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Psychology Internship Program

Milwaukee VA Medical Center

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

Match Numbers:

163411 (General)

163412 (Neuropsychology)

Applications due: November 10

Accreditation Status

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

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

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

Stipend and Benefits

The internship is scheduled to begin on August 16, 2021.

The current stipend is \$27, 248.

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

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

Application and Selection Procedures

A candidate for an internship must be a U.S. citizen currently enrolled in an APA-approved graduate program in clinical or counseling psychology. There must be a current Academic Affiliation Agreement between the graduate program and the VHA Office of Academic Affiliations. Most APA-accredited doctoral programs already have such an agreement in place, but if your program does not yet have one, it will need to be completed before you could be appointed. If you are matched to our internship, an official from your graduate program will also be required to complete a Trainee Qualifications and Credentials Verification Letter (TQCVL). The TQCVL confirms that the program has verified that you have the appropriate qualifications and credentials required by the program's admission criteria, and are currently in good standing in their program. It also asks them to confirm that you are fit to perform the essential functions of the training program and have been immunized following current Center for Disease Control guidelines and VHA policy including tuberculosis screening, Hepatitis B vaccine, and annual influenza vaccine. More information about the TQCVL can be found at <https://www.va.gov/OAA/TQCVL.asp>.

Those who match with our program are subject to fingerprinting and background checks with appointment contingent on passing these screens. Male applicants must have registered for the Selective Service in order to be eligible for appointment. Further information on eligibility requirements can be found at <https://www.psychologytraining.va.gov/eligibility.asp>.

The Milwaukee VA Center, in its commitment to Equal Opportunity Employment and Affirmative Action along with an emphasis on multicultural competence and inclusion, encourages applications by individuals of diverse backgrounds, including minorities, women and persons with disabilities. All basic coursework for the doctorate should be completed prior to the internship year. Preference will be given to applicants with more extensive previous practicum experience. In reviewing applicants to the program, we look for candidates with prior training and relevant practicum experience in both assessment and psychotherapy whose interests and career paths are consistent with the training options offered here. To be considered for our program, the experience reported on your application (AAPI Online) must include a minimum of 400 intervention hours and 50 assessment hours. Applications are reviewed to ensure that a sufficient number of these hours has been obtained in settings and with client populations that would provide adequate preparation for our program. Applicants are expected to have experience with adults, with at least some of that experience in sites where they have worked with patients with serious psychiatric and/or medical issues.

Applicants whose experience has been largely with children and adolescents, for example, likely would not receive strong consideration nor would those whose experience with adults has been too restricted in scope to provide adequate preparation for experience here. Relevant research experience is a factor in selection, though applicable clinical experience is typically weighed more heavily.

All application materials should be submitted through the APPIC online portal. The following application material is required:

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

Application Deadline: All materials must be received by November 10

Please send requests for further information to:

Heather M. Smith, Ph.D., ABPP

Director, Psychology Training Program

Lead Psychologist

Mental Health Division

VA Medical Center (695/MH-Admin)

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

Psychology Setting

There are currently 52 full-time and 3 part-time psychologists at the Medical Center, along with an additional 13 psychologists located at our affiliated Community Based Outpatient Clinics (CBOCs). The Milwaukee VA 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 Mental Health Division managers is a psychologist, and the Medical Center Director has a Ph.D. in Psychology. In addition, the Lead Psychologist, four psychologists who function as Mental Health Program Managers and the Director of Training serve on the Mental Health Division Leadership team. Many of the staff psychologists hold faculty appointments in the Department of Psychiatry and Behavioral Medicine at the Medical College of Wisconsin.

Psychological services are provided throughout the medical center. Psychologists are assigned to the Acute Mental Health Inpatient Unit, Mental Health Outpatient, PTSD, and Evidence Based Treatment Clinics, Emergency Department, Immediate Mental Health Access Clinic, Domiciliary Residential Rehabilitation Programs, Neuropsychology, Polytrauma Clinic Support Team, Primary Care, Spinal Cord Injury Unit, Community Living Center (Geropsychology, Rehabilitation, and Palliative Care), Home Based Primary Care Program, Suicide Prevention, Outpatient Substance Use Disorders Treatment Programs, LGBTQ Healthcare, Centralized Assessment Unit, Pain Management, Research, Health Promotion Disease Prevention Program, Women's Health Clinic, Operation Hope, Community Resource and Referral Center, and Administration. A comprehensive range of psychotherapy, assessment, and consultative services is provided throughout the facility and across the continuum of care. Staff psychologists also are involved in a variety of research and program evaluation activities. All areas in which psychologists are located can provide training opportunities.

The Psychology Training Program provides postdoctoral fellowship, doctoral internship, and practicum training. The doctoral internship program has been fully APA-accredited since 1978, and currently accepts 8 interns per year. Post-doctoral fellowship training in clinical psychology has been offered since 1992, and has been fully APA-accredited since 2003. A postdoctoral fellowship in clinical neuropsychology was APA-accredited in 2015. There are currently 11 fellowship positions. Practicum training is typically offered to 15-18 students from local university programs each year. Interns also will be exposed to trainees from a variety of other disciplines, as the Medical Center provides training to individuals in numerous medical specialties as well as nursing, social work, pharmacy and other health care professions.

Training Model and Program Philosophy

The doctoral internship program operates within a scholar-practitioner model and is designed to prepare interns from clinical and counseling psychology programs for entry-level professional practice. Core competencies have been defined in the following areas: Ethical and Legal Standards, Professional Values and Attitudes, Communication and Interpersonal Skills, Individual and Cultural Diversity, Psychological Assessment, Psychological Interventions, Consultation, Supervision, and Research.

The program is primarily experiential, with the supervisory process as the core of the training approach. The supervisory process includes the occasion to observe skilled psychologists practice their profession, opportunities for in-depth discussion of professional, theoretical, and ethical issues, and the benefits of receiving training from and having one's work evaluated by experienced clinicians. Recognizing the importance of scientific inquiry to professional practice, psychologists are expected to be aware of empirically validated procedures and current scientific evidence as it impacts practice, and to incorporate this information into the supervisory process. The presence of intern seminars, case conferences, and other continuing education activities throughout the medical center, further contributes to the integration of

science and practice. The intent of the program is to produce scientifically-informed, multiculturally competent practitioners, with the ability to think critically about the relevant theoretical and empirical literature and to creatively apply these findings to clinical practice.

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

Program Goals and Objectives

Core Competencies:

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

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

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

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

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

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

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

Supervision: Interns will receive training in the provision of clinical supervision to a psychology practicum student, and will be expected to demonstrate an ability to effectively deal with resistance and other challenges, as applicable, and provide constructive feedback and guidance. Interns are expected to demonstrate an awareness of ethics in providing supervision, including the ability to effectively deal with boundary issues, as applicable, and to display an ability to integrate knowledge of individual and cultural diversity into the supervisory process.

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

Program Structure

We offer a flexible training experience which typically has no required rotations. A rotation can be of any length and duration that is mutually agreed upon by the intern and the supervisor. During the first two weeks of the internship year, an orientation sequence is provided. At this time, interns meet with staff psychologists and become familiar with the available training options. Following the orientation sequence, interns select those training areas they wish to emphasize. It is expected that the selected training experiences will be sufficiently broad to address all of the program's core competency areas. The required competencies are discussed with interns during the orientation process, and are carefully considered in the development of individualized training plans. These plans are meant to provide guidelines for professional development, and are discussed and revised as necessary in the course of the training year. Since the rotations chosen varies from one intern to another, it is neither possible nor appropriate to give percentage values for various content areas. There are no fixed requirements, and formal rotational systems are adopted only when dictated by limitations in time, space, or the availability of supervision. Most areas in which training is offered allow some flexibility in both the length of time that the experience will last (the minimum is typically 3 months), and in the amount of time per week that the experience requires. Typically, interns will participate in 2-4 major training sequences (i.e. within a particular unit on at least a half-time basis for a period of 3-6 months), as well as devoting time to several of the activities that may involve lesser time commitments. Interns typically dedicate a minimum of 12-15 hours per week to direct patient care. To leave sufficient time for other learning opportunities, the amount of direct patient care activities should not typically exceed 20 hours/week.

The program requires that each intern has at least two primary supervisors during the course of the year, though most interns elect to receive supervision from more than two supervisors. In most cases, the intern selects his/her/their supervisors rather than having them assigned, with some variability across rotations. The emphasis is on individual supervision, though there is a weekly group supervision session for all interns conducted by the Director of Training, and some rotations incorporate a rotation specific group supervision experience in addition to individual supervision. Interns receive a minimum of four hours of supervision each week, including at least two hours of individual supervision. The majority of the supervision is case discussion, though all supervisory evaluations are based in part on direct observation. In addition, on many rotations interns and supervisors have opportunities to work together (e.g. co-leading groups). Following a developmental model, supervision is more intensive at the beginning of the training year and becomes less so as the intern demonstrates the expected levels of competence. Interns typically act with greater autonomy and take on a wider variety of experiences as the year develops. Supervisors document and evaluate intern performance on a standard form that includes ratings for the various core competencies. Interns typically

receive written evaluations quarterly, though since the length of training rotations varies there are sometimes slight differences in the timing of evaluations from one intern to another.

Training Experiences

Clinical Training Settings:

Inpatient Mental Health/Detoxification Unit and Intensive Outpatient Program

The Inpatient Mental Health/Detoxification Unit is a locked 34-bed unit that provides treatment to patients with acute psychiatric and alcohol and other substance abuse problems. Patients are typically admitted for suicidal or homicidal ideation, active psychosis, inability to care for themselves and/or active substance intoxication/withdrawal. The length of stay averages 5 days with a range from 1-30 days. Due to the relatively short length of stay, the unit emphasizes assessment, crisis intervention, and arranging appropriate follow-up. Groups conducted on the unit utilize supportive therapy, cognitive-behavioral and problem-solving approaches. There are also psycho-educational video groups with discussion sessions. The Intensive Outpatient Program (IOP) is a 3-week program for those with acute mental health symptoms or acute worsening of chronic symptoms. The IOP provides an option for those who require frequent outpatient contact and are at high risk of future hospitalization. This is primarily a group format with themes of distress tolerance, emotion regulation, and mental health recovery.

An intern on this rotation may provide both individual and group therapy, complete psychological assessments (MMPI-2-RF & MCMI-III), write integrative reports, and participate in team treatment planning and consultation. Interns may initiate psychotherapy with patients on the inpatient unit, and continue working with them as they move on to outpatient or aftercare settings. To participate fully in this rotation, interns should expect to devote 25 hours per week for a minimum of 3-4 months. This would allow a range of assessment, individual and group therapy, and consultative activities. Lesser time commitments can be negotiated for those with more limited training goals, however, a commitment of at least 8-15 hours per week for a period of 3 months would be expected. Drs. Jamie Noffsinger and Denis Birgenheir are the supervisors in this area.

Dialectical Behavior Therapy (DBT) Consultation Team

The Dialectical Behavior Therapy Consultation Team is an interdisciplinary treatment team providing comprehensive DBT and other DBT-informed services to Veterans diagnosed with Borderline Personality Disorder and other disorders of emotional dysregulation. The goals of the DBT Consultation Team are to deliver DBT-informed services across mental health settings and to provide staff education to increase effectiveness and empathy in working with Veterans with Borderline Personality disorder and other disorders of emotion dysregulation. Currently, our setting offers a comprehensive DBT program, as well as various DBT-informed services in acute, outpatient and residential settings, a DBT informed aftercare group, and the DBT consultation team. Interested interns would have the opportunity to participate in all DBT-informed services offered as well as program development and staff education. For most

interns, this is a part-time rotation involving 5-8 hours per week for a minimum of 6 months. Drs. Beth Shaw, Amanda Gregas, Jamie Noffsinger and Kimberly Skerven provide the supervision in this area.

Operation Hope

Operation Hope is a coalition of Psychosocial Rehabilitation programs for Veterans diagnosed with Severe Mental Illness (SMI) who experience serious and/or persistent functional impairment. These programs are founded on the understanding that people with significant mental health disabilities can, and do, overcome the limitations of their illnesses and associated stigma, and can successfully find self-determined, valued roles in the community of choice. Veterans are actively involved in the direction of care; services are individualized and person-centered, and individual strengths are identified and utilized with a holistic rather than a symptom-focused approach. Included in Operation Hope is the ***Evidence Based Psychosocial Rehabilitation and Education Program (EB-PREP)***. EB-PREP provides group treatment based on the Social and Independent Living Skills training program of the UCLA Clinical Research Center for Schizophrenia and Psychiatric Rehabilitation as well as the Bellack et.al. Social Skills Training Model. Social and independent living skills are taught in an accepting, safe, small group environment. Role playing, structured problem-solving, and multi-modal exercises are employed with an emphasis on positive feedback and overlearning. The ***Psychosocial Recovery and Resource Center (PRRC)*** provides person-centered recovery planning, psychoeducational groups, wellness classes, brief therapy, peer support services, and community inclusion initiatives to promote establishment of meaningful roles in one's community of choice. The intern's involvement in EB-PREP/PRRC psychosocial rehabilitation services may include exposure and learning of the social skills training model, Behavioral Family Therapy (another evidence-based practice for individuals with SMI), crisis evaluation and resolution, risk assessment and triage skills, improved understanding and exposure to the oftentimes high-risk SMI population, and aiding Veterans in recovery including the promotion of increased self-care and community inclusion activities. Training opportunities include facilitating psychoeducational classes, illness management courses, teaching evidence based skill development, offering wellness programming, developing personalized empowerment plans, conducting basic assessment, providing individual and group therapy, family education and therapy, supportive volunteering, case management, staff consultation, peer support supervision, interdisciplinary education, and program development. To participate fully in this rotation, interns should expect to devote 25-30 hours per week for a minimum of four months. Lesser time commitments can be negotiated for those with more limited training goals, though a minimum of 10-12 hours per week for three months is expected. Dr. Sandra Regan provides the supervision in this area.

Emergency Department

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

physician specialists. Collaboration may also involve working closely with the hospital administrator-on-duty, the VA police, and other community professionals to address issues such as civil commitment and homelessness. Opportunities are made available to develop triage skills for suicide/homicide assessment, emergency detentions, police holds for intoxicated patients, admissions for inpatient psychiatric treatment, and discharges from the ED to the community. Additionally, interns can assist in providing off-tour mental health consultation to medical units and to inpatient mental health staff. The time commitment for this experience is typically 6-8 hours/week. Drs. Deana Johnson, Graham Knowlton, Lori Nabors, Kelly Schuder, and Leslie Skaistis provide the supervision in this area.

The **Immediate Mental Health Access Clinic (IMHAC)** provides walk-in crisis and emergency services to Veterans in the IMHAC, as well as in the Emergency Department. This service is part of the Outpatient Mental Health division and works closely with 3C, the acute MH inpatient unit at ZVAMC. Consultative services are collaborative in nature, working closely with psychiatrists, psychiatric residents, social workers, physicians, nurses, and other medical staff to meet the needs of patients in crisis. The IMHAC works with Veterans who present with a variety of mental health concerns (e.g., PTSD, depression, anxiety, suicidality/homicidality, substance use, psychosis, dementia, personality disorders, etc.), providing assessments to determine appropriate level of care and need for referrals to other outpatient mental health services, as well as to help physicians in the ED determine etiology of the patient's presenting concerns, whether they may be more of a psychological problem, a medical problem, or a combination. IMHAC can also serve as an initial access point for patients looking to become established in mental health, so interns may be involved in brief initial assessments to determine level and type of care needed. IMHAC staff also are involved in emergency detention procedures in situations in which the patient is not voluntary for admission to acute MH inpatient unit, but is in need of hospitalization due to potential harm to self or others. Brief, solution-focused interventions and support are provided not only to Veterans, but also to their loved ones who accompany them to the IMHAC. Trainees can expect to have a wide variety of experiences while on this rotation, with the ability to meet a number of competencies for psychology in health services, as well as competencies for trauma-informed care and multicultural guidelines.

Mental Health Outpatient Clinic

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

Mental health outpatient care is patient-centered and consists of intake, assessment, and treatment of acute/chronic mental health conditions, including substance abuse treatment/aftercare, as well as coordination of care with other health care providers. The

mental health care is delivered in the context of interdisciplinary teams comprised of psychologists, psychiatrists, social workers, nurse practitioners, nurses, internists, addiction therapists, occupational therapists, vocational rehabilitation therapists, and recreation therapists. Supervisors are available who are trained and certified in various evidence-based treatments including: Acceptance and Commitment Therapy, Cognitive Processing Therapy, Cognitive Behavioral Therapy for depression and anxiety, and dual diagnosis/Seeking Safety. Interns may participate in the **Evidence-Based Psychotherapy Clinic**, which offers specialized, time-limited evidence-based psychotherapies to patients with depression, PTSD, and anxiety. Interns also may participate in program development, including the development and implementation of new therapy groups. Potential supervisors in this area include: Drs. Megan Olson, Beth Shaw, Sadie Larsen, Gregory Simons, Kim Skerven, Afnan Musaitif, and Shaun English.

Supervised training in **LGBTQ+ Affirmative Healthcare** is available through the Mental Health Outpatient Clinic, providing the opportunity for experiences focusing on the unique needs of Veterans with various sexual- and gender-identities. There are opportunities to provide LGBTQ+ affirmative individual and couples/family therapy, co-facilitate drop-in support groups for LGBTQ+ Veterans, as well as opportunities to assess and work with Veterans seeking support and services for gender-transition. Within a LGBTQ+ Healthcare rotation, there are also opportunities for consultation, advocacy, outreach, and providing presentations on LGBTQ+ diversity and care. Interns may be able to work with the LGBTQ+ Healthcare postdoctoral fellow providing mental health services to Veterans seen in the Infectious Disease (ID) Clinic. Additionally, through involvement in the employee LGBTQ+ Diversity Council, an interested intern can participate in activities offered throughout the year aimed toward increasing awareness of diversity among VA employees. At present this experience is available as a minor rotation. Dr. Gregory Simons provides supervision in this area.

The **Suicide Prevention Team** identifies and monitors Veterans at elevated risk for suicide, as well as implements clinical interventions to reduce risk and prevent suicide. This rotation [major or minor] provides a wide variety of training experiences that permit an intern to become familiar with suicide risk assessment, interventions, and documentation. Interns have the option to see patients identified as having elevated suicide risk (most often a Veteran being discharged from the inpatient psychiatric unit with a behavioral flag or as follow-up from a call to the crisis line) for individual psychotherapy. Interns will gain experience thoroughly assessing suicide risk through methods including 1) Interpersonal-Psychological Theory (IPT) and 2) Collaborative Assessment and Management of Suicidality (CAMS); managing suicide risk through use of methods including 1) safety plans, 2) Cognitive Behavioral Therapy (CBT), 3) CAMS, and 4) IPT; and documenting risk assessment/interventions. Group therapy options include ongoing, drop-in support groups for Veterans struggling with suicidal thinking; short-term groups teaching practical problem solving skills; a group based on situational analysis, an intervention used in Self-Control Regulation/ Interpersonal Psychotherapy (SCRIPT); a group based on the Collaborative Assessment and Management of Suicidality (CAMS); a PTSD/Suicide prevention group; and an aftercare group to provide support to those who have lost an important person in their life to suicide. In addition, the suicide prevention team provides

consultation to other providers, follows up on crisis line calls, offers psychoeducation about suicide assessment and risk management, and engages in monthly outreach activities. To participate fully in this rotation, interns should expect to devote 25-30 hours per week for a minimum of 3 months. Lesser time commitments are available for those with more limited training goals. Dr. Gregory Simons provides supervision in this area.

The ***Outpatient Trauma Recovery Services*** rotation enables the intern with an interest in post-traumatic stress to specialize in work with this population on an outpatient basis. The clinic serves Veterans who have experienced combat trauma as well as military sexual trauma, childhood trauma and non-combat adult trauma. There are opportunities to gain experience with specialized treatment of co-morbid PTSD and substance abuse disorders. Participation in biweekly team meetings is expected of all interns involved in the clinic. This rotation provides opportunities to implement structured, manualized treatments (e.g., Cognitive Processing therapy, Prolonged Exposure and other exposure therapies) as well as a special emphasis on gaining experience in integrating evidence-based principles with less-structured treatment paradigms in treating clinical presentations that preclude the use of more structured approaches. Interns benefit from co-leading therapy groups which, most often, utilize a phased model that begins with psychoeducation and builds to trauma processing. Cognitive-behavioral, psychodynamic, and interpersonal perspectives inform case formulation, treatment planning and interventions. Assessment activities includes comprehensive clinical interviews, as well as the use of psychometric measures such as the PTSD Checklist (PCL), Beck Depression Inventory, MCMI, and others. To fully participate in this clinic, a commitment of 20-30 hours/week for a period of 6 months is recommended, though lesser time commitments are possible for those with more limited training goals. Supervisors in this area include Drs. David Baruch, Catherine Coppolillo, Shauna Fuller, Christina Hove, William Lorber, Mindy Marcus, Patrick Martin, and Matthew Vendlinski.

Centralized Assessment Unit (CAU)

The Centralized Assessment Unit (CAU) combines psychodiagnostic and psychosocial assessment and psychological testing to aid in psychiatric and/or medical treatment planning. Trainees in this rotation complete psychodiagnostic evaluations or pre-surgery evaluations. Psychodiagnostic evaluations aid in clarifying diagnoses and treatment recommendations for treating providers. Pre-transplant and pre-bariatric surgery evaluations are required to provide treatment teams with recommendations to assist Veterans through the transplant/surgery process. Assessments in this rotation typically include psychodiagnostic and psychosocial interviews, collateral interviews, psychometric testing, report writing, and feedback aimed at providing recommendations to referring providers and the Veteran. Drs. Nina Sathasivam-Rueckert, Jamie Noffsinger, Shaun English, and Allison Jahn provide supervision in this rotation.

Domiciliary Residential Rehabilitation Programs

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

Rehabilitation Treatment Program (SAR RTP), Individualized Addictions Consultation Team (I-ACT), and Domiciliary Care for Homeless Veterans (DCHV).

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 & PTSD, 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, Distress Tolerance, Mindfulness and Self-Compassion. To fully participate in this rotation, a time commitment of 20 – 30 hours per week for a period of 3-4 months is recommended. Drs. Michael Haight and Julie Jackson provide supervision in this area.

The **PTSD Residential Treatment Program** is a six-week, domiciliary-based residential treatment program for Veterans wanting to address military-related PTSD. The program provides intensive, trauma-focused treatment in a structured, residential setting. While all residents must have a primary diagnosis of PTSD related to their military service, co-morbid diagnoses such as depression and substance use disorders are common. The program emphasizes group-based, cognitive-behavioral treatment, and incorporates Cognitive Processing Therapy, Exposure Therapy, 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 for PTSD (particularly CPT and PE) is a common focus of this rotation. Interns interested in psychodiagnostic and personality assessment opportunities also may be able to incorporate these activities into a rotation with the program on a limited basis. To fully participate in this rotation, a time commitment of 20 – 30 hours per week for 3-4 months is recommended. Dr. Sam Shepard provides supervision in this area.

The **Substance Abuse Residential Rehabilitation Treatment Program (SAR RTP)** 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 (psychologist, social workers, addiction therapists, registered nurses, recreation therapist, occupational therapists, and kinesiotherapists). Specific duties and length of rotation are negotiable, though interns wishing to be involved in case management would be expected to make a minimum time commitment of 20 hours/week for 6 months. Dr. Lynn Servais provides supervision in this area.

Individualized Addictions Consultation Team (I-ACT)

I-ACT provides substance use disorder assessment and treatment services to Veterans who are not able to participate in standard abstinence-based treatments. This may be because of their specific treatment needs (i.e. they are requesting a harm-reduction approach), or because they

cannot participate in standard substance-abuse treatment due to cognitive problems, medical/functional comorbidities, or mental health comorbidities. The emphasis is on bridging the gaps in the continuum of care and increasing access to Veterans who may otherwise not receive needed addictions services. The I-ACT team consists of a psychologist and a social worker. Various treatment approaches are employed including abstinence-based approaches, harm reduction, motivational interviewing, and cognitive-behavioral therapy in individual and group modalities. Dr. Sarah Keating is the supervisor in this area.

The ***Domiciliary Care for Homeless Veterans Program*** (DCHV) is a vocational rehabilitation treatment program housed in Domiciliary 123. DCHV works with Veterans who already completed intensive treatment (most often one of the treatment programs in DOM123), are homeless, and wish to return to work. DCHV focuses on the integration of vocational goals with the Veteran's overall recovery program. Veterans reside in the domiciliary for multiple months as they obtain employment, address financial concerns, and establish independent housing in the community. Interns/Fellows interested in training opportunities within the program are able to choose varying levels of time commitment. Rotating in DCHV is recommended for trainees interested in residential treatment, vocational rehabilitation, and the recovery process. Dr. Stephen Melka provides supervision in this area.

Community Resource and Referral Center (CRRC)

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

Geropsychology / Geriatrics / Palliative Care

The core Geriatrics programs at the Medical Center include the 113-bed ***Community Living Center (CLC)*** which includes Long-Term Care, Geriatric Evaluation and Management Unit (GEM), Transitional Care and Palliative Care units. The medical center also has 3 Community Homes, each have 10-bedrooms, and offer a homelike environment in which Veterans requiring skilled nursing care are housed. The CLC provides the opportunity for the intern to learn a full range of geropsychological skills consistent with the Pikes Peak Model of Geropsychology Training in a setting that emphasizes interdisciplinary collaboration.

The CLC is a multidisciplinary geriatric facility that emphasizes interdisciplinary evaluation and rehabilitation. The CLC includes approximately 40 long-term care beds for Veterans with a variety of conditions, ranging from MS to dementia to chronic schizophrenia. Approximately 18 beds in the CLC are devoted to Palliative Care / Radiation Therapy, 10 beds comprise the GEM, and approximately 40 beds are devoted to transitional (subacute medical) care, which addresses wound healing, post-surgical care, and complicated medical convalescence.

The ***Geriatric Evaluation and Management (GEM) Unit*** provides interdisciplinary assessment and short-term rehabilitation for Veterans age 65 and older with complex medical and psychological comorbidities. The primary objective is to promote maximum function for each Veteran within the least restrictive environment based upon a comprehensive, interdisciplinary assessment. Psychological, neuropsychological, and/or decision-making capacity evaluations are completed on all patients admitted to the GEM unit. Patients typically remain on this unit for approximately 2-4 weeks. Brief psychological interventions aimed at managing emotional and behavioral symptoms are provided. Each patient is reviewed at an interdisciplinary team conference at least weekly. Representatives from the team meet with the patient and family members to provide feedback on assessment results and to facilitate discharge planning. The intern may have outpatient follow-up with GEM patients following discharge. Dr. Heather Smith provides supervision in this area.

The ***Transitional Care (TC) Unit*** consists of approximately 40 beds dedicated to short-term rehabilitation, post-surgical care, wound healing, and complicated medical convalescence. Care occurs within the context of a large interdisciplinary team consisting of a medical director and nurse practitioners along with representatives from psychology, social work, Nursing, Physical Therapy, Occupational Therapy, Recreation Therapy, Nutrition, chaplaincy, and pharmacy. Veterans admitted to the TC unit present with complex medical and psychosocial issues, including failure to thrive, cancer, diabetic wound healing, liver disease, COPD, substance use disorders, depression, anxiety, PTSD, dementia, personality disorders, and homelessness. Opportunities for psychological, neuropsychological, and decision-making capacity evaluations are prevalent. The intern may consult with the TC team and nursing staff to assist with management of disruptive behaviors utilizing a STAR-VA approach. Interns may elect to be involved in a weekly reminiscence group on the GEM and TC units. There are opportunities for brief, individual intervention to address psychological and behavioral concerns, including depression, PTSD, anxiety, substance use disorders, caregiver support, adherence to medical treatment, and end-of-life concerns. The intern may provide outpatient follow-up with Veterans and/or their caregivers following discharge from the TC unit. Dr. Heather Smith provides supervision in this area.

Long-Term Care Units. The CLC includes 20 long-term care beds in a more traditional nursing home environment for Veterans with a variety of conditions, ranging from multiple sclerosis to dementia to chronic schizophrenia and other mental health diagnoses. In addition, long-term care services are provided within three freestanding 10-bed homes. The intern has the opportunity to conduct assessments, to provide individual and group therapy, including facilitating a weekly reminiscence group, to assist with interdisciplinary team planning and training, to consult with staff and families, to evaluate decisional capacity, and to develop and implement resident-specific care management programs utilizing a STAR-VA approach. The treatment of depression, anxiety, and behavioral problems is an integral part of the geropsychologist's role in this setting, as well as providing counseling and support to residents and families dealing with end-of-life issues. Drs. Amy Houston and Heather Smith provide supervision in this area.

The **Palliative Care Program** provides palliative and end-of-life care for Veterans and their families. The program includes an 18-bed inpatient unit, an outpatient clinic, and a palliative care consultation team. The psychologist assigned to the unit also provides outreach to the hematology/oncology clinic, and the ALS clinic. The program serves Veterans with end-stage diseases (>90% cancer) and those receiving palliative radiation and/or chemotherapy treatment. Some Veterans remain on the inpatient unit through the end of their lives, while others return home or transfer to another facility after their treatment is complete. The team consists of staff physicians, registered nurses, licensed practical nurses, nurse aides, nurse practitioners, social worker, psychologists, pharmacist, physical and occupational therapists, recreation therapist, dietician, and chaplain. Upon admission, each Veteran undergoes a comprehensive inter-professional evaluation focused on the patient's physical, psychological, social, and spiritual needs. Pain assessment and management is often a primary focus. The team meets twice weekly to update the care plans and to round with consultants. Interns will have the opportunity to work with Veterans and their families, and to participate in a weekly palliative care support group. Dr. Amy Houston provides supervision in this area.

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

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

Outpatient Geropsychology Clinic. Interns can provide traditional outpatient therapy services focused on an older adult population. We encourage the use of evidence-based models and therapy modifications to promote greater access to mental health treatment older adults. Interns can carry a small case-load that can focus on short- or long-term therapy goals for Veterans and/or caregivers. In some cases, outpatient services may focus on a behavioral health approach to help facilitate care for those with complex medical problems and dementia. Interns can also opt to co-lead groups adapted to an older adult populations (e.g. Healthy Aging, Mindfulness/Relaxation, Healthy Sleep). Drs. Allison Jahn and Shaun English provide supervision in this area.

Geropsychiatry Clinic: Interns can serve as interdisciplinary team members in a half-day, outpatient clinic supporting psychiatry residents. During this clinic, interns focus on brief,

targeted interventions, warm-handoff, or brief assessments of mood, anxiety, suicidal ideation, and/or cognitive symptoms. Dr. Allison Jahn is the supervisor for this clinic.

Home Based Primary Care

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

Neuropsychology

Neuropsychology is primarily a consultation and diagnostic service. On this rotation, the intern will become proficient at administering neuropsychological tests and understanding how results from such testing relate to brain functioning and guide treatment planning. As a regional referral center, the neuropsychology clinic sees outpatients, domiciliary residents, and also geriatric, rehabilitation, medical-surgical, neurology, cardiac, and psychiatry inpatients. The caseload includes a wide variety of patients, ranging from recently returning soldiers to geriatric patients. Common referrals include: memory loss, evaluation of dementia, dementia vs. pseudodementia, head injury, executive functioning or personality changes, AD/HD, learning disabilities, demyelinating diseases, and seizure disorders. Competency and decisionality evaluations are also frequently requested. Records are reviewed prior to seeing the patient. Interviews are conducted at the beginning, after which a test battery is selected depending upon the referral questions and the patient's presentation. Geriatric assessments usually take a half-day; full batteries may take one day. Patients are usually given feedback on their test results either in person, by VVC or by telephone about two weeks after the assessment has been completed.

The rotation in neuropsychology is designed to be a comprehensive experience. Initially the intern's existing skills are assessed so that training may begin at the most appropriate level.

Testing and scoring are practiced with technicians and postdoctoral fellows and the intern is evaluated for accuracy and adherence to testing protocols. After having gained experience in record review and interviewing, interns receive training in test interpretation, diagnostic procedures, and report-writing. Interns rotating through Neuropsychology are expected to attend the weekly case conferences, monthly journal club, and case-by-case supervision with the attending neuropsychologist.

The neuropsychology service also provides consultation to various interdisciplinary clinics including Multiple Sclerosis Clinic, , Cognitive Disorders Clinic and Geropsychiatry/Geropsychology Clinic. These clinics allow interns to increase their knowledge about medical examinations, neurologic exams, and neuroimaging through direct involvement with cases and treatment teams.

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

The neuropsychology track is designed to provide training and experience consistent with Division 40 and Houston Conference guidelines by devoting 50% of their internship to neuropsychological rotations. Interns in the general track may complete major or minor rotations in neuropsychology, although ability to accommodate Division 40 and Houston Conference guidelines depends on clinic capacity.

Polytrauma Clinic Support Team

The Polytrauma Clinic Support Team (PCST) serves seriously wounded returning combat Veterans with polytrauma injuries and/or traumatic brain injury (TBI). The members of the PCST include a PM&R Physician, Psychologist, Neuropsychologist, Social Worker, Physical Therapist, Occupational Therapist, and Speech Pathologist. A wide range of experiences is available on this rotation including neuropsychological and general psychological evaluations, cognitive rehabilitation and compensatory training, psychological intervention, learning to function within an integrated team, and program development. Training on this rotation is designed to help the intern develop an understanding of the evaluation of Polytrauma/TBI conditions, learn the resources available for Veterans for treatment of these conditions, and learn the factors that impact long term functioning (including PTSD and post-deployment stress). Interns will develop an understanding of the process by which TBI is assessed, an appreciation of the role of neuropsychological evaluation, and a working knowledge of the residuals of TBI. Interns may participate in non-computer based cognitive rehabilitation/compensation strategies and in psycho-education about post-adjustment stress and reintegration issues. Individual and group therapy/psychoeducation opportunities are also available with this rotation. Dr. Peter

Graskamp provides supervision of the psychological interventions provided through this team, and Dr. Leia Vos provides supervision of neuropsychological assessments.

Spinal Cord Injury/Disorders (SCI/D)

The SCI/D service provides a full range of care for four categories of patients with SCI/D: newly injured patients who are admitted for acute care and rehabilitation; patients briefly admitted to the hospital for their annual physical and psychosocial evaluations; those admitted for treatment of ongoing illnesses and/or complications of their injuries who may stay for many months; and outpatients. There is ample opportunity for interns to conduct inpatient and outpatient evaluations and screenings, as well as inpatient, outpatient, and video-to-home psychotherapy with patients and their caregivers. Interns will also develop skills in working within an interdisciplinary rehabilitation and primary care team comprised of physicians, nurse practitioners, nurses, social workers, physical therapists, occupational therapists, dietitians, pharmacists, adaptive technology specialists, and recreation therapists. Treatment and staff consultation activities include receiving warm hand-offs, participating in treatment team planning meetings, attending medical rounds on the inpatient unit, and observing patient therapy and education sessions. To obtain sufficient experience in rehabilitation, interns would be expected to commit 20 hours per week for 3 to 6 months, though there is great flexibility in individualizing SCI/D experiences to meet specific training goals. Drs. Jessica Brundage and Roger Williams provide supervision in this area.

Comprehensive Integrated Inpatient Rehabilitation Program

The Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP) provides acute rehabilitation services for patients with a wide range of medical concerns. The psychologists work alongside physicians, nurses, physical therapists, occupational therapists, speech therapists, dietitians, social workers, and recreation therapists. Psychology trainees will focus on assessment, intervention, and consultation in this rotation. Assessment is typically brief and consists of psychosocial intake, brief cognitive screening, and behavioral monitoring. There are opportunities to complete short neuropsychological assessments or medical decision-making evaluations. Intervention focuses on addressing behaviors or problems that interfere with or slow rehabilitation progress (e.g., pain problems, sleep disturbance, self-limiting anxiety), providing education, and promoting adjustment. Opportunities exist for psychology trainees to co-treat with other disciplines. Psychology interns also may participate in the biweekly stroke survivor support group. Importantly, psychology serves as consultants to the interdisciplinary team and participates in weekly staffing meetings, huddles, and family conferences. There are significant opportunities for providing education and developing additional programming in this rotation, including staff in-services, case reviews, intervention group development, and collaboration with other disciplines. Interns can expect to spend about 15 hours a week on this rotation, which is available for 3+ months. Dr. Amy Houston supervises specialty rehab referrals (e.g., limb loss, post-surgical, cardiac, deconditioning) and Dr. Vos supervises neurorehabilitation referrals (e.g., stroke, brain injury). If working with Dr. Vos, assessment training with the neuropsychology technicians is required prior to beginning the rotation.

Women's Health

This is an outpatient training rotation for those interns who are interested in a focus on women's mental health, with an emphasis on military sexual trauma, and the integration of women's mental health and primary care. Treatment interviews, individual and group psychotherapy, and assessment are the most frequent services provided. Source of referrals most often are the MST Coordinator/ACCESS clinic, Outpatient Mental Health, Women's Health Clinic, and Immediate Mental Health Access Clinic (IMHAC). Most common reasons for referral are sexual trauma with/without combat trauma, post-military adjustment and relational issues, maternity related concerns, such as postpartum depression, emotional adjustment to physical disorder, such as breast cancer or bariatric surgery, psychological factors affecting physical condition and caregiving concerns. Most patient care is provided in the intern's office (either in person, by phone, or by VA Video Connect) or group therapy rooms at the Women's Resource Center (WRC). The WRC is a separate building (Building 109) adjacent to the main hospital that is dedicated solely to women's health care, and offered as an alternate space to women who prefer a more private place to receive their mental health care. Interns have the opportunity to co-lead established women's evidence-based therapy groups (Cognitive Processing, Cognitive Behavioral, Mindfulness-based Cognitive Therapy, Seeking Safety, STAIR), and have the opportunity to develop and conduct other group approaches, such as PTSD and Anger, and Trauma and the Brain, a psychoeducation and mindfulness based approach. A time commitment of 6 - 8 hours per week for a period of at least 5 to 6 months is recommended to provide continuity of care in this setting and to obtain a well-rounded experience. Like other trauma-based rotations, starting earlier in the year to allow time for referrals and rapport to develop is recommended. Health psychology-focused opportunities of 2 – 4 hours per week in ongoing, evidence-based group therapy and education for tobacco cessation or the Women's Integrated Sexual Medicine Clinic are also available. Dr. Colleen Heinkel provides supervision in this area.

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

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

management, brief cognitive and/or decisionality assessments, group psychotherapy and psychoeducation, and collaboration with PACT members on patient treatment plans. A minimum time commitment of 8-10 hours per week for a period of at least 3-4 months is required in order to experience a full range of PC-MHI activities. Drs. Jeralee Briggs and Kavitha Venkateswaran provide the supervision in this area.

Pain Self-Management and Rehabilitation

This outpatient mental health service offers a rehabilitative, behavioral approach to chronic pain management. The program provides comprehensive evaluations, a psychoeducational class (the Chronic Pain Education Class), and evidence-based interventions including Cognitive-Behavioral Therapy for chronic pain, Acceptance and Commitment Therapy for chronic pain, and relaxation training. Interns also may participate in a time-limited functional restoration group, which is an interdisciplinary program conducted in collaboration with Physical Therapy and Pharmacy. Treatment is primarily group-based and structured with emphasis on skill development. Interns would have the opportunity to co-facilitate the Chronic Pain Education Class, to conduct assessments, and to gain experience in co-facilitation of treatment groups. At present this experience is available as a minor rotation, requiring 6-12 hours per week for a period of 3-4 months. A supervisor for this area is under recruitment.

Health Promotion Disease Prevention (HPDP)

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

Culturally Responsive Practice

While individual and cultural diversity are core competencies embedded in each rotation, some trainees may wish to make their training in diversity and cultural competence even more explicit. This rotation will allow interns the ability to bolster knowledge and learn skills related to culturally competent practice. The rotation will incorporate direct experience working with issues related to cultural and individual diversity, social justice, and systemic oppression, advocacy and teaching, and by engaging in supervision focused on critical awareness, self-reflection, and implementation of skills. The rotation will offer flexibility with core clinical opportunities including the Race-Based Stress group, Women's Health through a Primary Care lens, DBT skills training group including stigma management for sexual and gender minorities, LGBT group, Healthy Aging group for an older adult population, and Acute Mental Health with a focus on multicultural group therapy and assessment. Trainees also can use some of their time

in this rotation to develop and implement staff education and training, contribute to multicultural research, or focus on local program development. Trainees can also participate in adjunct opportunities, such as attending the multicultural reading group or serving on hospital committees (e.g. equal employment opportunity/EEO committees) and/or the psychology workgroup, Advancing Diversity Across Psychology Team (see additional information below). Supervisors for this rotation vary depending on the specific training experiences elected.

Organizational Development

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

Administrative Rotations

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

Research Opportunities:

Many interns devote a portion of their time to completing dissertation research. There are also opportunities to participate in ongoing research projects, including collaborating with other trainees and staff on group research projects and manuscripts. There are currently ongoing research programs within the PTSD Clinic, Geropsychology/Geriatrics, and Neuropsychology. Program evaluation studies also are ongoing in a number of treatment programs. The ***Psychology Research Workgroup*** comprises psychology staff and trainees who are interested in incorporating scholarly activity into their practice. This group meets monthly and provides a collaborative and supportive professional environment for psychologists to explore research-related interests, problem solve research-related challenges in the VA, and collaborate on projects.

Other Activities:

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

The **Psychology Diversity Workgroup, or ADAPT** (Advancing Diversity Across Psychology Team) comprises psychology staff, postdoctoral fellows and doctoral interns working collaboratively to ensure the development and exercise of a multiculturally-focused program within psychology. ADAPT meets monthly and seeks to promote increased awareness, knowledge and skills related to culturally competent clinical practice, by providing education, opportunities for dialogue, and experiential training opportunities.

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

In addition to their clinical activities, interns spend several hours per week attending seminars or other educational activities. The twice-weekly Psychology Seminar series typically includes presentations on ethics and professional development, presentations on issues of particular relevance to the VA population, evidence based approaches to assessment and intervention, and issues of diversity including discussions of ethnic, cultural and gender issues. Interns are asked to present two case studies during the course of the year, one emphasizing assessment and the other focusing on intervention, and are also required to give a presentation that demonstrates their ability to critically evaluate and disseminate research. Interns are also responsible for selecting articles and leading discussions at Psychology Journal Club.

In addition to our own program, trainees are able to attend various continuing educational activities of the Medical College of Wisconsin. Among the major areas of interest are the conferences held in psychiatry, neurology, physical medicine and rehabilitation, gerontology, and clinical pharmacology. Other affiliated institutions also sponsor frequent workshops and presentations, and colloquia are often sponsored by both Marquette University and the University of Wisconsin-Milwaukee.

Requirements for Completion

Each clinical supervisor rates intern abilities in the core competency areas on the Intern Evaluation form. Intern progress is also discussed by the training faculty in the monthly reviews of intern performance. At the conclusion of the internship, the Director of Training prepares a final Intern Evaluation Form that provides a composite summary of supervisor ratings and comments. To successfully complete the internship, the intern must have achieved an overall rating of “Competent for Entry-Level Practice” in all core competency areas.

Facility and Training Resources

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

Administrative Policies and Procedures

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

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

Training Staff

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

Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide individual and group psychotherapy, psychological assessment, supervision of psychology interns and psychiatry residents, interdisciplinary team consultation.

Theoretical Orientation: Interpersonal, dynamic, and somatic focus grounded in traditional behavioral and cognitive-behavioral theory.

Interests: PTSD treatment, childhood trauma and its impact on development, interpersonal process, spirituality/religion and PTSD, gestalt and somatic psychotherapy, training and supervision, and utilizing exposure based principles in both structured and non-structured treatment paradigms.

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

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

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

Theoretical Orientation: Cognitive Behavioral

Interests: Suicide prevention, serious mental illness and substance abuse

Academic Affiliation: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin; Adjunct Assistant Professor, Department of Psychology, UW-Milwaukee

Denis Birgenheir, Ph.D. (University of Wyoming, Clinical Psychology, 2012)

Acute Mental Health/Intensive Outpatient Program: Staff psychologist in the Acute Mental Health program, which includes our 34-bed inpatient unit and an Intensive Outpatient Program. Provide individual and group psychotherapy to those with a serious mental illness or severe substance use disorder.

Theoretical orientation: Cognitive-behavioral, with more of a focus on the behavioral part. I also use motivational interviewing and interpersonal techniques.

Interests (professional): Psychosocial rehabilitation and treatment outcomes. Consumer-driven recovery model and community integration for individuals with serious mental illness.

Jeralee Briggs, Ph.D. (Western Michigan University, Clinical Psychology, 2016)

Primary Care-Mental Health (PC-MH) Integration: Provide brief assessment and psychotherapy. Consult and collaborate with interdisciplinary teams in Primary Care Gold and Sleep Medicine Clinics. Facilitate PC-MHI groups and classes. Serve as a member of Whole Health committee to improve wellness initiatives for Veterans and VA staff. Provide supervision and mentorship for PC-MHI trainees including post-doctoral fellow, psychology interns, and psychology practicum student.

Theoretical Orientation: A blend of behavioral and biopsychosocial, considering sociocultural and contextual influences along with the function of behaviors for treatment planning and intervention.

Interests: Health psychology, sleep disorders, chronic disease, integrated care, and brief interventions.

Certifications: Cognitive Behavioral Therapy for Insomnia (CBT-i)

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

Spinal Cord Injury/Disorders (SCI/D): Provide diagnosis and treatment recommendations to enhance adjustment, self-management, and adherence for Veterans admitted to the SCI/D center for rehabilitation and acute medical needs, as well as outpatients receiving care in the SCI/D primary care clinic. 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 patients and their families, as well as staff. Provide clinical supervision to psychology fellows, interns, and practicum students. Serve on the Ethics Consultation Team.

Theoretical Orientation: Integrative, drawing heavily upon cognitive-behavioral approaches, motivational interviewing, and acceptance and commitment therapy approaches

Interests: Rehabilitation psychology, adjustment to disability, coping with chronic illness, self-management, working on a multidisciplinary team, geropsychology, grief and loss, supervision, ethics

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

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

Martha Carlson, Ph.D. (University of North Carolina-Greensboro, Clinical Psychology, 2005)

Mental Health Residential Rehabilitation Treatment Program Manager: Oversees and manages mental health treatment programming and staff in the domiciliary.

Theoretical Orientation: Cognitive-Behavioral

Interests: Trauma, exposure therapy, couples therapy, psychosis

Certifications: Cognitive Processing Therapy for PTSD, Prolonged Exposure, Motivational Interviewing

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

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: Integrative treatment of PTSD and complex PTSD for combat and sexual trauma, effects of childhood trauma and neglect, gender identity issues, supervision
Certifications: Cognitive Processing Therapy and Prolonged Exposure for PTSD

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

Health Behavior Coordinator: Train, guide, mentor, and support healthcare team members who provide health behavior self-management to patients utilizing the courses “Patient Education: TEACH for Success,” and “Motivational Interviewing.” Provide coaching to clinicians to enhance their skills. Provide clinical services in shared medical appointments to patients in the weight management program. Plan, develop, adapt, implement and assess efficacy of health behavior interventions for the promotion of general health and to address health risk behaviors as part of disease prevention and chronic disease management in close collaboration with the Health Promotion/Disease Prevention Manager and others.

Interests: Leadership development, organizational development

Certifications: Motivational Interviewing

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

Outpatient Mental Health Clinic/BHIP Team B leader: Provides individual and group interventions to patients with a wide age range and various diagnoses in the outpatient Mental Health and Geropsychology clinics. Offers evidence-based treatments on a 1:1 basis including CBT and IPT for depression. Facilitates groups including mindfulness-based stress reduction and is a member of the DBT consultation team.

Theoretical Orientation: Cognitive-Behavioral, Interpersonal, DBT

Interests: Mindfulness, time-limited evidence-based treatment, DBT, anxiety disorders, adjustment to aging, coping with loss and grief, bariatric and brief neuropsychological assessment

Academic Affiliation: Marquette University

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

Outpatient Postdeployment Mental Health/PTSD Clinical Team: I provide individual and group psychotherapy for Veterans with focus on facilitating recovery from the effects of trauma; I provide supervision for psychology practicum students, interns and fellows as well as MCW psychiatry residents completing a rotation in the PTSD clinic; I conduct psychological assessment for case conceptualization and treatment purposes as needed.

Theoretical Orientation: My orientation is largely integrative although I rely heavily on contemporary psychodynamic theory to inform and drive my work (e.g., affect/emotion focused; unconscious drive/defenses/resistance; enactment; emphasis on the therapeutic relationship as a driver for change; exploration of fantasies/dreams) . I also draw upon existential theory and interpersonal process (particularly dynamics that arise in the context of recovery from trauma).

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

Certifications: Cognitive Processing Therapy for PTSD (CPT), Cognitive Behavioral Therapy for Insomnia (CBT-I)

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, Multiple Sclerosis, and Cognitive Disorders Clinics.

Theoretical Orientation: Cognitive behavioral, flexible battery neuropsychology

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

Certifications: Board Certified in Clinical Neuropsychology by American Board of Professional Psychology

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 including Cognitive Behavioral Therapy (CBT) for Insomnia. Provide clinical consultation to the TBI interdisciplinary team,

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

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

Certifications: CBT for Insomnia

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

Acute Mental Health Program Manager: Management of the following clinical team and services: Acute Mental Health Unit 3C, The Bridge Intensive Outpatient Program (IOP), Neuropsychology/Polytrauma Clinic, Emergency Department Psychology Team, and Consult-Liaison Psychiatry Team. Provide evidence-based treatments, including Dialectical Behavioral Therapy (DBT) on the inpatient mental health unit and The Bridge IOP. Provide DBT treatment on an individual and group basis for the treatment of personality disorders and substance use/abuse on an outpatient basis. Co-lead the DBT Consultation Team. Member of ADAPT.

Theoretical Orientation: CBT/DBT

Interests: Severe & persistent mental illness, addictions, personality disorders, multiculturalism, and leadership/management

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

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

Team Leader, General Treatment Team, Domiciliary Residential Rehabilitation and Treatment Program (DRRTP): Orient Veterans to the DRRTP, complete psychosocial assessments and recovery plans, and provide case management duties. Conduct individual and group therapy and personality assessments. 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, supervision, Self-Compassion Group

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

Consultant/Former Director of Training Program: Provide consultation to the Director of Training regarding administration of the doctoral internship program, postdoctoral fellowship program, and practicum program. Provide didactic seminars and supervision to doctoral interns and postdoctoral fellows.

Theoretical Orientation: Integrative, primarily behavioral and cognitive-behavioral

Interests: Training and supervision, program development and program evaluation

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

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

Outpatient Mental Health/Women's Resource Center: Staff psychologist with a focus on women's health and trauma. Co-Director/Psychology preceptor for the MCW/VA Advanced Fellowship in Women's Health. Lead Clinician, Zablocki VA's Tobacco Treatment. Behavioral health lead, VA Women's Integrated Sexual Health Clinic. Zablocki VA Site Lead, Practice-based Research Network (PBRN) in Women's Health.

Theoretical Orientation: Integrative, feminist, drawing heavily upon CBT, CPT, DBT, IPT, EA, MBCT, and CGT approaches, and MI strategies. A justice-informed approach to trauma.

Interests: Trauma recovery, the intersectionality of trauma and health, affective neuroscience, grief and loss, women's health, energy psychology, whole health, translational research, and training.

Certifications: CPT, CBT-D, National Red Cross Disaster psychology, Healing Touch (Level 3), Nutritional psychology (JFK University), Energy psychology (ACEP)

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

Amy Houston, Psy.D. (Xavier University, Clinical Psychology, 2017)

Community Living Center (CLC), Inpatient Rehabilitation, Palliative Care: Serve as major preceptor and clinical supervisor for fellows, interns, and practicum students completing Palliative and Geropsychology rotations. Provide interdisciplinary team consultation, decision-making capacity assessments, individual and group psychotherapy, family caregiver education and support, and nursing staff education and support.

Theoretical Orientation: Behavioral, Cognitive Behavioral, Acceptance and Commitment Therapy

Interests: Gerontology, geropsychology, health psychology, grief and bereavement, assessment of decision making capacity, palliative care, dementia, dementia related behaviors, and dementia caregivers

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

PTSD/SUD Liaison, Outpatient Post Deployment 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, Harm Reduction, Cognitive-Behavioral Therapies, Motivational Interviewing, and Interpersonal Therapy techniques. Evidence based treatments include Seeking Safety and Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE). Provision of comprehensive assessments employing objective measures for diagnostic and treatment purposes.

Theoretical Orientation: Cognitive-Behavioral, Interpersonal

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

Certifications: Cognitive-Behavioral Therapy for Insomnia

Academic Affiliations: Adjunct Associate Professor, Department of Psychology, University of Wisconsin-Milwaukee

Joshua C. Hunt, Ph.D. (University of Wisconsin - Milwaukee, Counseling Psychology, 2015).

Community Resource and Referral Center (CRRC): Provides a full range of psychological services to homeless and at-risk Veterans. Services available to Veterans from the overarching Health Care for Homeless Veterans (HCHV) program include housing placement, health care, financial planning and income support, transportation, legal services, vocational assistance, education, and recreation. The CRRC is a walk-in clinic located near downtown Milwaukee that provides services ranging from showers and laundry, to mental health treatment and health care referrals.

Theoretical Orientation: Integrative, cognitive, behavioral, psychodynamic, and emotion focused.

Interests: Trauma, PTSD risk prediction and treatment, psychotherapy theory

Julie Jackson, Ph.D. (Marquette University, Counseling Psychology, 2007)

General Treatment Team, Team Leader Women's Section, Domiciliary Residential Rehabilitation and Treatment Program (DRRTP): Provide case management, group and individual therapy for female Veterans residing in the DRRTP. Complete administrative duties as the Team Leader. Supervise interns, fellows, and students.

Theoretical Orientation: Cognitive-behavioral

Interests: Dual diagnosis, health psychology, Acceptance and Commitment Therapy, Motivational Enhancement Therapy

Certifications: Cognitive Processing Therapy for PTSD

Allison L. Jahn, Ph.D. (University of Wisconsin-Madison, Clinical Psychology, 2011)

Outpatient Mental Health: Centralized Assessment Unit (CAU), Compensation & Pension, and Geropsychology: Conduct C&P examinations, pre-surgical psychodiagnostic and psychosocial evaluations for bariatric and transplant candidates, and evaluations to aid in diagnosis and

treatment for Veterans in outpatient mental health. Provide individual and group (e.g. problem solving training, caregiver support) psychotherapy for older adults. Provide supervision to interns and fellows and serve as the primary supervisor for the Outpatient Geropsychology fellow.

Theoretical Orientation: Biopsychosocial, integrating biological/neurological, psychological, and contextual and social factors through a variety of 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, Motivational Interviewing, Goals of Care Conversations Trainer

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

Deana Johnson, Psy.D. (Illinois School of Professional Psychology, Clinical Psychology, 2009)

Emergency Department: Provide after hours and weekend acute MH coverage for the hospital. Conduct comprehensive assessments of SI/HI, alcohol and other substance use disorders, PTSD exacerbation, mood instability, psychosis, anxiety/panic attack, dementia vs. delirium, active distress secondary to medical concerns, acute grief/loss, and/or agitation or other behavioral concerns in the ED. Provide after-hours consultation and behavioral management recommendations to medical floors and the acute MH unit as needed.

Theoretical Orientation: Integrative

Interests: Health psychology, women's health

Sarah Keating, Ph.D. (Brigham Young University, Clinical Psychology, 2015).

Residential Treatment, Individualized Addictions Consultation Team (I-ACT): Conducts group therapy, biopsychosocial assessments, individual therapy, case management, and interdisciplinary staffing to Veterans who have a dual diagnosed substance use problem that struggle with psychosis or cognitive issues.

Theoretical orientation: Interpersonal, existential, CBT and process-oriented therapy

Interests: Geriatrics, substance use, group therapy, evidence based therapies (PTSD, substance use)

Certifications: VA Whole Health

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

Graham Knowlton, Ph.D. (Marquette University, Counseling Psychology, 2018)

Emergency Department (ED): Provide consultation to ED 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 interdisciplinary treatment planning, and conduct decision-making capacity evaluations. Provide health and behavior interventions, and provides consultation-liaison services to medical units for psychiatric complaints or adjustment to medical conditions.

Irene Kostiwa, Ph.D. (University of Louisville, Clinical Psychology, 2013)

Home Based Primary Care: Provide interdisciplinary team consultation, decision-making capacity assessments, individual psychotherapy, family caregiver education and support, and nursing staff education and support.

Theoretical Orientation: Interpersonal, behavioral

Interests: Geropsychology, sleep

Certifications: Problem Solving Training – HBPC

Sadie Larsen, Ph.D. (University of Illinois Urbana-Champaign, Clinical/Community Psychology 2011)

National Center for PTSD Consultation Program/Evidence-Based Psychotherapy

Clinic/Research/Medical College of Wisconsin (MCW): Provide consultation to providers across the US who treat Veterans with PTSD; contribute to educational materials for the National Center for PTSD. Provide individual evidence-based psychotherapy for PTSD. Associate Training Director at the Medical College of Wisconsin. Conduct research on PTSD.

Theoretical Orientation: Primarily Cognitive-Behavioral, drawing on Acceptance and Commitment Therapy, Mindfulness, and Dialectical Behavior Therapy

Interests: PTSD and its treatment, anxiety disorders, gendered violence (e.g., military sexual trauma, domestic violence, childhood sexual abuse)

Certifications: Cognitive Processing Therapy and Prolonged Exposure for PTSD

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

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

Neuropsychology: Conduct neuropsychological assessments with outpatient and inpatient Veterans. Supervise fellows, interns, and students. Serve as rotation director for the Geropsychiatry Clinic, providing supervision to psychiatry residents and 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 (ABCN)

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

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

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

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

Certifications: Prolonged Exposure

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

Mindy Marcus, Ph.D. (University of Texas, Educational Psychology-specialty in Human Development and Education 1998; Marquette University, Respecialization in Counseling Psychology, 2004)

Outpatient Postdeployment Mental Health/PTSD Clinical Team: I provide psychotherapy to groups, individuals, and couples where there is post-traumatic stress from combat or other sources of trauma across the lifespan. I provide psychological assessment to aid in treatment planning, conceptualization, and consultation. I supervise interns and fellows who rotate through the trauma recovery program.

Interests: Promoting healing and recovery from trauma using integrative, patient-centered approaches. Identification/consideration of neurobiological difference (e.g., ADHD, giftedness) in treating Veterans with anxiety and post-traumatic stress.

Theoretical Orientation: Integrative, largely based on psychodynamic, interpersonal process, and cognitive behavioral theories.

Certifications: Cognitive Processing Therapy for PTSD; formally trained in EMDR

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

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, Cognitive Processing Therapy

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

Stephen E. Melka, Ph.D. (Southern Illinois University, Clinical Psychology, 2011)

Domiciliary Care for Homeless Veterans Program (DCHV): Team leader: Program development and residential treatment program coordination. Provides group and individual psychotherapy, psychosocial evaluations, diagnostic assessments, and case management services for Veterans in residential rehabilitation. Supervises/trains medical students during psychiatry rotation, psychiatry residents in outpatient PTSD Clinic, and addictionology fellow through the Medical College of Wisconsin

Theoretical Orientation: Existential and Cognitive Behavioral

Interests: Substance use disorders, traumatic stress, anxiety, and emotion regulation

Certifications: Motivational Interviewing/Enhancement Therapy, Cognitive Processing Therapy for PTSD, Problem-Solving Training

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

Outpatient Mental Health Program Manager: Serves as Co-Manager of the Mental Health Outpatient Program, and as a psychologist in both PCMHI and geropsychology. Provides clinical supervision for trainees in PCMHI.

Theoretical Orientation: Cognitive-Behavioral, Interpersonal Process

Interests: Geropsychology, integrated care, dementia, leadership development

Certifications: Problem Solving Training – Primary Care

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

Afnan Musaitif, Ph.D. (Marquette University, Counseling Psychology, 2018)

Outpatient Addiction Treatment: Facilitate groups and individual psychotherapy. Conduct psychological and personality assessment

Theoretical Orientation: Integrative, primarily cognitive-behavioral

Interests: Addictions, post-traumatic stress disorder

Lori Nabors, Psy.D. (University of Indianapolis, Clinical Psychology, 2015)

Emergency Department: Provide after hours and weekend acute MH coverage for the hospital. Conduct comprehensive assessments of SI/HI, alcohol and other substance use disorders, PTSD exacerbation, mood instability, psychosis, anxiety/panic attack, dementia vs. delirium, active distress secondary to medical concerns, acute grief/loss, and/or agitation or other behavioral concerns in the ED. Provide after-hours consultation and behavioral management recommendations to medical floors and the acute MH unit as needed.

Theoretical Orientation: Integrative

Interests: Serious mental illness, particularly schizophrenia-spectrum disorders; psychosocial recovery and treatment; psychosis and trauma; community outreach, education, and training; psychological assessment; mental health stigma; metacognition and schizophrenia; program development and evaluation; clinical research

Certifications: Social Skills Training (SST), Regional Master Trainer in SST

Jamie Noffsinger, Psy.D. (Illinois School of Professional Psychology, Clinical Psychology with a Certificate in Forensic Psychology, 2008)

Acute Mental Health: Facilitate group and brief supportive individual psychotherapy as well as conducting psychological and personality assessments on the acute inpatient unit . Facilitate groups for the Bridge Intensive Outpatient Program.

Dialectical Behavior Therapy Team: Facilitate Dialectical Behavior Therapy Groups, provide individual DBT based treatment, participate in the DBT Consultation Team

Police Psychology: Provide pre-employment and annual Mental Health Evaluations for the VA Police Department

Centralized Assessment Unit: Complete pre-transplant and bariatric surgery Mental Health Evaluations

Risk Assessment Group: Committee Chair, responsible for reviewing all Disruptive Behavior Reports and determining level of risk and appropriate courses of action for responding to/managing risk

Theoretical Orientation: Integrative, primarily Dialectical Behavior Therapy

Interests: Chronic severe mental illness, forensic psychology, military psychology (currently serve as a Behavioral Health Officer in the United States Army Reserves)

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, depression, ACT, behavioral activation, cognitive risk factors for depression

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 with interdisciplinary medical and mental health teams. Supervise psychology practicum students, interns, fellows, and students. Supervise psychiatry and neurology residents and postdoctoral fellows.

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

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

Clinical Lead, Psychosocial Rehabilitation & Recovery Center including Evidence-Based

Psychosocial Rehabilitation and Education Program (EB-PREP): Provides leadership and program oversight of the PRRC to ensure the most positive clinical outcome for Veterans served. Provides and leads social skills training and other evidence-based psychotherapies in group, individual, and family/couples modalities. Provides psychoeducation about mental illnesses and crisis intervention. Consults with staff from other disciplines. Supervise psychology interns and practicum students.

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

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

Certifications: Behavioral Family Therapy for SMI, Cognitive Processing Therapy for PTSD, Social Skills Training

Nina Sathasivam-Rueckert, Ph.D. (Boston College, Counseling Psychology, 2015)

Centralized Assessment Unit (CAU): 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.

Kelly Schuder, Psy.D. (Indiana State University, Clinical Psychology, 2017)

Emergency Department: Conducts comprehensive assessments of SI/HI, alcohol and other substance use disorders, PTSD exacerbation, mood instability, psychosis, anxiety/panic attack, dementia vs. delirium, active distress secondary to medical concerns, acute grief/loss, and/or agitation or other behavioral concerns in the ED. Provides after-hours consultation and behavioral management recommendations to medical floors and acute mental health unit as needed.

Theoretical Orientation: Integrative, interpersonal, existential, metacognitive

Interests: SMI and prediction of psychosis, MMPI-2-RF, schizophrenia-spectrum disorders, recovery

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 Inter-team committee.

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

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

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

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

Outpatient Mental Health Clinic: Serves on the General Therapy, Dialectical Behavior Therapy, and Evidence Based Practices (EBP) teams housed within outpatient mental health. Specializes in the delivery of DBT, Interpersonal Therapy for Depression (IPT), and Acceptance and Commitment Therapy (ACT) through the DBT consultation team and EPB Clinics. Also cofacilitates outpatient DBT skills groups. Serves on ADAPT. Supervises psychology interns within both the DBT and EBP teams.

Theoretical Orientation: Cognitive-Behavioral, Interpersonal

Interests: Evidence based therapy, cultural competence

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

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

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

Team Leader, PTSD Residential Treatment Program: Serves as the Team Leader on the interdisciplinary PTSD Residential Treatment Team. Provides diagnostic assessment, individual

therapy, case management, and group therapy to Veterans with PTSD. The PTSD program emphasizes the use of evidence-based psychotherapies for PTSD.

Theoretical Orientation: Cognitive-Behavioral

Interests: PTSD, trauma, anxiety disorders, EBPs, men and masculinity

Certifications: CPT and PE

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

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

Suicide Prevention/LGBTQ+ Affirmative Healthcare: Provide individual, group, and couples/family therapy through outpatient mental health primarily with patients identified at high risk for suicide. Perform administrative duties including outreach, provider consultation, and interdisciplinary training/education. Coordinate LGBTQ+ affirmative treatments for Veterans requesting specialized care or to work with a knowledgeable provider. Involvement with the Equal Employment Opportunity (EEO) LGBT Special Emphasis Program (SEP) raising awareness of diversity among VA staff through organization of presentations and other activities

Theoretical orientation: Theoretically oriented X3

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

Certifications: Cognitive Behavioral Therapy for Depression

Leslie Skaistis, Psy.D. (Illinois School of Professional Psychology, Clinical Psychology, 2009)

Emergency Department (ED): Provide consultation to ED 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 and consultation-liaison services to medical units for psychiatric complaints or adjustment to medical conditions.

Theoretical orientation: Integrative (pulling heavily from Existential, ACT, DBT, Interpersonal)

Interests: Working with LGBTQ+ clients, racial identity development- emphasis on white racial identity development and cultivating non-racist identity, gender, group therapy, risk assessment and crisis intervention, anxiety, OCD

Kimberly Skerven, Ph.D. (Marquette University, Clinical Psychology, 2006).

Outpatient Mental Health Clinic: Conducts diagnostic interviews, individual therapy, case management, and group therapy. Serves on the Dialectical Behavior Therapy consultation team and the Evidence-Based Psychotherapy team, facilitates outpatient DBT skills groups, and provides individual DBT and EBPs. Supervises psychology interns within the outpatient clinic as well as the DBT consultation team and the EBP team.

Theoretical Orientation: CBT

Interests: DBT, EBP, LGBTQ+

Certifications: DBT-Linehan Board of Certification; VA CBT-D; VA CPT

Heather M. Smith, Ph.D., ABPP-CG (The Ohio State University, Counseling Psychology, 2002)
Lead Psychologist: Serve as Lead Psychologist at the Milwaukee VAMC and affiliated Community Based Outpatient Clinics. Responsible for the hiring, credentialing, privileging, and professional practice of the Psychology staff. Serve as clinical supervisor for fellows, interns, and students completing Geropsychology rotations in the Community Living Center. Provide geriatric neuropsychological and decision-making capacity assessment; interdisciplinary team consultation; individual and group psychotherapy; caregiver education and support; and organizational development interventions.
Director of the Psychology Training Program: Administrative responsibility for the doctoral internship program, postdoctoral fellowship program, and practicum program. Provide group supervision to doctoral interns and postdoctoral fellows.
Theoretical Orientation: 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
Certifications: Board Certified in Clinical Geropsychology, STAR-VA

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 disorders. 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
Certifications: Cognitive Processing Therapy for PTSD, Prolonged Exposure for PTSD

Kavitha Venkateswaran, Ph.D. (University of Nebraska-Lincoln, Counseling Psychology, 2018)
Primary Care-Mental Health (PC-MH) Integration: Provide brief functional assessment and time-limited psychotherapy to women Veterans within PC-MHI. Develop and facilitate PC-MHI groups and classes focused in areas of wellness and race-based stress. Consult and collaborate with the Women's Health Primary Care Clinic and serve as the Women's Mental Health Champion. Serve as a member of the Women's Resource Center BHIP team and provide outpatient mental health services to women Veterans. Provide individual and group supervision to psychology trainees.
Theoretical Orientation: Integrative, drawing heavily upon multicultural frameworks, cognitive-behavioral, and interpersonal process
Interests: Integrated care and health psychology, women's health, trauma, multicultural and social justice work in psychology, training and supervision
Certifications: PC-MHI Competency Training, Prolonged Exposure for PTSD in Primary Care

Leia Vos, Ph.D., (Wayne State University, Clinical Psychology, 2016)

Neuropsychology: Assessment, intervention, consultation, and supervision within the Acute Mental Health Neuropsychology Service, TBI/Polytrauma Support Team, and the Comprehensive Integrated Inpatient Rehabilitation Program

Theoretical Orientation: Integrative; CBT; Empirically-based assessment

Interests: Brain injury, Stroke, Neurorehabilitation

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

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.

Ethics Consultation Coordinator (ECC): Ethics consultation improves health care quality by helping staff members, patients, and families resolve ethical concerns. The ECC serves as a member of the Medical Executive Committee and the Integrated Ethics Council to ensure high quality ethical standards throughout the facility.

Theoretical Orientation: Acceptance and Commitment Therapy, Family Systems Theory, Humanistic

Interests: Neuropsychology, rehabilitation, geropsychology, supervision, mentoring, chronic debilitating illness/disease, coding compliance, organizational development, leadership development, ethics

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

Angela L. Zapata, Ph.D. (Arizona State University, Counseling Psychology, 2010)

Immediate Mental Health Access Clinic (IMHAC): Provide consultation to IMHAC 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.

Theoretical Orientation: Integrative (Interpersonal, Multicultural, Feminist, Systemic, Humanistic)

Interests: Multicultural and diversity issues, gender and sexuality, religion and spirituality, social justice, supervision and training, trauma informed/sensitive care, self-compassion, complementary and alternative medicine, suicide prevention

Academic Affiliation: Wisconsin School of Professional Psychology-Associated Faculty

<i>Training Staff Certified in Evidence Based Treatments</i>		
Evidence Based Treatment	Supervisor	Setting
Acceptance and Commitment Therapy – Depression	Megan Olson Lynn Servais Beth Shaw	Outpatient Mental Health Domiciliary Substance Program Outpatient Mental Health
Behavioral Family Therapy	Sandra Regan	Operation Hope
Cognitive Behavioral Therapy – Chronic Pain	Rebecca Mayor	Pain Self-Management
Cognitive Behavioral Therapy – Depression	Jessica Brundage Colleen Heinkel Gregory Simons Kim Skerven	Spinal Cord Injury Women’s Resource Center Suicide Prevention Outpatient Mental Health
Cognitive Behavioral Therapy – Insomnia	Jeralee Briggs Peter Graskamp Christina Hove	Primary Care Polytrauma Outpatient Trauma/SUD Clinic
Cognitive Behavioral Therapy – Substance Use Disorders	Lynn Servais	Domiciliary Substance Program
Cognitive Processing Therapy	Jessica Brundage Cathy Coppelillo Shauna Fuller Colleen Heinkel Julie Jackson Sadie Larsen Mindy Marcus Pat Martin Rebecca Mayor Steve Melka Lynn Servais Sam Shepard Kim Skerven Matt Vendlinski	Spinal Cord Injury Outpatient Trauma Recovery Outpatient Trauma Recovery Women’s Resource Center Domiciliary GEN Women Outpatient Mental Health Outpatient Trauma Recovery Outpatient Trauma Recovery Pain Self-Management Domiciliary Homeless Program Domiciliary Substance Program Domiciliary PTSD Program Outpatient Mental Health/DBT Outpatient Trauma Recovery
Dialectical Behavior Therapy	Amanda Gregas Beth Shaw Kim Skerven	Acute Mental Health/DBT Outpatient Mental Health/DBT Outpatient Mental Health/DBT
Eye Movement Desensitization and Reprocessing	Mindy Marcus Pat Martin	Outpatient Trauma Recovery Outpatient Trauma Recovery
Interpersonal Therapy – Depression	Shaun English Beth Shaw	Outpatient Mental Health Outpatient Mental Health
Motivational Interviewing	Theresa Drewniak Allison Jahn Steve Melka Afnan Musaitif	Primary Care Outpatient Geropsychology Domiciliary Homeless Program Outpatient Mental Health/SUD

Problem Solving Training – Group	Steve Melka	Domiciliary Homeless Program
Problem Solving Training – Primary Care	Alison Minkin	Primary Care
Problem Solving Training – HBPC	Irene Kostiwa	Home Based Primary Care
Prolonged Exposure	Cathy Coppelillo Sadie Larsen Bill Lorber Pat Martin Sam Shepard Matt Vendlinski	Outpatient Trauma Recovery Outpatient Mental Health Outpatient Trauma Recovery Outpatient Trauma Recovery Domiciliary PTSD Program Outpatient Trauma Recovery
Prolonged Exposure – Primary Care	Kavitha Venkateswaran	Primary Care
Social Skills Training	Lori Nabors Sandra Regan Beth Shaw	Emergency Department Operation Hope Outpatient Mental Health
STAR-VA	Heather Smith	Community Living Center

Recent Intern Classes

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

2013-2014

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

2014-2015

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

2015-2016

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

2016-2017

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

2017-2018

University of Akron (Counseling)
University of Alabama (Clinical)
University of Illinois (Clinical)
Marquette University (Clinical)
Marquette University (Counseling)
University of Nebraska (Counseling)
University of Wisconsin-Madison (Clinical)
University of Wisconsin-Milwaukee (Clinical)

2018-2019

Adler University (Clinical)
University of Alabama at Birmingham (Clinical)
University of Georgia (Clinical)
Illinois Institute of Technology (Clinical)
Illinois School of Professional Psychology (Clinical)
Loma Linda University (Clinical)
University of Louisville (Clinical)
Xavier University (Clinical)

2019-2020

University of Alabama (Clinical)
University of Nebraska -Lincoln (Counseling)
University of Notre Dame (Clinical)

Penn State University (Clinical)
Wayne State University (Clinical)
West Virginia University (Clinical)
University of Wisconsin-Madison (Counseling)
University of Wisconsin-Milwaukee (Counseling)

2020-2021

Bowling Green State University (Clinical)
University of Montana (Clinical)
The Ohio State University (Clinical)
University of Southern California (Clinical)
University of Tennessee-Knoxville (Counseling)
University of Wisconsin-Milwaukee (Clinical)

Fifty of the last 56 interns to complete the program went on to postdoctoral fellowships, 42 of which were in the VA system. Sixteen of the 48 currently are currently employed as VA psychologists.

Internship Program Admissions

Date Program Tables are updated: 8/13/2020

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

The basic philosophy of our program is to provide the maximum flexibility in allowing interns to develop those interests and abilities which best prepare them for the career specialty of their choosing. The program offers a wide variety of experiences in both inpatient and outpatient settings with both medical and psychiatric patients. In reviewing applicants to the program, we look for candidates whose interests and career paths are consistent with the training options offered here. Applicants are expected to have experience with adults, with at least some of that experience in sites where they have worked with patients with serious psychiatric and/or medical issues.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours			Amount: 400
Total Direct Contact Assessment Hours			Amount: 50

Describe any other required minimum criteria used to screen applicants:

N/A

Financial and Other Benefit Support for Upcoming Training Year*		
Annual Stipend/Salary for Full-time Interns	\$27,348	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	<u>Yes</u>	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	<u>Yes</u>	No
Coverage of family member(s) available?	<u>Yes</u>	No
Coverage of legally married partner available?	<u>Yes</u>	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104	
Hours of Annual Paid Sick Leave	104	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<u>Yes</u>	No
Other Benefits (please describe):		

*Note. Programs are not required by the Commission on Accreditation to provide all benefits listed in this table

Initial Post-Internship Positions (Aggregated Tally for the Preceding 3 Cohorts)		
	2016-2019	
Total # of interns who were in the 3 cohorts	24	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	2	
	PD	EP
Community mental health center		
Federally qualified health center		
Independent primary care facility/clinic		
University counseling center		
Veterans Affairs medical center	17	2
Military health center		
Academic health center	1	
Other medical center or hospital	1	
Psychiatric hospital		1
Academic university/department		
Community college or other teaching setting		
Independent research institution		
Correctional facility		
School district/system		
Independent practice setting		
Not currently employed		
Changed to another field		
Other		
Unknown		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

