

Updated August 24, 2016

**Psychology Practicum Program
Veterans Affairs Medical Center
Battle Creek, MI**



http://www.battlecreek.va.gov/careers/Battle_Creek_Psychology_Training_Programs.asp

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INTRODUCTION

We are pleased that you are interested in the practicum program at the Veterans Affairs Medical Center (VAMC), Battle Creek, MI. In the context of the basic mission of the Battle Creek VAMC to provide quality health care services, the mission of Psychology Service is to: (a) promote the physical and psychological well-being of VA patients, their families, and VA staff through comprehensive quality psychological health care services, (b) provide training in psychology to students and VA staff, and (c) advance the knowledge and applications of psychology through clinical practice, education, and research. The Battle Creek VAMC Psychology Service is committed to providing high-quality training in psychology, which includes in-depth training in applied skills and exposure to a variety of clinical professional issues.

Psychology Service

The Psychology Service of the Mental Health Service at the Veterans Affairs Medical Center, Battle Creek, MI provides patient care services to all treatment units of the Medical Center, including medicine, psychiatry, the Residential Rehabilitation Treatment Programs, the PTSD Clinical Team (PCT), the Community Living Center, Home Based Primary Care, and the Mental Health Clinic in Battle Creek. Psychological services are provided within a multidisciplinary treatment program and cover the full range of treatment modalities including: individual and group counseling/therapy; consultation; personality, intellectual, and neuropsychological assessment; behavioral assessment; behavior therapy; relaxation training; couples and family counseling and therapy. There are more than 30 doctoral level psychologists assigned to services and programs at the medical center. Members of the training staff come from a variety of universities and internships representing a wide range of approaches and orientations. Considered as a whole, the staff has expertise in most areas of current clinical and counseling psychology practice. In addition, the Service has consultants from Michigan State University, Western Michigan University, and consultants currently in private practice in the western Michigan area that contribute to the Service's continuing education and training program.

Program Philosophy & Model

The philosophy of the program is that the practice of psychology requires:

1. An appreciation and understanding of: the interaction between the science of psychology and clinical practice, the empirical methods and findings underlying the development of assessment and treatment interventions, empirically validated treatment procedures, and methods of scholarly inquiry;
2. An appreciation and understanding of mental disorders, psychopathology and their clinical manifestations;
3. An ability to sensitively and empathically understand the problems and concerns of people, with an appreciation of the role of cultural and individual diversity in psychological phenomena and professional practice;
4. The development of responsible, sound clinical judgment in the application of assessment and treatment procedures that ensures that professional practice is conducted in a professional, ethical, and legal manner sensitive to the human welfare needs of the people served.

Our fundamental assumptions concerning the importance of understanding the relationship between the science of psychology and clinical practice, and the importance of empirical methods underlying the development of assessment and treatment procedures, are founded in the scientist-practitioner model of training. We believe that a scientific and scholarly perspective is critical to the activities of professional psychologists. Scholarly work may include research but also may include other intellectual efforts directed at advancing professional knowledge and understanding. We accept students from programs with a traditional scientist-practitioner model emphasizing empirical research, and also accept students from graduate programs with a scholar-practitioner model requiring scholarly work as a part of their professional preparation. We see our program as fundamentally compatible with each of these models.

Our model is a developmental training model. The emphasis is on the delivery of services to veterans, while under appropriate supervision. Psychological interventions are based upon research and evidenced-based practices, where available, and will be part of the training program. We are developmental in our approach to training as we expect students to become increasingly autonomous in their clinical work as the year progresses. Our ultimate goal is to provide training experiences which will prepare a practicum student to attend internship and eventually become a competent, well-rounded, professional psychologist. Our hope is to establish and maintain an environment that maximizes the potential for professional development for each student.

ELIGIBILITY AND REQUIREMENTS

Clinical and counseling students in APA-approved doctoral programs are eligible for training at the Battle Creek VAMC Psychology Practicum Training Program. We prefer advanced students who are one year from internship. At a minimum, we require a Master's degree in psychology or equivalent, at least one practicum, Assessment classes (personality and intellectual), Therapy classes (individual and group), and a course in ethics. We accept between 2 and 6 students annually, depending on the diversity of interest, available supervisors, and rotations available. Practicum placements are without compensation and are typically 16 to 20 hours per week with a typical workday beginning at 8:00 a.m. and ending at 4:30 p.m. Practicum Students may negotiate days on campus according to rotation and supervisor availability.

PRACTICUM STRUCTURE

Practicum training at the Battle Creek VAMC typically begins at the beginning of the academic year, with required orientation occurring in August. Initial agreements are made through December of the same year. If both supervisor and practicum student agree, the practicum can continue through the end of the academic year and, at times, may extend through the summer. In terms of hours, practicum students need to dedicate at least 2 days to on-site practicum training. Although graduate programs often desire students to complete either an "assessment" or an "intervention" practicum, many of the training experiences at the Battle Creek VAMC do not lend themselves to doing just assessment or intervention. Therefore, some flexibility in terms of graduate program and practicum student expectations is needed. Students will typically work on one rotation for the entire year. Practicum placements are not decided by rotation or training experience but rather a match between students' interests and experience and supervisors' expertise and their availability to take on a practicum student for that year.

During their practicum experience, students will be closely supervised by a licensed staff psychologist with a specialty in that particular area of the rotation. Students will receive a minimum of 2 hours of supervision per week, one of which will always be individual. The second hour may be individual or in group format with other practicum students are advanced psychology trainees. Practicum students may be able to participate in Peer Consultation (“Vertical Supervision”) with an advanced trainee; however, this would be above the minimum 2 hours with a licensed staff psychologist.

TRAINING EXPERIENCES

Psychology Service has responsibilities in all areas of the Medical Center with direct ongoing clinical work concentrated in the major areas described below. Generally, each staff psychologist has a primary clinical care assignment in one area. In addition, many staff are involved with consultation services to the entire Medical Center. Practicum students may select training experiences in any of the areas listed below. Please note: rotations available are subject to staff availability at any given time. You may contact the Training Director to discuss availability of rotations during any given year; however, we will not know for certain until after February 28, when internship and postdoctoral selections have been made.

Inpatient Mental Health

There are four treatment units devoted to acute, geropsychiatric, and longer term/rehab psychiatric treatment. Treatment teams consist of a psychiatrist, psychologist, social worker, physician assistant, nursing staff, and allied health care workers such as dietitians, occupational therapists, pharmacists, recreation therapists, and chaplains. The treatment teams provide direct patient care assessment and treatment services. Patients admitted to these treatment units manifest a wide range of clinical disorders. Psychologists on these units serve as multidisciplinary team members and provide a full range of psychological services, including interview based assessment, psychological testing, crisis intervention, individual and group psychotherapy and counseling, and consultation services to members of the multidisciplinary treatment teams.

PTSD Residential Rehabilitation Treatment Program (PTSD-RRTP)

This 32-bed unit provides assessment and treatment of combat-related Post Traumatic Stress Disorder in a residential setting. The multidisciplinary team consists of psychologists, social workers, nursing staff, a psychiatrist, a physician assistant, recreation therapists, chaplains, a dietician, as well as other allied health care workers. Veterans accepted for treatment to the PTSD RRTP are admitted to the Integrated Recovery Track (IRT). The IRT provides Veterans the opportunity to establish a stable foundation of recovery from posttraumatic stress disorder (PTSD) and co-occurring difficulties such as substance use and other mental health disorders. This track utilizes a rolling admissions format for scheduling Veterans for admission. Upon completion of this track, Veterans are either discharged from the program and resume an outpatient level of care or they are transitioned into the Cognitive Processing Therapy (CPT) Track. The CPT Track is a cohort program and it is a six week program. Veterans in the CPT track participate in group therapy that emphasizes reviewing combat traumas while examining the ways in which those events have changes ones thoughts and beliefs, and how those thoughts influence the Veterans current feelings and behaviors. In addition, Veterans participate in a range of coping skills and skill building groups as well as therapeutic outings in the community. Veterans also have access to Prolonged Exposure (PE) while participating in PTSD RRTP programming. Practicum Students on this unit have a broad spectrum of opportunities for experience in group psychotherapy,

individual psychotherapy, psychological assessment, and family therapy/counseling. A minimum commitment of 20 hours per week is required for this rotation.

Post-Traumatic Stress Disorder Clinical Team (PCT)

The outpatient PTSD clinic provides assessment and treatment for veterans with combat-related PTSD. The clinic provides individual, couples, and family therapy, pharmacotherapy, and several specialized group therapies. Evidence based psychotherapies including Prolonged Exposure, Cognitive Processing Therapy and Cognitive Behavioral Therapy for Insomnia are provided. Practicum Students would have the opportunity to observe and gain experience with many of these therapies, along with experience in psychometric and interview assessments of PTSD. One of the psychologists assigned to the PCT is a PTSD/Substance Use Disorder Specialist and there is also opportunity to work with patients with co-occurring PTSD and substance misuse.

Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)

The SARRTP is a residential treatment program for patients with problems with alcohol and other drugs. This multidisciplinary unit treats both drug and alcohol dependent patients in the same program after they have been detoxified. The program emphasizes individual and group psychotherapy. The principles and philosophy of Twelve Step recovery are integrated into treatment which consists of identifying and defining one's addiction and recovery, learning danger signs of relapse and how to manage them, and establishing an aftercare plan to support a long term substance free lifestyle. Assessment techniques include interview based psychological assessment, behavioral assessment, and, on a limited basis, psychological testing. In addition, patients receive didactic presentations, occupational therapy, vocational rehabilitation therapy, educational therapy, recreational therapy, and kinesiotherapy. Practicum students with a rotation on this unit have the opportunity to receive training in group therapy, individual therapy, clinical interview assessment, and psychodiagnostic testing.

Psychosocial Residential Rehabilitation Treatment Program (PR RTP)

The Psychosocial Residential Rehabilitation Treatment Program is a 40-bed, residential rehabilitation treatment program for Veterans with various mental health, substance abuse, and psychosocial needs. The program is Recovery-oriented and assists Veterans towards achieving their self-identified goals. A variety of groups including APPR (Action Planning for Prevention and Recovery), anger management, cognitive behavioral relapse prevention, Cognitive Processing Therapy, Seeking Safety, money management, job search, and other groups, as well as individual psychotherapy, are available to participating Veterans. The multidisciplinary treatment team includes psychiatry, PA, nursing, peer support, psychology, social work, nutrition and other disciplines. Trainees who opt for a rotation on the PR RTP receive training and supervision in individual psychotherapy, group psychotherapy, case management, family interventions, and psychological assessment.

Community Living Center

The mission of the Community Living Center is to provide compassionate care to eligible Veterans with sufficient functional impairment to require this level of care. Veterans with chronic stable conditions including dementia, those requiring rehabilitation or short term specialized services such as respite or intravenous therapy, or those in need of comfort and care at the end of life are served in the CLC. A full-time psychologist functions as part of a multi-disciplinary team. Psychological services provided include: cognitive and psychological assessments, individual and group therapy, family counseling, team

consultation and milieu planning, behavioral planning. Practicum students can also gain experience in interventions that assist Veterans and families cope with death and dying issues on the Palliative Care Unit.

Neuropsychological Assessment

During this 6 to 12 month rotation, practicum students will work as part of the Neuropsychology team learning the clinical skills necessary to perform neuropsychological assessments. As part of this team, the student will gain experience with a broad range of neurocognitive disorders and neuropathological conditions. Students will become familiar with the flexible battery approach to neuropsychological assessment and will learn qualitative and quantitative assessment techniques which are designed to answer specific consultation questions. The student will hone their clinical interviewing skills as well as obtain experience interacting with the patient's families. Referrals are accepted from the entire medical center including General Medicine, Psychiatry, Neurology and Psychology services. A majority of clinical consults are done on an outpatient basis. Additional opportunities for inpatient neuropsychological assessment and consultation may be available. The student will be exposed to various neurocognitive disorders such as Alzheimer's disease and other dementias, demyelinating disorders, seizure disorders, vascular disease, stroke, traumatic brain injury, aphasia, amnesic syndromes, and psychiatric disturbances.

As a specialty within psychology, this rotation will be most appropriate for individuals pursuing advanced training in Clinical Neuropsychology, including plans to apply for an APA-accredited internship with significant emphasis on neuropsychology as well as completing a 2-year post-doctoral fellowship. That being said, individuals who with interest in advanced assessment skills, rehabilitation psychology, health psychology, or geriatric psychology would be well served as well. Previous coursework in physiological psychology, neuropsychology, or neuroanatomy is helpful for this rotation. Previous practicum experience in administering cognitive measures beyond intelligence or academic achievement measures is strongly recommended for maximum success during this rotation, although less experienced students can expect to develop solid assessment and interviewing skills. Students will receive a minimum of 2 hours of supervision per week. As Battle Creek VAMC has an APA accredited internship program, practicum students will have the opportunity to interact with more advanced students and attend didactic seminars along with them. Early in the rotation, the supervisor and student will see patients jointly, with the student working toward greater autonomy as their skill base increases. Students in the neuropsychology rotation will gain experience in the following skills and activities:

1. Increased familiarity with approaches to neuropsychological assessment.
2. Exposure to and basic understanding of neuroanatomy
3. Increased familiarity with a variety of neurocognitive disorders, including but not limited to: Alzheimer's disease and other dementias, demyelinating disorders, seizure disorders, vascular disease, stroke, traumatic brain injury, aphasia, amnesic syndromes, and psychiatric disturbances
4. Learning to write clinically relevant reports
5. Learning to administer, score, and evaluate a wide variety of neuropsychological instruments

Health Psychology

Health psychology is behavioral health consultation to Primary Care providers and staff as well as intervention in chronic disease management with Veterans. This rotation includes a blend of consultation and clinical intervention. Practicum students have the opportunity to experience clinical

psychology translation into a primary care setting. This allows the opportunity for teaching behavioral health topics and consulting with providers and medical teams on difficult behavior change with Veterans. Coping, adherence to medical intervention and appropriateness for medical interventions are focal. Individual and group short-term, solution focused therapy via face-to-face, telephone and Clinical Video telehealth media are utilized. Additional possible experiences include bariatric pre-surgical evaluation, implementation and evaluation of behavioral health groups, and exposure to work within various outpatient clinics. As Battle Creek VAMC has an APA accredited internship program with a designated Primary Care Track, practicum students will have the opportunity to interact with more advanced students and attend didactic seminars along with them.

ADMINISTRATIVE POLICIES AND PROCEDURES

Conduct

It is important that practicum students conduct themselves in an appropriate, professional manner in all interactions with patients and other staff of the Medical Center. Under no circumstances should students accept gifts from, or engage in any monetary transactions with VA patients or family members. Practicum students are expected to abide by all ethical guidelines as stated in the APA's Ethical Principles for Psychologists. Students will receive a copy of these guidelines. Notify your supervisor, Director of Training, or the Chief, Psychology Service immediately if you are asked to engage in unethical behavior or if you have any questions regarding ethics. Serious conduct violations may result in termination of the practicum appointment. Substantiated allegations of patient abuse are also grounds for termination.

Evaluation

The evaluation process at Battle Creek VAMC is designed to be growth-promoting, ongoing, and multidirectional. Supervisors provide regular informal feedback to foster the development of practicum student competencies and professionalism. Practicum Students are invited to provide similar feedback to supervisors regarding their experiences of the rotation and supervision. Formal evaluation of student progress within their rotation is completed at the midpoint and end of rotations. Evaluation forms will vary according to doctoral program requirements. When no specific form is required, evaluations will generally involve, at minimum, a narrative description of strengths and areas for growth. At the midpoint in particular, any areas of deficiency will be discussed and an improvement plan developed accordingly. Formal evaluations will be shared with students and their respective training programs. Evaluations will be based, in part, on direct observation of the students' abilities via in-person observation, video, streaming video, co-therapy, or one-way mirror. Students are asked to complete a formal evaluation of their training experience at this site, including evaluation of rotation and supervisor. Students are encouraged to share their feedback directly with their supervisor; however, they may provide the evaluation form directly to the Director of Psychology Training, confidentially.

Absences and Leave

When placed at our site, supervisors and their associated clinics adapt patient flow to accommodate an extra student. Consequently, any absence from the usual tour of duty may cause a significant disruption in patient care. Practicum students are allotted 5 excused absences over the course of the year— absences beyond this may need to be made up at the discretion of the supervisor and training council. If a trainee needs to be absent, they may work with their supervisor to shift their days on campus and

make up the missed date. Excessive shifting can be as disruptive as the absence itself, so close collaboration with their supervisor is needed. The practicum student should inform their supervisor of any expected absence as soon as possible and discuss with their supervisor how to minimize any patient care disruption. Each supervisor will discuss specific procedures for unexpected absences (e.g. due to illness or otherwise), which at minimum will involve alerting the supervisor as soon as possible as well as alerting the appropriate clinic. If a practicum student cannot reach their primary supervisor, contacting the Training Director or Associate Training Director for Practicum is indicated.

Identification Badges

All trainees and staff are required to wear identification badges at all times during duty hours. Identification badges will be issued to trainees at the start of the training year.

Test Materials, Equipment and Keys

Obtaining of keys will be facilitated by Psychology Service secretary. Testing equipment may be checked out by the trainee via their supervisor, who has access to the testing resources SharePoint. Additional materials and keys provided to the trainee by the supervisor for use over the year should be returned before the trainee exits the program or when requested by the supervisor.

Emergency Contact and Telephone Changes

Trainees should give the Service secretary their current home address and phone number during the week of orientation. It is also the trainee's responsibility to notify the Service secretary of any changes in address or phone number during the year.

Emergency Consultation

For an immediate problem, the trainee is expected to contact his/her supervisor(s) first. The supervisor may designate an alternate supervisor, usually a psychologist on the same unit/clinic, for emergent supervision needs when the primary supervisor is not available. If the immediate supervisor or alternate is not available, the trainee should contact the Director of Training, Associate Director for Practicum or the Chief, Psychology Service (in that order) for emergency consultation. If, in the course of conducting patient assessment or treatment, the trainee has any concern about a patient's dangerousness to self or others, the trainee is required to bring this to the supervisor's attention as soon as possible or necessary to prevent untoward outcome. For outpatients, this consultation should occur prior to the patient's leaving the Medical Center. For inpatients, this consultation should occur as soon as possible, but no later than the end of the same day as the concern occurs, as protection for both the patient and trainee. The supervisor will then determine whether any steps need to be taken to protect the patients or others, and will assure that documentation appropriately reflects actions taken.

Grievance Procedures

Practicum students have a responsibility to address any serious grievance that they may have concerning the Psychology Training Program, the Psychology Service, or the Medical Service. A student has a grievance if he or she believes that a serious wrong has been committed and that a complaint is in order. A grievance may be addressed either formally or informally. Usually, an effort should be made to attempt to resolve the grievance informally. The student may attempt to direct resolution of the grievance with the involved party, or the student may informally address the grievance with a

supervisor, the Associate Training Director for Practicum, Psychology Training Director, or Chief, Psychology Service.

If an informal procedure does not satisfactorily resolve the grievance, or a formal procedure is indicated, the practicum student should prepare a written statement describing the grievance and any actions taken to try to resolve the grievance, and submit the written statement to the Psychology Training Director with a copy to the Associate Psychology Training Director for Practicum and the Chief, Psychology Service. Within 10 working days, the Psychology Training Director or Chief, Psychology Service will provide a written response describing any decisions made and any corrective actions taken. The student also will be informed if further consideration of the grievance is required.

The Psychology Training Director or Chief, Psychology Service will notify the Training Council if a grievance has the potential of affecting the practicum student's evaluation of the training program, or if it might substantially affect the future conduct or policies of the training program. The Psychology Training Director or service chief will notify the Training Council if the practicum student has requested an appearance before the Council.

Throughout the grievance process, everyone involved is expected to be sensitive to the privacy, confidentiality, and welfare of others. Although the Training Council will be sensitive to the privacy and confidentiality of the individuals involved in a grievance, the Council reserves the right to discuss among its members any grievance that is brought to its attention from any source. If the Council desires a discussion with anyone associated with the grievance, it will make this request to the Chief, Psychology Service.

It is not the charge of the Training Council to judge the actions of those involved in a grievance or to have direct responsibility for the resolution of the grievance. The responsibility of the Training Council is to ensure that a practicum student is evaluated fairly, to ensure that a practicum students training experience meets national training guidelines and policies of the training program, and to advise the Psychology Training Director and Chief, Psychology Service.

The Chief, Psychology Service has the ultimate responsibility for the sensitive, proper, and appropriate evaluation of all practicum student grievances against Psychology Service personnel and will make the final decision concerning a grievance. The Chief, Psychology Service also is responsible for maintaining equitable and unbiased procedures. The Chief will eliminate any conflict of interest in the evaluation of a grievance.

Should these procedures fail to resolve a grievance, the practicum student is asked to communicate the grievance in writing to the appropriate official at the student's university who is responsible for training placement with a copy of that communication to the Psychology Training Director and the Chief, Psychology Service. If a joint decision of the training program and the university cannot be reached, the decision of the Chief, Psychology Service will be final per authority of the Department of Veterans Affairs. The University may, at its discretion, report any disagreement to the APA Accreditation Council.

The practicum student may also discuss a grievance with the Chief, Human Resources Management Service to determine other procedures for addressing a grievance within the policies and procedures for the Department of Veterans Affairs.

PRACTICUM TRAINING STAFF

Sharonda C. Ayers, Clinical Psychologist
Substance Abuse RRTP
Ph.D., 2010 Saint Louis University
Theoretical Orientation: Cognitive-Behavioral
Interests: Substance Abuse, Empirically Supported Treatments

Steven Crocker, Clinical Psychologist
Inpatient Mental Health
Ph.D., 2004, Washington State University
Theoretical Orientation: Cognitive-Behavioral
Interests: PTSD; Neuropsychology; Geropsychology

Scott A. Driesenga, Clinical Psychologist
PTSD Program Manager
Ph.D., 1991, Fuller Theological Seminary
Theoretical Orientation: Cognitive-Behavioral
Interests: Post Traumatic Stress Disorder, Social skills training

Scott E. Kerby, Counseling Psychologist
Inpatient Mental Health
Ph.D., 2009, Western Michigan University
Theoretical Orientation: Cognitive-Behavioral
Interests: Ethics, Substance Abuse, Psychotherapy Process

Jessica H. Kinkela, Clinical Psychologist
Psychology Training Director/Neuropsychology
Ph.D., 2008, Ohio University
Theoretical Orientation: Behavioral & Cognitive Behavioral
Interests: Neuropsychology, Health Psychology, Geropsychology

Joan McDowell, Clinical Psychologist
Dual Diagnosis Clinician, PTSD PCT and RRTP
Ph.D., 2007, Eastern Michigan University
Theoretical Orientation: Cognitive-Behavioral
Interests: Motivational Enhancement, Positive Psychology

Nicole R. Najar, Clinical Health Psychologist
Health Behavior Coordinator, Primary Care
Psy.D. 2008, Alliant International University
Theoretical Orientation: ACT, CBT, Object Relations
Interests: Primary care education, weight management, reproductive grief

Steve H. Pendziszewski, Clinical Psychologist
Inpatient Mental Health
Psy.D., 1992, Illinois School of Professional Psychology
Theoretical Orientation: Integrative, Existential

Interests: MCMI-III, Personality Disorders, Myth & Ritual in Psychotherapy, Religion and Spirituality in Psychology

Jessica Rodriguez, Clinical Psychologist

PTSD Residential Rehabilitation Treatment Program, Associate Director of Practicum Training

Ph.D., 2011, Central Michigan University

Theoretical Orientation: Cognitive-Behavioral

Interests: PTSD, Trauma and Recovery, Evidence-Based Treatments, Panic Disorder

Ann C. Smolen-Hetzel, Counseling Psychologist

Community Living Center

Ph.D., 2010, Virginia Commonwealth University

Theoretical Orientation: Cognitive-Behavioral; Interpersonal; Existential

Interests: Geropsychology; Palliative Care and End-of-life Issues; Adjustment to Aging; Best practices for dementia care including staff education efforts

Theodore Wright, Clinical Psychologist

PTSD Residential Rehabilitation Treatment Program

Ph.D., 2002, Western Michigan University

Theoretical Orientation: Behavioral

Interests: Trauma and Recovery, ACT, Prolonged Exposure, Addiction

APPLICATION PROCESS

Completed application packages may be submitted at any time, but applications must be complete by MARCH 15. Final selection will be made by March 31. If an earlier decision is requested, please contact the training director.

Applications must be submitted electronically. Please email your complete packet to: both the Training Director, Jessica.kinkela@va.gov and Associate Training Director, Jessica.Rodriguez5@va.gov. Total attachment size must be less than 4 MB. If larger, please split into two emails. Letters of recommendation and readiness may be emailed directly to Dr. Kinkela and Dr. Rodriguez from the letter writer's professional email address. No paper applications will be accepted.

Required Application Materials:

- A. Completed current Psychology Practicum Training Application.
- B. A letter or brief email attesting to your readiness for practicum from your Director of Clinical Training (this does not have to be a letter of recommendation). Preference is emailed directly to Dr. Kinkela and Dr. Rodriguez from their professional email address.
- C. Two letters of recommendation, preferably from doctoral level psychologists, who are familiar with your academic work, practicum performance, or other pertinent experience. One of these letters can also be from your Director of Clinical Training if this individual is familiar with your work. In this case, you will only have two letters in your packet. Preference is emailed directly to Dr. Kinkela and Dr. Rodriguez from their professional email address.
- D. Graduate transcripts (unofficial are acceptable)
- E. Current Curriculum Vitae
- F. A cover letter/brief essay (see instructions within application)
- G. Signed Agreement Regarding Representation of Training Experience
- H. Additional federal employment forms and processes may be required even for trainees who serve without compensation (WOC).

**BATTLE CREEK, MI VA MEDICAL CENTER
PSYCHOLOGY PRACTICUM PROGRAM APPLICATION**

Part 1:

Please rank order those areas of training to which you are interested (please contact the Training Director after February 28 to affirm which rotations will be available):

- Community Living Center (CLC)
- Inpatient Mental Health (IMH)
- Neuropsychology
- Psychosocial Residential Rehabilitation Treatment Program (PRRTP)
- PTSD Residential Rehabilitation Treatment Program (PTSD-RRTP)
- Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)
- PTSD Clinical Team (PCT) Outpatient
- Health Psychology

Name:

Email Address:

Mailing Address:

Work Phone: Home Phone: Cell Phone:

U.S. Citizen: Yes No

****All trainees must be United States citizens per national regulations****

Graduate School:

Director of Training:

APA Accredited: Yes No (MUST BE ACCREDITED TO APPLY)

Type of Program: Clinical Counseling

Type of degree: Ph.D. Psy.D.

Status in graduate program, both currently and anticipated as of July 1:

(If unsure, provide approximate dates of completion)

Date of completion of course work for doctoral degree:

Date of completion of any qualifying examinations:

Date of completion of dissertation:

Name of person writing the letter of readiness:

Names of persons writing letters of recommendation:

Part 2:

Please provide a cover letter/brief essay that addresses the following (<2 pages, 1 inch margins, Calibri 11 font)

- Your interest in the emphasis area(s) to which you are applying and the goals for the practicum placement. Be specific regarding the types of clinical experiences you are seeking. Also, please describe how these goals fit within your overall plan for clinical training during graduate school (you may describe more than one emphasis area)
- Prior clinical experiences, particularly with manualized/evidence based therapies and areas that you identify for growth during your clinical year.
- Preferred styles of supervision, including the amount of direct observation (e.g. via video, one-way mirror, streaming video, co-therapy) your prior supervisors have provided.
- Number of WAIS-IV and MMPI-2 administered clinically to adults.
- When you plan to apply for internship and any experiences you need to be competitive in the internship process.

Agreement Regarding Representation of Training Experience

I, _____(printed name) understand that I am applying for a training experience with the Psychology Service of the Battle Creek VA Medical Center that is classified as a Practicum Placement. Should I be accepted, I agree to represent this training at all times as an “Practicum Placement,” and I agree not to represent it anywhere (whether verbally, on a CV, to a license agency, etc.) as an “Internship” or as part of an internship. While my graduate school may count this practicum experience toward its internally defined criteria for satisfying “internship” requirements, I will make sure that it does not represent to anyone externally that I obtained part or all of an “internship” at the Battle Creek, MI VAMC

Signature:

Date: _____