



Psychology Internship Program

Battle Creek VA Medical Center

Psychology Service (116B)

5500 Armstrong Road

Battle Creek, MI 49037

269-966-5600, extension 31155

<http://www.battlecreek.va.gov>

MATCH Numbers:

General Track: 136111

Integrated Care Track: 136112

Neuropsychology Track: 136113

Health Psychology Track: 136114

Applications due: November 15

Dear prospective interns,

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

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

- 1.) **Work-life balance.** We place a heavy emphasis that this is a 40 hour a week internship. Our staff help trainees develop the skills to be life-long clinicians who have interests and lives outside of work. We believe this helps doctoral interns develop a solid foundation for future health.
- 2.) **Flexibility** in rotations and individual training plans. Our previous doctoral interns have noted that we work hard to get them the training experiences that would best prepare them for their future career goals. We make sure to take ample time extensive time in the orientation weeks to collaborate on training plans.
- 3.) **Supervision.** Serving as a supervisor is an optional role for our staff. Therefore, only supervisors who are passionate about training are involved in the process. We also provided dedicated time that goes above and beyond the minimal expectations for licensure. Many of our previous doctoral interns have expressed how supportive their supervisors were. Supervisors are also well trained in a variety of evidenced-based interventions.
- 4.) **Leadership support.** Our psychologists are well-respected across the medical center. We are also highly integrated into most aspects of patient care which provides ample opportunities for collaboration with other disciplines. We also have psychologists in key leadership positions which provides exposure for trainees to learn about the administrative roles psychologists can hold. Doctoral interns are held in high regard for their role within various treatment teams.
- 5.) **Culture.** Our program strongly emphasizes the development of multicultural competence skills and the intersectionality of diversity factors present in our clinical work. We encourage reflection of biases and skills throughout the training year.
- 6.) **Climate.** Michigan's '4 season' living is frequently touted, especially from interns originating from the West/Southwest. Moderate summers are filled with fantastic opportunities to enjoy many outdoor activities. In addition, there are plenty of opportunities to enjoy the weather of a traditional "winter" climate. Spring wildflower hikes, Summer trips to the beach and cultural festivals, Fall apple picking and Winter sledding are some of the activities enjoyed by interns.

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

COVID-19 RELATED CHANGES

Out of an abundance of concern, all interviews will be completed 100% virtually. No in person visits are offered. While we are hopeful for a return to normal operations during the 2021-2022 training year, should we remain under an emergency order we will continue to have adaptations in our training according to best practices based on CDC and VA national guidance. Below are examples of how we have adapted and what might be present if we remain under emergency orders:

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 with out pay and extending their training year.

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ACCREDITATION STATUS

The doctoral internship at the **Battle Creek VA Medical Center** is fully accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year **2021, which is a delay by APA due to the COVID-19 pandemic.**

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

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

APPLICATION & SELECTION PROCEDURES

Eligibility

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

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

Application Process

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

The internship positions are full time and require 2080 hours of training during the 12-month appointment. The internship year begins on or around July 1. The stipend rate for full-time psychology interns with the VA is \$26,166.

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

Which track to select?

You are welcome to apply to one or more tracks including:

136111 General Track (2 positions)

136112 Integrated Care Track (1 position, PCMHI rotation during first six months)

136113 Neuropsychology Track (1 position, Neuropsychology rotation July-January)

136114 Health Psychology Track (1 position, Health Psychology rotation July-December)

Sensitivity to Diversity

The Battle Creek VA Medical Center in which our training program resides is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes. Our internship welcomes and strongly encourages applications from all qualified candidates, regardless of gender, gender identity, age, religion, race, ethnicity, culture, nationality, socioeconomic status, sexual orientation, disability, or other minority status. Students from historically underrepresented groups are strongly encouraged to apply. Applicants wondering about the climate for diverse students or who have specific questions about accommodations for disability may contact the medical center EEO office at 269-966-5600 extension 35235. Should they feel comfortable, students may also contact the training directors.

Selection Criteria And Process

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

Application materials should be submitted by **November 15**.

Contact Information

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



Jessica Kinkela, Ph.D., ABPP-CN

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

MEDICAL CENTER AND PSYCHOLOGY OVERVIEW

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 Residential Rehabilitation Treatment Program (RRTP) 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 interns 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. Interns have found various housing styles available including houses, apartments, townhomes, and settings that welcome pets. Interns 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 the Southwest Michigan can be found at www.discoverkalamazoo.org and www.puremichigan.org.



Community Living Center Gardens

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

Psychology at the Battle Creek VA Medical Center and 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 savvy and Veteran centric perspective. Psychologists provide patient care services to all treatment units of the Medical Center, including medicine, psychiatry, 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, and 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 modalities including: individual and group counseling/therapy; consultation; personality, intellectual, and neuropsychological assessment; behavioral assessment; behavior therapy; relaxation training; couples and family counseling and therapy. 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.

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 interns 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.

INTERNSHIP PROGRAM SPECIFICATIONS

Administrative Structure

The Psychology Training Program exists within the Psychology Service line. As such, 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 at minimum, quarterly, or at the call of the Training Director. The Psychology Training Council meets quarterly to specifically review and discuss trainee progress and to facilitate the trainee's overall success in the Program.

A "Training Supervisor" is any psychologist with a valid license who elects to be involved in the planning/implementation of the training program and who is willing to offer a clinical rotation for trainees. As we have more interested supervisors than available trainees, Training Supervisors may not actually be supervising a trainee at any given time. 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 trainee 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. Finally, 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 together while both are under supervision or individuals who provide didactic seminars. Please contact the Training Director for a copy of the Psychologist Directory which includes information about what each staff member is designated as and what opportunities they offer to trainees. Other Agency Supervisors and Other Contributors are invited to attend and provide input during Psychology Training Council meetings; however, only Training Supervisors are able to vote regarding program changes and trainee progress decisions. Current trainees are invited to attend Psychology Training Council meetings to provide input, but do not attend meetings related to trainee progress nor do they vote on program improvement activities unless it directly impacts their training currently.

Program Philosophy

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

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

Our fundamental assumptions concerning the importance of understanding the relationship between the science of psychology and clinical practice, and the importance of empirical methods underlying the development of assessment and treatment procedures, are founded in the scientist-practitioner model of training. Implementation of the scientist-practitioner model in our internship program has been influenced by the work of Charles Gelso and Bruce Fretz. In their consideration of the scientist-practitioner model, Gelso and Fretz note that there are three levels of scientific activity:

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

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

Most fundamentally, our program adopts Gelso and Fretz's description of the scientist-practitioner model. We believe that a scientific and scholarly perspective is critical to the activities of professional psychologists. Scholarly work may include research but also may include other intellectual efforts directed at advancing professional knowledge and understanding. We accept students from programs with a traditional scientist-practitioner model emphasizing empirical research, and also accept students from graduate programs with a scholar-practitioner model requiring scholarly work as a part of their professional preparation. We see our program as fundamentally compatible with each of these models.

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

Aims & Competencies

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

1. Integration of Science and Practice
2. Ethical and Legal Standards
3. Individual Differences and Cultural Diversity
4. Professional Values and Attitudes
5. Communication and Interpersonal Skills
6. Assessment
7. Intervention
8. Supervision
9. Consultation and Interprofessional/Interdisciplinary Skills
10. Patient Centered Practices

Training Tracks/Major Areas of Study

Interns match into tracks: General, Health Psychology, Primary Care Mental Health Integrated Care, and Neuropsychology. All interns maintain the same aims and overall competencies.

General Track

The General track offers the widest flexibility in training. Interns select from a variety of rotations except for Health Psychology or Neuropsychology. At any given time, they have two rotations. There are no specific additional didactic seminars for this rotation as there are for the other tracks; however, they often participate in specific consultation calls (DBT, MST) according to their clinical interests on rotation.

Neuropsychology Track Major Area Of Study

Interns within the Neuropsychology Track are expected to be preparing for a postdoctoral residency in Neuropsychology and eventual board certification and practice in Clinical Neuropsychology while rounding out generalist competencies expected of all psychology doctoral interns. Interns in this track complete a three day per week rotation in the Neuropsychology during the first 7-months of the year. This is typically on Monday, Tuesday or Wednesday or Tuesday, Wednesday or Thursday. Provision of therapy is necessary for attaining generalist competencies and Neuropsychology track interns typically complete a therapy-based rotation on the remaining day during the first half of the year or even a more extensive rotation in a therapy clinic during the second half of the year. Prospective interns are encouraged to consider this when ranking this site. The neuropsychology rotation meets criteria for training at the internship level according to Houston Conference, Division 40, and ABPP-Clinical Neuropsychology board certification guidelines. Neuropsychology interns engage in the Neuropsychology Seminar approximately twice monthly and present in this seminar at least once. Interns may elect to attend several sessions of brain autopsy at the Neuropathology Lab at Western Michigan University School of Medicine. Since the Neuropsychology track was established in 2014, all graduates have obtained a two year, Neuropsychology Specialty residency.

Health Psychology Track Major Area Of Study

Training at the psychology internship level is by nature, generalist; however, interns within the Health Psychology track will have core rotational experiences that focus on development of skills that will prepare them to function as an entry-level professional psychologist within an integrated health setting or pursue an advanced Health Psychology postdoctoral residency. Specifically, they complete a required three day weekly Health Psychology rotation during either the first six month period of the year. Additionally, Health Psychology interns complete a rotation with a strong integrated care component including: Community Living Center, Inpatient Mental Health, or Primary Care-Mental Health Integration. These are supplemented with rotations to develop generalist competencies as well as electives to allow the intern the ability to expand the depth and breadth of their psychological training. This track offers extensive experiences in weight management including outpatient behaviorally based integrated obesity treatment groups, evidence based interventions for eating disorders such as CBT for Binge Eating Disorder, pre-bariatric surgery evaluations and post-bariatric surgery support. Health track interns can choose to observe a bariatric surgery from within the operating room. Health Psychology interns typically have opportunities to provide services to transgender individuals including pre-cross hormone therapy evaluations and gender-affirming therapies. Interns in this track develop basic competency in clinical video telehealth by providing group and individual interventions to rural community based clinics as well as directly to the Veteran's home. Extensive consultation and collaborative clinical care experiences are available in this track with primary care, pharmacy, mental health, and specialty medical care. Health Track interns attend Integrated Care Journal Club monthly. They also attend specific Health Psychology didactics as required by their supervisor.

Integrated Care Track Major Area of Study

Training at the psychology internship level is by nature, generalist; however, interns within the Integrated Care track are prepared for postdoctoral or early career positions within the VA as a PCMHI Psychologist. They are guaranteed a 6 month rotation in PCMHI from July to December. During that time, they will take virtual and in person warm-hand-offs from medical providers to address psychological needs using brief, evidence based intervention and measurement based care. Please see the description of Primary Care Mental Health Integration under rotations. The intern also selects a variety of other rotations to fill out their interest and training goals. Integrated Care Track interns participate in Integrated Care Journal Club monthly.

Training Plan Development

The first two weeks of the training year are focused on orientation activities to familiarize interns with the Medical Center, training policies, the various treatment units, the staff psychologists and various staff psychologist roles. During this time, interns visit potential rotation sites and supervisors. Specialty track interns meet with core specialty track supervisors separately. Interns participate in an initial assessment to establish some level of baseline competency. The initial assessment is reviewed one-on-one with the Training Director and/or Associate Training Director for Internship and is used to help the intern formulate a highly individualized training plan rooted in a more comprehensive understanding of the interns' previous levels of competency.

The training plan indicates the rotations desired, the supervisors preferred, and the types and length of experiences desired as well ways in which the intern will meet the nine core competencies. Internship rotations, as well as their duration and order, are selected to maximize the achievement of each intern's training goals and the core competencies. Typically, interns work together to ensure that everyone in their cohort is able to obtain the experiences most important to them. If a conflict exists that cannot be resolved between interns, the Training Director maintains the authority to assign rotations considering the previous preparation as well as future needs of the interns as well as the availability of staff. Historically, this authority has not been used as interns are adept at collaborating to reach a consensus of mutually satisfactory training plans. The Training Director and Associate Training Director for Internship, representing the Psychology Training Council, review the proposal with the intern, taking into account the intern's prior experience, professional goals and the requirements of the intern's academic program. When mutual agreement is achieved concerning the plan, the plan is reviewed with the Psychology Training Council for approval. The plan is developed in this way to attempt to ensure integration of the internship experience

with the intern's graduate doctoral training. It also ensures that each intern receives training in each of the core competency areas seen as essential for professional psychologists, while having the opportunity also to receive training in areas of particular interest to the individual intern. Interns may request training plan changes at any point during the year through the Training Director and Associate Training Director for Internship. As rotations end, therapy relationships between interns and patients are not necessarily terminated. Interns may move to another assignment and continue with treatment of selected patients from the prior rotation.

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

Supervision and Training Methods

Supervision serves the dual role of maintaining quality of care and compliance with relevant laws and policies as well as facilitating professional identity development of the intern. Essentially, interns are engaged in experientially based learning embedded within the day-to-day demands of a large medical center psychology. Interns work with and are supervised by psychologists who serve as consultants to medical staff members or who serve as members of multidisciplinary teams in treatment units or programs. As a consultant or team member under supervision, the intern's core competencies are developed and the intern learns to gradually accept increasing professional responsibility. Interns are given a wide range of experience in psychological treatment and assessment modalities provided by the service. The internship is primarily learning-oriented and training considerations take precedence over service delivery. Since interns enter the program with varying levels of experience and knowledge, training experiences are tailored so that an intern does not start out at too basic or too advanced a level. Generally, an intern's training on a given rotation will follow a progression from observation to increasingly autonomous, albeit monitored and supervised, activity. This progression might typically include:

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

Competency Model of Evaluation

This program employs a competency based model of clinical training that draws from the developmental level of the trainee and is rooted in an experiential model of learning. Interns engage in the tasks of health service psychologists under supervision by a licensed psychologist with expertise in that area. At the end of the training year, interns are expected to meet minimum competency level in all competencies to meet the aim of the program: preparedness for entry level positions in health service psychology such as at the GS-11 VA-equivalent or for advanced postdoctoral training. As interns tend to bring many strengths to their clinical work at this setting, the opportunity to develop areas of individual expertise beyond basic competency frequently arises.

In order to facilitate understanding of areas of strength and development for incoming interns, they all participate in an initial assessment that includes, at minimum, engaging in two short mock interviews observed by staff. Interns also may also engage in written activities designed to refresh their knowledge of ethics, diversity, assessment or other relevant topics. While in a “quiz like” format, they are non-evaluative. They are meant to be part of a self-assessment process as well as to start conversations about expected competencies. While this may be anxiety provoking initially, interns are reminded that this is not something that they can fail. Historically, interns have been very satisfied with this process describing it as essential to their training plan development. Interns also report that the observations made by faculty during this process maps extremely well with previous growth areas and areas of strength.

After the initial assessment of competency, an intern’s supervisors and the training director meet quarterly to jointly complete formal evaluative competency item ratings. A copy of competency items is found in APPENDIX: Competency Items. The competency ratings used in the internship program are based on how much supervision is required for the intern to perform the task competently. There are six possible rating levels although only ratings of Level 1 through Level 5 are used for internship level trainees:

Level 6: Advanced Practice, Life-Long Learner and Consultant

Competency in this area is at the level expected of fully licensed, independent psychologists at the GS-13 level in the VA System. This is inappropriate for internship level trainees.

Level 5: Ready for autonomous Practice

Competency in this area is at the level expected of psychologists ready to apply for licensure, such as those at the GS-12 level in the VA system. This level of rating should be extremely rare for interns and be limited to a few areas of particular and exceptional strength.

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. Interns may achieve this rating on a select few tasks that represent particular strengths.

Level 3: Requires occasional supervision.

This is the rating expected of incoming doctoral staff members just starting at the GS-11 level within the VA system who have just received their doctorate and are beginning to undergo post-doctoral supervision towards licensure. This is the rating expected at the end of the training year for interns. Intern does not require additional supervisory sessions to complete this task. The supervisor can rely primarily on some of the reports of the trainee with occasional direct observation for compliance.

Level 2: Requires close supervision

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

Level 1: Requires Substantial Supervision

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

Interns, used to high achievement, are sometimes distressed by receiving “1” or “2” during the first quarter when the scale goes up to “6”. This rating scale is intended to reflect the natural developmental progression toward becoming an independent psychologist. These ratings are not “grades” and interns are reminded to reflect on the categorical nature of these ratings. Interns are required to obtain “Level 3” ratings on competency items upon graduation. At the midpoint, interns are required to obtain “Level 2” ratings on all competency items. Competency forms also include substantial qualitative information about strengths, areas of development, and stretch areas for already competent interns. Also discussed are activities that supervisors can do to facilitate intern competency attainment. Midpoint and Final evaluations are sent to the intern’s graduate program training director.

Around six months post-graduation, internship alumni are provided a “distal” competency form that includes the same competency elements, asking them to rate the degree of supervision they believe they need to complete the task effectively. Consequently, the initial assessment, formal quarterly competency evaluations and postgraduate alumni evaluations create an arch that allows us to see both the progress of the trainee as well as the effectiveness of the training program.

CLINICAL TRAINING EXPERIENCES

Psychology Service has responsibilities in all areas of the Medical Center with direct ongoing clinical work concentrated in the major areas described below. Generally, each staff psychologist has a primary clinical care assignment in one area. In addition, many staff are involved with consultation services to the entire Medical Center. Interns may select training rotations and experiences in any of the areas listed below.

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

Inpatient Mental Health

Inpatient Mental Health units are devoted to acute presentations of pathology with some patients with chronic mental health concerns. Treatment teams consist of a psychiatrist, psychologist, social worker, physician assistant, nursing staff, and allied health care workers such as 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 interns on these units serve as multidisciplinary team members and provide a full range of psychological services, including interview based assessment, psychological testing, crisis intervention, individual and group psychotherapy and counseling, and consultation services to members of the multidisciplinary treatment teams. This rotation available as either a major or minor rotation. Rotations are requested to be a minimum of 1.5 days.

Psychosocial Residential Rehabilitation Treatment Program (PR RTP)

The Psychosocial Residential Rehabilitation Treatment Program is part of the Mental Health Residential Rehabilitation treatment program for Veterans with various mental health, substance abuse, and psychosocial needs. This experience is Recovery-oriented and assists Veterans towards achieving their self-identified goals. A variety of interventions are utilized including anger management, cognitive behavioral relapse prevention, Cognitive Processing Therapy, Seeking Safety, money management, job search, and other groups, as well as individual psychotherapy, are available to participating Veterans. The multidisciplinary treatment team includes psychiatry, PA, nursing, peer support, psychology, social work, nutrition and other disciplines. Interns who opt for a rotation on the PR RTP receive training and supervision in individual psychotherapy, group psychotherapy, case management, psychological assessment and occasionally family interventions. Mental Health Residential Treatment programs require at least 2 days and often are better if they last at least 5 months.

PTSD Residential Rehabilitation Treatment Program (PTSD RRTP)

As part of the Mental Health Residential Rehabilitation treatment program, interns wanting to focus on the assessment and treatment of combat-related Post Traumatic Stress Disorder will work with supervisors assigned to the PTSD-RRTP team. The multidisciplinary team consists of psychologists, social workers, nursing staff, a psychiatrist, a physician assistant, recreation therapists, chaplains, a dietician, as well as other allied health care workers. Veterans engage in a variety of interventions, especially those specifically focused on PTSD such as CPT, PE, and other trauma focused interventions. Interns on this unit have a broad spectrum of opportunities for experience in group psychotherapy, individual psychotherapy, and psychological assessment. Mental Health Residential Treatment programs require at least 2 days and often are better if they last at least 5 months.

Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)

Formerly a separate program, SARRTP is now part of the comprehensive Mental Health Residential Rehabilitation Treatment program (MHR RTP). Interns wishing to work with Veterans who struggle with substance use work within the MHR RTP under supervisors who specialize in substance use recovery. This multidisciplinary unit treats both drug and alcohol dependent patients in the same program after they have been detoxified. The program emphasizes individual and group psychotherapy. The principles and philosophy of Twelve Step recovery are integrated into treatment which consists of identifying and defining one's addiction and recovery, learning danger signs of relapse and how to manage them, and establishing an aftercare plan to support a long term substance free lifestyle. Assessment techniques include interview based psychological assessment, behavioral assessment, and, on a limited basis, psychological testing. In addition, patients receive didactic presentations, occupational therapy, vocational rehabilitation therapy, educational therapy, recreational therapy, and kinesiotherapy. Psychology interns who elect a rotation on this unit have the opportunity to receive training in group therapy, individual therapy, clinical interview assessment, and psychodiagnostic testing. Mental Health Residential Treatment programs require at least 2 days and often are better if they last at least 5 months.

Community Living Center

The mission of the Community Living Center is to provide compassionate care to eligible Veterans with sufficient functional impairment to require this level of care. Veterans with chronic stable conditions including dementia, those requiring rehabilitation or short term specialized services such as respite or intravenous therapy, or those in need of comfort and care at the end of life are served in the CLC. A full-time psychologist functions as part of a multi-disciplinary team. Psychological services provided include: cognitive and psychological assessments, individual and group therapy, family counseling, team consultation and milieu planning, behavioral planning. Interns can also gain experience in interventions that assist Veterans and families cope with death and dying issues on the Palliative Care Unit. This rotation is available as a major or minor rotation.



Aviary in the Community Living Center

Neuropsychology

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

Primary Care-Mental Health Integration

Staff psychologists are extended members of the Patient Aligned Care Team (PACT) which is a multi-disciplinary response for providing comprehensive patient centered care with all members participating in a team approach. Primary Care providers (PCPs) and Mental Health - Primary Care Integration (PC-MHI) providers represent two integral disciplines in the care teams. Interns assigned to work on the rotation with the PC-MHI Psychologist will assist PCPs in providing brief behavioral interventions, assessments for referrals to specialty clinics, and when appropriate providing brief, short-term therapy for mild-moderate issues, such as depression, anxiety, stress management, insomnia, or pain. In addition interns will collaborate about patients with other disciplines, and co-facilitate pain school groups and other behavioral health groups to support health and Veteran advocacy. Specifically interns will be addressing issues involving typical mental health issues such as depression, PTSD, substance use disorders, anxiety disorders and suicidal/homicidal ideation. This could occur at Battle Creek VAMC or at WHCC depending on supervisor availability. Supervisors can offer training in CBT-Insomnia, Brief Prolonged Exposure for PCMHI, Problem Solving Therapy and Motivational Interviewing as well as a variety of supportive and symptom targeted interventions. For Integrated Care track interns, this experience is up to 3 days for the first six months. Other interns elect at least a 1.5 day experience depending on their training goals.

Pain Psychology

Interns work with our pain psychologist within the interdisciplinary pain management team. This experience will include both individual and group intervention (CBT, ACT and mindfulness modalities), multidisciplinary chronic pain education, and interdisciplinary biopsychosocial assessment of pain experience and functioning as well as program development and evaluation. This rotation is 1 day weekly; however, additional time may be negotiated depending on supervisor availability.

Home Based Primary Care

Psychology services in HBPC cover a broad range of issues. To be eligible for HBPC veterans must have at least one chronic medical condition. Veterans in the program range in age from mid 20s to early 90s, with most of our veterans over age 55. Typical issues addressed by the psychologist include treatment of depression, anxiety, PTSD, caregiver strain, and adjustment to medical conditions. The setting requires frequent screening for depression and cognitive functioning. Psychologists also address capacity assessment, family issues, terminal illnesses, team dynamics, and crisis management. Various health psychology issues and occasional substance abuse issues arise in our population of veterans. Battle Creek HBPC teams located in Lansing and Benton Harbor completed pilot program expansion for mental health home care. Those teams continue to include veterans with primary mental health problems while also serving traditional HBPC patients. HBPC practice occurs primarily in veterans' homes; hence, the rotation includes significant travel time. Team psychologists serve as members of interdisciplinary teams including nurses, dietitians, social workers, occupational therapists, mid-level providers, pharmacists, and a kinesiologist. This rotation is available as a minor rotation only. (Not available for the 2021-2022 training year)

Palliative Care

This rotation is new and focused on interprofessional collaboration as part of the Palliative Care team. Lasting between ½ and 1 day, interns participate in weekly team meetings and complete assessment and intervention with a small group of patients working on a non-curative, symptom management based approach. Interventions include supportive and existential work as well as symptom management based interventions. Family/caregiver work is possible on this rotation.

Mental Health Clinic at Battle Creek

The Mental Health Clinic in Battle Creek provides comprehensive outpatient mental health treatment services to eligible veterans and their families. The clinic includes psychologists who provide assessment, treatment, and consultation services. The clinic offers interns an opportunity for psychotherapeutic work with outpatients with a broad range of problems and adaptive levels of functioning. The patients range from those who live and work in the community with no history of prior treatment to those who have been recently discharged after psychiatric inpatient treatment. Interns have the opportunity to work with patients in long-term outpatient individual, couples, family, and group therapies. This rotation is requires at least 1.5 days per week for at least 3 months.

Health Psychology/Behavioral Medicine

Behavioral Medicine is health psychology consultation to Medical Service providers and staff as well as intervention in chronic disease management with Veterans. This rotation includes a blend of administrative organization, consultation and clinical intervention. Interns have the opportunity to experience clinical psychology translation into a medical setting. This allows the opportunity for teaching behavioral health topics and consulting with providers and medical teams on difficult behavior change with Veterans. Coping, adherence to medical intervention and appropriateness for medical interventions are focal. Individual, and group short-term, solution focused therapy via face-to-face, telephone and Clinical Video telehealth media are utilized. Additional possible experiences include bariatric pre-surgical evaluation, implementation and evaluation of behavioral health groups, and exposure to work within various outpatient clinics. This experience is part of the Health Psychology Track requirements. NOTE: This may or may not be available to Non-Health Psychology Track interns.

Post-Traumatic Stress Disorder Clinical Team (PCT)

The outpatient PTSD clinic provides assessment and treatment for veterans with combat-related PTSD. The clinic provides individual, couples, and family therapy, pharmacotherapy, and several specialized group therapies. Evidence based psychotherapies including Prolonged Exposure, Cognitive Processing Therapy and Cognitive Behavioral Therapy for Insomnia are provided. Interns would have the opportunity to observe and gain experience with many of these therapies, along with experience in psychometric and interview assessments of PTSD. One of the psychologists assigned to the PCT is a PTSD/Substance Use Disorder Specialist and there is also opportunity to work with patients with co-occurring PTSD and substance misuse. This rotation is available as a major or minor rotation; however, rotations of 6 months in duration tend to offer the best experience.

Wyoming Health Care Center

Depending on availability of supervisors and interest by interns, additional rotational experiences may be available in the Wyoming Health Care Center in Wyoming, MI. If available, interns may select rotations in the Mental Health Clinic or with Primary Care-Mental Health Integration. The Mental Health Clinic provides training in both individual and group interventions as well as limited assessment opportunities in a traditional outpatient setting. The Primary-Care Mental Health Integration experience in Wyoming Health Care Center is similar to the experience in Battle Creek. Staff psychologists are extended members of the Patient Aligned Care Team (PACT) which is a multi-disciplinary response for providing comprehensive patient centered care with all members participating in a team approach. Primary Care providers (PCPs) and Mental Health - Primary Care Integration (PC-MHI)/Behavioral Health Providers (BHPs) represent two integral disciplines in the care teams. Interns assigned to work on the rotation with the Primary Care

Integration Psychologist will assist PCPs in providing brief behavioral interventions, assessments for referrals to specialty clinics, and when appropriate monitoring Veteran responses to newly initiated medication trials. In addition interns will collaborate about patients with other disciplines, and co-facilitate pain school groups and other behavioral health groups to support health and Veteran advocacy. Specifically interns will be addressing issues involving typical mental health issues such as depression, PTSD, substance use disorders, anxiety disorders and suicidal/homicidal ideation. (Not available 2021-2022)

Wellness and Recovery Center

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. Interns 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. The opportunity to develop, implement and evaluate a new group offering is available as is the opportunity to gain exposure to the Mental Health Intensive Case Management team. This rotation can be 1-3 days weekly and up to 6 months.

DIDACTICS

Interns participate in many high quality didactic opportunities. All required didactics are found in a shared drive and are kept up to date approximately 3 months out. Several regularly occurring activities are required as described below.

Diversity Series

Presented on the first Friday of the month from 2:30-3:30pm, this seminar is required for all psychology interns. It is attended by psychology residents as well and other trainees by invitation. Additional supplemental diversity experiences occurring on other days are required when relevant learning opportunities arise. For example, interns 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. Within the 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, or a case presentation and journal discussion combination. Interns historically appreciate the breadth and depth of topics addressed within this series and frequently comment on how applicable they are to their own work with their patients.

Mental Health Grand Rounds:

Presented on the second Friday of each month from 1-2pm attendance is required for all interns. This seminar covers a wide range of topics and targets an interprofessional mental health staff. Continuing education credit is offered to various disciplines and thus the quality of presentation is high. Typically presentations are more applied in nature; however, more specific research presentations are made over the course of the year. At least one session is devoted to ethics.

Preceptor Development:

Presented on the second Friday of even months from 2-3pm attendance is required for all interns and residents. 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 looking to improve their supervision skills. Topics are varied and almost always include experiential, simulated practice exercises as well as review of associated literature. References for further learning are provided.

Interprofessional Ethics:

Presented on the third Friday of the month from 2:30-4pm attendance is required for all interns. It is a collaboration between pharmacy, optometry and psychology training programs. 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 then trainees present. Interns report this seminar can be challenging due to the disparity in exposure to ethical principles between disciplines 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.

Internship Didactics:

On the fourth and fifth Fridays 2:30-3:30pm, topics of interest to the current cohort are presented. This time slot is sometimes cancelled in lieu of other relevant educational experiences occurring on other days of the week, but which are of such relevance that interns are required to attend. Notice is typically provided 2-3 months in advance to avoid disrupting patient care. In January, interns are involved in administrative and supervisory related didactic and experiential activities related to selection of new interns, such as a discussion about avoiding bias when interviewing and selecting applicants for internship programs. Professional development topics typically include postdoctoral residency application preparation, job hunting, maintaining wellness, board certification, licensure and EPPP, and leadership development.

Integrated Care Journal Club:

Offered on the fourth Friday of the month from 12-1pm, this seminar is required for health psychology track interns and optional for others. 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 optional for others. 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. Discussion is frequent.

Medical Grand Rounds:

Occurring on the first Friday of the month from 12-1pm, this is a regularly occurring event that is optional for interns although trainees may be required to attend at the direction of a supervisor or training director if the topic is relevant. 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 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 before, but more often, readings are suggested in response to case material.

Brain Cutting:

The neuropathology lab at the Western Michigan University School of Medicine also 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. The neuropsychology track intern typically will attend several times, while other interns may elect according to their interest and availability.

VA National Webinars

Interns are able to participate in national educational seminars presented via video conference. These typically are optional; however, it is possible a topic of such relevance could be required. 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 include: 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 Impact of Guns on Public Health Issues Related to Global Suicidal Ideation Risk in the US. Webinars are presented annually addressing getting a postdoctoral residency in the VA.

OTHER EDUCATIONAL OPPORTUNITIES

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. In accordance with APA Standards of Accreditation, all interns engage in simulated or actual supervision experiences.

Community Outreach

Interns regularly elect to participate in community activities sponsored by the VA Medical Center. Interns 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 including the 2019 Opioid Crisis and the 2018 Human Trafficking training. Stand Downs are outreach events to homeless or indigent Veterans with the goal of connecting them to services. Another activity interns are invited to attend early in the year is joining the VA LGBTQ workgroup in representing the VA at the local LGBT Pride events.

Research

Interns are allowed to pursue approved research activities up to four hours a week, including dissertation research. These hours should be chosen in coordination with the clinical needs of the intern's rotations and the rotation supervisor. Often interns need to weight their conflicting desire of obtaining additional research exposure, working on their dissertation during the work week, taking advantage of various clinical care opportunities and maintaining appropriate caseloads. Interns interested in conducting research during the internship training year will be able to discuss current and upcoming projects happening on campus during the orientation period. If there is a good fit between a project and intern, that will be integrated into their training plan. Interns interested in engaging in new research proposals should begin the conversation with the training director as soon as they discover they are matched with our site. The training director will put the intern in touch with relevant research mentors to develop a plan for conducting research during their internship year. Because the process for approval for new research proposals can take several months,

the intern is encouraged to develop an appropriate plan with their mentor with the mentor submitting the proposal before the start of the training year. If the proposal is approved with the primary mentor, the intern can be added to the protocol at a later date.

Mentorship

Interns receive professional mentoring within their rotations, particularly as it applies to specialty competency and career preparation as well as with the Training Directors. Interns also have the opportunity to identify a non-evaluative mentor, meeting with approximately 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 intern's training plan. The limits of confidentiality of the mentor/mentee relationship are discussed at the onset of the relationship. Specifically, if the intern 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 intern 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 an intern might be experiencing if the problem(s) create a functional interference with training. The mentor has the responsibility to encourage the intern 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 intern's behalf. The role of the mentor is not intended to place the mentor in a position of advocacy or mediation for the intern 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 intern within the program. None of the above is meant to limit the intern's or mentor's ability to seek EEO/hospital policy based avenues to redress concerns.

REQUIREMENTS FOR COMPLETION

Interns will be certified as having completed the internship at this Medical Center with the concurrence of individual supervisors and the Psychology Training Council. Interns successfully completing the training program will be issued a certificate of internship completion. To successfully complete the internship, all interns regardless of track are expected to meet the same final requirements.

Program Requirement Checklist

- 2080 hours are completed in the program
- At least 25% of time on campus involves direct patient care activities.
- Intern learned and applied at least one evidence based psychotherapy
- An Inpatient Mental Health Rotation was completed, unless waived.
- Twelve comprehensive assessment are completed, six of which include a WAIS-IV and MMPI-2 or MMPI-2-RF (**DECREASED to 3 that include WAIS-IV & MMPI-2/MMPI-2-RF due to COVID-19**)
- Regular participation in didactic activities averaging approximately 60 minutes weekly.
- Both therapy and assessment cases are successfully presented
- Four hours of weekly supervision are completed, at least two of which are individual.
- Regular engagement in peer supervision/consultation
- All competency items are rated level 3 or higher at the end of the training year

2080 Hours

The internship requires one year of full-time training to be completed in no less than 12 months. Ten paid federal holidays are included, and interns accumulate paid annual and sick leave that can be taken during the year. Up to 5 days administrative absence for academic and professional development are provided beyond earned annual leave.

Patient Contact

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

Evidence Based Psychotherapy

Over the course of the year, the intern will be involved in both individual and group therapy. In each major rotation in which treatment is a significant element, caseload typically includes at least one psychotherapy group and three individual or couples based psychotherapy case. In minor rotations, the supervisor of that rotation will determine an appropriate caseload, keeping in mind a target of 10 hours of direct patient care per week across all rotations. Interns learn at least one evidence based psychotherapy and treat at least one case with it during the internship year. Often this case is used for the intern's psychotherapy case presentation. The treatment could be individual or group. The intern is expected to understand the theory and research behind the intervention, as well as administer a protocol. Interns likely will learn and use more than one evidence based psychotherapy.

Inpatient Mental Health

Interns are required to participate in an Inpatient Mental Health rotation to ensure appropriate exposure to the scope of mental illness manifestation. An intern may request this requirement be waived if they have significant prior experience in acute psychiatry settings and continued experience is not in line with their current goals. A waiver is requested at the beginning of the training year when the intern presents their training plan to the Training Council. Typically this is granted when requested.

Comprehensive Assessments

Interns must complete a minimum of 12 comprehensive psychological evaluations. These assessments must be based on data integrated from multiple sources and must include written report with impression and recommendations. Assessments based solely on interviews or single tests do not meet this requirement. At least six of the 12 psychological evaluations must include the MMPI-2/MMPI-2-RF (personality), the WAIS-IV (intellectual functioning) along with at least two other measures. The remainder may be more specialized in nature (e.g. neuropsychological evaluation, bariatric surgery evaluation, dementia and capacity evaluation, PTSD diagnostic evaluation). See "APPENDIX: Comprehensive Assessment". **NOTE: Due to COVID-19 limitations, we have temporarily decreased evaluations to 9, with only three needing to include WAIS-IV and MMPI-2-RF. This likely will be in place for the 2021-2022 training year.**

Didactic Training

Interns are required to attend didactic activities averaging 60 minutes weekly, although they obtain more than that. Core didactic activities required of all interns include: Diversity Series (2:30-3:30 the first Friday), Mental Health Grand Rounds (1-2pm the second Friday), Preceptor Development (2-3pm the second Friday of even months) and Interprofessional Ethics (2:30-4pm the third Friday). Additional topics of professional, administrative, and clinical relevance are scheduled on the fourth and fifth Fridays as well as other times during the week. Required activities are listed in a document within the Psychology Training drive and are typically available at least 3 months in advance. Additionally, a formal, multi-day evidence based psychotherapy training is offered annually. Whenever possible this is a VA "roll-out" that includes consultation. **COVID-19 has limited trainings available; however, we are hopeful we can offer a training for the 2021-2022 training year.**

Case Presentations

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

Supervision

Interns identify themselves as a “Doctoral Psychology Intern” under the supervision of a staff psychologist. Interns are encouraged to provide their supervisor’s business card to all patients they see. Interns receive a minimum of four hours of supervision. Each rotation supervisor provides at least one hour of individual, face-to-face supervision for a minimum of two hours weekly. One hour is group supervision with the training director. The final hour can be individual or group and is provided by rotation supervisors. Sometimes rotation supervisors split the final hour with each rotation supervisor providing 90 minutes of supervision, while at other times the supervisor of the major rotation provides the extra hour. Review of internship logs show that interns obtain more than these four hours minimum. No telesupervision is utilized under normal circumstances. **COVID-19 or other emergency situations may require us to use telesupervision.** Outside of emergency declarations, a licensed supervising psychologist is physically located at the same facility as the intern and maintains responsibility for the clinical care provided. The supervisor’s cosignature, or a specific statement within the intern’s note or an addendum to the intern’s note by the supervisor are all acceptable ways to document clinical responsibility. Interns discuss the date and times of supervision with supervisors at the onset of a rotation, including procedures for seeking emergency and back-up supervision in the absence of the primary supervisor. Direct observation will be part of the supervision and evaluation process.

Peer Supervision/Consultation

To facilitate mutual support and cohesion within the internship cohort, Friday mornings from 8-9am is reserved for peer consultation with only interns attending. This often is on campus; however, with training director approval, it can occur at a restaurant or other venue. At all times, care is taken to maintain privacy and confidentiality both of patient information discussed and information shared by peers.

Competency Levels

In addition to the ongoing feedback and evaluation that is a natural part of the supervision process, each intern receives a formal, written evaluation quarterly. Evaluations are conducted in group format including an intern’s clinical supervisors for that quarter as well as the training director and/or associate training director. The evaluations are intended to be a progress report for interns to ensure they are aware of their supervisors’ perceptions and to help the intern focus on specific goals and areas of work for the next part of the training year. Formal quarterly evaluations are discussed with the intern with the Training Director and also with individual supervisors. As part of the program’s Competency Based training, interns demonstrate progress toward obtaining target competency levels during each quarter’s evaluation. In addition to rating competency items, qualitative comments are provided including discussion of progress toward other program requirements. At the midpoint of the year, interns should be rated as making satisfactory progress towards achieving a “Needs Occasional Supervision/Level 3” rating across all competency objectives, by obtaining “Needs Regular Supervision/Level 2” or higher on all competency items. To successfully complete the internship, interns must meet minimal competency requirements, “Needs Occasional Supervision/Level 3” or higher on all competency objectives at the end of the training year.

FACILITY AND TRAINING RESOURCES

Interns 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 has offers access to a variety of electronic periodicals and online professional reference materials such as Psychiatry Online, 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 interns 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 interns have access to lockers for personal items as well as locked drawers for patient materials.

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 and in the trainee clinics in particular and are available without need to request them. A recently renovated gym with excellent locker rooms is available for staff and trainees 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 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. **NOTE: Gym and Pool may or may not be available to staff pending COVID-19 restrictions**



Medical Center Pool



Locker Rooms



Medical Center Gym

ADDITIONAL INTERNSHIP INFORMATION

Stipends

The internship is a full time, 12-month experience beginning the first pay period in July. The intern is required to obtain 2,080 hours of training in the Medical Center. Currently the doctoral intern stipend is \$26,234 per year divided into 26 equal bi-weekly payments. Interns are also eligible for health benefits, including family and spousal health benefits. This includes any legally married spouse (regardless of gender) and dependents.

Work Hours

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

Personal Leave

Interns accumulate 4 hours sick leave and 4 hours annual leave per two-week pay period. Interns with significant prior paid federal service who fall into a higher leave bracket or who have banked sick leave should discuss use of them with the training director to ensure minimum hours are met. In addition, interns receive 10 federal holidays. Should extensive periods of illness or other circumstances cause an intern to have to exceed available paid leave during their one-year appointment, the intern will have to work beyond the 12-month appointment without stipend to accumulate the extra hours that were lost. Up to five days of authorized leave per year may also be approved for off-site educational workshops, seminars, lectures, conferences, professional meetings, university-related business or professional psychology activities. This might include meetings on dissertations or formal defenses of the dissertation or interviews for postdoctoral fellowships.

Planned Leave Requests

Except in the case of emergencies, all leave must be approved in advance. To avoid disrupting patient care, the intern should schedule planned leave as soon as possible, ideally 60 days in advance which is the standard for staff members. Interns should inform the Training Director and ALL supervisors of planned absences, typically by sending an outlook invite to the training director and following the procedures outlined by rotation supervisors. This facilitates coordination of unexpected clinical or administrative issues that cross beyond rotation days. If approved, the Intern submits leave request via the VATAS system. An outlook invite is then sent to the training director covering the duration of the leave. Leave requests are approved by the Chief of Psychology Service.

Unexpected Leave

Interns will discuss with their supervisors what to do in the event of unexpected leave. At the minimum, interns will contact the time keeper, Training Director, all their clinical supervisors and Chief of Psychology via email as soon as they are aware of the need to be absent. These emails are provided to interns 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 intern's responsibility to take appropriate action for scheduling patient care responsibilities and appointments (e.g. informing your supervisor or requesting other staff cancel the appointments). Upon return from unexpected leave, a leave request is entered into VATAS.

Intern Logs

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

Professional Appearance

The dress code is found in medical center policy and offers guidance for religious attire as well as “casual Friday”. All interns and staff are required to wear identification badges at all times during duty hours. Identification badges will be issued to interns at the start of the internship. If needed, lab coats may be obtained.

Test Materials, Equipment and Keys

Keys are issued directly to the intern who are financially responsible for lost keys. Keys to the test materials cabinet are distributed by the training director. Testing materials are signed out using the log in the cabinet. Materials are to be kept on campus except with express permission by the Training Director. Interns are responsible for all lost materials. In the event of lost keys, the Intern should contact the Training Director and Chief, Psychology Service immediately.

Business Cards

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

Telephone Changes

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

Policies

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

Accommodations

All internship 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 track record 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 and is more binding. The process for formally requesting disability accommodation are described in medical center policy and for prospective interns, may be requested by contacting Human Resources or if comfortable, the training director.

Emergency Consultation

For an immediate problem, the intern is expected to contact their supervisor or supervisors first. If the immediate supervisor is not available, the intern should contact their designated back-up supervisor, the Director of Training or Associate Director of Training or the Chief, Psychology Service in that order for emergency consultation. In the event that a psychologist is not immediately available, the intern may consult with any licensed independent provider, following up as soon as possible with their supervisor or other supervising psychologist. If, in the course of conducting patient assessment or treatment, the intern has any concern about a patient's dangerousness to self or others, the intern is required to bring this to the supervisor's attention as soon as possible or necessary to prevent untoward outcome. For outpatients, this consultation should occur prior to the patient leaving the clinic. For psychiatric inpatients, this consultation should occur no later than the end of the same day as the concern occurs, as protection for both the patient and intern. The supervisor will then determine whether any steps need to be taken to protect the patients or others, and will assure that documentation appropriately reflects actions taken.

Program Self-Assessment And Quality Improvement

The internship 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 interns participating in the program. The Psychology Training Council reviews aggregate intern feedback about the internship 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. Both self-assessment by the Psychology Training Council, Training Directors, Training Supervisors, Other Agency Supervisors, and Other Contributors, as well as feedback from trainees is used to guide quality improvement. Interns 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, interns are requested to prepare a confidential narrative evaluation that is returned to the Training Director. Evaluations of the Training Director are provided to the Associate Training Director for Internship and/or Chief of Psychology Service. These evaluations include a description of the primary activities of the rotation, aspects of the rotation the intern found most beneficial, and suggestions for improving the rotation. The intern will also be asked to include suggestions for improving the Training Program overall. Whenever specific rotational or supervisor concerns 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: interns are strongly encouraged to share their evaluation of rotation with their supervisors although they are not required to do so. An exit interview is completed with interns by the training director to obtain final impressions of the training year and to ensure final documentation is complete.

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

ADMINISTRATIVE POLICIES AND PROCEDURES

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

Conduct

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

Grievance Procedures

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

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

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

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

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

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

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

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

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

Equal Employment Opportunity (EEO)

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

Employee Assistance Program

Like all employees, interns may access the Employee Assistance Program (EAP), which provides confidential advice, referrals, and counseling. This could be for things like work-life balance, enhancing communication, reducing stress, substance dependence, or relationship problems. Information is found on the Battle Creek VA Intranet site: <http://vhabacweb.v11.med.va.gov/resources.html>

Remedial Action and Termination Procedures

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

If the concern is sufficient to raise the possibility of discontinuing the internship, the intern will be asked to meet with the Training Council, and the concerns and a proposed plan of action will be communicated to the intern in writing. If the intern wishes to contest the concerns of the Training Council or the proposed corrective action, he/she may request that the Training Director at his/her university be consulted to assist in this assessment and proposed action.

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

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

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

Appeal

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

TRAINING STAFF

There are over 40 psychologists throughout the Battle Creek VA Medical Center including community based clinics and home based programs. A staff directory is available by contacting the training director. Staff have trained in both clinical and counseling programs and have a variety of theoretical orientations.

TRAINEES

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

2019-2020

Clinical Psychology, Northwestern University

Counseling Psychology, Tennessee State University

Clinical Psychology, Adler University

Clinical Psychology, Marywood University

Clinical Psychology, Pacific Graduate School of Psychology/Palo Alto University



2018-2019

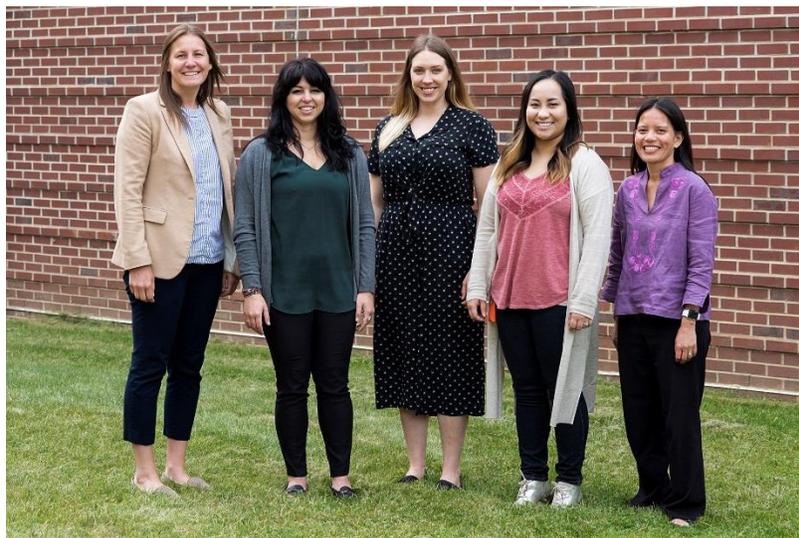
Clinical Psychology, University of Indianapolis

Clinical Psychology, Alliant International University/CSPP-San Diego

Clinical Psychology, Wheaton College

Clinical Psychology, Pacific Graduate School of Psychology/Palo Alto University

Clinical Psychology, Pacific Graduate School of Psychology/Palo Alto University



A photo of five interns smiling and standing outside in front of a brick building

2017-2018

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



2016-2017

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

2015-2016

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

2014-2015

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

2013-2014

Clinical Psychology, Pacific Graduate School of Psychology at Palo Alto University
Counseling Psychology, West Virginia University
Clinical Psychology, Adler School of Professional Psychology
Counseling Psychology, Western Michigan University
Clinical Psychology, Pacific University School of Professional Psychology

2012-2013

Clinical Psychology, University of North Dakota
Clinical Psychology, Idaho State University
Clinical Psychology, Eastern Michigan University

2011-2012

Clinical Psychology, Western Michigan University
Clinical Psychology, University of Detroit Mercy
Counseling Psychology, Marquette University

2010-2011

Clinical Psychology, Central Michigan University
Counseling Psychology, Texas Tech University
Counseling Psychology, Western Michigan University

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APPENDIX: COMPREHENSIVE ASSESSMENT

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

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

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

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

¹ <http://www.apapracticentral.org/reimbursement/billing/assessment-screening.aspx>

Test Battery:

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

1. Validity: TOMM, MENT, Advanced Clinical Solutions Word Choice, Coin-in-Hand test
2. Objective Psychopathology measures: MCMI, MMPI-2, MMPI-2-RF, PAI, SCL-90,
3. Structured Interviews: CAPS, MINI, Y-BOCs interview, Boston Structured Interview
4. Cognitive: Neuropsychological measures, MoCA, MMSE, SLUMS, Blessed,
5. Objective Health Measures: MBMD
6. Intellectual: WAIS-IV, Prorated WAIS-IV, Shipley
7. Achievement: WRAT-4
8. Premorbid Intellectual/Cognitive Functioning: TOPF, WRAT-4 Word Reading, WTAR

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

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

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

<http://www.apapracticentral.org/reimbursement/billing/assessment-screening.aspx>

Examples of acceptable Comprehensive Assessments:

- PTSD-RRTP Veteran evaluated for PTSD diagnosis confirmation and personality pathology review: Review Veteran’s primary therapist’s psychosocial report in records, review residential screener evaluation in records, review assessment clinic results in records including MMPI2RF and self-report measures. The intern meets with Veteran to describe purpose of the evaluation, obtain consent and get additional information (e.g. diversity factors, vision/hearing capacity, years of education) necessary for testing and asks about specific personality pathology criteria. The intern completes CAPS (domain 1, measure 1) and MCMI-3 (domain 2, measure 2). Intern reviews assessment clinic results (measures 3-10; psychometrician model). Intern writes the report, incorporating ALL of the above data into the final conceptualization and diagnostic formulation.
- MHC Veteran requesting information to guide his return to graduate school. The intern co-leads or observes the interview with their supervisor. It includes only the Veteran’s functional, neurodevelopmental, and current psychological status (no diagnostic interview completed). Measures include WAIS-IV (domain 1, measure 1), TOMM (domain 2, measure 2), MMPI-2 (domain 3, measure 3), Study Skills questionnaire (measure 4). The report is jointly generated with the supervisor writing the background/interview section while the intern wrote up the record review, behavioral observations and test results. Impressions and recommendations are written jointly.
- PCT Veteran for treatment planning and PTSD confirmation: intern does interview, record review, and testing. The battery includes CAPS (domain 1, measure 1), MMPI-2-RF (domain 2, measure 2), MoCA

(domain 3, measure 3), ISI & PCL-5 (measures 4 & 5). The intern writes the report in two different notes: Intake/Psychosocial note and Psychological Evaluation note.

- Health Psychology patient for pre-surgical evaluation. The intern completes interview, record review, and testing with battery including Boston Structured Interview (domain 1, measure 1) MBMD (domain 2, measure 2) QEWP-R, DAST, AUDC, & MHLC (measures 4, 5, & 6)
- IMH patient psychodiagnostic evaluation: Intern does record review, psychodiagnostic interview, CAPS (domain 1, measure 1) M.I.N.I. (domain 1, measure 2), MCMI (domain 2, measure 3), MMPI-2 (domain 3, measure 4). A traditional report is generated.
- Neuropsychology consult—they almost all count as comprehensive, but may not count for the six with WAIS-IV/MMPI-2 core.
- General Assessment Clinic ADHD consult: Patient interview, records from childhood, interview with mother, MMPI-2-RF (domain 1, measure 1), WAIS-IV (domain 2, measure 2), TOMM (domain 3, measure 3) CAARS-self, CAARS-informant, (measures 4, & 5).

Batteries used in clinical care, but which do NOT count toward the 12 comprehensive assessments are:

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

APPENDIX: CASE PRESENTATIONS

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

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

Audience

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

Format

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

Evaluation

A rating form is used to guide staff impressions across various domains and to spur thoughts of specific feedback to provide to trainees. Those domains include completeness of patient history, appropriateness of diagnosis given, appropriate treatment recommendations made, integration of relevant research literature, and awareness of relevant diversity and cultural issues. For the assessment case, additional areas are appropriateness of test selection and accuracy of inferences and conclusions. For the treatment case, additional areas are conceptualization of the case and interventions appropriate and effective. This rating form is not scored per se, although staff indicate whether they believe the intern has demonstrated competency with this case. If staff are not unanimous, they discuss and come to a consensus. In the event that the intern has not clearly demonstrated competency, additional activities may be required to ensure that they have demonstrated competency. For example, they may request the intern represent their case with suggested areas of improvement or they may ask the intern to provide a written literature summary relevant to the case.

Recommendations for Success:

- 1) Select a case that you find interesting and identify the “narrative” you want to tell about the patient and your process. The more cohesive the story you want to tell through this case presentation, the better the outcomes will be.
- 2) Therapy cases should include outcome measures appropriate to the type of intervention. Therapy cases involving an evidence based psychotherapy typically work best.
- 3) Discuss your cases with your supervisors and also with the training director during group supervision before locking them in. Mentoring and guidance are crucial, starting with selection through practicing your presentation.
- 4) Templates are provided to guide your presentation; however, the intern should make sure that the style and structure of the presentation fit the narrative of the patient.

- 5) Plan on having your completed PowerPoint to your supervisor to review at least 2 weeks before your presentation day. The training directors are available to review as well, and prior interns strongly recommend taking advantage of that.
- 6) Practice, Practice, Practice. At the minimum, your supervisor should observe your presentation and offer feedback; however, planning a run through with one of the training directors and with your peers will be even more helpful.
- 7) Include reference citations on the relevant slide. Plan on having at least 10-15 references with reference citation (short form or full) on the relevant slide as well as a full bibliography at the end.
- 8) Specific names or other identifiers should be anonymized. There is a document in the training folder that discusses how to deidentify your work.
- 9) Practice the timing of the presentation. Being able to complete a presentation within an allotted time limit is an important professional skill and going over is frowned upon.

APPENDIX: COMPETENCY ITEMS

Integration of Science and Practice

- Intern integrates the scholarly literature to all professional activities
- Intern critically evaluates and disseminates research during supervision and case presentations

Ethical and Legal Standards

- Intern demonstrates knowledge of and acts in accordance with current version of the APA Ethical Principles and Code of Conduct
- Intern demonstrates knowledge of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology in at the Battle Creek VA Medical Center as well at the state and federal level
- Intern demonstrates knowledge of and acts in according with relevant professional standards and guidelines within the Veterans Health Administration and beyond
- Intern recognizes ethical dilemmas as they arise and applies ethical decision-making processes to resolve them
- Intern conducts self in an ethical manner in all professional activities

Individual Differences and Cultural Diversity

- Intern understands how their personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves (Self-reflection)
- Intern has knowledge of current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service (scholarly awareness)
- Intern integrates awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities) including the ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with theirs (Application to Clinical Work)
- Intern applies their knowledge and demonstrates effectiveness in working with the range of diverse individuals

Professional Values and Attitudes

- Intern behaves in ways that reflect the values and attitude of psychology such as integrity, deportment, professional identity, accountability, lifelong learning and concern for the welfare of others
- Intern engages in self-reflection regarding personal and professional functioning and engaging in activities to maintain and improve performance
- Intern actively seeks and demonstrates openness and responsiveness to feedback and supervision
- Intern responds professionally in increasingly complex situations

Communication and Interpersonal Skills

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

Assessment

- Intern selects and applies assessment methods for their setting, drawing from the best available empirical literature and which reflects the science of measurement and psychometrics (E.g. What is the best way to answer the question: patient interview, collateral interview, objective testing, direct patient observation)
- Intern collects relevant data using multiple sources and methods appropriate to identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient
- Intern interprets assessment results, following current research and professional standards and guidelines to inform case conceptualization, classification/diagnosis, and recommendations including avoiding decision-making biases and distinguishing between subjective and objective aspects of the assessment
- Intern communicates findings, both orally and in written documentation, in an accurate and effective manner sensitive to the target audience

Intervention

- Intern establishes and maintains effective relationships with the recipients of psychological services
- Intern develops evidence-based intervention plans specific to the service delivery goals
- Intern implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables
- Intern demonstrates the ability to apply the relevant research literature to clinical decision making
- Intern modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking
- Intern evaluates intervention effectiveness, and adapts intervention goals and methods consistent with ongoing evaluation

Supervision

- Intern applies knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees

Consultation and Interprofessional/Interdisciplinary Skills

- Intern demonstrates knowledge and respect for the roles and perspectives of other professions
- Intern applies knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior

Patient Centered Practices

- Intern fosters self-management, shared-decision making, and self-advocacy/direction in their patients
- Intern solicits the preferences, needs, and goals of the patient during professional work and integrates that information into care plans and interventions, advocating for their patients as needed
- Intern recognizes the role of caregivers/family in improving outcomes for Veterans and involves them in care-planning as desired by the Veteran