

INTERNSHIP & BECOMING LICENSED

Common Difficulties Discussed by Interns:

Imposter syndrome Feeling like “Everyone knows I don't belong here” or worrying that you're not knowledgeable enough to be a therapist.

Not knowing what to say in session The dreaded silence, getting stuck, or feeling like you need to constantly provide insight or advice.

Documentation Figuring out how to translate a complex therapeutic conversation into concise, clinically appropriate documentation.

Case conceptualization Moving from “Here's what the client told me” to “Here's how I understand what's happening and why.”

Using supervision effectively Not knowing what questions to bring to supervision—or being afraid to admit that you're struggling.

Developing a therapeutic identity Trying to figure out: What kind of therapist am I? What is my style? What modalities fit me?

Boundaries Learning how to balance empathy and compassion with professional boundaries.

Ethical uncertainty Confidentiality, mandated reporting, dual relationships, documentation, informed consent, and other situations where there isn't always an obvious answer.

Difficult clients or sessions Working with clients who are angry, withdrawn, resistant, highly emotional, or experiencing significant crises.

Countertransference Recognizing when your own experiences, emotions, beliefs, or reactions are influencing how you experience a client.

Emotional exhaustion Absorbing difficult stories all day while still trying to maintain your own life outside of internship.

Balancing everything Clients + documentation + supervision + school + assignments + work + personal life can become overwhelming quickly.

Feeling like you don't know enough There is always another diagnosis, modality, population, assessment, or clinical situation you haven't encountered yet.

Receiving feedback Learning to separate “I need to improve this skill” from “I'm a terrible therapist.”

Comparing yourself to experienced clinicians An intern may compare their first year of clinical work to someone's 10th, 15th, or 20th year—and feel inadequate as a result.

A few things I'd tell every new intern:

Keep a “clinical questions” document.

Every time you think “I should know this...”, write it down. Take the list to supervision or research it afterward.

Build a clinical toolbox—not a script.

You don't need to memorize what to say. Learn enough interventions that you can choose what fits the client in front of you.

Keep a supervision notebook.

Write down feedback, things you want to try, questions, ethical concerns, and things you've learned.

Don't confuse discomfort with incompetence.

Being nervous before a session doesn't mean you're bad at therapy. You're learning a profession that requires vulnerability, judgment, and continual growth.

You are not supposed to be the therapist you will become. You're supposed to be the therapist you are learning to become.

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A Note to Interns on Their Journey:

Let yourself be new.

You don't have to know everything. You're an intern—you are supposed to be learning.

Get comfortable saying, "I don't know."

Not knowing something isn't incompetence. Knowing when to seek supervision, research an answer, or consult someone is a clinical skill.

Ask better questions in supervision.

Instead of only asking, "What should I do?", try:

- "What am I missing in this case?"
- "How would you conceptualize this?"
- "What do you notice about my approach?"
- "What skill should I work on next?"
- "What would you have done differently?"
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Keep a "things I learned" journal.

Write down one clinical insight, intervention, mistake, or question after each day. Over time, you'll have a record of your growth.

Don't be afraid of silence.

You don't have to fill every pause. Sometimes the most therapeutic thing you can do is allow a client space to think and feel.

Learn the person—not just the diagnosis.

A diagnosis can help you understand patterns, but it doesn't tell you who the client is.

Try things.

You won't discover your clinical style by only reading about therapy. Practice different interventions, ask for feedback, and notice what feels authentic to you.

Learn from the sessions that don't go well.

After a difficult session, ask yourself:

What happened? What did I notice? What could I try differently next time?

Not:

"Why am I such a terrible therapist?"

Don't compare your beginning to someone else's middle.

The therapist you're intimidated by may have been practicing for 10+ years. You're looking at their experience while judging yourself by your inexperience.

Protect your humanity.

You are a therapist, but you're also a person. You don't have to carry every client's pain home with you to prove that you care.