Updated Sept 1 2023

Psychology Internship Program

Battle Creek VA Medical Center
Psychology Service (116B)
5500 Armstrong Road
Battle Creek, MI 49037
269-966-5600, extension 31155
https://www.va.gov/battle-creek-health-care/work-with-us/internships-and-fellowships/

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:
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.
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.
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.
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.
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.
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.

PROGRAM TABLES - ADMISSIONS, SUPPORT, AND PLACEMENT DATA

Date Program Tables are updated: **9/1/23**

Program Disclosures	
Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values?	No
If yes, provide website link (or content from brochure) where this specific information is presented:	NA
Internship Program Admissions	
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:	
Intern applicants desiring well rounded training experiences in core professional competencies with strong emphasis on evidence based clinical practice are well suited for our site. Both Clinical and Counseling psychology applicants from PsyD or PhD programs can be well served at our site. We have 5 positions distributed across different areas of practice. The Neuropsychology track does meet Div 40, Houston, and American Associate of Clinical Neuropsychology (boarding organization) requirements for internship in neuropsychology with at least 50% of the time spent in Neuropsychology training. Our program is an equal opportunity employer and as such, strongly welcome individuals of diverse backgrounds and disabilities. Applicants who require accommodations are invited to contact our Reasonable Accommodations office for clear information about options without having to disclose information to training leadership.	
Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:	NO
Total Direct Contact Intervention Hours	NA
Total Direct Contact Assessment Hours	NA
Describe any other required minimum criteria used to screen applicants:	
Neuropsychology applicants obtaining interviews meet these criteria: • Significant prior neuropsychology practicum experience (3 semesters minimum) • 75 hours minimum of individual adult face to face psychotherapy hours	

at the doctoral level. That is, they should have spent 75 hours after obtaining their Master's degree doing psychological intervention on a one on one basis with adults. • Apply only to neuropsychology track. Those applying to more than one track will not be considered for neuropsychology, but will be considered for the other tracks according to their merits. • Have history of neuropsychology focused scholarly activities such as dissertation topic, publications, or invited talks. The RESIDENTIAL & MHC track applicants are: • Required to have a strong foundation in trauma work, such as having done evidence based interventions for trauma during practicum. • Most competitive with VA experience in any clinical setting. The PCT & C&P tracks as well as the PCMHI & Pain and PCMHI & Geropsychology based tracks have no specific additional criteria. Applicants NOT applying to neuropsychology may apply for more than one track.	
Financial and Other Benefit Support for Upcoming Training Year*	
Annual Stipend/Salary for Full-time Interns	33,469
Annual Stipend/Salary for Half-time Interns	NA
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	NO
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	4 hours every 2-week pay period
Hours of Annual Paid Sick Leave	4 hours every 2-week pay period
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes

Other Benefits (please describe): As of the 2024-2025, trainees may purchase vision/dental benefits after working 90 days. Daycare subsidy may be available after 90 days.	
*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table	
Initial Post-Internship Positions	
(Provide an Aggregated Tally for the Preceding 3 Cohorts)	
Total # of interns who were in the 3 cohorts	15
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	2
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP =0
University Counseling Center	PD=0, EP =0
Hospital/Medical Center	PD=4, EP =1
Veterans Affairs Health Care System	PD=4, EP =3
Psychiatric facility	PD=1, EP =0
Correctional facility	PD=0, EP =0
Health maintenance organization	PD=0, EP =0
School district/system	PD=0, EP =0
Independent practice setting	PD=0, EP =0
Other	PD=0, EP =0
Note: “PD” = Post-doctoral residency position; “EP” = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.	

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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 is scheduled for 2023.

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.va.gov/oaa/hpt-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.

Health Professions Trainees (HPTs) are appointed as temporary employees of the Department of Veterans Affairs. As such, HPTs are subject to laws, policies, and guidelines posted for VA staff members. There are infrequent times in which this guidance can change during a training year which may create new requirements or responsibilities for HPTs. If employment requirements change during the course of a training year, HPTs will be notified of the change and impact as soon as possible and options provided. The VA Training Director for your profession will provide you with the information you need to understand the requirement and reasons for the requirement in timely manner.

Application Process

The Battle Creek VA Medical Center Psychology Training Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). We participate in the computer matching program and adhere to the policies and procedures of APPIC 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 for the 2023-2024 training year with the VA is $33,689. 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.

Available Tracks

Track numbers are below with one position available per track. All tracks have the same competencies and expectations while providing a well-rounded set of experiences.

136111 PCMHI & Geropsychology

136113 Neuropsychology

136114 PCMHI & Pain

136116 Residential & MHC

136117 PTSD & C&P

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. 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' 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 Training Director
Psychology Service VA Medical Center 5500 Armstrong Road Battle Creek, MI 49037
Telephone: 269-966-5600, extension: 31155 Email: Jessica.Kinkela@va.gov

Greg Steinsdoerfer, Ph.D.
Associate Training Director for Internship Psychology Service (116B)
VA Medical Center 5500 Armstrong Road Battle Creek, MI 49037
Telephone: 269-966-5600 extension: 32612 Gregory.Steinsdoerfer@va.gov

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.

Our Community: Southwest Michigan

The training program at the Battle Creek VAMC is embedded within the community of Southwest Michigan and the faculty and patient populations mirror those demographics. Areas of particular interest to incoming trainees include Calhoun County (where the medical center is located), Kent County (where our major community based outpatient/satellite clinic is located) and Kalamazoo County (where many trainees and staff chose to live). US Census data for these counties may be compared here. While Battle Creek is still a majority white city, the city is growing more diverse and integrated: more so than the state and more similar to national diversity profiles. There are multiple cultural, business, religious, and heritage based organizations to support community members of various backgrounds and historically marginalized communities. For example, Pride Kalamazoo is one of the biggest Pride events in the state.

Like for many states, equity is a consistent challenge toward building healthy communities and state government has multiple initiatives to improve disparities including due to race. Michigan does not shy away from the challenge and has implemented policies to improve equity. For example, in the 2023 budget, all Michigan school children may receive free breakfast and lunch at school. Education equity in Michigan includes state-based initiatives; however, the region has implemented other innovations. Kalamazoo is home of a pioneering public-private collaboration with the Kalamazoo promise, which offers college funding for Kalamazoo Public Schools graduates attending any public and some private colleges in Michigan. This program has been mirrored for Battle Creek public schools Bearcat Advantage with the additional benefit of including historically black colleges and universities nationwide. Considering public-private partnerships, this region of Michigan has a long history of welcoming immigrants and hosts several of Michigan's primary refugee service organizations. As a community, we value the contributions of New Americans including those who end up serving in the military within the medical center. More than 45 ethnic groups call West Michigan their home. Data is available regarding immigration stats for Kent County show that approximately 1 in 10 residents were born out of the US. Interns often appreciate the friendliness of the region which can range from "Midwest Nice" to "Aggressively helpful" as one East Coast intern described it.

When considering relocating to the area, 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 Southwest Michigan can be found at www.discoverkalamazoo.org and www.puremichigan.org. Kalamazoo was featured in an episode of John McGivern's Main Streets that highlights some community institutions. In collaboration with Kellogg Community College, a "second per day" video was created about life in Battle Creek in January 2022. Several social media personalities offer their experiences of the area including More History Per Square Mile Than Any City - Battle Creek, Michigan - YouTube.

For sports fans, the region boasts several semi-pro teams including baseball with the Growlers and Battle Jacks in the Northwoods league. Hockey teams include K-Wings in Kalamazoo and the minor league team Grand Rapids Griffins, affiliated with the Detroit Redwings. For arts fans, being between Detroit and Kalamazoo, the Miller Auditorium boasts an excellent line up of high quality traveling productions traveling theater productions that stop here enroute to Chicago.

No point in Michigan is more than 6 miles from an inland lake or more 85 miles from a great lake. Day trips for water focused activities, hiking, or biking are affordable and fun for many ages and abilities.

Southwest Michigan is known for its Farm to Table dining and foodies will not be disappointed. The region offers high quality cuisine from fine dining (Rustica, Principle, Four Roses, Kitchen Proper]) to dives and food trucks, folks find many options. Visit "Hidden Gems" list covers several local favorites. Prior intern cohorts endorse cohort lunches at Umami Ramen, Nina's Taccoria, Clara's on the River, Mancinos, Torti Taco, and Horrock's Market. For those who prefer to prepare their own, the region offers multiple affordable farm shares, farm markets, and grocery co-ops.

Please also take a look at our photo tour of campus.

We hope you enjoy checking out what it might be like to live and work in Southwest Michigan.

*External videos and links are for information purposes only and reflect the views of the developer and not the Battle Creek VAMC or Department of Veterans Affairs.

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.

Please see our 2022 Annual Report for an overview of our Medical Center in the last year.

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 inpatient psychiatry and the Residential Rehabilitation Treatment Programs. Psychologists are present in outpatient medical clinics, the PTSD Clinical Team (PCT), the Community Living Center, Home Based Primary Care, 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 2022, the majority of the patient population served were Vietnam era Veterans (42%) followed by Persian Gulf (35%), Post Vietnam (12%), Korean (2%), Post-Korean (2%) World War II (1%) and Other (1%). Approximately 8% of Veterans identify as female. Based on 2018 data, Veterans come from a mix of rural (41%) and urban (59%) settings. In 2018, the largest age group represented was 55-74 year old Veterans and in 2022 that shifted to 65-84. 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:

- 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;
- An appreciation and understanding of mental disorders, psychopathology and their clinical manifestations;
- 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;
- 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 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. 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 describes the ways in which the intern will meet the nine core competencies across their rotations. 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.

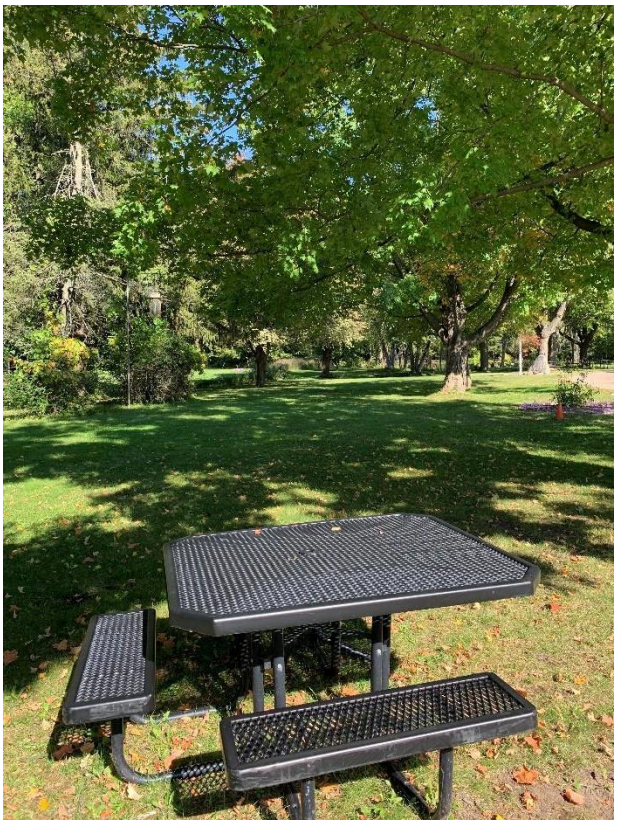
Around six months post-graduation, internship alumni are provided a “distal” competency form that includes the same competency elements, asking them to rate the degree of supervision they believe they need to complete the task effectively. Consequently, the initial assessment, formal quarterly competency 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. Training experiences vary by rotation, which are determined based on which track someone matches into.

The Battle Creek VAMC doctoral internship offers FIVE positions, one in each of the following tracks:

- 136113 Neuropsychology
- 136114 PCMHI & Pain
- 136111 PCMHI & Geropsychology
- 136116 Residential & MHC
- 136117 PTSD & C&P



All tracks have the same aim: 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.

Program requirements include:

- Demonstrate mid-year and end-year levels of competency 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.
- Complete two case presentations: one for a therapy case and one for an assessment case.
- Complete 6 assessment cases, including 3 involving a MMPI-2-RF and WAIS-IV.
- Engage with a non-evaluative mentor approximately monthly for professional development.

All interns participate in peer support, group supervision, internship didactics, Mental Health Grand Rounds, Interprofessional Seminar, Diversity Series, and Preceptor/Supervisor Development. Additional formal learning activities may be required within specific tracks. All interns will engage in some level of tele-mental health over the course of the year.

All interns have fixed rotations for the first six months of their training year identified by the name of their track. This is to allow staff members to set up clinics and supervision time as well as plan for training activities. The second half of the year involves election of rotations of interest. These are negotiated either after match but before the intern starts the program after reviewing with the training director OR during orientation during the first two weeks of the training program.

Neuropsychology Track (136113)

- This is a Neuropsychology Specialty Track within a general Clinical Psychology Internship program where 50% of the intern's time is spent in Neuropsychology following Div. 40 and Houston Guidelines. Supervisors are Jeremy Bottoms, PsyD, ABPP-CN and Jessica Kinkela, PhD, ABPP-CN
- The expectation is that interns matching this track will apply to 2-year postdoctoral residency in Clinical neuropsychology. Professional mentorship and guidance toward this goal is provided. Since 2014, all graduates have obtained a 2-year Neuropsychology Specialty residency.
- July through December, the intern rotates within the Neuropsychology clinic under ABPP board certified Clinical Neuropsychologists. For the remaining six months, the intern selects from available rotations to round out their generalist experiences.
- Interns select a non-evaluative mentor from Neuropsychology staff at other VA Medical Centers in September

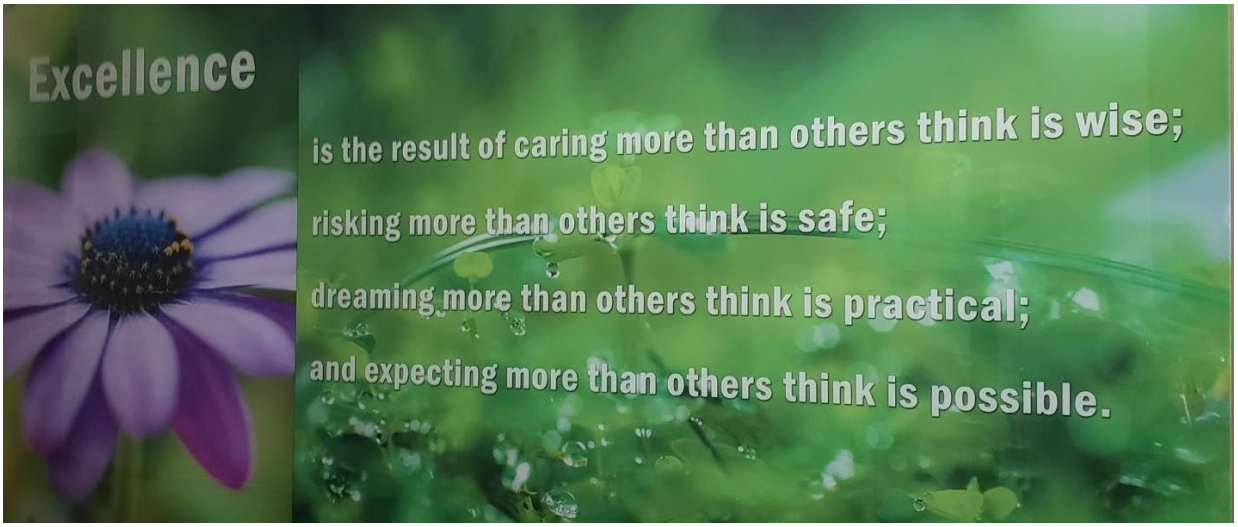
See Page 2/3 for Neuropsychology applicant requirements including: 3 semesters of neuropsychology practicum experience, minimum of 75 adult individual psychotherapy direct care hours (not assessment), and history of neuropsychology focused scholarly activities. **Neuropsychology applicants should ONLY apply to the neuropsychology track.** Those applying to more than one track will not be considered for neuropsychology, but will be considered for the other tracks according to their merits.

Clinical Activities Include:

- Outpatient Neuropsychology Consults (in person, all adults)
- Dementia Screening Clinic (teleneuropsychology, adults over 65 years old)
- Inpatient Neuropsychology Consult (mental health with occasional medical)
- Consultation on the Dementia and Rehabilitation Units
- (Optional, as available) CogSmart Cognitive Rehabilitation Group
- Additional mental health intervention and evaluation experiences in settings of interest.

Track specific didactic Activities include:

- Multi-site Neuropsychology specific didactics twice monthly
- Virtual Brain Cuttings with Western Michigan School of Medicine pathology
- Interns may participate in peer supervision by Neuropsychology Residents within our APA-accredited, APPCN-member Clinical Neuropsychology specialty residency.



PCMHI & Pain Track (136114) and PCMHI & Geropsychology Track (136111)

- The intern in the **PCMHI & Pain track (136114)** spends July-December doing 2.5 days in PCMHI and 2 days in Pain. The other half of the year is spent doing between 2-3 days of PCMHI and another elective rotation. Depending on supervisor availability, they may swap PCMHI out for another rotation.
- The intern in the **PCMHI & Geropsychology Track (136111)** spends July-December splitting their time between geriatric work in the Community Living Center and Inpatient Mental Health and the PCMHI clinic. Specific days and balance of time in each rotation varies according to the needs of each clinic and a flexible approach is utilized to optimize clinical opportunities.
- These track are appropriate for individuals seeking employment or postdoctoral residencies in integrated care, medical settings, geropsychology or health psychology. Individuals seeking more traditional mental health positions after graduation are also well served by these positions.
- Special didactic activities include medical grand rounds and various national calls for health and
- primary care topics.
- **Interns may apply to both tracks or the PCT & C&P and Residential & MHC tracks.**
- Interns select a non-evaluative mentor drawing non-supervising psychology staff across the facility.

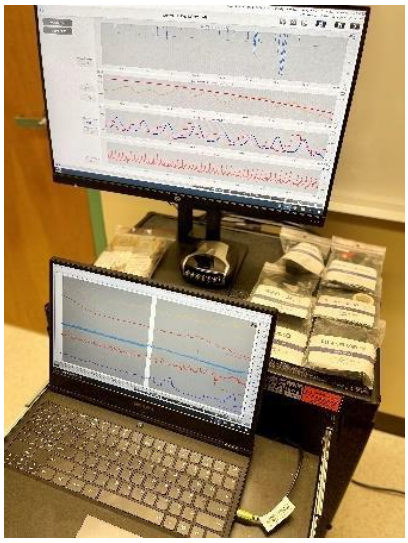
Clinical Activities & Supervisors:

PCMHI with Ross Knoll, PhD and Greg Steinsdoerfer, PHD

- Brief evaluations of patients presenting in primary care via a warm hand-off or consult; consultation/liaison & education to primary care staff
- Brief mental health interventions including CBT for insomnia, Brief CBT for Chronic Pain, Prolonged Exposure for PTSD in Primary Care, Problem Solving Therapy, tobacco cessation, motivational interviewing
- Assessment of capacity for medical decision-making, cognitive screening for dementia, suicide risk assessment, and crisis evaluation.

Pain with Adrianna Hooper, PsyD

- Team based pain evaluation with pharmacy, medicine, and psychology. Individual and group interventions for pain including CBT for Chronic pain; exposure to biofeedback and hypnosis.
- Interprofessional/multiprofessional team based evaluation and consultation.



Community Living Center with Konner Nelson, PhD

- Intervention and assessment with a rehabilitation and geriatric population including capacity evaluations, brief interventions of mental health concerns, behavioral modification.
- Engagement in treatment team activities appropriate for a psychologist such as Star VA (problematic behavior modification program), nursing education, and other collaborative initiatives on the unit.

PTSD & C&P Track (136117) and Residential & MHC Track (136116)

- The intern in the PTSD & C&P Track (136117) spends July through December doing 3 days in the PTSD Clinical Team (PCT) clinic and 1.5 days engaged in a Compensation and Pension (C&P) evaluation experience. From January through June, the intern selects two rotations of interest from electives.
- The intern in the Residential & MHC Track (136116) spends July through December 3 days in the PTSD Residential Rehabilitation Treatment program (PTSD-RRTP) and 1.5 days in the Mental Health Clinic (MHC). From January to June, the intern selects two rotations of interest from electives.
- Both tracks are well-suited for those looking for broad general training to prepare them for a VA job right after internship with PTSD, general mental health, or SMI patients.
- Interns may apply to both tracks or the PCMHI focused tracks.
- No specific extra didactics are planned for either track; however, with supervisor permission, the intern may participate in a monthly virtual VA PTSD lecture series or other specific national and local trainings as they become available.

Clinical activities & Supervisor for 136116 & 136117

PTSD Clinical Team (PCT) with Beth Diezel, PhD

- PCT clinic serves Veterans with combat experiences, but who are being seen for a range of mental health concerns including PTSD, depression, insomnia, family stress, and substance abuse. Clinical interventions utilized include CBT-insomnia, Cognitive Processing Therapy, Prolonged Exposure for PTSD. Group and individual intervention are expected. Telehealth intervention is common.
- Assessment experiences are limited to psychodiagnostic, including using the CAPS.

Compensation and Pension (C&P) with Joe Bolton, PhD

- C&P experiences involve participating in diagnostic evaluations for the purpose of determining service- connected disability based on military service. Working closely with supervisor (in the same room), the intern reviews military and health records, observes and eventually leads a psychodiagnostic interview with a functional component. Additional assessment measure administration may be incorporated. Reports written jointly psychologist.

PTSD-Residential Rehabilitation Treatment Program (PTSD-RRTP) with Gianna Kozel, PhD or Phoebe Block, PhD

- The PTSD-RRTP experience is recovery-oriented and assists Veterans towards achieving their self- identified PTSD treatment goals within a residential treatment program with a multidisciplinary team. Interns provide group and individual interventions. Complex psychodiagnostic evaluations as well as intellectual evaluation may occur on this rotation.

MHC with Brianna Forbis PhD

- The MHC at Battle Creek VAMC offers outpatient psychotherapeutic experiences with Veterans experiencing core mental health conditions including depression and anxiety disorders as well as SMI presentations. Childhood trauma and military sexual trauma are also common. Individual is the primary treatment modality; however, group intervention is available.

Elective Rotations for 2024-2025

These following rotations are predicted to be available to all interns except as indicated. Some rotations have a "right of first refusal" for specific track interns. That is, if the person in that track would like that rotation, they get "first dibs"! Some rotations are dependent on whether a postdoctoral resident elects that experience.

- Mental Health Clinic with Dr. Forbis (Right of first refusal given to PCT & C&P Track person)
- PTSD-RRTP with Dr. Block or Dr. Kozel (Right of first refusal given to PCT & C&P Track person)
- PCT with Dr. Diezel (right of first refusal given to RESIDENTIAL & MHC track person)
- C&P with Dr. Bolton (right of first refusal given to RESIDENTIAL & MHC track person)
- Pain with Adrianna Hooper (right of first refusal given to the PCMHI & Geropsychology track person)
- CLC with Konner Nelson (right of first refusal given to Neuropsychology track person)
- PCMHI with Greg Steinsdoerfer (right of first refusal given to Neuropsychology track person)

Additional rotations not described above include:

PRRTP with Christina Carbone PsyD

- Within an interprofessional setting, complete comprehensive diagnostic evaluations to better clarify clinical presentation, functional strengths and challenges, as well as guide treatment interventions. This rotation is usually 1.5 days weekly.

CWT-TR with Sharonda Ayers, PhD

- This rotation is part administrative and part clinical. Within an innovative, community based setting, the intern would provide psychological intervention and assessment as well as engage in administrative tasks associated with running a program under the supervision of the program manager, Dr. Ayers.

Geriatric Assessment with Jessica Kinkela, PhD, ABPP (right of first refusal to PCMHI & Geropsychology)

- Dementia screening evaluations and functional assessment. Interns may partner with Fourth Year Psychiatry Residents rotating with Dr. Kinkela. Does not meet criteria for training in neuropsychology

and is unavailable to neuropsychology track intern.

PCMHI with Ian Sherwood in the Lansing Clinic

- Brief intervention and evaluation in a primary care treatment setting with emphasis on sleep disorder/insomnia treatment

PCMHI with Rebecca Preston in the Wyoming CBOC (right of first refusal to Postdoctoral Resident)

- Brief intervention and evaluation in a primary care treatment setting with emphasis on brief health interventions

Mental Health Clinic with Michelle Stahl in the Wyoming CBOC (right of first refusal to Postdoctoral resident)

- Comprehensive mental health intervention and assessment within a multiprofessional behavioral health setting.

Substance Use Disorder Clinic with Chad Drake

- Group and individual intervention within an intensive outpatient program with particular emphasis on ACT.

Health Psychology with Megan Davis

- Health focused interventions and assessment within a primary care setting.

DIDACTICS

Diversity Series (Required)

Presented six times annually, interns are required to attend. It is open to any psychologist or psychology trainee on campus. 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 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 (Required)

Presented monthly, 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 (Required)

Presented monthly, 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 Seminar (Required)

Presented monthly September through May, attendance is required for all interns. It is a collaboration between pharmacy, optometry and psychology training programs. Topics vary and include comparing training models and ethical codes across disciplines. Cases that cross multiple practice areas are presented and a consultation model of care is embraced. Learning the perspective of other providers outside of psychology is a key benefit of this seminar.

Internship Didactics (Required)

Typically on Fridays, a variety of topics are offered to aid interns to increase knowledge, skill and

professional development. We offer a variety of topic based “Boot Camps” such as for PTSD, MMPI, WAIS, Behavioral Medicine as well as seminars, discussions, and experiential activities. 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, licensing and EPPP, and leadership development. Interns particularly appreciate reviewing the pros and cons of seeking a job versus engaging in a postdoctoral residency position as well as a comprehensive CV-review.

Neuropsychology Didactic Seminar (Required for Neuropsychology Track Intern)

Occurring twice monthly September through June, this seminar is required for neuropsychology track interns and optional for others trainees. 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 Clincial Neuropsychology (ABPP). Interns, staff, and residents all take turns presenting on various topics. Discussion is frequent.

Medical Grand Rounds (Usually Optional)

Occurring monthly, 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. Typically interns are notified well 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.

Brain Cutting (Optional)

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 (Usually Optional)

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. 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", Optional)

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 (Optional)

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 (Optional)

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 (required)

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 identify a non-evaluative mentor, meeting with approximately monthly on campus. A non-evaluative mentor 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. The intern is in full control of the level of disclosure and types of mentorship they wish to receive. Psychological safety is a primary concern when it comes to mentorship. Additionally, 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
- ☐ Six comprehensive assessments
- ☐ Three WAIS-IV administrations in a report
- ☐ Three MMPI administrations written into a report
- ☐ Regular participation in didactic activities.
- ☐ 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
- ☐ All competency items are rated level 3 or higher at the end of the training year
- ☐ Engagement with a non-evaluative mentor

2080 Hours

The internship requires one year of full-time training to be completed in no less than 12 months. Eleven 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. Providing consultation to other staff members about a specific patient does count as clinical care (e.g. as part of the treatment team with or without the patient present, providing nursing education about how to respond to a specific patient). 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 learn and use more than one evidence based psychotherapy.

Comprehensive Assessments

Interns must complete a minimum of 6 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. Across the year, interns must complete 3 reports that include the MMPI-2-RF and 3 that include the WAIS-IV. These may be part of a larger comprehensive report or in isolation as clinical need suggests.

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, Mental Health Grand Rounds, Preceptor Development, and Interprofessional Seminar. 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 team. Additionally, a formal, multi-day evidence based psychotherapy training is offered annually. Whenever possible this is a VA "roll-out" that includes consultation.

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" or "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. For all Face to Face care, a licensed supervising psychologist is physically located at the same facility as the intern and maintains responsibility for the clinical care provided. When the intern is providing virtual care the supervisor may be located at a different location, subject to change based on national policies. 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, specific times are 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.

Medical Center Pool

Locker Rooms

Medical Center Gym

ADDITIONAL INTERNSHIP INFORMATION

Work Hours

The scheduled work hours typically are 8:00 a.m. - 4:30 p.m. Monday through Friday except for federal holidays. Breaks include two 15 minute intervals taking separately, but may be added onto the beginning and end of the lunch breaks which is 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 typically 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 11 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 may 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. Specific processes are found in the Psychology Training Wiki. 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, and all their clinical supervisors 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). Additional details are found in the Psychology Training Wiki

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 linked in the Psychology Training Wiki 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 or 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 the Psychology Training Team and linked in the Wiki for review.

Reasonable 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 269-966-5600 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 complete an evaluation of rotation and supervisor including a description of the primary activities of the rotation, aspects of the rotation the intern found most beneficial, and suggestions for improving the rotation. These are shared with the supervisor. 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 VA learners survey is anonymous and completed at the end of the training year.

The Psychology Training Council also surveys intern graduates and their respective post-doctoral supervisors six months to one year after completion of the internship to obtain feedback and suggestions for improvement from the perspective of the intern. Interns should consider this required follow-up as part of participating in an APA accredited program and prompt completion is requested.

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 269-966-5600 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-like balance, enhancing communication, reducing stress, substance dependence, or relationship problems. Information is found on

the Battle Creek VA Intranet site and also linked in the Psychology Training Wiki.

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.

APPENDIX I: 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.apapracticecentral.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.apapracticecentral.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 II: 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 III: 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
- Interns demonstrates knowledge of and acts in accordance with relevant laws, regulations, rules, and policies governing health service psychology in at the Battle Creek VA Medical Center as well at the state and federal level
- 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 demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology
- Intern demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural)
- Intern demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process
- 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

- Interns demonstrate knowledge of evidence base and methods for supervisory activities including: modeling, methods of observation, evaluating skill and knowledge, providing feedback
- Interns apply the supervisory skill of observing in direct or simulated practice
- Interns apply the supervisory skill of evaluating in direct or simulated practice
- Interns apply the supervisory skills of giving guidance and feedback in direct or simulated practice

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.

APPENDIX IV: SELECTED FACULTY BIOS

Sharonda Ayers, PhD, CWT-TR

Internship Supervisor, Mentor

Dr. Ayers completed her doctoral degree in Clinical Psychology at Saint Louis University completing an internship at Louisiana State University. She completed postdoctoral training at Behavioral Health Specialists in Nebraska, where she focused on underserved populations. She currently serves as the Program Manager for the Compensated Work Therapy Treatment Residence Program. She provides leadership and organization to this unique program that allows Veterans to transition to a higher degree of independence while still residing in a supported environment in the community. She identifies with a cognitive behavioral orientation; however, she is comfortable working with schema therapy, third wave interventions and behavioral approaches. She is able to supervise Cognitive Behavioral Therapy for Substance Use Disorder, Dialectical Behavior Therapy, and Motivational Interviewing/Motivational Enhancement Therapy. She offers supervision of assessment cases for diagnosis, discharge planning, and clarification of treatment needs. Trainees note Dr. Ayers' strength in giving encouragement as well as useful constructive feedback in a way that promotes psychological safety. Trainees feel comfortable bringing difficult clinical and professional issues into supervision and admire her ability to model healthy boundaries and strong team communication.

Phoebe Block, Ph.D., PTSD-RRTP

Internship Supervisor

Dr. Block graduated from the University of Alabama's (UA's) clinical psychology program, with dual focuses in health psychology and geropsychology. While at UA, she co-authored a manual for a literacy-adapted version of Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), and her recent research has focused on improving the assessment and management of pain in persons living with dementia. She completed her internship at the Tuscaloosa VAMC. During this time, she learned and provided Cognitive Processing Therapy (CPT) for Veterans with PTSD in RRTP. This led to a passion for working with Veterans with PTSD in residential treatment settings. She is able to provide supervision for CPT, Prolonged Exposures (PE), Skills Training in Affective and Interpersonal Regulation (STAIR), and Written Exposure Therapy (WET). Assessment experiences are primarily limited to PTSD and differential diagnosis using CAPS, with occasional MMPI-2-RF use. She is also able to supervise screenings for cognitive impairment, including the Montreal Cognitive Assessment (MoCA) and the St. Louis University Mental Status (SLUMS) Examination. Dr. Block is enthusiastic about helping future psychologists develop their professional skills, especially their abilities to provide evidenced based practices (EBPs) Trainees working with her in RRTP will experience a fast paced, inter disciplinary team setting. They will have the opportunity to provide various EBPs for PTSD and other trauma disorders in both group and individual settings. Dr. Block enjoys running and has run 19 marathons, with a goal of running a marathon in all 50 states. Roll Tide!

Joseph Bolton, PsyD

Internship Supervisor, mentor

Dr. Bolton is a Michigan State University alumnus who completed graduate work at Indiana State University, earning a Master of Science and Doctorate in Clinical Psychology. He has worked as a Compensation and Pension psychologist at this facility since 2013. Prior to that, he worked with Eastern Louisiana Mental Health System as chief psychologist and also in private practice. He has a passion for guiding interns through the transition from trainee to early career psychologist and offers supervision focused on professional identity as well as clinical practice development. He has a strong background in differential diagnosis in the context of both clinical and forensic assessment. While his present position is focused primarily on assessment, Dr. Bolton brings rich clinical intervention skills that inform his work. As many Veterans are sharing their story for the first time in a situation that could be experienced as adversarial, Dr. Bolton emphasizes compassion and non-judgmental mindset. Trainees working with him can expect to develop a deeper understanding of the disability process within VBA, the value of comprehensive record review, and PTSD and general mental health differential diagnoses. While this is primarily an interview based evaluation, interns can expect some exposure to more specific assessment measures is likely including CAPS, MMPI-2-RF, and self- report scales.

Jeremy Bottoms, PsyD, ABPP-Clinical Neuropsychology

Internship & Clinical Neuropsychology Residency Supervisor

Dr. Bottoms is Associate Training Director for the Clinical Neuropsychology residency program and primary supervisor for internship and postdoctoral level neuropsychology trainees. He served as internship Psychology Training Director at Chillicothe VAMC before starting at the Battle Creek VAMC in 2014. He completed his graduate training at Wright State University School of Professional Psychology, his internship at the Cincinnati VAMC, and his postdoctoral residency at Geisinger Health System. His interests are Quality of Life, Ecological Validity, Dementia, and Training. He serves on the Mental Health Improvement and is the chair of the Dementia Committee. He conducts pre-employment and annual Police evaluations. His supervision style is described as warm, evidenced based, and rooted in developing a strong professional identity and interprofessional relationships. His theoretical orientation is Cognitive-Behavioral. He is an avid hiker and fly fisher and may frequently be found at the Nature Center with his family.

Christina Carbone, PhD, Mental Health RRTP

Internship Supervisor, Mentor

Dr. Carbone is the Program Manager for the Psychosocial RRTP. She graduated from the Clinical Psychology program at Adler University in the Military Psychology area of focus. She completed her internship at the Battle Creek VAMC followed by a PTSD-focused residency at the Detroit VA Medical Center. As a staff psychologist in the Mental Health Residential Rehabilitation Treatment program she focuses on individuals with a wide-scope of psychological concerns and psychosocial issues using evidence based practices and recovery oriented care. Interventions she supervises include CPT, PE, STAIR, CBT-SUD, and DBT skills. She is able to supervise assessment work using MMPI-2-RF, CAPS, WAIS- IV and other symptom measures. Dr. Carbone is enthusiastic about working with upcoming psychologists. She does not supervise research or quality improvement work. Trainees working with her experience a fast-paced, integrated team environment focusing on assessment.

Megan Davis, PsyD, Health Behavior Coordinator

Internship Supervisor, Mentor

Dr. Megan Davis is a Licensed Clinical Psychologist and the Health Behavior Coordinator at The Battle Creek VA. She completed her doctorate degree in Clinical Psychology at The George Washington University in Washington, DC. After this, she commissioned into the United States Air Force and completed her clinical internship at Malcolm Grow Medical Clinics and Surgery Center at Joint Base Andrews, MD. Dr. Davis served in the Air Force as an active duty Clinical Psychologist for 7 years prior to joining the Battle Creek VA team. During this time, she provided supervision and training on an ongoing basis to paraprofessionals, unlicensed psychologists, and fellow mental health providers.

Dr. Davis considers herself a generalist and has experience treating a variety of concerns with a range of evidenced-based modalities. Specific areas of interest and expertise include concerns in the field of Clinical Health Psychology, including stress, chronic pain, disease management, headaches, sleep, and nightmare treatment. Other areas of expertise include anxiety, depressive, and trauma disorders. She is able to provide supervision in a variety of interventions, including PE, CPT, CBT-I, IRT, CBT for chronic pain, and primary-care solution-focused modalities. Dr. Davis is also certified in biofeedback training.

Dr. Davis is passionate about helping individuals understand the hard science beneath their concerns and the physiological underpinnings of behavioral treatment in order to continue debunking stigma in the field of behavioral health. She greatly enjoys interdisciplinary collaboration and working within other clinics to provide consultation and training to medical staff. Passion side projects often include process improvement and developing new programs that best fit the needs of patients and providers alike. Such projects have included a DOD provider burnout intervention program, a Stress is Enhancing resiliency initiative for the Air Force, and constructing new patient care initiatives that enhance quality of care, streamline processes, and promote collaboration among disciplines. Dr. Davis loves to teach and is passionate about empowering and developing the unique interests of early career psychologists. In her personal time, she can be found chasing around her young kiddos, traveling, baking, and being active outside.

Beth Dietzel, PhD, PTSD Clinical Team

Internship Supervisor, Mentor

Dr. Beth Dietzel graduated from Western Michigan University's Clinical Psychology program. She is engaged in clinical work within the PTSD Clinical Team providing group and individual interventions working with a Cognitive Behavioral Orientation. She is able to provide supervision in a variety of interventions including CBT-Insomnia, Prolonged Exposure, Cognitive Processing Therapy, Nightmare Rescripting therapy, and Written Exposure Therapy. She is involved in Prevention and Management of Disruptive Behavior, serving as a Master Trainer nationally. Supervisees have described her as extremely warm and caring with rich ability to demonstrate professional organization and effective structures. She is able to provide direct feedback—complementary and constructive--in a way that makes it easy for the trainee to absorb and grow. She does not maintain a research project; however, she is very interested in discussions about most recent evidence based practices and quality improvement within her setting. Assessment experiences are limited to PTSD and differential diagnosis using CAPS, with occasional MMPI-2-RF use. She is able to supervise telehealth intervention.

Chad Drake, PhD, Substance Use Disorders Clinic (SUD-C)

Internship supervisor, Mentor

Dr. Drake is a Staff Psychologist in the outpatient clinic for substance use disorders at Battle Creek. He completed a doctorate of clinical psychology at the University of Mississippi, an internship at the Togus VA Medical Center near Augusta, Maine, and a post-doctoral residency at the Portland Psychotherapy Clinic, Research, and Training Center in Portland, Oregon. Throughout his career, Dr. Drake has specialized in Acceptance and Commitment Therapy (ACT). He enjoyed a 13-year career as a university professor, having taught graduate-level classes on ACT, CBT, Behavior Therapy, and basic clinical skills. He is knowledgeable about Motivational Interviewing, Behavioral Activation, and Exposure and Response Prevention, as well as interventions for clarifying personal values and developing mindfulness skills. In his role as a professor, Dr. Drake supervised the Contextual Behavioral Science Lab at Southern Illinois University, which produced a number of empirical products relevant to ACT, Relational Frame Theory, psychological assessment, and treatment processes and outcomes. He enjoys assisting burgeoning professionals in their development as scientist practitioners. He loves spending time with his two sons as well as occasional hiking trips in gorgeous, tree-covered mountains.

William Fitzgerald, PhD, Mental Health Clinic

Internship Group Supervision Leader

Dr. Fitzgerald offers a monthly supervision group for interns focused on professional development in a safe, non-evaluative setting. He graduated from Western Michigan University's Counseling Psychology Program and worked in various settings including private practice before accepting a position at the Battle Creek VAMC. His interests include wellness practices, integrated health, and mindfulness. Dr. Fitzgerald's supervision style is strengths focused with emphasis on process and therapist reactions. Dr. Fitzgerald is well-liked by trainees, particularly those who crave increased autonomy while still having a strong support. He is particularly adept at allowing trainees to explore and develop their own orientations and therapeutic approaches. Dr. Fitzgerald is also a member of the Psychology Training Diversity Committee.

Brianna Forbis, PhD, Battle Creek Mental Health Clinic

Internship Supervisor; Mentor

Dr. Forbis is currently the Program Manager for the Battle Creek VA Medical Center Mental Health Clinic where she provides leadership and support to the team of behavioral health professionals tasked with caring for Veterans with the full range of mental health concerns from PTSD to SMI to Personality Pathology to Depression. She completed her graduate work in Clinical Psychology at Western Michigan University engaging in a PTSD-focused practicum placement at this facility. She completed internship at the Maine VA Healthcare System, focusing on PC-MHI, Trauma and ACT. She completed postdoctoral residency at the Battle Creek VAMC focusing on PTSD and general mental health. Prior to accepting a leadership role, she served as staff psychologist in the Mental Health Clinic at Battle Creek. Regarding orientation, she primarily works from a behavioral perspective and is comfortable supervising cases with a variety of interventions including PTSD specific (PE, CPT, Exposure Relaxation and Rescripting Therapy) and more general mental health (CBT-D, CBT-Insomnia, MI, ACT, Values Based Behavioral Activation, and DBT skills). Assessment work including complex diagnostic differentials is possible under Dr. Forbis' supervision including use of the CAPS, MINI, MMPI-2-RF and various symptom measures. She and her team are leaders in telemental health delivery models and can offer strong supervision in that modality. She is described as a supportive mentor and has a strong sense of developmental needs of trainees. She enjoys team sports and outdoor adventures.

Adrianna Hooper, PsyD, Integrated Pain Team

Internship Supervisor; Mentor

Dr. Hooper is a licensed Clinical Psychologist who works within the interprofessional Pain Clinic splitting her time serving the Wyoming Community Based Outpatient Clinic and the Battle Creek main campus. She completed her graduate work at the Wright Institute's Clinical Psychology program, later completing internship at Western Michigan University. She started a staff position at Charles Wilson Community Based Outpatient Clinic in Texas, where she is licensed and completed her training as a Pain Psychologist. She supervises CBT for Chronic Pain, ACT, MI, and other supportive interventions for pain management that can impact mental health, quality of life, and functioning. She is adept in navigating complementary and alternative interventions for pain and is becoming trained and credentialed in Biofeedback. She offers experiences in team-based provision of care and specialty comprehensive pain assessments including pre-surgical psychological screens for spinal cord stimulator implantation. She does not engage in research, but is active in evaluating the medical center's practices in pain intervention and serves on the Opioid Safety Initiative Committee and the Pain Management Committee for VISN 10.

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

Psychology Training Director, Neuropsychology Supervisor

Dr. Kinkela serves as Training Director for the Psychology Training program and is a supervisor in both the internship and residency programs. Specifically, she supervises outpatient, inpatient and residential neuropsychology consults as well as limited general and geriatric assessment cases for non-neuropsychology trainees. Dr. Kinkela completed her graduate work at Ohio University and internship at the Detroit VAMC. She completed 2-year Neuropsychology residency at Hines VA Hospital. Her interests include cognitive screening, substance inducted cognitive disorders, recovery-focused assessment, strength-based feedback, and teleneuropsychology. Her supervision style is direct, with a developmentally anchored but competency driven approach. She emphasizes developing life-long professional processes and evidence based practices in the context of diversity awareness. In terms of diversity practice, she utilizes an intersectional approach to working with trainees as well as patients. Her clinical orientation is behavioral/cognitive-behavioral, with heavy emphasis on Motivational Interviewing techniques. She serves on the Continuing Education Workgroup, and consults with the medical training programs on campus. When not enjoying her career as a VA Neuropsychologist she spends her time making music, gardening, and raising three silly kiddos.

Gianna Kozel, Ph.D., PTSD-RRTP Psychologist

Psychology Training Director, Neuropsychology Supervisor

Dr. Kozel is an early career psychologist focused on PTSD treatment and assessment with emphasis on evidence based practices, integrated care, and interprofessional team collaboration. She is a graduate of the Clinical psychology PhD program at Fuller School of Psychology & Marriage and Family Therapy. She completed internship at Boise, Idaho VA Medical Center before coming to Battle Creek VAMC to complete a Clinical Psychology PTSD specialty residency where she also worked with Women's Health. Dr. Kozel is current a staff psychologist within the PTSD-RRTP where she offers group and individual interventions targeting the range of trauma symptoms and challenges. She particularly enjoys the team model of care and excels in supporting teams to consider diversity characteristics and varying perspectives. As a supervisor, she is thoughtful, compassionate, and trainee-centric in her approach. She offers supervision in Prolonged Exposure, Cognitive Processing Therapy, and other trauma centric interventions.

Ross Knoll, PhD, Primary Care-Mental Health Integration

Internship Supervisor, Mentor

Dr. Knoll completed his doctorate in Clinical Psychology at Northern Illinois University, followed by internship at the VA Pittsburgh Healthcare System. He completed postdoctoral training at the Detroit VA Medical Center focusing on Health Psychology. He presently serves as a Primary Care-Mental Health Integration Psychologist offering in-person and virtual intervention including group and individual treatment. As co-chair of the Disruptive Behavior Committee, trainees have also worked with him to expand their administrative experiences and meet goals in systems-level work. He offers supervision in Problem-Solving Therapy, Prolonged Exposure for Primary Care, and Cognitive-Behavioral Therapy for Insomnia. Trainees appreciate Dr. Knoll's structured, stepwise approach to training with a strong scaffold to support a high degree of independence as the rotation progresses. He does limited assessment work, appropriate to a PCMHI setting. He frequently accepts a practicum student and is open to offering a peer supervision/vertical supervision model. In his free time, Dr. Knoll enjoys baking new recipes and spending quality time with his children.

Rebecca Preston, PsyD, Wyoming CBOC Primary Care Mental Health Integration

Internship and Clinical Psychology Postdoctoral Residency Supervisor, mentor

Dr. Preston completed her doctoral degree in Clinical Psychology from Loyola University Maryland. She completed internship at Captain James A. Lovell Federal Health Care Center in North Chicago. She finished most of her postdoctoral program at the Hines VA Medical Center before starting a career as a psychologist in the PC-MHI here at the Battle Creek VA. She then took a position in the Bariatric Surgery Department at Spectrum Health Hospitals in Grand Rapids, MI. She now works as a psychologist in PC-MHI at the Wyoming CBOC. Her work includes brief functional assessments conducted through same-day warm hand-offs from primary care providers and brief follow-up care. She conducts psychotherapy from both a Cognitive Behavioral and Acceptance and Commitment Therapy approach depending on the needs of the Veteran and enjoys leading groups. She provides Cognitive Behavioral Therapy for Insomnia (CBT-I) and behavioral interventions for smoking cessation. She is able to provide supervision in evidence based interventions and bariatric surgery evaluations. She does not have an active research program and typically is not a mentor for the residency project. In her personal time, Dr. Preston enjoys reading, running, and spending time with her husband, three children, and large extended family.

Ian Sherwood, PhD, Primary Care-Mental Health Integration Lansing

Internship Supervisor

Dr. Sherwood is a Michigan State University alumnus who attended graduate school at the University of Alabama. He completed doctoral internship and postdoctoral fellowship at the Detroit VA Medical Center, and worked as a Primary Care-Mental Health Integration (PC-MHI) staff psychologist at the Detroit VA Medical Center for several years. He presently serves as PC-MHI Psychologist at the Lansing Community-Based Outpatient Clinic (CBOC). Dr. Sherwood's clinical interests include brief assessment/triage/referral, risk and suicide assessment, brief cognitive assessment, case consultation, and multidisciplinary collaboration. Dr. Sherwood also frequently assesses and treats sleep disorders. He is able to provide supervision in Cognitive Behavioral Therapy for Insomnia and has previously worked in a community sleep clinic. His approach to therapy is typically eclectic in nature, including cognitive, behavioral, ACT, humanistic, and interpersonal therapy elements. Dr. Sherwood is also interested in data management, program development, and program evaluation. Dr. Sherwood offers a developmental approach to supervision intended to foster appropriately increasing independence with a focus on maximizing trainee work in specific areas of interest and areas for development, as allowed within general program requirements.

Greg Steinsdoerfer, PhD, Primary Care Mental Health Integration

Internship Supervisor, Associate Training Director

Dr. Steinsdoerfer graduate from Southern Illinois University's Counseling Psychology Program in 2015. He completed his internship at the Leavenworth, KS VA. He participated in residency training at Battle Creek VAMC before exiting early to accept a staff position afterward in Primary Care Mental Health Integration (PC-MHI) at the Battle Creek VA. His previous research interests focused on burnout within the medical field and he continues to provide support for this across the medical center. He enjoys his opportunity to be fully integrated into the medical teams. He also enjoys work with program or process improvement work within a clinical context. He offers supervision in Problem Solving Therapy, Motivational Interviewing, and Brief Prolonged Exposure for primary care (PE-PCMHI) as well as with supportive and cognitive/behavioral techniques. He serves as a consultant for PE-PCMHI. As a Counseling Psychologist, his theoretical orientation integrates a multicultural, strength based, feminist, and client-centered framework. Dr. Steinsdoerfer also serves as the Associate Training Director for the Internship Program and heads the Training Diversity Workgroup. Dr. Steinsdoerfer, like many supervisors, takes a developmental approach to supervision with increasing autonomy. His supervision also focuses on building multiculturally competency skills and macro level skills as a psychologist. He is known for his ability to model and offer nuanced training in interprofessional relationships and building an integrated team. Dr. Steinsdoerfer is the current chair of the Psychology Training Diversity Committee.