Rural Mental Health Postdoctoral Fellowship Training Program

VA Gulf Coast Veterans Health Care System
400 Veterans Ave (116B)
Biloxi, MS 39531
(228) 523-4768
http://www.biloxi.va.gov/index.asp
http://www.biloxi.va.gov/services/Psychology/AboutUs.asp

Applications Due: Jan 15, 2013

Accreditation Status

The postdoctoral fellowship at the VA Gulf Coast Veterans Health Care System is a newly funded training program. In 2010, our VA was 1 of 10 programs awarded funding for the purpose of developing new training programs. In response to a request for proposals from VA Central Office, our facility proposed the development of a new training program which emphasizes advanced training in rural mental health. In accordance with the proposed development of said new training program, this year we joined APPIC and we will undertake the process of obtaining APA accreditation in the coming years. Our goal is to obtain said accreditation within three years of starting the program. We anticipate submitted our Self Study in the Spring of 2013 and orchestrating our initial Site Visit later in the year of 2013.

Application & Selection Procedures

Eligibility: We seek applicants who are US citizens and will have completed an APA-accredited doctoral program in clinical or counseling psychology and an APA-accredited internship by the start date of our Fellowship. Degrees will need to be completed prior to start date. As an equal opportunity training program, we welcome and strongly encourage applications from all qualified candidates, regardless of racial, ethnic, religious, sexual orientation, disability or other minority status. In addition, as our training program's major emphasis is a category of diversity, we strongly encourage applications from candidates with interest and experience working with diverse populations.

Deadlines: Applications must be postmarked by January 15, 2013. We will interview selected candidates by telephone and/or through use of video-telephone equipment. There is no uniform match date this year, so the selected candidate will be contacted very shortly once all interviews have been completed. We anticipate interviews will be scheduled upon receipt of competitive applications, which means that interviews may take place prior to application deadline and or shortly thereafter. We anticipate an expedited selection process.

Instructions: To apply, the following materials are required (almost all can be emailed):

A letter of interest or cover letter providing a brief summary of your interests and qualifications for this training; why you are interested in this position; aspirations for your psychology career.

CV (including a brief description of your internship rotations).

Three letters of recommendation (at least one letter must be from an internship supervisor. All letters can be emailed. Email is preferred.)

An email from your dissertation Chair describing the progress of your dissertation and anticipated defense date if not yet complete.

Official Graduate school transcripts (you can send PDF copies of unofficial transcripts early with official transcripts to follow via “snail mail.”).

Please send application materials in one envelope. Letters of reference, if mailed rather than emailed, should be signed across the envelope seal. Send application materials to:

Scott Cardin, Ph.D.
Postdoctoral Director of Training,
Psychology Service (116B)
400 Veterans Ave
Biloxi, MS 39531

Candidate Interviews

All interviews are conducted individually and by invitation only. Candidates will be informed by e-mail or phone whether or not they have been invited to interview. We regard interviews as a two-way process wherein both parties can evaluate "relative fit" or match for training goals and training opportunities: a chance for us to meet and learn more about you, and an opportunity for you to meet us and get a better understanding of our program. In addition to meeting with two interviewers for an hour and with the Director of Training for a second hour, interviewees will have the opportunity to meet with our current fellow. The total interview process should take about 3.5 hours and can be divided up in order to accommodate our respective schedules. For those who are invited for an interview and are unable to visit our program in person, we will be happy to conduct an interview and answer your questions by telephone or video-teleconference. An in-person interview is not required to match with our program, though your visiting our campus and meeting you would be welcomed. We have a firm commitment to keeping trainee costs down while insuring that potential candidates are able to acquire all information needed to make a good decision about where they will train.

Psychology Setting

The VA Gulf Coast Veterans Health Care System (VAGCVHCS) consists of a VAMC facility in Biloxi, MS, three Community Based Outpatient Clinics (CBOCs), and a Joint

Ambulatory Care Clinic (JACC). The CBOCs are located in Mobile, AL, Eglin Air Force Base, FL, and Panama City Beach, FL. The JACC is located in Pensacola, FL. The JACC recently opened and functions as a replacement to the former Pensacola CBOC while simultaneously providing services to active duty military personnel. The catchment area for our health care system spans across the coastal regions of Mississippi, Alabama, and Florida. Our health care system serves both urban and rural Veterans, as well as Veterans representing wide diversity with respect to age, race, ethnicity, and religious backgrounds. With regard to our rurality, the effects and aftermath of Hurricane Katrina compromised the resource infrastructure on the Mississippi Gulf Coast leaving behind a resource poor community.

The VA Gulf Coast Veterans Health Care System's Rural Mental Health Postdoctoral Residency will provide a unique nexus of training experiences which likely are *only* afforded to trainees at our facility. Namely, the Fellow will be able to train across traditional medical and mental health clinics and across our community outpatient clinic facilities while providing mental health care and services to Veterans identified as living in rural and remote areas. Our VA catchment area spans three states and the Fellow will be able to provide services throughout that designated area through the use of government vehicles and/or tele-mental health equipment. The Fellow, recognized by our facility, medical staff, and our training program as *junior faculty*, will work across clinics throughout the medical center and Community Based Outpatient Clinics (CBOCs). That is, rather than working for distinct periods of time solely in a single clinic, the Fellow will coordinate care for a panel of patients whom are diverse in presentation and medical history. The Fellow will spend 75% of the workweek providing patient care and patient care support activities to Veterans. The emphasis is on identification of "rurality" as opposed to symptom profile or medical clinic membership. Additionally, due to the history of our VA having survived Hurricane Katrina, there are training opportunities related to Disaster Recovery and trauma work which are not common to other facilities and their respective training programs. Likewise, even the nature of working within rural mental health, as defined by census data, takes on nuanced meaning when working with Veterans whom are living in areas where resources are limited due to Katrina and its aftermath. This is of particular importance when considering that many of the Veterans living on the Gulf Coast prior to Hurricane Katrina were then “displaced” into a functionally rural environment. They have unique experiences and continue to suffer unique difficulties; as such, training in rural mental health delivery at the VAGCVHCS provides an <u>unprecedented</u> opportunity for both depth and breadth of training.

Our VA Medical Center has housed a predoctoral psychology training since 1950. That program has had continuous APA accreditation since 1980, when accreditation was first sought. The psychology faculty take pride in being part of a rich history of training. Our facility is a service line medical center with all psychologists serving as voting members of the medical staff. Our training programs are considered integral to our service and to the mission of the medical center. The postdoctoral fellowship, with its major and minor emphases, adds to the depth and breadth of the training experiences offered at our facility.

The leadership structure of VA Gulf Coast Veterans Health Care, as a service line facility, is hierarchical within services. That is, all psychologists at our facility are supervised and lead by the Chief, Psychology Service. Other mental health disciplines have their respective Chiefs, and each along with the Chief of Psychology are equal in standing. Our Chief and Assistant Chief are Dr. Gustave F. Sison and Dr. Jack Carney, respectively. We currently have an Acting Chief of Staff, Kenneth Simon, MD, MBA, FACS. The Medical Center Director is Mr. Anthony L. Dawson, MHA, FACHE. The Director and Assistant Director of Internship Training are Dr. Shannon Fussell and Dr. Candace Drake, respectively. Drs. Scott A. Cardin and Kara E. Boyer are the Director and Assistant Director of Postdoctoral Training, respectively.

Training Model and Program Philosophy

The Rural Mental Health Fellowship's training model is scientist-practitioner in nature as our program strives to provide a research training environment which fosters a coordinated blend of research and informed application. The goal is to train competent generalists whom can advance theoretically based empirically driven services, policy, and research that effectively enhances the quality and form of healthcare provided to rurally living individuals and communities.

The program philosophy is that psychological training is developmental in nature and is a process which we engage in, and foster, through provision of structured, developmentally sequential, experiential and educational learning opportunities. We strive to provide a learning environment which promotes ongoing professional development and the attainment of professional competencies and skill-sets. Further, our program envisions and creates a training environment wherein the Postdoctoral Fellow is equivalent to a GS-11 staff psychologist. The Fellow, while being supervised, is acquiring a specific skill-set through graduated learning opportunities as coordinated by an individualized training plan which weds general programmatic goals and objectives with the Fellow's identified career development goals.

Training Schedule and Rotations

The Fellowship is flexible in that the training schedule can take multiple forms. The format for each Fellow will be finalized within the first two weeks via detailed discussion and planning with the Director and Assistant Director of Training throughout the orientation to the program. This fellowship will provide a unique nexus of training experiences which likely are *only* afforded to trainees at our facility. Namely, the Fellow will be able to train across traditional medical and mental health clinics and across our community outpatient clinic facilities while providing mental health care and services to Veterans identified as living in rural and remote areas. Our VA catchment area spans three states and the Fellow will be able to provide services throughout that designated area through the use of government vehicles and/or tele-mental health equipment. The Fellow, recognized by our facility, medical staff, and our training program as *junior faculty*, will work across clinics throughout the medical center and Community Based Outpatient Clinics (CBOCs). That is, rather than working for distinct periods of time

solely in a single clinic, the Fellow will coordinate care for a panel of patients whom are diverse in presentation and medical history. The Fellow will spend 75% of the workweek providing patient care and patient care support activities to rurally living Veterans. The emphasis is on identification of "rurality" as opposed to symptom profile or medical clinic membership. Additionally, due to the history of our VA having survived Hurricane Katrina, there are training opportunities related to Disaster Recovery and trauma work which are not common to other facilities and their respective training programs. Likewise, even the nature of working within rural mental health, as defined by census data, takes on nuanced meaning when working with Veterans whom are living in areas where resources are limited due to Katrina and its aftermath. This is of particular importance when considering that many of the Veterans living on the Gulf Coast prior to Hurricane Katrina were then “displaced” into a functionally rural environment. They have unique experiences and continue to suffer unique difficulties; as such, training in rural mental health delivery at the VAGCVHCS provides an unprecedented opportunity for both depth and breadth of training.

While having an overall emphasis in provision of mental health treatment of Veterans living in rural and remote areas across our coast, the Fellow will have opportunity to complete additional training in the minor emphases of: *Health Psychology/Behavioral Medicine (B-Med)*, *Disaster Recovery, Posttraumatic Stress Disorder (PTSD), Home Based Primary Care (HBPC), Geropsychology, Hospital Administration, Research, and Clinical Supervision*. As noted above, the Fellowship is flexible in that any particular Fellow's training can be arranged to fit with his/her developmental needs/training goals. For example, though throughout the year the Fellow will be engaged in his/her major emphasis of Rural Mental Health, the other minor rotations can be arranged in 3 or 6 month periods, one at a time. This functionally means that a Fellow can have as many as 4 separate three-month minor rotations, or 2 six-month minor rotations, or 1 six-month minor rotation and 2 three-month minor rotations. Factors such as availability of supervisees, experience with tele-mental health procedures, and hurricane season all influence the design of the Fellow's schedule. The schedule is coordinated during the first two weeks of the year, but can be altered if needed.

Additionally, the Rural Mental Health Postdoctoral Fellow will be given 25% release time to focus on original research efforts and/or efforts which support the creation of a rural mental health laboratory. We have ongoing rurally focused research being conducted at our VA by training faculty. Our hospital is part of VISN 16 and, as such, is associated with our South Central Mental Illness Research, Education, and Clinical Center (SC MIRECC), which has as its emphasis "Serving Rural and Other Underserved Populations." The Fellow will, as part of their training, receive guidance in writing and submitting grant applications, such as to the MIRECC Pilot Grant Program and our VISN Network Grant Program. Given that our facility is in VISN 16 with the stated emphasis above, research focused on rural mental health, is strongly encouraged and also provides unique educational opportunities for the Fellow.

Fellowship is a full-time one-year commitment equaling approximately 2080 hours. Fellows will receive training, both in clinical and focused seminar settings, in the major emphasis, Rural Mental Health, throughout the entire year. In three or six month periods of time, Fellows will be able to also dedicate one day a week to one of the minor

emphases listed. The structure and design of a Fellow's training is coordinated and individualized. That is, the Fellow and Director of Training collaboratively design the year with us in order to meet professional and long term career goals. Minor emphases are selected and time is then dedicated for receiving clinical and seminar trainings related to each of the Minor Emphases chosen. Didactics, detailed below, are coordinated with/to the minor emphases; the seminars are encapsulated within the clinical training.

Program Goals & Objectives

Our Fellowship's overall training goal is to provide advanced clinical training in professional psychology with an emphasis in rural mental health care. We strive to prepare our graduates for assuming staff and faculty positions in medical centers wherein they will be able to use their training to provide empirically supported treatment, enhance services and increase access to care for rurally and remotely living patients, as well as those generally underserved. Our program is a scientist-practitioner program with our trainees taking part in ongoing research and tasked with designing and undertaking research while completing the Fellowship. As such, we strive to prepare our graduates to have a skill-set wherein they can practice empirically supported treatments, evaluate literature and research, and conduct needed programmatic evaluation or research at their workplace.

Given this overarching goals, we target the following specific goals for our training program, which fall broadly into the categories of 1) treatment/assessment, 2) clinical knowledge/diversity and ethics training, and 3) tools/research.

Specific Program Goal 1) Provide empirically supported mental health treatment and adjunctive care services (assessment, evaluation, consultation) for targeted population, thereby enhancing standard services and increasing access to care for targeted population. Gain experience and training related to clinical work for targeted population and/or content area.

Specific Program Goal 2) Understand rural cultural issues, diversity issues, and general physical and mental healthcare issues central to identified target population. Understand ethical guidelines. Understand facilitative and prohibitive issues related to provision of rural mental health care, to include knowledge of medical center mechanisms which can be utilized for said care enhancement.

Specific Program Goals 3) Be able to evaluate state of service provision for a targeted population at a facility. Understand how to identify target population utilizing available medical center information. Be able to present information in oral and written format to hospital administrators.

Competencies related to Goal 1 (listed above) are related to provision of treatment generally. Specific competencies follow:

Competency 1.1: Effectively use EBT for targeted populations when appropriate.

Competency 1.2: Effectively use assessment, evaluation, and consultation for targeted population when appropriate/needed.

Competency 1.3: Effectively work as member of interdisciplinary integrated care teams.

Competencies related to Goal 2 are related to attainment of knowledge related to rural mental health care:

Competency 2.1: Effectively demonstrate knowledge of and awareness to rural cultural and diversity related issues.

Competency 2.2: Effectively demonstrate knowledge of research findings related to target population and effective treatment of target population, including both physical and mental health concerns/issues.

Competency 2.3: Effectively demonstrate knowledge needed for successful implementation of care enhancement programs and/or treatment models.

Competencies related to Goal 3 listed above related to evaluation/research skills

Competency 3.1: Effectively demonstrate ability to obtain necessary information and data for evaluation of state of service provision for target population

Competency 3.2: Effectively demonstrate ability to identify target population using data sources.

Competency 3.3: Effectively provide presentations to medical center staff and faculty regarding status of mental health care for target population.

The training program activities or methods we have established to obtain the goals for our trainees are structured and generally follow the three-goal outline described above. That is, though recognizing overlap wherein any particular training activity can, and likely, will provide content knowledge or experiential training related to two or even three of the identified goals for our trainees, the activities detailed below are organized according to the three-goal structure/outline.

Activities related to Goal 1 and the Competencies associated with Goal 1 follow:

Activity 1.1: The Fellow will work approximately three days per week with focus being on provision of care for rurally or remotely living Veterans. This provision of care will include care delivered at a facility in an office, tele-mental health care, and psychotherapy services delivered in the Veteran's home. Provision of care will also include assessment, evaluation, chart review, and consultation when clinically appropriate. Tele-mental health provision will comprise approximately one day of said clinical care. Fellows will provide EBTs when appropriate.

Activity 1.2: The Fellow will participate in Interdisciplinary Treatment (IDT) Teams wherein any of his/her patient's care will be discussed. The Fellow will participate in Patient Allied Care Team (PACT) meetings when appropriate. The Fellow will participate in appropriate and ethical treatment planning for identified patients.

Activity 1.3: For the Rural Mental Health Emphasis, the Fellow will identify rurally living and/or remotely living and/or underserved Veterans through use of hospital information systems and will offer services to those Veterans identified through such mechanisms. For the Minor Emphases, similar mechanisms for identifying potential patients will be employed, though the goal for the Minor Emphasis is treatment issue or content specific. Thus, patients seen during any of the Minor Emphasis would not necessarily have to be rurally or remotely living Veterans.

Activities related to Goal 2 and the Competencies associated with Goal 2 follow:

Activity 2.1: Fellows will engage in the structured programmatic didactics. All will engage in the Rural Mental Health Seminar with the Rural Mental Health Preceptor. The other didactics will occur as a consequence of each individual Fellow's elected Minor Emphases which he/she selected. Each Fellow will engage in his/her elected didactics in accordance with his/her individualized learning plan. Other didactics will be provided when educational needs are identified and/or when available. Such didactics might include Diversity Days Seminar (held at our facility) and video-teleconferenced seminars with research design and statistical emphases if needed (available from our VA network).

Activity 2.2: Fellows will conduct literature reviews and will engage in reading assignments, both self initiated and initiated by any of his/her Preceptors. Fellows will engage in data gathering and evaluation geared toward gaining knowledge regarding rural mental health care status and need. Likewise, Fellows will engage in activities wherein he/she will learn how to use medical center data sources to identify patient and patient needs. Fellows will provide presentations to other VA staff and faculty.

Activity 2.3: Fellows will engage in committee work. When available, Fellows will be active members of local, regional and national committees wherein he/she will gain access to additional educational resources and information.

Activities related to Goal 3 and the Competencies associated with Goal 3 follow:

Activity 3.1: Fellows will participate in weekly research meetings focused on rural mental health care research.

Activity 3.2: Fellows will learn and use hospital resources for the purpose of identifying potential patients and for overall programmatic evaluation of care services. Fellows will identify key personnel and facility resources and will understand how to identify such resources at other medical centers.

Activity 3.3: Fellows will participate in facility research and evaluation efforts, including designing and initiating IRB and R&D review of research proposal under the supervision of Rural Mental Health Preceptor. Fellows will be encouraged to submit presentations and/or manuscripts.

Program Structure

The Rural Mental Health Postdoctoral Residency is a one-year fellowship which provides advanced training with a major emphasis in *Rural Mental Health* and additional training in the following optional minor emphasis areas: *Health Psychology/Behavioral Medicine (B-Med)*, *Disaster Recovery, Posttraumatic Stress Disorder (PTSD), Home Based Primary Care (HBPC), Geropsychology, Hospital Administration, Research, and Clinical Supervision*.

Training activities are primarily either experiential with corresponding supervision or obtained through didactics. The Rural Mental Health Major Emphasis training will take place over the entire year. Fellows will have the option of as many as four, three-month Minor Emphases or as few as two, six-month Minor Emphases. Minor Emphases experiences can be either three-month or six-month in duration. This means that a Fellow can also have two three-month Minor Emphases and one, six-month Minor

Emphasis. The Major and each of the Minor Emphases have Preceptors who function as content experts and supervisors for the Fellow. Given the length of the experiences, a Fellow will focus his/her training on specific content areas with respect to the Minor Emphases.

Training Experiences

Clinical Experiences: Overall, the clinical experiences provided for the Fellow will be orchestrated and arranged based on the Fellow's selection of minor emphases and his/her interests and career aspirations. The Major Emphasis of Rural Mental Health will be provided throughout the training year. However, clinical populations, other than "rural" demographics, may be different from year to year or even within a year. For example, one Fellow may be interested in Behavioral Medicine and therefore opt to pull most of his/her patients from a Behavioral Medicine or Primary Care Clinical setting. That is, he is she may focus on provision of care for rurally living Veterans who have behavioral medicine clinical presentations/issues. Another Fellow may be more interested in the chronically mentally ill (CMI) and therefore may pull his/her client base from the outpatient mental health clinics. Seventy five percent of a Fellow's time will be in providing patient care and/or patient care support activities. With respect to the Minor Emphases, the Fellow will focus his/her clinical experience typically around a content area or diagnoses. During his/her 3 or 6 month rotation for said Minor Emphasis areas, he/she will work with the corresponding Preceptor to obtain appropriate training experiences.

Supervision: As described above, multiple staff will provide supervision for the various minor emphases available and our Director of Training, Dr. Cardin, will serve as the Rural Mental Health Preceptor and Research Preceptor. Dr. Cardin serves on the Mississippi Psychological Association Executive Council as the Rural Health Coordinator for the State of Mississippi. He currently chairs and was past member of the VA Psychology Training Council Rural and Small Program Work Group. Dr. Boyer, the Assistant Director of Training for this Fellowship will also provide content for the Fellow's weekly rural focused seminar. The following list details our training faculty and their respective focus areas:

Scott Cardin, Ph.D. Rural MH Preceptor, Research Preceptor
Kara Boyer, Ph.D. Rural MH Preceptor
Gustave Sison, Ph.D. Disaster Response Preceptor
Jack Carney, Ph.D. Hospital Administration Preceptor
Jefferson Rogers, Psy.D. Geropsychology Preceptor
Damon Robinson, Ph.D. PTSD Preceptor
Dawn Sharpless, Ph.D. Clinical Supervision Preceptor
Kellee Bivens, Ph.D. Behavioral Medicine Preceptor
Mike Carlton, Ph.D. Home Based Primary Care Preceptor

The Rural Mental Health Major Emphasis Area:
Preceptors: Dr. Cardin & Dr. Boyer

This training emphasis will be undertaken via clinical experiences crossing traditional medical center clinic divisions. That is, the Fellow will identify specific clinics within our facility which he/she would like to target. Using facility data information, he/she will generate a list of rurally and remotely living Veterans eligible for extended home visit services and will offers said services to eligible Veterans. For example, if a Fellow is interested in Behavioral Medicine, then he or she would likely obtain such a list of eligible Veterans from B-Med clinics or Primary Care Clinics. The patient pull can and will likely shift focus throughout the course of the year so that the Fellow can obtain additional experience in creating eligibility listing as described above and so that the Fellow can obtain diverse clinical experiences. Hospital clinics from which the Fellow will be able to develop patient lists include: Primary Care, Mental Health Outpatient Clinic, Mental Health Intensive Case Management (MHICM), Woman's Clinic (a specialty primary care clinic), and other specialty clinics. In addition to the home visit mode of clinical care described above, Fellows will also run a Tele-mental Health clinic wherein he/she will be able to further extend services.

Disaster Recovery Minor Emphasis Area:
Preceptor: Dr. Sison

This training minor emphasis will be undertaken via both administrative and clinical experiences. The Fellow will take part in numerous facility level disaster preparedness meetings and exercises. The Fellow will also take part in a monthly VISN 16 Mental Health Disaster Response Committee Conference Call. He/she will complete FEMA Incident Command System (ICS) Training. If the training is co-occurring during a time when a disaster happens, then the Fellow will play an active role in facility emergency response and Employee Assistant Programming.

Hospital Administration Minor Emphasis Area:
Preceptor: Dr. Carney

This training minor emphasis will be undertaken via administrative experiences within our local facility and at times within our VISN. The Fellow will attend upper management meetings, including Morning Report and other meetings which Dr. Carney regularly participates. The Fellow may also participate in hospital committee work and related projects as available.

Geropsychology Minor Emphasis Area:
Preceptor: Dr. Rogers

This training minor emphasis area will be undertaken via clinical experiences obtained at the Biloxi VAMC. Our facility has completed the new Community Living Center (CLC). Fellows will work within the CLC, our existing Transitional Care Unit, or our existing Hospice Care Unit. Additionally, there are opportunities for said care to be in-home care, similar to the general experiences provided in the Rural MH Emphasis. A significant component of this emphasis will be in evaluation and integrated report writing.

Clinical Supervision Minor Emphasis Area:
Preceptor: Dr. Sharpless

This training minor emphasis area will be undertaken via tiered supervision experiences with pre-doctoral level trainees. Dr. Sharpless will provide supervision of supervision via same-room observation of Fellow conducting supervision with pre-doctoral trainee, most likely a pre-doctoral intern. The Fellow will then meet with Dr. Sharpless separately for supervision wherein they will discuss Fellow's supervision interventions. Fellows will be exposed to supervision theory and several models of supervision during this minor area.

PTSD Minor Emphasis Area:
Preceptor: Dr. Robinson

This training minor emphasis area will be undertaken via clinical experiences obtained at or near the Mobile, AL CBOC. Training would include both Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT), in which Dr. Robinson has received VA training. Clinical experiences will likely first take place in the clinic and will graduate to remote settings with Fellow making home visits once developmentally appropriate.

Health Psychology/Behavioral Medicine (B-Med):
Preceptor: Dr. Bivens

This training minor emphasis area will be comprised of clinical experiences obtained across three of our facilities. Dr. Bivens, our facility's Behavioral Health Coordinator, offices in our Joint Ambulatory Care Clinic (JACC) in Pensacola, but provides advanced services across our facility. The fellow could work from or out of Biloxi, Mobile, or Pensacola. Clinical experiences will likely first take place in Pensacola, but emphasis will then be placed on extended available services to those identified as being underserved. Like other Minor Emphasis areas, clinical experience could include making home visits once developmentally appropriate and if Veteran need is identified.

Home Based Primary Care (HBPC):
Preceptors: Dr. Carlton

Dr. Carlton is the Preceptor for this minor emphasis training area at this time. He was the HBPC Psychologist working out of the Biloxi VAMC HBPC and continues to provide supervision and training in that capacity. There are two HBPC clinics at our VA facility; one in Biloxi, MS (at the main VAMC) and the other in Pensacola, FL (at a Joint Ambulatory Care Clinic). The Fellow would likely pick one HBPC Clinic from which to work, with supervisor and seminar arranged accordingly. HBPC clinics span 60 miles from the home clinic. Based on the respective censuses for both of these clinics, many Veterans who receive care from HBPC reside in rural communities. It should be noted that our facility is in the process of hiring two new HBPC clinicians; there is a chance that a Fellow matching with us in the next year may work with a TBA supervisor. We

assure that we vet our supervisors and Preceptors and that only those staff with demonstrated expertise and a history of training would be selected as a Preceptor.

Didactics: Overall, the didactics for the Fellowship are coordinated through the emphasis areas. For example, should a Fellow select the Supervision minor emphasis, then he/she would receive didactics from the Supervision Preceptor. Dr. Cardin will serve as the Rural Mental Health Preceptor for the Fellowship. Additionally, VISN-level MIRECC supported training efforts and didactics focused on research issues will be audio or videoteleconferenced (Vtel) when available and when meeting the training needs of the Fellow. The APA accredited Internship Training Program at our facility has recently implemented a training relationship with a sister-VISN 16 APA approved training program (We refer to this training as our "Diversity Days."). This seminar, typically scheduled once a month, will be the only didactic which is open to our Interns and members of our training faculty. Fellows will make two presentations in that forum over the course of the training year.

Requirements for Completion

The first two weeks of the Fellowship will be devoted to New Employee Orientation (NEO) and general Psychology Service Orientation. NEO is a medical center station requirement for all new employees. The Director and Assistant Director of Training will coordinate a Psychology Service Orientation wherein more detailed training and information needed for effective clinic management will be reviewed and presented. Before and during the orientation weeks, the Fellow will review his/her training experiences, career goals, and identified learning objectives with the Director and Assistant Director of Training. This procedure is undertaken for the purpose of identifying strengths and targeted areas of growth in order to facilitate coordinated training efforts and an individualized training experience. In keeping with our developmental philosophy, our training program aspires to foster developmentally appropriate learning via targeted learning tasks. Fellows are encouraged to address any identified areas for growth, such as areas in which they have had limited experience.

It is expected that upon completion of the program all Fellows will demonstrate competence in the following general domains, which correspond to the listed Goals and Objectives presented earlier in this document:

Treatment
Knowledge
Tools/Research

At the beginning of the training year, each Fellow will receive a Rural Mental Health Postdoctoral Residency Training Program Handbook. This handbook will specify the required competency elements within each domain, along with examples of the expected levels of performance. At the end of each training emphasis, the Fellow is rated on all competency elements that apply to that training emphasis. Feedback will also be provided at midpoints during any training experience/activity. Competency

elements will be tracked on an Individualized Training Plan spreadsheet co-created with the Fellow at the beginning of the training year. Supervisor/Preceptor evaluations will also rate Fellow competencies on a five-point Likert scale consisting of the following points: “Unsatisfactory Performance,” “Performance with Development Needed,” “Performance which meets expectations,” “Performance which exceeds expectations,” and “exemplary performance.” The scales will be anchored according to specific examples for each of the domains. Inability to demonstrate competence would be represented by three or more ratings which are below the “Performance which meets expectations” for a given domain. Successful completion of the program would be demonstrated either by initial ratings consistent with statement above: no more than three ratings lower than “Performance which meets expectations” or by remediation of identified training needs.

Facility and Training Resources

We have designated space for offices at the Joint Ambulatory Care Clinic (a CBOC in Pensacola, FL), the Mobile Community Outpatient Clinic, and the Biloxi Division of the VAGCVHCS. Fellows can choose to live along the Coast, though it is recognized that Mobile, AL is centrally located and may make traveling to and from the various clinics easier. The office wherein the Fellow will work while in Mobile will either be the homes of the Veterans as they are seen in a HBPC capacity, or in the VA Clinic Treatment Mobile Unit. In Biloxi, there will be an office dedicated to tele-mental health activities and this office will be used by the Fellow when in Biloxi. Likewise, a similar office space is dedicated in Pensacola. Travel to Biloxi will likely take place on Wednesdays, as this will allow participation in the Diversity Days Seminar and will provide opportunity for the Fellow to coordinate research efforts with ongoing funded research. Aside from the dedicated office spaces noted above, Fellows will be mostly be providing care in the homes of rurally living Veterans and/or using tele-mental health equipment. To accommodate and support this kind of home based work, Fellows will be provided government vehicles, GPS systems, cell phones, and videophones to assist in the provision of treatment. Fellows will have full access to our facilities medical library, including journal databases and interlibrary loan services. Likewise, Fellows will have full range of our Psychology Service Training Library. Fellows will have access to SPSS and other software needed to conduct basic social science research analyses.

Administrative Policies and Procedures

The VA Gulf Coast Veterans Health Care System's policy on Authorized Leave is consistent with the national standard. You are welcome to discuss this with the Director of Training.

Due Process: All trainees are afforded the right to due process in matters of problematic behavior and grievances. Our training program’s due process is described in our Handbook and corresponds with Human Resource and VA policy and procedures for temporary employees. A copy of our due process policy is available on request.

Privacy policy: We collect no personal information from you when you visit our Website.

Self-Disclosure: We do not require our trainees to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting treatment or other clinical performance and such information is necessary to address these difficulties.

Training Faculty

Name: Kellee R. Bivens, Ph.D.
Titles(s): VA Gulf Coast Health Behavior Coordinator
School: University of Alabama
Internship: University of Alabama at Birmingham/Birmingham VAMC
License: Licensed in Alabama, 2009 – Present
Duties: As Health Behavior Coordinator (HBC) for VA Gulf Coast, Dr. Bivens participates in the training of staff in health coaching and motivational interviewing. As HBC, she serves as co-chair of the Health Promotion and Disease Prevention Committee. She currently is involved in facilitation of the MOVE! Weight Management Program and Smoking Cessation Program at the Joint Ambulatory Care Center (JACC) – Pensacola Outpatient Clinic.
Professional: Clinical and research interests include chronic pain, health behavior change, behavioral sleep medicine, acceptance and commitment therapy, and motivational interviewing. Her theoretical orientation is primarily cognitive behavioral.
Personal: Interests include reading, going to the movies or watching DVDs, spending time with her beagle, Logan, and watching Alabama Football.

Name: Scott A. Cardin, Ph.D.
Titles(s): Director of Postdoctoral Training; Outpatient Mental Health Psychologist
School: Texas A&M University
I**nternship**: University Houston Counseling and Psychological Service
Post-doc: Michael E. DeBakey VAMC, Mental Illness Research, Education, and Clinical Center (MIRECC)
License: Licensed in Mississippi, 2008 – Present
Duties: Director of Postdoctoral Training; Mental Health Outpatient Clinic
Professional: Dr. Cardin's primary clinical interests include rural mental health, supervision/training, psychotherapy process, Mindfulness, and language factors. His theoretical orientation is eclectic with an emphasis on psychodynamic therapy. He completed a two-year MIRECC Postdoctoral Fellowship in Advanced Psychology with an emphasis in research. His research efforts since joining the VA Gulf Coast Veterans Health Care System have revolved around rural mental health. He has ongoing grant funded research examining psychotherapy utilization among rurally living veterans. Dr. Cardin serves on the Executive Council of the Mississippi Psychological Association as their organization's Rural Health Coordinator. He also is a Chair of the Department of Veterans Affairs Psychology Training Council's (VAPTC) Rural and Small Training Program Workgroup.
Personal: Dr. Cardin enjoys reading, creative writing, recreational sports (such as golf and Frisbee golf), and exploring the Gulf Coast with his wife and daughter.

Name: Michael A. Carlton, Ph.D.
Title(s): Staff Psychologist
Internship: Biloxi VA Medical Center, 1998
School: University of Southern Mississippi
License: Licensed in Alabama, 2000 – present
Duties: Dr. Carlton is responsible for providing psychological services to veterans enrolled in the Home Based Primary Care (HBPC) program. These services include assessing cognitive disorders, performing decisional capacity (health and financial) evaluations, and participating as a member of the HBPC interdisciplinary treatment team. He also supervises interns on the HBPC rotation.
Professional: Dr. Carlton's professional interests include health psychology, traumatic stress, and examining the use of audio-visual aids and bio-feedback to enhance therapeutic outcomes. His theoretical orientation is cognitive-behavioral and eclectic. Dr. Carlton is a lecturer in psychology at the University of South Alabama in Mobile and is the treasurer for the Alabama Psychological Association.
Personal: His personal interests include playing guitar, sitting in on jam sessions, listening to music, fishing, and spending time with family.

Name: Jack C. Carney, Ph.D.
Title(s): Assistant Chief, Psychology
School: Tennessee State University
Internship: James H. Quillen VA Medical Center, 2004-2005
License: Licensed in Alabama, 2006 – Present
Duties: Dr. Carney is the Assistant Chief, Psychology Service. He is the clinical supervisor of all staff psychologists. In addition to his administrative role, he provides long term project supervision and administrative rotation supervision.
Professional: Dr. Carney's professional interests include personality assessment, acceptance and commitment therapy, end-of-life care, traumatic stress, and health psychology. His theoretical orientation is object relations with interpersonal and cognitive-behavioral interventions.
Personal: Favorite avocations include swimming with his children, attending local plays, boogie boarding at Perdido Key, finding new sushi restaurants, and going walking with his wife.

Name: Damon Robinson, Ph.D.
Title(s): PCT Psychologist, Mobile Community Based Outpatient Clinic
School: University of Kentucky, Lexington
Internship: Cincinnati VAMC
License: Licensed in Alabama, 1995 – Present
Duties: Dr. Robinson is a staff psychologist in our Posttraumatic Stress Disorder Clinical Team at the Mobile, AL CBOC. She provides comprehensive psychological services for that clinic including treatment with Cognitive Processing Therapy and Prolonged Exposure. She is the PTSD Preceptor for our Fellowship and provides the didactics for trainees she supervises. She also provides supervision for interns from our

APA approved pre-doctoral internship program when interns opt for CBOC or tele-mental health training. She is a member of the Women Veterans Advisory Committee.
Professional: Dr. Robinson's professional interests include gender and treatment issues, PTSD and trauma work.

Name: Jefferson O. Rogers, Psy.D.
Title(s): Geropsychologist, Chairperson, Ethics Consultation
School: Florida Institute of Technology
Internship: Washington, DC VAMC 1991 – 1992
Postdoctoral Fellowship: Geropsychology, Little Rock VAMC, 1993
License: Licensed Psychologist in Mississippi, 1995 – Present
Duties: Dr. Rogers supervises students on the Geropsychology rotation and lectures on geropsychology. Clinical duties include providing psychological services to the Community Living Center, the Dementia Unit, the Transitional Care Unit, and hospice patients. He additionally serves as Chairperson of the Ethics Consultation service of the VA Gulf Coast Veterans Health Care and has been Interim Director of Training.
Professional: Dr. Rogers' professional interests include geropsychology, neuropsychology, assessment of decisional capacity, tobacco cessation, and health care ethics consultation. His theoretical orientation is eclectic/pragmatic with a cognitive-behavioral emphasis.
Personal: Avocations include regularly performing music at events and haunts across the Coast, cooking, dining, sartorial matters, projects around the house, and indulging his dog, granddaughter, & wife.

Name: Gustave F.P. Sison, Ph.D.
Title(s): Chief, Psychology Service; Coordinator of Research and Development; Administration, Research and Long Term Therapy Supervisor
School: The University of Southern Mississippi
Internship: Albany Medical Center/VA Medical Consortium, Albany, New York, 1982 – 1982
License: Licensed Psychologist in Mississippi, 1986 – Present
Duties: Dr. Sison is Chief Clinical Psychologist and Employee Assistance Program Coordinator at the Gulf Coast Veterans Health Care System, where he also coordinates all medical, surgical, and mental health research activities.
Professional: Dr. Sison is a practicing clinical psychologist with over 20 years of experience as a clinician, researcher, and behavioral health/change consultant. In addition to heading a consulting firm that specializes in organizational behavioral change, management consulting, stress/conflict management, and outcomes measurement, he teaches a doctoral course in health psychology, and is the author of 18 professional publications in the behavioral sciences.
Personal: Personal interests include canoeing, kayaking, numismatics, and history.

Name: Dawn Sharpless, Ph.D.
Title(s): PTSD Psychologist, Biloxi VAMC PCT
School: James H. Quillen VAMC, 2003-2004
License: Licensed in Tennessee, 2005 – Present

Duties: Dr. Sharpless conducts dual diagnosis treatment in our Biloxi PCT clinic. Her duties in this role include: completing intake psychological assessment interviews, conducting Seeking Safety group therapy, working with individual patients and participating on an interdisciplinary treatment team. She provides a clinical rotation for our APA accredited internship. For the Fellowship, she will provide advanced training in Supervision, serving as the Supervision Preceptor.
Professional: Dr. Sharpless's professional interests include treatment of trauma, PTSD, and co-occurring substance abuse/dependency disorders. She is EMDR trained and is certified in Seeking Safety. She also has completed the VA Prolonged Exposure Therapy training.

Name: Kara E. Boyer, Ph.D.
Title(s): Assistant Director of Postdoctoral Training; PTSD IOP Psychologist, Evidenced Based Coordinator, Diversity Coordinator
School: The University of South Dakota
Internship: VA Gulf Coast Veterans Health Care System, 2008 – 2009
License: Licensed in Mississippi, 2011 – Present
Duties: Dr. Boyer is the psychologist for the PTSD IOP. Her duties in this role include: completing intake psychological assessment interviews, conducting lecture and process group therapy, working with individual patients and participating on an interdisciplinary treatment team. Group therapy includes groups in Dialectical Behavioral Therapy, In-Vivo Exposure, Anger Management, PTSD Education, Communication Skills Training, Cognitive Processing Therapy, Special Topics, Relaxation and Journaling, and Prolonged Exposure. All groups utilize cognitive behavioral, cognitive processing or dialectical behavioral techniques. Dr. Boyer also serves as the local Evidenced Based Coordinator. In this role, she identifies training needs of staff across VA Gulf Coast VHCS' different service areas. She serves as the Diversity Coordinator for the internship training program and teaches different projective assessment techniques (Rorschach, TAT, etc) for the Assessment Seminar.
Professional: Dr. Boyer's professional interests include Rural Mental Health, issues related to aging and the phenomenology of PTSD. Her interests also include the practice of Evidenced-Based therapies, including cognitive behavioral, cognitive processing and dialectical behavioral therapies. Her theoretical orientation is cognitive-behavioral.
Personal: Her personal interests include reading historical fiction novels, running, watching college football and spending time with her family and three cats.

Trainees

Postdoctoral Fellow 2011-2012
*Cynthia Casanova, Psy.D.; Argosy University-Phoenix
Helene Cook, Ph.D.; Texas A&M University-College Station
***It should be noted that Dr. Casanova is now employed at our facility.**

Local Information

The VA Gulf Coast Veterans Health Care System (VAGCVHCS) is a part of the Veteran's Integrated Service Network (VISN) 16, which also includes the VA Medical Centers in Houston, TX, Oklahoma City, Ok, Muskogee, Ok, Little Rock, AR, Fayetteville, AR, Alexandria, LA, Shreveport, LA, New Orleans, LA, and Jackson, MS. Our facility spans three states. The VAMC in Biloxi, MS is located on the Biloxi Peninsula with the Gulf of Mexico only minutes from the facility and the Back Bay visible from the facility. The CBOCs and JACC are located along the coast, making our VA different than most other VAs which have a concentric configuration between VAMC and respective CBOCs. Though our facilities are located along the beach in non-rural settings, many of our Veterans seeking care with us are living in rural and remote areas of Mississippi, Alabama, and Florida.

The Gulf Coast area is a relaxed beach resort setting. French and Spanish explorers settled the area in the late 1600's attempting to gain strategic and economic control of the mouth of the Mississippi River. The area has been home to Native Americans (the Biloxi Indians), French Acadians ("Cajuns"), African Americans, Slavic Fishermen, and more recently, Vietnamese Americans. Since the 1950's, numerous federal agencies and large industries have been located here including: the National Space Technologies Laboratories, the National Oceanographic and Atmospheric Administration, Keesler Air Force Base (a major Air Force electronics, communication, and medical/surgical training facility, the home of the Naval Construction Battalion (Seabees), and the Pensacola Naval Flight Training Center (home of the Blue Angels precision flying team). The Mississippi Gulf Coast is a tourist destination and is home to several casinos with their related hotels, fine dining and entertainment facilities. Each year, locals and trainees alike celebrate and attend Mardi Gras events, cultural events, art and entertainment festivals, yacht and powerboat racing, and various fishing rodeos and seafood festivals. Some other noteworthy annual events include: "Cruisin' the Coast" hosting some 5000 antique and classic cars, "Smokin' the Sound" offshore powerboat races, and the Mississippi Deep Sea Fishing Rodeo. Fine cuisine and entertainment have always been a part of the Gulf Coast tradition. In Mississippi, we have 26 miles of beach and the bays, bayous and rivers with their associated water sports and recreation. The Gulf Coast Coliseum and Convention Center is host to professional hockey (Mississippi Surge), big name concert entertainment, boat and camper shows, arts and crafts exhibitions, and numerous conventions.

We encourage phone calls and/or email contact to find out additional information about the location and attractions. Our facility has had many trainees who came to train, but ended up joining our faculty—this is a great resource for interested applicants as they know what it is like to both train and work here.