Mississippi State Hospital

Doctoral Internship in Health Services Psychology

Accredited by the Commission on Accreditation
of the American Psychological Association

PROGRAM BROCHURE

2021 – 2022

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 is the largest facility owned and operated by the Mississippi Department of Mental Health (DMH), employing over 1200 individuals, and operating over 250 licensed psychiatric and 200+ licensed nursing home beds. The hospital currently employs licensed and license-eligible psychologists, doctoral and master's-level counselors, peer support specialists, and numerous Behavioral Health Services (BHS) Department support employees across a wide range of services and specializations. MSH is a diverse regional facility that offers modern psychiatric treatment to the 1300+ patients served 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 may be 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 for all service units, since December 2000.

MSH provides an array of interdisciplinary-driven inpatient treatment services for patients across the lifespan. Service areas include the Female and Male Receiving Services, Forensic Service, Substance Use Service, Whitfield Medical-Surgical Hospital (WMSH), Child and Adolescent Service (psychiatric and substance use), and Continued Treatment Service.

The MSH Behavioral Health Services (BHS) 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 was accredited by the Commission on Accreditation (CoA) of the American Psychological Association at the July 1999 APA-CoA meeting. We have completed our fifth reaccreditation self-study and will have our site visit in 2022.

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 close to a 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, camping, 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 serve the Whitfield area. For this reason, automobile ownership is highly recommended.

As the State Capital, Jackson is host to a wide variety of cultural and social events. Some of our annual festivals include the Mississippi State Fair, Celtic Fest, Greek Fest, Crossroads Film Festival, 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. The area is home to the Russell C. Davis Planetarium, the Museum of Mississippi History, Museum of Natural Science, Mynelle Gardens, the Mississippi Museum of Art, the City Auditorium for the Performing Arts, New Stage Theater and the Mississippi Civil Rights Museum. 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, three professional ballet companies, and several smaller venues for live music. The Brandon Amphitheater opened in the Spring of 2018 and hosts a variety of outdoor concerts.

The Metro Jackson area is also home to six universities and colleges, including the University of Mississippi Medical Center, 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 one hour from antebellum homes, civil war historic sites, and casino entertainment in Vicksburg.

The Training Program

Program Philosophy

The Mississippi State Hospital (MSH) Doctoral Internship 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 health services 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 adheres to a developmental, competency-based approach to training, as consistent with the 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

The following five competency clusters have been adopted from the Benchmarks Model of professional competencies and represent the primary training objectives for the MSH Doctoral Internship in Health Services Psychology.

1. Residents consistently demonstrate professionalism. They should maintain behavior and comportment that reflect a high level of integrity, as well as professional values and attitudes. Residents 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. Residents' professional activities are conducted with self-awareness and reflection, including engagement in appropriate self-care.

2. Residents 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 patients and colleagues.

3. Residents demonstrate a capacity to independently engage in the clinical activities of professional psychologists. They effectively integrate scientific theory and research into their clinical practice. Residents also demonstrate assessment and diagnostic skills and they independently utilize assessment findings and patient diagnoses to plan effective interventions. They implement evidence-based, best-practices to alleviate suffering and promote the quality of life of their patients and demonstrate effective evaluation of treatment progress. Residents demonstrate the ability to provide expert consultation in response to patient needs.

4. Residents are skilled educators of the information and skills of professional psychology. As such, 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. Residents are active members of interdisciplinary systems, developing and maintaining effective collaborative relationships with members of multiple professional disciplines. Residents demonstrate an understanding of and sensitivity to differing perspectives and worldviews. Residents 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 Committee

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

Program Administrators

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Training Year

The MSH Doctoral Internship is a 12-month (52 weeks) program. Residents must accrue 2000 hours of training in no less than 12 months to complete the internship. The first three weeks of internship are devoted to general MSH orientation, Behavioral Health Services 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 (by request) are also scheduled to assist residents with determining rotation preferences. Resident rotation assignments are determined jointly by the Training Director and the resident based on resident request, resident training needs, and available program resources. Some rotations may be subject to limited availability, but it is typically possible to grant all rotation requests, or service area experiences, during the internship year. By the end of the orientation period residents will have requested their first rotation and will be expected to have tentatively identified their second and third rotation preferences, with the understanding that their interests may evolve and rotation availability may change as the year progresses.

The 12-month MSH Doctoral Internship is divided into three rotations of approximately four months duration. Rotations represent diverse experiences with patient populations, therapeutic approaches, and resident experiences. Psychiatric and psychological services are essentially divided into receiving/acute and continued care. Residents are generally required to complete their first rotation in a receiving service [*Male or Female Receiving Service, Oak Circle Center* (child/adolescent services), or *Substance Use Service*], 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 varies among the patient populations in different service areas, with those patients admitted to the *Receiving* and

Continued Treatment Services usually experiencing more severe psychopathology with more significantly impaired functioning than patients admitted to other services. 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.

Rotations

The following rotations have been offered in the past, although rotation availability (or experiences within) may vary due to unforeseen circumstances. *Please note many services have reduced bed capacity (fewer than reported in the rotation descriptions) due to COVID-19 restrictions.*

Adult Receiving Rotations:

The Female Receiving Service (FRS) and Male Receiving Service (MRS) meet the acute psychiatric needs of approximately 100 patients (50 on FRS and 50 on MRS), 18 years and older, who have been committed to Mississippi State Hospital through the Chancery Court system. Patients are evaluated, stabilized, and treated within an average length of stay of approximately 30 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, behavioral, 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. Patients benefit from on-ward programming as well as attendance at the Adult Receiving Services Treatment Mall, participating in evidence-based programming such as Illness Management and Recovery (IMR), Cognitive Therapy, Trauma therapy, SAMHSA's Anger Management, etc., and a variety of adjunctive therapeutic services (art, music, horticulture, etc.). Training experiences for residents in the past have included: treatment team participation, admission assessments, psychological assessment and suicide risk assessment, skills training, individual, group, and family therapy, behavior management consultation, and program development.

Child and Adolescent Service – Psychiatric Rotation and Substance Use Rotation:
Oak Circle Center (OCC) is a 22-bed child and adolescent unit for the evaluation, stabilization, and treatment of patients who range in age from 4 to 17 years. Patients present with a variety of symptoms and functional levels. There are three unique service programs: a child program, a psychiatric service adolescent program, and an adolescent substance use service program. Specific evidence based programming includes Aggression Replacement Training, DBT Skills Manual for Adolescents, Skillstreaming for Adolescents and School Aged Children, Trauma Focused Cognitive Behavior Therapy, Cognitive Behavior Therapy for Depression, Cognitive Behavior Therapy for Anxiety, Safety Planning for suicide risk, and various substance use programming including Seeking Safety. All patients participate in a positive behavior support program, which includes a point system and participation in weekly unit sponsored fun nights and reward mall visits (dependent upon the amount of points earned per week). Patients also attend the OCC Treatment Mall. The treatment mall services consist of behavioral health services programming, educational programing, therapeutic recreational programming, social services programming, music therapy, art therapy, horticulture, and nursing education. Training experiences for residents in the past have included: psychological assessment and suicide risk assessment, treatment planning, individual therapy, group therapy, family therapy/conferences, functional assessment and behavior support planning, interdisciplinary treatment team participation, and discharge planning.

Substance Use Service (SUS) Rotation:
The SUS consists of two inpatient treatment buildings, which house approximately 25 male and 25 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 and suicide risk assessment, multi-disciplinary team involvement, trauma/grief group therapy, women's issues, DBT-informed therapy, and the SUS Family Program.

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, addressing issues with regulations and regulatory boards (e.g., Joint Commission, CARF, CMS, HIPAA), 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 assigned psychotherapy cases, psychological assessment and suicide risk assessment referrals, and behavioral consultation across the various clinical units. 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:
Residents will have the opportunity to develop/advance 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 suicide risk assessment, personality or diagnostic clarification, neuropsychological screening, 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.

Continued Treatment Service (CTS) Rotation:
The Continued Treatment Service (CTS) provides long-term psychiatric treatment for approximately 40 men and 25 women with chronic mental illness. Both the male and female buildings provide clinical services for individuals with on-going treatment needs, who have had a history of multiple psychiatric hospitalizations and were committed to Mississippi State Hospital through the Chancery Court System. Major diagnostic categories include Schizophrenia Spectrum Disorders, Disruptive, Impulse Control Disorders, and Bipolar Disorders often with co-occurring personality disorders or impaired neurocognitive functioning. In addition, the male building has one of largest forensic treatment populations in a hospital setting, with individuals who have been adjudicated as Not Guilty by Reason of Insanity (NGRI) via the Circuit Court System or who have been assessed as Not Competent and Not Restorable, with subsequent Chancery Court commitment. Based on these differences, CTS provides the unique opportunity for treatment experiences with both civil and forensic psychiatric patients in a structured environment with multi-disciplinary global programming. Evidence-based programming for Behavioral Health Services has been developed to promote illness management and recovery, increase skills development, improve emotional regulation skills, and ameliorate factors

associated with violence risk. Individualized case conceptualization is advocated to enhance person-centered recovery. Training experiences for residents in the past have included: group therapy, individual therapy, suicide risk assessment, behavior management programming, psychological assessment, and interdisciplinary treatment planning.

Forensic Service Rotation:

The Forensic Service is comprised of 50 beds, 35 of which are located on a maximum-security inpatient unit. This service 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 Service also provides long-term treatment for defendants who are acquitted Not Guilty by Reason of Insanity (NGRI), those who are found Not Competent and Not Restorable, and other non-forensic civilly committed patients who are in need of treatment in 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. This rotation 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, individual therapy, interdisciplinary treatment team participation, forensic report writing, and observation of expert testimony.

Geropsychology Rotation:

Jaquith Nursing Home (JNH) is a 200+-bed long-term care facility consisting of 5 homes which are divided into 3 separately licensed units with Joint Commission accreditation. The program at JNH serves individuals with chronic medical conditions, moderate to severe traumatic brain injury, and anoxic brain injury, and cognitive impairment due to major neurocognitive disorder due to varying etiologies (e.g., Alzheimer's disease, vascular disease, Frontotemporal Lobar Degeneration, etc.). Many nursing home residents have comorbid diagnoses of 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. Residents on the Geropsychology rotation gain experience with neurocognitive screening and other assessment instruments to evaluate cognitive impairments, delirium, depression, independent functioning, and psychiatric/personality disorders commonly found in an elderly population. Residents 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, residents will provide consultation on all care issues, policies, and procedures that affect the mental and behavioral health of nursing home

residents. This rotation 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 (not currently available):
Residents who want additional experience serving individuals with intellectual and developmental disabilities may do so by participating in training experiences with Hudspeth Regional Center (HRC), 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 200 individuals with intellectual and developmental disabilities reside on the program's campus. In addition, approximately 900 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, provision of group therapy (as needed by group homes and community case management), development of a social skills training guide, and participation in research design with the goal of publication.

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 case presentation and one formal topic presentation to BHS faculty and employees during 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 will 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 doctoral and non-doctoral BHS 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). In addition, case presentations should include quantitative and qualitative outcome and/or symptom tracking data. Such symptom monitoring and outcome measurement should be used with each therapy case undertaken during the internship year. It is also critically important that residents 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. 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 presentations 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 (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. Finally, similar to the Case Presentation, strong mentorship should be sought (more below).

Mentorship - Residents are expected to select a Training Committee 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 to the BHS Department, residents will give their presentations in front of a smaller group of Training Committee members for guidance and feedback. This is typically scheduled at least 2 weeks prior to the formal presentation to provide ample time for the resident to incorporate feedback.

2. **Weekly Supervision Groups/Didactics (*specific times vary – formalized at onset of year*)**
    a. *Training Director: Group Supervision*
    This meeting is led by the Training Director and may include another training faculty member. These group supervision sessions, which are an integral and vital

part of the MSH Doctoral Internship, provide a forum for residents to discuss clinical challenges, special concerns, and administrative issues with each other and the Training Director. Open discussions about clinical work is a focus of group supervision and residents should thus be prepared for each week with identified cases. Although the SoS group is the primary meeting for supervision discussion, residents' provision of clinical supervision to practicum students/early career clinicians is also open to discussion during this 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 for 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, assessment/suicide work, systemic/organizational issues, etc. This will include building self-awareness through exploration of personal reactions to clinical and organizational experiences.

3. Third phase – dedicated to a single clinical case, whether individual, couples, family, or a group. Each week on a rotating basis, one resident discusses a current 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/countertransference, 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.

b. *Assessment Group Supervision*

After completion of initial orientation activities, residents will begin attending weekly group supervision sessions focused on testing and assessment. The format is interactive and collegial, with residents providing peer consultation as well as receiving direct supervision from the Assessment Team Director. Sessions will

focus on improving residents' 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 Assessment Team Director will present historical cases and assessment scenarios for discussion. As residents are assigned assessment cases, they will present their cases for discussion and licensed supervision. A developmental approach is taken throughout the year, in which guidance in testing and report writing is more intensive 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.

Readings and scientific literature are incorporated into the supervision that reflects on diversity issues and integrating science and practice. During the year, the Assessment Team Director may determine that additional training in specific tests, assessment techniques, or diagnostic classification would be beneficial to the group. Didactic training may be provided by the Assessment Team Director or be assigned to one or more of the residents throughout the year. Each resident is expected to make at least one such presentation. The Assessment Team Director may also arrange for another assessment team member/training faculty, who is expert in a particular area of assessment, to provide the didactic training.

c. *Supervision of Supervision (SoS)*

Supervision of Supervision (SoS) is led by a Licensed Psychologist/s, who is a member of the Training Committee. This hour of supervision focuses on best practices concerning clinical supervision. To guide the developmental process, various supervision books, readings, and articles are used to establish a foundation of strong supervisory processes. Topics discussed generally include qualities of good supervision, diversity competence, models and best practices of clinical supervision, ethics, risk management, and evaluative methods of supervision. Open discussion of supervision challenges and practices is expected. As residents will be providing clinical supervision to practicum-level students or early career clinicians during the year, this group is an opportunity to learn from each other and the SoS supervisor(s).

d. *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 mandatory.

3. **Quarterly Webinars**
   The BHS Training Department identifies PESI-sponsored webinars that are relevant to the populations served at MSH. They cover a variety of topics in the mental health field, including specialized areas of assessment and interventions. These webinars are offered at least on a quarterly basis, and residents' attendance is required. These serve as another form of didactic experiences provided during the internship year.

4. **Elective Training Opportunities**
   Residents may have the opportunity to attend 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 offers campus-wide in-service trainings throughout the year on a variety of subjects. Some of these in-services are mandatory for all employees and are therefore mandatory for residents. Finally, MSH Staff Education has a contract with Relias which offers Continuing Education online trainings covering 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.

Chief Resident

Each resident will assume the role of Chief Resident for approximately 3 months. The goal is to have resident representation in the planning, maintenance, and restructuring of the training program. This position is viewed as a vehicle for enhancement of training in administrative and leadership activities typical of Behavioral Health 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 Training Committee liaison, attending the first portion of the committee meetings, during which 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 is excused during discussions of students' progress in the program and other sensitive topics.

The Chief Resident disseminates information and documents from the Training Committee and program administrators to the rest of the resident class. She/he assists with coordinating and maintaining residents' rotation schedules and assisting with the arrangement of coverage for other residents as necessary. She/he is expected to encourage and facilitate interactions among fellow residents, including the planning and coordination of formal and informal resident meetings.

On occasion, the Chief Resident also assists program administrators in basic administrative duties as assigned. She/he 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. Chief Residents are allowed time off their rotations to attend Training Committee and other important meetings (at the Training Director's discretion) but remain responsible for the timely completion of all internship and rotation-specific requirements.

Research

The Training 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. Dissertation work 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.

Resources Available to Residents

Residents in the MSH Doctoral Internship have access to a variety of resources to enhance the training experience. The MSH Training Committee 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 training faculty, residents work with psychiatrists, other specialized physicians (e.g., neurologists, pediatricians, etc.), 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. 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. 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 time-limited, non-permanent state service employees for the duration of the internship year. The stipend for each resident during the 2021-2022 training year is $26,307 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. Stipends are paid on a twice monthly basis.

Competency Evaluation/Internship Completion Requirements

Competencies

The MSH Doctoral Internship in Health Services Psychology utilizes 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.** This is demonstrated via an average score of 3 (meets expectations) or higher on each Core Competency of the resident's final rotation evaluation. In accordance with the Benchmark authors' recommendations, the MSH Training 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 (e.g., 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 Director reviews 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, Training Director, Assistant Training Director, 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 each resident's strengths. 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 Directors of Clinical Training. 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 are a score of **3** (Meets Expectations) or higher for each Core Competency by the end of the training year.*

Residents accepted into the MSH Doctoral Internship have completed rigorous screening by their respective graduate programs and the MSH Behavioral Health Services Training 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 the requisite 2000 hours, remedial training and supplemental rotation work may be required. Stipends for the internship program are for a 12-month contractual basis and additional time beyond the 12 months cannot be funded. Competencies must be demonstrated within 24 months of initiating the internship.

Criteria for successful completion of the MSH Doctoral Internship

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, psychological evaluations and assessments, etc.).
3. Completion of a minimum of 8 integrated psychological assessment reports, 4 of which have been Comprehensive Suicide Risk Assessments (CSRAs).
4. An average of 5 hours per week have 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 all assessed Core Competencies by the end of the training year.
6. All hospital and clinical documentation have been completed, then reviewed and signed by the appropriate supervisor.
7. All internship program documentation and evaluations have been completed and submitted to the Training Director.

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 expected to seek advice and guidance from their 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 must be aware of and 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, citizenship status, marital status, and/or membership in a protected class under the law is forbidden.

Application and Selection Procedures

Applicant Qualifications

As noted previously, MSH is an Equal Opportunity Employer. The MSH Doctoral Internship 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. United States citizenship is not required for participation in the internship. Members of underrepresented populations are strongly encouraged to apply.

The MSH Doctoral Internship 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 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. To be considered for a position in the internship, applicants must have completed a minimum of 225 intervention hours and 75 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 Doctoral Internship in Health Services Psychology. Students from APA-approved programs are preferred, but students from non-APA-approved programs will be considered.

Application Process

The MSH Doctoral Internship in Health Services Psychology participates in the APPIC Matching Program, and applicants must obtain an Applicant Agreement Package and register with the National Matching Services, Inc. (NMS) 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** or by contacting NMS by mail or telephone (see "Contact Information" section). In addition to the information provided below, ***applicants must meet all the requirements outlined in the APPIC Directory***. Additional requirements through the online APPIC system:

1. Completed APPIC Application for Psychology Internship (AAPI), which is available online at the APPIC website. The "Verification of Internship Eligibility and Readiness" must include the original signature of the Graduate Program Director of Clinical Training 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 all identifying information (PHI) deleted/deidentified.

Application Due Date: November 12, 2021

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 reviewed by at least two members of the MSH Training 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 Training Committee is committed to maintaining a heterogeneous resident class which reflects broad diversity in personal variables and theoretical orientations, which allows 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 Training Committee when making decisions related to interview invitations.

Interviews

Applicants selected for interviews will be notified by telephone on or before **November 29, 2021**. Interview dates for this year will be 12/17/21, 1/10/22 and 1/14/22. Interviews will be conducted virtually and offer applicants the opportunity to meet and ask questions of most members of the MSH Training Committee, meet with current residents, and to participate in individual interviews with two committee members. As part of the individual interviews, 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 Doctoral Internship.

The Mississippi State Hospital (MSH) Doctoral Internship in Health Services Psychology has been an active, APA accredited training site for over 20 years. It has been an honor and a privilege to contribute to the training of over 80 psychologists during our tenure, and we are excited to continue in this endeavor. Please feel free to contact the Training Director with any questions. We believe that open communication is key to good relationships. We would love to hear from you.

Applicant Rank

The MSH Training Committee takes into consideration the strength of each application, each applicant's performance on the semi-structured interviews, and goodness of fit, which is 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 the MSH Doctoral Internship.

Unless circumstances require an adjustment, four residents are selected for each internship class, using the APPIC Matching Program. The MSH Doctoral Internship 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 criminal background checks and drug screenings. 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 provide documentation which proves eligibility to work within the United States.

Contact Information

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mary.angelo@msh.ms.gov

Telephone calls to the Training Director or other members of the Training 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 telephone line: 601-351-8000.

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 accreditation 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
Web: www.apa.org/ed/accreditation