

Psychology Internship Program



Milwaukee VA Medical Center

Director, Psychology Training Program (695/MH-Admin)

Mental Health Division

Milwaukee, WI 53295

414-384-2000, extension 41672

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

MATCH Number: 163411

Applications due: November 10

Accreditation Status

The doctoral internship at the **Milwaukee VA Medical Center** is fully accredited by the Commission on Accreditation of the American Psychological Association

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, N.E.
Washington, DC 20002-4242
Phone: (202) 336-5979

The next site visit will be during the academic year 2022.

Stipend and Benefits

The internship is scheduled to begin on August 21, 2017.

The current stipend is \$24,862.

Interns receive 13 days of annual leave and up to 13 days of sick leave per year. In addition, excused absence is typically granted for professional activities such as attendance at conferences or workshops. There are also 10 paid federal holidays.

Interns are eligible for health insurance at the same rates available to other full-time federal employees.

Application & Selection Procedures

A candidate for an internship must be a U.S. citizen currently enrolled in an APA-approved graduate program in clinical or counseling psychology. All basic coursework for the doctorate should be completed prior to the internship year. Preference will be given to applicants with more extensive previous practicum experience. This VA Center in its commitment to Equal Opportunity Employment and Affirmative Action encourages applications by minorities, women and handicapped persons.

In reviewing applicants to the program, we look for candidates with prior training and relevant practicum experience in both assessment and psychotherapy whose interests and career paths are consistent with the training options offered here. To be considered for our program, the experience reported on your application (AAPI Online) must include a minimum of 400 intervention hours and 50 assessment hours. Applications are reviewed to ensure that a sufficient number of these hours have been obtained in settings and with client populations that would provide adequate preparation for our program. Applicants are expected to have experience with adults, with at least some of that experience in sites where they have worked with patients with serious psychiatric and/or medical issues. Applicants whose experience has been largely with children and adolescents, for example, would not likely receive strong consideration nor would those whose experience with adults has been too restricted in scope to provide

adequate preparation for experience here. Relevant research experience is a factor in selection, though relevant clinical experience is typically weighed more heavily.

All application material should be submitted through the on-line APPIC online application process. The following application material is required:

- The APPIC Application for Psychology Internship (AAPI Online)
- A vita or resume that describes the nature and extent of your previous clinical experience
- A graduate transcript
- Three letters of recommendation.

Application Deadline: All materials must be received by November 10

Please send requests for further information to:

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Interviews: Not all candidates will be invited to interview. You will be notified no later than December 15 if you are going to be invited to interview. A schedule of available interview dates will be provided at that time.

Psychology Setting

There are currently 47 full-time and 7 part-time psychologist positions at the Medical Center. The Milwaukee VA medical center is organized into large interdisciplinary patient care divisions. Most staff psychologists are appointed within the Mental Health Division, though two have appointments within the Spinal Cord Injury Division and one in the Primary Care Division. One of the Co-Managers of the Mental Health Division is a psychologist. In addition, the Lead Psychologist, four psychologists who serve as program managers and the Director of Training serve on the Mental Health Division Leadership team. Many of the staff psychologists hold faculty appointments at the Medical College of Wisconsin. Services are provided throughout the medical center. Psychologists are assigned to: Acute Mental Health Unit, Mental Health Outpatient Clinic, Emergency Department, Domiciliary Residential Rehabilitation Programs, Substance Abuse Residential Rehabilitation Treatment Program, Individualized Addictions Consultation Team, Neuropsychology, Poytrauma Clinic Support Team, Primary Care, Spinal Cord Injury Unit, Physical Medicine and Rehabilitation Unit, Pain Clinic, Community Living Center, Palliative Care Unit, Home Based Primary Care Program, Vet's Club, Health Promotion Disease Prevention program, Women's Health Clinic, and the Community Resource and Referral Center. Psychology staff and trainees have also been actively involved in providing consultation and treatment in other areas. A comprehensive range of psychotherapy, assessment, and consultative services is provided. Staff psychologists are also involved in a variety of research and program evaluation activities. All areas in which psychologists are involved can provide training opportunities.

The Psychology Training Program provides postdoctoral fellowship training, doctoral internship training and practicum experience. The doctoral internship program has been fully APA-accredited since 1978, and currently accepts 8 interns per year. Post-doctoral fellowship training in psychology has been offered since 1992, and has been fully APA-accredited since 2003. There are currently 11 fellowship positions. Practicum training is typically offered to 15-18 students from local university programs. Interns will also be exposed to trainees from a variety of other disciplines, as the Medical Center provides training to individuals in numerous medical specialties as well as nursing, social work, pharmacy and other health care professions.

Training Model and Program Philosophy

The doctoral internship program operates within a scholar-practitioner model and is designed to prepare interns from clinical and counseling psychology programs for entry-level professional practice. Core competencies have been defined in the following areas: Ethical and Legal Standards, Professional Values and Attitudes, Communication and Interpersonal Skills, Individual and Cultural Diversity, Psychological Assessment, Psychological Interventions, Consultation, Supervision, and Research. The program is primarily experiential, with the supervisory process as the core of the training program. The supervisory process includes the opportunity to observe skilled psychologists practice their profession, opportunities for in-depth discussion of professional, theoretical, and ethical issues, and the benefits of receiving training from and having one's work evaluated by skilled, experienced clinicians. Recognizing the importance of scientific inquiry to professional practice, psychologists are expected to be aware of empirically validated procedures and current scientific evidence as it impacts practice, and to incorporate this information into the supervisory process as well. The presence of intern seminars, case conferences, and other continuing education activities throughout the medical center, further contribute to the integration of science and practice. The intent of the program is to produce scientifically-informed practitioners, with the ability to think critically about the relevant theoretical and empirical literature and to creatively apply these findings to clinical practice.

The basic philosophy of our program is to provide the maximum flexibility in allowing interns to develop those interests and abilities which best prepare them for the career specialty of their choosing. We attempt to offer a wide variety of experiences, both to provide a well-rounded program for students who require a basic grounding in many areas of professional psychology and also to provide opportunities for specialization for those interns whose experience and career interests make this the preferred option. It is recognized that a one year training sequence provides an insufficient opportunity for in-depth training in all areas of professional practice. Consequently, our program emphasizes an approach that acquaints the intern with various options at the beginning of the internship year and allows considerable flexibility in tailoring an individual program from them.

Program Goals & Objectives

Core Competencies:

Ethical and Legal Standards: Interns are expected to conduct themselves in an ethical manner in all professional activities. Interns are expected to demonstrate knowledge of and behavior consistent with APA ethical guidelines, VA policy, relevant professional standards and relevant statutes and regulations regulating professional practice. They are expected to recognize ethical dilemmas as they arise, and translate knowledge of ethical standards into professional practice and decision-making.

Professional Values and Attitudes: Interns are expected to demonstrate the ability to self-reflect and self-monitor, demonstrating awareness of individual strengths as well as areas in need of improvement. Interns are expected to demonstrate responsibility and accountability, completing duties in a timely manner, following established procedures, and prioritizing appropriately. They are expected to be prepared for an make appropriate use of supervision, demonstrate openness and responsiveness to supervision, to be aware of the limits of their own competency and to seek appropriate consultation and/or make appropriate referrals when necessary. They are expected to demonstrate adaptability, flexibility, and the ability to be self-directed.

Communication and Interpersonal Skills: Interns are expected to maintain appropriate relationships with supervisors, peers, support staff, members of other professional disciplines, and those receiving professional services. Interns are expected to demonstrate effective interpersonal skills, to communicate effectively with other professionals providing interdisciplinary care, and to produce oral, and written communications that are informative and well-integrated.

Individual and Cultural Diversity: Interns are expected to demonstrate an understanding of and respect for human diversity, including knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in professional activities, an understanding of how their own personal/cultural history may affect how they understand and interact with people different from themselves, and knowledge of cultural and other diversity issues and how these affect needs in the clinical setting. Interns are expected to demonstrate the ability to work effectively with individuals whose group membership, demographic characteristics, and/or worldviews differ from their own.

Psychological Assessment: Interns are expected to develop an appropriate theoretical/conceptual foundation for understanding behavior, to be able to integrate relevant data into a meaningful and coherent conceptualization. Interns will demonstrate knowledge of empirical support for procedures employed in psychological assessment. They will demonstrate skill in diagnostic interviewing, observing behavior, and selecting appropriate psychological tests as indicated. Interns will demonstrate the ability to adapt assessment approaches to the needs of special populations or culturally diverse patients when necessary. Interns will demonstrate the ability to effectively evaluate, manage and document patient risk, assessing immediate concerns such as suicidality, homicidality, and other safety issues. Interns are expected to be able to integrate all data in a clear and coherent fashion, and to prepare written reports that provide clear and useful information. Interns are also expected to demonstrate the ability to effectively plan and carry out a feedback interview.

Psychological Interventions: Interns are expected to integrate science into practice, demonstrating knowledge of empirical support for any psychological intervention procedures employed, implementing evidence-based interventions, developing appropriate treatment goals and plans, evaluating the outcome of interventions, and adapting interventions to the needs of special populations and culturally diverse populations. Interns are expected to have the ability to establish effective working relationships with clients, to be aware of and make use of process and interactional factors in the relationship, and to respond appropriately in crisis situations with clients.

Consultation: During the course of the internship year, interns are expected to develop an understanding of the interdisciplinary treatment process, including both the role of the psychologist and the role and perspectives of the other disciplines represented. Interns are expected to demonstrate the ability to effectively provide consultation to individuals, their families, and other health care professionals, and to respond to consultation requests in a timely and appropriate manner.

Supervision: Interns will receive training in providing supervision to a psychology practicum student, and will be expected to demonstrate an ability to effectively deal with resistance and other challenges, and provide constructive feedback and guidance. Interns are expected to demonstrate an awareness of ethics in providing supervision, including the ability to effectively deal with boundary issues.

Research: Interns are expected to demonstrate the ability to critically evaluate and disseminate research or other scholarly activities.

Program Structure

We offer a flexible training experience which typically has no required rotations. A rotation can be of any length and duration that is mutually agreed upon by the intern and the supervisor. During the first two weeks of the internship year, an orientation sequence is provided. At this time, interns meet with staff psychologists and become familiar with the available training options. Following the orientation sequence, interns select those training areas they wish to emphasize. Although interns select rotations, there is the expectation that the selected training experiences will be sufficiently broad to address all of the expected core competency areas. These expected competencies are discussed with interns during the orientation process, and are carefully considered in the development of individualized training plans. These plans are meant to provide guidelines for professional development, and are discussed and revised as necessary in the course of the training year. Since the program varies from one intern to

another, it is neither possible nor appropriate to give percentage values for various content areas. There are no fixed requirements, and formal rotational systems are adopted only when dictated by limitations in time, space, or the availability of supervision. Most areas in which training is offered allow some flexibility in both the length of time that the experience will last (the minimum is typically 3 months), and in the amount of time per week that the experience requires. Typically, interns will participate in 2-4 major training sequences (i.e. within a particular unit on at least a half-time basis for a period of 3-6 months), as well as devoting time to several of the activities that may involve lesser time commitments. Interns typically devote a minimum of 12-15 hours per week to direct patient care activities. To leave sufficient time for other learning activities, the amount of direct patient care activities should not typically exceed 20 hours/week.

The program requires that each intern have at least two primary supervisors during the course of the year, though most interns have elected to receive supervision from more than two supervisors. In most cases, the intern selects his/her supervisor rather than having them assigned. The emphasis is on individual supervision, though there is a weekly group supervision session for all interns conducted by the Director of Training. Interns receive a minimum of four hours of supervision each week, including at least two hours of individual supervision. The majority of the supervision is case discussion, though all supervisory evaluations are based in part on direct observation. Supervisors sometimes directly observe the intern's work and on many rotations interns and supervisors have opportunities to work together (e.g. co-leading groups). Supervision is typically more intensive at the beginning of the training year and becomes less so as the intern demonstrates the expected levels of competence. Interns typically act with greater autonomy and take on a wider variety of experiences as the year develops. Supervisors document and evaluate intern performance on a standard form that includes ratings for the various core competencies. Interns typically receive written evaluations quarterly, though since the length of training rotations varies there are sometimes slight variations from one intern to another.

Training Experiences

Clinical Training Settings:

Inpatient Mental Health/Detoxification Unit

The Inpatient Mental Health/Detoxification Unit is a locked 34-bed unit that provides treatment to patients with acute psychiatric and alcohol and other substance abuse problems. Patients are typically admitted for suicidal or homicidal ideation, active psychosis, inability to care for themselves and/or active substance intoxication/withdrawal. The length of stay averages 5 days with a range from 1-30 days. Due to the relatively short length of stay, the unit emphasizes assessment, crisis intervention, and arranging appropriate follow-up. Groups conducted on the unit utilize supportive therapy, cognitive-behavioral and problem-solving approaches. There are also psycho-educational video groups with discussion sessions. An intern on this rotation may provide both individual and group therapy, complete psychological assessments (MMPI-2-RF & MCMI-III), write integrative reports, and participate in team treatment planning and consultation. Interns may initiate psychotherapy while patients are on the unit, and continue working with them as they move on to outpatient or aftercare settings. To participate fully in this rotation, interns should expect to devote 25 hours per week for a minimum of 3-4 months. This would allow a range of assessment, individual and group therapy, and consultative activities. Lesser time commitments can be negotiated for those with more limited training goals, however, a commitment of at least 8-15 hours per week for a period of 3 months would be expected. Dr. Jamie Noffsinger is the supervisor in this area

Individualized Addictions Consultation Team (I-ACT)

I-ACT provides substance abuse disorder assessment and treatment services to Veterans who are not able to participate in standard abstinence-based treatments. This may be because of their specific treatment needs (i.e. they are requesting a harm-reduction approach), or because they cannot participate in standard substance-abuse treatment due to cognitive problems, medical/functional comorbidities, or mental health comorbidities. The emphasis is on bridging the gaps in the continuum of care and increasing access to Veterans who may otherwise not receive needed addictions services. The I-ACT

team consists of a psychologist and a social worker. The team is based in the domiciliary, but sometimes sees patients at other locations in the Medical Center. Patients can be seen at bedside in the hospital, in an outpatient setting, and/or while they are enrolled in a residential treatment program. Various treatment approaches are employed including abstinence-based approaches, harm reduction, motivational interviewing, and cognitive-behavioral therapy in individual and group modalities. Dr. Sarah Keating is the supervisor in this area.

Dialectical Behavior Therapy (DBT) Consultation Team

The Dialectical Behavior Therapy Consultation Team is an interdisciplinary treatment team providing comprehensive DBT and other DBT-informed services to Veterans diagnosed with Borderline Personality Disorder and other disorders of emotional dysregulation. The ultimate goals of the DBT Consultation Team are to deliver DBT informed services across mental health settings, provide staff education to increase effectiveness and empathy in working with Veterans with Borderline Personality disorder and disorders of emotion dysregulation. Currently, our setting offers a comprehensive DBT program, as well as various DBT informed services in acute, outpatient and residential settings, a DBT informed aftercare group, and the DBT consultation team. Interested interns would have the opportunity to participate in all DBT informed services offered as well as program development and staff education. Interns would have the opportunity to participate in all services offered as well as in program development and staff education. For most interns, this is a part-time rotation involving 5-8 hours per week for a minimum of 6 months. Drs. Beth Shaw and Amanda Gregas provide the supervision in this area.

Operation Hope

Operation Hope is a coalition of Psychosocial Rehabilitation programs for Veterans diagnosed with Severe Mental Illness, who experience serious and/or persistent functional impairment. These programs are founded on the understanding that people with significant mental health disabilities can, and do, overcome the limitations of their illnesses and associated stigma, and can successfully find self-determined, valued roles in the community of choice. Veterans are actively involved in the direction of care; services are individualized and person-centered; individual strengths are identified and utilized; with a holistic rather than a symptom-focused approach. Included in Operation Hope is the ***Evidence Based Psychosocial Rehabilitation and Education Program (EB-PREP)***. EB-PREP provides group treatment based on the Social and Independent Living Skills training program of the UCLA Clinical Research Center for Schizophrenia and Psychiatric Rehabilitation as well as the Bellack et.al. Social Skills Training Model. Social and independent living skills are taught in an accepting, safe, small group environment. Role playing, structured problem-solving, and multi-modal exercises are employed with an emphasis is placed on positive feedback and overlearning. The Veterans ***Recovery Resource Center (VRRC)*** provides person-centered recovery planning, psychoeducational groups, wellness classes, brief therapy, peer support services, and community inclusion initiatives to promote establishment of meaningful roles in the community of choice. The intern's involvement in psychosocial rehabilitation services may include practical problem solving, crisis resolution, adaptive skill building, and aiding Veterans in increased self-care and community inclusion activities. Training opportunities include facilitating psychoeducational classes, illness management courses, teaching evidence based skill development, offering wellness programming, developing personalized empowerment plans, conducting basic assessment, providing individual and group therapy, family education and therapy, supportive volunteering, case management, staff consultation, peer support supervision, interdisciplinary education, and program development. To participate fully in this rotation, interns should expect to devote 25-30 hours per week for a minimum of four months. Lesser time commitments can be negotiated for those with more limited training goals, though a minimum of 12 hours per week for three months is expected. Drs. Sandra Regan and Erin Williams provide the supervision in this area.

Acute Mental Health – Emergency Department

Interns can receive experience in addressing Veteran's mental health concerns in the Emergency Department (ED). Interns electing this rotation would need to commit to alternate tours of duty that would involve late afternoon, early evening, and/or weekend hours. A solution focused, crisis intervention approach is utilized, which involves collaborative care with psychiatrists, psychologists, social workers, nurses, advanced practice nurses, and other physician specialists. Collaboration may also involve working closely with the hospital administrator-on-duty, the VA police, and other community

professionals to address issues such as civil commitment and homelessness. Opportunities are made available to develop triage skills for suicide/homicide assessment, emergency detentions, police holds for intoxicated patients, admissions for inpatient psychiatric treatment, and discharges from the ED to the community or domiciliary. Additionally, interns can assist in providing off-tour mental health consultation to medical units and to inpatient mental health staff. The time commitment for this experience is typically 6-8 hours/week. Dr. Dyani Saxby provides the supervision in this area.

Mental Health Outpatient Clinic

The Mental Health Outpatient Clinic allows the opportunity to provide a variety of assessment and therapy services to a diverse population. Interns may provide outpatient therapy to individuals, couples, families and/or groups. There is opportunity to work with veterans exhibiting a wide range of mood, thought and personality disorders. Modes of treatment may include individual, family and group psychotherapy with emphasis on utilization of evidence-based psychotherapies. Opportunities are available for both short-term and long-term therapy cases. An intern may see as many as 12-15 clients if this is his/her primary interest, or as few as 2-3 clients if he/she is heavily involved in activities in other areas.

Mental health outpatient care is patient-centered and consists of intake, assessment, and treatment of acute/chronic mental health conditions, including substance abuse treatment/aftercare, as well as coordination of care with other health care providers. The mental health care is delivered in the context of interdisciplinary teams comprised of psychologists, psychiatrists, social workers, nurse practitioners, nurses, internists, addiction therapists, occupational therapists, vocational rehabilitation therapists, and recreation therapists. Supervised experience is available using cognitive-behavioral and other evidence-based approaches in both individual and group interventions. Supervision can be provided in various interventions designed to treat anxiety disorders including cognitive restructuring, breathing training, and progressive muscle relaxation. Supervisors are available who are trained and certified in various evidence-based procedures including: acceptance and commitment therapy, cognitive processing therapy, and cognitive behavioral therapy. Interns may also participate in program development including the development and implementation of new therapy groups. Potential supervisors in this area include: Drs. Cheryl Kinsman, Megan Olson, Beth Shaw, Sadie Larsen, Gregory Simons, and Shaun English.

Supervised experience in ***LGBT Healthcare*** is also available through the Mental Health Outpatient Clinic, providing the opportunity for experiences focusing on the unique needs of veterans with various sexual- and gender-identities. There are opportunities to provide LGBT affirmative individual and couples/family work, co-facilitate drop-in support groups for LGBT and Trans Veterans, as well as opportunities to assess and work with transgender Veterans seeking support and services for gender-transition. Additionally, through involvement in the employee LGBT Diversity Counsel, an interested intern can participate in activities offered throughout the year aimed toward increasing awareness of diversity among VA employees. At present this experience is available only as a minor rotation. Dr. Gregory Simons provides supervision in this area.

The Mental Health Outpatient Clinic offers ***Post-Deployment Mental Health Outpatient Services*** through the PTSD Clinical Team and OEF/OIF Outreach Team. This rotation would enable the intern with an interest in Post-traumatic Stress to specialize in work with this population. There are opportunities to work with specialized treatment of co-morbid PTSD and substance abuse disorders. Participation in weekly team meetings would be expected of all interns involved in the clinic, in addition to participation in a monthly trauma case conference. Assessment activities would include comprehensive clinical interviews, as well as the use of psychometric measures such as the PTSD Checklist (PCL), Beck Depression Inventory, MCMI, and others. Therapy interventions might involve use of multiple theoretical paradigms (e.g., psychodynamic, cognitive) including evidence-based practices such as exposure therapy, cognitive processing therapy, and cognitive-behavioral therapy. Group therapy experience would include utilizing a cognitively-based, recovery-oriented time-limited model. Cognitive, psychodynamic, and interpersonal perspectives are utilized to inform case formulation and treatment planning. To fully participate in this clinic, a commitment of 20-30 hours/week for a period of 6 months is recommended, though lesser time commitments are possible for those with more limited training goals. Supervisors in this area include Drs. Patrick Martin, Catherine Coppolillo, William Lorber, Christina Hove, Mandy Marcus, Shauna Fuller, David Baruch, and Matthew Vendlinski.

The **Suicide Prevention Team** consists of psychologists and social workers who facilitate the identification and monitoring of Veterans at elevated risk for suicide, and implement clinical interventions to reduce risk and prevent suicide. This rotation provides a wide variety of training experiences that permit an intern to become familiar with interventions aimed at Veterans at high risk for suicide, including the opportunity to become involved in a variety of groups. These include: ongoing, drop-in support groups for Veterans struggling with suicidal thinking; short-term groups teaching practical problem solving skills; a group based on situational analysis, an intervention used in Self-Control Regulation/ Interpersonal Psychotherapy (SCRIPT), a group based on the Collaborative Assessment and Management of Suicidality (CAMS), a PTSD/Suicide prevention group, and an aftercare group to provide support to those who have lost an important person in their life to suicide. In addition to providing assessment and both individual and group interventions, the suicide prevention team also provides consultation to other providers, follows up on crisis line calls, offers psychoeducation about suicide assessment and risk management, and engages in monthly outreach activities. To participate fully in this rotation, interns should expect to devote 25-30 hours per week for a minimum of 3 months. This would allow a range of assessment, individual and group therapy, and consultative activities. Lesser time commitments are available for those with more limited training goals. Dr. Gregory Simons provides supervision in this area.

Centralized Assessment Unit (CAU)

The Centralized Assessment Unit (CAU) combines psychodiagnostic and psychosocial assessment, psychological testing, and forensic psychology. Trainees have the option of completing assessments in any or all of the following areas. Mental health treatment providers may request a **Psychodiagnostic Evaluation**. Veterans with PTSD, anxiety and mood disorders, schizophrenia spectrum disorders, and other mental health conditions are evaluated to aid in clarifying diagnoses and to provide treatment recommendations. Completing **Compensation and Pension Examinations** for Veteran's who are requesting service- benefits provides an introduction to aspects of forensic psychology and importantly highlights the differences between clinical and medico-legal assessment. These integrated assessments combine an interview, psychological testing, and record review where examinations are concise reports directed towards a non-mental health, administrative, and legal audience. **Pre-Transplant/Pre-Bariatric Surgery Evaluations** are required to provide treatment teams with recommendations to assist veteran's through the transplant/surgery process. This includes a psychodiagnostic, psychosocial, and recommendations on a patient's candidacy for surgery. Recommendations are provided to the treatment team and to the Veteran. In collaboration with the VA Police Department Chief of Police and Employee Health, requests are made for **Police Evaluations**, including evaluations of candidate police officers, assessments of fitness for duty/carrying of a firearm, and annual mental health screens. While full police evaluations cannot be completed by interns, they can be involved in aspects of these evaluations as well as in collaborative training and liaison duties between mental health and law enforcement. The CAU rotations are designed to offer part-time training experiences for a minimum of 6 months. Drs. Allison Jahn and Jeffrey Garbelman provide supervision in this area.

Domiciliary Residential Rehabilitation Programs

The domiciliary provides intensive six-week residential treatment to patients with psychiatric and/or other substance abuse problems. In addition to the general rehabilitation program (GEN), the domiciliary provides a PTSD Residential Treatment Program, and the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP).

Veterans entering the **GEN Residential Treatment Program** are typically dually-diagnosed with a mood and/or thought disorder as well as addiction issues. The GEN program includes a separate Women's Program. GEN is a group based program including but not limited to the following: ACT for Depression, Cognitive Strategies, Emotion Management, Grief, Bipolar Support and Psychoeducation, ACT for Pain, Motivational Enhancement, Stress and Anger Management, CBT for Relapse Prevention, Seeking Safety, Family Dynamics and Intimate Partner Violence. To fully participate in this rotation, a time commitment of 20 – 30 hours per week for a period of 3-4 months is recommended. Drs. Michael Haight and Julie Jackson provide supervision in this area.

The PTSD Residential Treatment Program is a six-week, domiciliary-based residential treatment program for Veterans of all eras struggling with PTSD related to combat. The program provides active, trauma-focused treatment in a structured, residential setting. While all residents must have a primary diagnosis of PTSD related to combat stressors, co-morbid diagnoses such as depression and substance abuse are common. The program emphasizes group-based cognitive behavioral treatment, and incorporates elements of Cognitive Processing Therapy, Prolonged Exposure, Acceptance and Commitment Therapy, Seeking Safety, and Dialectical Behavior Therapy. Opportunities for gaining group and individual therapy experience are offered. Training with evidence-based interventions is also available. Interns interested in psychodiagnostic and personality assessment opportunities may also be able to incorporate these activities into a rotation with the program on a limited basis. To fully participate in this rotation, a time commitment of 20 – 30 hours per week for 3-4 months is recommended. Dr. Sam Shepard provides supervision in this area.

The Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) provides a 6-week residential biopsychosocial rehabilitation program for chemically dependent Veterans. This domiciliary-based program integrates cognitive behavior theory, motivational techniques, and 12-step philosophy. An emphasis is placed on building skills and developing a healthy community support network. Learning opportunities include case management, individual and group therapy, assessment, consultation, didactic teaching, and team treatment planning. The treatment team is an interdisciplinary treatment team (psychologist, social workers, addiction therapists, registered nurses, recreation therapist, occupational therapists, and kinesiotherapists). Specific duties and length of rotation are negotiable, though interns wishing to be involved in case management would be expected to make a minimum time commitment of 20 hours/week for 6 months. Drs. Lynn Servais and Stephen Melka provide supervision in this area.

Community Resource and Referral Center (CRRC)

The Community Resource and Referral Center (CRRC) provides services to veterans who are homeless or at risk for homelessness. The clinic is located off-site in central Milwaukee within walking distance of other community agencies that also serve the homeless. The CRRC provides access to a variety of VA services including mental health treatment, substance abuse treatment, and housing and employment assistance. Local community partners are also located at the CRRC to provide access to additional services. Interns will have opportunities to provide psychological evaluation to assist in the identification of Veterans' needs, crisis resolution, individual and group therapy, care coordination, consultation, and program development/evaluation. Dr. Keyona Walker provides supervision in this area.

Geropsychology / Geriatrics / Palliative Care

The core Geriatrics programs at the Medical Center include the 113-bed Community Living Center (CLC) which includes Long-Term Care, Geriatric Evaluation and Management Unit (GEM), Transitional Care and Palliative Care units. The medical center also recently opened its first Green House, a 10-bedroom, homelike environment in which Veterans requiring skilled nursing care are housed. Plans are in place to open three additional Green House Units. In addition, Vet's Club provides outpatient day programming for approximately 70 veterans. This setting provides the opportunity for the intern to learn a full range of geropsychological skills consistent with the Pikes Peak Model of Geropsychology Training in a setting that emphasizes interdisciplinary collaboration.

The CLC is a multidisciplinary geriatric facility that emphasizes interdisciplinary evaluation and rehabilitation. The CLC includes approximately 40 long-term care beds for Veterans with a variety of conditions, ranging from MS to dementia to chronic schizophrenia. Approximately 24 beds in the CLC are devoted to Palliative Care / Radiation Therapy, 10 beds comprise the GEM, and 22 beds are devoted to transitional (subacute medical) care, which addresses wound healing, post-surgical care, and complicated medical convalescence.

The **Geriatric Evaluation and Management (GEM) Unit** provides interdisciplinary assessment and short-term rehabilitation for Veterans age 65 and older with complex medical and psychological comorbidities. The primary objective is to promote maximum function for each Veteran within the least

restrictive environment based upon a comprehensive, interdisciplinary assessment. Psychological, neuropsychological, and/or decision-making capacity evaluations are completed on all patients admitted to the GEM unit. Patients typically remain on this unit for approximately one month. Each patient is reviewed at an interdisciplinary team conference at least weekly. Representatives from the team meet with the patient and family members to provide feedback on assessment results and to facilitate discharge planning. The intern may have outpatient follow-up with GEM patients following discharge.

The **Transitional Care (TC) Unit** consists of 22 beds dedicated to short-term rehabilitation, post-surgical care, wound healing, and complicated medical convalescence. Care occurs within the context of a large interdisciplinary team consisting of a medical director and nurse practitioners along with representatives from Psychology, Social Work, Nursing, Physical Therapy, Occupational Therapy, Recreation Therapy, Nutrition, Chaplaincy, and Pharmacy. Veterans admitted to the TC unit present with complex medical and psychosocial issues, including failure to thrive, cancer, diabetic wound healing, liver disease, COPD, substance use disorders, depression, anxiety, PTSD, dementia, personality disorders, and homelessness. Opportunities for psychological, neuropsychological, and decision-making capacity evaluations are prevalent. The intern may consult with the TC team and nursing staff to assist with management of disruptive behaviors. Interns may elect to be involved in a weekly reminiscence group co-facilitated by the geropsychology fellow and a restorative certified nursing assistant on the GEM and TC units. There are opportunities for brief, individual intervention to address psychological and behavioral concerns, including depression, PTSD, anxiety, substance use disorders, caregiver support, adherence to medical treatment, and end-of-life concerns. The intern may provide outpatient follow-up with Veterans and/or their caregivers following discharge from the TC unit. Dr. Heather Smith provides supervision in this area.

Long-Term Care Units. The CLC includes 40 long-term care beds in a more traditional nursing home environment for Veterans with a variety of conditions, ranging from multiple sclerosis to dementia to chronic schizophrenia and other mental health diagnoses. In addition, long-term care services are provided within a freestanding 10-bed home utilizing a Green House model. The intern has the opportunity to conduct assessments, to provide individual and group therapy, including facilitating a weekly reminiscence group, to assist with interdisciplinary team planning and training, to consult with staff and families, to evaluate decisional capacity, and to develop and implement resident-specific care management programs. The treatment of depression, anxiety, and behavioral problems is an integral part of the geropsychologist's role in this setting, as well as providing counseling and support to residents and families dealing with end-of-life issues. Drs. Heather Smith and Nancy Krueger provide supervision in this area.

The **Palliative Care Program** provides palliative and end-of-life care for Veterans and their families. The program includes a 24-bed inpatient unit, an outpatient clinic, and a palliative care consultation team. The psychologist assigned to the unit also provides outreach to the hematology/oncology clinic, and the ALS monthly clinic. The program serves Veterans with end-stage diseases (>90% cancer) and those receiving palliative radiation and/or chemotherapy treatment. Some Veterans remain on the inpatient unit through the end of their lives, while others return home or transfer to another facility after their treatment is complete. The team consists of staff physicians, registered nurses, licensed practical nurses, nurse aides, nurse practitioners, social worker, psychologists, pharmacist, physical and occupational therapists, recreation therapist, dietician, and chaplain. Upon admission, each Veteran undergoes a comprehensive inter-professional evaluation focused on the patient's physical, psychological, social, and spiritual needs. Pain assessment and management is often a primary focus. The team meets at least weekly to update the care plans and to round with consultants. Interns will have the opportunity to work with Veterans and their families, and to participate in a weekly palliative care support group. Dr. Nancy Krueger provides supervision in this area.

Geropsychology staff also conduct two reminiscence groups in **Vet's Club** each week. Some interns have elected only to work with those groups, though there are also opportunities to provide staff consultation, brief individual therapy, and assessment. Dr. Stacy Weber provides supervision in this area.

All Geriatrics programs are committed to interdisciplinary teamwork and are primary teaching programs for a number of different disciplines. Interns are expected to work closely with staff from a variety of disciplines and to contribute to the team process. There is a weekly Geriatrics Journal Club and a monthly Palliative Care Journal Club in which interns are invited to participate. There may be some opportunity to participate in on-going research projects in the Division of Geriatric Medicine. Also, there is the opportunity for collaboration with neurologists and geriatricians who staff the outpatient Dementia Clinic, which may include involvement in clinical and research activities as well as participation in weekly interdisciplinary case staffing rounds.

A number of different rotation options are available. Interns may do a full-time rotation for 4-6 months, which would provide experience in many aspects of Geropsychology and/or Palliative Care. More focused rotations are also available, as are longer rotations that involve fewer hours per week.

Home Based Primary Care

The Home Based Primary Care team offers a range of primary care services to homebound Veterans with chronic medical illness. The team generally serves geriatric patients, but younger Veterans may be admitted as well. The program census includes approximately 230 Veterans, and all services are provided to patients in their homes. Typical diagnoses include dementia, diabetes, CHF, and COPD. Less common diagnoses include multiple sclerosis, Parkinson's Disease, and ALS. The majority of patients have psychiatric co-morbidities, such as depression, anxiety, bipolar disorder, substance use disorders, psychotic spectrum disorders and personality disorders. HBPC is an interdisciplinary PACT team that includes nurses, social workers, a dietician, a pharmacist, occupational therapy, two psychologists, and a physician medical director. Trainees will have the unique opportunity to observe and provide services to patients in their home environments. Interns may provide individual psychotherapy, complete psychodiagnostic and neuropsychological assessments, provide caregiver education and support, administer brief focused interventions (e.g., progressive muscle relaxation for anxiety), and serve as consultants to other HBPC team members regarding behavioral health issues. There will also be opportunities to provide staff in-services on mental health issues. Interns can expect to commit to approximately 10-15 hours a week for a period of at least three months in order to experience a full range of assessment, therapeutic, and consultative activities. Lesser time commitments can be arranged for those with more limited training goals, particularly if they wish to participate in HBPC as an adjunct to a geropsychology, neuropsychology, or palliative care rotation. Drs. Kristen Payne and Stacy Weber provide supervision in this area.

Neuropsychology

Neuropsychology is primarily a consultation and diagnostic service. On this rotation, the intern will become proficient at administering neuropsychological tests and understanding how results from such testing relate to brain functioning and guide treatment planning. As a regional referral center, the neuropsychology clinic sees outpatients, domiciliary residents, and also geriatric, rehabilitation, medical-surgical, neurology, cardiac, and psychiatry inpatients. The caseload includes a wide variety of patients, ranging from recently returning soldiers to geriatric patients. Common referrals include: memory loss, evaluation of dementia, dementia vs. pseudodementia, closed head injury, executive functioning or personality changes, AD/HD, learning disabilities, demyelinating diseases, and seizure disorders. Competency and decisionality evaluations are also frequently requested. Records are reviewed prior to seeing the patient. Interviews are conducted at the beginning, after which a test battery is selected depending upon the referral questions and the patient's presentation. Geriatric assessments usually take a half-day; full batteries take one day. Patients are usually given feedback on their test results either in person or by telephone about a week after the assessment has been completed. The rotation in neuropsychology is designed to be a comprehensive experience. Initially the intern's existing skills are assessed so that training may begin at the most appropriate level. Testing and scoring are practiced and the intern is evaluated for accuracy and adherence to testing protocols. After gaining some experience in record review and interviewing, interns receive training in test interpretation, diagnostic procedures, and report-writing. Interns rotating through Neuropsychology are expected to attend the bimonthly Introduction to Neuropsychology series, and bimonthly team meetings.

The neuropsychology service also provides consultation to various clinics including Multiple Sclerosis Clinic, Amyotrophic Lateral Sclerosis Clinic, Dementia Clinic and Movement Disorders Clinic. These clinics allow the intern to increase their knowledge about medical examinations, neurological exams, and neuroimaging through direct involvement with cases and treatment teams.

To participate fully in this rotation, interns should expect to devote at least 20 hours per week for a period of at least six months. This would allow a range of geriatric and adult assessments, including inpatient referrals. Lesser time commitments can be negotiated for those with more limited training goals. In general, however, a commitment of at least 12-15 hours per week for a period of at least four months would be expected. Drs. Angela Gleason, Melissa Lancaster, Eric Larson, and Kathleen Patterson provide supervision in this area.

Those interns who wish to receive training and experience consistent with Division 40 and Houston Conference guidelines may devote 50% of their internship to neuropsychological rotations.

Polytrauma Clinic Support Team

The Polytrauma Clinic Support Team (PCST) serves seriously wounded returning combat Veterans with polytrauma injuries and/or traumatic brain injury (TBI). The members of the PCST are PM&R Physician, Psychologist, Neuropsychologist, Social Worker, Nurse Practitioner, Physical Therapist, Occupational Therapist, Speech Pathologist, and Psychiatrist. A wide range of experiences is available on this rotation including neuropsychological and general psychological evaluations, neuropsychological rehabilitation, psychological intervention, learning to function within an integrated team, and program development. Training on this rotation is designed to help the intern develop an understanding of the evaluation of Polytrauma/TBI conditions, learn the resources available for Veterans for treatment of these conditions, and learn the factors that impact long term functioning (including PTSD and post-deployment stress). Interns will develop an understanding of the process by which TBI is assessed, an appreciation of the role of neuropsychological evaluation, and a working knowledge of the residuals of TBI. Interns may participate in neuropsychological rehabilitation using computer-based and non-computer based cognitive rehabilitation strategies and in psycho-education about post-adjustment stress and reintegration issues. Individual, group and family therapy opportunities are also available with this population. The current neuropsychologist assigned to this clinic is retiring later this year, but another psychologist will be hired prior to the next internship year and will be available to supervise psychological and neuropsychological assessment activities. Dr. Peter Graskamp provides supervision of the psychological interventions provided through this team, and Dr. Melissa Lancaster provides supervision of neuropsychological assessments.

Spinal Cord Injury Service

The Spinal Cord Injury service provides a full range of care for four categories of patients with spinal cord injuries or illnesses: newly injured patients, who are admitted for acute care and rehabilitation, and typically stay for 2-4 months; patients briefly admitted (2-3 days) for their annual physical and psychosocial evaluations; patients admitted for treatment of ongoing illnesses and/or complications of their injuries, who may stay for many months; and outpatients. All rehabilitation patients are routinely referred for psychological evaluation and treatment, and many of the patients in the other categories may be referred or may request to be seen. A typical assessment would include an extensive structured interview, some objective personality assessment (MCMI, MBHI, etc.), and often a neuropsychological screening evaluation. Therapy typically falls into one of two categories: 1. Short-term, structured, usually cognitive-behavioral approaches to managing emotions, adverse health habit behaviors, or difficult interpersonal interactions, and 2. longer term, less structured, supportive care. A full rotation would involve 20 hours per week, for 3 - 6 months. Interns participate in team treatment planning meetings, sit in on patient education sessions, attend administrative staff meetings and attend bed rounds, as well as conducting assessments, and being involved in treatment and staff consultation activities. Drs. Jessica Brundage and Roger Williams provide supervision in this area.

Comprehensive Integrated Inpatient Rehabilitation Program

This inpatient program provides both acute and subacute/extended physical medicine and rehabilitation services to patients with a wide variety of medical diagnoses. The rehabilitation team consists of the

physiatrist, nurse, physical therapist, occupational therapist, speech therapist, dietician, social worker, and recreation therapist as well as the psychologist. Patients with orthopedic problems, such as joint replacements, fractures or amputations, typically have short stays on the unit (approximately 2 weeks), whereas patients suffering from stroke or other brain dysfunction and patients who are severely deconditioned due to multiple medical complications may stay for long durations (2-3 months). Interns provide brief psychological assessment that can include cognitive screening, address adjustment and coping of patients and significant others, and most importantly serve as consultants to team members. Interns can choose to organize and facilitate support groups for patients and families. The primary goal is to enable the patient to participate in physical rehabilitation as fully as possible. Interns can expect to spend 10-15 hours per week on this rotation for a period of 3-6 months. Dr. Nancy Krueger provides supervision in this area.

Women's Health

This is an outpatient training rotation for those interns who are interested in a focus on women's mental health and the integration of women's mental health and primary care. Treatment interviews, individual and group psychotherapy, and brief psychotherapy/assessment and consultation in primary care or multidisciplinary settings are the most frequent services provided. Source of referrals most often are the Women's Primary Care Red Clinic, MST Coordinator, Outpatient Mental Health Clinical, and Mental Health Urgent Care Clinic. Most common reasons for referral are sexual trauma, sexual trauma and combat trauma, post-military adjustment and relational issues, emotional adjustment to physical disorder, psychological factors affecting physical condition and caregiving concerns. Most of the female patients are women Veterans, but there may be some opportunities for treatment of female employees and wives of severely disabled service connected Veterans. Most patient care is provided in the intern's office or group therapy rooms at the Women's Resource Center (WRC). The WRC is a separate building adjacent to the main hospital that is dedicated solely to women's health care, and offered as an alternate space to women who prefer a more private space to receive their mental health care. Interns have the opportunity to co-lead established women's evidence-based therapy groups (cognitive processing, cognitive behavioral, MI, problem solving, or mindfulness), and often have the opportunity to participate in the development of other group approaches. A time commitment is 10-12 hours per week, for a period of at least 5 to 6 months is recommended to provide continuity of care in this setting, and to obtain a well-rounded experience. A more limited and health psychology focused rotation of 4-6 hours per week in ongoing, evidence-based group therapy & education for smoking cessation, diabetes management, women's wellness, and tinnitus is also available. Dr. Colleen Henkel provides supervision in this area.

Primary Care/Mental Health Integration Team (PC-MHI)

The goal of the PC-MHI team is to assist Primary Care providers in managing common mental health concerns while facilitating referral to specialty mental health treatment when indicated. Primary Care clinics at the VA operate under the PACT (Patient Aligned Care Team) model, and consist of a team that includes the primary provider (MD or NP), RN, LPN, dietician, health technician, medical support assistant, pharmacist, and social worker. The PC-MHI team is an active member of the PACT and participates in weekly staffings, monthly administrative meetings, and regular consultation with PACT members. The team provides brief assessments and short-term follow up for primary care patients with a range of presenting problems, including mild-moderate depression, mild-moderate anxiety disorders, insomnia, sub-syndromal PTSD, alcohol misuse, and behavioral health concerns (e.g., weight management, medical treatment adherence). Brief cognitive assessment and capacity evaluations are also provided. Same-day access is emphasized, and patients are frequently seen on a walk-in basis or as a warm hand-off directly from another Primary Care provider. Interns may participate in the full range of activities in PC-MHI, including brief assessment (both scheduled and walk-in), brief evidence-based psychotherapy (with an emphasis on CBT, Focused Acceptance and Commitment Therapy, Motivational Interviewing, and Problem-Solving Therapy), referral management, brief cognitive and/or decisionality assessments, group psychotherapy and psychoeducation, and collaboration with PACT members on patient treatment plans. A minimum time commitment of 8-10 hours per week for a period of at least 3-4 months is required in order to experience a full range of PC-MHI activities. Drs. Keisha Battle, Alison Minkin, and Barbara Sieck provide the supervision in this area.

Pain Self-Management and Rehabilitation

This outpatient mental health service offers a rehabilitative, behavioral approach to chronic pain management. The program provides comprehensive evaluations, a psychoeducational class (the Chronic Pain Education Class), and evidence-based interventions including cognitive-behavioral therapy for chronic pain, acceptance and commitment therapy for chronic pain, and relaxation training. Treatment is primarily group-based and structured with emphasis on skill development. Interns would have the opportunity to co-facilitate the Chronic Pain Education Class, to provide assessments, and to gain experience in co-facilitation of treatment groups. At present this experience is available only as a minor rotation, requiring 6-12 hours per week for a period of 3-4 months. Dr. Rebecca Mayor provides the supervision in this area.

Health Promotion Disease Prevention (HPDP)

The HPDP program has been established in the Primary Care Division to provide comprehensive health education, clinical services, and support for self-management of health-related behaviors. The psychologist who serves as the Health Behavior Coordinator takes part in program development and evaluation activities, provides staff training in patient-centered communication skills (e.g., health coaching & motivational interviewing), participates in facility-wide wellness event-planning, and contributes to the promotion of national health and wellness messages via a local communication campaign. Interns will have the opportunity to participate in program development and staff training activities as well as gaining clinical experience including behavioral health consultation to enhance individual and group medical visits. Interns may have the opportunity to gain experience in group clinical intervention/psychoeducation programs for weight management and tobacco use cessation. Administrative experience via the HPDP committee is also available. At present this experience is available only as a minor rotation, requiring 6-8 hours per week. Dr. Theresa Drewniak provides the supervision in this area.

Organizational Development

Opportunities are available to participate in organizational development efforts throughout the medical center and the VISN 12 hospital network. Activities include staff education and training in communication skills and formal organizational development/team building activities on a specific unit or team. Consultation requests for organizational development assistance come from various facility programs, including acute care, nursing education, and extended care. Interventions typically consist of interviews of staff and managers, report write-up of findings including recommendations, and assistance with implementation of interventions to enhance team functioning, including didactic sessions, facilitation of meetings, teamwork seminars, workshops, and management coaching. Other opportunities include teaching self-interpretation of assessment results for the Milwaukee Leadership Development Program, and providing training to other VA sites in VISN 12 on the evidence-based Supported Employment Fidelity Scale and assisting with the fidelity survey preparation and evaluation of this evidence-based practice. The time commitment is quite flexible and depends on the project(s) selected for involvement. An organizational development project would likely require an average time commitment of 2-4 hours per week for the duration of the project (typically 3-4 months). Involvement in staff education or coaching efforts would likely involve a bigger block of time for 2-4 weeks. Drs. Heather Smith and Theresa Drewniak can provide supervision in these activities.

Administrative Rotations

A number of opportunities are available to interns interested in administration. Training faculty includes a psychologist who serves as a Division Manager, three psychologists who serve as program managers, as well as the Lead Psychologist and the Director of Training. All can provide the interns with training opportunities.

Research Opportunities:

Many interns devote a portion of their time to completing dissertation research. There are also opportunities to participate in ongoing research projects. There are currently ongoing research programs within the Post-Deployment Mental Health program, Geropsychology/Geriatrics, and in Neuropsychology. Program evaluation studies are also ongoing in a number of treatment programs.

Other Activities:

Each intern will receive training in providing supervision, and participate in the supervision of psychology practicum students.

Interns have assisted in providing employee education groups, and have also been involved in teaching medical students. Interns have also had opportunities to gain experience in program evaluation and organizational development activities. VA regulations also allow interns to spend up to complete one-sixth of their training in off-station placements.

In addition to their clinical activities, interns spend several hours per week attending seminars or other educational activities. The twice-weekly Psychology Seminar series typically includes presentations on professional ethics and professional development, presentations on issues of particular relevance to the VA population, evidence based approaches to assessment and intervention, and issues of diversity including discussions of ethnic, cultural and gender issues. Interns are asked to present two case studies during the course of the year, one emphasizing assessment and the other focussing on intervention, and are also required to give a presentation that demonstrates their ability to critically evaluate and disseminate research. In addition to our own program, trainees are able to attend various continuing educational activities of the Medical College of Wisconsin. Among the major areas of interest are the conferences held in psychiatry, neurology, physical medicine and rehabilitation, gerontology, and clinical pharmacology. Other affiliated institutions also sponsor frequent workshops and presentations, and colloquia are often sponsored by both Marquette University and the University of Wisconsin-Milwaukee.

Requirements for Completion

Each clinical supervisor rates intern abilities in the core competency areas on the Intern Evaluation form. These issues are also discussed by the training faculty in the monthly reviews of intern performance. At the conclusion of the internship, the Director of Training prepares a final Intern Evaluation Form that provides a composite summary of supervisor ratings and comments. To successfully complete the internship, the intern must have achieved an overall rating of "Competent for entry-level practice" in all core competency areas.

Facility and Training Resources

Each intern will have a private office, equipped with a computer work-station to access the hospital's computer system and to provide word-processing capability. Interns also have online access to MedLine and PsychInfo. A personal computer with statistical software is available for use in analyzing research data. The Medical Center maintains a medical library with more than 9,000 volumes and subscriptions to more than 500 periodicals. The Library has ample literature search programs and an interlibrary loan section. The intern will also have access to the Library of the Medical College of Wisconsin with more than 76,000 volumes and 2,700 subscriptions.

Administrative Policies and Procedures

Interns have the same options available to other VA employees including the station's Equal Employment Opportunity and Affirmative Action programs. Comprehensive policies and procedures for addressing performance problems and intern grievances are contained in the internship training manual that each intern receives during their initial orientation to the program.

It is expected that interns will differ in the extent to which they require training in the expected competencies. It is further expected that there may be instances where an intern's behaviors, attitudes, or other characteristics impact the learning process, relationships with others, and/or patient care. These issues are typically addressed in supervision.

Training Staff

David E. Baruch, Ph.D. (University of Wisconsin-Milwaukee, Clinical Psychology, 2014).

Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provides individual and group psychotherapy, supervision of psychology interns, and psychological assessment. Dr. Baruch joined our staff upon completion of his postdoctoral fellowship in post-deployment mental health.

Keisha Battle, Psy.D. (Roosevelt University, Clinical Psychology, 2015).

Primary Care-Mental Health (PC-MH) Integration: Provide brief assessments and psychotherapy. Consult with interdisciplinary team. Collaborate with Women's Health Clinic. Supervise psychology trainees.

Theoretical Orientation: Integrative, with an emphasis on behavioral health, brief cognitive behavioral therapy, time-limited dynamic therapy, and supportive therapy.

Interests: Insomnia, interdisciplinary care, supervision, and training.

Bertrand D. Berger, Ph.D. (University of Wisconsin-Milwaukee, Clinical Psychology, 1992).

Division Manager, Mental Health: Manager of all mental health programs at the Milwaukee VA Medical Center. This includes supervisory authority over approximately 380 faculty and staff.

Academic Affiliation: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Jessica Brundage, Ph.D. (Marquette University, Counseling Psychology, 2009).

Spinal Cord Injury (SCI) & Disorders: Provide diagnosis and treatment recommendations to enhance adjustment, self-management, and adherence for Veterans admitted to the SCI center for rehabilitation, acute medical needs, and respite. Complete annual evaluations to screen for emotional, behavioral, and cognitive concerns. Conduct time-limited, evidence-based psychotherapy and perform cognitive and personality assessments. Deliver educational programs to Veterans, employees, and trainees. Provide clinical supervision to psychology fellows, interns, and practicum students. Provide Employee Assistance Program counseling services.

Theoretical Orientation: Integrative, drawing heavily upon cognitive-behavioral approaches, motivational interviewing, and interpersonal techniques

Interests: Rehabilitation psychology, adjustment to disability, health behavior change, stress and coping, nonadherence to treatment regimens, grief and loss, supervision

Certifications: Cognitive Processing Therapy for PTSD, Cognitive Behavioral Therapy for Depression

Catherine Coppolillo, Ph.D. (Marquette University, Clinical Psychology, 2006).

Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide individual, couples and group psychotherapy to Veterans from the Iraq and Afghanistan wars and their families. Serve as major preceptor for the Post-Deployment Mental Health post-doctoral fellow and provide clinical supervision to interns and practicum students. Provide outreach services through the OEF/OIF Connection Team, visiting National Guard and Reserve units to represent the VA and assist Veterans in accessing services. Provide psychoeducational programming on Veterans' issues to community organizations.

Theoretical Orientation: Integrative, drawing heavily upon interpersonal, psychodynamic and cognitive-behavioral traditions

Interests: Treatment of PTSD and complex PTSD, effects of childhood trauma and neglect, gender identity issues, supervision

Certifications: Prolonged Exposure for PTSD

Theresa A. Drewniak, Ph.D. (Indiana State University, Counseling Psychology, 2000).

Health Behavior Coordinator: Train, guide, mentor, and support healthcare team members who provide health behavior self-management to patients utilizing the courses "Patient Education: TEACH for Success," and "Motivational Interviewing." Provide coaching to clinicians to enhance their skills. Provide clinical services in shared medical appointments to patients in the weight management program. Plan, develop, adapt, implement and assess efficacy of health behavior interventions for the promotion of

general health and to address health risk behaviors as part of disease prevention and chronic disease management in close collaboration with the Health Promotion/Disease Prevention Manager and others.
Interests: Leadership development, organizational development

Shaun English, Ph.D. (Marquette University, Clinical Psychology, 2012).

Outpatient Mental Health Clinic/Outpatient Geropsychology Clinic: Provide individual and group psychotherapy to patients with a wide range of diagnoses. Facilitate evidence-based treatment groups for domestic violence offenders, anxiety management, and bipolar disorder psychoeducation.

Theoretical Orientation: Cognitive-Behavioral, Problem Solving Training techniques, Interpersonal

Interests: Outpatient individual and group psychotherapy, Geropsychology, brief evidence-based treatment, coping with loss and grief, Neuropsychology

Academic Affiliation: Adjunct Faculty Member, College of Professional Studies, Marquette University

Shauna Fuller, Ph.D. (Marquette University, Counseling Psychology, 2010).

Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide individual and group psychotherapy, supervision of psychology interns and fellows, and psychological assessment.

Theoretical Orientation: Integrative, drawing heavily upon Rogerian tenets, interpersonal process and existential components

Interests: Recovery from trauma in interpersonal contexts, treatment retention, supervision, common factors model

Certifications: Cognitive Processing Therapy for PTSD

Jeffrey L. Garbelman, Ph.D. (Indiana University, Counseling Psychology, 2007).

Compensation & Pension (C&P)/Centralized Assessment Unit (CAU)/VA Police Psychology Consultant:

Complete C&P evaluations with Veterans claiming mental illness and impairment as a result of military service. Provide forensic opinions related to suicide, or potential suicide, claimed by Veterans' families due to military service/service-connected mental illness. Provide differential psychodiagnostic assessment and pre-surgical transplant and bariatric evaluations. Supervise interns. Provide employee evaluations and consultation for the Milwaukee VA Police Department.

Interests: Psychosocial measures of impairment with Veterans; personality disorder assessment and treatment; suicide risk assessment, treatment and the law

Certifications: Question, Persuade, Refer (QPR) Instructor, EMDR, Columbia Suicide Severity Rating Scale (CSSRS) Instructor, Crisis Intervention Training (CIT/CIP) Instructor

Angela Gleason, Ph.D., ABPP-CN (University of Houston, Clinical Psychology, 2004).

Neuropsychology: Conduct neuropsychological assessment with outpatient and inpatient Veterans.

Supervise fellows, interns, graduate students, and medical residents. Serve as psychologist within the Outpatient Geropsychiatry and Cognitive Disorders Clinics.

Theoretical Orientation: Cognitive behavioral, flexible battery neuropsychology

Interests: Memory disorders, movement disorders, oncology, multi-disciplinary assessment, and communication of results with patients.

Certifications: Board Certified in Clinical Neuropsychology

Peter Graskamp, Ph.D. (Marquette University, Clinical Psychology, 2006).

Polytrauma Interdisciplinary Team: Provide individual and group treatment to patients seen through the Polytrauma/TBI system of care, utilizing empirically validated treatments such as Cognitive Behavioral Therapy (CBT) for Insomnia. Provide clinical consultation to the TBI interdisciplinary team.

Theoretical Orientation: Cognitive-Behavioral Therapy, Family Systems Theory, Interpersonal Therapy

Interests: Trauma Psychology, rehabilitation, behavioral sleep medicine, supervision, consultation

Certifications: CBT for Insomnia

Amanda Gregas, Ph.D. (University of Wisconsin-Milwaukee, Counseling Psychology, 2009).

Acute Mental Health Program Manager: Management of five interdisciplinary clinical teams: Inpatient Mental Health Unit, Mental Health Urgent Care Clinic, Neuropsychology/Polytrauma Clinic, Emergency Department Psychology Consult Team, and Consult-Liaison Psychiatry Team. Provide evidence-based treatments, including Cognitive-Behavioral Therapy and Dialectical Behavioral Therapy (DBT), on the

inpatient mental health unit. Conduct psychological/personality assessment to assist with differential diagnosis and treatment recommendations. Facilitate DBT Skills groups for the treatment of personality disorders and substance use/abuse on an outpatient basis. Co-lead a weekly DBT Consultation Team.

Theoretical Orientation: Cognitive-Behavioral, Existential

Interests: Severe & persistent mental illness, addictions, personality disorders, Dialectical Behavior Therapy, psychopharmacology

Academic Affiliation: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Michael L. Haight, Psy.D. (Florida Institute of Technology, Clinical Psychology, 2002).

Team Leader, General Treatment Team, Domiciliary Residential Rehabilitation and Treatment Program (DRRTP): Orient Veterans to the DRRTP, complete psychosocial assessments and recovery plans, and provide case management duties. Conduct individual and group therapy and personality assessment. Supervise practicum students, interns, and fellows, including serving as major preceptor for the Residential Rehabilitation fellow. Complete administrative duties as the Team Leader.

Theoretical Orientation: Acceptance and Commitment Therapy (ACT), Motivational Interviewing

Interests: Residential rehabilitation, grief, ACT for pain, supervision

James D. Hart, Ph.D. (University of Wisconsin-Madison, Clinical Psychology, 1970).

Director of the Psychology Training Program: Administrative responsibility for the doctoral internship program, postdoctoral fellowship program, and practicum program. Provide group supervision to doctoral interns and postdoctoral fellows.

Theoretical Orientation: Integrative, primarily behavioral and cognitive-behavioral

Interests: Training and supervision, program development and program evaluation

Academic Affiliation: Associate Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Colleen Heinkel, Ph.D. (Marquette University, Clinical Psychology, 2008).

Women's Resource Center: Serve as psychology preceptor for the MCW/VA Advanced Fellowship in Women's Health. Provide individual and group psychotherapy to women Veterans with trauma and concomitant cognitive and physical health issues. Serve as Lead Clinician for the VA's Smoking Cessation Clinic and psychologist in the multidisciplinary Tinnitus Clinic. Provide services in the Women Veterans Primary Care Clinic.

Theoretical Orientation: Integrative, drawing heavily upon cognitive-behavioral approaches, motivational interviewing strategies, and interpersonal techniques

Interests: Rehabilitation psychology, adjustment to disability, health behavior change, stress and coping, non-adherence to treatment regimens, grief and loss, supervision

Certifications: Cognitive Processing Therapy for PTSD, Cognitive Behavioral Therapy for Depression, ISTSS Trauma Counselor, Red Cross Nationally Certified Disaster Psychologist, UW-Madison Biology of Aging

Academic Affiliations: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin; Adjunct Faculty Member, Marquette University; Guest lecturer, UW-Madison

Mary Christina Hove, Ph.D. (University of Cincinnati, Clinical Psychology, 2005).

PTSD/SUD Specialist, Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide individual and group psychotherapy to inpatient and outpatient Veterans specializing in the treatment of comorbid Posttraumatic Stress and Substance Use Disorders using Relapse Prevention (RP), Harm Reduction (HR), Acceptance and Commitment Therapy (ACT), Cognitive-Behavioral (CBT) Therapies, and Motivational Interviewing (MI), and Interpersonal Therapy techniques.

Theoretical Orientation: Cognitive-Behavioral, Interpersonal

Interests: Clinical--antecedent and consequential influence of substance use and trauma on daily functioning. Research--social and cognitive variables that contribute to the psychological, physical, and emotional consequences of trauma particularly as exacerbated by alcohol and drug use. Social and cognitive variables involved in etiology and prevention of addictive behaviors as a means of promoting individual and community health.

Certifications: Cognitive-Behavioral Therapy for Insomnia

Julie Jackson, Ph.D. (Marquette University, Counseling Psychology, 2007).
Team Leader, Women's Program, Domiciliary Residential Rehabilitation and Treatment Program (DRRTP): Provide group and individual therapy for women Veterans residing in the DRRTP. Complete administrative duties as the Team Leader. Supervise interns, fellows, and students.
Theoretical Orientation: Cognitive-behavioral
Interests: Dual diagnosis, health psychology, Acceptance and Commitment Therapy
Certifications: Cognitive Processing Therapy for PTSD

Allison L. Jahn, Ph.D. (University of Wisconsin-Madison, Clinical Psychology, 2011).
Outpatient Mental Health: Centralized Assessment Unit (CAU), Compensation & Pension, and Geropsychology: Conduct C&P examinations, pre-surgical psychodiagnostic and psychosocial evaluations for bariatric and transplant candidates, and evaluations to aid in diagnosis and treatment for Veterans in outpatient mental health. Provide individual and group (e.g. problem solving training, caregiver support) psychotherapy for older adults. Provide supervision to interns and fellows and serve as the primary supervisor for the Outpatient Geropsychology fellow.
Theoretical Orientation: Biopsychosocial, integrating biological/neurological, psychological, and contextual and social factors to inform and direct therapy through a variety of therapeutic approaches including cognitive-behavioral and dialectical strategies, motivational interviewing, and mindfulness-based techniques
Interests: Geropsychology; health, disability, diagnostic, and psychosocial assessment; cancer survivorship; supervision; neurobiology of stress and depression
Certifications: Structured Clinical Interview (SCID) for the DSM-IV

Sarah Keating, Ph.D. (Brigham Young University, Clinical Psychology, 2015).
Team Leader, Individualized Addictions Consultation Team (I-ACT): Conduct diagnostic interviews, individual therapy, case management, and group therapy to dually diagnosed Veterans residing in both a residential treatment facility and on an outpatient basis.

Nancy Krueger, Ph.D. (Rosalind Franklin University, Clinical Psychology, 2006).
Palliative Care, Inpatient Rehabilitation, Community Living Center (CLC): Responsible for consultation, program development, assessment, treatment planning, and intervention on selected units in the CLC (long-term care, palliative care, and inpatient rehabilitation), including supervision of psychology postdoctoral fellows and Interns.
Theoretical Orientation: Cognitive Behavioral
Interests: Health Psychology, palliative care

Melissa Lancaster, Ph.D. (Rosalind Franklin University, Clinical Psychology, 2014).
Neuropsychology: Conduct neuropsychological assessment with outpatient and inpatient Veterans. Supervise fellows, interns, graduate students, and medical residents. Serve as psychologist within the Polytrauma Clinic.
Theoretical Orientation: Cognitive behavioral, flexible battery neuropsychology.
Interests: Neurodegenerative disorders, traumatic brain injury.

Sadie Larsen, Ph.D. (University of Illinois Urbana-Champaign, Clinical/Community Psychology 2011).
Outpatient Mental Health Clinic/Medical College of Wisconsin (MCW): Provide individual and group psychotherapy within the general outpatient mental health clinic. Provide services to individuals who have experienced military sexual trauma (MST) as part of the MST Support Team. Co-facilitate groups in the Outpatient Addictions Treatment program (Seeking Safety and Cognitive Therapy). Provide outpatient individual psychotherapy at the Medical College of Wisconsin. Conduct research.
Theoretical Orientation: Primarily Cognitive-Behavioral, drawing on Acceptance and Commitment Therapy, Mindfulness, and Dialectical Behavior Therapy
Interests: PTSD, anxiety disorders, gendered violence (e.g., military sexual trauma, domestic violence, childhood sexual abuse)
Certifications: Cognitive Processing Therapy for PTSD
Academic Affiliation: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Eric Larson, Ph.D., ABPP-CN (University of Cincinnati, Clinical Psychology, 2002).

Neuropsychology: Conduct neuropsychological assessment with outpatient and inpatient Veterans. Supervise fellows, interns, and students. Serve as psychologist within the Outpatient Geropsychiatry Clinic, providing supervision to the Outpatient Geropsychology fellow.

Theoretical Orientation: Cognitive behavioral, neuropsychology

Interests: Memory; dementia; how a person's ability to recognize, or fail to recognize, their own cognitive decline relates to their mood and symptoms of dementia; the interaction between symptoms of dementia and PTSD; decisional capacity

Certifications: Board Certified in Clinical Neuropsychology

Academic Affiliation: Associate Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

William G. Lorber, Ph.D. (University of Connecticut, Clinical Psychology, 2006).

Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide psychotherapy in group, individual, couples and family settings. Conduct research investigating Veterans' psychological functioning. Provide supervision of psychology interns.

Interests: Treatment of PTSD, emotion regulation, the impact of traditional masculine gender role norms on men's mental health

Mindy Marcus, Ph.D. (University of Texas, Educational Psychology with focus on Human Development, Personality and Social Psychology, 1998; Marquette University, Respecialization in Counseling Psychology, 2004),

Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide psychotherapy in group, individual, couples and family settings to Veterans with PTSD from combat trauma and/or sexual trauma from any phase of life including military sexual trauma. Provide supervision of psychology interns and postdoctoral fellows.

Theoretical Orientation: Integrative, largely based on psychodynamic, interpersonal process, and cognitive behavioral theories (CBT). Patient-centered integration of interpersonal process, CBT, Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), and Prolonged Exposure with importance placed on the relationship and a holistic perspective that includes the body/physiology as one avenue of treatment.

Certifications: CPT for PTSD, formally trained in EMDR

Patrick W. Martin, Ph.D. (St. Louis University, Clinical Psychology, 1999).

Team Leader, Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide individual and group therapy. Provide supervision of psychology interns and medical residents.

Theoretical Orientation: Integrationist with leaning toward process oriented therapy

Interests: Vulnerability and resiliency, well-being; sport psychology; emotion regulation

Certifications: Prolonged Exposure for PTSD

Academic Affiliation: Provide teaching and supervision for the Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Rebecca Mayor, Ph.D. (Marquette University, Counseling Psychology, 2011).

Outpatient Mental Health/Pain Self-Management & Rehabilitation: Complete psychological assessments. Provide individual and group psychotherapy and psychoeducation. Collaborate with other disciplines on co-treatment and multi/interdisciplinary program development. Provide consultation.

Theoretical Orientation: Integrative, Cognitive-Behavioral, Humanistic; primarily provide cognitive-behavioral therapy, cognitive therapy, acceptance and commitment therapy, motivational interviewing, relaxation training

Interests: Rehabilitation Psychology, Health Psychology, PTSD/polytrauma, Pain Psychology, chronic illness, adjustment to disability, qualitative research, adaptive functioning, comprehensive multicultural counseling, treatment disparities, interdisciplinary care

Certifications: Cognitive Processing Therapy for PTSD

Stephen E. Melka, Ph.D. (Southern Illinois University, Clinical Psychology, 2011).
Substance Abuse Residential (SAR) Treatment Program: Provide psychosocial evaluation, diagnostic assessment, psychological testing, psychoeducation, and group and individual therapy. Supervise interns, and fellows..

Theoretical Orientation: Cognitive-behavioral, Existential

Interests: Traumatic stress, anxiety, and substance use disorders, emotion regulation

Certifications: Cognitive Processing Therapy for PTSD, Problem-Solving Training

Alison J. Minkin, Ph.D. (Colorado State University, Counseling Psychology, 2006).

Outpatient Mental-Health Program Manager, Primary Care-Mental Health (PC-MH) Integration: Serves half-time as Co-Manager of the Mental Health Outpatient Program. Serves half-time as a psychologist assigned to the PC-MH Integration team, providing brief assessment, brief psychotherapy, and consultation for Veterans in a primary care setting. Coordinates interprofessional PC-MH integration training program and serves as major preceptor for the psychology PC-MH postdoctoral fellow. Supervise psychology interns in PC-MH Integration.

Theoretical Orientation: Cognitive-Behavioral, Interpersonal Process

Interests: Geropsychology, motivational interviewing, dementia

Jamie Noffsinger, Psy.D. (Illinois School of Professional Psychology, Clinical Psychology, 2008).

Acute Inpatient Mental Health: Facilitate groups and individual psychotherapy. Conduct psychological and personality assessment..Provide consultation in the Emergency Department on an intermittent basis.

Theoretical Orientation: Integrative, primarily cognitive-behavioral

Interests: Chronic severe mental illness, Forensic Psychology

Megan Olson, Ph.D. (Washington State University, Clinical Psychology, 2007).

Outpatient Mental Health Clinic: Conduct psychological, psychodiagnostic, and cognitive assessments. Provide evidence-based individual, group, and family psychotherapy, therapy, consultation, and psychoeducation. Facilitate a cognitive skills group within the Outpatient Addictions Treatment (OAT) program and an Acceptance and Commitment Therapy (ACT) for depression group. Supervise pre-doctoral interns and post-doctoral fellows.

Theoretical Orientation: ACT, Behavioral Activation, elements of Cognitive Behavioral Therapy

Interests: Health Psychology, addictions, mindfulness based approaches to treatment

Certifications: ACT for Depression

Kathleen Patterson, Ph.D., ABPP-CN (University of Wisconsin-Milwaukee, Clinical Psychology, 1993).

Neuropsychology: Conduct neuropsychological assessment with outpatient and inpatient Veterans.

Provide consultation within the interdisciplinary Neurocognitive Disorders Clinic. Supervise psychology interns, fellows, and students.

Theoretical Orientation: Integrative

Interests: Neurodegenerative disorders, TBI

Academic Affiliations: Associate Professor, Department of Psychiatry and Behavioral Medicine with a secondary appointment in Department of Neurology, Medical College of Wisconsin; Adjunct Assistant Professor, Department of Clinical Psychology, University of Wisconsin-Milwaukee

Kristen Payne, Ph.D. (University of Alabama, Clinical Psychology, 2010).

Home-Based Primary Care (HBPC): Provides psychological assessment, psychotherapy, caregiver support, and staff consultation for medically frail, homebound Veterans. Participates in Vet's Club (formerly Adult Day Health Care) reminiscence groups as well as provides consultation to staff who encounter challenging behaviors in Veterans who attend Vet's Club. Supervises psychology interns and fellows in HBPC and Vet's Club.

Theoretical Orientation: eclectic; cognitive behavioral; interpersonal; feminist

Interests: General geropsychology; adjustments to living with chronic and life limiting medical issues; capacity assessments; adjustment to retirement; bereavement; caregiver support; stigma attached to aging; structural inequalities leading to differential outcomes in the aging population

Sandra J. Regan, Ph.D. (University of Wisconsin-Milwaukee, Clinical Psychology, 1995).

Team Leader, Evidence-Based Psychosocial Rehabilitation and Education Program (EB-PREP): Provide social skills training and other evidence-based psychotherapies in group, individual, and family/couples modalities. Provide psychoeducation about mental illnesses and crisis intervention. Consult with staff from other disciplines. Supervise psychology interns and students.

Theoretical Orientation: Eclectic, combining cognitive-behavioral, problem-solving/skills training, motivational interviewing, family systems, recovery, and process approaches

Interests: Serious mental illness (SMI), family therapy, recovery, substance abuse, trauma

Certifications: Behavioral Family Therapy for SMI, Cognitive Processing Therapy for PTSD

Dyani J. Saxby, Ph.D. (University of Cincinnati, Clinical Psychology, 2011).

Emergency Department (ED) & Mental Health Urgent Care Clinic (MHUCC): Provide consultation to ED and MHUCC for Veterans presenting with psychiatric emergencies, drug and alcohol abuse, and psychological distress related to medical conditions. Determine level of care needed, coordinate referral and/or hospital admission, facilitate multidisciplinary treatment planning, and conduct decision-making capacity evaluations. Provides health and behavior interventions, and provides consultation-liaison services to medical units for psychiatric complaints or adjustment to medical conditions.

Theoretical Orientation: Integrative, drawing heavily upon cognitive-behavioral and multicultural approaches

Interests: Clinical--Health and Rehabilitation Psychology, PTSD, crisis intervention; Research--clinical impacts on driving performance.

Lynn Servais, Ph.D. (Marquette University, Clinical Psychology, 2002).

Team Leader, Substance Abuse Residential (SAR) Treatment Program: Develop, implement, and evaluate the multidisciplinary SAR program. Provide psychosocial evaluation, diagnostic assessment, psychological testing, psychoeducation, and group and individual therapy. Supervise interns, fellows, and students. Liaise with the Domiciliary Program Manager and other VA Mental Health rehabilitation programs. Participate in domiciliary-wide improvement, monitoring, and accreditation activities as part of the Team Leader Interteam committee.

Theoretical Orientation: Cognitive Behavioral Therapy, Existential Psychotherapy, Acceptance and Commitment Therapy (ACT)

Interests: Dual diagnosis, residential addiction treatment, therapeutic communities, program development and system design, integrative treatment plans

Certifications: Twelve Step Facilitation, ACT for Depression, Advanced Diploma and MA in Existential Psychotherapy (Regent's College, United Kingdom)

Beth Shaw, Ph.D. (Marquette University, Clinical Psychology, 2009).

Outpatient Mental Health Clinic: Conducts diagnostic interviews, individual therapy, case management, and group therapy. Serves on the Dialectical Behavior Therapy consultation team, facilitate outpatient DBT skills groups, and provide DBT informed individual therapy. Supervise psychology interns within both the outpatient clinic and the DBT consultation teams.

Theoretical Orientation: Cognitive-Behavioral, Interpersonal

Interests: Addictions treatment, DBT and the treatment of borderline personality disorder, serious and persistent mental illness, mindfulness

Certifications: Acceptance and Commitment Therapy for Depression, Interpersonal Therapy for Depression, Social Skills Training for Serious and Persistent Mental Illness

Samuel J. Shepard, Ph.D. (University of Iowa, Counseling Psychology, 2010).

Team Leader, PTSD Residential Treatment Program, Domiciliary Residential Rehabilitation and Treatment Program (DRRTP): Serve as the Team Leader on the interdisciplinary PTSD Residential Treatment Team. Provide diagnostic assessment, individual therapy, case management, and group therapy to Veterans with PTSD. The PTSD program emphasizes the use of evidence-based treatment, and provides either Cognitive Processing Therapy or Prolonged Exposure (PE) therapy to every Veteran.

Theoretical Orientation: Cognitive-Behavioral

Interests: PTSD and trauma-related disorders, anxiety disorders, men and masculinity

Certifications: PE for PTSD

Barbara Sieck, Ph.D. (University of Iowa, Counseling Psychology, 2014).

Primary Care-Mental Health (PC-MH) Integration: Provide brief assessment and psychotherapy. Consult with interdisciplinary team. Collaborate with Women's Health Clinic and Women's Resource Center. Develop PC-MH groups and classes. Supervise psychology trainees.

Theoretical Orientation: Integrative, with an emphasis on Time-Limited Dynamic Psychotherapy

Interests: Women's Health, interdisciplinary care, supervision and training, trauma, program and group development

Gregory Simons, Ph.D. (Marquette University, Clinical Psychology, 2007).

Suicide Prevention: Provide individual, group, and couples/family therapy through outpatient mental health. Perform administrative duties including chart review and flagging, follow-up with patients at high risk for suicide, outreach, provider consultation, interdisciplinary training/education, and responding to hotline calls. Chair hospital wide suicide prevention committee. Coordinate LGBT affirmative treatments within mental health, which includes supporting transgender patients in the transition process.

Involvement with the Equal Employment Opportunity (EE) LGBT Special Emphasis Program (SEP) raising awareness of diversity among VA staff through organization of presentations and other activities.

Theoretical Orientation: Aspiring humanist with a strong training background in cognitive-behavioral approaches

Interests: Suicide prevention, sexual health, LGBTQ affirmative healthcare, provider self-care

Certifications: Cognitive Behavioral Therapy for Depression

Heather M. Smith, Ph.D., ABPP-CG (Ohio State University, Counseling Psychology, 2002).

Lead Psychologist: Serve as Lead for the discipline of Psychology at the Milwaukee VAMC and affiliated Community Based Outpatient Clinics. Responsible for the hiring, credentialing, privileging, and professional practice of the Psychology staff. Collaborate with the Director of Psychology Training to oversee the doctoral and postdoctoral training programs. Serve as major preceptor and clinical supervisor for fellows, interns, and students completing Geropsychology rotations in the Community Living Center. Provide geriatric neuropsychological and decision-making capacity assessment; interdisciplinary team consultation; individual and group psychotherapy; caregiver education and support; and organizational development interventions.

Theoretical Orientation: Cognitive-Behavioral, Behavioral, Interpersonal

Interests: Geropsychology, training and supervision, dementia, decision-making capacity assessment, interdisciplinary team consultation, organizational development

Academic Affiliation: Associate Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Karen Tucker, Ph.D. (Texas Tech University, Counseling Psychology, 1988).

Health Care for Homeless Veterans: Provide psychodiagnostic services and psychotherapy, determine vocational, emotional, and educational needs, and formulate and implement treatment plans for Veterans in the Health Care for Homeless Veterans program. Provide clinical supervision to Peer Support staff members. Consults to other healthcare providers.

Theoretical Orientation: Cognitive-behavioral, DBT

Interests: Trauma, emotional regulation, effective communication, coping skills, relaxation and stress management, adjustment to change and loss, borderline personality disorder, program development and administration

Matt Vendlinski, Ph.D. (University of Wisconsin-Madison, Clinical Psychology, 2012)

Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide individual and group psychotherapy to Veterans experiencing PTSD and common comorbid conditions including depression, substance use problems, and personality pathology. Most commonly use techniques consistent with Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Dialectical Behavioral Therapy (DBT).

Theoretical Orientation: Cognitive-Behavioral

Interests: Trauma, LGBT-related concerns, classification of mental health problems

Certifications: Cognitive Processing Therapy for PTSD

Keyona Walker, Ph.D. (Marquette University, Counseling Psychology, 2011).
Community Resource and Referral Center (CRRC): Administer, score, and interpret psychological assessments. Perform psychosocial evaluations. Provide consultation to other health care providers. Provide individual therapy. Provide crisis intervention.
Theoretical Orientation: Cognitive-Behavioral, Interpersonal
Interests: Multicultural Psychology, stress and coping, Positive Psychology, supervision
Academic Affiliation: Adjunct Faculty Member, College of Education, Marquette University

Stacy Weber, Ph.D. (University of Alabama, Clinical Psychology, 2010).
Home-Based Primary Care (HBPC): Provides psychological assessment, psychotherapy, caregiver support, and staff consultation for medically frail, homebound Veterans. Participates in Vet's Club reminiscence groups as well as providing consultation to staff who encounter challenging behaviors in Veterans who attend Vet's Club.

Erin B. Williams, Ph.D. (Indiana State University, Counseling Psychology, 1997).
Operation HOPE Program Manager: Direct line authority and accountability for all aspects of the clinical care and support services provided to Veterans in Operation HOPE, a collaborative of three programs serving persons with severe mental illness, including Evidence Based Psychosocial Rehabilitation Program (EB-PREP), Mental Health Intensive Case Management (MHICM), and Veterans Recovery Resource Center (VRRC).
Theoretical Orientation: Relational Frame Theory, Acceptance and Commitment, Self-Determination
Interests: Community inclusion and psychosocial rehabilitation for persons with severe mental illness
Certifications: Certified Psychiatric Rehabilitation Practitioner

Roger D. Williams, Ph.D. (Indiana State University, Counseling Psychology, 1993).
Spinal Cord Injury & Disorders: Provide psychological services to Veterans with SCI in both inpatient and outpatient settings with the aim of facilitating post-injury adjustment of Veterans, their families, and caregivers. Conduct personality, psychological and neuropsychological assessments. Provide clinical supervision and consultation to staff and trainees of various disciplines, including psychology interns, practicum students and postdoctoral fellows.
Theoretical Orientation: Acceptance and Commitment Therapy, Family Systems Theory, Humanistic
Interests: Neuropsychology, rehabilitation, supervision, mentoring, chronic debilitating illness/disease, coding compliance, organizational development, leadership development
Certifications: Certified Psychiatric Rehabilitation Practitioner, Certified Veterans Health Administration Mentor at the Fellow Level
Academic Affiliation: Associate Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Trainees

Applicants have been matched to our program from the following doctoral programs:

2010-2011

Ball State University (Counseling)
Marquette University (Counseling)
Purdue University (Counseling)
Southern Illinois University (Clinical)
Southern Illinois University (Counseling)
University of Wisconsin-Madison (Clinical)

2011-2012

University of Iowa (Counseling)
Marquette University (Clinical)
University of Minnesota (Counseling)
University of Wisconsin-Madison (Clinical)
University of Wisconsin-Madison (Counseling)
University of Wisconsin-Milwaukee (Clinical)

2012-2013

University of Alabama (Clinical)
University of California-Berkeley (Clinical)
Illinois Institute of Technology (Clinical)
Marquette University (Clinical)
Purdue University (Counseling)
Virginia Commonwealth University (Counseling)

2013-2014

University of Alabama (Clinical)
Brigham Young University (Clinical)
University of Iowa (Counseling)
Long Island University – Brooklyn Campus (Clinical)
Marquette University (Clinical)
Pacific Graduate School of Psychology (Clinical)
University of Wisconsin-Milwaukee (Clinical)

2014-2015

Boston College (Counseling)
University of Indianapolis (Clinical)
University of Minnesota (Clinical)
PGSP –Stanford Psy.D. Consortium (Clinical)
Roosevelt University (Clinical)
Spalding University (Clinical)
University of West Virginia (Clinical)
University of Wisconsin-Milwaukee (Counseling)

2015-2016

University of Detroit Mercy (Clinical)
Drexel University (Clinical)
University of Iowa (Counseling)
Miami University (Clinical)
Purdue University (Counseling)
Rosalind Franklin University (Clinical)
University of Utah (Counseling)
Wayne State University (Clinical)

2016-2017

University of Connecticut (Clinical)
Marquette University (Clinical)
Marquette University (Counseling)
University of Notre Dame (Clinical)
University of Oklahoma (Counseling)
William James College (Clinical)
University of Wisconsin-Milwaukee (Clinical)
Wisconsin School of Professional Psychology (Clinical)

Forty-one of the last 42 interns to complete the program went on to postdoctoral fellowships, 36 of which were in the VA system. Twenty-one of the 42 currently are currently employed as VA psychologists, and 7 are currently completing VA postdoctoral fellowships.

Local Information

Milwaukee is located on the western shore of Lake Michigan, approximately 90 miles north of Chicago. The four county metropolitan Milwaukee area has a population of more than 1.5 million people. Milwaukee is a diverse community offering a wide variety of leisure and recreational activities. The Discover Milwaukee website (www.discovermilwaukee.com) provides a description of much of what the community has to offer.