Intern orientation: two-day program guide

A complete facilitation guide for onboarding a new cohort of clinical interns at a community mental health training clinic.

Pre-read

Sent one week before orientation

A short, friendly email with an attached PDF covering:

- Organization history, founding, and mission
- Mission, vision, and values
- Overview of departments and how they interconnect
- Client demographics and common presenting issues
- Community context: local mental health landscape, housing crisis, systemic inequities

Closing note in the email: *Orientation will be hands-on. Bring your curiosity, wear comfortable shoes for a scavenger hunt, and know that nothing you encounter over these two days requires you to have it all figured out yet. There will be a short trivia game based on this pre-read — nothing high stakes, just YOUR CAREER!!*

Day one

Starting at 9am with a 45-minute lunch, Day 1 finishes around 2:30–3pm with natural buffer for transitions and conversations that run long — and they will.

Welcome and orientation to the day 20 min

> Brief welcome. Introduce the two-day arc so interns know what's coming and can settle in. Cover logistics: bathrooms, parking, water, key communication channels.
>
> Acknowledge directly that starting an internship is exciting and nerve-wracking in equal measure, and that these two days are designed to reduce the "I don't know what I don't know" feeling as much as possible.
>
> Introduce the cohort to each other: name, pronouns, school, and one word for how you're feeling right now. Write the words on a whiteboard and leave them up for the day.

Scavenger hunt in offices/EHR/communication systems 45 min

> Divide into teams of 2–3. Hand each team a bingo card. First team to get a bingo wins candy. Full card wins something slightly better — e.g. a small gift card.

Sample bingo squares:

- Find the office that's missing its panic button
- Locate a hard copy C-SSRS in a counseling room
- Locate your personal save-and-send code on the downstairs printer
- Find the staff kitchen and learn where the good snacks are hidden
- Locate the staff directory in [communication platform]
- Find the fax machine (yes, it exists)
- Find the informed consent document on a [organization] computer
- Post a brief hello to your new coworkers in the Teams/Slack

Debrief as a full group for 10 minutes: what surprised you? What questions did the hunt raise? The missing panic button will almost certainly generate conversation — let that land naturally. Use it to briefly name that physical safety in the counseling rooms will be addressed explicitly later in the day.

Staff introductions 55 min total

Each staff member gets 90 seconds: name, role, one thing they do that interns will actually interact with, one human detail. Clinical supervisors and any associate counselors additionally share their elevator pitch — the actual words they might say to a new client about how they work. Keep pitches to 3–5 sentences, in plain language.

Suggested staff introduction order and roles to cover:

- [Volunteer coordinator] — volunteering, listening program, community engagement
- [Navigator/social services] — housing resources, utility assistance, community referrals
- [Counseling administrator] — waitlist, EHR profiles, case setup
- [Development staff] — how the organization is funded, why community visibility matters
- [Clinical director] — available for urgent clinical needs or crises
- [Supervisor specializing in children/families] — go-to for child clients or child-adjacent concerns
- [Clinical supervisors] — each shares elevator pitch
- [Recently completed intern/associate counselor] — brief intro; longer moment on Day 2

Immediately after the development presentation, a counseling staff member adds a one-minute note on social media boundaries: no googling clients, no accepting follow requests from clients, nothing that could identify someone even without using their name. Frame simply: the same instinct that makes you want to share a good story can also create a boundary problem without you meaning it to. When in doubt, bring it to supervision.

Sticky note scenario activity 20 min

Hand each intern a small stack of sticky notes, each with one scenario. Interns walk up and stick the scenario on the back of the correct staff member. At the end, each staff member peels off their notes and reads them aloud — confirming correct answers or gently redirecting.

Sample scenarios:

- My client mentioned they want help applying for SNAP benefits→ Navigator/social services
- I need a new client — my caseload feels light→ Your supervisor
- My client disclosed something that sounds like child abuse and my supervisor isn't answering→ Clinical director or supervisor
- My adult client's child has been struggling since a divorce→ Supervisor specializing in children/families
- A client left a voicemail and I need to document it→ [Counseling administrator] for EHR questions; supervisor for clinical questions
- I made a documentation error in [EHR]→ [Counseling administrator] — don't delete anything, contact them first
- I want to understand how the organization stays funded→ Development staff

- Wildcard scenario (one per group, handed out separately): "My client seems to be in a lot of distress between sessions and has started emailing me daily." This one is intentionally ambiguous. Use it to briefly discuss: some situations don't have one right answer, and that's exactly what supervision is for.

Debrief (5 min): Did anything surprise you about who does what? Any scenarios that felt genuinely unclear?

Lunch 45–60 min

Outgoing intern panel 45–60 min

No other staff present

Seed questions sent to outgoing interns in advance. Let them know they'll have 20–25 minutes to answer these among themselves before opening to new intern questions, and that no supervisors or staff will be in the room.

- What surprised you most in your first month?
- What do you wish someone had told you on Day 1?
- What does a realistic week look like once you have a full caseload?
- Walk us through a moment you felt totally lost — what did you do?
- What's something you got wrong early on, and how did it go?
- What's one thing about this organization's culture that you didn't expect?

Open the floor to new intern questions for the remaining time. No agenda, no staff, no performance. This is the most honest 45 minutes of the two days — protect it.

Pre-read trivia 15 min

Read questions aloud. Hands up or call-out format. Award candy immediately for correct answers. Keep energy high — this is not a quiz, it's a game.

Sample questions — adapt to your organization's actual pre-read content:

- What year was the organization founded, and by whom?
- Name two of the organization's core values.
- Roughly what percentage of counseling clients identify as genderfluid?
- What percentage of funding comes from [revenue source]?
- What is the primary platform for quick questions like calling out sick?

Day 1 closing reflection 10 min

Pair-share: What feels clearer than it did this morning? What's one thing you're still sitting with?

Invite a few people to share with the full group if they want to. Acknowledge that Day 2 will be more clinical and more hands-on, and that it's okay to sit with uncertainty overnight. That tolerance for not-knowing is actually good training for the work ahead.

Day two

Starting at 9am with a 45-minute lunch, Day 2 finishes around 3:15–3:30pm.

Check-in and icebreaker 15 min

If you were a circus act, what kind of act would you be? No further justification needed. Then: any questions that came up overnight?

[Recently completed intern]'s 15 minutes 15 min

Just them, briefly, on: here's what I wish I'd known when I sat where you're sitting. Keep it unstructured and human. This lands differently coming from someone who recently completed their internship than from any supervisor — don't over-direct it.

What to do between clients

Brief, practical, and honest — coming from the recently completed intern rather than a supervisor, this lands as real rather than prescriptive.

- When you're building your caseload and have gaps in your schedule, what are you expected to do with that time?

- Documenting, reading, practicing in [EHR], reviewing case conceptualizations
- Volunteering in [listening program or equivalent] counts toward hours and builds community connection
- It's okay to feel unmoored when you don't have a full caseload yet — that feeling is temporary and normal
- What they actually did during those early slow weeks, including what they wish they'd done differently

Physical safety in the counseling rooms 5 min

Brief and practical. Cover:

- What the panic button actually triggers and who responds
- What to do if a client becomes threatening in session — stay calm, stay close to the door, use the button if needed
- That keeping yourself physically safe is not a clinical failure — it's a clinical skill
- One clear norm: if something happens that scared you, tell your supervisor the same day, even if it resolved fine

Five minutes. The goal is that interns have heard it said plainly out loud, not that they've completed a safety training.

Clinical reality and caseload expectations 35 min

- What does a realistic week look like? How many clients, how much documentation time, what else fills the hours?
- What's a typical timeline from orientation to first client to full caseload?
- What does "good enough" look like in the first few weeks — and what are supervisors actually watching for?
- How do you request a new client, and when is it too soon to ask?
- What happens when a client no-shows repeatedly? What's the cancellation policy?
- What do you do if you're sick and have clients scheduled?
- What does sustainability look like over a full internship year, and what does the organization do to support that?

Open with this pair-share prompt (3–4 minutes before connecting to supervision): *Think about a time in your life when you were new and anxious at something — learning to drive, starting a new job, your first semester of grad school. What helped you feel less alone in that? What kind of scaffolding made the difference between white-knuckling through it and actually learning?* Then: that thing you just described — that's what we're trying to build here. Supervision isn't an evaluation. It's the scaffolding.

Leave 10 minutes for open questions.

Risk assessment and mandated reporting 60 min

Work through suicidality, homicide assessment, self-harm, and mandated reporting using the slide deck.

One addition: after the suicidality spectrum slide, before moving into the clinical framework, pause for a brief small-group discussion (5–7 minutes): *What feels most daunting about encountering this with a real client?* Naming the anxiety before asking interns to hold clinical information makes the content more accessible and starts building the norm of bringing uncertainty to supervision rather than white-knuckling through it alone.

Continue through: suicidality framework and C-SSRS overview, homicide assessment, self-harm framework and safety planning, mandated reporting (child and adult), and closing reflections.

Break 15 min

EHR live onboarding 90 min

Everyone on laptops — administrator or a supervisor circulating

Go slowly. Pause at each step and make sure everyone is in the same place before moving on. Build in two explicit check-in moments: who's feeling lost right now? Normalize it out loud every time someone asks a question.

The goal is not mastery. The goal is that nobody leaves having never touched the system, and that the first time something goes wrong in [EHR] is here, with support, not alone before a session.

1. Log in and save credentials on an organization computer
2. Navigate to the demo client file — orient to what's there, what will eventually live there
3. Draft a brief scheduling email as if reaching out to a client for a first appointment
4. Paste that email into the contact log — this is their first real documentation act
5. Navigate to the calendar and practice scheduling a session
6. Book a room through the room booking function
7. Locate the informed consent document
8. Locate the C-SSRS
9. Find where progress notes live and open a blank one — don't fill it out yet, just orient to the fields
10. Telehealth logistics: where to find the telehealth link, how to send it to a client, protocol if a client can't connect. Keep to 10 minutes.

Fishbowl role play 45 min

A supervisor plays a new client

Each intern takes one piece of the first-session opening. Keep the rotation moving — no one does more than 2–3 minutes at a time. The goal is that their first time saying these words out loud is not in front of a real client.

1. Introduce yourself: name, pronouns, degree program and school, that you're an intern, and approximately when your internship ends
2. Explain that sessions will be discussed in supervision with a licensed supervisor, and that this is part of how you're supported in providing good care
3. Introduce the informed consent document: what it is, that they should read it, that they can ask questions, that they have access to their notes
4. Explain confidentiality and its limits in plain language — not recited, said like a human being talking to another human being

After each intern's turn, the supervisor playing the client offers one specific, warm piece of feedback — just one sentence, quickly, before the next person goes. This keeps energy up and models the kind of direct-but-supportive feedback they'll get in supervision.

Homework assignment 5 min

Hand out a simple half-sheet. Read it aloud:

Before your first individual supervision, draft 3–5 sentences you could say to a new client about the kind of therapy you do — what approaches you're drawn to, what you hope to offer, what working with you might feel like. This is your elevator pitch. It doesn't need to be polished or complete. You heard versions of this today from your supervisors — let those rattle around and see what comes up for you. Bring whatever you have to supervision and work on it there. The only wrong answer is not bringing anything.

Day 2 closing reflection 15 min

Sticky notes on a shared wall or whiteboard, two columns: I feel ready for... *and* I want support with...

Everyone writes at least one for each column. Read them aloud together or let people circulate and read silently. This gives supervisors genuinely useful real-time information about where the cohort is, and gives interns permission to name what's hard before they're alone with a client.

Close with something brief and direct from senior leadership — not a pep talk, just an honest acknowledgment: the next few months will be hard and meaningful in equal measure, and the people in this room — peers and supervisors alike — are the support system.

"Who do I ask?" reference card

Printed and handed out at the end of Day 2

People

If you need...	Go to...
A new client assigned	Your supervisor first — they coordinate with [counseling administrator]
Urgent clinical support when your supervisor is unavailable	Clinical director, deputy director, or other available supervisor
Help with [EHR] or a documentation question	[Counseling administrator]
Client navigation or community resources	[Navigator/social services]
Questions about working with children or child-adjacent concerns	[Supervisor specializing in children/families]
[Specific modality] consultation or group supervision	[Relevant supervisor]

Situations

If this happens...	Do this...
Client no-shows and won't return calls	[Fill in your protocol]
Client is in active crisis	[Fill in your protocol]
You made a documentation error in [EHR]	[Fill in your protocol — e.g., don't delete anything, contact administrator first]
You're sick and have clients scheduled	[Fill in your protocol]
Something in a session scared you, even if it resolved	[Fill in your protocol]
You're not sure who to ask	[Fill in your protocol]