

Psychology Postdoctoral Residency Program Battle Creek VA Medical Center

Psychology Service (116B)
5500 Armstrong Road
Battle Creek, MI 49037



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

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The Battle Creek VA Medical Center (BCVAMC) is currently recruiting applicants for 4 positions within our Psychology Postdoctoral Residency Program in Clinical Psychology. Two positions will be located at the main campus of the Battle Creek VAMC located in Battle Creek, Michigan. One position will be at the Wyoming Health Care Center (WHCC) located 5 miles south of Downtown Grand Rapids, Michigan. The final position will be split between WHCC and BCVAMC. **Our Aim is to prepare early career psychologists for entry level positions in health service psychology at the VA equivalent of GS-12 within the context of interprofessional practice.** Specific training experiences relevant to both the Battle Creek VAMC and WHCC settings are described below.

The Residency positions are full-time and require 2080 hours of training during the 12-month appointment, starting on or around September 1. The stipend rate for full-time psychology Residents is \$42,310. Comprehensive benefits are available to VA trainees, including medical insurance, paid sick and vacation leave, as well as 5 days of guaranteed authorized leave for professional activities during the training year.

ACCREDITATION STATUS

The Psychology Postdoctoral Residency Program at the **Battle Creek VA Medical Center** is not currently accredited by the Commission on Accreditation of the American Psychological Association.

*This document may contain links to sites external to Department of Veterans Affairs.
VA does not endorse and is not responsible for the content of the external linked websites.*

*Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

APPLICATION & SELECTION PROCEDURES

Eligibility

All applicants must

- Be United States citizens
- Have received a Doctorate in Clinical or Counseling Psychology from an APA accredited clinical or counseling psychology doctoral program
- Have completed an internship accredited by the APA Commission on Accreditation or have completed a VA-sponsored internship.

Please see the Department of Veterans Affairs Psychology Training site for a complete description of eligibility requirements. (<http://www.psychologytraining.va.gov/eligibility.asp>)

In accordance with the Federal Drug-Free Workplace Program, Residents accepted here may be asked to submit a urine specimen prior to or at the beginning of the training year. Other branches of the federal government (e.g. Office of Personnel Management) may conduct routine background checks at their discretion.

All clinical staff, including psychology Residents selected for this program, must provide proof of Basic Life Support (BLS) certification prior to working at this facility. Certification must be completed, at the Resident's expense, prior to the starting date of the Residency. Residents selected for this program will be contacted to ensure this is completed.

Sensitivity to Diversity

The Battle Creek VA Medical Center in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes. Our Residency program welcomes and strongly encourages applications from all qualified candidates, regardless of gender, gender identity, age, religion, race, ethnicity, culture, nationality, socioeconomic status, sexual orientation, disability, or other minority status. Students from diverse cultural backgrounds are strongly encouraged to apply.

Travel

Residents matching to this site will be expected to engage in some travel between the WHCC and the Battle Creek VA Medical Center. Residents will be required to drive to Battle Creek (Approximately 60 miles) during working hours at a minimum of twice monthly. Additional travel between sites to participate in peer support, completion of research activities and engaging in site-specific training opportunities may be required and will occur during business hours. Didactic experiences will take place

at both sites, either in person or via videoconferencing depending on the location of the presenter. Individual supervision will always be face-to-face, on site.

Licensure:

All psychology Residents are required to apply for a Michigan Doctoral Education Limited License for Post-Doctoral Degree Experience as soon as possible after being notified of acceptance although final conferral of the Limited License requires proof of completion of internship and all requirements for graduation. This is to facilitate future licensure in the state of Michigan. Residents are referred to the Michigan Board of Psychology for additional details. This program meets requirements for postdoctoral experiences to qualify for licensure within the State of Michigan; however, Residents should examine licensure requirements for any state in which they might ever desire to be licensed. The Battle Creek VAMC Psychology Residency training program will attempt to meet those requirements if possible, should we be informed of them.

Application Process

The Battle Creek VAMC will utilize the APPIC Psychology Postdoctoral Application Centralized Application Service (APPA CAS). Additional details are found here:

<http://www.appic.org/About-APPIC/Postdoctoral/APPA-Postdoc-Application-Information>

Prospective Residents are asked to submit a cover letter detailing their career aspirations and how this training program is suited to help in achieving them. Applicants should clearly state to which positions they are applying within their cover letter. Applicants are invited to apply to more than one position. It is understood that applicants applying for multiple positions may have a slightly longer cover letter. Also, applicants should submit 3 letters of recommendation, a current CV, and graduate school transcripts. We also request a statement of dissertation status from your dissertation chair, including anticipated completion date. If your chair is one of your letter writers, dissertation status may be addressed in that letter without the need for an additional statement.

The above materials should be submitted electronically via the APPA CAS.

Selection Criteria and Process

Selection will be based on the goodness of fit between the applicant's training goals and prior experiences with the training offered within the Residency program.

Notification of Selection

Our Psychology Postdoctoral Residency program is a member of Association of Psychology Postdoctoral and Internship Centers (APPIC). We will follow APPIC guidelines regarding application and selection processes.

More information about APPIC Postdoctoral Selection Guidelines is found here:

<http://www.appic.org/About-APPIC/Postdoctoral/APPIC-Postdoctoral-Selection-Guidelines>

Contact Information

Further information regarding the Battle Creek, MI VAMC Psychology Postdoctoral Residency Program may be obtained by visiting our website:

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

You may also email (preferred) or telephone the Director of Training or Associate Training Director for Clinical Psychology Residency:

Jessica H. Kinkela, Ph.D. ABPP-Clinical Neuropsychology

Director of Psychology Training
Psychology Service (116B)
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Application materials should be submitted by January 9. Notification of interview selection will occur by January 15. Interviews will occur the first two weeks of February and may take place in-person on site or via video/telephone modalities according to applicant preference.

Interview dates for the 2017-2018 application year are as follows:

February 8 & 9: Primary Care/Behavioral Medicine position

February 10, 13, 14, 15, 16: All other positions

PSYCHOLOGY SETTING

Overview of the Medical Center

The Battle Creek Veterans Affairs Medical Center (BCVAMC) operates with five locations. The main Battle Creek facility lies 20 miles to the west of Kalamazoo, and the Medical Center is about two hours from Detroit and three hours from Chicago. There are 91 inpatient psychiatric and intermediate medical beds, 92 residential rehabilitation beds, 11 acute medical beds, and 100 beds in the Community Living Center. The Medical Center has a fine Medical Library, and excellent library facilities are available at the nearby campus of Western Michigan University.

Approximately 50 miles north of the main Battle Creek Campus is the Wyoming Health Care Center (WHCC), which is a 100,000 sq. ft. facility that encompasses outpatient primary and specialty medical care as well as comprehensive outpatient mental health services. Just 5 miles south of Downtown Grand Rapids, Michigan, this facility opened for patient care on December 1, 2014.

In addition to these, the BCVAMC has community based outpatient clinics in Benton Harbor, Muskegon, and Lansing Michigan. Home Based Primary Care provides in-home services throughout the entire Battle Creek VAMC catchment area. A Vietnam Veterans Outreach Center is also located in Grand Rapids.

Mission

The MISSION of the Battle Creek VA Medical Center is to provide primary medical care, comprehensive psychiatric care, specialty care, extended care and related social support services to Veterans in 22 counties of the southwest lower Peninsula of Michigan. As a hub for Mental Health services, Veterans are also referred from throughout Michigan and neighboring states for services. Further, the mission of the Medical Center is to honor America's Veterans by providing exceptional health care that improves their health and well-being. The VISION of the Battle Creek VA Medical Center will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient centered and evidence based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning discovery and continuous improvement. It will emphasize prevention and population health and contribute to the nation's well-being through education, research and service in National emergencies. The Core VALUES of the Medical Center are: Integrity, Commitment, Advocacy, Respect, and Excellence—I CARE!. The Strategic Priorities of the Medical Center are Access, Performance, Mental Health, Recruitment and Retention, Resource Management, and Communication and Outreach.

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 Residency program is viewed as an integral part of the Medical Center's and Psychology Service's missions. The Battle Creek VAMC Psychology Service is committed to providing high-quality Residency level training in psychology, which includes in-depth training in applied skills and exposure to a variety of clinical professional issues.

Psychology Service

Embedded within the Mental Health Service of the BCVAMC, Psychology Service is the main chain of command for the Psychology Training Program. Across the five locations, psychologists provide 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. Primary Care-Mental Health Integration and Health Psychology work closely with Primary Care and medical specialty services to provide assessment and behavioral health interventions. 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 who serve as supervisors for the Psychology Training Program. 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. All supervising psychologists are fully, independently licensed in psychology within the jurisdiction in which they practice. Usually, this means they hold a Michigan Psychology license; however, some may hold licenses from other states. Psychology service, as

part of the broader medical center, has access to a quality in-house and electronic medical library. A variety of assessment and intervention tools and materials are available for Residents to use. Ongoing professional development activities are offered for all staff, in which Residents are invited to participate as space allows.

TRAINING MODEL AND PROGRAM PHILOSOPHY

Within the Battle Creek VA Medical Center Clinical Psychology Postdoctoral Residency Program, we offer and implement a traditional practice program in Clinical Psychology within an interprofessional context. We provide training consistent with the *APA Standards of Accreditation for Health Service Psychology* at the advanced competency level expected of postdoctoral Residents. As we are in the process of expanding our formal research program both within psychology training as well as within the medical center as a whole, we identify with and conceptualize from a scientist-practitioner model. Residents are strongly encouraged to generate new research projects and/or join current research projects already underway at this facility.

We recognize that Health Service Psychology requires competency in as a profession demonstrates strengths in the areas of theory, research, assessment, psychotherapy, consultation, and ethics. We aspire to help future psychologists bring these strengths to bear in the provision of psychological services in a changing health care environment. At the postdoctoral level, we aim to train ethically grounded, culturally aware clinical psychologists with advanced competency in thoughtful development and application of evidence-based psychological assessment, treatment, and consultation skills for the benefit of persons and organizations, particularly within an interprofessional environment.

TRAINING AIM & COMPETENCIES

Despite the differences in practice locations and specifics of rotations/supervisors, the overarching aim and associated competencies of our program is the same:

AIM: Prepare early career psychologists for entry level positions in health service psychology at the VA equivalent of GS-12 within the context of interprofessional practice.

Expected competencies, as well as the training methods that will used to develop those competencies are as follows:

1. Residents demonstrate competence in the **Integration of Science and Practice**, applying the scholarly literature to all professional activities in their setting as well as conducting quality improvement/outcome assessment evaluation or research appropriate for this complex medical center.

TRAINING METHODS: Experiential. Trainees will demonstrate and develop this ability within their professional work, monitored and guided by their supervisors. Trainees will complete a research/quality improvement project that includes substantial literature review, which will be presented during Mental Health Grand Rounds. Trainees will demonstrate integration of diversity research into clinical practice during the diversity case presentation to other trainees.

EVALUATION: Resident will obtain a Level 5 or higher rating on

2. Residents demonstrate competence in **Ethical and Legal Standards** by conducting themselves ethically at all times, recognizing ethical dilemmas as they arise, applying ethical decision-making processes to resolve them and demonstrating knowledge of and acting in accordance with:
 - a. The current version of the APA Ethical Principles and Code of Conduct,
 - b. Relevant laws, regulations, rules, and policies governing health service psychology in at the Battle Creek VA Medical Center as well at the state and federal level.
 - c. Relevant professional standards and guidelines both within the Veterans Health Administration and beyond.

TRAINING METHODS: Experiential. Trainees will demonstrate and develop this ability within their professional work, monitored and guided by their supervisors. Trainees will attend monthly Interprofessional Ethics didactic, which includes each Trainee presenting an ethical issue.

3. Residents demonstrate competency in **Individual Differences and Cultural Diversity** including:
 - a. An understanding of how their personal/cultural history impacts how they understand and interact with others;
 - b. Knowledge of current scholarly literature related to addressing diversity across all professional activities;
 - c. An ability to independently integrate that awareness and knowledge into all professional activities within our setting.

TRAINING METHODS: Experiential. Trainees will demonstrate and develop this ability within their professional work, monitored and guided by their supervisors. Trainees will attend monthly Diversity Series didactics where they are expected to take on an advanced role in guiding conversation as attendees. They will also formally lead one of the seminars, presenting a case to the group.

4. Residents demonstrate competence in **Interprofessional Practice** relevant to their setting including:
 - a. Describing the role of their own discipline in the context of working with other disciplines, including the common and unique knowledge base and skills of each.
 - b. Recognizes the interdependence of all disciplines and team participants in any decision-making process and apply that awareness in professional practice.
 - c. Defining broader concept of interdisciplinary teams including describing the roles of family members, community providers, and self-advocates, in addition to discipline representatives.

TRAINING METHODS: Experiential. Trainees will demonstrate and develop this ability within their professional work, monitored and guided by their supervisors. All Trainees will be involved in some form of mixed discipline team as a core part of their clinical experience and will consult with other disciplines. Trainees will attend several interprofessional didactics.

5. Residents applies **Patient Centered Practices** to all professional work including:
 - a. Fostering self-management, shared-decision making, and self-advocacy/direction
 - b. Soliciting the preferences, needs, and goals of the patient during clinical encounters and integrates that information into care plans and treatments

- c. Recognizing the role of caregivers/family in improving outcomes for Veterans and involves them in care-planning as desired by the Veteran.

TRAINING METHODS: Experiential. Trainees will demonstrate and develop this ability within their professional work, monitored and guided by their supervisors. Recovery Model and Patient-Centered practices are common topics within didactics, group supervision, and individual supervision.

6. Resident competently conducts **Assessments**, including:
 - a. Independently interpreting interview data and records, integrating relevant measures as indicated to develop appropriate diagnostic impressions and recommendations
 - b. Completing assessments in a timely, well-written and organized way
 - c. Providing meaningful feedback to patients, consulting providers, and/or team members
 - d. Attending to individual differences and cultural diversity

TRAINING METHODS: Experiential. Trainees will demonstrate and develop this ability within their professional work, monitored and guided by their supervisors. These will be highly specific to the setting of practice (e.g. PTSD-RRTP work will include significant involvement in the assessment clinic; Behavioral Medicine work could include bariatric pre-surgical assessment). Based on Trainee interest and experience didactics related to assessment issues are provided.

7. Residents provides **Intervention** appropriate to their setting demonstrating ability to:
 - a. Establish and maintain effective relationships with recipients of psychological services
 - b. Develop treatment plan informed by the current scientific literature, assessment findings, diversity characteristics and contextual variables
 - c. Implement interventions, evaluating intervention effectiveness and adapting according to ongoing evaluation
 - d. Apply relevant research literature to clinical decision making
 - e. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking

TRAINING METHODS: Experiential. Trainees will demonstrate and develop this ability within their professional work, monitored and guided by their supervisors. These will be highly specific to the setting of practice (e.g. PTSD-RRTP work will include significant Cognitive Processing Therapy work; Behavioral Medicine will include significant motivational interviewing; Mental Health will likely include elements of dialectical behavioral therapy). Trainees will attend introductory didactics, Grand Rounds, continuing education seminars about intervention as well as potential involvement in more comprehensive trainings.

8. Resident will demonstrate a high degree of **Professionalism** including:
 - a. Behave in ways that reflect the values and attitude of psychology such as integrity, deportment, professional identity, accountability, lifelong learning and concern for the welfare of others
 - b. Engaging in self-reflection regarding personal and professional functioning and independently engaging in activities to maintain and improve performance.
 - c. Actively seek and demonstrate openness and responsiveness to feedback and supervision
 - d. Respond professionally in increasingly complex situations

- e. Serve as a role model of professional behavior to other less developed trainees (e.g. practicum students, medical students, interns)

TRAINING METHODS: It is expected that this competency will have developed during graduate training and solidified during their internship year. Consequently they are not a specific target for this residency program; however, Trainees will have ample opportunity to demonstrate competency in this area during their routine professional work. Supervisors will monitor this competency within the Trainee's professional work to identify undeveloped aspects and implement remediation as necessary.

- 9. Resident demonstrates professional **Communication and Interpersonal skills** including
 - a. Developing and maintaining effective relationships with a wide range of individuals, including colleagues, community partners, supervisors, supervisees and those receiving professional services as well as their support persons
 - b. Producing and comprehending oral, nonverbal and written communications that are informative and well-integrated, demonstrating a thorough grasp of professional language and concepts
 - c. Demonstrating effective interpersonal skills and ability to manage difficult communication well

TRAINING METHODS: It is expected that this competency will have developed during graduate training and solidified during their internship year. Consequently they are not a specific target for this residency program; however, Trainees will have ample opportunity to demonstrate competency in this area during their routine professional work. Supervisors will monitor this competency within the Trainee's professional work to identify undeveloped aspects and implement remediation as necessary.

GENERAL STRUCTURE OF THE PROGRAM

Our program offers advanced postdoctoral training within the traditional practice areas of Clinical Psychology, with two different sites of training: the Battle Creek VA Medical Center (BCVAMC) campus in Battle Creek, Michigan and the Wyoming Health Care Center (WHCC) in Wyoming (Grand Rapids) Michigan.

Training is primarily experiential, with the Resident devoting the majority of their training year to clinical psychological services including consultation, intervention, and assessment for Veterans of wide-ranging demographic and mental health backgrounds. Residents also participate in weekly didactic seminars addressing Diversity, Interprofessional work, Ethics, Geriatric Issues and Professional Development. Additional topics of interest will be made available accordingly. Residents also are expected to lead the Diversity seminar at least once during the year. Residents attend Mental Health Grand Rounds, Psychology Continuing Education, and other relevant learning activities as available within the Medical Center. Residents are also invited to attend the monthly supervisor lunch with other staff members to further develop their supervisory skill as they work with psychology practicum students, medical students, and psychology interns. Residents also connect with each other for peer support. Research

and program evaluation are a key piece of the training sequence and Residents may elect to work together on a project of mutual interest. Although each Resident is located in a different facility, the clinical training experiences are very similar. All Residents receive 4 hours of structured learning activities, at least two of which will involve individual, weekly face-to-face supervision. Residents will have a minimum of 2 clinical supervisors over the course of the year. An additional hour of Group Supervision with the training director is provided weekly early in the training year, tapering to twice monthly as trainees become established.

The training aims and competencies above are consistent within all positions although due to slightly different structure of services at each site, the rotation titles/experiences are slightly divergent. Both sites provide:

- 1) A majority of time spend in direct clinical care activities with opportunities to engage in
 - a) Provision of evidence based individual and group interventions for a wide range of concerns appropriate to their setting.
 - b) Assessment of various concerns using any combination of interview and psychological measures appropriate to their setting.
 - c) Consultation between various professional disciplines
- 2) Opportunity to engage in geriatric specific work either within or in addition to their core clinical setting including:
 - a) a 20% time (2-4 month) intensive geriatric mental health experience in CLC, HBPC, or IMH (not available Behavioral Medicine/Integrate Care residents as geriatric work is part of core experiences within those settings)
 - b) Participation within a well-established, cohesive interprofessional team
 - c) Provision of specialized intervention and assessment services to older adults
 - d) Building awareness of issues most salient to an older adult population including delirium, dementia, polypharmacy, family/caregiver issues and psychosocial/developmental needs.
- 3) Opportunities to develop specific skills in working with veterans with complex medical and psychological presentations including PTSD, Chronic Disease, and Substance Use.
- 4) Experiences in outcome evaluation, program evaluation, and/or research.
- 5) Formal didactics addressing professional, geriatric, diversity, ethics and interprofessional topics.
- 6) Experiences in supervision and/or teaching.
- 7) Opportunities to tailor experiences to fill competency gaps and expand on areas already developed. (e.g. optional geriatric intensive, election of one over another RRTP, selection of groups to provide).

SPECIFIC POSITION STRUCTURES:

Outpatient Mental Health (PTSD/Trauma Focus) Battle Creek: Located in Battle Creek, Michigan, Residents training within this position will engage in the following with some minor variability possible.

- a) Mental Health Clinic (2 days weekly)—general mental health, early substance use change, sexual trauma, and other non-combat PTSD.
- b) PTSD Clinical Team (2 days weekly)—combat PTSD and dual diagnosis
- c) Administrative activities such as Research, Program Development/Evaluation, Professional Development, Peer support, Supervisor Development, Didactics, Teaching
- d) Optional: Geriatric Intensive in either CLC or IMH-Geriatric Unit either as an 8 week intensive, usually September-November or 1 day/week for six months.

Mental Health Residential Rehabilitation (PTSD/Substance Use/Psychosocial/SMI emphasis options): Located at the Battle Creek main campus, Residents training within this position will engage in the following rotations with some minor variability possible.

- a) MHR RTP (4 days/week), selecting two of the following with approximately 6-month sequential rotations:
 - a. PTSD-RRTP. Residential treatment of combat and non-combat PTSD and dually diagnosed.
 - b. SARRTP. Residential treatment of substance use disorders and dually diagnosed.
 - c. PR RTP. Residential treatment of Veterans with various mental health/SMI and psychosocial challenges.
- b) Administrative activities such as Research, Program Development/Evaluation, Professional Development, Peer support, Supervisor Development, Didactics, Teaching
- c) Optional: Geriatric Intensive in either CLC or IMH-Geriatric Unit either as an 8 week intensive, usually September-November or 1 day/week for six months.

Outpatient Mental Health (Possible PTSD focus) Wyoming Health Care Center: Located at the WHCC, Residents training within this position will engage in the following rotations with some minor variability possible. Travel to Battle Creek is expected approximately twice monthly. Government vehicle or carpool will be available.

- a) Mental Health Clinic (4 days/week)-general mental health including combat and non-combat PTSD & Substance use
- b) Administrative activities such as Research, Program Development/Evaluation, Professional Development, Peer support, Supervisor Development, Didactics, Teaching
- c) Optional: Intensive Geriatric training experience (Starting in September, 3-4 months, 4 days/week) in the Home Based-Primary Care Mental Health Team.
- d) Optional: Primary Care-Mental Health Integration experience, (up to 1 day/week)- brief, targeted interventions, triage of mental health care needs, assessment in a medical setting.

- e) Optional: Assessment Rotation (Up to 1 day/week) focusing on challenging psychodiagnostic differentials, treatment planning, cognitive screening.

Behavioral Medicine/Integrated Care: Located at both Battle Creek and WHCC, Residents training within this position will engage in the following rotations with significant variability in proportion of time in each. Travel is expected between sites and a government vehicle/carpool will be available.

- a. Health Psychology-Battle Creek VAMC location, provision of health interventions, assessment, and program development. (Required)
- b. Primary Care-Mental Health Integration-brief, targeted interventions, triage of mental health care needs, assessment in a medical setting. (Required)
- c. Optional: Integrated Pain Team (up to 1 day/week)-leading pain groups, brief pain interventions, participating in treatment teams.
- d. Optional: Cognitive Screening Rotation (Up to 1 day/week) focusing on brief cognitive screenings within the context of health complications/conditions.
- e. Administrative activities such as Research, Program Development/Evaluation, Professional Development, Peer support, Supervisor Development, Didactics, Teaching

Note, due to the high number of geriatric patients seen within this experience, a separate geriatric rotation is not offered for this Resident.

TRAINING EXPERIENCES AND SETTINGS

BCVAMC is a neuropsychiatric facility consisting of one VHA facility located in Battle Creek, Michigan, with 4 Community Based Outpatient Clinics (CBOCs) serving Veterans in 22 counties in the western lower peninsula of Michigan with 18 designated as rural and high need. In fiscal year 2012, 41% of new enrollees have been designated rural or highly rural. Primary training sites are the Battle Creek VAMC main campus in Battle Creek MI, and the Wyoming Health Care Center (WHCC), located in Wyoming (Grand Rapids) MI. The Residents will remain at either the main campus or the WHCC for the duration of the year. Specific trainee offices have been designated already thus there is ample room to accommodate the additional two Residents.

Battle Creek Main Campus Training Clinics:

The Mental Health Clinic (MHC) provides comprehensive outpatient psychiatric and therapeutic care from an interprofessional team approach including 3 psychologists, 2 social workers, 2 registered nurses, an advanced practice nurse, 3 psychiatrists, and 3 support assistants. Staff work together to coordinate the needs of the Veteran according to their preferences, drawing referrals from across the medical center as well as self-referrals. In addition to pharmacological interventions, individual, couples and family evidence-based treatments are offered as well as several groups including interpersonal relationships, anger management, and sexual trauma recovery. The mental health clinic also provides

PTSD services to those with non-combat traumas. It remains a key entry point for individuals in the pre-contemplation stage of change related to substance use. A Resident in this setting will function as a key member of the team, with broad exposure to various clinical populations for assessment and diagnosis, consulting with other team members as indicated.

The Post Traumatic Stress Disorder Clinical Team (PCT) provides assessment and treatment for Veterans with combat-related PTSD. The clinic provides individual, couples, and family therapy, pharmacotherapy, and many specialized group therapies. Evidence based psychotherapies including Prolonged Exposure, Cognitive Processing Therapy, Cognitive Behavior Therapy for Insomnia and Motivational Interviewing are provided. Residents 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. The team is composed of 3 psychologists, 2 social workers, 2 psychiatrists, a psychiatric nurse, and a clerk. The Resident will be involved in assessments, encouraged to deepen abilities to integrally conceptualize cases, develop and implement meaningful treatment plans, conduct individual psychotherapy and function as a co-therapist in group therapy. They will also have the opportunity to supervise practicum students as well as engage in research and program evaluation.

The Psychosocial RRTP (PRRTP) is a 40-bed, residential rehabilitation treatment program serving Veterans with a variety of mental health, substance abuse, and psychosocial needs. Veterans participating in the PRRTP range in age from approximately 20 to 70, and represent a diverse range of racial, ethnic and socioeconomic backgrounds. The program is Recovery-oriented and assists Veterans towards achieving their self-identified goals in order to maximize community living and potential. A variety of groups including Action Planning for Prevention and Recovery, Anger Management, Seeking Safety, money management, employment search, CBT relapse prevention, nursing education, VA University Groups (noted as a strong practice by the VA's Office of Mental Health Oversight) as well as individual psychotherapy, are available to participating Veterans. The multidisciplinary treatment team includes Psychiatrist, Physician's Assistant, RN,s LPNs,, NA,s, Peer Support Specialist, Psychologist, Social Worker, Vocational Rehabilitation Specialist, Nutritionist, and other disciplines. Residents will provide individual and group psychotherapy, assessment, and associated coordination of care with the multidisciplinary treatment team. Residents will be expected to participate in developing programming, such as creating a new group intervention, for the PRRTP. Residents will be involved in monitoring program outcomes and contributing to the enhancement of program outcomes monitoring.

The Substance Abuse RRTP (SARRTP) provides an intensive recovery environment for the treatment of substance-related and addictive disorders. Therapeutic, psychiatric/pharmacotherapy, and non-urgent medical care is provided to Veterans by an interdisciplinary team of three therapists (two social workers and one psychologist), a peer support specialist, a psychiatrist, a clinical pharmacist, a physician's assistant, registered nurses, and nursing assistants to address the social, psychological, physical, and spiritual consequences of alcohol, drugs, and other behavioral addictions. The Recovery Model serves as the basis for therapeutic intervention that integrates the empirically supported treatments of Motivational Interviewing/Enhancement Therapy, Cognitive-behavioral Therapy, Twelve-Step Facilitation, Wellness and Recovery Action Planning (WRAP) and medication-assisted treatments. Along with participation in interdisciplinary treatment team activities, provision of individual and group intervention rooted in best-practices, the opportunity for psychological assessment can be made available. Veterans are assisted with identifying and defining the nature of their personal addiction and recovery, learning the danger signs of relapse and how to manage them, and establishing

an aftercare plan to support a long-term substance-free lifestyle during their 28 day SAR RTP episode of care. Psychology Residents enhance their delivery of time-limited therapy, case management, and referral coordination in the execution of these services. The unique and complex nature of substance-related and addictive disorders positions Residents to interface with many VA treatment teams (PTSD RRTP/PCT, PR RTP, MHC) and VA service programs (VJO) in the course of meeting the wide-ranging needs of Veterans at the various stages of their recovery.

The PTSD RRTP (PTSD-RRTP) The residential PTSD program is a 32-bed program offering intensive treatment to Veterans with military-related PTSD and co-occurring difficulties, such as Substance Use Disorders and Major Depressive Disorder. The program uses a core interdisciplinary team made up of social workers, psychologists, a peer support specialist, a psychiatrist, a clinical pharmacist, a physician's assistant, registered nurses, and nursing assistants. In addition, staff from the chaplain service, a social worker from SAR RTP, dietitians, and recreational therapists are actively involved in programming for Veterans in the program. The program uses a step-wise approach to treatment. Veterans are initially enrolled into the Integrated Recovery Track (IRT) or Integrated Recovery Track-Substance Use (IRT-S) for a 22-day treatment program that focuses on developing skills to manage symptoms associated with PTSD, increasing a focus on recovery from PTSD, and learning to identify and regulate emotions more effectively. IRT-S also includes groups and classes addressing recovery from substance use disorders. Veterans complete a comprehensive assessment shortly after entering the program and at every transition point within the program. The treatment team monitors the progress of Veterans on an ongoing basis. Veterans who are ready for trauma-focused work upon completion of IRT or IRT-S are recommended for the 6-week Cognitive Processing Therapy (CPT) track or the 4-7 week Prolonged Exposure (PE) track. CPT is completed through a twice weekly cohort group combined with weekly individual sessions. PE is completed through twice weekly individual sessions and a weekly In Vivo Group. Veterans who have completed any of the treatment tracks and are in need of a short-term skills refresher treatment may participate in the 2-week Strategic Retreat Track. This track focuses on helping Veterans' re-engage in recovery-based skills and interventions already learned during their previous treatments. The PTSD-RRTP has a robust training component that includes the training of Bachelors level psychology students, Master's level psychology practicum students, and Psychology Interns, providing ample opportunity for Residents to gain supervisory experience. Therapy experiences are gained through individual, group, and family therapy, with an emphasis on evidence-based treatments. The collection of assessment data on all enrolled Veterans also provides Residents the opportunity to explore research questions associated with the treatment of Veterans with PTSD.

Geriatric Mental Health within the Community Living Center (CLC) or Inpatient Mental Health-Geriatric Unit (IMH-G)-Optional: For Residents who wish to further their older adult psychological service competencies, the most enriched training environments for older adult care include our Inpatient Mental Health Geriatric Unit and our Community Living Center. The CLC offers short-term physical rehabilitation and skilled nursing care, long-term dementia care and palliative/hospice care. Residents may have the option of being involved with the interprofessional Outpatient Palliative/Hospice care team (physician, psychologist, social worker, nurse). The IMH-G unit provides acute mental health care for older adults with varied concerns such as suicidal/homicidal ideation, schizophrenia, mood-disorder exacerbation, and cognitive impairment. These two settings have some of the most cohesive interprofessional teams on campus and there are abundant training opportunities for interprofessional collaboration and development of specific geriatric mental health care competencies. Residents electing a geriatric mental health intensive rotation will be involved in specialized assessments, medical decision-making capacity determination, adaptation of psychological treatments for older adults and medically or

cognitively impaired Veterans, and family/caregiver interventions. If elected, this rotation will last 6-8 weeks, usually at the onset of the training year.

Health Psychology: This experience allows Behavioral Medicine/Integrated Care Residents to explore providing services in a medical setting. This includes chronic disease self management, behavior change around managing chronic illness and obesity, evaluation specific to health factors (e.g. pre-bariatric surgery), and program development/evaluation in a primary care and specialty care clinic. Residents work closely with individuals of other disciplines to improve the wellness and quality of life of Veteran patients, such as with diabetes care. Residents may be able to work with developing and implementing new interventions. There is the option to be involved in transgender care are available. Consultation skill as well as brief, focused intervention are emphasized.

Wyoming Health Care Center Training Clinics:

The WHCC Mental Health Clinic is located within the over 90,000 sq. ft. “super-CBOC” in Wyoming, Michigan. Approximately 5,300 sq. ft. is designated for mental health. This space is scheduled for occupancy in November, with clinical services starting on December 1, 2014. Among the MHC staff are 4 psychologists, 3 social workers, 3 psychiatrists, 2 APNs, a mental health RN, 2 peer support specialists, and 2 support persons. Staff members provide individual, couples and group treatment using evidence-based interventions. Psychiatrists provide telehealth to smaller CBOCs. Michigan State medical students rotate through the MHC as part of their clinical training. The BCVAMC main campus MHC and WHCC MHC are approximately the same size. The Resident placed at the WHCC will have opportunities to engage in individual, couples, family, and group interventions as well as assessments as done by staff psychologists. They will be an important member of the MHC team and will be encouraged to develop innovative care options such as implementing new groups or participating in systems-redesign projects. Resident may provide supervision to psychology interns or medical students who rotate through this clinic.

Primary Care-Mental Health Integration is embedded within the WHCC’s three PACTs and multiple specialty care services. Primary Care service in the WHCC is larger than what is offered at the Battle Creek VAMC. Psychologists in integration and health psychology routinely liaise between primary care and mental health to provide comprehensive care according to the needs of the Veteran. Residents within this rotation will provide brief, targeted intervention and assessment of various mental health disorders and presenting clinical concerns. The Resident will also be involved in the Integrated Pain team, which includes a Psychologist, APN, Pharmacist, Physical Therapist and clerical support. The Psychologist position is currently open and will be posted after October 1, 2014. Within PC-MHI as well as the Integrated pain team, Residents will gain experience coordinating care between multiple mental and medical health team members. Opportunity to engage in outcomes research and quality improvement is available. Resident may provide supervision to psychology interns or medical students who rotate through this clinic.

Home-Based Primary Care-Mental Health team-Optional: If a Resident desires to expand on their geropsychology competencies, they may elect a brief intensive rotation with the Home Based Primary Care-Mental Health team (HBPC-MH). Within the Grand Rapids Catchment area, the HBPC-MH team provides in-home interprofessional services. Consisting of a team of medicine, pharmacy, psychology, social work, nursing, and occupational therapy, they provide integrated mental health and medical care to individuals in isolated regions. This serves as a national model of rural home care delivery. Residents may elect to spend up to 20% of their training year (typically a 3 month intensive or 1 day/week for 6

months) completing a rotation providing assessment and interventions to older adults with complex medical and mental health concerns. The Resident will function as a core member of the HBPC team. Residents will assess psychological status, risk/safety, capacity, cognitive status, and need for treatment. They will provide brief interventions to Veterans and their caregivers in a home setting.

Assessment-Optional: An advanced assessment experience is available for the Outpatient Mental Health Resident in WHCC and the Behavioral Medicine/Integrated Care Resident. Evaluations of older adults might include capacity to make medical decisions, cognitive screening, and capacity to live independently, usually in relation to discharge planning. Younger adult evaluations may be for psychodiagnostic differentials including ADHD/ADD, vocational services, treatment clarification, compensation and pension/disability support examinations, and others as they present. Measures could include WAIS-IV, WRAT-4, MMPI-2/MMPI-2-RF, NEO, RBANS, validity measures, SLUMS, MoCA, MMSE. Expect to explore the literature to determine best assessment procedures for various populations of interest. For the Behavioral Medicine/Integrated Care resident, this rotation could occur either at Battle Creek or WHCC.

Interdisciplinary Chronic Pain Team-optional: Behavioral Medicine/Integrated Care residents may elect to participate in an experience with the integrated care team, which hosts a psychologist, advanced practice nurse, clinical pharmacist, and physical therapist who work closely with a chiropractor, interventionist, and physiatrist. Under the supervision of the psychologist, the Resident can participate in biopsychosocial pain assessments, interdisciplinary team conferences, and provide individual and group intervention. These interventions CBT and ACT protocols, as well as integrated CBT/ACT/Mindfulness evidence-based practices for Chronic Pain. There are also opportunities to take part in a more broad multidisciplinary Veteran educational program, as well as motivational enhancement, family/caregiver engagement, staff education, and program evaluation.

EVALUATION

Formal Competency Ratings will be completed quarterly using the Psychology SoA Competency Assessment Form, which is provided to Residents at the onset of training. Applicants may request this form from the Training Director. Each Resident will have at least two supervising psychologists evaluating their daily work and professional factors over the course of the year. Additionally, the Training Director and Associate Training Director will provide feedback at the quarterly marks. Informal evaluation and feedback by the supervisor of the Resident will occur on an ongoing basis. Resident progress will also be discussed at Training Committee meetings. The Resident is encouraged to engage in self-assessment and ongoing performance improvement. Resident is encouraged to provide feedback to supervisors and program leadership to improve their overall residency experience.

Residents will be evaluated based on the level of supervision required:

Level 6: Advanced Practice, life-long learner and Consultant

- Competency in this area is at the level expected of fully licensed, independent psychologists at the GS-13 level in the VA System
- **Residency:** Residents may achieve this rating on a few core tasks that represent particular strengths. This rating is for rare occasions when a Resident can serve as a consultant to other licensed psychologists in a particular area.
- **Internship:** Inappropriate for internship level trainees

- **Practicum:** Inappropriate for internship level trainees

Level 5: Ready for Autonomous Practice.

- Competency in this area is at the level expected of psychologists ready to apply for licensure, such as those at the GS-12 level in the VA system.
- **Residency:** Supervision is required for compliance with professional standards, but with proper licensure, Resident could perform independently. Consultation is self-guided and directed toward life-long learning and ongoing advanced practice development. **Residents must achieve this level rating on all target competency measures for successful program completion.**
- **Internship:** This level of rating should be extremely rare for interns and be limited to a few areas of particular and exceptional strength.
- **Practicum:** Inappropriate for practicum level trainees

Level 4: Requires consultation-based supervision

- Competency in this area is at the level expected of unlicensed, entry level psychologists, such as those who have been working at the GS-11 level in the VA system for six months.
- **Residency:** The resident acts as a unlicensed “junior” colleague, requiring supervision according to compliance standards. Resident requires only consultation-based supervision for core health service psychology tasks with ongoing consultation and supervision as required for advanced practice areas. **This is expected at the mid-point of residency for all target competency measures.**
- **Internship:** Interns may achieve this rating on a few core tasks that represent particular strengths; however, it will be rare.
- **Practicum:** Inappropriate for practicum level trainees

Level 3: Requires occasional supervision.

- This is the rating expected of incoming doctoral staff members just starting at the GS-11 level within the VA system who have just received their doctorate and are beginning to undergo post-doctoral supervision towards licensure.
- **Residency:** This is the rating expected of incoming postdoctoral residents and would be a common rating for first quarter evaluations. The resident requires occasional supervision for core health psychology service tasks, but regular supervision for advanced practice tasks.
- **Internship:** This is the rating expect at the end of the training year for interns. Intern does not require additional supervisory sessions to complete this task. The supervisor can rely primarily on some of the reports of the trainee with occasional direct observation for compliance.
- **Practicum:** Students may achieve this rating on a few core tasks that represent particular strengths for the practicum student; however, it will be rare and limited to trainees in advanced practicum placements.

Level 2: Requires close supervision

- **Residency:** Ratings at this level represent an area of underdeveloped competency, which requires specific attention when noted. A formal remediation plan may or may not be implemented.
- **Internship:** Interns may receive this rating at internship start or first quarter, but it must be achieved at least by the midpoint of the internship training year. The intern requires less frequent direct observation and extra supervision is needed only occasionally for more challenging tasks or new areas of development.

- **Practicum:** Practicum students in their final practicum before internship, will be at this level. Practicum trainees doing their first external placement may achieve this rating on several core tasks, but are unlikely to be at this level for all items.

Level 1: Requires Substantial Supervision

- **Residency:** Any evaluation at this level requires a remediation plan.
- **Interns:** Interns are expected to start at this level or level 2. Interns require frequent direct observation and additional supervision sessions outside the minimal requirements to meet core competencies.
- **Practicum:** Students will generally be working at this level although advance practicum students may be working at level 2.

REQUIREMENTS FOR COMPLETION

Requirements for successful completion include:

- * Completing a full year of training 2080 hours in no less than 1 year.
- * Completing a quality or research project presenting it during Mental Health Grand Rounds or similar venue as well as creating a poster or other written presentation of their work.
- * Leading a Diversity series seminar
- * Be evaluated as Level 5 or higher at the end of the training year on all target competencies.

Specifically, Residents must be rated as “Ready for Autonomous Practice” in each of the following profession wide competencies: Integration of Science and Practice, Ethical and Legal Standards, Individual and Cultural Differences, Interprofessional Practice, Patient Centered Practices, Assessment, Intervention, professionalism and Communication & Interpersonal Skills.

TRAINING STAFF

Psychology Staff Supervisors involved in the Residency training program, their theoretical orientations, and their special areas of interest are listed below. At present, all supervising psychologists are licensed within the state of Michigan. Should a supervisor not be licensed in the state of Michigan, the Resident will be informed and discussion regarding implications will occur. All Residents receive 2 hours of individual, face-to-face supervision weekly, and will have a minimum of 2 supervisors over the course of the year.

Sharonda C. Ayers, Clinical Psychologist,

Substance Abuse RRTP, Battle Creek

Ph.D., 2010 Saint Louis University

Theoretical Orientation: Cognitive-Behavioral

Interests: Substance Abuse, Empirically Supported Treatments

Steven Crocker, Clinical Psychologist

Inpatient Mental Health, Battle Creek

Ph.D., 2004, Washington State University

Theoretical Orientation: Cognitive-Behavioral

Interests: PTSD; Neuropsychology; Geropsychology

Timothy M. DeJong, Clinical Psychologist

Psychosocial-RRTP Program Manager

Ph.D., 2007, Case Western Reserve University, ABPP-Clinical Psychology

Theoretical Orientation: Cognitive-Behavioral

Interests: Post Traumatic Stress Disorder, Depression

Scott A. Driesenga, Clinical Psychologist

Associate Training Director, Undergraduate/PTSD Program Manager

Ph.D., 1991, Fuller Theological Seminary

Theoretical Orientation: Cognitive-Behavioral

Interests: Post Traumatic Stress Disorder, Social skills training

Bruce A. Fowler, Clinical Psychologist

Mental Health Clinic, Wyoming Health Care Center

Psy.D., 1984, Rosemead School of Psychology, Biola University

Theoretical Orientation: Cognitive-Behavioral

Interests: Post Traumatic Stress Disorder, Military Sexual Trauma

Katherine D. Gimmestad, Clinical Psychologist

Home-Based Primary Care

Ph.D. 2011, University of Missouri-Kansas City

Theoretical Orientation: Cognitive-Behavioral

Interests: PTSD, Motivational Interviewing, Synesthesia

Bethany Grix, Clinical Psychologist

Pain Psychologist, Battle Creek and WHCC

Ph.D., 2014, Illinois Institute of Technology

Interests: Pain, Behavioral Health, Integrated Care

Randall L. Halberda, Clinical Psychologist

Home Based Primary Care, WHCC

Psy.D., 2005, Indiana State University

Theoretical Orientation: Cognitive Behavioral/Social Learning

Interests: Motivational Interviewing and Geropsychology

Daniel R. Henderson, Clinical Psychologist

Mental Health Clinic, WHCC

Ph.D., 1988, University of Missouri-St. Louis

Theoretical Orientation: Cognitive-Behavioral

Interests: Anxiety, affective disorders, trauma, sexual issues

Marc S. Houck, Clinical Psychologist

Integrated Care Program Manager, Primary Care-Mental Health Integration, WHCC

Psy.D., 2001, Rosemead Graduate School of Psychology

Interests: Integration, Problem Solving Therapy, DBT

Rita B. Kenyon-Jump, Clinical Psychologist

Mental Health Clinic, Battle Creek
Military Sexual Trauma Coordinator
Ph.D., 1992, Western Michigan University
Theoretical Orientation: Cognitive-Behavioral
Interests: Military Sexual Trauma, Interpersonal Trauma, Childhood Trauma, Mindfulness

Jessica Kinkela, Clinical Psychologist

Psychology Training Director/Neuropsychology, Battle Creek & WHCC
Ph.D., 2008, Ohio University, ABPP Clinical Neuropsychology
Theoretical Orientation: Behavioral & Cognitive Behavioral
Interests: MoCA, Substance Use and Cognition, Geropsychology

Joan McDowell, Clinical Psychologist

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

Sarah G. Mallis, Clinical Psychologist

Mental Health Clinic WHCC
Psy.D., 2012, University of Indianapolis
Theoretical Orientation: Cognitive-Behavioral
Interests: Post-Traumatic Stress Disorder, couples therapy, mindfulness

Lisa J. Mull, Clinical Psychologist

Mental Health Clinic, WHCC
Psy.D., 2007, Pacific University
Theoretical Orientation: Cognitive-Behavioral
Interests: Prolonged Exposure Therapy

Nicole R. Najar, Clinical Health Psychologist

Health Behavior Coordinator, Medical Service
Psy.D. 2008, Alliant International University, ABPP-Health Psychology
Theoretical Orientation: ACT, CBT, Object Relations
Interests: Primary care education, weight management, reproductive grief

Steve H. Pendziszewski, Clinical Psychologist

Mental Health Clinic, Program Manager Battle Creek
Psy.D., 1992, Illinois School of Professional Psychology
Theoretical Orientation: Integrative, Existential
Interests: MCMI-III, Personality Disorders, Myth & Ritual in Psychotherapy, Religion & Spirituality in Psychology

Jessica Rodriguez, Clinical Psychologist

Associate Training Director, Practicum/PTSD RRTP
Ph.D., 2011, Central Michigan University
Theoretical Orientation: Cognitive-Behavioral

Interests: Trauma, Evidence Based Treatments, Panic Disorder

Rogelio Rodriguez, Clinical Psychologist

WHCC MHC, Lansing MHC, Muskegon MHC, and Benton Harbor MHC Program Manager

Ph.D., 1989, Loyola University of Chicago

Theoretical Orientation: Cognitive-Behavioral

Interests: Post Traumatic Stress Disorder

Ann C. Smolen-Hetzel, Counseling Psychologist

Community Living Center, Battle Creek

Ph.D., 2010, Virginia Commonwealth University

Theoretical Orientation: Cognitive-Behavioral; Interpersonal; Existential

Interests: Geropsychology; Palliative Care and End-of-life Issues; Caregiver Stress; Adjustment to Aging;

Best practices for dementia care including staff education efforts

Theodore Wright, Clinical Psychologist

PTSD-RRTP

Ph.D., 2002, Western Michigan University

Theoretical Orientation: Behavioral

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

ADMINISTRATIVE POLICIES AND PROCEDURES

Conduct

It is important that Residents conduct themselves in an appropriate, professional manner in all interactions with patients and other staff of the Medical Center. Under no circumstances should Residents accept gifts from, or engage in any monetary transactions with VA patients or family members. Residents are expected to abide by all ethical guidelines as stated in the APA's Ethical Principles for Psychologists. Residents will receive a copy of these guidelines as part of orientation. 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 Residency appointment. Substantiated allegations of patient abuse are also grounds for termination.

Grievance Procedures

Residents have a responsibility to address any serious grievance that they may have concerning the Residency Program, the Psychology Service, or the other Medical Services. A Resident 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. Embedded within Mental Health Service line, Psychology Service is responsible for initially addressing grievances of Psychology Trainees that cannot be addressed informally between the Resident and involved party. The Resident may attempt to direct resolution of the grievance with the involved party, or the Resident may informally address the grievance with a supervisor, the Training Director, or Chief, Psychology Service. Additional involvement of leadership in other Service Lines may occur depending on the relevant chain of command for involved staff members.

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

The Training Director or Chief, Psychology Service will notify the Training Committee if a grievance has the potential of affecting the Residency's evaluation of the Resident, or if it might substantially affect the future conduct or policies of the Residency. The Training Director or Chief, Psychology Service will notify the Training Committee if the Resident has requested an appearance before the Committee.

Throughout the grievance process, everyone involved is expected to be sensitive to the privacy, confidentiality, and welfare of others. Although the Training Committee will be sensitive to the privacy and confidentiality of the individuals involved in a grievance, the Committee reserves the right to discuss among its members any grievance that is brought to its attention from any source. If the committee 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 Committee 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 Committee is to ensure that a Resident is evaluated fairly, to ensure that a Resident's training experience meets APA guidelines and policies of the Residency, and to advise the Residency Director and Chief, Psychology Service.

The Chief, Psychology Service has the ultimate responsibility for the sensitive, proper, and appropriate evaluation of all Resident grievances against Psychology Service personnel and will make the final decision concerning a grievance. Additional leadership may be involved should grievances involve non-Psychology Service personnel. The Chief, Psychology Service also is responsible for maintaining equitable and unbiased procedures regarding trainee grievances. The Chief will eliminate any conflict of interest in the evaluation of a grievance.

The Resident 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.

Equal Employment Opportunity (EEO)

If a Resident has an EEO complaint of discrimination or sexual harassment, the Resident should follow procedures outlined in Medical Center Memorandum MCM-00-1010. The Resident should contact the EEO Manager at extension 35235 and obtain a list of current EEO counselors who are available for EEO counseling.

Remedial Action and Termination Procedures

When any concern about a Resident's progress or behavior is brought to the attention of the Training Committee, the importance of this concern and the need for immediate action will be considered. If action by the Resident is considered necessary to correct the concern, the Training Director or his/her designee will discuss the concern and reach agreement about action to be taken.

If the concern is sufficient to raise the possibility of discontinuing the Residency, the Resident will be asked to meet with the Training Committee, and the concerns and a proposed plan of action will be communicated to the Resident in writing.

A recommendation to terminate the Resident's training must receive a majority vote of the Training Committee. The Resident will be provided an opportunity to present arguments against termination at that meeting.

Concerns of significant magnitude to warrant termination include but are not limited to: (a) failure to demonstrate competency or adequate progress towards competency in performing psychological assessment and treatment services, (b) violation of the APA Ethical Standards of Psychologists, (c) failure to meet minimum standards for patient contact, didactic training, testing or treatment competence, (d) behaviors or conduct which are judged as unsuitable and which hamper the Resident's professional performance.

Appeal

Should the Training Committee recommend termination, the Resident may invoke his/her right of appeal. The Chief, Psychology Service will then appoint a panel composed of at least three members who may be drawn from the Psychology Service staff and Residency Training staff not on the Training Committee or other members of the Medical Facility at large. The panel will include at least one member of the staff from another APA approved training program. The Director of Training will present the position of the Training Committee; the Resident, together with any counsel he or she may choose, will present the appeal. The Chief, Psychology Service will abide by the majority judgment of the Appeal Panel. If termination is recommended, the Chief will direct the Human Resources Service to suspend the Resident's appointment. The training staff will abide by the Panel's majority judgment if the Appeal Panel recommends continuation, and the Director of Residency Training, the Resident's rotation supervisors, and the Resident are responsible for the negotiating an acceptable training plan for the balance of the training year.

Licensure

Residents are to obtain their limited doctoral licenses for the State of Michigan as soon as possible upon accepting a position with the Battle Creek VAMC Psychology Residency program. Residents are encouraged to investigate licensing requirements for any state in which they believe they might be licensed. Our program meets requirements for psychology licensure in the state of Michigan and we will attempt to meet requirements of other states, as possible, when informed of the need. It is the Resident's responsibility to identify additional requirements.

DIDACTIC EXPERIENCES:

Resident Didactic Series (Required): Fridays, 2:30-3:30p

A collection of specific Residency level as well as shared didactic experiences. This occurs twice monthly at Battle Creek VAMC with both Residents present, in person, with presenting staff. The remaining 1-2 occasions may take place remotely via video or phone. There will be approximately 35 seminars. Presenters may be located in Battle Creek or WHCC, so the burden of video/phone participation is shifted between Residents. Presenters have been identified within current staff, including psychologists and professionals within other disciplines. Topics related to Geriatric, Interprofessional, Professional Development, Ethics, and Diversity are included as are topics specific to the current resident cohorts' needs and interest (e.g. Specific Evidence Based Therapies, Military Sexual Trauma, WAIS-IV, MMPI-2-RF).

Geriatric Series Topics Examples:

1. Mental Health Treatment Adaptations for Older Adults
2. Normal Aging/Developmental Issues associated with Geriatric Populations
3. Dementia & Neurocognitive Impairment for Mental Health Providers
4. Delirium & Mental Status Evaluation in Acute Geriatric Patients
5. End of Life/Hospice/Palliative Care
6. Ethics in Geriatric Care (Mandatory reporting, Advanced Directives, Medical decision making)
7. Polypharmacy and Older Adults

Interprofessional Series Topics Examples: (These topics were derived from the Interprofessional Collaborative Practice Document and areas of interprofessional strengths within this setting:

https://www.aamc.org/download/186750/data/core_competencies.pdf)

1. Role of Psychologist in multidisciplinary settings and interprofessional teams.
2. Supporting your non-Psychologist peers: An additional role for psychologists within mixed discipline settings and interprofessional teams
3. Making Interprofessional Teams Work: Panel discussion with outpatient PACT and Primary Care-Mental Health Integration staff about what is working well in our outpatient settings, as well as areas of improvement
4. Making Interprofessional Teams Work: Panel discussion with Inpatient Mental Health (or Community Living Center) staff about what is working well in our inpatient settings, as well as areas of improvement
5. Communication across disciplines
6. Psychologist in Leadership/Administration
7. The Psychological Report: How to adapt for your setting/team
8. Patient Centered Treatment Planning

Professional Development Topics Examples:

1. Vita/Resume Workshop
2. Job Search

3. Interviewing and Salary Negotiation Skills
4. Finances: VHA Benefits/Salary structures, student loan debt management
5. Licensure/EPPP
6. Board Certification
7. Burn-Out/Work-Life Planning/Toxic Work Environments
9. Research Within VHA

Diversity Series Topic Examples: This seminar is open to any trainee, including non-psychology disciplines; however, it is presented at the level of internship or higher and involved integration of the scholarly literature. Format may involve a formal presentation, Q&A with specific program leader (e.g. Military Outreach Coordinator), and case study with integration of the literature. Possible topics include:

- Multicultural Issues Relevant to working with Older Adults in a VAMC Population (Presented by Psychologist)
- Assessment Issues for Special Populations (Presented by Neuropsychology, Psychology trainees only)
- Issues with Women Veterans (Presented by Psychologist or Facility Women Veteran’s care coordinator)
- Latino/Latina Psychology (Presented by Psychologist)
- Cultural Competence in Primary Care Settings (Presented by Nurse Practitioner)
- LGTB-Q (Presented by facility LGTB-Q work-group coordinator from Optometry)
- Treatment Issues with African Americans (Presented by Psychologist)
- Mental Health Treatment of Asian/Eastern Populations (Presented by Psychologist or Psychiatrist)
- Veteran Culture (Presented by OEF/OIF coordinator from Social Work/Veteran staff member)
- Recovery Oriented Care (Presented by Psychologist or Invited Presenter)

Interprofessional Ethics Series: Within the Friday didactic time slot, the third Friday of the month is devoted to exploration of Ethics in an interprofessional context. Psychology, Pharmacy and Optometry collaborate to provide trainees with a forum for discussion of ethics in clinical settings. Residents may wish to reference this text; however, it is a largely discussion based seminar. “Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine, Seventh Edition.”

<http://accesspharmacy.mhmedical.com/book.aspx?bookID=364>

OTHER DIDACTIC/LEARNING EXPERIENCES

Mental Health Grand Rounds (required):

The Second Monday of the Month, 3-4p is devoted to Mental Health Grand Rounds. All mental health service line professions attend, including social work, nursing, psychiatry, medicine, psychology, mental health pharmacy. Residents will attend and be given the opportunity to present their internal outcomes/research projects during the July or August sessions, as well as develop a poster for the May session. This is available via V-Tel to all CBOCs. While mainly occurring within Battle Creek VAMC,

presenters may broadcast from the WHCC. Thus, Residents may view this in person or via V-Tel along with their Mental Health Service Line peers within their setting. The level of presentation is targeted to staff development, thus it will be very much at the advanced level Residency trainees would require.

Supervisor Lunch: 2nd Friday of the month. 12-12:30p (optional).

This is a staff lunch meeting designed to provide peer support, at an advanced level, around provision of supervision to interns and practicum students. Residents, who are akin to our unlicensed early-career staff psychologists, are invited to attend.

Psychology CE: Various times, approximately 2-4 times annually (optional).

Covering a variety of topics, internal or external presenters provide APA-accredited CE programs to staff and trainees. This often includes updating staff on new treatment methods or assessment techniques. Recent topics of note include Recovery Oriented Care, Suicide Prevention research, WAIS-IV, Seeking Safety, Cognitive Processing Therapy, ADHD in Health Care Settings, MMPI-2-RF. Depending on the topic, only psychologists may attend, while in other cases providers of many disciplines attend.

Preceptor Development Series: 2nd Tuesday of the month, 12-12:30p. (optional)

Presented by Pharmacy staff, this includes general professional development topics such as self-care, interacting with different professions, transition from trainee to early career, professional comportment. This will be optional for Psychology Residents.

NON-DIDACTIC STRUCTURED LEARNING ACTIVITIES:

Supervision: 2 hours, individual, in-person/face-to-face weekly.

Residents will receive a minimum of 2 hours of face-to-face supervision weekly by rotation supervisor. No telesupervision will be used to obtain these two hours of supervision. These two hours meet both VHA standards for supervision as well as APA guidelines for accreditation of postdoctoral Residency.

Mentorship: At least monthly. (optional)

In addition to their clinical work supervision, each Resident may identify a mentor to work with throughout the course of the year. This may or may not be someone who also provides supervisions/mentorship within their rotation. Selection of a mentor will be based on Resident preferences and ideally will include someone who shares their professional interests and career goals, who can provide informal guidance and support throughout the year. Meetings may take place face-to-face or via phone or video technologies.

Peer Support Seminar: 2 hours monthly, minimum

This is a flexible time window in which Residents meet for mutual support, discussion of professional/personal issues, and general collaboration and bonding. This time window is also available for Residents to work on a joint research project if they prefer. They may elect to meet via videoconference, phone, or either the Battle Creek or WHCC locations. Additionally, they may meet off-site with leadership/training program approval.

Training Director Meeting: 2 to 4 hours monthly, Fridays.

Residents will meet as a group, in person, with the training director for an hour. Initially this will occur weekly; however, it will decrease to bimonthly as the trainees progress.

Monthly Schedule Sample:

Week of the Month:	Monday	Tuesday	Friday
1			Both Residents at Battle Creek Campus all Day 9-11a Research time 11a-12p Group Supervision w/ Training Director 12-1p Peer Support Lunch 1-2:30p Psychology Discipline meeting (optional) 2:30-3:30p Diversity Series
2	Mental Health Grand Rounds 3-4pm	Preceptor Development: 12-12:30 (optional)	Residents connect via Videoconference /Phone 9-11a Research time 11a-12p Group Supervision w/ Training Director 12-12:30p Supervisor lunch (optional) 12:30-2:30: Research time 2:30-3:30p Resident Didactic
3			Both Residents at Battle Creek Campus All Day 9-11a Research Time 11a-12p Group Supervision w/ Training director 12-1p Peer Support Lunch 2:30-4p Clinical Ethics w/Pharmacy
4	2-4:30pm Research Time		Residents connect via Videoconference/Phone 9-11a Research time 11a-12p Group Supervision w/ Training Director 1p-2:30p Research Time 2:30-4p Resident Didactic
5			Residents connect via Videoconference /Phone 9-11a Research time 11a-12p Group Supervision w/ Training Director 1-2:30p Research time 2:30-4p Resident Didactic

¹With leadership/training committee approval, Residents may meet in person at either the WHCC or Battle Creek campus or alternatively at a location off-site such as ½ way between the two facilities.