

Rural & Underserved Interprofessional Postgraduate Fellowship

2020-2021 Psychology Postdoctoral Fellowship Program Brochure

Gulf Coast Veterans Health Care System (GCVHCS)
400 Veterans Ave. (116)
Biloxi, MS 39531

<http://www.biloxi.va.gov/index.asp>
<http://www.biloxi.va.gov/services/Psychology/Overview.asp>.

Rural & Underserved Interprofessional Postgraduate Fellowship:
Psychology Postdoctoral Residency
APPIC #: 9934

Dr. Shannon Fussell, Director of Postdoctoral Psychology and Director of Postgraduate Training:
Shannon.Fussell@va.gov



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Introduction

The Rural and Underserved Interprofessional Postgraduate Fellowship is a training program comprised of trainees and training faculty from multiple mental health professions. Each year, the Fellowship brings on two Postdoctoral Psychology Fellows, one Postgraduate Social Work Fellow, and one postgraduate-year 1 (PGY-1) Pharmacy Fellow. The words “Fellow” and “Fellow” are used interchangeably throughout this document to describe Psychology Postdoctoral program participants. The program focuses on interprofessional training among the represented disciplines and encourages interprofessional work with non-represented professionals as well (e.g., Clergy, Nursing, Audiology). This training focus is comprehensive with respect to professional activities, emphasizing both clinical service delivery (75%) and research, program evaluation, or quality improvement (25%). One full day of the Fellow’s time is spent in focused didactics and research team meetings. All professional activities are orchestrated via interprofessional collaboration. The other primary focus of the Fellowship is in learning about, engaging with, and developing advanced competencies with respect to underserved populations. The following paragraphs describe the **specific populations** addressed via the Fellowship’s training options. Clinical care offered through each of these options incorporates a recovery-oriented approach to patient-centered, interprofessional collaboration.

Seriously Mental Ill (SMI) or Chronically Mentally Ill (CMI). Focus on SMI/CMI can be obtained via working in the Mental Health Outpatient Clinics, on the Acute Inpatient Psychiatric Unit, and in conjunction with the Mental Health Intensive Case Management (MHICM) Program. The latter program specifically focuses on helping chronically mentally ill patients stabilize and decrease admittance into the Inpatient Psychiatric Ward. In all of the above programs, Fellows would attend interprofessional team meetings, many of which incorporate the Veteran as an active member.

Veterans with a history of Military Sexual Trauma (MST). Trainees with interest in exposure and clinical experience in treating concerns related to MST will likely be able to obtain those experiences in almost any clinic throughout the facility via coordination with our facility’s MST Coordinator and placement in the outpatient mental health clinics. As described above for the SMI/CMI rotation, Fellows working with Veterans having experienced MST will also engage in a treatment planning and consultation process which focuses on recovery and seeks to involve the Veteran as much as possible in the coordination of planning.

Homeless Veterans. Opportunities to collaborate in addressing homelessness as a clinical issue will be found in several clinics across the hospital, particularly the Inpatient Psychiatry Ward. Additionally, there are dedicated beds in the Psychosocial Rehabilitation and Recovery Treatment Program (PRRTP), and trainees would be able to work on that unit by providing consultation to the clinical team as needed. As with the other highlighted populations enumerated here, trainees choosing a focus on treating homeless Veterans would engage in patient-centered, coordinated interprofessional treatment approaches.

Lesbian, Gay, Bisexual, and/or Transgender/Intersexed (LGBTI) Veterans. LGB focused work can be obtained throughout the facility, but will most likely be obtained within two specific clinics: the Inpatient Psychiatry Unit, and the Mental Health Outpatient Clinics. Each of these clinics may be understood as somewhat general, having a broad range of clinical presentations and issues occurring in the patients who are seen therein. Trainees interested in gaining training related to LGB issues and clinical practice would prioritize consults for treatment

related to LGB issues. Additionally, trainees may work with providers in said clinics to offer support groups and psychoeducational groups related to LGB concerns.

Veterans identifying as Transgender or Intersexed also present widely across various clinics in the facility. Interprofessional work is a critical feature of treatment with this population, and would be a prominent aspect of training for those who choose this emphasis. Trainees would benefit significantly in obtaining first-hand knowledge of very specific logistics and therapeutic issues related to helping Veterans who identify as Transgender or Intersexed. An approach to offering trainees opportunities to participate in shared decision making and recovery-oriented treatment coordination and consultation will be emphasized with this patient population as well.

Fellowship Setting

The Gulf Coast Veterans Health Care System is a large health care system spanning the Coastal regions of Mississippi, Alabama, and the Florida Panhandle. It consists of a medical center 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, and the JACC is in Pensacola, FL. The Fellowship Program is housed at the main hospital in Biloxi, MS.

Our health care system serves both urban and rural Veterans, as well as veterans representing wide-ranging diversity with respect to age, race, ethnicity, SES, sexual orientation, and religious backgrounds. Likewise, Veterans served by our health care system experience a wide range of diagnoses and clinical presentations.

With regard to rurality, though our facilities are located just minutes from beaches and in locations not considered rural, many veterans who receive services from our health care system live in remote areas or rural settings north of where our facilities are located. As such, much of the clinical training emphasizes methods for increasing access to care and remote provision of services.

Training Locations:

The Gulf Coast Veterans Health Care System (GCVHCS) provides an interprofessional postgraduate training program at our main hospital in Biloxi. Trainees may also elect to pursue a minor rotation at the Mobile Outpatient Clinic (MOPC) in Mobile, Alabama and may pursue some of the training opportunities offered at a site other than their designated “home” site via use of government vehicles and/or Video Teleconferencing. The training program is comprised of three disciplines: Psychology (2 Postdoctoral Fellows), Social Work (1 Postgraduate Fellow), and Pharmacy (1 PGY-1 Fellow), with two major emphasis areas including Rural Mental Health and Underserved Mental Health. There is flexibility related to pursuing both rural and underserved foci during the training year.

Accreditation Status

Though the training program is interprofessional and there is no interprofessional accreditation process or organizational body, each discipline/profession can have its own accreditation process.

- The program is not currently accredited by the American Psychology Association’s (APA) Commission on Accreditation (CoA). It is an APPIC-member program.

Application & Selection Procedures

Eligibility:

As an equal opportunity training program, we welcome and strongly encourage applications from all qualified candidates, regardless of age, racial, ethnic, religious, sexual

orientation, gender, gender identity or expression, disability or other minority or marginalized status. Given that our training program's major emphases are categories of diversity and our training program values diversity focused training, we strongly encourage applications from candidates with interest and experience working with diverse populations.

Note: Psychology Fellows must be US Citizens and must have completed doctoral training in an APA-accredited clinical or counseling psychology program and an APA-accredited psychology internship. Degrees will need to be completed prior to start date; confirmation of degree completion will be obtained through the candidate's university (the degree will have to be conferred by the university, not the program). Once matched, our Postdoctoral Fellows will be subject to hiring processes and procedures required by VA, including fingerprinting, completion of background checks, and drug screens. Additionally, male applicants who are born after 12/31/1959 must have registered for the draft by the age of 26. General information about postgraduate training application processes and procedures in VA can be obtained at: <http://www.psychologytraining.va.gov/procedures.asp>.

Procedure:

Application materials can be submitted by email directly to the Director of Postdoctoral Psychology, Dr. Shannon Fussell, at Shannon.Fussell@va.gov.

Although there are two emphasis areas, there is only one application needed should an applicant be interested in applying to both the Rural and Underserved training tracks. If you have general questions or difficulty with the application process, please contact Dr. Fussell. Applications should include the following:

1. A letter of interest outlining short and long term career goals, expectations for training, and your anticipated goodness-of-fit with the Rural and Underserved Interprofessional Postgraduate Training Fellowship. (*This letter should stipulate if you would like to be considered for either training track/emphasis area: Rural or Underserved.*) This is in effect a cover letter, but one which specifically addresses the above noted points.
2. A current academic curriculum vitae.
3. Official graduate transcripts (we accept unofficial for initial review, but will require official transcripts if selected).
4. A letter of status or email of status from academic program and anticipated completion date.
5. Three letters of recommendation, at least one of which must be from an internship supervisor. Please note that letters of recommendation are referred to as "evaluations" within the APPA CAS portal. These letters can be directly emailed to the Director of Postdoctoral Psychology, Dr. Shannon Fussell.
6. An example of research or other scholarly work (e.g., abstract, poster, manuscript).

Application Ratings, Candidate Interviews, and Selection Processes:

Our program uses a standard rubric for rating the materials each applicant submits in his or her application. Interviews are offered on the basis of application ratings, and selected candidates are interviewed by telephone and/or through use of video-telephone equipment, if the candidate has access to VA resources (V-Tel, Jabber, or Skype for Business), or programs/apps such as Skype © or FaceTime ©. All applicants will be informed whether or not they have been invited to interview. An in-person interview is not required to match with our program, though your visiting our campus would be welcomed. We hold an Open House each year allowing interested parties to see the facility, meet current program personnel and trainees, and gain a sense of our program culture.

This program will honor the APPIC recommendations and guidelines for selection processes. Specifically, we plan to have our rank list completed prior to match to allow us to provide reciprocal offers should one of our interviewees contact us prior to match having already been offered a position, but requesting consideration of a counter or reciprocal offer from us. Validation in writing of early offer is required for this program to consider making a reciprocal offer.

Additionally, regular offers (non-reciprocal offers) will follow APPIC guidelines. We ask that applicants also be familiar with the APPIC applicant recommendations and guidelines. Please review the APPIC website which details said procedures: <http://appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines>. Note that the APPIC selection guidelines detail how applicants should undertake selection processes as well, including asking that applicants also develop their ranked order of sites early in advance in order to expedite the matching processes. Please also note that APPIC has altered said guidelines from year to year recently in an effort of continuous process improvement—please make sure to review the current APPIC guidelines.

Stipend and Benefits:

Fellows receive the 10 annual federal holidays. In addition, our Fellows accrue 4 hours of sick leave and 4 hours of annual leave for each full two week pay period, for a total of between 96 and 104 hours of each during the year. According to VA Handbook 5011, Part III, Chapter 2, Section 12, employees, including trainees, may be given authorized absence without charge to leave when the activity is considered to be of substantial benefit to VA in accomplishing its general mission or one of its specific functions, such as education and training or job interviews with VA medical centers. When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).

The 2020-2021 Postdoctoral Fellowship Stipend and benefits are standard for VA Postdoctoral Residencies (<http://www.psychologytraining.va.gov/benefits.asp>). The 2019-2020 stipend was \$46,102.00, paid out in 26 installments throughout the course of the appointment. The appointments are for 2080 hours, which is full time for a one-year period of time. Our Fellows are appointed as temporary employees for at least one-year and one day so as to allow for additional healthcare benefits. Start dates vary according to Fellow availability and preference, but must also match the formal start date provided each month (when new employees are oriented to the facility). VA fellows are eligible for health insurance (for self, legal spouse, legal dependents) and for life insurance, just as are regular employees. As temporary employees, Fellows may not participate in VA retirement programs.

Unique Training Experience

The Gulf Coast Veterans Health Care System's Rural and Underserved Interprofessional Postgraduate 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 and/or those veterans identified as being traditionally underserved. This is unique in that a Fellow completing training here may work in one primary clinic or may choose to provide services for veterans in more than one clinic/location (based on individualized and coordinated training goals). The Fellow, if he or she chooses, will be able to provide services throughout our three-state catchment area through the use of government vehicles and/or tele-mental health equipment. Another unique training aspect of the Fellowship is the interprofessional training focus, which involves interprofessional treatment coordination and interdependent treatment

planning, and participation in interprofessional team meetings. In addition to the interprofessional nature of the clinical training or experiential training, the Fellowship also has an interdisciplinary framework for both didactics and research.

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 can coordinate care for a panel of patients who 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" or "underserved" as opposed to symptom profile or medical clinic membership, though each Fellow can also personalize or individualize his or her own training foci. Thus, a Fellow in the program is not limited to one particular clinical setting from which she/he will draw clientele.

Training Model and Program Aims

The Rural and Underserved Interprofessional Postgraduate Fellowship is a scientist-practitioner program providing a balance in advanced clinical training and basic research/program evaluation training. Fellows divide their time with 75% allocated to clinical training and 25% allocated to research training and experiences. All work is structured to foster interprofessional collaboration. The primary goal is to train competent generalists who can advance theoretically-based, empirically-driven services, policy, and research that effectively enhances the quality and form of healthcare provided to traditionally underserved populations. Our hope is that our Fellows, once graduated, become active change agents in a variety of health service settings.

The program philosophy is that behavioral health training is a developmental 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 that promotes ongoing professional development and the attainment of professional competencies and skillsets commensurate with those required of a health service psychologist. Each Fellow, in collaboration with the Director of Postdoctoral Psychology Training, will develop a highly individualized training plan designed to foster both personal and professional growth via progress toward individual short- and long-term professional goals. Additionally, the training experience acquired during this year meets postdoctoral supervision requirements for licensure in all three states represented in our Health Care System (i.e., Mississippi, Alabama, and Florida).

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 to four weeks via detailed discussion and planning with the Director of Postdoctoral Psychology Training, throughout the orientation to the program and VA. As the Fellowship provides unique training experiences which are likely *only* afforded to trainees at our facility, early collaborative planning on how to meet individualized and programmatic training objectives is essential. Throughout the training year, that detailed plan is reviewed and at times collaboratively modified in order to stay true to the Fellow's identified learning objectives as well as to ensure the programmatic goals and objectives are being met. Our experience is that many of our Fellows need that two to four week period simply to start to expand their understanding of the variety and specificity with which they can co-create/design their year of training with respect to identifying a range of activities which would lead to their meeting the goals and objectives of the program.

Although our VA catchment area spans three states, Psychology Fellows will primarily work at the main hospital in Biloxi, MS. It should be noted, however, that the Fellow will be able

to provide services throughout any designated area through the use of government vehicles and/or tele-mental health equipment. Thus, traveling between sites is not required, but is an option. The area encompassed in our health care system's catchment, though coastal and comprised of beautiful beaches, is quite diverse, and each city and township offers unique environments. This training program is flexible and prioritizes working with trainees' needs and preferences in order to maximize the quality and scope of training experiences one can have here at our facility.

While having an overall major emphasis in provision of mental health treatment of Veterans living in rural and remote areas across our coast, or Veterans who have been traditionally underserved, the Fellow will have opportunity to complete additional training in the following minor emphases: **Health Psychology/Behavioral Medicine (B-Med), Home Based Primary Care (HBPC), Hospital Administration, Research, Clinical Supervision, and Evidence Based Practices.**

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 or Underserved, 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 and experience with tele-mental health procedures can influence the design of the Fellow's schedule. However, the most significant contributing factor in collaboratively designing a Fellow's training plan for the year is the Fellow's long term professional and personal goals. The schedule is coordinated during the first four weeks of the year, but can be altered if needed.

Fellows receive given 25% protected time to focus on research, quality improvement projects, program evaluations, and/or efforts which support the clinical/program development or research lab activities. We have ongoing rurally focused research being conducted at our VA by training faculty. We also have ongoing program evaluation studies and diversity focused projects being conducted here. 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." Given that our facility is in VISN 16 with the stated emphasis above, research focused on rural mental health and underserved populations is strongly encouraged and also provides unique educational opportunities for the Fellow. Fellows will jointly work on a research or program evaluation/quality improvement project; with the primary 2018 – 2019 project being related to Behavioral Medicine and Mindfulness. However, like the latitude the Fellows have in individualizing training goals and objectives based on long term professional and personal goals, a Fellow's research focus can also be individualized and efforts can function as a "stepping stone" for future planned work/projects or career development. Some of our matched candidates envision conducting research in their professional lives, while others envision using the training acquired here to support and/or promote research efforts broadly. Our Fellowship is not geared necessarily toward creating research scientists, though the training can support such endeavors. Instead, the research training is geared toward helping foster comfort and competence in using data to answer questions and improve programs and treatment alike.

The Fellowship is a full-time, one-year commitment equaling 2080 hours. Fellows will receive training, both in clinical and focused seminar settings, in the major emphases, Rural Mental Health and Underserved, throughout the entire year. Didactics, detailed below, are coordinated with/to the minor emphases; some seminars are encapsulated within the clinical training. In addition to the encapsulated seminars which correspond to the minor

emphases/rotations (only attended if part of training plan), we have a required seminars which include: Interprofessional Meetings, Interviewing Skills and Psychotherapy Seminar, Case Conceptualization and Treatment Planning Seminar, Research Design and Research Lab Seminars, Rural and Underserved Seminar, Pharmacy Seminar, and Empirically Based Treatment Seminar.

Program Aims & Competencies

Specific aims for our training program fall broadly into three categories:

Specific Program Aim 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. Competencies related to Aim are related to provision of treatment generally.

Specific competencies follow:

Competency 1.1: Effectively use Empirically Based Treatments (EBTs) 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.

Activities related to Aim 1 and the Competencies associated with Aim 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 and/or Underserved populations. This provision of care will include services delivered face-to-face at a facility in an office, and/or remotely through tele-mental health care technology. Provision of care will also include assessment, evaluation, chart review, and consultation when clinically appropriate. Fellows will provide EBTs when appropriate.

Activity 1.2: The Fellow will participate in traditional 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 and will actively engage in the Interprofessional Treatment Consultation Team meeting, coordinated through our training program.

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 Underserved Emphasis, the Fellow will identify patients by using the hospital information systems and will offer services to identified veterans. 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 or veterans identified as underserved.

Specific Program Aim 2) Understand rural cultural issues, underserved population issues and cultural needs, 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 and care provided to underserved populations, to include knowledge of medical center mechanisms which can be utilized for said care enhancement.

Competencies related to Aim 2 are related to attainment of knowledge related to rural and underserved mental health care:

Competency 2.1: Effectively demonstrate knowledge of and awareness to rural cultural and diversity related issues and/or demonstrate knowledge of and awareness to underserved populations and diversity related issues affecting and influencing target population(s).

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.

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

Activity 2.1: Fellows will engage in the structured programmatic didactics. All will engage in the weekly, bimonthly, and monthly structured seminars. 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 (offered by the Preceptors for those topic areas) 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 or mental health care status and needs for those identified as underserved. 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 and will seek out opportunities for public education.

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.

Specific Program Aim 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 Aim 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.

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

Activity 3.1: Fellows will participate in weekly research meetings focused on rural mental health care and underserved population behavioral 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 an Investigator or Research Preceptor. Fellows will be encouraged to submit presentations and/or manuscripts as appropriate.

Program Structure

This Residency is a one-year Interprofessional Fellowship which provides advanced training with a major emphasis in Rural Mental Health or Underserved Mental Health and additional training in the following optional minor emphasis areas: Health Psychology/Behavioral Medicine (B-Med), Posttraumatic Stress Disorder (PTSD), Home Based Primary Care (HBPC), Hospital Administration, Research, Clinical Supervision, and Evidence Based Practices. Again, the underserved targeted populations include veterans who: are diagnosed with serious/chronic mental illness (SMI/CMI), have experienced Military Sexual Trauma (MST), are living in rural and remote areas (Rural MH), are currently or recently have been Homeless (Homeless Programming), are of a minority sexual orientation group (Lesbian, Gay or Bisexual), and who identify as Transgender or Intersexed.

Training activities are primarily either experiential with corresponding supervision or learning obtained through engagement in didactics. The Rural Mental Health Major Emphasis or Underserved Major Emphasis will take place over the entire year and functionally takes up 2.5 days of any given week. 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. Minor emphases occur one at a time and take place functionally one day per week. Given the length of the experiences, a Fellow will focus his/her training on specific content areas with respect to the Minor Emphases. There is a half day dedicated to required core didactics. The remaining day is dedicated to research projects.

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 and major emphases and his/her interests and career aspirations. The Major Emphasis of Rural Mental Health and/or Underserved 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 or 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 or inpatient mental health clinics. With five major components of the Underserved Major Emphasis, the training experiences obtained may be quite different from one Fellow to another. 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 three or six 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, with all clinical supervision of the Fellow being conducted by licensed psychologists. One primary clinical supervisor will be arranged for each Fellow, selected based on training emphasis and coordination of the Fellow's individualized training plan.

Training Faculty

The following is a quick list of our training faculty and their respective focus areas (note that when possible there are corresponding faculty from the other disciplines for each of the listed foci):

Biloxi, MS (Main Hospital) Training Faculty:

Ronald Alexander, Ph.D., Health Psychologist; Behavioral Medicine/Health Psychology Preceptor and Supervisor.

Sara Caraway, LCSW; Seminar contributor.

Beth Curry, Ph.D.; Psychology Supervisor for Underserved populations (LGBT and MST).

Dian Evans, J.D., Ph.D.; Director of Psychology Internship Training – Biloxi; Forensic Neuropsychologist; Supervisor for Rural Mental Health focus; Consultant for assessment.

Shannon Fussell, Ph.D.; Director of Psychology Postdoctoral Training; Director of Postgraduate Training; Coordinator for the Evidenced Based Practices Seminar; Instructor for the Interviewing and Psychotherapy Theory Seminar; Preceptor for the Rural & Underserved Major Emphasis, the Evidenced Based Practices Minor Emphasis, and the Clinical Supervision Minor. Provides supervision for Rural and Underserved Emphasis, Evidence Based Practices Minor, and Clinical Supervision Minor.

Theresa Gaser, LCSW, Couple and Family Social Worker; Social Work supervisor for evidence-based psychotherapies and rural and underserved major foci.

Rachel Gray, LCSW, PTSD Clinical Team Social Worker; Social Work supervisor for evidence-based psychotherapies and PTSD.

Mary Kleitz, LCSW; Social Work supervisor for evidence-based psychotherapies and rural and underserved (SMI/CMI, MST, LGBT) major foci.

Jeffrey Lawley, Ph.D.; Supervisor for Underserved populations (Focus on SMI); Research Supervisor.

Jodie Picciano-Swanson, LCSW, ACSW, Homeless Program Manager; Social Work supervisor for Underserved populations (Focus on homeless Veterans).

Michelle Richard, Pharm.D.; Pharmacy Residency Director, Pharmacy Seminar Instructor.

Jefferson Rogers, Psy.D., Geropsychologist; Preceptor and Psychology Supervisor for Home Based Primary Care Minor Emphasis; Supervisor for the Rural Mental Health Emphasis.

Joni Utley, Psy.D., PTSD Clinical Team (PCT) Psychologist; Preceptor and Psychology Supervisor for PTSD minor and Evidence-Based Psychotherapy minor.

Lynn Worley, LCSW, Social Work Fellowship Coordinator.

Pensacola, FL (JACC) Training Faculty:

Daniel Proto, Ph.D.; Director of Psychology Internship Training – JACC; Instructor for Research Design and Statistics Seminar; Consultant for assessment; Psychology Supervisor for the Research Minor Emphasis.

Rebecca Temple, Ph.D.: Consultant for Evidence-Based Practices (IPT-D, CPT, PE); Seminar Contributor.

Mobile, AL Training Faculty:

Kimberly Tartt-Godbolt, Psy.D.; Lead Psychologist; Supervisor for Rural and Underserved Major Emphases (focus on Telehealth) and Hospital Administration Minor Emphasis.

Specific Training Emphases

Rural Mental Health Major Emphasis: In addition to providing care in conventional clinical settings, this major training emphasis may incorporate clinical experiences crossing traditional medical center clinic divisions. That is, the Fellow may identify specific clinics within our facility which he/she would like to target. Using facility data information, the Fellow will generate a list of rurally and remotely living Veterans eligible for extended home visit services and will offer 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 additionally diverse clinical experiences.

Hospital clinics from which the Fellow will be able to develop patient lists include: Primary Care Mental Health Integration (PCMHI), Mental Health Outpatient Clinic, Mental Health Intensive Case Management (MHICM), and other specialty clinics. In addition to the home visit mode of clinical care described above, Fellows will also run a Telemental Health Clinic, allowing for further extend services. The home visit approach and procedures used in this emphasis is modeled after Home Based Primary Care clinics. Fellows engaging in said treatment method are first trained in how to safely conduct home visits via working in our local Home Based Primary Care Clinic, under the supervision of that Preceptor while making home visits with an interdisciplinary care team.

Psychology Supervisors: Dr. Ronald Alexander; Dr. Beth Curry; Dr. Shannon Fussell; Dr. Jefferson Rogers

Underserved Major Emphasis Area: This major training emphasis will be undertaken via clinical experiences likely crossing traditional medical center clinic divisions, though at times also requiring the Fellow to work within specified clinics. The processes for identification of targeted underserved populations will be similar to selection processes mentioned in the Rural Mental Health Major Emphasis Area description above. However, potential patients may also be identified through more traditional means, such as working in already established traditional clinics which target the underserved and/or already provide services to underserved or marginalized populations. Hospital clinics from which the Fellow will be able to develop patient lists include: Primary Care and Primary Care Mental Health Integration (PCMHI), Mental Health

Outpatient Clinic, Mental Health Intensive Case Management (MHICM), the MST clinic, Inpatient Psychiatry, and other specialty clinics.

Psychology Supervisors: Dr. Ronald Alexander; Dr. Beth Curry; Dr. Shannon Fussell; Dr. Jeff Lawley; Dr. Jefferson Rogers

Hospital Administration Minor Emphasis Area: 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 the Preceptor regularly participates and/or meetings for which he can arrange attendance by the Fellow. The Fellow may also participate in hospital committee work and related projects as available and with other hospital administrators as available and/or coordinated based on Fellow career goals and aspirations. For example, Fellows can work with other training programs or clinical teams to address process improvement efforts and/or policy creation. Fellows, due to location logistics may opt to participate in hospital administration experiences at any of the divisions of our health care system, though coordination of training experiences are guided by the Preceptor.

Psychology Supervisor: Dr. Kimberly Tarrt-Godbolt.

PTSD Minor Emphasis Area: This training minor emphasis area will be undertaken via clinical experiences obtained in the Posttraumatic Stress Disorder Clinical Team (PCT) or in Outpatient Behavioral Health. Training would include EBT focused work within the designated clinics allowing for work with patients diagnosed with PTSD. Clinical experiences will likely first take place in the clinic with optional work conducted in remote settings (with Fellow making home visits) once developmentally appropriate or chosen as a targeted training experience. Typically, this emphasis is selected when a trainee has not yet had VA training in specialty PTSD clinics and is designed in such a way as to round out clinical training within VA.

Psychology Supervisor: Dr. Joni Utlej

Health Psychology/Behavioral Medicine (B-Med) Minor Emphasis Area: This training minor emphasis area will be comprised of clinical experiences obtained across three of our facilities. Dr. Porter, our facility's Behavioral Health Coordinator, is located at our Joint Ambulatory Care Clinic (JACC) in Pensacola, but provides advanced services across our facility. Like other Minor Emphasis areas, clinical experience could include making home visits once developmentally appropriate and if Veteran need is identified.

Psychology Supervisor: Dr. Ron Alexander

Home Based Primary Care (HBPC) Minor Emphasis Area: This HBPC minor training emphasis is located in Biloxi, MS, at the Main Hospital. The catchment area of the HBPC clinic consists of a 60 mile radius from the medical center, which means that the home visits may range broadly along the coastal area. Based on the capacity or bed census for the clinic, many veterans who receive care from HBPC reside in rural communities. This minor emphasis is recommended early in the training year for those trainees who have never experienced conducting home visits or treatment in the home. This minor emphasis also allows for gerontological focused work. Whether choosing this training minor or not, each Fellow who plans on conducting home visits during the training year will also train with a supervisor, even briefly, in order to receive specific training regarding home visits and home visit procedures.

Psychology Supervisor: Dr. Jefferson Rogers

Research Minor Emphasis Area: Trainees are provided with hands on instruction, and guidance for each Fellow's research and program evaluation foci. This takes place throughout the year and is facilitated by the weekly seminar and research focused supervision and team

meetings as well. Other researchers/staff may collaborate on a Fellow's project(s) as needed or desired and may meet with the Fellow in addition to his/her attendance/participation in the research seminar. Fellows choosing this emphasis will additionally learn how to help establish research coordination and collaboration, as well as have the opportunity to begin writing a grant and/or writing and submission of manuscripts. Focus of this emphasis is on providing additional time/coordination for the Fellow on his/her broad research efforts and (already) ongoing research training. It is designed to augment and assist his/her efforts.

Psychology Preceptor (Didactic instruction and consultation): Dr. Dan Proto
Psychology Supervisor: Dr. Jeff Lawley

Clinical Supervision Minor Emphasis Area: This training minor emphasis area will be undertaken via supervision experiences with doctoral-level trainees when available. Dr. Fussell will provide supervision of supervision via same-room observation of the Fellow conducting supervision with a doctoral trainee, most likely a doctoral intern training in our facility's APA accredited doctoral internship program. Fellows will be exposed to supervision theory and several models of supervision during this minor area. When a Fellow matches with our program and when he or she expresses interest in engaging in this training, Dr. Fussell negotiates and such training as availability of doctoral-level supervisee candidates permits.

Psychology Supervisor: Dr. Shannon Fussell

Evidence Based Practices (EBP) Minor Emphasis Area: Trainees are provided with instruction and guidance in providing a wide range of Evidence Based Practices and Treatments. Trainees will be matched with a supervisor based on their EBP goals and staff training in specific EBPs.

Psychology Supervisors: Dr. Ronald Alexander (CBT-I); Dr. Shannon Fussell (IBCT, CBCT for PTSD, STAIR, and CBT-D); Dr. Jefferson Rogers (PST); Dr. Joni Utley (CPT, PE, TrIGR, Motivational Interviewing, Seeking Safety).

Didactics

Didactics for the Fellowship are coordinated in two ways. First, all Fellows attend weekly or monthly seminars. Second, additional seminars corresponding to minor emphasis are scheduled as needed. For example, should a Fellow select the Home Based Primary Care (HBPC) minor emphasis, then he/she would receive didactics from the HBPC supervisor in addition to the standard seminars held on Thursdays. 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 or Fellowship. Further, the APA accredited Internship Training Program at our facility has a well-established training relationship with a sister-VISN 16 APA accredited training program which involves holding monthly shared and coordinated seminar series focused on diversity training (We refer to this training as our "Diversity Days."). This seminar, typically scheduled once a month, will be the only didactic in our Fellowship which is open to our psychology Interns and members of our training faculty as well as members of our community to freely attend.

Requirements for Completion

The first day or two of the Fellowship will be devoted to New Employee Orientation (NEO). The first two weeks broadly then are devoted to general Behavioral Health Service Line Orientation. NEO is a medical center station requirement for all new employees and has planned start dates. NEO is particularly helpful in obtaining information about, and in selection, insurance policies and coverage. The Director of Psychology Postdoctoral Training will coordinate an informal but comprehensive Behavioral Health Service Line 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 Postdoctoral Training Director. This reflective process and procedure is undertaken for the purpose of helping the Fellow to identify strengths and targeted areas of growth in order to facilitate coordinated training efforts and an individualized training experience such that the training year serves the educational goals of the Fellow. 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 so that opportunities to round out said experiences can be designed and coordinated.

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 and Underserved Interprofessional Postgraduate Fellowship Training Program Handbook. The handbook and supplemental materials provided during the orientation provide overview of the training program, training program processes and procedures, rules and regulations, due process and grievance procedures, and evaluation forms. Additionally, information relevant for work and training within a VA training program and information relevant to working with military veterans is provided during that orientation.

The handbook will specify the required competency elements within each competency domain. The form was developed based both on our program's stated learning objectives and on the American Psychological Association's (APA's) Profession Wide Competencies (PWCs) at the postdoctoral level.

At the end of each training emphasis, the Fellow is rated on all competency elements that apply to that training emphasis and that were observed during that training period. Competency elements will be tracked throughout the training year. With respect to the recommended domains, Supervisor/Preceptor evaluations will rate Fellow competencies on a 3-point Likert scale consisting of the following points, plus a "Not Applicable" option: 1= Does Not Meet Expectations (Further training and supervision is required to meet expectations), 2= Meets Expectations (Functions adequately for level of training), 3 = Exceeds Expectations (Functions above average for level of training), and the "Not Applicable" option of NA = Not Applicable (Not Applicable/not observed/cannot say). Inability to demonstrate competence would be represented by three or more ratings which are below the "Performance which Meets Expectations" rating for a given domain (3 or more ratings of "1" within any of the designated competency areas) and which occurs in more than one evaluation form (this means that at least two Preceptors/Supervisors would rank the Fellow's demonstrated competency in any given domain such that he or she would have scored 3 or more ratings of "1" within the same domain across raters). Should a Fellow obtain said ratings, supervision interventions, possibly with a shift in clinical foci in order to provide opportunity for remediation efforts, would be implemented. Successful completion of the program would be demonstrated with trainee performance which is evaluated at the "Performance Meets Expectations" level at the time of completion of the training year.

Facility and Training Resources

We have designated space at the main hospital in Biloxi, MS. Each Fellow will have his/her own workspace, either in a bullpen shared office with other trainees or in an individual office as available. Though travel between the CBOCs and the medical center can take place throughout the week as required, there are specific days when important didactics occur. For example, it is expected that the Fellow will participate in our program's core didactics as well as the once a month Diversity Days Seminar. This participation will provide opportunity for the Fellow to coordinate research efforts, be part of peer consultation, and participate in the twice-a-month Interprofessional Treatment Consultation Team meeting.

Fellows will provide care in their respective offices, in group rooms, or in the homes of their patients accordingly. To accommodate and support this kind of home based work, Fellows will be provided government vehicles, GPS systems, and other necessary technological tools (e.g., webcams, encrypted video conferencing software, etc.). Fellows will have full access to our hospital medical library, including journal databases and interlibrary loan services. Our facility employs two medical librarians who are available to assist with basic library research efforts and in help with obtaining articles and books from other VA libraries. Likewise, Fellows will have full range of our Behavioral Health Service Training Libraries, which include a comprehensive set of books and resources obtained by our training leadership exclusively for Behavioral Health training programs (this Fellowship, and the two independent doctoral psychology internship programs). Fellows will have access to VA Informatics and Computing Infrastructure (VINCI), data warehouse, and other software needed to conduct basic social science research analyses.

Administrative Policies and Procedures

The Gulf Coast Veterans Health Care System's policy on Authorized Leave is consistent with the national VA standard. You are welcome to discuss this with the Director of Psychology Postdoctoral Training and/or request a copy of the current training program handbook.

Due Process and Grievance Procedures: All trainees are afforded the right to due process in matters of problematic behavior and grievances. Our training program's due process and grievance procedures are 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. All processes and procedures are reviewed during training orientation.

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.

Local Information

The Gulf Coast Veterans Health Care System (GCVHCS) 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. See our VA's website for pictures: <http://www.biloxi.va.gov/> or visit our VA's Facebook page: <https://www.facebook.com/VABiloxi/>.

The main hospital, CBOCs and JACC are located along the coast, minutes from beaches, making our VA different than most other VAs which have a concentric configuration between the VAMC and respective CBOCs. Therefore, instead of a “spoke and wheel,” our VA is more like “a string of pearls.” Though our facilities are located along the beach (see websites for Biloxi, MS; Mobile, AL; Pensacola, FL; Eglin Air Force Base, and Panama City, FL, for photos and details about those communities) in non-rural settings, many of our Veterans seeking care with us are living in rural and remote areas of Mississippi, Alabama, and Florida and travel great distances to receive their care. The Gulf Coast area is a setting with a rich history of diverse settlement and cultural influx. The catchment area the facility covers is broad in area and cultural wealth.

We encourage phone calls and/or email inquiries about additional information regarding our program’s location, attractions, and environment. Our facility has had many trainees who came to train, but ended up joining our faculty—not only is this a testament to the quality of our training program and the facility, but those former trainees are also a great resource for interested applicants given that those staff know both what it is like to train here as well as what it is like to live and work here. We also encourage contact with our current trainees, and this can be facilitated through sending an email to the following program leadership:

Dr. Shannon Fussell, Director of Postdoctoral Psychology and Director of Postgraduate Training:

Shannon.Fussell@va.gov