

Psychology Doctoral Internship Program

Updated for 2021-2022 class recruitment



Attn: James Lickel, Ph.D.
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(608) 256-1901 ext. 17528
[Madison VA Psychology Internship Website](#)

Applications Due: November 1st, 2020
Start Date: August 16th, 2021
End Date: August 12th, 2022

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
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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 Admissions, Support, and Initial Placement Data Date Program Tables are updated: 7/27/2020

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. If COVID-19 related disruptions, prevented attainment of hour consistent with the below minimums, you may apply. Please describe in your cover letter why you do not have the minimum training hours required below. Applicants will be considered on a case-by-case basis.

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:

Total Direct Contact Intervention Hours	Yes	250 hours
Total Direct Contact Assessment Hours	Yes	50 hours

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

Annual Stipend/Salary for Full-time Interns	\$26,234
Annual Stipend/Salary for Half-time Interns	N/A

Program provides access to medical insurance for intern?	Yes
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If access to medical insurance is provided: Trainee contribution to cost required?	Yes
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Coverage of family member(s) available?	Yes
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Coverage of legally married partner available?	Yes
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Coverage of domestic partner available?	No
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Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104
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Hours of Annual Paid Sick Leave	104
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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
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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

2016-2019

Total # of interns who were in the 3 previous cohorts	15	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	0	
	PD	EP
Community mental health center	1	0
Federally qualified health center	1	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	4	1
Military health center	0	0
Academic health center	6	0
Other medical center or hospital	0	0
Psychiatric hospital	2	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	0
Not currently employed	0	0
Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: "PD" = Post-doctoral residency position; "EP" = Employed position.

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.

COVID-19 Related Training Adjustments (as of 7/29/20)

Psychology Interns are valuable members of our psychology discipline and contribute meaningfully to the care of our Veterans. Interns and all mental health staff were considered "essential workers" during a Wisconsin state-wide shelter-in-place order in the spring of 2020. Our Mental Health Service Line has been responsive to safety needs of both patients and staff/trainees. During the 2019-2020 training year, Interns moved all clinical contacts to virtual modality at the start of the COVID-19 pandemic and subsequently were provided allowances for telework from their homes, if preferred. Supervision has been provided via remote modalities as most all psychology staff were moved to telework status. If an in-person visit is needed, social distancing is practiced when possible, and intern and staff are provided with proper protective equipment. At

present, all staff and patients are screened prior to entering the hospital and all staff and patients are required to wear face coverings when not in an individual office. Allowances for telework are based on an evaluation of the relative risk/benefit for both patients and staff. Prior to authorization for telework, all psychology trainees will require a period of assessment of readiness for telework. When reporting on-site, every effort will be made to provide trainees with an individual work space consistent with hospital social distancing recommendations. More information about the our hospital and training program's COVID-19 response can be provided upon request. It is the training program's mission to continue to provide comprehensive training experiences while balancing patient and staff/trainee safety. As this is an ever evolving situation, the description above may not represent training program adjustments at the time of the 2021-2022 training year.

Importance of Diversity

Our training program celebrates individual differences and diversity. We place a high value on attracting a diverse group of trainees and on emphasizing the importance of psychology's role in combatting systemic oppression and promoting social justice. Throughout the training year, we include a focus on individual and cultural diversity across our training opportunities and support interns in their growth as multiculturally competent practitioners. In particular, group supervision and scheduled didactic trainings offer a context for exploring provider and Veteran identities, understanding clinical relationships as multicultural encounters, and considering the role of broader systems in shaping individual experiences of privilege and oppression. Supervising staff are encouraged to attend a monthly diversity and inclusion-focused supervisor consultation meeting. Our psychology discipline has developed a Psychology Diversity Committee that provides review and input into the internship's overall diversity training plan. Additionally, the Psychology Diversity Committee is represented in the hiring process within psychology to promote the recruitment and retainment of diverse staff.

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, gender identities, disabilities, socioeconomic backgrounds, and life experiences. We engage in targeted recruitment through groups who represent themselves as championing the promotion of diversity in psychology. We strongly encourage applications from individuals 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 gender identity; 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 of 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 Demonstrate knowledge of theories of supervision and development of identity as a supervisor.
9. Demonstrate Professional Values, Attitudes, and Behavior
Interns will form 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 6 month rotations in the Mental Health Clinic (MHC), Posttraumatic Stress Disorder Clinical Team (PCT), and the Addictive Disorders Treatment Program (ADTP). During each 6-month training period Interns will have the opportunity to participate in 1-2 elective rotations or, if appropriate, increase dedicated hours to a required rotation. Ordering required and elective 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

<u>1st 6 Months</u> Mental Health Clinic (10 hours) PTSD Clinical Team (10 hours) Elective (10 hours)	<u>2nd 6 Months</u> Addictive Disorders Treatment Team (10 hours) Elective (10 hours) Elective (10 hours)
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Rotation Schedule – Geriatric Track

<u>1st 6 Months</u> GRECC (10 hours) HBPC (10 hours) Elective (10 hours)	<u>2nd 6 Months</u> GRECC (10 hours) CLC (10 hours) Mental Health Clinic (10 hours)
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Rotation Schedule – Primary Care – Mental Health Integration Track

<u>1st 6 Months</u> PC-MHI (20 hours) Mental Health Clinic (10 hours)	<u>2nd 6 Months</u> PC-MHI (20 hours) Elective (10 hours)
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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, a twice monthly assessment focused group supervision, 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 \$26,234. 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 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. 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. A twice monthly assessment group supervision supports development of assessment competencies and a place to workshop current assessments. Interns will participate in a weekly seminar series that provides broad coverage of professional competency domains. Periodically the seminar series will include interactions and learning experiences within an interprofessional training setting. During the interprofessional break-out trainings, psychology interns will practice collaborative assessment and treatment planning alongside related disciplines (e.g., clinical pharmacy, psychiatry, and social work).

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 on 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 ACT for PTSD and Conjoint Cognitive Behavioral Therapy for PTSD. Interns participate in a weekly, one-hour PCT staff meeting which includes professionals from Psychology and Social Work. 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 (OMHS). 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.

Behavioral Sleep Clinic (BSC) rotation focuses on training in behaviorally oriented intervention for disrupted sleep. The 2021-22 training year may be the first year of offering BSC training opportunities and at this point should be considered a possible training rotation. The BSC provides CBT-I for patients with insomnia and medical or mental health comorbidity. Other common behavioral sleep services provided include CPAP desensitization, CBT for nightmares, and behavioral therapy for circadian rhythm disorders.

Training Staff

Director of Training:

**James Lickel, Ph.D., Director of Training; Behavioral Sleep Clinic Coordinator;
Mental Health Clinic** (pronouns he/him/his)
Clinical Psychology (2010, University of Wyoming)

Primary clinical and research interests and expertise: Behavioral Sleep Medicine; CBT for Insomnia; Evidence-based treatment of anxiety and mood disorders; 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

Away from the hospital I spend my time with my family and enjoying the outdoors of Wisconsin. My daughter would tell you that I am obsessed with trail running and the Ice

Age Trail. I have a strong commitment to psychology training and, in particular, value my opportunity to support the development of a strong and representative psychology discipline.

Supervisor: MHC / Behavioral Sleep Clinic

Faculty and Affiliated Staff:

Amanda Bohlig, Ph.D., Health Psychology (pronouns she/her/hers)
Counseling Psychology (2013, University of Wisconsin-Madison)

Primary clinical and research interests and expertise: Palliative care; End-of-life processes; Interdisciplinary team consultation; Couples and family issues in the context of serious illness; PTSD; Supervision; Multicultural competence; Organ transplantation; Third-wave behavioral approaches to treatment

In addition to the above professional interests, I am passionate about raising my young child, spending time outside with my partner, and creative hobbies like sewing, cooking, and music. I am enthusiastic about both psychology training and improving our discipline's commitment to improving social justice and combatting white supremacy.

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., Geriatric Neuropsychology (pronouns she/her/hers)

Clinical Psychology (2014, San Diego State University/University of California San Diego)

Primary clinical and research interests and expertise: Neuropsychological assessment, expanding access to dementia diagnosis and care for older adults through teleneuropsychology, improving early detection of Alzheimer's and related dementias using biomarkers, disclosure of AD-biomarkers and dementia risk-related information to older adults

University appointment: Assistant Professor, Department of Medicine, Division of Geriatrics & Gerontology, University of Wisconsin School of Medicine & Public Health

In addition to my professional interests, I enjoy spending time with my partner and our two young boys. Outside of work, I keep busy running around my kids, hiking or going to the beach, watching science fiction shows, and reading.

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 (pronouns he/him/his)

Clinical Psychology (2005, University of Arkansas)

Primary interests and expertise: chronic pain management; health promotion and disease prevention; health systems improvement; healthcare access and engagement for underserved populations; motivational interviewing; patient-centered care; primary care behavioral health; training and supervision.

University appointment: Clinical Adjunct Assistant Professor, Department of Psychiatry, University of Wisconsin School of Medicine and Public Health

In addition to my professional interests, I greatly value quality time with my family, bicycling, live music, soccer, and traveling (near and far).

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

Lindsey Houghton, Ph.D., Mental Health Clinic & DBT Team Staff

Psychologist (pronouns she/her/hers)

Counseling Psychology (2018, University of Wisconsin-Madison)

Primary clinical and research interests and expertise: Feminist-informed evidence based practice; Cognitive Behavioral Therapy; Dialectical Behavior Therapy; Chair of Psychology Diversity Committee; Supervision and training; Multicultural competence; Third-wave behavioral approaches to treatment.

Prior to becoming a psychologist, I worked in lawn maintenance, as a teacher, a server, and at a day care center. I've driven a dump truck, a motorcycle, a moped, and a little school bus. These days I enjoy time with family, reading, running, doing nothing, and being outside, rain or shine ... or snow.

Supervisor: Mental Health Clinic & DBT Team

Valerie Maine, Psy.D., PTSD Clinical Team Coordinator (pronouns she/her/hers)

Clinical Psychology (2012, Antioch University New England)

Primary clinical and research interests and expertise: Evidence-based treatments for PTSD; Dialectical-Behavior Therapy and skills training; racial equity and access to evidence-based treatments; clinic management and operations; education and supervision of trainees.

When I am not working, you can find me running around my yard with my son, growing vegetables in my garden, pulling weeds (especially when I'm stressed!), or reading a book (I love all kinds of books, but am most well-known for my love of a good old trashy novel). I love good food and am happy to have endless conversations about restaurants. When the world permits, I love to travel. I am strongly committed to social justice and racial equity within the discipline of psychology.

Supervisor: PCT / MHC

Michael Messina, Ph.D., Assistant Chief, Mental Health Service Line and Chief of Psychology; 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 Associate Professor, Department of Psychiatry, University of Wisconsin School of Medicine and Public Health

Values, interests, and hobbies: I enjoy spending time with my wife and daughter hiking, biking, and eating at the many tasty restaurants in town. I also love to fish, boat, and read historical biographies and Stephen King novels. I value the opportunity to lead and support a fair, equitable, and rich educational and professional environment for staff and trainees to thrive in. It is important to me that our hospital and service-line promotes and sustains diversity and inclusion in all aspects and at all levels of our healthcare system.

Supervisor: PCT

Vonnie Sisauyhoat, Ph.D., Home-Based Primary Care; Community Living Center
(pronouns she/her/hers)

Clinical Psychology (2004, California School of Professional Psychology at Alliant International University)

Primary clinic and research interests and expertise: Gerontology and Geriatrics; Health Psychology; Palliative Care and End of Life Issues; Multiculturalism and Acculturation; Psychotherapy process and outcome.

University appointments: Clinical Adjunct Assistant Professor, Department of Psychiatry, University of Wisconsin-Madison School of Medicine and Public Health

Outside of the VA, I enjoy spending time outdoors cycling and hiking with my husband and two children. I also love to travel and enjoy learning about different cultures,

languages, and traditions. I am passionate about psychology training and psychology's efforts to improve social justice. I am committed to the development of psychologists with diverse identities.

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

Mary Wyman, Ph.D., Geropsychology (pronouns she/her/hers)

Clinical Psychology (2003, Indiana University)

Primary clinical and research interests and expertise: mental health assessment and treatment with older adults; assessment and behavioral management of dementia; working with family caregivers; dementia-friendly and age-friendly health care; provider training to improve skills for working with older adults

University appointment: Clinical Adjunct Associate Professor, Department of Psychiatry, University of Wisconsin School of Medicine and Public Health

When not working to improve health care for aging Veterans, I enjoy international travel and spending time outdoors with my husband, our three boys, and our dog, Badger. I am a perpetual advanced beginner in knitting, sewing, and gardening – keeping a growth mindset there! Contributing to the greater good in my local and global communities is important to me, and I seek out those opportunities. I greatly enjoy working with interdisciplinary trainees at all levels.

Supervisor: Geropsychology/GRECC Memory Clinic

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.

