Dear prospective interns,

Thank you for taking the time to learn about our internship program by reading through our brochure. We hope that as you read through this information we will have answered the questions that many applicants wonder; “Why would I want to come to Battle Creek Michigan?”

Our program places a lot of value on providing high quality training for the next generation of psychologists. Our trainees receive high quality supervision guided by an individualized training plan to prepare them either an advanced postdoctoral position or early career practice. Although not an exhaustive list, we feel like our program has several areas of strength that have been identified by our previous doctoral interns:

1.) **Work-life balance.** We place a heavy emphasis that this is a 40 hour a week internship. Our staff help trainees develop the skills to be life-long clinicians who have interests and lives outside of work. We believe this helps doctoral interns develop a solid foundation for future health.

2.) **Flexibility** in rotations and individual training plans. Our previous doctoral interns have noted that we work hard to get them the training experiences that would best prepare them for their future career goals. We make sure to take extensive time in the orientation weeks to collaborate on training plans.

3.) **Supervision.** Serving as a supervisor is an optional role for our staff. Therefore, only supervisors who are passionate about training are involved in the process. We also provided dedicated time that goes above and beyond the minimal expectations for licensure. Many of our previous doctoral interns have expressed how supportive their supervisors were. Supervisors are also well trained in a variety of evidenced-based practice interventions.

4.) **Leadership support.** Our psychologists are well-respected across the medical center. We are also highly integrated into most aspects of patient care which provides ample opportunities for collaboration with other disciplines. We also have psychologists in key leadership positions which provides exposure for trainees to learn about the administrative roles psychologists can hold. Doctoral interns are held in high regard for their role within various treatment teams.

5.) **Culture.** Our program strongly emphasizes the development of multicultural competence skills and the intersectionality of diversity factors present in our clinical work. We encourage reflection of biases and skills throughout the training year.

6.) **Climate.** Michigan’s ‘4 season’ living is frequently touted, especially from interns originating from the West/Southwest. Moderate summers are filled with fantastic opportunities to enjoy many outdoor activities. In addition, there are plenty of opportunities to enjoy the weather of a traditional “winter” climate. Spring wildflower hikes, Summer trips to the beach and cultural festivals, Fall apple picking and Winter sledding are some of the activities enjoyed by interns.

We look forward to reviewing your application and potentially welcoming you into our program on July 1!
**Accreditation Status**

The doctoral internship at the **Battle Creek VA Medical Center** is fully accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year **2020**.

*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](http://www.apa.org/ed/accreditation)

**Application & Selection Procedures**

**Eligibility**
All internship applicants must be United States citizens, currently enrolled and in good standing in an APA accredited clinical or counseling psychology doctoral program, and recommended for training by the university official responsible for their training program. Please see the Department of Veterans Affairs Psychology Training site ([http://www.psychologytraining.va.gov/eligibility.asp](http://www.psychologytraining.va.gov/eligibility.asp)) for a complete description of eligibility requirements.

**Application Process**

APPLICATIONS ARE DUE 11/15

VAMC Battle Creek Psychology Training Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), which organizes the manner in which offers of internship and acceptances are conducted. We participate in the computer matching program and follow all APPIC policies. We adhere to the policies and procedures of APPIC and take the guidelines seriously and are committed to implementing them fully. Please access the link to APPIC for a description of match policies([www.appic.org](http://www.appic.org)). Further information about the match process can be obtained at the National Matching Services (NMS) website ([http://www.natmatch.com](http://www.natmatch.com)). Applicants must obtain an Applicant Agreement package from NMS and register for the Match in order to be eligible to match to our internship program.

The internship positions are full time and require 2080 hours of training during the 12-month appointment. The internship year begins on or around July 1. The stipend rate for full-time psychology interns with the VA is $26,422. This is an APA-accredited program. For questions or concerns about accreditation-related issues, please access this link to the APA Accreditation Website: [http://www.apa.org/ed/accreditation/](http://www.apa.org/ed/accreditation/).

Applicants should complete the APPIC online Application for Psychology Internship (AAPI) and designate our internship program. Additional information to be submitted through the online AAPI includes cover letter, Curriculum Vita, official graduate school transcripts, and three letters of recommendation. In the AAPI Cover Letter indicate to which track you are applying. Also, indicate your main area of interests corresponding to our main rotations.

Based on prior applicant data, if you are applying to our general track AND a specialty track (health or neuropsychology), you will need to describe clearly in your cover letter how you fit for each of those tracks. Lack of clarity regarding how you fit with our various tracks may decrease your chance of getting an interview. If you do decide to apply to more than one track, please note that only the intern matched...
into the Neuropsychology track will be able to complete a 6 month rotation in Neuropsychology. Also, we only guarantee rotations in Health Psychology and Primary Care-Mental Health Integration to Primary Care track interns, although depending on supervisor availability, rotations may be available to other interns.

**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 internship 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.

**Selection Criteria And Process**
After November 15, the Psychology Training Council will review completed applications and will decide which applicants will be granted interviews. Generally, applicants are notified by email by December 15 whether they will be invited to have an interview. Qualifying applicants will be encouraged to learn more about our program either by participating in an interview (General and Health Tracks) or attending an open-house (Neuropsychology Track). Interview and open house can be face-to-face in person or via conference call. We have matched with applicants from both phone and in person interviews and so we encourage you to follow the dictates of your budget and preference. Once all interviews are completed, the Psychology Training Council convenes and reviews and discusses each of the application packets. Consideration is given to the student's academic performance, clinical and practicum experience, letters of recommendation, and how well the applicant's goals fit what the internship has to offer. Staff members' and interns' impressions from the interviews are also shared. Finally, based on the discussion, the Council reaches a consensus rank order of all applicants that the Training Director follows in making offers for the internship. The Internship strictly follows the APPIC match procedures in order to protect the applicants' rights to freely choose among internships. No person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant prior to submitting our rank order for matching.

There are several important eligibility requirements for participating in Psychology Training in the VA. Applicants are strongly encouraged to review Eligibility Requirements document linked here prior to applying: https://www.psychologytraining.va.gov/eligibility.asp.

The document provides specific information regarding eligibility requirements and information regarding the process of being appointed to a VA position following the selection process. Although Michigan law allows marijuana use for medical purposes, it is not allowable within federal settings like the Battle Creek VA Medical Center. A drug screen positive for marijuana or other illicit substances may result in dismissal. See the link above for more details on our drug testing policy. Applicants should read the information carefully and only apply if they believe they meet requirements.

**Contact Information**
Further information regarding the Battle Creek, MI VAMC Psychology Internship Program may be obtained by email or telephone from the Director of Training:

**Jessica Kinkela, Ph.D., ABPP-CN**
Director of Psychology Training
Psychology Service (116B)
VA Medical Center
5500 Armstrong Road
Battle Creek, MI 49037
269-966-5600, extension 31155
Jessica.Kinkela@va.gov
Greg Steinsdoerfer, Ph.D.
Associate Director of Psychology Training-Internship
Psychology Service (116B)
VA Medical Center
5500 Armstrong Road
Battle Creek, MI 49037
Telephone: 269-966-5600 x32612
Gregory.Steinsdoerfer@va.gov

Application materials should be submitted by November 15.

There are three match numbers for our internship program, corresponding to the three training tracks.
The track match numbers are:
136111 General Track (2 positions)
136112 Health Psychology Track (2 positions)
136113 Neuropsychology Track (1 position)

Psychology Setting

Introduction
This manual is designed to provide guidance to doctoral interns and staff concerning policies and procedures
that affect the training program. The manual is meant to clarify VA requirements, APA requirements, and
staff and intern responsibilities. The Director of Psychology Training and the Psychology Service Training
Council are responsible for this manual. Any questions concerning the manual should be presented to the
Director of Psychology Training for clarification. Changes in this manual may be accomplished through the
training Council as an ongoing part of the program’s self-assessment and quality improvement efforts.

Overview of the Medical Center
The Battle Creek Veterans Affairs Medical Center is a 191-bed Medical Center with an adjoining
Community Living Center (CLC)/Nursing Home Care Unit. 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 the Lower Peninsula of Michigan and parts of Ohio,
Indiana, and Illinois. 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. The
Domains of Value are: Quality, Access, Function, Satisfaction, Cost-effectiveness, healthy communities.
The Guiding Principles of the Medical Center are: People centric, results driven and forward looking.

The facility consists of 56 widely dispersed buildings of various size and design, and is situated on 206
scenic acres seven miles west of Battle Creek in central southern Michigan. Metropolitan Kalamazoo lies
20 miles to the west, 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. Outpatient psychiatric and
medical care is provided at the Medical Center and at community based outpatient clinics in Muskegon,
Benton Harbor, and Lansing, MI as well as at the Wyoming Health Care Center in Wyoming, MI. A
Vietnam Veterans Outreach Center is also located in Grand Rapids. The Medical Center has access to a
comprehensive electronic medical Library, and excellent library facilities are available at the nearby
campus of Western Michigan University, with whom our medical center is affiliated.
Mission
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 internship 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 graduate internship 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 full-time staff psychologists assigned to services and programs at the medical center who serve as supervisors for the internship 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. In addition, the Service has consultants that contribute to the Medical Center and Psychology Service's continuing education and training program. A list of psychology staff and consultants involved in the training program is included in this document.

INTERNSHIP PROGRAM SPECIFICATIONS

Administrative Structure
Ultimate responsibility for the Psychology training program rests with the Chief, Psychology Service. This responsibility is delegated to the Psychology Training Council consisting of the Psychology Training Director, Associate Training Directors, psychologists supervising trainees, a representative of the current intern and resident class, and the Chief of Learning Resource Service. Day-to-day administrative decisions for the program are made by the Psychology Training Director. The Psychology Training Director's duties include: serving as Chair of the Psychology Training Council, arranging training seminars, serving as preceptor for trainees, communicating with the university training directors as indicated, coordinating trainee and staff evaluations, overseeing the trainee selection process, and coordinating the program's self-assessment and quality enhancement procedures as decided upon by the Training Council.

Psychology Training Council
The Psychology Training Council is responsible for overseeing all Psychology training at all levels on campus. The Council consists of, at minimum, the following individuals:

Director of Psychology Training, Chairperson
Chief, Psychology Service
Associate Director of Training, Undergraduate
Associate Director of Training, Practicum
Associate Director of Training, Internship
Associate Director of Training, Residency
All psychologists who are currently supervising an intern
Representatives of the current intern class
Representatives of the current resident class
Chief, Learning Resources Service, Ex-officio
Any staff psychologist with a valid Psychology license is potentially able to serve as a clinical supervisor and as such, all staff psychologists may elect to be active in the Training Council’s activities at any given time regardless of whether they are currently supervising a trainee. The Psychology Training Council is responsible for establishing policies pertaining to training; participating in the selection of new trainees; evaluating and approving trainee training plans; addressing training issues as they affect university-VA training relationships; considering any trainee grievances; and conducting the psychology training program's self-assessment and quality improvement efforts. The Psychology Training Council meetings are held at minimum, quarterly, or at the call of the Psychology Training Director. The Training Council meets quarterly to specifically review and discuss trainee progress and to facilitate the trainee’s overall success in the Program.

Internship Context
Our doctoral internship in professional psychology is an intensive clinical training experience in the development of psychologists. The internship accepts students from APA approved doctoral programs in clinical and counseling psychology. The internship is viewed as the integrative, transitional training experience between the intern's basic academic doctoral preparation in clinical or counseling psychology and the intern's entry into an initial professional psychology position. The internship is the culmination of the intern's doctoral training. Each intern entering the internship program must have completed all doctoral course work and appropriate practica prior to the internship. Since interns may come from a wide variety of APA approved doctoral programs, our internship program has the flexibility to be able to integrate appropriately with each intern's academic program. This integration is seen as occurring in three dimensions: training model philosophy; training goals, objectives and plan; and the shared responsibility that both the internship and doctoral program have for ensuring the intern's competency for an entry level doctoral position upon completion of training.

Program Philosophy
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 supported 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. Implementation of the scientist-practitioner model in our internship program has been influenced by the work of Charles Gelso and Bruce Fretz. In their consideration of the scientist-practitioner model, Gelso and Fretz note that there are three levels of scientific activity:

1. Being able to review and make use of research findings in one's professional practice
2. Being able to think critically and scientifically in carrying out and conducting one's own professional work
3. Actually doing research/scholarly work as a part of one's professional activities.

Gelso and Fretz observe that, although many professionals believe that the scientist aspect of the scientist-practitioner model should emphasize level three and empirical research, all three levels are important for professional development. Gelso and Fretz suggest that the term "scholarly work" rather
than "research," "empirical research," or "science" might best capture the traditional scientist component of the scientist-practitioner model. They note that scholarly work is the broadest and most inclusive of these terms, and reflects a careful and thoughtful search for knowledge and understanding.

Most fundamentally, our program adopts Gelso and Fretz's description of the scientist-practitioner model. 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.

Fundamental attitudes of scientific and scholarly inquiry are encouraged and strengthened in our internship program. Interns are required to engage in scholarly activity including reviewing research literature relevant to specific clinical issues or a particular case they may be treating and are expected to think scientifically and critically as a part of their clinical practice. Interns are also expected to develop familiarity with empirically supported treatment procedures, and are required to learn at least one empirically supported treatment procedure during the internship. Interns are expected to review and discuss the research literature pertinent to the cases being presented as a part of their formal case presentations. Interns may devote up to four hours per week to their major research/scholarly activity projects (e.g. dissertation research) required by their university or professional school. Interns are strongly encouraged to consider joining a research project if possible.

Aims & Competencies

The fundamental aim of our program is to develop competent health service psychologists who are ready to assume the responsibilities of an entry-level staff psychologist at the VA-equivalent GS-11 level or advanced practice postdoctoral residency position. This internship experience provides training to obtain competence in patient centered practices as well as in the 9 core areas of health service psychology practice as outlined in the Standards of Accreditation from APA’s Commission on Accreditation. Program Competencies are:

1. Research
2. Ethical and legal standards
3. Individual and cultural diversity
4. Professional values, attitudes, and behaviors
5. Communication and interpersonal skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and interprofessional/interdisciplinary skills
10. Patient Centered Practices

The Standards of Accreditation become active on 1/1/2017.

The internship experience extends and integrates the training received in the intern's academic program. The internship is designed to offer a broad range of experiences to develop these core professional competencies. Interns and their graduate training directors collaborate with the Psychology Training Council in designing the internship experience. This process is intended to ensure that the intern's training plan is integrated with the intern's overall graduate or professional school training plan, and that the internship provides a coherent progression from the basic knowledge and practica clinical skills achieved in the academic program to the core practice competencies that are to be acquired in the internship. Upon completion of the internship, interns are prepared to assume an entry-level staff psychology position in inpatient and outpatient adult medical, psychiatric, and mental health settings.
Program Structure & Training Tracks

Interns match into one of three training tracks: General, Health Psychology, and Neuropsychology. There are two General positions, two Health Psychology positions and one Neuropsychology position. All interns maintain the same requirements such as treating one patient with an evidenced based therapy, presenting a treatment and assessment case, completing an Inpatient Mental Health rotation and engaging in 12 comprehensive psychological assessments. If a matched intern has an extensive background in inpatient mental health and this is no longer a training goal or need, they may present to the training council to have this requirement waived.

GENERAL TRACK:
The General track offers the widest flexibility in training. Interns select from a variety of rotations (see training experiences section for rotation details) except for Health Psychology or Neuropsychology. At any given time, they have one major rotation and one minor rotation. In some cases, a General Track intern may elect to complete an additional General Assessment Clinic rotation to obtain some of the 12 comprehensive evaluations required by this program.

NEUROPSYCHOLOGY TRACK (Major Area of Study):
The Neuropsychology Track differs from the general track in that an intern matching within this track will have a required 7-month major rotation in the Neuropsychology during the first 7-months of the year. The neuropsychology rotation meets criteria for training at the internship level according to Houston Conference, Division 40, and ABPP-Clinical Neuropsychology board certification guidelines. The intern will select additional minor and major rotations in conjunction to their neuropsychology rotation. Like all interns, they will be required to learn and implement an evidence based therapy, complete a major or minor rotation in Inpatient Mental Health unless exempted by the training council, conduct 12 comprehensive evaluations and present two case studies.

HEALTH PSYCHOLOGY TRACK (Major Area of Study):
Training at the psychology internship level is by nature, generalist; however, interns within the Health Psychology track will have core rotational experiences that focus on development of skills that will prepare them to function as an entry-level professional psychologist within an integrated behavioral/mental health setting or pursue an advanced Health Psychology postdoctoral residency. This will be supplemented with required generalist rotations to develop core psychologist competencies as well as electives to allow the intern the ability to expand the depth and/or breadth of their psychological training. Like General Track interns, Health Psychology interns are expected to complete 12 comprehensive assessments, treat one case with an evidence based therapy, present two case presentations, and complete at least a minor rotation in IMH unless exempted by the training council. Of note, a rotation in IMH also meets criteria for Core Requirement 3.

CORE REQUIREMENT 1: Behavioral Medicine (6 month, major rotation)
Within this rotation, interns will engage in various activities relevant to the practice of psychology within an integrated care setting of Primary Care. They will expand their health psychology skills via this primary consultation service. Interns will review provider panels of patients and shadow providers. Consistent with the duties of psychologists currently working within this setting, interns gain experience coordinating care between multiple disciplines including medicine, nursing, and social work. Telehealth, particularly clinical video based therapies, are utilized to provide services to rural CBOCs, such as pain management groups. Interns rotating through this rotation will develop basic competency in clinical video telehealth use. Interns provide direct feedback to patients and providers as well as consult with other services (e.g. neuropsychology, pharmacy) as needed. The intern participates in provision of currently established interdisciplinary treatment groups and shared medical appointments. Currently established interdisciplinary treatment groups include Chronic Disease Management Groups, Smoking Cessation (nursing, medicine), Shared medical appointments for diabetes (nursing, medicine, pharmacy, psychology, PT/KT, nutrition), and the MOVE programming (dietician, PT/KT, psychology, nursing). Bariatric pre-surgical evaluations and pre-cross hormonal treatment evaluations and follow-up for transgender individuals are frequently
CORE REQUIREMENT 2: Longer-Term Mental Health Experience (at least a minor rotation, 1 day/week)

Interns will be required to participate in a rotation that will allow them longer-term mental health experiences such as following an evidence-based protocol start to finish. This is typically within one of the outpatient mental health Clinic. Possible options include the Mental Health Clinic, Wellness and Recovery Center, or PCT Clinic (outpatient combat PTSD clinic). An experience in one of the residential or other settings may also meet this criteria provided the structure and experiences of the rotation allow the intern to a) maintain a steady caseload of patients for whom more in-depth mental health care is required, and b) meet generalist training requirements such as develop proficiency with a specific evidenced based therapy, which is more time intensive. Please see the training experiences section for descriptions of those rotations.

CORE REQUIREMENT 3: Interprofessional Team Experience (major or minor) in at least one of the following:

- **Home-Based Primary Care-Mental Health (HBPC-MH)**
  Interns provide in-home assessment and treatment services to a variety of veterans with comorbid medical and mental health concerns as part of a multidisciplinary team including a core of nursing, social work, psychology. Between 80-90% of veterans served are 65 years or older. Please see our program brochure for additional information about this rotation. (Not currently available)

- **Community Living Center (CLC) Geriatric Psychology/Rehabilitation Psychology**
  Interns function as a member of the CLC team and may choose to focus on one of the 4 units including Dementia, Rehabilitation, Long-term care, and/or hospice/palliative. They consult with nursing, medicine and social-work to provide services and recommendations, attending treatment team meetings and also participating in nursing support/education groups. A large portion of this rotation includes working with geriatric populations. Supervisor: Dr. Smolen-Hetzel

- **Inpatient Mental Health (IMH)**
  Interns function as a member of the IMH team to provide psychosocial assessments, individual and group treatment to Veterans currently within the IMH unit. Geriatric experiences may be possible within this rotation and assessment opportunities for severe mentally ill populations also exist. Supervisors: Drs. Kerby and Marston

- **Primary Care Mental Health Integration (PC-MHI)**
  On this rotation, the intern will function as a member of one of the primary care teams. They will participate in huddles as they occur, identify patient psychological needs as well as provide brief, targeted treatments and assessments under the supervision of a psychologist with specialty health training. Supervisors: Drs. Knoll and Steinsdoerfer.

**Training Plans and Selection of Rotations**

The liaison phase is the introductory, orientation period of training. This phase serves to familiarize interns with the Medical Center, the various treatment units, and the staff psychologists and their various roles. During this time, interns visit potential rotation sites and supervisors. Interns also participate in an initial assessment process that includes, at minimum, two mock interviews with a simulated patient as well as written review of previously learned information such as psychometrics, ethics, or diversity. The initial assessment is reviewed one-on-one with the Training Director and is used to help the intern formulate a highly individualized training plan. The training plan indicates the rotations desired, the supervisors preferred, and the types and length of experiences desired as well ways in which the intern will meet the nine core competencies. The Director of Training, representing the Training Council, reviews the proposal with the intern, taking into account the intern's prior experience and professional goals and the requirements of the intern's academic program. When mutual agreement is achieved concerning the plan, the plan is reviewed with the intern's university advisor and with the Psychology Training Council for approval. Once the full training Council approves the plan, the plan is formalized into a training agreement.
with one copy filed in the intern's folder. The plan is developed in this way to attempt to ensure integration of the internship experience with the intern's graduate doctoral training program. Development of the training plan in this manner also assures that each intern receives training in each of the core competency areas seen as essential for professional psychologists, while having the opportunity also to receive training in areas of particular interest to the individual intern. Interns may request training plan changes at any point during the year through the Director of Training. In order to offer each intern maximal exposure to a variety of patients and settings, training plans may allow rotation through a variety of service and training areas. As rotations end, therapy relationships between interns and patients are not necessarily terminated. Interns may move to another assignment and continue with treatment of selected patients from the prior rotation.

**Internship Rotations**

According to APPIC membership standards, 25% of the training year will be spent in direct clinical contact. Internship rotations, as well as their duration and order, are selected to maximize the achievement of each intern's training goals and the core competencies. As interns go through orientation, individual supervisors in the various rotations share their specific requirements for hours for major or minor rotations. A representative program might consist of three major rotations each lasting four months, or two major rotations each lasting six months, and some combination of minor rotations. Rotations should be in areas of the Medical Center identified in the "Training Experiences " section of this site. Major rotations include approximately 20-24 hours (three days) per week, and interns may elect to spend from a minimum of 400 hours to a maximum of 832 hours out of the 2080-hour internship year in a major rotation. Typically, a minimum of two to a maximum of three major rotations may be selected for the internship year. Minor rotations typically involve one or two days per week and are relatively narrow in focus. Interns may elect to spend from a minimum of 125 hours to a maximum of 400 hours in a minor rotation. All interns are required to have both a major rotation and a minor rotation concurrently throughout the training year. This is to encourage a broad exposure to different types of training experiences and supervisors. All interns are required to have at least one minor rotation in inpatient mental health.

A major focus of our training model is on developing the core competencies within and across training rotations during the internship year. Regardless of the specific rotations approved as a part of an intern's training plan, supervision and training are directed toward developing the basic core competencies. The core competencies are viewed as basic professional practice competencies that transcend specific rotations or settings. In other words, competency is not considered to be achieved by the selection or requirement of a particular set number or type of rotations. Core competencies are to be developed and achieved within and across each of the training rotations and across the internship year. The Director of Training, Training Council, intern, and intern's Training Director share in the responsibility of ensuring that the intern's individualized training plan for the year is a good one that optimally takes advantage of our many unique training rotations with maximum benefit for the intern.

**Supervision and Training Methods Employed to Accomplish Program Aims and Core Competencies**

In helping interns acquire proficiency in the core competency areas noted, a training approach is used in which internship learning objectives are accomplished primarily through experiential clinical learning under the supervision and mentoring of licensed psychologists. All work performed by interns during the internship year must be under the supervision of a licensed psychologist and direct observation will be part of the supervision and evaluation process. Essentially, interns are involved in the day-to-day demands of a large psychology service. Interns work with and are supervised by psychologists who serve as consultants to medical staff members or who serve as members of multidisciplinary teams in treatment units or programs. As a consultant or team member under supervision, the intern's core competencies are developed and the intern learns to gradually accept increasing professional responsibility. Interns are given a wide range of experience in psychological treatment and assessment modalities provided by the service. The internship is primarily learning-oriented and training considerations take precedence over service delivery. Since interns enter the program with varying levels of experience and knowledge,
training experiences are tailored so that an intern does not start out at too basic or too advanced a level. Generally, an intern's training on a given rotation will follow a progression from observation to increasingly autonomous, albeit monitored and supervised, activity. This progression might typically include:

1. Observation of the supervisor performing assessments, intervention or consultation
2. Simulated practice of specific skills;
3. Assessment or therapy conducted jointly by the intern and supervisor;
4. Supervisor directly observing intern performing assessment or intervention with patient including via streaming video or one-way mirror;
5. Audio/Video taping of intern assessment or therapy sessions for subsequent review in supervision; continued live observation for evaluation and targeted feedback;
6. Intern gives written or verbal summaries of clinical activities in supervision; continued live observation for evaluation and nuanced growth focused feedback.

Essentially a developmental approach to experiential clinical learning and supervision is utilized. Interns receive a minimum of four hours of supervision each week. Interns receive three hours of individual supervision each week: two hours by their major rotation supervisor and one hour by their minor rotation supervisor. Typically, this is traditional dyadic supervision of a general nature and includes supervision on each of the core competency areas identified. Supervisors also teach and provide supervision to interns in specific methods of assessment and treatment approaches, e.g., clinical interview based assessments, the administration and interpretation of specific psychological tests, cognitive behavioral therapy, time-limited dynamic therapy, treatment interventions for trauma victims, etc., depending on the particular rotation and particular supervisor. In addition, each intern has one hour of group supervision each week with the Director of Training. In group supervision interns receive general supervision, they take turns presenting audiotapes of therapy sessions and receive feedback from each other and the Training Director, and they receive supervision on at least one empirically supported therapy. A complement to the formal supervision is the role modeling and mentoring interns get from working with their supervising psychologists. Interns also receive and provide peer supervision as a group for one-half hour per week. In addition to the above supervision, interns also receive didactic seminar presentations on topics related to their training.

Competency Model of Evaluation

The basic goal of our internship program is to promote the professional development of interns in each of the core competency areas so that interns are ready to assume the responsibilities of an entry level staff psychologist position. Most people in the general public who utilize psychological services and most professionals in psychology would agree that a primary outcome of professional education and training in psychology is the preparedness of graduates to function in the profession. To assist in our internship training and evaluation process, and to document the attainment of basic competencies and outcomes, competency evaluations are done for the intern's clinical activities relevant to competencies for the field of health service psychology.

All interns participate in an initial assessment of competencies that include, at minimum, engaging in two short mock interviews observed by staff. You may also take a quiz about ethics, diversity, or assessment or other relevant topics. These quizzes are meant to be part of a self-assessment process as well as to start conversations about expected competencies. While this may be anxiety provoking initially, this is not an experience you can fail. Obtaining a general idea of your interviewing and writing style as well as familiarity with some common presentations within our setting will help us help you develop the most appropriate treatment plan.

After the initial assessment of competency, an intern’s supervisors and the training director meet quarterly to jointly complete competency evaluations. The competency ratings used in the internship program are based on how much supervision is required for the intern to perform the task competently. There are six possible rating levels although only ratings of Level 1-5 are used for internship level trainees:
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 practicum 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 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.
- **Internship:** Interns may achieve this rating on a select few tasks that represent particular strengths.
- **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 postdoctoral 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 expected 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.

In general this rating scale is intended to reflect the natural developmental progression toward becoming an independent psychologist. It is important to remember that these rating are not “grades.” Interns are required to obtain “Level 3” ratings on competencies upon graduation. At the midpoint, interns are required to obtain “Level 2” ratings.

**Program Self-Assessment and Quality Improvement**

The internship program is committed to program self-assessment and quality improvement. The Training Council has the basic responsibility for program self-assessment and quality improvement. The program is evaluated in an on-going manner by both staff and interns participating in the program. The Training Council reviews aggregate intern feedback about the internship experience and their suggestions for improvements. The Training Council meets quarterly to review the status of the program and any opportunities for improvement. The Training Council is responsible to ensure the goals and objectives of the Internship Program are being met and opportunities for improvement considered. Informal evaluation of the internships is a continuing, on-going process. Interns are encouraged to bring up issues, concerns, and suggestions for improvement throughout the year to their supervisors, members of the training Council and the Training Director. Upon completion of each rotation, interns are requested to prepare a confidential narrative evaluation that is returned to the Training Director. Evaluations of the Training Director may be provided to the Associate Training Director for Internship and/or Chief of Psychology Service. These evaluations will include a description of the primary activities of the rotation, and will include aspects of the rotation the intern found most beneficial as well as suggestions for improving the rotation. The intern will also be asked to include suggestions for improving the Training Program overall. Whenever specific rotational or supervisor concerns arise, the Training Director will inform the Chief of Psychology Service. The Training Council promotes open and collaborative feedback between supervisors and trainees: interns are strongly encouraged to share their evaluation of rotation with their supervisors although they are not required to do so. An exit interview is completed with interns by the training director to obtain final impressions of the training year and to ensure final documentation is complete. The Training Council also surveys intern graduates and their respective post-doctoral supervisors one year after completion of the internship to obtain feedback and suggestions for improvement from the perspective of the intern after being in a post-doctoral position for one year.
Rotation surveys and post-graduate evaluations are shared with the training council annually in the form of qualitative summary of cohort comments that do not implicate any one intern. Individual supervisors are provided aggregate numerical ratings and comments typically every 2-3 years once an appropriate anonymized sample is obtained. The ratings and comments are used to guide and direct program improvement. The Training Council also consults with other VA consultants from APA Accredited Training Programs as appropriate for feedback on internship training policies, procedures, and seminar offerings.

**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. Interns may select training rotations and experiences in any of the areas listed below.

Training experiences are designed to provide depth and breadth with regard to general clinical psychology competencies. The training program at Battle Creek VAMC is adequate for internship level training required to obtain licensure in Michigan; however, it may not meet requirements for licensure in other states. It is the intern’s responsibility to research requirements for licensure in all states in which they could possibly wish to be licensed. The Training Council will attempt to accommodate requests related to becoming licensed in another state.

**General Psychological Assessment**

All interns are required to complete 12 comprehensive evaluations over the course of the year, ideally completed within their primary major and minor rotations. An intern may elect to complete an additional General Psychological Assessment minor rotation. Within this rotation, interns will complete approximately 6 comprehensive evaluations and reports based on diagnostic interview as well as assessment of intellectual, academic, and personality functioning. These evaluations will count toward the 12 required comprehensive evaluations. Measures with which interns are expected to gain expertise include, at minimum, the WAIS-IV, and MMPI-2/MMPI-2-RF. Interns will work with patients referred for neuropsychological testing, but who are a better fit for a more generalist assessment. Interns will interview, complete testing, and provide feedback to the veteran and treatment team. They will have responsibility for writing the report. The structure of this rotation varies depending on supervisor availability, but is only a minor rotation.

**Inpatient Mental Health**

Inpatient Mental Health units are devoted to acute presentations of pathology with some patients with chronic mental health concerns. Treatment teams consist of a psychiatrist, psychologist, social worker, physician assistant, nursing staff, and allied health care workers such as dieticians, 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 and interns 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. This rotation is required and is available as either a major or minor rotation. If a matched intern has an extensive background in inpatient mental health and this is no longer a training goal or need, they may present to the training council to have this requirement waived. Minor rotations are requested to be a minimum of two days.

**Psychosocial Residential Rehabilitation Treatment Program (PRRTP)**

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. Interns who opt for a rotation on the PRRT receive training and supervision in individual psychotherapy, group psychotherapy, case management, family interventions, and psychological assessment. The PRRT is available as a major or minor rotation. Minor rotations are requested to be on two different days. (Not available for 2019-2020 training year)

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. Interns on this unit have a broad spectrum of opportunities for experience in group psychotherapy, individual psychotherapy, and psychological assessment. This rotation is available as a major rotation only. (May not be available for 2019-2020 training year. Please contact training director for confirmation)

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. Psychology interns who elect a rotation on this unit have the opportunity to receive training in group therapy, individual therapy, clinical interview assessment, and psychodiagnostic testing. This rotation is available as a major or minor rotation.

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. Interns can also gain experience in interventions that assist Veterans and families cope with death and dying issues on the Palliative Care Unit. This rotation is available as a major or minor rotation.

Neuropsychology
This rotation is only available as a major rotation for Neuropsychology Track interns and will prepare an intern for a residency in neuropsychology and eventual board certification. This rotation meets guidelines
(Div 40/Houston Conference) for internship level training in neuropsychology. The Neuropsychology program operates as an assessment consultation service, accepting referrals from the entire Medical Center. Patients with a wide variety of neurological disorders, including cerebral vascular accidents, head trauma, epilepsy, Alzheimer’s Disease and other neurocognitive/dementia disorders, and post-operative lesions are evaluated. Interns can expect to develop knowledge of brain-behavior relationships and to gain experience in the administration and interpretation of a wide variety of neuropsychological assessment instruments. A semi-flexible battery approach is generally used. Supervisors are board certified (ABPP) in Neuropsychology. Formal neuropsychology didactics and consultation are provided.

Primary Care-Mental Health Integration
Staff psychologists are extended members of the Patient Aligned Care Team (PACT) which is a multi-disciplinary response for providing comprehensive patient centered care with all members participating in a team approach. Primary Care providers (PCPs) and Mental Health - Primary Care Integration (PC-MHI) providers represent two integral disciplines in the care teams. Interns assigned to work on the rotation with the PC-MHI Psychologist will assist PCPs in providing brief behavioral interventions, assessments for referrals to specialty clinics, and when appropriate providing brief, short-term therapy for mild-moderate issues, such as depression, anxiety, stress management, insomnia, or pain. In addition interns will collaborate about patients with other disciplines, and co-facilitate pain school groups and other behavioral health groups to support health and Veteran advocacy. Specifically interns will be addressing issues involving typical mental health issues such as depression, PTSD, substance use disorders, anxiety disorders and suicidal/homicidal ideation. This could occur at Battle Creek VAMC or at WHCC depending on supervisor availability. Typically a minor rotation, there is the potential for a major rotational experience.

Pain Psychology
Interns work with our pain psychologist within the interdisciplinary pain management team. This experience will include both individual and group intervention (CBT, ACT and mindfulness modalities), multidisciplinary chronic pain education, and interdisciplinary biopsychosocial assessment of pain experience and functioning as well as program development and evaluation. This is available as minor rotation. (This experience integrated into Behavioral Medicine and PC-MHI rotations rather than a separate rotation for the 2019-2020 training year)

Home Based Primary Care
Psychology services in HBPC cover a broad range of issues. To be eligible for HBPC veterans must have at least one chronic medical condition. Veterans in the program range in age from mid 20s to early 90s, with most of our veterans over age 55. Typical issues addressed by the psychologist include treatment of depression, anxiety, PTSD, caregiver strain, and adjustment to medical conditions. The setting requires frequent screening for depression and cognitive functioning. Psychologists also address capacity assessment, family issues, terminal illnesses, team dynamics, and crisis management. Various health psychology issues and occasional substance abuse issues arise in our population of veterans. Battle Creek HBPC teams located in Lansing and Benton Harbor completed pilot program expansion for mental health home care. Those teams continue to include veterans with primary mental health problems while also serving traditional HBPC patients. HBPC practice occurs primarily in veterans’ homes; hence, the rotation includes significant travel time. Team psychologists serve as members of interdisciplinary teams including nurses, dieticians, social workers, occupational therapists, mid-level providers, pharmacists, and a kinesiotherapist. This rotation is available as a minor rotation only. (Not available for the 2019-2020 training year)

Mental Health Clinic
The Mental Health Clinic in Battle Creek provides comprehensive outpatient mental health treatment services to eligible veterans and their families. The clinic includes psychologists who provide assessment, treatment, and consultation services. The clinic offers interns an opportunity for psychotherapeutic work with outpatients with a broad range of problems and adaptive levels of functioning. The patients range from those who live and work in the community with no history of prior treatment to those who have been recently discharged after psychiatric inpatient treatment. Interns have the opportunity to work with
patients in long-term outpatient individual, couples, family, and group therapies. This rotation is available as either a major or a minor rotation.

**Behavioral Medicine**
Behavioral Medicine is behavioral health consultation to Medical Service providers and staff as well as intervention in chronic disease management with Veterans. This rotation includes a blend of administrative organization, consultation and clinical intervention. Interns have the opportunity to experience clinical psychology translation into a medical 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. This experience is part of the Health Psychology Track requirements. NOTE: This may or may not be available to Non-Health Psychology Track interns.

**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. Interns 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. This rotation is available as a major or minor rotation; however, rotations must be at least 6 months in duration.

**Wyoming Health Care Center (Subject to Supervisor and Space Availability)**
Depending on availability of supervisors and interest by interns, additional rotational experiences may be available in the Wyoming Health Care Center in Wyoming, MI. If available, interns may select rotations in the Mental Health Clinic or with Primary Care-Mental Health Integration. The Mental Health Clinic provides training in both individual and group interventions as well as limited assessment opportunities in a traditional outpatient setting. The Primary-Care Mental Health Integration experience in Wyoming Health Care Center is similar to the experience in Battle Creek. Staff psychologists are extended members of the Patient Aligned Care Team (PACT) which is a multi-disciplinary response for providing comprehensive patient centered care with all members participating in a team approach. Primary Care providers (PCPs) and Mental Health - Primary Care Integration (PC-MHI)/Behavioral Health Providers (BHPs) represent two integral disciplines in the care teams. Interns assigned to work on the rotation with the Primary Care Integration Psychologist will assist PCPs in providing brief behavioral interventions, assessments for referrals to specialty clinics, and when appropriate monitoring Veteran responses to newly initiated medication trials. In addition interns will collaborate about patients with other disciplines, and co-facilitate pain school groups and other behavioral health groups to support health and Veteran advocacy. Specifically interns will be addressing issues involving typical mental health issues such as depression, PTSD, substance use disorders, anxiety disorders and suicidal/homicidal ideation.

**ADDITIONAL OPPORTUNITIES**

**Education Opportunities**
Psychology Service is approved by the Sponsor Approval System of the American Psychological Association to offer continuing education for psychologists. Throughout the internship year, interns may be able to participate in a variety of educational seminars and presentations offered for psychologists. Seminars are presented by Psychology staff members and by outside consultants. In addition, an internship seminar series is held on an ongoing basis and psychology staff members present on topics of interest to the interns. There are also frequent Medical Center educational presentations sponsored by
other services which interested interns may attend. The Medical Center participates in the VA National Satellite Teleconference Educational Series and interns may also attend relevant satellite teleconferences on Mental Health topics.

**Research**
Interns are allowed to pursue approved research activities up to four hours a week, including dissertation research. These hours should be chosen in coordination with the clinical needs of the intern's rotations and the rotation supervisor. Interns interested in conducting research during the internship training year should submit research proposals to the Psychology Service for review as soon as possible after acceptance into the Internship Program. Psychology staff members will assist interns in submitting proposals to the Medical Center's Research Committee and the Subcommittee on Human Studies for review prior to the intern's arrival. Time required for research proposals to be reviewed by both the Medical Center Research Committee and Subcommittee on Human Studies typically is two to three months. Ideally, interns interested in conducting research at the Medical Center during their training year will have their research proposals reviewed and approved prior to their arrival and be ready to begin data collection at the earliest opportunity. Another opportunity for research is through the Psychology Service research group. Interested interns may join this group that selects a research project and works on it over the course of the internship year.

**Peer Consultation by Advanced Trainees (“Vertical Supervision”)**
The Battle Creek VAMC Psychology Training Council affirms the value of “vertical supervision” of psychology trainees by advanced trainees once appropriate competency has been demonstrated and documented. Supervision training and experiences involving fellows, interns, practicum students and training staff are valued by BCVAMC psychology service and its associated training programs, and we seek to provide maximum opportunities for training in this area, including support by training faculty. When vertical supervision experiences are predicted to be available within a given rotation, the supervisor will let trainees know at the beginning of the year as training plans are being developed. All vertical supervision experiences are directed by our vertical supervision policy.

**Requirements for Completion**
To successfully complete the internship, interns are expected to meet the following requirements:

**2080 Hours:** The internship requires one year of full-time training to be completed in no less than 12 months. Paid federal holidays are included, and interns accumulate some paid annual and sick leave that can be taken during the year.

**Patient Contact**
Successful completion of the internship requires a minimum of 25% of time in direct patient care. Direct patient care includes face-to-face, telehealth, or phone consultation in which the intern and the patient(s) are interacting for the purpose of patient care including for intervention, assessment or other treatment/care purposes. Consulting with other staff about a patient when a patient is not present/participating in the consultation is not considered direct patient care. Typically, interns spend between 10-13 hours weekly in direct patient care.

**Psychotherapy**
Over the course of the year, the intern will be involved in both individual and group therapy. In each major rotation in which treatment is a significant element, caseload typically includes at least one psychotherapy group and three individual or couples based psychotherapy case. In minor rotations, the supervisor of that rotation will determine an appropriate caseload, keeping in mind a target of 10 hours of direct patient care per week across all rotations.

**Empirically Supported Therapies**
Interns must learn at least one Empirically Supported Treatment (EST) and must treat at least one case with it during the internship year. Often this case is used for the Intern’s psychotherapy case presentation. The treatment could be individual or group. The intern is expected to understand the theory and research
behind the intervention, as well as administer a protocol. Interns likely will learn and use several more than one EST. Interns should approach each new therapy case by reviewing the evidence for various treatment plans, including making use of well established ESTs under supervision.

**Psychological Assessment**
Interns must complete a minimum of 12 comprehensive psychological evaluations. These assessments must be based on data integrated from multiple sources and must include written report with impression and recommendations. Assessments based solely on interviews or single tests do not meet this requirement. At least six of the 12 psychological evaluations must include the MMPI-2/MMPI-2-RF (personality), the WAIS-IV (intellectual functioning) along with at least two other measures. The remainder may be more specialized in nature (e.g. neuropsychological evaluation, bariatric surgery evaluation, dementia and capacity evaluation, PTSD diagnostic evaluation). See Appendix A for formal description of what constitutes a comprehensive psychological evaluation.

**Didactic Training**
Interns are required to attend weekly Intern Seminars. Integrated into weekly didactic training is the Diversity Series that takes the form of case presentation, peer consultation, and implementation of findings from the scholarly literature into day to day clinical work. Also part of this is Interprofessional Biomedical Ethics, which is a shared experience between Pharmacy, Optometry, and Psychology trainees. Didactics are based on Intern interest as well as core curriculum. Interns also attend monthly Mental Health Grand Rounds. Professional issues (e.g. licensure, finding a postdoctoral position or job, CV preparation, boundaries) are also presented within weekly didactics.

**Case Presentations**
In addition to informal case presentations made in group supervision, interns are required to present one psychotherapy/counseling case and one assessment/diagnostic case to the Psychology Service Training Council in order to demonstrate competency in these areas (See APPENDIX B). As part of each case presentation, the intern should review and discuss research literature relevant to that case as well as relevant individual difference and diversity issues. At least three staff psychologists will review performance and indicated whether or not the intern demonstrated competency. Feedback will be provided to the intern (without any peers or non-staff training council present) immediately after the presentation typically. If competency was not well demonstrated, the intern may be asked to redo their presentation although with adequate preparation and use of supervision, interns perform well.

**Competence in Profession Wide Competencies and Program Level Competency**
At the end of each quarter, in the judgement of the interns supervisors and the Training Council, each intern must have achieved a satisfactory level of competence or progress toward competence in the areas addressed during that quarter. At the midpoint of the year, interns should be rated as making satisfactory progress towards achieving a “Needs Occasional Supervision/Level 3” rating across all competency objectives, by obtaining “Needs Regular Supervision/Level 2” or higher on all competency items. To successfully complete the internship, interns must meet minimal competency requirements, “Needs Occasional Supervision/Level 3” or higher on all competency objectives at the end of the training year.

**EVALUATION**
In addition to the ongoing feedback and evaluation that is a natural part of the supervision process, each intern receives a formal, written evaluation quarterly. This evaluation is based on the joint completion of supervisors during that quarter and the Training Director. The evaluations are intended to be a progress report for interns to ensure they are aware of their supervisors’ perceptions and to help the intern focus on specific goals and areas of work for the next part of the training year. Formal quarterly evaluations are discussed with the intern by the Training Director. Ongoing informal feedback is provided throughout the rotation by rotation supervisors. Quarterly evaluations will also provide specific feedback and serve to help the intern develop as a professional. Interns are requested to provide a written evaluation of each rotation and supervisor upon completion of the rotation. Mid-point and final evaluations will be forwarded.
to the Director of Training at the intern’s graduate school by the Internship Training Director. See Appendix C for a copy of the current evaluation form.

To successfully complete the internship, interns are expected to demonstrate an appropriate level of professional psychological skills and competencies. This is measured by obtaining Level 3 or higher at the end point of the training year in all competency areas. Before completion of the internship, interns are required to present one psychotherapy/counseling case and one assessment/diagnostic case to the Psychology Training Council to demonstrate that they have mastered the skills necessary to function adequately in an entry-level, pre-licensed Psychologist staff position. Interns will be certified as having completed the internship at this Medical Center with the concurrence of individual supervisors and the Psychology Service Training Council. Interns successfully completing the training program will be issued a certificate of internship completion.

Facility and Training Resources

In support of the internship training program, the Medical Center has a number of unique resources which are available to support both clinical training and research. The Medical Center has a fine medical library that contains many of the current professional psychology journals. In addition, any article or book the intern wishes to obtain may be obtained through the Medical Center library on interlibrary loan. The medical library is part of the VA Library Network (VALNET) and has access to the holdings of over 172 VA libraries. Library staff are very willing to help interns with literature searches and with accessing online research journals.

The Psychology Service and Medical Center has excellent computer support. Interns have their own PCs. Each PC is connected to the computerized medical record system, medical center email, Microsoft Office software, Online Meeting/Video Conferencing, and internet access. Voice dictation services are available to interns for dictating clinical and testing reports. Also, the complete clinical information database is available to interns via computer. Psychology Service has a psychological testing laboratory that includes computerized testing applications and scoring software. Interns have training opportunities with Clinical Video Telehealth (CVT) as well. Direct observation of the Intern’s skill may be done via streaming video or via supervisor review of recorded sessions. Intern treatment offices include video conferencing and audio recording equipment.

Additional Internship Information

Stipends
The internship is a full time, 12-month experience beginning the first pay period in July. The intern is required to obtain 2,080 hours of training in the Medical Center. Currently the doctoral intern stipend is $26,422 per year divided into 26 equal bi-weekly payments. Interns are also eligible for health benefits, including family and spousal health benefits. This includes any legally married spouse (regardless of gender) and dependents.

Work Hours
The scheduled work hours typically are 8:00 a.m. - 4:30 p.m. Monday through Friday except for federal holidays. Lunch breaks are 30 minutes, usually taken from 12:00 noon to 12:30 p.m. Interns may not stay on the medical center grounds after hours unless one of the intern supervisors is present and available. This should be rare.

Personal Leave
Interns accumulate 4 hours sick leave and 4 hours annual leave per two-week pay period. In addition, interns receive 10 federal holidays. Should extensive periods of illness or other circumstances cause an intern to have to exceed his/her allotted leave during their one-year appointment, the intern will have to work beyond the 12-month appointment without stipend to accumulate the extra hours that were lost. Additional leave may be granted for off-site educational workshops, seminars, lectures, conferences, professional meetings and other approved training activities. Up to five days of authorized leave per year may also be approved for use
for university-related business or professional psychology activities. This might include meetings on
dissertations or formal defenses of the dissertation or interviews for postdoctoral fellowships.

**Timekeeping and Leave Requests**
Requests for annual or sick leave, or authorized absence should be discussed with the supervisor for that
day. If approved, the Intern submits leave request via the VATAS system. Leave requests are approved by
the Chief of Psychology Service. Except in the case of emergencies, all leave (except holidays) must be
approved in advance. To avoid disrupting patient care, the intern may be required to schedule planned leave
60 days in advance. Interns should inform the Training Director and ALL supervisors of planned absences,
typically by sending an outlook invite to the training director and following the procedures outlined by rotation
supervisors. This facilitates coordination of unexpected clinical or administrative issues that cross beyond
rotation days.

**Unexpected Leave**
Interns will discuss with their supervisors what to do in the event of unexpected leave. At the minimum,
interns will contact the time keeper, Training Director, all their clinical supervisors and Chief of Psychology.
Other actions as indicated based on rotation will also be required, again as discussed with the rotation
supervisor. It is the intern's responsibility to take appropriate action for scheduling patient care responsibilities
and appointments (e.g. informing your supervisor or requesting other staff cancel the appointments).

**Intern Logs**
Each week a retrospective record should be completed indicating the intern's activities. This data should be
uploaded into the Psychology Training folder for review by the Training Director and the intern's current
rotation supervisors.

**Identification Badges**
All interns and staff are required to wear identification badges at all times during duty hours. Identification
badges will be issued to interns at the start of the internship.

**Test Materials, Equipment and Keys**
Obtaining of keys will be facilitated by Psychology Service secretary. Interns are financially responsible for all
items checked out during the internship year. The hospital requires a fee for lost keys. Keys to the test
materials cabinet are distributed by the training director. If keys are lost, the Intern should contact the Training
Director and Chief, Psychology Service immediately.

**Business Cards**
Interns will be provided with business cards during their first few weeks on station and will work with the Training
Director to get that set up with proper title (Psychology Intern), contact information and the suicide help line.

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

**Policies**
All policies are found within a medical center SharePoint, with relevant internship policies placed in a shared
folder for review. These include the dress code, procedures for mandatory reporting, and recording of patient
care sessions in addition to others.

**Accommodations**
To the best of our ability, it is the practice of this training program to accommodate individual needs when
requested. Within the training program, this could be informally or via following formal disability
accommodation procedures described in medical center policy. Examples of accommodations previously
provided include offering dictation software and adapting workstations. Intern offices are handicap
accessible.
Emergency Consultation

For an immediate problem, the intern is expected to contact his/her supervisor(s) first. If the immediate supervisor is not available, the intern should contact their designated back-up supervisor, the Director of Training or the Chief, Psychology Service (in that order) for emergency consultation. In the event that a psychologist is not immediately available, the intern may consult with any licensed independent provider, following up as soon as possible with their supervisor or other supervising psychologist. If, in the course of conducting patient assessment or treatment, the intern has any concern about a patient's dangerousness to self or others, the intern 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 no later than the end of the same day as the concern occurs, as protection for both the patient and intern. 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.

Administrative Policies and Procedures

**Please note that grievance and remediation/termination procedures are currently being reviewed by the training council to provide additional clarity regarding our timelines and resources for trainees. Until new policies/procedures are formally reviewed by APA (as a substantive change) and approved by the psychology training council, the below policies/procedures remain in full effect.**

Conduct

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

Grievance Procedures

Interns have a responsibility to address any serious grievance that they may have concerning the Internship Program, the Psychology Service, or the Medical Service. An intern 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 intern may attempt to direct resolution of the grievance with the involved party, or the intern may informally address the grievance with a supervisor, the Training Director, or Chief, Psychology Service.

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

The Training Director or Chief, Psychology Service will notify the Training Council if a grievance has the potential of affecting the internship’s evaluation of the intern, or if it might substantially affect the future conduct or policies of the internship. The Training Director or service chief will notify the Training Council if the intern 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 an intern is evaluated fairly, to ensure that an intern's training experience meets APA guidelines and policies of the internship, and to advise the Internship Director and Chief, Psychology Service.

The Chief, Psychology Service has the ultimate responsibility for the sensitive, proper, and appropriate evaluation of all intern 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 intern is asked to communicate the grievance in writing to the appropriate official at the intern's university who is responsible for internship placement with a copy of that communication to the Training Director and the Chief, Psychology Service. If a joint decision of the internship 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 Commission.

The intern 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.

Interns may also reach out to APA Commission on Accreditation or APPIC at any point.

**Equal Employment Opportunity (EEO)**

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

**Employee Assistance Program**

Like all employees, interns may access the Employee Assistance Program (EAP), which provides confidential advice, referrals, and counseling at no cost. This could be for things like work-like balance, enhancing communication, reducing stress, substance dependence, or relationship problems. Information is found on the Battle Creek VA Intranet site: [http://vhabacweb.v11.med.va.gov/resources.html](http://vhabacweb.v11.med.va.gov/resources.html)

**Remedial Action and Termination Procedures**

When any concern about an intern's progress or behavior is brought to the attention of the Training Council, the importance of this concern and the need for immediate action will be considered. If action by the intern 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 internship, the intern will be asked to meet with the Training Council, and the concerns and a proposed plan of action will be communicated to the intern in writing. If the intern wishes to contest the concerns of the Training Council or the proposed corrective action, he/she may request that the Training Director at his/her university be consulted to assist in this assessment and proposed action.

Failure to adequately adhere to the proposed corrective action plan will immediately result in notification to the intern's university that discontinuation of the internship is being considered. Following consultation with the
Training Director of the intern's university, a determination will be made if an alternate plan is to be considered for corrective action.

A recommendation to terminate the intern's training must receive a majority vote of the Training Council. The intern will be provided an opportunity to present arguments against termination at that meeting. Direct participation by the Director of Training or designee from the intern's graduate program should also be sought for this 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 intern's professional performance.

Appeal
Should the Training Council recommend termination, the intern may invoke his/her right of appeal. The Chief, Psychology Service will then appoint a panel composed of at least three members which may be drawn from the Psychology Service staff and Internship Training staff not on the Training Council. 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 Council; the intern, 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 intern's appointment. The training staff will abide by the Panel's majority judgment if the Appeal Panel recommends continuation, and the Director of Internship Training, the intern's rotation supervisors, and the intern are responsible for the negotiating an acceptable training plan for the balance of the training year.
Training Staff
Psychology Staff involved in the training program, their theoretical orientations, and their special areas of interest are listed below.

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

**Towania F. Bellia**, Clinical Psychologist
Mental Health Clinic
Ph.D., 2001, University of Detroit Mercy
Theoretical Orientation: Psychodynamic
Rotation Supervisor: As needed

**William D. Bloem**, Associate Chief, Mental Health
Ph.D., 1984, Fuller Theological Seminary
ABPP-Clinical psychology
Theoretical Orientation: Cognitive-Behavioral
Interests: Post Traumatic Stress Disorder, Substance Abuse, Spiritual issues in psychotherapy
Rotation Supervisor: No

**Joseph C. Bolton, III**, Clinical Psychologist
Compensation and Pension
Psy.D., 2006, Indiana State University
Theoretical Orientation: Cognitive-Behavioral
Interests: PTSD, Forensic Psychology
Rotation Supervisor: No

**Jeremy Bottoms**, Clinical Psychologist
Neuropsychology
Psy.D., 2006, Wright State University School of Professional Psychology,
ABPP-Clinical Neuropsychology
Theoretical Orientation: Cognitive-Behavioral
Interests: Traumatic Brain Injury, Quality of Life, Training
Rotation Supervisor: Yes

**Timothy M. DeJong**, Clinical Psychologist
PTSD Program Manager
Ph.D., 2007, Case Western Reserve University
ABPP-Clinical Psychology
Theoretical Orientation: Cognitive-Behavioral
Interests: Post Traumatic Stress Disorder, Depression
Rotation Supervisor: No

**Beth J. Dietzel**, Clinical Psychologist
PTSD PCT and RRTP
Ph.D., 2008, Western Michigan University
Theoretical Orientation: Cognitive-Behavioral
Interests: Post Traumatic Stress Disorder, Insomnia
Rotation Supervisor: Yes
Scott A. Driesenga, Clinical Psychologist  
Chief, Psychology Service  
Ph.D., 1991, Fuller Theological Seminary  
Theoretical Orientation: Cognitive-Behavioral  
Interests: Post Traumatic Stress Disorder, Social skills training  
Rotation Supervisor: No

William Fitzgerald, Clinical Psychologist  
Mental Health Clinic  
Ph.D., 2011, Western Michigan University  
Theoretical Orientation:  
Interests: Wellness, Integrated Health, Therapy  
Rotation Supervisor: Yes

Bruce A. Fowler, Clinical Psychologist  
Mental Health Clinic WHCC  
Psy.D., 1984, Rosemead School of Psychology, Biola University  
Theoretical Orientation: Cognitive-Behavioral  
Interests: Post Traumatic Stress Disorder, Military Sexual Trauma  
Rotation Supervisor: As needed

Katherine D. Gimmestad, Clinical Psychologist  
Primary Care Mental Health Integration - Telehealth  
Ph.D. 2011, University of Missouri-Kansas City  
Theoretical Orientation: Cognitive-Behavioral  
Interests: Post-Traumatic Stress Disorder, Motivational Interviewing, Synesthesia  
Rotation Supervisor: No

Kendall E. Gladding, Clinical Psychologist  
Compensation and Pension  
Psy.D., 1999, Nova Southeastern University  
Theoretical Orientation: Integrative  
Interests: PTSD, Mindfulness  
Rotation Supervisor: No

Randall L. Halberda, Clinical Psychologist  
Program Manager, Inpatient Mental Health  
Psy.D., 2005, Indiana State University  
Theoretical Orientation: Cognitive Behavioral/Social Learning  
Interests: Motivational Interviewing and Geropsychology  
Rotation Supervisor: As needed

Tom L. Ham, Counseling Psychologist  
Home-Based Primary Care—Northern Rural Expansion  
Ph.D., 1987, University of Missouri-Columbia  
Theoretical Orientations: Cognitive-Behavioral  
Interests: Behavioral Health; Substance Abuse; Motivational Interviewing  
Rotation Supervisor: No

Daniel R. Henderson, Clinical Psychologist  
Mental Health Clinic at WHCC  
Ph.D., 1988, University of Missouri-St. Louis  
Theoretical Orientation: Cognitive-Behavioral  
Interests: Anxiety, affective disorders, trauma, sexual issues  
Rotation Supervisor: As needed
**Krista Holman**, Clinical Psychologist  
WHCC Primary Care-Mental Health Integration  
Ph.D., 2014, Central Michigan University  
Theoretical Orientation: CBT- Brief Therapy  
Interests: Integrated Care, Motivational Interviewing  
Rotation Supervisor: Yes

**Marc S. Houck**, Clinical Psychologist  
WHCC Primary Care-Mental Health Integration, Program Manager  
Psy.D., 2001, Rosemead Graduate School of Psychology  
Interests: Integration, Problem Solving Therapy, DBT  
Rotation Supervisor: No

**Rita B. Kenyon-Jump**, Clinical Psychologist  
Mental Health Clinic  
Military Sexual Trauma Coordinator  
Ph.D., 1992, Western Michigan University  
Theoretical Orientation: Cognitive-Behavioral  
Interests: Military Sexual Trauma, Interpersonal Trauma, Childhood Trauma, Mindfulness  
Rotation Supervisor: Yes

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

**Jessica Kinkela**, Clinical Psychologist  
Training Director/Neuropsychology  
Ph.D., 2008, Ohio University  
ABPP Clinical Neuropsychology  
Theoretical Orientation: Behavioral & Cognitive Behavioral  
Interests: MoCA, Substance Use and Cognition, Geropsychology  
Rotation Supervisor: Yes

**Ross Knoll**, Clinical Psychologist  
Battle Creek Primary Care-Mental Health Integration  
Ph.D., 2015, Northern Illinois University  
Theoretical Orientation: CBT  
Interests: Insomnia, Anxiety Disorders  
Rotation Supervisor: Yes

**Peter M. Koehn**, Counseling Psychologist  
Home Based Primary Care-Mental Health (Benton Harbor)  
Ph.D., 2000, University of Missouri-Columbia  
Theoretical Orientation: Cognitive-Behavioral  
Interests: Stress Management, Pain Psychology  
Rotation Supervisor: No

**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  
Rotation Supervisor: As needed
Holly Marston, Clinical Psychologist
Battle Creek, Inpatient Mental Health
Psy.D., 2015, Adler University
Theoretical Orientation: Cognitive Behavioral
Interests: Combat PTSD, CPT, DBT, and Inpatient Interventions/Assessment
Rotation Supervisor: Yes

Joan McDowell, Clinical Psychologist
Clinical Telehealth Psychologist
Ph.D., 2007, Eastern Michigan University
Theoretical Orientation: Cognitive-Behavioral
Interests: Motivational Enhancement, Positive Psychology
Rotation Supervisor: No

Lisa J. Mull, Clinical Psychologist
Associate Training Director for Residency/Outpatient Mental Health, WHCC
Psy.D., 2007, Pacific University
Theoretical Orientation: Cognitive-Behavioral
Interests: Prolonged Exposure Therapy
Rotation Supervisor: Yes

Shannon Mullally, Clinical Psychologist
Muskegon CBOC
Ph.D., 2000, California School of Professional Psychology
Theoretical Orientation: Psychodynamic, Cognitive-Behavioral
Interests: Trauma, Personality Disorders
Rotation Supervisor: No

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
Rotation Supervisor: Yes

Steve H. Pendziszewski, Clinical Psychologist
Program Manager, Mental Health Clinic
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
Rotation Supervisor: No

E. Brooke Pope, Clinical Psychologist
Program Manager-Research and Development and Evidence Based Psychotherapy
Ph.D., 2009, Northern Illinois University
Theoretical Orientation: Cognitive-Behavioral
Interests: Post-Traumatic Stress Disorder, Military Sexual Trauma, Recovery
Rotation Supervisor: Yes
David J. Powell, Clinical Psychologist
Outpatient Mental Health, Lansing CBOC
Psy.D., 2006, Florida School of Professional Psychology
Theoretical Orientation: Interpersonal (Sullivanian)
Interests: PTSD, Anger Management
Provider Status: Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Interpersonal Therapy (IPT), Acceptance & Commitment Therapy (ACT)
Rotation Supervisor: No

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
Rotation Supervisor: Yes

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
Rotation Supervisor: No

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
Rotation Supervisor: Yes

Emily Standish, Clinical Psychologist
Battle Creek, Outpatient Mental Health Clinic
Ph.D., 2015, Wayne State University
Theoretical Orientation: Cognitive Behavioral
Interests: Trauma, Interpersonal Therapy, Cognitive Processing Therapy
Rotation Supervisor: Yes

Gregory Steinsdoerfer, Counseling Psychologist
Associate Training Director, Internship/ Battle Creek Primary Care-Mental Health Integration
Ph.D., 2015, Southern Illinois University-Carbondale
Theoretical Orientation: Integration of strength-based/humanist/feminist approach with CBT.
Interests: primary care integration, burnout, education of medical staff, health psychology.
Rotation Supervisor: Yes

Theodore Wright, Clinical Psychologist
PTSD-RRTP
Ph.D., 2002, Western Michigan University
Theoretical Orientation: Behavioral
Interests: Trauma & Recovery, ACT, Prolonged Exposure, Addiction
Rotation Supervisor: Yes
Michael Zlatev, Counseling Psychologist
Benton Harbor CBOC
Ph.D., 2015, University at Albany
Theoretical Orientation: Cognitive, Psychodynamic
Interests: Anxiety Disorders, adult attachment.
Rotation Supervisor: No

Trainees
Although we have matched with individuals from Clinical Psychology programs exclusively more recently, we interview many counseling psychology trainees and our staff include both clinical and counseling psychologists. We strongly encourage individuals from counseling programs to apply.

2018-2019
Clinical Psychology, University of Indianapolis
Clinical Psychology, Alliant International University/CSPP-San Diego
Clinical Psychology, Wheaton College
Clinical Psychology, Pacific Graduate School of Psychology/Palo Alto University
Clinical Psychology, Pacific Graduate School of Psychology/Palo Alto University

2017-2018
Clinical Psychology, Nova Southeastern University
Clinical Psychology, Alliant International University/CSPP-San Diego
Clinical Psychology, Adler University
Clinical Psychology, Alliant International University/CSPP- Los Angeles
Clinical Psychology, Pacific Graduate School of Psychology

2016-2017
Clinical Psychology, Bowling Green State University
Clinical Psychology, Carlos Albizu University-Miami Campus
Clinical Psychology, Florida Institute of Technology
Clinical Psychology, Alliant International University/CSPP-San Diego
Clinical Psychology, Alliant International University/CSPP-San Diego

2015-2016
Clinical Psychology, Xavier University
Clinical Psychology, Central Michigan University
Clinical Psychology, Pacific Graduate School of Psychology
Clinical Psychology, University of Detroit Michigan
Clinical Psychology, Louisiana State University

2014-2015
Clinical Psychology, Western Michigan University
Counseling Psychology, Lehigh University
Clinical Psychology, Bowling Green State University
Counseling Psychology, University at Albany
Clinical Psychology, American School of Professional Psychology, Argosy University, Washington DC

2013-2014
Clinical Psychology, Pacific Graduate School of Psychology at Palo Alto University
Counseling Psychology, West Virginia University
Clinical Psychology, Adler School of Professional Psychology
Counseling Psychology, Western Michigan University
Clinical Psychology, Pacific University School of Professional Psychology
2012-2013
Clinical Psychology, University of North Dakota
Clinical Psychology, Idaho State University
Clinical Psychology, Eastern Michigan University

2011-2012
Clinical Psychology, Western Michigan University
Clinical Psychology, University of Detroit Mercy
Counseling Psychology, Marquette University

2010-2011
Clinical Psychology, Central Michigan University
Counseling Psychology, Texas Tech University
Counseling Psychology, Western Michigan University

Local Information

The VAMC, Battle Creek, MI is located about 7 miles west of downtown Battle Creek, Michigan and about 17 miles east of downtown Kalamazoo, Michigan and is centrally located to many recreational, cultural, and entertainment opportunities. There are many special events, attractions, and festivals in the area throughout the year. The area also features lakes, ski lodges, libraries, museums, parks, unique local shopping, farmer’s markets, and many live theatres. The cost of living is very affordable—average rent for a one bedroom apartment is less than $700. Interns have found various housing styles available including houses, apartments, townhomes, and settings that welcome pets. For additional information about the area:

http://www.battlecreekvisitors.org/

http://www.discoverkalamazoo.com/

Our privacy policy is clear: we will collect no personal information about you when you visit our website.
APPENDIX A: Comprehensive Assessment

Psychological assessment is a service that is often unique to doctoral level psychologists and serves an important role within the profession and the broader mission of health care. To promote competency in psychological assessment, interns are required to complete 12 comprehensive assessments. Of the 12, at least six must include both a WAIS-IV and MMPI-2/MMPI-2-RF as core measures. A comprehensive assessment will “promote a more complete clinical picture of an individual” [than a screening evaluation], is “comprehensive in focusing on the individual’s functioning across multiple domains” and “integrates results from multiple psychological tests, clinical interviews, behavioral observations, clinical record reviews, and collateral information.”1 It is beyond what is typically done in routine clinical care and has a specific purpose/goal. Like a three-legged stool that will never be tippy, Comprehensive Assessments have three core elements upon which final impressions rest:

1. Information directly from the patient such as diagnostic interview, psychosocial interview, symptom/problem focused interview (such as for decision-making capacity or health behaviors), mental status evaluation, self-report by the patient found in records & behavioral observations about the patient
2. Psychometrically sound, culturally appropriate measures with suitable normative data.
3. Collateral information, such as from clinical records and when appropriate, interviews with staff, community partners, and/or patient family members/support persons.

The intern has primary responsibility for the conceptualization and writing up of final impressions, under supervision; however, they may not engage in collection of all elements personally. For example, another person may administer and score measures as well as provide “boiler plate” summary of results (psychometrician model) which the Intern then integrates with other sources of information into their final conceptualization and report of results. The intern should be primary author, although some elements may be done jointly with their supervisor. A traditional “comprehensive report” format may or may not be the best way to communicate data and final impressions. Findings could be integrated over several notes completed on multiple dates. For example, a patient may have a psychosocial report note, a summary of test results note, and a final, integrated note that includes impressions and recommendations.

The measures may be guided directly by clinic protocol (e.g. standard battery) or they could be selected by the intern. In both cases, the intern should be aware of the measures’ psychometric properties and interpretation, including understanding the normative sample and how the patient’s diversity/individual difference factors impact conclusions drawn. The intern should only select measures that their supervising psychologist is competent to use unless a plan to consult with another psychologist competent in those measures is established prior to starting the evaluation.

Test Battery:
At least six of the comprehensive assessments must include both the WAIS-IV and MMPI-2/MMPI-2-RF, as these are the two most commonly utilized measures in professional psychological assessment. All 12 required comprehensive assessments must cover two domains and include at least four different measures. Most batteries are more extensive than this, covering multiple domains and including more than 4 measures. Examples of domains with associated measures include (non-exhaustive):

2. Objective Psychopathology measures: MCMI, MMPI-2, MMPI-2, PAI, SCL-90,
3. Structured Interviews: CAPS, MINI, Y-BOCs interview, Boston Structured Interview
4. Cognitive: Neuropsychological measures, MoCA, MMSE, SLUMS, Blessed
5. Objective Health Measures: MBMD
7. Achievement: WRAT-4
8. Premorbid Intellectual/Cognitive Functioning: TOPF, WRAT-4 Word Reading, WTAR

For the purpose of the 12 assessments, “self-report” or other face-valid measures or checklists completed by the patient or collateral source do not count as a “domain” although they may count as additional measures. Examples include PCL-5, BDI, BAI, BHS, WHODAS, Post-traumatic growth scale, PHQ-9, CAARS, Epworth sleepiness scale, ISI, MHL, QWEP-R, QQ, AUDC, BAM, BASIS 18, WURS, GDS, WHODAS by proxy, Cornell Scales for Depression in Dementia, or Mood Disorder Questionnaire.

At times it becomes clinically necessary to shorten the WAIS-IV, either due to spoiled subtests, unexpected time restrictions or patient needs. Indeed, learning to interpret a pro-rated WAIS-IV is an important clinical skill. For the purpose of the 12 required comprehensive assessments, a prorated WAIS-IV (8 or 9 subtest) may count as two of the six core WAIS-IV/MMPI-2 batteries.

It is possible that a battery meeting the “two domains, four measures” guidance is still nonetheless a screening battery rather than comprehensive assessment. For example, while a brief mental status exam, paired with cursory record review and MoCA, GDS-15 item, TOMM, and TOPF is technically acceptable (two domains, four measures), it does not allow the intern more than surface level understanding of the Veteran’s presentation. For more information about the difference between screening and comprehensive assessment, consider the following article: http://www.apapracticecentral.org/reimbursement/billing/assessment-screening.aspx

Examples of acceptable Comprehensive Assessments:

- PTSD-RRT Veteran evaluated for PTSD diagnosis confirmation and personality pathology review: Review Veteran’s primary therapist’s psychosocial report in records, review residential screen evaluation in records, review assessment clinic results in records including MMPI2RF and self-report measures. The Intern meets with Veteran to describe purpose of the evaluation, obtain consent and get additional information (e.g. diversity factors, vision/hearing capacity, years of education) necessary for testing and asks about specific personality pathology criteria. The Intern completes CAPS (domain 1, measure 1) and MCMI-3 (domain 2, measure 2). Intern reviews assessment clinic results (measures 3-10; psychometrician model). Intern writes the report, incorporating the above data into the final conceptualization and diagnostic formulation.

- MHC Veteran requesting information to guide his return to graduate school. The intern co-leads or observes the interview with their supervisor. It includes only the Veteran’s functional, neurodevelopmental, and current psychological status (no diagnostic interview completed). Measures include WAIS-IV (domain 1, measure 1), TOMM (domain 2, measure 2), MMPI-2 (domain 3, measure 3), Study Skills questionnaire (measure 4). The report is jointly generated with the supervisor writing the background/interview section while the intern wrote up the record review, behavioral observations and test results. Impressions and recommendations are written jointly.
• PCT Veteran for treatment planning and PTSD confirmation: intern does interview, record review, and testing. The battery includes CAPS (domain 1, measure 1), MMPI-2-RF (domain 2, measure 2), MoCA (domain 3, measure 3), ISI & PCL-5 (measures 4 & 5). The intern writes the report in two different notes: Intake/Psychosocial note and Psychological Evaluation note.

• Health Psychology patient for pre-surgical evaluation. The intern completes interview, record review, and testing with battery including Boston Structured Interview (domain 1, measure 1) MBMD (domain 2, measure 2) QEWP-R, DAST, AUDC, & MHLC (measures 4, 5, & 6)

• IMH patient psychodiagnostic evaluation: Intern does record review, psychodiagnostic interview, CAPS (domain 1, measure 1) M.I.N.I. (domain 1, measure 2), MCMI (domain 2, measure 3), MMPI-2 (domain 3, measure 4). A traditional report is generated.

• Neuropsychology consult—they almost all count as comprehensive, but may not count for the six with WAIS-IV/MMPI-2 core.

• General Assessment Clinic ADHD consult: Patient interview, records from childhood, interview with mother, MMPI-2-RF (domain 1, measure 1), WAIS-IV (domain 2, measure 2), TOMM (domain 3, measure 3) CAARS-self, CAARS-informant, (measures 4, & 5).

Batteries used in clinical care, but which do NOT count toward the 12 comprehensive assessments are:
• CAPS (domain 1, measure 1), 5 self-report measures (measures 2-5). **Self-report measures don’t count as a domain. Add a measure from another domain other than structured interview.
• Non-standardized interview (neither domain nor measure), MMPI-2 (domain 1, measure 1), 2 self-report measures (measures 2 & 3). **To make it comprehensive consider doing a M.I.N.I.
• The PTSD-RRTP assessment battery alone is inadequate as it includes the MMPI-2-RF (domain 1, measure 1) and various self-report measures. It is also part of routine clinical care in that setting.
• RBANS (domain 1, measure 1), TMT A&B (domain 1, measure 2), WHODAS by proxy, GDS (measures 3 & 4) **To make it comprehensive add a measure from a domain other than self-report or cognitive.
APPENDIX B: Case Presentations

Case presentations include both a demonstration of intern skill and also a review of relevant literature associated with that case. In some settings, grand rounds or other continuing education presentations utilize this format. Preparing such a presentation promotes professional development as well as offers demonstration of clinical competency. Each Intern will present twice: once about a therapy case and another day about an assessment case.

Case presentations are typically scheduled on various Wednesdays and Fridays in April, May and early June of the training year. The supervising psychologist typically attends the presentation so select a date that works with them. Typically only one intern presents on any given day; however, some days two interns will present. The intern will provide a handout of all assessment scores for assessment cases and for both presentations, they will provide a 1 page summary of background/demographic variables.

Audience: At least three staff psychologists, typically at least one of whom is either the Associate Training Director or Training Director; intern cohort peers; other trainees or staff by invitation.

Format: The intern will present for 35 minutes, followed by 10 minutes of questions by supervisors. The intern may elect to allow questions during their presentation rather than asking attendees to hold questions to the end which would result in a 45 minute presentation. After the presentation/questions, the intern and non-staff audience are dismissed while staff complete a rating form, simply to guide their feedback to the intern and to solidify impressions in various domains. The intern then returns to meet with staff for direct feedback about the strengths and areas for improvement in their presentation. Interns typically find this feedback helpful.

Evaluation: A rating form is used to guide staff impressions across various domains and to spur thoughts of specific feedback to provide to trainees. It is not scored per sey, although staff indicate whether they believe the intern has demonstrated competency with this case. If staff are not unanimous, they discuss and come to a consensus. In the event that the intern has not clearly demonstrated competency, additional activities may be required to ensure that they have demonstrated competency. For example, they may request the intern represent their case with suggested areas of improvement or they may ask the intern to provide a written literature summary relevant to the case. Rating form is below.

Recommendations for Success:
1) Select a case that you find interesting and identify the “narrative” you want to tell about the patient and your process. The more cohesive the story you want to tell through this case presentation, the better the outcomes will be.
2) Therapy cases should include outcome measures appropriate to the type of intervention. Therapy cases involving an EBT typically work best.
3) Discuss your cases with your supervisors AND with the training director during group supervision before locking them in. Mentoring and guidance are crucial, starting with selection through practicing your presentation.

4) Templates are provided to guide your presentation; however, the intern should make sure that the style and structure of the presentation fit the narrative of the patient.

5) Plan on having your completed PowerPoint to your supervisor to review at least 2 weeks before your presentation day. The training directors are available to review as well, and prior interns strongly recommend taking advantage of that.

6) Practice, Practice, Practice. At the minimum, your supervisor should observe your presentation and offer feedback; however, planning a run through with one of the training directors and with your peers will be even more helpful.

7) Include reference citations on the relevant slide. Plan on having at least 10-15 references with reference citation (short form or full) on the relevant slide as well as a full bibliography at the end.

8) Specific names or other identifiers should be anonymized. There is a document in the training folder that discusses how to deidentify your work.

9) Practice the timing of the presentation. Being able to complete a presentation within an allotted time limit is an important professional skill and going over is frowned upon.

<table>
<thead>
<tr>
<th>Type of Presentation:</th>
<th>Assessment</th>
<th>Treatment</th>
</tr>
</thead>
</table>

Rating Scale
5 = Excellent  
4 = Very Good  
3 = Acceptable  
2 = Marginal  
1 = Not Acceptable  
N/A = Not Applicable

<table>
<thead>
<tr>
<th></th>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Completeness of Patient history</td>
<td></td>
<td></td>
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<tr>
<td>2. Appropriateness of tests selected (Assessment)</td>
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<td>3. Accuracy of inferences/conclusions (Assessment)</td>
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<tr>
<td>4. Appropriate diagnoses given</td>
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<tr>
<td>5. Appropriate treatment recommendations made</td>
<td></td>
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<tr>
<td>6. Conceptualization of the case (Treatment)</td>
<td></td>
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<tr>
<td>7. Interventions appropriate and effective (Treatment)</td>
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<tr>
<td>8. Integration of relevant research literature</td>
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<tr>
<td>9. Awareness of relevant culture/diversity issues</td>
<td></td>
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</tbody>
</table>

Intern has demonstrated competence in Assessment/Treatment (Circle One)

YES  NO

Signature of Rater ________________________________
APPENDIX C: Evaluation Form

Intern SoA Competency Assessment Form
Battle Creek VAMC Psychology Training Program

<table>
<thead>
<tr>
<th>Trainee:</th>
<th>Supervisors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter:</td>
<td>Settings:</td>
</tr>
<tr>
<td>Date of Evaluation:</td>
<td></td>
</tr>
</tbody>
</table>

This rating is based on the following: (Check all that apply)

<table>
<thead>
<tr>
<th>LIVE OBSERVATION (insert supervisor initials)</th>
<th>ADDITIONAL OPTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-Therapy</td>
<td>Review of work samples</td>
</tr>
<tr>
<td>Live from same room</td>
<td>Feedback from staff</td>
</tr>
<tr>
<td>Live via streaming video</td>
<td>Feedback from trainees</td>
</tr>
<tr>
<td>Review of Video</td>
<td>Feedback from patients</td>
</tr>
<tr>
<td>Review of audio recordings</td>
<td></td>
</tr>
</tbody>
</table>

*APA Requires that ratings are based, in part, on live observation.

<table>
<thead>
<tr>
<th>Item #</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. <strong>Integration of Science and Practice.</strong></td>
<td></td>
</tr>
<tr>
<td>1. Intern integrates the scholarly literature to all professional activities</td>
<td></td>
</tr>
<tr>
<td>2. Intern critically evaluates and disseminates research during supervision and case presentations</td>
<td></td>
</tr>
<tr>
<td>II. <strong>Ethical and Legal Standards</strong></td>
<td></td>
</tr>
<tr>
<td>3. Intern demonstrates knowledge of and acts in accordance with current version of the APA Ethical Principles and Code of Conduct</td>
<td></td>
</tr>
<tr>
<td>4. Interns demonstrates knowledge of and acts in accordance with 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</td>
<td></td>
</tr>
<tr>
<td>5. Intern demonstrates knowledge of and acts in accordance with relevant professional standards and guidelines within the Veterans Health Administration and beyond</td>
<td></td>
</tr>
<tr>
<td>6. Intern recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve them</td>
<td></td>
</tr>
<tr>
<td>7. Intern conducts self in an ethical manner in all professional activities</td>
<td></td>
</tr>
<tr>
<td>III. <strong>Individual Differences and Cultural Diversity</strong></td>
<td></td>
</tr>
<tr>
<td>8. Intern understands how their personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves (Self-reflection)</td>
<td></td>
</tr>
<tr>
<td>9. Intern has knowledge of current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities</td>
<td></td>
</tr>
</tbody>
</table>
including research, training, supervision/consultation, and service (scholarly awareness)

| 10. | Intern integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities) including the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with theirs (Application to Clinical Work) |
| 11. | Intern applies their knowledge and demonstrates effectiveness in working with the range of diverse individuals |

**IV. Professional Values and Attitudes**

| 12. | Intern behaves 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 |
| 13. | Intern engages in self-reflection regarding personal and professional functioning and engaging in activities to maintain and improve performance |
| 14. | Intern actively seeks and demonstrates openness and responsiveness to feedback and supervision |
| 15. | Intern responds professionally in increasingly complex situations |

**V. Communication and Interpersonal Skills**

| 16. | Intern develops and maintains effective relationships with a wide range of individuals including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services |
| 17. | Intern produces and comprehends oral, nonverbal and written communications that are informative and well-integrated; demonstrating a thorough grasp of professional language and concepts |
| 18. | Intern demonstrates effective interpersonal skills and the ability to manage difficult communication well |

**VI. Assessment**

<p>| 19. | Intern selects and applies assessment methods for their setting, drawing from the best available empirical literature and which reflects the science of measurement and psychometrics (E.g. What is the best way to answer the question: patient interview, collateral interview, objective testing, direct patient observation) |
| 20. | Intern collects relevant data using multiple sources and methods appropriate to identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient |
| 21. | Intern interprets assessment results, following current research and professional standards and guidelines to inform case conceptualization, classification/diagnosis, and recommendations including avoiding |</p>
<table>
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<tbody>
<tr>
<td>decision-making biases and distinguishing between subjective and objective aspects of the assessment</td>
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</tr>
<tr>
<td>22. Intern communicates findings, both orally and in written documentation, in an accurate and effective manner sensitive to the target audience</td>
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<tr>
<td>VII.</td>
<td>Intervention</td>
</tr>
<tr>
<td>23. Intern establishes and maintains effective relationships with the recipients of psychological services</td>
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<tr>
<td>24. Intern develops evidence-based intervention plans specific to the service delivery goals</td>
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<tr>
<td>25. Intern implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables</td>
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<tr>
<td>26. Intern demonstrates the ability to apply the relevant research literature to clinical decision making</td>
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<tr>
<td>27. Intern modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking</td>
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</tr>
<tr>
<td>28. Intern evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation</td>
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</tr>
<tr>
<td>VIII.</td>
<td>Supervision</td>
</tr>
<tr>
<td>29. Intern applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees</td>
<td></td>
</tr>
<tr>
<td>IX.</td>
<td>Consultation and Interprofessional/Interdisciplinary Skills</td>
</tr>
<tr>
<td>30. Intern demonstrates knowledge and respect for the roles and perspectives of other professions</td>
<td></td>
</tr>
<tr>
<td>31. Intern applies knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior</td>
<td></td>
</tr>
<tr>
<td>X.</td>
<td>Patient Centered Practices</td>
</tr>
<tr>
<td>32. Intern fosters self-management, shared-decision making, and self-advocacy/direction in their patients</td>
<td></td>
</tr>
<tr>
<td>33. Intern solicits the preferences, needs, and goals of the patient during professional work and integrates that information into care plans and interventions, advocating for their patients as needed</td>
<td></td>
</tr>
<tr>
<td>34. Intern recognizes the role of caregivers/family in improving outcomes for Veterans and involves them in care-planning as desired by the Veteran</td>
<td></td>
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</table>
**Strengths:**

<table>
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<tr>
<th>Strengths</th>
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</table>

**Areas for Development (including “stretch” areas for highly competent interns):**

<table>
<thead>
<tr>
<th>Areas for Development</th>
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</thead>
</table>

**Supervisor Tasks to Promote Continued Growth:**

<table>
<thead>
<tr>
<th>Supervisor Tasks</th>
</tr>
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</table>

**Target Outcomes:**
Midpoint: All items are rated Level 2 or higher.
Final: All items are rated Level 3 or higher.

This trainee **HAS / HAS NOT** met target for this rotation rating.

<table>
<thead>
<tr>
<th>Training Director</th>
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I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

<table>
<thead>
<tr>
<th>Trainee</th>
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40
LEVELS OF COMPETENCY

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 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.
  • 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.