Psychology Postdoctoral Fellowship 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/

Applications due: December 15, 2016

Accreditation Status
The postdoctoral fellowship in Clinical Psychology 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 fellowship is scheduled to begin on August 21, 2017.

The current stipend is $43,804.

Fellows 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.

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

Application & Selection Procedures
A candidate for a fellowship must be a U.S. citizen who, by the beginning of the fellowship year, will have completed an APA-approved doctoral program in clinical or counseling psychology and an APA-approved pre-doctoral internship program. In reviewing applicants to the program, we look for candidates with solid backgrounds in both assessment and psychotherapy whose background and experience is consistent with the area to be emphasized in the fellowship. Relevant research experience is a factor in selection, though relevant clinical experience is typically weighed more heavily.

This VA Center in its commitment to Equal Opportunity Employment and Affirmative Action encourages applications by minorities, women and handicapped persons.

The program provides advanced training in clinical psychology within the following areas of concentration:

- Geropsychology (2 positions: inpatient and outpatient)
- Neuropsychology
- Palliative Care
- Post-Deployment Mental Health
- Residential Rehabilitation
The Clinical Neuropsychology Fellowship position is not described in detail in this brochure. A separate brochure for this program is available on the Milwaukee VA website.

The following application material is required:

1. A vita which describes the nature and extent of your previous clinical, academic, and research experience.
2. A cover letter describing your major interests and career objectives, including any particular areas you would wish to emphasize during the fellowship year. If you are applying for more than one area of emphasis, you may submit separate cover letters for each area to which you are applying.
3. At least three letters of recommendation from people familiar with your clinical work. One must be from one of your pre-doctoral internship supervisors.
4. A letter of support from your internship Training Director indicating that you are in good standing to complete your internship and indicating the expected completion date. If you have already completed the internship you can send a copy of your internship certificate.
5. A graduate transcript.
6. If your transcript does not show the granting of the doctorate, a letter from the graduate program should be submitted indicating your current status in the program and the timeline for completing the remaining program requirements. This letter should attest that all degree requirements are expected to be completed prior to the fellowship start date.

Application material should be submitted through the APPIC online application system for postdoctoral programs (APPA CAS). The applicant portal can accessed with the following link: https://appicpostdoc.liaisoncas.com/applicant-ux/#/login

Please send requests for further information to:

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Mental Health Division
VA Medical Center (695/MH-Admin)
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414-384-2000, extension 41672 Fax: 414-382-5379
e-mail: jim.hart@va.gov

Deadlines: Application materials are to be submitted by December 15, 2016.

Interviews: Interviews will only be conducted after all application material has been received. If you are invited to interview, we would prefer that you interview in person. We realize, however, that travel costs and scheduling considerations are prohibitive in many cases. If you are unable to interview in person, telephone interviews can be arranged. Interviews will be conducted in late January and early February.

Selection:

In accordance with APPIC guidelines, offers will be extended on Monday, February 27.
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, Spinal Cord Injury Unit, Physical Medicine and Rehabilitation Unit, Pain Clinic, Community Living Center, Palliative Care Unit, Primary Care, Home Based Primary Care Program, Adult Day Health Care Program, Health Promotion Disease Prevention Program, Women's Clinic, and Supported Employment/Compensated Work Therapy Program. 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. Fellows 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 fellowship operates within a scholar-practitioner model. While the training primarily occurs within the context of the delivery of psychological services, training needs always take priority over service needs. The objective of the fellowship program is to provide the environment and experience that will promote in-depth development in each area of concentration. The goal of effective independent practice requires competence in assessment, interdisciplinary consultation, individual and systems-based interventions, program development and evaluation, staff training and development, and bioethics. Within each area of competence, sound clinical skill and judgment, an active knowledge of current research, and an ability to teach and communicate well with clients and other professionals are required. The fellowship program is organized around a core of clinical experiences, but allows some flexibility in pursuing individual clinical, educational, or research goals.

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 own work evaluated by skilled, experienced psychologists. 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 their practice, and to incorporate this information into the supervisory process as well. 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.
Program Goals & Objectives

The program provides advanced training in clinical psychology within the following areas of concentration:

- Geropsychology (2 positions: inpatient and outpatient)
- Neuropsychology
- Palliative Care
- Post-Deployment Mental Health
- Residential Rehabilitation
- Women’s Health
- LGBT Health Care
- Primary Care/Mental Health Integration

Core Competencies:

For each area of concentration, 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/Program Evaluation.

Ethical and Legal Standards: Fellows are expected to conduct themselves in an ethical manner in all professional activities. Fellows 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.

For the geropsychology and palliative care fellows, particular knowledge is required with respect to durable power of attorney, living wills, and corresponding VA policies and protocols. The geropsychology fellow will also be expected to demonstrate a working knowledge of the state statutes and landmark cases pertaining to civil commitment, elder abuse reporting, and the duty to warn. The residential rehabilitation fellow and the postdeployment mental health fellows are expected to demonstrate a working knowledge of the state statutes pertaining to emergency detention, commitment, and duty to warn.

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

Individual and Cultural Diversity: Fellows 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. Fellows 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: By virtue of their previous graduate and internship training, fellows are expected to begin the fellowship year with well-developed assessment skills. They are expected to demonstrate knowledge of empirical support for procedures used in psychological assessment, and to have acquired skill in diagnostic interviewing, observing behavior, and the administration, scoring and interpretation of psychological tests. They are expected to be able to integrate all data in a clear and coherent fashion, to prepare written reports that provide clear and useful information, and to effectively plan and carry out a feedback interview. During the fellowship year, these skills will be further refined and developed with particular emphasis on adapting these approaches to the needs of the special populations served in their area of concentration.

For the geropsychology fellows, the development of assessment competency includes the ability to describe changes in cognitive functioning associated with “normal aging” and demonstrate proficiency at assessing both pathological and non-pathological cognitive changes; the ability to recognize normative psychosocial changes and developmental tasks in the older adult population, and how these are complicated by an acute health care event and/or by chronic illness and disability, and the ability to apply and adapt DSM-5 criteria to the older adult population. The fellow will develop basic skills in evaluating decision-making capacity.

For the palliative care fellow, the development of assessment competency includes the ability to describe changes in cognitive functioning associated with advanced, end-stage disease and delineate between disease-related and non-disease-related cognitive changes, the ability to identify the confounding impact of other factors on cognitive function (e.g., prior loss events, history of mental illness, dementia), and the ability to assist patients, families, and team members in the assessment of quality of life issues. The palliative care fellow will develop the ability to recognize the psychological changes and tasks associated with the end-of-life, and the many ways that depression, grief, and bereavement may be expressed. The fellow will develop basic skills in evaluating decision-making capacity.

For the residential rehabilitation fellow, the development of assessment competency includes the ability to describe changes in cognitive functioning associated with mental illness, including co-morbid substance abuse and the demonstration of proficiency in assessing changes related to mental illness, substance abuse, personality disorders, and age-related changes. The fellow will also demonstrate the ability to recognize problems in psychosocial functioning and how these are complicated by acute or chronic illness and disability.

For the postdeployment mental health fellow, the development of assessment competency includes recognizing problems in psychosocial functioning associated with exposure to traumatic stressors and how these are complicated by acute or chronic illness and disability. The fellow will demonstrate proficiency in employing evidence-based practices to assess and manage suicide risk. The fellow will develop an understanding of the process by which TBI is assessed, the role of neuropsychological evaluation, and a working knowledge of the residuals of TBI. The fellow will develop skills in the assessment of female Veterans, including the effects of military sexual trauma.

For the LGBT Healthcare fellow, the development of assessment competency includes developing skills in taking a sexual history, developing the ability to recognize psychosocial issues associated with sexual-and gender-identity and how these impact functioning, and becoming proficient in the evaluation of transgendered veterans prior to gender transition.

For the Women’s Health fellow, the development of assessment competency includes developing skills in assessment of female veterans, including military sexual trauma, and recognizing psychosocial issues associated with gender and how these impact functioning.

The Primary Care/Mental Health Integration fellow will be expected to demonstrate the ability to conduct rapid psychodiagnostic assessments and triage cases to appropriate treatment providers. The fellow will develop skills in rapid cognitive screening and brief assessment to
inform primary care and behavioral health interventions, while appropriately referring cases for more extensive evaluation when indicated.

**Psychological Intervention:** By virtue of their previous graduate and internship training, fellows are expected to begin the fellowship year with well-developed intervention skills. Specifically, they are expected to possess knowledge of empirical support for psychological intervention procedures, to be able to develop appropriate treatment goals and plans, and to adapt interventions to the needs of special populations and culturally diverse populations. They are expected to have the ability to establish effective working relationships with clients, and to respond appropriately in crisis situations with clients. During the fellowship year, these skills will be further refined and developed with particular emphasis on adapting these approaches to the needs of the special populations served in their area of concentration.

**For the geropsychology fellows,** competency in intervention includes demonstrating proficiency at providing psychotherapy to older adults for general mental health problems, counseling individuals with moderate to severe functional disability, some with a significant potential for rehabilitation and others who must adapt to permanent loss of function, and demonstrating knowledge of the empirical support for these interventions. The fellow will develop skills in counseling/supporting patients with advanced disease, their families, and the professional staff who provide their care, and in developing intervention strategies to preserve patients' self-esteem and self-identity within an elderly institutionalized population. This will include individual and group therapy, and the development and implementation of behavioral programming.

**For the palliative care fellow,** competency in intervention includes the ability to provide counseling to individuals (patients and family members) who are dealing with a terminal illness, the ability to develop intervention strategies to preserve patient's self-esteem and maximize quality of life, and the development of skill at leading groups for palliative care patients and for family members who are coping with loss. The fellow will develop skills in a range of relaxation techniques and other cognitive-behavioral strategies to provide to patients, family members, and caregivers. The fellow will also develop the ability to help primary caregivers (e.g. nursing staff) implement specific interventions to minimize the effect of excessive or disruptive behaviors.

**For the residential rehabilitation fellow** the competency in intervention heavily emphasizes short-term evidence-based group treatment though opportunities for experience in individual therapy are also available. Opportunities are available to gain experience with a diverse patient population, many of whom are dually-diagnosed with a mood and/or thought disorder as well as addiction issues. Opportunities are available to work with Veterans from all eras, including newly returning Veterans who are dealing with deployment related concerns and the transition from military to civilian life.

**For the post-deployment mental health fellow,** the competency in intervention includes the development of skills in a range of evidence-based intervention approaches including cognitive-behavioral strategies to deal with depression and with the effects of trauma. The fellow will demonstrate proficiency at providing individual and group therapy for patients with post-traumatic stress disorder, and will develop the ability to adapt psychotherapeutic interventions to accommodate the cognitive effects and other residuals of TBI. The fellow will also develop knowledge of evidence-based approaches to reduce suicide risk.

**The LGBT Healthcare fellow** will demonstrate proficiency at providing individual and group therapy for LGBT veterans, some with comorbid mental health disorders, substance abuse and/or physical disability, and some with personality disorders that complicate the picture.

**The Women’s Health fellow** will demonstrate proficiency at providing individual and group therapy for female veterans, some with comorbid mental health disorders and/or physical health disorders.
The Primary Care/Mental Health Integration fellow will be expected to develop skills in brief interventions for depression and anxiety, and Motivational Interviewing for meeting behavioral health goals. The fellow will also demonstrate the ability to assist primary care providers in implementing strategies to maximize their effectiveness with patients engaging in challenging/disruptive behaviors.

**Consultation:** Fellows are expected to demonstrate an understanding of the interdisciplinary treatment process, including both the role of the psychologist and the role and perspectives of the other disciplines represented. Fellows 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.

The LGBT Health Care fellow will demonstrate proficiency at consultation with staff caring for LGBT veterans through ambulatory, residential, and acute clinics, including the ability to provide education regarding accurate terminology and definitions, use of language, and knowledge of medical and mental health problems disproportionately affecting members of the LGBT community. The Woman’s Health fellow will demonstrate proficiency at consultation with staff caring for women veterans, including the ability to provide education regarding the recognition and prevention of the exacerbation of PTSD symptoms due to medical procedures.

Research/Program Evaluation – Fellows are expected to integrate science into practice, demonstrating knowledge of empirical support for psychological assessment and intervention procedures and using this knowledge to inform decisions regarding clinical practice. All postdoctoral fellows are expected to demonstrate skills in developing, managing, and evaluating programs within their area of concentration. This includes the assessment of patient needs, the matching of patient needs to available resources, the management of a therapeutic milieu, and participation in continuous quality improvement projects. They are expected to demonstrate program evaluation skills by designing and implementing a program evaluation project, including data analysis, feedback to staff, and recommendations for program design changes based on information learned.

Clinical Supervision and Teaching - Fellows are expected to demonstrate skills in clinical supervision by effectively providing supervision to a psychology practicum student, and by providing mentoring to psychology interns and other trainees as available. Fellows are expected to demonstrate the ability to effectively prepare and present seminars and case conferences and to demonstrate proficiency at developing and presenting high quality staff development workshops for interdisciplinary professional staff.

**Program Structure**

Each fellow will be assigned a Major Preceptor. The current major preceptors are:

- Geropsychology (Inpatient)    \text{Heather Smith, Ph.D., ABPP-CG}
- Geropsychology (Outpatient)    \text{Allison Jahn, Ph.D.}
- Palliative Care                \text{Nancy Krueger, Ph.D.}
- Post-Deployment Mental Health  \text{Catherine Coppolillo, Ph.D.}
- Residential Rehabilitation    \text{Michael Haight, Psy.D.}
- Women’s Health                \text{Colleen Heinkel, Ph.D.}
- LGBT Health Care              \text{Gregory Simons, Ph.D.}
- Primary Care/Mental Health Integration \text{Alison Minkin, Ph.D.}
- Neuropsychology               \text{Eric Larson, Ph.D., ABPP-CN}
During the first two weeks of the fellowship year, an orientation sequence is provided. At this time, fellows meet with other potential supervisors and become familiar with the available training rotations. An initial individual plan for the fellowship year with specific goals and activities will be prepared by the fellow within the first two weeks of the fellowship year and approved by the Director of Training and the fellow’s Major Preceptor. The Major Preceptor will serve as a mentor and has the responsibility for the overall coordination of the training experience. Supervision will be provided by the Major Preceptor, and, depending on the rotations elected, by one or more other staff psychologists. Typically a fellow will receive 2-4 hours of individual supervision per week, varying with the particular rotations elected and the background and skill of the fellow. It is expected that at least 75% of the fellow’s clinical work will be within the core areas for his/her area of emphasis throughout the year, with the specific training experiences within the core areas to be mutually agreed upon by the fellow, Major Preceptor and the Director of Training. A training experience can be of any length and duration that is mutually agreed upon.

The postdoctoral fellows have scheduled weekly supervision sessions with their preceptor throughout the year, and typically have considerable contact outside the scheduled supervisory sessions as well, allowing the opportunity for frequent informal supervision. Fellows often attend team meetings and rounds with their supervisor, and may spend 2-4 hours per week working together on clinical cases. There is also a weekly group supervision session where the fellows meet with the Director of Training and/or preceptors to discuss cases and other professional issues. Fellows can receive supervision from other staff psychologists as well. The number of supervisors has varied from one fellow to another, but most fellows have received supervision from 2-3 other staff psychologists in addition to their major preceptor, typically resulting in 1-2 additional hours of scheduled supervision per week. There has been no supervision provided by non-psychologists.

**Training Experiences**

**Core Clinical Training Sites in Inpatient Geropsychology**

The fellowship program utilizes the full continuum of the Medical Center's clinical, educational, and research programs in Geriatrics and Extended Care, under which the Community Living Center (CLC) is organized. The fellowship program seeks to develop individuals in accordance with the Pikes Peak Model of Geropsychology Training and provides experiences in preparation for future board certification in Clinical Geropsychology through the American Board of Professional Psychology (ABPP).

**Community Living Center (CLC).** The CLC is a 113-bed health care facility that has an emphasis on interdisciplinary clinical care, training, education, and research. The setting provides the opportunity for the fellow to learn a full range of geropsychological skills in an environment that emphasizes interdisciplinary collaboration. The CLC consists of several units and programs, as follows:

**Geriatric Evaluation and Management (GEM) Unit.** The GEM unit is a 10-bed interdisciplinary assessment and short-term rehabilitation program 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. The team includes senior staff and fellows in Geriatric Medicine, medical residents in Geriatrics, medical students, and staff and trainees from Psychology, Social Work, Nursing, Physical Therapy, Occupational Therapy, Recreation Therapy, Chaplaincy, Pharmacy, and Dietetics. The GEM team and the Geropsychologist also work in close collaboration with the Consultation/Liaison Psychiatrist. Representatives from the team meet with the patient and family members to provide feedback on assessment results and to facilitate
discharge planning. The fellow may have outpatient follow-up with GEM patients following discharge.

**Transitional Care (TC) Unit.** The 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 fellow consults frequently with the TC team and nursing staff to assist with management of disruptive behaviors. A weekly reminiscence group is co-facilitated by the fellow and a restorative certified nursing assistant on the unit. 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 fellow may have outpatient follow-up with Veterans and/or their caregivers following discharge from the TC unit.

**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, a freestanding 10-bed home utilizing a Green House model (www.thegreenhouseproject.org) of long-term care opened within the past year; 3 additional 10-bed homes will open on the campus in the near future. (The fellow 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 counseling and support to residents and families dealing with end-of-life issues.

**Teaching, Didactic, and Research Opportunities.** The inpatient geropsychology fellow is involved in monthly didactic presentations on decision-making capacity assessment for the GEM unit medical residents and fellows. Opportunities to provide staff education and support on a variety of topics, including communication, behavioral management, and mental health diagnoses are available as well. The fellow participates in and is invited to present at the weekly interdisciplinary Geriatrics Journal Club and Research Seminar. Involvement in ongoing research projects within Geriatrics and Geropsychology may occur depending on the fellow’s interests and training goals.

**Elective Training Experiences.** The inpatient geropsychology fellow may elect more minor training experiences in the Vet’s Club, Home Based Primary Care (HBPC), Palliative Care, Neuro psychology, Geropsychiatry Clinic, and/or Geropsychology Clinic, among others. Please see below for descriptions of these programs.

**Core Clinical Training Sites in Outpatient Geropsychology**

The fellowship program will utilize the full continuum of the Medical Center's clinical, educational, and research programs and is primarily embedded in Outpatient Mental Health and Geropsychiatry Clinics. There are multiple options for minor rotations that are not included here and can be decided based on the fellow’s goals for the training year (e.g. see below supplementary training sites). The fellowship program seeks to develop individuals in accordance with the Pikes Peak Model of Geropsychology Training and provides experiences in preparation for future board certification in Clinical Geropsychology through the American Board of Professional Psychology (ABPP).
Geropsychology Outpatient Mental Health Clinic. This clinic provides outpatient assessment and treatment services for older adults. Treatments are directed towards evidence-based models of therapy and modifications towards greater access for older adults. We aim to deliver time-limited treatment models and coordination with other appropriate services. We use cognitive and mood screening measures to track and enhance treatment outcomes. We currently offer individual therapy and groups that are co-led by the fellow including Problem Solving Training, Healthy Aging, Caregiver Support, and Reminiscence. Fellows participate in monthly team meetings and therapy orientation for new patients. Fellows are encouraged to promote Geropsychology services throughout the hospital and clinics.

Geropsychiatry Program. This half-day outpatient clinic is held twice weekly (i.e., one day total/week) to provide ongoing psychiatric assessment and treatment of older patients who present with a variety of mood, anxiety, and cognitive symptoms. The outpatient geropsychiatry fellow will work closely with second year psychiatry residents to provide assessment and psychotherapy for the patients who are referred to this clinic. The assessments will vary in complexity based on the patients’ presenting problems, but will entail screening for cognitive, mood, and personality functioning. The fellow will also participate in a monthly geropsychiatry seminar/Case conference where he/she will present a case once during the year. Part of the training experience in the geropsychiatry clinic includes learning to discern which patients are presenting for an idiopathic psychiatric problem, and which patients might be showing symptoms that appear psychiatric, but actually represent an underlying dementia. Focused interviewing skills, multidisciplinary consultation, and neuropsychological assessment are used to help answer these questions.

Vet’s Club. Vet’s Club is a comprehensive outpatient program for Veterans over the age of 55 with medical and/or psychiatric conditions that pose significant risk to their ability to live in the community. About 110 clients are served annually with approximately 70 clients enrolled at any one time. They attend the six-hour program for one to five days per week. The average age of the client population is about 70. The goals of the program are to enable clients to live in the community, to provide close monitoring of their condition with ease of referral to clinics at the Medical Center, to promote continuity of care, and to provide support and respite for primary caregivers. There is a core interdisciplinary team in which the Psychology staff and trainees participate. Family support, family discord, the long-term effects of disability, depression, and changes in cognitive function are frequent issues in referral. The fellow and the geropsychologist co-facilitate two therapy groups each week, consult with program staff regarding management of disruptive behaviors, and are available to provide a full range of psychological assessments and individual and group interventions.

Teaching, Didactic, and Research Opportunities. The outpatient geropsychology fellow may elect to provide staff education in services throughout the hospital. The fellow may elect to participate in and is invited to present at the weekly interdisciplinary Geriatrics Journal Club and Research Seminar. Involvement in ongoing research projects within Geriatrics and Geropsychology may occur depending on the fellow’s interests and training goals.

Elective Training Experiences. The outpatient geropsychology fellow may elect more minor training experiences in the GEM/TC/CLC, Home Based Primary Care (HBPC), Palliative Care and/or, Neuropsychology, among others. Please see above and below for descriptions of these programs.

Core Clinical Training Sites in Palliative Care

Palliative Care Unit (PCU). The PCU is a 24-bed inpatient unit serving Veterans with end-stage diseases (>90% cancer), and those undergoing palliative radiation or chemotherapy but who expect to return home upon conclusion of treatment. There are approximately 200 admissions each year, with an average length of stay of about two months. Veterans can remain on the PCU through the end of their life, although many return home after their treatment is complete. Upon admission, each patient undergoes a comprehensive interprofessional evaluation focused on the patient’s physical, emotional, social, and spiritual needs. Pain assessment and management is a critical function. The team reviews
the data from these initial assessments and develops a comprehensive, individualized plan of care. The core function of the PCU is interdisciplinary teamwork. Team members work daily in close collaboration among themselves and with the patients and their families. The team meets at least weekly to update the care plans and to round with consultants. Psychological services provided on the PCU include individual and group psychotherapy, grief support for patients, families and staff, assessment of decision-making capacity, and staff consultation.

**Palliative Care Consultation Team (PCCT).** The PCCT provides consultation within 24 hours for outpatients and inpatients throughout the Milwaukee VAMC. The core team is comprised of a medical director and nurse case manager. The palliative care social worker and the psychology fellow respond to consults as needed, and occasionally geropsychiatry and/or medicine residents also staff the team. The PCCT addresses issues such as admissions and transfers to the PCU, pain management and symptom control, referral to community resources for palliative or hospice care, and psychosocial and spiritual issues related to end-of-life care. Any clinician in the Milwaukee VAMC can request a palliative care consult through the computerized patient record system using the Palliative Care Consultation template. Core members of the PCCT meet daily to review consults and to finalize recommendations.

**Home Based Primary Care (HBPC).** HBPC is an interdisciplinary team that provides services to patients in their homes. The HBPC team provides palliative care in the home by providing direct care, through other VA-paid, in-home services and through consultation with the PCCT. The HBPC team makes referrals to the PCU and to community resources as needed. The fellow typically completes a one-month rotation with the HBPC team, and opportunities for longer training experiences are available.

**ALS Clinic.** This interdisciplinary outpatient clinic serves Veterans with amyotrophic lateral sclerosis (ALS). Veterans with ALS are seen and evaluated by multiple professionals including a neurologist, physical therapist, occupational therapist, respiratory therapist, social worker, and dietician. The psychology fellow has an active role on the treatment team, completing evaluations to monitor mood and evaluate cognition, as well as providing support and offering coping strategies to the Veteran and family members. The fellow also attends an interdisciplinary team meeting held once monthly to discuss care plans and review new referrals.

**The Grief and Bereavement Program** provides the needed supportive services to palliative care patients and their families. Currently this is done primarily on an individual case basis by the social workers, psychologists, and chaplains. Families and/or friends of patients who have died on the PCU receive cards and phone calls and are provided assistance as needed. Memorial services are organized by the chaplain staff and held every six months. Grief support is provided to nursing staff via biweekly meetings facilitated by the psychologist and the fellow.

**Core Clinical Training Sites in Residential Rehabilitation**

**Domiciliary:** The domiciliary is devoted to providing rehabilitation services to a population with various psychiatric and medical disabilities. There are 157 domiciliary beds including a separate unit for women Veterans. 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.
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. Fellows 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.

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 interdisciplinary including a psychologist, social workers, addiction therapists, registered nurses, recreation therapist, occupational therapists, and kinesiotherapists.

Core Clinical Training Sites in Post-Deployment Mental Health Services

Veterans are returning from the Gulf War on Terror with multiple physical and/or psychological injuries, and often experience significant problems in readjustment while making the transition back to civilian life. A significant portion of these veterans have sustained traumatic brain injuries which complicates their recovery. Training will focus on developing and refining the skills necessary to aid these veterans in their recovery. Training will emphasize the treatment of post-traumatic stress disorder and other psychological conditions resulting from the deployment experience, understanding the impact of the residuals of traumatic brain injury on post-deployment functioning, evaluating suicide risk, and addressing the needs of the increasing number of women veterans.

Throughout the year, the fellow will be an integral member of both the Polytrauma Clinic Support Team, and the Post-Deployment Outpatient Mental Health Clinic.

Polytrauma Clinic Support Team: The Polytrauma Clinic Support Team serves seriously wounded returning combat veterans with polytrauma injuries and/or traumatic brain injury (TBI). The members of the PSCT include a PM&R Physician, Psychologist, Neuropsychologist, Social Worker, Nurse Practitioner, Physical Therapist, Occupational Therapist, Speech Pathologist, and Physiatrist. The physical medicine and rehabilitation physician and a neuropsychologist meet with the veterans and their families for an initial comprehensive review of systems and psychosocial assessment. Veterans are then referred for follow-up medical and mental health services as indicated, including intensive mental health follow-up for PTSD, adjustment disorders, and depression. The fellow will assist in evaluation and treatment planning, and will also be involved in educating other providers in the medical center on the needs of polytrauma patients. Through this clinic, the fellow will gain experience in brief assessments, neuropsychological and/or psychological evaluation, and cognitive rehabilitation training. Given that the majority of veterans seen in the clinic have primary mental health diagnoses, there is an opportunity for the fellow to follow a caseload of patients for therapeutic and/or rehabilitative mental health services as they are referred for additional mental health services.

Post-deployment Outpatient Mental Health Clinic. This clinic which includes the PTSD Clinical Team and OEF/OIF Outreach Team, provides assessment and treatment services for outpatients and works in close consultation with the Polytrauma team to address the mental health needs of seriously wounded returning veterans. The post-deployment mental health clinic employs a time-limited levels-of-care group treatment approach for stress disorders. Phase I treatment is designed to promote understanding of the effects of trauma and begin the development of coping skills. Phase II treatment focuses on trauma processing/exposure, cognitive restructuring, and interpersonal relationships. Embracing the recovery
model, Phases III and IV move the veterans toward less frequent treatment contact and toward more peer-led activities. Cognitive, psychodynamic, and interpersonal perspectives are utilized to inform case formulations and treatment planning. Therapy interventions may 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. The clinic also provides opportunities for experience with specialized treatment of co-morbid PTSD and substance abuse disorders. Fellows participate in weekly team meetings, and in a monthly trauma case conference.

**Suicide Prevention:** The fellow will receive training and experience in the evidence-based assessment of suicidal risk, will complete intake assessments with suicidal and depressed patients, and will see selected patients for intervention. The fellow will become familiar with system-wide efforts to track parasuicidal activity and to develop a system to alert providers regarding potential risks.

**Core Experiences for the Primary Care/Mental Health Integration Fellow**

This fellowship position is part of an interprofessional training program that is based in the Gold Clinic, one of four primary care clinics at the Medical Center. The Gold Clinic team consists of a psychologist, a psychology postdoctoral fellow, a pharmacy resident, a psychology practicum student, and a social work student.

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, PharmD, dietician, health technician, medical support assistant, and social worker. The clinic provides comprehensive multidisciplinary health care, including health screening, education and counseling, and treatment of a broad range of medical conditions. 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. 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. In addition, the PC-MHI team provides behavioral health and psychoeducational classes, often collaborating with other disciplines in PACT. 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 PC-MHI fellow will take a leadership role on the trainee team. He/she will handle distribution of consults, provide clinical supervision for the psychology practicum student, and provide consultation as needed for the pharmacy resident and social work student. There is a weekly group supervision and seminar series provided for the Gold Clinic training team as well.

**Core Clinical Training Sites in Women’s Health**

The women’s health fellowship is a two-year position. The fellow is part of an interprofessional training program that has been developed in collaboration with the Division of General Internal Medicine at the Medical College of Wisconsin (http://www.mcw.edu/generalinternalmed/fellowship/womenshealth.htm). The first year of the fellowship falls within the scope of the VA APA-accredited fellowship program, with the same structure and core competencies required of all fellows in the program. The second year offers greater flexibility and, depending on the fellows individualized learning plan, may emphasize training in research, education, clinical skills and/or program development commensurate with career goals.

The fellows on the interprofessional team receive their core clinical experiences through the **Women’s Health Clinic** at the Zablocki VA. This is a primary care clinic which provides comprehensive
multidisciplinary health care, including health screening, education and counseling, and treatment of a broad range of conditions.

The psychology fellow also receives clinical experience through the *Women's Resource Center*, a newly renovated building that is separate from the Main hospital, that provides both mental health and primary care services. In addition to providing individual assessment and therapy services to women veterans, the fellow may have the opportunity to further develop group therapy skills including sexual trauma groups, general coping groups, DBT groups, and an ongoing support group for women who served in Iraq, Afghanistan or the Persian Gulf. Opportunities to provide services via Clinical Video Telehealth (CVT) to the patient’s home are also available.

**Core Experiences for the Fellow in LGBT Health Care**

The postdoctoral fellow in LGBT Health Care will coordinate the LGBT affirmative healthcare consults. This includes facilitating two ongoing support groups – one for LGBQ Veterans and another for transgender Veterans. The fellow will provide individual, couples, and family therapy to LGBT Veterans, as well as conduct readiness evaluations for Veterans seeking gender transition services such as hormone replacement therapy and voice modulation training. The fellow may work collaboratively with Primary Care providers to assist in education and advocacy for LGBT Veterans. Within the interdisciplinary team, primary care providers, endocrinologists, speech therapists, and social workers would all provide expertise in their disciplines’ contribution to the biopsychosocial adjustment of these individuals. The fellow will be expected to familiarize him/herself with the Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People and work within the context of these standards. The fellow would also be available to consult within the domiciliary setting and/or to work at bedside in any of the medical inpatient units where LGBT individuals may be admitted in order to provide an environment where Veterans feel safe, understood, and well cared for.

In addition to their clinical experiences, the fellow will participate in the Equal Employment Opportunity (EEO) LGBT Special Emphasis Program (SEP), that meets monthly to plan events to promote LGBT awareness among VA employees including June Pride month, July Diversity Fair, and October LGBT History Month. The fellow would also develop and present educational programs for staff, and would provide liaison between the VA Medical Center and community organizations such as Forge, LGBTQ Center, SAGE, and Milwaukee PrideFest. The LGBT fellow will be expected to participate in the development of educational programs that would sensitize VA staff to issues in LGBT health care.

**Supplementary Training Sites**

*Neuropsychology.* Neuropsychology is primarily a consultation and diagnostic service. As a regional referral center, the neuropsychology clinic sees outpatients, domiciliary residents, and also geriatric, rehabilitation, medical-surgical, neurology, cardiac, and psychiatry inpatients. Common referrals include: memory loss, evaluation of dementia, dementia vs. pseudodementia, closed head injury, executive functioning or personality changes, AD/HD, learning disabilities, and seizure disorders. Competency and decisionality evaluations are also frequently requested. The outpatient Dementia Clinic provides comprehensive assessment and care management planning and is a frequent source of consultation. In addition, many of the seriously mentally ill patients, especially those with a history of substance abuse, are referred for neuropsychological evaluation. Many of our previous geropsychology fellows have elected rotations in neuropsychology.

*Pain Self-Management and Rehabilitation:* This outpatient mental health service offers a rehabilitative, behavioral approach to promote adaptive adjustment to chronic pain conditions and to help individuals with chronic pain improve their functioning and quality of life. The program provides comprehensive evaluations, a psychoeducational class, cognitive-behavioral therapy for chronic pain, acceptance and commitment therapy for chronic pain, and relaxation training. It is primarily group-based and structured with an emphasis on skill development.
Inpatient Mental Health/Detoxification Unit. The Inpatient Mental Health/Detoxification Unit provides treatment to patients with acute psychiatric and alcohol and other substance abuse problems. It is a locked 32-bed unit. 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 is on average 5 days with a range from 1 day to 30 days. Due to the relatively short length of stay, the unit emphasizes assessment, crisis intervention, and arranging appropriate follow-up. This unit is a referral source for the various domiciliary psychosocial rehabilitation programs. The unit provides crisis intervention, assessment, interdisciplinary treatment programming, consultation activities within the medical center and the community, and discharge planning. Psychology occupies an important managerial role within the acute unit. The acute psychiatric unit is an active training site. Much of the training of psychiatric residents and medical students takes place on this unit, psychology interns frequently complete rotations here, and students from nursing and social work programs are also typically present.

The Treatment Alternative Group (TAG) program is an AODA harm reduction Day Hospital program that is integrated into the inpatient mental health unit. Patients in this program have exhausted all AODA residential resources in the Milwaukee VAMC and they have had at least 3 detox admissions in the past year or prior to their entry into the TAG program. Primary experiences available include case management, psychological assessment, group therapy, and social skills training.

Mental Health Outpatient Clinic. The Mental Health Outpatient Clinic allows the opportunity to provide a variety of assessment and therapy services to a diverse adult population. Fellows may be involved in providing outpatient therapy to individuals, couples, families or groups. Opportunities are available for both short-term and long-term therapy cases. The outpatient program areas also include a centralized intake unit, the post-deployment clinical team, an OEF/OIF outreach team, the employee assistance program, and outpatient substance abuse treatment.

Operation Hope is a coalition of Psychosocial Rehabilitation programs for Veterans diagnosed with Severe Mental Illness, who have been experiencing serious and/or persistent functional impairment. Services are based on the core components of recovery-oriented care. Emphasis is placed on Veterans being actively involved in the direction of care, with personal strengths identified and utilized, with a holistic rather than a symptom focused approach. The fellow’s experience within OEH allows for involvement in rehabilitation services through practical problem solving, crisis resolution, adaptive skill building, and aiding Veterans in increased self-care and community inclusion. Available opportunities include interactive psychoeducational classes, illness management, evidenced based skills training, wellness programming, recovery plan development, individual assessment and psychotherapy, group therapy, family education or therapy, supportive volunteering, case management, consultative services, peer specialist supervision, interdisciplinary staff education, and program development. Included in OEH 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. Skills are taught through workbook exercises, viewing videos that model the skill, role playing and reviewing videos of the role plays, practicing a structured problem-solving method, identifying resources needed for the skills and using in-vivo exercises and homework assignments where skills are practiced in real life situations.

Acute Mental Health – Emergency Department. Fellows can receive experience in addressing Veteran's mental health concerns in the Emergency Department (ED). Fellows electing this rotation would need to commit to alternate tours of duty that would involve some evening and/or weekend hours. A solution focused crisis intervention approach is utilized, which involves necessary collaborative care with allied disciplines including social workers, nurses, advanced practice nurses, physicians, the on-call Psychiatrist on Duty and the Administrator on Duty. 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, fellows can assist in providing off-tour mental health support for both medical and locked/unlocked mental health units.
**The Individualized Addictions Consultation Team (I-ACT)** is a multi-disciplinary team (psychologist, social worker, and registered nurse) established to provide 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, social worker, and a registered nurse. The team is based in the domiciliary, but sees patients at several 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. Members of the IACT team also facilitate treatment groups within the TAG program and provide an outpatient Dialectical Behavior Therapy skills group. Fellows may serve as care coordinators for individual outpatients, provide individual and group therapy, provide brief motivational interviewing interventions and consultation services bedside for hospitalized Veterans, and complete psychological assessments. Opportunities for participating in community outreach to Veterans in the area of substance abuse are also available.

**Comprehensive Integrated Inpatient Rehabilitation Program.** This 12-bed inpatient program provides both acute and subacute/extended physical medicine and rehabilitation services to patients with a wide variety of medical diagnoses. 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). Fellows provide brief psychological assessment including cognitive screening, address adjustment and coping of patients and significant others, and serve as consultants to team members. This unit also provides opportunities to interact with trainees from other disciplines, including medical residents, physical therapy trainees and nursing students.

**Non-VA Sites.** The Palliative Care fellow will receive some experience through a community hospital. The Women’s Health fellow will receive some experience through the Internal Medicine programs at the Medical College of Wisconsin. For additional neuropsychology training, off-station placements are typically available at the Medical College of Wisconsin Neuropsychology Clinic. Additional educational experiences can also be obtained through The MCW Center for the Study of Bioethics.

**Other Program Requirements:**

In addition to their clinical experience, fellows will be expected to demonstrate competence by completing a program development or program evaluation project. Fellows will be expected to develop the project during the first three months, carry it out during the next six months, and evaluate it and write it up during the final three months. Some examples of recent projects include developing and evaluating a support group for the caregivers of patients with dementia, evaluating the mental health division’s central intake unit, evaluating the use of mindfulness-based therapy for palliative care patients, and a feasibility study of substance abuse assessment and treatment for elderly medical inpatients. In each case, the relevant literature was reviewed, and appropriate outcome measures were selected. Fellows are also asked to do three additional papers or presentations, one focusing on assessment issues, one on intervention issues, and one on bioethics. These usually involve activities such as a preparing and presenting a grand round, presenting a case conference, presenting a seminar for psychology interns, or presenting a staff development program. Other activities that have been accepted as satisfying this requirement have included the publication of a paper or book chapter, the presentation of a paper at meetings of professional organizations, or the preparation of literature reviews.
Fellows also gain experience in providing clinical supervision to a psychology trainee, typically a doctoral level practicum student in clinical or counseling psychology from a local graduate program. In turn, fellows receive supervision of their developing supervisory skills in both individual meetings with their major preceptor and in the weekly group supervision seminar. A developmental approach to supervision is emphasized, with fellows gradually assuming greater responsibility for their supervisee throughout the course of the training year. Relevant literature and case discussion supplement the training experience.

The fellows are expected to attend monthly Psychology Practice Group meetings, a weekly postdoctoral fellowship seminar, a monthly multi-site Diversity teleconference, and other relevant rounds, seminars, and case conferences. In addition, there is a weekly group supervision session provided for all fellows within the postdoctoral program.
**Requirements for Completion**

The fellow’s performance is reviewed monthly at Training Committee meetings. Written evaluations of the fellow’s performance are completed by the major preceptor and other supervisors on a quarterly basis. If at any point during the year performance on any core competency is rated as “Below the Level Expected of a Postdoctoral Fellow”, a remedial plan will be implemented. To successfully complete the program, the fellow must satisfactorily complete the required projects and presentations and by year end must have achieved an overall rating of “Competent for Independent Practice” in each of the competency areas. Ratings in those competency areas are based primarily on supervisor evaluations.

**Facility and Training Resources**

With one exception, each fellow has a private office. The Primary Care/Mental Health Integration fellow shares an office with other members of the interdisciplinary training program based in the primary care clinic. Each office is equipped with a computer work-station to access the hospital's computer system and to provide word-processing capability. In addition, larger rooms are available for conferences, or for group or family therapy. A personal computer with statistical software is available for use in analyzing research data. The central dictation system can be accessed from any telephone within the Medical Center. 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 Fellow 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**

We collect no personal information about potential applicants when they visit our Website.

Fellows 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 fellow grievances are contained in the fellowship training manual that each fellow receives during their initial orientation to the program.

It is expected that fellows will differ in the extent to which they require training in the expected competencies. It is further expected that there may be instances where a fellow’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

Program Director:


Director of the Psychology Training Program: Administrative responsibility for the doctoral internship program, postdoctoral fellowship program, and practicum program. Provides 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

Major Preceptors:

Inpatient Geropsychology:

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 hiring, credentialing, privileging, and professional practice of Psychology staff. Collaborates with the Director of Psychology Training to oversee the doctoral and postdoctoral training programs. Serve as major preceptor and clinical supervisor for fellows and interns completing Geropsychology rotations. Provides 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

Outpatient Geropsychology:


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. Provides supervision to interns and serves as one of the primary supervisors 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

LGBT Health Care:

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

**Neuropsychology:**

**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

**Palliative Care:**

**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

**Post-Deployment Mental Health:**

**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

**Primary Care/Mental Health integration:**

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

**Primary Care-Mental Health (PC-MH) Integration:** Serves as psychologist assigned to 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 serve 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
Residential Rehabilitation:

**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

Women's Health:

**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 comorbid 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:** CPT for PTSD, CBT 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

Other Program Faculty:

**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 Batttle, Psy.D.** (Roosevelt University, Clinical Psychology, 2015).


**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.


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

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. Serves as a supervisor for the outpatient geropsychology fellow.

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).


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, interdisciplinary team 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

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—antececent 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): 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.
Theoretical Orientation: Cognitive-behavioral
Interests: Dual diagnosis, health psychology, Acceptance and Commitment Therapy
Certifications: Cognitive Processing Therapy for PTSD

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.

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

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


**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):** Serves as psychologist assigned to the HPBC team, providing psychological assessment, psychotherapy, caregiver support, psychological evaluation, 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. Supervises psychology interns and fellows in HBPC and those who participate in 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. Provide health and behavior interventions such as pain management counseling. Provide consultation-liaison services to medical units for psychiatric complaints or adjustment to medical conditions.

Theoretical Orientation: Integrative, drawing 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). 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. Serve on the Dialectical Behavior Therapy consultation team, facilitate outpatient DBT skills groups, and provide DBT informed individual therapy. Supervise psychology interns within both the I-ACT and 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


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
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. Provide clinical supervision to Peer Support staff members. Consult to other healthcare providers in the areas of psychological assessment and psychotherapy. 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


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 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, Mental Health Intensive Case Management, and Veterans Recovery Resource Center. 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

Since the program’s accreditation in 2003, the 69 fellows admitted to our program have represented 48 different university programs, and 40 different doctoral internship programs.

The university programs represented include:

- University of Akron (Clinical)
- University of Alabama (Clinical)
- Ball State University (Counseling)
- Boston College (Counseling)
- Brigham Young University (Clinical)
- University of California Berkeley (Clinical)
- Colorado State University (Counseling)
- University of Delaware (Clinical)
- Fairleigh Dickinson University (Clinical)
- Florida Institute of Technology (Clinical)
- University of Georgia (Counseling)
- University of Illinois at Chicago (Clinical)
- Illinois Institute of Technology (Clinical)
- Illinois School of Professional Psychology (Clinical)
- Indiana University (Clinical)
- University of Indianapolis (Clinical)
- University of Iowa (Counseling)
- University of Louisville (Clinical)
- Marquette University (Clinical)
- Marquette University (Counseling)
- University of Minnesota (Counseling)
- University of Missouri-Kansas City (Counseling)
- University of Montana (Clinical)
- University of North Texas (Clinical)
- Nova Southeastern University (Clinical)
- Ohio University (Counseling)
- The Ohio State University (Counseling)
- Pacific Graduate School of Psychology (Clinical)
- Pacific University School of Professional Psychology (Clinical)
- Purdue University (Counseling)
- Roosevelt University (Clinical)
- Rosalind Franklin University (Clinical)
- Southern Illinois University (Clinical)
- Spalding University (Clinical)
- State University of New York at Albany (Counseling)
- The University of St. Thomas (Counseling)
- Tennessee State University (Counseling)
- Texas Tech University (Clinical)
- University of Tulsa (Clinical)
- Virginia Commonwealth University (Clinical)
- Virginia Commonwealth University (Counseling)
- Wayne State University (Clinical)
- University of West Virginia (Clinical)
- Western Michigan University (Clinical)
- Wheaton University (Clinical)
- University of Windsor (Clinical)
Twenty-six of the fellows completed doctoral internships at the Milwaukee VA, 30 completed internships at other VA Medical Centers and 7 completed internships at non-VA facilities.

Among the last 50 to complete the program, 32 accepted VA staff positions, six accepted positions in private hospitals, one accepted an academic teaching position, three accepted medical school positions, one accepted a research fellowship, two accepted positions at a university counseling center, and four entered independent practice.

**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.