

Thank you for your interest in Nebraska Medicine! Our site, the Nebraska Medicine Psychology Department, is part of the <u>Nebraska Internship Consortium in Professional Psychology</u>. Both our site and the NICPP consortium are APA Accredited.

We are passionate about training the next generation of clinical psychologists. We hope our interns learn adaptability, confidence, and efficiency in their work.

Below you will find information about our site, our opportunities, and our training philosophy. On the next page, you will see a table of contents with links to each section. If you have any additional questions, don't hesitate to reach out to our internship co-training directors.

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Nebraska Medicine

Nebraska Medicine is a non-profit hospital in Omaha, NE that is partnered with the University of Nebraska Medical Center. Nebraska Medicine has over 700 inpatient beds and nearly 10,000 employees. It has been ranked the top hospital in Nebraska for over 10 years in a row, and has several programs ranked in the top 50 nationwide. In-depth information about Nebraska Medicine can be found below.

Psychology Services

At the Nebraska Medicine Psychology Department, our interns can build their clinical skills in a large, multidisciplinary academic medical center. Our department consists of approximately 12 psychologists who specialize in a variety of areas. In-depth information about the Psychology Department can be found below.

Internship Structure

We have two primary tracks. Interns are expected to devote 65% of their clinical time to these tracks. They may use the other 35% of their time to explore experiences outside of their primary track. We primarily serve **adult** patient populations. <u>In-depth</u> information about our internship training year can be found below.

Health Psychology Track (Match Code: 141629 - 1 Position)

The Health Psychology intern will have opportunities to engage in intervention and assessment in multiple medical populations, including oncology, solid organ transplant, bariatrics, chronic pain, and inpatient consult-liaison services for medical patients. In addition to those core areas, the Health Psychology intern may get experience in inflammatory bowel disease, diabetes, and some limited pediatric cases.

Health Psychology Track Director: Andrew Ahrendt, PhD

Additional Rotation Supervisors: Meghan Fruth, PhD (Pain Management Program); Sally Stratmann, PhD (Pain Management Program)

See more detailed information about the Health Psychology Track below.



Anxiety Track (Match Code: 141626 - 1 Position)

The Anxiety Subspecialty Treatment program (AnxST) is a multidisciplinary anxiety clinic which bridges the Department of Psychology at Nebraska Medicine and the Department of Psychiatry at the University of Nebraska Medical Center.

It is expected that Anxiety Track intern devotes 12-15 hours to direct clinical hours for patients presenting for treatment of the major anxiety and anxiety-related disorders. 3 hours of this is typically devoted to our IOP for Anxiety, which focuses on OCD, panic disorder/agoraphobia, social anxiety disorder, and illness anxiety disorder. The majority of the rest of this time would be expected to be devoted to individual CBT for the major anxiety and anxiety-related disorders. We offer a variety of group experiences also.

Anxiety Track Director: Justin Weeks, PhD

Additional Rotation Supervisor: Tessa Holscher, PsyD

See more detailed information about the Anxiety Track below

Intern Outcomes

After completing their internship with us, **ALL** Nebraska Medicine interns have gone on to get postdocs/jobs at Nebraska Medicine, other academic medical centers, rehabilitation hospitals, community health clinics, VA medical centers, and hospitals for active military members. We have hired several interns after they have completed their internship, and most are still working with us



today. Interns who have not remained at Nebraska Medicine have ended up in multiple states across the country.



Detailed Information About Each Track

Health Psychology

The Health Psychology track offers interns a variety of multidisciplinary opportunities in multiple areas of healthcare. Our primary / core experiences include:

1. <u>Psychosocial Oncology</u> - The intern will learn to evaluate, consult on, and treat patients referred by medical and surgical oncology teams in Nebraska Medicine's state-of-the-art Fred and Pamela Buffet Cancer Center, comprising a comprehensive team of more than 200 cancer experts covering all specialties across the cancer spectrum. Interns will get experience in treating anxiety, worry, depression, insomnia, trauma-related distress, substance use, family/relationship issues, or any additional presenting concerns that oncology patients may present.

An intern rotating in cancer care will receive experience in situations that may be unique compared to general outpatient psychotherapy (i.e., brief, solutions-focused treatment; helping patients process end-of-life; working with patients to tease apart psychological symptoms from medical symptoms; meeting with patients before, during and after long hospitalizations).

- 2. Pain Management The intern will learn pain management evaluation and CBT in an interdisciplinary pain rehabilitation program. The Nebraska Medicine Chronic Pain Management Program (CPMP) is an interdisciplinary, 3-4 week, day treatment program (almost like a multidisciplinary IOP) designed to help individuals improve their skills in managing, and to function despite, chronic non-malignant pain. Services are provided in a multidisciplinary format by clinical psychologists, physical therapists, and a nurse, along with a pain physician. Working closely with a supervising psychologist and the pain management team, the intern will learn to conduct assessment and to provide both individual and group therapy services to patients with chronic pain.
- 3. <u>Transplantation</u> The intern will learn to complete pre-surgical psychological evaluations of candidates for solid organ transplant (i.e., kidney/pancreas,



heart, lung, small bowel, pediatric liver transplant) and left ventricular assist devices (LVAD). The evaluations typically consist of records review, psychosocial intake interview, and brief cognitive assessment. The intern will consult with interdisciplinary teams and will have the opportunity for follow-up outpatient and inpatient treatment of transplant patients needing behavioral health assistance.

4. <u>Bariatrics</u> - The intern will learn to complete pre-surgical psychological evaluations of candidates for weight loss surgery, including initial evaluations and subsequent behavioral readiness evaluations closer to the time of surgery. The intern will consult with the interdisciplinary Bariatrics team and will have the opportunity for follow-up outpatient and inpatient treatment of bariatric patients needing behavioral health assistance.

Health Psychology Track Director

Andrew Ahrendt, PhD is a licensed clinical health psychologist and clinical supervisor. He received his doctorate in Clinical Psychology from the University of Nevada, Reno in 2020, and completed his clinical internship at the Nebraska Internship Consortium in Professional Psychology. Dr. Ahrendt joined the Nebraska Medicine psychology department as a staff member in 2020 and specializes in the areas of inpatient consultation-liaison



services and the assessment/treatment of surgical and non-surgical weight loss/eating difficulties. He mentors/supervises UNMC psychiatry residents, and his clinical interests include bariatrics, trauma/PTSD, adult anxiety disorders, depression, insomnia, and functional neurological symptoms. Dr. Ahrendt's therapeutic approach predominantly leans towards Cognitive Behavioral Therapy (CBT), Acceptance Commitment Therapy (ACT), and Functional Analytic Psychotherapy (FAP)-based strategies.



Anxiety Track

The Anxiety Subspecialty Treatment program (AnxST) is a multidisciplinary anxiety clinic which bridges the Department of Psychology at Nebraska Medicine and the Department of Psychiatry at the University of Nebraska Medical Center. Justin Weeks PhD is the Psychotherapy Director and a training faculty member; Tessa Holscher PsyD is the secondary supervisor; and Lauren Edwards MD is the Medical Director. The AnxST team is comprised of psychologists, psychiatrists, psychiatric residents, masters-level therapists, and psychotherapy trainees. We meet as a team multiple times per week for didactics and to staff cases.

Interns in the Anxiety Disorders Track will have one 12-month core rotation, which will account for <u>65%</u> of direct patient care experiences during the internship - this will focus primarily on outpatient cognitive-behavioral therapy (CBT) for anxiety disorders and working in the Intensive Outpatient Program (IOP) for Anxiety. Interns who desire to do so can have a portion of their 12-month core Anxiety rotation allocated to inpatient consultation focusing on anxiety and anxiety-related presentations. The 12-month core rotation will focus upon CBT for the major anxiety and anxiety-related disorders in adults (social anxiety disorder [SAD], panic disorder, generalized anxiety disorder [GAD], specific phobias, obsessive-compulsive disorder [OCD], and post-traumatic stress disorder [PTSD]). Training in group-format CBT is also available. The core experiences will begin immediately upon initiating internship.

In addition to the 12-month core rotation, 35% of direct patient care experiences during the internship will be accounted for in three 4-month rotations selected from among the following experiences:

1. <u>Psychosocial Oncology</u> - The intern will learn to evaluate, consult on, and treat patients referred by medical and surgical oncology teams in Nebraska Medicine's state-of-the-art Fred and Pamela Buffet Cancer Center, comprising a comprehensive team of more than 200 cancer experts covering all specialties across the cancer spectrum. *Psycho-oncology long-term case assignments for interns in the Anxiety Disorders Track will focus primarily upon anxiety-related presentations* (e.g., fear of cancer recurrence [e.g., see Starreveld, Markovitz, Breukelen, & Peters, 2016]).



- 2. Pain Management The intern will learn pain management evaluation and CBT in an interdisciplinary pain rehabilitation program. The Nebraska Medicine Chronic Pain Management Program (CPMP) is an interdisciplinary, 3-4 week, day treatment program (almost like a multidisciplinary IOP) designed to help individuals improve their skills in managing, and to function despite, chronic non-malignant pain. Services are provided in a multidisciplinary format by clinical psychologists, physical therapists, and a nurse, along with a pain physician. Working closely with a supervising psychologist and the pain management team, the intern will learn to conduct assessment and to provide both individual and group therapy services to patients with chronic pain. Longterm pain management case assignments for interns in the Anxiety Disorders Track will focus primarily upon anxiety-related presentations (e.g., pain-related fear and avoidance [e.g., see Asmundson & Taylor, 1996; Carleton, Abrams, Asmundson, Antony, & McCabe, 2009]).
- 3. <u>Transplantation</u> The intern will learn to complete pre-surgical psychological evaluations of candidates for organ transplant (i.e., kidney, pancreas, heart, lung, pediatric liver) and left ventricular assist devices (LVAD). The intern will consult with interdisciplinary teams and will have the opportunity for follow-up outpatient and inpatient treatment of transplant patients needing behavioral health assistance. *Long-term transplantation-related case assignments for interns in the Anxiety Disorders Track will focus primarily upon anxiety-related presentations* (e.g., post-traumatic stress disorder associated with organ transplant [e.g., see Davydow, Lease, & Reyes, 2015]).
- 4. <u>Bariatrics</u> The intern will learn to complete pre-surgical psychological evaluations of candidates for weight loss surgery, including initial evaluations and subsequent behavioral readiness evaluations closer to the time of surgery. The intern will consult with the interdisciplinary Bariatrics team and will have the opportunity for follow-up outpatient and inpatient treatment of bariatric patients needing behavioral health assistance. *Long-term Bariatrics case assignments for interns in the Anxiety Disorders Track will focus primarily upon anxiety-related presentations* (e.g., premorbid post-traumatic stress disorder [e.g., see Walsy, Rosenstein, Dalrymple, Chelminski, & Zimmerman, 2017]; social anxiety disorder associated with morbid obesity [e.g., see Mirijello et al., 2015]).



Lastly, research opportunities examining anxiety and anxiety-related disorders will be available in the Anxiety Disorders Track. Currently, Dr. Weeks is a PI on a number of internal grants focusing on treatments for anxiety disorders.

Anxiety Track Director

Justin W. Weeks, PhD is a licensed psychologist, instructor, clinical supervisor, and researcher. Dr. Weeks is currently the Psychotherapy Director of the Anxiety Subspecialty Treatment (AnxST) program in the Department of Psychology at Nebraska Medicine and the Department of Psychiatry at the University of Nebraska Medical Cent er. Dr. Weeks received his doctorate in Clinical Psychology from Temple University in 2008, and



completed clinical internship and postdoctoral training at the Stress and Anxiety Disorders Clinic at the University of Illinois at Chicago, Department of Psychiatry. Dr. Weeks joined the Psychology Department at Nebraska Medicine in 2015, and specializes in assessment/treatment of, and research on, anxiety and anxiety-related disorders in adults. Dr. Weeks was recently the co-guest-editor-in-chief of a special issue in *Journal of Anxiety Disorders* focusing on fear of positive evaluation. Dr. Weeks was also the Editor of the *Wiley-Blackwell Handbook on Social Anxiety Disorder*, which is currently being updated to a 2nd edition.

Anxiety Track Supervisor

Tessa Holscher, PsyD is a licensed psychologist and clinical supervisor. Dr. Holscher received her doctorate from the Forest Institute of Professional Psychology in Springfield, Missouri in 2014, and completed clinical internship and postdoctoral training at Nebraska Mental Health Centers. Dr. Holscher has been on staff at Nebraska Medicine since 2018. Her specialties include anxiety, trauma, and mood disorders in children and adolescents. She also



provides psychological evaluations and support for patients and their families referred by pediatric oncology/hematology and transplant teams.



Training Year

The internship training year is generally a one-year (12-month) appointment. Unless otherwise stated, eligible interns must be able to follow an 08:00 AM to 5:00 PM work schedule (with a 1-hour lunch break) Monday to Friday. Interns must be physically present on site by the first and last business day, consistent with a full 52-week internship per APA accreditation.

Internship Training Model

The 12-month internship is designed to provide interns with intensive professional training experiences within the context of a scientist-practitioner model. Interns who are matched with the Nebraska Medicine Psychology Department will receive training in screening, assessment, psychotherapy, and interdisciplinary collaboration for individuals with a full range of mental health needs, as well as those coping with acute and chronic health conditions and illnesses, in both hospital outpatient and inpatient settings. Training follows a developmental sequence of experiences and responsibilities emphasizing the application of psychological knowledge and principles to physical, behavioral, and mental health needs among individuals presenting for treatment in a tertiary care medical center environment. The training is grounded in a biopsychosocial and inter-professional approach to understanding and treating behavioral and mental health conditions and helping patients manage the psychological aspects of acute and chronic illness and trauma.

By the end of internship, interns are expected to be proficient in the following areas:

- Comprehensive biopsychosocial assessment with a wide variety of patient populations, including conducting clinical interviews, assessing mental status, selecting and administering psychological tests appropriate to the referral question and population, determining psychosocial strengths and weaknesses, and assigning a DSM-5 diagnosis;
- 2) Evidence-based, solution-focused individual psychotherapy integrating a variety of approaches such as cognitive-behavioral therapy, motivational interviewing, interpersonal therapy, acceptance- and mindfulness-based approaches, and psychoeducation;



- 3) Involving immediate and extended family members, as appropriate, in creating behavioral changes, supporting healthier behaviors, and improving treatment adherence;
- 4) Providing written documentation of evaluations and psychotherapy sessions as well as pertinent collateral contacts using the health system's electronic medical record;
- 5) Working effectively with inter-professional teams, including developing collaborative relationships, assessing team dynamics, and communicating clearly, concisely, and respectfully with other professionals;
- 6) Integration of scientific research, clinical expertise, and patient context in clinical decision-making, consistent with the APA definition of evidence-based practice;
- 7) Delivering evidence-based interventions to persons from multiple backgrounds.

Expected Number of Direct Clinical Hours during Internship

NICPP requires at least 25% of the 2,000 hours of internship be devoted to direct clinical care. Nebraska Medicine Psychology expects <u>staff psychologists</u> to devote at least 50% of their 40-hour work week to direct clinical care. This translates to 20 direct clinical hours per week. For our interns, this number is expected to grow from 10 at the beginning of the training year and closer to 20 by the end of the training year. The number of hours per week will depend on the training track, rotation, training needs, and patient volume.

Recognizing that interns are not full-time staff, and they have other training related responsibilities, we expect interns to accrue 500-1,000 direct clinical hours by the end of the 12-month training period. Historically, interns' direct clinical hours ranged from 583 to 888, (median=719 hours).



What Counts as Direct Face-to-Face Clinical Hours

Shadowing or observing a group, therapy, intake, or assessment conducted by another psychologist or mental health professional does not count as direct face-to-face clinical hours, unless the intern is:

- primarily responsible for encounter documentation, OR
- directly engaged in evaluation or treatment delivery for a significant portion of the encounter, OR
- the direct encounter supervisor determines that the intern's contribution has sufficiently contributed to be considered direct face-to-face clinical hour.

Application Procedure and Checklist

Please follow the application procedure outlined by the consortium:

https://nicpp.unl.edu/prospective-interns/steps-applying/

Patient Population

This is a primarily **adult** health psychology training site. If you would like to pursue training and a career in pediatric health psychology, this program might not be the best fit.

Graduate Program

Eligible interns must be enrolled in an APA-accredited PhD/PsyD program in Clinical/Counseling Psychology.

Licensure Eligibility

A master's degree in psychology and eligibility to be licensed as a PLMHP in the state of Nebraska are required. For more information regarding the PLMHP application, please refer to: http://dhhs.ne.gov/licensure/Documents/MHPProvisionalApp.pdf



Assessment Hours

We prefer at least 50 direct assessment hours of supervised graduate level preinternship practicum experience by the start of internship (including hours obtained after October 1). There should be a minimum of five integrated psychological assessment reports that have been completed. Applicants who do not meet the assessment hours can still apply but strengths and weaknesses of assessment experiences should be discussed/addressed in your cover letter and or application.

Intervention Hours

We prefer at least 350 direct intervention hours of supervised graduate level preinternship practicum experience by the start of internship (including hours obtained after October 1). We prefer that applicants have prior exposure to at least one type of empirically supported/evidence-based therapy. Most supervisors utilize CBT interventions, including 3rd wave interventions such as ACT, DBT, and FAP. For some training tracks, prior experience with manualized interventions utilizing evidencebased practices is strongly preferred. Those with limited experience should discuss this in their cover letter.

Among previously matched trainees, here is a list of their documented clinical hours (median in parentheses) <u>prior to October 1</u> of the year they apply for the match:

	Assessment Hours	Intervention Hours
Anxiety Disorders Track	115-144 (117)	337-1636 (539)
Health Psychology Track	131-168 (135)	351-651 (480)

US Citizenship

Nebraska Medicine will consider non-US citizens, including international students during the annual APPIC match for all 3 tracks as these are not federally funded positions. To be eligible to work for Nebraska Medicine, a non-US citizen intern must be on a valid, unexpired visa (e.g., F1, or other documentation that allows the intern to legally work in the country) and enrolled as a graduate student from an APA-accredited PhD/PsyD program in Clinical/Counseling Psychology. Matched interns who are international students will be responsible for working with their graduate university's international student office to obtain approval from USCIS to utilize Curricular Practical Training (CPT) for their 12-month full-time internship at Nebraska Medicine well before the August start date. Nebraska Medicine and NICPP have successfully matched with international students and other non-US citizens eligible to



work in the US in previous years. We are familiar with ways to support international students during their internship year as they prepare for postdoctoral training and employment opportunities.

Background Check

An outside third party will perform a background check consisting of education and/or criminal history and the Nebraska Department of Health and Human Services Adult and Child Abuse Registry for individuals who have accepted a conditional offer of employment. Unless otherwise required by state law, the background check will not include bankruptcy filings or garnishments. Nebraska Medicine will conduct an individualized assessment of the results of a requested background check when making employment decisions based on such results. Nebraska Medicine will not make employment decisions based solely on an individual's criminal record. Rather, Nebraska Medicine will consider convictions, pleas of no content and pending charges for crimes that are substantially related to the position. Nebraska Medicine will consider the length of time since a conviction and/or completion of the sentence, the nature and gravity of the crime, and the relationship between the job to be performed and the record of the conviction. Nebraska Medicine may also consider other factors, such as the facts or circumstances surrounding an offense or conduct and the number of offenses for which the individual was convicted, among others, when making employment decisions.

Drug Screen

Prior to starting internship on or after August 1, a pre-employment drug screen is required. Matched interns should maintain abstinence from substances that are illegal in Nebraska, including marijuana, THC, and its derivatives. While candidates are not tested for current/recent nicotine use, the organization has a Tobacco-free Environment Policy, which prohibits use of all tobacco/nicotine products on Nebraska Medicine or UNMC property. Tobacco use remains prohibited in vehicles owned by Nebraska Medicine as well as in employees' vehicles parked on Nebraska Medicine property. This policy includes cigarettes, pipes, cigars, and smokeless tobacco products such as chewing tobacco and e-cigarettes, but it does not prohibit the use of nicotine patches or gum. The organization also does not authorize "smoke breaks."

Vaccination Requirement

Prior to starting internship on or after July 1, matched interns are required to submit a current vaccination list and comply with TB screening. If medical and/or religious



exemptions need to be made, HR and Employee Health will work with matched interns before their start date; however, please be aware that exemption requests may delay the start date. "Effective July 24, 2023, Nebraska Medicine will no longer require colleagues to receive a COVID-19 vaccination primary series as a condition of employment."

Working Environment

Interns will be assigned one parking spot on the main campus, which is about a 5-15 minute walk to the Psychology building. Interns may request to be moved to a parking lot closer to the building based on physical and other needs.

The Psychology Department is on the 5th floor of a building and could be accessed by both elevators and stairs. Other locations where interns may practice (e.g., all primary care clinics, inpatient hospital buildings) are either on the ground level with accessible parking, or are connected to the Psychology Department, also accessible by elevators, escalators, and stairs).

Please reach out to the training director for further information about the physical/functional demands for this position. The job description of a psychologist at Nebraska Medicine currently listed it as "very-light-sedentary." (Information last obtained 9/2023)

Start Date

The anticipated start is the first Monday in August. Alternative dates may be able to be arranged.

Orientation

- Department-specific orientation will take place the first week of August.
- Rotation/track specific orientation will take place during the first 2 weeks of internship.
- Hospital orientation, including IT and electronic health record training, will
 take place throughout the first month of internship, but some hospitalmandated trainings must be completed within the first few days.
- NICPP orientation will take place during the 3rd Friday in August.



Internship Benefits

- *Pay*: 2025-2026 is \$41,808. Interns are paid every 2 weeks.
- *Insurance*: The program provides access to medical, dental, and vision insurance for interns, although intern contribution to cost is required. Coverage of family member(s) and legally married partner is available. Coverage of domestic partner not available. Coverage begins at the beginning of the 2nd month of internship.
- *Time off:* Interns could accrue a total of 160 hours of planned time off (PTO), which amounts to 20 days. This includes annual paid sick leave. There are 6 paid federal holidays (New Year, Memorial Day, Independence Day, Labor Day, Thanksgiving, Christmas). There are also 5 paid education days.
- In the event of medical conditions and/or family needs that require extended leave, the program allows reasonable unpaid leave to interns in excess of personal time off and sick leave in the form of short-term disability.

Supervision Structure

Both tracks consist of a primary supervisor, rotation supervisors (based on intern's major rotation interests), and "as needed" supervisors (based on intern's minor rotation interests and supervisor availability.

Interns will receive 2 hours of face-to-face supervision per week. This can include with your primary supervisor, rotation supervisor(s), co-training director(s). This can include traditional 1:1 supervision, group supervision, live supervision / observation.

Rotation Structure

- Anxiety Track: Intern will begin discussing their health psychology minor rotation focus with the training director before or shortly after their start date in August. The plan will be updated based on intern's training needs and preferences, as well as rotation and supervisor availability.
- Health Psychology Track: Intern will begin the training year typically with the Chronic Pain Management Program (CPMP) if they opt to include CPMP as a part of their internship training. Intern will begin discussing their training plan with the training director and their primary supervisor before August. The plan will be updated based on intern's training needs and preferences, as well as rotation and supervisor availability.



Dissertation on Internship

Many interns at NICPP are working on their dissertations and successfully completing the responsibilities of internship at the same time. It is possible to do both.

Research

Research opportunities vary across NICPP sites, tracks, and rotations. At Nebraska Medicine, interns do not have formal protected research time or research productivity expectations. However, if you have completed your dissertation work, you are welcome to discuss options with your training directors and supervisors. Interns may be able to dedicate no more than 10% of your 40-hour work week (i.e., 4 hours) to attend research meetings and participate in research-related activities. Participation in research activities cannot compromise the quality of and availability for clinical training activities.

Post-Doc and Job Applications

Your training director, supervisors, and other colleagues are happy to discuss this with you as early as you'd like. Many of us at Nebraska Medicine and within NICPP are well connected to potential employers locally, nationally, and sometimes internationally.

The NICPP consortium usually has a didactic devoted to this topic in October or November each year.

Your training director and supervisors are happy to review your CV, cover letters, and write letters of recommendation for you.



Life in Omaha

Housing

There are affordable, quality places to live within close distance of NE Medicine. There are places that are within walking distance to the north (Joslyn Castle, Gifford Park, Dundee), east (Blackstone, Midtown Crossing), south (South Central), and southwest (Aksarben).

The average apartment in Omaha is ~\$1000/mo for a one bedroom to over \$2,000/mo for a two-bedroom luxury apartment.

Some interns and staff live in Papillion, La Vista, Ralston, and Bellevue, which are suburbs about 20 minutes away from the main campus.

Cost of Living

Omaha is an affordable large city to live in, even on an internship stipend. It is significantly more affordable than larger cities.

It is equally or more affordable than similarly sized Midwestern cities such as Minneapolis, MN, Kansas City, MO, and Madison, WI.

Check out: https://livingcost.org/cost/united-states/ne/omaha

Food Scene

Omaha is one of the most restaurant- and bar-dense cities in the US (surprising, we know!). It offers a wide range of culinary experiences. The city is divided up into different neighborhoods with streets that are lined with diverse restaurants, from sushi, to Mexican, to burger joints, to Thai, to ice cream shops. Neighborhoods within the city limits also tend to be walkable. It is often enjoyable to go on a walk to meet up with friends for a treat or grab lunch to go in the neighborhood.

As a newcomer to Omaha, it has been helpful to follow some local foodies on social media, such as: @omahacoffeeneats @devouromaha @downtofoodie



What is there to do in Nebraska?

Check out this website about Omaha events and activities: https://ohmyomaha.com/

Other local (Omaha-area) favorites:

- Vala's Pumpkin Patch
 - o https://www.valaspumpkinpatch.com/
- Bob Kerrey Bridge
 - https://www.visitomaha.com/listings/bob-kerrey-pedestrianbridge/59364/
- Henry Doorly Zoo
 - o https://www.omahazoo.com/
- Nearby Nebraska State Parks
 - o http://outdoornebraska.gov/mahoney/
 - o https://outdoornebraska.gov/platteriver/
 - o https://outdoornebraska.gov/schramm/
- Lauritzen Gardens Omaha Botanical Center
 - o https://www.lauritzengardens.org/
- Fontenelle Forest
 - o https://fontenelleforest.org/
 - *The Omaha Public Library offers up to 2 FREE day passes to the Lauritzen Gardens, Durham Museum, Fontenelle Forest...etc. all year round: https://omahalibrary.org/partnership-passes/
 - Every year around April 1 and Oct 1, they also offer up to 2 FREE day passes to the Zoo. However, that usually runs out within the first 30 minutes: https://omahalibrary.org/zoo-passes/
- Werner Park
 - o https://www.milb.com/omaha/ballpark/werner-park



Nebraska Medicine In-Depth

Nebraska Medicine and its flagship hospital, Nebraska Medicine, are affiliated with the University of Nebraska Medical Center (UNMC). Nebraska Medicine is an academic health science center and the largest healthcare facility in Nebraska. The facility houses 718 acute-care beds. The Nebraska Medicine has Centers of Excellence in Cancer, Bariatric Surgery, Transplant, Neurological Sciences, and Women's Health.

Nebraska Medicine's mission is to lead the world in transforming lives to create a healthy future for all individuals and communities through premier educational programs, innovative research, and extraordinary patient care. The UNMC participates in the training and education of more than 1,500 trainees, including large medical student and residency programs. The medical center is recognized nationally and internationally as a leader in patient care, research, and education. It is annually recognized as one of the best employers in the region and the best hospital in the state. Nebraska Medicine has been a world leader in treating highly contagious diseases (Ebola during 2015 outbreak, COVID-19 early in the pandemic) and trialing and using innovative treatments (ie, CAR-T cell treatment)

Psychology Services In-Depth

Within Nebraska Medicine, the Psychology Department is a free-standing department in the Behavioral Health Clinical Program division. The Psychology Department houses clinical psychologists with expertise in a wide range of clinical specialties. There is 1 clinical psychologist in the co-located Pain Management Department. Our providers are fully integrated into the health care setting, and work closely with hospital and community physicians and allied health providers. Services include inpatient and outpatient evaluation and treatment for children, adolescents, adults, and older adults with behavioral, emotional, physical, cognitive, and developmental concerns and disabilities. Clinical health psychology services are directed toward addressing the mind-body aspects of health issues including managing pain, coping with chronic illnesses, weight management, adherence to treatment regimens, behavioral aspects of organ transplantation, as well as evaluating and treating patients with a full spectrum of mental health conditions. Providers and trainees work on interdisciplinary teams to offer comprehensive assessment and collaborative care.



Information About Clinical Rotations

The following pages contain "Quick Information" Sheets about some of our various rotations / experiences. Information on these sheets, including breadth and depth of experiences, personnel, timeframes, etc. is subject to vary for each intern and for each training year.



Bariatrics Rotation

https://www.nebraskamed.com/nebraska-medical-center/university-tower/bariatricscenter

Overview of Nebraska Medicine Bariatrics Center

Nebraska Medicine's Bariatric Center is a Center of Excellence in the region. It is the most comprehensive weight management program in the region, offering both surgical and medical weight loss treatment options for obesity.

Potential Supervisors

- Dr. Andrew Ahrendt
- Dr. Tessa Holscher
- Dr. Kate Linder
- Dr. Alice Mitwaruciu
- Dr. Joe Poler
- Dr. Justin Weeks

Role of Psychologists at the Bariatrics Center

We provide evidence-based evaluation, consultation, and treatment to outpatients and inpatients before, during, and after their weight loss surgery (WLS), as well as non-surgical patients. We communicate information or recommendations to multidisciplinary team members, including bariatric surgeons, physician assistants, nurse case managers, nutritionist/registered dietitians, and inpatient and outpatient teams.

Traditionally, Psychology services take place during the bariatrics (time) block. The Psychology Department is just across the street from the Bariatrics Center. During the pandemic, Psychology has been working remotely via telehealth. We now see some Bariatrics patients in person and some via telehealth. Whether interns will meet with patients in person will be contingent upon interns' preferences, training needs, and supervisors' availability.

Duration of Clinical Rotation

4-12 months, depending on intern preference.



Major or Minor Rotation

Interns may discuss with supervisor to turn this into a major or a minor rotation during the training year.

Expected number of hours per week

Clinical/Direct: Approximately 2-4 direct, independent hours (inpatient and outpatient therapy) and 2-4 direct, observed hours (i.e. observing a supervisor / completing evaluation and testing with a supervisor).

Administrative/Non-Direct

Depending on clinical load, approximately 4 non-direct hours, including chart review, documentation, occasional multidisciplinary consults and meetings, and brief informal didactics.

Supervision

1 dedicated hour of formal supervision with additional "as needed" supervision and/or "live" supervision during observations and/or when working together.

Role of Intern/Trainee in Bariatrics

Interns will get experience in completing bariatric surgery pre-surgical psychological evaluations and behavioral readiness visits. They will also have the opportunity to treat eating disorders, anxiety, worry, depression, insomnia, trauma-related distress, substance use, family/relationship issues, or any additional presenting concerns that bariatric patients may present.

Sample Opportunities

Clinical/Patient Care

- Complete at least 4 bariatric evaluations each week
- Complete follow-up psychological assessment/testing
- Complete follow-up behavioral readiness sessions
- Become familiar with chart review process to always include reviewing of initial interview with the bariatric physician assistants and dietitians
- Become aware of insurance coverage and requirements
- Become familiar with available inpatient, outpatient resources for bariatric patients regarding food security and access to social and behavioral health services



- Become familiar with treatment approaches for eating disorders, e.g., CBT,
 DBT, ACT based interventions that target binge eating
- Provide referrals to and/or initiate therapy services with patients pre-/postsurgery

primarily outpatient, but occasionally inpatient

Attend/Facilitate at least 1 bariatric support group

Non-Surgical Patents

- Assist with the New Directions Program group classes
- Provide therapy services to non-surgical patients from New Directions program or other non-surgical bariatrics patients

Interdisciplinary Team/Program Development

- Attend bi-weekly patient review meeting
- Update behavioral readiness manual
- Update intake report template

Last updated: 1/2024 Cecilia Poon



Chronic Pain Management Rotation

Overview of the Chronic Pain Management Program (CPMP)

The Nebraska Medicine <u>Chronic Pain Management Program</u> has been serving patients for more than 50 years. It is one of the longest running chronic pain programs in the country, second only to Johns Hopkins. The program is designed for patients with chronic non-malignant pain, which means pain lasting at least six months. Most of the patients in our program have exhausted myriad options for treating their pain and have lived with pain for many years. The goal of our program is not to cure chronic pain, but rather to help patients live well with pain.

The Chronic Pain Management Program is structured similarly to an IOP - our patients are with us for four weeks, from 8 a.m. to approximately 4:00 p.m., Monday through Friday. During this time, they work closely with our interprofessional team including psychologists, physical therapists, nurse coordinator, and medical director to develop an individualized treatment plan.

Interprofessional Approach to Treatment

The primary purpose of the program is to help patients remove or reduce disabilities and cope more effectively with pain-related problems. The staff members work together in a truly interprofessional and highly collaborative fashion. Providers meet several times weekly to discuss patient progress and problem-solve any issues.

Potential Supervisors

- Dr. Sally Stratmann
- Dr. Meghan Fruth

Role of Psychologists in Treating Chronic Pain

Treatment involves three components, which occur simultaneously and collaboratively:

- 1) **Psychological Treatment:** Psychological and social issues related to or caused by the pain are identified and treated with CBT for Chronic Pain (CBT-CP). General topics will be covered in a group setting, while individual sessions (two per week) address the patient's specific issues. The therapies are designed to calm the emotional centers of the brain, which, in turn, reduces the impact of stress on a person's pain.
 - Family members, friends, or care partners may attend one of the final individual sessions, in order to learn how they can support their CPMP



patient in continuing healthy and active behavior, and to assess how communication and relationship patterns impact and are impacted by pain.

- 2) **Physical Reactivation & Desensitization**: Daily exercise programs and physical activities are tailored to the patient's individual needs and gradually increased. The exercises are designed to maximize the brain's neuroplastic ability.
 - Psychologists are integral in helping patients to increase self-efficacy as well as adjust belief systems and perceptions of pain/ability in order to accomplish physical goals.
- 3) Medication Planning/Taper: Medications used currently for pain are evaluated. Most patients taking opioids will be gradually tapered under the supervision of our medical director. Patients may need psychosocial support for withdrawal symptoms.

Duration of Clinical Rotation

- 4 months, typically scheduled as the intern's first rotation (assuming the intern selects CPMP as one of their rotations).
- Interns may have the opportunity to continue to maintain some CPMP responsibilities (such as providing individual or group therapy, or pre-surgical evaluations) throughout the remainder of their internship if they have an interest in doing so.

Expected Number of Hours Per Week

Clinical: For at least the first month of internship, 100% of the intern's direct clinical hours (approx. 20/week) will be devoted to shadowing CPMP content and taking on individual patients, psychoeducational groups, and intakes when ready. After the first month, the intern may devote approximately 75% of clinical hours (approx. 15/week) to CPMP patients and will have the option to devote 25% (approx. 5/week) to general psychology outpatient and inpatient consultation/therapy.

 Supervision: 1 dedicated hour of formal supervision with additional "as needed" supervision and/or "live" supervision during observations and/or when working together

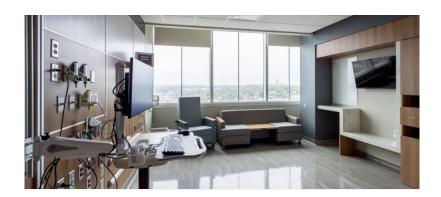


Role of the Intern in the Chronic Pain Management Program

- Intakes/Assessment Opportunities
 - o 3 Program Evaluations (PMEs) scheduled per week
 - Utilizing the Millon Medicine Behavioral Diagnostic (MBMD)
 objective personality test & additional assessment if needed
 - Spinal Cord Stimulator (SCS) Pre-Surgical Evaluations (optional)
 - Kidney Donor Pre-Surgical Evaluation (optional)
- Brief Individual Therapy (2 sessions/week for a total of 8 session per patient)
- Psychoeducational/CBT Groups
 - Intern will observe and then select groups of interest to lead under supervision throughout their rotation
 - Possible groups include Biopsychosocial Model, Introduction to Relaxation, Relaxation Group, Sleep Hygiene, Irrational Beliefs I/II, Acceptance, Mindfulness, Stress Management, Communication, Living Well With Pain, Anger Management, Relapse Prevention, and Weekly Goal-Setting Group
- Post-Discharge Follow-Up
 - Patients may opt to attend a 1-month follow-up session with their psychologist
 - Potential for extended therapy following CPMP discharge (case-by case, optional)
- Interdisciplinary Team Meetings
 - The intern meets several times weekly with the rest of the CPMP staff to review weekly program evaluations, new/current CPMP patients, weekly continuation criteria. The treatment team also facilitates weekly individual patient feedback meetings with each CPMP patient.



Inpatient Consultation-Liaison Rotation



Overview of Nebraska Medicine

https://www.nebraskamed.com/nebraska-medical-center

Hospital Buildings for Inpatient Consults

- Clarkson Tower (cardiovascular ICU, neuro ICU, heart, lung)
- Lied Transplant Center (general patients)
- University Tower (lung, medical ICU, labor & delivery)
- Werner Cancer Hospital / Buffett Cancer Center (Mostly oncology, but also some non-oncology ICU patients, surgical patients, hematology)

Potential Supervisors

- Dr. Alice Mitwaruciu
- Dr. Andy Ahrendt
- Dr. Aisha Yapp
- Primary Supervisor, Rotation Supervisor (i.e., oncology, transplant, etc.)

Role of Psychologist with Inpatient Consultation-Liaison Services

- Meet with patient and/or family directly to complete assessment and/or treatment (e.g., short-term psychotherapy)
- Collaborate with interdisciplinary team members including referring team, nursing, psychiatry, social work, Child Life, physical therapy, occupational therapy, speech and language pathology, nutrition
- Triage consults if more appropriate for other service (ie, Psychiatry)
- Identify potential hospital and community resources to prepare for discharge



Role of Intern

• Similar to the role of a psychologist (see above)

Duration of Clinical Rotation

- 4-10 months, after orientation and adjusting to internship.
- If an intern is interested in spending more time with Inpatient CL and make it a more formal rotation, this can take up to 40% of their 40-hour week (i.e., 2 full days or 4 half-days)

On-boarding Progress

- Become familiar with the physical locations of various inpatient units
- Shadow inpatient psychologists on consults / evaluations / follow-ups
- Inpatient C-L didactics with Dr. Adam Mills

Common Types of Inpatient Consults

- 1. General Inpatient Psychology Consults
 - Trauma: GSW, DV, assaults, MVA, falls, accidents
 - Neurology: Medically unexplained neurological symptoms and pain, including PNES / spells / pain
 - New diagnosis/acute illnesses
 - Adjustment to significant changes (amputation, TBI, SCI, paralysis)
 - Chronic illnesses: varying degrees of adherence, frustration, low motivation
 - Delirium/dementia/failure to thrive, refusing therapies Common symptoms/conditions groups to treat:
 - Anxiety about disease, interventions, shortness of breath, rehabbing
 - Specific phobias: fear of blood, needles, trach, intubation, feeding tubes, dressing changes, a lot of breathing difficulties and restlessness.
 - Depression / discouragement / crying
 - Disruptive/hostile/unhelpful behaviors
 - Eating disorders, poor food intake, fear of nausea/vomiting
 - End of life (usually goes to Palliative Care)
 - Insomnia
 - Pain
 - Refusal of care, expression of death wishes, suicidal ideation



2. Oncology

- Part of oncology rotation or inpatient rotations, primarily adult patients and families
- Frequently anxiety / depression about diagnosis, distress during treatment, difficulties before or after a surgery, refusal to do treatments

3. Cardiology

- Usually a part of the solid organ transplant rotation, specifically heart transplant/LVAD pre-op evaluation and post-op therapy/treatment
- May also include pre-LVAD patients, other heart failure patients, and adult congenital disease clinic patients
- Common presentation often includes anxiety, cardiac-PTSD due to VT shocks or recent cardiac events, insomnia, low appetite/food refusal, depression, treatment non-adherence, need for weight management, fluid restriction, smoking cessation, and occasionally death and dying considerations
- Assessment opportunities may include basic cognitive status, understanding of medical treatment options (medical decision-making capacities), ICU delirium

4. Bariatrics

• Rare, but occasionally to visit with post-op patients experiencing acute pain, nausea/vomiting, and anxiety (e.g., fear of eating). Sometimes may also include patients who develop anorexia like symptoms many years post-op

5. Labor/Delivery/Pediatrics (these opportunities may be rare)

- Parenting evaluations
- Emotional distress during a pregnancy
- Post-partum depression/anxiety/psychosis
- Acute grief/bereavement after catastrophic loss of a new-born or infant, difficult diagnosis upon birth
- Pediatric oncology or transplant evaluations

Supervision

 At least 1 hour of supervision and observation with rotation supervisor, if this is a separate, formal rotation. If this is a part of the training experience with primary supervisor, then primary supervisor will supervise inpatients as well.



Primary Care Rotation

Overview of the Primary Care Rotation

Interns assigned to the Primary Care rotation will be working as behavioral health consultants (BHC) to Primary Care Providers at one or more Nebraska Medicine primary care clinics. They will work in a dynamic, fast-paced, interdisciplinary environment in which the focus is on providing brief, behaviorally focused, evidence-based treatments with an emphasis on functional improvement. Psychologists are viewed as an essential part of an interdisciplinary team committed to providing comprehensive quality care.

BHCs see patients for a variety of mental health and physical health conditions. Some of these include: Chronic Pain, Weight Loss, Hypertension, Headaches, Insomnia, Adjustment to Chronic Illness, Sexual Problems, Smoking Cessation, Substance Use, Medication Adherence, Diabetes Management, ADHD, Anxiety, Depression, Stress Management, Trauma-Related Distress. BHCs are also available for risk assessment as needed (i.e., suicidal or homicidal ideation, psychotic symptoms).



Overview of Nebraska Medicine Patient-Centered Medical Home Team: Nebraska Medicine's Patient-Centered Medical Home (PCMH) is a team approach to primary care, which continues to expand across the metro area, with 14 clinic locations. Nebraska Medicine partners with patients, families and the community to support and promote health and well-being. Primary Care Providers, Psychologists/Behavioral Health Consultants, Social Workers, Nurses, Registered Dietitians and Pharmacists are all part of PCMH working together to support the PCP and the patient. The Primary Care Behavioral Health Model uses the behavioral health provider as a consultant to the PCP.



PCMH interns are typically assigned to 1 (minor) or 2 (major rotation) primary care clinics

• Behavioral Health Consultants primarily work in the primary care clinics doing both in person and telehealth visits but may work remotely via Zoom or telephone part-time. Whether interns will meet with patients in person will continue to be contingent upon the assigned clinic, interns' preferences, training needs, and supervisors' availability.

Potential Primary Supervisors

Dr. Meg Donovan
Dr. Kim Vacek
(with additional on-site supervision, depending upon clinic)

Role of Psychologist in PCMH

The psychologists are Behavioral Health Consultants (BHCs) on the PCMH team. They:

- Provide triage to determine the nature and severity of behavioral health problems, which service response would best meet the needs of the patient, and how urgently the response is needed
- Provide suicide risk assessments for the Nebraska Medicine primary care clinics
- Provide up-to-date psychiatric diagnoses that lead to effective treatment plans for patients
- Provide brief encounters to:
 - teach patients skills to manage their medical and behavioral health conditions
 - help patients address barriers and find solutions to problems
 - provide psychoeducation
 - connect patients to specialty behavioral health providers (if needing more than brief interventions within the PCMH model)
- Provide face-to-face (and electronic) feedback and recommendations PCPs

Role of Intern in PCMH

Interns will serve as Behavioral Health Consultants with the same duties as psychologists on the PCMH team as outlined above. Initially interns may observe visits with supervisor, then complete their own visits while being observed by their supervisor.



Duration of Clinical Rotation

- Minor Rotation: 4-12 months (1 clinic day/week), depending on intern preference
- Major Rotation: 12 months (with at least 2/3 of intern's time devoted to PCMH)
 - Elective mini-rotations may be developed within Chronic Pain Management,
 Solid Organ Transplant, Psycho-oncology, Bariatrics, or other specialty
 clinics on campus

Clinical/Patient Care

- Complete intake evaluations, including brief screening measures (i.e., PHQ-9, GAD-7), for newly referred patients.
- Provide NOW (same-day) appointments, including urgent risk assessment as needed
- See return patients for average of 2-5 additional sessions (though interns may choose to see some primary care patients for longer).
- Understand and be able to describe the PCBH Model and psychology's role as BHC
- Become familiar with and implement brief, evidence-based interventions within PCMH

Interdisciplinary Team/Program Development

- Attend PCMH team meetings, including monthly staff meetings
- Attend clinic staff meetings (clinic-dependent)
- Assist with development of PCMH manual, handouts and/or smart phrases as indicated
- Provided group psychoeducation and/or integrated health behavior education to clients and medical resident didactic trainings (clinic-dependent)



Psychosocial Oncology Rotation



Overview of Nebraska Medicine Oncology

 Nebraska Medicine is home to one of the premier oncology treatment centers in the region, and the <u>Fred and Pamela Buffett Cancer Center</u> is the only National Cancer Institute (NCI) designated site in the state of Nebraska. Nebraska Medicine Oncology specializes in Breast Cancer and Other Women's Cancers, Head and Neck Cancers, Leukemia and Lymphoma, Lung Cancer, Pancreatic and Gastrointestinal Cancers, and Prostate Cancer.

Potential Supervisors

- Dr. Adam Mills
- Dr. Alice Mitwaruciu

Role of Psychologists in Cancer Care:

- We provide evidence-based evaluation, consultation, and treatment to outpatients and inpatients before, during, and after their treatment for cancer.
- We communicate information or recommendations to multidisciplinary team members, including medical oncologists, surgical oncologists, radiation oncologists, social workers, nurses and nurse case managers, nutritionists, speech/language therapists, occupational and physical therapists, palliative care providers, survivorship providers, psychiatrists, and inpatient and outpatient teams.
- Traditionally, Psychology services were co-located in the cancer center. Now, interns and staff psychologists can see patients in-person at the cancer center or via telehealth.



Duration of Clinical Rotation

• 4-12 months, depending on intern preference.

Expected Number of Hours Per Week

- *Clinical*: Approximately 1-2 direct, independent hours (inpatient and outpatient) and 2-3 observation hours (i.e. observing a supervisor / cotherapy). This may start slow and ramp up as you progress through the rotation.
- Administrative/Non-Direct: 2 non-direct hours, including chart review, documentation, occasional multidisciplinary consults, supervision, and brief informal didactics.
- Supervision: 1 dedicated hour of formal supervision with additional "as needed" supervision and/or "live" supervision during observations and/or when working together.
- Some weeks may bring 0 hours of oncology work, some weeks may bring up to 5-6. Interns can typically dictate their preferred balance between telehealth/in-person, and inpatient/outpatient work.

Role of Intern in Psychosocial Oncology

- Interns will get experience in treating anxiety, worry, depression, insomnia, trauma-related distress, substance use, family/relationship issues, or any additional presenting concerns that oncology patients may present. An intern rotating in cancer care will receive experience in situations that may be unique compared to general outpatient psychotherapy:
 - o Providing brief therapy, including "one-and-done" visits
 - Helping patients develop plans to cope with long hospitalizations
 - Speaking with patients who may have otherwise never agreed to see a psychology provider, including those who may be reluctant to meet with us
 - Providing end-of-life care and having several patients pass away
 - More multidisciplinary interaction than general psychotherapy clinics, including making recommendations to other providers
 - Frequent use of motivational enhancement
 - Ruling out or considering the role of medical issues as a cause for some patient symptoms (i.e., how can you tell if fatigue is caused by depression or chemotherapy?, How do you help a patient with anticipatory nausea?)



Solid Organ Transplant Rotation



Overview of Nebraska Medicine Solid Organ Transplant Teams: Nebraska Medicine is recognized as premier single- and multi-organ transplant center in the region. We specialize in heart, lung, kidney, pancreas, liver, and small bowel/intestine transplant. (http://www.nebraskamed.com/transplant/)

Potential Supervisors

- Dr. Adam Mills (heart, lung, & kidney)
- Dr. Tessa Holscher (heart, lung, & kidney; pediatric liver, kidney, small bowel)
- Dr. Cecilia Poon (heart, lung; covers for pediatric liver and kidney/liver donors)
- Dr. Kate Linder (kidney; pediatric liver, kidney, small bowel)
- Dr. Justin Weeks (heart, kidney)
- Dr. Joe Poler (kidney donor)
- Dr. Sally Stratmann (kidney donor)

Role of Psychologists on Transplant Teams

- Part of an interdisciplinary team
- Provide pre-transplant psychological evaluation
- Present findings from evaluation to interdisciplinary team members
- Provide psychological support to patients and families who are on the waiting list;
 during their hospitalization, and post-transplant
- Facilitate care coordination, including identifying local and community mental health resources

Outpatient evaluations are usually conducted via telehealth. Inpatient evaluations (primarily heart & lung) are usually conducted in-person. The intern can decide how much they want to engage in telehealth vs in-person evaluations.



Duration of Clinical Rotation

• 4-12 months, depending on intern preference.

Major or Minor Rotation

• Interns may discuss with supervisors to complete a major or minor rotation in transplant.

Expected Number of Hours Per Week

- Clinical: Approximately 2-4 direct, independent hours (inpatient and outpatient evaluations) and 2-4 observed hours (i.e. observing a supervisor, completing an evaluation and testing with a supervisor, follow up therapy visits with transplant patients).
- Administrative/Non-Direct: Depending on clinical load, about 4 non-direct hours, including chart review, documentation, occasional multidisciplinary consults, supervision, and brief informal didactics.
- Supervision: 1 dedicated hour of formal supervision with additional "as needed" supervision and/or "live" supervision during observations and/or when working together.

Interdisciplinary/Educational Opportunities

- Become familiar with the mind-body connection in transplant, the impact of medications (e.g., anti-rejection medications) as well as medical treatments and procedures (e.g., dialysis, supplemental oxygen, tracheotomy) on one's cognitive and emotional status.
- Become familiar and comfortable with frank discussions about death and dying, and end-of-life considerations.
- Complete at least 4 pre-transplant evaluations each week, including brief neurocognitive screening of patient's status to clarify their medical decision-making capacity.
- Become familiar with common assessment tools, including PHQ-9, GAD-7, Stanford Integrated Psychosocial Assessment for Transplant (SIPAT), MoCA.
- Provide at least 4 hours of inpatient and outpatient psychotherapy support to transplant patients and families each week.
- Become familiar with brief interventions
- Become comfortable with making appropriate and timely referrals to Neuropsychology, Psychiatry, Palliative Care, and Ethics based on patients' needs.
- Attend at least 1 kidney, lung, heart, liver transplant patient selection meeting (PSC) per week during the rotation. Attend more PSC meetings as appropriate.
- Facilitate at least one LVAD support group and one lung transplant support group, if available. This may occur outside of the rotation timeframe.



Training and Supervisory Staff

Andrew Ahrendt, PhD is a licensed clinical health psychologist and track director for the Health Psychology Track. He received his doctorate in Clinical Psychology from the University of Nevada, Reno in 2020, and completed his clinical internship at the Nebraska Internship Consortium in Professional Psychology. Dr. Ahrendt joined the Nebraska Medicine psychology department as a staff member in 2020 and specializes in the areas of inpatient consultation-liaison services and the assessment/treatment of surgical and non-surgical weight



loss/eating difficulties. He mentors/supervises UNMC psychiatry residents, and his clinical interests include bariatrics, trauma/PTSD, adult anxiety disorders, depression, insomnia, and functional neurological symptoms. Dr. Ahrendt's therapeutic approach predominantly leans towards Cognitive Behavioral Therapy (CBT), Acceptance Commitment Therapy (ACT), and Functional Analytic Psychotherapy (FAP)-based strategies. Dr. Ahrendt is primarily affiliated with the Health Psychology, but may be available to supervise interns in the other tracks based on availability.

David Cates, PhD, is a licensed clinical psychologist, Director of Behavioral Health at Nebraska Medicine and Vice Chair of Clinical Operations in the Department of Psychiatry at the University of Nebraska Medical Center. Dr. Cates also serves as the Behavioral Health Consultant to the Nebraska Biocontainment Unit and the National Quarantine Unit. His areas of professional interest include the psychological effects of medical isolation and quarantine, promoting resilience in healthcare workers, treatment of children and adolescents



suffering from a variety of psychiatric disorders, and suicide prevention. Dr. Cates is a member of the American Psychological Association and the Nebraska Psychological Association where he serves on the Ethics Committee. Dr. Cates does not directly supervise interns, but may provide consultation services on a case-by-case basis.

Margaret (Meg) Donovan, PhD is a licensed psychologist, clinical supervisor, and instructor. Dr. Donovan received her doctorate from the University of North Dakota in 1998 and completed clinical internship at the Norfolk Regional Center, a treatment center for the chronically mentally ill. She has previously worked in a psychiatric hospital, in private practice, and at a sex offender treatment program where she was Director of Psychology and provided clinical oversight for the sex





offender program. She joined Nebraska Medicine in 2020 and is a Behavioral Health Consultant in the Primary Care clinics. Dr. Donovan's specialties include major mental illness, anxiety disorders, mood disorders, insomnia, integrated primary care, autism spectrum disorders, and personality disorders. Dr. Donovan is affiliated with the Primary Care rotation.

Meghan Fruth, PsyD, is a licensed clinical psychologist and clinical supervisor. She received her doctorate in clinical psychology from Alliant International University, San Diego in 2023. She completed both her clinical internship and post-doctoral fellowship at Creighton University Student Counseling Services. Dr. Fruth started at Nebraska Medicine in 2024 as a psychologist for the Chronic Pain Management Program (CPMP). In addition to her role at CPMP, Dr. Fruth conducts presurgical evaluations for kidney donors and sees outpatients through



the Sports Medicine department. Clinical areas of interest include: chronic pain/illness, sport psychology, depression, anxiety, and eating disorders. She primarily uses DBT, ACT, and CBT modalities. Dr. Fruth is affiliated with the Health Psychology Track and a supervisor for the CPMP rotation.

Tessa Holscher, PsyD is a licensed psychologist and clinical supervisor. Dr. Holscher received her doctorate from the Forest Institute of Professional Psychology in Springfield, Missouri in 2014, and completed clinical internship and postdoctoral training at Nebraska Mental Health Centers. Dr. Holscher has been on staff at Nebraska Medicine since 2018. Her specialties include anxiety, trauma, and mood disorders in children and adolescents. She also provides psychological evaluations and support for patients and their families referred by



pediatric oncology/hematology and transplant teams. Dr. Holscher is primarily affiliated with the Anxiety Disorders Track, but may be available to supervise interns in other tracks based on availability.

Katherine Linder, PhD is a licensed psychologist and clinical supervisor. Dr. Linder is a Nebraska-native who received her doctorate in Clinical Psychology from the California School of Professional Psychology at Alliant International University, and completed her clinical internship at the Beatrice State Developmental Center (BSDC), a member of the Nebraska Internship Consortium for Professional Psychology (NICPP). She has been on staff at Nebraska Medicine since





2006. Her interests include pediatrics (especially age 2 to 8), play therapy, solid organ transplant, pediatric HIV, intellectual disability, medical adherence/compliance, parenting capacity, health issues, anxiety and mood disorders, juvenile sexual aggression, psychological assessment, and trauma. Dr. Linder is primarily affiliated with the Health Psychology Track, but may be available to supervise interns in the other tracks based on availability.

Adam Mills, PhD is a licensed psychologist, co-training director, and clinical supervisor. He completed his PhD in 2016 at Oklahoma State University and his clinical psychology internship at the Charleston (South Carolina) Consortium (Medical University of South Carolina & Charleston VA Medical Center). He started at Nebraska Medicine in 2016, and helped develop the co-located psychosocial oncology program at the Buffett Cancer Center. He supervises interns for the following rotations / experiences: psychosocial oncology, solid organ



transplant, and inpatient consultation-liaison services. Clinical areas of interest include: adjustment to acute and chronic medical illnesses, anxiety / worry, depression, insomnia, and functional neurological symptoms. He primarily uses ACT- and CBT-based approaches. **Dr. Mills** is primarily affiliated with the Health Psychology rotations, and may be available to supervise interns in the either tracks based on interests.

Alice Mitwaruciu, PhD is a licensed psychologist, co-training director, and clinical supervisor. Dr. Mitwaruciu received her doctorate in Counseling Psychology from The University of Utah, Salt Lake City in 2009. She completed her internship and Post Doc at Beatrice State Developmental Center (BSDC) in Beatrice, Nebraska. Dr. Mitwaruciu joined the staff at Nebraska Medicine in 2022. She previously worked as a staff psychologist at BSDC, was the Behavioral Health Administrator for the Nebraska Department of Correctional Services and the Training



Director for Counseling and Psychological Services (CAPS)at the University of Nebraska-Lincoln She specializes in international and immigrant mental health, depression, anxiety, bipolar disorders, anger management, trauma/PTSD, suicide prevention/assessment/management, Loss & Grief Counseling, and crisis intervention & postvention. Currently she sees patients in bariatrics, oncology, and kidney transplant, as well as medical inpatients. **Dr. Mitwaruciu is primarily affiliated with the Health Psychology Track but may be available to supervise interns in the other tracks based on availability.**



Joseph E. Poler, Jr., PsyD is a licensed psychologist, clinical supervisor, and researcher. Dr. Poler is the Mental Health Coordinator for the University of Nebraska Medical Center Adult Cystic Fibrosis Care Team at Nebraska Medicine/University of Nebraska Medical Center. He received his doctorate in Clinical Psychology from Adler University in 2009, and completed his clinical internship at the Commonwealth of Massachusetts - Tewksbury Hospital and postdoctoral training at the Behavioral Medicine Center at the University of Virginia (UVA),



Department of Psychiatry and Neurobehavioral Sciences. He has also worked as an Instructor at the University of Virginia - HealthSouth Rehabilitation Hospital. Dr. Poler joined the Psychology Department at Nebraska Medicine in 2017. He specializes in the assessment and treatment of persons living with chronic medical conditions, anxiety, depression, sleep disorders, presurgical evaluation (bariatric surgery, spinal cord stimulator), solid organ donation, and inpatient consultation. His treatment orientation is primarily cognitive-behavioral, acceptance and commitment, as well as Adlerian. Research interests include the psychosocial impact and sequelae of living with cystic fibrosis and various brain-behavior relationships. Dr. Poler is primarily affiliated with the Anxiety Disorders Track, but may be available to supervise interns in the other tracks based on availability.

Cecilia Poon, PhD, ABPP is a licensed board-certified geropsychologist and adjunct assistant professor in the Department of Psychiatry at UNMC. Originally from Hong Kong, she completed her PhD in Clinical Psychology (Aging Track) at the University of Southern California, her internship at the Piedmont Geriatric Hospital in Virginia, and joined Nebraska Medicine in 2011 as a clinical health psychology postdoctoral fellow. She has served on committees of the American Board of Geropsychology, Society of Clinical Geropsychology (APA)



Division 12, Section 2), Adult Development and Aging (APA Division 20), Psychologists in Longterm Care, and the Nebraska Mental Health and Aging Coalition. She is serving a 3-year term (2022-2025) on the Diversity, Equity, and Inclusion Committee of the Association of Psychology Postdoctoral and Internship Centers (APPIC), and a 3-year term (2024-2026) on APA's Committee on Aging. Clinical interests include aging with disability, caregiving, coping with chronic health conditions, death and dying, grief, and mindfulness- and acceptance-based interventions. Professional interests include geriatric behavioral health workforce, public policy, as well as multicultural and diversity considerations in practice, mentoring, supervision, and training. Dr. Poon may supervise interns with a strong interest in working with older adults and/or individuals with heart and lung conditions.



Sally Stratmann, PhD is a licensed clinical psychologist and clinical supervisor. She earned her doctorate from the University of Missouri Kansas City and completed her doctoral internship at Nebraska Medicine in the Health Psychology track. She was subsequently hired as a program psychologist for the Chronic Pain Management Program. In addition to her duties at CPMP, Dr. Stratmann conducts comprehensive adult neurodevelopmental assessments as well as presurgical evaluations for kidney donors and spinal cord stimulator candidates. Clinical interests



include chronic pain/illness, disability, health psychology, interprofessional collaboration and consultation-liaison psychology, and adult assessment. Dr. Stratmann is affiliated with the Health Psychology Track and a primary supervisor for the Chronic Pain Management Program rotation.

Kimberly Vacek, PhD is a licensed clinical psychologist and clinical supervisor. Dr. Vacek earned her doctorate degree from Loyola University Chicago in 2010. She completed her internship at the University of Illinois at Urbana-Champaign and her post-doctoral fellowship at Roosevelt University Counseling Center in Chicago, Illinois. She joined the Nebraska Medicine in 2011, serving initially as the bariatric team psychologist and trauma team liaison for the Psychology Department. She then worked as staff psychologist for the



Chronic Pain Management Program for nearly 7 years. In 2020 she transitioned to serving as a Behavioral Health Consultant in the Bellevue Family Medicine Clinic. She specializes in cognitive-behavioral and acceptance-based therapies for individuals with trauma disorders, chronic pain/illness, mood disorders, anxiety disorders, insomnia, binge/emotional eating. In addition to her work with the psychology internship program, Dr. Vacek also supervises family medicine residents and nurse practitioner students through her role in primary care. **Dr. Vacek** is affiliated with the Primary Care rotation.

Justin W. Weeks, PhD is a licensed psychologist, instructor, clinical supervisor, and researcher. Dr. Weeks is currently the Psychotherapy Director of the Anxiety Subspecialty Treatment (AnxST) program in the Department of Psychology at Nebraska Medicine and the Department of Psychiatry at the University of Nebraska Medical Center. Dr. Weeks received his doctorate in Clinical Psychology from Temple University in 2008, and completed clinical internship and postdoctoral training at the Stress and Anxiety Disorders Clinic at the University of Illinois at





Chicago, Department of Psychiatry. Dr. Weeks joined the Psychology Department at Nebraska Medicine in 2015, and specializes in assessment/treatment of, and research on, anxiety and anxiety-related disorders in adults. He formerly served as the Director of the Center for Evaluation and Treatment of Anxiety (CETA) at Ohio University, was the Program Chair for the annual convention of the Association for Behavioral and Cognitive Therapies (ABCT) in 2013, and the Editor of the Wiley-Blackwell Handbook on Social Anxiety Disorder in 2014. Dr. Weeks is primarily affiliated with the Anxiety Disorders Track, but may be available to supervise interns in other tracks based on availability.

Aisha Yapp, PhD is a provisionally licensed clinical psychologist and clinical supervisor. She earned her doctorate from Tennessee State University and completed her doctoral internship at Nebraska Medicine in the Anxiety track. She was subsequently hired as a psychologist to support the Psychology Department and Buffett Cancer Clinic. Clinical interests include trauma and post traumatic growth, psychosocial-oncology, health psychology, holistic healing, and the use of collaborative care. **Dr. Yapp supervises interns in the Health**



Psychology track under the supervision of Dr. Adam Mills. She is also open to supervising interns with interests similar to hers, based on availability.