



*MSH Psychology  
Pre-Doctoral Internship Program  
2012-2013*

**\*\*Accredited by the American Psychological Association's Committee on Accreditation\*\***

# Introduction

Mississippi State Hospital (MSH) is a 504 psychiatric and 420 nursing home bed, publicly-funded facility located in Whitfield, Mississippi, approximately 15 miles from the state capital of Jackson. Nestled on a 350-acre campus amidst hundreds of pine and oak trees, MSH maintains its own on-site camping, golfing and recreational facilities. MSH is the largest facility owned and operated by the Mississippi Department of Mental Health (DMH) and employs approximately 1970 individuals. The hospital currently employs 7 licensed and 4 license-eligible psychologists. There are also two external rotations supervised by licensed psychologists. In addition, there are 8 bachelor's level, 37 Master's level, and 3 other doctoral-level psychology staff members. MSH is a diverse regional facility that offers modern psychiatric treatment to the 2000+ patients admitted each year. Most patients are involuntarily committed to MSH. Although patients aged 13 and younger can be committed voluntarily, this rarely happens due to limited bed space. Continuity of care is ensured by close professional relationships with the state's regional hospitals, community mental health centers, and other community agencies. An important community resource is Jaquith Nursing Home, which is located on the MSH campus. The Psychology Service provides consultation to this 420-bed, fully licensed facility. In addition, training opportunities are available at our sister facility, Hudspeth Regional Center, which is an Intermediate Care Facility for the Mentally Retarded (ICFMR). This facility is conveniently located across the street from MSH.

Consistent with the hospital's goal of providing the highest quality patient care, MSH obtained full accreditation by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) for all service units following a site visit in December 2000.

MSH provides an array of specialty inpatient treatment services for patients across the life-span. Service units include the Forensic Unit, Chemical Dependency Units, Medical Psychiatry Unit, Adult Psychiatry Receiving Units, Medical-Surgical Hospital, Child and Adolescent Unit, Continued Treatment Service Units, and Hudspeth Intermediate Care Facility for the Mentally Retarded. MSH employs an interdisciplinary treatment team approach in the care of patients.

The MSH Psychology Service offers a pre-doctoral internship for eligible persons from Clinical, Counseling and School (with adequate group therapy experience) Psychology programs who desire extensive experience with inpatient populations. As a training facility, MSH welcomed its first internship class in August 1998. Our first APA site visit was conducted in May 1999, and the MSH internship program was accredited by the Committee on Accreditation (CoA) of the American Psychological Association at the July 1999 APA-CoA meeting. We completed our third site visit in August of 2007 and were re-accredited in May 2008. Our next scheduled site visit will be in 2014.

# Whitfield and the Jackson Area

A small suburb of Jackson, Whitfield has the charm and beauty of a rural setting, while offering the opportunity and excitement of being in close proximity to a thriving metropolitan area. There are ample opportunities for outdoor recreation at the Ross Barnett Reservoir and LeFleur's Bluff State Park, both of which are located just minutes away. The metro area offers boating, sailing, fishing, golfing and hiking opportunities on a year-round basis. For those who enjoy traveling, the Jackson International Airport is close to MSH and provides convenient access in and out of the city. The Jackson Mass Transit system does not service the Whitfield area. Although automobile ownership is highly recommended, accommodations can be made such that successful completion of the internship does not depend upon having a car.

As the State Capital, Jackson is host to many cultural and social events such as the Mississippi State Fair, Celtic Fest, GospelFest, the Pepsi Pops Music Festival, the International Ballet Competition, the Red Beans and Rice Festival, Mississippi Blues Marathon, and the Dixie National Rodeo and Livestock Show, to name a few. The arts and sciences are well-represented by the Russell C. Davis Planetarium, the Museum of National Science, Mynelle Gardens, the Mississippi Museum of Art, and the City Auditorium for the Performing Arts, and there is a metropolitan zoo with ongoing children's programs. The 10,000-seat Mississippi Coliseum sponsors everything from circus and ice shows to country, rock, and R&B concerts. Trustmark Park is in nearby Pearl, Mississippi, and hosts the Mississippi Braves baseball team (a minor league affiliate of the Atlanta Braves). Musical entertainment is abundant, with the Jackson Symphony Orchestra, Mississippi Opera, and three professional ballet companies performing in the City Auditorium. The Metro Jackson area is also home to six universities and colleges, including a nationally-acclaimed medical center/training hospital. In addition, Jackson is conveniently located just three hours from New Orleans and the Mississippi Gulf Coast, three and a half hours from Memphis, and only 30 minutes from antebellum homes, civil war historic sites, and casino entertainment in Vicksburg.

# The Training Program

## Overview

The MSH Psychology Pre-Doctoral Internship Program strives to provide an integrated and coordinated series of training experiences which expose residents (the title given to MSH interns) to a wide variety of professional roles. The 12 months of internship training represent an important transition from graduate student to entry-level professional, and the MSH internship program operates under the principle that basic competencies necessary for the practice of professional psychology should be mastered before specialties training (e.g., training in specialized techniques or with unique populations) is attempted. During each rotation, skill development is approached in a sequential manner with regard to complexity and level of independence. Residents will have multiple opportunities to practice and expand on current abilities, while developing new skills and knowledge. An individualized training program is outlined at the beginning of each rotation, and sensitivity to cultural, ethical, and legal issues pertaining to professional practice are top priorities.

The MSH internship program has a strong philosophical commitment to the **Clinician-Scholar model** of training in professional psychology. This training model emphasizes the integration of evidence-based clinical practice and an unflagging adherence to ethical standards. Residents are trained to approach clinical practice with an investigatory attitude, to utilize current professional literature to select and implement the most efficacious clinical procedures, and to objectively evaluate treatment outcomes. Thus, an appreciation of clinical practice based on scholarly knowledge is achieved.

MSH/Hudspeth administrators, Psychology Service staff, and the internship faculty are committed to providing high quality training through experiential and didactic methods, as well as through supervision. Intensive supervision is an integral component of the MSH internship program, and is designed to foster ethical responsibility, personal integrity, and fundamental competencies in the provision of psychological services. Residents are given the opportunity to assume increasing professional responsibility as their skill and knowledge grows under supervision. At the beginning of each rotation, the resident will provide direct services to patients in conjunction with a faculty member. Based on the supervisor's appraisal of readiness, the resident will gradually be given more independence.

Residents participate in supervised evaluation and treatment of patients with a wide variety of psychiatric diagnoses, and experience is available with acute and chronically ill patients of all ages. In order to meet our training goals, the MSH internship program fosters development of a solid foundation in basic clinical skills, including assessment and treatment. This includes experiential training in diagnostic interviewing; psychological assessment; treatment planning; individual, group, and family therapies; program planning and evaluation; and discharge planning. In addition to traditional psychological evaluation and therapy experiences, training is available in more specialized areas when supervisory resources permit [e.g., neuropsychological assessment, Dialectical Behavior Therapy (DBT), ROPES facilitation, competency assessment], such that residents are able to design training experiences to meet individual professional goals. Each resident's training schedule is designed in an individualized, mutually agreed-upon manner. While no regular evening or weekend duty is required, 50-hour work weeks are not unusual for some rotations.

Internship training activities include hospital-wide activities, such as residents' participation in interdisciplinary treatment team meetings during each rotation; Psychology Service seminars; educational experiences offered by other professional departments; Psychology Service and hospital-wide professional committees; participation as members of the Crisis Intervention Team and the Behavior Management Consult Team; and casual interactions with patients and fellow MSH/Hudspeth employees during special hospital events.

Collaborative interaction with professionals from other clinical disciplines is required in order to prepare the resident for the interdisciplinary nature of inpatient care. While working side by side with other members of the psychology service, physicians, social workers, nurses, and other professional staff, the

residents will be exposed to a broad range of theoretical orientations and approaches to treatment. Interactions with other professional staff members promote intellectual stimulation, exchange of ideas, and mutual respect for differing theoretical positions.

Residents are considered “colleagues in training” and are expected to function in a professional manner commensurate with current competencies. Residents will participate in every aspect of professional practice typical of the duties of MSH psychology staff. Residents will be expected to maintain caseloads as part of their training activities, but they do not operate under a set “service commitment,” other than to provide high quality care in an ethical manner. We believe that we have an ethical obligation to provide residents with appropriate professional and personal growth experiences, constructive feedback, and quality supervision in all areas of professional practice.

## Training Goals and Competency Objectives

The mission of the MSH Psychology Pre-Doctoral Internship Program is **to provide educational and experiential training for the practice of professional psychology within an inpatient setting**. The goals which have been set in accordance with this mission are:

- *to provide developmentally appropriate training which will enhance and expand each resident's current expertise in psychodiagnostic and therapeutic skills used in the provision of psychological services;*
- *to provide training, based on empirically-supported knowledge, which addresses a wide variety of mental health problems and health-related behaviors within an inpatient population;*
- *to provide training that ensures the integration of professional practice and ethical behavior; and*
- *to provide training that enhances the understanding of cultural and individual differences in relation to provision of psychological services.*

By the conclusion of the internship year, residents will be expected to demonstrate intermediate to advanced levels of professional skill and knowledge. Competencies will be assessed through formal and informal case presentation; supervision discussions and activities; live observation and review of audio/video tapes; and formal evaluations by supervisors, other designated members of the training faculty, and treatment team members. Residents will demonstrate competencies in the areas listed below:

- *Understanding of psychopathology (including DSM-IV-TR diagnostic criteria) and functional level related to patient needs for long- and short-term therapy;*
- *Diagnostic and case conceptualization skills with children and/or adults using traditional assessment techniques (to include objective and/or projective techniques in the areas of cognitive, emotional, and personality functioning), along with interviewing techniques needed for admission and mental status examination of patients*
- *Ability to accurately evaluate and report diagnostic findings to the patient and the patient's family, in addition to a variety of referral sources, such as hospital staff, courts, community agencies, and schools.*
- *Entry level competencies with a variety of psychotherapeutic techniques appropriate for individuals, groups and families*
- *Knowledge of the roles and services other disciplines contribute within a psychiatric setting and the ability to function effectively as a member of an interdisciplinary treatment team*
- *Ability to perform all duties in a professional and ethical manner*

## **Rotations**

The first two weeks of training are devoted to general MSH orientation, Psychology Service orientation, MSH internship orientation, and brief presentations from rotation supervisors regarding available rotations. Information regarding hospital-wide policies and procedures is provided during the orientation period. Although it is assumed that all residents are able to conduct basic psychological assessments, fundamentals of psychological assessment and documentation are reviewed during this time in an effort to develop a common understanding of the specific procedures used at MSH. As temporary state employees, all residents must receive training for hospital certification in the areas of American Red Cross CPR procedures, along with hospital-approved procedures for physical intervention and patient restraint.

During the orientation period, individual meetings with potential supervisors are scheduled to assist residents with selecting rotations and supervisors for long-term therapy cases. At the end of this orientation period, each resident will be notified about his or her training schedule for the first rotation and the planning process for the internship year. Resident rotation assignments are determined jointly by the Training Director and the resident based on resident request, resident training needs, and rotation availability. All rotation assignments are subject to the Internship Committee's approval. Some rotations may be subject to limited availability, but it has typically been possible to grant all rotation requests within the internship year.

The 12-month internship program is divided into three rotations of four months' duration. Rotations represent diverse experiences with regard to patient populations and therapeutic approaches. Psychiatric and psychological services are divided into administrative psychology, receiving/acute, intermediate care for individuals with mental retardation, and continued care treatment units. Residents are required to complete at least one rotation on a receiving unit (male, female, child/adolescent, chemical dependency or medical psychiatry), and the two remaining rotations are selected based on each resident's professional interest and skill level.

The specific tasks expected of each resident may vary widely across rotations, and actual time commitments will also vary depending on the rotation population and the resident's skill level. Specific professional activities expected of residents include: psychological assessment, psychotherapy, other therapeutic interventions, treatment planning and consultation, supervision, and seminars. The number of psychological evaluations, the resident's psychotherapy caseload, and other duties will depend on the number of unit admission, patient needs, and supervisor assignments; however, the resident can expect to sequentially progress to the end of the rotation period with a full caseload. Residents are also expected to maintain 2-3 long-term psychotherapy cases throughout the internship year.

The functional level and severity of psychopathology typically vary widely among the patient populations on different service units. As a general guideline, psychiatric patients first admitted on receiving units, and those placed on the Intermediate/Continued Treatment Service Units, have been identified with a Global Assessment of Functioning (GAF) level of 40 or less. Depending on the rotation unit, residents may obtain experience working with patient populations capable of process-oriented therapy, patients needing skills training in areas such as daily living and social skills, patients needing behavioral training due to extremely maladaptive behaviors, and/or patient requiring interventions to prevent severe self-mutilation, suicidal, and/or homicidal behavior. Within each rotation, residents receive exposure to a variety of assessment and treatment protocols developed for various stages of inpatient care, and those designed for specific diagnostic categories. Some current specialty treatment protocols include treatment programs for patients diagnosed with Psychogenic Polydipsia and patients dually diagnosed with mental illness and chemical dependency.

The following rotations have been offered in the past. Availability per quarter may vary depending on supervisory resources:

*Acute Adult Psychiatry Rotation:* The male and female receiving units meet the acute psychiatric needs of incoming patients, who are evaluated, stabilized and treated within an average length of stay of 30-60 days. Approximately 80% of all patients entering these units return home or to community placement without further inpatient treatment. The treatment focus is on clarifying treatment goals and resolving acute problems. Training experiences available include treatment team participation; psychological assessment; behavior management consultation; skills training; individual, group, and family therapy; and treatment/discharge planning. The Inpatient Services/Male Receiving (IPS/MR) unit provides diagnostic evaluation and psychiatric treatment for male patients, 18 years old through adulthood, who have been involuntarily committed to Mississippi State Hospital (MSH) through the court system. The mission of the IPS/MR program is to facilitate the stabilization of clients who exhibit acute psychiatric symptoms, provide intensive behavioral management to those who have unremitting psychotic symptoms with significant behavioral problems, and establish functional management skills training for clients who are cognitively impaired. As a result of the diversity of symptomatology, the clients admitted to IPS/MR require a heightened level of supervision, behavior management, and medication stabilization.

The treatment program is client-centered and recovery-focused, seeking patient rehabilitation and return to a less restrictive environment as the primary goal. Grounded in an interdisciplinary approach, while seeking maximum input and participation from the clients and their families, IPS/MR employees focus on the affective, cognitive, and physical symptoms that led to each client's hospitalization. Employees strive to foster a sense of personal identity, competence, and self-esteem, in an empirically-validated therapeutic environment, which focuses on the individualized, specific needs of each client. The program is committed to the promotion of personal dignity and self-worth, supporting the capacity of each individual to benefit from the inpatient treatment environment.

*Administrative Psychology:* As psychologists move through professional careers, they are often promoted to positions in management and administration; however, administrative issues are typically not part of the formal curriculum of training of psychologists. This rotation will provide an overview of facility-wide administrative issues, including interactions with other hospital departments, quality improvement measurement and reporting, program development, staff productivity and efficiency measures, staff competency and training, dealing with regulations and regulatory boards (e.g., JCAHO, CARF, CMS, HIPPA), development of departmental and hospital-wide procedures, hospital committee participation, and may involve the supervision of others. Residents will also maintain patient contact hours through conducting long-term therapy, psychological assessment referrals, and behavioral consultation. A few training experiences (staff training) may be conducted at sister facilities as well as conducted outside of regular office hours to accommodate employees who are on shift work.

*Assessment Rotation:* Residents will have the opportunity to develop their skills in appropriately addressing referral questions; administering, scoring, and interpreting psychological tests; and developing appropriate recommendations based on the assessment findings. Residents will also receive training in presenting these findings and recommendations to members of the treatment team and the patient. Opportunities for different types of assessment include personality/diagnostic clarification, neuropsychological screening, forensic, and cognitive. Referrals which relate to the resident's specific training preferences can be identified by the Assessment Team Training Director and assigned based on level of competency and training needs.

*Child and Adolescent Unit Rotation:* Oak Circle Center (OCC) is a 60-bed child and adolescent unit. OCC provides evaluation, stabilization, and treatment for patients who range in age from 4 to 17 years, with an average length of stay of 100 days. Patients present with a variety of symptoms and functional levels. All patients participate in a unit level system which includes point cards and token economy behavior programs. Patients attend the fully-accredited Lakeside School program, located near OCC on MSH grounds. Training experiences at OCC include psychological assessment; treatment planning; individual,

group, and family therapy; behavior management and milieu consultation; interdisciplinary treatment team participation; and discharge planning.

*Chemical Dependency Unit (CDU) Rotation:* The CDU offers detoxification, complete medical care, individual and group therapy, a family program, aftercare, and other services for patients with alcohol and drug problems. The 12-step approach is emphasized, and patients are encouraged to participate in Alcoholics Anonymous and/or Narcotics Anonymous during treatment and following discharge. Currently, there are two separate 40-bed units, one for males and one for females. Training experiences include individual, group, and family therapy, case management, psychological assessment, interdisciplinary treatment team participation and discharge planning, trauma group therapy, male issues, grief therapy, and general biofeedback.

*Continued Treatment Service (CTS) Rotation:* The CTS units are designed to meet the needs of patients with chronic mental illness. Such patients require a highly structured environment and therapeutic programming. Resident training opportunities include psychological evaluation; behavior management programming; program development; case management; social skills and insight groups, interdisciplinary treatment planning; and staff consultation. In addition, there are opportunities for work with specialized patient populations (e.g., patients diagnosed with Psychogenic Polydipsia, aggressive patients, etc.)

*Forensic Services Rotation:* The Forensic Services Unit is a 35-bed, maximum-security inpatient unit, which provides pre-trial and post-conviction inpatient and outpatient forensic mental health evaluations on adult criminal defendants for Mississippi Circuit Courts in all 82 counties across the state. The Forensic Services also provides long-term treatment for defendants who are acquitted Not Guilty by Reason of Insanity, those who are found Not Competent and Not Restorable, and other non-forensic civilly committed patients who are in need of a more secure environment. As the only state-operated inpatient forensic service in Mississippi, the staff conducts a number of different types of criminal forensic evaluations, including competence to stand trial, competence to waive or assert constitutional rights (including competence to waive *Miranda* rights), criminal responsibility, capital sentencing/mitigation, competence to assist in post-conviction appeals, competence to be executed (rarely), and pre-trial and post-conviction evaluation of mental retardation in capital murder defendants. The Evaluative rotation on Forensic Services is designed to provide residents with an introductory training experience in the field of clinical forensic psychology. Resident training experiences include participation in forensic evaluations, psychological testing (and use of specialized forensic assessment instruments), co-facilitation of court competence restoration groups, forensic report writing, and observation of expert testimony.

*Medical Psychiatric Rotation:* This unit provides services to primarily geriatric patients (average age = 62 years) who have both medical and psychiatric diagnoses, with an average length of stay of 90 days. Psychology services provided include psychological and neuropsychological assessment, individual and group therapy, family conferences, behavior management, and consultation with physicians. The resident will be involved in daily treatment team meetings, treatment plan design/implementation, behavior management, therapy, and assessment.

*Jaquith Nursing Home Rotation:* Residents provide psychological and behavioral consultation services for Jaquith Nursing Home residents. The resident will be involved in weekly treatment team meetings, design/implementation of behavioral care plans, therapy, and assessment.

*Community Services Rotation:* This rotation provides an opportunity for training in the provision of outpatient mental health services within a small public mental health center located in Hinds County. Community Services programs provide services to adults who have been diagnosed with a serious mental illness (or co-occurring disorder) and who function at varying levels of independence. Individuals receiving services from Community Services may live in their own apartment/home, a local personal care boarding home, or in one of the three group homes operated by MSH Community Services. General mental health services provided by Community Services include: case management, medication management (services from a psychiatrist or nurse practitioner), nursing services, psychological services, psychosocial clubhouse services, and community living group home services. Community Services also operates a specialized homeless case management program for individuals who are homeless and have

a mental illness. Additionally, Community Services in collaboration with Inpatient Services, operates a program on the Rankin county campus which focuses on intense training and preparation for discharge for patients who have not been successful in less restrictive community-based placements. Residents may have training experiences in all programs. Completion of the Community Services Rotation also includes training in documentation required for public and private sector reimbursement. Opportunities for program development and outpatient clinic management training are a part of the rotation. Additional training opportunities may include: individual and group therapy; EBP skills training; suicide risk assessment; treatment plan development; and consultation with various service providers.

#### Additional Training Opportunities:

***Intermediate Care Facility for the Mentally Retarded:*** Residents who wish additional experience serving individuals with intellectual disabilities may do so by participating in training experiences with Hudspeth Regional Center, which provides care to individuals who have been diagnosed with some level of mental retardation (mainly severe and profound on our main campus; mild, moderate, severe at our group homes across the state; and mild and moderate in our case management areas). We provide various levels of care to community clients via case management services, waiver services, and supported employment services. Hudspeth Regional Center's main campus serves about 300 clients, some with dual diagnoses and various types of behavior problems. Training experiences include: exposure to functional analysis and ABC observations; exposure to active treatment learning sessions; psychological assessment; participation in an interdisciplinary team process; development of behavior modification training materials; development and implementation of behavioral plans; conducting group therapy sessions (as needed by our group homes and community case management); providing consultation to our various workshops relative to behavioral interventions; development of a social skills training guide, and participating in research design with the goal of publication.

***The Counseling Center (external rotation):*** This rotation site is an outpatient clinic that provides individual, marital and family counseling, and comprehensive psychological evaluations for children and adolescents concerning learning and behavioral problems. As part of our Employee Assistance programs, we conduct supervisory training and individual workshops for a number of companies in the tri-county area. This rotation encourages a "solution-focused" or collaborative approach to treatment and in the supervision process. The Counseling Center also provides a broad range of forensics evaluations, including competency (adjudicative, testamentary, consent to treatment), mental state at the time of the alleged offense, capital murder/Atkins, child custody, as well as personal injury evaluations.

#### **Unfortunately due to budgetary and resource limitations, the following past rotation is presently unavailable:**

***Biofeedback/Behavioral Consultation Rotation:*** This rotation provides residents with experiences in general biofeedback modalities including electromyography (EMG), respiration, skin conductance, temperature, heart rate variability training (HRV), blood volume pressure, electrocardiography, and basic neurofeedback electroencephalography (EEG) applications and individualized behavioral interventions development and implementation. Patient referrals for this rotation are received from the entire population of Mississippi State Hospital. These referrals range across age, gender, individual differences, disabilities, and diagnostic categories. Presenting problems include, but are not limited to, depression, anxiety, anger management, disruptive behaviors, chronic pain, substance dependence, PTSD, etc. Behavioral consultation involves functional assessment of referral patient target behaviors to antecedents, consequences and their functions for development of proactive individualized behavioral interventions. **Although APA does not accredit biofeedback, the Biofeedback Certification International Alliance has approved our didactic training and mentored supervision to meet their certification standards. The certification process is optional for residents to pursue if they wish. Those opting to pursue certification are required to purchase the BioTutor cdrom for the didactic component. This software can be Stens Biofeedback <http://stens-biofeedback.com> . The cost is \$75.00 at this printing.**

## Internship Committee and Faculty

The Internship Committee is a standing committee of the MSH/Hudspeth Psychology Service, and operates under the direction of the Training Director. The Internship Committee is composed of the Training Director and at least four other licensed psychologists from various service units at MSH/Hudspeth. The MSH Director of Psychology serves as a consulting, non-voting member of the Committee. The Chief Resident is also assigned to this committee as a non-voting member (the Chief Resident position rotates among all residents throughout the internship year). Regular monthly meetings of the Internship Committee are scheduled; however, more frequent meetings may be convened if needed. This committee is responsible for recruiting, selecting, training, evaluating and certifying psychology residents, and for addressing issues related to discipline, appeal procedures, and changes in training policy or procedures. The Training Director is responsible for coordination of the internship, including the organization of training activities, designation of primary supervisors, assignment of resident rotations, and the integration of evaluations.

Licensed psychologists constitute the core internship faculty and serve as **primary rotation supervisors**. Additional instruction and experiential activities are provided by adjunct staff that provide didactic training and consist of license-eligible psychologists and psychology staff members with other areas of certification (i.e., LPC, LMFT, Department of Mental Health credentialing, etc.). Faculty and staff members are diverse in ethnic origin, gender, theoretical orientation, and professional interests.

All faculty members are employees of MSH/Hudspeth, maintaining active professional careers. Several faculty members also maintain independent professional practices, teach at local universities, present at professional conferences, and are actively involved in state and national professional organizations. A wide variety of professional interests are represented by faculty members (e.g., specialized assessment methods, psychopharmacology, health psychology, biofeedback, family therapy, Dialectical Behavior Therapy (DBT), case conceptualization strategies, group therapy, behavioral interventions, forensic evaluations and court testimony, neuropsychology, consultation, supervision, play therapy, research, etc.)

## Supervision

The supervision philosophy of the MSH Psychology Pre-Doctoral Internship Program emphasizes mastery of new skills, enhancement of a broad knowledge base, and refinement of existing competencies, in an atmosphere of mutual respect and collegiality. Supervisors share their knowledge and experience, provide professional modeling, and share constructive feedback regarding resident performance. The internship faculty is enthusiastically dedicated to training that prepares each resident to assume the duties of an entry-level psychologist and also be eligible for post-doctoral experience and licensure status.

The supervision component of the MSH internship program meets or exceeds criteria set forth by the American Psychological Association's Committee on Accreditation, the National Register, and the Mississippi State Board of Psychology. Each resident receives a minimum of four hours of supervision on a weekly basis, two hours of which are spent in face-to-face individual supervision. **Primary supervision is provided by rotation supervisors, who are licensed psychologists.** The duties of the primary supervisor include supervision of all resident clinical activities on the rotation, coordination of resident duties and responsibilities, facilitation of formal and informal learning experiences within the rotation, assessment of resident initial competency and training needs for the rotation, completion of formal evaluations of resident performance every two months (Mid and End of Rotation Evaluations), enhancement of resident's professional identity through mentorship experiences, and provision of ongoing communication with the Internship Committee and the Training Director regarding the resident's performance.

Primary rotation supervision is supplemented by an individual supervision experience with the long-term therapy supervisor, who is an internship faculty member. In addition, residents receive two hours of

weekly group supervision with the Training Director, the Assessment Team Director, designated faculty or didactic opportunities. Group supervision is designed to allow residents to benefit from the experiences of peers, and to provide a forum which enables residents to discuss special concerns, difficulties, administrative issues, and other professional issues. Throughout the year, topics such as professional relationships, ethics, licensure, and counseling for future employment are discussed. If available, residents may be given the opportunity to supervise on-campus practicum students.

## **Training Opportunities**

### ***Seminars***

Professional Development Seminars are an integral part of the MSH internship program and provide opportunities for each resident to acquire knowledge in a variety of areas. This didactic training aims to broaden the knowledge base and professional skill development of each resident, while promoting in-depth coverage of particular content areas. Topics of currently scheduled seminars include, but are not limited to: Detection of Malingering, Addiction Overview, Biofeedback, Multi-Cultural Competence, Working with the Older Adult, Primary Care Psychology, The Cross-Battery Approach/Test Scatter, Evidence Based Therapy with the Chronically Mentally Ill, Violence Risk Assessment, Borderline Personality Organization and Countertransference, and Object Relations Approach to Case Formulation. Each resident will also be responsible for preparing and presenting one formal case presentation and one professional seminar (on a topic of particular expertise/interest) to peers and then to the Psychology Service.

Residents are required to attend other MSH training activities which are germane to their functioning as members of interdisciplinary treatment teams. As members of the MSH/Hudspeth and The Counseling Center psychology staff, residents are required to attend and participate in regularly scheduled Psychology Service meetings and mandatory staff training. Residents also have access to PSYCHLINK inservices and presentations acquired from the Distance Learning Network. Attendance at local, regional and national professional conferences and training seminars is encouraged, and limited financial support may be available for such training experiences. All MSH clinical departments conduct year-round training programs, and weekly psychiatry grand rounds are sponsored by the University Medical Center (UMC) in Jackson. These training experiences are available to MSH residents.

### ***Chief Resident***

Each resident rotates into the Chief Resident position for 3 months during the internship year. In addition to serving as class representative to the Internship Committee, he or she participates in administrative activities such as departmental and hospital-wide committees (i.e., the Ethics Committee, the Special Treatment Procedures Committee, the Discharge Advisory Committee, the Institutional Research Review Board) and completion of administrative documentation.

### ***Assessment Seminar***

After completion of initial orientation activities, residents will begin attending a weekly assessment seminar which meets on Friday afternoons at 2:00 p.m.

Objectives for Assessment Seminar include:

1. Presentation of mock cases (pre-existing data) will be performed in the beginning of the Assessment Seminar to aid in development/enhancement of skill in conducting chart reviews and gathering historical information as well as clinical interviewing and behavioral observation skills.

2. When the resident has completed two mock cases (pre-existing data) to the Assessment Team Director and fellow residents, with minimal errors, he/she will begin testing patients. The resident is expected to perform a minimum of 10 psychological evaluations during the internship with no fewer than 6 or these 10 evaluations to be conducted under the guidance of the Assessment Team Director. These cases will be presented weekly during the Assessment Seminar. The resident will also have the opportunity for consultation or co-administration of testing with the Assessment Team Director on a PRN basis throughout the evaluation process.
3. Each resident will be expected to make one presentation to his/her peers about an assessment instrument, including the reliability of the test, administration and scoring procedures, and interpretation.
4. Didactic topics will include but are not limited to:
  - a. Reliability and validity, administration and scoring procedures, and interpretation of testing instruments (Personality, Educational/Cognitive, and Neuropsychological tests).
  - b. Psychopathology in relation to report writing and making treatment recommendations.
  - c. Writing an Integrative Report—Integration of data obtained in the psychological/neuropsychological assessment process.
  - d. Assessment of risk factors (suicidal and homicidal behavior).
  - e. Assessment of special populations (geriatrics, patients with medical and/or neuropsychological diagnoses).

Training Goals of the Assessment Seminar Include:

1. Enhancing clinical interviewing and behavioral observation skills.
2. Enhancing chart review skills in order to gain all relevant historical information.
3. Administering and scoring personality, cognitive, and educational assessment accurately and competently.
4. Developing and/or enhancing the ability to incorporate historical information, sensitivity to cultural diversity and individual differences, behavioral observations, collateral interviews (when appropriate) and results of testing to write a well-integrated psychological evaluation.
5. Enhancing psychodiagnostic skills in relation to DSM-IV-TR.
6. Increasing the residents' knowledge in the area of treatment recommendations.

## ***Forensic Series***

In addition to Professional Development Seminars and the weekly Assessment Seminar, residents will participate in a seminar series devoted to relevant topics in the practice of forensic psychology. Each seminar of 90-120 minutes' duration will cover a specific topic germane to forensic psychology. Topics include, but are not limited to:

Not Guilty by Reason of Insanity and Competency to Stand Trial  
Violence Risk Assessment  
Detection of Malingering  
Assessment of Psychopathy  
Assessment of Mental Retardation in Death Penalty Cases

## **Research**

The Internship Committee views the internship year as a year of intensive clinical training and skill development. Consistent with the Clinician-Scholar model of training, value is attached to clinical research conducted by residents; however, research activities do not supersede the clinical activities of the training program. Dissertations are viewed as a function of the graduate program, not the internship. Work on dissertation may be negotiated on an individual basis with the Training Director and the rotation supervisor, and MSH/Hudspeth-based research may be approved through the MSH/Hudspeth Institutional Research Review Board.

## **Evaluation Process**

Resident evaluation is an ongoing process and the Internship Committee requires supervisors and residents to share feedback periodically. At the beginning of each rotation, residents undergo an Initial Competency Assessment which is used as the basis for formulation of an individualized Training Plan. Each resident is evaluated in critical domains (e.g., Psychotherapy, Assessment and Psychodiagnostics, Consultation, Response to Supervision, Professional and Ethical Behavior); based on the resident's prior training, as well as initial performance under MSH staff supervision. Residents, rotation supervisors, and other applicable MSH staff members (i.e., the long-term therapy supervisor and psychology staff) complete evaluation forms periodically. This mechanism allows for early identification of deficits which need remediation, modifications to the initial rotation training plan, as well as identification of particular resident strengths. The evaluation process also assures residents of regular feedback regarding their progress in the program. In addition, residents will receive group feedback from their specific supervisory internship committee members at mid-rotation. This forum is presented in a casual and supportive manner to promote open communication, discussion of resident progress, clarification of goals, and to provide residents with a supportive environment for discussing any concerns he/she might have. This promotes consistency and clear communications between participants and has successfully enhanced both the internship experience and collegial relations.

Information obtained from evaluations will be used to provide ongoing feedback to the resident in preparation for an end-of-the-year completion letter to be forwarded to the resident's graduate program Training Director. Residents accepted into the MSH Psychology Pre-Doctoral Internship Program have completed rigorous screening by the graduate program and the Internship Committee, and it is not anticipated that any resident will be unable to satisfactorily complete the internship requirements.

A critical component of the MSH internship program is programmatic self-study, with the goal being to provide a mechanism for continued improvement of training experiences. Residents prepare formal written evaluations of their supervisors and rotation experiences every four months. At the end of the internship year, each resident meets with two members of the Internship Committee in order for the residents to provide feedback regarding the overall strengths and weaknesses of the internship program. In addition, ongoing informal feedback is obtained regarding each resident's perception of training experiences, quantity and quality of supervision, and the training program quality. Approximately six months following the completion of the internship, former residents will be contacted by mail and phone to obtain additional information on their perspectives regarding MSH training experiences.

## **Resources Available to Residents**

Residents in the MSH internship program have access to a variety of resources to enhance the training experience. The MSH internship faculty members are considered the primary resource provided to residents. The faculty provides didactic instruction, consultation services, role modeling and mentorship opportunities, as well as extensive time for supervision and collegial discussions. In addition to the internship faculty, residents work with psychiatrists, other specialized physicians (e.g., neurologists,

pediatricians), psychiatric nurses, social workers, recreation specialists, dieticians, and other mental health professionals on all rotations.

Through the MSH/Hudspeth Psychology Service, residents are provided office space, materials, and equipment, including telephones, computers, and reference materials. MSH utilizes a fiber optic network which is maintained by a full-time data processing department. Residents have computer access on patient and non-patient buildings, and 2 computers reserved for exclusive resident use (1 per resident office). All departmental computers are connected to the campus network and have access to the internet via a high speed T-1 connection.

Extensive software resources are also available, including scoring and interpretation software programs for psychological tests. Access to database and word processing software, including dBase, Access, Paradox, Lotus, MS Word, and WordPerfect is available. Additional available software includes SPSS-Windows, Clinical Pharmacology, DSM-IV, Merck Manual, Harrison Textbook on Internal Medicine, Freelance Graphics, Microsoft Project and Powerpoint, Visual Basic, and MS Excel. Dragon Naturally Speaking allows direct voice dictation into word processing files. Several internally-developed applications are also available, including WordPerfect macros to assist with writing test reports, mental status exams, treatment plans, and interdisciplinary admission summaries. PsychLit is available through the hospital network.

MSH maintains a library for patients and a small medical reference library for employees. The reference library has a collection of professional materials, including journals, books, and audiovisual materials in the areas of psychology, psychiatry, general medicine, and nursing. This library offers bibliographic services, inter-library loan services, and photoduplication of library materials. CD-ROM versions of PsychLit, Medline, and other health databases are available via Internet accounts. Residents have access to a large variety of professional materials maintained through the Department of Mental Health (DMH) library, the library of the University Medical Center, and the MSH and Hudspeth Psychology Services collections of reference materials.

## Stipend and Other Benefits

All MSH residents are considered temporary employees for the duration of the internship year. The stipend for each resident during the 2012-2013 training year is projected to be \$25,540 annually, and residents are provided with full benefits of MSH employment. Benefits include paid major medical insurance, sick leave, personal leave, access to the MSH Employee Assistance Program (EAP), 10 paid holidays per year, 5 dissertation research release days per year and contributions to the state retirement fund (payments into the fund may be refunded or rolled over into another retirement account at the end of the internship year if the resident does not remain a Mississippi state employee). Stipends are paid on a bi-monthly basis.

## Application and Selection Procedures

### Preferred Applicant Qualifications

The MSH Psychology Pre-Doctoral Internship Program is **best suited for those students seeking inpatient experiences which will complement their previous training in less intensive clinical settings**. Although rotations in specialty areas are available, the focus of the MSH internship program is the development of strong, generalist practitioner skills. Therefore, successful applicants will possess a solid foundation in psychological assessment and therapeutic intervention, will have completed or be in the process of completing a formal dissertation research study or theoretical paper, and **must have successfully defended the dissertation proposal prior to the interview date (no exceptions!)** **Letters from training directors should include confirmation of proposal completion.** Doctoral students from Clinical, Counseling, and \*School (\*with adequate group therapy skills and experience)

Psychology programs who have obtained approval from their faculty and are internship-eligible may apply to the MSH Psychology Pre-Doctoral Internship Program. Students from APA-approved programs are preferred, but students from non-APA-approved programs will be considered. The MSH internship program is open to all qualified individuals regardless of race, color, gender, marital status, age, national origin, religion, disability status, or veteran status.

## **Application Process**

The MSH Psychology Pre-Doctoral Internship Program participates in the APPIC Matching Program, and applicants must obtain an Applicant Agreement Package and register for the National Matching Services, Inc. (NMS) Match in order to be eligible to match to our program. You can request an Applicant Agreement Package from NMS through the Matching Program website at [www.natmatch.com/psychint](http://www.natmatch.com/psychint) or by contacting NMS by mail or phone (see "Contact Information" section). In order to be considered for admittance to our program, **application materials must be received by November 15, 2011**, and must include the following:

1. Completed APPIC Application for Psychology Internship (AAPI) (available online at the APPIC website: <http://www.appic.org> The "Verification of Internship Eligibility and Readiness" **must** include the original signature of the Graduate Program Training Director or appropriate Department Director
2. Current curriculum vitae
3. Official graduate school transcripts (must be received directly from the Registrar).
4. Three letters of recommendation:
  - a) one from a psychology professor who supervised your clinical training,
  - b) one from a practicum-site supervisor, commenting on clinical skills, work performance, and ethical/professional conduct, and
  - c) one from a psychology professor, commenting on academic abilities
5. A writing sample in the form of an actual psychological report or written case conceptualization with any identifying information deleted.

*Send all application materials and requests for additional information to:*

**Amanda L. Gugliano, Psy.D. – Training Director**  
**MSH Psychology Pre-Doctoral Internship Program**  
**Psychology Service—Building 51**  
**Mississippi State Hospital**  
**Whitfield, Mississippi 39193**  
Telephone: 601-351-8010  
Fax: 601-351-8086  
[amanda.gugliano@msh.state.ms.us](mailto:amanda.gugliano@msh.state.ms.us)

Telephone calls to the Training Director or other members of the Internship Committee to clarify issues related to the program or the application process are encouraged. Please also visit our program's website at <http://www.msh.state.ms.us/Internship/>

## Interviews

As applications are received, selected applicants will be invited to participate in interviews. Face-to-face interviews on the MSH campus are strongly suggested, but not required. All application materials must be received at least two weeks prior to the interview date. Applicants who cannot visit MSH due to financial or geographic considerations, but who possess sufficient qualifications for an internship position, **will be extended a telephone interview.**

On-site interviews will be scheduled on the following dates:

**December 9, 2011**

**January 6, 2012**

**January 13, 2012**

Applicants who are selected for interviews are asked to choose their preference for one of our three interview dates or to schedule a telephone interview. For on-site interviews, all applicants are **expected to arrive at 8:00 a.m. on their scheduled date.** The interview process will include 2 one-hour, face-to-face interview periods with 2 faculty members, a Q&A session with all faculty members present, lunch (provided) with the current residents, and a tour of the hospital. Each applicant will also be provided with mock data from the administration of commonly-used IQ and/or objective personality measures (e.g., WAIS-IV, MMPI-2, MCMI-III, PAI) and given a 30-minute timeframe in which to write a brief synopsis of test results, diagnostic impressions, and treatment recommendations based on the data presented. Test manuals/resources will be available for use in this exercise, or applicants may bring their own resources if they choose. Each applicant will be assessed using a structured interview rating scale, and information obtained from interview will be included in the determination of which individuals will be offered internship positions.

## Selection of Residents

MSH is an Equal Opportunity Employer. The Internship Committee is committed to maintaining a heterogeneous resident class which reflects diversity in terms of age, geographic upbringing, ethnicity, gender, cultural background, and theoretical orientation, in order for us to provide a more enriching learning experience. Maintaining diversity is a strong consideration in the resident selection process, but invitations for internship are primarily determined by objective ratings, including data from the application materials and the interview. Members of the Internship Committee use an objective system to rate application information, according to these categories (in order of importance): clinical experience, letters of recommendation, writing samples, grades, and research. The committee makes final ranking decisions based on majority vote, taking into consideration whether evaluation of application materials suggests that the applicant is "a good match" with MSH training opportunities.

**Three** residents will be selected for the 2012-2013 year, using the APPIC Matching Program which will take place in February 2011 (contact APPIC website for the "APPIC Match Policies" adopted April 10, 1999, at <http://www.appic.org>). **This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant in the selection process.**

Prior to MSH employment, incoming residents are required to complete an application to the Mississippi State Personnel Board. **Employment is contingent upon the results of background check and drug screening, and incoming residents who are not United States citizens must possess documentation which proves eligibility to work within the United States.**

# Contact Information: APA, APPIC, NMS

Applicants to the Mississippi State Hospital Psychology Pre-Doctoral Internship Program must submit an Association of Psychology Postdoctoral and Internship Centers (APPIC) Application for Psychology Internship (AAPI) and must register with the National Matching Service (NMS), the APPIC-sponsored computer service to match graduate students with internship sites. Contact information for APA, APPIC, and NMS appear below:

## American Psychological Association (APA)

750 First Street, NE  
Washington, DC 20002-4242  
(202) 336-5979  
<http://www.apa.org>

## Association of Psychology Postdoctoral and Internship Centers (APPIC)

1020 G Street, NE  
Suite 750  
Washington, DC 20002  
Phone: (202) 589-0600  
Fax: (202) 589-0603  
<http://www.appic.org>

## National Matching Services, Inc. (NMS)

P.O. Box 1208  
Lewiston, NY 14092-8208  
(716) 282-4013  
<http://www.natmatch.com/psychint>

# Internship Committee Members

(at the time of brochure and may change without notice)

## Major Rotation Supervisors/Administrative Staff

John H. Askew, Ph.D. ([john.askew@msh.state.ms.us](mailto:john.askew@msh.state.ms.us))

Internship Assistant Training Director

Psychology Services Director, Jaquith Nursing Home

Licensed Psychologist

Ph.D. from University of Tennessee (2001)

Clinical Interests: Interpersonal, Object-Relations and Cognitive-Behavioral Psychotherapy for depression, anxiety, and personality disorders; personality assessment.

Research Interests: Behavioral Medicine, Depression, Personality Assessment, QEEG Assessment, Quantitative Psychology.

Amy Baskin, Ph.D., LPC ([amy.baskin@msh.state.ms.us](mailto:amy.baskin@msh.state.ms.us))

Director of Psychological Services and Administrative Rotation Supervisor

Licensed Psychologist

Ph.D. from Jackson State University (2005)

Special Interests: Geropsychology, Neuropsychology, and Behavioral Interventions

André Buteau, Ph.D. ([abuteau@hrc.state.ms.us](mailto:abuteau@hrc.state.ms.us))

Director of Psychology-Hudspeth Regional Center & Rotation Supervisor

Licensed Psychologist

Ph.D. from Mississippi State University (1987)

Special Interests: Behavior Modification; ADHD, Autism, Behavior Disorders; Stress Management Issues; Professional Ethics

Shazia Frothingham, Ph.D. ([sfrothingham@msh.state.ms.us](mailto:sfrothingham@msh.state.ms.us))

Assistant Director of Psychological Services & Rotation Supervisor

Licensed Psychologist

Ph.D. from University of Southern Mississippi (2005)

Special Interests: Optimism and Health, Behavioral Medicine, Primary Care

Amanda Gugliano, Psy.D. ([amanda.gugliano@msh.state.ms.us](mailto:amanda.gugliano@msh.state.ms.us))

Internship Training Director, Forensic Services Rotation Supervisor

Licensed Psychologist

Psy.D. from Argosy Professional School of Psychology—Phoenix Campus (2008)

Special Interests: Criminal Forensic Evaluations, Detection of Malingering, and Assessing Mental Retardation in Capital Murder Cases

Amy Hudson, Ph.D. ([HUDSOAM@msh.state.ms.us](mailto:HUDSOAM@msh.state.ms.us))

Rotation Supervisor, Chemical Dependency Unit

Licensed Psychologist

Ph.D. from University of Oklahoma (1995)

Special Interests: Substance Abuse Counseling, Couples and Family Therapy, Cross-Cultural Issues, Acute and Chronic Mental Illness, General Biofeedback

Criss Lott, Ph.D. ([wclott@stdom.com](mailto:wclott@stdom.com))

Contractual Forensic Psychology, Rotation Supervisor for The Counseling Center

Licensed Psychologist

Ph.D. from University of Southern Mississippi (1990)

Special Interests: Forensic Evaluations, Outpatient Services, Chemical Dependency, Child Custody Evaluations

Melanie Norwood, M.S., LPC, LCMHT ([norwome@msh.state.ms.us](mailto:norwome@msh.state.ms.us))

Administrative and Policy Support

M.S. from University of Southern Mississippi (1988)

Special Interests: Administration, Chronic Mental Illness, Abuse Recovery, Crisis Intervention

## **Clinical Didactic Trainers**

**Barbara Fishgrab, Psy.D. ([bfishgrab@msh.state.ms.us](mailto:bfishgrab@msh.state.ms.us))**

**Didactic Trainer, Oak Circle Center**

**License Eligible**

**Psy. D. from Argosy Professional School of Psychology—Phoenix Campus (2007)**

**Special Interests: Child and Adolescent Psychology, Multicultural Psychology and Evaluation, Emotional Intelligence, and Emotional Regulation in Mental Disorders**

**Sheila Holmes, Ph.D., LMFAT ([holmesh@msh.state.ms.us](mailto:holmesh@msh.state.ms.us))**

**Assessment Team Coordinator**

**License Eligible**

**Ph.D. from Jackson State University (2011)**

**Special Interests: Addiction, Psychological Assessment, Treatment of Depressive and Anxiety Disorders**

**Jenise Kohnke, Ph.D. ([jenise.kohnke@msh.state.ms.us](mailto:jenise.kohnke@msh.state.ms.us))**

**Didactic Trainer, Male Receiving Unit**

**License Eligible**

**Ph.D. from University of Southern Mississippi (2001)**

**Special Interests: Clinical Personality Assessment, Violence Risk Assessment, Personality Disorders, Psychopathy, Forensic Psychology**

**Justin Michener, Ph.D. ([justin.michener@msh.state.ms.us](mailto:justin.michener@msh.state.ms.us))**

**Didactic Trainer, Female Receiving Unit**

**MS License Eligible; NY Licensed Psychologist**

**Ph.D. from Yeshiva University, Ferkauf Graduate School of Psychology (2008)**

**Special Interests: Insight oriented therapy, Health Psychology, At Risk Adolescent Population**