My life goal is to work with adolescents and children with mental health problems. This

goal’s importance stems from my personal experience with mental health battles. I struggled

hard with my OCD and depression during my time in residential treatment. I got through it

thinking once I finished, things would go back to being easy. Unfortunately, this wasn’t the

case, and I’ve continued to deal with my intrusive thoughts and traumatic memories from

inpatient care.

Things are definitely getting better, but it’s been almost three years since I’d been

discharged and I’m still carrying some pain from that period in my life. In trying to make sense

of why I had to go through what I did, I’ve decided that I want to use my experiences to help

others get through their hard times. Helping and encouraging others has always been an

integral pillar of my personality. On my cheerleading team, I rooted for every teammate no

matter how close we were in times of mental blocks and injuries. And what’s interesting is that

I didn’t lose this trait when I was pulled from the mat and put in the hospital. I drew my

strength from supporting my peers and acting as a role model for younger patients. I coped

with some of the darkest moments by helping others cope. Even with my stifling desire to

follow all rules (a result of the perfectionism my OCD instilled in me), I would intentionally

break the no-contact rule to hug a peer who needed comforting. Looking back on these

moments, I’ve come to realize that this is what I’m good at, that this is what I’m meant to do.

My goal is to use my experiences and my talents to support others through their dark times,

and these are the steps I’m going to take to make it happen.

 From an educational standpoint, I am on the right track to reach this goal. I am majoring

in psychology and have completed the three fundamental courses necessary for my degree.

Now I can take the required theme courses, which focus on more niche topics. Next semester I

am taking an introductory course in neuroscience and an introductory chemistry course in

order to determine if I am interested in pursuing a Bachelor of Science over a Bachelor of Arts. I

know firsthand how important the biological/medication aspect is to therapeutic treatment and

need to see if I have the hard science skills to be on the psychiatry path. By the end of next

semester, I will know whether or not I am capable/want to continue down the Bachelor of

Science path, which will help me to determine exactly what kind of therapeutic career I’ll strive

for.

 Whether I end up a psychiatrist or psychologist, I am taking courses that are relevant to

both professions. This semester I took an adolescent development course so that I could have a

deeper understanding of the cognitive changes the teenagers I want to work with go through. I

have also taken an educational psychology course in the past, which gave me insight in how

people learn, which is useful as I want to teach behavioral and cognitive therapies in the future.

I am planning to take a child psychopathology course (in order to learn more about the

diagnosis and treatment of mental disorders, specifically in kids/teens) and other courses

relating to counseling/clinical treatment.

 I also have recognized a couple of extracurriculars that I feel will give me experiences I

could relate to my career goal. Because of my past hospitalizations, I understand how the

residential experience can have a critical impact on success in other arenas, whether they be

treatment or academic related. In my mental health programs, I took a liking to organizing

group events to build community; I had even helped staff at my last program put together a

prom to give my peers something to work towards (as patients had to be safe and meet

therapeutic expectations in order to participate). When I first got to UMD, I joined my hall

council to help foster community building/social support for the freshmen of Cumberland. I

have continued this year, serving the Denton Community, and want to keep participating in

RHA moving forward. This year I got to be a peer mentor for the PL freshman (where I planned

events for my small group of mentees, offered resources, and checked in with them throughout

their first semester) and I want to continue participating in the Scholars Peer Mentor program

as a coordinator junior year.

I am also planning to apply for a RA position over winter break. I feel as though working

as an RA (preferably for underclassmen) will be a great opportunity to practice skills like

community building, conflict resolution, and peer counseling. I also think that this is a great way

for me to use these skills in a setting where I have a responsibility. RAs are responsible for the

safety of their students; they have to enforce the some of the “not so fun” rules (i.e. no drinking

in the dorms) and step up in situations where students could be in trouble (i.e. alcohol

poisoning). As much as the thought of being responsible in those kinds of situations is a bit

unnerving, I know I have the ability to step up in an emergency; this semester, I was

approached in my hall by a stranger who was having an allergic reaction. There was no one else

around, so I administered her EpiPen with guidance from a 911 operator and stayed with her

until campus EMTs arrived. As scary as that experience was, I at least know now that I am

capable of acting/helping in dangerous situations and am confident in my ability to fulfill the

responsibilities of an RA.

 One of the other harder steps I am going to have to take is getting to an okay place

mentally so that I am able to step onto an inpatient unit again. A lot of clinical psychologists get

their first hands-on experience with patients in a hospital setting, and as much as I look forward

to the parts of the job where I can work one-on-one with patients and help them during their

stay, I also am a bit scared of the darker sides of the job. I’ve witnessed my peers occasionally

become violent with staff and need to be restrained for either their own safety or the safety of

others. Although I myself was thankfully never in that situation, “code greys” are probably the

most traumatic memories I have from my time in residential treatment. I still deal with the

effects of those memories (the first fire drill of freshman year ended with me curled into a ball

in the grass outside Cumberland because of the alarm) and in order to get to where I want to

be, I am going to have to continue in my treatment. I am still working with my psychiatrist on

habituating to these memories and will have to return to exposure therapy in the summer. I

really dread doing exposure therapy again, but I’ve gotten through it before and I’ll get through

it again. It’s a necessary step I need to take in order to achieve my goal of helping others with

their own mental struggles.

 Each of the steps I have outlined either contribute to achieving the degree I need in

order to practice clinical psychology or will provide complementary experience that I can use in

my career field. I have considered how different aspects of my life (academic, extracurricular,

therapeutic) can contribute to the end goal of helping kids/adolescents with mental disorders

live better lives. Before I was diagnosed with OCD, I didn’t really have an idea of what I wanted

to do later in life. Now I know what my life goal is and am confident that I have the ability to

achieve it. My future may not follow a perfect path, but I know I’ll do what it takes in order to

help those like me better their mental wellbeing.