The 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 VAHCS 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 Minneapolis VA Health Care System provides health care to veterans residing in our primary service area, which includes Western Wisconsin and Minnesota. It also serves as a tertiary referral center for the upper VA Midwest Healthcare Network which spans a much greater geographical area and includes some two million veterans. Last fiscal year, there were more than 600,000 outpatient visits, 8,200
inpatient stays, and nearly 1,000 extended care stays at this facility. Each of the outpatient visits may represent multiple encounters with multiple departments on the same day; hence, there are more than a million patient encounters yearly.

In addition to the Psychology Training Programs, the Minneapolis VAHCS has one of the largest education and training programs in the VA system, providing training to more than 1,500 residents, interns, and students annually. It has active affiliations with over 50 colleges, universities, and vocational schools in allied health professions, such as medicine, psychiatry, health care administration, audiology, speech pathology, physical therapy, occupational therapy, social work, psychology, laboratory and dental technology, physician assistants, nursing, and pharmacy. The Minneapolis VAHCS has particularly strong partnerships with the University of Minnesota in providing clinical services, training, and research across a variety of disciplines.

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 Presence of Psychology

The MVAHCS Psychology staff currently consists of over 80 doctoral psychologists, many 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.

As required by the APA Commission on Accreditation, click on the following link to find the program's current Internship Admissions, Support and Initial Placement Data.
Internship Program Admissions

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

1. Doctoral student in clinical or counseling psychology program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA)
2. Approval for internship status by graduate program training director
3. A minimum of 250 direct intervention and 50 direct assessment hours of supervised graduate level pre-internship practicum experience. There is a clear focus on quality of training experiences rather than total hours.
4. U.S. citizenship
5. Male applicants born after 12/31/1959 must have registered for the draft by age 26
6. Matched interns are subject to fingerprinting, background checks, and urine drug screens. Match result and selection decisions are contingent on passing these screens.

Selection Process
A selection committee composed of psychologists involved in training reviews applications. Applicants may seek consideration for one or both tracks. We seek applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic skills in assessment, intervention, and research techniques, and the personal characteristics necessary to function well in our internship setting. Our selection criteria are based on a "goodness-of-fit" with our scientist-practitioner model, and we look for interns whose training goals match the training that we offer. We prefer interns from university-based programs. Consistent with our APCS membership, individuals with scholarly or aspiration are encourage to apply. The Minneapolis VA Medical Center 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 (see #1 below under Application Procedures). *** The selection process may include information gained from internet and social media searches of applicants' names.

Interview Process
In-person or phone interviews are required of all applicants who make the final selection round. In-person interviews will take a full day (8:00 am to 4:30 pm) and involve an informational session with the training directors, two formal interviews with training staff, a tour of our clinical and research facilities, an informational session with current interns, and an extended lunch (provided) with opportunity to meet staff supervisors from all clinical rotations, adjunctive and research training experiences. For the current selection cycle, in-person interviews will take place on January 6th and January 9th, 2017. Applicants will need to be available to interview on those days should they be invited for an in-person interview. Please note, on both days, we will be taking a group photo of interviewees to use as a visual mnemonic cue to assist our ranking process.
Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program’s policies on intern selection and practicum and academic preparation requirements:

The program requires that applicants have received a minimum number of hours of the following at time of application:

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

Financial and Other Benefit Support for Upcoming Training Year

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Stipend/Salary for Full-time Interns</td>
<td>$25,402 per year</td>
</tr>
<tr>
<td>Annual Stipend/Salary for Half-time Interns</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

Insurance

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical insurance for intern?</td>
<td>Yes</td>
</tr>
<tr>
<td>Trainee contribution to cost required?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of family member(s) available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of legally married partner available?</td>
<td>Yes</td>
</tr>
<tr>
<td>Coverage of domestic partner available?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Time Off

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Available</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hours of Annual Paid Personal Time Off (PTO and/or Vacation)</td>
<td>Yes</td>
<td>4 hours every 2 weeks</td>
</tr>
<tr>
<td>Hours of Annual Paid Sick Leave</td>
<td>Yes</td>
<td>4 hours every 2 weeks</td>
</tr>
<tr>
<td>In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?</td>
<td>Yes</td>
<td>Negotiated on a case by case basis</td>
</tr>
</tbody>
</table>
## Initial Post-Internship Positions

(Provide an Aggregated Tally for the Preceding 3 Cohorts) 2012-2015

<table>
<thead>
<tr>
<th></th>
<th>Postdoc Position</th>
<th>Employment Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community mental health center</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Federally qualified health center</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Independent primary care facility/clinic</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>University counseling center</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Veterans Affairs medical center</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>Military health center</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Academic health center</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>Other medical center or hospital</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Psychiatric hospital</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Academic university/department</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>Community college or other teaching setting</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Independent research institution</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>School district/system</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Independent practice setting</td>
<td>1</td>
<td>NA</td>
</tr>
<tr>
<td>Not currently employed</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Changed to another field</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>NA</td>
</tr>
<tr>
<td>Unknown</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

| Total # of interns who were in the 3 cohorts | 24 |
| Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree | 0 |
Program Overview

The Psychology Internship Program at the Minneapolis VAHCS is accredited by the American Psychological Association (the next site visit will be during the academic year 2018). The Minneapolis VAHCS had been an internship site under the auspices of the University of Minnesota's APA-accredited doctoral psychology programs since the mid-1940's until independent APA accreditation was granted in 1979. The program is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and abides by its policies and procedures. Many of our previous interns have pursued careers in universities, the VA health care system, medical schools, teaching hospitals, and other settings. A number of our former interns are distinguished scientists making cutting edge contributions to the field of psychology.

Training Aims

1. 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.

   Consistent with our Scientist-Practitioner model, The Minneapolis VAHCS Internship is a member in the Academy of Psychological Clinical Science (APCS). APCS is an alliance of leading, scientifically oriented, doctoral and internship training programs in clinical and health psychology. Our program is one of 12 internships in the United States and Canada judged to have met the membership criteria of demonstrating strong commitments to and an established record of successful clinical science training.

2. The primary focus of the internship year is training. Delivery of patient care is an essential vehicle through which training occurs, but is secondary to the educational mission of the internship. Toward this end, interns are encouraged to plan their internship experiences in a manner that maximizes their individual training goals (for example, interns choose their own rotation placements and research projects...
in order to meet their individual training needs). Our training program emphasizes generalist training as 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. The internship year is designed to help interns master the common principles and practices that form the foundation of clinical patient care. The acquisition of specific skills, techniques, and conceptual models are considered as means in the service of this aim, rather than as ends in themselves.

3. **Our training model is developmental.** Over the course of the year, interns move from close supervision, mentorship, and intensive instruction to relatively autonomous functioning. Interns are expected to be active participants in shaping their training experiences in a variety of ways. Interns take an active and responsible role in developing their training plan and in adjusting it to meet their needs and emerging interests. Through this model, graduating interns develop the competencies and sense of professional identity needed for entry-level positions in psychology. Interns are required to take responsibility for their own learning by identifying individualized training goals, by self-observation, self-evaluation, and participation in continuing education. Interns are also expected to participate in the development and improvement of the training program itself by providing feedback and evaluation of supervisors and training experiences.

4. **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 postdoctoral residency programs place a high value on attracting a diverse group of trainees and on maintaining an awareness of diversity issues during the training year.
Culture and Diversity Training Program Philosophy:
The Psychology doctoral internship and postdoctoral training programs at the Minneapolis VAHCS are deeply committed to the training of future psychologists from a culturally competent framework. The programs are devoted to cultural competency and are predicated on the idea that psychology practice is enhanced when we develop a broader and more adept view of what it is to be human— with infinite cultural variations and individual differences. We believe that our practice advances when we make a conscious intent to use our skills, knowledge, awareness, and sensitivity to effectively communicate and function within any given diverse context or encounter. Consequently, our approach to cultural competency training focuses on the following key domains:

**Cultural Skill:** We subscribe to the belief that cultural competence is not only comprised of values and principles but a set of demonstrated skills (e.g., knowledge, awareness, sensitivity, etc.). Furthermore, we regard cultural competence as an extension of the therapeutic relationship and, as such, vital to the repertoire of clinical skills of any psychologist.

**Cultural Knowledge:** Historically, programs have relied on a content-based approach to deliver cultural knowledge. However, this training method is inefficient, as it is not feasible or reasonable to learn and retain facts about all diverse groups. Through this approach, trainees often learn broad cultural knowledge about highly heterogeneous groups instead of learning how to efficiently gather cultural knowledge when needed to facilitate their therapeutic encounter. We strongly believe that being knowledgeable about an individual’s unique worldview (e.g., values, beliefs, etc.) is essential for cultural competency. Our objective is to equip trainees with the skill of knowing how to effectively gather cultural knowledge from several sources to best serve the healthcare needs of individuals from diverse backgrounds.

**Cultural Awareness:** While the skill of gathering cultural knowledge is a key component of cultural competency, cultural awareness and sensitivity are at the heart of the cultural competency experiential process. For this reason, the Minneapolis VAHCS places high value and focus on cultural awareness training, both as a valued perspective and demonstrable skill. In addition, our goal is to avoid any further perpetuation of the consumer model of cultural and diversity training where psychology trainees learn cultural information (content-based didactics with facts about diverse groups) without being challenged to demonstrate an understanding of how their personal attitudes and biases affect how they understand and interact with individuals who are different from themselves. Our objective here is twofold: a) foster and/or promote a perspective that values cultural awareness, and b) assist trainees in refining the life-long skill of self-examination and self-
awareness. To this end, our training program includes awareness training through a variety of means provoking self-reflection.

Cultural Sensitivity: Like cultural awareness, cultural sensitivity requires a change in attitude. Cultural sensitivity is a highly complex interpersonal process that leads to a perspective where one genuinely values and respects diverse worldviews. This attitude embodies openness and flexibility when working with individuals from diverse backgrounds. While cultural awareness forms the initial foundation of cultural competency (i.e., becoming conscious of personal cultural values, beliefs, and perceptions), cultural sensitivity is the catalyst or experiential process where one becomes simultaneously a) aware of our personal worldview, b) aware of our patient’s worldview, and c) willing/able to foster a therapeutic alliance where both perspectives are harmoniously integrated in assessment and treatment. From a demonstrable skills perspective, we believe that cultural sensitivity relies on several skills including the skill of self-reflection (i.e., awareness) and effective gathering of cultural knowledge.

Training Program Competencies

Consistent with our overall Aims, training is expressed in the following broad competencies:

A. **Research** - Interns will demonstrate the ability to critically evaluate and disseminate research or other scholarly activities at the local (including the host institution), regional, or national level.

B. **Ethical and Legal Standards** - Interns will demonstrate the ability to respond professionally in increasingly complex situations with a greater degree of independence across levels of training including knowledge and in accordance with the APA Code, relevant laws, regulations, rules, policies, standards and guidelines.

C. **Individual and Cultural Diversity** - Interns will demonstrate ability to conduct all professional activities with sensitivity to human diversity, including the ability to deliver high quality services to an increasingly diverse population. Interns demonstrate knowledge, awareness, sensitivity, and skills when working with diverse individual, as well as with communities that embody a variety of cultural and personal background and characteristics.

D. **Professional Values and Attitudes** - Interns will demonstrate maturing professional identities and a sense of themselves as a "Psychologist" and awareness of and receptivity to areas needing further development.

E. **Communication and Interpersonal Skills** - Interns will demonstrate effective communication skills and the ability to form and maintain successful professional relationships.

F. **Assessment** - Interns will develop competence in evidence-based psychological assessment with a variety of diagnoses, problems, and needs. Emphasis is placed on developing competence in diagnostic interviewing and the administration and scoring of psychometrically-validated instruments assessing personality.

G. **Intervention** - Interns will develop competence in the provision of evidence-based interventions for adults with a variety of diagnoses, problems, and needs. Interns will select and implement these interventions from a range of therapeutic orientations, techniques, and approaches.
H. **Supervision** - Interns will demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct or simulated practice.

I. **Consultation and Interprofessional Skills** - Interns will develop competence in the intentional collaboration of professionals in health service psychology with other individuals or groups.

### Supervision

Each week, interns can expect to receive at least 2 hours of individual clinical supervision and 2 hours of group supervision. Style and modes of supervision vary. Video and audio recording, observation, role-plays, process notes, and co-therapy are among the tools used to aid in supervision. Interns 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. Interns should expect to be assigned readings and literature reviews as part of their supervision.

### Mentorship

Each intern is assigned a mentor/advisor for the training year. The mentor’s role is to help the intern negotiate the internship program, integrate feedback from various supervisors, and plan for post-internship goals. Mentors meet with interns at least once per training trimester.

### Evaluations

Our goal is to produce graduates who are prepared to assume different roles as professional psychologists including but not limited to full-time clinicians, applied clinical researchers, and dedicated research faculty. The training goals stated above describe the competencies that we feel are essential for this overarching goal and evaluations are necessary to guide and determine our progress in obtaining this goal. When the training year begins, interns are evaluated in several fundamental areas, including diagnostic interviewing, MMPI-2-RF interpretation, and RBANS administration and interpretation. We also conduct baseline self-evaluations which correspond to our training goals as described above. The level of competence displayed will contribute to the intern’s subsequent training goals and plans for the year. Interns are formally evaluated near the end of each training activity. Evaluations are discussed with interns and may be modified by mutual agreement before being placed in the training files. Interns also are asked to evaluate themselves, their supervisors, and the training program on a regular basis.

Consistent with APA accreditation requirements, we have identified clear minimum levels of achievement:

In order for Interns to maintain good standing in the program they must:
For the first and second training trimester, obtain ratings of at least a “2” [Regular supervision required on most straightforward cases; consultation only on less challenging cases (mid-practicum level)] for all competencies on the Trimester Evaluations and the Adjunctive Training Experience Evaluation forms.

No items in competency areas will be rated as a “1” [Substantial supervision/remediation needed; limited to no autonomous judgment].

Not be found to have engaged in any significant unethical behavior

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

- By the end of the last training period, obtain ratings of at least a “5” [Little consultation/supervision needed. Sound clinical judgment regularly demonstrated (intern exit/ postdoc entry level; readiness for practice] for all competencies on the Trimester Evaluation and the Adjunctive Training Experience Evaluation forms.
- Not be found to have engaged in any significant unprofessional or unethical behavior

Training Term

The internship requires a one-year, full-time training commitment beginning on about Labor Day and ending on about that same time the following year, with interns averaging 40 to 50 hours a week on site. One year at full-time equals 2080 hours. Interns are entitled to 10 federal holidays and earn sick leave and vacation (annual leave) days at a rate of 4 hours of each per two-week pay period (a total of 13 days of each). Interns are required to use all of their annual leave before completion of internship. Unused sick leave may be applied to future federal employment. Additional leave may be approved for attendance at conferences and workshops or to complete activities required by your graduate program.

Stipend and Benefits

VA Central Office in Washington, DC notifies us in January of each year of the number of intern positions that we will receive for the following internship year. For this year we received eight full-time positions including two designated for neuropsychology emphasis. We expect to receive the same budget for next year. The current stipend is $25,402 per year. State and federal income tax and FICA (Social Security) are withheld from interns’ checks. Interns are not covered by Civil Service retirement or leave and are not eligible for federal life insurance benefits. The United States Government covers interns for malpractice under the Federal Tort Claims Act.
Interns match into one of two training tracks: Standard Clinical or Neuropsychology. There are six Standard Clinical positions, and two Neuropsychology track or emphasis positions. All tracks are open to interns from Clinical or Counseling psychology doctoral programs.

The **Standard Clinical Track** offers the widest flexibility training. Interns select from a variety of full-time 17 week-long rotations (See the Training Structure page for rotation details. The table toward the bottom of the page will help applicants understand how the program is structure and how it could meet your training needs.).

The **Neuropsychology Track** provides training in clinical neuropsychology and neuropsychological assessment and is designed to meet the Houston Conference and APA Division 40 training guidelines for clinical neuropsychology. The Intern is expected to devote at least 50% of his or her time to activities designed to increase knowledge of brain-behavior relationships and neuropsychological assessment. The intern will begin the training year with a general introduction to fundamental assessment activities (e.g., measurement selection, scoring, normative standards, report writing) and develop more advanced skills in case conceptualization and consultation as the training year progresses. The ultimate goal is to foster progressive autonomy as a neuropsychologist. This is accomplished through completion of two to three 17 week-long rotations (See the Training Structure page for rotation details).

Although Neuropsychology Track interns focus a significant portion of their training in areas related to neuropsychology, the track is structured to ensure that their training is broad and general and is consistent with APA CoA Guidelines and Principles. Neuropsychology Track interns are also required to participate in year-long intervention and assessment training through Adjunctive Training Experiences. Please see Adjunctive Training Experiences on the Training Structure page of this website.
Training Structure and Components

The internship year is divided into three 4-month trimesters. During the internship year, interns complete three major clinical rotations and between two to four minor rotations (or adjunctive training experiences). Some adjunctives are six months long and some are year-long. Interns are required to participate in the Psychology Assessment Clinic throughout the entire year. Additionally, interns are required to be involved in research activities throughout the entire year. Interactive didactic instruction occurs through the Friday didactic seminar and the didactic components of adjunctives.

After an orientation period, trainees are matched to a rotation and adjunctive schedule for the year. All trainees, regardless of training track, participate in core curriculum experiences (didactics, seminars and supervision), adjunctive experiences, and selected rotations. Rotation assignments are determined by trainee interest, training needs, and track, with Neuropsychology trainees being required to complete rotations that allow for concentration in those areas (i.e., Neuropsychology I and II rotations). The training directors work with trainees to choose and sequence rotations and adjunctive training experiences so that trainee training goals and program competency standards are met. The schedule can be adjusted as needed later in the year.

Rotations  SeminarsResearch

Adjunctives  Mentors  Time Allocation

**Rotations**

**Addiction Recovery Services (ARS):** The mission of the ARS clinic is to foster individualized recovery for Veterans who desire change related to substance use, other addictive behaviors (i.e. gambling, sex), and other co-occurring mental health concerns. The multidisciplinary team includes psychology, social work, psychiatry, nursing, pharmacy, and peer support. All of the treatment we provide occurs on an outpatient basis. The programming provided in the clinic includes both group and individual treatments. Group treatment is evidence-based and includes our intensive outpatient program (IOP), relapse prevention, aftercare, and specialized outpatient groups focused on specific Veteran populations, to include those managing both substance use disorders (SUD) and severe mental illness, SUD and personality traits, SUD and PTSD, and sexual addiction. Evidence-based individual treatment includes cognitive behavioral therapy for substance use disorders (CBT-SUD), motivational interviewing, contingency management for stimulant misuse, CBT for chronic pain, CBT for insomnia, acceptance and
commitment therapy (ACT), and tobacco cessation interventions. A sub-team of ARS includes our opioid treatment program (OTP), which focuses on administration of opioid replacement medications (buprenorphine, methadone), individual therapy/case management, and an educational/coping skills group. Additional training opportunities include completing comprehensive psychological assessments for ARS Veterans, typically referred by other team members for diagnostic clarification and treatment recommendations; brief assessments to provide treatment recommendations as part of a weekly drop-in screening group; and brief assessments/consultation with inpatient treatment teams regarding veterans who have been hospitalized for substance use related physical health complications. Interns also have the opportunity to be involved in on-going quality improvement projects in the clinic.

In light of the breadth of treatment provided in the clinic, interns in ARS have the opportunity to create and receive a comprehensive training experience. Each trainee meets with his/her supervisor to develop an individualized training plan based upon training interests and goals. Supervisors strive to provide high quality supervision, including observation and/or video review, to support trainees in meeting their personal training goals during the rotation. Consideration of multicultural issues in Veteran interactions is a key component of the training experience. We believe in an interdisciplinary approach to providing high quality services to the Veterans we serve. Therefore, interns will have the opportunity to meet with other staff outside of psychology to learn from our partners. It is expected that interns participate in our weekly multidisciplinary team meeting and our monthly Journal Club. Our goal is that interns leave the ARS rotation having developed competencies to successfully work with Veterans who are managing addictive disorders and co-occurring mental health disorders.


**Neuropsychology (for Standard Track trainees):** The neuropsychology rotation is appropriate both for trainees hoping to attain experience with brief cognitive screening assessment and exposure to neuropsychological assessment. Staff members accept hospital-wide consultation requests to address questions regarding presence/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, seizure disorders, multiple sclerosis, and various other neurologic and psychiatric disorders. Assessments related to transplant evaluations, learning disorders, and attention deficit hyperactivity disorder are also available. 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 trainee's particular clinical interests, supervisors may include Drs. Anderson, Clason, Doane, Lamberty (ABPP), Miller, Seelye, Van Voorst (ABPP) and Yamada.

**Neuropsychology Track Rotations:** Neuropsychology track interns spend a minimum of two 17-week rotations completing neuropsychological evaluations. For their third 17-week rotation, neuropsychology interns can elect to complete an additional rotation engaging in neuropsychological services or can choose from any of the other general standard track rotations (e.g., Rehabilitation Psychology, PPH, Primary Care/Health Psychology, etc.) In addition to rotations, neuropsychology track interns are required to participate in year-long intervention and assessment training through our Adjunctive Training Experiences to ensure comprehensive and generalist clinical competencies consistent with APA CoA Guidelines and Principles.

Rotations offer a broad range of experiences through the general Mental Health Service Line (MHSL), as well as in the Physical Medicine & Rehabilitation Department (PM&R) within the Extended Care & Rehabilitation Service Line, which includes the Polytrauma/TBI Program and the Spinal Cord Injury & Disorder Center. The Polytrauma/TBI program is a particularly unique experience given that the Minneapolis VAHCS is one of only five designated Level 1 VA Polytrauma Rehabilitation Centers. The areas described below each offer unique experiences, such as differing diagnostic questions and patient populations. These include:

- **General Neuropsychology** (e.g., referrals from the Departments of Neurology, Mental Health, Primary Care)
- **Rehabilitation Neuropsychology** (e.g., referrals from Polytrauma/TBI program and Spinal Cord Injury Disorder Center)
- **Geriatric Neuropsychology** (e.g., referrals from the Geriatric Research Education & Clinical Center (GRECC) and Team A.

Below is a table that lists possible schedules for the three major rotations during the internship year, including different options for interns choosing to do 1) three major rotations in neuropsychology or 2) two major rotations in neuropsychology and one major rotation outside of neuropsychology (i.e., rotation with Rehabilitation Psychology, PCMHI, SMI, Team L, etc.).

Test batteries are flexible and are modified according to the nature of the referral question and patient background. Neuropsychology competencies are developed through participation in the weekly
neuropsychology seminar, brain cuttings, fact finding, and consultation on interdisciplinary teams (e.g., GRECC Memory Clinic Team, inpatient stroke rounds, etc.).

Neuropsychology supervisors may include Drs. Anderson, Clason, Doane, Lamberty (ABPP), Miller, Sim (ABPP), Seeyle, Van Voorst (ABPP) and Yamada.

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<thead>
<tr>
<th>Rotation 1</th>
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<tr>
<td>Intern 1</td>
<td>General Neuropsychology</td>
<td>Rehabilitation Neuropsychology</td>
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<td>Intern 2</td>
<td>Rehabilitation Neuropsychology</td>
<td>General Neuropsychology</td>
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<td>Intern 3</td>
<td>General Neuropsychology</td>
<td>Geriatric Neuropsychology</td>
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<td>Intern 4</td>
<td>Geriatric Neuropsychology</td>
<td>Primary Care-Mental Health Integration</td>
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<td>General Neuropsychology</td>
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**Older Adult Mental & Behavioral Health Team ("Team A"):** In an outpatient setting, Team A delivers patient-centered specialty mental and behavioral health care aimed at enhancing the well-being and quality of life of older veterans and their families. The interdisciplinary Team A is comprised of psychiatrists, social workers, nurses, psychologists, and pharmacists who serve veterans over the age of 60 through diagnostic assessment, patient interventions, education, training, and research.

On this rotation, the intern can develop competencies in the assessment, conceptualization, and treatment of numerous psychiatric and neuropsychiatric conditions in an older adult population. Based on the individual intern's training needs and goals, activities on this rotation include comprehensive diagnostic intakes utilizing data from a variety of sources (interview, cognitive screens, self-report measures, and direct staffing of the case with a geropsychiatrist). Additional training in cognitive and neuropsychological assessment is also available. Furthermore, the Team A rotation provides training in diverse interventions including cognitive-behavioral, acceptance and commitment, solution-focused, mindfulness-based, and behavioral approaches. Opportunities may be available to develop/lead group programming for our patients and their families.

Supervisors: Drs. Baardseth and Doane.
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 to 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, My Action Plan (MAP), 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 & Friends Day programming, and creative arts interventions.

Supervisor: Drs. Aakre, Broden, Ferrier-Auerbach (ABPP), Peterson, and Stinson.

Primary Care-Mental Health Integration (PC-MHI): Trainees in this setting function as interdisciplinary team members within primary care that assist in managing the overall health of the primary care 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. We focus on early identification and intervention (individual and group) for a broad range of mental health problems, while eliminating common barriers to mental health care. The trainee’s role within this model is to provide immediate, onsite consultation; targeted screening and assessment; and brief, solution focused treatment utilizing evidence-based modalities targeted toward improved health and functioning. Strong
Interpersonal communication skills, collaboration, and teamwork are essential in this model of care. Trainees will encounter a wide range of presenting problems to include depression, anxiety, PTSD, substance use problems, insomnia, interpersonal problems, adjustment problems, and somatic concerns. Trainees will co-locate in a primary care clinic and will staff the PC-MHI access phone one half-day per week, during business hours. If interested, additional opportunities include:

- Mental Health Evaluation for Medical Interventions: Observe, and then conduct, pre-transplant, transgender, or pre-bariatric evaluations needed prior to surgery.
- Managing Chronic Conditions: Evaluate and provide services aimed at managing chronic conditions (e.g. diabetes) and health interfering behaviors (e.g. smoking). Co-lead shared medical appointments (SMA’s) with primary care.
- Chronic Pain: Evaluate and treat complex chronic pain, requiring an interdisciplinary, coordinated biopsychosocial approach to care. Co-lead CBT and ACT groups.
- Women’s Clinic: Provide care for women’s specific health issues including sexual trauma and domestic abuse.
- Post-Deployment Clinic: Work with veterans who have experienced combat exposure and are in the process of reintegrating back into civilian culture.
- Telemedicine: Work with veterans through videoconferencing technologies.
- Oncology: Work with newly diagnosed cancer patients.
- MOVE: Provide individual and group services for the VA weight management program for obesity.

Supervisors: Drs. Skroch, Olson (ABPP), Possis, Mallen, Hintz, Scholljegerdes, Bronars, Moore, Crowl, and Scott.

**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 service members and veterans with multi-systemic injuries, including traumatic brain injury (TBI), pain, PTSD and other mental health disorders, and complex medical issues. On the Rehabilitation Psychology rotation, trainees will specialize in one or two of the above listed rehab programs within the EC&R service line. Trainees will function in that program as members of the interdisciplinary treatment team along with physiatrists, occupational therapists, physical therapists, recreation therapists, speech therapists, dietitians, 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. Data are currently available to examine short- and long-term consequences of mild to severe TBI, nature of mild TBI and post-concussive symptoms, prediction of rehabilitation outcomes, psychological and neuropsychological assessment with rehabilitation populations, pain and pain-related rehabilitation, and community reintegration.

Supervisors: Drs. Bares, Blahnik, Choi, Collins, Finn, Heideman, Howard, Johnsen-Buss (ABPP), Kelleman, King, Krause, Petska, and Sim (ABPP).

Team B (Mood and Anxiety Disorders, General Psychiatry): This team specializes in mood and anxiety disorders and also treats veterans with other mental health problems, including personality disorders. The team is staffed by psychologists, clinical social workers, licensed practical nurses, staff nurses, an advanced practice nurse, psychiatrists, and support staff. Team members represent diverse theoretical perspectives and employ intervention models that include acceptance-based, cognitive-behavioral, and interpersonally-oriented approaches. This rotation emphasizes diagnostic evaluation and intervention. Trainees work with their supervisors to develop individualized training plans, which may include personality assessments, individual psychotherapy, couple therapy, group psychotherapy, psychoeducational classes for veterans, and participation in multidisciplinary treatment planning. Opportunities for telemedicine and for projects related to clinical program management and research are also available.

Supervisors: Drs. Hess, Perry, Mosher, Robison-Andrew, Schumacher, and Urošević.

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. Experiences on this rotation can also include the DBTPE Journeys program, a 12-week intensive outpatient treatment for patients with PTSD and borderline personality disorder. Experiences can include PE, DBT, skills groups, and community-based skills practice outings. Trainees have the opportunity to fully participate in these activities and function as an active member of a multidisciplinary team.

Supervisors: Drs. Chuick, Curry, Kaler, Koffel, Stinson, Voller, and Wagner (ABPP).
Team Z (Serious Mental Illness): This 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. 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 adhere to the philosophy of the Psychiatric Rehabilitation Association (PRA) in providing psychosocial rehabilitation and recovery-oriented services to focus on a person's strengths and to help them live a fulfilling and productive life while also 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. 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, Family Psychoeducation, 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. Trainees 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 Team Z/VBR is focused on evaluating the efficacy of interventions for individuals with serious mental illness. Several interventions, including Family Psychoeducation, a cognitive-behavioral group, and a social-cognitive skills training group 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.
Trainees with the team will have the unique opportunity to be involved in the Interprofessional Practice and Education (IPE) training program. This is a program housed within Team Z 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 Team Z 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.


**Adjunctive Training Experiences**

Trainees select training in two to four adjunctive experiences. Each averages about four hours per week. Twelve month-long adjunctives are denoted with **. Otherwise, adjunctives are six months. As indicate below, some adjunctives are available in the context of major rotations.

**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 video-recorded therapy sessions in weekly small group supervision. Trainees are expected to conduct individual therapy with two patients. Supervisor: Drs. Billig (ABPP), Henningsgaard, and Hess.

**Administrative Experience:** Trainees may elect to obtain administrative experience with psychologists who are actively involved in clinical administration. This experience will involve some didactic, shadowing and completion of an administrative project. Supervisors: Including but not limited to Drs. Billig (ABPP),
Leskela (ABPP), Lundgren (ABPP), Perry, Schumacher, and Siegel (ABPP). Click this link for examples of administrative projects.

**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. Robison-Andrew.

**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 Team Z (SMI) Rotation]

**Cognitive Processing Therapy (CPT):** CPT is an evidenced-based, manualized, time-limited (12 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 a two-day workshop, didactics, weekly case consultation, and participation as a CPT therapist.

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

**Dialectical Behavioral Therapy (DBT):** DBT is an empirically-supported, cognitive behavioral therapy, developed to treat patients who share key features with those diagnosed with Borderline Personality Disorder, specifically emotion dysregulation, distress tolerance, and interpersonal difficulties. Patients attend weekly individual therapy, group skills training, and have 24-hour DBT phone coaching available to them for 6-month agreement periods. The DBT training is available in a 6-month or 12-month experience. For those new to DBT we offer an on-site two-day intensive introduction to DBT in the Fall. All DBT trainees are expected to attend a 6-month weekly seminar that includes readings and discussion on the theory, science and practice of DBT. The seminar also includes role-play practice of skills and case-consultation. Trainees will co-facilitate a DBT Skills Group, serve as primary DBT therapist for at least one patient, and attend weekly DBT team consultation. Trainees will attend weekly individual supervision that will include feedback on session videos, group facilitation skills, and discussion about professional development as a DBT therapist.

**Supervisor:** Mueller, LICSW; Stinson, PhD; Strom, PhD; VanEgeren, PhD

**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. Journeys may also be taken as a full rotation for interns with significant previous training in DBT and/or PE. *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. Andrews Wiebusch, James, Kaler, Mueller, Stinson, and Voller.

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 Therapy) 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 Team Z (SMI) Rotation]

Family Therapy Training Clinic (FTTC): This clinic provides training for psychology interns in assessment and treatment of couples and family-related mental health concerns. An emphasis is placed on empirically based couples therapy using Integrated Behavioral Couples Therapy (IBCT). The clinic format includes, readings, didactic presentations (augmented through videotapes), and couple therapy experience. Each intern is assigned two couple therapy cases. All sessions are videotaped, and supervision occurs in a group setting. Skills acquired include couple and family assessment, case conceptualization, basic techniques, and peer supervision
Supervisor: Drs. Chuick and Schumacher.

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. Unger [can be available as part of the Primary Care Mental Health rotation].

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 uses the MI approach to help clients resolve ambivalence, develop motivation for change, define treatment goals, and develop a plan for change. The MI training adjunctive includes an initial 2 day introductory training, followed by 6 months of weekly group supervision. The introductory training consists of learning about the MI Spirit and the MI Method, developing core MI clinical skills, and learning how to apply these skills to identify, elicit and effectively respond to “change talk,” to effectively respond to “sustain talk,” and to develop a successful change plan. The weekly group supervision includes readings and discussions of didactic material, review/coding of sample MI sessions, review/coding of videotaped sessions of trainees and patients, and role-playing. Trainees will participate in a small number of brief individual supervision meetings to discuss individual training goals and review progress of MI skill development. Trainees are also responsible for leading a presentation/discussion on a specialized MI topic of his/her choosing during one of the group supervision meetings.

Supervisors: Dr. Deloyski & Dr. Mrnak-Meyer.

Narrative Therapy Training Clinic: This clinic provides training in narrative therapy for the treatment of PTSD, Depression, Anxiety, and Couple, Family and Relationship Issues. Narrative works with the patient to address issues in his/her life that are barriers to their preferred or desired life. Often there is something in their life that has become a negative dominant story/focus and it is overshadowing the things that are important in their lives and living according to their values. The therapy is very decentered and the therapist provides informed guidance from a curious standpoint. Not accepting the dominant negative presentation/story as accurate. Thus respectfully aiding the person to look back at his/her history and into the future possibilities highlighting that the present story has not always been nor will always be the same. Hopefully, freeing some space for movement towards value based thoughts and actions. The number of sessions is not prescribed but often in 8-10 sessions the main issues can be addressed and progress can be made towards client chosen goals. The clinic format includes readings, didactic presentations (augmented through videotapes), role plays and therapy experience. Each intern is assigned two therapy cases. All sessions are videotaped, and supervision occurs in a group setting.
Supervisor: Drs. Erbes and Leskela (ABPP).

**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 (ABPP), Polusny, Strom, and Voller. [can be available as part of the Team L (Trauma) 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).

**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).

**Vocational Psychology:** This rotation takes place within the Therapeutic and Supported Employment Services (TSES) program under the supervision of trained and credentialed psychologists in the area of employment and vocational rehabilitation. Trainees can expect to learn the interplay between the world of work and veteran’s readiness to return to work and manage clinical issues that come into play as barriers to employment: mental health, TBI, PTSD, musculoskeletal, pain, personality. Trainees will also get exposure to full spectrum of employment transition models and apply psychological interventions to enhance motivation and commitment. The psychologist’s role in vocational and employment services will be examined, including the role of assessment, intervention and consultation with VA and community providers. This rotation will also include opportunity to interact with employers, conducting trainings,
workshops and consulting on best practices for recruiting and retaining Veterans with and without disabilities.

Supervisors: Drs. Broden and Strom (ABPP).

Research
Consistent with our Scientist Practitioner model, trainees participate in research with a staff mentor as part of their internship training. See the Research Page for details regarding research staff and existing projects.

Seminars
Interns are required to attend weekly seminars that emphasize the development of competency, critical thinking abilities, knowledge, and professional identity. Several seminars have a didactic component where a number of nationally recognized figures and VA staff provide educational presentations on research, assessment, interventions, and professional issues. Interns take an active role in selecting training topics and consultants. Interns are required to give one case presentations per year in a large more formal multidisciplinary setting.

Mentorship
Each intern is matched to a mentor/advisor for the training year. The mentor's role is to help the intern negotiate the internship program, integrate feedback from various supervisors, and plan for post-internship goals. Mentors meet with interns at least once per training trimester.

Time Allocation
The following table illustrates the approximate time devoted to various training experiences and possible combination of rotations and adjunctive training experiences for Standard Clinical Track interns and Neuropsychology Track interns. Time estimates are based on a 40 hour week. However, given that interns typically work 45-50 hours per week, the extra 5-10 hours per week is typically allocated to rotations, adjunctives, and or research activities that are of particular interest to the individual intern.
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<td>Rotation 3 or Neuro Track III</td>
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<td>Standard Track</td>
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**Adjunctive Experiences**
- ACT, AIC, DBT, CPT, Family Therapy, MI, PE, Psychodynamic Therapy, TLDP, Journeys and Administration

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<td>Research</td>
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<td>Seminars</td>
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22.5 hours per week
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. The bottom of the Training Structure page has table detailing the time spent in all internship activities.

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 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

Email: paul.arbisi@va.gov  Phone: 612.725.2074

**Brian Engdahl, Ph.D**

**Clinical Interests:**

- Assessment of veterans disabled by PTSD and TBI, and their caregiver partners
- Supervision of students and fellows

**Research Interests:**

- Using magnetoencephalography (MEG) and MRI, genetic analyses, and diagnostic assessments to better understand PTSD, mild traumatic brain injury, and Gulf War Illness

Email: brian.engdahl@va.gov  Phone: 612.467.3033

**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 over 70 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 frequently works 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.

Email: christopher.erbes@va.gov Phone: 612.467.2125

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**Jacob Finn, Ph.D.**

Dr. Finn is a staff psychologist and clinician investigator in the Extended Care and Rehabilitation (EC&R) Service Line at the Minneapolis VA Health Care System. He is also an Assistant Professor in the Department of Psychiatry at the University of Minnesota – Twin Cities. Dr. Finn is the site Data Manager and Co-Investigator for the Minneapolis Polytrauma Rehabilitation Center’s portion of the VA Traumatic Brain Injury Model Systems of Care research program. He is a member of the Minneapolis VA’s Family & Caregiver Support Committee, as well as a member of the Minnesota Brain Injury Interagency Leadership Council and an external member of the Mayo Clinic TBI Regional Advisory Council. Broadly, Dr. Finn’s research program focuses on ways to personalize health care services through the translation of meaningful individual differences into effective and efficient medical and mental health treatment.

**Clinical Interests:**

- Assessment of personality traits and transdiagnostic symptom dimensions for improved clinical description and treatment planning
• Utilization of collaborative and therapeutic assessment techniques to increase patient acceptance and integration of assessment results
• Family and caregiver support services

Research Interests:

• Models of personality and personality pathology and their clinical utility in medical and mental health populations
• Prediction of treatment processes and outcomes
• Adjustment and mental health outcomes post-injury
• Assessment of clinical competencies in psychology trainees

Email: Jacob.Finn@va.gov Phone: 612.67.554

Jeanette Harris, Ph.D.

Dr. Harris is a staff psychologist and clinician investigator at the Minneapolis VA Medical Center. She holds a joint appointment as Associate 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 over 20 peer-reviewed publications, primarily in spirituality and mental health, but also including vocational rehabilitation and stigma associated with mental health challenges. 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. Specific Interests - Positive and negative spiritual influences on PTSD, management of serious mental illness and associated stigma, the impact of stigma on health care decisions, Spiritual development, and Vocational rehabilitation.

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
• Stigma and health care

Email: jeanette.harris2@va.gov Phone: 612.467.1654

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 and she is a core investigator at the Center for Chronic Disease Related Outcomes (CCDOR). She also serves as a coordinator for Cognitive Behavioral Therapy for Insomnia (CBT-I) and is a psychologist on Team L in the Mental Health Service Line. Dr. Koffel's research focuses on behavioral sleep treatment in patients with complex medical and mental health comorbidities, overlap of sleep disturbances and chronic pain, and assessment of sleep and mental health symptoms. She has worked with intern level trainees in a research mentorship capacity.

**Clinical Interests:**

- Cognitive behavioral therapy for insomnia (CBT-I)
- Acceptance and Commitment therapy (ACT)
- Prolonged Exposure (PE)
- Imagery Rehearsal Therapy (IRT)
- Couples counseling

**Research Interests:**

- Behavioral sleep treatment in patients with complex medical and mental health comorbidities
- Overlap of sleep disturbances and chronic pain
- Assessment of sleep and mental health symptoms

Email: erin.koffel@va.gov  Phone: 612.467.1593

**Greg Lamberty, Ph.D., ABPP**

Dr. Lamberty is the Psychology Supervisor for Specialty Services/Neuropsychology team 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. 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 Mental Health and Extended Care and Rehabilitation. He is a co-investigator on a number of projects assessing the efficacy of interventions for veterans with TBI and the neuropsychological evaluation of veterans with a wide range of clinical concerns.

**Clinical/ Training Interests:**

- Neuropsychological evaluation
- Supervision of neuropsychological assessments by interns and neuropsychology postdoctoral residents
Health Informatics

Research Interests:

- Outcomes in Rehabilitation and Clinical Neuropsychology
- Impact of somatoform symptoms/presentations on neuropsychological assessment
- Assessment of patients with complex medical/psychological issues

Email: gregory.lamberty@va.gov Phone: 612.629.7586

**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. One focus of her research has been to identify the mechanisms by which impaired cognitive functioning impacts psychosocial functioning in patient with schizophrenia. Recently, she was PI of a VA Rehabilitation R&D Merit Award to study the efficacy of a working memory focused cognitive remediation protocol to alter cognition and functioning in patients with schizophrenia. As an extension of this work, she has begun to explore the use of neuromodulation techniques to alter cognition. Presently, Dr. Nienow has funding to examine the impact of a social cognitive skills training intervention on work role functioning among veterans with serious mental illness. A second research focus has been to examine the effectiveness and service utilization of family interventions developed for patients with serious mental illness. Within the VA system, Dr. Nienow has served as a national consultant and trainer in Multiple Family Group Therapy. Dr. Nienow has presented her research findings at national and international conferences. 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 (Multiple Family Group Therapy, Behavioral Family Therapy, Support and Family Education)
- Couples therapy (Integrative Behavioral Couples Therapy)
- Cognitive remediation
- Cognitive and behavioral skills training for patients with serious mental illness (Cognitive Behavioral Social Skills Training, Social Cognition and Interaction Training)

Email: tasha.nienow@va.gov Phone: 612.467.1004

Research Interests:

- Neurocognitive and social-cognitive processes and their impact on functioning in patients with schizophrenia
- Efficacy of neuromodulation techniques to alter cognitive performance Efficacy of psychological interventions for schizophrenia and bipolar disorder
- Service utilization of evidence-based family interventions for serious mental illness
**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 Innovation. 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 90 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 an NCCIH funded mixed methods longitudinal study of over 3,400 National Guard Soldiers examining resilience and post-deployment mental health. She is also currently Co-I on numerous other federally funded grants investigating treatment for PTSD. She has served as primary mentor for multiple 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

**Adriana Seelye, Ph.D.**

Dr. Seelye is a staff neuropsychologist and clinical investigator in the Mental Health Service Line. She holds joint appointments as Assistant Professor of Psychiatry at the University of Minnesota and Assistant Professor of Neurology at Oregon Health & Science University in the NIH/NIA funded Layton Aging & Alzheimer's Disease Center. Her clinical activities include comprehensive neuropsychological evaluations.
for adults with a wide range of neurocognitive, psychiatric, and medical disorders. Dr. Seelye serves as Principal Investigator on several nationally and regionally funded grants for pilot studies focused on ecologically valid cognitive assessment of older adults at risk for dementia using in-home and mobile activity monitoring technologies. She is a co-investigator in the Oregon Center for Aging & Technology (ORCATECH), a multidisciplinary organization focused on developing and implementing leading-edge technologies for clinical research that harvest life's data in real time. Dr. Seelye is an author of over 20 peer reviewed publications in the areas of neuropsychology and everyday functioning of aging, MCI, and dementia, ecologically valid cognitive assessment, early detection of cognitive decline in older adults at risk for dementia using in-home activity monitoring technologies, and telemedicine for MCI and dementia populations.

Clinical Interests:

- Neuropsychological evaluation for adults with a wide range of neurocognitive, psychiatric, and medical disorders
- Cognitive-compensatory skills training for adults with MCI to improve everyday functioning

Research Interests:

- Neuropsychology and everyday functioning of aging, MCI, and dementia
- Ecologically valid cognitive assessment
- Early detection of cognitive decline in older adults using in-home activity monitoring technologies
- Telemedicine for MCI and dementia populations

Email: Adriana.Seelye@va.gov Phone: 612.467.3045

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 as a Professor in the Department of Psychiatry and an Adjunct Professor in the Department of Psychology. The goal of Dr. Sponheim's research is two-fold. The first is to characterize how genetic liability for schizophrenia is 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 $20 million in competitively awarded direct research funding, he has carried out inquiries into the basis of brain disorders for the past two decades 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 use 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 over 20 undergraduates and eight 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.
- Link to Sponheim CAB (Cognition AND Brain in psychopathology Lab) website.

**Email:** sponh001@umn.edu  **Phone:** 612.467.1546

**Thad Strom, Ph.D., ABPP**

Dr. Strom is an administrative supervisor for Psychology 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:** 612.629.7316
Dr. Urošević is a staff psychologist and clinician investigator at the Minneapolis VA Health Care System. At the University of Minnesota, she holds an appointment as an Assistant Professor in the Department of Psychiatry and a faculty member of the Center for Neurobehavioral Development. Dr. Urošević’s research program focuses on investigating abnormalities in reward processing (i.e., behavioral approach system (BAS) dysregulation) in bipolar disorders across the lifespan and predictors of prospective bipolar illness course. In collaboration with her mentors and colleagues, she has investigated BAS-relevant predictors of prospective conversion from cyclothymia/bipolar II disorder to bipolar I disorder (i.e., first-time onset of mania), BAS-relevant life events and their impact on bipolar illness course, and electroencephalography indices of BAS dysfunctioning, among adults with bipolar disorders. Recently, Dr. Urošević has expanded her work to investigating reward processes during adolescence, a developmental period of significant neural and structural changes in the reward system and a peak period for the first time onset of mood disorders, including bipolar disorders. This early onset of bipolar symptoms is often associated with more severe illness course over lifetime. In healthy adolescents, she has examined normative developmental changes in reward/BAS sensitivity and in brain regions involved in reward processing, the relationship of reward-relevant brain volumes to prospective initiation of substance use, and associations of pubertal development with reward sensitivity and relevant brain structures. In a project funded by the K01 NIMH Career Development Award, Dr. Urošević investigated potential deviations from this normative development of reward sensitivity that characterize bipolar disorders during adolescence. In her research, Dr. Urošević relies on a variety of methods, such as functional and structural magnetic resonance imaging (MRI), behavioral tasks, and self-report measures, to answer pertinent scientific questions.

Clinical Interests

- Evidence-based interventions for mood disorders, particularly bipolar disorders
- Individual and group psychotherapy for severe mental health conditions
- Cognitive behavioral therapy (CBT) and the third wave of CBT approaches (e.g., dialectical behavior therapy)

Research Interests:

- Neural and behavioral mechanisms of psychopathology in bipolar disorders
- Psychosocial and neuroscience-based predictors of prospective course in bipolar disorders
- Reward system (BAS) abnormalities in bipolar disorders, substance abuse, and other comorbid psychiatric conditions

Phone number: 612.467.3897
Examples of Trainee Research Projects
Application Process

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

1. Doctoral student in clinical or counseling psychology program accredited by the American Psychological Association (APA) or the Canadian Psychological Association (CPA)
2. Approval for internship status by graduate program training director
3. A minimum of 250 direct intervention and 50 direct assessment hours of supervised graduate level pre-internship practicum experience. There is a clear focus on quality of training experiences rather than total hours.
4. U.S. citizenship
5. Male applicants born after 12/31/1959 must have registered for the draft by age 26
6. Matched interns are subject to fingerprinting, background checks, and urine drug screens. Match result and selection decisions are contingent on passing these screens.

Selection Process

A selection committee composed of psychologists involved in training reviews applications. Applicants may seek consideration for one or both tracks. We seek applicants who have a sound clinical and scientific knowledge base from their academic program, strong basic skills in assessment, intervention, and research techniques, and the personal characteristics necessary to function well in our internship setting. Our selection criteria are based on a "goodness–of–fit" with our scientist-practitioner model, and we look for interns whose training goals match the training that we offer. We prefer interns from university-based programs. Consistent with our APCS membership, individuals with scholarly or aspiration are encourage to apply. The Minneapolis VA Medical Center 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. We also value applicants who have experience and skill in the domains of diversity knowledge, awareness, and sensitivity. These factors may be indicated in the AAPI (APPIC Application for Psychology Internships) cover letter.

Interview Process

In-person or phone interviews are required of all applicants who make the final selection round. In-person interviews will take a full day (8:00 am to 3:00 pm) and involve an informational session with the training directors, two formal interviews with training staff, a tour of our clinical and research facilities, an
informational session with current interns, and an extended lunch (provided) with opportunity to meet staff supervisors from all clinical rotations, adjunctive and research training experiences. For the current selection cycle, in-person interviews will take place on January 5th and January 8th, 2018. Applicants will need to be available to interview on those days should they be invited for an in-person interview.

**Match Policies**

The Minneapolis VAHCS Psychology Internship Program is a member of the [Association of Psychology Postdoctoral and Internship Centers (APPIC)](http://www.appic.org) (*External site-see disclaimer below). Over the years, APPIC has developed guidelines for procedures used in student-internship matching, and these guidelines continue to evolve over time, as APPIC remains responsive to the varied concerns around this issue. The guidelines in effect for this application year are available from APPIC. This internship site agrees to follow APPIC guidelines and to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. The Minneapolis VAHCS will participate in the APPIC Internship Matching Program administered by [National Matching Services Inc. (NMS)](http://www.nmsinc.com) (*External site-see disclaimer below).

There are two match numbers for our internship program, corresponding to the two training tracks. The track match number are:

- **138312** - Standard Track
- **138315** - Neuropsychology Track

If an applicant applies to both tracks, the overall AAPI and essays in particular should provide a rationale why one’s training and background and career goals are consistent with both the Standard Track and the Neuropsychology Track.

Contact information for APPIC and NMS is available on the "links" page of this web site or by clicking on the hyperlinks above. Applicants must obtain an Applicant Agreement Package from NMS and register for the Match in order to be eligible to match to our internship programs. You can request an Applicant Agreement Package from NMS through the Matching Program web site or by contacting NMS at the locations indicated on the "links" page of the this web site. In accord with the Federal Drug-Free Workplace Program, interns 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](http://www.opm.gov)) may conduct routine background checks at their discretion.

**Application Procedures**

1. Complete the APPIC online AAPI
2. We ask that you include the following in your AAPI Cover Letter for our site, in order, with a clear heading for each section:
   a. Indicate which track(s) you are applying to - (138312 - Standard Track or 138315 - Neuropsychology Track) (e.g., "I am applying to the Neuropsychology Track 138315" or "I am applying to the Standard Track 138312").
   b. Indicate your main areas of interest or focus corresponding to our main rotations and adjunctive training experiences, as well as a couple of staff you might be interested in working with.
   c. Given our program’s high appreciation for diversity, we ask that applicants read our program philosophy on diversity. With this in mind, we invite you to comment on how you think you could contribute to this internship site and class in the domains of diversity knowledge, awareness, and sensitivity. We acknowledge this may duplicate some information in the AAPI required Diversity Essay.
   d. We invite applicants to also identify themselves as representing an element of diversity including but not limited to age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. Disclosing this information is completely voluntary. If you choose to disclose an element of diversity, this information could be integrated in your response to item “c” above.
   e. Provide a description of your training in Empirically Based Treatments (EBTs).
3. Provide three letters of recommendation with one being from someone familiar with your research or other academic work.

**Contact Information:** Further information regarding the Minneapolis VAHCS Psychology Internship Program may be obtained by e-mail or telephone from these individuals:

- **Primary**  
  Jay Stephenson - Training Programs Specialist  
  Telephone: (612) 467-1504  
  Fax: (612) 629-7596  
  E-mail: Jay.Stephenson@va.gov

- **Primary**  
  Thad Strom, Ph.D., ABPP  
  Assistant Director of Training  
  Telephone: (612) 629-7316  
  E-mail: Thad.Strom@va.gov

- **Secondary**  
  Wayne Siegel, Ph.D., ABPP  
  Director of Training/Psychology Supervisor  
  Telephone: (612) 467-4024  
  E-mail: Wayne.Siegel@va.gov
Current Interns (2017-2018)

Andrea Alioto, Pacific Graduate School, Clinical Psychology
Sarah Brislin, Florida State University, Clinical Psychology
Zhen Cheng, University of Oregon, Clinical Psychology
Lauren Khazem, University of Southern Mississippi, Clinical Psychology
Erin Maresh, University of Virginia, Clinical Psychology
Craig Marquardt, University of Minnesota, Clinical Psychology
Merav Silverman, University of Minnesota, Clinical Psychology
Suzanne Moseley, University of Arizona, Clinical Psychology

(2016-2017) Interns

Jason Kisser, University of Maryland, Baltimore County, Clinical Psychology
Sarah Baumgartner, Illinois Institute of Technology, Clinical Psychology
Shani Ofrat, University of Minnesota, Clinical Psychology
Helen Valenstein-Mah, University of Washington, Clinical Psychology
Jessica Morgan (Goodnight), Georgia State University, Clinical Psychology
Katherine Jonas, University of Iowa, Clinical Psychology
Staci Berkowitz, Drexel University, Clinical Psychology
Matthew Schumann, Idaho State University, Clinical Psychology

(2015-2016) Interns

Noah Venables, Florida State University, Clinical Psychology
Julia Van Liew, University of Iowa, Clinical Psychology
Katherine Miller, University of Tulsa, Clinical Psychology
Nayla Hamdi, University of Minnesota, Clinical Psychology
Laura Drislane, Florida State University, Clinical Psychology
Amy Look, Temple University, Clinical Psychology
Catherine Lee, Loyola University of Chicago, Clinical Psychology
Michael Wilson, University of Illinois - Chicago, Clinical Psychology

(2014-2015) Interns

Christina Balderrama-Durbin, Texas A&M University - College Station (Main Campus), Clinical Psychology
Daniel Conybeare, University of Illinois - Chicago, Clinical Psychology
Maryanne Edmundson, University of Kentucky, Combined Psychology
Seth Disner, University of Texas - Austin, Clinical Psychology
Sarah Forster, Indiana University - Bloomington, Clinical Psychology
Jennifer Hames, Florida State University, Clinical Psychology
Jerilyn Kent, Indiana University - Bloomington, Clinical Psychology
Erica Weber, SDSU/UCSD Joint Doctoral Program, Clinical Psychology

(2013-2014) Interns

Teresa Biehn, University of Toledo, Clinical Psychology
Efrat Eichenbaum, Drexel University Clinical Psychology
Tara Kraft, University of Kansas, Clinical Psychology
Xuan Nguyen, New Mexico State University, Counseling Psychology
Trisha Patrician, University of Kansas, Clinical Psychology
Thomas Quinlan, San Diego State Univ./Univ. of San Diego, Clinical Psychology
Caitlin Reese, Ohio University, Clinical Psychology
Susan Stem, Georgia State University, Combined Clinical and Counseling Psychology
2012-2013 Interns
Anna Docherty, University of Missouri – Colombia, Clinical Psychology
Ethan McCallum, University of Missouri - St. Louis, Clinical Psychology
Ivy Miller, Boston University, Clinical Psychology
Stephanie Rabin, Drexel University, Clinical Psychology
Andrea Sartori, University of Alabama Birmingham, Clinical Psychology
Sandra Shallcross, Counseling Psychology, University of Minnesota
Rebecca Stinson, University of Iowa, Counseling Psychology
Jennifer Sy, University of Wyoming, Clinical Psychology

2011-2012 Interns
Joye Anestis, Clinical Psychology, Florida State University
Carolyn Anderson, Clinical Psychology, Washington State University
Jacob Finn, Clinical Psychology Program, University of Tulsa
Daniel Goldman, Clinical Psychology, University of Minnesota
Erin Koffel, Clinical Psychology, University of Iowa
Nelupa Perera, Counseling Psychology, University Of Minnesota
Scott Vrieze, Clinical Psychology, University of Minnesota
Sylia Wilson, Clinical Psychology, Northwestern University

2010-2011 Interns
Thao Bui, Clinical Psychology Program, University Of Kansas - Main Campus
Margaret Gavian, Counseling Psychology, University of Minnesota
Mandy Kumpula, Clinical Psychology, Northern Illinois University
Steven Lancaster, Clinical Psychology - Adult Track, Southern Illinois University
Eftihia Linardatos, Clinical Psychology, Kent State University
Jennifer Loughlin, Clinical Psychology, Pacific Graduate School of Psychology
Tara Riddle, Clinical Psychology, Ohio University
Laura Stull, Clinical Psychology, Indiana University - Purdue University

2009-2010 Interns
Jessica Baker, Virginia Commonwealth University, Clinical Psychology
Robin Barry, University of Iowa, Clinical Psychology
Bridget Doane, The University of Alabama, Clinical Psychology
Ekaterina (Katya) Keifer, University of Iowa, Counseling Psychology
Melanie Leuty Blackwell, University of MN, Counseling Psychology
Elizabeth Nelson, University of Wyoming, Clinical Psychology
Lisa Rosenzweig, Teachers College Columbia University, Counseling Psychology
Kathryn Wilder Schaaf, Virginia Commonwealth University, Counseling Psychology

2008-2009 Interns
Sarah Viamonte, Clinical Psychology, University of Alabama at Birmingham.
Anna Khaylis, Clinical Psychology, Pacific Graduate School of Psychology.
Maya Yutsis, Clinical Psychology, Pacific Graduate School of Psychology.
Lisa James, Clinical Psychology, Florida State University.
Emily Voller, Clinical Psychology, Oklahoma State University.
Kenna Bolton Holtz, Clinical Psychology, Southern Illinois University.
Rebecca Weigel, Clinical Psychology, University of Louisville.
Jamie Lindberg, Clinical Psychology, Argosy University, Minneapolis.

2007-2008 Interns
Jennifer Bemis, Counseling Psychology, University of Minnesota
Robin Carter-Visscher, Clinical Psychology, Western Michigan
Robert Orazem, Clinical Psychology, Boston University
Martina Rodgers, Clinical Psychology, Washington State University
Suzanne Vrshek-Schallhorn, Clinical Psychology, University of Minnesota
Thomas Campbell, Clinical Psychology, Virginia Commonwealth University
Ben Jurek, Clinical Psychology, Xavier University

2006-2007 Interns
Jill Holm-Denoma, Clinical Psychology, Florida State University
Shannon Kehle, Clinical Psychology, Rutgers
Karen Petersen, Clinical Psychology, University of Pittsburgh
Todd Vance, Clinical Psychology, Virginia Commonwealth University
Molly Willer, Clinical Psychology, University of Minnesota
Adam Minniear, Clinical Psychology, Wheaton College
Danielle Potokar, Clinical Psychology, University of Bowling Green

2005-2006 Interns
Megan Adams, Counseling Psychology, Colorado State University
Stephen Benning, Clinical Psychology, University of Minnesota
Margit Berman, Counseling Psychology, University of Minnesota
Alison Byrne, Counseling Psychology, Colorado State University
Brandon Hayes, Clinical Psychology, University of Wisconsin-Milwaukee
Casey Lawler, Clinical Psychology, Washington State University
Jennifer Tackett, Clinical Psychology, University of Minnesota

2004-2005 Interns
Melissa Boyer, Clinical Psychology, Argosy University
Christine Chiros, Clinical Psychology, Bowling Green State University
Cynthia Cutshall, Clinical Psychology, University of Iowa
Lisa Hoffman-Konn, Clinical Psychology, University of Arizona
Maureen Kennedy, Counseling Psychology, University of St. Thomas
Zoe Peterson, Clinical Psychology, University of Kansas
Vanessa Williams, Clinical Psychology, Pacific Graduate School of Psychology

2003-2004 Interns
Kyle Curry, Counseling Psychology, University of Nebraska, Lincoln
Becky Baumann, Clinical Psychology, University of Arkansas
Rebecca Vaurio, Clinical Psychology, University of Texas
Erica Johnsen, Clinical Psychology, University of Iowa
Laura Hemmy, Clinical Psychology, Texas A&M University
Larra Petersen, Counseling Psychology, Ball State University
Theresa Glaser, Counseling Psychology, University of Minnesota

2002-2003 Interns
Maureen Egan, Clinical Psychology, Bowling Green State University
Thomas Hicks, Clinical Psychology, University of Vermont
Lisa Hurliman, Clinical Psychology, University of Minnesota
Dan Davis, Counseling Psychology, University of Iowa
Brian Wilson, Clinical Psychology, University of North Dakota
Melanie Blahnik, Clinical Psychology, Argosy University
Jeff Buchanan, Clinical Psychology, University of Nevada, Reno
Professional Information Links

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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:

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