

Milwaukee VA Medical Center
Psychology Doctoral Internship Training Program
2024-2025 Training Year



Clement J. Zablocki VA Medical Center
Milwaukee, Wisconsin

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Updated September 11, 2023

Introduction

The Psychology Doctoral Internship Program at the Clement J. Zablocki VA Medical Center, Milwaukee, WI, has been fully accredited by the American Psychological Association since 1978. The program provides professional training to doctoral students from APA-accredited clinical and counseling psychology programs. The doctoral internship program operates within a scholar-practitioner model and is designed to prepare interns for entry-level professional practice.

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

Program Administration

Director of Psychology Training:

Heather M. Smith, Ph.D., ABPP
Lead Psychologist
Director, Psychology Training Program
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Administrative Support:

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Accreditation Status

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

Office of Program Consultation and Accreditation
American Psychological Association
750 First Street, N.E.
Washington, DC 20002-4242

Phone: (202) 336-5979

The next site visit is expected to be during the Spring 2024 cycle.

Application and Selection Procedures

The Milwaukee VA Medical Center, in its commitment to Equal Opportunity Employment and Affirmative Action along with an emphasis on multicultural competence and inclusion, encourages applications by individuals of diverse backgrounds, including minorities, women and persons living with disabilities. All coursework for the doctorate should be completed prior to the internship year. Preference will be given to applicants with more extensive previous practicum experience. In reviewing applicants to the program, we look for candidates with prior training and relevant practicum experience in both assessment and psychotherapy whose interests and career paths are consistent with the training options offered here. To be considered for our program, the experience reported on your application (AAPI Online) must include a minimum of 400 intervention hours and 50 assessment hours. Applications are reviewed to ensure that a sufficient number of these hours has been obtained in settings and with client populations that would provide adequate preparation for our program. Applicants are expected to have experience with adults, with at least some of that experience at sites allowing work with patients with serious psychiatric and/or medical issues. Applicants whose experience has been largely with children and adolescents, for example, likely would not receive strong consideration, nor would those whose experience with adults has been too restricted in scope to provide adequate preparation for experience here. Relevant research experience is a factor in selection, though applicable clinical experience is typically weighed more heavily.

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

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

Application Deadline: All materials must be received by **November 10th**.

Match Numbers:

163411 (General)

163412 (Neuropsychology)

Requirements:

A candidate for an internship must be a U.S. citizen currently enrolled in an APA-accredited graduate program in clinical or counseling psychology. There must be a current Academic Affiliation Agreement between the graduate program and the VHA Office of Academic Affiliations. Most APA-accredited doctoral programs already have such an agreement in place, but if your program does not yet have one, it will need to be completed before you can be appointed. If you are matched to our

internship, an official from your graduate program will also be required to complete a Trainee Qualifications and Credentials Verification Letter (TQCVL). The TQCVL confirms that the program has verified that you have the appropriate qualifications and credentials required by the program's admission criteria and are currently in good standing in their program. It also asks them to confirm that you are fit to perform the essential functions of the internship training program and have been immunized following current Center for Disease Control guidelines and VHA policy including tuberculosis screening, Hepatitis B vaccine, COVID vaccine, and annual influenza vaccine. More information about the TQCVL can be found at <https://www.va.gov/OAA/TQCVL.asp>.

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

Substance Free Workplace:

The VA is committed to ensuring a substance free workplace. Information about random drug testing procedures can be found here: https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf

COVID-19:

The COVID-19 pandemic undoubtedly has affected many aspects of healthcare delivery and training. Our program has endeavored to minimize that impact to the best of our ability and to continuously evolve our approach as new information is available and developments occur. Psychology interns are expected to begin the training year onsite full-time to afford sufficient acclimation to the environment, establishment of training goals, assessment of entry level skills, and maximum opportunity for rich clinical experiences. Many of our meetings are now held virtually and likely will continue to be for the foreseeable future. It is possible that circumscribed (i.e., 1-2 days per week) telework and remote access privileges will be available once a training sequence is established and most often after the first quarterly evaluation period; this will be determined via ongoing discussions between the Director of Training, the Training Committee, Mental Health Division leadership, and the Associate Chief of Staff (ACOS) for Education.

Interns are expected to abide by all of the facility's health and safety requirements, including mask mandates when in effect.

As of August 13, 2021, the U.S. Department of Veterans Affairs mandates that all VA health care personnel, including psychologists and psychology trainees, be vaccinated for COVID as well as influenza. Interns are eligible to receive the vaccine at the VAMC unless they prefer to do so elsewhere. Similar to the influenza vaccine, all health professions trainees training in a VA facility must be fully vaccinated or have an exemption on file.

Additional Information: Please send requests for further information to:

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Interviews: Candidates will be notified no later than December 1st if invited to interview. A schedule of available interview dates will be provided at the time of notification; at this time, virtual interview dates are anticipated on December 6, 2023, December 13, 2023, January 4, 2024, and January 10, 2024. In accordance with APPIC guidelines, interviews will be held virtually.

Stipend and Benefits

The internship is scheduled to begin on August 12, 2024.

The current stipend is \$34,944. As determined by the VHA Office of Academic Affiliations, a 1% increase is expected for the 2024-2025 training year.

Interns receive 13 days of annual leave and up to 13 days of sick leave per year. In addition, excused absence is typically granted for professional activities such as the dissertation defense, VA postdoctoral fellowship interviews, and attendance at conferences or workshops. There are also 11 paid federal holidays.

Interns are eligible for health, dental, and vision insurance at the same rates available to other full-time federal employees. In some cases illness, injury, parental leave, or emergency conditions may require an extended absence from the program. We cannot guarantee that we can extend the period of paid employment beyond one year. If additional time is required to complete the necessary hours to meet internship requirements, it may need to be done on a without-compensation basis.



Psychology Setting

There are 58 psychologists at the Medical Center, along with an additional 17 psychologists located at our affiliated Community Based Outpatient Clinics (CBOCs). The Milwaukee VA is organized into large interdisciplinary patient care divisions. Most staff psychologists are appointed within the Mental Health Division; three have appointments within the Spinal Cord Injury Division (one of whom is a Program Manager) and one in the Primary Care Division. One of the Mental Health Division managers is a psychologist, and the Lead Psychologist/Director of Training and seven psychologists who function as Mental Health Program Managers serve on the Mental Health Division Leadership Team. Many of the staff psychologists hold faculty appointments in the Department of Psychiatry and Behavioral Medicine and/or the Department of Neurology at the Medical College of Wisconsin.

Psychological services are integrated throughout the medical center; a comprehensive range of psychotherapy, assessment, and consultative services is provided across the continuum of care, including inpatient, outpatient, residential, and home based settings. Staff psychologists also are involved in a variety of research and program evaluation activities. All areas in which psychologists are located can provide training opportunities.



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

Training Model and Program Philosophy

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

The program is primarily experiential, with the supervisory process as the core of the training approach. The supervisory process includes the occasion to observe skilled psychologists practice their profession, opportunities for in-depth discussion of professional, theoretical, and ethical issues, and the benefits of receiving training from and having one's work evaluated by experienced clinicians. Recognizing the importance of scientific inquiry to professional practice, psychologists are expected to be aware of empirically validated procedures and current scientific evidence as it impacts practice, and to incorporate this information into the supervisory process. Intern seminars, case conferences, and other continuing education activities throughout the medical center further contributes to the integration of science and practice. The intent of the program is to produce scientifically-informed, multiculturally competent practitioners with the ability to think critically about the relevant theoretical and empirical literature and to creatively apply these findings to clinical practice.

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

Core Competencies

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

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

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

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

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

Psychological Interventions: Interns are expected to integrate science into practice, demonstrating knowledge of empirical support for psychological intervention procedures employed, implementing

evidence-based interventions, developing appropriate treatment goals and plans, evaluating the outcome of interventions, and adapting interventions to the needs of special and culturally diverse populations. Interns are expected to have the ability to establish effective working relationships with clients, to be aware of and make use of process and interactional factors in the relationship, and to respond appropriately in crisis situations.

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

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

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

Program Structure

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

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

Training Experiences

Clinical Area	Supervisor(s)	Page
Acute Mental Health/Intensive Outpatient Program	Drs. Birgenheir, Gregas, Noffsinger, & Vallejo	14
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Individualized Addictions Consultation Team (I-ACT)	Dr. Dulek	22
Immediate Mental Health Access Clinic (IMHAC)	Dr. Schuder	23
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Mental Health Outpatient Services/Evidence-Based Psychotherapy Clinic	Drs. English, Musaitif, Olson, Simons, Skerven, & Vendlinski	25
Neuropsychology	Drs. Gleason, Larson, Patterson, Fischer & Abraham	26
Oncology Psychology	Dr. Behr	28
Operation Hope/Psychosocial Rehabilitation	Dr. Regan	29
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PTSD/Outpatient Trauma Recovery Services	Drs. Baruch, Coppolillo, Fuller; Hove, Lorber, Marcus, Martin, Thomas & Vendlinski	36
PTSD Residential Treatment Program	Dr. Shepard	37
Rehabilitation Psychology	Dr. Donaldson	38
Research	Dr. Larsen et al.	39
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Spinal Cord Injury	Drs. Williams & Brundage	41
Substance Use Disorders Residential Rehabilitation Treatment Program	Dr. Barrera	42
Suicide Prevention	Dr. Simons	43
Union Grove CBOC	Dr. Flave-Novak	44
Women's Health	Dr. Heinkel	45
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Acute Mental Health:
Inpatient Mental Health – Unit 3C
Intensive Outpatient Treatment – Bridge Program

Supervisors: Denis Birgenheir Ph.D., Amanda Gregas, Ph.D., Jamie Noffsinger, Psy.D., & Leticia Vallejo, Ph.D.

The **Inpatient Mental Health/Detoxification Unit** is a locked 34-bed unit that provides treatment to patients with acute psychiatric and alcohol and other substance abuse problems. Patients are typically admitted for suicidal or homicidal ideation, active psychosis, inability to care for themselves and/or active substance intoxication/withdrawal. The length of stay averages 5 days with a range from 1-30 days. Due to the relatively short length of stay, the unit emphasizes assessment, crisis intervention, and arranging appropriate follow-up. Groups conducted on the unit utilize supportive therapy, cognitive-behavioral and problem-solving approaches. There are also psycho-educational video groups with discussion sessions. Groups are conducted on the unit by interdisciplinary team of providers: psychiatrist, psychologist, music-recreation therapist, social worker, occupational therapist, peer support specialist, chaplain and/or RN. In addition to psychopharmacological treatment, interventions include cognitive-behavioral therapy, dialectical behavior therapy, psychodynamic, and solution-focused approaches, supportive therapy, music therapy, and occupational therapy.

The Intensive Outpatient Program (IOP) is a 3-week program for those with acute mental health symptoms or acute worsening of chronic symptoms. The IOP provides an option for those who require frequent outpatient contact and are at high risk of future hospitalization. This is primarily a group format with themes of distress tolerance, emotion regulation, and mental health recovery.

An intern on the Acute Mental Health rotation may be involved in treatment through both the inpatient unit and IOP. Services provided on 3C include both individual and group therapy. Individual sessions will focus on short-term evidence-based interventions including behavioral activation for depression, motivation enhancement for addiction, CBT for anxiety, and DBT with a focus on distress tolerance and emotional regulation. Group sessions will consist of a variety of recovery related topics depending upon the needs of veterans on the unit. Interns may also be provided with opportunities to complete psychological assessments (MMPI-2-RF & MCMI-III), write integrative reports, assist with discharge planning, and participate in team consultation. Interns participating in IOP will be involved in completing intake screenings; co-facilitate group sessions, and individual discharge planning to bridge Veterans completing the program to other services.

Centralized Assessment Unit (CAU)

Supervisors: Nina Sathasivam-Rueckert, Ph.D., Allison Jahn, Ph.D., Jamie Noffsinger, Psy.D.

The **Centralized Assessment Unit (CAU)** combines psychodiagnostic and psychosocial assessment and psychological testing to provide examinations for requesting services and providers in order to aid in mental health and/or medical treatment planning. Depending on training needs and goals, interns will complete assessments in one or more of the following settings:

Pre-Transplant/Pre-Bariatric Surgery Evaluations: As part of patient's transplant/surgery, a mental health assessment is required to provide treatment teams with recommendations to assist Veterans through the transplant/surgery process. This includes psychodiagnostic and psychosocial assessments and recommendations on a patient's candidacy for surgery. Recommendations are provided to the treatment team and to the Veteran.

Psychodiagnostic Evaluations: Mental health treatment providers may request a psychodiagnostic evaluation to aid in clarifying diagnoses and to generate ideas for beneficial treatments. This service evaluates Veterans with PTSD, anxiety and mood disorders, schizophrenia spectrum disorders, and other mental health conditions. Recommendations are provided to the treatment team and to the Veteran.

The CAU rotations are designed to offer part-time training experiences for 6-12 months. A part-year rotation will lead to mastery of the basic and critical skills in psychological assessment while at the same time offering opportunities to explore and participate in a variety of clinical evaluation processes (e.g., psychodiagnostic, pre-transplant). The intern will have the opportunity to complete basic report writing, develop psychosocial and psychodiagnostic interviewing skills, and gain exposure to brief psychological testing. A full-year rotation would allow mastery of the basic and critical skills in psychological assessment and depth of experience in multiple areas of assessment. The one-year rotation expands opportunities for psychometric testing and consultation across assessment settings.

Culturally Responsive Practice

Rotation Point of Contact: Leticia Vallejo PhD; specific supervisors are dependent on the intern's goals and elected experiences.

While individual and cultural diversity are core competencies embedded in each rotation, the CRP rotation provides trainees with the opportunity to engage in a more intentional practice of culturally responsive care. This rotation offers training and exposure in a variety of VA programs and groups related to diversity and multicultural practice while also maintaining our programs' flexible approach to training. Thus, interns can create personalized combinations of experiences depending on their interests. This rotation is aimed to increase trainees' sensitivity to issues related to cultural and individual diversity, social justice, and intentionally focus on developing skills in multicultural practice. Clinical experiences can draw from identified population-specific groups or clinical programs and/or can involve working to develop culturally-responsive, effective, and affirming psychological intervention into ongoing clinical work. Possible population-specific opportunities may include participation in the Race-Based Stress group, Women's Health interventions, DBT skills training group including stigma management for sexual and gender minorities, LGBT group, Healthy Aging group for an older adults, and Acute Mental Health with a focus on multicultural group therapy and assessment. Core requirements for trainees to achieve this additional focus include a rotation project, participation in group consultation and participation in psychology advocacy through the Advancing Diversity Across Psychology Team (ADAPT). Projects can include developing and implementing staff education and training, contributing to multicultural research, or focus on local program development. Trainees can opt to attend other adjunct opportunities including the multicultural reading group or serving on a hospital committee (e.g. equal employment opportunity/EEO committees) It should be noted that these adjunct opportunities will not be evaluative components of the rotation.

Dialectical Behavior Therapy (DBT) Consultation Team

Supervisors: Kim Skerven, Ph.D., Amanda Gregas, Ph.D., Matthew Vendlinski, Ph.D., Jamie Noffsinger, Psy.D.

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

Emergency Department

Supervisor: Carly Peterson, Ph.D.

Interns receive experience in addressing Veterans' mental health concerns in the Emergency Department (ED). A solution focused, crisis intervention approach is utilized, which involves collaborative care with psychiatrists, psychologists, social workers, nurses, hospitalists, advanced practice nurses, and other physician specialists. Collaboration also may involve working closely with the hospital administrator-on-duty, the VA police, and other community professionals to address issues such as civil commitment and homelessness.

Opportunities are made available to develop triage skills for suicide/homicide assessment, emergency detentions, police holds for intoxicated patients, admissions for inpatient psychiatric treatment, capacity evaluations, and discharges from the ED to the community. Additionally, interns can assist in providing off-tour mental health consultation to medical units and to inpatient mental health staff.

These experiences can help prepare interns for professional practice settings which require efficient assessment, decision making, safety planning, implementing brief interventions, and multidisciplinary collaboration related to acute mental health issues.

Geropsychology

Supervisors: Weston Donaldson, Ph.D., ABPP, Amy Houston, Psy.D., Allison Jahn, Ph.D., Sarah Keating, Ph.D., Heather Smith, Ph.D., ABPP

Inpatient Geropsychology:

The core Geriatrics programs at the Medical Center include the 113-bed **Community Living Center (CLC)** which includes **Transitional Care, Long-Term Care,** and **Palliative Care** (please see separate description on page 32) units and 3 **Community Homes**, each with 10-bedrooms and offering a homelike environment in which Veterans requiring skilled nursing care are housed. The CLC provides the opportunity for the intern to learn a full range of geropsychological skills consistent with the Pikes Peak Model of Geropsychology Training in a setting that emphasizes interdisciplinary collaboration.

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

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

to residents and families dealing with end-of-life issues. Dr. Amy Houston provides supervision in this area.

In addition, a ***Geriatrics Consultation Team***, involving geriatricians, geropsychologists, and staff from other disciplines, fields consults for older adult Veterans on medical and critical care inpatient units throughout the medical center who present with complex clinical care needs such as behavioral disturbances associated with major neurocognitive disorders, delirium, uncertain decision-making capacity, and/or mental health conditions affecting the acute medical concerns.

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

Outpatient Geropsychology:

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

Geropsychiatry Clinic: Interns can serve as interdisciplinary team members in a half-day, outpatient clinic supporting psychiatry residents. During this clinic, interns focus on brief, targeted interventions, warm-handoff, or brief assessments of mood, anxiety, suicidal ideation, and/or cognitive symptoms. Drs. Allison Jahn and Sarah Keating are the supervisors for this clinic.

Geropsychology Group Supervision and Reading Group:

Trainees and staff with an interest in geropsychology attend our monthly geropsychology group supervision meetings, which typically consist of a brief didactic or case presentation (presented by trainees and/or staff) as well as time for case consultation. Topics vary but some examples include: STAR-VA, ABPP Gero certification, and use of phototherapy with older adults. Interns also are invited to participate in the monthly geropsychology reading group, during which literature related to practice with older adults is reviewed and discussed.

Home Based Primary Care (HBPC)

Supervisors: Irene Kostiwa, Ph.D. & Sarah Keating, Ph.D.

The Home Based Primary Care (HBPC) team offers primary care services to approximately 370 homebound Veterans in the Milwaukee, Union Grove and Green Bay area. HBPC is an interdisciplinary team that generally serves geriatric patients who have conditions that are often associated with the aging process such as chronic medical conditions (diabetes, heart failure, COPD), neurodegenerative disorders (multiple sclerosis, Parkinson's Disease, and ALS), dementia, and other biopsychosocial factors that may impact functioning. Many have mental health diagnoses, such as adjustment disorder, bereavement, depression, anxiety, PTSD, and substance abuse.

HBPC is an interdisciplinary PACT team that includes nurses, social workers, dieticians, occupational therapists, psychologists, a pharmacist and physician medical director. Trainees will have the unique opportunity to observe and provide services to patients in their homes. Interns may provide time-limited individual/couples/family psychotherapy, complete psychodiagnostics, capacity and neuropsychological assessments, provide caregiver education and support, and serve as consultants to other HBPC team members regarding behavioral health issues.

Individualized Addictions Consultation Team (I-ACT)

Supervisor: Erin Dulek, Ph.D.

I-ACT provides substance use disorder assessment and treatment services to Veterans who are not able to effectively participate in standard abstinence-based treatments. This may be because of their specific treatment needs (i.e. they are requesting a harm-reduction approach), or due to cognitive problems, medical/functional comorbidities, or mental health comorbidities such as serious mental illness. The program emphasizes bridging the gaps in the continuum of care and increasing access to Veterans who may otherwise not receive needed addictions services. The I-ACT team primarily consists of a psychologist and a social worker but includes close and frequent collaboration with a larger interdisciplinary team. Various treatment approaches are employed including abstinence-based approaches, harm reduction, motivational interviewing, and cognitive-behavioral therapy in individual and group modalities.

Immediate Mental Health Access Clinic (IMHAC)

Supervisor: Kelly Schuder, Psy.D.

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

LGBTQ+ Affirmative Healthcare

Supervisor: Gregory Simons, Ph.D.

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

Mental Health Outpatient Services (MHOP)/ Evidence Based Psychotherapy (EBP) Clinic

Supervisors: Shaun English, Ph.D., Afnan Musaitif, Ph.D., Megan Olson, Ph.D., Gregory Simons, Ph.D., Kim Skerven, Ph.D., Matthew Vendlinski, Ph.D.

Mental health outpatient care is the coordinated interdisciplinary provision of comprehensive mental health care for Veterans and families. The care is patient-centered and consists of intake, assessment, treatment of acute/chronic mental health conditions, including substance abuse treatment/aftercare, as well as coordination of care with other health care providers. The mental health care is delivered in the context of interdisciplinary teams (BHIPs) comprised of psychiatrists, psychologists, social workers, nurse practitioners, nurses, internists, addiction therapists, occupational therapists, vocational rehabilitation therapists, and recreation therapists. As an intern and mental health provider in MHOP, you will be a member of an interdisciplinary BHIP team and will assume responsibility for planning, coordinating and delivering treatment to Veterans with a wide variety of wide range of mood, thought, and personality disorders. Modes of treatment may include individual, family and group psychotherapy with emphasis on utilization of evidence-based psychotherapies. Supervisors are available who are trained and certified in various evidence-based treatments including: Acceptance and Commitment Therapy, Cognitive Behavioral Therapy for Depression and Anxiety, and dual diagnosis/Seeking Safety. Assessment services provided may include diagnostic interviewing. Interns are welcome to participate in program development which may include development and implementation of new therapy groups. Opportunities are available for both short-term and long-term therapy cases.

Interns may participate in the ***Evidence-Based Psychotherapy Clinic***, which offers specialized, time-limited evidence-based psychotherapies to patients with depression and PTSD. Supervisors are available who are trained and certified in Cognitive Processing Therapy, Prolonged Exposure, Written Exposure Therapy, Acceptance and Commitment Therapy, Cognitive Behavioral Therapy for Depression, and Interpersonal Therapy for Depression. Assessment services provided may include diagnostic interviewing.

Neuropsychology

Supervisors: Angela Gleason, Ph.D., ABPP, Eric Larson, Ph.D., ABPP, Mark Fischer, Ph.D., Margaret Abraham, Ph.D., Kathleen Patterson, Ph.D.

Neuropsychology is a discipline that studies and evaluates how the brain functions. Normal brain functioning may be disrupted in predictable ways by particular diseases or injuries. It is the purpose of this rotation for the intern to become proficient at administering neuropsychological tests and to understand how results from such testing relate to brain functioning and guide treatment planning. Neuropsychology is primarily a consultation and diagnostic service; therefore, the neuropsychologists typically do not supervise individual or group psychotherapy.

On this rotation, the intern will become proficient at administering neuropsychological tests and understanding how results from such testing relate to brain functioning and guide treatment planning. As a regional referral center, the neuropsychology clinic sees outpatients, domiciliary residents, and also geriatric, rehabilitation, medical-surgical, neurology, cardiac, and psychiatry inpatients. The caseload ranges from recently returning soldiers to geriatric patients. Common outpatient referral questions include evaluation of: memory loss, dementia, psychiatric dysfunction, head injury, movement disorders, stroke, executive dysfunction, personality changes, ADHD, learning disabilities, demyelinating diseases, and seizure disorders. Inpatient capacity and decisionality evaluations are also frequently requested.

Records are reviewed prior to seeing the patient. Interviews are conducted at the beginning of the evaluation, after which a test battery is selected depending upon the referral question and the patient's presentation. Geriatric assessments usually take a half-day; full batteries may take a full day. Patients are usually given feedback on their test results either in person, by video, or by telephone within two weeks after the assessment has been completed.

The rotation in neuropsychology is designed to be a comprehensive experience. Initially the intern's existing skills are assessed so that training may begin at the most appropriate level. Cognitive testing and scoring are practiced with technicians and postdoctoral fellows and the intern is evaluated for accuracy and adherence to testing protocols. After having gained experience in record review and interviewing, interns receive training in test interpretation, diagnostic procedures, and report-writing. Interns rotating through the neuropsychology clinic are expected to attend the weekly case conference, monthly journal club, and regular supervision with the attending neuropsychologist.

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

The neuropsychology track is designed to provide training and experience consistent with Division 40 and Houston Conference guidelines. The candidate will devote 50% of their internship to neuropsychological rotations. Interns in the general track may complete major or minor rotations in

neuropsychology; although, the ability to accommodate Division 40 and Houston Conference guidelines will depend on clinic capacity.

Requirements:

Test Administration Competency: We use a flexible approach to testing and rely on a wide variety of cognitive tests. Testing is usually done by the intern after having been “checked out” on test administration by either a technician, a postdoctoral fellow, or one of the neuropsychologists.

Report Writing: Effective communication through written reports and verbal feedback to patients and referral sources is an integral part of neuropsychological assessment. Interns will learn to write neuropsychological reports and provide verbal feedback to patients/providers. Two weeks is the report turn-around time for outpatient reports; interns should have a draft of the report sent to supervisors within 1 week. Inpatients are seen and a note documented within 24 hours; inpatient reports should be completed within 48 hours with immediate verbal feedback given to the referral source.

Training Opportunities: Interns rotating through Neuropsychology are expected to attend additional neuropsychologically-focused activities in addition to seeing patients. These experiences include attendance at the intern neuroscience lecture series and the weekly Neuropsychology Case Conference/Journal Club. In addition, the intern has the opportunity to attend Medical Grand Rounds at the VAMC and Psychiatry and Neurology Grand Rounds at the Medical College of Wisconsin. Psychiatry Grand Rounds are off-site/virtual from 8-9am on Wednesdays. Neurology Grand Rounds are at Froedtert Hospital/virtual on Fridays from 8-9am. Interns should plan to attend relevant grand rounds while they are rotating through the neuropsychology clinic. All other interns are welcome to attend these educational opportunities as well.

Caseloads: After a few weeks of initial training on test administration and scoring, interns carry their own caseloads. For the neuropsychology track, interns are expected to see 1-2 patients per week. Interns who desire a less intensive experience will arrange an appropriate schedule with the neuropsychology supervisors. Interns are also invited to participate in feedback sessions with the patient. Interns may attend specialty clinics depending on their interests and training needs.

Supervision: Trainees are expected to complete at least 1 hour of face-to-face supervision for each of their cases, engaging in supervision both before and after a patient has been tested. Trainees contact their supervisor to schedule these sessions. Interns receive feedback for each report written.

Oncology Psychology

Supervisor: Victoria Behr, Ph.D.

The oncology psychology team works collaboratively within the hematology/oncology and radiation oncology outpatient clinics to provide brief assessment and time-limited treatment of most mild-to-moderate mental health and health behavior concerns. Visits are generally brief (e.g., 30 minutes), limited in number, and structured so that the Veteran and medical team views meeting with psychology as part of the specialty medical service. Same day access is emphasized through warm handoffs. Psychology is fully integrated into the oncology interdisciplinary team, engaging in a variety of team-based activities, including huddles, meetings, case review, consultation, and education. Additionally, there are opportunities to be involved with the suicide prevention team.

Specific duties and length of rotation are negotiable depending on the intern's training goals. However, a commitment of at least 8 hours per week for 4 months would be optimal for maintaining a regular caseload and participating in other rotation-specific experiences. Interns may participate in the full range of activities within oncology psychology, including brief assessment, brief evidence-based individual psychotherapy, group therapy/psychoeducation, and team consultation, education, and meetings.

Operation Hope: Psychosocial Rehabilitation (PSR) for Persons with Serious Mental Illness (SMI)

Supervisor: Sandra Regan, Ph.D.

Operation Hope is a coalition of Psychosocial Rehabilitation programs for Veterans diagnosed with Severe Mental Illness (SMI) who experience serious and/or persistent functional impairment. These programs are founded on the understanding that people with significant mental health disabilities can, and do, overcome the limitations of their illnesses and associated stigma, and can successfully find self-determined, valued roles in the community of choice. Veterans are actively involved in the direction of care; services are individualized and person-centered, and individual strengths are identified and utilized with a holistic rather than a symptom-focused approach. Included in Operation Hope is the ***Evidence Based Psychosocial Rehabilitation and Education Program (EB-PREP)***. EB-PREP provides group treatment based on the Social and Independent Living Skills training program of the UCLA Clinical Research Center for Schizophrenia and Psychiatric Rehabilitation as well as the Bellack et.al. Social Skills Training Model. Social and independent living skills are taught in an accepting, safe, small group environment. Role playing, structured problem-solving, and multi-modal exercises are employed with an emphasis on positive feedback and overlearning.

The ***Psychosocial Recovery and Resource Center (PRRC)*** provides person-centered recovery planning, psychoeducational groups, wellness classes, brief therapy, peer support services, and community inclusion initiatives to promote establishment of meaningful roles in one's community of choice. The intern's involvement in EB-PREP/PRRC psychosocial rehabilitation services may include exposure and learning of the social skills training model, Behavioral Family Therapy (another evidence-based practice for individuals with SMI), crisis evaluation and resolution, risk assessment and triage skills, improved understanding and exposure to the oftentimes high-risk SMI population, and aiding Veterans in recovery including the promotion of increased self-care and community inclusion activities.

Training opportunities include facilitating psychoeducational classes, illness management courses, teaching evidence based skill development, offering wellness programming, developing personalized empowerment plans, conducting basic assessment, providing individual and group therapy, family education and therapy, supportive volunteering, case management, staff consultation, peer support supervision, interdisciplinary education, and program development.

Organizational Development/Administration

Supervisors: Heather Smith, Ph.D., ABPP, Theresa Drewniak, Ph.D., Bert Berger, Ph.D.

Opportunities are available to participate in organizational development efforts throughout the medical center and the VISN 12 hospital network. Activities include staff education and training in communication skills and formal organizational development/team building activities on a specific unit or team. Consultation requests for organizational development assistance come from various facility programs, including acute care, nursing education, and extended care. Interventions typically consist of interviews of staff and managers, report write-up of findings including recommendations, and assistance with implementation of interventions to enhance team functioning, including didactic sessions, facilitation of meetings, teamwork seminars, workshops, and management coaching. Other opportunities include teaching self-interpretation of assessment results, situational leadership, and/or peer coaching approaches for the Milwaukee VAMC Leadership Development Program.

Pain Psychology - Outpatient Mental Health and Integrated Pain Clinic

Supervisors: Julie Jackson, Ph.D. & Rachael Spalding, Ph.D.

The Pain Psychologists perform a full-range of psychological services for Veterans presenting to Outpatient Mental Health and the Pain Clinic with chronic pain conditions and co-morbid mental health conditions. Opportunities exist to collaborate closely with Physical Therapy and a larger interdisciplinary treatment team through Pain Clinic and Headache Clinic. Group opportunities are available through weekly interdisciplinary Functional Rehabilitation Group, Women's Healthy Aging Group, and creation of alternative groups as needed/per student interest. Assessment opportunities also available through spinal cord stimulator evaluation placement and diagnostic assessment services for treatment planning purposes. Various treatment approaches are employed including Cognitive Behavioral Therapy for Chronic Pain, CBT for Headache Diseases, Motivational Interviewing, and Acceptance and Commitment Therapy in both individual and group modalities.

Palliative Care

Supervisor: Amy Houston, Psy.D.

The ***Palliative Care Program*** provides palliative and end-of-life care for Veterans and their families. The rotation involves providing psychological services on an 18-bed inpatient unit, addressing consults from the palliative care consultation team, providing services through outpatient clinics (palliative, hematology/oncology, and radiation/oncology), and providing bereavement counseling to Veterans' families. Psychological services vary based on the patient, family, and team needs, and may include psychodiagnostic evaluation, assessment of medical decision making capacity, psychotherapy with the Veteran and/or family members, behavior management, and consultation with the treatment team.

The inpatient palliative unit serves Veterans with end-stage diseases (>90% cancer) and those receiving palliative radiation and/or chemotherapy treatment. Some Veterans remain on the inpatient unit through the end of their lives, while others return home or transfer to another facility after their treatment is complete. The team consists of staff physicians, registered nurses, licensed practical nurses, nurse aides, nurse practitioners, social worker, psychologist, pharmacist, physical and occupational therapists, recreation therapist, dietician, and chaplain. Upon admission, each Veteran undergoes a comprehensive inter-professional evaluation focused on the patient's physical, psychological, social, and spiritual needs. Pain assessment and management is often a primary focus. The team meets twice weekly to update the care plans. Interns will have the opportunity to work with Veterans and their families, and to participate in a monthly palliative care staff support group.

All Geriatrics and Palliative Care programs are committed to interdisciplinary teamwork and are primary teaching programs for a number of different disciplines. Interns are expected to work closely with staff from a variety of disciplines and to contribute to the team process. There is a weekly Palliative Care didactic through MCW in which interns are invited to participate.

There may be opportunity to participate in on-going research projects in the Division of Geriatric Medicine and/or through collaboration with those in the interdisciplinary Palliative Care fellowship program. Interns may elect involvement in staff education and/or support sessions. Other didactic experiences available to interns include attendance at Palliative Care grand rounds, lectures, and case conferences.

Polytrauma Support Clinic Team

Supervisors: Peter Graskamp, Ph.D., Mark Fischer, Ph.D., Margaret Abraham, Ph.D.

The Polytrauma Clinic Support Team (PCST) serves seriously wounded returning combat Veterans with polytrauma injuries and/or traumatic brain injury (TBI). The members of the PSCT include a PM&R Physician, Psychologist, Neuropsychologist, Social Worker, Physical Therapist, Occupational Therapist, and Speech Pathologist. A wide range of experiences is available on this rotation including neuropsychological and general psychological evaluations, psychological intervention, and learning to function within an interdisciplinary team. Training on this rotation is designed to help the intern develop an understanding of the evaluation of Polytrauma/TBI conditions, learn the resources available for Veterans for treatment of these conditions, and learn the factors that impact long term functioning (including PTSD and post-deployment stress). Interns will develop an understanding of the process by which TBI is assessed, an appreciation of the role of neuropsychological evaluation, and a working knowledge of the residuals of TBI. Interns may participate in assessment of TBI and provide psycho-education about post-adjustment stress and reintegration issues. Individual and group therapy/psychoeducation opportunities are also available with this rotation. Dr. Peter Graskamp provides supervision of the psychological interventions provided through this team, and Drs. Mark Fischer and Margaret Abraham provide supervision of neuropsychological assessments. Dr. Graskamp offers EBT training and supervision for the focused CBT for Insomnia protocol that is recommended as a first-line treatment for insomnia.

Major activities for interns within the clinic:

Neuropsychological Evaluations: A variety of evaluations are conducted ranging from structured neurobehavioral interviews, brief neuropsychological screens of mild TBI (mTBI) residuals to comprehensive neuropsychological evaluations of TBI and other possible conditions, including PTSD, AD/HD, LD, etc.

Neuropsychological Rehabilitation: Interns may observe cognitive rehabilitation strategies employed by our colleagues in Speech Therapy. Interns may provide psycho-education about post-adjustment stress and reintegration issues and their impact on cognition. This treatment is designed to improve the educational and/or occupational functioning of Polytrauma patients.

Psychological Evaluations: Brief evaluations in the PSCT on the day of the visit and more extensive general psychological evaluations are conducted. Periodic monitoring of patients functioning through record reviews and case conferences are also conducted.

Psychological Interventions: Individual therapy opportunities are available. Treatment for individuals often focuses on managing symptoms (PTSD, Insomnia, etc.) while adjusting to physical injury with a focus on recovery and rehabilitation. Psycho-education and psychotherapy also often focus on improving sleep and fostering healthy lifestyles.

If the intern chooses to be involved with the neuropsychological aspects of the rotation, they may do so by either participating in the diagnostic interview sessions only and/or engage in

neuropsychological testing assessments. For the latter, the intern is required to meet the same requirements as the neuropsychological rotation (although these can be adjusted for the TBI population).

Test Administration Competency: Although we use a flexible approach to testing, currently the Neuropsychological Assessment Battery is frequently used with Polytrauma patients. Testing is usually done by the intern after having been “checked out” on test administration by either a technician or one of the neuropsychologists.

Report Writing: Effective communication through written reports and verbal feedback to patients and referral sources is an integral part of Polytrauma as well as Neuropsychology. You will be expected to write reports and provide oral feedback to patients/providers. We typically provide in person feedback to Polytrauma patients.

Training Opportunities: Interns rotating through Polytrauma can choose to attend additional neuropsychological-focused activities including attendance at the weekly Neuropsychology case conference and participation in Psychiatry and Neurology Grand Rounds both here and/at MCW/FMLH.

Primary Care-Mental Health Integration (PC-MHI)

Supervisors: Kirsten Schmidt, Ph.D. & Jacob Landers, Ph.D.

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

PTSD/Outpatient Trauma Recovery Services

Supervisors: David Baruch, Ph.D., Catherine Coppolillo, Ph.D., Shauna Fuller, Ph.D., Christina Hove, Ph.D., William Lorber, Ph.D., Mindy Marcus, Ph.D., Patrick Martin, Ph.D., Matt Vendlinski, Ph.D., Katie Thomas, Ph.D.

The Outpatient Trauma Recovery Services rotation enables the intern with an interest in post-traumatic stress to specialize in work with this population on an outpatient basis. The clinic serves Veterans who have experienced combat trauma as well as military sexual trauma, childhood trauma and non-combat adult trauma. There are also opportunities to gain experience with specialized treatment of co-morbid PTSD and substance abuse disorders. The core training experience is focused on a) implementation of structured, manualized treatments weekly or massed delivery approach (e.g., Cognitive Processing therapy, Prolonged Exposure, EMDR, Brief Eclectic Psychotherapy, Written Exposure Therapy) as well as a b) integration of evidence-based principles with integrative treatment paradigms for treating clinical presentations that preclude the use of more structured approaches, c) co-leading therapy groups which, most often, utilize a phased model that begins with psychoeducation and builds to trauma processing. Cognitive-behavioral, psychodynamic, and interpersonal perspectives inform case formulation, treatment planning and interventions. Assessment activities includes comprehensive clinical interviews, as well as the use of psychometric outcome measures (e.g., the PTSD Checklist (PCL), Adverse Childhood Experiences (ACE), personality measures (MMPI, MCMI) and others. This rotation has flexibility to allow the intern to explore the role of the psychologist in a multidisciplinary outpatient mental health setting, and to develop a sense of their own style in addressing the diverse needs that exist.

Interns have the option of completing a 2-day training workshop in ***Cognitive Processing Therapy (CPT)*** with Dr. Thomas, who is a VISN 12 CPT Regional Trainer and Consultant, followed by 6 months of case consultation, leading to VA recognized certification in CPT by the end of the internship year.

PTSD Residential Treatment Program

Supervisor: Sam Shepard, Ph.D.

The PTSD Residential Treatment Program is a domiciliary-based residential treatment program for Veterans with PTSD related to any time of lifetime trauma. The program provides intensive, trauma-focused treatment in a structured, residential setting. While the primary focus is on the treatment of PTSD, co-morbid diagnoses such as depression and substance use disorders are common. The program emphasizes cognitive-behavioral treatment. Veterans spend most of their time attending psychotherapy groups and classes. Opportunities for gaining group and individual therapy experience are offered. Training with evidence-based interventions for PTSD (including CPT, PE, and WET) is a common focus of this rotation.

Rehabilitation Psychology – Physical Medicine and Rehabilitation

Supervisor: Weston Donaldson, Ph.D., ABPP

The Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP) provides acute rehabilitation services for patients with a wide range of medical concerns. Our primary goal is to enable the patient to participate in physical rehabilitation as fully as possible. The psychologists work alongside physicians, nurses, physical therapists, occupational therapists, speech therapists, dietitians, social workers, and recreation therapists. Psychology trainees will focus on assessment, intervention, and consultation in this rotation. Assessment is typically brief and consists of psychosocial intake, brief cognitive screening, and behavioral monitoring. There are opportunities to complete short neuropsychological assessments or medical decision-making evaluations. Intervention focuses on addressing behaviors or problems that interfere with or slow rehabilitation progress (e.g., pain problems, sleep disturbance, self-limiting anxiety), providing education, and promoting adjustment. Opportunities exist for psychology trainees to co-treat with other disciplines. Importantly, psychology serves as consultants to the interdisciplinary team and participates in weekly staffing meetings, huddles, and family conferences. There are significant opportunities for providing education and developing additional programming in this rotation, including staff in-services, case reviews, intervention group development, and collaboration with other disciplines. Trainees may participate in a quarterly Lessons Learned case review with other CIIRP staff.

Research

Supervisors: Sadie Larsen, Ph.D., Eric Larson, Ph.D., ABPP, Heather Smith, Ph.D., ABPP, Bert Berger, Ph.D., Stephen Melka, Ph.D., M. Christina Hove, Ph.D., Zeno Franco, Ph.D.

Opportunities are available to participate in research. This may involve participation in data collection, analysis, and secondary data analysis of existing data sets. There are ongoing data collection efforts (e.g. a nationally-funded PTSD treatment trial) that trainees could be involved in. Further, there are existing datasets that the trainee could collaborate with staff psychologists to write up as secondary data analyses (e.g. PTSD trials, qualitative data on shared decision making). Finally, periodically Milwaukee VA psychologists participate in a “Paper in a Day” in which multiple psychologists and trainees collaborate on an intensive writing experience using existing data. Many of these have led to publications in previous years. Trainees are also welcome to discuss other research projects, but those using existing projects are more likely to be feasible within the training year.

Residential Rehabilitation GEN Program (Dom GEN)

Supervisor: Michael Haight, Psy.D.

Veterans entering the GEN residential treatment program are typically dually-diagnosed with a mood and/or thought disorder as well as addiction issues. GEN is a group based program including but not limited to the following: ACT for Depression & PTSD, Cognitive Strategies, Emotion Management, Motivational Enhancement, Stress and Anger Management, CBT for Relapse Prevention, Seeking Safety, Relationships & Family Dynamics, Distress Tolerance, Emotion Regulation, Interpersonal Effectiveness, Mindfulness and Self-Compassion. The program is typically 6 weeks in length. The treatment team consists of: psychology, social work, nursing, psychiatry, addiction therapist(s), dietary, kinesiotherapy, and art/recreation therapists.

Spinal Cord Injury/Disorders Services

Supervisors: Roger Williams, Ph.D., Erin Williams, Ph.D., Jessica Brundage, Ph.D.

The Spinal Cord Injury/Disorders (SCI/D) service provides a full range of care for four categories of patients with SCI/D:

1. Newly injured patients who are admitted to the hospital for acute care and rehabilitation, and typically stay for weeks to several months.
2. Patients briefly admitted, often for 2 to 5 days, for their annual physical and psychosocial evaluations.
3. Patients admitted for treatment of ongoing illnesses and/or complications of their injuries, who may stay for several weeks up to many months.
4. Outpatients seen in the SCI/D outpatient clinic or via video-to-home technology.

There is ample opportunity for interns to conduct inpatient and outpatient evaluations and screenings, as well as inpatient, outpatient, and video-to-home psychotherapy with patients and their caregivers. There will also be opportunities to work with families and caregivers in providing education, intervention and support as it relates to the management of SCI/D in general, as well as caregiver stress.

All rehabilitation patients routinely participate in psychological evaluation and treatment, and patients in the other categories may be referred or may request to be seen. A typical assessment would include a semi-structured clinical interview complete with cognitive and mood disorder screening. There is some opportunity for further cognitive and personality assessment, often geared towards generating rehabilitation recommendations for staff. Results are shared with the rest of the SCI team in written form and oral presentation in team meetings. Therapy typically falls into one of two categories:

1. Short-term, structured approaches (e.g., CBT, ACT, MI) to manage emotions, adverse health behaviors, and/or difficult interpersonal interactions.
2. Longer-term, less structured, supportive care.

Interns will also develop skills in working within an interdisciplinary rehabilitation and primary care team comprising physicians, nurse practitioners, nurses, social workers, physical therapists, occupational therapists, dietitians, pharmacists, adaptive technology specialists, and recreation therapists. Treatment and staff consultation activities include receiving warm hand-offs, participating in treatment team planning meetings, attending medical rounds on the inpatient unit, and observing patient therapy and education sessions.

Substance Use Disorders Residential Rehabilitation Treatment Program (DOM SUD)

Supervisor: Scott Barrera, Ph.D.

The ***Substance Use Disorder Residential Rehabilitation Treatment Program (DOM SUD)*** provides a 6-week residential rehabilitation program for Veterans with Substance Use Disorders. This domiciliary-based program integrates cognitive behavior theory, motivational techniques, and 12-step philosophy. An emphasis is placed on building skills and developing a healthy community support network. Learning opportunities include case management, individual and group therapy, assessment, consultation, didactic teaching, and team treatment planning. The treatment team is interdisciplinary (psychologist, social workers, addiction therapists, registered nurses, recreation therapist, occupational therapists, and kinesiotherapists).

Suicide Prevention

Supervisor: Gregory Simons, Ph.D.

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

Union Grove Community Based Outpatient Clinic (CBOC)/General Outpatient Mental Health

Supervisor: Daniel Flave-Novak, Psy.D.

The Union Grove VA Community Based Outpatient Clinic (CBOC) is a rural medical clinic approximately 30 minutes south of Milwaukee that primarily serves Veterans living in Racine, Kenosha, and Walworth counties. Trainees are offered the opportunity to provide general outpatient mental health treatment in an interdisciplinary clinic setting. Therapy can be conducted via VVC (Internet video) or in-person. The Union Grove clinic treats a diverse population of Veterans with a wide variety of mental health issues, including PTSD, depressive disorders, anxiety disorders, and personality disorders. Interns will have the opportunity to provide individual and group psychotherapy using multiple theoretical orientations (e.g., interpersonal, cognitive-behavioral, psychodynamic). Opportunities also exist for training in evidence-based practices such as interpersonal therapy for depression (IPT-D), anger and irritability management skills (AIMS) training, and skills training for affective and interpersonal regulation (STAIR), as well as opportunities to learn the basics of prolonged exposure therapy (PE) and cognitive processing therapy (CPT). Trainees also will conduct comprehensive clinical intake interviews, which include psychometric screening measures such as the PTSD Checklist (PCL), the Patient Health Questionnaire (PHQ-9), and others.

Women's Health

Supervisor: Colleen Heinkel, Ph.D.

This is an outpatient training rotation with a focus on Women Veterans' mental health, with an emphasis on military sexual trauma treatment, and the integration of women's mental health and primary care. Treatment interviews, individual and group psychotherapy, and assessment are the most frequent services provided. Screening tools and psychological testing are completed to assist with treatment planning for evidence-based treatments. Source of referrals most often are the MST Coordinator, PTSD Outpatient Mental Health, Women's Health Clinic, and Immediate Mental Health Access Clinic (IMHAC). Most common reasons for referral are sexual trauma with/or without combat trauma, post-military adjustment and relational issues, reproductive health-related concerns, such as postpartum depression or premenstrual dysphoric disorder, women's health impacted emotional adjustment to physical disorder, such as breast cancer or bariatric surgery, psychological factors affecting physical condition and caregiving concerns.

Most patient care is provided in the intern's office (either in person, or by VA Video Connect) or in therapy rooms at the Women's Resource Center (WRC). The WRC is a separate building (Building 109) adjacent to the main hospital that is dedicated solely to women's health care and offered as an alternate clinical space to women Veterans who prefer a quieter place to receive their mental health care.

Interns may co-facilitate women's evidence-based therapy groups (Cognitive Processing, Cognitive Behavioral Therapy for Depression; Mindfulness-based Cognitive Therapy, STAIR), and have the opportunity to develop and conduct other group approaches.

Women's Residential Rehabilitation Program (Dom Women's GEN)

Supervisor: Kat Rivero, Psy.D.

The Women's GEN Program is a group-based program in which Veterans participate in a variety of groups (some of which are gender-specific) to include: ACT for Depression, Cognitive Strategies, DBT Skills for Life, Coping with Trauma, Motivational Enhancement, Stress and Anger Management, CBT for Relapse Prevention, Seeking Safety, Leisure Ed and Art Therapy. The program is typically 6 weeks in length. The treatment team consists of: a psychologist, social worker, nurse, psychiatrist, addiction therapist, dietician, kinesiotherapists, and art/recreation therapists.

Other Training Experiences

Research Opportunities:

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

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

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

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

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

Requirements for Completion

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

Facility and Training Resources

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

Administrative Policies and Procedures

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

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

Training Staff

Program Director:

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

Lead Psychologist: Serve as Lead Psychologist at the Milwaukee VAMC and affiliated Community Based Outpatient Clinics. Responsible for the hiring, credentialing, privileging, and professional practice of the Psychology staff.

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

Geropsychologist: Serve as clinical supervisor for fellows, interns, and students completing Geropsychology rotations in the Community Living Center. Provide geriatric neuropsychological and decision-making capacity assessment, interdisciplinary team consultation, psychological intervention, caregiver education and support, and organizational development interventions.

Theoretical Orientation: Behavioral, Interpersonal, Cognitive-Behavioral

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

Certifications: Board Certified in Geropsychology, STAR-VA

Academic Affiliation: Professor and Associate Vice Chair for Faculty Development, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin

Clinical Supervisors:

Margaret Abraham, Ph.D. (Rosalind Franklin University of Medicine and Science, Clinical Psychology, 2021)

Neuropsychologist: Conduct neuropsychological assessments with outpatient and inpatient Veterans, supervise trainees of various levels, part of the TBI/Polytrauma interdisciplinary team

Theoretical Orientation: Cognitive behavioral, neuropsychology

Interests: Dementia and memory; TBI and the interaction with psychological factors such as PTSD; decisional capacity; collaboration with other disciplines

Scott Barrera, Ph.D. (Ball State University, Counseling Psychology, 2022)

Team Leader, Substance Use Disorder Program (DOM SUD): Serves as the Team Leader to develop, implement, and evaluate the multidisciplinary DOM SUD program. Provides diagnostic assessment, individual therapy, case management, psychoeducation, and group therapy. The DOM SUD program specializes in the treatment of SUD and dual diagnoses by integrating relapse prevention, harm reduction, cognitive-behavioral therapies, and 12-step philosophy.

Theoretical Orientation: Cognitive Behavioral

Interests: Dual diagnosis, residential addiction treatment, integrative treatment plans, EBPs, multicultural and social justice work in psychology

Certifications: CPT

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

Outpatient PCT: Provide psychotherapy to address trauma via diverse delivery approaches (protocol-based, integrative) and contexts (individual, group, massed delivery, couples) alongside psychological assessment, supervision of psychology interns and psychiatry residents, team representative for the National PTSD Peer Mentoring Program, and interdisciplinary team consultation.

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

Interests: Trauma (combat, sexual, childhood), developmental/attachment disruption, research, interpersonal process, spirituality/religion and PTSD, gestalt and somatic psychotherapy, training and supervision, and utilizing exposure based principles in both structured and non-structured treatment paradigms.

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

Victoria Behr, Ph.D. (Texas Tech University, Clinical Psychology, 2022)

Mental Health Integration into Oncology Outpatient Medical Clinics: Provide brief functional assessment and time-limited psychotherapy within outpatient oncology clinics. Consult and collaborate with oncology interdisciplinary team. Integrated within the suicide prevention team as one of the REACH VET coordinators.

Theoretical Orientation: Integrative, primarily drawing from ACT, CBT, and MI

Interests: Geropsychology, health psychology, brief intervention, interdisciplinary team consultation, suicide risk and prevention

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

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

Theoretical Orientation: Cognitive Behavioral

Interests: Suicide prevention (firearm lethal means, Community Coalitions), serious mental illness and substance abuse

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

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

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

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

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

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

Spinal Cord Injury/Disorders (SCI/D): Primary role is SCI/D Outpatient Program Manager. Main opportunities for trainees would be involvement with performance improvement and organizational development activities. Secondary role is SCI/D Psychology coverage. Provide diagnosis and treatment recommendations to enhance adjustment, self-management, and adherence for Veterans admitted to the SCI/D center for rehabilitation and acute medical needs, as well as outpatients receiving care in the SCI/D primary care clinic. Complete annual evaluations to screen for emotional, behavioral, and cognitive concerns. Conduct time-limited, evidence-based psychotherapy and perform cognitive and personality assessments. Deliver educational programs to patients and their families, as well as staff. Serve on the Ethics Consultation Team as Co-Coordinator.

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

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

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

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

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

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

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

Interests: Integrative treatment of PTSD and complex PTSD for combat and sexual trauma, effects of childhood trauma and neglect, gender identity issues, supervision

Certifications: Cognitive Processing Therapy and Prolonged Exposure for PTSD

Weston Donaldson, Ph.D., ABPP (Colorado State University, Counseling Psychology, 2014)

Community Living Center (CLC), Inpatient Rehabilitation: Provide clinical supervision for fellows, interns, and students completing rotations on Transitional Care and Inpatient Acute Rehab teams. Provide individual and group psychotherapy, caregiver education and support, multidisciplinary team consultation and support, and team training for behavioral management. Provide geriatric neuropsychological and decision-making capacity assessments.

Theoretical Orientation: Integrative, drawing primarily from ACT, CBT, MI, and solution-focused brief therapy

Interests: geriatric mental health, LGBTQ+ aging, dementia behavior management, cognitive assessment, multidisciplinary team consultation and integrated behavioral health

Certifications: Board Certified in Clinical Geropsychology

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

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

Interests: Leadership development, organizational development

Certifications: Motivational Interviewing

Erin Dulek, Ph.D. (Bowling Green State University, Clinical Psychology, 2021)

Residential Treatment, Individualized Addictions Consultation Team (I-ACT): Conducts group and individual therapy, biopsychosocial assessments, case management and interdisciplinary staffing to Veterans who require an individualized approach to address substance use, psychosis, and/or cognitive challenges.

Theoretical Orientation: third wave cognitive behavioral, recovery oriented, integrative

Interests: recovery oriented care, serious mental illness, substance use, social systems assessment and program development

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

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

Theoretical Orientation: Cognitive-Behavioral, Interpersonal, DBT

Interests: Mindfulness, time-limited evidence-based treatment, DBT, anxiety disorders, coping with loss and grief.

Certifications: Interpersonal Therapy for Depression

Academic Affiliation: Marquette University

Mark Fischer, Ph.D. (University of Cincinnati, Clinical Psychology, 2019)

Neuropsychology: Assessment, intervention, consultation, and supervision within the Acute Mental Health Neuropsychology Service and the TBI/Polytrauma Support Team

Daniel E. Flave-Novak, Psy.D. (Roosevelt University, Clinical Psychology, 2016)

Outpatient Mental Health - Union Grove Community Based Outpatient Clinic: Provide individual and group psychotherapy. Coordinate consult and intake management for CBOC. Provide supervision of psychology interns and practicum students.

Theoretical orientation: CBT, Interpersonal, Integrative

Interests: LGBTQ+ mental health, anger management skills training, mental health advocacy

Certifications: IPT-D, STAIR

Zeno Franco, Ph.D. (Palo Alto University, Clinical Psychology, 2009)

Outpatient Mental Health Clinic: Staff Psychologist – BHIP D, general outpatient

Theoretical Orientation: Humanistic, integrative

Interests: Evidence-based care for combat trauma, veteran community engagement, mental health crises detection, social psychology of heroic action, mass disasters, systematic treatment selection, high-throughput research recruiting, electronic health record data, diversity & inclusion

Certifications: MS in Translational Science

Academic Affiliation: Associate Professor, Family & Community Medicine, Center for Healthy Communities & Research, Medical College of Wisconsin; Affiliate research faculty, Department of Computer Science, Marquette University

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

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

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

Interests: Recovery from trauma and moral injury within interpersonal contexts, the therapeutic relationship, dream work in psychotherapy, treatment retention, supervision, common factors model

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

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

Angela Gleason, Ph.D., ABPP (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 Multiple Sclerosis Clinics.

Theoretical Orientation: Cognitive behavioral, flexible battery neuropsychology

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

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

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

Assigned area: Polytrauma Support Clinical Team - Interdisciplinary Team

Individual treatment for patients seen through the Polytrauma/TBI system of care utilizing empirically validated treatments including Cognitive Behavioral Therapy (CBT) for Insomnia.

Interdisciplinary clinic assessment of concussion/mTBI with recommendations for, or provision of, behavioral health treatments.

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

Interests (professional): Trauma Psychology, rehabilitation, behavioral sleep medicine

Certifications: CBT – Insomnia

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

Acute Mental Health Program Manager: Management of the following clinical team and services:

Acute Mental Health Unit 3C, The Bridge Intensive Outpatient Program (IOP),

Neuropsychology/Polytrauma Clinic, Gero/Palliative/Oncology Psychologists, Emergency Department

Mental Health Team, and Consult-Liaison Psychiatry Team. Provide evidence-based treatments,

including Dialectical Behavioral Therapy (DBT) on the inpatient mental health unit and The Bridge

IOP. Provides DBT treatment on an individual and group basis on an outpatient basis. Co-leads the

DBT Consultation Team. Member of ADAPT.

Theoretical Orientation: CBT/DBT

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

Certifications: Dialectical Behavior Therapy

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

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

Team Leader, General Treatment Team, Domiciliary Residential Rehabilitation and Treatment

Program (DRRTP): Orient Veterans to the MHRRT, complete psychosocial assessments and recovery

plans, and provide case management duties. Conduct individual and group therapy and occasional

personality assessments. Supervise practicum students, interns, and fellows, including serving as

major preceptor for the Residential Rehabilitation fellow. Complete administrative duties as the

Team Leader.

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

Interests: Residential rehabilitation, supervision, Self-Compassion Group

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

Outpatient Mental Health/Women's Resource Center: Staff psychologist with a focus on PTSD and

women's health. BHIP lead, Women's Resource Center. Lead Clinician, Zablocki VA's PCMH

Tobacco Treatment. Behavioral health lead, VA Women's Integrated Sexual Health Clinic. PTSD

clinical team. Zablocki VA Site Lead, Practice-based Research Network (PBRN) in Women's Health.

Theoretical Orientation: Integrative, cognitive-behavioral, feminist, existential, drawing heavily upon CBT-D, -I, -Meno, CPT, DBT, EA, IPT, MI, and MBCT approaches.

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

Certifications: Cognitive Processing Therapy (CPT), CBT-Depression, CBT-Insomnia, Interpersonal Therapy (IPT), SBIRT (Substance Use); National Red Cross Disaster psychology, Healing Touch (Level 3), Nutritional psychology; Energy psychology (ACEP)

Academic Affiliations: Assistant Professor, Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin; Co-Director/Psychology preceptor for the MCW/VA Advanced Fellowship in Women's Health.

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

Community Living Center (CLC), Palliative Care: Serve as major preceptor and clinical supervisor for fellows, interns, and practicum students completing Palliative and Geropsychology rotations. Within the CLC, I provide interdisciplinary team consultation, conduct decision-making capacity assessments, individual and group psychotherapy, family caregiver education and support, and nursing staff education and support. I also provide mental health services through outpatient clinics including palliative care, hematology/oncology, radiation oncology, and neurology as well as consultation and liaison services throughout the hospital. Additionally I provide bereavement counseling to families of Veterans who have passed away at the VA.

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

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

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

PTSD/SUD Liaison, Outpatient Post Deployment Mental Health/PTSD Clinical Team: Provide individual and group psychotherapy to inpatient and outpatient Veterans specializing in the treatment of comorbid Posttraumatic Stress and Substance Use Disorders using Relapse Prevention, Harm Reduction, Cognitive-Behavioral Therapies, Motivational Interviewing, and Interpersonal Therapy techniques. Evidence based treatments include Seeking Safety and Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure (COPE). Provision of comprehensive assessments employing objective measures for diagnostic and treatment purposes.

Theoretical Orientation: Cognitive-Behavioral, Interpersonal

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

Certifications: Cognitive-Behavioral Therapy for Insomnia

Academic Affiliations: Assistant Professor, Psychiatry & Behavioral Medicine, Medical College of Wisconsin; Adjunct Associate Professor, Department of Psychology, University of Wisconsin-Milwaukee

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

Integrated Pain Psychologist located in the Pain Clinic; Reach VET Coordinator: Performs a full-range of psychological services for Veterans presenting to the Pain Clinic with chronic pain conditions and co-morbid mental health conditions; facilitate weekly Functional Rehabilitation_Group; Provide individual therapy

Theoretical Orientation: Cognitive-behavioral

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

Certifications: Cognitive Processing Therapy for PTSD; Cognitive Behavioral Therapy for Chronic Pain

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

Outpatient Mental Health: Geropsychology and Centralized Assessment Unit (CAU): Provide individual and group psychotherapy for older adults. Interdisciplinary team member in the Geropsychiatry Clinic and Geriatric Consult Clinic. Provide supervision to interns and fellows and serve as the primary supervisor for the Outpatient Geropsychology Fellow. Conduct pre-surgical psychodiagnostic and psychosocial evaluations for bariatric and transplant candidates.

Theoretical Orientation: Biopsychosocial, integrating biological/neurological, psychological, and contextual and social factors through a variety of approaches including cognitive-behavioral and dialectical strategies, motivational interviewing, and mindfulness-based techniques

Interests: Geropsychology; health, disability, diagnostic, and psychosocial assessment; cancer survivorship; supervision; neurobiology of stress and depression

Certifications: Structured Clinical Interview (SCID), Motivational Interviewing, Goals of Care Conversations Trainer

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

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

Home Based Primary Care (HBPC)/ Outpatient Geropsychology: Conduct cognitive and capacity assessments; individual/ couples psychotherapy; psychoeducation and caregiver support; and brief psychotherapy utilizing evidence-based modalities for older adults.

Theoretical orientation: Interpersonal, CBT, process-oriented therapy

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

Certifications: VA Whole Health

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

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

Suicide Prevention: As the Lead Suicide Prevention Coordinator, perform a range of activities focused on suicide prevention in the Veteran population, including representing the facility's Suicide Prevention Program in contacts with the agency, Veterans Integrated Systems Network (VISN) 12, and the public; directing suicide prevention activities to maximize effectiveness and continuity of care for Veterans; serving as an advisor to the Mental Health Division Manager, facility leadership, program managers and other medical center staff concerning suicide prevention strategies; providing feedback to clinicians related to patient care and/or documentation and program requirements; establishing and maintaining effective channels of communication with programs throughout the hospital; tracking and analyzing data to evaluate and enhance the quality of services provided; reporting all suicide attempts and completions at the facility, including the submission of a variety of reports to the VISN and National Suicide Prevention Coordinator; identifying Veterans at high risk for suicide and placing High Risk for Suicide Patient Record Flags on those at high acute risk to alert treating providers and enhance patient care; providing education to providers, Veterans, families, and members of the community about risk factors and warning signs for suicide; maintaining/improving an on-going training program for staff to assure awareness of options during crisis situations; monitoring all consults from the Veterans Crisis Line (VCL) to assure timely access to

care and follow-up for patients in crisis; monitoring appointments and coordinating enhanced care as needed.

Theoretical orientation: Cognitive Behavioral, Person-Centered, Strengths-Based, Psychodynamic
Interests (professional): Suicide prevention, program development/improvement, effective leadership, hospital systems, interprofessional collaboration

Certifications: Approved VA EBP Provider of Advanced Safety Planning Intervention; Approved VA EBP Provider of Primary Care – Mental Health Integration (PC-MHI); Approved VA EBP Provider of Cognitive Processing Therapy (CPT)

Academic Affiliations: Adjunct Professor – Marquette University

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

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

Theoretical Orientation: Interpersonal, behavioral

Interests: Geropsychology, sleep

Certifications: Problem Solving Training – HBPC

Jacob Landers, Ph.D. (The Ohio State University, Clinical Psychology, 2021).

PCMHI: Serve as part of PCMHI team to provide brief functional assessment and psychotherapy for primary care clinic referrals. This includes scheduled and same-day warm hand-off referrals. Other responsibilities include conducting ADHD and cognitive screens, facilitating the healthy sleep class, and providing CBT-i.

Theoretical orientation: Integrative, including CBT, ACT, and interpersonal process

Interests: Health psychology and integrated care, geropsychology, sleep, trauma, substance abuse

Certifications: PC-MHI Competency Training

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

National Center for PTSD Executive Division Education Team/Evidence-Based Psychotherapy Clinic/Research/Medical College of Wisconsin (MCW): Develop educational materials for the National Center for PTSD. Provide individual evidence-based psychotherapy for PTSD. Conduct research on PTSD (trial ongoing).

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

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

Certifications: Cognitive Processing Therapy and Prolonged Exposure for PTSD

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

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

Neuropsychology: Conduct neuropsychological assessments of outpatient and inpatient Veterans. Supervise fellows, interns, and graduate students. Serve as training director for the clinical neuropsychology postdoctoral fellowship.

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 possible symptoms of dementia; the interaction between symptoms of dementia and PTSD; decisional capacity

Certifications: Board Certified in Clinical Neuropsychology (ABCN)

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

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

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

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

Certifications: Prolonged Exposure

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

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

Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide trauma-based psychotherapy to groups and individuals to Veterans with PTSD from combat trauma, military sexual trauma, with consideration of trauma from any phase of life. Supervise and/or provide specific training to interns and fellows. Conduct psychological assessments to guide diagnosis, treatment, and other assessment/treatment needs (e.g., ADHD). Provide consultation to medical staff when mental health issues creating barrier to health treatment. Produce educational, self-help, and interventional resources for Veterans.

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

EBP Trainings/Certification: CPT for PTSD, EMDR –through North Chicago VA training program

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

Outpatient Postdeployment Mental Health/PTSD Clinical Team: Provide individual and group therapy.

Theoretical Orientation: Integrative Therapy, Biological Psychology

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

Certifications: Prolonged Exposure for PTSD, Cognitive Processing Therapy, EMDR

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)

Mental Health Residential Rehabilitation Treatment Programs: Program Manager. Work duties are largely administrative.

Theoretical Orientation: Existential and Cognitive Behavioral

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

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

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

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

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

Theoretical Orientation: Cognitive-Behavioral, Interpersonal Process

Interests: Geropsychology, integrated care, dementia, leadership development

Certifications: Problem Solving Training – Primary Care

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

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

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

Theoretical Orientation: Integrative, primarily cognitive-behavioral

Interests: Addictions, post-traumatic stress disorder

Certifications: Motivational Interviewing

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

Workplace Violence Prevention Program Coordinator: Triage reports of disruptive behavior in consultation with the VAPD WV liaison. Chair the Risk Assessment Group which meets bi-monthly. Review reports of disruptive behavior, complete risk assessment to determining level of risk and appropriate courses of action for responding to/managing risk. Chair Disruptive Behavior Committee which meets monthly. Consult with Employee Threat Assessment Chair and Prevention and Management of Disruptive Behavior Coordinator in regards to responding to/managing workplace violence.

Acute Mental Health: Facilitate group and individual sessions for the Bridge Intensive Outpatient Program.

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

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

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

Theoretical Orientation: Integrative, primarily Dialectical Behavior Therapy

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

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

Outpatient Mental Health Clinic: Conduct psychological, psychodiagnostic, and cognitive assessments. Provide evidence-based individual, group, and family psychotherapy, consultation, and

psychoeducation. Facilitate an Acceptance and Commitment Therapy (ACT) for depression group. Supervise pre-doctoral interns and post-doctoral fellows.

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

Interests: Health psychology, addictions, mindfulness based approaches to treatment, depression, ACT, behavioral activation, cognitive risk factors for depression

Certifications: ACT for Depression

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

Neuropsychology: Conduct neuropsychological assessment with outpatient Veterans. Provide consultation with interdisciplinary medical and mental health teams. Supervise psychology practicum students, interns, fellows, and students.

Theoretical Orientation: Integrative

Interests: Neurodegenerative disorders, TBI

Certifications: Board Certified in Clinical Neuropsychology (ABCN)

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

Carly Peterson, Ph.D. (Texas A&M University, Clinical Psychology, 2012)

Emergency Department (ED): Provide consultation to ED for Veterans presenting with psychiatric emergencies, drug and alcohol abuse, and psychological distress related to medical conditions.

Determine level of care needed, coordinate referral and/or hospital admission, facilitate interdisciplinary treatment planning, and conduct decision-making capacity evaluations. Provide health and behavior interventions, and provides consultation-liaison services to medical units for psychiatric complaints or adjustment to medical conditions.

Theoretical orientation: Integrative; Cognitive-Behavioral; Interpersonal

Interests: Therapeutic assessment; mental health recovery; interdisciplinary consultation; personality assessment; psychology training.

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

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

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

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

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

Kathleen L. Rivero, Psy.D. (University of Indianapolis, Clinical Psychology, 2015)

Team Lead, Women's Program, Domiciliary Residential Rehabilitation and Treatment Program

(DRRTP): Orient women Veterans to the DRRTP; provide psychosocial diagnostic interviews; develop

treatment and safety plans; facilitate individual and group psychotherapy, provide case management, and other supportive services to women veterans in the residential program.

Theoretical Orientation: Interpersonal Process, Cognitive, and Brainspotting

Interests: PTSD, C-PTSD, Trauma, Moral Injury, Anxiety Disorders, Interpersonal and attachment issues

Certifications: Cognitive Processing Therapy for PTSD

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

Centralized Assessment Unit (CAU): Conduct pre-surgical psychodiagnostic and psychosocial evaluations for bariatric and transplant candidates and psychodiagnostic evaluations to aid in treatment planning for Veterans in outpatient mental health.

Kirsten Schmidt, Ph.D. (University of Wisconsin-Milwaukee, Counseling Psychology, 2022)

Primary Care-Mental Health (PC-MH) Integration: Provide brief functional assessment and time-limited psychotherapy to women Veterans within PC-MHI. Develop and facilitate PC-MHI groups and classes focused in areas of wellness and postpartum health. Consult and collaborate with the Women's Health Primary Care Clinic. Provide individual and group supervision to psychology trainees.

Theoretical orientation: Integrative, drawing heavily upon cognitive-behavioral and interpersonal process within multicultural frameworks

Interests: Integrated care and health psychology, women's health, trauma, multicultural and social justice work in psychology and healthcare, training and supervision

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

Immediate Mental Health Access Clinic: Conducts comprehensive assessments of SI/HI, alcohol and other substance use disorders, PTSD exacerbation, mood instability, psychosis, anxiety/panic attack, dementia vs. delirium, active distress secondary to medical concerns, acute grief/loss, and/or agitation or other behavioral concerns in the MH urgent care clinic and emergency department.

Theoretical Orientation: Integrative, interpersonal, existential, metacognitive

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

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

Team Leader, PTSD Residential Treatment Program: Serves as the Team Leader on the interdisciplinary PTSD Residential Treatment Team. Provides diagnostic assessment, individual therapy, case management, and group therapy to Veterans with PTSD. The PTSD program emphasizes the use of evidence-based psychotherapies for PTSD.

Theoretical Orientation: Cognitive-Behavioral

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

Certifications: CPT, PE, WET

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

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

Suicide Prevention/LGBTQ+ Affirmative Healthcare: Provide individual, group, and couples/family therapy through outpatient mental health primarily with patients identified at high risk for

suicide. Perform administrative duties including outreach, provider consultation, and interdisciplinary training/education. Coordinate LGBTQ+ affirmative treatments for Veterans requesting specialized care or to work with a knowledgeable provider. Involvement with the Equal Employment Opportunity (EEO) LGBT Special Emphasis Program (SEP) raising awareness of diversity among VA staff through organization of presentations and other activities

Theoretical orientation: Theoretically oriented X3

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

Certifications: Cognitive Behavioral Therapy for Depression

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

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

Theoretical Orientation: CBT

Interests: DBT, EBP, LGBTQ+

Certifications: DBT-Linehan Board of Certification; ABPP in Behavioral and Cognitive Psychology; VA CBT-D; VA CPT

Rachael Spalding, Ph.D. (West Virginia University, Clinical Psychology, 2022)

Outpatient Mental Health/Pain Psychology: Pain psychologist with special focus in Geropsychology, Women's Healthy Aging Group lead

Theoretical Orientation: Cognitive-behavioral, integrative, draws upon ACT, DBT, MI, and mindfulness-based interventions

Interests: Chronic pain, geropsychology, women's aging issues, LGBTQ+ affirmative care, organizational development and quality improvement

Certifications: CBT for Chronic Pain

Katie B. Thomas, Ph.D. (University of North Dakota, Clinical Psychology, 2015).

PTSD Specialist, Northeast Wisconsin Ambulatory Clinics / Staff Psychologist, Appleton CBOC

Outpatient Mental Health Clinic: Serve as the NEWAC PTSD specialist, serving remotely in collaboration with the Milwaukee PTSD Clinical Team. Provide evidence-based PTSD treatment, consultation, and expertise to Veterans and VA staff across NEWAC MH clinic locations. Provide individual therapy utilizing evidence-based treatments. Conduct psychological assessment, including psychodiagnostic clarification, pre-surgical evaluations, and ADHD testing.

Theoretical Orientation: Third wave CBT

Interests: PTSD, military sexual trauma and other interpersonal trauma, borderline personality disorder and dialectical behavior therapy, emotion dysregulation, suicide and non-suicidal self-injury

Certifications: Completed VA training in Cognitive Processing Therapy for PTSD (VISN 12 Regional Trainer), Prolonged Exposure Therapy for PTSD, and Written Exposure Therapy for PTSD; completed intensive training in Dialectical Behavior Therapy

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

Leticia Vallejo, Ph.D. (Marquette University, Clinical Psychology, 2018)

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

Culturally Responsive Care: Participate as a member of ADAPT and serves as point of contact for trainees pursuing a rotation in culturally responsive care.

Theoretical Orientation: Integrative (CBT, ACT, multicultural frameworks)

Interests: Brief intervention, Health psychology, Dementia, Assessment, Cultural Humility and Social Justice

Certifications: PE-PC

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

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

Theoretical Orientation: Cognitive-Behavioral

Interests: Trauma, LGBTQ-related concerns

Certifications: Cognitive Processing Therapy for PTSD, Prolonged Exposure for PTSD, Written Exposure Therapy for PTSD

Erin B. Williams, Ph.D. (Indiana State University, Counseling Psychology, 1997)

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.

Theoretical Orientation: Relational Frame Theory

Interests: Spinal Cord Injury, Geriatrics, and SMI

Roger D. Williams, Ph.D. (Indiana State University, Counseling Psychology, 1993)

Spinal Cord Injury & Disorders: Provide psychological services to Veterans with SCI in both inpatient and outpatient settings with the aim of facilitating post-injury adjustment of Veterans, their families, and caregivers. Conduct personality, psychological, and neuropsychological assessments. Provide clinical supervision and consultation to staff and trainees of various disciplines, including psychology interns, practicum students and postdoctoral fellows.

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

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

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

Certifications: Certified Veterans Health Administration Mentor at the Fellow Level

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

Training Staff Certified in Evidence Based Treatments

Evidence Based Treatment	Supervisor	Setting
Acceptance and Commitment Therapy – Depression	Megan Olson	Outpatient Mental Health
Behavioral Family Therapy - SMI	Sandra Regan	Operation Hope
Cognitive Behavioral Therapy – Chronic Pain	Julie Jackson Rachael Spalding	Integrated Pain Clinic Outpatient Mental Health
Cognitive Behavioral Therapy – Depression	Jessica Brundage Colleen Heinkel Gregory Simons Kim Skerven	Spinal Cord Injury Outpatient Trauma/Women’s Mental Health Suicide Prevention Outpatient Mental Health
Cognitive Behavioral Therapy – Insomnia	Shauna Fuller Peter Graskamp Colleen Heinkel Christina Hove	Outpatient Trauma Recovery Polytrauma Outpatient Trauma/Women’s Mental Health Outpatient Trauma/SUD Clinic
Cognitive Processing Therapy - PTSD	Scott Barrera Jessica Brundage Cathy Coppolillo Shauna Fuller Colleen Heinkel Julie Jackson Sadie Larsen Bill Lorber Mindy Marcus Pat Martin Steve Melka Sandra Regan Sam Shepard Kim Skerven Katie Thomas Matt Vendlinski	Domiciliary SAR RTP Spinal Cord Injury Outpatient Trauma Recovery Outpatient Trauma Recovery Outpatient Trauma/Women’s Mental Health Domiciliary GEN Women National Center for PTSD/Research Outpatient Trauma Recovery Outpatient Trauma Recovery Domiciliary Homeless Program Domiciliary Operation Hope Domiciliary PTSD Program Outpatient Mental Health/DBT Appleton CBOC Outpatient Trauma Recovery
Dialectical Behavior Therapy	Amanda Gregas Kim Skerven Katie Thomas	Acute Mental Health/DBT Outpatient Mental Health/DBT Appleton CBOC
Eye Movement Desensitization and Reprocessing	Mindy Marcus Pat Martin	Outpatient Trauma Recovery Outpatient Trauma Recovery
Interpersonal Therapy – Depression	Shaun English Dan Flave-Novak Colleen Heinkel	Outpatient Mental Health Union Grove CBOC Outpatient Trauma/Women’s Mental Health
Motivational Interviewing	Theresa Drewniak Allison Jahn	Primary Care Outpatient Geropsychology

	Steve Melka Afnan Musaitif	Domiciliary Outpatient Mental Health/SUD
Problem Solving Training – Group	Steve Melka	Domiciliary
Problem Solving Training – Primary Care	Alison Minkin	Primary Care
Problem Solving Training – HBPC	Irene Kostiwa	Home Based Primary Care
Prolonged Exposure – PTSD	Cathy Coppolillo Sadie Larsen Bill Lorber Pat Martin Kat Rivero Sam Shepard Katie Thomas Matt Vendlinski	Outpatient Trauma Recovery National Center for PTSD/Research Outpatient Trauma Recovery Outpatient Trauma Recovery Domiciliary Women’s Program Domiciliary PTSD Program Appleton CBOC Outpatient Trauma Recovery
Prolonged Exposure – Primary Care	Leticia Vallejo	Primary Care-Mental Health Integration
Social Skills Training - SMI	Sandra Regan	Operation Hope
STAR-VA	Heather Smith	Community Living Center
VA Whole Health	Theresa Drewniak Sarah Keating	Primary Care HBPC/Outpatient Geropsychology

Recent Intern Classes

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

2015-2016

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

2016-2017

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

2017-2018

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

2018-2019

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

2019-2020

University of Alabama (Clinical)

University of Nebraska -Lincoln (Counseling)
University of Notre Dame (Clinical)
Penn State University (Clinical)
Wayne State University (Clinical)
West Virginia University (Clinical)
University of Wisconsin-Madison (Counseling)
University of Wisconsin-Milwaukee (Counseling)

2020-2021

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

2021-2022

Ball State University (Counseling)
University of Colorado-Colorado Springs (Clinical)
University of Nebraska-Lincoln (Counseling)
University of South Alabama (Combined Clinical-Counseling)
Texas Tech University (Clinical)
West Virginia University (Clinical)
University of Wisconsin-Milwaukee (Counseling)

2022-2023

Central Michigan University (Clinical)
Colorado State University (Counseling)
University of Houston (Counseling)
University of Kansas (Clinical)
University of Memphis (Clinical)
University of Wisconsin-Milwaukee (Clinical)
Virginia Commonwealth University (Counseling)
Xavier University (Clinical)

2023-2024

Howard University (Clinical)
Illinois Institute of Technology (Clinical)
Loyola University of Chicago (Clinical)
University of North Dakota (Counseling)
University of South Dakota (Clinical)
University of Wisconsin-Milwaukee (Counseling)

Sixty-four of the last 80 interns to complete the program went on to postdoctoral fellowships, 53 of which were in the VA system; the remainder went straight into employment.

INTERNSHIP PROGRAM TABLES – Admissions, Support and Placement Data

Date Program Tables are updated: September 11, 2023

Program Disclosures

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	No
If yes, provide website link (or content from brochure) where this specific information is presented: N/A	

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:
The basic philosophy of our program is to provide the maximum flexibility in allowing interns to develop those interests and abilities which best prepare them for the career specialty of their choosing. The program offers a wide variety of experiences in both inpatient and outpatient settings with both medical and psychiatric patients. In reviewing applicants to the program, we look for candidates whose interests and career paths are consistent with the training options offered here. Applicants are expected to have experience with adults, with at least some of that experience in sites where they have worked with patients with serious psychiatric and/or medical issues.
Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:
Total Direct Contact Intervention Hours: Yes, Amount = 400
Total Direct Contact Assessment Hours: Yes, Amount = 50
Describe any other required minimum criteria used to screen applicants:
N/A

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$34,944
Annual Stipend/Salary for Half-time Interns	N/A
Program provides access to medical insurance for intern?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	Yes
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?	Yes
Other benefits (please describe):	
Interns are eligible for dental and vision insurance.	

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

Initial Post-Internship Positions

(Provide an aggregated tally for the preceding 3 cohorts)	2020-2023
Total # of interns who were in the 3 cohorts	24
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0
Academic teaching	PD=0, EP=0
Community mental health center	PD=0, EP=0
Consortium	PD=0, EP=0
University Counseling Center	PD=0, EP=0
Hospital/Medical Center	PD=3, EP=0
Veterans Affairs Health Care System	PD=11, EP=9
Psychiatric facility	PD=0, EP=0
Correctional facility	PD=0, EP=0
Health maintenance organization	PD=0, EP=0
School district/system	PD=0, EP=0
Independent practice setting	PD=0, EP=1
Other	PD=0, EP=0

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