

2021-2022
Training Year

Psychology Postdoctoral Fellowship Training Program



VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Milwaukee VA Medical Center

Clinical Psychology Postdoctoral Fellowship Program
Clement J. Zablocki VA Medical Center
Milwaukee, Wisconsin

Clinical Psychology Postdoctoral Fellowship Program
Clement J. Zablocki VA Medical Center, Milwaukee, Wisconsin

Fellowship Track Preceptors:

Geropsychology

Inpatient Emphasis: Heather M. Smith, Ph.D., ABPP

Outpatient Emphasis: Allison L. Jahn, Ph.D.

LGBT Health Care

Gregory Simons, Ph.D.

Neuropsychology

Eric Larson, Ph.D., ABPP-CN

*Please see separate Neuropsychology Fellowship brochure for additional information

Palliative Care

Amy M. Houston, Psy.D.

Post-Deployment Mental Health

Catherine Coppelillo, Ph.D.

Primary Care/Mental Health Integration

Kavitha Venkateswaran, Ph.D.

Residential Rehabilitation

Michael L. Haight, Psy.D.

Women's Health

Colleen Heinkel, Ph.D.

For additional information contact:

Heather Smith, Ph.D.

Director, Psychology Training Program

414-384-2000, extension 41667

Heather.Smith7@va.gov

Application Due: December 15th

Table of Contents

| | |
|--|-----------|
| Introduction /General Program Information | 3 |
| Fellowship Tracks | |
| Geropsychology: Inpatient Emphasis | 6 |
| Geropsychology: Outpatient Emphasis | 9 |
| LGBT Healthcare | 12 |
| Palliative Care | 13 |
| Post-Deployment Mental Health | 16 |
| Primary Care/Mental Health Integration | 18 |
| Residential Rehabilitation | 21 |
| Women’s Health | 23 |
| Elective Training Experiences | 25 |
| Training Staff /Other Program Faculty..... | 28 |
| Additional Training Site Information | 38 |

Psychology at the Milwaukee VAMC

The Milwaukee VA is a large facility with 52 full-time and 8 part-time psychologists who provide services throughout the facility. Multiple Psychologists hold leadership positions, and the Medical Center Director is a psychologist. Psychologists are also involved in a variety of research and program evaluation activities with in the Division of Mental Health and throughout the medical center.

Psychology Training Program

The Milwaukee VA is dedicated to providing training in clinical psychology. We offer postdoctoral fellowship training, doctoral internship training and practicum experiences. The post-doctoral fellowship has been offered since 1992 and has been fully APA-accredited since 2003. The clinical neuropsychology postdoctoral fellowship was separately accredited in 2015. There are currently 11 postdoctoral fellowship positions. The doctoral internship program has been fully APA-accredited since 1978, and currently accepts 8 interns per year. Practicum training is typically offered to 15-18 students from local university programs. In addition to psychology trainees, fellows may also be exposed to trainees from a variety of other disciplines including medical specialties, nursing, social work, pharmacy and other health care professions.

Training Model and Program Philosophy

The fellowship is rooted in the scholar-practitioner tradition. While the training primarily occurs within the context of the delivery of psychological services, training needs always take priority over service needs. The objective of the fellowship program is to provide the environment and experience that will promote in-depth development in each area of concentration, with the goal of preparing fellows for independent practice. Each fellowship track is organized around a core of clinical experiences, but allows some flexibility in pursuing individual clinical, educational, or research goals.

Core Competencies

The Milwaukee VA provides training in concordance with APA core competencies, including ethical and legal standards; professional values and attitudes; communication and interpersonal skills; individual and cultural diversity; psychological assessment; psychological intervention; consultation; research/program evaluation; and clinical supervision and teaching. Each area of concentration provides an array of training experiences in order to address the aforementioned competencies.

Program Structure

Areas of Concentration and Preceptors: The Milwaukee VA offers advanced training in clinical psychology within 9 areas of concentration, each with a preceptor who functions as the fellow's individual supervisor throughout the training year.

- Geropsychology – Inpatient Emphasis: Heather Smith, Ph.D., ABPP-CG
- Geropsychology – Outpatient Emphasis: Allison Jahn, Ph.D.
- LGBT Health Care: Gregory Simons, Ph.D.
- Neuropsychology: Eric Larson, Ph.D.
- Palliative Care: Amy Houston, Psy.D.
- Post-Deployment Mental Health: Catherine Coppolillo, Ph.D.

- Primary Care/Mental Health Integration: Alison Minkin, Ph.D.
- Residential Rehabilitation: Michael Haight, Psy.D.
- Women's Health: Colleen Heinkel, Ph.D.

Orientation: During the first two weeks of the fellowship year, an orientation sequence is provided in order to familiarize trainees with available training rotations. Fellows then meet with their preceptors to develop an initial individualized plan for the fellowship year with specific goals and activities. Fellows have the opportunity to spend up to 25% of their time in an adjunctive training experience outside of their main concentration.

Supervision: Fellows engage in both group and individual supervision. Trainees also gain competency in the provision of supervision to a practicum student over the course of the training year.

Individual Supervision: Individual supervision is provided by the major preceptor, with the potential to receive additional supervision from other staff psychologists, depending on elected/adjunctive rotations.

Group Supervision: This is a weekly meeting for fellows to discuss challenging cases, explore ethical issues that arise, and get feedback from their peers. Additionally, group supervision offers the opportunity to engage in professional development.

Providing Supervision to Trainees: Over the course of the year, fellows provide clinical supervision to a psychology practicum student in their area of emphasis. In turn, fellows receive supervision of their developing supervisory skills in both individual and group supervision. During the second half of the year, psychology interns assume some responsibilities in the provision of supervision to practicum students. Fellows provide lateral supervision to interns, regarding their supervision of practicum students.

Didactics: In addition to the didactics offered through each specific area of concentration, fellows participate in the following didactics:

Multi-Site Diversity Video Teleconference Series: During this monthly series, the Milwaukee VA connects with other VA Fellowship sites to participate in a series of presentations that focus on different areas of diversity.

Fellowship Seminar Series: During this weekly didactic series, each fellow takes lead on presenting case examples, journal articles, and topics specific to their area of concentration.

Program Development/ Evaluation Project: All fellows complete a project involving program development or program evaluation during their training year. Projects vary based on each trainee's area of concentration and specific interests. Some examples of recent projects include developing and evaluating a support group for the caregivers of patients with dementia, evaluating the mental health division's central intake unit, evaluating the use of mindfulness-based therapy for palliative care patients and staff, evaluating the efficacy of a parenting group

for Veterans with PTSD, and a feasibility study of substance abuse assessment and treatment for elderly medical inpatients.

EPPP: Fellows who are meeting all requirements and performing satisfactorily are allotted up to 4 hours per week to study for the EPPP. However, it is important to note that clinical training needs take precedence.

Emphasis on Diversity: The Milwaukee VA serves a diverse population of Veterans. The psychology training program emphasizes the importance of diversity in all aspects of training. In addition to the diversity video teleconference series, many trainees participate in the Psychology Diversity Workgroup.

The Psychology Diversity Workgroup, or ADAPT (Advancing Diversity Across Psychology Team), is comprised of psychology staff, postdoctoral fellows, and doctoral interns working collaboratively to develop and maintain diversity-focused programming within psychology. ADAPT was formed in 2016 to promote a culture of self-exploration and respect for diversity. By providing education, opportunities for dialogue, and experiential training opportunities, ADAPT seeks to promote increased awareness, knowledge, and skills related to culturally competent clinical practice, teaching, collaboration, supervision, and research. Finally, ADAPT is committed to advocating for: (a) the recruitment and retention of staff and trainees across the spectrum of cultural and individual diversity, and (b) the rights of diverse Veterans, trainees, and staff.

A variety of activities have been initiated since the creation of ADAPT including a brief multicultural education series for the psychology staff, a diversity passport program aimed at increasing engagement in diversity related events, and multicultural trainings on assessment, therapy, and supervision. ADAPT also provides consultative services to the psychology staff for multicultural issues. Additionally, a Rapid Response Team regularly disseminates information and resources related to multicultural current events that may impact functioning of patients and staff. Trainees are invited to take an active role on the committee in terms of helping to advance the training, consultative and advocacy goals of ADAPT.

Fellowship Tracks

Geropsychology: Inpatient Emphasis

Track Coordinator: Heather M. Smith, Ph.D., ABPP
Phone (414) 384-2000 x41667
Email: Heather.Smith7@va.gov

Overview

The Inpatient Geropsychology Fellowship training track offers opportunities for fellows to provide a broad range of mental health services throughout the different areas of the Community Living Center (CLC). Fellows will operate as an integral part of multiple interdisciplinary treatment teams, conduct assessments, provide feedback, engage Veterans and family members in psychotherapy, develop and implement behavior management plans, and work closely with interdisciplinary treatment team members. Fellows will spend 25% of their time conducting assessments (psychodiagnostic, neurobehavioral, medical decision making capacity), conducting individual and group psychotherapy with older adults in an outpatient setting.

We offer a flexible approach to training; fellows are allotted the opportunity select specific cases in order to address training needs. This allows fellows to round out their training and move towards independent practice, while still providing the opportunity to receive feedback and consult on challenging cases.

Goals

The fellowship program seeks to develop future geropsychologists in accordance with the Pikes Peak Model of Geropsychology Training and provides experiences in preparation for future board certification in Clinical Geropsychology through the American Board of Professional Psychology (ABPP).

Core Clinical Settings

Community Living Center (CLC). The CLC is a 113-bed health care facility that has an emphasis on interdisciplinary clinical care, training, education, and research. This setting provides the opportunity for the fellow to learn a full range of geropsychological skills in an environment that emphasizes interdisciplinary collaboration. Fellows serve as an integral part of the interdisciplinary treatment team and attend weekly care plan meetings. Assessment and intervention needs vary based on the particular unit and Veterans admitted to the unit, but typically include psychodiagnostic evaluations, neuropsychological assessments, decision-making capacity evaluations, psychotherapy for Veterans and family members, and group psychotherapy. Additionally, Psychology is frequently consulted to develop and implement resident-specific behavioral management programs to address behaviors related to neurocognitive disorders and other mental health diagnoses.

The CLC consists of several units and programs, including:

Geriatric Evaluation and Management (GEM) Unit. The GEM unit is a 10-bed interdisciplinary assessment and short-term rehabilitation program for Veterans aged 65+ 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 and intervention plan.

Transitional Care (TC) Unit. The TC unit consists of 22 beds dedicated to short-term rehabilitation, post-surgical care, wound healing, and complicated medical convalescence.

Long-Term Care Unit. The CLC includes approximately 35 long-term care beds in a more traditional nursing home environment for Veterans with a variety of conditions including Huntington's disease, multiple sclerosis, major neurocognitive disorders, schizophrenia and other mental health diagnoses.

Community Homes. In addition to the traditional nursing home setting, the Milwaukee VA features 3 freestanding homes, each with 10 bedrooms, which house longer term TC Veterans who are awaiting guardianship and placement, as well as Veterans in long-term care.

Supervision, Teaching, Research Opportunities, Didactics and Elective Training Experiences

Supervision. Fellows serve as the primary supervisor for a practicum student from a local university for the training year. In addition, they provide lateral supervision to interns who also provide supervision to the practicum student.

Teaching. The Geropsychology fellow will provide staff education throughout the training year. Potential opportunities include:

- Presenting at the weekly interdisciplinary Geriatrics Journal Club and Research Seminar.
- Monthly didactic presentations on decision-making capacity assessment for the GEM unit medical residents and fellows.
- Geriatric focused presentations for MCW psychiatry residents
- Providing education to nursing staff and/or treatment team members regarding managing disruptive behaviors and other geropsychology related topics.

Research. Fellows may elect to participate in ongoing research projects within Geriatrics and Geropsychology depending on the fellow's interests and training goals. Recent examples include:

- Paper-in-a-day work groups
- Utilizing archival data to develop poster presentations for national conferences
- Original data collection studies in areas such as decision-making capacity assessment, palliative care, and staff support

Didactics. There are a wide variety of geropsychology-specific didactics available for trainees to attend.

- Required Didactics:
 - Multi-site Geropsychology Post-Doctoral Seminar: weekly seminar that covers a wide array of topics pertinent to geropsychology.
 - Geriatrics Journal Club/Research Seminar/Interdisciplinary Case Conference: weekly interdisciplinary didactic along with geriatricians, residents and students completing a monthly GEM rotation, and other disciplines.
 - VA Neuropsychology Case Conference: weekly case conference devoted to review of neuropsychological cases in a format that is similar to ABPP/ABCN board exams. Once per month, a geriatric neuropsychology case will be presented, at which the Geropsychology fellow's attendance is required.

- Recommended Didactics:
 - Monthly VA Geropsychiatry Case Conference: Case discussions presented by PGY 2 psychiatry residents. Cases are chosen that have emphasis on either pharmacological treatment or psychotherapy/psychosocial treatment.
 - VA Neuropsychology Journal Club: Monthly discussion that is attended by neuropsychology faculty, interns, practicum students, and fellows.
 - MCW Neuropsychology Didactic Series: Taught by neuropsychology faculty and fellows at MCW. This series reviews common neurobehavioral syndromes, neuropathology, neuroanatomy, and other topics relevant to board certification in neuropsychology and the practice of professional psychology.
 - VA Psychology Intern Seminar Series: Two lectures per week with varying topics of psychological interest.
 - VA Grand Rounds: A hospital-wide conference offered monthly and geared for primary care and residency level education.
 - Zablocki Rounds: A monthly panel presentation in which treatment teams discuss challenging cases and emotional reactions to the case.

Elective Training Experiences

The geropsychology fellow may elect minor training experiences from a variety of areas, including:: Home Based Primary Care, Palliative Care, Neuropsychology, Suicide Prevention, Individualized Addictions Consultation Team, LGBT, and Primary Care Mental Health Integration. Please see elective training rotation section and/or relevant track section for additional information.

Geropsychology: Outpatient Emphasis

Track Coordinator: Allison L. Jahn, Ph.D.
Phone: 414-384-2000 x46730
Email: allison.jahn@va.gov

Overview

The Outpatient Geropsychology Fellowship track offers a flexible approach to training in which fellows provide assessment, intervention, and consultation through an interdisciplinary outpatient team. Trainees will also spend 25% of their time engaging in inpatient geropsychology training opportunities. The flexible approach to training allows fellows to emphasize certain aspects of training and select specific minor rotations to reach their training goals. Our goal is to ready our fellows with foundational skills for professional practice to serve in the many settings where older adults receive care.

Goals

The fellowship program seeks to develop future geropsychologists in accordance with the Pikes Peak Model of Geropsychology Training and provides experiences in preparation for future board certification in Clinical Geropsychology through the American Board of Professional Psychology (ABPP).

Core Clinical Settings

Outpatient Mental Health Clinic. This clinic provides outpatient intake and treatment services for older adults. Treatments are directed towards evidence-based models and therapy modifications to promote greater access for older adults. We aim to deliver time-limited treatment models, provide coordination of care with other hospital services, complete cognitive and mood screening measures to track and enhance treatment outcomes, and offer caregiver support. In some cases, a behavioral health approach and case management are used to facilitate care for those with complex medical problems and neurocognitive disorders. In addition to individual therapy, psychotherapy groups, including Healthy Aging, Caregiver Support, Reminiscence, Healthy Sleep, and Mindfulness/Relaxation, are offered. Given the flexible nature of the fellowship and desire to promote development as a professional, fellows set their schedule with regard to seeing patients and managing their caseload with consultation from their supervisors. Fellows are welcome to participate in weekly, optional interdisciplinary team meetings.

Geropsychiatry Clinic: These half-day outpatient clinics meet twice weekly to provide ongoing psychiatric assessment and treatment of older Veterans who present with a variety of mood, anxiety, and cognitive symptoms. The Geropsychology fellow will work closely with second year psychiatry residents to provide assessment and psychotherapy for the patients who are referred to this clinic. These interactions range from consultation, education, brief assessment, co-therapy, and warm-handoffs. Fellows also provide in-clinic assessments based on the patients' presenting problems. These can include screening for cognitive, mood, and personality functioning. The fellow participates in a monthly geropsychiatry seminar/case conference where he/she will present a case once during the year. This clinic often challenges the team to discern

idiopathic psychiatric problems from underlying neurocognitive disorders. Thus, the fellow works to develop focused interviewing skills, multidisciplinary consultation, and aspects of neuropsychological assessment to help answer these questions.

Centralized Assessment Unit: Fellows will periodically complete in-depth assessments through the Centralized Assessment Unit. These can include medical decision-making capacity evaluations, transplant, or psychodiagnostic assessments for older adults.

Supervision, Teaching, Research Opportunities, and Didactics.

Supervision. Fellows serve as the primary supervisor for a practicum student from a local university for the training year. They also provide lateral supervision to interns who also provide supervision to the practicum student.

Teaching. The geropsychology fellow will provide staff education throughout the training year. Potential opportunities include:

- Geriatric focused presentations for MCW psychiatry residents
- Presenting at the weekly interdisciplinary Geriatrics Journal Club and Research Seminar.
- Monthly didactic presentations on decision-making capacity assessment for the GEM unit medical residents and fellows.
- Staff education and hospital outreach on topics including communication, behavioral management, and mental health diagnoses.

Research. Fellows may elect to participate in ongoing research projects within Geriatrics and Geropsychology at the VA or the Medical College of Wisconsin/Froedtert. This can include participation in the Paper in Day projects, use of archival data, collaboration with supervisors' ongoing projects, or initiation of a fellow's personal research interests.

Didactics. There are a wide variety of gero-specific didactics available for trainees to attend.

- Required Didactics:
 - Multi-site Geropsychology Post-Doctoral Seminar: Weekly seminar that covers a wide array of topics pertinent to geropsychology.
 - Monthly VA Geropsychiatry Case Conference: Case discussions presented by PGY 2 psychiatry residents. Cases are chosen that have emphasis on either pharmacological treatment or psychotherapy/psychosocial treatment.
- Recommended Didactics:
 - VA Geriatric Case Conference and Journal Club: Weekly didactics with medical residents that include discussion of journal articles and Case discussions.
 - VA Neuropsychology Case Conference: Weekly case conference devoted to review of neuropsychological cases in a format that is similar to ABPP/ABCN board exams.
 - VA Neuropsychology Journal Club: Monthly discussion that is attended by neuropsychology faculty, interns, practicum students, and fellows.
 - MCW Neuropsychology Didactic Series: Taught by neuropsychology faculty and fellows at MCW. This series reviews common neurobehavioral syndromes,

neuropsychology, neuroanatomy, and other topics relevant to board certification in neuropsychology and the practice of professional psychology.

- VA Psychology Intern Seminar Series: Two lectures per week with varying topics of psychological interest.
- VA Grand Rounds: A hospital-wide conference offered monthly and geared for primary care and residency level education.
- Zablocki Rounds: A monthly panel presentation in which treatment teams discuss challenging cases and emotional reactions to the case.
- Multiple VA Directed Webinars: VA Boston's Assessment of Decision Making Capacity, Care for Patients with Complex Problems, Div. 18 VA Section, Meeting the Mental Health Needs of Aging Veterans: Research and Practice

Elective Training Experiences

The geropsychology fellow may elect minor training experiences from a variety of areas, including: Home Based Primary Care, Palliative Care, Neuropsychology, Suicide Prevention, Individualized Addictions Consultation Team, LGBT, and Primary Care Mental Health Integration. Please see elective training rotation section and/or relevant track section for additional information.

LGBT Healthcare

Track Coordinator: Gregory Simons, Ph.D.
Phone: (414) 384-2000 ext. 46844
Email: Gregory.Simonsjr@va.gov

Overview

The LGBT Healthcare Postdoctoral Fellowship is a year-long training opportunity focused on the provision of mental health services to Sexual and Gender Minority (SGM) Veterans. The position is primarily clinical, but also involves interdisciplinary trainings, consultation, program development/evaluation and outreach.

Goals

- Increase knowledge and experience working with members of the LGBTQ+ community.
- Familiarity with standards of care for working with transgender and gender nonconforming people.
- Advocate for LGBTQ+ Veterans within the medical system and maintain an environment where Veterans feel safe, understood and well cared for.
- Develop and present educational programs for staff.
- Serve as a liaison between the VA Medical Center and community organizations such as Forge, LGBTQ Center, SAGE, and Milwaukee PrideFest.

Core Clinical Settings

Outpatient Mental Health, Infectious Disease (ID) Clinic.

Core Experiences for the Fellow in LGBT Health Care:

The fellow will coordinate consults through the LGBT affirmative healthcare referral system. They will facilitate an ongoing support group: the Living Rainbow Connection (LRC) group. The fellow will provide individual, couples, and family therapy to LGBTQ+ Veterans, as well as conduct readiness evaluations for Veterans seeking gender transition services such as hormone replacement therapy and/or voice modulation training. They will be embedded in the Infectious Disease clinic as the mental health liaison one half-day per week. The fellow will be available to consult with and provide education to various departments including primary care, the domiciliary program, and medical inpatient units. In addition to their clinical experiences, the fellow will participate in the Equal Employment Opportunity (EEO) LGBT Special Emphasis Program (SEP), that meets monthly to plan events to promote LGBTQ+ awareness among VA employees including June Pride month, July Diversity Fair, and October LGBT History Month. Additionally, the fellow will provide clinical supervision to a dedicated practicum student.

Elective Training Experiences

The LGBT fellow may elect minor training experiences from a variety of areas, including: PTSD Outpatient Clinic, Residential PTSD Clinic, Suicide Prevention, Individualized Addictions Consultation Team and Primary Care Mental Health Integration. Please see elective training rotation section and/or relevant track section for additional information.

Palliative Care

Track Coordinator: Amy M. Houston, Psy.D.
Phone: (414)384-2000 x41653
Email: Amy.Houston@va.gov

Overview

The Palliative Care Fellowship is part of the VA Interprofessional Fellowship Program in Palliative Care. Fellows will serve as an integral part of the inpatient palliative care treatment team and provide mental health services to Veterans at end-of-life, as well as Veterans with cancer, who are actively engaged in treatment. Fellows will also provide outpatient mental health services to Veterans and their families through outpatient palliative care, ALS clinic, and bereavement services.

Goals

- Gain working knowledge of cancer diagnoses and treatments
- Develop a flexible approach to assessment and treatment based on the needs of the patient and the unit.
- Develop skills and confidence in communicating and collaborating with treatment team members

Core Clinical Settings

Palliative Care Unit (PCU). The PCU is an 18-bed inpatient unit serving Veterans with end-stage diseases (>90% cancer), and those undergoing palliative radiation or chemotherapy but who expect to return home upon conclusion of treatment. There are approximately 200 admissions each year, with an average length of stay of about two months. Upon admission, each patient undergoes a comprehensive interprofessional evaluation focused on the patient's physical, emotional, social, and spiritual needs. The team reviews the data from these initial assessments and develops a comprehensive, individualized plan of care.

The core function of the PCU is interdisciplinary teamwork. Team members work daily in close collaboration among themselves and with the patients and their families. The team meets twice weekly to review patients. Psychological services provided on the PCU include: psychodiagnostic evaluations, assessment of decision-making capacity, individual and group psychotherapy, development of behavior management plans, grief support for patients, families and staff, and staff consultation.

Palliative Care Consultation Team (PCCT). The PCCT provides consultation within 24 hours for outpatients and inpatients throughout the Milwaukee VAMC. The core team is comprised of a medical director and nurse case manager. The palliative care social worker and the psychologist respond to consults as needed, and occasionally geropsychiatry and/or medicine residents also staff the team. The PCCT addresses issues such as admissions and transfers to the PCU, pain management and symptom control, referral to community resources for palliative or hospice care, and psychosocial and spiritual issues related to end-of-life care.

Outpatient Palliative Consultation. Psychology is frequently consulted by medical oncology and radiation oncology clinics. Reasons for consults include: Veterans struggling with side effects from treatments, pre-existing mental health issues that hinder compliance with treatment recommendations, existential distress, and coordinating interventions with clinic staff.

ALS Clinic. This interdisciplinary outpatient clinic serves Veterans with amyotrophic lateral sclerosis (ALS). Veterans with ALS are seen and evaluated by multiple professionals including a neurologist, physical therapist, occupational therapist, respiratory therapist, social worker, and dietician. The psychology fellow has an active role on the treatment team, completing evaluations to monitor mood and evaluate cognition, as well as providing support and offering coping strategies to the Veteran and family members. Follow-up outside of clinic is provided, as needed.

The Grief and Bereavement Program. The VA offers bereavement services to friends and family of Veterans who died in the hospital. Fellows have the opportunity to provide individual and/or group psychotherapy to address grief and bereavement.

Medical College of Wisconsin Palliative Care Program. Fellows have the opportunity to round with palliative psychologists at the Medical College of Wisconsin. This rotation diversifies trainees' experience with regards to client population as well as setting. There are training experiences in the Bone Marrow Transplant Unit as well as inpatient and outpatient palliative work.

Supervision, Teaching, Research Opportunities, and Didactics.

Supervision. Fellows serve as the primary supervisor for a practicum student from a local university for the training year. They also provide lateral supervision to interns who also provide supervision to the practicum student.

Teaching. The palliative fellow will provide staff education throughout the training year. Potential opportunities include:

- Learning Circles in which trainees discuss topics relevant to psychology with the interdisciplinary treatment team.
- Staff education and hospital outreach on topics including communication, behavioral management, and mental health diagnoses.

Research. Fellows may elect to participate in ongoing research projects including participation in the Paper in Day projects, use of archival data, collaboration with supervisors' ongoing projects, or initiation of a fellow's personal research interests.

Didactics. There are a wide variety of relevant didactics available for trainees to attend.

- Required Didactics:
 - Multi-site Geropsychology Post-Doctoral Seminar: Weekly seminar that covers a wide array of topics pertinent to geropsychology.
 - Hospice and Palliative Medicine Lecture Series: Weekly seminar at Froedtert with social work and palliative physician fellows.
- Recommended Didactics:

- VA Geriatric Case Conference and Journal Club: Weekly didactics with medical residents that include discussion of journal articles and Case discussions.
- VA Neuropsychology Case Conference: Weekly case conference devoted to review of neuropsychological cases in a format that is similar to ABPP/ABCN board exams.
- VA Neuropsychology Journal Club: Monthly discussion that is attended by neuropsychology faculty, interns, practicum students, and fellows.
- MCW Neuropsychology Didactic Series: Taught by neuropsychology faculty and fellows at MCW. This series reviews common neurobehavioral syndromes, neuropathology, neuroanatomy, and other topics relevant to board certification in neuropsychology and the practice of professional psychology.
- VA Psychology Intern Seminar Series: Two lectures per week with varying topics of psychological interest.
- VA Grand Rounds: A hospital-wide conference offered monthly and geared for primary care and residency level education.
- Zablocki Rounds: A monthly panel presentation in which treatment teams discuss challenging cases and emotional reactions to the case.
- Multiple VA Directed Webinars: VA Boston's Assessment of Decision Making Capacity, Care for Patients with Complex Problems, Div. 18 VA Section, Meeting the Mental Health Needs of Aging Veterans: Research and Practice

Elective Training Experiences

The palliative fellow may elect minor training experiences from a variety of areas, including: Home Based Primary Care, Palliative Care, Neuropsychology, Individualized Addictions Consultation Team, LGBT, and Primary Care Mental Health Integration.

Post-Deployment Mental Health

Track Coordinator: Catherine Coppolillo, Ph.D.

Phone: 414-384-2000, x42449

Email: catherine.coppolillo@va.gov

Overview

Veterans are returning from the combat zones in Afghanistan and Iraq (and associated areas) with multiple physical and/or psychological injuries, and often experience significant problems in readjustment while transitioning back to civilian life. A number of these Veterans have sustained traumatic brain injuries, which complicates their recovery. Clinical training will focus on developing and refining the skills necessary to aid these Veterans in their recovery and readjustment. Training will emphasize group and individual treatment of PTSD and other psychological conditions resulting from the deployment experience, understanding the impact of the residuals of traumatic brain injury on post-deployment functioning, and evaluating/managing suicide risk. Throughout the year, the fellow will be an integral member of the Outpatient PTSD Team and will also rotate with the Polytrauma Clinic Support Team, the Suicide Prevention Team and the Evidence-Based Treatment Clinic.

Goals

- Gain experience in working with a broad array of post-trauma clinical presentations across multiple eras, utilizing both shorter-term, manualized interventions and longer-term, more integrative approaches.
- Provide trauma-informed group, individual and couples/family psychotherapy.
- Gain familiarity and experience in helping returning Veterans manage the reintegration difficulties they may face.
- Become proficient at both interview-based and instrument-based assessments to provide diagnostic clarity and inform treatment planning.
- Increase understanding of the ways that TBI interacts with and affects mental health recovery and the reintegration process.

Core Clinical Settings

Major Rotation: Post-deployment Outpatient Mental Health Clinic.

This clinic provides assessment and treatment services for returning Veterans seeking care for PTSD and other psychological conditions resulting from the deployment experience. Cognitive-behavioral, psychodynamic, and interpersonal perspectives are utilized to inform case formulations and treatment planning. Interventions include individual, group and couples' therapy and may involve use of multiple theoretical paradigms including evidence-based practices such as prolonged exposure, cognitive processing therapy, and cognitive-behavioral approaches. The clinic also provides opportunities for experience with specialized treatment of co-morbid PTSD and substance abuse disorders. Assessment opportunities include interview-based intake assessments as well as battery-based assessments for diagnostic clarification and treatment planning. Fellows participate in bi-weekly team meetings.

Secondary Rotation: Polytrauma Clinic Support Team

The Polytrauma Clinic Support Team serves seriously wounded returning combat Veterans with polytrauma injuries and/or traumatic brain injury (TBI). The members of the PSCT include a PM&R Physician, Psychologist, Neuropsychologist, Social Worker, Nurse Practitioner, Physical Therapist, Occupational Therapist, Speech Pathologist, and Psychiatrist. The fellow will assist the team in evaluation and treatment planning and may also be involved in educating other providers in the medical center about the needs of polytrauma patients. Through this clinic, the fellow can seek out experience in brief assessments, neuropsychological and/or psychological evaluation, and cognitive rehabilitation training. There may also be the option to follow patients for psychotherapy once they are discharged from the clinic.

Secondary Rotation: Suicide Prevention

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

Supervision, Research Opportunities, and Didactics

Supervision: Fellows serve as the primary supervisor for a practicum student from a local university for the training year. They also provide lateral supervision to interns who also provide supervision to the practicum student.

Research: All fellows complete a program evaluation project, which is described elsewhere in this brochure. Additionally, fellows have the option of taking part in a range of research activities using archival or original data, should they so wish.

Didactics: In addition to the didactics offered through each specific area of concentration, fellows participate in the following didactics:

- **Multi-Site Diversity Video Teleconference Series:** During this monthly series, the Milwaukee VA connects with other VA Fellowship sites and provides education about different topics involving diversity.
- **Fellowship Seminar Series:** During this weekly didactic series, each fellow takes lead on presenting information specific to their area of concentration. Fellows present case examples, journal articles, and topics specific to their area of concentration.
- Fellows may also choose to participate in the intern seminar series, which meets twice a week for 90 minutes and covers a broad range of topics.

Elective Training Experiences

The postdeployment fellow may elect minor training experiences from a variety of areas, including: Residential PTSD, Evidence-Based Treatment Clinic, Outpatient Addiction Treatment, LGBT Healthcare, and Women's Health.

Primary Care/Mental Health Integration

Track Coordinator: Kavitha Venkateswaran, Ph.D.
Phone: 414-384-2000, ext. 45860
Email: kavitha.venkateswaran @va.gov

Overview

The Primary Care-Mental Health Integration psychology fellowship offers focused training in integrated behavioral healthcare. The fellow operates in an interprofessional training setting and serves as an integral part of interdisciplinary treatment teams within the primary care clinics. Clinical training involves brief assessment and intervention in a time-limited therapy model with an emphasis on measurement-based care. The psychology fellow has the opportunity to work with a wide array of presenting concerns including mental health disorders, cognitive disorders, substance use/abuse, perinatal mental health concerns, health behavior change, and sleep disorders. Additionally, the psychology fellow serves in a leadership role within our training team, which includes a psychology practicum student, social work intern, and pharmacy resident

Goals

- Serve as a member of the Gold Clinic PACTs and provide consultation regarding mental and behavioral health concerns to members of the primary care team
- Serve as a leader within the PC-MHI training team, including a psychology practicum student, social work intern, and pharmacy resident
- Develop proficiency in conducting brief functional assessment and brief psychotherapy
- Increase familiarity with brief evidence-based interventions that address common presenting concerns within the PC-MHI setting
- Develop proficiency in facilitating brief therapy groups and/or interdisciplinary behavioral health classes
- Develop skills in referral management and consulting with providers in primary care, as well as other mental health providers, to facilitate appropriate clinical care
- Work toward better understanding health disparities and cultural factors for minority and underrepresented populations and providing culturally informed behavioral health care within the primary care setting

Core Clinical Settings

Major Rotation: Primary Care-Mental Health Integration

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

Primary Care clinics at the VA operate under the PACT (Patient Aligned Care Team) model, and consist of a team that includes the primary provider (MD or NP), RN, LPN, PharmD, dietician, health technician, medical support assistant, and social worker. The clinic provides

comprehensive multidisciplinary health care, including health screening, education and counseling, and treatment of a broad range of medical conditions. The goal of the PC-MHI team is to assist Primary Care providers in managing common mental health concerns while facilitating referral to specialty mental health treatment when indicated. The team provides brief assessments and short-term follow up for primary care patients with a range of presenting problems, including mild-moderate depression, mild-moderate anxiety disorders, insomnia, sub-syndromal PTSD, alcohol misuse, and behavioral health concerns (e.g., weight management, medical treatment adherence). Brief cognitive assessment and capacity evaluations are also provided. Same-day access is emphasized, and patients are frequently seen on a walk-in basis or as a warm hand-off directly from another Primary Care provider. In addition, the PC-MHI team provides behavioral health and psychoeducational classes, often collaborating with other disciplines in PACT. The PC-MHI team is an active member of the PACT and participates in weekly staffings, monthly administrative meetings, and regular consultation with PACT members.

Secondary Rotation: Women's Health

This fellowship offers the opportunity to work in the Women's Health Primary Care clinic, offering PC-MHI services to women Veterans. Unique opportunities that may be available within this clinic include perinatal mental health assessment and intervention, participation in the interdisciplinary sexual health clinic, and bi-monthly women's health didactics.

Secondary Rotation: MOVE! Program

The MOVE! Program is an interdisciplinary group-based treatment program for Veterans with goals of weight management, lifestyle modification, and health behavior change. The fellow would have the opportunity to provide classes based on mental/behavioral health components of weight management and engage patients in ongoing goal-setting.

Secondary Rotation: Pain Psychology/Inpatient Health Psychology

This outpatient mental health service offers a rehabilitative, behavioral approach to promote adaptive adjustment to chronic pain conditions and to help individuals with chronic pain improve their functioning and quality of life. The program provides comprehensive evaluations, psychoeducational classes, involvement in the multidisciplinary Functional Restoration Program, cognitive-behavioral therapy for chronic pain, and relaxation training. It is primarily group-based and structured with an emphasis on skill development. There would also be opportunity to provide brief assessment and behavioral health interventions to patients on inpatient medical floors who are experiencing concerns such as anxiety, depression, and adjustment-related issues.

Secondary Rotation: Immediate Mental Health Access Clinic

The fellow can receive experience in addressing Veterans' acute mental health concerns in the Immediate Mental Health Access Clinic (IMHAC). A solution-focused crisis intervention approach is utilized, which involves assessment of imminent concerns, risk assessment, brief intervention, and necessary collaborative care with allied disciplines including social workers, nurses, advanced practice nurses, physicians, and psychiatrists. Opportunities are made available to develop triage skills for suicide/homicide assessment, acute psychosis, admissions for inpatient psychiatric treatment, and discharges from the emergency department to the community.

Supervision, Teaching, and Research

Supervision. The PC-MHI fellow will take a leadership role on the trainee team. They will handle distribution of consults, provide clinical supervision for the psychology practicum student, and provide consultation as needed for the pharmacy resident and social work student.

Teaching. The PC-MHI fellow presents one journal club to the PC-MHI training team focusing on an area of interest related to integrated behavioral health. The fellow will also co-present 1-2 SCAN ECHO webinars to a primary care audience across VA facilities. These presentations typically focus on best practices for treating common presenting concerns seen in primary care-mental health integration settings. Depending on their interests, the fellow could also get involved with providing staff education to primary care team members, presenting interdisciplinary behavioral health classes for patients, or facilitating Whole Health initiatives.

Didactics. There is a weekly group supervision and seminar series provided for the PC-MHI training team. In addition to this core experience, psychology fellows also participate in the following didactics:

- Multi-Site Diversity Video Teleconference Series: During this monthly series, the Milwaukee VA connects with other VA Fellowship sites and provides education about different topics involving diversity.
- Fellowship Seminar Series: During this weekly didactic series, each fellow takes lead on presenting information specific to their area of concentration. Fellows present case examples, journal articles, and topics specific to their area of concentration.
- Fellows may also choose to participate in the intern seminar series, which meets twice a week for 90 minutes and covers a broad range of topics.

Research. All fellows complete a program evaluation project, which is described elsewhere in this brochure. Additionally, fellows have the option of taking part in a range of research activities using archival or original data, should they so wish.

Elective Training Experiences

The PC-MHI fellow may elect minor training experiences from a variety of areas, including: Sleep Medicine Clinic, Pain Psychology, Women's Health Clinic, MOVE! Program (weight management), Smoking Cessation Clinic, Congestive Heart Failure Clinic, Immediate Mental Health Access Clinic (Mental Health Urgent Care)

Residential Rehabilitation

Track Coordinator: Michael L. Haight, Psy.D.
Phone: (414)384-2000 x41850
Email: Michael.haight@va.gov

Overview

The Residential Rehabilitation fellowship is situated in Domiciliary 123 on the grounds of the medical center, adjacent to the hospital. The domiciliary is devoted to providing rehabilitation services to a population with various psychiatric and medical disabilities. There are 150 domiciliary beds including a separate unit for women Veterans. The domiciliary provides intensive six-week residential treatment to patients with psychiatric and/or other substance abuse problems. In addition to the general rehabilitation program (GEN), the domiciliary provides a PTSD Residential Treatment Program, Individualized- Addictions Consultation Team (I-ACT), Women's Program, and the Substance Abuse Residential Rehabilitation Treatment Program (SARRTP).

Core Clinical Settings

GEN Residential Treatment Program serves Veterans who are typically dually-diagnosed with a mood and/or thought disorder as well as addiction issues. GEN is a group-based program, with offerings including but not limited to the following: ACT for Depression, Cognitive Strategies, Emotion Management, Grief, Bipolar Support and Psychoeducation, ACT for Pain, Motivational Enhancement, Stress and Anger Management, CBT for Relapse Prevention, Seeking Safety, Family Dynamics and Intimate Partner Violence.

PTSD Residential Treatment Program is a six-week, residential treatment program for Veterans of all eras struggling with PTSD related to military trauma. The program provides active, trauma-focused treatment in a structured, residential setting. While all residents must have a primary diagnosis of PTSD related to military stressors, co-morbid diagnoses such as depression and substance abuse are common. The program emphasizes group-based cognitive behavioral treatment, and incorporates elements of Cognitive Processing Therapy, Prolonged Exposure, Acceptance and Commitment Therapy, Seeking Safety, and Dialectical Behavior Therapy. Opportunities for gaining group and individual therapy experience are offered. Training with evidence-based interventions is also available. Fellows interested in psychodiagnostic and personality assessment opportunities may also be able to incorporate these activities into a rotation with the program on a limited basis.

Substance Abuse Residential Rehabilitation Treatment Program (SARRTP) provides a 6-week residential biopsychosocial rehabilitation program for chemically dependent Veterans. This program integrates cognitive behavior theory, motivational techniques, and 12-step philosophy. An emphasis is placed on building skills and developing a healthy community support network. Learning opportunities include case management, individual and group therapy, assessment, consultation, didactic teaching, and team treatment planning. The treatment team is

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

Individualized Addictions Consultation Team (I-ACT) is a unique 8-bed program developed to provide services to those individuals who have a primary substance use disorder and secondary diagnosis of psychosis, cognitive disorder, or learning disability that impedes the ability to successfully receive traditional residential program. Its individualized approach modifies groups by using programming with more simple language and instruction is modified using interactive techniques and integrative hands-on experiences. 3 hours of daily core groups using evidence-based programming include CBT for substance use with older adults, Social Skills training for schizophrenia, and DBT for adolescents. Additional groups include guided process, mindfulness, recreation, art, and exercise. Fellows may also have opportunities to assess for cognitive deficits using MoCA and referring for neuropsychological evaluation and adapting to cognitive challenges while in residential treatment.

Advanced Fellowship in Women's Health (AFWH)

Track Coordinator: Colleen Heinkel, Ph.D. (AFWH Co-Director)
Phone(414)384-2000 x 43709
Email: Colleen.Heinkel@va.gov

Overview

The Advanced Fellowship in Women's Health (AFWH) is a two-year postdoctoral program to advance clinical care, teaching, scholarship, collaborative care approaches, and system improvements related to the advancement of health for women Veterans. The fellow is part of an interprofessional training program that has been developed in collaboration with the Division of General Internal Medicine at the Medical College of Wisconsin (<http://www.mcw.edu/generalinternalmed/fellowship/womenshealth.htm>). The first year of the fellowship falls within the scope of the APA-accredited fellowship program in clinical psychology, with the same structure and core competencies required of all fellows in the program. The second year offers greater flexibility and, depending on the fellow's individualized learning plan, may emphasize training in research, education, clinical skills and/or program development commensurate with career goals.

Goals

AFWH seeks to support transformation and innovations in the provision of Women's Health within the VA. Women Veterans constitute 10 percent of the Veteran population. Whereas the total number of Veterans is projected to decline over the next 20 years, the population of women Veterans is projected to double. Women Veterans are a group with unique needs for which there is insufficient understanding of optimal provision of health services. This fellowship is designed to further both the clinical and research education relevant to the health of women Veterans. Fellows are expected to spend a significant amount of time, not less than 50%, in VA clinical care, in order to both maintain clinical skills as well as to maintain close clinical relationship to areas of research or systems improvement interest. Thus, specific training goals include:

- To create an individualized learning plan to design the training experience that will address the fellow's unique training needs based on their identified career goals in women's health (academic, research, clinical) and clinical licensure requirements
- Develop expertise regarding: (1) women's whole health, sexual health, and trauma models; (2) aspects of clinical approaches unique to women's health and more specifically, women Veteran's health; and (3) interventions that address the health needs of women Veterans.
- Develop research, or engage in program development to enhance our understanding of women's health, and the needs of women Veterans
- Prepare fellows to work interprofessionally and in consultative roles in women's health
- Prepare fellows for licensure and for future board certification in Clinical Health Psychology through the American Board of Professional Psychology (ABPP)
- Develop leadership and networking opportunities within the AFWH National Network to enhance career growth within the VA healthcare system for women's health

Core Clinical Settings

Fellows on the interprofessional team receive their core clinical experiences through both the ***Women's Health Clinic (WHC)*** and the ***Women's Resource Center (WRC)***.

The Women's Health Clinic (WHC) is a primary care clinic within the Red Clinic of the hospital. Fellows will work in multidisciplinary PC/MHI team within the Sexual Medicine Clinic. The team provides assessments and short-term follow up for sexual medicine patients with a range of presenting problems, including depression, anxiety, insomnia, PTSD, alcohol misuse, and behavioral health concerns (e.g., weight management, medical treatment adherence, etc.) The fellow's role on the PC/MHI Sexual Medicine team is to assess sexual health distress and mental health concerns that may impact sexual health. Fellows also provide feedback, treatment planning, and facilitate referral to specialty mental health treatment, when indicated.

The psychology fellow also receives clinical experience through the ***Women's Resource Center***, a separate clinic on the VA grounds that provides mental health services exclusively to Women Veterans. Fellows may provide individual assessment and therapy services for women with sexual trauma, and provide group therapy for sexual trauma (using CPT or STAIR), DBT, and Whole Health/mindfulness modalities such as MBCT or MBST.

Fellows may also opt to work with psychology faculty at ***The Medical College of Wisconsin*** providing mental health services in Reproductive Medicine or OB/GYN, or at Froedtert's ***North Hills Campus, Menomonee Falls***, in Fertility and Reproductive Medicine providing services such as implications counseling prior to IVF services.

Opportunities to provide services via VA Video Connect (VVC) to the patient's home are also available.

Elective Training Experiences

As noted elsewhere in this brochure, fellows may elect to spend up to 25% of their time in an adjunctive training experience outside of their main concentration. Some of the commonly selected areas for additional training are below.

Acute Mental Health – Emergency Department. Fellows can receive experience in addressing Veteran's mental health concerns in the Emergency Department (ED). Fellows electing this rotation would need to commit to alternate tours of duty that would involve some evening and/or weekend hours. A solution focused crisis intervention approach is utilized, which involves necessary collaborative care with allied disciplines including social workers, nurses, advanced practice nurses, physicians, the on-call Psychiatrist on Duty and the Administrator on Duty. Opportunities are made available to develop triage skills for suicide/homicide assessment, emergency detentions, police holds for intoxicated patients, admissions for inpatient psychiatric treatment, and discharges from the ED to the community or domiciliary. Additionally, fellows can assist in providing off-tour mental health support for both medical and locked/unlocked mental health units.

Comprehensive Integrated Inpatient Rehabilitation Program. This 12-bed inpatient program provides both acute and subacute/extended physical medicine and rehabilitation services to patients with a wide variety of medical diagnoses. Patients with orthopedic problems, such as joint replacements, fractures or amputations, typically have short stays on the unit (approximately 2 weeks), whereas patients suffering from stroke or other brain dysfunction and patients who are severely deconditioned due to multiple medical complications may stay for long durations (2-3 months). Fellows provide brief psychological assessment including cognitive screening, address adjustment and coping of patients and significant others, and serve as consultants to team members. This unit also provides opportunities to interact with trainees from other disciplines, including medical residents, physical therapy trainees and nursing students.

Evidence Based Psychosocial Rehabilitation and Education Program (EB-PREP). EBPREP provides group treatment based on the Social and Independent Living Skills training program of the UCLA Clinical Research Center for Schizophrenia and Psychiatric Rehabilitation as well as the Bellack et. al. Social Skills Training Model. Skills are taught through workbook exercises, viewing videos that model the skill, role playing and reviewing videos of the role plays, practicing a structured problem-solving method, identifying resources needed for the skills and using in-vivo exercises and homework assignments where skills are practiced in real life situations.

Individualized Addictions Consultation Team (I-ACT) is a multi-disciplinary team (psychologist, social worker, and registered nurse) established in the domiciliary to provide substance abuse disorder assessment and treatment services to Veterans who are not able to participate in standard abstinence-based treatments. This may be because 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. Fellows may serve as case managers, provide individual and group therapy,

and complete psychological assessments. Opportunities for participating in community outreach to Veterans in the area of substance abuse are also available.

Inpatient Mental Health/Detoxification Unit. The Inpatient Mental Health/Detoxification Unit provides treatment to patients with acute psychiatric and alcohol and other substance abuse problems. It is a locked 32-bed unit. Patients are typically admitted for suicidal or homicidal ideation, active psychosis, inability to care for themselves and/or active substance intoxication/withdrawal. The length of stay is on average 5 days with a range from 1 day to 30 days. Due to the relatively short length of stay, the unit emphasizes assessment, crisis intervention, and arranging appropriate follow-up. This unit is a referral source for the various domiciliary psychosocial rehabilitation programs. The unit provides crisis intervention, assessment, interdisciplinary treatment programming, consultation activities within the medical center and the community, and discharge planning. Psychology occupies an important managerial role within the acute unit. The acute psychiatric unit is an active training site. Much of the training of psychiatric residents and medical students takes place on this unit, psychology interns frequently complete rotations here, and students from nursing and social work programs are also typically present.

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

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

Operation Hope is a coalition of Psychosocial Rehabilitation programs for Veterans diagnosed with Severe Mental Illness, who have been experiencing serious and/or persistent functional impairment. Services are based on the core components of recovery-oriented care. Emphasis is placed on Veterans being actively involved in the direction of care, with personal strengths identified and utilized, with a holistic rather than a symptom focused approach. The fellow's experience provides involvement in rehabilitation services through practical problem solving, crisis resolution, adaptive skill building, and aiding Veterans in increased self-care and community inclusion. Available opportunities include interactive psychoeducational classes,

illness management, evidenced based skills training, wellness programming, recovery plan development, individual assessment and psychotherapy, group therapy, family education or therapy, supportive volunteering, case management, consultative services, peer specialist supervision, interdisciplinary staff education, and program development.

Pain Self-Management and Rehabilitation: This outpatient mental health service offers a rehabilitative, behavioral approach to promote adaptive adjustment to chronic pain conditions and to help individuals with chronic pain improve their functioning and quality of life. The program provides comprehensive evaluations, a psychoeducational class, cognitive-behavioral therapy for chronic pain, acceptance and commitment therapy for chronic pain, and relaxation training. It is primarily group-based and structured with an emphasis on skill development.

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

Training Staff

Program Director:

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

Lead Psychologist: Serve as Lead for the discipline of Psychology at the Milwaukee VAMC and affiliated Community Based Outpatient Clinics. Responsible for hiring, credentialing, privileging, and professional practice of Psychology staff. Collaborates with the Director of Psychology Training to oversee the doctoral and postdoctoral training programs. Serve as major preceptor and clinical supervisor for fellows and interns completing Geropsychology rotations. Provides geriatric neuropsychological and decision-making capacity assessment; interdisciplinary team consultation; individual and group psychotherapy; caregiver education and support; and organizational development interventions. Theoretical Orientation: Cognitive-Behavioral, Behavioral, Interpersonal Interests: Geropsychology, training and supervision, dementia, decision-making capacity assessment, interdisciplinary team consultation, organizational development Academic Affiliation: Associate Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Major Preceptors:

Geropsychology:

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

Lead Psychologist: Serve as Lead for the discipline of Psychology at the Milwaukee VAMC and affiliated Community Based Outpatient Clinics. Responsible for hiring, credentialing, privileging, and professional practice of Psychology staff. Collaborates with the Director of Psychology Training to oversee the doctoral and postdoctoral training programs. Serve as major preceptor and clinical supervisor for fellows and interns completing Geropsychology rotations. Provides geriatric neuropsychological and decision-making capacity assessment; interdisciplinary team consultation; individual and group psychotherapy; caregiver education and support; and organizational development interventions. Theoretical Orientation: Cognitive-Behavioral, Behavioral, Interpersonal Interests: Geropsychology, training and supervision, dementia, decision-making capacity assessment, interdisciplinary team consultation, organizational development Academic Affiliation: Associate Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

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. Provides supervision to interns and serves as one of the primary supervisors for the Outpatient Geropsychology fellow. Theoretical Orientation: Biopsychosocial, integrating biological/neurological, psychological, and contextual and social factors to inform and direct therapy through a variety of therapeutic approaches including cognitive-behavioral and dialectical strategies, motivational interviewing, and mindfulness-based techniques Interests: Geropsychology; health, disability, diagnostic, and psychosocial assessment; cancer survivorship; supervision; neurobiology of stress and depression Certifications: Structured Clinical Interview (SCID) for the DSM-IV

LGBT Health Care:

Gregory Simons, Ph.D. (Marquette University, Clinical Psychology, 2007). Suicide Prevention: Provide individual, group, and couples/family therapy through outpatient mental health. Perform administrative duties including chart review and flagging, follow-up with patients at high risk for suicide, outreach, provider consultation, interdisciplinary training/education, and responding to hotline calls. Chair hospital wide suicide prevention committee. Coordinate LGBT affirmative treatments within mental health, which includes supporting transgender patients in the transition process. Involvement with the Equal Employment Opportunity (EE) LGBT Special Emphasis Program (SEP) raising awareness of diversity among VA staff through organization of presentations and other activities. Theoretical Orientation: Aspiring humanist with a strong training background in cognitive-behavioral approaches Interests: Suicide prevention, sexual health, LGBTQ affirmative healthcare, provider self-care Certifications: Cognitive Behavioral Therapy for Depression

Neuropsychology:

Eric Larson, Ph.D., ABPP-CN (University of Cincinnati, Clinical Psychology, 2002). Neuropsychology: Conduct neuropsychological assessment with outpatient and inpatient Veterans. Supervise fellows, interns, and students. Serve as psychologist within the Outpatient Geropsychiatry Clinic, providing supervision to the Outpatient Geropsychology fellow. Theoretical Orientation: Cognitive behavioral, neuropsychology Interests: Memory; dementia; how a person's ability to recognize, or fail to recognize, their own cognitive decline relates to their mood and symptoms of dementia; the interaction between symptoms of dementia and PTSD; decisional capacity Certifications: Board Certified in Clinical Neuropsychology Academic Affiliation: Associate Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Palliative Care:

Amy Houston, Psy.D. (Xavier University, Clinical Psychology, 2017). Palliative Care, Inpatient Rehabilitation, Community Living Center (CLC): Responsible for consultation, assessment, treatment planning, and intervention on selected units in the CLC (long-term care, palliative care, and inpatient rehabilitation), including supervision of psychology postdoctoral fellows, Interns, and practicum students. Theoretical Orientation: Behavioral, Cognitive Behavioral, Acceptance and Commitment Therapy. Interests: Gerontology, Geropsychology, Health Psychology, Grief and Bereavement, Palliative Care, Dementia, Dementia Caregivers

Post-Deployment Mental Health:

Catherine Coppolillo, Ph.D. (Marquette University, Clinical Psychology, 2006). Outpatient Post-Deployment Mental Health/PTSD Clinical Team: Provide individual, couples and group psychotherapy to Veterans from the Iraq and Afghanistan wars and their families. Serve as major preceptor for the Post-Deployment Mental Health post-doctoral fellow and provide clinical supervision to interns and practicum students. Provide outreach services through the OEF/OIF Connection Team, visiting National Guard and Reserve units to represent the VA and assist Veterans in accessing services. Provide psychoeducational programming on Veterans' issues to community organizations. Theoretical Orientation: Integrative, drawing heavily upon interpersonal, psychodynamic and cognitive-behavioral traditions Interests: Treatment of PTSD

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

Primary Care/Mental Health integration:

Alison J. Minkin, Ph.D. (Colorado State University, Counseling Psychology, 2006). Primary Care-Mental Health (PC-MH) Integration: Serves as psychologist assigned to PC-MH Integration team, providing brief assessment, brief psychotherapy, and consultation for Veterans in a primary care setting. Coordinates interprofessional PC-MH integration training program and serve as major preceptor for the psychology PC-MH postdoctoral fellow. Supervise psychology interns in PC-MH Integration. Theoretical Orientation: Cognitive-Behavioral, Interpersonal Process Interests: Geropsychology, motivational interviewing, dementia

Residential Rehabilitation:

Michael L. Haight, Psy.D. (Florida Institute of Technology, Clinical Psychology, 2002). Team Leader, General Treatment Team, Domiciliary Residential Rehabilitation and Treatment Program (DRRTP): Orient Veterans to the DRRTP, complete psychosocial assessments and recovery plans, and provide case management duties. Conduct individual and group therapy and personality assessment. Supervise practicum students, interns, and fellows, including serving as major preceptor for the Residential Rehabilitation fellow. Complete administrative duties as the Team Leader. Theoretical Orientation: Acceptance and Commitment Therapy (ACT), Motivational Interviewing Interests: Residential rehabilitation, grief, ACT for pain, supervision

Women's Health:

Colleen Heinkel, Ph.D. (Marquette University, Clinical Psychology, 2008). Women's Resource Center: Serve as psychology preceptor for the MCW/VA Advanced Fellowship in Women's Health. Provide individual and group psychotherapy to women Veterans with trauma and concomitant cognitive and physical health issues. Serve as Lead Clinician for the VA's Smoking Cessation Clinic and psychologist in the multidisciplinary Tinnitus Clinic. Provide services in the Women Veterans Primary Care Clinic. Theoretical Orientation: Integrative, drawing heavily upon cognitive-behavioral approaches, motivational interviewing strategies, and interpersonal techniques Interests: Rehabilitation psychology, adjustment to disability, health behavior change, stress and coping, non-adherence to treatment regimens, grief and loss, supervision Certifications: CPT for PTSD, CBT for Depression, ISTSS Trauma Counselor, Red Cross Nationally Certified Disaster Psychologist, UW-Madison Biology of Aging Academic Affiliations: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin; Adjunct Faculty Member, Marquette University; Guest lecturer, UW-Madison

Other Program Faculty:

David E. Baruch, Ph.D. (University of Wisconsin-Milwaukee, Clinical Psychology, 2014). Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provides individual and group psychotherapy, supervision of psychology interns, and psychological assessment. Dr. Baruch joined our staff upon completion of his postdoctoral fellowship in post-deployment mental health.

Bertrand D. Berger, Ph.D. (University of Wisconsin-Milwaukee, Clinical Psychology, 1992). Division Manager, Mental Health: Manager of all mental health programs at the Milwaukee VA Medical Center. This includes supervisory authority over approximately 380 faculty and staff. Academic Affiliation: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Jessica Brundage, Ph.D. (Marquette University, Counseling Psychology, 2009). Spinal Cord Injury (SCI) & Disorders: Provide diagnosis and treatment recommendations to enhance adjustment, self-management, and adherence for Veterans admitted to the SCI center for rehabilitation, acute medical needs, and respite. Complete annual evaluations to screen for emotional, behavioral, and cognitive concerns. Conduct time-limited, evidence-based psychotherapy and perform cognitive and personality assessments. Deliver educational programs to Veterans, employees, and trainees. Provide clinical supervision to psychology fellows, interns, and practicum students. Provide Employee Assistance Program counseling services. Theoretical Orientation: Integrative, drawing heavily upon cognitive-behavioral approaches, motivational interviewing, and interpersonal techniques Interests: Rehabilitation psychology, adjustment to disability, health behavior change, stress and coping, nonadherence to treatment regimens, grief and loss, supervision Certifications: Cognitive Processing Therapy for PTSD, Cognitive Behavioral Therapy for Depression

Theresa A. Drewniak, Ph.D. (Indiana State University, Counseling Psychology, 2000). Health Behavior Coordinator: Train, guide, mentor, and support healthcare team members who provide health behavior self-management to patients utilizing the courses “Patient Education: TEACH for Success,” and “Motivational Interviewing.” Provide coaching to clinicians to enhance their skills. Provide clinical services in shared medical appointments to patients in the weight management program. Plan, develop, adapt, implement and assess efficacy of health behavior interventions for the promotion of general health and to address health risk behaviors as part of disease prevention and chronic disease management in close collaboration with the Health Promotion/Disease Prevention Manager and others. Interests: Leadership development, organizational development

Shaun English, Ph.D. (Marquette University, Clinical Psychology, 2012). Outpatient Mental Health Clinic/Outpatient Geropsychology Clinic: Provide individual and group psychotherapy to patients with a wide range of diagnoses. Facilitate evidence-based treatment groups for domestic violence offenders, anxiety management, and bipolar disorder psychoeducation. Serves as a supervisor for the outpatient geropsychology fellow. Theoretical Orientation: Cognitive-Behavioral, Problem Solving Training techniques, Interpersonal Interests: Outpatient individual and group psychotherapy, Geropsychology, brief evidence-based treatment, coping with loss and grief, Neuropsychology Academic Affiliation: Adjunct Faculty Member, College of Professional Studies, Marquette University

Shauna Fuller, Ph.D. (Marquette University, Counseling Psychology, 2010). Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide individual and group psychotherapy, supervision of psychology interns and fellows, and psychological assessment. Theoretical Orientation: Integrative, drawing heavily upon Rogerian tenets, interpersonal process and existential components Interests: Recovery from trauma in interpersonal contexts, treatment

retention, supervision, common factors model Certifications: Cognitive Processing Therapy for PTSD

Angela Gleason, Ph.D., ABPP-CN (University of Houston, Clinical Psychology, 2004). Neuropsychology: Conduct neuropsychological assessment with outpatient and inpatient Veterans. Supervise fellows, interns, graduate students, and medical residents. Serve as psychologist within the Outpatient Geropsychiatry and Cognitive Disorders Clinics. Theoretical Orientation: Cognitive behavioral, flexible battery neuropsychology Interests: Memory disorders, movement disorders, oncology, multi-disciplinary assessment, and communication of results with patients. Certifications: Board Certified in Clinical Neuropsychology

Peter Graskamp, Ph.D. (Marquette University, Clinical Psychology, 2006). Polytrauma Interdisciplinary Team: Provide individual and group treatment to patients seen through the Polytrauma/TBI system of care, utilizing empirically validated treatments such as Cognitive Behavioral Therapy (CBT) for Insomnia. Provide clinical consultation to the TBI interdisciplinary team. Theoretical Orientation: Cognitive-Behavioral Therapy, Family Systems Theory, Interpersonal Therapy Interests: Trauma Psychology, rehabilitation, behavioral sleep medicine, supervision, interdisciplinary team consultation Certifications: CBT for Insomnia

Amanda Gregas, Ph.D. (University of Wisconsin-Milwaukee, Counseling Psychology, 2009). Acute Mental Health Program Manager: Management of five interdisciplinary clinical teams: Inpatient Mental Health Unit, Mental Health Urgent Care Clinic, Neuropsychology/Polytrauma Clinic, Emergency Department Psychology Consult Team, and Consult-Liaison Psychiatry Team. Provide evidence-based treatments, including Cognitive-Behavioral Therapy and Dialectical Behavioral Therapy (DBT), on the inpatient mental health unit. Conduct psychological/personality assessment to assist with differential diagnosis and treatment recommendations. Facilitate DBT Skills groups for the treatment of personality disorders and substance use/abuse on an outpatient basis. Co-lead a weekly DBT Consultation Team. Theoretical Orientation: Cognitive-Behavioral, Existential Interests: Severe & persistent mental illness, addictions, personality disorders, Dialectical Behavior Therapy, psychopharmacology Academic Affiliation: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Christina Hove, Ph.D. (University of Cincinnati, Clinical Psychology, 2005). PTSD/SUD Specialist, Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide individual and group psychotherapy to inpatient and outpatient Veterans specializing in the treatment of comorbid Posttraumatic Stress and Substance Use Disorders using Relapse Prevention (RP), Harm Reduction (HR), Acceptance and Commitment Therapy (ACT), Cognitive-Behavioral (CBT) Therapies, and Motivational Interviewing (MI), and Interpersonal Therapy techniques. Theoretical Orientation: Cognitive-Behavioral, Interpersonal Interests: Clinical--antecedent and consequential influence of substance use and trauma on daily functioning. Research--social and cognitive variables that contribute to the psychological, physical, and emotional consequences of trauma particularly as exacerbated by alcohol and drug use. Social and cognitive variables involved in etiology and prevention of addictive behaviors as a means of promoting individual and community health. Certifications: Cognitive-Behavioral Therapy for Insomnia

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

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

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

William G. Lorber, Ph.D. (University of Connecticut, Clinical Psychology, 2006). Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide psychotherapy in group, individual, couples and family settings. Conduct research investigating Veterans' psychological functioning. Provide supervision of psychology interns. Interests: Treatment of PTSD, emotion regulation, the impact of traditional masculine gender role norms on men's mental health

Mindy Marcus, Ph.D. (University of Texas, Educational Psychology with focus on Human Development, Personality and Social Psychology, 1998; Marquette University, Respecialization in Counseling Psychology, 2004), Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide psychotherapy in group, individual, couples and family settings to Veterans with PTSD from combat trauma and/or sexual trauma from any phase of life including military sexual trauma. Provide supervision of psychology interns and postdoctoral fellows. Theoretical Orientation: Integrative, largely based on psychodynamic, interpersonal process, and cognitive behavioral theories (CBT). Patient-centered integration of interpersonal process, CBT, Cognitive Processing Therapy (CPT), Eye Movement Desensitization and Reprocessing (EMDR), and Prolonged Exposure with importance placed on the relationship and a holistic perspective that includes the body/physiology as one avenue of treatment. Certifications: CPT for PTSD, formally trained in EMDR

Patrick W. Martin, Ph.D. (St. Louis University, Clinical Psychology, 1999). Team Leader, Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide individual and group therapy. Provide supervision of psychology interns and medical residents. Theoretical Orientation: Integrationist with leaning toward process oriented therapy Interests: Vulnerability and resiliency, well-being; sport psychology; emotion regulation Certifications: Prolonged Exposure for PTSD Academic Affiliation: Provide teaching and supervision for the Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Stephen E. Melka, Ph.D. (Southern Illinois University, Clinical Psychology, 2011). Substance Abuse Residential (SAR) Treatment Program: Provide psychosocial evaluation, diagnostic assessment, psychological testing, psychoeducation, and group and individual therapy. Supervise interns, and fellows. Theoretical Orientation: Cognitive-behavioral, Existential Interests: Traumatic stress, anxiety, and substance use disorders, emotion regulation Certifications: Cognitive Processing Therapy for PTSD, Problem-Solving Training

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

Jamie Noffsinger, Psy.D. (Illinois School of Professional Psychology, Clinical Psychology, 2008). Acute Inpatient Mental Health: Facilitate groups and individual psychotherapy. Conduct psychological and personality assessment.. Provide consultation in the Emergency Department on an intermittent basis. Theoretical Orientation: Integrative, primarily cognitive-behavioral Interests: Chronic severe mental illness, Forensic Psychology

Megan Olson, Ph.D. (Washington State University, Clinical Psychology, 2007). Outpatient Mental Health Clinic: Conduct psychological, psychodiagnostic, and cognitive assessments. Provide evidence-based individual, group, and family psychotherapy, therapy, consultation, and psychoeducation. Facilitate a cognitive skills group within the Outpatient Addictions Treatment (OAT) program and an Acceptance and Commitment Therapy (ACT) for depression group. Supervise predoctoral interns and post-doctoral fellows. Theoretical Orientation: ACT, Behavioral Activation, elements of Cognitive Behavioral Therapy Interests: Health Psychology, addictions, mindfulness based approaches to treatment Certifications: ACT for Depression

Kathleen Patterson, Ph.D., ABPP-CN (University of Wisconsin-Milwaukee, Clinical Psychology, 1993). Neuropsychology: Conduct neuropsychological assessment with outpatient and inpatient Veterans. Provide consultation within the interdisciplinary Neurocognitive Disorders Clinic. Supervise psychology interns, fellows, and students. Theoretical Orientation: Integrative Interests: Neurodegenerative disorders, TBI Academic Affiliations: Associate Professor, Department of Psychiatry and Behavioral Medicine with a secondary appointment in Department of Neurology, Medical College of Wisconsin; Adjunct Assistant Professor, Department of Clinical Psychology, University of Wisconsin-Milwaukee

Sandra J. Regan, Ph.D. (University of Wisconsin-Milwaukee, Clinical Psychology, 1995). Team Leader, Evidence-Based Psychosocial Rehabilitation and Education Program (EB-PREP):

Provide social skills training and other evidence-based psychotherapies in group, individual, and family/couples modalities. Provide psychoeducation about mental illnesses and crisis intervention. Consult with staff from other disciplines. Supervise psychology interns and students. Theoretical Orientation: Eclectic, combining cognitive-behavioral, problem-solving/skills training, motivational interviewing, family systems, recovery, and process approaches Interests: Serious mental illness (SMI), family therapy, recovery, substance abuse, trauma Certifications: Behavioral Family Therapy for SMI, Cognitive Processing Therapy for PTSD

Nina Sathasivam-Rueckert, Ph.D. (Boston College, Counseling Psychology, 2011). 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.

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, program development and system design, integrative treatment plans Certifications: Twelve Step Facilitation, ACT for Depression, Advanced Diploma and MA in Existential Psychotherapy (Regent's College, United Kingdom)

Beth Shaw, Ph.D. (Marquette University, Clinical Psychology, 2009). Team Leader, Individualized Addictions Consultation Team (I-ACT): Conduct diagnostic interviews, individual therapy, case management, and group therapy to dually diagnosed Veterans residing in both a residential treatment facility and on an outpatient basis. Serve on the Dialectical Behavior Therapy consultation team, facilitate outpatient DBT skills groups, and provide DBT informed individual therapy. Supervise psychology interns within both the I-ACT and DBT consultation teams. Theoretical Orientation: Cognitive-Behavioral, Interpersonal Interests: Addictions treatment, DBT and the treatment of borderline personality disorder, serious and persistent mental illness, mindfulness Certifications: Acceptance and Commitment Therapy for Depression, Interpersonal Therapy for Depression, Social Skills Training for Serious and Persistent Mental Illness

Samuel J. Shepard, Ph.D. (University of Iowa, Counseling Psychology, 2010). Team Leader, PTSD Residential Treatment Program, Domiciliary Residential Rehabilitation and Treatment Program (DRRTP): Serve as the Team Leader on the interdisciplinary PTSD Residential Treatment Team. Provide diagnostic assessment, individual therapy, case management, and group therapy to Veterans with PTSD. The PTSD program emphasizes the use of evidence-based treatment, and provides either Cognitive Processing Therapy or Prolonged Exposure (PE)

therapy to every Veteran. Theoretical Orientation: Cognitive-Behavioral Interests: PTSD and trauma-related disorders, anxiety disorders, men and masculinity Certifications: PE for PTSD

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. Provides health and behavior interventions, and provides consultation-liaison services to medical units for psychiatric complaints or adjustment to medical conditions.

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, facilitates outpatient DBT skills groups, and provides DBT informed individual therapy. Supervises psychology interns within both the outpatient clinic and the DBT consultation teams. Theoretical Orientation: CBT Interests: DBT Certifications: DBT-Linehan Board of Certification

Matt Vendlinski, Ph.D. (University of Wisconsin-Madison, Clinical Psychology, 2012) Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide individual and group psychotherapy to Veterans experiencing PTSD and common comorbid conditions including depression, substance use problems, and personality pathology. Most commonly use techniques consistent with Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), and Dialectical Behavioral Therapy (DBT). Theoretical Orientation: Cognitive-Behavioral Interests: Trauma, LGBT-related concerns, classification of mental health problems Certifications: Cognitive Processing Therapy for PTSD

Kavitha Venkateswaran, Ph.D. (University of Nebraska-Lincoln, Counseling Psychology, 2018). Primary Care-Mental Health (PC-MH) Integration: Provide brief assessment and psychotherapy. Consult with interdisciplinary team. Collaborate with Women's Health Clinic. . Develop PC-MH groups and classes. Supervise psychology trainees. Theoretical Orientation: Integrative, Interests: Interdisciplinary care, health psychology

Leia Vos, Ph.D., (Wayne State University, Clinical Psychology, ,2016). Neuropsychology: Conduct neuropsychological assessment with outpatient and inpatient Veterans. Serve as neuropsychologist within the Polytrauma Clinic. Supervise fellows, interns, graduate students, and medical residents. Theoretical Orientation: Integrative Interests: Acquired brain injury, rehabilitation neuropsychology, predictors of outcome following traumatic brain injury

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

Positive Psychology, supervision Academic Affiliation: Adjunct Faculty Member, College of Education, Marquette University

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

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.

Additional Training Site Information

Facility and Training Resources

With one exception, each fellow has a private office. The Primary Care/Mental Health Integration fellow shares an office with other members of the interdisciplinary training program based in the primary care clinic. In addition, larger rooms are available for conferences, or for group or family therapy. The Medical Center maintains a medical library with more than 9,000 volumes and subscriptions to more than 500 periodicals. The Library has ample literature search programs and an interlibrary loan section. The Fellow will also have access to the Library of the Medical College of Wisconsin with more than 76,000 volumes and 2,700 subscriptions.

Administrative Policies and Procedures

We collect no personal information about potential applicants when they visit our website. Fellows have the same options available to other VA employees including the station's Equal Employment Opportunity and Affirmative Action programs. Comprehensive policies and procedures for addressing performance problems and fellow grievances are contained in the fellowship training manual that each fellow receives during their initial orientation to the program.

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

Accreditation Status

The postdoctoral fellowship in Clinical Psychology at the Milwaukee VA Medical Center is fully accredited by the Commission on Accreditation of the American Psychological Association.

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

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

Stipend and Benefits

The fellowship is scheduled to begin on August 23, 2021.
The current stipend is \$51,161.

Fellows receive 13 days of annual leave and up to 13 days of sick leave per year. In addition, excused absence is typically granted for professional activities such as attendance at conferences or workshops. There are also 10 paid federal holidays. Fellows are eligible for health insurance at the same rates available to other full-time federal employees.

Application & Selection Procedures

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

This VA Center in its commitment to Equal Opportunity Employment and Affirmative Action encourages applications by minorities, women and handicapped persons. Male applicants must have registered for the Selective Service to be eligible for appointment. Those who are selected for our program are also subject to fingerprinting and background checks with appointment contingent on passing these screens

The Milwaukee VA also offers a separately accredited fellowship position in Clinical Neuropsychology. A brochure for this program is available on the Milwaukee VA website.

The following application material is required:

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

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

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

Interviews: Interviews will only be conducted after all application material has been received. This year, interviews will be held virtually or via telephone, given the extraordinary circumstances presented by the global coronavirus pandemic.

Selection:

In accordance with APPIC guidelines, offers will be extended on the universal notification date.

Former Trainees: Since the program's accreditation in 2003, the 101 fellows admitted to our program have represented 58 different university programs, and 44 different doctoral internship programs. The university programs represented include:

- Adler University (Clinical)
- University of Akron (Clinical)
- University of Alabama (Clinical)
- Albizu University – Miami (Clinical)
- Albizu University – San Juan (Clinical)
- Ball State University (Counseling)
- Boston College (Counseling)
- Brigham Young University (Clinical)
- University of California Berkeley (Clinical)
- California Lutheran University (Clinical)
- Case Western Reserve University (Clinical)
- Chicago School of Professional Psychology (Clinical)
- Colorado State University (Counseling)
- University of Delaware (Clinical)
- Fairleigh Dickinson University (Clinical)
- Florida Institute of Technology (Clinical)
- University of Georgia (Counseling)
- University of Illinois at Chicago (Clinical)
- Illinois Institute of Technology (Clinical)
- Illinois School of Professional Psychology (Clinical)
- Indiana University (Clinical)
- Indiana State University (Clinical)
- University of Indianapolis (Clinical)
- University of Iowa (Counseling)
- University of Kansas (Clinical)
- University of Louisville (Clinical)
- Marquette University (Clinical)
- Marquette University (Counseling)
- University of Minnesota (Counseling)
- University of Missouri-Kansas City (Counseling)
- University of Montana (Clinical)
- University of North Texas (Clinical)
- Nova Southeastern University (Clinical)
- Ohio University (Counseling)
- The Ohio State University (Counseling)
- He University of Oklahoma (Counseling)
- Pacific Graduate School of Psychology (Clinical)
- PGSP-Stanford Psy.D. Consortium (Clinical)
- Pacific University School of Professional Psychology (Clinical)

- Purdue University (Counseling)
- Roosevelt University (Clinical)
- Rosalind Franklin University (Clinical)
- Southern Illinois University (Clinical)
- Southern Illinois University (Counseling)
- Spalding University (Clinical)
- State University of New York at Albany (Counseling)
- The University of St. Thomas (Counseling)
- Tennessee State University (Counseling)
- Texas Tech University (Clinical)
- University of Tulsa (Clinical)
- Virginia Commonwealth University (Clinical)
- Virginia Commonwealth University (Counseling)
- Wayne State University (Clinical)
- University of West Virginia (Clinical)
- Western Michigan University (Clinical)
- Wheaton University (Clinical)
- University of Windsor (Clinical)
- University of Wisconsin-Madison (Clinical)
- University of Wisconsin-Madison (Counseling)
- University of Wisconsin-Milwaukee (Clinical)
- Wisconsin School of Professional Psychology (Clinical)
- Xavier University (Clinical)

39 of the fellows completed doctoral internships at the Milwaukee VA, 46 completed internships at other VA Medical Centers and 9 completed internships at non-VA facilities.

Among the 45 who completed our program during the last 5 years, 24 accepted VA staff positions, six accepted positions in community hospitals or outpatient medical clinics, two accepted positions in a private psychiatric hospital, one accepted a position at a community mental health center, two accepted positions at academic medical centers, two accepted positions at university counseling centers, and two entered independent practice.

Local Information: Milwaukee is located on the western shore of Lake Michigan, approximately 90 miles north of Chicago. The four county metropolitan Milwaukee area has a population of more than 1.5 million people. Milwaukee is a diverse community offering a wide variety of year-round leisure and recreational activities, and a lively dining and arts scene.

Postdoctoral Residency Admissions, Support and Initial Placement Data
Date Program Tables were updated: 9/1/2018

| Postdoctoral Program Admissions |
|---|
| Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. |
| The program operates within a scholar-practitioner model. There are eight positions with varied areas of concentration: two in Geropsychology, one in Palliative Care, one in Residential Rehabilitation, one in Post-Deployment Mental Health Services, one in Women's Health, one in LGBT Health care, and one in Primary Care/Mental Health Integration. The Women's Health position is a two-year appointment. We look for candidates with solid backgrounds in both assessment and psychotherapy whose background and experience is consistent with the area to be emphasized in the fellowship. Relevant research experience is a factor in selection, though relevant clinical experience is typically weighed more heavily. |
| 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 Residents | \$48,008 |
| Annual Stipend/Salary for Half-time Residents | N/A |
| Program provides access to medical insurance for resident? | <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 <u>No</u> |
| 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: | |
| Ten paid federal holidays; Authorized absence for attendance at workshops, seminars, conventions; Licensing Exam Release Time | |

| Initial Post-Residency Positions | | |
|--|---------------------------------|-------------------|
| | 2015-18 | |
| Total # of residents who were in the 3 cohorts | 20 | |
| Total # of residents who remain in training in the residency program | 0 | |
| | Postdoctoral Residency Position | Employed Position |
| Community mental health center | 0 | 0 |
| Federally qualified health center | 0 | 0 |
| Independent primary care facility/clinic | 0 | 0 |
| University counseling center | 0 | 1 |
| Veterans Affairs medical center | 0 | 11 |
| Military health center | 0 | 0 |
| Academic health center | 0 | 1 |
| Other medical center or hospital | 0 | 2 |
| Psychiatric hospital | 0 | 2 |
| Academic university/department | 0 | 0 |
| Community college or other teaching setting | 0 | 0 |
| Independent research institution | 0 | 0 |
| Correctional facility | 0 | 0 |
| School district/system | 0 | 0 |
| Independent practice setting | 0 | 2 |
| Not currently employed | 0 | 0 |
| Changed to another field | 0 | 0 |
| Other | 0 | 0 |
| Unknown | 0 | 1 |