Interprofessional Postgraduate Fellowship: Updated March 2017

Rural & Underserved Interprofessional Postgraduate Fellowship Training Program

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

Psychology Postdoctoral Fellowship
APPIC #: 9934
Applications Due: Jan 8, 2018
Scott.Cardin@va.gov

Accreditation Status
The Gulf Coast Veterans Health Care System (GCVHCS) provides an interprofessional postgraduate training program comprised of three disciplines: Psychology, Social Work, and Pharmacy, with two major emphasis areas including Rural Mental Health and Underserved Mental Health. There are four training slots: 2 Psychology Postdoctoral Fellows, 1 Postgraduate Social Work Fellow, and 1 Postgraduate Year 1 Pharmacy Resident. There are two accreditation processes for this program, and therefore two credentialing commissions: the American Psychology Association’s (APA) Commission on Accreditation (CoA) and American Society of Health-System Pharmacists’ (ASHP) Commission on Credentialing. This fellowship program is currently not APA accredited.

Application & Selection Procedures
Eligibility: For the two Psychology Postdoctoral Fellowship positions, we seek applicants who are US citizens, have registered for the draft according to government rules, and who will have completed an APA-accredited doctoral program in clinical or counseling psychology and an APA-accredited internship (or VA exempt newly started and grant funded internship program) by the start date of our Fellowship, which offers a flexible start schedule. Degrees will need to be completed prior to start date; confirmation of degree completion will be obtained through the candidates 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.

As an equal opportunity training program, we welcome and strongly encourage applications from all qualified candidates, regardless of racial, ethnic, religious, gender, sexual orientation, 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.
**Procedure:** Application materials can be submitted by email directly to the Director of Postgraduate Training or through the APPA CAS system.

Although there are two emphasis areas, there is only one application needed should an applicant be interested in either training track. If you have general questions or difficulty with the APPA CAS process, you can email the Director of Postgraduate Training, Dr. Cardin, at scott.cardin@va.gov. The following documents must be uploaded to the APPA CAS (or emailed):

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.
2. A current curriculum vitae.
3. Official graduate transcripts (we accept unofficial for initial review).
4. A letter of status or email of status from academic program and anticipated completion date.
5. Three letters of recommendation, 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 Postgraduate Training.
6. An example of research or other scholarly work (e.g., abstract, poster, manuscript) if available.

Note: 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. General information about postgraduate training application processes and procedures in VA can be obtained at: [http://www.psychologytraining.va.gov/procedures.asp](http://www.psychologytraining.va.gov/procedures.asp).

**Application Ratings, Candidate Interviews, and Selection Processes:**

Our program will use a standard rubric for rating the materials each applicant submits in his or her application. Once rated, we will rank the applications and offer interviews accordingly. We then will interview selected candidates by telephone and/or through use of video-telephone equipment, if the candidate has access to VA resources (LYNC ©, telehealth, or Jabber), or programs/apps such as Skype © or FaceTime ©. Candidates selected for an interview or even applicants not yet selected for an interview are more than welcome to arrange visits to our facility; we will accommodate such arrangements by holding a tour and a meet and greet for anyone interested in visiting. We also hold an Open House each year (date provided above) wherein interested parties can see the facility, office space, training rooms, meet current trainees, and generally be able to see the environment and culture of our training program.

All interviews are conducted individually and by invitation only. Candidates will be informed 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. We will arrange for interviewees to have the opportunity to meet with our current fellow and/or past fellows if desired. The total interview process should take about 2-3 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 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 and how they will train.

This program will honor the APPIC recommendations and guidelines for selection processes. Specifically, we plan to have our rank list completed prior to match in order to allow for 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) can be held for up to 24 hours. We ask that applicants also are 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](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:**

The Fellowship’s Stipend and benefits are standard for VA Postdoctoral Residencies ([http://www.psychologytraining.va.gov/benefits.asp](http://www.psychologytraining.va.gov/benefits.asp)). Fellows receive a competitive stipend of $42,310.00, 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.
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).

**Psychology Setting**

The Gulf Coast Veterans Health Care System is a large health care system spanning multiple states. 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. The JACC is located in Pensacola, FL. The JACC provides services to active duty military personnel and veterans. 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-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.

With respect to the overarching focus on diversity and the targeted underserved populations, we have coordinated interprofessional pairing of trainees and training experiences to promote exceptional learning and care provision opportunities. The targeted areas/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/ed or Intersexed. All of the above named underserved populations are represented in the patient population served by our health care system.

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 (based on individualized and coordinated training goals) or may choose to provide services (based on individualized and coordinated training goals) for veterans in more than one clinic/location. Our VA catchment area spans three states and the Fellow, if he or she chooses, will be able to provide services throughout that designated area through the use of government vehicles and/or tele-mental health equipment. Another quite unique training aspect of the Fellowship is in the truly interprofessional training foci, which involves interprofessional treatment coordination and interdependent treatment planning, and team meetings for trainees (the Fellows in this program plus Psychiatry Residents in a sister program) wherein patient care is shared, coordinated, and there are recurring opportunities for interprofessional work and coordination of patient care among the trainees. In addition to the interprofessional nature of the clinical training or experiential training, the Fellowship also has 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 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" or "underserved" as opposed to symptom profile or medical clinic membership, though each Fellow can also personalize or individual his or her own training foci.

The leadership structure of Gulf Coast Veterans Health Care is hierarchical within services and the health care system. That is, all psychologists at our facility are supervised and lead by the Associate Chief of Staff (ACOS), Behavioral Health Service Line. The service line is multiprofessional as Behavioral Health Service Line employs Psychologists, Psychiatrists, Physician Assistants, Nurse Practitioners, Social Workers, Pharmacists, Nurses, and Peer Specialists. This allows for a fostering of the interprofessional training, both didactics and clinical experiences, which is a central component to the Fellowship.

Training Model and Program Philosophy

The Rural and Underserved Interprofessional Postgraduate Fellowship's training model is scientist-practitioner in nature as our program strives to provide 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, including our efforts to provide a research training environment which fosters a coordinated blend of research and informed application wherein multiple professions are represented in shared didactics. The primary 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 traditionally underserved populations, hopefully with an end result being that our Fellows once graduated become active change agents wherever they work.

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 (entry level psychologist in the VA system). The Fellow, while being supervised, is acquiring a specific skill-set through graduated learning opportunities as coordinated by an individualized training plan which wed's general programmatic goals and objectives with the Fellow's identified career development goals. It is a highly individualized training plan. We hope that this yearlong training experience will help foster both personal and professional growth by helping our trainees to take strides toward their short and long term professional 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-three weeks via detailed discussion and planning with the Director of Postgraduate Training throughout the orientation to the program and VA. Again, as this Fellowship provides quite 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-three week period simply to start to expand their understanding of how varied and unique 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.

With our VA catchment area spanning three states, there is also flexibility in where the Fellow works primarily. When matched, one of the first discussions the Fellow will have is where he/she will be living and working. We have had Fellows live across the coast and have the nearest clinic be their home base for work. Typically, Fellows have lived near Biloxi, MS or Pensacola, FL. We have had a past Fellow live in Mobile, AL. The program is flexible in that the Fellow and the Director of Postgraduate Training discusses where the Fellow hopes to work and live and this is coordinated prior to the start of Fellowship.

Though the training opportunities for the major emphases are present throughout the facility at all locations, the opportunities for the minor emphases occur at specific locations (see Preceptor information later in document). It should be noted, however,
that the Fellow will be able to provide services both throughout any designated area through the use of government vehicles and/or tele-mental health equipment. That also means that the Fellow can select where he or she lives along the coast. 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.

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 (although that is also possible), the Fellow will coordinate care for a panel of patients whom are diverse in presentation and medical history, likely meaning that he or she will work across clinics. The Fellow will spend 75% of the workweek providing patient care and patient care support activities, with some of those hours specifically being related to telehealth services. For the majority of patients for which the Fellow treats, the emphasis is on identification of "rurality" or "underserved" as opposed to symptom profile or medical clinic membership. That is, in many instances the Fellow will “follow” or “go to” the patients chosen for his or her panel. This means that the Fellow will also function/work across clinics, attending multiple interdisciplinary teams if/when necessary. The Fellow then has significant latitude in facilitating necessary actions to best ensure appropriate interprofessional care and coordination of care across and within professions and treatment clinics. As such, the Fellow will gain significant consultation and liaison based clinical experiences while training here.

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 minor emphases of: *Health Psychology/Behavioral Medicine (B-Med), Posttraumatic Stress Disorder (PTSD), Home Based Primary Care (HBPC), Geropsychology, Hospital Administration, Research, Evidence Based Practices, 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 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, 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 three weeks of the year, but can be altered if needed.
Additionally, the Fellows will be given 25% protected time to focus on original 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." The Fellows 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 and underserved populations, is strongly encouraged and also provides unique educational opportunities for the Fellow. 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 major emphases/rotations (only attended if part of training plan), we have a half-day of required seminars which include: Research, Underserved, Rural, and Empirically Based Treatment.

**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 or Underserved. 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 and/or for those generally underserved. Our program is a scientist-practitioner program with our trainees taking part in ongoing research and projects. They are tasked with designing and undertaking research while completing the Fellowship. Fellows match with us with wide ranging backgrounds and experience levels with respect to their experiences and knowledge of how to conduct research and quality improvement projects. This is doubly true with respect to the interprofessional nature of the program. That is, the group of trainees sharing didactics and working together in what functions as a research lab include not only two postdoctoral psychologists, but also two psychiatry residents (partnered psychiatry residency program), one pharmacy resident,
and one postmasters social worker. Each trainee brings to the team a variety of experiences. 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. Likewise, we prepare our Fellows for a work environment comprised of professionals from multiple disciplines and one in which interprofessional care is valued, supported, and encouraged.

Given these 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, 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.

**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 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.

Competencies related to Goal 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.

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 and/or Underserved populations. This provision of care will include services delivered face-to-face at a facility in an office, remotely through tele-mental health care technology, and/or face-to-face clinical 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 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. The Fellow 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.

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 the weekly or biweekly 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 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.

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 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** 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)**, **Geropsychology**, **Hospital Administration**, **Research**, **Evidence Based Practices**, and **Clinical Supervision**. 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/ed 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 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. One primary clinical supervisor will be arranged for each Fellow, which will be selected based on training emphasis and coordination of the Fellow’s individualized training plan. Except for in rare occasions, the primary clinical supervisor is one of the clinical training faculty or Preceptors for the Fellowship.

The following is a quick list of our psychology 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):

Ronald Alexander, Ph.D.; functions as primary supervisor at the Biloxi location  
(located in Biloxi, MS)
Cindy Barber, Ph.D.; Preceptor for Geropsychology  
(located in Biloxi, MS)
Candace Cardin, Psy.D.; Preceptor for Evidence Based Practices, PTSD  
(located in Pensacola, FL)
Scott Cardin, Ph.D.; Preceptor for Supervision, Research, Underserved, Rural  
(located in Pensacola, FL)
Beth Curry, Ph.D.; Preceptor for Underserved  
(located in Biloxi, MS)
Shannon Fussell, Ph.D.; Preceptor for Supervision, Research  
(located in Biloxi, MS)
Jennifer Mayne, LCSW.; Preceptor for Hospital Administration  
(located in Biloxi, MS)
Kellee Porter, Ph.D.; Preceptor for Behavioral Medicine, Research  
(located in Pensacola, FL)
Daniel Proto, Ph.D.; functions as consultant for assessment  
(located in Pensacola, FL)
Jefferson Rogers, Psy.D.; Preceptor for Home Based Primary Care, Rural  
(located in Biloxi, MS)

Here is a more detailed overview of each of the specific training emphases:

**Rural Mental Health Major Emphasis:**
This major 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 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 Integrated (PCMHI), 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 Telemental Health Clinic wherein he/she will be able to 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. The designated Preceptor and primary supervisor for this emphasis is Dr. Scott Cardin.

**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), Woman’s Clinic (a specialty primary care clinic), the MST clinic, Inpatient Psychiatry, and other specialty clinics. There are several designated Preceptors and primary supervisors for this emphasis area including: Dr. Beth Curry, Dr. Scott Cardin, and Dr. Alexander.

**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. The designated Preceptor for this emphasis is LCSW and Behavioral Health Service Line Program Manager, Jennifer Mayne.

**Geropsychology Minor Emphasis Area:**
This training minor emphasis area will be undertaken via clinical experiences obtained at the Biloxi VAMC. Our facility has a state-of-the-art 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, as well as ethical practice and consultation with respect to geropsychology within a health care system. The designated Preceptor for this emphasis is Dr. Cindy Barber.

**Clinical Supervision Minor Emphasis Area:**
This training minor emphasis area will be undertaken via supervision experiences with doctoral level trainees when available. The Preceptor 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 or a Social Work Intern. The Fellow will then meet with the Preceptor separately for supervision wherein the Preceptor and the Fellow will discuss the Fellow’s supervision interventions as directly observed. Fellows will be exposed to
supervision theory and several models of supervision during this minor area. Unfortunately, this minor training experience is not offered every year due to logistics in coordination with the doctoral training programs and other training related considerations. When a Fellow matches with our program and when he or she expresses interest in engaging in this training, the Director of Postgraduate Training negotiates and arranges such training if possible. As the doctoral level trainees at our facility also determine and arrange their respective training experiences when they first arrive on station, opportunities for this training can be quickly known and presented to the Fellows during their orientation to the training program. The designated Preceptors and primary supervisors for this emphasis are Dr. Shannon Fussell, Dr. Scott Cardin.

**PTSD Minor Emphasis Area:**
This training minor emphasis area will be undertaken via clinical experiences obtained in the Posttraumatic Stress Disorder Clinical Team (PCT) with Dr. Cardin in her clinic at the JACC in Pensacola, FL. 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. The designated Preceptor for this emphasis is Dr. Candace Cardin.

**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, offices in our Joint Ambulatory Care Clinic (JACC) in Pensacola, FL, 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. The designated Preceptor and primary supervisor for this emphasis is Dr. Kellee Porter.

**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. Whether choosing this training minor or not, each Fellow who plans on conducting home visits during the training year will also train with Dr. Rogers, even briefly, in order to receive specific training regarding home visits and home visit procedures. Dr. Jefferson Rogers is the primary supervisor and Preceptor for this emphasis area.
Research Minor Emphasis Minor Emphasis Area:
Dr. Scott Cardin is the Preceptor for the weekly Research Lab, a seminar formatted to train attendees on how to conduct a research lab. He provides lecture, 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. Specifically, Drs. Cardin, Fussell, Porter, and Proto have opted to engage in research and program evaluation training with the Fellowship. 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.

Evidence Based Practices (EBP) Minor Emphasis Area:
Dr. Candace Cardin is the Director of Training for the JACC Psychology Internship Program. She holds VA training certificates in both Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). She is a VA National Consultant for PE. She served as a Consultant for the Flex Veterans Rural Health Access Program which offered evidence based treatments to Veterans diagnosed with PTSD who live in the extremities of rural Alaska. Dr. Cardin works in our Posttraumatic Stress Disorders Clinic and, as such, would focus this experiential training minor emphasis on conducting Evidence Based Treatments (EBTs) for treatment of PTSD in particular. She is the Preceptor for this emphasis and, as such, leads the Evidence Based Treatment and Psychotherapy Seminar.

Didactics: Overall, the 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 Supervision minor emphasis, then he/she would receive didactics from the Supervision Preceptor in addition to the standard seminars held on Wednesdays. 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 Postgraduate 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 Director of Postgraduate Training. 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 MH and Underserved Interprofessional Postgraduate Fellowship Training Program Handbook. The handbook and supplemental materials provided during the orientation provide an 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 is provided during that orientation.

The handbook, more specifically our program’s evaluation form titled, “Interprofessional_Fellow_Competency_Benchmark_Evaluation_Form,” 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) published competency benchmark guidelines for evaluating a trainee’s readiness for “entry into practice.” Please refer to APA's weblink for additional information: http://www.apa.org/ed/graduate/benchmarks-evaluation-system.aspx. Note that our program adopted the same recommended domains but uses a different scale for the ratings (described below). 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 for training at the Joint Ambulatory Care Clinic (a CBOC in Pensacola, FL) and the Biloxi Division or medical center of the GCVHCS. Fellows can choose to live along the Gulf Coast, though it is recognized that the majority of preceptors work either in the medical center in Biloxi or at the JACC in Pensacola, FL. Each Fellow will have his/her own office. 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. All didactics mentioned above take place in the Behavioral Health Service dedicated training conference room (or another designated conference room when needed) in the mental health outpatient building on the Biloxi medical center campus. 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, cell phones, and videophones to assist in the provision of treatment. 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, the Psychiatry Residency Research Track, and the two independent doctoral psychology internship programs). Fellows will have access to VA Informatics and Computing Infrastructure.
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(VINCI), data warehouse as well as to statistical programs (e.g., SPSS) 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 Postgraduate 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.

**Training Faculty Biosketches:**

**Ronald W. Alexander, Ph.D.**
**Titles(s):** Clinical Health Psychologist  
**School:** University of Alabama, Birmingham  
**Internship:** Wilford Hall Medical Center, Lackland AFB, San Antonio, TX  
**Residency:** Clinical Health Psychology, Wilford Hall Medical Center, Lackland AFB, San Antonio, TX  
**License:** Kansas, 1999 - Present  

**Duties and Professional Interests:** Dr. Alexander is responsible for providing a full spectrum of health psychology/behavioral medicine services within the medical center in Biloxi, MS. He is currently involved with the Health Psychology/Behavioral Medicine Clinic, MH Integrated Primary Care, Pain Clinic, the MOVE! Program, and the Traumatic Brain Injury/Polytrauma screening program. He has served the Fellowship by being a primary supervisor of clinical work for those trainees working at the main medical center. Dr. Alexander’s theoretical orientation is primarily cognitive/behavioral with an emphasis on comprehensive biopsychosocial assessment and treatment. He is an avid supporter of the integration of mental health professionals into primary care clinics, with strong emphasis on the behavioral health consultant model of care. He has special interest in the proper referral, and comprehensive assessment and treatment of veterans returning from the current conflicts in Afghanistan and Iraq. Other clinical and research interventions on quality of life and the overall reduction of health care costs.
Cindy Barber, Ph.D.
**Title(s):** Clinical Psychologist – Community Living Center (CLC)
**School:** Jackson State University, Jackson MS
**Internship:** VA Sierra Nevada Health Care System, Reno NV
**Residency:** Deer Oaks: Behavioral Health Organization, Victoria TX
**License:** Nevada, 2010 - Present

**Duties and Professional Interests:** Dr. Barber is a psychologist for the Community Living Center and supervisor for the Geropsychology rotation. As a psychologist in the CLC, she conducts individual therapy with elderly veterans as well as geriatric and neuropsychological assessments to determine the extent of any impairments and capacity. She performs behavioral assessments, creates behavioral care plans, and provides inservices/training to staff on working with impaired veterans. Dr. Barber also works closely with and provides mental health services to veterans receiving hospice care. Dr. Barber’s professional interests include geropsychology, neurocognitive disorders, and end of life care.

Candace M. Cardin, Psy.D.
**Title(s):** Director of Training, Gulf Coast VA - JACC Psychology Interprofessional Internship Program; PCT Clinic Psychologist
**School:** University of Indianapolis
**Internship:** Gulf Coast Veterans Health Care System
**License:** Alabama, 2012 - present

**Duties and Professional Interests:** As PTSD Psychologist at the Joint Ambulatory Care Center (JACC) in Pensacola, FL, Dr. Cardin provides both individual and group psychotherapy for Veterans diagnosed with PTSD. She also participates in interdisciplinary treatment planning both within the general mental health clinic and the PTSD Clinical Team (PCT). In addition to her role with our program as the Evidence Based Practice Preceptor, she also serves in training leadership for our facility’s two independent Internship Training Programs. Dr. Cardin’s professional interests include a strong commitment to training, supervision, and the consultation process. Clinically, she emphasizes the use of evidence-based treatments. She is certified in providing Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), and Interpersonal Psychotherapy (IPT). She is also a VA National PE Consultant and a VA National IPT Consultant. She also has served as a consultant to the Flex Veterans Rural Health Access Program which offered evidence based treatments to Veterans diagnosed with PTSD who live in the extremities of rural Alaska.

Scott A. Cardin, Ph.D.
**Titles(s):** Director of Postgraduate Training, MH Outpatient Clinic
**School:** Texas A&M University
**Internship:** University of Houston Counseling and Psychological Service
**Residency:** Advanced Psychology Fellowship, Michael E. DeBakey VAMC, Mental Illness Research, Education, and Clinical Center (MIRECC), Houston, TX
**License:** Mississippi, 2008 - Present
**Duties and Professional Interests:** As Director of Postgraduate Training, Dr. Cardin coordinates the interprofessional postgraduate training programs and is an active trainer in other allied health and medical training programs located at our facility. His clinical duties center around Telehealth and Telemental health services; as such, he runs a wide variety of multidisciplinary clinics, partnering with other disciplines at this facility such as Audiology, Pharmacy, and Psychiatry. 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 Gulf Coast Veterans Health Care System have revolved around rural mental health and broad based access to care issues. He has ongoing grant funded research examining psychotherapy utilization among rurally living veterans. Dr. Cardin has served in the past on the Executive Council of the Mississippi Psychological Association as their organization’s Rural Health Coordinator. He also is a Past Chair of the Department of Veterans Affairs Psychology Training Council’s (VAPTC) Rural and Small Training Program Workgroup and remains an active member of this VA training committee.

**Beth A. Curry, Ph.D.**
**Title(s):** Clinical Psychologist – Outpatient Mental Health Clinic
**School:** University of Houston
**Internship:** Gulf Coast Veterans Health Care System
**License:** Mississippi, 1996 - Present

**Duties and Professional Interests:** Dr. Curry is a psychologist for the Biloxi division Outpatient Mental Health Clinic. Dr. Curry’s professional interests include chronic mental illness, women’s mental health, and diversity issues. Her theoretical orientation is eclectic with an emphasis on Cognitive-Behavioral and evidence-based practices. She is the Preceptor for the Underserved Seminar.

**Shannon K. S. Fussell, Ph.D.**
**Title(s):** Director of Intern Training: Couples & Family Psychologist
**School:** Auburn University
**Internship:** The University Counseling Center – Florida State University
**License:** Georgia, 2009-Present; Mississippi, 2016-Present

**Duties and Professional Interests:** In addition to her training leadership role in the APA accredited doctoral internship at the Biloxi division of our VA, Dr. Fussell’s clinical focus is on working with couples and families. Dr. Fussell’s professional interests include training, supervision, developmental psychology, the therapeutic alliance, and working with couples and families. She enjoys using a variety of evidence-based practices with the relationship at the center of therapeutic interactions.

**Jennifer Mayne, LCSW**
**Title(s):** Assistant Director of Postgraduate Training, Supervising Manager
School: Florida State University  
License: LCSW in Florida since 2002  

Duties and Professional Interests: Mrs. Mayne has served in behavioral health management for multiple years. Currently, she is a supervisory manager or program manager within the Behavioral Health Service Line in Biloxi, MS wherein she manages professionals from multiple mental health disciplines including, Psychiatry, Psychology, Pharmacy, Nursing, Physician Assistants, Nurse Practitioners, and clerical staff. With respect to this Fellowship, she serves as the Assistant Director of Postgraduate Training and is the Preceptor for the minor emphasis in Hospital Administration.

Kellee R. Porter, Ph.D.  
Titles(s): Health Behavior Coordinator  
School: University of Alabama  
Internship: University of Alabama at Birmingham/Birmingham VAMC  
License: Alabama, 2009 – Present  

Duties and Professional Interests: As Health Behavior Coordinator (HBC), Dr. Porter 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. In addition to her broad administrative activities and provision of clinical care, she is the Preceptor for the Health Psychology/Behavioral Medicine (B-Med) Minor Emphasis. 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.

Daniel Proto, Ph.D.  
Titles(s): Neuropsychologist, Assessment Consultant to the Fellowship  
School: Louisiana State University  
Internship: University of Alabama at Birmingham/Birmingham VAMC  
Residency: Fellowship in Clinical Neuropsychology, Michael E. DeBakey VA Medical Center, Houston, TX  
License: Kansas, 2014 – Present  

Duties and Professional Interests: Dr. Proto is the Neuropsychologist at the Joint Ambulatory Care Center in Pensacola, FL. As such, he provides a wide range of neurological and cognitive assessment and evaluation services. Joint Ambulatory Care Center (JACC) – Pensacola Outpatient Clinic. With respect to the Fellowship, Dr. Proto often serves as a back up to the primary supervisor. He also functions as the consultant to the training program when issues related to cognitive and neurological functioning are of question. He is active in research efforts related to long-term epilepsy monitoring and TBI.
Jefferson O. Rogers, Psy.D.
Title(s): Home Based Primary Care (HBPC) Psychologist
School: Florida Institute of Technology
Postdoctoral Fellowship: Geropsychology, Little Rock VAMC, 1993
License: Mississippi, 1995 – Present

Duties and Professional Interests: Dr. Rogers supervises trainees in the HBPC emphasis area at the Biloxi VA medical center. He also provides Quit Tobacco interventions. Dr. Rogers is interested in geropsychology, neuropsychology, assessment of decisional capacity, tobacco cessation, and health care ethics consultation. His theoretical orientation is eclectic/pragmatic with a cognitive-behavioral emphasis.

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/. Our facility has recently been recognized by being nominated in the annual search to find the Most Beautiful Hospitals in America; read here for more information: http://www.va.gov/HEALTH/NewsFeatures/2015/May/Biloxi-VA-in-Most-Beautiful-Hospital-Competition.asp.

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 “peas in a pod.” 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 pics 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 testimony about 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 Director of Postgraduate Training, Dr. Cardin. His email is: scott.cardin@va.gov.