the system that you're in and how you're navigating it that macro.

Lexi: Yeah.

Anne: Interesting. Do you ever struggle with, like sometimes teaching the competencies and direct clinical practice and finding like navigating that, or is it more hard or easy?

Lexi: It's pretty easy like so hinging, do I find it difficult to separate and make sure their making competencies while teaching clinical skills, essentially?

Anne: Yeah.

Lexi: No, I don't find it difficult. I think, for that, is how I structure it because we have, the interns, when they start part of the arm, farm boarding, as I teach them how to do treatment plans, the progress of youths, progress notes, and biopsychosocial, and that offers a lot of opportunities actually to talk about some of the different competencies, then we do a weekly clinical meeting which involves group supervision. And then that's where we also have like a specific-- we spend an hour on a topic and that topic might be something from the policy and/or it might be like, when we hit sort of the second semester, we do all diagnostics every week. And then like I said, we will have different projects in place for the interns as well.

All of the training-- what's nice about a group home is that they have access to kids around the clock non-stop and everything we do is there [inaudible] and they get to learn so many different ways of engaging with youth. It wouldn't necessarily learn doing like an outpatient clinic or something like that. And so for me, I think the competencies and direct clinical practice really go hand-in-hand. And if you are doing it right, it should really be seamless...

Anne: Kind of integration? Seems to be integrated or hand-in-hand?

Lexi: Exactly.

Anne: What are your thoughts about how to be a professional social worker? Let me kind of think of...

Lexi: I don't think we learn it in school. I think we learned a little bit from school. If you have a really good practice class and a good practice teacher who would actually make you do role plays. I think that a huge portion of it is in the field placement. I spoke to a prospective student the other day who was between schools and I was like, the reason I'm going to say Smith is not because of [inaudible] but it's because you get the most time in the field. When you come out, the two 9-month internships where you spent 35 hours a week and that to me is invaluable.

To learn as much about the things you want to learn, as much about the things that learn about yourself that you don't want to do, or don't want to be a social worker. But I do think having a good supervisor is a big part of that. I really do feel like-- I learned about my first year. I learned a lot about what I didn't want to do in social work and what sort of supervisor wasn't useful for me. So though, I wasn't getting a lot of client work and will come out with valuable lessons. So then next year, having an incredible supervisor and almost experiential team, in some ways was incredible. And that's work for me. I remember my second-year placement. I felt like I was getting another master's degree sometimes.

Anne: So, makes a different experience for you, for sure dramatically. So, what was most helpful for you, in terms of developing professionals you've gone to? And hearing a little bit about that second year, kind of really having that supportive environment [crosstalk] and the wide range experience.

Lexi: I think it really wells my second-year field placement was the biggest part of that and then I did have-- I was very fortunate to have some really incredible field instructors. One of whom I remain in contact with to this day.

Anne: [inaudible]

Lexi: I think, honestly that would be it really was-- and I am a doer, hands-on sort of learned. So for me, that really was helpful.

Anne: So, if you think about your students, what do you feel is most helpful for their professional development?

Lexi: I think, one, the supervision piece like when we can just meet for one-on-one supervision. Two, I do think I've gotten really positive feedback, both from students and from the schools on like this curriculum we have in place and how we do the education piece. I mean, and from the years where I had students from other schools, on side of Smith students, it was almost really clear that the more time you have in placement, the faster and better interns develop, and that was so abundantly favored, which is why I ended up having to stop taking interest from other schools because it started to also become an issue in between the interns where the other interns are feeling less than... because when they're confident to they're not getting that same amount of face time and in the moment supervision.

Yeah, it doesn't seem fair or most ethical really to have them together. I felt like I was just doing a disservice to the other interns and as the Smith interns. I could see that they felt guilty but didn't know how to...

Anne: Articulate that? Or?

Lexi: Yeah.

Anne: Or put them in a spot where they felt uncomfortable because of the traumatic difference? Tell me a little bit about this curriculum because I'm sensing that there's a structure and it's pretty intensive in terms of this curriculum [inaudible]

Lexi: The first week for us to make your comments, the boys just need to see your face and get used to you. So, the first week is, I had the interns spend as much time in the milieu, as possible they're like, it's going to be uncomfortable, they're going to feel awkward. But, until they start to just you, these kids have serious trauma histories and have issues. They need to just get used to you being in their home. So, that's sort of week one. And then after that, every week, we have laid out treatment planning. [inaudible]

Anne: No worries. He's being a protector.

Lexi: We don't just do like here, the how to write a treatment plan it falls of why do we write a treatment plan. How is it in service of the clients and unfair treatments? How do we write one where it actually is accessible, makes sense, where the client has, buy-in, and pays. So it's not just the how-to, it's also the why and the what behind it. So we do a lot of that so that usually, by October-November, they're starting to hold their own caseload. And at this point, it's still pretty scaffolded and supported. But usually, by January, they're their own sovereign entities. I mean still getting support for giving

supervision, but they're holding their caseload. They're no longer doing a sort of scaffolded writing about treatment plans, they're writing their treatment plans, they're getting feedback.

So, that's when the second term we really dive into diagnostics and what that looks like is we spend a lot of time talking about why do we diagnosed and [inaudible] diagnosed? When it is in the service of a client and we can get the services depending on your setting. If you're working in a school setting, diagnosis may not be that important. But if you're working in a setting where you either need to make adult services or insurance is an issue that we need to talk about it. Also, just knowing the diagnosis because, in congregate care, we see so many misdiagnose kids. So, we're really making sure they understand the nuances that while also holding the DSM was written by a bunch of white men. And I think one female on the left one and pushing back at some of the western medical models, so for me, it's important that they hold all of this and MN understand it. And then we went to push back at the medical model, and when we have to work within it.

Anne: So, I'm seeing kind of like a pendulum in terms of the learning process in terms of holding them and supporting them. And then that second semester is getting that closer to launch, right? You're getting like you going to be graduating in this is kind of going there. And then also the struggle to is you want to prepare them because if there's state licensure. Licensing exam and certain things that just going to have to know for sure too. Sounds like a pretty intensive thorough program. [crosstalk]

Lexi: And then we just, in like individual supervision, some of the topics that we just make sure to hit every week include self-care, but also like thinking towards the future. Maybe not every week but, "Are you thinking about your next place [inaudible]? Are you thinking about your first job? Do you want to talk about what salaries look like right now? So you have an idea as you're trying to make these choices? Like what would it look like if you work in a hospital versus congregate care versus outpatients old member house?"

Anne: So, I have a sense to the kids. Are they in the long-term, or they're in and out?

Lexi: For the most part, I say on average that they're about 2 years. Occasionally, we have a quick turnaround, that's very rare.

Anne: For me, you get an opportunity to really connect with them over the 9 months. And then, how do you build a relationship with your student?

Lexi: So, before they even start, like once they have interviewed and we've accepted them or send them welcoming email and I did direct with the clinical team and leadership team on that. Just saying, "We're

very excited to have you on board." Then, I say, "I'm going to check in with you towards the end of your summer before you start." At that point, so like in August, I send the intern handbook that we've created and I send like, "If you have time and you want to do some readings like these are things that other interns have found helpful, but also not necessary." And then the first week I try to spend as much time with them also, like in the common areas as possible so that that helps build rapport with the youth as well. If the guys trust me, so then, maybe they'll see that they can trust [inaudible] [crosstalk]

Anne: To think this new person that's upon us.

Lexi: Because the group home is such a shock to the system, if you've never worked and one before, I find that the first week is a lot of processing, and naturally, there that becomes sort of this rapport built. In our first supervision, the questions that are helpful for me as I always ask, "What is your learning style?" I ask for insight into their effective functioning. Sometimes, I get a lot of information when they're like, "What's executive functioning?" And like, "Ah. Okay, so that's helpful." The one you play I can't wait for deadlines or so that's one is very helpful. I explained that the supervision is really for them so I expect them to bring an agenda every week or to provide me with an agenda the night before and then that I will add to the agenda, but I want it driven by them. The report has seemed to build really naturally. I have yet to have a situation that has felt awkward or overly difficult to draw somebody out. I've been fortunate in that regard.

Anne: I also heard like setting expectations and transparency and just kind of clear communication. It's helpful. And then if you were to think about experiences that stand out for you when you were a student, any particular, you shared a little bit about this already about the differences between your first year in your second year, but any particular experiences that might have come up with a particular field instructor that stand out for you, whether it could be working with a client, something that may have occurred before with a client that also might have played out in your relationship with field instructor, something that stands out in your experience in the field?

Lexi: I think one thing and this is what did help me really understand in practice, how you could integrate a sort of social justice with direct medical workers. The woman, who is my supervisor, ran a program within the agency called Bot Shalom, which I can't remember what it stands for but it has to do with domestic violence and creating a safe space. So she's tested in domestic violence and she hosted every year at the agency a... I'm so sorry. It's been a really long time. I can't remember. I think it was pretty sure it was a Passover Seder and she had taken the book, not the book, but essentially and I don't know how much you know about Judaism or not and I'm blinking on everything. It's been years.

Anne: I'm going to say the Torah, but...

Lexi: I think, there's like a curriculum. I guess, [inaudible] for that sort of Seder and they served being. She interpreted it in a way that made sense for the survivors of domestic abuse. So, she hosted this with individual clients and group clients. I remember at first being like, "Ooh, is this a bit? Is this a boundary-crossing? What is this?" But really taught how she helps create community among these incredible women who needed community and a peer group and she didn't cross the boundary. She held them under the [inaudible] was therapeutic but it was-- I just remember thinking that's really neat. She's taken this group of women and because it was a Jewish-specific organization, it's utilizing culture as well to really support these women in a pretty incredible way. So, I think I did really take away like there are ways to incorporate different levels of clinical and sort of macro work. And I think for me for my second year, just my field supervisor, so knowledgeable about everything. And I remember the big thing that really stood out to me was she was like, "You didn't learn anything about the brain and a huge part of what you're doing involves the brain. So let's talk neurology." That was incredible for me. It's the first time I heard the words of neuroplasticity, the first time.

I mean, this was before they were big buzz words as well, but so, ever since then like that's a huge part of my training is I have all the interns download 3D brain on their phones and learn how your frontal lobe is impacted, and learn about the parasympathetic and sympathetic nervous system and how that's impacted with trauma and so really doing a dive into the amygdala and all these parts of the brain and how that works as well as like- so right now we've seen an increase in psychosis across the board in all of the programs. And so we've also done a lot of training on. There's a lot unknown about the brain and psychosis, but here so far what we do know. Because of my second-year placement, the supervisor is always connected or reading or a book to things. I do that now or I may not have time to read it now, but you might in summer or next year.

Anne: So those experiences really stand out in terms of your past experiences. And then has there ever been like really challenging times with a student where he kind of situation might have come up with a client or just in the relationship with the student that might have been a struggle to kind of navigate?

Lexi: Yeah. I don't know. I think what's hurting responses sometimes when something gets bad, it gets really, really bad and that piece I have no control over. So, the hope is always nobody needs to get sections which are by involuntary hold with-- The hope is it doesn't happen within their first couple of months. It's really run the gamut as to when that first massive crisis happens.

When it's the first week or two, there's so much more damage control and debriefing, and creating containment, and phase space. When it's later on, that all still happens. But if they've seen smaller pieces and understand at that point to note how the program works and putting kids are. There's a lot less fear and stress us at that point. I think, also just for all of them is the one thing that every year happens at some point, they have a breakdown about the sort of like privilege and the stories of these boys are horrific and I warned them and I might be able to talk about some of them without breaking down crying, but it sure was talked about. I'll talk about that.

I think depending on the intern some years that's required a lot of processing and a lot of sort of holding space for that and some years, it's more like, "Okay. They're going to have this cry." And I can tell that we're going to process it and it will keep coming up, but they can move beyond this. It's not going to hold them in that place for too long.

Anecdotally, it's interesting when each interns sort of hits flat.

Anne: How does that play out in terms of your relationship with the student? If you look later on in the year in terms of reflecting back? Does that end up being something discussed or explored?

Lexi: Yeah. In fact, one of my interns, at the end of her internship said, "Do you remember in September when I called you sobbing because this kid cussed me out, ran away from me all this sort of stuff." And she said, "Lexi, you were great, you're kind." But what stuck with me as she said, "Maybe, someday, you're going to laugh about this and he's going to be one of the kids you work the best with." And she said, "I didn't believe you at all. And I thought you were insane." And then she's like, 'You were right. He's one of my kids to work with, we get along wonderfully." And now when I think back on it, she's like 'Based on what I know. Now that was a walk in the park and I can't believe I cried." So, it's been helpful to hear those reflections.

I tend to hear a similar story to that, at the end of each year. I think there are also that said, I can think of some standout times that have the part. So we lost a client to opioid overdose and it was actually-- so the intern that year, didn't know that individual. So, what she saw was all of us and the kids really grieving and she held that in a certain way, but the intern from the year before had worked extremely closely with this individual and then had actually stayed on in a mentorship-approved, which rolled with DCF for quite some time because of just the nature of this youth attachments. When he died, I remember for her. I reached out to her field placement at the time to say, I'm not her [inaudible] we have like her field advisor. So I'm just saying, "I want to put this on your radar." She worked really closely with this kid and the death was pretty horrific and I just remember trying to really be there for her while also recognizing she'd have another supervisor not wanting to impact [inaudible]. She had a shared experience that nobody outside the group home could relate to and she was relieving and then the current intern who and they had become friends over time.

The current interns so them really processing through. She's like, "I see what you guys are going through and I even I can't even imagine it and it's making me fearful." So, that did allow for conversations of how might you respond and what are some things you can think about now to almost protect yourself. If this does happen and to know because at some point everybody [inaudible] a client in some capacity and how you manage that. Sorry. I think I got off track, but it's just in general.

Anne: No, because it's really kind of plays out in the sense of the magnitude of the relationship gets altered don't change when you have those shared experiences, and it sounds like it was pretty profound in the sense of that shared experience that everybody had. And then you mean to kind of maintain that connection? So when you think about those challenging times, what are your thoughts in terms of how the relationship is altered or changed because of those challenges?

Lexi: I think one of the field supervisors, sometimes I have to catch myself from like, if there's something that I also significantly impacted by and not getting frustrated that I also need to be there in a different capacity for the interns because they stood there usually, for the year. And in that way, I am responsible for their growth and development and their experience. So, I think sometimes I have to sort of step back to be like, "All right, you have to deal with this the way you are going to deal with this like being." But you also have to present a certain way with your interns. And that's not to say, I don't show emotion, I do. I want them to know and they've seen me cry, but also want to be able to support them so that they don't have to wait, almost like how many hours were spent. I don't want them to have to worry about it.

This is time for them to learn and to grow and else or make sure that it's an experience that they can grow through. But I think sometimes that then it is also that careful navigation of this shouldn't-- we don't want this to turn into therapy and maybe you did just go through a traumatic experience, so we did together and the nature that does create a different script of a bond, I think I'm very careful of boundaries, but I think, sometimes it means when you both know somebody who passed and you working closely with, there are-- sometimes like a specially with my one student because I know it's still hunting her, you shout like on his birthday or something, the birthday of the kid who passed and just feels like, thinking of you today and if you want to chat, let me know sort of thing. Because I think her with HIPAA and no longer being in that placement, secretly talk to anybody.

Anne: Your thoughts about disclosure, does that come up in terms of a student in terms of teaching about disclosure or even yourself, in terms of stories you might provide or teaching?

Lexi: No, it plays a huge role actually. So, right off the bat, we talked about disclosure, I think in the first week and the big thing is, don't disclose anything, right off the bat like, the kids need to know you're human. So yes, if they ask about your dog or school, like yes, you can get those answers, but we're not getting personal. And then I usually model what I believe to be appropriate disclosure. And so, that might be like, if a student, or if one of the youth is struggling due to their ADHD might be like, "Hey, did you know, I really have ADHD too?" I see that were very similar in this regard. "Here's what I do, would you be open to trying it?" Like something very simple or it might be... one of the interns was like, "I learned so much from you this day."

One of the kids was struggling to articulate how he feels when he's depressed. Sometimes I also struggle with depression and I said, "Can I show you how I feel? If I wasn't taking depression medication?" He said, "Yes!" So, I lay down on the ground and I put a barbell on top of me and I was like, "This is how I feel because that's how I feel. I've been trying to explain that." They were like, "Okay, so now we have some language to use." And so I remember the intern being like, "You changed his whole trajectory that day when you explained how you feel if you don't take your antidepressant by-- that you felt that way."

So, my big thing is you don't just go and it's a delicate game. Like it's especially for interns [inaudible] build anything. If you haven't already if we're not talking about it first, do you think there's something I might just close that could be in service of the client? Let's talk about it. Let's make sure it is in service of the client and not in service of you and that is appropriate because I might not have somebody disclose the history of alcoholism, but they couldn't disclose a piece of like, I know, somebody and here's-- use some of their experience to support youth or with ADHD, depression, and anxiety because those are such mainstream diagnosis. That I also think is important to normalize. We'll talk a little bit about where you might disclose something within there but I'll, too, do it.

So, I think the biggest thing is, I don't want him to disclose ever actually talked about it first and if it happens accidentally, they know how to tell me. Let's process it. Let's see why it happened. And I mean also one of their first training to do is an intensive boundaries training because it's so important in congregate care. So, that also really helps them with framing those discussions.

Anne: Do you find that disclosure on your part helps build the relationship that you have with the student?

Lexi: I think so. I'll share anecdotes from when I was an intern. I think it, mostly I use it to normalize their experiences and/or occasionally help them think differently about a client if that makes sense, but I do think sometimes, I think, especially the normalizing to be like, "No, I understand that you're very stressed right now. I remember what it felt like or here's this time. I did something really embarrassing and placement like it happens to all of us. Or can I tell you about the first time?" I really like messed ever, tried, or whatever it is. Normalize it, also create a little bit more of that feeling of comfort of like, "Okay. So this person who's my supervisor is not perfect. In any way to get sort stuff. Like, if you think that helps a lot."

Anne: How do you know that you have a good fit with the student?

Lexi: Like a question? I mean, I think I try before they start in the interview process. I don't believe in interviewing in a bubble. So, I interview-- I then have any current interns prepare 1 or 2 questions and my clinician like you have a clinician on my team and then I always bring in a couple of kids because for

me that has been the telling piece every time. If they walk in and somebody looks fearful, we're not taking them. If they walk in and taste something really inappropriate or off the cuff and the person doesn't react well, they watch them, and unfortunately, this happens to I get a young student and they walk in and like these guys sometimes this like adults and depending on a conversation they might have, I usually can pick up on some stuff with boundaries really quickly. This past summer. It's like absolutely not, she has no boundaries. You're not taking her with you. So for me, that's a big part of it. And I looked really for the passion and the energy and for people who are excited to be instead of a fast-paced environment where they're going to learn a lot. So, I have yet to have a bad set.

Anne: So, it's really from the first meeting having an offense or assessment did those assessment skills are okay. Have you ever had a situation with the student where you just kind of went like, "Whoa, what just happened here?" Might've been a high emotional type situation, whether it was with a client and have the student kind of navigated it or came into supervision and had kind of a what just happened, like an emotional intensity, or a clash of something?

Lexi: Like where I clashed with them, or they were...

Anne: It could be just kind of one of those like, "What just happened here?" kind of moments that sometimes happen. And how did that type of experience occur? And if it did, how did you kind of navigate it with the student? Because I imagine with the kids, there are some high-intensity type situations that occur. I could imagine that might be pretty intense at times.

Lexi: I can think of a couple of situations. One in particular, where we had a young man who was very, very much little and was in his first year of emerging schizophrenia and I was on call and he destroyed the whole house on the bottom floor. So, there was literally surf dripping off the ceiling, all the furniture was broken. It was a rough night. And so they turn to come in the next day. he's gone because he's now in the hospital and the house is empty. And the rest of the kids are walking around and shell-shocked sort of manner and I remember feeling their gaze turned to me of like, "What do we do?" And being emotional because the individual like we all adore this young man, and we're so just worried and sad for him.

So, those are moments where I tried to pump up the camaraderie and say, "I'm rolling up my sleeves alongside you. Let's make a plan together. Who is going to get-- you guys, go, get the Christmas trees because that's the easiest way to start filling the space and then we're going to go get some furniture, and let's bring to the kids..." So, really, just trying to take a big team approach in that regard and I feel that often seems to bring almost, I see them sort have this sense of relief. And then, we'll talk about it and I always offer like, "If you get home tonight and it hits you, please reach out. " That is something we can do. If you wake up tomorrow and you just feel like, "Let's talk." I tried that's something I'm very big on is having to sort of also- an open door being accessible within reason. Because sometimes, I know it

takes a little while to get home and decompress. Even it will take a few days, especially when you're in crisis, [inaudible]

Anne: Well, you have all that adrenaline and all that other stuff and then it takes like the crash and then processes. And then you want to have somebody there.

Lexi: So, one of my interns right now is really struggling with youth to- and because she is an immigrant and is struggling with his choices that will impact his ability to get a green card. That is an area we'll leave them right now. I noticed her falling apart more. So, that's when I'm like, "Let's talk about transfer. Let's talk about, what this is bringing up for you and where you..." I know she's in therapy and says, "This might be something to discuss with your therapist. If it feels like we're headed too much down that lane." It could also be folding. This is also, "Are you sure working within here, so let's also talk about it." [inaudible]

Anne: So, maybe able to utilize it as a tool for the learning but also be safeguarding boundaries with the student in terms of what their comfort level is and giving them that kind of permission. When those situations occur with the student, does that affect the relationship in any way? Does it make it stronger?

Lexi: I think it's made it stronger. I know, sometimes if they are a student who cries more, there's sometimes an embarrassment, and I always try and do like this, "You're human, I would be worried if you weren't." Something to that effect, like, "This is normal. You have to go through these experiences. Or you're not going to last to this feeling. You have to let yourself feel it, and figure out how to deal with it." I think one occasion, I've had one of those times, you just was like, "I don't want anyone to ever see me cry." And so, there is almost not a rupture, but it's like, sometimes it's similar to [inaudible] with the kids. Sometimes you can dispose of something. And that doesn't talk to you forever. Not that it's far less extreme with the student, I've seen a pullback sometimes after somebody feels that they've been overly emotional. And again, usually, I'm like, "No, it makes sense that you were emotional. What you've done today or what you were involved in today was really hard." But then also if this is somebody who's embarrassed to give them their space and let them...

Anne: Sure, being open and inviting but also leaving it on the student terms of their comfort level. Definitely. So, how do you see your relationship with your students impacting their development as a professional social worker or even as a person in general?

Lexi: Yeah. I think-- can you repeat that.

Anne: Yeah, so if you think about the relationships that you have with your students, what kind of impact do you think it has on their professional and personal development?

Lexi: I think based on feedback I've gotten, a lot of times, they reflect back just one being appreciative of the amount of learning or my expectations of them that I have very high expectations and my philosophy is their expectations are high, they're going to rise to meet them.

Also, I get a lot of feedback of just helping people develop that confidence and that sense of like, "I know what I'm doing." And then I think the other pieces I get some feedback around like, "Knowing it's okay to be human." And that is part of our experience. Knowing that it's okay for our clients to know we're human. I mean, again within proper boundaries and reason, but allowing for that and that we're all part of this surge human experience.

I think the other thing they really come back to me, I had several come back and say, "I can't believe how many people I work with who think they are can only be done one way. Or I can't believe how many people just want to diagnose like that without questioning and doing differentials." And so I think, I get a lot of feedback that they feel more well-rounded and maybe more open-minded and also have a different level of compassion, I think, for those, who work with. That sounds like I'm saying really great things about myself, but that is the [inaudible].

Anne: If you can recall an experience that you had as a student in field instruction that affected you and like a past supervisor. Is there any kind of meaningful moment that you might have had in the past? You kind of shoot a little bit, but I'm just wondering if there are any other experiences from a past field instructor that would be there similar or different than what you're kind of dealing with your own students?

Lexi: Yeah. I was in my second-year placement and a young man, at one of the clients I was working with, showed up at the practice at 6 in the morning, threatening to kill himself and he had a weapon and was sort of in a standoff and saying, "I had to get there." And it was terrifying, and I got there, and then, this was in Georgia. The police asked that I go with them to the hospital, once we got him in the ambulance and it was my first experience in a patient's ward. And also, it is the only experience I've ever had. Like this one in the patient ward, where the majority of the clients were handcuffed to the bed. And that was pretty horrific. I have seen that once or twice then and a safety situation. But like that felt like a scene out of One Flew Over the Cuckoo's Nest. Like I just was not prepared for it. And the doctors were all very like, "Oh, good little social worker." It was just a mortifying and horrifying experience.

I remember I got back to the placement and I was getting ready to see another client and my supervisor was like, "What are you doing?" And I was like, "I'm getting ready to see my next client", and she was

like, "We need to talk", and she's like, "You're shaking and I can see it, which means your clients going to see it, which means you have a decision to make right now." So, part of the conversation was-- and so I was swelling because I have a tattoo because of this. We talked about being a warhorse. And that warhorses are bred in such a way that during the intensity of battle, they don't falter and they stay steady for their riders. But at the end of a battle, they can go to that stall and collapse and fall apart and she was like, "You have to be a warhorse and if you're not ready to be a warhorse, then you have to know when to say, "I can't do this." She didn't like it in an internal way. But sort of a, you make on occasion, you might have to cancel your clients and she was like, "This is a big deal what happened today and you have to figure out how what is going to work for you." Starting a tattoo of a warhorse on my back, because that really helped me and I've carried that with me through a lot of experiences.

Anne: Do you find that you use that narrative for that story in your teaching?

Lexi: I have used it. Not every year but I've definitely used it when it's been appropriate.

Anne: Pretty powerful experience.

Lexi: Yeah.

Anne: Definitely. Imagine that you guys talked about that experience throughout that year,

Lexi: Definitely did.

Anne: Kind of intense experience.

Lexi: Yeah, and in so many domains from what I saw in the hospital versus like I didn't know that the fire trucks and police and the ambulance all come. There were so many things I learned that day, as well as like, I remember thinking, it'll be my fault if I don't get there. Having to have that under... [crosstalk] [inaudible]

Anne: A lot. What a learning experience, on so many different levels.

Lexi: I think because Sherry also had such a fashionable way of taking even the most traumatic experiences like that and making a learning experience and doing it in a way that always felt safe and comfortable and never liked explain it or anything like that. I think that also shaped how I try and work with my students.

Anne: Do you think felt that there was some modeling in some regards in terms of her teaching, in terms of seeing how she was as a social worker? Was that helpful as a model?

Lexi: Yes. I think that is very helpful.

Anne: Any similar different situations that were pretty powerful in terms of working with your students. Just like you have that really powerful experience with your past field instructors, has anything come to mind for you, with your students in there?

Lexi: I think a lot. We had earlier this year, the first time, so that's a group on we don't restrain is our policy and have never restrained and we've also never had a significant assault except for when somebody was actually actively psychotic which we serve categorize it, differently. We had a view intake and he assaulted a beloved staff within his first couple of nights. And also try to like rip open his arm with his teeth. It was a scary incident. He heard this sound so bad, in fact, had without out for about a week and had some internal bleeding and stuff. It was not good and I said, the interns, this group home is very team-based.

So, in our staff meeting, the conversation was, "Do we ask this young man not to remain here? Do we feel that we can provide the treatment you need and keep him and up their state?" So, this was direct care staff, leadership, clinical, all of us together have this conversation and the interns were part of it. And that was a really intense experience for them. And then they were part of the meeting with DCF when we send me a chance. Like, in good faith, we cannot help this young man in the way he deserves and in a way to keep him and thirteen other boys with trauma and staff safe.

As we start this meeting and DMH was at the table and DCF was at the table, all these agencies. Unfortunately, what the interns filed, like, "This is a kid. This is one of those kids who fall through the cracks. He doesn't fit DMH. He doesn't fit DCF. He does have autism. He needs services. He needs adult services, but right now autism falls in this weird gray area." And they were so furious with the system and so furious with, I think that sense of futility. They were mad and they were so mad, they were in tears because they also felt for this young man as we all did and that was one of those, they were coming at you with provisions of like, question after question about the system and isn't there, "What can we do to change it?" And so, I think that was-- we've had some really powerful conversations

around that and as you see, these problems within our systems here's one to spend your energy on it, here's when not to. And how to determine like which he held to die on, which battles to take on.

So, I think, I know that one for this year. And for those 2 students has really stood out and often at system thing is a big issue and almost every year there's something where their eyes are also really open to like, sometimes you're going to feel really powerless and you're going to be really frustrating, but they're all these services and people meant to help and none of somewhere is helping.

That's a big eye-opener and it's not an experience you get in an outpatient clinic for in an in-patient hospital as much, but in congregate care with teens, especially this experience, you're going to have a fair amount.

Anne: Then, you have to, I imagine the process that not only with the students but also there are layers of processing.

Lexi: Yeah, layers of processing. I think the other ones do this slightly embarrassing. We've started a lawsuit against one of our hospitals because I collected data over the last 5 years and they hospitalize white kids, like that. And they never hospitalize our black kids or our undocumented kids. One of my kids has been section 6 times over the course of like, 3 weeks for emerging psychosis and he was a danger to himself. They kept sending him back saying, "It was a trauma response." I kept thinking like, "I know what are trauma responses. I see this young man every day for hours. I know that he needs help."

So, the very last time that we went to the hospital. They just acted, they locked him in this little room with all these adults and this is hard at that 17 to 18-year-old age. And in this young man's black. All he was sitting on the edge of his bed and crying but there was a giant white man walking around with his genitals hanging out, swearing at people. There was a little white woman going out to everybody and being like, "Fuck you, fuck you!"

So, there's a lot of kind of scary stuff happening on the unit. And then the nurse comes in and says, "We're going to have to sedate you. And if you refuse, we're going to restrain you." And I was like, "What?" And this kid sitting here. He's quiet. He's not done anything or threatened anybody and all he says is, "Could I talk to the doctor?" And she said, "No, these are my instructions." So, I was like, "He's asking you to talk to the doctor who hasn't seen him, who's prescribing this medic thing, that's fair." In any way, it very quickly became that I was blocking his treatment and they also were coming in to restrain him and I'm just-- sorry.

I'm still frustrated because there were all these people doing all these things. And then there's a young black child, who... and that literally the guard, I kid you not, were stepping the gloves and we had all these guards outside of this room. And finally, I was like, I don't know like and how they were treating him was just all so bad. And finally, the doctor came and he said, "You need to leave. You're blocking treatment. We need to be able to sedate this young man." And at that point I said, "I'm not leaving", and I lay down on the floor which late... I was shaking. I was so upset and so fearful for how this young man was being treated and he was such a delicate, like crying, really mentally-ill kid. So, they said, they were calling the police to have me arrested, and he just sat there, really quiet. And he goes, "Thank you." And he was like, "There's no need to thank me. I am here for you."

Anne: He senses you do anything wrong. [crosstalk] He didn't do anything that warranted sedation?

Lexi: No. Exactly. When I got back to the group home, I held it together and then come back there, and then she just lost it and I'm really lost it and which is not something I wanted interns to see but since then, I've been told by them. I'm really glad that saw it. One because I think they felt that seeing. It felt powerful for them to see somebody putting action in place, sort of trying to-- I don't know.

Anne: Well, talking about social justice and advocacy for the disenfranchised. I mean, this is what being a social worker is about and you're going to go and advocate for the patient and do it in the best possible way that you can.

Lexi: [inaudible] exactly. This is what we thought of what we wanted to do social work [crosstalk]

Anne: It's scary and sometimes it's really scary to be an advocate for a patient because you're dealing with all these different systems and trying to navigate a very scary situation. In a mental health care system that doesn't adequately have the right facilities to treat the kids in [inaudible] so then it... [crosstalk]

Lexi: No, it's likely. So, we were able to account for so many conversations have that everything from. I was absolutely terrified that I laid there thinking, "I've come to get arrested?" To the sorrow, for that ill man and all the other individuals to look him after and be doing in such a manner. I thought, "What can I do next?" The next step is we file in the hospital. I gathered my data which went [inaudible] lawyer, who looks like, "What can we do?"

Anne: Yeah, then get your social work years going like what do we need to do to make positive change out of this?

Lexi: Yeah, very teachable moments.

Anne: Yeah. When I think of an empowering moment for them to be like, "We can do this, we can fight the system and advocate for our clients in real-time and therapists also."

Lexi: It doesn't like your agency supported you as well?

Anne: Yeah, they didn't.

Lexi: So, that's also that backing of... Sometimes we have to do the right thing, even though it's the most difficult thing. Sometimes end up doing it.

Anne: He talked a little bit about this, but have you ever maintained a relationship after the end of the school year? Like the relationship changed in terms of the mentor consultation, a peer, colleague?

Lexi: So, I think, with some of my earlier interns, there's not a ton of communication so much as like, an occasional. Like I might sometimes I'll hear from them if something makes them think of the group home or me or an occasion, "Can I have a letter of recommendation?" But in the last couple of years and I think that this is because this has been with the interns for their 35 hours a week that is really different with them. And so, it has been my clinician and I, will one, every year at the end of the year, in the intern handbook, the interns edit it based on things they account and I always I tell them, they don't have to, but they like to put their contact info in there for the next year's interns. Almost every year, the interns from last year and the coming year go out for lunch or do something together, and I'm not involved in that at all. So, I love the fact that it's happening.

So, now my clinician and I went out to dinner with 2 of my interns from 2 different years. We became friends through that process and asked, "Can we go out for dinner with you and Amanda. We just love to hear how you're doing?" It was such a lovely evening that really goes to this quarterly because it both, as professional, feels really good to be able to have some of these conversations but also as people who have some shared experiences with these incredible kids and very difficult circumstances. We also have some of these shared moments. I think for me what's important is I try and really be aware of-- I was a supervisor that put me in a power role. Like I want to be very aware of that in any way whether this continues in a mentorship sort of way or becomes more of a friendship. I need to be conscious of that and make sure that doesn't impact or harm.

Anne: So, anything else you would like to share about your thoughts on the supervisory relationship with masters, social work interns?

Lexi: I know that my training ideas are that a lot of people don't want to put quite as much time or effort into it. And that's okay. Like, a lot of people weren't teachers or don't have the same passion or energy to do that. And that's fine. I think what worries me though is how many-- I wish that more supervisors had supervisors. I guess that's very important like that. I have fought with an agency to change the culture about not supervising our clinical directors because I don't think that's the best practice. I think that clinical directors working with a bunch of extremely traumatized young individuals should have a supervisor.

As I moved into this role where I'm now going to programs for that hasn't been the case. And in one case, where I had to let the foot of a clinical director girl, and she was damaged by what's happening to the interns, where this could be the role of clinical director. I've seen that happen a couple of times, and I think it's such a foundational learning experience. And I wish sometimes that agencies' didn't just willingly, "Oh, yeah, we're taking interns and we're going to adjust to them." I wish there was more thoughtfulness of that people. I don't know that there was a little bit more required structure because I've seen happen a couple of times where he's at the interns are used as free cheap labor, or they're not really exposed or learning or where they're being taught. I guess I just wish there was a way to figure out how to-- I guess that's like with anything weather... but I feel it didn't touch a foundational piece of who we are. As we develop our social workers. I just wish there was some way to kind of ensure a safer and...

Anne: And positive experience?

Lexi: Positive and appropriate experience.

Anne: You mentioned something about the need for... correct me if I'm wrong if I read it correctly, but you mentioned a little bit about how sometimes as a supervisor, the importance of the supervisor also having a supervisor. Did you mean that in terms of a sounding board, consultation support?

Lexi: Yeah, I think consultations, sounding board and I just really strongly believe, at least on working in congregate care at these individuals, because the nature of our-- therapeutic relationship is different than if I'm seeing somebody wants an hour once a week as opposed to I'm in their home 5 days a week. That's a very different relationship. I know when they're having something from and for their stuff, I know I would never know about just individual clients. For that reason, I think it's also very important that we do have-- that we're not making decisions in a bubble because sometimes you do need

somebody to say like, "Take a step back. You are fighting so hard for this kid and you're doing all this and you're not seeing fairly right now." Or our kid's present respect complex.

So, such complex repetitions, that was really adopted, but also being able to talk through that with somebody and I just think their work is intense and I am grateful every day that I fought to get myself a supervisor when they decided they would no longer provide supervisors for clinical directors because she has been a sounding board, she has been somebody to pick me up when I have been like, "I don't know what I'm doing." She's been somebody that when I felt lost career what she knows.

And that for me and to me to consult with and I think that's important, especially if it's done when I go to supervise others, I feel that I also am able to be a better supervisor because I've been able to speak to, I don't know.

Anne: Absolutely. That makes complete sense. So, it sounds like you had to kind of advocate for a supervisor over you because otherwise would have just been like [crosstalk] executive. [inaudible]

Lexi: [inaudible] which is like, programmatic [inaudible] What we've seen happen is when they removed the supervisor for all of the clinical directors in the group homes, all of the group homes, except for one fell apart and the one that didn't fall apart was mine. But also I think part of that was because I fought to get a supervisor and that's why they've now created the role that I just hired him because they realized we need to be supervising. Part of contractors.

Anne: Being a field instructor, who supports you in that role? Or not?

Lexi: Yeah. I just need to grab my charger. I realized-- give me one moment.

Anne: No worries.

Lexi: Looks like, I did not bring it home. So if I lose you, I am so sorry.

Anne: We're wrapping up, anyway, I was just kind of curious. Is there anything that you need as a field instructor where you get that from?

Lexi: When I first started being a field instructor, I wish that there have been some training around it. Because I'm somebody I like to know what I'm doing and I like to have some sort of, I am very academic. I like to read something. Have expectations that they have just thrown at you. And here, you'll have an evaluation of peers. Follows that there any troubles.

And now I don't feel like there's much I need in the way of some kind of courts and agencies, but starting out I really wanted to have more.

Anne: Sounds good. Well, if there isn't anything more to add today and when I give you an opportunity to read through the transcript, I'll take some things out because it might be too personal, so I'll kind of sanitize it and get your feedback of course, and then the main thing is to give you a little bit of time to think about what we talked about today. If anything comes up and some additional questions. So, if this day and time work next Tuesday. Same time. We'll give it a go and...

Lexi: Absolutely.

Anne: Awesome. Well, thank you so much.

Lexi: No, my pleasure.

Anne: So, appreciate your willingness to spend time with me today. I really enjoyed it and hopefully, we'll get you the sanitized transcript by the end of the week. So, you don't have to look at it over the weekend.

Lexi: That sounds good. Thank you so much, Anne. Have a good evening.

Anne: Thank you. You too. Take care.

Lexi: Bye.

Anne: See you soon.

[END]