

# **G. V. (Sonny) Montgomery VA Medical Center Internship in Health Service Psychology**

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Jackson, MS 39216-5116  
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## **2021-2022 Brochure**

[Internship in Health Service Psychology Program Website](#)

[G.V. \(Sonny\) Montgomery VAMC Website](#)

Updated August 2020



**Match Number: 240711**

**Applications due:** November 15, 2020

**Interview notification date:** November 27, 2020

**Interview dates:** In order to provide applicants with greater flexibility in scheduling, our site will have multiple interview dates in December and January (December 4, December 7, January 12, and January 20). Due to COVID, interviews will be virtual.

**Internship Year Start Date:** July 19, 2021

**Internship Year End Date:** July 15, 2022

**Training Director:** Jeanne Gabriele, Ph.D.

**Assistant Training Director:** Lauren Graves, Ph.D.

**Accreditation Status:**

The G.V. (Sonny) Montgomery VA Medical Center Internship in Health Service Psychology is an APA-accredited, internship program. Our next site visit will be held in 2023.

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation  
American Psychological Association  
750 1<sup>st</sup> Street, NE, Washington, DC 20002  
Phone: (202) 336-5979  
Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)  
Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)

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## **Program Adaptations to the COVID-19 Pandemic**

Thank you for your interest in the G.V. (Sonny) Montgomery VA Medical Center (GVSM VAMC) Internship in Health Service Psychology! Our program is working diligently to ensure we meet the needs of both applicants and interns during the COVID-19 pandemic. Listed below are adaptations to our recruitment and training process.

### **Virtual Informational Sessions**

In October, we will host three virtual informational sessions for potential applicants to learn more about our program. These sessions will provide an opportunity for applicants to meet the program training director, learn about program offerings, and ask questions about the program. Informational sessions will occur at the following times:

- Friday October 16<sup>th</sup> 1 pm CST
- Wednesday October 21<sup>st</sup> 2 pm CST
- Thursday October 29<sup>th</sup> 3 pm CST

Please send an email to [Jeanne.Gabriele@va.gov](mailto:Jeanne.Gabriele@va.gov) and [Lauren.Graves5@va.gov](mailto:Lauren.Graves5@va.gov) if you are interested in attending one of these sessions.

### **Virtual Interviews**

Internship interviews for the 2021-2022 internship class will be virtual and conducted through a videoconferencing platform. Interviews will consist of an opportunity to attend a general program overview as well as individual interviews with at least 4 faculty members.

### **Internship Training During the COVID-19 Pandemic**

The G.V. Sonny Montgomery VAMC (GVSM VAMC) Internship in Health Service Psychology is committed to developing psychologists with the clinical and leadership skills necessary to serve as future leaders in health service psychology. The internship program will monitor the rapidly changing conditions surrounding the COVID-19 pandemic and make decisions regarding internship training that balance meeting the program mission, intern safety, and recommendations from APA, APPIC, ASPPB, and VA Office of Academic Affiliations.

Prior to COVID, the GVSM VAMC was an early adopter of telehealth and provided a large proportion of services through telehealth. With this infrastructure already in place, the program was able to easily adapt to social distancing needs and a reduction in in-person visits.

Currently, interns in the 2020-2021 internship class work on site and provide a majority of services through telehealth. Interns completing the Geriatric Mental Health rotation do provide in-person services to Veterans residing in the Community Living Center (CLC). Prior to starting work on the CLC unit, interns are required to get tested for COVID and have a negative test result.

Due to efforts to minimize population density in the hospital, internship faculty rotate days on site and days teleworking. Currently, supervision, internship didactics, internship meetings, and team meetings occur through a videoconferencing platform.

Mechanisms are in place for interns to telework in the event that an intern needs to be quarantined or there is a need to move interns off-site. Decisions about telework will be made with input from multiple sources including internship leadership, mental health service leadership, hospital leadership, and VA Office of Academic Affiliations.

## **About the G.V. “Sonny” Montgomery VA Medical Center**

The GVSM VAMC, located in Jackson, Mississippi serves approximately 45,000 Veterans a year who make more than 325,000 outpatient visits per year. The GVSM VAMC covers 80% of the counties in MS, part of eastern MS, and part of western Alabama. To improve reach of services, the GVSM VAMC has 7 associated Community-Based Outpatient Clinics (CBOCs) throughout Mississippi: Hattiesburg, McComb, Meridian, Kosciusko, Natchez, Greenville, and Columbus. Providers in Jackson, including psychology interns, provide services to Veterans in these clinics through telehealth.

The GVSM VAMC strives to provide the best care possible in the most courteous and efficient manner to our Veterans. Our medical center provides primary, secondary and tertiary medical, neurological and mental health care. Both primary and specialized outpatient services are available including: ambulatory surgery, spinal cord injury, neurology, infectious disease, substance abuse, PTSD, readjustment counseling, and mental health diagnostic and treatment programs. An 86-bed Community Living Center (including a palliative care unit), community nursing homes, three 150-bed state veterans nursing homes, and a variety of outpatient programs are utilized to support the needs of aging veterans.

### **Mental Health Service**

The GVSM VAMC Mental Health Service includes: Primary Care Mental Health Integration, Evidence-Based Psychotherapy Team, Compensated Work Therapy, Mental Health Specialty Teams (e.g., Addictive Disorders Treatment Program, Trauma Recovery Program, Mental Health Outpatient Clinic, and Mental Health Intensive Case Management), Psychosocial Rehabilitation and Recovery Center, and an acute mental health inpatient unit. In addition to these clinics and services, mental health providers are embedded in other primary care and specialty clinics including Home-Based Primary Care, Pain Management & Rehabilitation Services, and the Community Living Center.

Our Mental Health Service mission is to serve the mental health needs of America’s Veterans and to promote excellence in both education and research. We aim to provide collaborative, accessible, and comprehensive evidence-based care with skill and compassion. Mental Health Service seeks to be an employer of choice in the field of mental health.

Mental Health Service values diversity in its staff. Our medical center and service provides education to staff on multicultural diversity. Mental Health collaborates with Human Resources in recruiting multi-ethnic and multi-racial staff. The federal government has a long history of promoting diversity and inclusion in recruitment and hiring practices. On 8/8/11 the federal government issued an Executive Order (13583) establishing a Coordinated Government Wide Initiative to Promote Diversity and



Inclusion in the Federal Work Force. The current mental health service staff is diverse in age, race, spiritual beliefs and gender.

## **Psychology Service**

The psychology service section includes 24 licensed psychologists as well as licensed professional counselors, readjustment counselors, addiction therapists and peer support specialists.

Psychology services at the GVSM VAMC largely occur in the context of interdisciplinary programs that offer assessment and treatment in inpatient, residential, and outpatient settings. Psychologists at the GVSM VAMC are well-respected and serve in important mental health and facility leadership positions including Chief of Psychology service, program managers for outpatient clinics and residential rehabilitation treatment programs, coordinator positions, and chairs of facility committees.

Nationally, the VA is strongly committed to making evidence-based psychotherapies (EBPs) widely available to Veterans. GVSM VAMC psychologists are trained to provide and supervise interns in the following treatments:

<b>Behavioral Health Condition</b>	<b>Evidence-Based Psychotherapy</b>
Depression and Anxiety	Problem-Solving Therapy Cognitive Behavioral Therapy (CBT) Acceptance and Commitment Therapy Interpersonal Psychotherapy
Post-Traumatic Stress Disorder	Cognitive Processing Therapy Prolonged Exposure
Substance Use Disorder	Motivational Interviewing Motivational Enhancement Therapy CBT Substance Use Disorder
Serious Mental Illness	Social Skills Training
Insomnia	CBT Insomnia
Chronic Pain	CBT Chronic Pain

In addition, our psychologists serve as trainers and consultants for the Cognitive Processing Therapy and Cognitive Behavioral Therapy for Substance Use Disorder Training programs.

## **Veteran Population Served**

Our Veteran population is approximately 53% White and 46% Black or African-American, providing trainees with the opportunity to apply their skills across racial groups. Ninety percent of our Veteran population is male; however, the percentage of female Veterans has increased in recent years. Our VA has a Women's Clinic to help meet the growing needs of this population. The Veteran population served covers a broad age range. Approximately six percent of Veterans are 35 or younger; whereas,

49% of Veterans are 65 years old or older. Nearly half of Veterans served in the Vietnam era, with the number of Veterans in more recent conflicts growing rapidly (e.g., approximately 29% of Veterans have served in the Persian Gulf War era).

Faith plays a large role in the lives of many individuals in Mississippi. When asked about their religious denomination, 84% percent of Veterans report a Christian denomination, 10% indicate unknown or no preference, and 6% report another affiliation. Of those who report a Christian denomination, a majority (64%) indicate they are Baptist. This religious diversity provides opportunity for trainees to gain experience in working with diverse faith groups and to examine the impact their own worldview has on assumptions made in therapy. Many Veterans also present with psychological/familial distress related to loss/change of faith that occurred secondary to trauma and/or cultural exposures experienced during military service.

### **Equal Employment Opportunity**

The G.V. Sonny Montgomery Medical Center and our Internship Program adhere to VHA Directive 1124 Equal Employment Opportunity (EEO) Policy. It is the policy of the Department of Veterans Affairs and our VA Medical center to:

- Provide equal opportunity in employment for all qualified persons;
- Prohibit discrimination in employment because of race, color, religion, sex, national origin, age, handicapping condition, genetic information, or sexual orientation or gender identity;
- Maintain a work environment that is free of any form of unlawful discrimination, including sexual harassment, and workplace harassment;
- Promote a positive, continuing affirmative action program designed to achieve full realization of equal employment opportunity with special emphasis on minorities, women, persons with disabilities, and disabled Veterans;
- Provide for the prompt, fair, and impartial consideration and disposition of complaints involving issues of discrimination;
- Ensure persons who participate in the processing of complaints will be free from interference, coercion, or reprisal in all respects.

# **Psychology Internship Program Information**

## **Sponsoring Institution**

The GV (Sonny) Montgomery VAMC Psychology Internship in Health Service Psychology is sponsored by the Department of Veterans Affairs Office of Academic Affiliations. As one of four statutory missions, the VA conducts education and training programs for health professional trainees to enhance the quality of care provided for Veteran patients.

Nationally, the VA Office of Academic Affiliations provides policy and guidance for VA training programs. The Office of Academic Affiliations' (OAA) mission is "To educate for VA and for the Nation." VA has played an essential role in psychology training. Fifty percent of US psychologists have had VA training prior to employment.

## **Intern Stipend and Benefits**

All interns accepted to the G.V. (Sonny) Montgomery VA Medical Center will receive an equivalent stipend.

Intern salary is set by VA Central Office. The current intern salary is \$26,234. State and federal income tax and FICA (social security) are withheld from intern paychecks.

Any anticipated changes to the available financial assistance will be posted to the G.V. (Sonny) Montgomery VA Medical Center Internship in Health Service Psychology web site immediately. If any change occurs within the four months prior to the application deadline all applicants will be notified of the change at the time of the interview notification.

The VA requires that payment be made by electronic deposit. Interns will be asked for bank account information during Human Resources (HR) in processing on the first day.

Interns are paid every other Friday starting the third Friday after the start of internship.

VA interns are eligible for health insurance and life insurance just as are regular employees.

The Office of Personnel Management (OPM) has oversight for VA benefits.

[Information on benefits and health insurance policies](http://www.opm.gov/healthcare-insurance/healthcare/) can be found at <http://www.opm.gov/healthcare-insurance/healthcare/>.

As temporary employees, interns may not participate in VA retirement programs.

## **Program Mission**

The mission of the internship program is to develop psychologists who will serve as future leaders in health service psychology. To this end, we seek to provide interns with

the clinical and leadership skills that will enable them to be competitive health service psychologists and program managers.

As the number of professions involved in mental health care expands and there is a greater emphasis on cost-efficiency, the future for doctoral-level psychologists will increasingly be in academic and leadership roles, with a reduced role in front-line care. Our program strives to train psychologists who possess strong clinical abilities to deliver care in an effective and efficient manner, along with supervision and consultation skills to train psychology trainees as well as other professionals, and the leadership skills to influence professional practice and develop strong relationships with other professionals. In addition, we aim to provide trainees with the skills necessary to develop and systematically evaluate new treatment models, use organizational data to better understand processes and improve services, disseminate and implement evidence-based practices, and present a strong business case to market and promote the programs they direct.

### **Program Model**

Our program is based on a scientist-practitioner model emphasizing empirically grounded theory and practice of cognitive-behavioral assessment and therapy. Training is provided through didactics, supervision, and mentoring. Interns have opportunities to shadow supervisors' clinical and administrative activities, as well as develop their own skills in both domains under supervision. A wide range of opportunities with interdisciplinary teams, performance improvement projects, and supervision are available to develop a systems perspective as well as leadership, teaching, and managerial skills.

Training opportunities are available across multiple levels of care for psychopathology, including general mental health outpatient clinics, specialty mental health clinics, and residential programs for PTSD and Substance Use Disorder. Opportunities also exist in behavioral medicine, including interdisciplinary management of pain. In addition to serving the local metropolitan area, our facility serves a rural population throughout Mississippi and parts of Louisiana and Alabama. Telehealth is a rapidly growing treatment modality, delivered to Veterans at CBOCs and in their homes.

### **Program Aims**

Our internship program has four program aims:

- Aim 1: Interns will be competent in assessment, intervention, and consultation skills.
- Aim 2: Interns will be skilled in the interface between science and practice by applying scientific knowledge to the clinical setting, being educated consumers of empirical research, and participating in active research projects and/or program evaluation.

- Aim 3: Interns will display professional and ethical behavior. Interns will adapt professional behavior in a manner that is sensitive and appropriate to the needs of diverse clients, colleagues, and organizations.
- Aim 4: Interns will be competent in inter-professional collaboration.

## **Profession-wide Competencies**

Our internship program provides interns with the training necessary to acquire and demonstrate substantial understanding of and competence in the following profession-wide competencies:

### ***Research***

- Integrates current research and literature into clinical practice.
- Demonstrates critical thinking skills when presenting/discussing research relevant to clinical practice.
- Demonstrates ability to disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

### ***Ethical and Legal Standards***

- Demonstrates knowledge of and acts in accordance with the current version of the APA Ethical Principles of Psychologists and Code of Conduct.
- Demonstrates knowledge of and acts in accordance with relevant laws, regulations, rules and policies governing health service psychology at the organizational, local, state, regional, and federal levels including patients' rights, release of information procedures, informed consent to treatment, limits to confidentiality in the VA medical center, management of suicidal behavior, and child/elder abuse reporting policies.
- Demonstrates knowledge of and acts in accordance with relevant professional standards and guidelines.
- Recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve the dilemmas.
- Conducts self in an ethical manner in all professional activities.

### ***Individual and Cultural Diversity***

- Understands how own personal/cultural history, attitudes, and biases may affect personal understanding and interaction with people different from oneself.
- Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/ consultation, and service.
- Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).
- Demonstrates the ability to independently apply one's knowledge and approach in working effectively with a range of diverse individuals and groups.

### ***Professional Values, Attitudes, and Behaviors***

- Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Engages in self-reflection regarding one's personal and professional functioning and engages in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seeks and demonstrates openness and responsiveness to feedback and supervision.
- Responds professionally in increasingly complex situations with a greater degree of independence as progresses across rotation.
- Completes tasks promptly and in an organized fashion without the need for prompting, deadlines, or reminders.
- Documents contacts promptly (i.e., scheduled appointments, unscheduled appointments, and phone contacts) and records include crucial information.
- Shows respect towards the medical center and VA system. Considers the medical center and system when making decisions and utilizing resources.

### ***Communication and Interpersonal Skills***

- Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Demonstrates effective interpersonal skills and the ability to manage difficult communication well.
- Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated; demonstrates a thorough grasp of professional language and concepts.
- Communicates with patients and families in a manner that is clear and understandable by them.
- Expresses one's knowledge and opinions to team members involved in patient care with confidence, clarity, and respect, working to ensure common understanding of information and treatment in care decisions.
- Listens actively and encourages ideas and opinions of other team members.
- Uses respectful language appropriate for a given difficult situation, crucial conversation, or interprofessional conflict.

### ***Assessment***

- Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics.
- Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interprets assessment results to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases,

distinguishing the aspects of assessment that are subjective from those that are objective.

- Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

### ***Intervention***

- Establishes and maintains effective relationships with patients.
- Develops evidence-based intervention plans specific to the service delivery goals.
- Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrates the ability to apply the relevant research literature to clinical decision making.
- Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluates intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

### ***Supervision***

- Demonstrates knowledge of supervision models and practices.
- Applies the knowledge of supervision models and practices in direct or simulated practice with psychology trainees or other health professionals (Note: This can include role-played supervision with others or peer supervision with other trainees).

### ***Consultation and Inter-professional/Interdisciplinary Skills***

- Applies the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.
- Demonstrates knowledge and respect for the unique cultures, values, roles/responsibilities and expertise of other health professionals
- Works in cooperation with those who receive care, those who provide care, and others who contribute to or support the delivery of health services.
- Reflects on individual and team performance for individual, as well, as team performance improvement.
- Performs effectively in teams and in different team roles.
- Communicates with team members to clarify each member's responsibility in executing components of a treatment plan or group intervention.
- Engages diverse health care professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs.

## **Diversity and Diversity Training**

Our internship program recognizes, values, and encourages diversity. Diversity strengthens our services, enriches learning, and broadens the perspectives of the training class. Our internship program follows principles of inclusion, respect, tolerance, and acceptance. Our program will not tolerate discrimination based on race, color, religion, sex (including gender identity, transgender status, sexual orientation, and pregnancy), national origin, age, disability, genetic information, marital/parental status, and political affiliation.

We encourage individuals who are passionate about working with underserved populations and determining ways to improve reach and effectiveness of mental health services in underserved populations, particularly African-American and rural populations, to apply to our program. Our VA Medical center is located in Jackson, MS but serves Veterans in 80% of the counties in MS. Mississippi is the state with the largest population of African-Americans. The population is 59.3% White, 37.7% Black or African-American, and 2.8% of another race or mixed race. Our VA is located in Hinds County which is 70.3% Black or African-American, 27.8% White, and 1.9% other. Fifty-four percent of the Mississippi population lives in a rural area. The median income in Mississippi is \$39,031. Mississippi has the lowest median income and 22.0% of the population lives below the poverty line. Twelve percent of Mississippi residents lack health insurance. Of individuals over 25 years old, 21% hold a bachelor's degree.

In regards to ideology, Mississippi is the most conservative state. Mississippi tends to be supportive of the military and has 184,774 Veterans (8% of the population over 18 years old). Religion is important to Mississippians. Eight-seven percent of the population is Christian with 82.7% identifying as Protestant. Only 10.8% of the population reports no religion. Mississippi has more churches per capita than any other state.

Given the history of racial tension in this Southern state, understanding the history of the area, the culture, and the challenges different groups experience is important in providing clinical care and working with interprofessional teams.

Training in cultural and individual diversity is an essential component of our program. Throughout the training year, interns get experience providing services to individuals who may have different personal/cultural history and views. To assist interns in navigating individual and cultural differences with both clients and coworkers, our internship program provides numerous didactic seminars and discussion hours devoted to individual and cultural diversity. During the beginning of the training year, interns attend seminars titled Self-Assessment: Cultural Issues as a Lens to Accessing Clinical Services, Working with Veterans in Rural Communities, Working with African Americans in Mental Health, Military Culture, Religion and Spirituality in Mental Health, and Military Sexual Trauma.

In the first month, interns attend a didactic seminar in which they learn about regions of



the state, cultural events, historical sites and places they can visit during the internship year. Interns are encouraged to visit different regions of Mississippi and experience the culture so they can have a better context for understanding the beliefs, experiences, and lifestyle of their clients and coworkers.

During the course of the year interns also receive didactics on topics such as Getting Comfortable with Conversations about Race and Ethnicity in Psychotherapy, Culturally Informed Assessment, Culturally Informed Evidence-Based Psychotherapies, Working with Sexual Minority Veterans: Clinical Issues Affecting Lesbian, Gay, Bisexual, and Transgendered Veterans, Multicultural Issues in Supervision, Geropsychology Assessment of Aging Veterans, and Substance Use Disorders in the Elderly,

Intern Class Group Supervision and Discussion Hours provide further opportunity to discuss, broaden, and apply diversity skills. Please see section titled Didactics for a list of previous didactics along with objectives

### **Required Hours**

Interns will be required to complete a 2080 internship year. Although trainees receive 104 hours of sick leave, 104 hours of annual leave, and 10 federal holidays, we strongly recommend that trainees are on duty and involved in training for at least 90% of their appointment (i.e., 1872 hours). Taking all available leave during the training year can:

- compromise the quality of training,
- result in completing fewer on-duty hours than required for licensure, certification, and boarding purposes,
- disrupt the continuity of clinical care,
- and make it difficult to provide adequate coverage for clinical services and to enable fellow trainees to take leave.

Annual leave not taken during the training appointment is paid out in a lump sum following completion of training.

Interns must accrue 500 hours of direct clinical care, 100 hours of individual supervision, and 200 hours of individual or group supervision.

### **Required Housing Proximity to Internship Program**

Interns must reside within 100 miles of the GVSM VAMC during the internship training year.

## Internship Program Admissions

**Date Program Tables are updated:** July 31, 2020

**Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:**

The mission of the internship program is to develop psychologists who will serve as future leaders health service psychology. To this end, we seek to provide interns with the clinical and leadership skills that will enable them to be competitive health service psychologists and program managers.

A majority of the intern's time will be spent in clinical training. Interns will complete three four-month clinical rotation experiences where they will accumulate a minimum of 500 face-to-face clinical hours over the year. Interns will also complete one performance improvement project each rotation. Interns will participate in two hours of didactic seminars and one hour of cognitive behavioral therapy training each week. After the completion of first rotation, interns who have met first rotation benchmarks will have the opportunity to participate in up to 3 hours of a professional leadership activity.

**Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:**

Total Direct Contact Intervention Hours	No	Amount: N/A
Total Direct Contact Assessment Hours	No	Amount: N/A

**Describe any other required minimum criteria used to screen applicants:**

- 500 hours of direct client contact (intervention + assessment). Note: Program will take into account disruptions in hours due to COVID.
- Citizenship in the United States of America.
- Doctoral student in good standing at an American Psychological Association (APA) or Canadian Psychological Association (CPA) accredited graduate program in Clinical, Counseling, or Combined psychology or Psychological Clinical Science Accreditation System (PCSAS) accredited program in Clinical Science. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for re-specialization training in Clinical, Counseling, or Combined Psychology are also eligible.
- Certification by the applicant's Training Director of readiness for internship.
- Dissertation successfully proposed at time of application.

### Financial and Other Benefit Support for Upcoming Training Year\*

Annual Stipend/Salary for Full-time Interns	\$26,234
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	Yes
<b>If access to medical insurance is provided:</b>	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
Hours of Annual Paid Sick Leave	104
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
Other Benefits (please describe): N/A	

\*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

## Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts)

	<b>2016-2019</b>	
Total # of interns who were in the 3 cohorts	18	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	<b>PD</b>	<b>EP</b>
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	9	3
Military health center		
Academic health center		
Other medical center or hospital	2	
Psychiatric hospital		
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting	3	
Not currently employed		
Changed to another field		
Other		
Unknown		1

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

## Program Structure

The internship year will begin on July 20, 2020 and end on July 16, 2021. Interns complete three 4-month-long rotations. Each rotation includes one or more supervisors, housed within a clinic, focusing on a specific theme (e.g., substance abuse, trauma, evidence-based psychotherapy, etc.), thus exposing the intern to a variety of perspectives within a cognitive-behavioral framework.

Psychology interns have time devoted to five main activities: clinical rotation, supervision, scientific or scholarly activity, didactics, and professional leadership. Rotations are four-months in duration, allowing for three rotations during the training year. The table below shows the amount of time spent in each activity.

<b><i>Experience</i></b>	<b><i>Hours Per Week</i></b>
Clinical Rotation Activities	28 to 31
Clinical Supervision	4
Scientific or Scholarly Activity	2
Didactics	2
Cognitive Behavioral Therapy Training	1
Professional Leadership	Up to 3 hours*

\*Leadership activities are available to interns following first rotation if the intern met rotation benchmarks and is accumulating appropriate number of face-to-face hours.

### Clinical Rotations

Interns will spend most of their time in Clinical Rotation activities. Clinical Rotations provide a variety of clinical, scientific, and educational experiences designed to promote the development of competent, professional, scientist-practitioner psychologists who will demonstrate sound clinical judgment, requisite skills, and a high order of knowledge about the assessment, diagnosis, treatment, and prevention of behavioral health problems and disorders.

Training rotations will typically be four months. However, in some situations, an alternative schedule may better fit an intern's training needs and preferences. In these situations, a request for an altered rotation schedule may be submitted to the Internship Training Committee for approval.

Interns will be assigned at least one faculty supervisor on each rotation. Interns and faculty will negotiate scheduled supervision times such that interns will obtain a total of four hours of supervision per week.

Most rotations will have team meetings, consultation, required readings, and other types of activities in which trainees are expected to participate. Interns should check with supervisors to determine what is required for their training experience.

## **Supervision**

Supervision is an evaluative and hierarchical relationship that has the simultaneous purposes of enhancing the professional functioning of the intern, monitoring the quality of professional services offered to the patients seen by the intern, and serving as a gatekeeper for those who enter professional psychology. (Bernard & Goodyear, 2009)

Supervision involves numerous modalities including, but not limited to, modeling, direct observation, review of progress notes/assessment reports, review of video recordings, review of audio recordings, and discussion of assigned readings.

Interns will receive a minimum of 4 hours of supervision a week from internship program supervisors. Two of these hours will be individual supervision. The remaining two hours may be individual or group supervision.

## **Scientific/Scholarly Activity**

In the mission to develop future leaders with skills in and appreciation for performance improvement, program evaluation, and empirical hypothesis testing, interns will participate in the following scholarly activities:

1. Program evaluation or performance improvement project (1 per rotation)
  - Interns will select one program evaluation or performance improvement project opportunity within the first few weeks of each new rotation in collaboration with a rotation supervisor.
  - Interns will complete a Scientific & Scholarly Work Training Plan worksheet for each project.
  - Interns will produce a 1 to 2-page document to showing completed work, as applicable to the project (e.g., performance improvement action plan, project summary, policy draft, document required for accrediting body), by the end of each rotation
  - Interns will present the results to applicable stakeholders (e.g., providers on the team), by the end of each rotation.
2. Journal Article Presentation (1 per rotation)
  - Interns will present one journal article each rotation.
  - Interns will select and present an article relevant to the rotation.
  - The presentation will be informal and designed to build skills in sharing scientific information within the context of interdisciplinary teams. The audience will depend on the rotation.
  - The presentation will be integrated into team meetings, consultation teams, didactics, or other areas as appropriate.

## Didactics

Interns will spend 2 to 3 hours a week in didactics. This will include a combination of didactic seminars, discussion hours, and intern presentations. A list of didactics along with descriptions are found under Didactic Objectives.

- **Didactic seminars** are one-hour presentations provided by faculty members or guest speakers which focus on the profession-wide competencies listed in the APA Standards of Accreditation for Health Service Psychology, topics relevant to work in the VA, and topics important to program goals.
- **Discussion hours** are one-hour meetings to discuss topics such as leadership skills development, preparing for job applications and interviews, and the application of professional competencies or topics discussed in didactic seminars.
- Interns will provide two **formal presentations** a year. One presentation will be a teaching presentation in which interns will present a talk to a group such as interns and faculty, other VA healthcare providers, community providers, community members, or students.

The second presentation will be an oral scholarly activity talk. This presentation is designed to build skills consistent with requirements for job talks and oral conference presentations. Interns can select to present information on their line of research, a program evaluation, or a performance improvement project. The audience will be fellow interns, internship faculty, and/or other VA staff and trainees.

In addition to these required didactics, interns will have opportunities to attend HSR&D cyberseminars, MIRECC Grand Rounds seminars, and other VA cyberseminars.

## **Cognitive Behavioral Therapy Training**

In order to provide interns with a solid, generalist foundation in CBT, interns will attend a one hour Cognitive Behavioral Therapy (CBT) training each week. The format will consist of a combination of didactic training, group discussion, and role play. Through this training and clinical rotation experiences, interns will develop skills in five domains based on the Roth and Pillings Competencies. Interns will learn to bring together knowledge and skills in all domains to deliver treatment in an effective and efficient manner. Listed below are the five domains along with example competencies for each domain.

### *Generic Therapeutic Competencies*

- Knowledge and understanding of mental health problems
- Knowledge of, and ability to operate within, professional and ethical guidelines
- Ability to engage client
- Ability to foster and maintain a good therapeutic alliance, and to grasp the client's perspective and "world view"
- Ability to manage emotional content of sessions.
- Ability to manage therapy endings.
- Ability to undertake generic assessment (relevant history and identifying suitability for intervention).
- Ability to make use of supervision

### *Basic CBT Competencies*

- Knowledge of basic principles of CBT and rationale for treatment
- Knowledge of common cognitive biases relevant to CBT
- Knowledge of the role of safety-seeking behaviors
- Ability to agree on goals for the intervention
- Ability to structure sessions
- Ability to collaboratively set agenda
- Ability to adhere to agenda
- Ability to plan to review practice assignments
- Ability to use summaries and feedback to structure the session
- Ability to use measures and self-monitoring to guide therapy and to monitor outcome
- Ability to devise a maintenance cycle and use this to set targets
- Ability to use problem solving
- Ability to end therapy in a planned manner, and to plan for long-term maintenance of gains

### *Specific Cognitive and Behavioral Therapy Techniques*

- Methods for Identifying Automatic Thoughts
  - Recognizing mood shifts



- Psychoeducation
- Guided discovery
- Thought recording
- Imagery exercise
- Role-play exercises
- Use of checklists
- Methods for Modifying Automatic Thoughts
  - Socratic questioning
  - Use of thought change records
  - Generating rational alternatives
  - Identifying cognitive errors
  - Examining the evidence
  - Decatastrophizing
  - Reattribution
  - Cognitive rehearsal
  - Use of coping cards
- Methods for Identifying Schemas
  - Using various questioning techniques
  - Performing psychoeducation
  - Spotting patterns of automatic thoughts
  - Downward arrow technique
  - Conducting a life history review
  - Using schema inventories
  - Keeping a personal schema list
- Methods for Modifying Schemas
  - Conducting Socratic questioning
  - Examining the evidence
  - Listing advantages and disadvantages
  - Using the cognitive continuum
  - Generating alternatives
  - Performing cognitive and behavioral rehearsal
- Behavioral Methods for Depression (Improving Energy, Completing Tasks, Solving Problems)
  - Behavioral Activation
  - Activity Scheduling
    - Activity Assessment
    - Activity Monitoring
    - Increasing Mastery and Pleasure
  - Graded Task Assignments
  - Behavioral Rehearsal
  - Problem Solving

- Behavioral Methods for Anxiety and Avoidance
  - Relaxation Training
  - Thought Stopping
  - Distraction
  - Decatastrophizing
  - Breathing Retraining
  - Creating Graded Exposure Hierarchy
  - Imaginal Exposure
  - In Vivo Exposure
  - Response Prevention
  - Rewards

#### *Problem Specific Competencies \**

- Problem Solving Therapy for Depression
- Cognitive Behavioral Therapy for Depression
- Cognitive Behavioral Therapy for Substance Use Disorder
- Cognitive Behavioral Therapy for Insomnia
- Cognitive Behavioral Therapy for Chronic Pain
- Cognitive Processing Therapy for PTSD
- Prolonged Exposure Therapy for PTSD

\*These competencies are available through rotation experiences

#### *Metacompetencies*

- Capacity to use clinical judgement when implementing treatment
- Capacity to adapt interventions in response to client
- Capacity to use and respond to humor
- Capacity to deliver CBT in a manner consistent with its underlying philosophy
- Capacity to formulate and apply CBT models to the individual client
- Capacity to select and apply most appropriate CBT method
- Capacity to structure sessions and maintain appropriate pacing
- Capacity to manage obstacles to CBT

### **Professional Leadership**

Interns will be provided up to 3 hours a week on rotations 2 and 3 to work on tasks which will allow them to build and demonstrate leadership skills. In order to receive this time, interns must have successfully met Intern Competency Evaluation benchmarks in their previous evaluation, be on track to meet monthly targets for clinical face-to-face hours, and propose a plan to the internship training committee. Interns will discuss potential leadership tasks with their rotation supervisors, the training director, or the assistant training director.

## Eligibility Requirements

The GVSM VAMC Internship in Health Service Psychology currently has 6 internship slots for U.S. Citizens who are pursuing a doctoral degree in clinical or counseling psychology from an APA, CPA, or PCASAS accredited institution. To be considered, students must demonstrate completion of at least four years of graduate course work. Our program prefers a minimum of 500 direct contact hours (combined assessment and intervention hours). Applicants must be certified as ready for internship by their Director of Training.

Our program is using the uniform APPIC Application for Psychology Internship (AAPI). This form is available on the APPIC web site. Applications will need to include the following:

- Cover letter that indicates areas of interest (at least two rotations) and/or staff with whom you would be interested in working
- APPIC Application for Psychology Internship (AAPI)
- Three (3) letters of recommendation
- Graduate transcripts
- A curriculum vita

Applicants with a disability who require accommodations for the application process or interview are encouraged to directly contact the training director to discuss their needs. We will make every effort to create reasonable accommodations upon request.

The Department of Veterans Affairs (VA) adheres to all Equal Employment Opportunity and Affirmative Action policies. As a Veterans Health Administration (VHA) Health Professions Trainee (HPT), you will receive a Federal appointment, and the following requirements will apply prior to that appointment. (Note: The forms mentioned below are not required to apply for our internship program, but will be required for those interns with whom we match.)

1. **U.S. Citizenship.** Interns must be U.S. citizens.
2. **U.S. Social Security Number.** All interns must have a U.S. social security number (SSN) prior to beginning the pre-employment, on-boarding process at the VA.
3. **Selective Service Registration.** Male applicants born after 12/31/1959 must have registered for the Selective Service by age 26 to be eligible for U.S. government employment, including selection as a paid psychology intern. For additional information about the Selective Service System, and to register or to check your registration status visit <https://www.sss.gov/>. Anyone who was required to register but did not register before the age of 26 will need to apply for a Status Information Letter (SIL) and request a waiver. Waivers are rare and requests will be reviewed on a case by case basis by the VA Office of Human Resources Management. This process can take up to six months for a verdict.

4. **Fingerprint Screening and Background Investigation.** All interns will be fingerprinted and undergo screenings and background investigations. Additional details about the required background checks can be found at the following website: <http://www.archives.gov/federal-register/codification/executive-order/10450.html>.
5. **Drug Testing.** Per Executive Order 12564, the VA strives to be a Drug-Free Workplace. Psychology interns are not drug-tested prior to appointment, however are subject to random drug testing throughout the entire VA appointment period. You will be asked to sign an acknowledgement form stating you are aware of this practice. See item 8 below.
6. **Affiliation Agreement.** To ensure shared responsibility between an academic program and the VA there must be a current and fully executed Academic Affiliation Agreement on file with the VHA Office of Academic Affiliations (OAA). The affiliation agreement delineates the duties of VA and the affiliated institution (i.e., intern's home institution). Most APA-accredited doctoral programs have an agreement on file. More information about this document can be found at <https://www.va.gov/oaa/agreements.asp> (see section on psychology internships).
7. **TQCVL.** To streamline on-boarding of psychology interns, VHA Office of Academic Affiliations requires completion of a Trainee Qualifications and Credentials Verification Letter (TQCVL). An Educational Official at the interns home institution must complete and sign this letter. Your VA appointment cannot happen until the TQCVL is submitted and signed by senior leadership from the VA facility. For more information about this document, please visit <https://www.va.gov/OAA/TQCVL.asp>
  - a. **Health Requirements.** Among other things, the TQCVL confirms that you, the intern, are fit to perform the essential functions (physical and mental) of the training program and immunized following current Center for Disease Control (CDC) guidelines and VHA policy. This protects you, other employees and patients while working in a healthcare facility. Required are annual tuberculosis screening, Hepatitis B vaccine as well as annual influenza vaccine. *Declinations are EXTREMELY rare.* If you decline the flu vaccine you will be required to wear a mask while in patient care areas of the VA.
  - b. **Primary source verification of all prior education and training** is certified via the TQCVL. Training and Program Directors will be contacting the appropriate institutions to ensure you have the appropriate qualifications and credentials as required by the program.

8. **Additional On-boarding Forms.** Additional pre-employment forms include the Application for Health Professions Trainees (VA 10-2850D) and the Declaration for Federal Employment (OF 306). These documents and others are available online for review at <https://www.va.gov/oa/app-forms.asp>. Falsifying any answer on these required Federal documents will result in the inability to appoint or immediate dismissal from the training program.
9. **Proof of Identity per VA.** VA on-boarding requires presentation of two source documents (IDs). Documents must be unexpired and names on both documents must match. For more information visit:  
[https://www.oit.va.gov/programs/piv/\\_media/docs/IDMatrix.pdf](https://www.oit.va.gov/programs/piv/_media/docs/IDMatrix.pdf)

# **Application Review, Interview, and Selection Process**

## **Application Review Process**

### *First Level Review*

- The Training Director and Assistant Training Director will screen all applicants based on a review of the written documentation provided by the applicant, and will select for second-level review those applicants who show the greatest aptitude and promise in psychology.
- If appropriate, the Training Director or Assistant Training Director may contact individual applicants for the purpose of clarifying particular aspects of their application.

### *Second Level Review*

- Applicants under consideration will be invited to interview with Internship Program staff. Face-to-face interviews are not mandatory but highly encouraged. If an applicant is unable to travel to Jackson, alternative interview formats (e.g., video conferencing) may be used at the discretion of the Training Director.
- Applicants will be given the opportunity to list specific faculty members with whom they would like to meet when interviewing.
- Internship faculty members will rate applicant's based on their interview and application on a program-specific Applicant Rating Form. Ratings will be averaged across raters. Ratings will then be weighted based on an algorithm. A final score will be provided for each intern. Interns will be provisionally ranked based on final score.
- After the interview, the Training Director or his/her designee will poll the faculty who met with the applicants. If more than one-third (1/3) of the faculty believe that the applicant is not appropriate for the program, the applicant will be dropped from further consideration. Other applicants will move to a third level review.

### *Third Level Review*

- The applicant's file, containing all documents provided by the applicant, the Applicant Rating Forms completed by the faculty, and the applicant's ranking will be reviewed by the Internship faculty.
- Internship staff will meet to finalize applicant rankings.
- The Training Director or Assistant Training Director will submit the final ranking list.

### *Procedures Following Match Results*

- Matched or selected applicants will be sent a confirmation letter no later than seventy-two (72) hours following their acceptance of the offer. The letter will include at least the following: the position being offered, the projected start date for the position, and the funding associated with the position.
- Documentation of the letter of acceptance will be used to convert the applicant's file to an Intern's file.
- Applicant and Intern files will be kept in a locked filing cabinet or in a folder on a secure network.

*Note: The Psychology Internship Program abides by the APPIC Policy on Internship Offers and Acceptances, and participates in the APPIC computer-matching program. No person at this facility will offer, solicit, accept, or use any ranking-related information regarding any intern applicant.*

## Intern Competency Evaluation

Interns receive formal evaluative feedback on profession-defined competencies at the middle of the first rotation and at the end of each four-month rotation.

Our Psychology Intern Competency Assessment Form is divided into nine competency objectives, one for each of the profession wide competencies discussed above. Each objective has three to seven items. Interns are rated on each item using the following scale:

1. Intern is performing at a substandard level and requires direct observation and intensive basic instruction to utilize this skill. If an intern has this rating at the end of a rotation, a Competency Remediation Plan is necessary.
2. Some basic skills have been acquired and intern works with close supervision.
3. **Intermediate.** Many skills in this area have been acquired and intern works with moderate supervision.
4. Most skills in this area have been acquired and intern works with minimal supervision.
5. **Advanced.** Intern has achieved mastery appropriate for independent functioning.
- N. Not applicable to this rotation experience.

A rating of 1 on the mid-rotation 1 evaluation, will result in a written warning. The written warning will identify the competency area of concern and indicate what behaviors need to be observed for the intern to receive a rating of 2.

At conclusion of first rotation, an intern must achieve a majority of ratings of 3 in each competency area. Although an intern may receive a few ratings of 2, a majority of ratings below 3 will result in development of a Competency Remediation Plan.

At conclusion of second rotation, an intern must achieve ratings of “3” or higher on all competency items in all competency areas. Any ratings of “2” or lower will result in development of a Competency Remediation Plan.

By the conclusion of the training year, an intern must achieve a rating of “4” for every competency skill in each competency area, indicating that most skills have been required and the intern works with minimal supervision. This is the competency expected at the conclusion of the training year.



## **Requirements for Completing Internship**

Requirements for successful completion of the GVSM VAMC Psychology Internship Program include the following:

- Complete a 2,080 hour internship training experience.
- Obtain 500 hours of direct patient contact training activities (e.g., individual therapy, group therapy, clinical intake, assessments, etc.).
- Obtain 200 hours of formal, face-to-face supervision with an Internship Supervisor. A minimum of 100 of these hours must be individual supervision.
- Provide one teaching presentation.
- Provide one scientific presentation on one of the following topics: the intern's line of research, a program evaluation project, or a performance improvement project.
- Complete six psychological and/or neurological assessments with six integrated reports.
- Lead one program evaluation or performance improvement project each rotation.
- Lead one journal article discussion each rotation.
- Attend all intern didactics unless on leave or with training director approval.
- Obtain a final rating of a 4 "Most skills in this area have been acquired and intern works with minimal supervision" on all evaluation items at the end of the training year.
- Complete all hospital and clinical documentation with signature of appropriate supervisor.
- Complete and submit all Internship Program documentation and evaluations.
- Compliance with standards of professional and ethical behavior as described in the GVSM VAMC Internship Program Handbook and the Ethical Principles of Psychologists and Code of Conduct of the American Psychological Association.

## Rotation Descriptions

### Addictive Disorders Treatment Program (ADTP) Rotation

Rotation Supervisors: Drs. Barnes & Voluse

The Addictive Disorders Treatment Program (ADTP) is a large and diverse program that provides internship training opportunities across the full spectrum of care for substance use and comorbid disorders (i.e., inpatient detoxification, residential, intensive outpatient, and outpatient settings). The emphasis of all rotation activities is on providing evidence-based interventions for substance use disorders and comorbid diagnoses. Psychology interns are full members of the ADTP team, being well accepted and respected by other members of the interdisciplinary treatment team. ADTP offers an intellectually stimulating, busy, and humane training environment.

*Residential Program:* The Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) is a 15-bed, rolling-admission residential program with an average length of stay of approximately four weeks and is designed for individuals with moderate to severe substance use disorder diagnoses. This CARF-accredited, empirically-based program has two specialty tracks; one for predominately substance use disorder diagnoses and one for comorbid substance use disorder diagnoses with co-occurring psychiatric disorder diagnoses (e.g., PTSD, mood, anxiety, SMI). Interns' training opportunities include the following:

- Leading Relapse Prevention groups
- Leading Mindfulness-Based Relapse Prevention groups
- Conducting individual psychotherapy with Veterans throughout their stay in the SARRTP program (including completing a comprehensive biopsychosocial assessment, generating a collaborative treatment plan, and forming a continuing care plan after discharge)
- Conducting individual Motivational Interviewing sessions (using audio recordings and receiving feedback based on standardized adherence measures)
- Administering and writing comprehensive psychological testing reports
- Collaborating on program evaluation and/or research projects
- Attending and contributing to interdisciplinary treatment team meetings

*Intensive Outpatient/Outpatient:* In the IOP and outpatient areas, the following training opportunities are available:

- Individual motivational enhancement therapy

- Individual psychotherapy for substance use disorders and/or for comorbid psychiatric disorders using a broad range of evidence-based practices (e.g., CBT-SUD, CPT).
- Group therapy including Relapse Prevention, Mindfulness Based Relapse Prevention, CBT for substance use disorders, and DBT Skills.
- Comprehensive substance use and psychiatric diagnostic evaluations
- Consultation to inpatient medical wards

*Program administration:* ADTP offers training in program development, implementation, and administration. For example, as the residential program is accredited by several internal and external oversight entities (e.g., VA's Office of Mental Health and Suicide Prevention, CARF, The Joint Commission, Office of Inspector General, etc.), there are ample opportunities to learn how to implement accreditation standards. In addition, when available, Action Items coming from the VA Central Office give opportunities for interns to learn how to address and implement new national standards on a local level. Interns have often appreciated the opportunity to be involved in administrative and strategic planning aspects of ADTP; in fact, many of ADTP's current treatment manuals and recent program innovations owe their existence to the creative collaboration between interns and faculty.

## **Behavioral Pain Management**

Rotation Supervisor: Dr. King-Profit

The Behavioral Pain Management rotation provides interns the opportunity to work on the Interdisciplinary Pain Team (IPT) within the Physical Medicine and Rehabilitation Service (PM&RS). On this rotation, interns will provide Evidence-Based Psychotherapies (EBPs) for chronic pain in group and individual formats. Experience providing complementary and integrative health approaches (CIH) will also be available, as interns will have the opportunity to get involved with the newly established Intensive Outpatient Pain Management Program. Interns will also gain exposure to the Whole Health Initiative at the G.V. "Sonny" VA Medical Center, which focuses on empower Veterans to take charge of their health.

## **Evidence-Based Behavioral Practice Rotation – Behavioral Medicine Emphasis**

Rotation Supervisors: Drs. Bethay, Crane, Gabriele, & Graves

The Evidence-Based Psychotherapy rotation is designed to help interns achieve the following training objectives by the end of the rotation: 1) apply the evidence-based behavioral practice model and process; 2) effectively implement at least two evidence-based psychotherapies; 3) effectively deliver assessment and intervention services via both in-person and clinical video telehealth encounters; 4) illustrate skills in interprofessional collaboration; and 5) develop an appreciation for the VA Healthcare System, VA EBP and telehealth initiatives, and population-based approaches to behavioral health care. In addition to these broad training objectives, interns on this rotation will meet with rotation supervisors to develop an individualized training plan that matches their individual training needs and goals.

*Clinical Intervention:* Interns will gain experience with delivering EBPs, providing services via telehealth, and engaging Veterans in a shared decision-making process.

Interns will learn two of the following EBPs: Cognitive Behavioral Therapy, Cognitive Behavioral Therapy for Chronic Pain, or Cognitive Behavioral Therapy for Insomnia. In addition, interns will provide psychoeducation and brief treatment to Veterans with tinnitus. Interns may also choose to provide intervention to patients with chronic medical conditions.

Interns will provide treatment to at least two Veterans via clinical video telehealth. The intern will become proficient in the use of telehealth equipment for assessment and intervention, gain exposure to telemental health research, and obtain knowledge and skills in risk management for telemental health.

Interns will inform Veterans about evidence-based therapies, assess appropriateness for use of an EBP with a given Veteran, and use shared decision making in developing treatment plans.

*Interprofessional Teams:* Interns will gain experience in interprofessional collaboration through work with the Evidence-Based Psychotherapy team. The EBP Team provides time-limited, evidence-based psychotherapies to Veterans referred from mental health specialty teams and community-based outpatient clinics.

*Professional development:* Interns may choose to be involved in one or more of the following activities to improve professional development skills.

- **Education:** Interns will provide education to Veterans and mental health staff about evidence-based psychotherapies through newsletters, Evidence-Based Psychotherapy Informational Sessions, patient education fairs, team meetings, and mental health meetings.

- **Program Evaluation:** Interns will assist with tracking the delivery of evidence-based psychotherapies within the G.V. (Sonny) Montgomery VAMC, interpreting trends, identifying potential barriers, and generating reports of evidence-based psychotherapy delivery.
- **Implementation:** Interns will assist the EBP team in disseminating and implementing Evidence-Based Psychotherapies and/or clinical video telehealth. Interns will identify barriers, problem solve ways to overcome barriers, and measure outcomes that are important to stakeholders, adopters, and implementers.

## **Evidence-Based Behavioral Practice Rotation – PTSD and Depression Emphasis**

Rotation Supervisors: Drs. Bethay, Crane, Gabriele, & Graves

The Evidence-Based Psychotherapy rotation is designed to help interns achieve the following training objectives by the end of the rotation: 1) apply the evidence-based behavioral practice model and process; 2) effectively implement at least two evidence-based psychotherapies; 3) effectively deliver assessment and intervention services via both in-person and clinical video telehealth encounters; 4) illustrate skills in interprofessional collaboration; and 5) develop an appreciation for the VA Healthcare System, VA EBP and telehealth initiatives, and population-based approaches to behavioral health care. In addition to these broad training objectives, interns on this rotation will meet with rotation supervisors to develop an individualized training plan that matches their individual training needs and goals.

*Clinical Intervention:* Interns will gain experience with delivering EBPs, providing services via telehealth, and engaging Veterans in a shared decision-making process.

Interns will learn two of the following EBPs: Acceptance and Commitment Therapy, Cognitive Behavioral Therapy, Interpersonal Psychotherapy for Depression, Cognitive Processing Therapy, or Prolonged Exposure Therapy.

Interns will provide treatment to at least two Veterans via clinical video telehealth. The intern will become proficient in the use of telehealth equipment for assessment and intervention, gain exposure to telemental health research, and obtain knowledge and skills in risk management for telemental health.

Interns will inform Veterans about evidence-based therapies, assess appropriateness for use of an EBP with a given Veteran, and use shared decision making in developing treatment plans.

*Interprofessional Teams:* Interns will gain experience in interprofessional collaboration through work with the Evidence-Based Psychotherapy team. The EBP Team provides time-limited, evidence-based psychotherapies to Veterans referred from mental health teams, primary care, community-based outpatient clinics and medical specialty teams.

*Professional development:* Interns will be involved in at least one of the following activities to improve professional development skills.

- Education: Interns will provide education to Veterans and mental health staff about evidence-based psychotherapies through newsletters, Evidence-Based Psychotherapy Informational Sessions, patient education fairs, team meetings, and mental health meetings.
- Program Evaluation: Interns will assist with tracking the delivery of evidence-based psychotherapies within the G.V. (Sonny) Montgomery VAMC, interpreting trends, identifying potential barriers, and generating reports of evidence-based psychotherapy delivery.
- Implementation: Interns will assist the EBP team in disseminating and implementing Evidence-Based Psychotherapies and/or clinical video telehealth. Interns will identify barriers, problem solve ways to overcome barriers, and measure outcomes that are important to stakeholders, adopters, and implementers.

## **Geriatric Mental Health Rotation**

Rotation Supervisor: Dr. Askew

The Geriatric Mental Health rotation is structured so that Predoctoral interns can develop an initial competency in clinical Geropsychology. Clinical training and supervision experiences are of sufficient breadth and depth to meet national licensing requirements.

The 51-bed (8 palliative care) CLC is home to approximately 35 Veterans who primarily require long term supervised care in a medical environment. The remaining beds are reserved for new admissions that require short-stay rehabilitative care (e.g., stroke, arthroplasty, debilitation) or respite care ranging from two to four weeks. CLC Residents requiring a longer stay have treatment goals addressing their co-occurring medical conditions, functional impairments, and psychosocial issues with a primary aim of avoiding institutional placement. Currently CLC Residents range in age from 50 to 100 and include a wide range of concerns including: chronic medical illness, persistent psychiatric disorders, neurodegenerative illness, lack of decisional capacity, end-of-life issues, and hospice/palliative care at end-of-life.

The interdisciplinary CLC team has a primary goal of ensuring CLC Residents and their families receive the highest level of care within an environment more reflective of a home than a traditional medical setting. Services provided by Psychology staff include initial screenings, neurobehavioral status examinations, decisional capacity evaluations, psychosocial and psychological assessment, evidenced based psychotherapy, care giver support, and discharge planning. Psychology staff also provide staff education, training, and didactic presentations, as well as developing and monitoring behavior management plans. In the CLC, Predoctoral interns are considered to be members of the interdisciplinary team and collaborate with Veterans, and their family members in the provision of appropriate care.

### **Mental Health Outpatient Rotation**

Rotation Supervisors: Dr. Buckholdt

The Mental Health Outpatient rotation activities relate to comprehensive treatment coordination and delivery for patients with a wide range of mental health needs and goals (e.g., severe depression and anxiety, personality disorders, serious mental illness). Interns have opportunity to gain experience through two integrated outpatient clinical contexts, the Specialty Mental Health Outpatient Clinic (MHOPC) and Mental Health Access Clinic (MHAC). In MHOPC, interns work as a part of a Behavioral Health Interdisciplinary Program (BHIP) team that includes staff from psychology, social work, nursing, psychiatry, and others. These BHIP teams foster recovery-oriented, evidence-based, mental health care for Veterans assigned to the team through the execution of collaborative treatment plans. In MHAC, interns provide initial evaluation for Veterans who are typically new to mental health services, to determine appropriate levels and breadth of care. Typical rotation experiences include shared decision making, interprofessional collaboration, consultation, assessment, and evidence-based psychotherapy. Interns who desire program development, implementation, or administrative experience can participate in, or lead, clinical or operational performance improvement projects.

## **Neuropsychology Rotation**

Rotation Supervisor: Dr. Bennett

Supervised experiences on the neuropsychology rotation include conducting comprehensive neuropsychological evaluations with adult and geriatric patients. Referral questions may include dementia, stroke, traumatic brain injury, learning disabilities, attention deficit/hyperactivity disorder, capacity evaluations, and a wide range of neurological and psychiatric disorders. The intern will have the opportunity to participate with inpatient and outpatient multidisciplinary treatment teams. Interns will gain a greater understanding of neuroanatomy, including learning to read CT and MRI scans of the brain.

Interns who are not interested in pursuing neuropsychology as a clinical specialty may participate in this rotation to gain experience conducting supervised neuropsychological evaluations, gain further experience with a wide range of assessment tools, gain clinical experience with neurologically and medically compromised patients, sharpen clinical interviewing skills, and achieve a greater understanding of the neuroanatomical basis of behavior.

## **Trauma Recovery Program Rotation**

Rotation Supervisor: Dr. Nosen

Trauma Recovery Program (TRP) rotation activities relate to the treatment of post-traumatic stress disorder (PTSD) and co-occurring disorders. Interns have opportunity to work within an outpatient setting (PTSD Clinical Team) or within the 12-bed residential treatment unit (the PTSD-RRTP). Both areas provides unique opportunities to work intensively with male and female Veterans, from an array of military backgrounds, and often with complex presentations of PTSD. Typical rotation experiences include consultation, assessment and evidence-based psychotherapy. Interns will gain experience in assessing PTSD via structured diagnostic interview (CAPS-5) and in providing Prolonged Exposure therapy, Cognitive Processing Therapy and/or Dialectical Behavior Therapy (DBT) skills training. Interns work as a part of an interdisciplinary team that includes staff from social work, nursing, psychiatry, peer support and others. Interns who desire administrative experience are welcome to do so through leading/participating in task groups, policy development, staff trainings and clinical performance improvement projects.



## Internship Staff

### **John Askew, Ph.D.,** Staff Psychologist (Geriatric Mental Health)

Dr. Askew provides services in the Community Living Center (CLC) and on the Palliative Care Unit (PaCU). His clinical focus serving adults and older adults with chronic and complex medical problems and rehabilitative issues includes: cognitive / neuropsychological screening and capacity evaluations; assessment, diagnosis, and treatment of psychological disorders and severe mental illness with evidence-based approaches; and providing evidence-based psychosocial and environmental interventions for reducing behavioral and psychological symptoms associated with dementia and other neuropsychiatric and mental health conditions. Dr. Askew has research interests that include: the assessment and treatment of mood disorders in the elderly, evaluation of decisional capacity, evidence-based interventions for older adults with chronic medical illness and dementia, and quantitative psychology.

### **Daniel Barnes, Ph.D.,** Staff Psychologist (Addictive Disorders Treatment Program Rotation)

Dr. Barnes provides services within the outpatient and intensive outpatient programs in the Addictive Disorders Treatment Program (ADTP). His clinical interests include comorbidity among substance using Veterans, especially PTSD and SMI, and he is also a consultant for the VA's Cognitive Behavioral Therapy for Substance Use Disorders dissemination program. Dr. Barnes' research interests involve the cultural stigma of mental illness.

### **Ted Bennett, Ph.D.,** Staff Neuropsychologist (Neuropsychology Rotation)

Dr. Bennett has significant experience supervising trainees at different phases in their development, including psychology trainees (undergraduate and graduate) and medical students and residents. His research interests are in the areas of ecological validity of neuropsychological testing, assessment of effort in neuropsychological testing, assessment of functional abilities in dementia and brain injury, and psychotherapy with Veterans suffering from impaired awareness.

### **Scott Bethay, Ph.D.,** Staff Psychologist (Evidence-Based Psychotherapy Rotation)

Dr. Bethay's clinical interests focus on clinical behavior analysis, mindfulness, and process-based approaches to cognitive-behavioral therapy. He has extensive experience and training in Acceptance Commitment Therapy (ACT) and is board-certified in behavior analysis. His research interests include treatment development, empirically-supported processes of change, and transdiagnostic treatment models.

### **Kelly Buckholdt, Ph.D.,** Staff Psychologist (Mental Health Outpatient Clinic Rotation)

Dr. Buckholdt is the Program Manager for the Mental Health Outpatient Clinic and Access Clinic. She previously worked in VA primary care as the women's mental health psychologist and has been extensively involved in the VA Intimate Partner Violence Assistance Program. She has a research background in family emotion socialization and regulation, and current interests in program evaluation as a driver for national policy and guidance.

**Randy Burke, Ph.D.,** Chief, Psychology Service

Dr. Burke is the Chief of Psychology Service. He has clinical and research interests in substance use and anxiety disorders.

**Kristi L. Crane, Psy.D.,** Staff Psychologist (Evidence-Based Psychotherapy Rotation, Workplace Violence Prevention Program- Mini Rotation)

Dr. Crane provides clinical services for Veteran's for PTSD, Depression, Insomnia, and Chronic Pain. She is the Chair of the Employee Threat Assessment Team and the Disruptive Behavior Committee. She spends her administrative time managing these programs, using evidenced-based risk assessments to evaluate violence risk, and creating management plans to help mitigate risk. Her research interest includes violence risk assessment.

**Jeanne Gabriele, Ph.D.,** Director of Clinical Training, Evidence-Based Psychotherapy Program Manager (Evidence-Based Psychotherapy Rotation)

Dr. Gabriele's clinical focus is on time-limited Evidence-Based Psychotherapies for depression, PTSD, and insomnia as well as behavioral management of obesity. Her research interests include individual and organizational factors that influence the reach, effectiveness, adoption and implementation of evidence-based practices, social support and health promotion/disease prevention, and the use of technology to improve reach of behavioral health interventions

**Lauren Baillie Graves, Ph.D.,** Staff Psychologist (Evidence-Based Behavioral Practice Rotation; Cognitive Processing Therapy Mini-Rotation)

Dr. Graves currently works on the Evidence Based Psychotherapy Team, and is a VA regional Cognitive Processing Therapy Trainer. Dr. Graves has been involved with grants from the VA Office of Rural Health and VA Center for Innovation aimed at increasing access to EBPs via clinical video telehealth to the home.

**Ashley King-Profit, Ph.D.,** Staff Psychologist (Behavioral Pain Management)

Dr. King-Profit's clinical interests include providing Evidence-Based Psychotherapies and complementary and integrative health approaches (CIH) for chronic pain. She also has interest and experience in treating substance use disorders and PTSD. Her research interests include destigmatization of mental health within minority communities. In addition, she has interest in increasing the utilization of technology in mental health care.

**Elizabeth Nosen, PhD.,** Program Manager (Trauma Recovery Program)

Dr. Nosen currently serves as the program manager for the Trauma Recovery Program (TRP), which provides evidence-based therapies for PTSD in both outpatient and residential settings. Her clinical and research interests focus on the treatment of PTSD and co-occurring substance use disorders.

**Andrew Voluse, PhD,** Program Manager, Substance Abuse Residential Rehabilitation Treatment Program (Addictive Disorders Treatment Program)

Dr. Voluse's clinical and research interests primarily focus on substance use disorders, particularly within the older adult population. Additionally, he also has an interest in and extensive experience with Motivational Interviewing and psychometric measurement of addictive behaviors. He is a national consultant and trainer for the VA's Cognitive Behavioral Therapy for Substance Use Disorders evidence-based therapy. Finally, he has been a principal or co-investigator on several grants exploring various aspects within the substance use realm (e.g., medication adherence, co-occurring PTSD, intimate partner violence, CBT smart phone apps).

## **Didactics & Objectives**

Our internship program provides didactics which focus on leadership development, profession-wide competencies, dissemination and implementation, career development, VA, and personal and financial development.

Below is a list of didactics previously provided along with objectives and profession-wide competencies discussed in the didactic. The intern class has the opportunity to review proposed didactics and suggest additional topics for didactics. Titles with an asterisk (\*) are didactics selected by the intern class.

### **Leadership Development Didactics**

<b>Format and Title</b>	<b>Profession-Wide Competencies</b>
<b>Discussion Hour - Leadership in Health Service Psychology</b> <ul style="list-style-type: none"><li>To identify seven domains of health service leadership</li><li>To identify personal strengths and areas of improvement within and across domains</li></ul>	<ul style="list-style-type: none"><li>Professional Values, Attitudes, &amp; Behaviors</li><li>Communication &amp; Interpersonal Skills</li></ul>
<b>Discussion Hour - Time Management</b> <ul style="list-style-type: none"><li>To learn steps to manage energy</li><li>To introduce Franklin Convey's Time Matrix model to managing time</li><li>To introduce the Pause-Clarify-Decide process</li><li>To learn tips to manage email</li></ul> <p>Readings:</p> <ul style="list-style-type: none"><li>Schwartz, T. &amp; McCarthy, C. (2007). Manage Your Energy, Not Your Time. <i>Harvard Business Review</i>.</li></ul>	<ul style="list-style-type: none"><li>Professional Values, Attitudes, &amp; Behaviors</li></ul>

<ul style="list-style-type: none"> <li>Krogan, K., Merrial, A. &amp; Rinee, L. (2015). The 5 Choices. The Path to Extraordinary Productivity. <i>Choice 1 Act on the Important, don't react to the urgent.</i> 23-60.</li> </ul>	
<p><b>Discussion Hour - Developing Self-Awareness (Part 1 of 2)</b></p> <ul style="list-style-type: none"> <li>To identify personal strengths</li> <li>To identify personal values</li> <li>To identify how you can best contribute to internship class, internship program, and/or mental health service</li> </ul> <p>Reading:</p> <ul style="list-style-type: none"> <li>Drucker, P. (1999). Managing Oneself. <i>Harvard Business Review</i>.</li> </ul> <p>Optional reading:</p> <ul style="list-style-type: none"> <li>Kouzes, J.M. &amp; Posner, B.Z. The Truth About Leadership: The No-fads, Heart-of-the-Matter Facts You Need to Know. Truth 3: Values Drive Commitment pages 29-44.</li> </ul>	<ul style="list-style-type: none"> <li>Professional Values, Attitudes, &amp; Behaviors</li> </ul>
<p><b>Discussion Hour- Developing Self-Awareness (Part 2 of 2)</b></p> <ul style="list-style-type: none"> <li>Class presentation on personal strengths, personal values, and what can offer internship class, internship program, and/or mental health service</li> </ul>	<ul style="list-style-type: none"> <li>Professional Values, Attitudes, &amp; Behaviors</li> </ul>
<p><b>Discussion Hour – Creating Clarity</b></p> <ul style="list-style-type: none"> <li>To introduce six questions to creating clarity and alignment in an organization.</li> <li>To develop an “internship class playbook” to practice skills</li> </ul> <p>Reading:</p> <ul style="list-style-type: none"> <li>Lencioni, P. (2012). <i>The Advantage: Why Organizational Health Trumps Everything Else in Business</i>. Discipline 2: Create Clarity. 73-140</li> </ul>	<ul style="list-style-type: none"> <li>Professional Values, Attitudes, &amp; Behaviors</li> <li>Communication &amp; Interpersonal Skills</li> </ul>
<p><b>Discussion Hour – Giving Effective Feedback</b></p> <ul style="list-style-type: none"> <li>Learn why positive feedback is important</li> <li>Learn five steps for delivering effective, constructive feedback</li> </ul> <p>Readings:</p> <ul style="list-style-type: none"> <li>Weitzel, S. (2000). Feedback that Works: How to Build and Deliver Your Message.</li> <li>Goldsmith (2012). Feedforward.</li> </ul>	<ul style="list-style-type: none"> <li>Communication &amp; Interpersonal Skills</li> <li>Supervision</li> </ul>
<p><b>Discussion Hour – Being a Valuable Team Player</b></p> <ul style="list-style-type: none"> <li>Identify three qualities of a good team player</li> <li>Recognize behaviors that are perceived positively by team leaders and team members</li> </ul> <p>Readings:</p> <ul style="list-style-type: none"> <li>Lencioni, P. (2016). The Ideal Team Player. Jossey-Bass: Hoboken, NJ</li> </ul>	<ul style="list-style-type: none"> <li>Professional Values, Attitudes, &amp; Behaviors</li> <li>Communication &amp; Interpersonal Skills</li> <li>Consultation &amp; Interprofessional Skills</li> </ul>
<p><b>Discussion Hour – Building a Cohesive Team</b></p> <ul style="list-style-type: none"> <li>Introduce five behavioral principles related to functional teams.</li> <li>Discuss steps to helping teams overcome dysfunctional behaviors.</li> </ul> <p>Readings:</p> <ul style="list-style-type: none"> <li>Lencioni, P. (2012). <i>The Advantage: Why Organizational Health Trumps Everything Else in Business</i>. Discipline 1: Build a Cohesive Leadership Team. 19-71.</li> </ul> <p>Optional Reading:</p>	<ul style="list-style-type: none"> <li>Communication &amp; Interpersonal Skills</li> <li>Consultation &amp; Interprofessional Skills</li> </ul>

Lencioni, P. (2002). <i>Five Dysfunctions of a Team</i> . San-Francisco: Jossey-Bass.	
<b>Discussion Hour – Managing Conflict</b> <ul style="list-style-type: none"> <li>• Distinguish between constructive and destructive conflict</li> <li>• Learn strategies for conflict resolution</li> <li>• Learn strategies for managing constructive conflict.</li> </ul>	<ul style="list-style-type: none"> <li>• Communication &amp; Interpersonal Skills</li> <li>• Supervision</li> </ul>
<b>Discussion Hour – Communicating Clarity</b> <ul style="list-style-type: none"> <li>• To discuss strategies for reminding team members of key messages</li> <li>• To discuss strategies for teams to leave meetings with an understanding of what was agreed upon</li> <li>• To discuss strategies to improve follow-through on tasks</li> </ul> <p>Readings:</p> <ul style="list-style-type: none"> <li>• Lencioni, P. (2012). <i>The Advantage: Why Organizational Health Trumps Everything Else in Business</i>. Discipline 3: Overcommunicate Clarity. 141-151.</li> </ul> <p>Optional Reading:</p> <ul style="list-style-type: none"> <li>• Hanson, T. &amp; Hanson, B.Z. (2007). <i>Who Will Do What by When?</i></li> </ul>	<ul style="list-style-type: none"> <li>• Communication &amp; Interpersonal Skills</li> </ul>
<b>Discussion Hour – Reinforcing Clarity</b> <ul style="list-style-type: none"> <li>• To introduce ways to hire individuals who fit the values of the team or organization</li> <li>• To identify ways to effectively orient new people to the organization and its values</li> <li>• To discuss building reward systems around the goals of the organization</li> </ul> <p>Readings:</p> <ul style="list-style-type: none"> <li>• Lencioni, P. (2012). <i>The Advantage: Why Organizational Health Trumps Everything Else in Business</i>. Discipline 4: Reinforce Clarity. 141-151.</li> </ul>	<ul style="list-style-type: none"> <li>• Communication &amp; Interpersonal Skills</li> </ul>
<b>Discussion Hour - Managing Up</b> <ul style="list-style-type: none"> <li>• To understand the manage up method of career development</li> <li>• To learn ways to manage up successfully</li> <li>• To identify things not to do when trying to manage up</li> </ul>	<ul style="list-style-type: none"> <li>• Professional Values, Attitudes, &amp; Behaviors</li> <li>• Communication &amp; Interpersonal Skills</li> </ul>
<b>Discussion Hour - Running Effective Meetings</b> <ul style="list-style-type: none"> <li>• To distinguish between successful and unsuccessful meetings</li> <li>• To identify steps to conducting a successful meeting</li> <li>• To introduce issues and challenges that can occur with virtual meetings</li> </ul> <p>Readings:</p> <ul style="list-style-type: none"> <li>• Lencioni, P. (2012). <i>The Advantage: Why Organizational Health Trumps Everything Else in Business</i>. The Centrality of Great Meetings. 173-188.</li> </ul> <p>Optional Readings:</p> <ul style="list-style-type: none"> <li>• Lencioni, P. (2004). <i>Death by Meeting: A Leadership Fable...About Solving the Most Painful Problem in Business</i>.</li> </ul>	<ul style="list-style-type: none"> <li>• Communication &amp; Interpersonal Skills</li> <li>• </li> </ul>
<b>Discussion Hour - Crucial Conversations (2 Sessions)</b> <ul style="list-style-type: none"> <li>• To define a crucial conversation</li> <li>• To identify strategies to having effective crucial conversations</li> <li>• To learn to look for safety problems in a conversation</li> <li>• To be able to implement strategies to help keep conversation safe</li> </ul> <p>Readings:</p>	<ul style="list-style-type: none"> <li>• Communication &amp; Interpersonal Skills</li> </ul>

<ul style="list-style-type: none"> <li>Patterson, K., Grenny, J., McMillan, R., Switzler, A. (2011). <i>Crucial Conversations: Tools for Talking When Stakes are High</i>, Second Edition.</li> </ul>	
<b>Discussion Hour - Managing Performance &amp; Productivity</b> <ul style="list-style-type: none"> <li>To discuss how performance is assessed within VA</li> <li>To define labor mapping</li> <li>To identify two methods to assess productivity: Clinic Utilization and RVUs</li> </ul>	<ul style="list-style-type: none"> <li>Professional Values, Attitudes, &amp; Behaviors</li> </ul>
<b>Discussion Hour - Preventing Burnout in Your Team</b> <ul style="list-style-type: none"> <li>To introduce 6 organizational domains related to burnout</li> <li>To discuss ways productivity monitoring can be used to identify and prevent burnout</li> <li>To identify strategies for motivating providers</li> </ul>	<ul style="list-style-type: none"> <li>Professional Values, Attitudes, &amp; Behaviors</li> <li>Communication &amp; Interpersonal Skills</li> </ul>
<b>Discussion Hour – Delegation</b> <ul style="list-style-type: none"> <li>To understand the importance of delegation to effective leadership</li> <li>To learn tips in delegation</li> </ul> <p>Readings:</p> <ul style="list-style-type: none"> <li>Johnson, L.K. (2004). <i>Are You Delegating So It Sticks?</i> Harvard Management Update</li> <li>Oncken Jr., W. &amp; Wass, D.L. (1999). <i>Management Time: Who's got the Monkey?</i> Harvard Business Review</li> </ul>	<ul style="list-style-type: none"> <li>Communication &amp; Interpersonal Skills</li> </ul>
<b>Didactic Seminar - Improving Organizational Health</b> <ul style="list-style-type: none"> <li>Understand what the concept of organizational health means</li> <li>Be able to cite at least two reasons why organizational culture is critical to success</li> <li>Be familiar with at least three VA initiatives that contribute to the overall organization</li> </ul>	

## Individual and Cultural Diversity

Format and Title	Profession-Wide Competencies
<b>Didactic Seminar - Self-Assessment: Cultural Issues as a Lens in Accessing Clinical Services</b> <ul style="list-style-type: none"> <li>Acquire self-knowledge regarding your thoughts, feelings and experiences and how they may impact your work re diversity</li> <li>Inspire development of personal learning objectives and action plans regarding strengths and weakness around diversity as it relates to your work</li> </ul>	<ul style="list-style-type: none"> <li>Individual &amp; Cultural Diversity</li> <li>Professional Values, Attitudes, &amp; Behaviors</li> </ul>
<b>Didactic Seminar - Working with Veterans in Rural Communities</b> <ul style="list-style-type: none"> <li>Understand definitions and heterogeneity among individuals in rural communities</li> <li>Discuss issues related to healthcare disparities</li> <li>Understand unique cultural perspectives related to rural populations</li> <li>Identify common presenting problems and unique challenges</li> <li>Discuss clinical implications relevant to the population</li> </ul>	<ul style="list-style-type: none"> <li>Individual &amp; Cultural Diversity</li> </ul>
<b>Didactic Seminar - Working with African Americans in Mental Health</b> <ul style="list-style-type: none"> <li>Understand healthcare disparities among African Americans</li> <li>Describe racial/cultural identity models</li> <li>Learn strategies to improve efficacy of treatment with African Americans</li> </ul>	<ul style="list-style-type: none"> <li>Individual &amp; Cultural Diversity</li> </ul>

<p><b>Didactic Seminar - Religion and Spirituality in Mental Health</b></p> <ul style="list-style-type: none"> <li>• Become familiar with literature on religion/spirituality and mental health</li> <li>• Learn multiple ways to conceptualize the role of religion/ spirituality in the lives of persons of faith</li> <li>• Identify presenting issues for which religion/spirituality can become salient</li> <li>• Learn ways to incorporate religion/spirituality in assessment and treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Individual &amp; Cultural Diversity</li> </ul>
<p><b>Didactic Seminar - Military Culture</b></p> <ul style="list-style-type: none"> <li>• To identify the primary mission and core values of each branch of the military</li> <li>• To describe cultural and behavioral norms for military personnel</li> <li>• To discuss battlefield mindset and adjustment issues that might arise when returning from deployment or ending service</li> <li>• To discuss clinical implications for civilian and VA providers.</li> </ul>	<ul style="list-style-type: none"> <li>• Individual &amp; Cultural Diversity</li> </ul>
<p><b>Didactic Seminar - Military Sexual Trauma</b></p> <ul style="list-style-type: none"> <li>• Discuss definition and prevalence of MST</li> <li>• Describe actions the VA is taking to identify and treat MST</li> <li>• Identify how to screen for MST</li> <li>• Understand clinical issues in care for MST</li> </ul> <p>Optional readings:</p> <ul style="list-style-type: none"> <li>• Allard, C.B., Nunnink, S., Gregory, A.M., Klest, B., &amp; Platt, M. (2011). Military Sexual Trauma Research: A Proposed Agenda. <i>Journal of Trauma &amp; Dissociation</i>, 12, 324-345.</li> <li>• Roberts, S.T., Watlington, C.G., Nett, S.D., Batten, S.V. (2010). Sexual trauma disclosure in clinical settings: Addressing diversity. <i>Journal of Trauma &amp; Dissociation</i>, 11, 244-259.</li> </ul>	<ul style="list-style-type: none"> <li>• Individual &amp; Cultural Diversity</li> <li>• Communication &amp; Interpersonal Skills</li> <li>• Assessment</li> <li>• Intervention</li> <li>• Supervision</li> </ul>
<p><b>Didactic Seminar – Working with Sexual Minority Veterans: Clinical Issues Affecting Lesbian, Gay, Bisexual and Transgendered Veterans *</b></p> <ul style="list-style-type: none"> <li>• Become familiar with the empirical literature relevant to providing clinical care to Lesbian, Gay, Bisexual, and Transgendered (LGBT) Veterans</li> <li>• Describe clinical disparities and barriers in access to care among LGBT Veterans</li> <li>• Learn strategies to improve access and efficacy of LGBT mental health care</li> </ul> <p>Optional readings:</p> <ul style="list-style-type: none"> <li>• Hereck, G.M., Gillis, J.R., Cogan, J.C. Internalized Stigma Among Sexual Minority Adults: Insights from a Social Psychological Perspective.</li> <li>• Cochran, B.N., Balsam, K., Flentje, A., Malte, C.A., &amp; Simpson, T. (2013). Mental Health Characteristics of Sexual Minority Veterans. <i>Journal of Homosexuality</i>, 60, 419-535.</li> <li>• Sherma, M.D., Kauth, M.R., Ridener, L., Shipherd, J.C., Bratkovich, K., Beaulieu, G. (2014). An Empirical Investigation of Challenges and Recommendations for Welcoming Sexual and Gender Minority Veterans into VA Care.</li> </ul>	<ul style="list-style-type: none"> <li>• Individual &amp; Cultural Diversity</li> </ul>
<p><b>Didactic Seminar – Geropsychology</b></p> <ul style="list-style-type: none"> <li>• Provide an overview of geropsychology</li> <li>• Identify unique aspects of working with older adults</li> <li>• Identify resources and guidelines for practice with older adults</li> <li>• Discuss the future of geropsychology in the VA</li> </ul>	<ul style="list-style-type: none"> <li>• Individual &amp; Cultural Diversity</li> <li>• </li> </ul>

<b>Didactic Seminar - Ageist Bias and The Psychological Assessment of Aging Veterans</b> <ul style="list-style-type: none"> <li>Describe Ageism and its potential impact on the psychological and/or neuropsychological assessment of older adults</li> <li>Identify why trainees in all specialties should consider unique aspects of aging in working with an aging Veteran population</li> <li>Identify appropriate assessment strategies and tools for working with older Veterans</li> <li>Identify resources and guidelines for practice</li> </ul>	<ul style="list-style-type: none"> <li>Individual &amp; Cultural Diversity</li> <li>Assessment</li> </ul>
<b>Didactic Seminar – Substance Use Disorders in the Elderly</b> <ul style="list-style-type: none"> <li>Identify three risk factors that place elderly individuals at risk for developing substance use disorders.</li> <li>Describe two assessment strategies that can be used to assess substance use disorders in elderly populations.</li> <li>Describe two benefits of using an intervention approach based on the principles associated with Motivational Enhancement Therapy</li> </ul>	<ul style="list-style-type: none"> <li>Individual &amp; Cultural Diversity</li> <li>Assessment</li> <li>Intervention</li> </ul>
<b>Didactic Seminar - Culturally Informed Assessment</b> <ul style="list-style-type: none"> <li>Learn APA multicultural guidelines for assessment</li> <li>Describe potential psychometric issues in assessment with ethnic minorities</li> </ul>	<ul style="list-style-type: none"> <li>Individual &amp; Cultural Diversity</li> <li>Assessment</li> </ul>
<b>Didactic Seminar - Culturally Informed EBPs</b> <ul style="list-style-type: none"> <li>Learn how APA position on EBPs are consistent with culturally informed treatment</li> <li>Learn how the emerging literature supports the effectiveness of EBPs with ethnic minorities</li> <li>Cultural adaptations incremental validity to treatments</li> <li>Learn strategies to adapt EBPs to improve effectiveness with ethnic minority groups</li> </ul>	<ul style="list-style-type: none"> <li>Individual &amp; Cultural Diversity</li> <li>Intervention</li> </ul>
<b>Discussion Hour - Nearby Places to Visit &amp; Cultural Events*</b> <ul style="list-style-type: none"> <li>To discuss Mississippi sites, attractions, and historical places</li> <li>To list festivals and cultural events in the area</li> <li>To identify personal non-work-related goals for internship year in Mississippi</li> </ul>	<ul style="list-style-type: none"> <li>Individual &amp; Cultural Diversity</li> </ul>
<b>Discussion Hour - Getting Comfortable with Race and Ethnicity in Psychotherapy</b> <ul style="list-style-type: none"> <li>To identify two ways in which having discussion about race and ethnicity can be helpful in psychotherapy</li> <li>To provide recommendations for improving discussion about race and ethnicity in psychotherapy</li> </ul> <p>Reading:</p> <ul style="list-style-type: none"> <li>Cardemil, E.V., &amp; Battle, C.L. (2003). Guess who's coming to therapy? Getting comfortable with conversations about race and ethnicity in psychotherapy. <i>Professional Psychology: Research and Practice</i>, 3, 278-286.</li> </ul>	<ul style="list-style-type: none"> <li>Individual &amp; Cultural Diversity</li> <li>Communication &amp; Interpersonal Skills</li> </ul>
<b>Discussion Hour - Working with Women Veterans*</b> <ul style="list-style-type: none"> <li>To discuss unique health care needs of women Veterans</li> <li>To recognize barriers to care for Women Veterans</li> <li>To identify strategies VA is taking to improve access to care and quality of care for women Veterans</li> </ul>	<ul style="list-style-type: none"> <li>Individual &amp; Cultural Diversity</li> </ul>



<b>Discussion Hour – Diversity in the Workplace</b> <ul style="list-style-type: none"> <li>To identify various benefits to diversity in the workplace</li> <li>To discuss strategies that are successful in improving workplace diversity</li> </ul>	<ul style="list-style-type: none"> <li>Individual &amp; Cultural Diversity</li> <li>Professional Values, Attitudes, &amp; Behaviors</li> </ul>
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## Research/Evaluation

Format and Title	Profession-Wide Competencies
<b>Didactic Seminar - Program Evaluation</b> <ul style="list-style-type: none"> <li>Identify four types of program evaluation</li> <li>Identify quantitative and qualitative methods used in program evaluation</li> <li>Acquire information about how to effectively communicate program evaluation findings</li> </ul> <p>Optional Readings:</p> <ul style="list-style-type: none"> <li>Morris, M. &amp; Cohn, R. (1993). Program evaluators and ethical challenges: A national survey. <i>Evaluation Review</i>, 17 (6), 621-642.</li> </ul> <p>Example program evaluations:</p> <ul style="list-style-type: none"> <li>Watkins, K.E. et al. (2011) Veterans Health Administration Mental Health Program Evaluation Capstone Report</li> <li>Chard, K.M., Ricksecker, E.G., Healy, E.H., Karlin, B.E., &amp; Resick, P.A. (2012). Dissemination and experience with cognitive processing therapy. <i>Journal of Rehabilitation Research &amp; Development</i>, 49 (5), 667-678.</li> </ul>	<ul style="list-style-type: none"> <li>Research</li> </ul>
<b>Didactic Seminar -Learning from Organizational Data</b> <ul style="list-style-type: none"> <li>Understand what is meant by the concept of actionable results based on organizational data.</li> <li>Introduce SAIL and tools used to monitor performance</li> <li>Identify at least three ways in which the findings from VA data can inform specific actions by organizational leaders, within VA and beyond.</li> </ul>	<ul style="list-style-type: none"> <li>Research</li> </ul>
<b>Discussion Hour - Research and Performance Improvement/Program Evaluation</b> <ul style="list-style-type: none"> <li>To discuss the goals and requirements of research and performance improvement activities</li> <li>To introduce the scientific and scholarly work training plan</li> <li>To provide an example of a program evaluation project</li> </ul>	<ul style="list-style-type: none"> <li>Research</li> </ul>
<b>Discussion Hour – Research, Performance Improvement, Program Evaluation Update (Multiple Times During Year)</b> <ul style="list-style-type: none"> <li>To provide an update on research and performance improvement/program evaluation progress</li> <li>To discuss any barriers to project completion</li> <li>To utilize problem solving skills to overcome barriers or challenges</li> <li>To discuss any research or evaluation skills class requests</li> </ul>	<ul style="list-style-type: none"> <li>Research</li> </ul>

## Ethical and Legal Standards

Format and Title	Profession-Wide Competencies
<b>Didactic Seminar - Psychology Ethics in the VA</b> <ul style="list-style-type: none"> <li>Articulate steps to ethical decision-making</li> <li>Name 3 principles in the APA Code of Ethics</li> <li>Name 5 standards in the APA Code of Ethics</li> <li>Discuss ways to avoid ethical pitfalls</li> </ul> <p>Readings:</p> <ul style="list-style-type: none"> <li>Smith, D. (2003). 10 ways practitioners can avoid frequent ethic pitfalls. <i>APA Monitor</i>, 34, 50.</li> <li>Smith, D. (2003). Five principles for research ethics. <i>APA Monitor</i>, 34, 56.</li> </ul>	<ul style="list-style-type: none"> <li>Ethical/Legal Standards</li> </ul>
<b>Discussion Hour - APA Ethics Code</b> <ul style="list-style-type: none"> <li>To review the APA Ethics Code</li> </ul> <p>Readings:</p> <ul style="list-style-type: none"> <li>APA (2017). <i>Ethical Principles of Psychologists and Code of Conduct</i>.</li> </ul>	<ul style="list-style-type: none"> <li>Ethical/Legal Standards</li> <li>Professional Values, Attitudes, &amp; Behaviors</li> </ul>
<b>Discussion Hour – Ethics Case Scenarios (2 Sessions)</b> <ul style="list-style-type: none"> <li>To recognize ethical dilemmas</li> <li>To apply ethical decision-making processes in order to resolve the dilemmas</li> </ul>	<ul style="list-style-type: none"> <li>Ethical/Legal Standards</li> </ul>
<b>Discussion Hour - Ethics in Business Operations</b> <ul style="list-style-type: none"> <li>To distinguish between clinical ethics and business ethics</li> <li>To discuss case examples related to business ethics</li> </ul>	<ul style="list-style-type: none"> <li>Ethical/Legal</li> </ul>

## Professional Values, Attitudes and Behaviors

Format and Title	Profession-Wide Competencies
<b>Didactic Seminar - Professionalism in Psychology</b> <ul style="list-style-type: none"> <li>Develop a working definition of professionalism in psychology</li> <li>Identify at least five key areas in professionalism in psychology</li> <li>Increase personal awareness of strengths and weaknesses related to professionalism in psychology</li> </ul> <p>Reading</p> <ul style="list-style-type: none"> <li>Elman, N.S., Ilfeld-Kaye, J., Robiner, W.N. (2005). Professional development: Training for professionalism as a foundation for competent practice in psychology. <i>Professional Psychology: Research and Practice</i>, 36 (4), 367-375.</li> </ul>	<ul style="list-style-type: none"> <li>Professional Values, Attitudes, &amp; Behaviors</li> </ul>
<b>Discussion Hour – Involvement in Local, State, and National Organizations</b> <ul style="list-style-type: none"> <li>To identify various types of professional organizations for psychologists</li> <li>To discuss advantages of being a member of a professional organization</li> <li>To select potential organizations that best fit interests and needs</li> </ul>	<ul style="list-style-type: none"> <li>Professional Values, Attitudes, &amp; Behaviors</li> </ul>
<b>Didactic Seminar - Psychologists as VA Leaders and Administrators</b> <ul style="list-style-type: none"> <li>Describe various roles of psychologists as administrators and leaders in VA</li> <li>Describe the Organization of Mental Health in VA Central Office</li> </ul>	<ul style="list-style-type: none"> <li>Professional Values, Attitudes, &amp; Behaviors</li> </ul>

<ul style="list-style-type: none"> <li>Describe potential developmental steps to take towards administrative roles in a variety of areas</li> </ul>	
<p><b>Didactic Seminar - Professional and Personal Issues Relating to Palliative Care, Hospice, and End-of-Life Care</b></p> <ul style="list-style-type: none"> <li>To define palliative care</li> <li>To differentiate palliative care from hospice and end-of-life care</li> <li>To discuss knowledge and skills necessary for psychologists to engage in effective palliative care</li> <li>To identify ethical issues that can occur in palliative care</li> </ul> <p>Readings:</p> <ul style="list-style-type: none"> <li>Kasl-Godley, J.E., King, D.A., Quill, T.E. (2014). Opportunities for Psychologists in Palliative Care. <i>The American Psychologist</i>, 69 (4), 364-376.</li> </ul>	<ul style="list-style-type: none"> <li>Ethical/Legal Standards</li> <li>Individual &amp; Cultural Diversity</li> <li>Professional Values, Attitudes, &amp; Behaviors</li> <li>Assessment</li> <li>Intervention</li> </ul>
<p><b>Didactic Seminar – Self-Care: Compassion Fatigue and Secondary Trauma</b></p> <ul style="list-style-type: none"> <li>To identify symptoms of compassion fatigue and secondary trauma</li> <li>To discuss factors which can put a provider at risk for compassion fatigue and secondary traumatization</li> <li>To discuss strategies to reduce secondary traumatization</li> <li>To discuss ethics of self-care</li> </ul>	<ul style="list-style-type: none"> <li>Ethical/Legal Standards</li> <li>Professional Values, Attitudes, &amp; Behaviors</li> </ul>
<p><b>Discussion Hour – Self-Care: Preventing Burnout</b></p> <ul style="list-style-type: none"> <li>To define burnout</li> <li>To discuss symptoms of burnout</li> <li>To identify strategies to reduce burnout</li> </ul>	<ul style="list-style-type: none"> <li>Professional Values, Attitudes, &amp; Behaviors</li> </ul>

## Communication and Interpersonal Skills

<p><b>Didactic Seminar - Telehealth in the VA: Overview and Current Practices</b></p> <ul style="list-style-type: none"> <li>To provide a basic introduction to Telemental Health</li> <li>Provide an overview of the current uses of Telemental Health</li> <li>Educate providers on the clinical considerations before providing Telemental Health.</li> <li>Educate providers on the pertinent risk issues of Telemental Health</li> <li>Provide a list of current Telemental Health Resources</li> </ul> <p>Optional readings:</p> <ul style="list-style-type: none"> <li>Grady et al. (2011) Evidence-Based Practice for Telehealth. <i>Telemedicine and E-health</i>, 17 (2), 131-148.</li> <li>Backhaus et al. (2012). Videoconferencing Psychotherapy: A Systematic Review. <i>Psychological Services</i>, 9(2), 111-131.</li> </ul>	<ul style="list-style-type: none"> <li>Ethical/Legal Standards</li> <li>Communication &amp; Interpersonal Skills</li> <li>Assessment</li> <li>Intervention</li> </ul>
<p><b>Didactic Seminar – Teaching for Psychology Trainees</b></p> <ul style="list-style-type: none"> <li>Identify the elements typically included in an undergraduate course syllabus in psychology</li> <li>Gain a working knowledge of technological options in teaching</li> <li>List a variety of active learning techniques</li> <li>Describe tips for assessing student learning</li> <li>Participants will understand the function of student evaluations of teaching</li> </ul>	<ul style="list-style-type: none"> <li>Communication &amp; Interpersonal Skills</li> </ul>

## Assessment

Format and Title	Profession-Wide Competencies
<b>Didactic Seminar - Diagnostic considerations in Anxiety Disorders*</b> <ul style="list-style-type: none"> <li>• Provide an overview of DSM-5 anxiety disorders in Veterans</li> <li>• Identify assessment tools to assist with differential diagnosis</li> <li>• Discuss key differentiating features between PTSD, panic, GAD and other common mental health conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment</li> </ul>
<b>Didactic Seminar - Effort Testing*</b> <ul style="list-style-type: none"> <li>• To gain an understanding of the evolution of effort testing in psychology over recent decades and its importance in clinical assessment.</li> <li>• To gain an understanding of the “forced choice” paradigm and measures that use it.</li> <li>• To gain knowledge of secondary paradigms, including embedded measures.</li> <li>• To gain an appreciation for future directions in research related to assessment of effort.</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment</li> </ul>
<b>Didactic Seminar - Suicide Risk Assessment &amp; Documentation</b> <ul style="list-style-type: none"> <li>• Discuss sociocultural factors that impact suicide assessment within the VA</li> <li>• Describe the concepts of the Interpersonal Psychological Theory of suicidal behavior</li> <li>• Describe risk factors for suicide</li> <li>• Successfully assess and document suicide risk level</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment</li> </ul>
<b>Didactic Seminar - General Cognitive Assessment in Clinics - Common psychiatric conditions and cognitive sequelae*</b> <ul style="list-style-type: none"> <li>• To become familiar with typical cognitive screeners and tests useful in assessing impairment in psychiatric populations</li> <li>• To become familiar with common patterns of cognitive impairment in mood disorders, particularly depression</li> <li>• To become familiar with common patterns of cognitive impairment in anxiety disorders and PTSD</li> <li>• To become familiar with common patterns of cognitive impairment in major mental illnesses such as schizophrenia and bipolar disorder.</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment</li> </ul>
<b>Didactic Seminar – Substance Use Assessment (SBIRT)</b> <ul style="list-style-type: none"> <li>• Understand the foundations and literature behind SBIRT</li> <li>• Understand the steps of SBIRT and when the next step is triggered</li> <li>• Understand the utility and importance of SBIRT in a variety of clinical and nonclinical settings</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment</li> </ul>
<b>Didactic Seminar - Cognitive Impairment in Drug Abuse*</b> <ul style="list-style-type: none"> <li>• To become familiar with issues specific to testing populations affected by significant substance use</li> <li>• To become familiar with typical patterns of cognitive dysfunction secondary to alcohol abuse</li> <li>• To become familiar with typical patterns of cognitive dysfunction secondary to stimulant abuse, particularly cocaine and methamphetamine</li> <li>• To become familiar with typical patterns of cognitive dysfunction secondary to opioid abuse</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment</li> <li>•</li> </ul>
<b>Didactic Seminar – Diagnostic Consideration in Differentiating Bipolar, Schizophrenia, and Schizoaffective Disorder*</b>	<ul style="list-style-type: none"> <li>• Assessment</li> </ul>

<ul style="list-style-type: none"> <li>• To describe diagnostic criteria for bipolar disorder, schizophrenia, and schizoaffective disorder</li> <li>• To identify methods to assist in differentially diagnosing these disorders</li> </ul>	
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## Intervention

<b>Didactic Seminar - Unified Protocol*</b> <ul style="list-style-type: none"> <li>• To discuss rationale and support for the Unified Protocol for the Transdiagnostic Treatment of Emotional Disorders</li> <li>• To apply emotion-focused treatment strategies</li> <li>• To identify methods for emotion exposure</li> </ul>	<ul style="list-style-type: none"> <li>• Intervention</li> </ul>
<b>Didactic Seminar - Evidence-Based Practice</b> <ul style="list-style-type: none"> <li>• Identify the components of the Evidence-Based Practice model</li> <li>• Discuss the five steps of the evidence-based practice process</li> <li>• Discuss ways in which VHA is promoting evidence-based practice</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Intervention</li> <li>•</li> </ul>
<b>Didactic Seminar – Acceptance and Commitment Therapy *</b> <ul style="list-style-type: none"> <li>• To identify six core processes of Act</li> <li>• To identify six goals of ACT</li> <li>• To develop skill in case conceptualization in ACT</li> <li>• To select appropriate ACT exercises</li> </ul> <p>Readings</p> <ul style="list-style-type: none"> <li>• Walser, Sears, Chartier, &amp; Karlin (2012). <i>Acceptance and Commitment Therapy for Depression in Veterans: Therapist Manual</i>. Washington, DC: U.S. Department of Veterans Affairs</li> </ul>	<ul style="list-style-type: none"> <li>• Intervention</li> </ul>
<b>Didactic Seminar - Measurement-Based Care</b> <ul style="list-style-type: none"> <li>• Define measurement-based care</li> <li>• Describe the clinical utility of measurement-based care to enhance mental health treatment</li> <li>• Discuss challenges with implementing measurement-based care</li> </ul> <p>Reading</p> <ul style="list-style-type: none"> <li>• Lewis, C. C., Scott, K., Marti, C. N., Marriott, B. R., Kroenke, K., Putz, J. W., ... Rutkowski, D. (2015). Implementing measurement-based care (iMBC) for depression in community mental health: A dynamic cluster randomized trial study protocol. <i>Implementation Science</i>, 10(127), 1–14.</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment</li> <li>• Intervention</li> <li>•</li> </ul>

## Consultation & Interprofessional Skills

Format and Title	Profession-Wide Competencies
<b>Didactic Seminar - Interprofessional Education and Collaborative Practice: Conceptual Framework</b> <ul style="list-style-type: none"> <li>• Compare and contrast the different models of health care teams: multidisciplinary, interdisciplinary, interprofessional, unidisciplinary, interdisciplinary, and transdisciplinary</li> <li>• Identify the advantages of the interprofessional model of care.</li> <li>• Define key competencies required for interprofessional team functioning.</li> <li>• Identify examples of interprofessional teams within VHA physical and mental health settings</li> </ul>	<ul style="list-style-type: none"> <li>• Consultation &amp; Interprofessional Skills</li> </ul>

<p>Optional reading:</p> <ul style="list-style-type: none"> <li>Interprofessional Education Collaborative Expert Panel. (2011). <i>Core competencies for interprofessional collaborative practice: Report of an expert panel</i>. Washington, D.C.: Interprofessional Education Collaborative.</li> </ul>	
<p><b>Discussion Hour – Interprofessional Collaboration Panel</b></p> <ul style="list-style-type: none"> <li>To explain roles of other professions in mental health care</li> <li>To recognize one's limitations in skills, knowledge, and abilities and engage others when appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Consultation &amp; Interprofessional Skills</li> <li></li> </ul>
<p><b>Didactic Seminar – Primary Care Mental Health Integration (2 Sessions)</b></p> <ul style="list-style-type: none"> <li>Review the differences between PC-MHI implementation and specialty mental health implementation.</li> <li>Review strategies and tools for colocated providers to structure appointments within a 30-minute timeframe using a 5As framework</li> <li>Review the roles of PC-MHI care managers, and provide an overview of BHL's implementation.</li> </ul>	<ul style="list-style-type: none"> <li>Assessment</li> <li>Intervention</li> <li>Consultation &amp; Interprofessional Skills</li> </ul>
<p><b>Discussion Hour - Clinical Consultation</b></p> <ul style="list-style-type: none"> <li>Describe how consultation differs from other roles common to psychologists (e.g., clinician, supervisor, mentor)</li> <li>Name the 3 main competencies needed for consultation (technical skills, interpersonal skills, consulting)</li> <li>Report the five key stages of consultation (entry and contracting, data collection/diagnosis, feedback and decision-making, design/implementation, feedback/recycle/termination).</li> </ul> <p>Readings:</p> <ul style="list-style-type: none"> <li>Arredondo, P., Shealy, C., &amp; Neale, M. (2004). Consultation and Interprofessional Collaboration: Modeling for the Future. <i>Journal of Clinical Psychology</i>, 60 (7), 787-800.</li> </ul>	<ul style="list-style-type: none"> <li>Consultation &amp; Interprofessional Skills</li> </ul>
<p><b>Didactic Seminar - Psychiatric Evaluations*</b></p> <ul style="list-style-type: none"> <li>To identify similarities and differences between evaluations from a psychiatrist and evaluations from a psychologist</li> <li>To recognize unique roles of a psychiatrist in interprofessional teams</li> <li>To identify when to consult a psychiatrist for evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Assessment</li> <li>Consultation &amp; Interprofessional Skills</li> </ul>
<p><b>Didactic Seminar – Psychopharmacology*</b></p> <ul style="list-style-type: none"> <li>To identify the major categories of medications used in psychiatry</li> <li>To identify the roles of different medication prescribers in mental health</li> </ul>	<ul style="list-style-type: none"> <li>Consultation &amp; Interprofessional Skills</li> <li></li> </ul>

## Clinical Supervision Didactics

Format and Title	Profession-Wide Competencies
<p><b>Didactic Seminar: Clinical Supervision- Models of supervision</b></p> <ul style="list-style-type: none"> <li>Distinguish between psychotherapy-based supervision models, developmental models of supervision, and integrative models of supervision</li> </ul>	<ul style="list-style-type: none"> <li>Supervision</li> </ul>
<p><b>Didactic Seminar - Clinical Supervision: Building and Sustaining the Supervisory Relationship</b></p> <ul style="list-style-type: none"> <li>Identify nine categories of the supervisory relationship and their defining features</li> </ul>	<ul style="list-style-type: none"> <li>Communication &amp; Interpersonal Skills</li> <li>Supervision</li> </ul>

<ul style="list-style-type: none"> <li>Recognize ways to engage supervisee and develop a strong alliance</li> <li>Identify factors that may lead to relationship strains and ruptures</li> </ul>	
<b>Didactic Seminar - Clinical Supervision: Organizing the Supervision Experience</b> <ul style="list-style-type: none"> <li>Establish goals and competencies in supervision</li> <li>Clarify the supervisor's expectations</li> <li>Develop a formal supervision contract</li> <li>Identify advantages and disadvantages of different supervision formats (individual, group, live, technology supervision)</li> </ul> <p>Reading:</p> <ul style="list-style-type: none"> <li>Thomas, J.T. (2007). Informed consent through contracting for supervision: Minimizing risks, enhancing benefits. <i>Professional Psychology: Research and Practice</i>, 38(3), 221-231.</li> </ul>	<ul style="list-style-type: none"> <li>Supervision</li> </ul>
<b>Clinical Supervision: Assessment, Evaluation, and Feedback</b> <ul style="list-style-type: none"> <li>Identify competencies that must be attained</li> <li>Monitor and assess the supervisee's performance, taking into account the supervisee's knowledge, skills, attitudes, and values</li> <li>Balance the multiple roles of promoting supervisees' development, evaluation, and gatekeeping</li> <li>Provide effective feedback</li> </ul>	<ul style="list-style-type: none"> <li>Communication &amp; Interpersonal Skills</li> <li>Supervision</li> </ul>
<b>Didactic Seminar - Clinical Supervision: Addressing personal factors, emotional reactivity, and problem behaviors</b> <ul style="list-style-type: none"> <li>Identify signs as to when supervisee may be experiencing problems</li> <li>Identify strategies to addressing problems</li> <li>Identify and address impairment and incompetence</li> <li>Develop a competency remediation plan</li> </ul>	<ul style="list-style-type: none"> <li>Supervision</li> </ul>
<b>Didactic Seminar – Clinical Supervision: Providing Competency-Based Supervision for Specific Psychotherapies</b> <ul style="list-style-type: none"> <li>Discuss framework for providing training in EBPs</li> <li>Choose methods for assessing competence and fidelity</li> <li>Discuss methods for technical skill development</li> </ul>	<ul style="list-style-type: none"> <li>Supervision</li> </ul>
<b>Didactic Seminar - Clinical Supervision: Legal and Ethical Issues</b> <ul style="list-style-type: none"> <li>To recognize ethical and legal requirements and issues in supervision</li> <li>Apply ethical reasoning when presented with ethical dilemmas</li> </ul>	<ul style="list-style-type: none"> <li>Ethics</li> <li>Supervision</li> </ul>
<b>Didactic Seminar - Clinical Supervision: Multicultural Issues in Clinical Supervision</b> <ul style="list-style-type: none"> <li>Explore the role of supervisor as a cultural being</li> <li>Learn to promote supervisee self-awareness.</li> <li>Describe ways of providing a safe environment for discussion of multicultural issues, values, and ideas.</li> <li>Communicate acceptance of and respect for supervisees' cultural perspectives.</li> <li>Discuss realities of racism/oppression, acknowledging that cultural considerations are relevant.</li> <li>Address a broad range of differences such as learning styles, interpersonal needs, sexual orientation, religious/spiritual beliefs, race, and physical disabilities.</li> </ul>	<ul style="list-style-type: none"> <li>Individual &amp; Cultural Diversity</li> <li>Supervision</li> </ul>

## Career and Financial Planning

Format and Title	Profession-Wide Competencies
<b>Didactic Seminar – Postdoc Applications and Interviews</b> <ul style="list-style-type: none"> <li>To identify different types of postdoc positions</li> <li>To discuss the postdoc application and match process</li> <li>To identify factors associated with a good application</li> <li>To learn tips for a successful interview</li> </ul>	
<b>Discussion Hour - Career Planning: Psychologist roles, VA Careers, VA Psychology Standards</b> <ul style="list-style-type: none"> <li>To identify various roles of clinical psychologists within and outside VA</li> <li>To recognize VA psychologist qualification standards and requirements for GS-11, GS-12, GS-13, GS-14, and GS-15 roles</li> <li>To discuss how to apply for VA psychologist jobs</li> </ul> <p>Reading:</p> <ul style="list-style-type: none"> <li>VA Handbook 5005/87 Appendix G.18. Psychologist Qualification Standard GS-180</li> </ul>	<ul style="list-style-type: none"> <li>Professional Values, Attitudes, &amp; Behaviors</li> </ul>
<b>Discussion Hour – CVs</b> <ul style="list-style-type: none"> <li>Modify CVs for postdoc and post-internship positions</li> <li>Critically appraise components of CVs</li> </ul>	
<b>Discussion Hour – Performance-Based Interviews</b> <ul style="list-style-type: none"> <li>To discuss performance-based interview process</li> <li>To identify methods to prepare for performance-based interviews</li> </ul> <p>To discuss helpful strategies that can be used during the interview</p>	<ul style="list-style-type: none"> <li>Communication &amp; Interpersonal Skills</li> </ul>
<b>Discussion Hour – Licensure*</b> <ul style="list-style-type: none"> <li>To articulate the sequence of steps leading to licensure</li> <li>To discuss steps towards licensure</li> <li>To identify EPPP domains</li> </ul> <p>To identify strategies to study for the EPPP</p>	<ul style="list-style-type: none"> <li>Professional Values, Attitudes, &amp; Behaviors</li> </ul>
<b>Discussion Hour – Loan Repayment*</b> <ul style="list-style-type: none"> <li>To identify and discuss 3 student loan repayment options               <ul style="list-style-type: none"> <li>Public Service Loan Forgiveness Program</li> <li>National Health Service Corp</li> <li>National Institute of Health</li> </ul> </li> <li>To discuss student loan repayment options within the VAMC</li> <li>To discuss the pros and cons of deferment and forbearance and how this will affect their financial future</li> </ul>	
<b>Discussion Hour – Managing Finances*</b> <ul style="list-style-type: none"> <li>To identify debt myths</li> <li>To list 7 steps to reduce money stress</li> <li>To differentiate among types of investments</li> <li>To explain different types of retirement plans</li> </ul>	

## VA Didactics

Title	Profession-Wide
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	Competencies
<b>Didactic Seminar - VA, VHA, and Mental Health Overview</b> <ul style="list-style-type: none"> <li>• Learn the VA mission, core values, and strategic objectives</li> <li>• Describe VHA Mission and Blueprint for Excellence</li> <li>• Describe principles that guide VA Mental Health</li> <li>• Identify GVSM VAMC MH Mission, Vision, and Core Values</li> <li>• Understand GVSM VAMC Mental Health Structure</li> <li>• Become familiar with Mental Health Performance Measures and SAIL</li> </ul>	
<b>Didactic Seminar - Critical Periods in VA Psychology</b> <ul style="list-style-type: none"> <li>• Identify at least four critical time periods in the history of VA psychology from 1946 to 2012</li> <li>• Understand the history of VA psychology and the history of the VA psychology training program</li> <li>• Acquire information about significant contributions that VA psychology has made to the treatment of Veterans, to the training of professional psychologists, and to leadership in advancing the status and credentials of the profession of psychology in the VA and the U.S.</li> </ul>	

## **Administrative Policies and Procedures**

### **Due Process**

Due process ensures that decisions made about interns are based upon performance and are not arbitrarily or personally based. The Internship Program is required to identify specific evaluative procedures along with appeal procedures that are available to interns. All steps need to be appropriately implemented and documented. The general due process guidelines include:

- Provide interns with the program's expectations regarding professional competencies and functioning in written form.
- Stipulation of the procedures for evaluation, such as when and how the evaluations are to be conducted.
- Articulation of the various procedures and actions involved in making decisions regarding concerns about intern problems and/or impairment.
- Communication early and frequently with graduate programs about suspected difficulties with interns, to include seeking constructive input on how to best deal with such difficulties.
- When indicated, institution of a remediation plan, to include a time frame for expected completion, along with the consequences for not rectifying the inadequacies.
- Provision of a written procedure that describes how an intern may appeal a decision.
- Ensure that an intern has sufficient time to respond to any action taken by the Internship Training Committee.
- When indicated, use of input from multiple sources when making decisions or recommendations regarding an intern's performance. This may include consultation with VA Office of Academic Affiliations.
- Appropriate documentation of the rationale and actions taken by the Internship Training Committee.

**Privacy Policy**

We will collect no personal information about interns when you visit our website.

**Self-Disclosure**

Our program does not require self-disclosure of personal information beyond what is required for applying to our internship.

## **Leave and Leave Requests**

Interns accrue 104 hours (13 days) of annual leave and 104 hours (13 days) of sick leave during the internship year. Interns accrue 4 hours of sick leave and 4 hours of annual leave each two-week pay period. Leave may not be used until it has been earned. Interns will obtain their first four hours of annual leave the third Friday of internship year. Leave balances can be checked in VATAS.

Interns may not take leave the final week of the internship year unless there are extenuating circumstances. In the case of extenuating circumstances, leave must be requested by memo two months in advance and approved by the internship training committee.

All leave is subject to APA and APPIC guidelines and to applicable VAMC leave policies. Medical Center procedures for leave are outlined in G. V. (Sonny) Montgomery VA Medical Center Policy K-05-07: Absence and Leave.

As previously mentioned, our program strongly recommends that interns are on duty and involved in training for at least 90% of their appointment (i.e., 1872 hours). See Required Hours above.

Annual leave not taken during the training appointment is paid out in a lump sum following completion of training.

## **Leave Categories**

Leave can be categorized in one of the following ways:

1. Annual Leave: This is leave taken for personal time, vacation, or funded-conference travel which does not meet the requirements for official travel.
2. Authorized Absence: This type of leave allows interns to be absent from duty without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, or the activity will clearly enhance an intern's ability to perform the duties of the position he or she presently occupies. This type of leave can be granted for educational experiences, day of an intern's oral defense of the dissertation, and unfunded academic conference travel that meets the Program Aims of the Internship Program. Authorized absence is not an official duty status and should not be used for official travel. Authorized absence is granted at the discretion of the Training Director.
3. Sick leave: The rotation supervisors should be notified of the need for sick leave as soon as possible. If interns require more than three (3) consecutive days of sick leave, a physician's note is required to return to the workplace.

There may be some situations in which an intern's travel may be considered official travel. In these situations, no leave is charged. Gifts for travel support from a non-federal source can only be accepted for official travel purposes. If an intern receives travel support for a conference from a non-federal source, the intern must complete VA Form 0893, Advance Review of Offer to Donate Support for Official Travel, to get

approval to accept the gift. Approval must be obtained from the Center Director 30 days prior to the travel date and must meet the regulations covered in VA Financial Policies and Procedures Volume XIV, Chapter 1, Paragraph 010201 G. Once approved, the intern may travel in an official capacity.

### ***Internship Leave Request Procedures***

General procedures for requesting Annual Leave are as follows:

- The intern requesting leave obtains permission for leave from the intern's rotation supervisor(s).
- The intern requesting leave arranges for another intern or staff member to provide coverage during the leave time.
- The intern requesting leave submits an email to the training director and assistant training director with the rotation supervisor(s) and individual providing coverage CC'd on the email. The email will document the dates and times of leave, type of leave, rotation supervisors, and the intern or staff member providing coverage.
- The Training Director or Assistant Training Director will respond to the email indicating approval of the leave request and notify the time keeper and supervisory psychologist responsible for approving leave request in VATAS.
- Once the Training Director or Assistant Training Director provides approval, the intern will submit the leave request in VATAS.
- If a rotation supervisor(s) does not agree to the request for personal leave, the intern may appeal to the Training Director who, after consideration of the nature of the request, as well as training and coverage issues, may choose to override the faculty decision.
- If an intern is requesting more than three (3) consecutive business days of authorized absence, the intern will need to submit a request by memorandum at least three (3) weeks in advance. If attending a conference or meeting, copies of the program with dates should be submitted with the request.
- When an intern must take unanticipated leave for an illness, supervisor(s) AND the Training Director should be notified immediately so that necessary coverage can be arranged. A doctor's note is required after three (3) consecutive days of sick leave.

### **Liability and Protection for Trainees**

Interns are protected from personal liability under the Federal Employees' Liability Reform and Tort Compensation Act 28 U.S.C 2679 (b)-(d) when providing professional services at a VA health care facility or providing services at a non-VA site in which services are provided in accordance with an affiliation agreement.

## **Southern Living**

Jackson (the “City with Soul”) is the capital of Mississippi and is the educational, research, and cultural center of the state. The metro area houses over 12 colleges and universities, including the University of Mississippi Medical Center. Average high temperatures range from 90° in summer to 58° in winter, allowing for year-round outdoor recreational activities. New Orleans, LA and Memphis, TN are both less than a 3-hour drive away and the beaches of the Gulf Coast are 2½ hours away. Mississippi is world famous as the birthplace of Blues music and for spectacular Southern cooking.

Jackson is a rapidly growing urban center situated in the heart of the Sunbelt. In addition to serving as the political center of Mississippi, Jackson is also the social and cultural capital of the state. The Mississippi Arts Center, in downtown Jackson, was opened to the public in 1978. Encompassed in this contemporary facility is the Mississippi Museum of Art, the Russell C. Davis Planetarium, and the Thalia Mara Hall for the performing arts. Jackson also hosts regular performances by the Mississippi Symphony Orchestra, the Mississippi Opera, Ballet Magnificat, and the Atlanta Ballet. Jackson is the official home of the USA International Ballet Competition. Additionally, the 10,000 seat Mississippi Coliseum regularly schedules national and international entertainment acts.

Jackson and the surrounding areas offer abundant opportunities for outdoor recreation. The mild winters make it ideal for year-round athletic pastimes. Many trainees and staff have enjoyed playing on local tennis, golf, and softball teams. Located just 15 minutes north of the GVSM VAMC campus, the 30,000 acre Ross Barnett Reservoir has excellent facilities for boating, sailing, and fishing. Also, there are dozens of accessible state parks where visitors can enjoy canoeing, boating, and hiking.

For college sports enthusiasts, Mississippi is populated with football fans and enthusiastic alums from several major college teams. Jackson State University plays a first-rate football schedule at the Mississippi Memorial Stadium, just across the street from the VA campus. Mississippi State and Ole Miss, both about a two hour drive away, offer SEC football and basketball. Jackson also has a local minor league baseball team, the Mississippi Braves.

The distinctive Southern life style, both present day and antebellum, is a cultural and historical experience that makes a lasting impression on those who visit the historic landmarks. The mansions of Natchez, the Natchez Trace, Vicksburg National Military Park, and Mynelle Gardens in Jackson evoke strong sentiments of generations past. Natchez, Vicksburg, and the Gulf Coast offer the entertainment and glitter of casino gambling. The Mississippi Gulf Coast and barrier islands are just 3 hours away, easily accessible for a weekend of beach fun, deep sea fishing, or just plain relaxation. Memphis and New Orleans are also three hours away and offer great opportunities for a

weekend getaway. Finally, events such as Mal's St. Paddy's Day Parade, Celtic Fest, Jubilee Jam, and the State Fair are held annually in Jackson.

## **Sites and Attractions**

The [Jackson Free Press](#) is an alternative news weekly offering the latest news, events, and music listings for the greater Jackson, Mississippi metro area. Below is a list of activities in the surrounding area.

### **Attractions in Mississippi and Surrounding Areas**

- [Abita Brewery](#), Abita, LA. Abita has a brewery and restaurant at two different locations in Abita. There is a 50-plus mile bike path that runs by the brewery – St. Tammany Trace.
- [Sky Lake](#), MS, Belzoni. 1700 foot long boardwalk that allows you to see Cypress trees that are 1000+ years old. Also has 2.6-mile canoe/kayaking trail through cypress. Need to bring own canoe/kayak.
- Stuckey's Bridge, Chunky, MS. Old bridge said to be haunted. Favorite of ghost hunters.
- [Ground Zero Blues Club](#), Clarksdale, MS
- Red's Blues Club, Clarksdale, MS.
- [Shack Up Inn](#), Clarksdale, MS. Hotel accommodations in former sharecropper cabins located on Hopson Plantation.
- [Delta Blues Museum](#), Clarksdale, MS. Highway 49 and 61 crossroads where Robert Johnson sold his soul to the devil in order to master the guitar, Clarksdale, MS.
- [Grammy Museum Mississippi](#), Cleveland, MS. First Grammy Museum to be built outside of Los Angeles.
- [Delta Center for Culture and Learning](#), Cleveland, MS. Promotes understanding of history and culture of the MS Delta.
- Doe's Eat Place, Greenville, MS. Famous for tamales
- Armed Forces Museum at Camp Shelby. Hattiesburg, MS. Museum honoring services of Mississippi's service men and women who trained at Camp Shelby. [www.armedforesmuseum.us](http://www.armedforesmuseum.us)
- [Saenger Theatre](#). Hattiesburg, MS. Historical theater which opened in 1929. Performing arts, ballets, operas, plays, and "Saenger Classics" film favorites.
- [BB King Museum](#), Indianola, MS.
- [Underground 119](#), Jackson, MS.
- [International Museum of Muslim Cultures](#). America's first museum of Muslim cultures.
- Gibb's Old Country Store, Learned, MS. Restaurant in an old country store about 45 minutes from Jackson.
- Birthplace of the Frog, Leland, MS. Museum honoring Jim Henson.

- [Riley Center for Education and Performing Arts](#) Meridian, MS. Live music venue with some good national performers.
- [Old South Winery](#), Natchez, MS. Wines made from muscadines.
- Fat Mama's Tamales, Natchez, MS.
- Natchez Homes (Monmouth Plantation, Stanton Hall, Dunleith Plantation, plus more), Natchez, MS. Many of these have restaurants.
- [Natchez in Historic Photographs: The Gandy Collection](#). Natchez, MS. One of the world's most important and unusual collections of historic photographs. 500 photos telling story of Natchez from Civil War through WWII.
- [Natchez City Cemetery](#), Natchez, MS.
- [William Johnson Home](#), Natchez, MS. William Johnson was a freed slave and highly regarded member of Natchez free black aristocracy, and slave owner himself. Has examination of his 18-yr-old diary. Gives glimpse of Natchez life prior to Civil War.
- [The Shed Barbeque and Blues Joint](#), Ocean Springs, MS. Barbecue place with live music outside.
- [Center for the Study of Southern Culture](#), University of Mississippi, Oxford, MS.
- [Rowan Oak](#), Oxford, MS. A Greek Revival House where William Faulkner lived until his death in 1962. Windsor Ruins, Port Gibson, MS. Ruins of the Windsor Plantation
- Rocky Springs, MS. Mile 54.8 on Natchez Trace Parkway. Hiking trails and campsite. Allows you to see the remains of Rocky Springs. The Civil War, Yellow Fever, and financial difficulties led to the fall of this city.
- Taylor Grocery, Taylor, MS. Old general store known for its catfish. Wide front porch with live music. Taylor, MS also has a number of art galleries.
- [Elvis Presley Birthplace](#) or Elvis Presley self-guided tour. Tupelo, MS
- [Tupelo Buffalo Park and Zoo](#). Tupelos, MS. Monster Bison Bus takes you to see one of the largest buffalo herds east of the Mississippi River. Other exotic animals and petting zoo.
- Vicksburg National Military Park, Vicksburg, MS. 1800 acres – 16-mile driving tour.
- [Vicksburg Antebellum Homes](#), Vicksburg, MS. A variety of homes including Cedar Grove, Duff Green Mansion (served as a civil war hospital), Anchuca Mansion (great café with fabulous brunch), and McRaven (one of Mississippi's most haunted mansions).
- Historic Jefferson College, Washington, MS (near Natchez). Has yearly civil war reenactment.

## Mississippi Historic Trails

(Markers throughout the state)

- Mississippi Freedom Trail.
- Mississippi Blues Trail.

- Mississippi Tamale Trail.

## Events

- August. Jackson Rhythm and Blues Festival. Jackson, MS.
- Fall. SEC Football. Ole Miss - Oxford, MS; Mississippi State – Starkville, MS; Louisiana State University -Baton Rouge, LA; University of Alabama – Tuscaloosa, AL
- September. Celtic Music Festival. Jackson, MS.
- September. [Mississippi Delta Blues and Heritage Festival](#), Greenville, MS. Second oldest blues festival in the country
- September/October. [Mighty Mississippi Music Festival](#), Greenville, MS.
- October. [Latinfest!](#). Jackson, MS
- October. Natchez Fall Pilgrimage. Natchez, MS. Tour of antebellum mansions in Natchez.
- October. [Madisonville Wooden Boat Show](#). Madisonville, LA.
- October. Mississippi State Fair. Jackson, MS.
- October. Festivale Acadiens et Creoles. Lafayette, LA. Zydeco and Cajun Music Festival.
- October. Canton Flea Market Arts and Crafts Show. Over 1,100 booths in downtown Canton.
- October. Great Mississippi Balloon Race, Natchez, MS.
- October. Cruisin' the Coast. Gulfport, MS.
- November (1<sup>st</sup> Weekend). Angels on the Bluff Tour in Natchez City Cemetery, Natchez, MS. Costumed actors present stories about the lives of the dead cemetery residents.
- [Fall Rock-A-Doodle Maze](#), Canton or [Lazy Acres Plantation](#), Chunky, MS . Corn mazes.
- January-February. Dixie National Rodeo. Jackson, MS.
- January. Jewish Cinema Mississippi. Jackson, MS. Film festival sponsored by Beth Israel Congregation and the Jewish Culture Organization at Millsaps College.
- February. [Oxford Film Festival](#). Oxford, MS
- February. [Mardi Gras](#). New Orleans, LA.
- March – April. Natchez Spring Pilgrimage. Natchez, MS. Tour of antebellum mansions in Natchez.
- March/April. [Zippity Doo Dah Sweet Potato Queen Parade](#). Ridgeland, MS.
- March. Mal's St. Paddy's Parade. Jackson, MS. One of the largest St. Patrick's Day parades in the United States
- April – September. [Mississippi Braves](#), Pearl, MS. AA farm team of Atlanta Braves.
- April. [Jazz in the Grove](#). Bay St. Louis, MS. Mississippi's only outdoor jazz fest.
- April [World Catfish Festival](#). Belzoni, MS (AKA "Catfish Capital of the World").
- April. [Juke Joint Festival](#). Clarksdale, MS.



- April. [Riverfest](#). Vicksburg, MS.
- April. [Oxford Double Decker Arts Festival](#).
- April. Festival Internationale. Lafayette, LA.
- April – May. [Louisiana Jazz and Heritage Festival](#). New Orleans, LA.
- May, [Natchez Festival of Music](#). Natchez, MS. Opera Broadway, and Jazz.
- May. [Gum Tree Festival](#). Tupelo, MS. Outdoor festival of visual arts, music, and writing. Also has a 10K road race.
- June. [USA International Ballet Competition](#). Jackson, MS.
- June. [Louisiana Peach Festival](#). Ruston, MS

## **Outdoor Activities**

### ***Canoeing/Kayaking:***

- Okatoma Creek (about 15 min North of Hattiesburg; ~1hr 15 min from Jackson). Two outfitters are [Okatoma Canoe and Kayak](#) and [Seminary Canoe Rental](#): You will need to make reservations ahead of time.
- [Quakpaw Canoe Company](#) (Clarksdale, MS) has all kinds of trips (day and overnight) along the Mississippi River.
- Pelahatchie Creek and the Ross Barnett Reservoir.

### ***Hiking:***

- Rocky Springs. This is off of the Natchez Trace Parkway (about 45 min from Ridgeland). Starts off a little dull but gets better as you get towards the end.
- Clark Creek Natural Area Hiking Trail, Pond, MS. - This is along the LA/MS Border. Waterfalls and hiking. Also, something you can combine with a trip to the Angola Rodeo.
- Tishomingo State Park. Tishomingo, MS. Bear Creek Outcropping Trail is a favorite that has scenic views of the Appalachian foothills.
- Natchez Trace Parkway Cypress Swamp Hike. Near Canton, MS. .5 miles hike with unique views of a bald cypress swamp.
- Mayes Lake to Lefleur's Bluff trail. Jackson, MS.
- Black Creek Nature Trail, Desota National Forest.

### ***Bike Riding:***

- Ridgeland Multiuse Biking Trail (paved). If you are into mountain bike riding, Mule Jail trail near the Spillway. There is also a mountain bike trail in Madison.
- Hattiesburg: Longleaf Trace. 41-mile running, biking, hiking, equestrian trail.
- Meadville: Clear Springs Mountain Biking/Hiking Trail Complex in Homochitto National Forest. 25-mile mountain biking and hiking trail systems.
- Louisiana: St. Tammany Trace (Covington, Abita, Mandeville, LA) about 2 hr 15 min away. Very long paved bike trail. Runs next to the Abita Brew Pub.

### ***Running:***

- Ridgeland Multiuse Trail (This runs parallel to the Natchez Trace Parkway). They are paving it to Natchez, MS.

## **LGBT Resources**

- Unity Mississippi - Purpose is to establish and promote unity among the Gay, Lesbian, Bisexual, Transgender (GLBT) and Heterosexual communities by serving as a catalyst for statewide education, interaction, entertainment, community growth, visibility and awareness; Dedicated to promoting tolerance and acceptance of sexual minorities, increasing public awareness of minority-related concerns, health-related concerns (specifically HIV/AIDS and substance abuse), and bridging gaps between heterosexual and GLBT communities in the state
- SPECTRUM - a Gay Straight Alliance located at Jackson State University in Jackson
- Mississippi Pride

## **Food Markets**

- Sweet and Sour Asian Market, 834 Wilson Drive, #D, Ridgeland
- Oriental Supermarket, 5465 I-55 N, Jackson
- Van Hung Asian Market, Highway 51, # P, Ridgeland
- Tienda La Guadalupe, 6537 Old Canton Road, Ridgeland - Hispanic food market
- Taqueria La Guadalupe, 6537 Old Canton Road, Ridgeland
- Carniceria Valdez, 6530 Old Canton Road, Ridgeland - Hispanic restaurant and market
- Mediterranean Fish and Grill, 6550 Old Canton Road, Ridgeland - Seafood, Mediterranean, Middle Eastern restaurant and grocery
- Aladdin's Mediterranean Grill, 730 Lakeland Drive, Jackson - Mediterranean restaurant and grocery store
- Rainbow Co-op Grocery, 2807 Old Canton Road, Jackson – local Mississippi produce and friendly community grocery

## **Farmer's Markets and Community Supported Agriculture**

- Downtown Madison Farmers Market, Main Street, Madison, MS.
- Fresh at Five Farmers Market, Main Street, Clinton, MS
- Mississippi Farmers Market, 929 High Street, Jackson, MS
- Livingston Farmers Market, corner of Highway 463 and Highway 22, Madison, MS
- Two Dog Farms
- Up in Farms Food Hub, provides produce from small and medium-sized Mississippi farms. Can sign up for farm packs in which receive a box of produce.

- VAMC Farmer's Market, held at the G. V. (Sonny) Montgomery Department of Veterans Affairs Medical Center every other Friday.

**Additional information regarding eligibility requirements:**

- Trainees receive term employee appointments and must meet eligibility requirements for appointment as outlined in VA Handbook 5005 Staffing, Part II, Section B. Appointment Requirements and Determinations.  
[https://www.va.gov/vapubs/viewPublication.asp?Pub\\_ID=646&FTYPE=2](https://www.va.gov/vapubs/viewPublication.asp?Pub_ID=646&FTYPE=2)
- Selective Service website where the requirements, benefits and penalties of registering vs. not registering are outlined: <https://www.sss.gov/Registration/Why-Register/Benefits-and-Penalties>

**Additional information specific suitability information from Title 5 (referenced in VHA Handbook 5005 – hyperlinks included):**

**(b) Specific factors.** In determining whether a person is suitable for Federal employment, only the following factors will be considered a basis for finding a person unsuitable and taking a suitability action:

- (1) Misconduct or negligence in employment;
- (2) Criminal or dishonest conduct;
- (3) Material, intentional false statement, or deception or fraud in examination or appointment;
- (4) Refusal to furnish testimony as required by § 5.4 of this chapter;
- (5) Alcohol abuse, without evidence of substantial rehabilitation, of a nature and duration that suggests that the applicant or appointee would be prevented from performing the duties of the position in question, or would constitute a direct threat to the property or safety of the applicant or appointee or others;
- (6) Illegal use of narcotics, drugs, or other controlled substances without evidence of substantial rehabilitation;
- (7) Knowing and willful engagement in acts or activities designed to overthrow the U.S. Government by force; and
- (8) Any statutory or regulatory bar which prevents the lawful employment of the person involved in the position in question.

**(c) Additional considerations.** OPM and agencies must consider any of the following additional considerations to the extent OPM or the relevant agency, in its sole discretion, deems any of them pertinent to the individual case:

- (1) The nature of the position for which the person is applying or in which the person is employed;

- (2) The nature and seriousness of the conduct;
- (3) The circumstances surrounding the conduct;
- (4) The recency of the conduct;
- (5) The age of the person involved at the time of the conduct;
- (6) Contributing societal conditions; and
- (7) The absence or presence of rehabilitation or efforts toward rehabilitation.