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

The Residency positions are full-time and require 2080 hours of training during the 12-month appointment, starting on or around September 1. The stipend rate for full-time psychology Residents is $46,553. Comprehensive benefits are available to VA trainees including medical insurance, paid sick and vacation leave, as well as 5 days of guaranteed authorized leave for professional activities during the training year.
ACCREDITATION STATUS
The Psychology Postdoctoral Residency Program at the Battle Creek VA Medical Center is not currently accredited by the Commission on Accreditation of the American Psychological Association. An accreditation site visit was completed on August 14, 2018; however, there is no guarantee we will ultimately be accredited.

*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  www.apa.org/ed/accreditation

APPLICATION & SELECTION PROCEDURES

Eligibility
There are several important eligibility requirements for participating in Psychology Training in the VA. Applicants are strongly encouraged to review this site prior to applying:

https://www.psychologytraining.va.gov/eligibility.asp

Additional details are found within this PDF:

https://www.psychologytraining.va.gov/docs/Trainee-Eligibility.pdf

All residents are required to have completed their doctorate prior to starting the residency, including dissertation defense. We will require either updated transcripts with degree conferral noted or a letter from your graduate program training director indicating that all requirements for graduation are complete at least three weeks prior to the designated start date. Please reach out to the training director as soon as possible should you predict a delay that would not allow you to have completed all requirements by

Please note marijuana use is not allowed by staff or trainees at this facility regardless of whether or not use is legal for medical or recreational reasons in other settings. While health professions trainees are not drug-tested prior to appointment, they are subject to random drug testing throughout the entire VA appointment period.

Residents selected for this program are strongly encouraged to complete American Heart Association Basic Life Support (BLS) provider certification prior to working at this facility. All residents are required to have proof of BLS by the second week of their appointment and may elect to complete it at this facility upon starting.

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

Travel
Please read position descriptions carefully to be certain of travel requirements. Residents matching to this site will be expected to engage in some travel between the WHCC and the Battle Creek VA Medical Center. Residents completing training experiences primarily at the WHCC will be required to drive to Battle Creek (Approximately
60 miles) during working hours a minimum of twice monthly. Additional travel between sites to participate in peer support, completion of research activities and engaging in site-specific training opportunities may be required and will occur during business hours. Didactic experiences will take place at both sites, either in person or via videoconferencing depending on the location of the presenter. Individual supervision will always be face-to-face, on site.

**Licensure:**
All psychology Residents are required to apply for a Michigan Doctoral Education Limited License (not TLLP) for Post-Doctoral Degree Experience as soon as possible after acceptance of the position (i.e. March). Final conferral of the Limited License requires proof of completion of internship and all requirements for graduation and is quicker if initial steps are already completed. Residents are referred to the Michigan Board of Psychology for additional details.

[https://www.michigan.gov/lara/0,4601,7-154-72600_72603_27529_27552---,00.html](https://www.michigan.gov/lara/0,4601,7-154-72600_72603_27529_27552---,00.html)

This program meets requirements for postdoctoral experiences to qualify for licensure within the State of Michigan provided the Resident obtains the Doctoral Education Limited License prior to or within two weeks of starting the position. Residents should examine licensure requirements for any state in which they might ever desire to be licensed. The Battle Creek VAMC Psychology Residency training program will attempt to meet those requirements if possible, should we be informed of them.

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

[http://www.appic.org/About-APPIC/Postdoctoral/APPA-Postdoc-Application-Information](http://www.appic.org/About-APPIC/Postdoctoral/APPA-Postdoc-Application-Information)

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

**Interviews**
Application materials should be submitted by December 31. Notification of interview selection will occur ASAP or by January 9 at the latest. Interviews will occur the last week of January/early February. In person interview is preferred. Applicants will meet with primary supervisors, the training director(s), and current residents.

2019 Interview Dates (tentative): 1/29-2/1
PTSD & General Mental Health @ Battle Creek
PTSD & General Mental Health @ WHCC
Mental Health Residential Rehab (PTSD & SUD) @ Battle Creek: Friday 2/1 @ Battle Creek
Behavioral Medicine & Integrated Care @ WHCC & Battle Creek: Thursday 1/31 @ WHCC
**Selection Criteria**
Selection will be based on the goodness of fit between the applicant’s training goals and prior experiences with the training offered within the Residency program. Individuals without significant VA experience (e.g. VA therapy practicum or VA internship) should not apply.

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

More information about APPIC Postdoctoral Selection Guidelines is found here: [https://www.appic.org/Postdocs/Postdoctoral-Selection/Postdoctoral-Selection-Guidelines](https://www.appic.org/Postdocs/Postdoctoral-Selection/Postdoctoral-Selection-Guidelines)

Offers are made on Uniform Notification Date at 10am EST via phone or, if VA instant message (IM) when allowable. Updates about filled positions or positions being held will occur via email or VA IM. The applicant should provide contact information during interview and update it with the training director as needed. The training director may be contacted via VA instant message, email or office phone on Uniform Notification Day. If offered a position, the applicant may hold our offer for 4 hours. Applicants who prefer our site and who receive a less desirable offer prior to 10am on Uniform Notification Day may request a reciprocal offer by providing proof of the other offer (e.g. forwarding an email confirming the offer is made). If we do extend a reciprocal offer, per guidelines, the applicant is expected to accept immediately. Following acceptance of our offer (or reciprocal offer), the Resident will be asked to sign and return a formal letter of acceptance, which is the basis of starting the Human Resources onboarding process.

**Contact Information**
Further information regarding the Battle Creek, MI VAMC Psychology Postdoctoral Residency Program can be obtained by visiting our website or contacting training leadership:


**Jessica H. Kinkela, Ph.D. ABPP-Clinical Neuropsychology**
Director of Psychology Training Psychology Service (116B)
VA Medical Center 5500 Armstrong Road Battle Creek, MI 49037
Telephone: 269-966-5600, extension 31155 Email: Jessica.Kinkela@va.gov

**Lisa J. Mull, Psy.D**
Associate Training Director for Clinical Psychology Residency Psychiatry Service (116AQ)
Wyoming Health Care Center 5838 Metro Way
Wyoming, MI 49519
Telephone: 616-249-5300, extension 30474 Email: Lisa.Mull@va.gov

**PSYCHOLOGY SETTING**

**Overview of the Medical Center**
The Battle Creek Veterans Affairs Medical Center (BCVAMC) operates with five locations. The main Battle Creek facility lies 20 miles to the west of Kalamazoo, and the Medical Center is about two hours from Detroit and three hours from Chicago. There are 91 inpatient psychiatric and intermediate medical beds, 92 residential rehabilitation beds, 11 acute medical beds, and 100 beds in the Community Living Center. The Medical Center has a fine Medical Library, and excellent library facilities are available at the nearby campus of Western Michigan University.
Approximately 50 miles north of the main Battle Creek Campus is the Wyoming Health Care Center (WHCC), which is a 100,000 sq. ft. facility that encompasses outpatient primary and specialty medical care as well as comprehensive outpatient mental health services. Just 5 miles south of Downtown Grand Rapids, Michigan, this facility opened for patient care on December 1, 2014.

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

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

In the context of the basic mission of the Battle Creek VAMC to provide quality health care services, the mission of Psychology Service is to: (a) promote the physical and psychological well-being of VA patients, their families, and VA staff through comprehensive quality psychological health care services, (b) provide training in psychology to students and VA staff, and (c) advance the knowledge and applications of psychology through clinical practice, education, and research. The Residency program is viewed as an integral part of the Medical Center's and Psychology Service's missions. The Battle Creek VAMC Psychology Service is committed to providing high-quality Residency level training in psychology, which includes in-depth training in applied skills and exposure to a variety of clinical professional issues.

Psychology Service
Embedded within the Mental Health Service of the BCVAMC, Psychology Service is the main chain of command for the Psychology Training Program. Across the five locations, psychologists provide patient care services to all treatment units of the Medical Center, including medicine, psychiatry, the Residential Rehabilitation Treatment Programs, the PTSD Clinical Team (PCT), the Community Living Center, Home Based Primary Care, and the Mental Health Clinic in Battle Creek. Primary Care-Mental Health Integration and Health Psychology work closely with Primary Care and medical specialty services to provide assessment and behavioral health interventions. Psychological services are provided within a multidisciplinary treatment program and cover the full range of treatment modalities including: individual and group counseling/therapy; consultation; personality, intellectual, and neuropsychological assessment; behavioral assessment; behavior therapy; relaxation training; couples and family counseling and therapy. There are more than 30 doctoral level psychologists assigned to services and programs at the medical center who serve as supervisors for the Psychology Training Program. Members of the training staff come from a variety of universities and internships representing a wide range of approaches and orientations. Considered as a whole, the staff has expertise in most areas of current clinical and counseling psychology practice. All supervising psychologists are fully, independently licensed in psychology within the jurisdiction in which they practice. Usually, this means they hold a Michigan Psychology license; however, some
may hold licenses from other states. Psychology service, as part of the broader medical center, has access to a quality in-house and electronic medical library. A variety of assessment and intervention tools and materials are available for Residents to use. Ongoing professional development activities are offered for all staff, in which Residents are invited to participate as space allows.

TRAINING MODEL AND PROGRAM PHILOSOPHY

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

TRAINING AIM & COMPETENCIES

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

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

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

1. Residents demonstrate competence in the Integration of Science and Practice, applying the scholarly literature to all professional activities in their setting as well as conducting quality improvement/outcome assessment evaluation or research appropriate for this complex medical center.
   TRAINING METHODS: Experiential. Trainees will demonstrate and develop this ability within their professional work, monitored and guided by their supervisors. Trainees will complete a research/quality improvement project that includes substantial literature review, which will be presented during Mental Health Grand Rounds or similar venue. Trainees will demonstrate integration of diversity research into clinical practice during the diversity case presentation to other trainees.

2. Residents demonstrate competence in Ethical and Legal Standards by conducting themselves ethically at all times, recognizing ethical dilemmas as they arise, applying ethical decision-making processes to resolve them and demonstrating knowledge of and acting in accordance with:
   a. The current version of the APA Ethical Principles and Code of Conduct,
   b. Relevant laws, regulations, rules, and policies governing health service psychology in at the Battle Creek VA Medical Center as well as at the state and federal level.
   c. Relevant professional standards and guidelines both within the Veterans Health Administration and beyond.
TRAINING METHODS: Experiential. Trainees will demonstrate and develop this ability within their professional work, monitored and guided by their supervisors. Trainees will attend monthly Interprofessional Ethics didactic, which includes each Trainee presenting an ethical issue.

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

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

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

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

5. Residents apply **Patient Centered Practices** to all professional work including:
   a. Fostering self-management, shared-decision making, and self-advocacy/direction
   b. Soliciting the preferences, needs, and goals of the patient during clinical encounters and integrates that information into care plans and treatments
   c. Recognizing the role of caregivers/family in improving outcomes for Veterans and involves them in care-planning as desired by the Veteran.

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

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

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

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

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

8. Resident will demonstrate a high degree of Professionalism including:
   a. Behave in ways that reflect the values and attitude of psychology such as integrity, deportment, professional identity, accountability, lifelong learning and concern for the welfare of others
   b. Engaging in self-reflection regarding personal and professional functioning and independently engaging in activities to maintain and improve performance.
   c. Actively seek and demonstrate openness and responsiveness to feedback and supervision
   d. Respond professionally in increasingly complex situations
   e. Serve as a role model of professional behavior to other less developed trainees (e.g. practicum students, medical students, interns)

TRAINING METHODS: It is expected that this competency will have developed during graduate training and solidified during their internship year. Trainees will have ample opportunity to demonstrate competency in this area during their routine professional work as well as demonstrate professional savvy as it relates to their clinical setting. Supervisors will monitor this competency within the Trainee’s professional and provide areas to stretch their professionalism as an emerging early career psychologist.

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

TRAINING METHODS: It is expected that this competency will have developed during graduate training and solidified during their internship year. Trainees will have ample opportunity to demonstrate competency in this area during their routine professional work and develop additional skills relevant to their particular clinical settings. Supervisors will monitor this competency within the Trainee’s professional work to identify undeveloped aspects and build communication and interpersonal skills appropriate to early career psychology.

Our program uses our SoA Competency Form for Residents, which is found in Appendix 1

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

Training is primarily experiential, with the Resident devoting the majority of their training year to clinical psychological services including consultation, intervention, and assessment for Veterans of wide-ranging demographic and mental health backgrounds. Residents participate in core didactic seminars (Diversity, Interprofessional Ethics and Mental Health Grand Rounds) as well as a variety of other seminars on topics relevant to their current learning needs including Professional Development. Mentoring is integrated. Residents also connect with each other for peer support. Research, quality and program evaluation are a key piece of the training sequence. Residents work independently or Residents can elect to work together on a project of mutual interest.

Although Residents are located in different clinics and facilities, the clinical training structure is very similar. All Residents receive 4 hours of structured learning activities, at least two of which involve individual, weekly face-to-face supervision. Residents have a minimum of 2 clinical supervisors over the course of the year and work closely with training directors to facilitate an integrated, advanced training experience within their advanced practice area.

The training aims and competencies are consistent within all positions, although the rotation experiences by which they obtain them are variable and dependent on the particular position.

All positions provide:

1) A majority of time spend in direct clinical care activities with opportunities to engage in
   a) Provision of evidence based individual and group interventions for a wide range of concerns appropriate to their setting.
   b) Assessment of various concerns using any combination of interview and psychological measures appropriate to their setting.
   c) Consultation between various professional disciplines

2) Opportunity to engage in geriatric specific work either within or in addition to their core clinical setting including:
   a) a 20% time (2-4 month) optional intensive geriatric mental health experience in CLC or IMH (not available Behavioral Medicine/Integrate Care residents as geriatric work is part of core experiences within those settings)
   b) Participation within a well-established, cohesive interprofessional team
   c) Provision of specialized intervention and assessment services to older adults
   d) Building awareness of issues most salient to an older adult population including delirium, dementia, polypharmacy, family/caregiver issues and psychosocial/developmental needs.

3) Opportunities to develop specific skills in working with veterans with complex medical and psychological presentations including PTSD, Chronic Disease, and Substance Use.

4) Experiences in outcome evaluation, program evaluation, and/or research.

5) Formal didactics addressing professional, diversity, ethics and interprofessional topics.

6) Experiences in supervision and/or teaching.

7) Opportunities to tailor experiences to fill competency gaps and expand on areas already developed.
SPECIFIC POSITIONS

PTSD / General Mental Health Residency @ Battle Creek VAMC CAMPUS:


The Mental Health Clinic (MHC) on the Battle Creek campus provides comprehensive outpatient psychiatric and therapeutic care from an interprofessional team approach including 5 psychologists along with social workers, registered nurses, advanced practice nurses, psychiatrists, clinical pharmacists and peer support. Staff work together to coordinate the needs of the Veteran according to their preferences, drawing referrals from across the medical center as well as self-referrals. In addition to pharmacological interventions, individual, couples and family evidence-based treatments are offered as well as several groups including interpersonal relationships, anger management, and sexual trauma recovery. The mental health clinic also provides PTSD services to those with non-combat traumas. It remains a key entry point for individuals in the pre-contemplation stage of change related to substance use. A Resident in this setting will function as a key member of the team, with broad exposure to various clinical populations for assessment and diagnosis, consulting with other team members as indicated.

Evidence Based interventions including DBT, ACT, CPT, and CBT-D are used. Mindfulness-based approaches and MI are also part of this experience. Diagnostic and psychosocial assessment as well as consultation are part of this experience (e.g. semi-structured interviews; CAPS; personality measures). Patient population will include adults across the age spectrum presenting with a variety of complex mental health diagnostic and psychosocial profiles including psychosis, severe depression/anxiety; non-combat trauma including childhood and MST, personality disorder, and dual diagnosis. Treatment of combat trauma will not be a significant part of this experience; however, other forms of trauma and comorbid conditions will be. Residents have the opportunity to participate in Sexual Trauma intervention, including childhood and MST and may elect to be involved with Sexual Trauma Awareness activities hospital wide. Depending on skill level of the Resident and timing of rotations, it is possible that the resident will be able to participate in Vertical Supervision of a Psychology Intern. Telemental health experience is available. The Resident will work with two supervisors, minimum, for the duration of the training year. No formal travel requirements are present for this position.

Like all Residents, the resident in this rotation will participate in Diversity Series, Mental Health Grand Rounds and Interprofessional Ethics didactics monthly as well as didactic learning activities related to their clinical work (e.g. MST conference call; MMPI-2-RF training; ACT/DBT training calls). Residents complete a program evaluation/quality or research project. Some possible examples include outcome evaluation of a childhood trauma intervention, implementing a new group and evaluating outcomes, or being involved in examining hospital wide metrics related to Military Sexual Trauma such as screening and follow-up treatment utilization. Resident will interact with other psychology residents involved in different training positions. While not guaranteed, this facility typically hosts a formal training for trainees in the Fall, including formal VA roll-out and consultation. CBT-Substance Use disorder is tentatively being requested.

Optional Supplemental Rotations:
Geriatric Mental Health within the Community Living Center (CLC) or Inpatient Mental Health-Geriatric Unit (IMH-G)-Optional: For Residents who wish to further their older adult psychological service competencies, the most enriched training environments for older adult care include our Inpatient Mental Health Geriatric Unit and our Community Living Center. The CLC offers short-term physical rehabilitation and skilled nursing care, long-term dementia care and palliative/hospice care. Residents have the option of being involved with the interprofessional Outpatient Palliative/Hospice care team (physician, psychologist, social worker, nurse) depending on day of rotation. The IMH-G unit provides acute mental health care for older adults with varied concerns such as suicidal/homicidal ideation, schizophrenia, mood-disorder exacerbation, and cognitive impairment. These two settings have some of the most cohesive interprofessional teams on campus and there are abundant training
opportunities for interprofessional collaboration and development of specific geriatric mental health care competencies. Residents electing a geriatric mental health intensive rotation will be involved in specialized assessments, medical decision-making capacity determination, adaptation of psychological treatments for older adults and medically or cognitively impaired Veterans, and family/caregiver interventions. If elected, this rotation will last 6-8 weeks, usually at the onset of the training year.

General Assessment Clinic: (approximately one evaluation/month) This is an advanced assessment experience. Some recent consults included differential between bipolar and ADHD; functional capacity of schizophrenia; need for guardianship/activation of medical durable power of attorney; cognitive screening (not Neuropsychology) of individuals applying for the caregiver support program. A variety of measures are utilized including objective personality/psychopathology measures (e.g. MMPI-2-RF, SCL-90) and intellectual/cognitive measures (WAIS-IV, MoCA, SLUMS, validity measures). Expect to explore the literature to determine best assessment procedures for various populations of interest. Issues of diversity and demographic normative data as well as managing challenging feedback are part of the experience.

PTSD / General Mental Health Residency @ Wyoming Health Care Center

https://www.appic.org/Postdocs/Universal-Psychology-Postdoctoral-Directory-UPPD/Detail/id/1644

The Wyoming Health Care Center (WHCC) Mental Health Clinic (MHC) is located within the over 90,000 sq. ft. “super-CBOC” in Wyoming, Michigan. Approximately 5,300 sq. ft. is designated for mental health. The BCVAMC main campus MHC and WHCC MHC are approximately the same size. Residents in this position will complete their training in outpatient mental health, including a PTSD focus if desired. Patient population includes adults across the age spectrum presenting with a variety of complex mental health diagnostic and psychosocial profiles including all forms of trauma, psychosis, severe depression/anxiety, personality disorder, and dual diagnosis. Prior residents have spent more than half their clinical hours providing treatment and evaluation for PTSD patients with all varieties of trauma including MST, combat, childhood, interpersonal violence, and other civilian traumas. Evidence based treatment for trauma include CPT and PE. Experiences with DBT, CBT-Insomnia, IPT-Depression, CBT-Substance Use are available depending on supervisor. Psychosocial assessment as well as consultation are part of this experience (e.g. semi-structured interviews; CAPS; personality measures). The resident will function as a full member of the Behavioral Health team, which includes Psychology, Social Work, Clinical Pharmacy, Psychiatry, Peer Support, and Nursing. Resident interacts with other nonpsychology mental health trainees rotating through the clinic. Depending on skill level of the Resident and timing of rotations, it is possible that the resident will be able to participate in Vertical Supervision of a Psychology Intern. Telemental health experience is available. The Resident works with two supervisors, minimum, for the duration of the training year. While not guaranteed, this facility typically hosts a formal evidence based therapy training in the fall for trainees, including consultation follow-up.

Optional Supplemental Rotations
Primary Care-Mental Health Integration (up to 1 day weekly) is embedded within the WHCC’s three PACTs and multiple specialty care services. Residents within this rotation will provide brief, targeted intervention and assessment of various mental health disorders and presenting clinical concerns using EBTs such as Problem Solving Therapy or Cognitive Behavioral Therapy for Insomnia. Residents will gain experience coordinating care between multiple mental and medical health team members.
individuals applying for the caregiver support program. A variety of measures are utilized including objective personality/psychopathology measures (e.g. MMPI-2-RF, SCL-90) and intellectual/cognitive measures (WAIS-IV, MoCA, SLUMS, validity measures). Expect to explore the literature to determine best assessment procedures for various populations of interest. Issues of diversity and demographic normative data as well as managing challenging feedback are part of the experience.

Behavioral Medicine / Integrated Care Residency @ Battle Creek VAMC and/or Wyoming Health Care Center Campus.


Residents training in this position will engage in both Behavioral Medicine experiences as well as Primary Care-Mental Health Integration (PCMHI) experiences. Location includes both the Battle Creek VAMC main campus and the Wyoming Health Care Center (WHCC) in Wyoming Michigan. Expect up to three days weekly travel between sites typically using a Government car during working hours. Historically, residents have stationed themselves primarily in WHCC, with one to three days spent traveling to Battle Creek location per week. There is flexibility to split time differently. Both Behavioral Medicine and PCMHI feature adults across the age spectrum with a variety of complex medical problems with most having some mental health concerns. The Behavioral Medicine experience involves use of health behavior codes and health behavior change with at least one day weekly in Battle Creek and the second day either at WHCC or Battle Creek. Examples of activities include chronic disease self-management, behavior change around managing chronic illness and obesity, evaluation specific to health factors (e.g. pre-bariatric surgery), and program development/evaluation in a primary care and specialty care clinic. Residents work closely with individuals of other disciplines to improve the wellness and quality of life of Veteran patients, such as with diabetes care. Residents typically develop and implement new interventions. There is the option to be involved in transgender care. Consultation skill as well as brief, focused intervention are emphasized. Evidence Based interventions include ACT, Binge Eating Disorder Treatment, Chronic Disease Self-Management groups, CBT for Chronic Pain, MI, Behavioral Activation, and CBT. Telehealth is a significant portion of this position. The PCMHI experience takes place at the WHCC location. Residents will become proficient with integrated care setting interventions such as Problem Solving Therapy and Cognitive Behavioral Therapy for Insomnia. Both settings allow for work with Chronic Pain patients and integrated teams.

**Optional Rotations**

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

**General Assessment Clinic:** (approximately one evaluation/month) This is an advanced assessment experience. Some recent consults targeted toward behavioral medicine include memory complaints in chronic pain; differential diagnosis of somatic symptom disorder; need for guardianship/activation of medical durable power of attorney; cognitive screening (not Neuropsychology) of individuals presenting in PCMHI. A variety of measures are utilized including objective personality or psychopathology measures (e.g. MMPI-2-RF, SCL-90) and intellectual/cognitive measures (WAIS-IV, MoCA, SLUMS, validity measures). Expect to explore the literature to determine best assessment procedures for various populations of interest. Issues of diversity and demographic normative data as well as managing challenging feedback are part of the experience.

**Integrated Pain Team** At present no rotation in Integrated Pain Team is offered; however, depending on staff availability and interest, the opportunity to participate in Pain Assessments could be available during the last half of the 2019-2020 training year. The integrated pain team, which hosts a psychologist, advanced practice nurse,
clinical pharmacist, and physical therapist who work closely with a chiropractor, interventionist, and physiatrist. Under the supervision of the psychologist, the Resident can participate in biopsychosocial pain assessments, interdisciplinary team conferences, and provide individual and group intervention. These interventions CBT and ACT protocols, as well as integrated CBT/ACT/Mindfulness evidence-based practices for Chronic Pain. There are also opportunities to take part in a more broad multidisciplinary Veteran educational program, as well as motivational enhancement, family/caregiver engagement, staff education, and program evaluation.

Mental Health Residential Rehabilitation (PTSD & SUD) Residency @ Battle Creek campus


The Resident in this position will be located within the Mental Health Residential Treatment Programs, primarily on the PTSD unit with some involvement on the Substance Use Disorder (SARRTP) unit (Most likely a 70/30 split; however, other formulations are possible depending on resident interest). Depending on skill level of the Resident and timing of rotations, it is possible that the resident will be able to participate in Vertical Supervision of a Psychology Intern or Practicum Student. The Resident works with two supervisors, minimum, for the duration of the training year. While not guaranteed, this facility typically hosts a formal training for trainees in the Fall, including formal VA roll-out and consultation. CBT-Substance Use disorder is tentatively being requested. Typically residents in this position become involved in ongoing research projects with staff on the unit. No formal travel requirements exist for this position.

The residential PTSD program (PTSD-RRTP) is a 26-bed program offering intensive treatment to Veterans with military-related PTSD and co-occurring difficulties, such as Substance Use Disorders and Major Depressive Disorder. The program uses a core interdisciplinary team made up of social workers, psychologists, a peer support specialist, a psychiatrist, a clinical pharmacist, a physician’s assistant, registered nurses, and nursing assistants. In addition, staff from the chaplain service, a social worker from SARRTP, dieticians, and recreational therapists are actively involved in programming for Veterans in the program. The program uses a step-wise approach to treatment. Veterans are initially enrolled into the Integrated Recovery Track (IRT) for a 42-day treatment program that focuses on developing skills to manage symptoms associated with PTSD, increasing a focus on recovery from PTSD, and learning to identify and regulate emotions more effectively. Interventions in this phase include STAIR, relapse prevention, and other coping skills. Veterans complete a comprehensive assessment shortly after entering the program and at every transition point within the program. The treatment team monitors the progress of Veterans on an ongoing basis. Veterans who are ready for trauma-focused work upon completion of IRT are recommended for an evidence based intervention including Cognitive Processing Therapy or Prolonged Exposure. The PTSD-RRTP has a robust training component that includes the training of doctoral level psychology practicum students. The collection of assessment data on all enrolled Veterans also provides Residents the opportunity to explore research questions associated with the treatment of Veterans with PTSD. Residents function as a full member of the team participating in group and individual interventions, case management, treatment team decisions, discharge planning and crisis management.

The Substance Abuse RRTP (SARRTP) experience provides an intensive recovery environment for the treatment of substance-related and addictive disorders. Therapeutic, psychiatric/pharmacotherapy, and non-urgent medical care is provided to Veterans by an interdisciplinary team of three therapists (two social workers and one psychologist), a peer support specialist, a psychiatrist, a clinical pharmacist, a physician’s assistant, registered nurses, and nursing assistants to address the social, psychological, physical, and spiritual consequences of alcohol, drugs, and other behavioral addictions. The Recovery Model serves as the basis for therapeutic intervention that integrates the empirically supported treatments of Motivational Interviewing/Enhancement Therapy, Cognitive-behavioral Therapy for Substance Use, Twelve-Step Facilitation, Wellness and Recovery Action Planning (WRAP) and medication-assisted treatments. Along with participation in interdisciplinary treatment team activities,
provision of individual and group intervention rooted in best-practices, the opportunity for psychological assessment can be made available. Veterans are assisted with identifying and defining the nature of their personal addiction and recovery, learning the danger signs of relapse and how to manage them, and establishing an aftercare plan to support a long-term substance-free lifestyle during their SARRTP episode of care. Psychology Residents enhance their delivery of time-limited therapy, case management, and referral coordination in the execution of these services. The unique and complex nature of substance-related and addictive disorders positions Resident interface with many VA treatment teams (PTSD RRTP/PCT, PRRTP, MHC) and VA service programs (VJO) in the course of meeting the wide-ranging needs of Veterans at the various stages of their recovery.

**Optional Rotations**

Geriatric Mental Health within the Community Living Center (CLC) or Inpatient Mental Health-Geriatric Unit (IMH-G)-Optional: For Residents who wish to further their older adult psychological service competencies, the most enriched training environments for older adult care include our Inpatient Mental Health Geriatric Unit and our Community Living Center. The CLC offers short-term physical rehabilitation and skilled nursing care, long-term dementia care and palliative/hospice care. Residents have the option of being involved with the interprofessional Outpatient Palliative/Hospice care team (physician, psychologist, social worker, nurse) depending on day of rotation. The IMH-G unit provides acute mental health care for older adults with varied concerns such as suicidal/homicidal ideation, schizophrenia, mood-disorder exacerbation, and cognitive impairment. These two settings have some of the most cohesive interprofessional teams on campus and there are abundant training opportunities for interprofessional collaboration and development of specific geriatric mental health care competencies. Residents electing a geriatric mental health intensive rotation will be involved in specialized assessments, medical decision-making capacity determination, adaptation of psychological treatments for older adults and medically or cognitively impaired Veterans, and family/caregiver interventions. If elected, this rotation will last 6-8 weeks, usually at the onset of the training year.

**EDUCATIONAL EXPERIENCES**

Residents complete 4 hours of educational activities weekly, two of which are face-to-face individual supervision. The remaining 2 hours of educational activities weekly are made up of a combination of activities relevant to the individual Resident. This could include additional supervision, formal didactics, consultation, journal clubs, grand rounds and other activities as they become available. Traditionally, residents average significantly more than 4 hours weekly educational experiences. Residents document educational and clinical activities in a log that is completed monthly and is provided to the Training Director via a shared electronic folder.

A list of all required and additional optional educational opportunities are found in the shared folder:

`\\VHABACDFS1\ServicePriv\Psychology\PSYCHOLOGY_TRAINING`  

Residents should check this folder frequently to be aware of changes in required trainings. While updates are often sent out via email, Residents are responsible for attending as scheduled and contacting the training director or listed presenter for clarification as needed.

**Required Educational Experiences (All Positions)**

- Individual Supervision (2 hours/weekly, as scheduled)
- Training Director Meeting (First/Third Friday 11a-12pm)
Diversity Series (First Friday, 2:30-4pm)
Interprofessional Ethics (Third Friday, 2:30-4pm)
Mental Health Grand Rounds (Second Friday, 3-4pm)
Peer Support (As scheduled, approximately 2 times monthly)
Additional Activities (as scheduled to bring total to 4 hrs/wk including 2 hours of individual supervision)

**Individual Supervision:** Residents receive a minimum of 2 hours of face-to-face supervision weekly by rotation supervisor. No telesupervision will be used to obtain these two hours of supervision. Primary purpose of individual supervision is to facilitate clinical competencies and provide oversight of clinical care provided by the resident.

**Training Director Meeting:** 2 hours monthly, 11-12, Fridays. Residents will meet as a group with the training director for an hour. Initially this will occur weekly; however, it will decrease to bimonthly as the trainees progress. This does not take the place of individual supervision and is not meant for primary clinical supervision. It will be either via video conference or in person. Addressing administrative and professional issues, this is a resident led experience, guided by training directors. In addition, each Resident engages in mentorship with the training directors.

**Diversity Series:** This seminar is open to any trainee, including non-psychology disciplines; however, it is presented at the level of internship or higher and involved integration of the scholarly literature. Format involves a formal presentation, Q&A with specific program leader (e.g. Military Outreach Coordinator), or case study with integration of the literature. Postdoctoral residents are expected to model integration of diversity into practice via teaching one session and also by serving as a leader during discussion.

**Interprofessional Ethics Series:** This is devoted to exploration of Ethics in an interprofessional context. Psychology, Pharmacy Residents and Optometry Residents collaborate to provide trainees with a forum for discussion of ethics in clinical settings. The format of this series is evolving, but remains applied in focus.

**Mental Health Grand Rounds:** All mental health service line professions attend, including social work, nursing, psychiatry, medicine, psychology, mental health pharmacy. Residents attend and frequently are given the opportunity to present their internal outcomes/research projects during one of the spring/summer sessions, as well as develop a poster for the May session. This is available via video conferencing to all CBOCs. While mainly occurring within Battle Creek VAMC, presenters may broadcast from the WHCC. Thus, Residents may view this in person or via video conference along with their Mental Health Service Line peers within their setting. The level of presentation is targeted to staff development, thus is will be very much at the advanced level Residency trainees would require.

**Peer Support:** 2 hours monthly, minimum. This is a flexible time window in which Residents meet for mutual support, discussion of professional/personal issues, and general collaboration and bonding. This time window is also available for Residents to work on a joint research project if they prefer. They may elect to meet via videoconference, phone, or either the Battle Creek or WHCC locations. Additionally, they may meet off-site with leadership/training program approval. Prior residents have had monthly video calls, lunch/brunch off campus, or gathering in a conference room.

**Other Educational Experiences**

Residents attend a variety of individualized educational activities to add up to 4 hours of weekly educational activities, including individual supervision. Seminars may be required for residents in certain positions as listed, or an individual supervisor may require attendance. Some examples regularly occurring seminars include:
Preceptor Development: Six times annually. This is an interprofessional staff preceptor meeting designed to provide peer support and education at an advanced level, around provision of training. Residents, who are akin to our unlicensed early-career staff psychologists, are invited to attend. Residents are required to attend if they are actively supervising a trainee.

Psychology CE: Various times, approximately 2-4 times annually. Covering a variety of topics, internal or external presenters provide APA-accredited CE programs to staff and trainees. This often includes updating staff on new treatment methods or assessment techniques. Recent topics of note include Recovery Oriented Care, Suicide Prevention research, WAIS-IV, Seeking Safety, Cognitive Processing Therapy, ADHD in Health Care Settings, MMPI-2-RF. Depending on the topic, only psychologists may attend, while in other cases providers of many disciplines attend.

Medical Grand Rounds: First Friday at 1pm-2pm. Covering a variety of topics, internal or external presenters provide continuing education to Medical staff and trainees. Topics of interest to psychologists, or which carry Psychology CE are announced and may or may not be made mandatory for residents. In particular, the Integrated Care/Behavioral Medicine Resident attends relevant topics of this series.

Integrated Care Journal Club: Fourth Friday at 12pm. This interprofessional journal club targets continuing professional development with topics selected by a rotating list of staff and trainees. Two or three journal articles are selected and discussed, with emphasis on application to clinical work within this setting. The Behavioral Medicine/Integrated Care resident is required to attend and lead one of these sessions.

General Assessment Seminar: Fridays 10-11am. This seminar is case focused and based on the needs of those attending regarding assessment processes. It is mixed between interns, residents and practicum students. Residents may attend according to the topic of interest. Because of the significant case presentation element, even familiar topics include substantial new material due to the differing presentation of the case.

Neuropsychology Seminar: Wednesdays 2-3pm. Designed to address the needs of staff and advanced trainees alike, topics may include neuroanatomy, pathology, ethics, preparing for board certification in neuropsychology, case presentations, and other topics. Residents are offered the opportunity to present as their interest allows. This is shared with neuropsychology staff and trainees at other VA settings and local attendees connect with other sites via videoconferencing.

Mentorship: In addition to mentorship with the training director and on clinical rotations, a resident also has the option to identify a specific mentor (non-evaluative or otherwise) to work with throughout the course of the year. Selection of a mentor will be based on Resident preferences and ideally will include someone who shares their professional interests and career goals, who can provide informal guidance and support throughout the year. Meetings may take place face-to-face or via phone or video technologies.
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.

EVALUATION

Formal Competency Ratings will be completed quarterly using the SoA Competency Assessment Form, which is provided to Residents at the onset of training. See Appendix 1. Each Resident will have at least two supervising psychologists evaluating their daily work and professional factors over the course of the year. Additionally, the Training Director and Associate Training Director will provide feedback at the quarterly marks. Informal evaluation and feedback by the supervisor of the Resident will occur on an ongoing basis. Resident progress will also be discussed at Training Committee meetings. The Resident is encouraged to engage in self-assessment and ongoing performance improvement. The Resident is encouraged to provide feedback to supervisors and program leadership to improve their overall residency experience.
Residents will be evaluated based on the level of supervision required:

Level 6: Advanced Practice, life-long learner and Consultant
- Competency in this area is at the level expected of fully licensed, independent psychologists at the GS-13 level in the VA System
- **Residency:** Residents may achieve this rating on a few advanced practice tasks that represent particular strengths. This rating is for rare occasions when a Resident can serve as a consultant to other licensed psychologists in a particular area.
- **Internship:** Inappropriate for internship level trainees
- **Practicum:** Inappropriate for internship level trainees

Level 5: Ready for Autonomous Practice.
- Competency in this area is at the level expected of psychologists ready to apply for licensure, such as those at the GS-12 level in the VA system.
- **Residency:** Supervision is required for compliance with professional standards, but with proper licensure, Resident could perform independently. Consultation is self-guided and directed toward life-long learning and ongoing advanced practice development. **Residents must achieve this level rating on all target competency measures for successful program completion.**
- **Internship:** This level of rating should be extremely rare for interns and be limited to a few areas of particular and exceptional strength.
- **Practicum:** Inappropriate for practicum level trainees

Level 4: Requires consultation-based supervision
- Competency in this area is at the level expected of unlicensed, entry level psychologists, such as those who have been working at the GS-11 level in the VA system for six months.
- **Residency:** The resident acts as a unlicensed “junior” colleague, requiring supervision according to compliance standards. Resident requires only consultation-based/resident directed supervision for core health service psychology tasks with ongoing consultation and supervision as required for advanced practice areas. **This is expected at the mid-point of residency for all target competency measures.**
- **Internship:** Interns may achieve this rating on a few core tasks that represent particular strengths; however, it will be rare.
- **Practicum:** Inappropriate for practicum level trainees

Level 3: Requires occasional supervision.
- This is the rating expected of incoming doctoral staff members just starting at the GS-11 level within the VA system who have just received their doctorate and are beginning to undergo 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 service psychology 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**: Resident requires close supervision for core health service psychology tasks. Ratings at this level represent an area of underdeveloped competency, which requires specific attention when noted. A formal remediation plan may or may not be implemented.

- **Internship**: Interns may receive this rating at internship start or first quarter, but it must be achieved at least by the midpoint of the internship training year. The intern requires less frequent direct observation and extra supervision is needed only occasionally for more challenging tasks or new areas of development.

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

Level 1: Requires Substantial Supervision

- **Residency**: Any evaluation at this level requires a remediation plan.

- **Interns**: Interns are expected to start at this level or level 2. Interns require frequent direct observation and additional supervision sessions outside the minimal requirements to meet core competencies.

- **Practicum**: Students will generally be working at this level although advance practicum students may be working at level 2.

**REQUIREMENTS FOR COMPLETION**

Requirements for successful completion include:

**Hours**: The residency requires one year of full-time training (2080 hours) to be completed in no less than 12 months. This includes paid federal holidays and accumulated paid annual and sick leave that can be taken during the year. The Resident is encouraged to examine individual licensure requirements for any state they wish to be licensed in to ensure that use of annual or sick leave does not need to be subtracted from total licensure hours. This is particularly important in the case of transferred leave or prior federal service placing the resident in a higher leave bracket.

**Patient Contact**: Successful completion of the resident requires a minimum of 25% 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 residents spend between 12-18 hours weekly in direct patient care. Please note, while we meet criteria for the state of Michigan with regard to patient contact, the Resident should investigate minimum patient contact requirements for any jurisdiction in which they would like to be licensed.

**Quality/Research Project**: The Residents are required to complete a quality or research requirement that would include literature review, oral presentation, and written presentation.

**Diversity Seminar**: The Residents are required to lead a diversity series seminar, observed by a staff member who will offer feedback on teaching methods and presentation.

**Competency**: Residents need to be evaluated as Level 4 or higher at the mid-point of the year and Level 5 or higher at the end of the training year on all target competencies. Completion of licensure paperwork is dependent on achieving successful end of the year competency ratings.

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

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

**Timothy M. DeJong, Clinical Psychologist**  
PTSD Program Manager (not a primary supervisor)  
Ph.D., 2007, Case Western Reserve University, ABPP-Clinical Psychology  
Theoretical Orientation: Cognitive-Behavioral  
Interests: Post Traumatic Stress Disorder, Depression

**Scott A. Driesenga, Clinical Psychologist**  
Chief, Psychology Service (not a primary supervisor)  
Ph.D., 1991, Fuller Theological Seminary  
Theoretical Orientation: Cognitive-Behavioral  
Interests: Post Traumatic Stress Disorder, Social skills training

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

**William Fitzgerald, Clinical Psychologist**  
Mental Health Clinic, Battle Creek VAMC  
Ph.D., 2011, Western Michigan University  
Theoretical Orientation: Cognitive  
Interests: Wellness, integrated health, therapy

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

**Marc S. Houck, Clinical Psychologist**
Integrated Care Program Manager, Primary Care-Mental Health Integration, WHCC
Psy.D., 2001, Rosemead Graduate School of Psychology
Theoretical Orientation: Integrative, Cognitive Behavioral
Interests: Integration, Problem Solving Therapy, DBT

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

**Jessica H. Kinkela, Clinical Neuropsychologist**
Psychology Training Director/Neuropsychology, Battle Creek & WHCC
Ph.D., 2008, Ohio University, ABPP Clinical Neuropsychology
Theoretical Orientation: Behavioral & Cognitive Behavioral
Interests: MoCA, Substance Use and Cognition, General Assessment

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

**Lisa J. Mull, Clinical Psychologist**
Associate Training Director/Mental Health Clinic, WHCC
Psy.D., 2007, Pacific University
Theoretical Orientation: Cognitive-Behavioral
Interests: Prolonged Exposure Therapy

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

**Steve H. Pendzisewski, Clinical Psychologist**
Mental Health Clinic, Program Manager Battle Creek (Not a primary supervisor)
Psy.D., 1992, Illinois School of Professional Psychology
Theoretical Orientation: Integrative, Existential
Interests: MCMI-III, Personality Disorders, Myth & Ritual, Religion & Spirituality in Psychology
Jessica Rodriguez, Clinical Psychologist
Associate Training Director, Practicum/PTSD RRTP Battle Creek
Ph.D., 2011, Central Michigan University
Theoretical Orientation: Cognitive-Behavioral
Interests: Trauma, Evidence Based Treatments, Panic Disorder

Rogelio Rodriguez, Clinical Psychologist
WHCC, Telemental Health, Muskegon & Benton Harbor MHC Program Manager (Not a primary supervisor)
Ph.D., 1989, Loyola University of Chicago
Theoretical Orientation: Cognitive-Behavioral
Interests: Post Traumatic Stress Disorder, diversity

Ann C. Smolen-Hetzel, Counseling Psychologist
Community Living Center, Battle Creek
Ph.D., 2010, Virginia Commonwealth University
Theoretical Orientation: Cognitive-Behavioral; Interpersonal; Existential
Interests: Geropsychology; Palliative Care and End-of-life Issues; Caregiver Stress; Adjustment to Aging; Best practices for dementia care including staff education efforts

Theodore Wright, Clinical Psychologist
PTSD-RRTP, Battle Creek
Ph.D., 2002, Western Michigan University
Theoretical Orientation: Behavioral
Interests: Trauma & Recovery, ACT, Prolonged Exposure, Addiction

For the most up-to-date faculty roster, contact the training director.

ADMINISTRATIVE POLICIES AND PROCEDURES

Stipends
The trainee stipend is divided into 26 equal bi-weekly payments, minus taxes, insurance and other deductions. This is automatically deposited into the account of their choice. Trainees are encouraged to switch to “electronic only” documentation. This can be established at this site: https://mypay.dfas.mil/, which also is where electronic copies of paystubs and tax forms may be downloaded.

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. Trainees may not stay on the medical center grounds after hours unless they have a designated supervisors is present and available. This should be rare to promote positive work-life balance. The exception is use of the fitness center before or after working hours, although a workout partner or another person should be in the center for safety.

Personal Leave
Trainees accumulate 4 hours sick leave and 4 hours annual leave per two-week pay period. In addition, trainees receive 10 federal holidays. Should extensive periods of illness or other circumstances cause an trainee to have to exceed his/her allotted leave during their one-year appointment, the trainee 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 professional psychology activities. This might include job interviews, attendance at conferences or trainings, or to attend formal graduation.

**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 Resident submits leave request via the VATAS system. [https://vatas.va.gov/webta/Login](https://vatas.va.gov/webta/Login)

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 trainee may be required to schedule planned leave 60 days in advance. Trainees 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. Supervision missed due to planned or unexpected leave will need to be made up to ensure minimum requirements for weekly supervision are met. Rescheduling supervision is the trainee’s responsibility.

**Unexpected Leave**

Trainees will discuss with their supervisors what to do in the event of unexpected leave. At the minimum, trainee will contact the time keeper, Training Director, all their clinical supervisors and Chief of Psychology. They are encouraged to keep these emails available to them off site (e.g. in a non-VA email) to facilitate ease of communications. Other actions as indicated based on rotation will also be required, again as discussed with the rotation supervisor. It is the trainee’s responsibility to take appropriate action for rescheduling patient care responsibilities and appointments (e.g. informing your supervisor or requesting other staff cancel the appointments). Supervision missed due to planned or unexpected leave will need to be made up to ensure minimum requirements for weekly supervision are met. Rescheduling supervision is the trainee’s responsibility.

**Logs**

Each week a record should be completed indicating the trainee’s activities. This data should be uploaded into the Psychology Training folder for review by the Training Director and the trainee’s current rotation supervisors. Current forms are found in the psychology training folder.

**Identification Badges**

All trainees and staff are required to wear PIV identification badges at all times during duty hours. Identification badges will be issued at the start of training and are required to access the computer network. In the event that an identification badge is lost, the Trainee should first do a search of likely places (i.e. in the badge slot). If a preliminary search does not result in finding it, the Trainee should contact the Training Director and Chief, Psychology Service. If a badge is not lost, but is unavailable (e.g. left at home) a temporary access code can be obtained for the day by contacting the National Service Desk x35480. Please inform the Training Director you are requesting PIV exemption.

**Test Materials, Equipment and Keys**

Obtaining of keys will be facilitated by Psychology Service secretary. Trainees are financially responsible for all items checked out during the trainee 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 Trainee should contact the Training Director and Chief, Psychology Service immediately.

**Business Cards**

Trainees will be provided with business cards during their first few weeks on station. This is submitted through the Battle Creek VA Intranet “communication request” link. The formal title for Residents is “Psychology Resident”. Trainees will work with the Training Director to enter appropriate contact information and the suicide help line.
Telephone Changes
Trainees should give the Service secretary their current home address and phone number during the week of orientation. It is also the trainee’s responsibility to notify the Service secretary of any changes in address or phone number during the year.

Policies
All medical center 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. Trainee offices are handicap accessible.

Emergency Consultation:
For an immediate problem, the trainee is expected to contact the supervisor(s) first. If the immediate supervisor is not available, the trainee 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 trainee 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 trainee has any concern about a patient's dangerousness to self or others, the trainee is required to bring this to the supervisor's attention as soon as possible or necessary to prevent untoward outcome. For outpatients, this consultation should occur prior to the patients leaving the clinic and definitely before 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 trainee. The supervisor will then determine whether any steps need to be taken to protect the patients or others, and will assure that documentation appropriately reflects actions taken.

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

Grievance Procedures
Residents have a responsibility to address any serious grievance they have concerning the Residency Program, the Psychology Service, or the other Medical Services. A Resident has a grievance if he or she believes that a serious wrong has been committed and that a complaint is in order. A grievance can be addressed either formally or informally. Usually, an effort should be made to attempt to resolve the grievance informally. Embedded within Mental Health Service line, Psychology Service is responsible for initially addressing grievances of Psychology Trainees that cannot be addressed informally between the Resident and involved party. The Resident can attempt to direct resolution of the grievance with the involved party, or the Resident can informally address the grievance with a supervisor, the Training Director, or Chief, Psychology Service. Additional involvement of leadership in other Service Lines may occur depending on the relevant chain of command for involved staff members.
If an informal procedure does not satisfactorily resolve the grievance, or a formal procedure is indicated, the Resident should prepare a written statement describing the grievance and any actions taken to try to resolve the grievance, and submit the written statement to the Residency Training Director with a copy to the Chief, Psychology Service. Within 10 working days, the Residency Director or Chief, Psychology Service will provide a written response describing any decisions made and any corrective actions taken. The Resident also will be informed if further consideration of the grievance is required.

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

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

It is not the charge of the Training Committee to judge the actions of those involved in a grievance or to have direct responsibility for the resolution of the grievance. The responsibility of the Training Committee is to ensure that a Resident is evaluated fairly, to ensure that a Resident's training experience meets APA guidelines and policies of the Residency, and to advise the Residency Director and Chief, Psychology Service.

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

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

**Equal Employment Opportunity (EEO)**

If a trainee has an EEO complaint of discrimination or sexual harassment, the trainee should follow procedures outlined in Medical Center Memorandum MCM-00-1010. The trainee 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**

Any paid trainee or staff member may access the employee assistance program, which offers free, confidential services for a variety of concerns such as time management, substance use, stress, relationship problems, burnout and other issues that may or may not impact performance. This is found on the Battle Creek VA intranet homepage “Resources”


**Remedial Action and Termination Procedures:**

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

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

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

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

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

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/
### APPENDIX 1
Resident 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><strong>Integration of Science and Practice.</strong></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Resident integrates the scholarly literature to all professional activities in relevant setting</td>
</tr>
<tr>
<td>2</td>
<td>Resident conducts quality improvement/outcome assessment evaluation or research appropriate for this complex medical center</td>
</tr>
<tr>
<td><strong>Ethical and Legal Standards</strong></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Resident demonstrates knowledge of and acts in accordance with current version of the APA Ethical Principles and Code of Conduct</td>
</tr>
<tr>
<td>4</td>
<td>Resident 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 as at the state and federal level</td>
</tr>
<tr>
<td>5</td>
<td>Resident demonstrates knowledge of and acts in accordance with relevant professional standards and guidelines both within the Veterans Health Administration and beyond</td>
</tr>
<tr>
<td>6</td>
<td>Resident recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve them</td>
</tr>
<tr>
<td>7</td>
<td>Resident conducts self in an ethical manner in all professional activities</td>
</tr>
<tr>
<td><strong>Individual Differences and Cultural Diversity</strong></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Resident understands how their personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves (Self-reflection)</td>
</tr>
<tr>
<td>9</td>
<td>Resident has knowledge of current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service (scholarly awareness)</td>
</tr>
<tr>
<td>10</td>
<td>Resident 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</td>
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<td></td>
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</tr>
<tr>
<td>is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with theirs (Application to Clinical Work)</td>
<td>11 Resident applies their knowledge and demonstrates effectiveness in working with the range of diverse individuals and groups encountered during particular residency experiences (Application to Residency Setting)</td>
</tr>
<tr>
<td>Interprofessional Practice</td>
<td></td>
</tr>
<tr>
<td>12 Resident describes the role of Psychology in the context of working with other disciplines within their specific settings, including the common and unique knowledge base and skills of each</td>
<td>13 Resident recognizes the interdependence of all disciplines and team participants in any decision-making process and applies that awareness in professional practice</td>
</tr>
<tr>
<td></td>
<td>14 Resident recognizes broader concept of interdisciplinary teams including describing the roles of family members, community providers, and self-advocates, in addition to discipline representatives</td>
</tr>
<tr>
<td>Patient Centered Practices</td>
<td></td>
</tr>
<tr>
<td>15 Resident fosters self-management, shared-decision making, and self-advocacy/direction in their patients</td>
<td>16 Resident 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>
</tr>
<tr>
<td></td>
<td>17 Resident recognizes the role of caregivers/family in improving outcomes for Veterans and involves them in care-planning as desired by the Veteran</td>
</tr>
<tr>
<td>Assessment</td>
<td></td>
</tr>
<tr>
<td>18 Resident 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)</td>
<td>19 Resident 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</td>
</tr>
<tr>
<td></td>
<td>20 Resident interprets assessment results, following current research and professional standards and guidelines to inform case conceptualization, classification/diagnosis, and recommendations including avoiding decision-making biases and distinguishing between subjective and objective aspects of the assessment</td>
</tr>
<tr>
<td></td>
<td>21 Resident communicates findings, both orally and in written documentation, in an accurate and effective manner sensitive to the target audience</td>
</tr>
<tr>
<td>Intervention</td>
<td></td>
</tr>
<tr>
<td>22 Resident establishes and maintains effective relationships with the recipients of psychological services</td>
<td>23 Resident develops evidence-based intervention plans specific to the service delivery goals</td>
</tr>
<tr>
<td></td>
<td>24 Resident implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables</td>
</tr>
<tr>
<td></td>
<td>25 Resident demonstrates the ability to apply the relevant research literature to clinical decision making</td>
</tr>
<tr>
<td></td>
<td>Description</td>
</tr>
<tr>
<td>---</td>
<td>-------------</td>
</tr>
<tr>
<td>26</td>
<td>Resident modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking</td>
</tr>
<tr>
<td>27</td>
<td>Resident evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation</td>
</tr>
<tr>
<td><strong>Professionalism</strong></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Resident 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</td>
</tr>
<tr>
<td>29</td>
<td>Resident engages in self-reflection regarding personal and professional functioning and engaging in activities to maintain and improve performance</td>
</tr>
<tr>
<td>30</td>
<td>Resident actively seeks and demonstrates openness and responsiveness to feedback and supervision</td>
</tr>
<tr>
<td>31</td>
<td>Resident responds professionally in increasingly complex situations</td>
</tr>
<tr>
<td>32</td>
<td>Resident serves as a role model of professional behavior to other less developed trainees (e.g. practicum students, medical students, interns)</td>
</tr>
<tr>
<td><strong>Communication and Interpersonal skills</strong></td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Resident develops and maintains effective relationships with a wide range of individuals, including colleagues, community partners, supervisors, supervisees and those receiving professional services as well as their support persons</td>
</tr>
<tr>
<td>34</td>
<td>Resident produces and comprehends oral, nonverbal and written communications that are informative and well-integrated, demonstrating a thorough grasp of professional language and concepts relevant to their setting</td>
</tr>
<tr>
<td>35</td>
<td>Resident demonstrate effective interpersonal skills and ability to manage difficult communication well</td>
</tr>
</tbody>
</table>

**Strengths:**

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

**Supervisor Tasks to Promote Continued Growth:**

**Target Outcomes:**
Midpoint: All items are rated Level 4 (Consultation Based Supervision) or higher.
Final: All items are rated Level 5 (Autonomous Practice) or higher.

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

Training Director ________________________________ Date _____________

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Trainee ________________________________ Date _____________

Battle Creek VA Medical Center Psychology Residency
APPENDIX 2
Research/Quality Project

Resident Quality/Research Project:

Monitoring the quality and effectiveness of your work is important for psychologists regardless of practice setting. As such, this residency program requires that you complete either a formal IRB/RD approved research project or a formal quality evaluation project. The quality project could include previously collected outcomes data, new evaluation of a current clinical activity such as a specific intervention or assessment process, or implementing and evaluating a new clinical activity. The quality project, if selected, should be well formed and demonstrate your ability to a) develop a plan for evaluating a question in a clinical setting, b) review the relevant literature and apply it to your question and c) engage in statistical evaluation and clinical problem-solving related to your question. A formal research project also would demonstrate the above, but should not include collection of new data due to the limited timeline. Think about this as a pragmatic translation of the skills you learned during your dissertation to a clinical professional setting.

Expectations:
• Participate in formulation of a project idea
• Develop methods for completing the project, including following appropriate policy/medical center procedures
• Determine appropriate deadlines to successfully complete the project
• Meet deadlines as determined above
• Gain approvals as needed to implement the project
• Implement and complete the project using the developed methods
• Present the findings of the project
• Prepare a manuscript/poster or other written document of the project
• Report to assigned mentors on a routine basis

Below is the general timeline.

Within one month of start date: Complete an initial project proposal. It should be approved by project mentors/supervisors and include the following elements:
• Topic Title
• Project Participants (e.g. other staff/trainees involved)
• Names of Project Mentor &/Or Clinical Supervisor for the project. Identify how often you will meet and the specific dates if known. Should these be two different people, describe their roles and how they will work together.
• Narrative description of project, with preliminary literature review. (10 references minimum, five from peer reviewed journals within the last 5 years. APA-format please). If this is a formal IRB/RD project, include your IRB/RD amendment/proposal narrative documentation.
• If this is a formal IRB/RD project, please describe the intended publication plan (be specific regarding possible journals or conferences).
• List of steps and the timeline for completing these steps. Include who is responsible.
• Description of Research & Quality Team involvement (e.g. a date when you meet)
• After this step is completed, you may move forward with IRB/RD submissions/Quality Application
3 months: Integrate full literature review to your project proposal and update steps/description as indicated (at least 30 relevant articles, APA format.) This will be approved by your mentor. Provide completed/updated project proposal to training directors for final acceptance during first quarter evaluation.

5 months: Complete a written progress report including steps completed and areas that still need to be addressed. This should be reviewed and approved by your mentor/clinical supervisor listed in your proposal before providing to training directors. This could be simply the “timelines/steps” section of your proposal updated.

7 months: Complete a written progress report including steps completed and areas that still need to be addressed. This should be reviewed and approved by your mentor/clinical supervisor listed in your proposal before providing to training directors. The project should be nearly completed and ready for preparation for presentation. This could be simply the “timelines/steps” section of your proposal updated.

April 1: Submit ABSTRACT for May MHGR Research & Quality Symposium to Drs. Kinkela & Pope at: jessica.kinkela@va.gov; Elizabeth.Pope2@va.gov *

April 15: Submit Poster for MHGR* to Drs. Kinkela & Pope.

May: Present your poster at the Mental Health Grand Rounds Research and Quality Symposium.

June/July/August: Present during MHGR if doing so. At least 45 days before, provide full PowerPoint and any handouts to MHGR workgroup along with any required disclosures or other items needed by CE workgroup.

*This should be reviewed and approved by your mentor/clinical supervisor listed in your proposal before submitting.

If you are completing a formal research project and/or will present at a different venue, involvement in the MHGR poster presentation may be optional depending on timelines for presentation.