



Hi there!

Thanks for your interest in making Therapy, Altered your field placement during your education process. This document should help you decide whether or not TA is the place for you, and will give you instructions on how to approach us with interest in an internship placement.

FAQ

Q: How many interns do you accept typically?

A: Well, it depends year over year. Things we're considering are- will you have enough client contact hours in order to graduate on schedule? What capacity does our staff have to support you in becoming the best clinician you possibly can be? What capacity does the organization have to support your growth?

We strive to take between 3-6 interns each year *across all schools and degree types*. We are not guaranteeing that we will take 3 social workers, 3 counselors, and 3 MFTs.

Q: Do you accept summer interns?

A: You're in luck! We sure do! In fact, we often have a greater capacity to accept summer interns than other types, because when our students from the fall graduate, we need counselors to help transition their clients!

Q: Who is Rebecca? Will I ever see her?

A: Well of course you will! You can read her bio on the main part of the website. The important part is, while TA has a living, breathing, very present founder, TA is not JUST Rebecca. More importantly, TA isn't ABOUT Rebecca. TA is about community. TA has to be bigger than the person who invented it, otherwise it's not going to go anywhere meaningful. Which means there are other supervisors besides her, and there are other clinicians besides her (in fact, she doesn't see clients at all). She's accessible, but she shouldn't be the focus. If you're wanting to intern *because of Rebecca*, you're in the wrong place. There are plenty of spaces where you can enjoy Rebecca's undivided attention. Head back to the main website and visit Trainings + Consultations.

Q: What's TA all about, anyway?

A: Therapy, Altered was formed in 2020 after Rebecca parted ways with community mental health. Therapy, Altered centers those who experience multiple marginalized identities, and focuses on creating safe space for BIPOC clinicians as well as BIPOC clients. TA exists to treat trauma of all kinds- the more intense and challenging, the better we do with it. TA is a queer space, and we have a ton of skill in providing care for trans and gender diverse individuals. (Having said that, TA exists to treat trauma, not specifically queer folx, which means that while the space is queer, the focus is trauma and multiple marginalized identities. Does that make sense?)



TA focuses on communal and creative forms of healing, like somatics and the creative arts therapies. If you're a super cool and rad DBT or CBT therapist, while we think you're great and that you should be out in the world being cool and rad, you probably won't be as happy here as you could be. (Which doesn't mean we don't like you! You just might not like us.)

TA was formed by a radical social worker, and so no matter your code of ethics, if you're coming here it's because you want to disrupt and tear down systems. TA is also low-diagnosing, and depathologizing. We don't like giving out labels, and do our best to give them out sparingly.

Q: A follow-up then. Do I need to know how to diagnose, and/or will I learn that?

A: You sure do and you sure will. Just because we avoid diagnosing doesn't mean it's not a critical clinical skill, and that doesn't mean that other people in your world aren't going to need you to be able to do it. We don't avoid diagnosing because we don't know how. We do it as system disrupters.

Q: Talk to me about dissociative disorders.

A: Okay well we don't know what you want to know, however it's true that Rebecca has a specialty in treating dissociative disorders and DID. So if you're choosing to intern here, that probably means you have a desire to specialize in this population as well, and want to learn everything you can about working with folks with intense trauma.

Q: Will you hire me if I'm white?

A: **We certainly do not discriminate against folks based upon their identity/ies!** Check out our staff page- of course we have white folks on staff! Which means, yes we hire white people! And even though this is a queer space, we also hire cis het folks as well! We're looking for goodness of fit.

What's really important is your ability to make space for other voices in the room. Whiteness is very accustomed to taking up a lot of space, and so if you're applying for a position at TA, what you're telling us is that you're confident in your anti-racist, anti-oppressive skills and you know how to step forward and step back when you need to. You're also ready to experience existing outside of the majority, because our staff is mostly BIPOC. Mostly, you're here to do good clinical work.

Q: A follow up. You said "anti-racist, anti-oppressive skills". What do you mean by that?

A: What we mean is that having a "lens" isn't enough. There is often a big, giant, gaping hole between what therapists say their values are (and in Portland, anti-racism and anti-oppression are often high on the list) and the actions therapists take. What we mean is, lots of times people mean well, but they're not living into their values the way they need to be. They say they want to take up less space but they don't. They say they want to "do the work" but they're not. They think about it, but they don't act on it.



TA is not interested in those kinds of therapists. It's cool if that's where you are in your process (because it's a process, right?!) but you're not ready for TA and TA isn't ready for you. We need you to be far enough along that you're taking anti-oppressive, anti-racist, radical action. **You can't just talk about it. You need to be about it.** We hope you know yourself well enough to know where you are on the continuum. If you don't know yourself well enough, we're absolutely still gonna love you, but we're also gonna say no for right now and send you on your way to do more work. (With generosity and kindness but also honesty.)

Put another way, do you know what to do in the room?

Q: Who does TA serve?

A: We serve lots of folx! We are a fully sliding scale, low barrier agency which means we're willing to provide treatment to folx regardless of their ability to pay us. That means the folx who find us often are really needing support because they're experiencing many challenges. We tend to see older folx, queer folx, gender diverse and trans folx, folx with chronic pain, folx with lots and lots of trauma, couples with trauma, folx with dual diagnosis (a mental health diagnosis + substance use disorder), disordered eating, folx with high suicidality and other high acuity friends.

Primarily, we meet individuals unflinchingly, regardless of how they're showing up. If they're having a hard time, we're here for it.

Q: What is a day in the life of an intern like?

A: Well, it depends. Likely, you'll get to choose your own schedule. We advocate for interns to work at least one daytime shift, one evening shift, and one weekend shift. This is because not everyone can take off work in the middle of the day to go to therapy- this is actually a very privileged position. We want to maximize your ability to get clients. Each "shift" (the times you see clients) is 4 hours long, unless otherwise specified or because your schedule absolutely won't allow it. You'll take shifts based upon the number of weekly hours your internship requires. You can see clients in person or on zoom. We're hybrid.

You get 1 hour of individual and 1 hour of group supervision weekly. Interns are also responsible for doing client screenings and intakes, based upon who is contacting the practice. You are also responsible for your documentation (duh). Documentation includes session notes but also intake/assessments, treatment plans, treatment plan updates, discharge summaries, and all the other things you need to do for your clients.

You will also be invited to a certain number of intern trainings per term (called Intern Funtime on the calendar) where you get to tell Rebecca what you want to learn and she'll teach it to you. These are actually quite fun (hence the name) and we feed you and give you coffee.

We encourage interns to engage in continuing education of some form that is specific to trauma treatment. Obviously we're not going to make you, but we're definitely going to



encourage you. If you need support, you'll ask your supervisor or a different supervisor (we're not silo-ish like other orgs can be) and you'll hang out with them and get support. You'll take long holiday breaks (because you need rest too) and you'll prioritize having time away from clients.

Q: Can I see clients over zoom/in person?

A: This is a trick question, because we already answered this question in the above question. However, actually reading emails, text messages, and generally instructions is a really important skill.

Q: What's the application process like? Is it rigorous?

A: Absolutely. TA is a very tough placement. We're up front about that. We work with an acute population. You need to be mentally and emotionally prepared for hearing hard things from clients on the regular. You need to have space enough in your life to do trauma work with clients. You also need to have space enough in your life to do your own work around the things that get kicked up for you because of the trauma work you're doing with others.

We choose to be very selective because we know how hard the work we do is, and we don't want to set anyone up for failure. Please be thoughtful and self-reflect about whether or not this is the population of folk for you. Please take this placement as seriously as you would take a placement in sub-acute or another residential setting. Just because we're outpatient mental health doesn't mean we're only serving the "wounded well".

Q: I'm so excited to learn more about trauma informed care!

A: That wasn't a question, however this is important to address. Trauma informed care *is not the same as* trauma treatment. If you're here to learn TIC, you're in the wrong spot, and we're not the placement for you.

Q: I'm so excited to learn more about working with marginalized populations!

A: Also not a question, and thanks for your interest but we'll see you around. We're not interested in working with therapists who want to "experiment on" those who are most marginalized in order to gain skills.

Q: A follow up. Wow. "Experiment on" sounds really harsh. I didn't mean it like that.

A: And yet, that's often what it feels like. Those who are most oppressed, most marginalized, needing the most support often end up being the "guinea pigs" (so to speak) for new therapists who want to gain experience. It's not a great feeling. We know you're still in school. This is a place to learn! However, there's a certain mindset we expect you to have. One of the first things you need to know is, our clients aren't here for you to learn from. Our clients are here to receive care. If that's your main focus, we suggest you find a different kind of placement.

Q: Do you take macro focused social workers?

A: It depends! Feel free to reach out. We'd love to hear from you.



Q: Do you take first year students?

A: Not at this time. Our population that we serve needs a lot of support, and there's a certain level of skill and experience you need in order to be successful here. We don't want to set anyone up to fail.

Q: Do you take BSWs?

A: We haven't had any ask! Shoot your shot and see what happens.

Q: I reached out before and no one answered. Does that mean you hate me?

A: Nope! It means we're super busy doing all the things, and possibly you emailed the wrong place or the wrong person. If you're reading this document, you're on the right track to getting a response. And thanks for reaching out again!

Q: What are you looking for in an intern?

A: We want to hang out with really cool folx who are all about good vibes. (This is true- Rebecca especially is very guilty of hiring based on vibes during the interview and forgetting to ask the other, really important questions she should be asking people.) We want to be with folx who want to be with us! What that means is, we value the s**t out of community, and want you to want to hang with us. This is not the place for folx who want to do their work and just go home. There is a space for you! If that's you, go do that! Just not here. We want to work with people who want to eat burritos during meetings, talk openly about their own mental health (to the level you want, of course), hang out at each other's houses, send silly memes, and maybe get matching tattoos (this is not a requirement nor an expectation by any means).

We want to spend time with people who are passionate about good clinical work. We mean high quality clinical work. The kind of clinical work that involves talking to our clients before and after sessions when it's needed, making safe yet radical choices, building deep freaking relationships, and knowing when what we're doing isn't working and we need to make a change. The kind of clinical work that values the autonomy, agency, and choice of our clients, the kind of clinical work that pushes back against the industrial medical complex and the industrial non profit complex. The sort of clinical work that reads books about Object Relations on random Sundays (just Rebecca?) and gets excited to learn new skills. But this kind of clinical work also holds boundaries, and rests, and takes care of itself and each other. That's the kind of clinical work we're doing, and those are the folx we are.

Q: Could I get hired through my internship at TA?

A: That would be ideal! We would love to hire you after working at TA. Not everyone wants that, and not everyone is a good fit, but that would be the goal for us, and hopefully for you.



A Conversation about Anti-Racist, Anti-Opressive Clinical Work At TA in Q+A Form

Potential Clinician (PC): How is TA engaging in anti-racist action?

TA: This, most of the time, is a performative question.

PC: Why would you say that??? That's so rude! I'm calling you in!

TA: Well, we say that because the people most likely to ask this question are not all that marginalized.

PC: That's discriminatory! You're a jerk!

TA: We're so sorry to hear that you feel that way. We think we're just being honest and sharing the anecdotal data we've collected throughout our process of interviewing potential clinicians. None of this is hard and fast, nor is it true for all people (because words like "all", "none", "always", and "never" are often unhelpful and can indicate splitting (see: Sigmund + Anna Freud)).

PC: I think you're avoiding the question. YOU'RE probably racist.

TA: Well, that's a complicated thing you just said, and critical race theory would have a lot to say about that. Having said that, we're not really avoiding the question, we just don't think you're asking the thing you really want to ask yet.

See, often this question is posed as a form of virtue signaling. The question asker often wants the question receiver (TA) to know that they care about anti-racism and anti-oppression. If that's the case, then it wouldn't matter how we respond. When members of non-oppressed populations ask this question, what's important to know is, the answer doesn't matter.

Let us be clear.

We're not saying that TA being anti-racist and anti-oppressive doesn't matter. We're saying that to the non-marginalized person asking, **the answer doesn't matter because it won't change their lived experience of being at TA at all.** People who don't experience oppression and racism in their bodies do not have to care, unless they choose to, about being in anti-racist and anti-oppressive environments. Their regular environments actually will feel like "more of the same" because they likely have spent many years in these environments. They may not even notice that it's more of the same, because likely the environment will serve them or has served them in some way.

So the real question might be, "how am I going to feel as a non-marginalized/less-marginalized person at TA?"



The answer is- different. TA should feel different. The reason TA will feel different is because you aren't going to be centered. Here at TA, we center the margins. If you're not marginalized, then you're not the center of our conversations. Decisions will not be made for your benefit. The practice will not center your comfort (in fact we will often push you to be very uncomfortable). We will have affinity spaces to which you will not be invited. In very palpable ways, TA does not and will not exist for you. Does that mean we don't love and care for you? Nope. It just means we won't center you. (And often times, if you've always been centered, being centered *feels like* love and care, even though those things aren't synonymous.)

When the original question is asked by a member of an oppressed population (and the greater the intersection of marginalized identities, the more meaningful the question), usually the question that's really being asked is, "how will you keep me safe?"

Which is a VERY IMPORTANT QUESTION!

We love this question! We want to answer this question every day, forever. This is a mega huge question. You probably want to know HOW we're centering the margins. Because all skinfolk ain't kinfolk, so to speak.

If you have this question for us, we would LOVE for you to ask us this question directly. In an interview. So we can answer it verbally, but also so you can feel the answer somatically. It's hard to answer here but we'll start. Even the process of being in affinity is healing. In part, the fact that we choose to exist and push back against capitalism (which is white supremacy by another way) creates a healing environment. Your needs are centered. You are the focus. You are the priority. Your voice is heard and held above others.



I made it through all that stuff and I STILL want to apply!

Good for you!

Frankly, we're impressed. That was a lot of reading, and we were pretty darn honest with you.

If you're still interested in applying for an internship position, here's what we'd like you to do:

Please send an email to the following addresses (yes plural):

thaen@therapyaltered.com
shea@therapyaltered.com
minnie@therapyaltered.com

In this email, we'd like:

- 1) A cover letter
- 2) Your resume
- 3) The answers to the supplemental questions

Somewhere in what you send us, we need to know: what school you're from, what year you're in, when you expect to graduate, and when you'd like your internship to start and end.

In answering the supplemental questions, we encourage you to be realistic and to be open. This helps us know whether or not bringing you in for an interview is the best next step. We're really not very interested in "neat" or "professional" responses, because professionalism is forced assimilation (tell everyone). If your answers are so "professional" and put together that we can't feel who you are underneath (vibes, remember?) you are far less likely to be moved farther along the process.

Supplemental Questions:

- What draws you to complete your internship experience at Therapy, Altered?
- What training **and** skills have you acquired as an anti-racist, anti-oppressive clinician? (Not your "lens", "orientation", or "mindset". We want to hear about the actions you take in the room, please.)
- Why do you want to be a trauma therapist, and what do you want to do when you graduate? (Again, be real.)
- Tell us all about your countertransference. What are the ways in which you get in your own way, the ways you're messy, the ways you make mistakes, the things you're afraid of, what you feel guilty about as a clinician, or the things that trip you up?



Okay, so I did all of that. Now what?

We'll let you know if we're accepting interns at this time. If we're not, we encourage you to try again another time (perhaps after you graduate).

If we're accepting interns we'll let you know we received your application.

Once we've reviewed your application, we'll invite you to an interview if you make it to the next step. Because we get so many applicants, we do not have the ability to reach out to you if you have not. We apologize that this is the case, but that's the way our system is working at present.