Attn: James Lickel, Ph.D.
William S. Middleton Memorial Veterans Hospital
2500 Overlook Terrace
Mail code 116B
Madison, WI 53705
(608) 256-1901 ext. 17528
[Madison VA Psychology Internship Website](#)

**Applications Due:** November 1st, 2019  
**Start Date:** August 17th, 2020  
**End Date:** August 13th, 2021

**Generalist Internship Match Number:** 217211  
**Geriatric Focus Internship Match Number:** 217212  
**Primary Care - Mental Health Integration Internship Match Number:** 217213  
**Director of Psychology Training:** James Lickel, Ph.D.

**Accredited by:**  
American Psychological Association  
Office of Program Consultation and Accreditation  
750 First St, NE  
Washington, DC 20002-4242  
Telephone: (202) 336-5979

**Member of:**  
Association of Psychology Postdoctoral and Internship Centers (APPIC)  
17225 El Camino Real  
Onyx-One – Suite 170  
Houston, TX 77058-2748  
Telephone: 832-284-4080

**Overview**  
The Psychology Internship Program at the William S. Middleton Memorial Veterans Hospital (Madison VHA) is accredited by the American Psychological Association (our next site visit will be in 2021). The program is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and abides by its policies and procedures. Our previous interns have pursued careers in the VA health care system, universities, academic medical centers, and other settings.
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:

We seek applicants with training backgrounds compatible with the scientist-practitioner model. We accept interns from APA accredited clinical or counseling psychology doctoral programs. Our program requires the following minimum number of hours prior to the time of application to be considered for an internship position.

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

<table>
<thead>
<tr>
<th>Total Direct Contact Intervention Hours</th>
<th>Yes</th>
<th>250 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Contact Assessment Hours</td>
<td>Yes</td>
<td>50 hours</td>
</tr>
</tbody>
</table>

Applicants must have completed a minimum of 3 years of graduate training, successfully defended Master’s degree (if a Master’s degree is required by graduate program), passed comprehensive examinations, and have an approved dissertation proposal (if a dissertation is required for graduate program completion) by the date of application. To be eligible, applicants must be US citizens and have registered for Selective Service (if male and born after 1959). Lastly, if matched with our program, incoming interns will be required to provide proof of up-to-date vaccinations and screening for tuberculosis to their academic program’s training director to facilitate onboarding.
### Financial and Other Benefit Support for Upcoming Training Year

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Annual Stipend/Salary for Full-time Interns</strong></td>
<td>$26,166</td>
</tr>
<tr>
<td><strong>Annual Stipend/Salary for Half-time Interns</strong></td>
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</tr>
<tr>
<td>Program provides access to medical insurance for intern?</td>
<td>Yes</td>
</tr>
<tr>
<td>If access to medical insurance is provided:</td>
<td></td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>No</td>
</tr>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
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</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>104</td>
</tr>
<tr>
<td>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?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Other Benefits:** Interns are provided with 3 to 5 days of Authorized Absence to use, at the discretion of the Director of Training, on professional development activities such as dissertation defense, presentation at scientific conferences, or attending postdoctoral interviews. See Training Term, Stipend, and Benefits section below for further benefit description.
Initial Post-Internship Positions

| Total # of interns who were in the 3 previous cohorts | 14 |
| Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree | 0 |

<table>
<thead>
<tr>
<th>PD</th>
<th>EP</th>
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<tbody>
<tr>
<td>Community mental health center</td>
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<tr>
<td>Federally qualified health center</td>
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<tr>
<td>Independent primary care facility/clinic</td>
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<tr>
<td>University counseling center</td>
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<tr>
<td>Veterans Affairs medical center</td>
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<td>Military health center</td>
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<tr>
<td>Academic health center</td>
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</tr>
<tr>
<td>Other medical center or hospital</td>
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</tr>
<tr>
<td>Psychiatric hospital</td>
<td>1</td>
</tr>
<tr>
<td>Academic university/department</td>
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</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>0</td>
</tr>
<tr>
<td>Independent research institution</td>
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</tr>
<tr>
<td>Correctional facility</td>
<td>0</td>
</tr>
<tr>
<td>School district/system</td>
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</tr>
<tr>
<td>Independent practice setting</td>
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</tr>
<tr>
<td>Not currently employed</td>
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<td>Changed to another field</td>
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<td>Other</td>
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<tr>
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</tr>
</tbody>
</table>


Application Requirements
As an APPIC member we required applications be submitted through the APPIC application portal. We require the standard APPI, including 3 letters of recommendation, CV, graduate school transcripts, essays, and cover letter.

Sensitivity to Diversity
Our training program is sensitive to individual differences and diversity. We place a high value on attracting a diverse group of trainees and on maintaining an awareness of diversity issues during the training year. We include training in individual and cultural diversity across our training opportunities. In particular, group supervision and scheduled didactic trainings emphasize the role of both provider and consumer aspects of individual and cultural diversity. The Madison VA is an Equal Opportunity Employer; we are committed to ensuring a range of diversity among our training classes, and we select candidates representing different kinds of programs and theoretical orientations, geographic regions, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. We engage in targeted recruitment through groups
who represent themselves as championing the promotion of diversity in psychology. All things being equal, consideration is given to applicants who identify themselves as Veterans; as members of historically underrepresented groups on the basis of racial or ethnic status; as representing diversity on the basis of sexual orientation; or as representing diversity on the basis of disability status.

Program Objectives
The overarching mission of our Psychology Internship Training Program is to provide our interns with the experiences necessary to function as ethical, scientifically grounded, psychologically flexible, and highly skilled psychologists, who are ready to move on to postdoctoral or entry level psychologist positions in clinical, academic, or research positions. Our objectives are to train interns to provide patient-centered care within multidisciplinary team treatment settings, and for our interns to develop competence with an increasing number of clinical challenges as they progress within the program.

Training Model and Program Philosophy
The primary focus of the internship year is training. Delivery of patient-centered care, in the context of multidisciplinary patient-aligned care teams, is an essential vehicle through which training occurs, but is secondary to the educational mission of the internship. Toward this end, interns collaborate with staff to plan their training experiences in a manner that balances their individual training goals and needs with availability of training experiences.

Our training program emphasizes generalist scientist-practitioner training as an important foundation for professional competence. Our program is based on the view that a psychologist must be broadly competent and able to function as a team member before she or he can become a skillful specialist. The internship year is designed to help interns master the common principles and practices that form the foundation of patient care. The acquisition of specific skills, techniques, and conceptual models are considered as means in the service of this aim, rather than as ends in themselves. As such, all Interns have a required generalist training rotation in the outpatient Mental Health Clinic (MHC).

Our training model is developmental and embraces a junior-colleague model. Interns begin the program with close supervision, mentorship, and didactic instruction. As their skills develop and mastery increases, interns gain increasing autonomy in their psychological work. Over the course of the year, interns move from close supervision, mentorship, and intensive instruction to relatively autonomous functioning.

Interns are expected to be active participants in shaping their training experiences in a variety of ways. Interns take an active and responsible role in developing their training plan and goals within each training experience. Through this model, graduating interns develop the competencies and sense of professional identity needed for entry-level positions in psychology. Interns are required to take responsibility for their own learning by identifying individualized training goals, by self-observation, self-evaluation, and participation in continuing education. Interns are also expected to participate in the
development and improvement of the training program itself by providing feedback and evaluations of supervisors and training experiences.

**Training Goals**
The Training Program Model and Philosophy are expressed in the following training goals:

1. **Demonstrate Assessment and Diagnostic Competency**
   Interns will develop competence in psychological evaluation and assessment of adults with a variety of diagnoses, problems, and needs. Although interns receive supervised training using a wide range of techniques, emphasis is placed on developing competence in diagnostic interviewing and the administration and scoring of psychometrically validated instruments.

2. **Demonstrate Intervention Competency**
   Interns will develop competence in the provision of psychological interventions for adults with a variety of diagnoses, problems, and needs. Interns are exposed to a range of therapeutic techniques and approaches and are expected to develop competency in general psychotherapy skills. An emphasis is also placed on developing competency in at least one empirically-supported treatment.

3. **Demonstrate Competency in Providing Consultation and Interprofessional/Interdisciplinary Skills**
   Interns will develop competence in providing consultation and in translating psychological principles to colleagues, trainees, and others.

4. **Demonstrate Ethical and Legal Competency**
   Interns will demonstrate knowledge and behavior consistent with professional standards, ethical guidelines, regulations, rules and policies governing psychology and clinical practice.

5. **Demonstrate Competency in Communication and Interpersonal/Interprofessional Skills**
   Interns will develop and maintain effective relationships with a wide range of individuals, including colleagues, trainees from a wide range of other disciplines, supervisors, supervisees, and those receiving professional services. Interns will be able to provide colleagues and other trainees with feedback and guidance, and to translate psychological principles and findings to professionals from different disciplines. Interns will demonstrate knowledge and respect for the roles and perspectives of other professions.

6. **Demonstrate Practice-Oriented Research Competency**
   Interns will be skilled in the interface between science and practice by applying scientific knowledge to the clinical setting, being educated consumers of empirical research and participating in research projects and/or program evaluation projects.

7. **Demonstrate Individual and Cultural Diversity Competency**
   Interns will develop an understanding of how personal/cultural history, attitudes and biases may affect personal understanding and interaction with people different from oneself. Interns will demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of
professional roles, including research, training, consultation/supervision and other professional activities.

8. **Demonstrate Supervision Competency**
Interns will become familiar with supervision models and practices. Interns will Demonstrates knowledge of theories of supervision and development of identity as a supervisor.

9. **Demonstrate Professional Values, Attitudes, and Behavior**
Interns will forms and maintains productive, respectful relationships with clients, peers/colleagues, supervisors, and professionals from other disciplines. Interns will use clear and respectful communication.

**Program Structure**

There are numerous programs and clinics at the Madison VA which offer a wide variety of training options. The training program is a combination of didactic, research and direct clinical experiences. The specific activities of rotations will be assigned by the rotations’ supervisor. Interns will spend 30 hours per week dedicated to activities specific to their assigned rotations, 4 hours per week dedicated to research activities, and the remaining 6 dedicated to educational and professional development activities. Interns can expect to spend between 10-20 hours per week providing direct psychological services to patients/clients (average at least 25% of trainee’s time). We offer three internship tracks, each with a separate match number. Each of the three tracks consist of two 6-month training periods in which the intern will engage in 2-3 clinical rotations, depending on training tack. Each track has its own required rotations and each track has the opportunity for elective rotation(s). Prior to the start of the training year Interns will be asked to rank their preferences for elective rotation(s) and timing of required rotations. Special consideration will be given to match interns with elective rotations most consistent with their training needs and future goals. The ordering (first 6 months versus second 6 months) of required rotations and opportunity to engage in desired elective rotations is dependent on staff availability and is ultimately decided by the Psychology Training Committee. A detailed description of each rotation is provided in the Rotations section of this document. See below for a more detailed description of structure of each track:

**Generalist Track Interns (3 positions)**: Generalist Track interns will participate 2-3 clinical rotations per 6 month training period. All interns are required to complete a 12-month Mental Health Clinic (MHC) rotation. Generalist track interns are also required to complete a Posttraumatic Stress Disorder Clinical Team rotation (PCT; 6 mos.) and an Addictive Disorders Treatment Program rotation (ADTP; 6 mos.). During each 6-month training period Interns will have the opportunity to participate in an elective rotation or, if appropriate, increase dedicated hours to a required rotation. Ordering of PCT and ADTP rotations will be determined as described in the Program Structure section.

**Geriatric Track Intern (1 position)**: The intern in this track will participate in 3 clinical rotations per 6-month training period. The intern will participate in the Geriatric Research, Education and Clinical Center (GRECC) rotation for the duration of the year and will have a required 6 month rotations in the Community Living Center (CLC),
Home-Based Primary Care (HBPC), and MHC rotation (during the second 6 months). This will leave the opportunity to select an elective rotation for first 6 months of the training year.

**Primary Care-Mental Health Integration Track Intern (1 position):** The intern in this track participates in 2 clinical rotations per 6-month training period. Training in PC-MHI is emphasized in this track, so the intern completes a 12-month rotation in PC-MHI (20 hours/week). The intern also completes the Mental Health Clinic rotation during the first 6-month training period and selects an elective rotation for the second 6-month training period.

**SAMPLE Rotation Schedule – Generalist Track**

<table>
<thead>
<tr>
<th>1st 6 Months</th>
<th>2nd 6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Clinic (10 hours)</td>
<td>Mental Health Clinic (10 hours)</td>
</tr>
<tr>
<td>PTSD Clinical Team (10 hours)</td>
<td>Addictive Disorders Treatment Team (10 hours)</td>
</tr>
<tr>
<td>Elective (10 hours)</td>
<td>Elective (10 hours)</td>
</tr>
</tbody>
</table>

**Rotation Schedule – Geriatric Track**

<table>
<thead>
<tr>
<th>1st 6 Months</th>
<th>2nd 6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRECC (10 hours)</td>
<td>GRECC (10 hours)</td>
</tr>
<tr>
<td>HBPC (10 hours)</td>
<td>CLC (10 hours)</td>
</tr>
<tr>
<td>Elective (10 hours)</td>
<td>Mental Health Clinic (10 hours)</td>
</tr>
</tbody>
</table>

**Rotation Schedule – Primary Care – Mental Health Integration Track**

<table>
<thead>
<tr>
<th>1st 6 Months</th>
<th>2nd 6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC-MHI (20 hours)</td>
<td>PC-MHI (20 hours)</td>
</tr>
<tr>
<td>Mental Health Clinic (10 hours)</td>
<td>Elective (10 hours)</td>
</tr>
</tbody>
</table>

**Supervision**
Interns can expect 2-3 hours of individual supervision per week (approximately one hour with each rotation supervisor), and an additional 2-3 hours of group supervision through weekly group supervision with the Training Director or surrogate, participation in patient consultation-based treatment team meetings, and additional interactive group experiences. Each rotation supervisor assists in selecting patients and making referrals. The degree of responsibility given to the intern, and the amount of structure provided, depends on the intern’s level of prior experience. Style and modes of supervision vary. Video and audio recording, direct observation, role-plays, process notes, and co-therapy are among the tools used to aid in supervision. Interns receive supervision of their clinical work and reports, their case presentations in team meetings and seminars, their consultative/supervisory work, and their overall professional conduct. Interns
should expect to be assigned readings and literature reviews as part of their supervision.

**Training Term, Stipend and Benefits**
The internship requires a one-year, full-time training commitment beginning in late August. Interns work 40 hours per week, and the total number of hours is 2080. The current stipend is $26,166. Interns are entitled to 10 federal holidays and earn sick leave and vacation (annual leave) days, each at a rate of 4 hours for each two-week pay period (a total of 13 days of sick leave and 13 days of annual leave). Unused annual leave is paid out to interns at the end of the training year based on calculated hourly wage. Unused sick leave may be applied to future federal employment. Additional leave may be approved for attendance at conferences, workshops, or other professional activities. State and federal income tax and FICA (Social Security) are withheld from interns' checks. Interns are not covered by civil service retirement or leave, and are not eligible for federal life insurance benefits. The United States Government covers interns for malpractice under the Federal Tort Claims Act.

**Facility and Training Resources**
Interns are provided with shared office space and secure networked computers necessary for patient care and administrative responsibilities. They have access to the hospital’s library as well as VA Intranet and Internet resources for clinical work and research. The psychology staff have access to a wide variety of psychological assessment instruments and test scoring programs.

**Shared Didactic / Group Supervision Training Experiences**
The training program also includes educational opportunities such as lectures, seminars and case conferences both at the VA and in collaboration with the University of Wisconsin. The Madison VA is a rich training environment, and interns interact with professional staff and trainees from a variety of health-related disciplines through weekly team meetings and shared didactics. All interns participate in a weekly interactive group supervision during which core training and professional development topics are covered. Interns also participate in approximately 20 core didactic seminars to ensure broad coverage of professional competency domains. Generalist track interns will also participate in a weekly Thursday morning didactics at the Wisconsin Psychiatric Institute and Clinics (WisPIC), which houses its own APA accredited psychology internship program. Geriatric and PC-MHI track interns participate in a Friday afternoon didactics that is part of the hospital’s Inter-professional Education Program (IEP).

**Research Training Experiences**
Research training is an important part of our training program’s scientist-practitioner model. Interns are provided with research training experiences that will enhance their ability to apply scientific knowledge to the clinical setting, and to produce or contribute to clinically relevant research. Interns are given 4 hours per week of research time. Interns are expected to be involved with a staff clinician investigator, who will serve as the intern’s research mentor. The research mentor will work with the intern for the 12-month training year to develop and execute an individualized research plan that makes use of
existing data sets, existing data collection opportunities, or program development type activities. Mentors and research projects will be matched based on the intern’s background and training, interests, and career goals. As part of graduation, interns present a summary of their research experience during a psychology didactic meeting at the end of the year.

**Requirements for Completion**

Our goal is to produce graduates who are prepared to assume different roles as professional psychologists, including but not limited to full-time clinicians, applied clinical researchers, and academic research faculty. The training goals stated above describe the competencies that we feel are essential to achieve this overarching goal. When the training year begins interns complete baseline self-evaluations, which correspond to our training goals. The level of competence displayed will contribute to the intern’s subsequent training goals, and plans for the year. Interns are formally evaluated at quarterly timepoints, which allow mid and end rotation evaluations. Evaluations are discussed with interns, and may be modified by mutual agreement before being placed in the training files. Interns are also asked to formally evaluate their supervisors and rotation experiences at the end of each 6-month rotation. Additionally, interns evaluate the training program as a whole at the end of the training year.

Consistent with APA Guidelines and Principles, we have identified clear minimum levels of achievement. By the end of each rotation, interns must obtain ratings of at least a “3”, “Intermediate” on all rated elements of the Quarterly Evaluation Form. At least 80% of competency objectives must be rated at the “4”, High Intermediate” level. By the end of rotation, no items in competency areas will be rated as a “2”, “Entry” level, or “1”, “Needs Remedial Work” level and the minimum level of achievement averaged within a competency domain is must reach a 3.5. In order to graduate, interns must not be found to have engaged in any significant ethical transgressions. Additional requirements are completion of 6 integrated assessments, lead a presentation in our Mental Health Service’s Journal Club meeting; presentation of a case study in group supervision; and a presentation of the intern’s completed research or performance improvement project at the end of the year. More detailed information about completion requirements is available upon request.

**Due Process:** All trainees are afforded the right to due process in matters of problematic behavior and grievances. A due process document is distributed and reviewed with every intern during orientation. A copy of our due process policy is available upon request.

**Privacy policy:** We collect no personal information from you when you visit our web site.

**Self-Disclosure:** We do not require interns to disclose personal information to their clinical supervisors except in cases where personal issues may be adversely affecting an intern’s performance and such information is necessary to address these difficulties.
Training Experiences: Below is a list of all rotations that are currently available and may change pending supervisor availability. As described in the Program Structure Section, interns play a large role in structuring their training schedule. One way of doing so is through providing a rank ordered list of elective rotation interests. Each rotation described below may be available as an elective. The specific training program requested by an intern must involve the approval of the Psychology Training Committee.

Rotation Descriptions:

Mental Health Clinic (MHC) is an outpatient mental health clinic that provides a full range of mental health services including individual therapy, group therapy, assessment, case management, medication management, and couples counseling. Interns conduct comprehensive intakes and participate in an interdisciplinary team environment, which includes social workers, pharmacists, psychiatrists and nurses. Interns will conduct individual therapy and group therapy to address a variety of mental health diagnoses. Evidence-based treatment approaches (e.g., cognitive behavioral therapy, interpersonal therapy, acceptance and commitment therapy, and behavioral activation) are the focus of this training, with particular emphasis on cognitive behavioral interventions for anxiety, insomnia, and mood disorders (e.g., ERP for OCD, CBT for Depression, CBT for insomnia). Case assignment will be determined by supervisor expertise, trainee experiences, and training needs. Provision of care to rural areas is available via our well-developed tele-mental health (TMH) system, which effectively connects therapists at the Madison VA to various community-based outpatient clinics in rural areas.

PTSD Clinical Team (PCT) provides outpatient treatment to Veterans with PTSD. The PCT treats Veterans with PTSD regardless of whether the trauma originated during military service (e.g., combat, sexual trauma) or prior to service (e.g., childhood abuse). Interns will receive didactic training in Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) therapy, and then carry a caseload of several Veterans while they continue to gain proficiency in providing these treatments. Interns may also have the opportunity to learn a number of other treatments for PTSD such as Anger Management, Behavioral Activation, and Conjoint Cognitive Behavioral Therapy for PTSD. Interns participate in a weekly, one-hour PCT team meeting which includes professionals from Social Work, Pharmacy, Psychiatry, and Nursing. Individual therapy will be delivered in person or via tele-mental health (TMH).

Addictive and Substance Use Disorders Treatment Programs (ADTP) is an interdisciplinary program that serves Veterans who present with Substance Use Disorders (SUD), and who often carry a co-occurring mental health disorder diagnosis. Veterans in this program receive case management, pharmacotherapy, and evidence-based individual and group therapies, including Cognitive-Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), Cognitive Processing Therapy (CPT), Anger Management, Seeking Safety, 12-Step Facilitation and Relapse Prevention. Behavioral Couples Therapy (BCT), family counseling, and cognitive remediation therapy are also available as needed. The clinic offers both outpatient and residential care (i.e. the Substance Abuse Residential Rehabilitation Treatment Program, SARRTP). The ADTP team meets
weekly to review residents and outpatients. Team meetings are attended by professionals from nursing, pharmacy, addiction psychiatry, family medicine, social workers who specialize in addiction treatment, compensated work therapy (CWT), veteran’s justice outreach (VJO), the homeless program, and suicide prevention. During this rotation interns also may have the opportunity to supervise practicum students.

**Geriatric Research, Education and Clinical Center (GRECC) Memory Assessment Clinic (MAC)** evaluates Veterans referred from surrounding counties with various cognitive disorders. Veterans undergo an extensive neuropsychological, medical, and psychiatric evaluation to assess their cognitive functioning. Special attention is given to the evaluation of potential effects of comorbidities and medications on cognitive function, and overall functional capacity. Team meetings include professionals from psychology, medicine, social work, and nursing. Interns in this rotation will conduct neuropsychological evaluations and chart reviews, and write clinical reports which include assessment results, case formulation, and treatment recommendations. Assessment presentations are delivered in an interdisciplinary diagnostic conference. In addition to clinical experiences, opportunities for supervision of practicum students are often available.

**Geriatric Research, Education and Clinical Center (GRECC) CONNECT** is a telemedicine program that evaluates geriatric Veterans referred from community-based outpatient clinics (CBOCs) located in rural counties in Wisconsin and Illinois. Interns in this rotation work within an interdisciplinary team including neuropsychology, social work, pharmacy, geriatrics, and psychiatry. Interns work under the supervision of the GRECC Connect neuropsychologist to conduct weekly tele-neuropsychological assessments with Veterans with cognitive symptoms and geriatric syndromes. Specific duties include conducting a chart review, clinical interview, standard brief dementia-focused cognitive testing, writing neuropsychological reports, and presenting cases at weekly interdisciplinary team meetings.

**Primary Care - Mental Health Integration (PC-MHI)** Interns provide co-located, collaborative, biopsychosocially-informed consultation, assessment, intervention, and care management services within Primary Care’s “Patient Aligned Care Team” (PACT). Primary Care clinic sites include the 2 main clinics in Madison (Central Hospital and West Annex), the large CBOC in Rockford, and the 4 mid-sized CBOCs in Beaver Dam, Baraboo, Freeport, and Janesville (accessible via Telemental Health). All Madison VA primary care patients, including those served at rural CBOC sites, have access to the PC-MHI program at the Madison VA. Interns participating in this rotation will work on-site at the West Clinic and will be responsible for transporting themselves between the West Clinic and the main hospital building (3 miles, 10 minute car ride).

A core objective of the PC-MHI rotation is to develop a maturing professional identity and sense of self as “psychologist”, including awareness of roles and responsibilities in team-based care. Among other objectives, interns are expected to achieve competence in the provision of evidence-based practices (e.g., behavioral activation, cognitive-behavioral therapy, motivational interviewing, problem solving treatment). Interns may
complete initial assessments, care management contacts, PC-MHI therapies, and quality improvement projects. Group services are offered, as well.

The PC-MHI track intern participates fully in the Inter-professional Education Program (IEP) in Primary Care. The IEP consists of interprofessional learners from various backgrounds (psychiatry residents, pharmacy residents, social work interns). It has earned status as a “Strong Practice Program” by the VA’s Office of Mental Health Services (OMHO). EP’s mission is “to create professionals who work effectively in a collaborative, inter-professional team, delivering patient-centered, evidence-based primary care mental health/behavioral health services with a population health focus.” The PC-MHI track intern will participate in IEP seminars in place of the WisPIC didactics. IEP seminar topics are rather diverse, but they focus on mental health/behavioral health in primary care, training in motivational interviewing (with personalized feedback and coaching), and interprofessional communication skills. To fulfill the internship research component, the PC-MHI track intern will complete a quality improvement project that is relevant to PC-MHI. Last, the PC-MHI rotation is available to Generalist- and Geriatric-track interns as a 10-hour/week, 6-month elective clinical training experience.

**Home-Based Primary Care (HBPC)** provides comprehensive primary and mental health care in the homes of Veterans who qualify for this home-based program. Most patients are geriatric and have complex, chronic medical issues, and many have dementia and/or a significant psychiatric disability. Presenting patient problems include depression and anxiety, coping with chronic illness, motivation/adherence issues, caregiver stress, and dementia-related behavioral problems. A large interdisciplinary team, which includes primary care providers, nurses, a dietitian, social work, pharmacy and physical and occupational therapists, serves patients via home visits and telephone-based contacts. Psychologist responsibilities include psychiatric and cognitive assessments, including assessments of medical decision-making and financial capacity; psychotherapeutic interventions with patients and caregivers; trainings for facility staff and the medical team; staff consultation; and team development activities. Interns initially accompany the supervisor in a government vehicle to the Veteran’s home to conduct assessments and interventions. As skills progress, interns make independent visits to Veterans’ homes using government vehicles, with the supervisor available by phone. The team serves Veterans within a 40-mile radius of the VA Hospital, so generally only two or three home visits will be possible within a day.

**Community Living Center (CLC)** is a 26-bed sub-acute transitional care unit providing skilled nursing care, rehabilitation services, and hospice care for Veterans. Typical length of stay ranges from one to four weeks, but can be longer. The psychologist works closely with a large interdisciplinary team including primary care providers, nurses, physical and occupational therapists, a dietitian, recreation therapy, social work, and pharmacy, and coordinates with outpatient mental health services as appropriate. Psychologist services are typically provided bedside, and include psychiatric and cognitive assessments, including assessments of medical decision-making capacity; brief psychotherapeutic interventions with patients and caregivers; and staff consultation.
and training. Veterans are referred to psychology for concerns such as depression and anxiety, coping with acute and chronic illness, pain management, treatment adherence and motivation problems, caregiver/family stress, and end-of-life issues. The psychologist utilizes standardized assessment instruments and evidence-based therapy techniques. There are also numerous opportunities for program development within the CLC. Interns work closely with the supervising psychologist as they develop assessment, intervention, and consultation skills.

**Neuropsychology Clinic** rotation offers interns the opportunity to gain exposure to the specialty of neuropsychology in a medical center setting. Interns learn assessment skills (e.g., selection of an appropriate test battery, symptom validity testing) and how to identify the sequelae of various neurological disease processes, including dementias, Parkinson’s disease, substance abuse, TBI, and epilepsy. Instead of using a fixed battery approach, a flexible multi-test process is employed to assess cognitive functioning. Interns learn how to administer and score multiple procedures, interpret data, prepare concise well-written reports, and how to provide consultation to medicine, neurology, and psychiatry. Given interns varying levels of experience with neuropsychology and the neurosciences, a structured apprentice-training model is used. The intern is first “walked through” the consultation process, but this structured modeling is faded as the intern becomes more comfortable with the process. Interns with strong neuropsychology interests might also benefit from involvement in the GRECC and MAC (described above) which provides additional neuropsychological training.

**Health Psychology** rotation provides interns with a variety of training opportunities for chronic pain assessment, palliative care, and pre-surgical mental health evaluations. As a transplant center in VA’s National Transplant Program, interns frequently work with Veterans who are in need of life-saving transplants (heart, liver, and lung). Interns also partner with the MOVE Program and Jesse Brown VA surgery team to conduct psychosocial evaluations of Veterans seeking bariatric surgery. Additionally, interns in this elective rotation may provide psychotherapy services to Veterans who are adjusting to illness, experiencing depression/anxiety in response to co-occurring medical conditions, and managing complex treatment side effects.

**Training Staff**

Director of Training:  
**James Lickel, Ph.D., Director of Training; Local Evidence-Based Psychotherapy Coordinator; Mental Health Clinic**

Clinical Psychology (2010, University of Wyoming)  
*Primary clinical and research interests and expertise:* Evidence-based treatment of anxiety and mood disorders; CBT for Insomnia; Exposure therapy; Interoceptive exposure; Critique of the brain disease model of psychological disorders; Evaluation of outcomes of evidence-based psychotherapy.  
*University appointment:* Clinical Adjunct Assistant Professor, Department of Psychiatry, University of Wisconsin School of Medicine and Public Health  
*Supervisor:* MHC
Faculty and Affiliated Staff:

**Amanda Bohlig, Ph.D., Health Psychology**  
Counseling Psychology (2013, University of Wisconsin-Madison)  
*Primary clinical and research interests and expertise:* Palliative care; End-of-life processes; Rehabilitation; Interdisciplinary team consultation; Couples and family issues in the context of serious illness; PTSD; Supervision; Multicultural competence; Third-wave behavioral approaches to treatment  
*Supervisor:* Health Psychology

**Teresa M. Chamoro, Psy.D., Primary Care – Mental Health Integration**  
Clinical Psychology (2016, Carlos Albizu University)  
*Primary clinical and research interests and expertise:* Health psychology; Integrated care; motivational factors in preventative health behaviors; psychological factors associated with the development and maintenance of chronic pain conditions; individual psychotherapy with persons with neurological deficits, and neuropsychological assessment of medical patients.  
*Supervisor:* Primary Care – Mental Health Integration

**Lindsay Clark, Ph.D., Neuropsychology**  
Licensed clinical neuropsychologist (2014, San Diego State University/University of California San Diego)  
*Primary clinical and research interests and expertise:* Evaluation of cognitive disorders in older adults; Early detection of cognitive symptoms and Alzheimer's disease pathology using neuroimaging and fluid-based biomarkers; Relationships among modifiable vascular risk factors and cognitive decline  
*University appointment:* Assistant Professor, CHS Track, Department of Medicine, Division of Geriatrics, University of Wisconsin School of Medicine and Public Health  
*Supervisor:* GRECC CONNECT

**Jessica Cook, Ph.D., Research Psychologist, PTSD Clinical Team**  
Clinical Psychology (2004, University of Illinois-Chicago)  
*Primary clinical and research interests and expertise:* Provision of empirically supported treatments to veterans with PTSD; conduct research examining the comorbidity between PTSD and nicotine dependence among Veterans  
*University appointment:* Assistant Professor, UW School of Medicine and Public Health  
*Supervisor:* Research Training

**Jessica Engle, Ph.D., PTSD/SUD Specialist, Addictive Disorders Treatment Team & PTSD Clinical Team**  
Clinical Psychology (2017, University of Nevada-Reno)  
*Primary clinical and research interests and expertise:* PTSD; Substance Use Disorders; Acceptance and Commitment Therapy; Dialectical Behavior Therapy; Evidence-informed practices in the treatment of comorbid and complex conditions; Functional contextualism
Alex Faris, Ph.D., Primary Care – Mental Health Integration, Health Behavior Coordinator
Clinical Psychology (2005, University of Arkansas)
Primary interests and expertise: chronic pain; health promotion and disease prevention; motivational interviewing; primary care behavioral health; quality improvement.
Appointment: Clinical Adjunct Assistant Professor, Department of Psychiatry, University of Wisconsin School of Medicine and Public Health
Supervisor: PC-MHI

Carey Gleason, Ph.D., Geriatric Research, Education and Clinical Center
Clinical Psychology (1998, California School of Professional Psychology-Fresno)
Primary clinical and research interests and expertise: Neuropsychology; geropsychology; Alzheimer’s Disease; cognitive aging; dementia diagnostics; NIH funding early detection of memory disorders.
University appointment: Assistant Professor, Department of Medicine, Division of Geriatrics, University of Wisconsin
Supervisor: GRECC

Megan Golla, Psy.D., Neuropsychology
Clinical Psychology (2014, The Chicago School of Professional Psychology)
Primary clinic and research interests and expertise: Acquired and traumatic brain injury with a special interest in concussion and iatrogenic effects; cognitive rehabilitation; seizure disorders and Intracarotid Sodium Amobarbital Testing/Wada Testing; neuropsychological and neuroimaging correlates of medical and psychological conditions; performance and symptom validity assessment; correlating neuropsych test data with other outcome measures; exploration of supplemental recognition measures for the RBANS; and, improving efficiency of cognitive testing and diagnostic accuracy for patients with limited testing stamina.
Supervisor: Neuropsychology

Belinda Gutierrez, Ph.D., PTSD Clinical Team
Counseling Psychology (2013, University of Wisconsin-Madison)
Primary clinical and research interests and expertise: Evidence-based treatment of post-traumatic stress; Treatment of PTSD in women and military sexual trauma survivors; Positive psychology; Implicit Bias; Multicultural competency; Biofeedback and the use of computer technology in psychotherapy; Evaluation of outcomes of evidence-based psychotherapy.
University appointment: Clinical Adjunct Assistant Professor, Department of Psychiatry, University of Wisconsin School of Medicine and Public Health
Supervisor: PCT, MHC
Laura Hancock, Ph.D., Neuropsychology
Clinical Health Psychology (2013, University of Missouri-Kansas City)
*Primary clinical and research interests and expertise:* Multiple sclerosis and demyelinating diseases; Cognitive outcomes measurement; Wada test (intracarotid sodium amobarbital procedure).
*University appointment:* Assistant Professor, Department of Neurology, University of Wisconsin School of Medicine and Public Health
*Supervisor:* Neuropsychology

Valerie Maine, Psy D., Mental Health Clinic, PTSD Clinical Team
Clinical Psychology (2013, Antioch University New England)
*Primary clinical and research interests and expertise:* Evidence-based treatments for PTSD; Behavioral Activation therapy as a treatment for PTSD; smoking cessation in veteran’s with PTSD; post-deployment adjustment in couples; education and supervision of trainees.
*Supervisor:* PCT, MHC

Michael Messina, Ph.D., Psychology Executive, PCT Program Manager; Clinical Psychology (2008, Rosalind Franklin University of Medicine & Science)
*Primary clinical and research interests and expertise:* Assessment and treatment of PTSD using evidence-based practices; evaluation of evidence-based therapy outcomes for trauma focused therapies; Providing education and supervision to psychology and psychiatry trainees in psychological constructs, theory, and evidence-based psychotherapies for mood and anxiety disorders.
*University appointment:* Clinical Adjunct Assistant Professor, Department of Psychiatry, University of Wisconsin School of Medicine and Public Health
*Supervisor:* PCT

Heidi Sigmund, Psy.D., PTSD Clinical Team
Clinical Psychology (2003, Nova Southeastern University)
*Primary clinical and research interests and expertise:* Etiology and treatment of PTSD; health psychology, mindfulness practices; education and supervision of psychology trainees; certified provider of Prolonged Exposure and Cognitive Processing Therapy; Certified regional CPT trainer.
*Supervisor:* PCT

Vonnie Sisaulyhoat, Ph.D., Home-Based Primary Care; Community Living Center
Clinical Psychology (2004, CA School of Professional Psychology at Alliant University)
*Primary clinical and research interests and expertise:* Geriatrics; Dementia; Depression and anxiety in older adults; coping with chronic disease; immigrant acculturation and adjustment; psychotherapy process and outcome.
*University appointments:* Clinical Adjunct Assistant Professor, Department of Psychiatry, University of Wisconsin School of Medicine and Public Health
*Supervisor:* CLC, HBPC
Julianna Ward, Ph.D., Neuropsychology
Clinical Psychology (1999, California School of Professional Psychology-Fresno)
Primary clinic and research interests and expertise: Neuropsychological disorders involving the basal ganglia, including movement disorder, systemic lupus erythematosus (SLE) and schizophrenia; frontal-subcortical circuitry and implicit learning and memory; implicit learning and memory (i.e., procedural knowledge) and adaptive functioning; epilepsy and cognition; and, neuropsychological and neuroimaging correlates of dementing illnesses.
Supervisor: Neuropsychology
**Local Information**

The William S. Middleton Memorial Veterans Hospital in Madison, Wisconsin (Madison VA) is a primary and tertiary care facility with a close affiliation with the University of Wisconsin (UW) Medical School. The hospital also oversees six community-based outpatient clinics located in the surrounding area. The facility is part of the Veteran's Integrated Service Network (VISN) 12. The hospital is centrally located in Madison and adjoins the University of Wisconsin Hospital and Clinics.

Madison, located in south-central Wisconsin is a vibrant growing community of approximately 258,000 people (about 654,000 in the surrounding metropolitan area). Madison is home to the state capital and the University of Wisconsin-Madison. The center of the city is located on an isthmus between lakes Mendota and Monona. It is routinely ranked by publications as one of the best places to live in the United States and offers a diverse array of cultural, educational, and recreational activities. Madison ranks as one of only 5 platinum level bike cities in the US.