ChatGPT

Simulating an APA-Accredited CMHC Psychology Internship in NW Ohio

Figure: In a typical rural CMHC therapy session, interns balance active listening with careful note-taking (photo from a therapy setting). Internships are full-time (usually 2000–2080 hours/year, ~40–42.5 hr/week) [1]. Ohio law requires at least **25% of placement time in face-to-face client contact** and **1 hour of individual supervision per 20 hours worked** [2]. In practice my weekly schedule is roughly:

- **Direct clinical services (~15–20 hrs/week):** Individual and group therapy (treating depression, anxiety, PTSD, etc.), about 75% of training time [3].
- **Psychological assessment (~3–5 hrs):** Administering/intake testing (cognitive or personality measures) and report writing for complex cases.
- **Supervision (~3–4 hrs):** Typically 2 hrs individual (meeting Ohio's 1:20 rule [2]) plus 1–2 hrs group supervision/case conference [2] [4]. Supervisors are licensed psychologists (PhD/PsyD) on site [5].
- **Didactics & seminars (~1–2 hrs):** Weekly staff meetings and workshops (e.g. ethics, evidence-based treatments). Interns "learn to apply... professional ethics and standards" through these cases and seminars [6].
- **Case management & admin (~5–10 hrs):** Progress notes, care coordination (schools, hospitals), paperwork and client follow-ups.
- **Licensure prep (~1–2 hrs):** Self-study or group review for the national EPPP and Ohio's jurisprudence exam (covering ethics and law).

These components align with APA and state training rules: for example, Ohio mandates additional group/case-conference time (≥1 hr/week beyond individual supervision) [7] and at least one licensed psychologist on-site as primary supervisor [5].

Client Populations and Presenting Issues

NW Ohio CMHCs serve a diverse rural/suburban mix. Most clients are *adults* (often 25–64) who are low-income or uninsured, with Medicaid covering many. Common populations include:
- **Adults with mood/anxiety disorders:** Depression and generalized anxiety are prevalent. (Local data show ~15% of surveyed adults had 2+ weeks of hopelessness in the past year [8].) Many struggle with chronic stress or trauma.
- **Severe mental illness (SPMI):** A substantial portion have schizophrenia, schizoaffective disorder, or bipolar disorder. State reports note that rural CMHCs prioritize SPMI adults and severely emotionally disturbed (SED) youth [9].
- **Substance use disorders:** Opioid and alcohol dependence are common, often with co-occurring mental health issues. For example, local CMHCs (e.g. Recovery Services of NW Ohio) specialize in dual-diagnosis cases [10].
- **Trauma survivors:** Many clients have histories of abuse, domestic violence, or combat exposure. Rural northwest Ohio counties have some of the state's **highest suicide rates** [11], reflecting high trauma and stress levels. Interns regularly encounter PTSD and grief work.
- **Youth and family cases:** Adolescents with anxiety, ADHD, or behavioral issues (SED) come through youth teams or schools. Older adults with late-life depression, memory problems, or caregiving stress are also seen.
- **Underserved groups:** These include rural elderly (frailty, isolation), migrants/farmworkers (often Hispanic or Amish communities), and minority clients. Statewide, about 57% of public mental health clients are White, with significant Black (17%) and Hispanic (15%) minorities [12]. In Toledo/Surrounding areas, interns also see urban poverty and cultural diversity.

These populations bring a broad range of diagnoses (major depression, anxiety disorders, PTSD, bipolar, schizophrenia, personality disorders, ADHD, etc.) and social stressors (poverty, job loss, legal issues). For instance, in Lucas County 4% of adults reported seriously considering suicide in the past year [8], so assessing risk and safety planning are common tasks.

Supervision and Training Structure

The internship follows APA and Ohio licensing requirements closely. We have two primary supervisors (licensed psychologists with ≥2 years post-licensure) as required [13]. Typically:

- **Individual Supervision (2 hrs/week):** One-on-one meetings to review cases, diagnostics, and therapy skills. Ohio mandates ≥1 hr per 20 clinical hours [2]. In my setting I consistently get 2 hours weekly.
- **Group Supervision (~1–2 hrs/week):** A multidisciplinary case conference or group supervision with peers. This covers group cases, case conceptualization, and peer teaching. Ohio law explicitly requires at least 1 additional hour of such learning activities per week [7].
- **Live Observation/Co-Therapy:** Periodically, supervisors sit in on therapy or review recorded sessions. For example, I once had a session observed for immediate feedback. Training models emphasize "live observation by a supervisor" as part of learning [14].
- **Supervisor Credentials:** All supervision is provided by licensed doctoral psychologists. Ohio rules insist on a licensed psychologist on-site as primary supervisor [5]. By regulation, ≥75% of

supervision hours must come from psychologists (others like social workers cannot provide majority supervision) [15].

In addition, there are regular staff meetings, ethics case reviews, and informal mentoring. Interns also co-lead community outreach or group therapy (with supervision), expanding skills. Our program values feedback – for example, after a family therapy video session, my supervisor gave an hour of focused coaching.

EPPP and Ethics Preparation

Preparing for licensure exams is integrated into the year. Interns cover professional ethics throughout the training. We have a seminar series on the APA Ethics Code (confidentiality, dual relationships, mandatory reporting, etc.), reflecting the APA goal that interns *"learn to apply… professional ethics and standards"* [6]. Ethical scenarios (e.g. rural dual-role conflicts or telehealth consent issues) are discussed in supervision.

For the EPPP, many interns form study groups in late spring. The EPPP heavily tests ethics/legal standards as part of its content, so our case conferences and didactics reinforce state laws (e.g. competency statutes) and Ohio's required jurisprudence exam topics. Though not always formally scheduled, supervisors encourage reading APA's ethics and Ohio Board materials. For example, one of my peers ran a weekly quiz night on EPPP questions. In short, the internship embeds ethics (as above) and promotes self-study for licensure testing.

Cultural and Ethical Considerations in Rural NW Ohio

Clinicians must adapt to the Midwest/rural context. As Ohio Board Director Tony Coder notes, *"the more you get out into those rural areas, the less opportunity you have for behavioral health care…combined with stigma… [it's] a perfect little storm"* [16]. In practice, this means:

- **Stigma and Trust:** Many locals (farmers, working-class families, Amish/Mennonite communities) are private and value self-reliance. They may resist labeling or therapy. Interns learn to build rapport gradually, sometimes integrating faith or community resources. Case examples often involve navigating stigma (e.g. a teen hesitant to see a "shrink" until a school counselor referred them). Training emphasizes sensitivity to local culture.
- **Provider Shortage:** Rural sites have few clinicians. I often see clients who drove 30+ miles for an appointment. We rely on telehealth or weekend intake clinics to reach distant patients. This scarcity also raises ethical urgency – for instance, clinicians might extend a session to ensure patient safety if next visit is far off.
- **Dual Relationships:** In small towns, clients might know clinicians socially. We discuss this in supervision to maintain boundaries. Confidentiality is critical; one anecdote from my supervisor was a case of mistaken identity at a church potluck that underscored extreme care with client info.
- **Access and Resources:** Limited transportation, poverty, and lack of Internet can impede care. I frequently coordinate with social services or churches to arrange rides. Ethically, we must balance ideal therapy plans with what's feasible (e.g. scheduling text-based check-ins if video calls are impossible).
- **High-Risk Indicators:** Rural NW Ohio counties have some of Ohio's highest suicide rates [11]. The training stresses suicide assessment and community norms (e.g. gun safety, farming accidents) in risk management. We learn local crisis protocols and involve family or clergy when appropriate.

In all, the rural/Midwestern setting demands cultural humility. For example, approaching an older client about depression might involve acknowledging their belief “I’m not supposed to burden others.” Ethical training (case vignettes, role-plays) prepares interns to respect these values while advocating for care.

Each week, I find my training woven into the routine: applying evidence-based therapies learned at Northwestern to a farming family, consulting supervisors on borderline personality issues in a tight-knit Mennonite community, and always reflecting on ethical practice in supervision. This immersive year combines didactics, supervision, and direct service into procedural knowledge – precisely the preparation needed for Ohio licensure and competent rural practice.

Sources: APA internship standards and Ohio licensure rules outline supervision and training requirements [13] [2]. Regional data and program descriptions inform typical CMHC populations and issues [9] [17] [10].

---

[1] [3] APA Accredited Doctoral Internship Program in Health Service Psychology | Counseling Center | University of Illinois Chicago
https://counseling.uic.edu/training/internship/

[2] [5] [7] [15] Rule 4732-9-01 - Ohio Administrative Code | Ohio Laws
https://codes.ohio.gov/ohio-administrative-code/rule-4732-9-01

[4] [6] adler.edu
https://www.adler.edu/wp-content/uploads/2024/10/Chicago-TP-Community-Mental-Health-Internship-Sept.-2024-Update.pdf

[8] hcno.org
https://www.hcno.org/wp-content/uploads/2023/12/2022-2023-Lucas-County-Community-Health-Assessment-12-12-23.pdf

[9] The Role of Community Mental Health Centers as Rural Safety Net Providers
https://www.ruralhealthresearch.org/mirror/0/74/wp30.pdf

[10] Homepage - Recovery Services of Northwest Ohio
https://www.rsnwo.org/

[11] [16] [17] Rural Ohioans Struggle with Behavioral Health Access, Stigma – Ohio Academy of Family Physicians
https://www.ohioafp.org/wfmu-article/rural-ohioans-struggle-with-behavioral-health-access-stigma/

[12] Ohio 2023 Uniform Reporting System Mental Health Data Results
https://www.samhsa.gov/data/sites/default/files/reports/rpt53139/Ohio.pdf

[13] Internship Membership Criteria
https://www.appic.org/Joining-APPIC/Internship-Membership-Criteria

[14] Psychology Internship Intervention and Prevention Rotations | Children's Hospital of Philadelphia
https://www.chop.edu/centers-programs/psychology-education-and-training-program/internship-program/intervention-and-prevention-rotation