

**Gulf Coast Veterans Healthcare System – Biloxi**  
**Psychology Doctoral Internship**  
**Anticipated Rotations 2017 - 2018**

**Administration (half-time)** Interns may elect this optional, half-time rotation with approval of the Director of Training. Interns will observe and participate in administration of mental health functions in collaboration with the Chief of Psychology. Training goals include exposing the intern to methods of administering a mental health program and interdisciplinary interface from an administrative perspective. Prior interns who have participated in this rotation have been assigned special projects including grant preparation, conducting special investigations, and developing new programs. This rotation is typically part-time and must be coordinated with another supervisor willing to provide a part-time rotation placement.

**Behavioral Medicine/Health Psychology** The Clinical Health Psychology/Behavioral Medicine program emphasizes use of the biopsychosocial perspective in the prevention and treatment of health-related conditions. The mission of Health Psychology is to maximize the physical and psychological functioning of individuals through health promotion programs, individual goal-oriented treatments, and group psychoeducational programs that teach self-management of chronic medical conditions, while additionally reducing overall health care costs through application of these programs. We operate under the premise that learned ways of thinking and behaving can compromise health or promote wellness. Interns on this rotation are trained to respond to consultations from healthcare providers and to assess and treat a wide variety of medical conditions that are caused or affected by lifestyle and/or psychological factors. Medical conditions frequently treated by health psychologists include: chronic pain, chronic obstructive pulmonary disease, cancer, tension and migraine headache, temporomandibular disorders, insomnia and other sleep disorders, diabetes, irritable bowel syndrome, obesity, and compliance with difficult medical regimens. They may also offer disease management, primary prevention, and health promotion programs (e.g., tobacco cessation, weight loss), as well as programs in population health management. Interns may work with interdisciplinary teams comprised of a variety of health-care professionals. Current programs of this type include the OEF/OIF Traumatic Brain Injury/Polytrauma program, OEF/OIF/OND Post-deployment Clinic, Inpatient Medical/Surgical Unit, and the MOVE! weight management program.

**Blind Rehabilitation (half-time)** The Gulf Coast Blind Rehabilitation Center (BRC) is a 26-bed residential treatment program. Legally blind Veterans (i.e., visual acuity 20/200 or less) are referred here for intensive blind rehabilitation training. The Veterans range in age from 19 to 99, with an average age of 65. The full treatment program includes training in Orientation and Mobility, Living Skills, Manual Skills, Communication Skills/Computer Accessibility, and Low Vision Skills; and will last from 3-8 weeks depending on the needs and abilities of the patient. All new patients are assessed by Psychology for their adjustment to blindness, their cognitive abilities, and their overall psychological status. Interns on this rotation will provide individual and group psychotherapeutic services as well. The most commonly encountered diagnostic groups include mood disorders, PTSD, and cognitive impairments. The psychologist develops treatment plans that address the specific needs of each patient and assists the other staff members in adapting their program to the limitations a patient may have. The most common causes of blindness are: macular degeneration; glaucoma; diabetic retinopathy; and trauma. A variety of other ocular disorders are also represented. The majority of patients have significant medical/physical conditions, which may or may not be related to their vision loss (e.g. diabetes mellitus, coronary artery disease, CVA, osteoarthritis, hypertension, renal failure, etc.). It is expected that the intern will become knowledgeable about these conditions and the manner in which they may affect the patient's adjustment and progress in rehabilitation.

**Couples & Family Psychology (half-time)** The Couples & Family Psychology rotation is designed to meet interns at their level of experience with couples treatment. Opportunities to learn Integrative Behavioral Couple Therapy (IBCT) and skills-based couples interventions are available, along with learning about assessing and intervening with mild to moderate Intimate Partner Violence (IPV). Interns wishing to work longer-term with couples may elect a long term project that is dyad-focused, allowing for the opportunity to learn Cognitive Behavioral Conjoint Therapy for PTSD (CBCT for PTSD). Additionally, interns may intervene with couples related to parenting, caregiving, bereavement, and other issues affecting the family unit. All Veterans and their significant others are eligible for services through this clinic, resulting in a wide variety of demographic and relationship characteristics, as well as presenting concerns.

**General Mental Health (Outpatient)** The Mental Health Outpatient Clinic (MHOC) is multidisciplinary and provides opportunity for interprofessional training. The clinic is staffed by psychologists, psychiatrists, pharmacists, physician assistants, nurse practitioners, social workers, addiction therapists, and nurses. It is an open clinic, which means that it accepts consults and referrals from all services throughout the hospital. The clinic provides a wide range of mental health services, as well as coordination of patient care across the facility. The population served by this clinic is diverse and represents a wide range of clinical issues and presenting problems. Frequently presented clinical issues and diagnoses include: mood disorders, substance related disorders, schizophrenia and other psychotic disorders, anxiety disorders, sleep disorders, impulse control disorders, personality disorders, bereavement, marital discord, anger management, emotional dysregulation, gender and sexual disorders, pain disorders, combat and non-combat PTSD, Military Sexual Trauma (MST), and Adjustment Disorders. Less frequently presenting issues include Eating Disorders, Somatoform Disorders, and Dissociative Disorders. Comorbidity is present in most patients treated within this clinic, which provides an even broader and more diverse exposure for interns. The patient population is diverse with respect to racial/ethnic identity, gender, and age and typically corresponds with our local VA Medical Center catchment population.

**Geropsychology** Interns who select the Geropsychology rotation work primarily geriatric Veterans in the Community Living Center (CLC) performing psychological and neuropsychological assessments and providing interventions. The intern works in conjunction with geriatricians, often attempting to improve patient functioning to allow return to a home-based environment. Other cases involve working to improve quality of life, enhance emotional integrity, help modify maladaptive or disruptive behaviors, and foster a sense of community for veterans who are expected to remain residents of the CLC. Opportunities are available to work with Veterans and their families in the Hospice Program, Rehabilitation Program, Transitional Care Unit, Dementia Unit, and residential “neighborhoods.” Supervised training in the special problems of the elderly is provided.

**Home Based Primary Care** The Home Based Primary Care Psychology (HBPC) rotation is an amalgam of health and geriatric psychology provided in the Veteran's home. By supplying these Primary Care services within the Veteran's home, an ecological context for implementation and assessment of our behavioral health interventions is established. A traditional biopsychosocial model suggests that biological, psychological, and social factors impact a Veteran's disease process; however, services that are developed from this mold are traditionally provided and researched in a static environment, i.e., a medical center. In HBPC, we intervene from every perspective guided by the Veteran's environment. We work with the family, neighborhood and church friends, nursing services, home health, dieticians, occupational health, social work, chaplaincy, and primary care physicians. This places Psychology in a unique position to ensure that a Veteran's entire surroundings are modified to promote lasting change. On occasion, interns will have the opportunity to work with a Veteran approaching the end of his or her life. The intern will be trained in assessing the psychosocial needs of the dying Veteran, family, and caregivers. Psychosocial needs may include processing with the Veteran his or her cultural, spiritual, and existential concerns. Assessment opportunities include training in financial, healthcare, driving, and independent living capacity evaluations. Interns may conduct diagnostic assessments for PTSD, MDD, GAD, dementia, etc. It is not uncommon

for the intern to assess whether the Veteran's physical disease or treatment of the disease is impacting his or her emotional distress and/or cognitive impairment.

**Integrated Primary Care Mental Health (PCMHI)** The Integrated Primary Care/Mental Health rotation offers interns the opportunity to work as embedded practitioners in the outpatient primary care clinics. Here, interns will serve as first points of contact for veterans newly expressing mental health concerns and/or seeking mental health services. An integral component of this position is collaborating with physicians, nurses, nurse practitioners, physician's assistants, dietitians, and clinical pharmacists to ensure that a holistic approach is taken in treating each veteran. Through this rotation, interns also have the opportunity to gain experience in lethality assessment and crisis intervention. This area of service is rapidly growing within the VA system, as the standard of care increasingly involves a team approach to treatment with the goal of providing all of the Veteran's healthcare needs under one roof. Through the Integrated Primary Care/Mental Health rotation, interns may hone their skills in clinical interviewing, diagnosis, and triage in addition to providing short-term, solution-focused treatment (i.e., four to six sessions) and addressing issues incorporating both mental health and behavioral health components. As with the MHOC, the Integrated Primary Care/Mental Health accepts referrals from most other services.

**MOPC Outpatient Behavioral Health STRONG (SUD) Program (half-time)** This half-rotation requires two days a week at the Mobile Outpatient Clinic (MOPC) building assessment, psychotherapy, professional, and patient education skills working in a population of Veterans with Substance Use Disorders (SUD). Each Veteran who is referred to the STRONG program undergoes a thorough psychodiagnostic assessment, giving the opportunity to hone assessment selection, administration, interpretation, conceptualization, treatment planning and feedback skills. There is a series of groups that each Veteran attends through the STRONG program which are further opportunities for training: Getting Out of Addictive Lifestyles (GOAL) Group, Seeking Safety, and Mindfulness Based Relapse Prevention.

There is also a Women's Skills Group that is conducted separately by Dr. Weeks which is not part of the STRONG program, but an available training opportunity if Dialectical Behavior Therapy (DBT) group is a requested experience. Psychotherapy modalities utilized in the STRONG program include Motivational Interviewing (MI), Acceptance and Commitment Therapy (ACT), Behavioral Couples Therapy for Alcoholism and Drug Abuse (BCT), Dialectical Behavior Therapy (DBT), Contingency Management (CM), and Functional Analytic Psychotherapy (FAP). Professional experiences including working collaboratively with other members of the clinic through Interdisciplinary Team (IDT) meetings, and also working with the Veterans Justice Outreach program and providing treatment to Veterans who are involved in the program and attending Veterans Court. Based on experience gained in this rotation, a working knowledge of DSM-5 diagnostic criteria, an awareness of detox/withdrawal issues for various substances, familiarity with the SOPs for referral/admission to residential SUD treatment, and a familiarity with 12-step and other community-based approaches will be gained; it is expected that the intern will be able to articulate this information effectively both with colleagues as well as with Veterans/non-clinicians by the end of the rotation. Depending on which days of the week the intern is at MOPC and presenting symptoms of Veterans who are referred to treatment during the rotation, some of the above experiences may vary, however, if an intern has goals for specific experiences/opportunities at the beginning of the rotation, every effort will be made to make sure those experiences are available.

**Neuropsychology (half-time or full-time)** Interns on this rotation assist in conducting neuropsychological assessments for referred patients, progressing to increased independence in administering the evaluations over the course of the rotation. Referral questions include differentiating normal aging and early dementia, determining cognitive functioning after moderate-to-severe head injury or after a significant illness affecting the central nervous system, and assessing the potential impact of cognitive difficulties on work performance.

## **Psychosocial Residential Rehabilitation Program (PRRTP)**

**Substance Use Disorders (SUD) track** The Substance Abuse Residential Treatment Program (SARRTP) is a residential treatment program where Veterans live in a therapeutic community setting where they can gain support and additional structure as they attend treatment in the Substance Abuse Intensive Outpatient Program (SAIOP). Veterans attend structured group therapy and lectures, process groups and individual therapy. A wide variety of interventions are offered across these modalities of treatment including: anger management, mood management, introduction to 12-Step Recovery, education on the biological basis of addiction, medication management of symptoms, and ambulatory detox if needed. Veterans are also required to attend off grounds AA/NA meetings. The length of stay on the SARRTP is typically 28 days. However, veterans can be extended for a variety of clinical reasons. In addition, once the program is completed veterans can apply for admission to any track on the MHRRTTP, where they can stay up to an additional 92 days.

Interns on this rotation acquire skills necessary to function as a member of an interdisciplinary intensive psychiatric treatment team, will conduct psychological evaluations on new admissions, develop mental health treatment plans for individual patients, and create safety plans. To develop the skills necessary to function as a member of an IDT, interns will attend IDT staff meetings and at least one weekly screening committee meeting. This rotation also affords interns the opportunity to acquire skills in conduction of individual and group psychotherapy for patients which address a wide variety of behaviors that arise from substance abuse/dependence. Interns will conduct weekly individual psychotherapy and co-facilitate group therapy sessions. Interns will also be required to attend one group in the Extended Addiction Track of the MHRRTTP. Interns develop their own learning plans, much like the treatment plans developed by our individual patients. They may select to work with any variety of patients and groups, as well as participate in administrative duties while on the SARRTP rotation.

**PTSD track** The PTSD-IOP has two tracks for Veterans. The Military Trauma Coping Skills program is a six-week coping skills intensive program for the treatment of military related trauma. This track is best for Veterans who are new to therapy, new to group work, in need of building basic coping skills or in need of motivation to begin more intensive evidence based trauma processing psychotherapy. The Advanced Trauma Processing program is an eight-week intensive evidence based psychotherapy trauma processing program. This program is best for Veterans who have completed at least six months of outpatient psychotherapy or the Military Trauma Coping Skills program and have indicated a willingness to engage in structured, intense trauma processing work. Interns on this rotation acquire skills necessary to function as a member of an interdisciplinary intensive psychiatric treatment team. Interns will conduct psychological evaluations on new PTSD-IOP Veterans, develop mental health and PTSD-IOP treatment plans for individual patients, and create safety plans.

To develop the skills necessary to function as a member of an Interdisciplinary Team (IDT), interns will attend IDT staff meetings and weekly screening committee meetings. This rotation also affords interns the opportunity to acquire skills in conduction of individual and group psychotherapy with PTSD patients. Interns will conduct weekly individual psychotherapy and co-facilitate group therapy sessions. This program employs four evidenced based treatments (Cognitive Processing Therapy, Dialectical Behavior Therapy, Prolonged Exposure, and CBT for Chronic Pain Management).

**MHRRTTP track** The MHRRTTP is a residential program with the focus of providing integrative care to our Veterans. Patients may enter the program through the Extended Substance Use, Chronic Mental Illness or Compensated Work Therapy tracks. Once admitted to the program, Veterans will select from a variety of treatment options to best meet their individual needs. The length of stay in

the MHRRTTP varies depending on the patient, but can be up to 92 days of care. Interns on this rotation acquire skills necessary to function as a member of an interdisciplinary intensive psychiatric treatment team, will conduct psychological evaluations on new admissions, develop mental health treatment plans for individual patients, and create safety plans. To develop the skills necessary to function as a member of an IDT, interns will attend IDT staff meetings and weekly screening committee meetings. This rotation also affords interns the opportunity to acquire skills in conduction of individual and group psychotherapy for patients with a variety of presenting problems. Interns will conduct weekly individual psychotherapy and co-facilitate group therapy sessions. The Intern will develop their own learning plan much like the treatment plans developed by our individual patients. They may select to work with any variety of patients and groups, as well as participate in administrative duties while on the MHRRTTP rotation.

**Research (half-time)** All interns who are interested in involvement in research activities while completing the internship program are encouraged to coordinate with the Director of Training and their Long-Term Supervisor regarding the completion of a rotation in Research. The intern selects a faculty research mentor for the year, who will integrate the intern into research activities for a planned or current research effort. Under some circumstances, the faculty research mentor may choose to sponsor and supervise their projects and assist in gaining approval from the Research and Development Committee and Institutional Review Board. This component is optional and will require an intern to have a clear research topic area, focus, and planned process to be in a position to see such a project to completion by the end of the internship. Several past interns have gathered data for use in their dissertations (though we cannot guarantee its availability for that purpose).

**Telehealth** The telehealth rotation is a special rotation which functions in many ways like a traditional outpatient mental health setting, but this rotation is designed to provide the intern training and clinical experience in provision of telehealth services. There are two possibilities for this rotation, either working in Mobile, AL or working in Biloxi, MS. This rotation, rather than having a focus on a clinical issue or particular population, instead focuses on the process of providing psychotherapy services using technology, which we believe is important for provision of care for Veterans living in remote or underserved areas. Opportunities for both clinic-to-clinic contact and Clinical Video Telehealth to the Veteran's home are available.

### **Possible Additional Rotations 2017 – 2018\***

Inpatient Psychiatry

PTSD Clinical Team (PCT – Outpatient)

Women's Clinic/Military Sexual Trauma (MST)

\*The availability of these rotations will be contingent on our facility hiring licensed psychologists who are interested in training. These experiences cannot be guaranteed for the upcoming training year.