

Updated September 2020

CLINICAL PSYCHOLOGY POSTDOCTORAL RESIDENCY PROGRAM

Battle Creek VA Medical Center
Psychology Service 116B
5500 Armstrong Road
Battle Creek, MI 49037



[Battle Creek VAMC Psychology Training Program Website](#)

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Dear Prospective Applicant:

We appreciate your interest in our program. In the interest of transparency, we provide our full handbook for your review. We hope that you'll be able to have a clear vision of what you would be doing should you elect to complete your postdoctoral training year with us. In addition to the clinical training you will receive, we emphasize strong professional development and mentoring. Former trainees have identified that as a strength of our program. Our role as training faculty and leadership is to contribute to the pool of well-qualified individuals who will ideally join us in federal service to Veterans at VA Medical Centers across the nation. It is our joy to work with future colleagues and we believe that it shows in the commitment and skill of our supervisors. We welcome applications from couples and persons of non-traditional training backgrounds with emphasis on goodness of fit between prior preparation and training activities at our site.

During the COVID-19 pandemic to date, we have been able to offer a variety of accommodations to keep staff and patients safe including telework with telehealth intervention as well as switching to virtual modalities even for patients on campus, such as in our Residential Programs. Inpatient rotations do require a resident's presence on the unit with appropriate PPE provided as well as routine COVID-19

testing for staff and patients. Should we continue to experience limitations in our activities due to COVID-19 into the 2021 training year, we expect we will continue to offer the same level of flexibility. Changes to our program to accommodate COVID-19 related issues include:

1. All trainees wear medical grade masks when meeting with patients with increased cleaning of high-touch services and increased cleaning between patients. When necessary, trainees are fit tested with N95 masks and wear them in high risk areas.
2. All trainees are trained in telehealth delivery modalities for intervention and assessment. This will be the case regardless of whether emergency orders prioritizing telehealth are in place.
3. Patient care spaces are large enough for appropriate social distancing.
4. Trainees are assigned a private office that only they use on the day they are on their rotation (no shared spaces/cubical-format). Others may use the space when the trainee is NOT on that rotation (e.g. practicum student). The routine use of cleaning materials and good ventilation overnight prevent transmission between users of the space.
5. Didactics are conducted in larger spaces, outside, or via synchronous video technology,
6. Individual and Group supervision are conducted in larger spaces, outside, or via synchronous video technology
7. If executive orders persist requiring telework whenever possible, AND the VA national Office of Academic Affiliation approves telework and telesupervision allowances, trainees will be considered for telework in the same way that staff are considered. Note: Trainees must demonstrate competence in conducting activities without immediate supervision by a staff member (i.e. while at home) and some rotations cannot be completed remotely (e.g. Inpatient Mental Health, Residential Treatment). Trainees should NOT expect telework except under emergency orders; however, we are committed to working with all individual needs that require a higher degree of social distancing due to individual or household member medical risk.
8. Trainees may have additional supervisors who collaborate when either the supervisor or trainee is teleworking. Trainees will always have an onsite supervisor whenever they are on campus, even if their primary supervisor is working off-site.
9. Trainees are considered essential care team members and will not be removed from rotations if they desire to continue that experience except in the most extreme cases where the medical center leadership dictates no trainees operate in that unit. This occurred in March 2020; however, during the present training year trainees have not been removed even when risk increased.
10. If risk level on a rotation changes, trainees whose personal circumstances require a lower exposure risk will be accommodated with other rotations.
11. Trainees are unable to conduct clinical care across state lines under any circumstances.
12. VA Trainees who experience a need for medical leave for themselves or a loved one will be afforded as much flexibility to allow them to meet their personal obligations to take care of their own health or a loved one. This may include advancing their leave or authorizing leave without pay and extending their training year.

As part of our commitment to the safety and wellbeing of staff and applicants, all interviews will be 100% virtual using synchronous video/audio modalities. No in person visits are offered.

Please do not hesitate to contact training leadership with any questions regarding the application process and the training experiences available during this challenging period.

Warmest Regards,
Jessica H. Kinkela, PhD ABPP & Theodore Wright, PhD

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ACCREDITATION STATUS

The Psychology Postdoctoral Residency Program at the **Battle Creek VA Medical Center** is fully accredited by the Commission on Accreditation of the American Psychological Association. The next site visit is scheduled for 2028.

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 AND SELECTION PROCEDURES

The Battle Creek VA Medical Center (BCVAMC) hosts 3 positions within our Psychology Postdoctoral Residency Program in Clinical Psychology. Our Aim is to prepare early career psychologists for entry level positions in health service psychology such as at the VA equivalent of GS-12 within the context of interprofessional practice.

The Residency positions are full-time and require 2080 hours of training during the 12-month appointment, starting on or around the third week of August. The stipend rate for full-time psychology Residents is \$46,222. 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. We participate in APPIC uniform notification date and interviews will be virtual for the year of 2021. No on-campus visits will be offered.

Eligibility

There are several important eligibility requirements for participating in Psychology Training in the VA nationally. Applicants should review them carefully and only apply if they believe they meet requirements. Details are found at this website:

[Eligibility information from VA national psychology training website](#)

Although Michigan law allows marijuana use for medical and recreational purposes, federal employees are not allowed to use marijuana as it remains illegal federally. A positive drug screen for marijuana or illicit substances may result in dismissal. See the link above for more details on our drug testing policy. While health professions trainees are not drug-tested prior to appointment, they are subject to random drug testing throughout their 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 the start of residency. 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.

Start Date and Licensure

Our tentative start date is August 16, 2021, provided all degree requirements are completed by early August. We are unable to accept applicants whose degree will be conferred after November 1, 2021.

We meet licensure requirements for the state of Michigan provided the resident obtains a Doctoral Education Limited License for Postdoctoral Degree Experience prior to starting the program. This process should be started as soon as possible after acceptance of the position, ideally in early March. Residents are referred to the Michigan Board of Psychology for additional details.

[Michigan Board of Psychology Licensing Webpage](#)

All residents are required to apply for a limited license. The final step in obtaining limited licensure in Michigan is the board receiving transcripts with the finalized degree conferral date listed on them. In some cases, schools do not confer degrees until weeks after all requirements are completed and well after our usual state date. We can still start at the usual date provided we have written documentation, on university letterhead, indicating that all requirements are complete except for processing. In this case, the resident's hours attained between their start date and when the final Doctoral Education Limited License for Postdoctoral Degree Experience is awarded will not count toward Michigan licensure and they will require additional supervised experience following completion of our program to be license eligible in Michigan. We do have ability to delay the start date to avoid this if requested.

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.

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. Trainees from diverse cultural backgrounds or historically underrepresented groups are strongly encouraged to apply. This program welcomes applications from couples provided both are individually a strong fit for our training program. Disclosure of couples status is not required unless there is an ethical issue or conflict of interest that merits disclosure. Disclosure of couples status will not hurt your ranking in our program and may facilitate more timely and advantageous offers on uniform notification day.

Travel Requirements

NOTE: While the COVID-19 State of Emergency remains in place at the local or national level, travel between sites is minimized and required travel may be waived in lieu of virtual modalities. Please read position descriptions carefully to be certain of travel requirements. A government vehicle is available for required travel. Didactic experiences will take place at both sites, either in person or via videoconferencing depending on the location of the presenter. Individual supervision may be virtual or in person depending on emergency statuses.

Application Process

The Battle Creek VAMC will utilize the APPIC Psychology Postdoctoral Application Centralized Application Service (APPA CAS). The following application materials must be included by uploading them in APPA CAS:

1. Cover letter detailing your career aspirations and how this training program is suited to help in achieving them. Include relevant rotation preferences as appropriate to your position.
2. Vita
3. Three letters of recommendation.
4. All graduate transcripts associated with training for your degree both masters and doctoral. If you cannot upload previous program transcripts via the portal, unofficial transcripts may be attached to the file containing your cover letter. Current program transcripts should be official.

Except under very unusual circumstances, all application materials must be submitted through the APPA CAS by **DECEMBER 31**

Interviews

Notification of interview selection will occur ASAP or by January 9 at the latest. Only virtual interviews will be conducted for 2021 with no on campus visits offered. Applicants will meet with at least two supervisors of their choosing, the training director(s), and current residents.

Interviews are conducted on the last full week of January.

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. Strong preference is given to Individuals with significant VA experience such as at least a 10 month therapy practicum at a VA or a VA internship.

Notification of Selection

Our Psychology Postdoctoral Residency program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). We follow APPIC guidelines regarding application and selection processes. Offers are made via phone at 10am Eastern Standard Time on Uniform Notification Day which is February 22, 2021. Updates about filled or held positions occur via email. Please ensure training directors have accurate contact information. The training directors may be contacted via VA IM (for VA trainees), email or office phone. Please see the [APPIC Postdoctoral Selection Guidelines](#) for more information. Residents sign and return a formal letter of acceptance, which starts the Human Resources onboarding process.

Contact Information

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

[Battle Creek VAMC Psychology Training Program Website](#)

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
269-966-5600, extension 31155
Jessica.Kinkela@va.gov

Dr. Kinkela, as Psychology Training Director, has responsibility for the day to day operations of the Psychology training program including practicum, internship and residency training. With Dr. Wright, she leads the Training Director meeting for residents and serves as back-up supervisor when primary supervisors are unavailable. She serves as a consultant and occasionally as supervisor on assessment cases residents are completing. Dr. Kinkela leads the Group Assessment Consultation group as well as didactic activities associated with diversity and assessment. She maintains a minimal research program in which residents are welcome to participate according to their interests.

Theodore P. Wright, Ph.D.



Associate Training Director for Clinical Psychology Residency
Psychology Service 116B
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Battle Creek, MI 49037
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Theodore.wright1@va.gov

Dr. Wright, as Associate Training Director, supports the day to day management of the Residency Program in collaboration with Dr. Kinkela. He provides group supervision for residents, both independently and with Dr. Kinkela, and also serves as a primary back-up supervisor as needed. He is also a primary supervisor for the PTSD-Residential Rehabilitation Treatment Program experience. Additional details of that role are found in the Battle Creek VAMC campus position description.

TRAINING SETTING

Overview of the Medical Center

Since 1924, the Battle Creek, Michigan VA Medical Center (VAMC) has been improving the health of the men and women who have served our nation. The facility is a campus style setting on 206 acres located between the cities of Battle Creek and Kalamazoo in Southwestern, Michigan. It is also strategically located midway between Chicago (3 hours) and Detroit (2 hours). Enjoy all that West Michigan has to offer from city life to country living. The Battle Creek VAMC consists of 276 total operating beds, including 55 inpatient mental health beds, 11 inpatient medical beds, 109 Community Living Center beds, and 101 Mental Health Residential Rehabilitation Treatment Program (MHR RTP) beds. It is classified as a neuropsychiatric facility and is the hub of mental health care for VA Medical Centers in the lower peninsula of Michigan. The facility serves approximately 44,000 Veterans in 22 counties. Primary care for both psychiatric and medical conditions is provided through outpatient clinics in Battle Creek, Benton Harbor, Lansing, Muskegon, and Wyoming, Michigan. There is also a Vet Center located in Grand Rapids, Michigan. The Medical Center has access to a comprehensive electronic medical Library, and excellent library facilities are available at the nearby campus of Western Michigan University, with whom our medical center is affiliated.

While the facility is located in Battle Creek, Michigan, most trainees prefer to live in Kalamazoo, Michigan due to closer access to desired amenities. The average rent for a one-bedroom apartment in Kalamazoo is between \$700-900 per month. Trainees have found various housing options available including single family homes, apartments, and townhomes. Many settings welcome pets. Trainees are invited to contact each other about sharing housing if they desire, although it is not necessary to have a roommate to have affordable rent. Information about Southwest Michigan can be found at [Discover Kalamazoo](#) and [Pure Michigan](#).



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 the Lower Peninsula of Michigan and parts of Ohio, Indiana, and Illinois. Further, the mission of the Medical Center is to honor America's Veterans by providing exceptional health care that improves their health and well-being. The VISION of the Battle Creek VA Medical Center will continue to be the benchmark of excellence and value in health care and benefits by providing exemplary services that are both patient centered and evidence based. This care will be delivered by engaged, collaborative teams in an integrated environment that supports learning discovery and continuous improvement. It will emphasize prevention and population health and contribute to the nation's well-being through education, research and service in National emergencies. The Core VALUES of the Medical Center are: Integrity, Commitment, Advocacy, Respect, and Excellence. The Domains of Value are: Quality, Access, Function, Satisfaction, Cost-effectiveness, and Healthy Communities. The Guiding Principles of the Medical Center are: People centric, results driven and forward looking.

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 training 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 training in psychology, which includes in-depth training in applied skills and exposure to a variety of clinical professional issues.

Psychology at the Battle Creek VA Medical Center and Community Clinics

Embedded in Psychology, Psychiatry, Extended Care, and Medical service lines, Psychologists are well respected members of the medical staff at the Veterans Affairs Medical Center, Battle Creek, MI. Approximately 40 staff psychologists are employed at the medical center, many of whom are actively engaged in training. Key leadership roles are frequently filled by psychologists due to the unique ability of the profession to pair data-driven decision-making with interpersonal skill and Veteran centric perspective. Psychologists provide patient care services to all treatment units of the Medical Center, including medicine, psychiatry, and the Residential Rehabilitation Treatment Programs. Psychologists are present in outpatient medical clinics, the PTSD Clinical Team (PCT), the Community Living Center, Home Based Primary Care, the Mental Health Clinic in Battle Creek, and community based outpatient clinics. Psychological services are typically provided within a multidisciplinary treatment program and cover the full range of treatment and assessment modalities. 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 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 and are able to practice within federal jurisdiction.

Patient Demographics

In 2018, the majority of the patient population served were Vietnam era Veterans (44%) followed by Persian Gulf (27%), Post Vietnam (12%), Korean (7%), Post-Korean (4%), World War II (3%), and Other (3%). Approximately 8% of Veterans identify as female. Veterans come from a mix of rural (41%) and urban (59%) settings. The largest age group represented is 55-74 year old Veterans. Racial and ethnic makeup is primarily white at 83% followed by 8% African American. Site specific statistics on gender identity and sexual orientation are not kept in a formal way; however, national estimates indicate 7% of the US Veteran population identify as LGBT. Most trainees are able to work with at least one individual identifying as LGBTQ. Battle Creek VAMC was the first VA medical facility in Michigan to earn the designation as Leader in LGBT Health Equality through the Healthcare Equality Index. Patients are medically and psychiatrically complex with comorbidity reflecting the normative presentation. Within the residential treatment units, younger Veterans from the OEF/OIF/OND cohorts make up a larger portion of the unit census.

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 may participate in current research projects underway at this facility or engage in quality improvement and program evaluation activities.



TRAINING AIM

Despite the differences in practice locations and specifics of rotations or supervisors, the overarching aim and associated competencies of our program are the same. The Aim of the Clinical Psychology Residency program at Battle Creek VAMC is to prepare early career psychologists for entry level positions in health service psychology such as at the VA equivalent of GS-12 within the context of interprofessional practice.

TRAINING COMPETENCIES

A copy of the residency competency evaluation form may be requested from the training directors. Expected competencies, as well as the training methods that will be used to develop those competencies, are as follows:

Integration of Science and Practice

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.

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

Ethical and Legal Standards

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:

- The current version of the APA Ethical Principles and Code of Conduct,
- Relevant laws, regulations, rules, and policies governing health service psychology at the Battle Creek VA Medical Center as well as at the state and federal level.
- Relevant professional standards and guidelines both within the Veterans Health Administration and beyond.

Residents demonstrate and develop this ability within their professional work, monitored and guided by their supervisors. They attend monthly Interprofessional Ethics didactics, which includes each resident presenting an ethical issue.

Individual and Cultural Diversity

Residents demonstrate competency in **Individual Differences and Cultural Diversity** including:

- An understanding of how their personal/cultural history impacts how they understand and interact with others;
- Knowledge of current scholarly literature related to addressing diversity across all professional activities;
- An ability to independently integrate that awareness and knowledge into all professional activities within our setting.

Residents demonstrate and develop this ability within their professional work, monitored and guided by their supervisors. They 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.

Interprofessional Practice

Residents demonstrate competence in **Interprofessional Practice** relevant to their setting including:

- 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.
- Recognizes the interdependence of all disciplines and team participants in any decision-making process and apply that awareness in professional practice.
- Defining broader concept of interdisciplinary teams including describing the roles of family members, community providers, and self-advocates, in addition to discipline representatives.

Residents demonstrate and develop this ability within their professional work, monitored and guided by their supervisors. All residents are involved in some form of mixed discipline team as a core part of their clinical experience and will consult with other disciplines. Residents attend Interprofessional Ethics and Interprofessional Mental Health Grand rounds. They may elect to participate in multidisciplinary administrative teams or community outreach events.

Patient Centered Practices

Residents applies **Patient Centered Practices** to all professional work including:

- Fostering self-management, shared-decision making, and self-advocacy/direction
- Soliciting the preferences, needs, and goals of the patient during clinical encounters and integrating that information into care plans and treatments
- Recognizing the role of caregivers/family in improving outcomes for Veterans and involving them in care-planning as desired by the Veteran.

Residents 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. Didactics and community based events are available according to the resident's interest, which enhance their professional work.

Assessment

Resident competently conducts **Assessments**, including:

- Independently interpreting interview data and records, integrating relevant measures as indicated to develop appropriate diagnostic impressions and recommendations
- Completing assessments in a timely, well-written and organized way
- Providing meaningful feedback to patients, consulting providers, and/or team members
- Attending to individual differences and cultural diversity

Residents 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: a PTSD focused rotation includes evidence based assessment of trauma related disorders. A behavioral medicine experience includes presurgical assessment for bariatric surgery. A Serious Mental Illness experience includes advanced psychosocial and diagnostic assessment. Didactics related to assessment issues are available.

Intervention

Resident provides **Intervention** appropriate to their setting, demonstrating ability to:

- Establish and maintain effective relationships with recipients of psychological services
- Develop treatment plans informed by the current scientific literature, assessment findings, diversity characteristics and contextual variables
- Implement interventions, evaluating intervention effectiveness and adapting according to ongoing evaluation
- Apply relevant research literature to clinical decision making
- Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking

Residents 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. Residents attend didactics, Grand Rounds, other seminars about intervention. Most years, residents participate in a formal multi-day training for a specific evidence based psychotherapy.

Professionalism

Resident will demonstrate a high degree of **Professionalism** including:

- 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
- Engage in self-reflection regarding personal and professional functioning and independently engage in activities to maintain and improve performance.
- Actively seek and demonstrate openness and responsiveness to feedback and supervision
- Respond professionally in increasingly complex situations
- Serve as a role model of professional behavior to other less developed trainees such as practicum students, medical students, and interns

This competency should be solidified during internship year. Residents 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 monitor this competency within the resident's professional work and provide opportunities to stretch their professionalism as an emerging early career psychologist. Engaging in leadership activities and participating in administrative professional groups is supported.

Communication and Interpersonal Skills

Resident demonstrates professional Communication and Interpersonal skills including

- 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
- Producing and comprehending oral, nonverbal and written communications that are informative and well-integrated, demonstrating a thorough grasp of professional language and concepts

- Demonstrating effective interpersonal skills and ability to manage difficult communication well

This competency should be solidified during internship year. Trainees 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 resident's professional work to identify undeveloped aspects and build communication and interpersonal skills appropriate to early career psychologists.

STRUCTURE OF THE PROGRAM

Our program offers advanced postdoctoral training within the traditional practice areas of Clinical Psychology, with two different sites of training: the Battle Creek VA Medical Center campus in Battle Creek, Michigan and the Wyoming Community Based Outpatient Clinic in Wyoming, Michigan.

Residents devote at least 50% of their training year to clinical psychological services including consultation, intervention, assessment, documentation, and administrative activities in support of patient care. Residents have a minimum of 2 clinical supervisors over the course of the year who work closely with training directors to facilitate an integrated, advanced training experience. Residents receive 4 hours of structured learning activities weekly, at least two of which involve individual supervision. Residents participate in four primary didactic activities: Diversity Series, Interprofessional Ethics, Preceptor Development and Mental Health Grand Rounds. These are supplemented by a variety of activities relevant to their particular clinical work and individual needs and interests. Mentoring is integrated within supervision, with the training directors and with a non-evaluative mentor if chosen. Residents connect with each other for peer support. A research or quality project is required.

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

All positions provide:

- A majority of time spend in direct clinical care activities
- Provision of evidence based individual and group interventions for a wide range of concerns appropriate to their setting.
- Assessment of various concerns using any combination of interview and psychological measures appropriate to their setting.
- Consultation between various professional disciplines.
- Participation within a well-established, cohesive interprofessional team.
- Experiences in outcome evaluation, program evaluation, and/or research.
- Formal didactics addressing professional development, diversity, ethics and interprofessional topics.
- Experiences and didactics in supervision and/or teaching.
- Opportunities to tailor experiences to fill competency gaps and expand on areas already developed.
- Regular formal and informal feedback to better guide their growth toward competencies over the course of the year.

Administrative Structure

The Psychology Training Program exists within the Psychology Service line. Ultimate responsibility for the Psychology training program rests with the Chief of Psychology Service. This responsibility is delegated to the Psychology Training Council. Day-to-day administrative decisions for the program are made by the Training Director. The 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 of Psychology Service
- Associate Training Director, Practicum
- Associate Training Director, Internship
- Associate Training Director, Clinical Psychology Residency
- Associate Training Director, Neuropsychology Residency
- Training Supervisors
- Chief, Learning Resources Service, Ex-officio
- Current Trainees as appropriate to their role as learner

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 quarterly at minimum or at the call of the Training Director to specifically review and discuss trainee progress and to facilitate trainees' overall success in the Program. A "Training Supervisor" is any psychologist with a valid license who elects to be involved in the planning and implementation of the training program and who is willing to offer a clinical rotation for trainees. Training Supervisors need not actually be supervising a trainee to participate. The designation "Other Agency Supervisors" includes licensed psychologists who are not involved in the planning/implementation of the training program but may serve as a clinical supervisor in a limited way. Examples include non-VA psychologists offering external rotations or VA staff psychologists who serve as back-up supervisors when the primary supervisor is unavailable. The designation "Other Contributor" refers to an individual who does not provide any clinical supervision, but may participate in offering training opportunities. Examples include unlicensed staff psychologists who co-facilitate a group with a trainee while both are under supervision or individuals who provide didactic seminars. Other Agency Supervisors and Other Contributors are invited to attend and provide input during Psychology Training Council meetings; however, only Training Supervisors vote regarding program changes and trainee progress decisions. Current trainees attend Psychology Training Council meetings to provide input, but do not attend meetings related to trainee progress or vote on program improvement activities unless it directly impacts their training currently.

BATTLE CREEK VAMC CAMPUS (2 POSITIONS)

Residents desiring the most diverse options for their postdoctoral training plan are best served at the Battle Creek VAMC Campus. Residents select two to three primary supervisors based on the experiences they can offer under their supervision. Supervisor selection can be focused within a particular focus area such as PTSD or Severe Mental Illness or they can be more eclectic according to individual goals.

Training Supervisors at Battle Creek VAMC

Sharonda Ayers, PhD, Mental Health Residential Rehabilitation

Dr. Ayers completed her doctoral degree in Clinical Psychology at Saint Louis University completing an internship at Louisiana State University. She completed postdoctoral training at Behavioral Health Specialists in Nebraska, where she focused on underserved populations. She currently serves as the Psychologist on the Mental Health Residential Rehabilitation Treatment program focusing on substance use recovery. She provides individual therapy, group therapy, case management, and evaluation of Veterans experiencing significant substance use challenges who have been less successful with outpatient treatment. She identifies with a cognitive behavioral orientation; however, she is comfortable working with schema therapy, third wave interventions and behavioral approaches. She supervises Cognitive Behavioral Therapy for Substance Use Disorder, Dialectical Behavior Therapy, and Motivational Interviewing/Motivational Enhancement Therapy. She offers supervision of assessment cases for diagnosis, discharge planning, and clarification of treatment needs. Trainees note Dr. Ayers' strength in giving encouragement as well as useful constructive feedback in a way that promotes psychological safety. Trainees feel comfortable bringing difficult clinical and professional issues into supervision and admire her ability to model healthy boundaries and strong team communication. Dr. Ayers prefers to supervise a minor rotation experience where the resident is on the unit two days weekly.

William Fitzgerald, PhD, Mental Health Clinic

Dr. Fitzgerald graduated from Western Michigan University's Counseling Psychology Program and worked in various settings including private practice before accepting a position at the Battle Creek VAMC. His interests include wellness practices, integrated health, and mindfulness. He offers residents the opportunity to work with a variety of case presentations and is able to supervise Interpersonal Therapy for Depression, Cognitive Behavioral Therapy, Acceptance and Commitment Therapy, DBT-informed therapy, and mindfulness approaches. He does not supervise trauma specific interventions (e.g. PE/CPT) but does work with Veterans with trauma histories. Psychological assessment is a minor part of his clinical work, although he is willing to supervise psychodiagnostic evaluations with interview and testing techniques when indicated. He does not typically serve as a mentor for research or quality improvement; however, he is willing to supervise program development activities such as creating and evaluating a new group intervention in the Mental Health Clinic. Dr. Fitzgerald's supervision style is strengths focused with emphasis on process and therapist reactions. Dr. Fitzgerald is well-liked by trainees, particularly those who crave increased autonomy while still having a strong support. He is particularly adept at allowing trainees to explore and develop their own orientations and therapeutic approaches.

Scott Kerby, PhD, Inpatient Mental Health

Dr. Kerby is a graduate of Western Michigan University's Counseling Psychology doctoral program. He completed his internship at the Battle Creek VAMC and then worked in the community before returning working with Veterans. He presently is the Program Manager on the inpatient mental health unit. He offers training in compassionate, high quality care for acutely distressed patients and chronically mentally ill patients with longer inpatient placements. His interests include psychotherapy process, ethics, and substance abuse. He is described as a "5 star!" supervisor due to his supportive and responsive interpersonal style. He has particular strength in assessment and recovery-oriented care. Dr. Kerby is best for advanced trainees who already have developed comfort working with severely mentally ill individuals but are ready for greater autonomy and interprofessional team work. Interventions on the unit tend to be supportive and skill based, although Dr. Kerby readily supervises more process focused groups. Assessment opportunities related to diagnosis and discharge planning are common. Dr. Kerby is a strong supervisor for someone wishing to focus on SMI populations or Geriatric populations.

Rita Kenyon-Jump, PhD, Mental Health Clinic

Dr. Kenyon-Jump graduated from Western Michigan University completing her internship within a Community Mental Health setting including Psychiatric Hospitalization. After having served in multiple roles at this facility, she presently is a Staff Psychologist within the Mental Health Clinic. She also serves as the Military Sexual Trauma Coordinator for this facility and also as point of contact for VISN 10. Dr. Kenyon-Jump is involved in various community activities, including those addressing trauma. While describing her orientation as Cognitive-Behavioral, she is comfortable working with a variety of interventions including Cognitive Processing Therapy, Acceptance and Commitment Therapy, Motivational Interviewing, Dialectical Behavior Therapy and supportive techniques. She is known for her compassion and nuance when working with both fragile and hard to reach Veterans. Outside of clinical work, she offers residents the opportunity to engage in leadership and program evaluation activities around Military Sexual Trauma initiatives. She does not have an active research program. Residents rotating with Dr. Kenyon-Jump may expect a strong caseload of patients with complex presenting problems including childhood, sexual and non-combat trauma; personality disorder; severe mental illness; and complex medical issues intersecting with mental health. While not a primary portion of her clinical work, she is able to supervise more complex psychodiagnostic evaluations using psychological tests as well as interview techniques. Prior trainees have described her as warm, kind, supportive and someone who goes above and beyond with patient care and trainee development.

Brooke Pope, PhD, Mental Health Service

Dr. Pope completed her graduate degree in Clinical Psychology at Northern Illinois University, completing internship at St. Louis VAMC and residency at Ann Arbor VAMC focusing on SMI populations. She provides supervision and mentoring for residents looking to implement advanced intervention skills for severely mentally ill patients along with further development of leadership and administrative capacity. She is a master trainer for Social Skills Training for Schizophrenia. She supervises a variety of evidence based psychotherapies including cognitive processing therapy, ACT, CBT, CogSmart, and CBT for Psychosis. Assessment work, primarily psychodiagnostic, is part of her rotation. She is able to precept residents interested in both relevant research and quality improvement work. Dr. Pope is described by previous trainees as an excellent role model for diversity sensitivity with an assertive yet compassionate leadership style. Presently her role is primarily administrative as Program Manager for Research and Development

and Evidence Based Psychotherapy. She offers clinical services in the Wellness and Recovery Center, an outpatient SMI specialty rehabilitation clinic. She also offers residents experiences partnering with the Mental Health Intensive Case Management Program (MHICM) and community based experiences. Residents can work primarily with Dr. Pope, completing minor rotations in MHC or IMH to create a SMI focused residency experience.

Theodore Wright, PhD, Mental Health Residential Rehabilitation

Dr. Wright completed graduate training at Western Michigan University in the Clinical Psychology program. He completed his internship at the Battle Creek VAMC and later worked at the Salem VAMC as a staff psychologist in the PTSD program. He served as Residency Coordinator while at the Salem VA. He presently serves as Associate Training Director for the Psychology Residency Program as well as Staff Psychologist on the PTSD Residential Rehabilitation Treatment program. Dr. Wright conceptualizes from a Behavioral model and supervises Cognitive Processing Therapy, Prolonged Exposure, and the spectrum of Behavioral interventions. Residents under his supervision have the opportunity to work as a junior colleague, fully integrated into the treatment team. Residents also get experience with screening Veterans into complex treatment programs (Substance Use, PTSD, psychosocial rehabilitation). Dr. Wright served as a national PE consultant and is an active member of the PTSD research group on campus. He supervises research and quality improvement projects of residents although residents can elect to work with other members of the PTSD research team as well. Dr. Wright provides clear expectations and direct feedback. Trainees appreciate the ability to observe his work and the intensity of the interventions offered under his supervision. He models excellent clinical and professional boundaries and offers nuanced observations regarding trainee competency development.

Clinical Settings at Battle Creek VAMC

The Mental Health Clinic (MHC)

The 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 specialists. Staff work together to coordinate the needs of the Veteran according to their preferences. Referrals for MHC come from across the medical center and self-referrals. In addition to pharmacological interventions, individual and group evidence-based treatments are offered. Groups include treatment focusing on interpersonal relationships, anger management, and sexual trauma recovery. Couples and family work is less common although providers are equipped to offer this when requested. 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. Interns frequently rotate through this clinic and, when appropriate, Residents may participate in vertical supervision of an intern. Virtual/Telehealth interventions are a key part of this experience.

Wellness and Recovery Center (WRC)

The Wellness and Recovery Center is an outpatient Psychosocial Rehabilitation Program for Veterans with serious mental illness (SMI) and is a core component of the spectrum of SMI care at the medical center. Patients participate in group interventions that run on an academic schedule where groups are offered by semester. Trainees in this rotation will be involved in providing evidence based interventions such as Social Skills Training, CogSmart and CBT for psychosis, as well as psychoeducational interventions. Group is the primary modality, although individual work is possible. Assessment opportunities include complex psychodiagnostics evaluations using various measures as well as structured interview. Veteran's present with a variety of concerns including Schizophrenia, Bipolar Disorder, Personality Disorders, Depression and Anxiety disorders, and other mental health disorders with psychiatric features. At this stage of treatment, most Veterans' symptoms are stabilized and they are taking additional steps at strengthening their recovery. Virtual/Telehealth based clinical care is a key part of this experience.

Mental Health Residential Rehabilitation Treatment Program (MH R RTP)

Formally three separate programs covering PTSD, Substance Use Disorder, and Psychosocial focuses, the current multidisciplinary MHR RTP team is agile, adapting to the range of needs of Veterans providing both group and individual intervention and assessment focuses on evidence-based practices and recovery goals. The team consists of psychologists, social workers, nursing staff, a psychiatrist, a physician assistant, recreation therapists, chaplains, a dietician, peer support specialist and other allied health care workers. Comorbidity is the rule, with Veterans most frequently experiencing substance use disorder, PTSD, depression and bipolar presentations along with personality factors. Veterans participate in a variety of group interventions including: STAIR, CPT, PE, CBT-SUD, DBT-Skills, Schema Therapy, and others are routinely offered according to need and interest. Trainees provide group intervention, assessment, case management, and individual therapy with a caseload that varies depending on how many days they are on the unit. Interprofessional teamwork and managing a complex case load are two professional areas in which trainees can expect to experience significant growth. While some virtual care may be provided (e.g. telehealth groups), this is an in-person clinical rotation. Social distancing, health screening and PPE are utilized to avoid COVID-19 transmission.

Inpatient Mental Health (IMH)

Inpatient Mental Health units are devoted to providing services to Veterans with acute presentations of pathology and chronic mental health concerns. Treatment teams consist of a psychiatrist, psychologist, social worker, physician assistant, nursing staff, and allied health care workers such as dietitians, occupational therapists, pharmacists, recreation therapists, and chaplains. The treatment teams provide direct patient care assessment and treatment services. Patients admitted to these treatment units manifest a wide range of clinical disorders. Psychologists and trainees on these units serve as multidisciplinary team members and provide a full range of psychological services, including interview based assessment, psychological testing, crisis intervention, individual and group psychotherapy and counseling, and consultation services to members of the multidisciplinary treatment teams. The Geriatric unit provides acute mental health care for older adults with varied concerns such as suicidal/homicidal ideation, schizophrenia, mood-disorder exacerbation, and cognitive impairment. This is an in-person clinical rotation. Social distancing, health screening and PPE are utilized to avoid COVID-19 transmission.

Community Living Center (CLC) (NOT AVAILABLE 2021-2022)

The mission of the Community Living Center is to provide compassionate care to eligible Veterans with sufficient functional impairment to require nursing home level of care. Veterans with chronic stable conditions including dementia, those requiring rehabilitation or short term specialized services such as respite or intravenous therapy, or those in need of comfort and care at the end of life are served in the CLC. Specifically, it offers short-term physical rehabilitation and skilled nursing care, long-term dementia care and palliative/hospice care. A full-time psychologist functions as part of a multi-disciplinary team. Psychological services provided include: cognitive and psychological assessments, individual and group therapy, family counseling, team consultation, milieu planning, and behavioral contingency interventions (STAR VA). Residents have the option of being involved with the interprofessional Outpatient Palliative/Hospice care team which includes a physician, psychologist, social worker, and nursing staff.

PTSD / GENERAL MENTAL HEALTH RESIDENCY @ WYOMING COMMUNITY BASED OUTPATIENT CLINIC (NOT AVAILABLE 2021-2022)

Residents interested in a broad, yet customizable experience that includes the potential of a case load of approximately 50% PTSD cases or who wish to experience a range of outpatient mental health treatment options are well-suited to the PTSD/General Mental Health Position at Wyoming Community Based Outpatient Clinic (WCBOC). The WCBOC is over 90,000 sq. ft. in Wyoming, Michigan. Approximately 5,300 sq. ft. is designated for mental health. The population served 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 abuse, interpersonal violence, and other civilian traumas. Evidence based treatments provided 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. The Resident interacts with other non-psychology mental health trainees rotating through the clinic. Depending on the 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. Virtual/Telehealth experiences are a key element of this experience. The Resident works with two supervisors, minimum, for the duration of the training year.

The Resident may also elect to complete a Primary Care-Mental Health Integration rotation up to one day weekly. Primary Care-Mental Health Psychology is embedded within the 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. The supervisor for this supplemental experience would be one of the Wyoming CBOC PCMH psychologists described under the Behavioral Medicine/Integrated Care position. Telehealth interventions are a key part of this experience.

Training Supervisors at Wyoming CBOC Mental Health Clinic

Bruce Fowler, PsyD

Dr. Fowler completed his doctorate in Clinical Psychology at Rosemead School of Psychology at Biola University. He has worked in private inpatient and outpatient psychiatric clinics, the Mental Health Clinic team at the Battle Creek location, and now at the Wyoming CBOC Mental Health Clinic location. He maintains a small private practice. Dr. Fowler works from a Cognitive-Behavioral orientation and is comfortable conceptualizing from interpersonal, dynamic, and third wave approaches. He offers supervision in IPT-Depression, CPT, and CBT as well as DBT-informed interventions. He supervises assessment with WAIS-IV and MMPI-2-RF for advanced trainees who require a supportive rather than directive approach. Dr. Fowler is known for his personable demeanor and his ability to model positive professionalism when challenging situations arise. He works best with individuals who are seeking a higher degree of autonomy and who are solidifying their own personal approach to intervention. He does not supervise the residency project; however, he is a strong mentor for those who may also be interested in private practice procedures.

Sarah Mallis, PsyD

Dr. Mallis completed her graduate degree in Clinical Psychology from the University of Indianapolis' School of Psychological Sciences. She completed an internship at the Illiana VA Health Care System in Danville, Illinois, and after graduation continued to work in the Illiana PTSD Clinic before accepting a position in the Wyoming CBOC in 2013. Dr. Mallis utilizes a variety of cognitive-behavioral therapies, including Acceptance and Commitment Therapy, Cognitive Behavioral Therapy for Depression, Cognitive Processing Therapy, and Cognitive Behavioral Therapy for Insomnia. She also co-leads a Dialectical Behavior Therapy group for female veterans. Dr. Mallis consults to the local Vet Center on a bimonthly basis and has presented seminars both in VA and in the community on PTSD and related topics. She has provided formal and informal mentoring to trainees and has acted as a primary supervisor to a post-doctoral residents. Trainees have found Dr. Mallis approachable, appropriately directive when necessary, and able to give specific feedback. She works best for those looking to explore a busy general mental health caseload emphasizing therapy and recovery oriented practices. Minor assessment experiences are available, such as specific psychodiagnostic evaluations with interview and potentially MMPI-2-RF. She does not maintain a research program, but is interested in quality improvement and program development activities as they become available.

Lisa Mull, PsyD



Dr. Mull completed her graduate work at Pacific University earning a doctorate in Clinical Psychology. She then went on to serve as an officer in the Air Force, where she completed internship and postdoctoral training. As an officer, she was responsible for managing the mental health clinic engaging in both administrative and clinical activities for service members with a variety of concerns. Following military service, Dr. Mull began work within the Battle Creek VAMC as an Inpatient Mental Health Psychologist. Notably, due to her presence on that unit, increased evidence based practices were incorporated into clinical care. Dr. Mull then transitioned to an outpatient position at the Wyoming CBOC, where she continues to serve as a staff Psychologist. She is the former Associate Training Director for the Clinical Psychology Residency program, shepherding it through obtaining accreditation in 2018. Dr. Mull provides supervision in Prolonged Exposure, Cognitive Processing Therapy, Interpersonal Therapy for Depression,

Acceptance and Commitment Therapy for Depression and Cognitive Behavioral techniques. She also is able to supervise DBT-informed care. Assessment and research are not activities within her rotation; however, leadership development, program improvement, and interprofessional skill building are. Trainees find Dr. Mull refreshingly direct, with a strong ability to treat trainees as colleagues while assisting them in achieving their learning goals.

BEHAVIORAL MEDICINE / INTEGRATED CARE RESIDENCY @ BATTLE CREEK VAMC AND/OR WYOMING COMMUNITY BASED OUTPATIENT CLINIC (1 POSITION)

This position is best suited for individuals planning careers in interprofessional settings working with patients with health or comorbid health and mental health conditions. While not specialty accredited, individuals preparing for Health Psychology board certification are well served by this position. Prior residents have obtained positions in Pain Clinics, Health Psychology, Integrated Care, and Primary Care-Mental Health Integration (PCMHI). Residents training in this position will engage in a combination of Behavioral Medicine (Health Psychology) experiences as well as PCMHI experiences. Duty stations include the Battle Creek VAMC main campus and the 90,000 sqft clinic in Wyoming, Michigan which is south of Grand Rapids Michigan. The resident will select their duty station (one or both) as well as the proportion of PCMHI to Behavioral Medicine experiences prior to starting with the program. During the COVID-19 state of emergency, travel between sites will be minimized when possible and virtual care modalities and telesupervision will be utilized.

Residents in this position serve adults across the age spectrum with a variety of complex medical problems, with most having some mental health concerns. Consultation skill as well as brief, focused intervention are emphasized. Residents work with chronic pain patients and integrated teams. Telehealth is a significant part of this experience. Residents may also elect to complete a more focused chronic pain specific experience. This could include working with the integrated pain team in their pain evaluation clinic, participating in psychoeducational endeavors, or leading specific evidence based pain interventions.

The Behavioral Medicine experience involves use of health behavior codes and health behavior change. Examples of activities include chronic disease self-management, behavior change around managing chronic illness and obesity, evaluation specific to health factors, and program development/evaluation in a primary care and specialty care clinic. If a resident elects to spend at least 50% of their time spent in Behavioral Medicine (whether at Battle Creek or Wyoming CBOC), they can expect to become competent in delivering the full spectrum of weight management interventions by the end of their training year. This includes observing a bariatric surgery, completing pre-bariatric surgery evaluations, implementing behavioral change interventions for weight management, providing eating disorder treatment protocols, and leading postsurgical and maintenance interventions. 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 including cross-hormone therapy evaluations.

Within PCMHI and depending on supervisor selected, residents become proficient with integrated care setting interventions such as Problem Solving Therapy, Prolonged Exposure for PTSD in Primary Care, and Cognitive Behavioral Therapy for Insomnia. Mastering a 30 minute appointment is expected as is triaging crisis and engaging in measurement based care.

Training Supervisors for Behavioral Medicine/Integrated Care

Nicole Najar, PsyD, ABPP Clinical Health Psychology



Dr. Najar completed her graduate work at Alliant International University with internship at Porterville Developmental Center and Clinical Health Psychology specialty postdoctoral training at McLaren Hospital, FAME Consortium. Her primary work is as Health Behavior Coordinator at this facility. In addition to her clinical work, Dr. Najar served as the practice sample coordinator and board member for the American Board of Clinical Health Psychology (ABCHP) from 2016-2020. Outside of practice sample coordination she developed the practice sample reviewer manual, reviewer training, and collaborated in ABCHP competency revision and implementation. She also served on the APA Ethics Committee from 2016-2018. During this time, aside from board duties of adjudication, she was actively engaged in selection of ethics revision task force members

currently working on completing the revision of the APA Ethical Principles of Psychologists and Code of Conduct. Other leadership and professional activities include integrated primary care program implementation, consultation, and Motivational Interviewing facilitation for professional groups, healthcare systems, and conferences. Dr. Najar is known for providing direct, growth focused feedback in the context of a strong mentor relationship. While she does not have an active research program, she is regularly involved in ongoing quality improvement and program development efforts across the medical center.

Marc Houck, Psy.D., Primary Care-Mental Health Integration

Dr. Houck is a graduate of the Rosemead School of Psychology, Biola University. He completed his internship at Tripler Army Medical Center and spent an additional four and a half years as a U.S. Army psychologist in outpatient clinics, a combat stress control team in Iraq, and the U.S. Army Medical Department's Academy of Health Sciences. He is a Primary Care Psychologist and the Integrated Care Program Manager. Dr. Houck is passionate about meeting Veterans (and trainees) where they are in the primary care setting, collaborating with medical teams, and extending excellent, brief behavioral health access. Dr. Houck trains clinicians in the formal VA PC-MHI Competency requirements and is a Master Trainer and Consultant for Problem Solving Training (PST). He enjoys using brief CBT/PST, ACT, and Interpersonal Psychotherapy interventions in the primary care setting and has further background and training in motivational interviewing and DBT. Trainees who enjoy a fast-paced environment, a variety of clinical activities, collaboration across disciplines, and program development discussions work well with Dr. Houck and the PCMHI team. Dr. Houck is not a primary PCMHI supervisor; however, he provides additional guidance to trainees serving at the Wyoming CBOC location including residents within the Mental Health Clinic position. He has a personable style and enjoys mentoring trainees as they move toward more independent professional practice.

Krista Holman, PhD



Dr. Holman completed her doctoral degree in Clinical Psychology at Central Michigan University and her doctoral internship at the Captain James A. Lovell Federal Health Care Center in North Chicago. She finished most of the postdoctoral program here in the Battle Creek VA system before starting her current position as a psychologist in PC-MHI at the Wyoming CBOC. Her role includes brief functional assessments conducted through same-day warm hand-offs from primary care providers, as well as consultation with primary care staff and brief follow-up care. Generally she conducts psychotherapy from a cognitive behavioral perspective and enjoys leading groups. In particular, she provides Cognitive Behavioral Therapy for Insomnia (CBT-I), Prolonged Exposure for Primary Care (PE-PC), and Problem Solving Therapy in Primary Care (PST-PC) and is able to offer supervision in these evidence-based treatments. Dr. Holman usually supervises residents in a PC-MHI rotation for

one or two days weekly, but she is also open to supervising interns. Trainees note Dr. Holman balances autonomy and guidance well. She is particularly adept at helping trainees identify their clinical reasoning and mentoring them through the process of transitioning from trainee to staff member. She does not have an active research program and typically is not a mentor for the residency project. That being said, Dr. Holman welcomes opportunities to engage in program development and process improvement as it emerges. Dr. Holman has personal interests in travel, spending time in nature, and mindfulness.

Greg Steinsdoerfer, PhD



Dr. Steinsdoerfer graduate from Southern Illinois University's Counseling Psychology Program in 2015. He completed his internship at the Leavenworth, KS VA. He participated in residency training at Battle Creek VAMC before exiting early to accept a staff position afterward in Primary Care Mental Health Integration (PC-MHI) at the Battle Creek VA. His previous research interests focused on burnout within the medical field and he continues to provide support for this across the medical center. He enjoys his opportunity to be fully integrated into the medical teams. He also enjoys program or process improvement work within a clinical context. He offers supervision in Problem Solving Therapy, Motivational Interviewing, and Brief Prolonged Exposure for primary care (PE-PCMHI) as well as with supportive and cognitive/behavioral techniques. He serves as a consultant for PE-PCMHI. As a Counseling Psychologist, his theoretical orientation integrates a multicultural, strength based, feminist, and client-centered framework. Dr. Steinsdoerfer also serves as the Associate

Training Director for the Internship Program and heads the Training Diversity Workgroup. Dr. Steinsdoerfer, like many supervisors, takes a developmental approach to supervision with increasing autonomy. His supervision also focuses on building multiculturally competency skills and macro level skills as a psychologist. He is known for his ability to model and offer nuanced training in interprofessional relationships and building an integrated team.

EDUCATIONAL EXPERIENCES

Residents complete 4 hours of educational activities weekly, two of which are 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 of 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. 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 scheduled activities and contacting the training director or listed presenter for clarification as needed. During the COVID-19 pandemic, virtual modalities are preferred for learning activities if possible.

Required Educational Experiences (All Residents)

Individual Supervision (2 hours/weekly, as scheduled)

Training Director Meeting (First and/or Third Friday 11a-12pm or as scheduled)

Diversity Series (First Friday, 2:30-4pm)

Interprofessional Ethics (Third Friday, 2:30-4pm)

Preceptor Development (Second Friday of even months, 2-3pm)

Mental Health Grand Rounds (Second Friday, 1-2pm)

Peer Support (As scheduled, approximately 2 times monthly)

Additional Activities to bring the total to 4 hours per week, including 2 hours of individual supervision

Individual Supervision

Residents receive a minimum of 2 hours of face-to-face supervision weekly by one or more doctoral-level licensed psychologists. The primary purpose of individual supervision is to facilitate clinical competencies and professional development as well as provide oversight of clinical care provided by the resident. The psychologist demonstrates responsibility for the cases supervised by cosignature or signed addendum to the clinical note. Another supervisor may serve as the onsite clinical supervisor when the primary supervisor is unavailable due to leave or other duties off station. In this case, a statement is entered into the note describing the supervisory structure and follow-up responsibilities. Both psychologists maintain responsibility for clinical care, although the primary supervisor maintains the ongoing supervisory relationship with the resident to foster their professional functioning and completes required residency evaluations related to that rotation. When an onsite or 'back-up' supervisor is required, typically this will be another psychologist who already serves as a supervisor in another rotation for the resident. Typically, virtual supervision is not used to obtain the minimum two hours of supervision; however, during the COVID-19 pandemic, virtual supervision may be utilized as appropriate or required. Video or phone consultation as well as additional face-to-face supervision beyond the 2 hour minimum is common.

Training Director Meeting

Residents will meet as a group with the training director(s). Initially this will occur weekly; however, it will decrease to bimonthly or as needed 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, supported 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 involves integration of scholarly literature. Additional supplemental diversity series events occurring on other days are required when relevant learning opportunities arise. For example, trainees have been required to attend continuing education programs on Human Trafficking and Transgender care on other days of the week. Attendance requirements are made typically three months in advance to avoid disruption in patient care. Friday Diversity Series topics may be formal presentations by staff on a topic of interest such as “Psychotherapy Modifications for Geriatric Patients”, experiential activities such as identifying normative and psychometric properties of measures used with patients of diverse backgrounds, Q&A with a specific program leader (e.g. Military Outreach Coordinator), or case study with integration of the literature. Postdoctoral residents are expected to serve as a leader during discussions. They also model the integration of diversity into practice via teaching one session.

Interprofessional Ethics

This seminar is devoted to the exploration of Ethics in an interprofessional context. It is a collaboration between pharmacy, optometry and psychology training programs. The format of this series is evolving, but remains applied in focus. The first part of the training year includes a review of the various disciplines’ ethical guidance followed by interprofessional case presentations that include both clinical and ethical elements. Staff model presenting for the first few cases followed by presentations by trainees. Residents report this seminar can be challenging due to the disparity in exposure to ethical principles between disciplines while also noting that the interprofessional element is highly appreciated. Learning the perspective of other providers outside of psychology is a key benefit of this seminar.

Preceptor Development

This seminar is interdisciplinary in nature attended by pharmacy, optometry, psychology and other disciplines based on their interest. It offers continuing education credit and is targeted toward staff improvement of supervision skills. Historically this seminar has been optional for interns and residents; however, feedback was overwhelmingly positive. Ultimately, the Psychology Training Council decided to make this seminar a core aspect of psychology training. Topics are varied and almost always include some experiential, simulated practice exercises and a review of associated literature. References for further learning are frequently provided.

Mental Health Grand Rounds

All mental health service line professions attend, including social work, nursing, psychiatry, medicine, psychology, and mental health pharmacy. Continuing education credit is offered to various disciplines and thus the quality of presentation is high. Typically presentations are more applied in nature; however, several research presentations are made over the course of the year. At least one session is devoted to ethics. Residents are given the opportunity to present the results of their research or quality project during

one of the spring or summer sessions. They may also develop a poster for any research week events incorporated into Mental Health Grand Rounds. While mainly occurring within Battle Creek VAMC, presenters may broadcast from anywhere. 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 it will be very much at the advanced level Residency trainees would require. Continuing Education (APA) is offered for psychologists attending.

Peer Support

Approximately twice monthly, Residents meet for mutual support, discussion of professional/personal issues, and bonding. This time window is also available for Residents to work on a joint research or quality project if they prefer. They may elect to meet via videoconference, phone, or in person at either the Battle Creek or WCOC locations. Additionally, they may meet off-site with leadership/training program approval. Prior residents have had monthly video calls, lunch/brunch off campus, or gatherings 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 of regularly occurring seminars include:

Integrated Care Journal Club

Offered on the fourth Friday of the month from 12-1pm, this seminar is required for trainees rotating in Health Psychology or PCMHI experiences, including the Behavioral Medicine/Integrated Care Resident. Staff and trainees from various disciplines attend this offering for which continuing education credit is available. Staff and trainees take turns presenting and leading discussion about articles relevant to primary care and integrated practice. Articles are provided the week before.

Neuropsychology Didactic Seminar

Occurring on the second and fourth Wednesday of the month from 2-3pm, this seminar is required for neuropsychology track interns and residents. This seminar is a collaboration between several VAMC neuropsychology training programs in the Midwest and is conducted via video conference with local attendees meeting together. Topics vary with the goal of covering neuropsychological material relevant for the written examination for board certification in Clinical Neuropsychology (ABPP). Interns, staff, and residents all take turns presenting on various topics.

Medical Grand Rounds:

Occurring on the first Friday of the month from 12-1pm, this is a regularly occurring event that is optional, although trainees may be required to attend at the direction of a supervisor or training director if the topic is relevant to trainee development. If attendance is required, the interns will be informed via email, the didactic calendar, and an outlook invite. Typically interns are notified several months in advance to avoid disruption in patient care and required topics are of broad interest such as Evaluation of Medical Decision-Making Capacity or Health Care Disparity Among Diverse Veterans.

Assessment Consultation (“Group Assessment Supervision”)

Offered Fridays from 10-11am, this group is open to any psychology trainee: extern, intern, and resident. Those attending bring cases for community discussion, guided by the precepting psychologist who may have several cases to present as well. Typical topics include reviewing MMPI-2-RF and WAIS-IV profiles, evaluation of symptom and performance validity, assessment issues for diverse individuals, complex psychodiagnostics determination, and providing feedback. This may or may not be required by a rotation supervisor to support their assessment work in the clinic; however, interns regularly identify this seminar as pivotal in expanding their assessment practices. Occasionally readings are assigned either before meeting or afterward in response to case material presented.

Brain Cutting

The neuropathology lab at the Western Michigan University School of Medicine offers trainees the opportunity to observe brain cutting. These are part of autopsies completed at the request of various medical examiners across the nation for both clinical and forensic purposes. These are offered some Wednesday mornings at the Western Michigan University campus. It is required for neuropsychology focused trainees although other trainees may elect according to their interest and availability.

VA National Webinars

Residents participate in national educational seminars presented via video conference. These typically are optional; however, participating in presentations may be required if they are relevant to trainee development. If required, it will appear on the didactics schedule, typically 2-3 months in advance to avoid patient care disruption. In particular, the South Central MIRECC sponsors National CBOC Mental Health Grand Rounds. Previous topics included: Cognitive Behavioral Treatment of Insomnia, Whole Health Program, Depression Treatment for Pregnant and Nursing Women, Consultation for Veterans with Persistent Psychosis, Ethics of Safety Aids, Rural PTSD outreach, Problem Solving Therapy training, PTSD & TBI, Substance Abuse/Use Disorders and CBT, Ethical Issues of Working with Patients who use Hate Speech, Nightmares and Nightmare Treatment, and The Impact of Guns on Public Health Issues Related to Global Suicidal Ideation Risk in the US.

Peer Consultation by Advanced Trainees (“Vertical Supervision”)

The Battle Creek VAMC Psychology Training Council affirms the value of “vertical supervision” of psychology trainees by advanced trainees once appropriate competency has been demonstrated and documented. Supervision training and experiences involving residents, interns, practicum students and training staff are valued by BCVAMC psychology service and its associated training programs, and we seek to provide maximum opportunities for training in this area, including support by training faculty. When vertical supervision experiences are predicted to be available within a given rotation, the supervisor will let trainees know at the beginning of the year as training plans are being developed. Residents engage in actual or simulated supervision experiences as part of their training.

Community Outreach

Residents regularly elect to participate in community activities sponsored by the VA Medical Center. Residents often elect to attend the annual Mental Health Summit, a community event that includes national and locally known presenters on a variety of topics. The facility also hosts symposiums open to community partners on relevant health care topics. Examples include the 2019 Opioid Crisis and the 2018

Human Trafficking conferences. Trainees may attend Stand Downs, which are outreach events to homeless or indigent Veterans with the goal of connecting them to services. Another activity Residents are invited to attend early in the year is joining the VA LGBTQ workgroup in representing the VA at the local LGBT Pride events.

Mentorship

Residents receive professional mentoring within their rotations, particularly as it applies to specialty competency and career preparation as well as with the Training Directors. Residents identify a non-evaluative mentor, meeting with them approximately once monthly on campus. This is optional, but strongly recommended. A non-evaluative mentor, if elected, is typically identified at the onset of the training year and is integrated within the resident's training plan.

The limits of confidentiality of the mentor/mentee relationship are discussed at the onset of the relationship. Specifically, if the resident reports unethical behavior as demonstrated by themselves or others, they will be encouraged to share this information through the appropriate administrative channels. This typically will be the Training Director, Assistant Training Director, or Chief of Psychology. If the resident refuses or otherwise fails to do so, such reports are mandated to be disclosed to the Training Director or Chief of Psychology. When shared with the mentor, appropriate judgment should be used in the disclosure of any medical or mental health difficulties a resident might be experiencing if the problem(s) create a functional interference with training. The mentor has the responsibility to encourage the resident to speak with the Training Director or Assistant Training Director regarding any concerns about suboptimal but not unethical training experiences and/or interactions with current or former supervisors. In these instances, the mentor should not go to the training committee on the resident's behalf. The role of the mentor is not intended to place the mentor in a position of advocacy or mediation for the resident but rather have them serve in a role that is developmentally supportive and professionally empowering. A non-evaluative mentor has no input in the evaluation process for the resident within the program. None of the above is meant to limit the resident's or mentor's ability to seek EEO/hospital policy based avenues to redress concerns.

REQUIREMENTS FOR COMPLETION

Requirements for successful completion are described below. In the event of unforeseen circumstances (e.g. clinic changes due to COVID-19, prolonged personal or family illness), the training program will work with the resident to ensure successful completion of the program. See

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 (minimum 10 days) and accumulated paid annual and sick leave (up to 208 hours) that can be taken during the year. Any non-Federal Holiday leave beyond 208 hours may need to be made up at the end of the training year. The Resident is encouraged to examine individual licensure requirements for any state in which they wish to be licensed to ensure that the resident's use of annual or sick leave does not interfere with minimum hours needed for licensure. 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 residency requires a minimum of 25% direct patient care. Direct patient care includes face-to-face, telehealth, or phone consultation in which the resident is directly interacting with the patient(s). Consulting with other staff about a patient when a patient is not present 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.

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.

Residency 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 project. The quality project could include previously collected outcome 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

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 and/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, 5 of which need to be from peer reviewed journals within the last 5 years. Use APA-format). 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 for each step.
- 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.

June/July/August: Present your findings. If presenting during Mental Health Grand Rounds, **provide full PowerPoint and any handouts** to MHGR workgroup at least two weeks before your scheduled presentation. You will also need to submit your CV and disclosure forms. Your presentation should be reviewed and approved by your mentor/clinical supervisor listed in your proposal before submitting.

FACILITY AND TRAINING RESOURCES

Residents are provided a similar level of support as staff psychologists in terms of office space, access to computing resources, clerical support, assessment materials and other supplies. Dictation software is available, without need to request it, by downloading it from the software center. Nearly all offices have webcams to facilitate consultation with supervisors and live observation. Audio recording software is also available at all workstations. The Medical Center offers access to a variety of electronic periodicals and online professional reference materials such as Psychiatry Online and Up-to-Date. The physical medical library, though small, has access to a variety of reference materials and interlibrary loan is available to access materials from across the VA network.

Most residents are assigned a private office for the days they are on a rotation. They are invited to bring in items to personalize the space if appropriate. Some offices are shared by multiple professionals who may use them on different days of the week. This is a set-up commonly used by part-time staff and staff who provide services in multiple clinics. All residents have access to lockers for personal items as well as locked drawers for patient materials. Due to COVID-19 social distancing requirements, cubicle style offices will not be used.

All offices and clinic spaces are fully accessible. Most clinics have a mix of single restrooms and male/female group restrooms. In renovating, clinics have transitioned to primarily private restrooms. Private lactation spaces are scattered throughout the medical center: trainees may use any open space without need to make a request. If the trainee prefers to use their office instead, privacy curtains can be requested from the training director. A recently renovated gym with excellent locker rooms is available for staff and trainee use over the lunch hour, which is designated as “staff-only” hours. Gym facilities include ample treadmills, cycles and elliptical machines, weight machines and free weights, a volleyball court and basketball half-court. The pool is available to staff over the lunch hour two days weekly. Trainees are invited to use the gym before or after work, although having a work-out partner is suggested. Most clinics have a designated staff lunch room with refrigerator and microwave. A private employee dining area is available in building 5. Facilities may be closed per state or national guidelines for safety.



Medical Center Pool



Locker Rooms



Medical Center Gym

POLICIES AND PROCEDURES

All medical center policies are found within a medical center SharePoint which is accessed via the medical center intranet homepage. Examples of relevant policies include the procedure for recording patient care interactions, dress code, mandatory reporting practices and alternate decision-maker information. Medical Center policies relevant to psychology trainees are also kept within the psychology shared drive in addition to the medical center SharePoint. Psychology training program guidance is also found in the psychology training shared drive.

Stipends & Work Hours

The residency is a full time, 12-month experience beginning after the third week of August. The resident is required to obtain 2,080 hours of training in the Medical Center. Currently the resident stipend is \$46,222 per year divided into 26 equal bi-weekly payments that are automatically deposited into an account of the trainee's choice. Residents are also eligible for health benefits, including family and spousal health benefits. This includes any legally married spouse (regardless of gender) and dependents. 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.

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. Residents may not stay on the medical center grounds after hours unless one of the resident supervisors is present and available. This should be rare. The exception is to come in early or leave late to use the fitness facilities. As always, having a partner in the gym is suggested.

Evaluation

Formal Competency Ratings are completed quarterly using the SoA Competency Assessment Form, which is provided to Residents at the onset of training. Each Resident has 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 provide feedback at the quarterly marks. Informal evaluation and feedback by the supervisor of the Resident occurs on an ongoing basis. Resident progress is 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. 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.

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. 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.**

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. The resident acts as an 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.**

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. 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.

Level 2: Requires close supervision

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.

Level 1: Requires Substantial Supervision

Resident requires substantial supervision for core health service psychology. Any evaluation at this level requires a remediation plan.

Leave

Residents receive 10 paid Federal holidays. Up to five days of paid authorized leave per year may also be approved for use for professional psychology activities unrelated to the program. This might include attending trainings, conferences, presenting in the community, or interviewing for positions.

Residents typically accumulate 4 hours sick leave and 4 hours annual leave per two-week pay period (208 hours during the year).

Should extensive periods of illness or other circumstances cause a resident to exceed 208 hours of leave during their one-year appointment, the resident may need to extend their training year (unpaid). This includes leave taken for COVID-19 related reasons. The facility may authorize additional paid leave in response to COVID-19 related challenges; however, that counts toward the 208 hours.

Residents who have banked sick leave or fall into a higher leave bracket due to previous Federal service may have more than 208 hours of annual and sick leave available; however, they should plan on only using 208 hours of leave during the training year. Exceeding 208 hours may require extending their training year (unpaid).

Planned Leave Requests

Except in the case of emergencies or acute sickness, all leave must be approved in advance. To avoid disrupting patient care, the resident should schedule planned leave as soon as possible, ideally 60 days in advance which is the standard for staff members. Residents should first request leave from their immediate clinical supervisors. Once they approve, the resident should seek permission from the training director. Once all approvals are obtained, Resident should inform the Training Director and ALL supervisors of planned absences 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. If approved, the resident submits leave request via the VATAS system. Authorized professional leave is not entered into VATAS. If less than 30 days' notice is provided, leave may not be approved: especially if the request exceeds 8 hours. Leave requests are approved by the Chief of Psychology Service.

Unexpected Leave

Residents will discuss with their supervisors what to do in the event of unexpected leave. At the minimum, residents will contact the time keeper, Training Director, all their clinical supervisors and Chief of Psychology via email as soon as they are aware of the need to be absent. These emails are provided to resident at the start of the training year and they are encouraged to keep them handy at home. Other actions as indicated based on rotation will also be required, again as discussed with the rotation supervisor. It is the resident's responsibility to take appropriate action for scheduling patient care responsibilities and appointments (e.g. informing your supervisor or requesting other staff cancel the appointments). Any missed supervision will need to be made up accordingly. Upon return from unexpected leave, a leave request is entered into VATAS.

Record-Keeping

Logs

A retrospective record should be completed indicating the resident's activities. This data should be uploaded into the Psychology Training folder for review by the Training Director and the residents current rotation supervisors. This data is reviewed at least quarterly by the Training Director and supervisors.

Documentation

All clinical documentation requires a licensed psychologist cosigner. The cosigner has primary responsibility for patient care and also receives clinical credit for the work done by trainees under their supervision. This is done via clinical encounters or event captures. Supervisors provide training in capturing workload as part of their rotation. At times more than one psychologist is responsible for covering clinical care for a specific patient encounter. For example, if a primary supervisor is located off-site temporarily during a particular encounter and another supervisor is providing on-site supervision, the on-site supervisor is always the co-signer and both are listed in the clinical encounter or event capture. If a primary supervisor is on leave, the onsite supervisor is the cosigner and is the only one listed on the clinical encounter or event capture. A statement within the trainee's note is appropriate to describe the supervision structure when more than one psychologist is involved. An unlicensed postdoctoral resident can never be the cosigner for a note nor should they be listed in the encounter or event capture as a provider. Examples of statements describing supervision are as follows:

- This clinical episode of care was provided by Dr. Skinner under the close supervision of a licensed psychologist. Onsite supervision is provided by Dr. Adler, who was available in

the clinic at the time of this clinical encounter. Primary supervision is provided by Dr. Klein who was off-site, but who will review this case in regularly scheduled supervision.

- This clinical episode of care was provided by Dr. Skinner, a under the close supervision of Dr. Klein, who was available at the facility at the time of this clinical encounter.
- This clinical episode of care was provided by Dr. Skinner, a Psychology Resident under the supervision of Dr. Klein. Dr. Adler provided back-up supervision today due to Dr. Klein being out of the office. Dr. Adler was available in the clinic. This case will be discussed with Dr. Klein during regularly scheduled supervision.
- Dr. Klein is the supervisory psychologist responsible for this episode of care and was available in the area. Dr. Skinner, Psychology Resident and A. Freud, Psychology Intern participated in this case under Dr. Klein's supervision. (appropriate for vertical supervision)
- Dr. Klein supervised this clinical episode of care, observing the interview via secure video technology, reviewing results, and providing feedback.

All documentation should be completed in the electronic record as soon as possible, as directed by your supervisors. Typically, for outpatient work that means by the end of the day. You will need to work with your supervisor to ensure that a plan is in place for timely documentation and coverage of cosignature should your primary supervisor be away from the facility for any reason.

Evaluations

Residents should keep copies of logs and evaluations. These will be archived by the training director and serve as official documentation of their training for the purpose of licensure and other professional paperwork. If state licensure requires additional documentation that is not represented in logs, please discuss with the training director as soon as possible so that the additional elements may be incorporated into official record keeping.

Materials

Keys

Keys are issued directly to the trainee who is financially responsible for lost keys. Keys to the test materials cabinet are distributed by the training director. In the event that keys are left at home, a spare set may be checked out with the psychology service secretary. In the event of lost keys, the resident should contact the Training Director and Chief, Psychology Service immediately.

Testing materials

Testing materials are located in the neuropsychology suite of Building 7/Mental Health and Wellness Center. They are signed out using the log in the cabinet. Materials are to be kept on campus except with express permission by the Training Director. Test forms are located in the same cabinet. Trainees are responsible for all lost materials. Mental Health Assistant contains multiple patient administered measures and may be accessed via the "tools" menu of CPRS. Test protocols available on MHA may be printed out to give to patients in paper format or administered via computer. In order for patients to use the computer to complete measures without someone directly staring at the screen with them, "Secure Desktop" software must be installed. You can have this installed by putting in a help desk ticket. Computers already set up for patient testing are found in Building 7 room 123 and other clinics. Reference

books are available in the testing cabinet in Building 7 room 123. Virtual assessment procedures are well established at this facility.

Business Cards

Residents will be provided business cards during their first few weeks on station. Residents will work with the Training Director to format the cards with proper title (Psychology Resident), contact information and the suicide help line.

Identification "PIV" badge

A PIV badge with identifying information is worn above the waist during duty hours. This badge is also used to provide access to the computer system. In the event that the PIV is lost, trainees should contact the Training Director and Chief of Psychology service as soon as possible. If the PIV is left at home, contact the helpdesk to request a PIV exemption. The trainee will then be provided a temporary log-in code to access the computer system. In the event of a PIV malfunction, please contact the PIV office in Human Resources, including the Psychology Service Secretary and training director as necessary to correct the problem.

Personal Items

The resident is invited to bring personal items to decorate their office, keeping in mind safety and sensitivity to the variety of individuals served at this facility. Valuables should be kept secure. Lockers and locked drawers are available for use.

Emergency Contact Information

Residents should give the Service Secretary their current home address and phone number, hospital preferences, and emergency contacts during the week of orientation. It is also the resident's responsibility to notify the Service secretary of any changes in this information.

Accommodations

All offices and patient care areas are fully accessible. A variety of tools are available to all trainees including dictation software, adjustable office furniture, accessible packages for computing, and flexibility in scheduling. This training program has a strong history of responding to requests quickly and with the privacy and dignity of the trainee in mind. Within the training program requests for disability accommodations may be informally requested by discussing with the training director or supervisor or formally by contacting Human Resources at extension 35239. A formal request involves greater documentation such as by a medical provider and is more binding. The medical center policy regarding accommodation requests is found in the policy SharePoint. Prospective trainees may request this policy by contacting Human Resources.

Emergency Consultation

For an immediate problem, the resident is expected to contact their direct supervisor or supervisors first. If the direct supervisor is not available, the resident should first attempt to contact their designated back-up supervisor, the Director of Training, the Associate Director of Training or the Chief of Psychology

Service in that order for emergency consultation. In the event that a psychologist is not immediately available, the resident may consult with any licensed independent provider, following up as soon as possible with their supervisor or another supervising psychologist. If, in the course of conducting patient assessment or treatment, the resident has any concern about a patient's dangerousness to self or others, the resident is required to bring this to the supervisor's attention as soon as possible or necessary to prevent untoward outcomes. For outpatients, this consultation should occur prior to the patient leaving the clinic. For psychiatric inpatients, this consultation should occur no later than the end of the same day as the concern occurs. 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. A specific plan for emergency consultation will be developed for residents who telework.

Program Self-Assessment And Quality Improvement

The Psychology Training program is committed to program self-assessment and quality improvement. The Psychology Training Council has the basic responsibility for program self-assessment and quality improvement. The program is evaluated in an on-going manner by both staff and trainees participating in the program. The Psychology Training Council reviews aggregate trainee feedback about the program experience and their suggestions for improvements. The Psychology Training Council meets quarterly to review the status of the program and any opportunities for improvement. Informal evaluation of the internship is a continuing, on-going process. Quality improvement is guided by self-assessment by the Psychology Training Council, Training Directors, Training Supervisors, Other Agency Supervisors, and Other Contributors. Additionally, feedback from trainees is used to guide quality improvement. Trainees are encouraged to bring up issues, concerns, and suggestions for improvement throughout the year to their supervisors, members of the Psychology Training Council and the Training Directors. Upon completion of each rotation, trainees are requested to prepare a confidential narrative evaluation that is returned to the Training Director. Evaluations of the Training Director are provided to the appropriate Associate Training Director and/or Chief of Psychology Service. These evaluations include a description of the primary activities of the rotation, aspects of the rotation the trainee found most beneficial, and suggestions for improving the rotation. The trainee will also be asked to include suggestions for improving the Training Program overall. Whenever specific rotational or supervisor concerns arises that requires more immediate intervention, the Training Director will inform the Chief of Psychology Service and a corrective action may occur. The Psychology Training Council promotes open and collaborative feedback between supervisors and trainees. Trainees are strongly encouraged to share their evaluation of rotation with their supervisors, although they are not required to do so. An exit interview is completed with trainees by the training director to obtain final impressions of the training year and to ensure final documentation is complete.

The Psychology Training Council also surveys graduates six months to one year after completion of the program to obtain feedback and suggestions for improvement from the perspective of the graduate after working in the field. Rotation surveys and post-graduate evaluations are shared with the training council annually or biannually in the form of qualitative summary of comments that do not implicate any one trainee. Individual supervisors are provided aggregate numerical ratings and comments typically every 2-3 years once an appropriate anonymized sample is obtained. The ratings and comments are used to guide and direct program improvement. The Psychology Training Council also consults with other VA consultants from APA Accredited Training Programs as appropriate for feedback on training policies, procedures, and seminar offerings.

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. Inappropriate use of telework may result in telework being rescinded or in residency appointment termination in extreme cases.

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 and make a report within 45 days of the event. 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:

This program approaches issues of below competency level performance as an opportunity for growth for the trainee.

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 designee will discuss the concern and reach agreement about action to be taken.

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

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

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

Appeal:

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