

# *Mississippi State Hospital*

## **Doctoral Internship in Health Services Psychology**

*ACCREDITED BY THE COMMISSION ON ACCREDITATION  
OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION*



**PROGRAM BROCHURE**

## **Introduction**

Mississippi State Hospital (MSH) is a publicly-funded behavioral health and nursing home facility, located approximately 15 miles from the state capital of Jackson, in Whitfield, Mississippi. Nestled on a 350-acre campus amidst hundreds of pine and oak trees, MSH maintains its own on-site camping, golfing, and recreational facilities. MSH is the largest facility owned and operated by the Mississippi Department of Mental Health (DMH), employing approximately 1588 individuals, and operating approximately 400 licensed psychiatric and 379 licensed nursing home beds. The hospital currently employs licensed and license-eligible psychologists, master's-level therapists, addictions counselors, and numerous psychology support employees across a wide range of services and specializations. MSH is a diverse regional facility that offers modern psychiatric treatment to the 2000+ patients admitted each year. Most patients are involuntarily committed to MSH, and treatment is provided to children, adolescents, and adults. Continuity of care is the goal, which is sought through close working relationships with the state's regional hospitals, community mental health centers, and other community agencies. An important community resource is Jaquith Nursing Home, which is located on the MSH campus, and which provides a wide range of psychiatric and behavioral health services for those individuals. In addition, training opportunities are available at our sister facility, Hudspeth Regional Center, which is one of five state operated comprehensive regional programs for persons with intellectual and developmental disabilities (IDD). This facility is conveniently located across the street from MSH.

Consistent with the hospital's goal of providing the highest quality patient care, MSH has maintained full accreditation by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) for all service units, since December 2000.

MSH provides an array of interdisciplinary-driven specialty inpatient treatment services for patients across the life-span. Service units include the Forensic Unit, Substance Use/Addiction Unit, Adult Psychiatry Receiving Units, Medical-Surgical Hospital, Child and Adolescent Unit, and the Continued Treatment Service Units. In addition MSH, provides resident's opportunities with our sister facility at Hudspeth Intermediate Care Facility (IDD).

The MSH Behavioral Health Services Department offers a doctoral internship for eligible persons from Clinical, Counseling, and School Psychology programs who desire extensive experience with inpatient populations. As a training facility, MSH welcomed its first internship class in August 1998. Our first APA site visit was conducted in May 1999, and the MSH internship program was accredited by the Commission on Accreditation (CoA) of the American Psychological Association at the July 1999 APA-CoA meeting. We completed our fourth reaccreditation self-study and site visit in May and November of 2014, respectively.

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## **Whitfield and the Jackson Area**

A small suburb of Jackson, Whitfield has the charm and beauty of a rural setting, while offering the opportunity and excitement of being in close proximity to a thriving metropolitan area. There are ample opportunities for outdoor recreation at the Ross Barnett Reservoir and LeFleur's Bluff State Park, both of which are located just minutes away. The metro area offers boating, sailing, fishing, golfing, and hiking opportunities on a year-round basis. The Jackson International Airport is close to MSH and provides convenient access in and out of the city. The Jackson Mass Transit system does not service the Whitfield area. Although automobile ownership is highly recommended, accommodations can be made such that successful completion of the internship would not depend upon having a car.

As the State Capital, Jackson is host to many cultural and social events such as the Mississippi State Fair, Celtic Fest, GospelFest, the Pepsi Pops Music Festival, the International Ballet Competition, the Red Beans and Rice Festival, Mississippi Blues Marathon, and the Dixie National Rodeo and Livestock Show, to name a few. The area is home to the Russell C. Davis Planetarium, the Museum of National Science, Mynelle Gardens, the Mississippi Museum of Art, and the City Auditorium for the Performing Arts, and there is a metropolitan zoo which hosts numerous family friendly events throughout the year. The 10,000-seat Mississippi Coliseum sponsors everything from circus and ice shows to rock, country and R&B concerts. Trustmark Park is in nearby Pearl, Mississippi, and hosts the Mississippi Braves baseball team (a minor league affiliate of the Atlanta Braves). Musical entertainment is abundant, with the Jackson Symphony Orchestra, Mississippi Opera, and three professional ballet companies performing in the City Auditorium. The Metro Jackson area is also home to six universities and colleges, including a nationally-acclaimed medical center/training hospital. In addition, Jackson is conveniently located just three hours from New Orleans and the Mississippi Gulf Coast, three and a half hours from Memphis, and only 30 minutes from antebellum homes, civil war historic sites, and casino entertainment in Vicksburg.

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## **The Training Program**

### ***Program Philosophy***

The Mississippi State Hospital (MSH) Doctoral Internship Program in Health Services Psychology strives to provide a coordinated series of training experiences which expose residents

to a wide variety of professional roles. Through a strong commitment to the *Clinician-Scholar* model of training in professional psychology, the program emphasizes the integration of evidence-based practice, personal and interpersonal development, and a trauma-informed, recovery-based approach to inpatient care. Residents are encouraged to approach clinical practice from a person-centered stance, to utilize current professional literature when selecting and implementing the most efficacious clinical procedures, and to objectively assess treatment outcomes.

The MSH Doctoral Internship Program adheres to a developmental, competency-based approach to training, as consistent with the American Psychological Association's Benchmarks Model for evaluation of professional competencies. Recognizing that the yearlong internship training represents a critical period of transition from graduate student to entry-level psychologist, the MSH faculty is dedicated to supporting residents through a diversity of professional and clinical experiences. Within each rotation, and as supplemented by adjunctive responsibilities, competency development is approached in a sequential manner with regard to complexity and level of independence.

Throughout their training, residents are considered *colleagues in training*, and are therefore held to standards commensurate with such an advanced role. Through a tiered supervisory structure which is grounded in the dynamic exchange of ideas and theoretical philosophies, the goal is to support residents toward incremental growth in areas of professional and clinical practice. Collaborative interaction with professionals from other clinical disciplines is essential in such an interdisciplinary setting, as this promotes intellectual stimulation, mutual respect, and the necessity of a multi-faceted view of patient care.

We strive to provide residents with appropriate professional and personal growth experiences, constructive feedback, and quality supervision in all areas of professional practice, consistent with the overarching goal of training culturally-competent psychologists who can assume professional roles in a multitude of settings.

### ***Training Goals***

Residents may choose to work with several different patient/nursing home resident populations during their internship year. Regardless of the patient population(s), it is expected that:

1. Interns demonstrate consistent professionalism. They should maintain behavior and comportment that reflect a high level of integrity, as well as professional values and attitudes. Interns should demonstrate an understanding of professional ethical and legal standards and act in accordance with these standards. They maintain an awareness and sensitivity to individual and cultural diversity and demonstrate skill in working with

members of minority groups. Interns' professional activities are conducted with self-awareness and reflection, including engaging in appropriate self-care.

2. Interns develop meaningful and effective interpersonal relationships with individuals and groups. They should communicate effectively through verbal, nonverbal and written means, with a wide range of clients and colleagues.
3. Interns demonstrate a capacity to independently engage in the application of the clinical activities of professional psychologists. They effectively integrate scientific theory and research into their clinical practice. Interns also demonstrate assessment and diagnostic skills and they independently utilize assessment findings and client diagnoses to plan effective interventions. They implement evidence-based, best-practices to alleviate suffering and promote the quality of life of their clients and demonstrate effective evaluation of treatment progress. Interns demonstrate the ability to provide expert consultation in response to client needs.
4. Interns are skilled educators of the information and skills of professional psychology, and they should be effective teachers, presenters and providers of didactic instruction. They will also be skilled, ethical, and self-aware purveyors of clinical supervision to less advanced students or professionals.
5. Interns are active members of interdisciplinary systems, developing and maintaining effective collaborative relationships with members of multiple professional disciplines. Interns demonstrate an understanding of and sensitivity to differing perspectives and worldviews. Interns choosing to receive training in administration will also demonstrate emerging abilities to manage the administration of organizations, programs or agencies, and to participate in the facilitation of systemic and/or organizational change.

### ***Training Year***

The MSH Doctoral Internship is a 12 month (52 week) program. Residents must accrue 2000 hours of training in no less than 12 months in order to complete their internship. The first two to three weeks of internship are devoted to general MSH orientation, Psychology Department orientation, and a discussion of all available rotations (possibly with a tour). During this time, Residents will undergo our "Internship ABCs" (Assessment of Baseline Competencies) through which their initial clinical competencies (individual intake/therapeutic skills, assessment, and oral board diagnostic/conceptualization skills) are assessed via a series of experiential exercises. "Meet & Greet" events and meetings with individual supervisors (occasionally, by request) are also scheduled to assist Residents with selecting their three rotations. Resident rotation assignments are determined jointly by the Training Director and the Resident based on Resident request, Resident training needs, and available program resources. All rotation assignments are subject to the Internship Committee's approval. Some rotations may be subject to limited availability, but it is typically possible to grant all rotation requests during the internship year.

By the end of the orientation period Residents will have selected their first rotation and will be expected to have tentatively decided upon their second and third rotations, with the understanding that their interests and rotation availability may evolve as the year progresses.

The 12-month Internship Program at MSH is divided into three rotations of approximately four months duration. Rotations represent diverse experiences with regard to patient populations, therapeutic approaches, and Resident experiences. Psychiatric and psychological services are essentially divided into receiving/acute, continued care, and residential treatment units. Residents are generally required to complete their first rotation in a receiving unit [*Male or Female Receiving, Oak Circle Center* (child/adolescent services), or the *Substance Use/Addictions Unit*], although this is negotiable as based on training needs/requests and available resources. The two remaining rotations are selected based on each Resident's professional interests and skill level.

The specific tasks expected of each Resident will vary widely across rotations, and actual time commitments will also vary depending on the rotation population. The Resident's psychotherapy caseload, the number of psychological evaluations and other duties will depend on several factors including each unit's admission and discharge rate, patient needs, supervisor assignments, and the Resident's competency level. However, for all rotations Residents can expect training experiences to be sequenced in a gradual progression of increasing clinical complexity (i.e., co-leading group therapy sessions prior to independently leading group sessions; decreasing involvement by the supervisors in the assessment and report writing process for psychological evaluations; increasing autonomy in the admissions and treatment planning process; increasing involvement with more complex diagnostic and treatment cases).

The functional level and severity of psychopathology typically vary widely among the patient populations in different service units, with those patients admitted to the *Receiving* and *Continued Treatment Services* units typically experiencing more severe psychopathology with more significantly impaired functioning than patients admitted to other units. Depending on the rotation, Residents may obtain experience working with patient populations capable of process-oriented therapy, patients needing skills training in areas such as daily living and social skills, patients requiring behavioral training due to extremely maladaptive behaviors, and/or patients requiring interventions to prevent self-injurious, suicidal, and/or homicidal behaviors. Within the different rotations, Residents receive exposure to a variety of assessments and treatments developed for specific stages of care, levels of pathology, and diagnostic categories. Some specially-designed treatment protocols include the use of new generation psychotropic medications, ECT, and a treatment protocol for patients diagnosed with Psychogenic Polydipsia.

### ***Rotations***

The following rotations have been offered in the past. Availability may vary depending on supervisory and other resources:

*Acute Adult Psychiatry Rotations:* The male and female receiving units meet the acute psychiatric needs of patients 18 years old through adulthood, who have been committed to Mississippi State Hospital through the court system. Patients are evaluated, stabilized, and treated within an average length of stay of 30-60 days. Approximately 80% of all patients entering these units return home or to community placement without requiring further inpatient treatment. The treatment program is trauma-informed, person-centered, and recovery-focused, seeking patient rehabilitation and return to a less restrictive environment as the primary goal. Grounded in an interdisciplinary approach, while seeking maximum input and participation from the patients and their families, Behavioral Health employees focus on the affective, cognitive, and physical symptoms that led to each patient's hospitalization. Employees strive to foster a sense of personal identity, competence, and self-esteem, in an evidence-based, therapeutic environment, which focuses on the individualized, specific needs of each patient. The program is committed to the promotion of personal dignity and self-worth, supporting the capacity of each individual to benefit from the inpatient treatment environment. Training experiences for residents in the past have included: treatment team participation, psychological assessment and suicide risk evaluation, skills training, individual, group, and family therapy, behavior management consultation, and program development.

*Administrative Psychology:* As psychologists move through their professional careers, they are often promoted to positions in management and administration. However, administrative training is not typically a part of the formal curriculum that psychologists receive. This rotation seeks to provide an overview of facility-wide administrative issues, including interactions with other hospital departments, quality improvement measurement and reporting, program development, staff productivity and efficiency measures, staff competency and training, dealing with regulations and regulatory boards (e.g., Joint Commission, CARF, CMS, HIPPA), development of departmental and hospital-wide procedures, hospital committee participation, and may involve the supervision of others. Residents will also maintain patient contact hours through conducting psychotherapy, psychological assessment referrals, and behavioral consultation across the various clinical units, or these services could be provided through Behavioral Health Services clinic. Some training experiences (staff training) may be conducted at sister facilities as well as conducted outside of regular office hours to accommodate employees who are on shift work. Additionally, some residents may have the opportunity to participate in some rotation experiences through the Mississippi Department of Mental Health (DMH) Central Offices in downtown Jackson.

*Assessment Rotation (Availability limited):* Residents will have the opportunity to develop their skills in appropriately addressing referral questions; administering, scoring, and interpreting psychological tests, and developing appropriate recommendations based on the assessment findings. Residents will also receive training in presenting these findings and recommendations to members of the treatment team and the patient. Opportunities for different types of assessment include: personality or diagnostic clarification, neuropsychological screening,

forensic intakes/interviews/assessments, and cognitive evaluations. Referrals which are relevant to the resident's specific training preferences can be identified by the Assessment Team Director and assigned based on level of competency and training needs.

*Chemical Dependency/Addictions Unit (SUS) Rotation:* In 2016, the male CDU building was closed. Currently, SUS consists of one inpatient treatment building, which houses up to 37 female patients. All individuals receiving treatment have primary alcohol and substance-related diagnoses, although a significant degree of attention is also given to co-occurring factors and symptoms. As such, treatment is also provided for those patients who meet criteria for secondary psychiatric diagnoses (mood disorders, anxiety disorders, personality disorders, etc.). SUS uses a variety of means to provide individual and group therapy, consultation, and supplemental therapeutic intervention as necessary. Beyond providing each patient with a foundational understanding of the program of recovery, therapeutic interventions are focused on interpersonal and intrapersonal matters that are either supportive of a program of sustained recovery, or that potentially hinder one from successful abstinence and recovery. Much of the foundation for treatment is grounded in a hybrid DBT/12-step model. Training experiences for residents in the past have included: individual therapy, group therapy, family therapy/conferences, psychological assessment, multi-disciplinary team involvement, trauma/grief group therapy, women's issues, DBT-informed therapy, ROPES experiences, and the SUS Family Program.

*Child and Adolescent Unit Rotation:* Oak Circle Center (OCC) is a 60-bed child and adolescent unit. OCC provides evaluation, stabilization, and treatment for patients who range in age from 4 to 17 years. Patients present with a variety of symptoms and functional levels. All patients participate in a unit level system which includes point cards and token economy behavior programs. Patients attend the fully-accredited Lakeside School program, located near OCC on MSH grounds. Training experiences for residents in the past have included: psychological assessment, treatment planning, individual therapy, group therapy, family therapy/conferences, behavior management, interdisciplinary treatment team participation, and discharge planning.

*Continued Treatment Service (CTS) Rotation:* The CTS units are designed to meet the needs of patients with chronic mental illness. Such patients require a highly structured environment and therapeutic programming. Training experiences for residents in the past have included: psychological evaluation, behavior management programming, program development, case management, social skills and insight groups, interdisciplinary treatment planning, and psychological service consultation. In addition, there are opportunities for work with specialized patient populations (e.g., patients diagnosed with Psychogenic Polydipsia, aggressive patients, etc.).

*Geropsychology:* Jaquith Nursing Home (JNH) is a 379-bed long-term care facility consisting of 9 homes which are divided into five separately licensed units with Joint Commission accreditation. The program at JNH serves individuals with chronic medical conditions, moderate to severe TBI and anoxic brain injury, and cognitive impairment due to progressive dementia, vascular dementia, and Alzheimer's dementia. Many nursing home residents have comorbid



Axis I diagnoses and severe mental illness. There are two special care units for individuals requiring more intensive supervision and assistance due to decreased cognitive functioning and increased need for positive behavior support.

Interns on the Geropsychology rotation will be expected to collaborate actively with other professionals in treating inpatients at Jaquith Nursing Home. Interns will strengthen their assessment and therapy skills and learn the role that psychology plays as part of an interdisciplinary team providing care to older adults and their families.

Specifically, interns gain experience with neurocognitive screening and other assessment instruments to evaluate dementias, delirium, depression, independent functioning, and psychiatric/personality disorders commonly found in an elderly population. Interns will also provide individual psychotherapy and supportive counseling, group counseling, and behavior management for a variety of psychological issues common to the long-term care population. Finally, interns will provide consultation on all care issues, policies, and procedures that affect the mental and behavioral health of nursing home residents. This assignment offers an excellent opportunity to explore geropsychology, neuropsychology, behavioral medicine, pharmacology, and end-of-life issues with an elderly patient population.

*Intellectual and Developmental Disabilities Rotation:* Residents who wish additional experience serving individuals with intellectual and developmental disabilities may do so by participating in training experiences with Hudspeth Regional Center, a 120-acre campus, located adjacent to Mississippi State Hospital. The Center is a licensed Intermediate Care Program for Persons with Intellectual and Developmental Disabilities (IDD) which provides 24 hour care. Approximately 285 individuals with intellectual and developmental disabilities reside on the program's campus. In addition, approximately 1400 individuals with intellectual and developmental disabilities receive an array of services through the HRC's Community Services Division. All services and programs are based on the interdisciplinary team approach to program development and implementation. Training experiences for residents in the past have included: exposure to functional analysis and ABC observations, exposure to active treatment learning sessions, psychological assessment, participation in an interdisciplinary team process, development of behavior modification training materials, development and implementation of behavioral plans, conducting group therapy sessions (as needed by our group homes and community case management), providing consultation to our various workshops relative to behavioral interventions, development of a social skills training guide, and participating in research design with the goal of publication.

*The Counseling Center (possible availability):* This rotation site is an outpatient clinic that provides individual, marital and family counseling and comprehensive psychological evaluations for children and adolescents concerning learning and behavioral problems. As part of our Employee Assistance programs, we conduct supervisory training and individual workshops for a number of companies in the tri-county area. This rotation encourages a “solution-focused” or collaborative approach to treatment and in the supervision process. The Counseling Center also provides a broad range of forensics evaluations, including competency (adjudicative,

testamentary, consent to treatment), mental state at the time of the alleged offense, capital murder/Atkins, child custody, as well as personal injury evaluations.

***Forensic Services Rotation:*** The Forensic Services Unit is a 35-bed, maximum-security inpatient unit, which provides pre-trial and post-conviction inpatient and outpatient forensic mental health evaluations on adult criminal defendants for Mississippi Circuit Courts in all 82 counties across the state. The Forensic Services also provides long-term treatment for defendants who are acquitted Not Guilty by Reason of Insanity, those who are found Not Competent and Not Restorable, and other non-forensic civilly committed patients who are in need of a more secure environment. As the only state-operated inpatient forensic service in Mississippi, the staff conducts a number of different types of criminal forensic evaluations, including competence to stand trial, competence to waive or assert constitutional rights (including competence to waive Miranda rights), criminal responsibility, capital sentencing/mitigation, competence to assist in post-conviction appeals, competence to be executed (rarely), and pre-trial and post-conviction evaluation of intellectual disability in capital murder defendants. The rotation on Forensic Services is designed to provide residents with an introductory training experience in the field of clinical forensic psychology. Training experiences for residents in the past have included: participation in forensic evaluations, psychological testing (including the use of specialized forensic assessment instruments), co-facilitation of court competence restoration groups, forensic report writing, and observation of expert testimony.

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### **Internship Committee**

The Internship Program is governed by the Internship Committee, which is responsible for all decisions related to admission, evaluation, discipline, and appeal procedures. The Internship Committee meets at least once a month or more often as needed. The meeting is chaired by the Training Director or a designated Internship Committee member. The Chief Resident is identified as the internship class liaison during Internship Committee meetings.

#### **Program Administrators**

**Joe Griebler, Ph.D. ([griebjo@msh.state.ms.us](mailto:griebjo@msh.state.ms.us))**

Licensed Psychologist; Director of Clinical Training; Behavioral Health Services Clinic Director  
Ph.D., Jackson State University

Special interests: Substance Use/Addiction, Health Psychology, Cognitive & Dialectical  
Behavior Therapies, Group Therapy, Clinical Supervision

**Amanda Gugliano, Psy.D. ([amanda.gugliano@msh.state.ms.us](mailto:amanda.gugliano@msh.state.ms.us))**

Licensed Psychologist; Assistant Director of Clinical Training

Forensic Psychology Primary Rotation Supervisor

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Special Interests: Criminal Forensic Psychological Evaluations, Malingering, Assessment, Intellectual Disabilities

**Joseph Kastner, Ph.D. ([joseph.kastner@msh.state.ms.us](mailto:joseph.kastner@msh.state.ms.us))**

Licensed Psychologist; Director – Behavioral Health Services Department

Female Acute Psychiatry Primary Rotation Supervisor (Acting)

Ph.D., University of Southern Mississippi

Special Interests: Child & Adolescent Assessment/Intervention, Group Therapy, Behavior Therapy, Applied Behavior Analysis

**Melanie Norwood, M.S., LPC, LCMHT ([norwome@msh.state.ms.us](mailto:norwome@msh.state.ms.us))**

Internship Program Coordinator

M.S., University of Southern Mississippi

Special Interests: Administration, Chronic Mental Illness, Abuse Recovery, Crisis Intervention

***Primary Rotation Supervisors***

**Mary Ashley Angelo, Ph.D. ([mary.angelo@msh.state.ms.us](mailto:mary.angelo@msh.state.ms.us))**

Licensed Psychologist; Supervision of Supervision (SoS) Chair; Director of Staff Training;

Assistant Assessment Team Director

Ph.D., University of Denver

Special Interests: Chemical Dependency, Crisis Intervention, Dialectical Behavioral Therapy (DBT), Chronic Trauma

**André Buteau, Ph.D. ([abuteau@hrc.state.ms.us](mailto:abuteau@hrc.state.ms.us))**

Licensed Psychologist; Director of Psychology, Hudspeth Regional Center

Intellectual and Developmental Disabilities Primary Rotation Supervisor

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Special Interests: Behavior Modification, ADHD, Autism, Behavior Disorders, Stress Management Issues, Professional Ethics

**Sheila Holmes, Ph.D., LMFT ([holmesh@msh.state.ms.us](mailto:holmesh@msh.state.ms.us))**

Licensed Psychologist; Assessment Team Director

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Special Interests: Addiction, Psychological Assessment, Treatment of Mood and Anxiety Disorders

**Jenise Kohnke, Ph.D. ([jenise.kohnke@msh.state.ms.us](mailto:jenise.kohnke@msh.state.ms.us))**

Licensed Psychologist; Male Acute Psychiatry Primary Rotation Supervisor

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Licensed Psychologist; Psychologist in Private Practice: The Counseling Center

External Primary Rotation Supervisor

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Special Interests: Forensic Evaluations, Outpatient Services, Chemical Dependency, Child Custody Evaluations

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Licensed Psychologist; Geropsychology Services (Jaquith Nursing Home)

Ph.D., Jackson State University

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**Vicki Prosser, Ph.D. ([vicki.prosser@msh.state.ms.us](mailto:vicki.prosser@msh.state.ms.us))**

Licensed Psychologist; Substance Use Services (CDU – Female)

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Special Interests: Trauma, Addiction, Juvenile Competency, Academic Instruction, Group Therapy

*Adjunct Supervisors and Didactic Trainers*

**C.J. Davis, Ph.D. ([cecilia.davis@msh.state.ms.us](mailto:cecilia.davis@msh.state.ms.us))**

License Eligible; Oak Circle Center – Assessment

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Special Interests: Assessment, Children/Adolescents, Addiction

**Barbara Fishgrab, Psy.D. ([bfishgrab@msh.state.ms.us](mailto:bfishgrab@msh.state.ms.us))**

License Eligible; Adjunct Supervisor, Oak Circle Center (Child and Adolescent Rotation)

Psy.D., Argosy Professional School of Psychology—Phoenix Campus

Special Interests: Child and Adolescent Psychology, Multicultural Psychology and Evaluation, Emotional Intelligence, Emotional Regulation in Mental Disorders

**Jennifer Giambrone, Psy.D. ([giambje@msh.state.ms.us](mailto:giambje@msh.state.ms.us))**

License Eligible; Behavioral Health Services Department; Practicum Program Coordinator

Psy.D., Nova Southeastern University

Special Interests: Mental Health Recovery, Person Centered Care, Person Directed Planning, Psychiatric Rehabilitation

**Fred Hall, Ed.D. ([hallfr@msh.state.ms.us](mailto:hallfr@msh.state.ms.us))**

Licensed Professional Counselor

Adjunct Supervisor, Continued Treatment Services Rotation

Ed.D., Argosy University- American School of Professional Psychology, Chicago

Special Interests: Clinical Mental Health Teaching (Graduate Level), Global Health & Mental Health Promotion in Tanzania & Jamaica, Program Development and Evaluation (Public Health), Public Speaking, Grant Writing, Community Advocacy, Mentoring

**Stephanie Howard, Psy.D., ([stephanie.howard@msh.state.ms.us](mailto:stephanie.howard@msh.state.ms.us))**

License Eligible; Forensic Psychology Rotation; Supervision of Supervision (SoS) Co-Chair; Practicum Program Assistant Coordinator

Psy.D., Immaculata University.

Special Interests: Forensics, Assessment, Psychosocial Rehabilitation (SMI), and Women's Recovery

**Luke Savoie, Ph.D. ([savoilu@msh.state.ms.us](mailto:savoilu@msh.state.ms.us))**

Adjunct Supervisor, Forensic Services

Ph.D., Pacific Western University

Special Interests: Social adjustment of those adjudicated NGRI, Application and Evaluation of Evidence-Based Treatment for competence restoration, Adolescent Antisocial Behavior

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**Supervision of Practicum Students**

Early in the year, Residents will begin to receive training in the supervision of graduate students who are enrolled in the MSH Behavioral Health Services Practicum Program. Throughout the year, Residents will receive extensive supervision of these activities through the SOS group and supplemental individual supervisory guidance. Whenever possible, Residents supervise practicum students who are assigned to the same rotation and who receive primary supervision from the same BHS faculty member as the Resident. In these cases, Residents discuss their supervision as part of the Resident's scheduled weekly individual supervision sessions.

Sometimes it is necessary to pair a Resident and a practicum student who are assigned to different rotations. Under these circumstances, the Training Director works with the Resident's Primary Rotation Supervisor, as well as the practicum student's supervisor, to ensure adequate

oversight of the Resident's supervisory activities. As noted previously, Residents also participate in the weekly, SOS group meeting (See *Training and Supervision Opportunities* below), which is devoted exclusively to supervisory issues. The group is led by a Licensed Psychologist who facilitates discussion and occasionally assigns readings on issues related to clinical supervision theory. The SOS group also provides a forum for Residents to discuss their experiences as purveyors of clinical supervision with feedback and guidance from the group leader and other Residents. Additionally, the provision of supervision, as well as Residents' own experiences providing supervision, is frequently discussed during the 2 hour, weekly Training Directors' Group Supervision (See *Training and Supervision Opportunities* below).

### **Training, Mentorship, and Supervision Opportunities**

Throughout the year, Residents are required to attend a variety of organized meetings, trainings, and supervision sessions. As professionals, Residents are expected to be on time and well-prepared for any meetings and presentations. Scheduling conflicts should be brought to the attention of the Primary Rotation Supervisor and the Training Director. The following information provides an outline of various training, mentorship, and supervision opportunities:

#### **1. Resident Case Presentations and Topic Presentations**

Each Resident presents one formal topic presentation and a minimum of one formal case presentation to BHS faculty and employees during the course of the internship year. These professional-level presentations are an opportunity for Residents to share their work with colleagues. As such, casual, colloquial references to patients and associated data would not be considered appropriate. These presentations should be at an advanced level, such as that which would be given at a professional psychological association conference or for a multidisciplinary group of mental health professionals. Audio/Visual equipment is available, and should be used for the presentation. Residents should prepare typed outlines or slide handouts for the audience. A copy of these would be added to the official Resident file.

Case Presentation - each Resident selects a case from which he/she has learned something important, would be of interest to other professionals, and which could serve as a therapy training model for non-doctoral employees. Typically, such presentations are of cases involving longer-term, individual psychotherapy, although brief/shorter-term cases, formal assessment cases, and group therapy cases have been successfully presented in the past. A doctoral-level case presentation integrates relevant data into a concise but thorough conceptualization of the individual(s). Residents should be careful to maintain patient confidentiality through de-identification and the use of pseudonyms. These case presentations will be evaluated by faculty to ensure that they are addressing all expected structural and content areas. It is therefore recommended that Residents use the *Clinical*

*Case Presentation Guidelines* and *Clinical Case Presentation Evaluation Form* as guides (see appendices). Strong mentorship should also be sought (more below).

Topic Presentation - the intent of the topic presentation is to create and provide an educational experience for the MSH Behavioral Health Services faculty and employees. Topic presentation may include aspects of dissertation or other research, or they could be grounded in areas of psychological practice/phenomena that are relevant to the work being done at the hospital. Alternatively, Residents may elect to present a particular area of psychology (e.g., Object Relations Theory, Hypnosis, EMDR, Functional Analysis of Aberrant Behavior, Forensic Issues, etc.) or a particular therapeutic modality. As with any professional presentation, an APA reference list should be included. As is the case with the Case Presentation, strong mentorship should be sought (more below).

Mentorship - Residents are expected to select a doctoral level BHS staff member as a mentor for each Case Presentation and each Topic Presentation (seminar topics/presentations) to help guide them in the process. The mentor assists the Resident in selecting and refining a topic, and helps ensure that the presentation meets the requirements of the internship program. The Training Director should be notified upon the selection of a mentor and all case and seminar topics require approval by the Training Director. Prior to the formal presentation in front of the BHS Department, Residents have the opportunity to give their presentations in front of a smaller group of Internship Committee members for guidance and feedback. This is typically scheduled at least 2 weeks prior to the formal presentation in order to provide ample time for the Resident to incorporate feedback.

a. *Weekly Professional Development Seminar (PDS)*

These seminars cover topics of diagnosis, intervention, professional practice, current research, and ethics. Presenters include psychologists, physicians, and other mental health professionals from MSH and the surrounding community. The PDS is an important component of the training program, as these trainings are provided by MSH and community professionals who generously share their knowledge with our Residents. As such, each Resident's consistent attendance at these seminars is considered important. Although the PDS schedule is continually honed throughout the course of the internship year, an updated copy of the PDS Schedule is available on the MSH intranet drive (*N:\Psychology\Training Programs\Professional Development Seminar*)

**2. University Medical Center Psychiatry Grand Rounds - Friday 11:00 a.m. - 12:00**

*p.m., (intermittent during year – scheduling information provided by DCT)*

Residents are encouraged to attend Department of Psychiatry & Human Behavior Grand Rounds at the University of Mississippi Medical Center (UMMC) on select Fridays from 11:00 a.m. – 12:00 p.m. Topics vary but typically focus on the integration of behavioral science and clinical practice. Efficacy studies for novel and existing treatments of specific psychiatric problems are commonly presented, as are introductory trainings in evidence-based and/or manualized treatments. Grand Round topics and dates are made available to Residents as they are announced. Although UMMC Grand Rounds participation is not considered mandatory, it is believed to be a valuable opportunity for Residents to broaden their knowledge base and network with colleagues at a large academic medical center.

### **3. Adjunctive Training Opportunities**

Residents may have the opportunity to attend monthly Mississippi Department of Mental Health Board Meetings, as well as presentations offered through the Psychology Continuing Education Program at the G. V. (Sonny) Montgomery VA Medical Center, and the Methodist Rehabilitation Center.

MSH also offers campus-wide in-service trainings every month on a variety of topics. Some of these in-services are mandatory for all employees, and are therefore mandatory for Residents. Finally, MSH Staff Education has a contract with the Distance Learning Network to obtain satellite broadcasts of seminars and panel discussion on a variety of behavioral health and psychology topics.

Throughout the year, the Training Director may become aware of additional training opportunities at MSH and in the community. Such opportunities are communicated to Residents who will be encouraged to attend, schedules permitting. The Rotation Supervisor and the Training Director must approve any training that will conflict with a Resident's duties and the Training Director must approve, via an MSH Travel Request Form, any off-campus training activities.



### Supervision

The MSH Doctoral Internship in Professional Psychology utilizes a developmental, competency-based model of supervision, emphasizing the enhancement of a broad knowledge base, mastery of new skills, and refinement of existing competencies, all in an atmosphere of mutual respect and collegiality. Supervisors share their knowledge and experience, provide professional modeling, and share constructive feedback regarding resident performance. The internship faculty is enthusiastically dedicated to training that prepares each resident to assume the duties of an entry-level psychologist and also to be eligible for post-doctoral experience and licensure status.

The supervision component of the MSH Internship Program meets or exceeds criteria set forth by the American Psychological Association's Committee on Accreditation and the Mississippi Board of Psychology. Each resident receives a minimum of 5 hours (**typically 6 hours**) of licensed supervision on a weekly basis.

### Individual Supervision

**2 hours** are spent in face-to-face, individual supervision with a Licensed Psychologist, at least 1 hour of which is with the Primary Rotation Supervisor. Additional individual supervision may be provided by another/other Licensed Psychologist(s) with clinical responsibility for the case(s) being supervised – often this will be the Assessment Team Director, and/or another Psychologist designated to provide supervision on a Resident's testing case. Such arrangements must be discussed with the Training Director. The duties of the Primary Rotation Supervisor include supervision of Resident clinical activities on the rotation, coordination and/or oversight of Resident duties and responsibilities, facilitation and/or oversight of formal and informal learning experiences within the rotation, participation in mid and end-rotation evaluation meetings, enhancement of a Resident's professional identity through mentorship experiences, and provision of ongoing communication with the Internship Committee and the Training Director regarding the Resident's performance.

Additional instruction and experiential activities are provided by Didactic and Adjunct Faculty who consist of licensed and license-eligible doctoral employees and/or BHS staff members with other areas of certification (i.e., LPC, LMFT, Department of Mental Health credentialing, etc.) and/or clinical training. For some rotations, and with Primary Rotation Supervisor oversight, these faculty members will be integrally involved with coordinating Resident duties and responsibilities, or with the facilitation of formal and informal learning experiences within the rotation. Under certain circumstances, and always in addition to 2 hours of individual supervision by a Licensed Psychologist, Residents may be assigned supervision sessions with adjunct faculty who have particular areas of expertise. Such experiences would be arranged by

the Primary Rotation Supervisor in consultation with, and at the discretion of, the Training Director.

Throughout the year, Residents will have several supervisors with different theoretical orientations and expertise. Supervisors will expect and assume that Residents will need the most supervision and instruction during the first third of each rotation, although by the last month of each rotation, Residents will be expected to function with relative autonomy.

### **Group Supervision**

Residents receive 4 hours of group supervision each week, all led by Licensed Psychologists. Group supervision sessions include weekly group supervision with the Training Director and Assistant Training Director (2 hours), an Assessment Group Supervision (1 hour), and a 1 hour Supervision of Supervision (SOS) meeting. Additional information is as follows:

#### **Training Directors: Group Supervision**

This meeting is led by both the Training and Assistant Training Directors. These group supervision sessions, which are an integral and vital part of the MSH Doctoral Training Program, offer Residents the opportunity to discuss clinical challenges, special concerns, and administrative issues with each other and the DCT/ADCT. The group supervision is an opportunity for Residents to have open discussions about clinical cases/work, and should thus be prepared each week with identified cases. Although the SoS group is the primary meeting for supervision discussion, Residents' provision of clinical supervision to Practicum Students is also open to discussion during either segment of the 2-hour session. The weekly Group Supervision consists of three phases/sections, as follows:

1. First phase – dedicated to housekeeping, questions, clarification, and administrative issues. Residents are asked to bring these types of items to the group for discussion. The goal is to find solutions as a group, and all residents to benefit from the information exchange.
2. Second phase – dedicated to a "check in" process, whereby each resident provides a moderately-comprehensive narrative of their clinical, supervisory, and professional development activities that have occurred during the previous week. During this phase, residents discuss rotation experiences, individual therapy cases, group therapy processes, supervisory issues (practicum students), assessment/suicide work, etc.
3. Thirds phase – dedicated to a single clinical case, whether individual, couples, family, or a group. Each week, one discusses a case, providing a thorough presentation of the patient(s), including, but not limited to: admission data, historical information, family information, assessment information, referral question (why are they being seen), and the current conceptualization. In

addition, residents should be prepared to talk about the therapy being employed (goals, session information, outcome measurement, dynamics, ethics, transference/counter transference, etc.). Following the initial presentation, the other members of the group engage in a discussion of the case, wherein members gather additional information, share ideas, and further conceptualize the overall treatment based on their perceptions and professional orientation.

This relaxed and generally enjoyable meeting has historically been highly valued by Residents and Training Directors alike. Former Residents have often commented positively on the collegial atmosphere and the open discussion of administrative issues to which they had been unexposed prior to this point in their training. The meeting is central to the program's mission to prepare Residents, not only as skilled clinicians, but for the demands of a career in psychology.

#### Assessment Group Supervision

After completion of initial orientation activities, Residents will begin attending a weekly group supervision sessions focused on testing and assessment. The format is very interactive and collegial, with Residents providing peer supervision as well as direct supervision provided by the Assessment Team Director. Sessions will focus on improving Resident's psychological assessment, testing, diagnostic, and report writing skills, as well as increasing familiarity and proficiency with a variety of commonly used and well validated psychological testing instruments. These goals are primarily accomplished through in-depth discussion, review, and critique of testing and assessment cases. The group leader will present historical cases and assessment scenarios for discussion. As Residents are assigned assessment cases, they will present their cases for discussion, peer supervision, and licensed supervision. When Residents are assigned a testing case during rotation, their rotation supervisor may attend as an expert in that particular patient population. A developmental approach is taken throughout the year, in which guidance in testing and report writing are stronger during the beginning of the year. Residents are expected to progress with their assessment skills throughout the year and be able to defend the entire process of a completed report to their peers.

Readings and scientific literature are incorporated into the supervision that reflects on diversity issues and integrating science and practice. During the course of the year, the group leader may determine that additional training in specific tests, assessment techniques, or diagnostic classification could be beneficial to the group. The group leader may provide didactic training in such areas, or assign one or more of the Residents to provide the training. Each Resident is asked to make at least one such presentation

during the course of the year. The group leader may also appeal to another psychologist who is an expert in a particular area to provide the didactic training.

#### *Supervision of Supervision (SOS)*

The seminar is led by a Licensed Psychologist, who is a member of the Internship Committee. The seminar focuses on best practices concerning clinical supervision. To guide the developmental process, various supervision books, readings, and articles are used in an effort to establish a foundation of strong supervisory processes. Topics generally include: qualities of good supervision, diversity competence, models and best practices of clinical supervision, ethics, risk management, and evaluative methods of supervision. Although grounded in sound literature, the group is viewed more as a professional/developmental meeting in which open discussion of supervision challenges and practices is encouraged. As Residents will be providing clinical supervision to practicum-level students during the year (MA/MS and doctoral), this group is an opportunity to learn from each other and the SOS supervisor

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### **Training and Supervision Opportunities**

Throughout the year, residents are required to attend a variety of organized meetings, trainings, and supervision sessions.

#### *Supervision of Practicum Students*

Early in the year, Residents will receive training in the supervision of graduate students who are enrolled in the MSH Behavioral Health Services (BHS) Practicum Program, and they will receive extensive supervision of these activities through the SOS group and individual supervisory guidance. Whenever possible, Residents supervise practicum students who are assigned to the same rotation and who receive primary supervision from the same BHS faculty member as the Resident. In these cases, Residents discuss their supervision as part of the Resident's scheduled weekly individual supervision sessions. Sometimes it is necessary to pair a Resident and a practicum student who are on differing rotations. Under these circumstances, the Training Director works with the Resident's Primary Rotation Supervisor, as well as the practicum student's supervisor, to ensure adequate oversight of the Resident's supervisory activities. As noted previously, Residents also participate in the weekly, SOS group meeting, which is devoted exclusively to supervisory issues. The group is led by a Licensed Psychologist who facilitates discussion and occasionally assigns readings on issues related to clinical supervision theory and practice. The SOS group also provides a forum for Residents to discuss their experiences as purveyors of clinical supervision with feedback and guidance from the group

leader and other Residents. Additionally, the provision of supervision, as well as Residents' own experiences providing supervision, is frequently discussed during the 2 hour, weekly Training Directors' Group Supervision.

### **Resident Case Presentations and Topic Presentations**

Each resident presents one formal topic presentation and a minimum of one formal case presentation before Psychology faculty and staff during the course of the internship year. These presentations are an opportunity for residents to share their work with colleagues. Residents should prepare these presentations as though they are planning to present at a professional psychological association conference or for a multidisciplinary group of mental health professionals. Audio/Visual equipment is available for use, including a computer with MS PowerPoint and a projector.

Each resident selects for presentation a case from which he/she has learned something important and which is of interest to other professionals as well. Typically this is a longer-term, individual psychotherapy case, but shorter-term cases, as well as assessment or group therapy cases have been successfully presented in the past. A doctoral-level case presentation integrates relevant data into a concise but thorough conceptualization of the case. Residents are careful to maintain patient confidentiality through de-identification, and by the use of initials or pseudonyms.

The topic presentation may include aspects of dissertation or other research. Alternatively, residents may elect to present a particular area of psychology (e.g., Object Relations Theory, Theories in the Assessment of Head Trauma, Functional Analysis of Aberrant Behavior, Forensic Issues, etc.) or a particular therapeutic modality. As with any professional presentation, an APA reference list is always included.

Residents are expected to select a doctoral level BHS staff member as a mentor for each case and topic presentation to help guide them in the process. The mentor assists the resident in selecting and refining a topic and helps ensure that the presentation is complete and fulfills the expectations of the Internship Program. Prior to the formal presentation in front of the Psychology Department, residents have the opportunity to give their presentations in front of a smaller group of Internship Committee members for guidance and feedback.

### **Weekly Professional Development Seminar (PDS)**

These seminars cover topics of diagnosis, intervention, professional practice, current research, and ethics. Presenters include psychologists, physicians, and other mental health professionals from MSH and the surrounding community. These seminars are an important component of the training program and often professionals from the community take time out of their busy schedules to come and present to our trainees.

### **Chief Resident**

The Chief Resident position is available to one or more MSH resident each year. The Chief Resident(s) is selected during the initial weeks of the training year based upon on residents' interests, as well as demonstrated leadership and time management skills. The goal is to have the participation of a resident represented in the planning, maintenance and restructuring of the training program. The position is viewed as a vehicle for enhancement of training in administrative and leadership activities typical of psychology staff members, a mechanism for the internship class to have input into training and programming issues, and as an avenue for efficient dissemination of information.

The Chief Resident serves as the Internship Committee Liaison, attending the first 30-40 minutes of the committee meetings, during which time issues related to recruitment, training recommendations, ethical considerations, programming, funding, changes in training policy and procedures, and other issues influencing the training program and its progress may be discussed.

The Chief Resident disseminates information and documents from program administrators to the rest of the resident class. He/she assists with coordinating and maintaining residents' rotation schedules, assisting with the arrangement of coverage for other residents as necessary. The Chief Resident also assists program administrators in basic administrative duties as assigned. He/she aids the Training Director in efforts to maintain APA and APPIC accreditation status by collecting data from current and/or previous residents and other related duties.

### **Research**

The Internship Committee views the internship year as a year of intensive clinical training and skill development. Consistent with the Clinician-Scholar model of training, value is attached to clinical research conducted by residents. However, research activities do not supersede the clinical activities of the training program. Dissertations are viewed as a function of the graduate program, not the internship. Work on dissertation may be negotiated on an individual basis with the Training Director and the rotation supervisor, and MSH/Hudspeth-based research may be approved through the MSH/Hudspeth Institutional Research Review Board.

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## **Internship Program Progression Evaluation**

### **Competencies**

The MSH Doctoral Internship in Professional Psychology has adopted for use, beginning with the 2013-2014 class, the Benchmarks Model for evaluation of professional competencies. This

model was developed by a work group sponsored by the ASPPB Foundation and the APA Education Directorate. The Competency Benchmarks for Health Services Psychology serves as a guide for psychology training programs, delineating core competencies that students should develop during their training. Applicants are encouraged to review the document, which is available at <http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx>. Suggested behavioral anchors are available for trainees at three developmental levels: readiness for practicum, readiness for internship and readiness for entry to practice. **MSH residents must meet minimal expected competencies for readiness for entry into practice prior to the completion of their internship.** In accordance with the Benchmark authors' recommendations, the MSH Internship Committee has adopted and modified these competencies and associated behavioral anchors to match the specific training goals of our program.

The following core competencies are evaluated at predetermined periods throughout the training year. Certain competency benchmarks are only assessed for residents participating in applicable rotations or activities (for example: the *Teaching* competency is only assessed for residents who have engaged in the provision of training/teaching of others during the evaluation period).

**Professionalism:**

1. Professionalism (Professional Values & Attitudes)
2. Individual & Cultural Diversity
3. Ethical, Legal Standards & Policy
4. Reflective Practice/Self-Assessment/Self-Care

**Relational:**

5. Relationships

**Application:**

6. Evidence-Based Practice
7. Assessment
8. Intervention
9. Consultation

**Education:**

10. Teaching
11. Supervision

**Systems:**

12. Interdisciplinary Systems
13. Management-Administration

**Competency Evaluation**

At the beginning of the internship year, the Training Directors review the Competency Benchmarks form with residents. This is the evaluation form that is used with Residents

throughout the year to assess their professional standing. Each Resident is assessed twice per rotation (mid and end-points) by the Evaluation team, which is comprised of the Primary Rotation Supervisor, the DCT, the ADCT, the Assessment Team Director, and any additional/adjunct faculty providing supervision to the Resident. Upon completion, the Evaluation Team meets with the Resident to review the rating form, and to discuss each specific area of the individual's professional development. The purpose of this meeting is to integrate feedback from a variety of individuals who have knowledge of the Resident's work during the rotation, and to discuss the evaluation with the Resident in a way that is supportive and developmentally-driven.

This mechanism allows for ongoing opportunities for the identification of training areas which require remediation, as well as identification of the particular strengths of each Resident. Information obtained from evaluations is used to provide ongoing feedback to Residents and will be used as the basis for preparing completion letters to be forwarded to Residents' graduate program Training Directors. Each Resident may make an appointment to view his or her evaluation documentation at any time during the internship year and may make responsive, written comments within 10 days of the evaluation being filed with the Training Director.

*Minimum expected competencies for Residents enrolled in the MSH Doctoral Internship Program are a score of 3 (Mostly) or higher for each behavioral anchor within all assessed Core Competencies by the end of the training year.*

Residents accepted into the MSH Psychology Doctoral Internship Program have completed rigorous screening by the graduate program and the Internship Selection Committee, and it is not anticipated that any Resident will be unable to satisfactorily complete internship requirements. However, Residents must demonstrate minimal expected competencies before the internship can be successfully completed. If basic competencies are not demonstrated by completion of 2000 hours, remedial training and supplemental rotation work may be discussed. Stipends for the internship program are for a 12 month contractual basis and remedial rotations cannot be funded. Competencies must be demonstrated within 24 months of initiating the internship program.

**Criteria for successful completion of the Internship Program**

1. Total training time at least 2000 hours in no less than 12 months and no more than 24 months.
2. A minimum of 25% of the total training time (approximately 500 hours) has been spent in direct patient contact training activities (e.g., individual therapy, group therapy, clinical intake, assessments, suicide screenings, etc.).
3. Completion of a minimum of 8 integrated psychological assessment reports and 3 comprehensive suicide risk assessments.



4. An average of 5 hours per week has been spent in formal, face-to-face supervision with a Licensed Psychologist, at least 2 hours of which have been in individual supervision.
5. Attainment of a score of 3 (*meets expectations*) or higher for each behavioral anchor within all assessed Core Competencies by the end of the training year.
6. All hospital and clinical documentation is completed and reviewed and signed by the appropriate supervisor.
7. All Internship Program documentation and evaluations are completed and submitted to the Training Director.

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### Code of Conduct

The APA ethical and professional guidelines are available at <http://www.apa.org/ethics/code/index.aspx> and are reviewed with all residents by the Training Director and supervisors at various times during the internship year, both in didactic training sessions and supervisory meetings.

Residents are encouraged to seek advice and guidance from their peers and supervisors when they have concerns or perceive potential ethical or professional problems. In situations when trainees and professionals have made serious breaches of ethical and professional behavior, they have often failed to seek advice from others before acting. Preventing professional and personal isolation is an effective method of being proactive in this regard.

Residents are encouraged to seek immediate supervision if they believe they may have violated a MSH policy or procedure or an APA Ethical Code. Failure to seek supervision will only worsen the problem. Residents should be honest and fully disclose information if questions are asked. This is an educational training program and problems may develop. Individuals who are open to accepting responsibility for their behavior and who work to take appropriate corrective action are generally less likely to incur disciplinary action.

Residents are members of the Department of Psychological Services and are expected to represent the department well.

***Residents must be aware of/sensitive to diversity issues in their work with patients, residents, and employees. Sexual or other forms of harassment are forbidden. Discrimination on the basis of race, color, religion, gender, gender identity (including a transgender identity), sexual orientation, national or ethnic origin, age, status as an individual with a physical or mental disability unrelated to ability, citizenship status, marital status, and/or membership in a protected class under the law is forbidden.***

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### **Resources Available to Residents**

Residents in the MSH internship program have access to a variety of resources to enhance the training experience. The MSH internship faculty members are considered the primary resource provided to residents. The faculty provides didactic instruction, consultation services, role modeling and mentorship opportunities, as well as extensive time for supervision and collegial discussions. In addition to the internship faculty, residents work with psychiatrists, other specialized physicians (e.g., neurologists, pediatricians), psychiatric nurses, social workers, recreation specialists, dieticians, and other mental health professionals on all rotations.

Through the MSH Behavioral Health Services Department, residents are provided office space, materials, and equipment, including telephones, computers, and reference materials. Residents will also have computer access on patient buildings. All departmental computers are connected to the campus network and have access to the internet.

Extensive software resources are also available, including scoring and interpretation software programs for psychological tests. Access to database and word processing software, including MS Office is available. Dragon Naturally Speaking allows direct voice dictation into word processing files. MSH maintains a library for patients and a small medical reference library for employees. The reference library has a collection of professional materials, including journals, books, and audiovisual materials in the areas of psychology, psychiatry, general medicine, and nursing. This library offers bibliographic services, inter-library loan services, and photo duplication of library materials.

### **Stipend and Other Benefits**

All MSH residents are considered temporary employees for the duration of the internship year. The stipend for each resident during the 2016-2017 training year is \$25,540 annually, and residents are provided with full benefits of MSH employment. Benefits include paid major medical insurance, sick leave, personal leave, access to the MSH Employee Assistance Program (EAP), 10 paid holidays per year, 5 professional development/dissertation research release days per year, and contributions to the state retirement fund (payments into the fund may be refunded or rolled over into another retirement account at the end of the internship year if the resident does not remain a Mississippi state employee). Stipends are paid on a bi-monthly basis.

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### **Application and Selection Procedures**

### **Applicant Qualifications**

As noted previously, MSH is an Equal Opportunity Employer. The MSH internship program has a strong commitment to diversity and is open to qualified individuals of any race, ethnicity, gender, sexual orientation, gender identity, marital status, age, national origin, religion, disability status, or veteran status. Members of underrepresented populations are strongly encouraged to apply.

The MSH Doctoral Internship Program in Health Services Psychology is ***best suited for those students seeking clinical and professional training in an intensive inpatient setting***. Although rotations in specialty areas are available, the focus of the MSH internship program is the development of strong, generalist practitioner skills. Therefore, successful applicants will possess a solid foundation, through coursework and practicum experiences, in psychological assessment and therapeutic intervention. In order to be considered for a position in the Internship, applicants must have completed a minimum of 300 intervention hours and 100 assessment hours ***by the application deadline***. Previous direct exposure to an inpatient psychiatric setting and/or a severely mentally ill population is preferable, but not required.

Applicants must have ***successfully proposed their dissertation, and they must have passed their comprehensive exams by the application deadline***. Doctoral students from Clinical, Counseling, and School Psychology programs who have obtained approval from their DCT as being internship-eligible, and who will have completed at least three years of graduate training prior to the start of Internship may apply to the MSH Internship Program. Students from APA-approved programs are preferred, but students from non-APA-approved programs will be considered. United States citizenship is not required for enrollment in the Internship.

### **Application Process**

The MSH Doctoral Internship Program in Health Services Psychology participates in the APPIC Matching Program, and applicants must obtain an Applicant Agreement Package and register for the National Matching Services, Inc. (NMS) match in order to be eligible to match to our program. You can request an Applicant Agreement Package from NMS through the Matching Program website at [www.natmatch.com/psychint](http://www.natmatch.com/psychint) or by contacting NMS by mail or phone (see “Contact Information” section). In addition to the information provided below, ***applicants must meet all of the requirements as outlined in the APPIC Directory***. Additional requirements through the online APPIC system:

1. Completed APPIC Application for Psychology Internship (AAPI), which is available located online at the APPIC website. The “Verification of Internship Eligibility and Readiness” must include the original signature of the Graduate Program Training Director or appropriate Department Director

2. Current *curriculum vitae*
3. Official graduate school *transcripts*
4. *Three letters* of recommendation (LoR) – via the APPIC SRF process:
  - LoRs from doctoral-level individuals who are familiar with either the applicant’s clinical skills or academic knowledge are required.
  - It is strongly recommended that a minimum of two LoRs are provided by individuals who have direct knowledge of the applicant’s clinical skills.
5. A *writing sample* in the form of an actual psychological report or written case conceptualization with any identifying information deleted.

### **Application Review**

Only applications which are complete by the application deadline and meet all requirements listed under *Applicant Qualifications* will be considered. Each application is thoroughly reviewed by at least two members of the MSH Internship Committee. In addition to a well-documented record of clinical and scholarly excellence, the committee strongly considers applicants’ interests in and goodness of fit with the training goals and philosophy, clinical populations, available rotations, and culture of the MSH training program. Applicants who demonstrate these qualities are most likely to be invited for an interview.

The Internship Committee is committed to maintaining a heterogeneous resident class which reflects broad diversity in personal variables and theoretical orientations, in order for us to provide a more enriching training experience. Maintaining diversity is a primary aim of the resident selection process, and is strongly considered by the MSH Internship Committee when making decisions related to interview invitations.

### **Interviews**

Selected applicants are invited to participate in interviews. Face-to-face interviews on the MSH campus are strongly recommended, although telephone interviews are available for applicants who cannot visit MSH due to financial or geographic considerations.

On-site interview dates are decided upon by the Internship Committee each year. Specific information on invite notification and interview dates should be sought through the APPIC directory (although dates are subject to change).

Interviews last much of the day and typically offer applicants the opportunity to meet and ask questions of most members of the MSH Internship Committee, tour the MSH campus, have lunch (provided by the MSH Behavioral Health Services Department) with current Residents,

and to participate in face-to-face interviews with two committee members. As part of the face-to-face interview, each applicant is assessed via a semi-structured interview, during which they are asked a series of questions related to clinical practice, professionalism, and goodness of fit with the MSH training program.

### **Applicant Rank**

The MSH Internship Committee takes into consideration the strength of each application, each applicant's performance on the semi-structured interviews, and on goodness of fit impressions, which are based on each applicant's interests, interpersonal attributes, and various additional factors noted throughout the interview processes. Overall, the committee seeks to ensure that an applicant is a good match with MSH training program. The committee makes majority vote rank decisions, following a comprehensive review of all applicant-related data.

Unless circumstances require an adjustment, four residents are selected for each internship class, using the APPIC Matching Program. The MSH Doctoral Internship Program in Health Services Psychology agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any prospective applicant throughout the selection process.

Prior to MSH employment, incoming residents are required to complete an application to the Mississippi State Personnel Board, and additional pre-employment requirements, such as background checks and drug screenings, will be required. Employment is contingent upon the results of these processes. For additional, and more specific, information, applicants should contact the Training Director. Finally, incoming residents who are not United States citizens must possess documentation which proves eligibility to work within the United States.

### **Contact Information**

***Joe Griebler, Ph.D.***

**Director of Clinical Training**

MSH Doctoral Internship Program in Health Services Psychology

Behavioral Health Services, Building 51

Mississippi State Hospital

Whitfield, Mississippi 39193

Telephone: 601-351-8000

Fax: 601-351-8086

[griebjo@msh.state.ms.us](mailto:griebjo@msh.state.ms.us)

Telephone calls to the Training Director or other members of the Internship Committee to clarify issues related to the program or the application process are encouraged. Committee members can be reached through the Mississippi State Hospital main phone line: 601-351-8000.

Applicants to the Mississippi State Hospital Psychology Doctoral Internship Program in Health Services Psychology must submit an Association of Psychology Postdoctoral and Internship Centers (APPIC) Application for Psychology Internship (AAPI) and must register with the National Matching Service (NMS), the APPIC-sponsored computer service to match graduate students with internship sites. Contact information for APPIC, and NMS appear below:

**Association of Psychology Postdoctoral and Internship Centers (APPIC)**

1020 G Street, NE

Suite 750

Washington, DC 20002

Phone: (202) 589-0600

Fax: (202) 589-0603

<http://www.appic.org>

**National Matching Services, Inc. (NMS)**

P.O. Box 1208

Lewiston, NY 14092-8208

(716) 282-4013

<http://www.natmatch.com/psychint>

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 1st Street, NE, Washington, DC 20002

Phone: (202) 336-5979 / E-mail: [apaaccred@apa.org](mailto:apaaccred@apa.org)

Web: [www.apa.org/ed/accreditation](http://www.apa.org/ed/accreditation)