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Psychology Postdoctoral Residency - The Training Setting

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The Training Setting



The Minneapolis Veterans Affairs Health Care System (MVAHCS) is an affiliated teaching facility located in the Minneapolis-St. Paul metropolitan area. As a "flagship" medical center within the VA Health Care system, the Minneapolis VA Medical Center (VAMC) provides a full range of patient care services with state-of-the-art technology, as well as education and research.

Comprehensive health care is provided through primary care, tertiary care and long-term care in areas of medicine, surgery, psychiatry, physical medicine and rehabilitation, neurology, oncology, dentistry, geriatrics and extended care. The Minneapolis VAHCS serves as one of four officially designated Polytrauma VA Medical Centers receiving and treating active-duty service members and Veterans with multiple traumatic injuries such as traumatic brain injury, blindness, and amputation sustained in the course of the current conflicts in Afghanistan and Iraq. In 2009, a \$20 million [Spinal Cord Injury/Disorder \(SCI/D\) Center](#) was opened. The 65,000-square-foot center provides acute rehabilitation, primary care and sustaining care for Veterans with spinal cord injuries and disorders. Additionally, this medical center is

one of eight in the VA system that houses a Women Veterans Comprehensive Health Center and the first VA to provide mammography for female veterans. Over 3,000 women are seen in this medical center annually. The Minneapolis VA Medical Center has a current inpatient capacity of 279 acute care and 104 extended care beds.

The Research Service located in the medical center is one of the largest and most active research programs in the VA system. Currently, there are 179 scientists and investigators conducting research projects with over \$30 million in research funding. These researchers publish hundreds of papers, abstracts and book chapters on the most cutting-edge research projects. In addition, the MVAHCS houses several research centers of excellence bringing together multidisciplinary teams of investigators. The [Center for Chronic Disease Outcomes Research](#), a VA Health Services Research & Development (HSR&D) Center of Excellence, focuses on conducting health services research intended to improve the health care of Veterans with an emphasis on post-deployment health issues such as post-traumatic stress disorder (PTSD), polytrauma and blast-related injuries, and substance use disorders. The Minneapolis [Geriatric Research, Education and Clinical Center \(GRECC\)](#) focuses on studying the aging brain with an emphasis on Alzheimer's Disease, conducting studies from basic science (molecular and cellular biology and brain functions) to clinical and health services (caregiving and the Alzheimer's patient). In collaboration with the University of Minnesota, the Brain Sciences Center focuses on using magnetoencephalography to study mechanisms underlying the brain activity across a range of areas including cognitive function, memory and learning, PTSD, alcoholism, schizophrenia, and Alzheimer's disease.



The video " [Excellence Through Learning, Discovery and Best Practices](#) " was recently produced to highlight the MVAHCS's commitment to Education, Research, and Training.

The Presence of Psychology

The MVAHCS Psychology staff currently consists of 60 doctoral psychologists, nearly all of whom hold academic appointments at the University of Minnesota and are involved in training. Each psychologist works in one or more of the specialized treatment units and acts as a member of a multidisciplinary treatment team and/or as a consultant to programs within that setting. The Psychology staff offers a diversity of interests, theories, and techniques in psychology and work in widely-varied programs with different kinds of patients. In addition, the Psychology staff embraces the scientist-practitioner model with many psychologists involved in scholarly activity and conducting cutting edge funded research as clinician investigators. We train eight interns yearly – six are in our general psychology track and two in the Neuropsychology track. There are also six postdoctoral residents, four in clinical psychology with emphases in Serious Mental Illness, Rehabilitation, and Mental Health/Primary Care and two in Clinical Neuropsychology. Four psychology technicians and three clerical positions complete the staffing.

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Clinical Psychology - Program Overview



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The postdoctoral training program at the Minneapolis VAHCS has been accredited by the Committee on Accreditation of the American Psychological Association since 2001 (the next site visit will be during the academic year 2018). The program is a member of Association of Psychology Postdoctoral and Fellowship Centers (APPIC) and abides by its policies and procedures.



Training Philosophy and Model

The philosophy of our program is grounded in the scientist-practitioner model. Our program endorses the view that good clinical practice is based on the science of psychology. In turn, the science of psychology is influenced by hands on clinical work. As a consequence, our approach to training encourages clinical practice that is evidence-based and consistent with the current state of scientific knowledge and involvement in research that advances patient care. At the same time, we hope to acknowledge the complexities of real patients and the limitations of our empirical base. We aim to produce psychologists who are capable of contributing to the profession by investigating clinically relevant questions through their own clinical research. While individual interns may ultimately develop careers that emphasize one aspect of the scientist-practitioner model more than the other, our expectation is that clinicians will practice from a scientific basis and that the work of scientists will be clinically relevant.

Generalist Training is an important foundation for professional competence. Our program is based on the view that a psychologist must be broadly competent before she or he can become a skillful specialist. We believe that residents are best trained by strengthening their generalist skills across a broad spectrum of practice and by deepening their skill set in emphasis area(s) of their choice. This is best accomplished in relationship with mentor(s) who are role models and experts in their area of emphasis and by participating in some clinical training outside of the specified emphasis areas. The training model for the postdoctoral training program at the Minneapolis VAHCS therefore has four key components: (1) combining science with practice, (2) learning through mentoring relationships with staff, (3) self-directed development, and (4) training that combines breadth with depth.

Combining science with practice can take on several forms depending upon the training goals of the resident. For residents that are more clinically focused, between 15-25% research time is provided to complete a scholarly project that is commensurate with the release time allotted. For residents who are more research or academically oriented, up

to 49% research time is provided to complete research project(s) that are commensurate with the release time allotted. Residents typically take advantage of collaborating with several of our very productive clinical researchers on staff. Regardless of focus, all residents are expected to develop a strong working knowledge of the scientific literature pertaining to assessment and intervention and all clinical activities should be guided by this knowledge base.

Mentorship is characterized by close, collegial consultation with at least one psychologist specializing in the resident's primary area of interest. Mentors will model the integration of scientific work with clinical practice, while fostering the further development of those skills in the resident. The mentor(s) also will assist the resident with becoming a self-supervisor and with taking responsibility as one of the principle designers of his/her learning.

Our training model also emphasizes **self-directed development**. In addition to developing core clinical psychological skills, which build upon the skill base attained through their pre-doctoral training and residency, we encourage greater reliance on self as the resident develops his/her professional identity as a psychologist. This includes attention to advancing development of core skills such as: assessment, treatment interventions and psychotherapy, consultation and multi-disciplinary teamwork, research and scientific inquiry, supervision and teaching, ethics, and cross-cultural and diversity sensitivity. With this approach, residents will be prepared to leave their training year well prepared to function successfully as an independent scientist-practitioner.

In addition, the residency training model also emphasizes **breadth with depth**. We expect that the postdoctoral resident will demonstrate a high degree of initiative and independence in working towards achieving his/her training goals and in meeting the complex medical and psychological needs of our veterans. Training is sufficiently broad to build on the generalized foundation of the knowledge, skills, and proficiencies that define clinical psychology, and of sufficient depth to develop more focused competence and expertise in a specific area of emphasis, chosen by the resident.

The primary **focus of the residency year is training**. Delivery of patient care is an essential vehicle through which training occurs, but is secondary to the educational mission of the residency. Toward this end, postdocs are encouraged to plan their residency experiences in a manner that maximizes their individual training goals (for example, residents help choose their own placements in order to meet their individual training needs).

Sensitivity to Diversity: Our training program is sensitive to individual differences and diversity and is predicated on the idea that psychology practice is improved when we develop a broader and more compassionate view of what it is to be human -- including human variations and differences. Our practice is improved further as we better understand the complex forces that influence a person's psychological development, including cultural, social and political factors. For these reasons, professional growth requires that the training experiences offer opportunities for trainees to expand beyond their vision of the world and learn to understand the perspective of others. When this occurs, our practice can be more responsive to the needs of individuals and less constrained by our biases. For these various reasons, the internship and residency programs place high value on attracting a diverse group of trainees and on maintaining an awareness of diversity issues during the training year.

Training Goals

Our program is organized with a general goal of producing graduates who have a broad requisite knowledge, skills, and proficiencies necessary to assume a number of different roles as professional psychologists, and a depth of experience in an area of special emphasis. We believe that graduating residents should be able to provide competent assessment and appropriate interventions, consultation and supervision in their area(s) of emphasis, as well as exhibit behavior that is consistent with professional standards. As a part of developing a healthy professional identity, residents are provided access to appropriate mentorship relationships in their area(s) of interest, and they also participate in directing their own professional development. Graduating residents possess the requisite skills to bring research and clinical literatures to bear

on their applied work, and to communicate their own scholarly endeavors and interests to other mental health practitioners. Subsumed under this overarching goal are the following training goals:

1. Residents will develop independent practitioner competence, both as generalists and in their emphasis area, in diagnosis, psychological evaluation, and assessment in adult patients presenting with diverse psychological problems and treatment needs.
2. Residents will be competent in specified psychological interventions, both as generalists and in their emphasis area, at an independent level.
3. Residents will be competent professionals in providing consultation and supervision based on principles of constructive consultative feedback, and collegial supervision based on psychological principles, to colleagues, trainees and others.
4. Residents will demonstrate professional behavior consistent with professional standards and ethical guidelines. Residents will have a mature understanding of professional ethics, as well as issues of cultural and individual diversity.

5. Residents will develop a maturing professional identity, self-directed and built upon the basis of advanced clinical knowledge and skills. Graduating residents are prepared to function successfully as an independent scholar/practitioner appropriate for entry into the profession. They are expected to be aware of their continuing developmental professional goals (including in area of specialization) and areas needing further development, and to possess realistic career plans as evidenced by vocational or training choices to be pursued upon completion of the program.
6. Residents will be skilled in the interface between science and practice, by applying scientific knowledge to the local clinical setting, being educated consumers of empirical research, and having exposure to empirically validated treatments. Residents are expected to think critically, to evaluate the findings of research-based knowledge within the context of a broad base of practical experiences, and to engage in scholarly productivity resulting in a submission for a local or national presentation or submission of their work for publication.

Areas of Emphasis

This one-year (2080-hour) residency in clinical psychology allows trainees to choose an areas of emphasis areas including Primary Care/Health Psychology, Trauma, and Serious Mental Disorders. (We also have a specialty postdoctoral program with independent accreditation in [Clinical Neuropsychology](#)). Specific goals and objectives if the Clinical Psychology include the following:

Primary Care-Mental Health Integration (PCMHI)/Health: Trainees in this setting function as interdisciplinary team members within primary care to assist the primary care providers in managing the overall health of their enrolled population. As such, trainees will work closely with one or more Patient Aligned Care Teams (PACT). Goals of this integrated, biopsychosocial model of care include increased accessibility to mental health services and consultation for all patients and primary care staff, early identification and intervention (individual and group) for a broad range of mental health problems, and elimination of common barriers to mental health care. The trainees' role within this model is to provide immediate, onsite consultation via an on-call cell phone (one day per week), targeted assessment and evaluation, clinical triage, and brief, solution focused treatment utilizing evidence-based modalities targeted toward improved health and quality of life. Continued communication with the primary care provider regarding the patient's progress and treatment plan is a hallmark of this model. As part of orientation to PCMHI, trainees will complete at least one week of co-located collaborative clinical work with Dr. Olson and Dr. Possis who serve in the largest primary clinic at the Minneapolis VA. Trainees will encounter a wide range of presenting problems to include depression, anxiety, PTSD, substance use problems, insomnia, chronic/terminal medical illness, interpersonal problems, chronic pain, adjustment problems, and somatic concerns. Trainees may have the opportunity to provide specialty evaluations (e.g. pre-transplant, bariatric, urology, chronic pain) and services aimed at managing chronic diseases (e.g. diabetes) and health interfering behaviors such as obesity and smoking. Further, there will likely be opportunities to gain experience working with complex chronic medical problems requiring an interdisciplinary, coordinated biopsychosocial approach to care. Trainees may also have the opportunity to provide services in the Women's Clinic, OEF/OIF Post-Deployment Clinic, and/or via Telemedicine. Training in the Women's Clinic, as part of Mental Health Primary Care Integration rotation, will likely include work with women who have experienced trauma and may include an opportunity to provide trauma-focused therapies including PE and CPT for women with sexual trauma or domestic abuse. In addition, there are optional opportunities to gain experience in addressing psychological problems related to women's health issues such as gynecological disorders, breast cancer, and menopause. Trainees in the Post-Deployment Clinic will likely work with veterans who have experienced combat exposure and are currently in the process of reintegrating back into civilian culture. Interns will have the opportunity to provide trauma-focused therapies including brief forms of PE and CPT for trauma-related symptoms as well as short-term, problem-focused therapies for a wide range of mental health issues. Those interested in Telemedicine can expect to work with veterans through videoconferencing technologies to deliver a wide range of individual and/or group treatments to those veterans receiving his or her primary care through a Community Based Outpatient Clinic (CBOC). Trainees will also be involved in scholarly work throughout the year. They will have the opportunity to collaborate with a project mentor to identify a year-long project, complete with proposed timeline and professional goal(s) for presenting the findings. Ideally this process would begin with the project mentor prior to the start of the training year after acceptance of the position. Research and program development/evaluation opportunities exist within the mental health, primary care, and specialty medicine service lines.

Available resident mentors/supervisors: Drs. Billig (ABPP), Grace, Helbok (ABPP), Mallen, Olson (ABPP), Possis, VanEgeren, and Skroch.

Rehabilitation Psychology: This rotation takes place within the Extended Care and Rehab Patient Service Line. A resident's training experience will include 3 four-month rotations, including required rotations in 1) inpatient traumatic brain injury/polytrauma and 2) spinal cord injury/disorder, plus a third rotation choice to be determined in consultation with the primary mentor; options include polytrauma transitional rehabilitation, stroke, amputation, pain, and/or complex medical care on the Hospice and Palliative Care or Community Living Center units. A significant portion of resident's training will take place within the TBI/Polytrauma program as the Minneapolis VAHCS has the distinction of being one of the nation's 5 designated Polytrauma Rehabilitation Centers (PRC). PRCs are specialized rehabilitation centers that care for active duty soldiers and veterans with multi-systemic injuries, including traumatic brain injury

(TBI), pain, PTSD and other mental health disorders, and complex medical issues. The Spinal Cord Injury and Disorder (SCI/D) Center was opened in 2009 and has state-of-the art equipment and care for veterans and active duty soldiers with spinal cord injuries and related conditions, such as multiple sclerosis and amyotrophic lateral sclerosis. Rehabilitation psychology residents function as full members of the interdisciplinary treatment team, which consists of psychiatrists, occupational therapists, physical therapists, recreation therapists, speech therapists, neuropsychologists, psychologists, social workers, rehabilitation nurses, vision specialists, and vocational rehabilitation specialists. Within each rotation, residents will be expected to attend interdisciplinary team rounds and consult with staff on the team, carry a caseload consisting of inpatients and outpatients, work with family members/caregivers, and supervise graduate-level trainees. Residents will have opportunities for training and experience in neuropsychological assessment within the rehabilitation setting. In conjunction with their primary mentor, residents will develop a training plan that includes experience in rehabilitation psychology, based on Baltimore conference guidelines, and offers a range of opportunities to meet individualized training and professional goals. The rehabilitation environment is fast-paced and exciting; this residency provides ample opportunity to contribute to the evolving field of Rehabilitation Psychology. Residents who have graduated from this program have gone on to work in private and public hospital settings including VA medical centers, as well as private clinics. Our graduates' professional roles include traditional rehab psychology, neuropsychology, and general private practice.

Residents may participate in group psychotherapy, behavioral interventions, neuropsychological assessment, and vocational rehabilitation. Other opportunities include research collaboration. The Minneapolis VAHCS is a member of the TBI Model Systems program, a multi-site initiative to collect and analyze longitudinal data from individuals who have sustained a TBI. Current rehabilitation psychology staff research projects include investigation of pathophysiological and microstructural changes post-TBI (i.e., evoked related potentials, diffusion tensor imaging), assessment of impaired consciousness, prediction of rehabilitation outcomes, pain, and community reintegration.

Available resident supervisors/Mentors: Drs. Blahnik, Collins, Howard, Johnsen-Buss, Kellerman, Kennedy, King, Krause, Lamberty (ABPP), Petska, Sim (ABPP), and Townsend.

Serious Mental Disorders Emphasis: The Serious Mental Illness (SMI) team is an interprofessional team that provides specialty mental health care to approximately 800 veterans with serious mental illness (SMI), such as Schizophrenia, Schizoaffective Disorder, and Bipolar Affective Disorder, although veterans with other diagnoses are also treated. The team consults throughout the facility and offers services to veterans from other mental health teams. The SMI team's approach is client-centered with an emphasis on recovery-based interventions, providing a full range of coordinated mental health services for veterans and their family members. Our primary aim is to promote the individual's recovery, measured not only as a reduction in symptoms but also as improved functioning and life satisfaction. The Minneapolis VAHCS is a member of the United States Psychiatric Rehabilitation Association (USPRA), a driving force behind the practice of psychosocial and psychiatric rehabilitation. Several team members have obtained their credentials as a Certified Psychiatric Rehabilitation Practitioner (CPRP) and promote the application of clinical practices that are consistent with recovery principles. Treatment planning is completed in a collaborative manner, incorporating input from providers as well as consultation with the veteran and family regarding personal goals, preferences, values, and cultural considerations. It is not uncommon for providers from different disciplines to co-facilitate groups, hold joint meetings with clients to coordinate care, and consult with primary or specialty care. Psychologists on the SMI team work from a variety of approaches and orientations, including Cognitive-Behavioral, Psychodynamic, Behavioral, Acceptance and Commitment, and Motivational Interviewing. Residents can gain experience with these theoretical orientations through individual therapy supervision with one or multiple team psychologists. Across theoretical orientations, recovery-based approaches are emphasized. Psychology staff on the SMI team are also committed to providing clinical services that are informed by research. Residents have opportunities to become skilled with multiple evidence-based group interventions for serious mental illness, including Social Skills Training, Wellness Management and Recovery, Cognitive Behavioral Social Skills Training, and Family Psychoeducation. In addition, a variety of other psychoeducational, skills training, and support groups are offered through the SMI team. Didactic and experiential training in assessment of serious mental illness offers residents an opportunity to become proficient with psychodiagnostic, cognitive, and rehabilitation readiness assessments. Assessment training expands residents' existing knowledge base of psychopathology, personality functioning, associated cognitive functions, and factors related to vulnerability, exacerbation, relapse, and recovery from mental illness. Additional clinical responsibilities may include crisis intervention, relapse prevention, wellness management, rehabilitation skills training, community reintegration, involvement with vocational rehabilitation, administrative project(s), consultation with other clinicians, and supervision of lower-level practitioners. Collaboration with team psychologists in research may also be a part of a resident's training experiences. Presently, clinical research is focused on evaluating the efficacy of services for individuals with serious mental illness. Several interventions, including Family Psychoeducation, a cognitive-behavioral group, and cognitive skills training are the focus of ongoing investigations. A family study of schizophrenia that examines cognitive and brain-based markers of vulnerability to illness is also being conducted. Involvement in research has resulted in conference presentations and publications for past residents. Supervisors work with residents to develop an individualized training plan that provides a well-rounded experience in the treatment of serious mental illness and that is consistent with the resident's professional goals. Individual and group therapy, assessment, research, didactics, and supervision experiences are all incorporated into the training plan. While the SMI team is located in outpatient mental health, a resident's clinical training may involve experiences with the psychiatric inpatient unit, the Psychiatric Partial Hospitalization (PPH) program, the Mental Health Intensive Case Management (MHICM) program, the Supported Employment (SE) vocational rehabilitation program,

and the Psychosocial Rehabilitation and Recovery Center (PRRC).

Residents with the SMI team will have the unique opportunity to be involved in the [Interprofessional Education \(IPE\) training program](#). This is a new program housed within the SMI team offering specific educational instruction and clinical experiences that are designed to allow trainees from multiple disciplines (Nursing, Pharmacy, Psychology, and Social Work) to learn with, from, and about each other. Interactive learning methods are implemented, including seminars and discussions, observation of other clinicians, problem focused approaches, role playing, and clinical placements. This group learning facilitates the development of shared attitudes toward a model of mental illness, approaches of service provision, and values in general clinical practice. The IPE program places deliberate attention to the development and exploration of team process, not just clinical content and specific tasks to be completed. Clinical experiences are emphasized, so that trainees will see the connection between their educational experiences and ongoing clinical practice. The goal of the IPE program within the SMI team is to facilitate interprofessional collaboration (IPC) which is considered to be a key to enhancing mental health services provided to clients, families, and associated providers in the community; improving patient outcomes, cost efficiency, health care satisfaction; and training clinicians who are prepared to function in patient-centered, team-based models of mental health outpatient care. Throughout the VA, similar IPE programs are intended to increase expertise in critical areas of need, expand the recruitment pipeline of well-trained and highly qualified mental health providers, and promote the utilization of patient-centered interprofessional team-based care.

Click the following link to download a more detailed description of the [SMI postdoctoral experience](#) .

Available resident mentors on the SMI team include Drs. Hegeman, Hoffman-Konn, and Rodgers. Research mentors include Drs. Nienow and Sponheim.

Trauma Stress and PTSD Emphasis: Mental Health Team L is a multidisciplinary outpatient treatment team that specializes in the assessment and treatment of Veterans with acute and chronic trauma-related disorders stemming from all types of trauma exposure. Through clinical experience, supervision, and didactic training, residents can expect to develop a comprehensive understanding of the sequelae of trauma and treatment approaches for trauma-related disorders. Supervisors and mentors work closely with residents to develop an individualized training plan that provides a well-rounded experience in the treatment of trauma related conditions, is consistent with the resident's professional goals and is a balance between research and clinical experiences. Residents working within the clinic can expect to attain a number of diverse clinical skills including: structured clinical interviewing for PTSD and trauma related disorders, psychological testing using objective and neuropsychological techniques, psychotherapy with individuals, families, and groups, and consultation to the multidisciplinary team. Residents also have the opportunity to participate in Research with senior research staff. Several psychologists on the team have ongoing grant funded research and regularly collaborate with residents on manuscripts and conference presentations. While supervisory staff espouse a diverse array of theoretical orientations from cognitive-behavioral to family systems, and narrative, all clinical work is directly impacted and informed by knowledge and awareness of the scientific literature. Emphasis is placed on empirically supported treatments including Prolonged Exposure, Cognitive Processing Therapy, Acceptance and Commitment Therapy, and Dialectic Behavior Therapy. In addition to their clinical responsibilities, several staff members serve roles as national trainers and consultants for Cognitive Processing Therapy and Prolonged Exposure. Residents have the opportunity to fully participate in these activities and function as an active member of a multidisciplinary team.

Available resident mentors/supervisors on Mental Health Team L include Drs. Curry, Ferrier-Auerbach, Kalar, Meyers (ABPP), Stenson, Voller, and Wagner (ABPP).

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Program Overview - Clinical Neuropsychology



Philosophy & Model Training Goals

The clinical neuropsychology postdoctoral training program at the Minneapolis VAHCS was accredited by the Committee on Accreditation of the American Psychological Association in July 2011 (through academic year 2018). The program is also a member of Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) and abides by its guidelines

The Houston Conference Guidelines provide standards by which specialized training in clinical neuropsychology are established. All general programmatic guidelines are met by our program, including (1) the presence of a board certified neuropsychologist on faculty, (2) two years full-time training, (3) provision of training at formally affiliated and proximal training sites with on-site direct clinical supervision, (4) training in allied health specialties (e.g.,

behavioral neurology, psychiatry), (5) interaction with other Residents outside the immediate program, and (6) a program structure that assures that Residents spend a significant percentage of time in clinical service, clinical research and educational training that is proportional to the Residents' needs. Furthermore, our program meets all specific content areas identified in the Houston Conference Guidelines. The following is a review of exit criteria established by the Houston Conference Guidelines, with reference to program activities that accomplish those criteria.

1. Advanced skill in the neuropsychological evaluation, treatment and consultation to patients and professionals sufficient to practice on an independent basis. Residents develop advanced skills in these areas through core neuropsychology rotations as well as elective rotations requiring increasing autonomy and knowledge of special populations and/or particular syndromes. Interdisciplinary consultation is integral to virtually all of these clinical experiences. For instance, residents assist in triaging consultation requests and clarify with physicians and other referral sources specific referral questions to be addressed through neuropsychological evaluation. Residents are also encouraged to provide occasional lectures to medical trainees and residents (e.g., the assessment of mild traumatic brain injury). Formal didactics occurring throughout the two-year training period focus both on building a strong neuropsychological knowledge base, and exposing the Resident to the latest in scientific advances in our field.
2. Advanced understanding of brain-behavior relationships. Residents obtain an advanced understanding of brain-behavior relationships through clinical and didactic activities. Clinically, they receive training and close supervision in the neuropsychological evaluation of outpatients and inpatients presenting with varied neurologic injuries or other forms of brain involvement. (e.g., Neuropsychology Consults, Geriatric Research Education and Clinical Center (GRECC), Spinal Cord Injury & Disorders Center (SCI/D), Polytrauma Rehabilitation Center (PRC)). Didactic activities include regular participation in a weekly Neuropsychology Seminar, periodic brain cutting

observations through the Minneapolis VAHCS morgue, and various medical rounds (e.g., Mental Health Grand Rounds) led by staff and medical trainees. Finally, residents are encouraged to complete a neuroanatomy course to enhance their understanding of brain-behavior relationships. Residents are required to participate in scholarly activity, which might include the preparation of a scholarly paper or literature review, participation in ongoing research programs, or development of an independent, mentored scholarly project. Residents' scholarly activity receives mentorship from faculty, in line with the Residents' research focus.

3. A formal evaluation of competency in the exit criteria 1 through 3 shall occur in the residency program. Tri-yearly formal evaluations assess whether Residents are successfully progressing towards meeting the exit criteria (see Appendix H, p. 1351, for program policy on evaluation and Appendix H, p. 1297 for the Postdoc Neuropsych Residents Evaluation form). If a Resident does not progress according to minimum competencies required, a remediation plan is established with the goal of assisting the Resident to successfully achieve all required competencies (see Appendix H, p. 1358, for the program's policy on remediation).
4. Eligibility for state or provincial licensure or certification for the independent practice of psychology. Upon completion of the program, Residents are eligible for licensure to independently practice psychology in the state of Minnesota.
5. Eligibility for board certification in clinical neuropsychology by the American Board of Professional Psychology. Residents are also eligible for American Board of Professional Psychology specialty certification in clinical neuropsychology upon successful completion of the training program.

Psychology Service staff supervisors for the Neuropsychology emphasis include: Drs., Clason, Doane, Lamberty (ABPP), Lundgren (ABPP), Sim (ABPP), and Yamada

Training Philosophy and Model

The philosophy of our clinical neuropsychology training program is based on a scientist-practitioner model. Our program endorses the view that good clinical practice is based on the science of psychology. In turn, the science of psychology is influenced by the experience of working with complex patients. As a consequence, our approach to training encourages clinical practice that is evidence-based and consistent with the current state of scientific knowledge. At the same time, we acknowledge the considerable complexities of patients in this setting and the limitations of our empirical base. We aim to produce psychologists who are capable of contributing to the profession by investigating clinically relevant questions through their own clinical research. While individual residents may ultimately develop careers that emphasize one aspect of the scientist-practitioner model more than the other, our expectation is that clinicians will practice from a scientific basis and that scientists will practice with a strong and informed clinical sensibility.

Combining science with practice can take on several forms depending upon the training goals of the resident. For residents that are more clinically focused, between 15-25% research time is provided to complete a scholarly project that is commensurate with the release time allotted. For residents who are more research or academically oriented, up to 49% research time is provided to complete research project(s) that are commensurate with the release time allotted. Residents may take advantage of collaborating with several of our very productive clinical researchers on staff. A wide range of projects and content areas are available including work relating to neuropsychological and personality assessment measures, assessment of outcomes in rehabilitation programming, interventions/treatment trials with veteran populations, and several funded and ongoing projects aimed at assessment and treatment of veterans returning from ongoing conflicts. Regardless of focus, all residents are expected to develop a strong working knowledge of the scientific literature pertaining to assessment and intervention and all clinical activities should be guided by this knowledge base.

Our training model also emphasizes **self-directed development**. In addition to developing core clinical psychological skills, which build upon the skill base attained through their pre-doctoral training and residency, we encourage greater reliance on self as the resident develops his or her professional identity as a psychologist. This includes attention to advancing development of core skills such as: assessment, treatment interventions and psychotherapy, consultation and multi-disciplinary teamwork, research and scientific inquiry, supervision and teaching, ethics, and cross-cultural and diversity sensitivity. With this approach, residents will be prepared to leave their residency well-prepared to function successfully as an independent scientist practitioner.

In addition, the residency training model also **emphasizes breadth with depth**. We expect that the postdoctoral resident will demonstrate a high degree of initiative and independence in working toward achieving his or her training goals and in meeting the complex medical and psychological needs of our veterans. Training is sufficiently broad to build the generalized foundation of the knowledge, skills, and proficiencies that define clinical psychology, and of sufficient depth to develop more focused competence and expertise in a specific area of emphasis, chosen by the resident.

Sensitivity to Diversity: Our training program is sensitive to individual differences and diversity and is predicated on the idea that psychology practice is improved when we develop a broader and more compassionate view of what it is

to be human -- including human variations and differences. Our practice is improved further as we better understand the complex forces that influence a person's psychological development, including cultural, social and political factors. For these reasons, professional growth requires that the training experiences offer opportunities for trainees to expand beyond their vision of the world and learn to understand the perspective of others. When this occurs, our practice can be more responsive to the needs of individuals and less constrained by our biases. For these various reasons, the internship and residency programs place high value on attracting a diverse group of trainees and on maintaining an awareness of diversity issues during the training year. Click the following links for more information about the Psychology Multicultural and Diversity Committee ([PMDC](#)), diversity-themed didactics and [presentations](#), and [cultural/diversity opportunities in the Twin Cities](#) area. Note: These links will open up a new browser window. Close the window to return to this page.

Training Goals

Drawing from a diverse field of disciplines such as clinical psychology, behavioral neurology, and functional neuroanatomy, training in clinical neuropsychology focuses on brain-behavior relationships. A distinctive feature of neuropsychological evaluation is the assessment of brain function and dysfunction through administration and interpretation of standardized measures of cognitive ability. Neuropsychological evaluation involves the integration of data derived from multiple sources to assist in the evaluation and treatment of the functional deficits stemming from either congenital or acquired impairment of brain functions. Through didactic and experiential training, residents will gain proficiencies in various neuropsychological assessment techniques and instruments, interpretation of test results, and report-writing; selected methods of intervention for problems arising directly from and/or secondary to impaired brain function; and psychiatric and neurological diagnostic skill. Training will expand residents' existing knowledge base of neuroanatomy, neuropathology, and related neurosciences as well as focus on the further development of consultation/liason skills in a variety of patient populations. Clinical activities will include neuropsychological screening and assessment; provision of feedback to patient, family, and referral sources; participation in interdisciplinary team patient care meetings; and direct intervention utilizing neuropsychological principles, including patient and/or family psychotherapy and/or education. Residents will have the opportunity to obtain more in-depth training in such areas as the assessment and neuro-rehabilitation of traumatic brain injury through a national DoD-DVA (Department of Defense-Department of Veterans Affairs) longitudinal treatment and research program; cerebrovascular disease; geriatrics (including the Memory Disorders Clinic through GRECC); the Polytrauma and SCI/D programs; chemical dependency; and the neuropsychology of schizophrenia. Clinical opportunities are provided through the following rotations:

- The Specialty Services Neuropsychology staff members accept consultation requests hospital-wide to address such questions as the degree of cognitive impairment, potential etiological contributions, effect of mental health symptoms, and change over time. Assessments related to transplant evaluations, learning disorders, and attention deficit hyperactivity disorder also are provided, and referrals may come from Vocational Rehabilitation services.
- The Physical Medicine & Rehabilitation/Rehabilitation Psychology rotation provides residents with the experience of conducting neuropsychological assessments with both inpatient and outpatient populations, including selecting appropriate test batteries and incorporating succinct vs. more comprehensive report styles to suit each population. The vast majority of referrals include some aspect of acute or remote history of brain injury. Referrals also include patients from the Spinal Cord Injury & Disorders Center and inpatients with multi-system injuries undergoing comprehensive rehabilitation within the Polytrauma Rehabilitation Center (PRC). Residents will hone their skills in consultation services, presenting neuropsychological test findings during interdisciplinary team rounds, providing feedback to patients/family members, and utilizing neuropsychological test findings to assist with ongoing rehabilitation therapies and discharge planning. Capacity assessments are also not an uncommon part of this rotation experience.
- The Geriatric Research Education and Clinical Center (GRECC) is comprised of a multidisciplinary team of experts specialized in assessing and treating disorders associated with memory loss. Within the GRECC, neuropsychological assessment is often requested to assist with differential diagnosis between normal aging and progressive memory or cognitive difficulty. Common referral inquiries include questions of Mild Cognitive Impairment, Alzheimer's disease, Frontotemporal dementia, vascular dementia, Lewy body dementia/Pick's disease, Parkinson's disease, primary progressive aphasia and corticobasal degeneration, among others.
- The Geropsychiatry team provides neuropsychological assessment services on referral from team members to assess for cognitive impairment beyond that expected for age and mental health symptoms. Additional assistance with developing appropriate compensatory strategies and adjusting to cognitive decline also is available.
- The Serious and Persistent Mental Illness (SPMI) team primarily serves veterans with diagnoses of Schizophrenia, Schizoaffective Disorder and Bipolar Affective Disorder, although veterans with other diagnoses are also seen. Most veterans seen do experience psychotic symptoms. Evaluations include cognitive screens and full neuropsychological assessments. Most referrals for testing request information regarding an individual's strengths and weaknesses, and recommendations for how to effectively interact with and provide treatment for veterans served. Considerations include the influence of a chronic mental illness separate from and in conjunction with other

causes of brain dysfunction.

Opportunities for supervision of graduate level trainees will be available under the guidance of postdoctoral program supervisors. The resident also will participate in research and/or other scholarly academic activity related to neuropsychology either through collaboration with ongoing research programs or through independent research projects approved by the program supervisor, mentors, and training committee. This project should culminate in the submission of such work for professional presentation or publication.

Graduating residents will possess the requisite skills to bring research and clinical literatures to bear on their applied work, and to communicate their own scholarly endeavors and interests to other mental health practitioners. Subsumed under this overarching goal are the following training goals:

1. Residents will develop independent practitioner competence, both in general clinical psychology and in clinical neuropsychology, in diagnosis, psychological evaluation, and assessment in adult patients presenting with diverse psychological problems and treatment needs.
2. Residents will be competent in specified psychological interventions, both as generalists and in clinical neuropsychology, at an independent level.
3. Residents will be competent professionals in providing consultation and supervision based on principles of constructive consultative feedback, and collegial supervision based on psychological principles, to colleagues, trainees and others.
4. Residents will demonstrate professional behavior consistent with professional standards and ethical guidelines. Residents will have a mature understanding of professional ethics, as well as issues of cultural and individual diversity.
5. Residents will develop a maturing professional identity, self-directed and built upon the basis of advanced clinical knowledge and skills. Graduating Residents are prepared to function successfully as an independent scholar/practitioner appropriate for entry into the profession. They are expected to be aware of their continuing developmental professional goals (including in area of specialization) and areas needing further development, and to possess realistic career plans as evidenced by vocational or training choices to be pursued upon completion of the program.
6. Residents will be skilled in the interface between science and practice, by applying scientific knowledge to the local clinical setting, being educated consumers of empirical research, and having exposure to empirically validated treatments. Residents are expected to think critically, to evaluate the findings of research-based knowledge within the context of a broad base of practical experiences, and to engage in scholarly productivity resulting in a submission for a local or national presentation or submission of their work for publication.

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Psychology Postdoctoral Residency - Training Experiences

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Training Experiences

Seminars

Research

Administrative Experiences

Clinical Experiences (in addition to selected emphasis area)

The postdoctoral training program is designed to be flexible in order to meet each resident's individual goals for training within the selected emphasis areas. The following is a more detailed description of some of the didactic and training areas available:

Seminars

Residents select among the weekly seminars that emphasize the development of competency, knowledge, and professional identity. A number of nationally recognized figures are available for case consultation or presentations on research, assessment, interventions and professional issues. Residents take an active role in selecting training topics and consultants in concert with their supervisors/mentors. During the seminars, both residents and interns deliver at least one scholarly presentation in Mental Health Grand Rounds. Residents' presentations are expected to reflect their advanced training status. While some seminar time is shared with the interns, other seminar time is specific to the needs of the postdoctoral resident.

Opportunities are available for residents to attend and participate in other educational seminars and case conferences throughout the hospital and community.

Neuropsychology Case Conference: (Optional or required depending upon track chosen) This year-long, weekly conference involves didactics and case presentations and provides residents with the opportunity to improve their competence in interpretation of neuropsychological tests, consultation, and peer supervision. Staff, students, residents, and residents of more than one discipline often attend. Preceptors: Drs. Bares, Carter, Doane, Eidson, Lamberty (ABPP), Lundgren (ABPP), and Sim (ABPP).

Research

Research and scholarly activity are viewed as integral parts of the postdoctoral training experience. Residents may contribute to ongoing projects conducted at the Medical Center. Research can take on several forms depending upon the training goals of the resident. For residents that are more clinically focused, between 15-25% research time is provided to complete a scholarly project that is commensurate with the release time allotted. For residents who are more research or academically oriented, up to 49% research time is provided to complete research project(s) that are commensurate with the release time allotted. Since completing original data collection projects can be challenging within the confines of a 12 month training program, residents typically take advantage of collaborating with several of our very productive clinical researchers on staff. Regardless of focus, all residents are expected to develop a strong



working knowledge of the scientific literature pertaining to assessment and intervention and all clinical activities should be guided by this knowledge base. The Training Staff and Funded Research pages highlight some of the current research interests and activities of our doctoral staff. Other opportunities can be discussed with specific staff members as desired. See the [Research](#) page for more specifics and click on the following link for examples of [recent trainees' research projects](#)  .

Administrative Experience

Residents are required to obtain administrative experience with psychologists who are actively involved in clinical administration. This experience involves didactics, shadowing and completion of an administrative project. Residents typically select a topic/project three to four months in the program, once they are familiar with the medical center, its range of services and administrative structure. Effort is made to identify an experience that is of interest to the resident and is consistent with the resident's career goals. Experiences involve didactics, shadowing, readings and completion of an administrative project or part of a project that the resident is capable of completing given their current skills and time constraints. Click this link for examples of recent trainees' [administrative projects](#)  .

Clinical Experiences (in addition to emphasis area)

Addiction Recovery Services (ARS): Psychologists at this medical center play a major role in providing clinical, administrative, and research/program evaluation services to patients with substance use disorders. The major focus is to provide flexible and individual treatment by matching patient needs with the most appropriate interventions. Patients are exposed to a wide range of assessment and treatment activities over varying lengths of time. These services are provided to patients with a primary substance use disorder; however, many patients are dually diagnosed with medical and/or psychiatric comorbidities. Treatment activities include individual and group therapies (process-oriented and structured skill-building), behavior and case management, and patient education. Assessment techniques include face-to-face diagnostic interviews, objective personality testing, substance use questionnaires, and neuropsychological screening. Also, psychology staff provide consultation, participate in multi-disciplinary treatment planning and review, and are actively engaged in research programs. Trainees are expected to participate in these activities and thereby develop competencies in a wide array of assessment and intervention strategies used for substance abuse as well as in consultation.

Supervisors: Drs. McCallum and Silversmith.

Admissions/Crisis/Consultation (ACC) is the main intake and evaluation center for patients with mental health problems. It is composed of Psychiatry Urgent Care, an Inpatient/Outpatient Consultation Group, and an Inpatient Team. The ACC Team works closely with the Medical Center Emergency Room, Inpatient Psychiatry, and Primary Care/Mental Health to assess and stabilize patients in emotional crises. Training objectives for trainees include the development of competencies in diagnostic interviewing, psychological and neuropsychological screenings and assessments, brief therapy, crisis management, and consultation, as well as development of a professional identity as a psychologist.

Supervisors: Drs. Arbisi (ABPP) and Kodl.

Mood and Anxiety Disorders Team ("Mood Team") offers the opportunity to learn to develop case conceptualizations for complex clinical presentations. Interns can gain experience with a range of clinical issues, including mood disorders, anxiety disorders, and personality disorders. They join a multidisciplinary team composed of clinical social workers, nurses, psychiatrists, psychologists, and medical support assistants. Intern activities during the rotation are based on individual training needs and goals. Mood Team veterans are diagnostically complex and have chronic problems that often include substance use disorders. Interns may provide psychological assessments to assist referring team members with differential diagnosis and treatment planning. Assessment batteries may include semi-structured interviews (e.g., review of ADHD symptoms, CAPS), personality testing (e.g., MMPI-2, Rorschach Inkblots Test), and brief neuropsychological screening (e.g., Mini-Cog, MoCA). The rotation can provide training in a range of individual clinical interventions, including acceptance-based, cognitive-behavioral, and interpersonally-oriented approaches. Some interns will be able to co-lead a weekly, DBT-informed skills group called Balancing: Resolving Problems in Living. There might also be an opportunity to develop a skills-based educational class, based on clinical need. Additional training opportunities, lead a Journal Club presentation, meet with patients via V-tel and/or shadow a CBOC psychologist, observe psychiatric evaluation and management appointments, design and conduct a continuous improvement project, participate in a project related to clinical program management.

Supervisors: Drs. Hess, Perry, Robison-Andrew, and Walden

Neuropsychology I (for standard track and neuropsychology track trainees): The neuropsychology I rotation is appropriate both for trainees desiring to specialize in neuropsychology and for those hoping to attain experience with brief cognitive screening assessment. Staff members accept hospital-wide consultation requests to address questions regarding degree of cognitive impairment, potential etiological contributions, effects of mental health symptoms, and change over time. Trainees may expect to see a variety of patients, young and old, with histories and diagnoses

including stroke, dementia, head trauma, tumors, seizures, multiple sclerosis, and various other neurologic and psychiatric disorders. Exposure to the evaluation and treatment of acquired aphasia is also available, as well as assessments related to transplant evaluations, learning disorders, and attention deficit hyperactivity disorder. Test batteries are flexible and are modified according to the nature of the referral question and patient background. Competence in consultation skills is developed through participation in the weekly neuropsychology seminar, and participation on interdisciplinary teams (e.g., GRECC Memory Clinic Team and inpatient stroke rounds).

Depending upon the intern's particular clinical interests, supervisors may include Drs. Clason, Doane, Eidson, Lamberty (ABPP), Lundgren (ABPP) and Yamada.

Neuropsychology II (for neuropsychology track trainees only) : The neuropsychology II rotation is set in the Department of Physical Medicine & Rehabilitation (PM&R). The bulk of cases are outpatient veterans who are seen through the Polytrauma/TBI Clinic and are endorsing cognitive complaints within the context of either a remote or more recent history of traumatic or acquired brain injury. Referrals also include patients from the Spinal Cord Injury & Disorder Center and veterans/active duty service members with multi-system injuries undergoing acute inpatient rehabilitation within the Polytrauma Rehabilitation Center (PRC). In addition to TBI, common diagnoses encountered include multiple sclerosis, cerebrovascular conditions, and dementia. A particular emphasis during this rotation is to enhance the intern's autonomy, starting from independent test selection all the way to providing feedback regarding test findings to the patient and referral sources. Professional autonomy is also developed by having interns utilize a psychometrist and learn how to best communicate and collaborate with their psychometrist to obtain the desired assessment. During the rotation, interns will additionally hone their skills in consultation services, presenting neuropsychological test findings during interdisciplinary team rounds, and utilizing neuropsychological data to help inform ongoing rehabilitation therapies and discharge planning. Capacity assessments are not an uncommon part of this rotation experience. Integrating personality assessment data (e.g., MMPI-2) and assessment of effort and performance validity data are important components of this rotation as well.

Depending upon the intern's particular clinical interests, supervisors may include Drs. Lamberty (ABPP), McGuire, Sim (ABPP), and Yamada.

Partial Psychiatric Hospitalization (PPH): The mission of the PPH program is to restore and promote the psychiatric recovery of veterans who are dealing with an acute psychiatric and/or substance related problem that is interfering with day-to-day social, vocational, interpersonal, and/or educational functioning. PPH is a structured, milieu-based, group program with a length of stay that is 3 to 4 weeks. Referrals are accepted from the inpatient psychiatric ward, outpatient providers, and rural Community Based Outpatient Clinics. PPH staff utilize a variety of therapeutic approaches, including cognitive behavior therapy, motivational enhancement, dialectical behavior skills training, behavioral activation, and behavioral rehearsal. The program is an interdisciplinary approach with psychiatry, psychology, social work, nursing, and recreational therapy staff working together provide comprehensive psychiatric interventions. Each veteran is assigned a Treatment Coordinator whose primary responsibility is the development of the treatment and discharge plans.

During the first several days of attendance, veterans participate in an interdisciplinary assessment to evaluate psychiatric status; assess psychosocial needs; psychological assessment with MMPI-2-RF; review medical background, complete safety planning; identify treatment goals; and assess readiness to make desired changes. Additional assessments may be completed, such as vocational assessments. Results of the assessments are used in the development of the PPH treatment plan.

Primary Program Elements: The PPH program is staffed by a multidisciplinary team of psychiatrists, psychologists, social workers, nurses, and a recreational therapist. Primary program elements include Psychological assessment, Psychiatric evaluations and medication management, Recovery Action Plan (RAP), Group psychotherapy, CBT/DBT skills groups, Mind Body Skills groups, PTSD Recovery Skills Groups, Substance-Related recovery Groups, Individual treatment coordination and treatment planning sessions, Individual motivational enhancement sessions, Skills training classes for anger management, assertiveness, relaxation, and sleep hygiene, Vocational assessment and interventions as needed, Recreational therapy assessment and interventions, Family & Friend Day programming, and Creative Arts interventions." At a minimum, some commas between the different elements.

Supervisor: Drs. Broden, Isenhardt (ABPP), and Schumacher.

Trauma Services - Team L: This rotation provides training in the assessment and treatment of patients with acute and chronic trauma-related disorders. Through clinical experience, supervision, and didactic training, trainees can expect to develop a comprehensive understanding of the sequelae of trauma and treatment approaches for trauma-related disorders. Skills developed on this rotation include: diagnostic interviewing, psychological testing using objective and neuropsychological techniques, psychotherapy with individuals, families, and groups, and consultation to the multidisciplinary team. Trainees also have the opportunity to participate in psychoeducational activities. Treatment orientations include cognitive-behavioral, family systems, and narrative, but there is an emphasis on empirically supported treatments including Acceptance and Commitment Therapy, Cognitive Processing Therapy, Dialectic Behavior Therapy, and Prolonged Exposure. Trainees have the opportunity to fully participate in these activities and function as an active member of a multidisciplinary team.

Supervisors: Drs. Curry, Ferrier-Auerbach, Kaler, Koffel, Meyers (ABPP), Stinson, Voller, and Wagner (ABPP).

Primary Care Mental Health Integration (PCMI): Trainees in this setting function as interdisciplinary team members within primary care to assist the primary care providers in managing the overall health of their enrolled population. Goals of this integrated, biopsychosocial model of care include increased accessibility to mental health services and consultation for all patients and primary care staff, early identification and intervention (individual and group) for a broad range of mental health problems, and elimination of common barriers to mental health care. The trainees' role within this model is to provide immediate, onsite consultation via an on-call cell phone (one half-day per week), targeted assessment and evaluation, clinical triage, and brief, solution focused treatment utilizing evidence-based modalities targeted toward improved health and quality of life. Continued communication with the primary care provider regarding the patient's progress and treatment plan is a hallmark of this model. As part of orientation to PCMI, trainees will complete at least one week of co-located collaborative clinical work with Dr. Olson and Dr. Possis who serve in the largest primary clinic at the Minneapolis VA. Trainees will encounter a wide range of presenting problems to include depression, anxiety, PTSD, substance use problems, insomnia, chronic/terminal medical illness, interpersonal problems, chronic pain, adjustment problems, and somatic concerns. Trainees may have the opportunity to provide specialty evaluations (e.g. pre-transplant, bariatric, urology, chronic pain) and services aimed at managing chronic diseases (e.g. diabetes) and health interfering behaviors such as obesity and smoking. Further, there will likely be opportunities to gain experience working with complex chronic medical problems requiring an interdisciplinary, coordinated biopsychosocial approach to care.

Trainees may also have the opportunity to provide services in the Women's Clinic, OEF/OIF Post-Deployment Clinic, and/or via Telemedicine. Interns training in the Women's Clinic as part of Mental Health Primary Care Integration rotation will likely work with women who have experienced trauma and may have an opportunity to provide trauma-focused therapies including PE and CPT for women with sexual trauma or domestic abuse. In addition, there are optional opportunities to gain experience in addressing psychological problems related to women's health issues such as gynecological disorders, breast cancer, and menopause. Interns training in the Post-Deployment Clinic will likely work with veterans who have experienced combat exposure and are currently in the process of reintegrating back into civilian culture. Interns will have the opportunity to provide trauma-focused therapies including brief forms of PE and CPT for trauma-related symptoms as well as short-term, problem-focused therapies for a wide range of mental health issues. Interns interested in Telemedicine can expect to work with veterans through videoconferencing technologies to deliver a wide range of individual and/or group treatments to those veterans receiving his or her primary care through a Community Based Outpatient Clinic (CBOC).

Supervisors: Drs. Billig (ABPP), Grace, Helbok (ABPP), Hintz, Mallen, Olson (ABPP), Possis, Van Egeren, and Skroch.

Rehabilitation Psychology: This rotation takes place within the Extended Care and Rehabilitation (EC&R) Patient Service Line. Trainee experiences may include any of the following programs: Polytrauma/Traumatic Brain Injury, Stroke, Amputee Clinic, Spinal Cord Injury & Disorder, Pain Program, and other complex medical cases on the Hospice and Palliative Care or Community Living Center units. The Minneapolis VAHCS has the distinction of being one of the nation's 5 designated Polytrauma Rehabilitation Centers (PRC). PRCs are specialized rehabilitation centers that care for active duty soldiers and veterans with multi-systemic injuries, including traumatic brain injury (TBI), pain, PTSD and other mental health disorders, and complex medical issues. On this rotation, trainees will function as members of the interdisciplinary treatment team with physiatrists, occupational therapists, physical therapists, recreation therapists, speech therapists, neuropsychologists, psychologists, vocational rehabilitation specialists, social workers, rehabilitation nurses, vision specialists, respiratory therapists, and rehabilitation engineers. Trainees will have opportunities to participate in acute inpatient and outpatient assessment and intervention, including individual and group psychotherapy, behavioral interventions, co-treatment with other members of the rehabilitation team, neuropsychological evaluations, diagnostic evaluations, patient rounds, vocational rehabilitation, and family conferences. Opportunities are also available for group and/or individual interventions with patients' family members. Research involvement is available depending on trainee interests. Current rehabilitation psychology staff research projects include assessment of impaired consciousness, prediction of rehabilitation outcomes, pain, and community reintegration.

Supervisors: Drs. Blahnik, Burcusa, Collins, Howard, Johnsen-Buss, Kellerman, Kennedy, King, Krause, Lamberty (ABPP), Petska, Sim (ABPP), and Townsend (ABPP).

Serious and Persistent Mental Illness (SPMI): The SMI team is an interprofessional team that serves veterans who are living with serious mental illness such as bipolar disorder, schizophrenia and other psychotic disorders, although veterans with other diagnoses are also seen. SMI team members promote the use of evidence-based practices and have been specifically trained in a variety of intervention models. Although some clinicians may assume that biological abnormalities in psychotic disorders justify only somatic (medication management) treatment, there is a vast need for psychological and psychosocial interventions with these individuals. We apply a psychosocial rehabilitation and recovery-oriented approach to focus on a person's strengths and to help them live a fulfilling and productive life despite living with SMI. Our primary goal is to promote the individual's mental health recovery, measured not only as a reduction in symptoms but also as enhanced overall functioning, which includes improved relationships and life satisfaction. Our emphasis is to involve veterans in client-centered treatment planning and to help them learn skills necessary to attain the highest level of functioning in the community. Several staff members have obtained their credential as a Certified Psychiatric Rehabilitation Practitioner (CPRP). Trainees develop competence in the

conceptualization and assessment of psychosis and other psychiatric symptoms, as well as in the assessment of cognitive and social functioning in both outpatients and inpatients. Trainees working with the team will have the opportunity to participate in team intake evaluations, objective psychological assessment, cognitive screenings, and neuropsychological evaluations. Training opportunities also exist for individual therapy, psychoeducation, skills groups, other group therapy, and couples or family interventions. Further, trainees may have the opportunity to provide consultation to other mental health teams as well as the greater medical center. Another element of the rotation is potential involvement in the Psychosocial Rehabilitation and Recovery Center (PRRC). The PRRC (locally called Veterans Bridge to Recovery, or VBR) is a recovery-oriented milieu treatment program for individuals with serious mental illnesses. It is a long-term program with emphases on skills training, healthy living, and community integration. The program utilizes a variety of evidence-based treatments such as Wellness Management and Recovery, Wellness Recovery Action Planning, and Social Skills Training. PRRC clinicians spend a significant portion of their time in the community with veterans participating in group activities that enhance skills for community living. Interns working in the PRRC have opportunities to conduct intake assessments, psychosocial rehabilitation counseling/coaching, educational groups, collaborative treatment planning, community integration outings, and to work across teams and programs to help veterans with SMI access needed cares. Presently, clinical intervention research on the SMI team/VBR is focused on evaluating the efficacy of interventions for individuals with serious mental illness. Several interventions, including Family Psychoeducation, a cognitive-behavioral group, cognitive skills training and WRAP group involvement are the focus of ongoing investigations. A family study of schizophrenia that examines cognitive and brain-based markers of vulnerability to illness is also being conducted.

Interns with the SMI team will have the unique opportunity to be involved in the [Interprofessional Education \(IPE\) training program](#). This is a new program housed within the SMI team offering specific educational instruction and clinical experiences that are designed to allow trainees from multiple disciplines (Nursing, Pharmacy, Psychology, and Social Work) to learn with, from, and about each other. The IPE program places deliberate attention to the development and exploration of team process, not just clinical content and specific tasks to be completed. Clinical experiences are emphasized, so that trainees will see the connection between their educational experiences and ongoing clinical practice. The goal of the IPE program within the SMI team is to facilitate interprofessional collaboration (IPC) which is considered to be a key to enhancing mental health services provided to clients, families, and associated providers in the community; improving patient outcomes, cost efficiency, health care satisfaction; and training clinicians who are prepared to function in patient-centered, team-based models of mental health outpatient care. Throughout the VA, similar IPE programs are intended to increase expertise in critical areas of need, expand the recruitment pipeline of well-trained and highly qualified mental health providers, and promote the utilization of patient-centered interprofessional team-based care.

Clinical Supervisors: Drs. Hegeman, Hoffman-Konn, Nienow, and Rodgers. Research Mentors: Drs. Nienow and Sponheim.

Acceptance and Commitment Therapy (ACT): ACT is a functional contextual therapy that views psychological problems dominantly as problems of psychological inflexibility. ACT uses acceptance and mindfulness processes, and commitment and behavior change processes, to produce greater psychological flexibility. Training includes didactic presentations, experiential exercises, and review of clinical material including audio- or videotapes in weekly small group supervision. Trainees can serve as individual ACT therapists or group therapists.

Supervisor: Drs. Billig (ABPP) and Hess.

Family Psychoeducation: Family Psychoeducation is an evidence-based approach for working with individuals with serious mental illness (schizophrenia, bipolar disorder, recurrent depression) and their significant others. A bio-psycho-social model of mental illness guides our conceptualization of cases and treatment recommendations. Individual family and group interventions provide education about the illness, teach all participants adaptive coping skills, and provide the family unit with support and crisis intervention. Training in family psychoeducation models (Behavioral Family Therapy and Multifamily Group) is provided primarily through co-facilitation of multiple family group or individual family sessions. Trainees may also become involved with family education interventions either as a presenter at educational workshops or as a co-facilitator of an educational seminar for family members only - Support and Family Education (SAFE). Weekly meetings are held for case consultation and to discuss the relevant empirical literature.

Supervisor: Dr. Nienow. [can be available as part of the SPMI Rotation]

Family Therapy Training Clinic (FTTC): Social Constructionist therapy including Solution Focused and Narrative approaches are presented in the FTTC. This clinic provides training for staff, postdoctoral residents, and trainees in the assessment and treatment of couples and family-related concerns. The clinic format includes didactic presentations (augmented through videotapes), and experience using solution-focused, and narrative techniques. All sessions are videotaped, and supervision occurs in a group setting. Skills acquired include case conceptualization, basic techniques, and provision of peer supervision.

Supervisors: Drs. Erbes and Leskela.

Anxiety Interventions Clinic (AIC): The AIC is a national VA award-winning training program focused on developing competency in providing diagnostic assessments and empirically supported treatments to individuals with anxiety disorders or anxiety-based difficulties (e.g., trichotillomania, healthy anxiety, etc.) . Techniques include but are not limited to diagnostic assessment, psychoeducation, cognitive therapy, and exposure therapy. Trainees can expect to gain experience in assessment and differential diagnosis of anxiety disorders using standardized forms and structured interviews, and in the application of cognitive behavioral therapies for specific anxiety disorders. Trainees will become familiar with the empirical literature regarding the nature, assessment, and treatment of anxiety disorders, and are encouraged to utilize process and outcome measures to track therapy progress as a part of standard care. Critical thinking and professional development are emphasized. The training setting is interdisciplinary and supervision is provided from an integrative stance that includes CBT and ACT approaches.

Supervisor: Dr. Possis.

Cognitive Behavioral Social Skills Training (CBSST): This training is targeted towards individuals with serious mental illness (SMI), including schizophrenia and other psychotic disorders. The program utilizes techniques from cognitive behavioral therapy and social skills training that are implemented within a group format, which is augmented with individual sessions and consultation with other involved providers. Specific targets include modifying maladaptive thoughts, coping with persistent symptoms, identifying and monitoring warning signs of relapse, increasing problem-solving skills, promoting effective conflict management and improving communication skills. This differs from traditional supportive group therapy in that veterans' current concerns are addressed through learning and applying new skills to their everyday experiences. The intention is to improve quality of life and social functioning for veterans with SMI, thus we work primarily within a "recovery" model. In addition, there is an emphasis on family education and generalizing skill use to the community. Skills acquired include case conceptualization from a CBT approach, techniques of the CBSST intervention, assessment of psychotic symptoms and other areas of patients' functioning, familiarity with relevant empirical literature, peer supervision, and multidisciplinary consultation.

Supervisors: Drs. Hegeman and Rodgers. [can be available as part of the SMI Rotation]

Cognitive Processing Therapy (CPT): CPT is an evidenced-based, manualized, time-limited (12-17 weeks) treatment approach for trauma-related symptoms. Symptoms are conceptualized as developing from an inability to resolve conflicts between the traumatic event and prior beliefs about the self or others, as well as the consequent avoidance of a range of strong affects such as anger, shame, guilt, and fear. CPT treats trauma-related symptoms within the framework of a "recovery" model. The primary focus is on cognitive interventions, and treatment is structured such that skills are systematically built upon throughout the course of therapy. Treatment elements include psychoeducation, emotional processing, and cognitive interventions. Process and treatment outcome measures are used to track therapy progress as part of standard care. The CPT clinic provides training consisting of didactics, a video instruction series, bi-weekly case consultation, and participation as a CPT therapist. Opportunities are available for trainees to also serve as a group co-facilitator for both the men's and women's groups.

Supervisors: Drs. Curry, and Petska. [can be available as part of the Team L (Trauma) Rotation]

Prolonged Exposure (PE): PE is an evidence-based, cognitive behavioral treatment for PTSD in which clients engage in individual therapy to help them process traumatic events and thus reduce trauma-induced psychological disturbances. Twenty years of research have shown that PE significantly reduces the symptoms of PTSD, depression, anger, and general anxiety. The standard treatment program consists of nine to twelve, 90-minute sessions. Treatment components include psychoeducation, in-vivo and imaginal exposure procedures. The PE clinic provides training consisting of didactics, a video instruction series, and weekly multidisciplinary case consultation. Opportunities are available for trainees to serve as individual therapists.

Supervisors: Drs. Ferrier-Auerbach, Polusny, Strom, and Voller. [can be available as part of the Team L (Trauma) Rotation]

Time-Limited Dynamic Psychotherapy (TLDP): Trainees participate in a group supervision model of training to learn and apply TLDP with a minimum of one patient during the course of the 6-month training clinic. Competencies acquired include case conceptualization and application of TLDP as well as peer supervision/consultation.

Supervisor: Dr. Wagner (ABPP).

Motivational Interviewing (MI): MI is a directive, client-centered therapeutic style for eliciting behavioral change by helping clients explore and resolve ambivalence about making changes. The therapist assesses the client's level of readiness for change and uses MI to help the client define treatment goals, time frames, and the strategies to achieve those goals. The MI training will consist of learning the basic MI goals and principles, traps to avoid, and opening strategies, eliciting self-motivational statements, handling resistance, and assessing readiness for change. The process will include readings and discussions of didactic material, review of video and audiotapes of interactions with patients, and role-playing.

Supervisor: Dr. Isenhardt (ABPP). [can be available as part of the PPH Rotation]

Dialectical Behavioral Therapy (DBT): DBT is the empirically-supported, manualized cognitive behavioral approach

to treat male and female patients who share key features with those diagnosed with Borderline Personality Disorder, specifically emotion dysregulation, distress tolerance, and interpersonal difficulties. Patients commit to weekly individual therapy and group skills training. Training is a 6-month or 12-month experience, which includes didactic presentations and review of clinical material, including videotapes, in weekly small group supervision. Trainees can serve as individual DBT therapists and skills group co-leaders. They may also participate in a weekly Consultation Group.

Supervisor: Dr. Meyers (ABPP) and Van Egeren.

DBT/PE Journeys Program provides training in the assessment and treatment of patients with co-morbid Posttraumatic Stress Disorder (PTSD) and traits of Borderline Personality Disorder (BPD) through concurrent Dialectical Behavior Therapy (DBT), Prolonged Exposure (PE), and community-based outings. Through clinical experience, supervision, and didactic training, trainees can expect to develop a comprehensive understanding of the evidenced-based treatments of DBT and PE and the complex etiology and conceptualization of co-morbid PTSD and BPD. Skills developed on this rotation may include: diagnostic interviewing, co-leading DBT and PE skills groups, co-leading DBT and PE community outing practice groups, potential individual treatment in the DBT and PE models (based on previous training experiences), and consultation to the multidisciplinary team. Treatment orientations include cognitive-behavioral interventions. Trainees have the opportunity to fully participate in group activities and function as an active member of a multidisciplinary team.

*Participation in this rotation has the pre-requisite of completing both DBT and PE adjunctive experiences, or equivalent training. In the absence of previous training, trainees involved in the Team L rotation may choose a Journeys emphasis and participate in the group and assessment aspects of the program.

Supervisors: Drs. Kaler, Meyers (ABPP), Robison-Andrew, Stinson, VanEgeren, and Voller

Home Based Primary Care (HBPC): HBPC training involves working on an interdisciplinary team (MD, dietician, pharmacist, nurses, social workers, OTs, RTs) that delivers primary care and related services to veterans in their homes. Most of the patients are elderly and have difficulties coming to the hospital due to medical illnesses. Clinical needs vary, and patients may have a wide range of presenting problems including chronic pain, depression, anxiety, PTSD, substance use problems, insomnia, somatic concerns, adjustment to chronic medical illness, or adjustment to end-of-life concerns. The rotation offers trainees the unique experience of meeting patients in their homes, which allows for a more comprehensive understanding of the multiple factors that impact a patient's psychological functioning. The following learning experiences are part of this rotation and will be tailored to the trainee's needs and abilities: 1) Diagnostic assessments and cognitive screening, 2) Provision of brief, solution focused treatment utilizing evidence-based modalities such as cognitive behavioral therapy, acceptance and commitment therapy, and motivational interviewing, 3) Provision of behavioral health interventions (e.g., weight management, smoking cessation, pain management), 4) Psychoeducation for patients and family members, 5) Participation in interdisciplinary team meetings, and 6) Routine communication with primary care providers and other team members regarding treatment planning and progress. Trainees may choose to participate in the Caregiver Services Committee .

Supervisor: Dr. Baardseth [can be available as part of the Primary Care Mental Health rotation].

Psychological Assessment Clinic: Through this year-long group training experience, trainees conduct a range of assessments for the purpose of psychodiagnosis and treatment planning. Competencies emphasized include diagnostic interviewing, intellectual assessment, personality assessment and the provision of consultation and peer supervision. Trainees can expect to become familiar with the relevant research.

Supervisors: Drs. Arbisi (ABPP) and Siegel (ABPP).

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Psychology Doctoral Internship - Program Structure

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Program Structure

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Supervision

Mentorship

Evaluation

Time Commitment

The postdoctoral residency requires a one-year, full-time training commitment, with residents averaging 50 hours per week on site. To ensure a sufficient breadth of training experience and that residents meet the training program's defined goals, some clinical training outside of a chosen emphasis area is required. At a minimum, for one day per week over a 12 week period, the resident will work on a clinical team that is outside of their chosen emphasis area. It is expected that this experience will complement the more focused training that occurs in the emphasis area. Residents may also choose to participate in one or more of the Adjunctive Training Clinics. (click on the *Activities* in the right navigation menu for possible training options).

Note : Consistent with the Guidelines and Principle of Accreditation, it is expected that postdoctoral residents will complete the entire training term without exception. For our Clinical Psychology program with emphases in Rehabilitation Psychology, Primary Care Psychology, Serious Mental Illness, and Trauma, the duration of the training program is one full calendar year. For training in Clinical Neuropsychology, the duration of the training experience is two full calendar years.

Supervision

Residents can expect to receive 2 to 4 hours of individual supervision per week in addition to group supervision obtained through some clinical activities. Styles and modes of supervision vary according to setting. Videotapes, audiotapes, observation, role-plays, process notes, and co-therapy are among some of the tools used to aid in supervision. Residents receive supervision on their clinical work and reports, their case presentations in team meetings and seminars, their consultative/supervisory work, and their overall professional conduct. Residents should expect to be assigned readings and literature reviews as part of their supervision. The training provided meets the requirements for licensure as a psychologist in the state of Minnesota. From time to time, there will be psychologists new to staff who are not yet licensed in this jurisdiction. They are not eligible to serve as placement supervisors, though a resident may choose to receive some supplementary clinical supervision from one or another of these staff. Such work by unlicensed new graduates is supervised by licensed staff.



Mentorship

Residents will be matched to a training mentor whose interests and experiences reflect the goals of the resident. Some baseline measures will be taken at the beginning of the residency program and will be used in the individualized planning of training. The mentor will assist the resident in selecting appropriate clinical and scholarly experiences for the residency year that facilitate the realization of training goals. It is presumed that the resident will work closely with the mentor throughout the training year in both a supervisory and collegial context, culminating in the resident's movement toward greater autonomy and eventual independent practice.

Evaluation

The performance and progress of residents and the effectiveness of the postdoctoral training program will be evaluated with multiple criterion measures throughout the training year and upon completion of the training program. Methods of evaluation will include the use of rating scales and interviews with the residents, their supervisors, and affiliated staff members.

Residents, their respective mentors, and other supervisors will complete rating scales with regard to each resident's performance at the end of months 4, 8, and 12 of the training year. Residents will be rated on their level of competence in the core areas of: 1) assessment; 2) intervention; 3) professional issues and conduct, law, and ethics; 4) scholarly inquiry; 5) consultation and providing supervision; and 6) organization management and administration. The resident will meet with the supervisors to review the quarterly ratings and to discuss goals for further development. The Director of Training will receive copies of the evaluations and will meet with each resident to review the performance ratings and provide any additional guidance or recommendations.

Consistent with APA Guidelines, we have identified clear minimum levels of expected resident achievement:

In order for residents to maintain good standing in the program they must:

- By the end of the first training trimester, successfully pass the benchmarks of proficiency with the MMPI-2, RBANS and diagnostic interviewing.
- For the two training trimesters, obtain ratings of at least a "3" "Some supervision needed (intern entry level)" in all items for each Goal/Competency area on the Trimester Evaluation Form.
- Demonstrate progress in those Goal/Competency areas on the Trimester Evaluation Form have been not been rated at a "5" or higher "No supervision needed (postdoc exit level)".
- No items in competency areas will be rated as a "1" (Substantial supervision/remediation needed).
- Not be found to have engaged in any significant unethical behavior.

In order for residents to successfully complete the program, they must:

- Successfully meet the benchmarks on the basic proficiency ratings for the MMPI-2, RBANS and diagnostic interviewing.
- By the end of the last training trimester, obtain ratings of at least a "5" or higher "No supervision needed (postdoc exit level)" in all items in each Goal/Competency area on the Trimester Evaluation Form.
- Not be found to have engaged in any significant unethical behavior.

Training Program Evaluation - The residents will complete formal rating scales after six months and at the end of the training year to indicate their satisfaction with the training experiences and outcomes, quality of supervision provided, didactic experiences, research involvement, and facilities and resources available. The training directors review the residents' satisfaction ratings and take reasonable steps to address any areas of concern. Exit interviews with the residents by the training directors will be completed at the end of the training year in order to gather additional feedback about the training experience and in order to inform the continuous improvement of the postdoctoral training program. It is expected that residents will provide feedback to their supervisors on an ongoing basis, as well, concerning their needs and the extent to which the training activities are fulfilling their goals.

Due Process – Procedures for due process in cases of problematic performance are in place, as are grievance procedures to be followed by residents and staff alike. A copy of this document may be obtained by using the e-mail address found in the application section of this brochure.



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Psychology Postdoctoral Residency - Research

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Research Training Experiences

Research training is an important part of our training program's scientist practitioner model. Interns will be provided with research training experiences that will enhance their ability to apply scientific knowledge to the clinical setting and produce or contribute to clinically relevant research. Interns are expected to be involved in research activities throughout the year in collaboration with psychologist Clinician Investigators conducting research at the Minneapolis VA Medical Center and University of Minnesota. Interns are matched with a staff clinician investigator who will serve as the intern's research preceptor. The research preceptor will work closely with the intern to develop and execute an individualized research training plan that makes use of existing data sets or existing data collection opportunities. Preceptors and research projects will be matched based on the intern's background and training, interests, and career goals. Research activities and progress will be supervised and monitored through regular meetings between the intern and preceptor. As part of our junior colleague developmental training model, the preceptor will assist the intern in their professional development as a scientist-practitioner psychologist in training. During their internship year, interns are expected to contribute to the development of a research product, such as authorship on a submitted manuscript, chapter, or peer-reviewed conference presentation. Products and level of authorship will be commensurate with the intern's level of involvement in the project. Interns are encouraged to attend and present at a scientific or professional meetings.

Time Allocated for Research: Five hour per week within a 40 hour work week are allocated for research activities over the course of the training year. Since interns typically work 45-50 hours per week, additional time both on and off site can also be used for research depending on an intern's individual goals and the complexity of the research project. Research time devoted per week will vary over the course of the training year. Steps are taken to ensure that research time demands are not excessive since the main focus of internship is clinical training.

Current Grants and Current Research Projects

The Psychology Staff Clinician Investigators at the Minneapolis VA Medical Center offer interns opportunities to be involved in cutting edge research across a range of areas including, psychological assessment, personality and psychopathology, behavioral genetics, neuropsychology, and randomized clinical trials evaluating treatment modalities.

Below is a list of potential research preceptors available for the upcoming 2012-13 training year. Each clinician investigator has an active, ongoing research program, dedicated time for research and research training, and desire to serve as a research preceptor. Since many clinician investigators are actively involved in many collaborative projects, interns may also have the opportunity to work with a research teams involving investigators at other VA medical centers, universities, and from other disciplines.

Clinician Investigators (click on name to download vita)



Paul Arbisi, Ph.D., ABPP

Clinical Interests:

- Rapid and accurate assessment and diagnosis of psychopathology in outpatient settings to facilitate triage and treatment planning.
- Consultation with inpatient psychiatry team on diagnostically challenging inpatients. Assessment of motivation for treatment within the context of compensation seeking.

Research Interests:

- Use of the MMPI-2-Restructured Form to improve clinical prediction in psychiatric and medical settings
- Validation of the MMPI-2 Restructured Form in medical and psychiatric settings
- The contribution of personality to the development of resilience after exposure to traumatic events. Do dimensional definitions of endophenotypes better account for genetic vulnerability to the development of stress related conditions?
- Use of the MMPI-2 -RF in detection of non-credible responding in psychiatric and medical settings
- Appropriate use of objective psychological assessment in disability evaluations
- Evidenced Based Assessment of PTSD

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Brian Engdahl, Ph.D.

Clinical Interests

- Assessment and treatment of veterans with disabilities, including PTSD. Supervision of students and fellows.
- Work Therapy clinical supervisor, serving patients with severe employment handicaps.

Research Interests :

- Use of magnetoencephalography (MEG), other neuroimaging, genomics, and diagnostic assessments to better understand PTSD, mild traumatic brain injury, and Gulf War illnesses.
- Exploring spirituality's influence on readjustment and posttraumatic growth. Our collaborators include Apostolos Georgopoulos, Irving Gottesman, and Robert Krueger.

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Christopher Erbes, Ph.D.

- Dr. Erbes is a clinical psychologist and clinician investigator in the Mental Health Patient Service Line. He holds a joint appointment as Associate Professor in the Department of Psychiatry at the University of Minnesota Medical School and he is a core investigator at the Center for Chronic Disease Related Outcomes (CCDOR). He also serves as lead for the Clinician Investigator Team in the Mental Health Service Line. Dr. Erbes has been Principal Investigator or co-Principal Investigator on multiple federally and locally funded grants for studies in the areas of deployment-related mental health, PTSD, and treatment of PTSD, and he is an author of 50 peer reviewed publications in these areas. Dr. Erbes has a particular interest in interpersonal and contextual factors as they relate to post-trauma recovery and treatment including especially couple and intimate partner relationships. He is also interested in studying newer treatment approaches for PTSD such as mindfulness, couple therapy, and narrative therapy approaches. He has worked with both intern and post-doctoral level trainees in a research mentorship capacity

Clinical Interests :

- Individual, group, and couple psychotherapy for treatment of PTSD and other trauma-related conditions

- Integrative Behavioral Couples Therapy (IBCT), Prolonged Exposure (PE)
- Post-modern therapy approaches (e.g., narrative therapy and Solution Focused approaches)

Research Interests :

- Individual, social, occupational, and interpersonal factors influencing the course, development, and maintenance of trauma-related disorders versus resilience.
- Individual and marital cognitive/constructivist psychotherapy for adults with PTSD
- Interface of technology and clinical care (e.g., mHealth) for treatment of trauma related conditions among Veterans.

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Hildi Hagedorn, Ph.D 

Research Interests :

- Dr. Hildi Hagedorn is the Implementation Research Coordinator for the Veterans Health Administration's Substance Use Disorder Quality Enhancement Research Initiative, a core investigator with the Veterans Health Administration's Health Services and Research Development Center for Chronic Disease Outcomes Research, and an assistant professor in the Department of Psychiatry of the School of Medicine at the University of Minnesota. Her main areas of research interest are implementation science and implementation of evidence-based care for substance use disorders. Areas of expertise include process and formative evaluation, contingency management interventions for substance use disorders, and interventions to provide point of care testing, education, and preventive services for hepatitis and HIV infections in substance use disorders clinics.

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Jeanette Harris, Ph.D. 

- Dr. Harris is a staff psychologist and local recovery coordinator at the Minneapolis VA Medical Center. She holds a joint appointment as Assistant Professor in the Department of Psychiatry and Adjunct Assistant Professor at the University of Minnesota. Dr. Harris has been the Principal Investigator/Co-Principal Investigator (PI/Co-PI) of multiple grants funded primarily by private foundations. She has published 12 peer-reviewed publications, primarily in spirituality and mental health, but also including vocational rehabilitation. Her program of research focuses on the identification of positive and negative spiritual influences on mental health, especially adjustment to trauma. She is the primary developer of the "Building Spiritual Strength" protocol, which has demonstrated effectiveness in reducing symptoms of PTSD. As LRC, Dr. Harris also maintains substantial program evaluation data relevant to recovery oriented care. Specific Interests - Positive and negative spiritual influences on PTSD, management of serious mental illness, and management of stress related to GLBT orientations, Spiritual development, Vocational rehabilitation, and Animal assisted therapy.

Clinical Interests:

- Use and supervision of peer support
- Rehabilitation for individuals managing serious mental illnesses
- Appropriate clinical management of spiritual distress

Research Interests:

- Positive and negative spiritual influences on PTSD, management of serious mental illness, and management of stress related to GLBT orientations
- Spiritual development
- Vocational rehabilitation
- Animal assisted therapy

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Erin Koffel, Ph.D.

- Dr. Koffel is a clinical psychologist and clinician investigator in the Mental Health Patient Service Line. She holds a joint appointment as Assistant Professor in the Department of Psychiatry at the University of Minnesota Medical School. Dr. Koffel has been co-Investigator on federally and locally funded grants for studies in the area of treatment of insomnia and PTSD and she is an author on multiple peer reviewed publications in the areas of deployment-related mental health, PTSD and sleep disturbances. Dr. Koffel has a particular interest in studying treatment approaches for insomnia, including group CBT-I and smart phone applications.

Clinical Interests:

- Individual and group treatment for insomnia
Cognitive Behavioral Therapy for Insomnia (CBTI-I), Prolonged Exposure (PE)
Acceptance and Commitment Therapy (ACT)

Research Interests:

- Individual factors (personality, emotion regulation) and mental health comorbidities influencing the course, development, and maintenance of insomnia and other sleep disturbances
- Sleep disturbances in patients with chronic pain and the bidirectional relationship between sleep and pain
Interface of technology and clinical care (e.g., smart phone applications) for treatment of insomnia and trauma related conditions among Veterans
- Integrating dimensional models of personality and psychopathology into clinical work to inform treatment decisions and monitor symptom changes

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Greg Lamberty, Ph.D., ABPP

- Dr. Lamberty is the Rehabilitation/EC&R Psychology Supervisor at the Minneapolis VA Health Care System, as well as the site Project Director for TBI Model Systems, and the Director of the Clinical Neuropsychology Residency (APA-approved). Dr. Lamberty has an appointment as an Assistant Professor in the Department of Psychiatry at the University of Minnesota Medical School, and is an adjunct Professor at the University of St. Thomas. He has authored/edited three texts on a range of clinical and professional topics in clinical neuropsychology. He is a former president of the American Academy of Clinical Neuropsychology and has been actively involved in advocacy for the field of clinical neuropsychology, including establishing the AACN annual conference and the AACN Foundation, which funds outcomes research in neuropsychology. Dr. Lamberty has been involved with establishing research programs and databases in the Department of PM&R and is the current chair for the PM&R Research Committee. He is a co-investigator on projects assessing the efficacy of meditation interventions for veterans with PTSD and has interests in extending this work to veterans with TBI and polytraumatic injuries.

Clinical/ Training Interests:

- Neuropsychological evaluation
- Supervision of neuropsychological assessments by interns and neuropsychology postdoctoral residents
- Competency Task Force member for the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN)
- Item writer for Exam for Professional Practice of Psychology (EPPP)

Research Interests :

- Outcomes in Rehabilitation and Clinical Neuropsychology
- Impact of somatoform symptoms/presentations on neuropsychological assessment

- Assessment of patients with complex medical/psychological issues
- Efficacy of Complementary and Alternative approaches with complex medical patients

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Tasha Nienow, Ph.D.

- Dr. Nienow is a psychologist in the Minneapolis VA Health Care System and an Assistant Professor in the Department of Psychiatry at the University of Minnesota Medical School. Prior to joining the staff at the Minneapolis VA in 2007, Dr. Nienow completed a NIMH postdoctoral fellowship at the UCLA Aftercare Research Program, a treatment research clinic for individuals with schizophrenia. One focus of her research has been to identify the mechanisms by which impaired cognitive functioning impacts psychosocial functioning in patient with schizophrenia. Currently, she is PI of a VA Rehabilitation R&D Merit Award to study the efficacy of a skills training protocol to alter functioning in patients with schizophrenia. A second research focus has been to examine the effectiveness and service utilization of family interventions developed for patients with serious mental illness. Dr. Nienow has presented her research findings at national and international conferences. Within the VA system, Dr. Nienow has served as a national consultant and trainer in Multiple Family Group Therapy. In addition, she has served as a grant reviewer on Rehabilitation Research and Development Merit Review panels.

Clinical Interests:

- Family psycho-education and family education interventions for patients with serious mental illness
- Cognitive remediation
- Cognitive and behavioral skills training for patients with serious mental illness

Research Interests:

- Neurocognitive and social-cognitive processes and their impact on functioning in patients with schizophrenia
- Efficacy of psychological interventions for schizophrenia and bipolar disorder
- Service utilization of evidence-based family interventions for serious mental illness

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Melissa Polusny, Ph.D.

- Dr. Polusny is a staff psychologist/clinician investigator at the Minneapolis VA Medical Center. She is also a Core Investigator in the Center for Chronic Disease Outcomes Research (CCDOR), a VA Health Services Research & Development Center of Excellence. She holds a joint appointment as Associate Professor in the Department of Psychiatry at the University of Minnesota Medical School. Dr. Polusny has been the Principal Investigator/Co-Principal Investigator (PI/Co-PI) of multiple grants funded by sources such as VA HSR&D, VA CSR&D, DOD, and NIH. She has published over 60 peer-reviewed publications in the areas of psychological trauma and posttraumatic stress disorder (PTSD). She is a national trainer and consultant for the Department of Veterans Affairs initiative to disseminate Prolonged Exposure therapy, an evidence-based treatment for PTSD. Her program of research focuses on the identification of individual and contextual risk and resiliency factors for traumatic-stress related conditions, such as PTSD, substance use disorders, and physical health complaints. Dr. Polusny is currently PI of a VA HSR&D funded prospective, longitudinal study of over 2,000 National Guard soldiers and their family members examining family well-being and post-deployment mental health. She is also currently Co-I on numerous other federally funded grants investigating treatment for PTSD. She serves as primary mentor to two investigators funded by VA HSR&D Career Development Awards.

Clinical Interests:

- Provide evidence based assessment and treatment of PTSD
- Serve as national consultant and trainer in Prolonged Exposure (PE) Therapy
- Clinical supervision of PE

- Research training and mentoring of psychology interns and postdoctoral fellows

Research Interests:

- Longitudinal study of resilience and psychological risk factors associated with PTSD and post-deployment mental health
- Efficacy of psychological interventions for PTSD
- Psychological assessment of PTSD
- Dissemination/implementation of evidence based treatments for PTSD

Email: melissa.polusny@va.gov

Phone: (612) 725-2125

Scott Sponheim, Ph.D. 

- Dr. Sponheim is a staff psychologist and clinician investigator at the Minneapolis VA Medical Center. At the University of Minnesota he serves on the Graduate School Faculty, and holds appointments of Professor in the Department of Psychiatry and an Adjunct Professor in the Department of Psychology. He also is on the faculty of the Brain Sciences Center at the Minneapolis VA Medical Center. The goal of Dr. Sponheim's research is two-fold. The first is to characterize how genetic liabilities for schizophrenia and bipolar disorder are expressed in the cognitive functions, neural activity, and structure of the brain. The second is to detail essential characteristics of neural damage in blast-related mild traumatic brain injury (mTBI) and distinguish them from the effects of psychological conditions often associated with traumatic events. As Principal Investigator on projects totaling over \$8 million in competitively awarded direct research funding, he has carried out inquiries into the basis of brain disorders for the past 19 years at the Minneapolis VA Medical Center. In these studies he has used electrophysiological and neuroimaging measures (magneto-encephalography, structural and functional magnetic resonance imaging) to better understand the biological basis of the conditions. He has also characterized points of genetic variation in risk genes for these conditions to examine how genes create vulnerability and affect disorder expression. Most recently this work has included us of multiple imaging modes to better describe the spatial and temporal aspects of brain abnormalities underlying psychopathology and neurological conditions. In addition to supervising trainees at the Minneapolis VA Medical Center in clinical work and research, he has been an advisor to 23 undergraduates and 8 doctoral students at the University of Minnesota and his laboratory has generated data for ten doctoral dissertations.

Clinical Interests:

- Evidence-based interventions for severe and persistent mental disorders
- Family Psychoeducation for Schizophrenia and Bipolar Disorder

Research Interests:

- Family studies of schizophrenia and bipolar disorder to understand factors that reflect genetic liability for the disorders.
- Neural underpinnings of endophenotypes in schizophrenia.
- Differentiation of mild TBI from effects of deployment-related mental disorders in the brain.
- Use of multimodal neuroimaging methods to improve spatial and temporal characterization of brain responses.
- Dynamic and interactive aspects of brain activity in mental disorders.

Email: sponh001@umn.edu

Phone: 612-467-1546

Thad Strom, Ph.D. 

- Dr. Strom is the program manager for the Therapeutic and Supported Employment Services program and Assistant Training Director for Psychology at the Minneapolis VA Health Care System. He holds a faculty appointment as Assistant Professor in the Department of Psychiatry at the University of Minnesota Medical School. He is a national trainer and consultant for the Department of Veterans Affairs initiative to disseminate Prolonged Exposure (PE) therapy, an evidence-based treatment for PTSD.

Clinical Interests :

- Implementation of Evidence Based Assessment and Treatment practices
- Serve as national consultant and trainer for PE training initiative
- Assessment and treatment of chronic anger

Research Interests :

- Enhancing employment outcomes for Veterans
- Effectiveness of evidence based treatments for PTSD
- Assessment of competence in psychology training
- Adjustment following traumatic brain injury

Email: thad.strom@va.gov

Phone: 612.467.7316

Examples of Trainee Research Projects 

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Application Process

Eligibility: Applicants must meet the following prerequisites to be considered for our postdoctoral training program:

1. Completion of doctoral degree, including defense of dissertation, from an APA-accredited Clinical or Counseling Psychology program before the start date of the residency
2. Completion of an APA-accredited psychology internship program
3. U.S. citizenship.
4. Matched postdoctoral residents are subject to fingerprinting, background checks, and a urine drug screen.
5. Male applicants born after 12/31/1959 must have registered for the draft by age 26

*** Failure to meet these qualifications could nullify an offer to an applicant.

Selection Process

We seek applicants who have a sound clinical and scientific knowledge base from their academic program and internship; strong entry-level professional skills in standard assessment, intervention, and research techniques; and the personal characteristics necessary to function well as a doctoral-level professional in a medical center environment. Our selection criteria focus on all aspects of the application materials, with particular emphases placed upon background training and experience and an applicant's articulation of training goals and professional aspirations. We seek the best fit between applicants and our training program. The Minneapolis VA Health Care System in which our training program resides 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 areas, ages, racial and ethnic backgrounds, sexual orientations, disabilities, and life experiences. 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. These factors may be indicated on their application.

Applications are reviewed by each respective postdoc emphasis or specialty area staff and the Training Directors. Following this initial review, highly ranked applicants may be asked to participate in telephone interviews, teleconference interviews, or in-person interviews. There may be an option for in-person interviews for clinical neuropsychology applicants to occur at [INS](#) (International Neuropsychological Society).

For **Clinical Psychology** (non-neuropsychology) applicants, offers for positions may be made any time after February 1st. Applicants who are no longer under consideration will be notified by email by the last day of January. The Minneapolis VAHCS Postdoctoral Residency programs are following the [APPIC Postdoc Selection Guidelines](#).

For specialty **Clinical Neuropsychology** applicants, we are participating in the **APPCN** Match. Applicants will need to register for the Neuropsychology Match. Select the link "For Applicants" at the top of the page on the **NMS website**, then select the option to "Register for the Match" from the menu on the left side of the screen.

*** The selection process may include information gained from internet searches of applicants' names.

Training Term

The postdoctoral residency is full-time for one year (two years for neuropsychology residents), beginning on about Labor Day and ending at about that same time the following year.

Stipend and Benefits

For the upcoming year, we expect to receive funding for six full-time postdoctoral positions (four as part of the accredited clinical psychology program and two (first and second year) neuropsychology positions). The current stipend is \$44,755 per year. In neuropsychology, the stipend for the second year resident is \$47,174 per year. State and federal income tax and FICA (Social Security) are withheld from residents' checks. Residents are entitled to 10 federal holidays and earn sick leave and vacation days at a rate of four hours of each per two-week pay period. Residents are encouraged to use all of their annual leave before completion of the training year. Unused sick leave may be applied to future federal employment. Additional leave may be approved for attendance at conferences and workshops or other continuing education activities. Postdoctoral residents are not covered by Federal Employee retirement and are not eligible for federal life insurance benefits but are eligible for health insurance benefits.

Policies

The Minneapolis VAHCS postdoctoral residency training program follows the guidelines set forth by the Association of Psychology Postdoctoral and Internship Centers (APPIC). You will find a copy of the guidelines in effect for this application year at the APPIC website at www.appic.org (*External site-see disclaimer below)

In accord with the Federal Drug-Free Workplace Program, residents accepted here may be asked to submit a urine specimen at the beginning of the training year. Other branches of the federal government ([Office of Personnel Management](#)) may conduct routine background checks at their discretion.

It is the policy of the Minneapolis VAHCS postdoctoral residency that selected applicants must have successfully defended their dissertation and must complete all other doctoral degree requirements before they begin their residency. Selectees, under extraordinary circumstances, may petition the Training Committee for up to two 30-day extensions. If granted, the start date would be delayed, and the resident would be required to extend his or her traineeship period (possibly without compensation) in order to achieve the required number of supervised hours to complete the residency. Selectees who are denied an extension or are unable to begin the residency within 60 days of their original start date will be deselected from the program. In this unusual circumstance, alternative candidates may be contacted to fill the position as quickly as possible.

The Minneapolis VAHCS postdoctoral residency selects applicants who are committed to an extra year (2 years for neuropsychology) of focused training and supervision and are dedicated to completing that training.

Both the Clinical Psychology and Clinical Neuropsychology program are using the APPA CAS (APPIC Psychology Postdoctoral Application - Centralized Application System). Click on the following link to access the APPA CAS. (not yet available).

Application Procedures for the Clinical and Clinical Neuropsychology Programs:

Within the APPA CAS, complete the basic demographic, education, and clinical training information required of all applicants including transcript request and document uploads. The specific requirements for the Minneapolis VAHCS programs is indicated below.

The following application requirements must be included (uploaded) in the APPA CAS for the Minneapolis VAHCS program designations,

1. Cover letter describing your career goals and a detailed description of how the postdoctoral residency at the Minneapolis VAHCS will help you achieve those goals. Make sure to include information pertaining to your experience with interventions, particularly empirical based or supported interventions, psychological assessment, and your research/scholarly experience. We acknowledge that neuropsychology applicants may have less intervention experience.

2. Vita
 3. Three letters of recommendation. *At least one of these must be from an internship supervisor.*
 4. Letter from your dissertation chair regarding dissertation status and anticipated completion date. If your dissertation chair is one of your three letters of recommendation, this information can be included in that letter.
 5. De-identified work sample - a comprehensive integrated psychological assessment report. Make sure the report is **de-identified** according to [HIPPA Standards](#)  *. If raw data are available, please include them. Clinical Neuropsychology applicants must submit a neuropsychological assessment.
- The deadline for completed applications is **December 15, 2015** for the training year starting in Fall of 2015. All materials must be received by this date in order to be considered.
 - Except under very unusual circumstances, all application materials must be submitted through the APPA CAS.
 - Please contact us by telephone or E-mail if you have further questions.

Jay Stephenson
 Telephone: (612) 467-1504
 Fax: (612) 629-7596
 E-mail: Jay.Stephenson@va.gov

Wayne Siegel, Ph.D., ABPP
 Director of Training/Psychology Supervisor
 Telephone: (612) 467-4024
 E-mail: Wayne.Siegel@va.gov

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Past Residents

2013-2014 - Current Residents

- Carolyn Anderson, Ph.D.*, Interned at the Minneapolis VAHCS, Washington State University, Clinical Psychology (2nd Year Neuropsychology Resident).
- Ivy Miller, Ph.D.*, Interned at the Minneapolis VAHCS, Clinical Psychology, Boston University (1st year Neuropsychology Resident)
- Samuel Hintz, Ph.D.*, Interned at the Canvas Health, Counseling Psychology, University of Minnesota Counseling Program
- Sandra Shallcross, Ph.D.*, Interned at the Minneapolis VAHCS, Counseling Psychology, University of Minnesota
- Melissa Mattson, Ph.D.*, Interned at the Veterans Affairs S. Louis Healthcare System, Clinical Psychology, Illinois Institute of Technology/Institute of Psyc
- Ethan McCallum, Ph.D.*, Interned at the Minneapolis VA, Clinical Psychology, University of Missouri - St. Louis

2012-2013 - Residents

- Carolyn Anderson, Ph.D.*, Interned at the Minneapolis VAHCS, Washington State University, Clinical Psychology (1st Year Neuropsychology Resident).
- Erin Koffel*, Ph.D., Interned at the Minneapolis VAHCS, University of Iowa, Clinical Psychology.
- Marielle Divilbiss, Ph.D.*, Interned at Hennepin County Medical Center, Kent State University, Clinical Psychology.
- Eric Neumaier, Ph.D.*, Interned at the Denver Health Medical Center, University of Wisconsin, Madison, Counseling Psychology.
- Torricia Yamada, Ph.D.*, Interned at Massachusetts General Hospital/Harvard Medical, University of Iowa, Counseling Psychology (2nd Year Neuropsychology Resident).
- Paul Heideman, Ph.D.*, Clinical Psychology, Interned MUSC Charleston VAHCS, Univ. of WI - Milwaukee

2011-2012 Residents

- Bridget Doane, Ph.D.*, Interned at Minneapolis VAHCS, The University of Alabama, Clinical Psychology.
- Margaret Gavian, Ph.D.*, Interned at Minneapolis VAHCS, The University of Minnesota, Counseling Psychology.
- Jessica Jones, Ph.D.*, Interned at Hazelden Foundation, The University of Minnesota, Clinical Psychology.
- Rebecca Mayor, Ph.D.*, Interned at Missouri Health Sciences Psychology Consortium, Marquette University, Counseling Psychology.
- Torricia Yamada, Ph.D.*, Interned at Massachusetts General Hospital/Harvard Medical, University of Iowa, Counseling Psychology (1st Year Neuropsychology Resident).

2010-2011 Residents

- Bridget Doane, Ph.D.*, Interned at Minneapolis VAHCS, The University of Alabama, Clinical Psychology.
- Jaime Gonzalez, Ph.D.*, Interned at VA Puget Sound, University of Nebraska, Counseling Psychology.
- Elizabeth Nelson, Ph.D.*, Interned at Minneapolis VAHCS, University of Wyoming, Clinical Psychology.
- Laura Rusch, Ph.D.*, Interned at Duke Univ. Medical Center, University of Wisconsin, Clinical Psychology

2009-2010 Residents

- James Hoelzle, Ph.D.*, Clinical Psychology, Interned at Rush University Medical Center, Chicago, IL. (2nd year in



Neuropsychology), Univ.y of Toledo

Jamie Lindberg, *Psy.D.*, Clinical Psychology, Interned at Minneapolis VAHCS, Argosy University, Minneapolis.

Emily Voller, *Ph.D.*, Clinical Psychology, Interned at Minneapolis VAHCS, Oklahoma State University.

Aaron Joyce, *Ph.D.*, Clinical Psychology, Interned at Southwest Consortium, Univ. of St. Louis.

2008-2009 Residents

Martina Rodgers, *Ph.D.*, Clinical Psychology, Interned at Minneapolis VAHCS, Univ. of Washington.

Lindsay King, *Ph.D.*, Clinical Psychology, Interned, Hennepin County Medical Center, Minneapolis, Univeristy of Eastern MI.

James Hoelzle, *Ph.D.*, Clinical Psychology, Minneapolis VAHCS, Rush University Medical Center, Chicago, IL., Univ of Toledo (1st year in Neuropsychology)

2007-2008 Residents

Stephanie Burcusa, *Ph.D.*, Clinical Psychology, University of Minnesota, Interned at Hennepin County Medical Center.

Amanda Ferrier, *Ph.D.*, Counseling Psychology, University of Albany SUNY. Interned at the White River Junction VA Medical Center.

Henry Ogden, *Psy.D.*, Counseling Psychology, University of St. Thomas, Interned at University of St. Thomas Counseling Center.

2006-2007 Residents

Megan Adams, *Ph.D.*, Counseling Psychology, Colorado State University, Interned at Minneapolis VAHCS.

Laura Meyers, *Ph.D.*, Clinical Psychology, University of South Carolina, Interned at Bay Pines VAMC.

Kelly Petska, *Ph.D.*, Counseling Psychology, University of Nebraska, Interned at Pheonix VAMC.

2005-2006 Residents

Kimberly Kalupa, *Ph.D.*, Clinical Psychology, Uniformed Services Univeristy of the Health Sciences, Interned University of Florida, Gainesville.

Maureen Kennedy, *PsyD.*, Counseling Psychology, University of St. Thomas, Interned at Minneapolis VAHCS.

2004-2005 Residents

Becky Parker, *Ph.D.*, Clinical Psychology, University of Arkansas, Interned at Minneapolis VAHCS.

Erica Johnsen, *Ph.D.*, Clinical Psychology, University of Iowa, Interned at Minneapolis VAHCS.

2003-2004 Residents

Jeff Buchanan, *Ph.D.*, Clinical Psychology, University of Nevada - Reno, Interned at Minneapolis VAHCS.

Alan Landes, *Ph.D.*, Clinical Psychology, Kent State University.

Current and past residents have provided written consent for their names to be posted on our website.

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Professional Information Links

American Psychological Association

750 First Street, NE
 Washington, DC 20002-4242
 (202) 336-5500
 (202) 336-6123 TDD
 Web: www.apa.org (*External site-see disclaimer below)

Commission on Accreditation (CoA), American Psychological Association

750 First Street, NE
 Washington, DC 20002-4242
 202-336-5979
 Web: www.apa.org/ed/accreditation/index.aspx *(External site-see disclaimer below)

APPIC – Association of Psychology Postdoctoral and Internship Centers

733 15th Street NW Suite 719
 Washington, DC 20005
 (202) 347-0022
 Web: www.appic.org (*External site-see disclaimer below)

National Matching Services Inc.

595 Bay St., Suite 301, Box 29
 Toronto, Ontario
 Canada, M5G 2C2
 Telephone: (416) 977-3431
 Fax: (416) 977-5020
 Web: www.natmatch.com/psychint/ (*External site-see disclaimer below)

Minnesota Board of Psychology

2829 University Ave SE Suite 320
 Minneapolis, MN 55414
 Telephone: (612) 617-2230
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 Web: psychologyboard.state.mn.us/board.asp (*External site-see disclaimer below)

Minnesota Psychological Association

1711 West County Road B, Suite 310N
 Roseville, MN 55113-4036
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Accreditation

The doctoral internship program in Clinical Psychology at the Minneapolis VAHCS is accredited by the Commission on Accreditation of the American Psychological Association. The next site visit will be during the academic year 2018.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
 American Psychological Association
 750 1st Street, NE
 Washington, DC 20002-4242
 (202) 336-5979
APAACCRED@APA.COM
<http://www.apa.org/education/grad/program-accreditation.aspx>

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