

**Psychology Postdoctoral Residency Training Program
Minneapolis VA Healthcare System
Serious Mental Illness Emphasis**

The Minneapolis VA Healthcare System (MVAHCS) offers psychology postdoctoral training with an emphasis in Serious Mental Illness (SMI). The SMI Team is an interprofessional team that provides specialty mental health care to approximately 800 veterans with serious mental illness, such as Schizophrenia, Schizoaffective Disorder, and Bipolar Affective Disorder, although veterans with other diagnoses are also treated. The team consults throughout the medical 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, empirically-supported interventions. 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, and participation in environments of one's choice. The majority of services are psychosocial rehabilitation interventions, although the team also provides traditional treatments such as medication management and supportive therapy. Treatment is coordinated to provide a full range of mental health services for veterans and their family members.

THE RESIDENCY PROGRAM: This residency program builds upon many aspects of the resident's previous training, providing a specialized set of skills that have been demonstrated to be effective with the SMI population. In addition, the residency training model also emphasizes balancing 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 psychological and medical needs of our veterans. Training is sufficiently broad to build the foundation of knowledge, skills, and proficiencies that define clinical psychology, and of sufficient depth to develop more focused competence and expertise in the specific area serious mental illness. This is accomplished through involvement in general requirement activities and didactics with all other Psychology Residents (as described elsewhere in training materials), as well as focused didactics and clinical experiences on the SMI Team. Training activities include 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. Another goal of the residency is to train the resident to function in leadership positions working with persons with SMI. Further, the resident will be prepared to transition to practice with an interprofessional team, promoting client-centered care and interprofessional collaboration.

Our training philosophy is strongly based 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 the experience of working with complex cases. As a consequence, our approach to training encourages clinical practice that is evidence-based and consistent with the current state of scientific knowledge. Residents are trained to implement

evidence-based practices for persons with SMI and critically evaluate new interventions. This approach is based on the belief that clients deserve access to treatments that have been proven to be effective for their specific concerns and condition(s). At the same time, we acknowledge the considerable complexities of clients 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.

A developmental training approach will be used in which learning objectives are achieved primarily through experiential clinical placements under supervision and mentoring by one or more supervisors. 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. Training considerations take precedence over service delivery. Each resident's training plan is individually created to meet the specific training needs of the resident and to develop competence in a full range of community mental health and psychosocial rehabilitation skills. After orienting to the programs and training opportunities available, residents establish a training plan with their primary mentor. The resident's individual training needs and interests will determine the proportion of time allocated across settings. Generally, a resident's training will follow a progression from observation of supervisor to increasingly independent service delivery. Supervision may involve live supervision, co-facilitation of groups, and video or audiotaping of sessions. Each resident receives supervision from several faculty members during the year, based on adjunctive rotations and specific experiences on the SMI Team.

THE RECOVERY APPROACH: 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 Psychiatric Rehabilitation Association (PRA; formerly USPRA). The mission of the PRA is to advance the availability and practice of psychiatric rehabilitation so that all individuals with serious mental illness have access to the supports they need to recover. This is based on the belief that individuals recovering from mental illnesses are able to successfully live and work in the community, enjoy active social lives, attend school, practice their faith, maintain a healthy lifestyle – all while managing their own illness with the supports they may need. 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. The practice of psychosocial rehabilitation allows the clinician to provide leadership on interprofessional teams, consultation to other staff and systems of care, program design, implementation and evaluation, and policy analysis and advocacy. We adhere to the core principles and values as identified by the PRA:

- Psychiatric rehabilitation practitioners convey hope and respect, and believe that all individuals have the capacity for learning and growth.
- Psychiatric rehabilitation practitioners recognize that culture is central to recovery, and strive to ensure that all services are culturally relevant to individuals receiving services.
- Psychiatric rehabilitation practitioners engage in the processes of informed and shared decision making and facilitate partnerships with other persons identified by the individual receiving services.
- Psychiatric rehabilitation practices build on the strengths and capabilities of individuals.
- Psychiatric rehabilitation practices are person-centered; they are designed to address the unique needs of individuals, consistent with their values, hopes and aspirations.
- Psychiatric rehabilitation practices support full integration of people in recovery into their communities where they can exercise their rights of citizenship, as well as to accept the responsibilities and explore the opportunities that come with being a member of a community and a larger society.
- Psychiatric rehabilitation practices promote self-determination and empowerment. All individuals have the right to make their own decisions, including decisions about the types of services and supports they receive.
- Psychiatric rehabilitation practices facilitate the development of personal support networks by utilizing natural supports within communities, peer support initiatives, and self- and mutual-help groups.
- Psychiatric rehabilitation practices strive to help individuals improve the quality of all aspects of their lives; including social, occupational, educational, residential, intellectual, spiritual and financial.
- Psychiatric rehabilitation practices promote health and wellness, encouraging individuals to develop and use individualized wellness plans.
- Psychiatric rehabilitation services emphasize evidence-based, promising, and emerging best practices that produce outcomes congruent with personal recovery. Programs include structured program evaluation and quality improvement mechanisms that actively involve persons receiving services.
- Psychiatric rehabilitation services must be readily accessible to all individuals whenever they need them. These services also should be well coordinated and integrated with other psychiatric, medical, and holistic treatments and practices.

INTERPROFESSIONAL COLLABORATION: In 2012, the Department of Veterans Affairs funded interprofessional training programs to nurture the development of highly trained mental health professionals who are able to provide patient-centered interprofessional team-based care. Clinical Psychology 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 client-centered, team-based models of mental health outpatient care.

Although SMI residents share the same broad goals and competencies of the other clinical psychology residents, all trainees involved on the SMI Team will also be expected to develop competencies in specific domains of interprofessional practice, as identified by the Interprofessional Education Collaborative Expert Panel (2011) for professionals in the United States:

- Values and ethics for interprofessional practice – work with individuals of other professions to maintain a climate of mutual respect and shared values
- Roles and responsibilities – use the knowledge of one’s own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served
- Interprofessional Communication – communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team appropriate to the maintenance of health and the treatment of disease
- Teams and teamwork – apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective and equitable

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 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, MVAHCS Psychology training 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.*)

PRIMARY CLINICAL RESPONSIBILITIES: Clinical training involves practice experiences primarily on the SMI Team, which is housed in the Outpatient Mental Health clinic area in the main building of the MVAHCS. The SMI team includes a team secretary and the disciplines of Nursing, Pharmacy, Psychiatry, Psychology, Social Work, and Vocational Rehabilitation. The weekly SMI team meeting includes time to discuss client/family requests or needs, provide updates on client progress, review findings from recent procedures or assessments, and consult on cases. 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. There are monthly journal club sessions, in which all team members are encouraged to present material relevant to their own practice and share with other disciplines on the team. SMI team members are located in the same clinic area and have ready access to one another. The resident will be located in the same office area as the other SMI team clinicians, thus assuring proximity of supervision and consultation when needed. Further, because the team collaborates in cross-discipline training efforts, the resident will have multiple clinicians to serve as role models for providing care and who will be available for consultation. Specific responsibilities will vary depending on training goals, resident experience, and availability of/need for services on the team. These will be coordinated with the resident's supervisor(s). Options may include:

- Intake interviews
- Diagnostic clarification/personality assessment
- Cognitive screening
- Neuropsychological assessment
- Inpatient psychiatric unit (1K) assessments
- CBSST pre- and post-group evaluations
- Collaborative treatment planning
- Individual therapy
 - Care coordination
 - Supportive therapy
 - Structured/focused psychotherapy (CBT, ACT, Behavioral)
 - Skills training
 - Psychiatric Rehabilitation Readiness assessments
 - Wellness Recovery Action Plans (WRAP)
- Family therapy - includes Behavioral Family Therapy (Mueser & Glynn, 1999)
- Group therapy
 - Veteran Orientation to SMI Team and Mental Health Services
 - Cognitive Behavioral Social Skills Training (CBSST; McQuaid, Granholm, et al, 2000)
 - Social Skills Training (SST; Bellack, et al, 2004)

- Multi-Family groups (McFarlane, 2002)
- Schizophrenia Support Group
- Family Education Workshops (adapted from McFarlane, 2002)
- Psychiatric Rehabilitation Readiness (Center for Psychiatric Rehabilitation at Boston University, 2004)
- Wellness Management and Recovery (IMR/WMR; SAMHSA, 2003)
- Support and Family Education (SAFE; Sherman, 2008)
- Financial Management (All My Money; Univ of Illinois Extension, 2005)
- Anger Management for people with SMI
- Behavioral Management for Auditory Hallucinations – Managing Voices (Buccheri, Trygstad & Dowling, 2000)
- Provide clinical supervision to a lower-level Psychology practitioner (usually an advanced graduate student during their practicum clinical placement)
- Observation of Treatment Review Panel (TRP) meetings
- Observation of other disciplines on the team (medication management, Tardive Dyskinesia evaluations, etc)
- Lectures to medical students on topics such as Assessment of Psychosis or Psychological Assessment
- Consultation with other providers/teams/programs

SECONDARY CLINICAL PLACEMENTS: In addition to clinical work on the SMI Team and attending weekly seminars and supervision sessions, residents have several secondary requirements and electives designed to round out their residency year and provide experience with all key integrated psychosocial rehabilitation services across different levels of care. These experiences serving veterans with SMI will be offered through the Veterans Bridge to Recovery (VBR) program which is a Psychosocial Rehabilitation and Recovery Center (PRRC), the Mental Health Intensive Case Management (MHICM) program, the Psychiatric Partial Hospitalization (PPH) Program, and Therapeutic and Supported Employment Services (TSES). Each of these multidisciplinary programs emphasizes client-centered care, involving family and connecting with community resources. This training model allows for experiences with other programs that provide the continuum of services to veterans with SMI. In addition to these secondary placements with associated psychosocial rehabilitation programs, at least one clinical experience is expected to be in an area not specifically serving veterans with SMI in order to meet training criteria of a minor rotation as required for all clinical psychology residents. Descriptions of these available opportunities can be found on the MVAHCS Psychology Training website ([Clinical Experiences in addition to emphasis area](#) ; *Note: This link will open up a new browser window. Close the window to return to this page.*)

Mental Health Intensive Case Management (MHICM): MHICM is the equivalent to an Assertive Community Treatment (ACT) program in the community, with the goal to promote, maintain and/or restore the mental health of persons with SMI who tend to use the greatest percentage of inpatient psychiatric services. The majority of services are provided in the community and/or at the veteran's home. The multidisciplinary MHICM team composed of Nursing, Psychiatry,

Social Work, and Vocational Rehabilitation meets at least weekly to discuss new referrals, treatment plans for existing clients, and pending discharges for veterans who have succeeded on achieving recovery. Because MHICM blends clinical services with community resources, residents will have opportunities to assist veterans and family members with real world problems where they occur and help identify resources to improve the veteran's quality of life.

Psychiatric Partial Hospitalization (PPH): The PPH program is a time-limited, intensive alternative to full hospitalization. Veterans enrolled in PPH are coping with an acute psychiatric episode and/or substance use concern, and are seeking more intensive outpatient services to avoid hospitalization. Organized within a therapeutic community, or milieu setting, the focus is on providing recovery-based services. The multidisciplinary PPH team composed of Nursing, Psychiatry, Psychology, Social Work, Program Specialist, and Creative Arts therapist meets three times per week to discuss new referrals, individualized treatment plans, and client progress. The broad range of treatments include, but are not limited to, case management, educational therapy, group therapy, music therapy, mind-body intervention, creative arts therapy, and medication management. Residents can expect to be involved in all aspects of the partial hospitalization programming, including interdisciplinary assessment, treatment and rehabilitation planning, relapse prevention, medical management, and interventions targeting the veteran, family (such as Friend and Family Day) and relevant community supports (such as therapeutic trip to Minneapolis Institute of Arts).

Supported Employment (SE) through Therapeutic and Supported Employment Services (TSES): Supported Employment is an evidence-based practice for persons with SMI. SE is a recovery-oriented program that helps individuals with SMI obtain and maintain competitive employment of their choice in the community with placement and long-term follow-along services. As SE is integrated with mental health services, the Vocational Rehabilitation Specialist (VRS) attends SMI and MHICM team meetings and works closely with the multiple disciplines represented on each team. The VRS spends a significant portion of time in the community meeting with veterans and employers in job search, job development, job coaching, and follow-along support activities. Residents will have opportunities to observe intake assessments, vocational plan development, collaborative treatment planning, community meetings with veterans and assisting them in job search activities or providing follow-along support services.

Veterans Bridge to Recovery (VBR): The Psychosocial Rehabilitation and Recovery Center (PRRC; locally called Veterans Bridge to Recovery, or VBR) is a recovery-oriented milieu treatment program for individuals with serious mental illnesses. This program is located in downtown Minneapolis in order to connect veterans with community resources. The multidisciplinary VBR team composed of Nursing, Occupational Therapy, Peer Support Specialist, Psychology and Social Work meets twice per week to discuss administrative and clinical issues. VBR is a long-term program with emphases on goal-setting, 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. Staff spend a significant portion of their time in the community with veterans participating in group activities that enhance skills for community living. Residents will 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 services.

RESEARCH PROJECT: Training in research/dissemination consists of a program evaluation, research, or dissemination project that is developed by the resident and overseen by the research mentor. Residents in the SMI emphasis area may spend up to 25% of their time in research activities, based on a 40-hour work week. *(Please note that this is a different maximum for research activities during the official 40-hour work week than the other Psychology postdoctoral residents, who may coordinate to spend up to 49% of their time in research).* Because residents typically work 45 to 50 hours per week, additional time both on and off site can also be used for research, depending on a resident's individual goals and the complexity of the research project. Research time devoted per week will vary over the course of the training year. Mentors assist residents in defining projects that can be completed within the training year. Residents may take advantage of collaborating with several of our very productive clinical researchers on staff. Presently, clinical research with veterans with SMI 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.

DIDACTICS/MEETINGS: In addition to the seminars required as part of the larger Psychology Post-Doctoral Residency program and meetings specific to an adjunctive rotation, the following activities are required for the SMI Resident:

SMI Team Meeting: The interprofessional SMI Team meets every Thursday morning for one hour to review administrative issues and to discuss client/family requests or needs, update on client progress, review findings from recent procedures or assessments, and consult on cases.

Interprofessional Education (IPE) didactic seminars: Residents will attend a didactic seminar with all other trainees on the SMI team every other Thursday morning. Presentations will focus on topics such as general mental health issues, serious mental illness, assessment/diagnosis/treatment, psychiatric rehabilitation, interprofessional collaboration, leadership, and teamwork. Participants will be asked to reflect on learning experiences, observations of team process and dynamics, IPE group expectations/norms, team decision making, giving and receiving feedback, addressing conflict, turning to other disciplines for mentoring and networking, and individual progress towards goals. Trainees will have the opportunity to discuss issues related to interprofessional roles and collaborative practice. Material will initially be presented by faculty and possibly by other stakeholders such as veterans and family members, though later trainees themselves will present clinical information and results of group projects.

IPE Consultation Group: Residents will attend a peer consultation meeting with all other trainees on the SMI team every other Thursday morning. This meeting will alternate with the IPE didactic seminar. The IPE consultation meeting will involve case presentations and group discussion regarding plan of care. This meeting will be facilitated by Psychology staff as well as providers from different training disciplines.

SMI Team Journal Club: This seminar meets over the lunch hour on the second Tuesday of the month. This meeting provides an informal opportunity for SMI Team members to present and discuss literature relevant to their practice and translate the literature to activities in the clinic with the veterans that we serve.

Psychiatry Grand Rounds: Didactic presentations for all mental health providers are held weekly on Friday mornings at the MVAHCS and cover a wide range of mental health topics and medical illnesses by both local and visiting speakers.

RESIDENTS IN SMI EMPHASIS AREA: Residents with the SMI emphasis area have come from various graduate programs including Washington State University, University of Minnesota, Kent State University and University of Missouri at St. Louis. Their internship programs included Minneapolis VA Healthcare System, Hazelden (Center City, MN), and Hennepin County Medical Center (Minneapolis, MN). They have gone on to work at locations such as St. Peter Regional Treatment Center (St. Peter, MN), Sanford Health (Fargo, ND), Hennepin County Medical Center, and Minneapolis VA Healthcare System.

TRAINING STAFF: Available resident mentors in the SMI emphasis area are Drs. Hegeman, Hoffman-Konn, and Rodgers. Research mentors include Drs. Nienow and Sponheim, though other research mentors could be arranged based on an individual resident's research interests. Residents will have the opportunity to work with other staff from multiple professions during the course of their primary and secondary placements.