

**Nebraska Medicine Psychology Department  
Clinical Health Psychology Pre-Doctoral Internship Training Program**

Thank you for your interest in our internship training program!

**1/ 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 have to be physically present on site by the first and last business day, consistent with a full 52-week internship per APA accreditation.

The anticipated start date is on or after August 1 of each year.

Expected Number of Direct Clinical Hours during Internship

NICPP requires at least 25% of the 2,000 hours of internship to be devoted to direct clinical care. Nebraska Medicine Psychology expects staff psychologists 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 be 10 hours per week at the beginning of the training year and closer to 20 hours per week by the 3rd quarter 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:

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

## 2/ Application and Eligibility

**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.

**Assessment Hours:** We prefer at least 50 direct assessment hours of supervised graduate level pre-internship 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 pre-internship 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 evidence-based 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) prior to October 1 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)
Primary Care Track	40-190 (55)	312-896 (560)

**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.

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> . Incoming interns are expected to have obtained their PLMHP by June 30 (i.e., approximately one month prior to their start date around August 1).

Incoming interns are responsible for the PLMHP application fee. Nebraska Medicine is unable to reimburse this one-time fee.

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. A driving record check will also be conducted for jobs that require driving as an essential function. 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 August 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.”

### **3/ Working Environment and Benefits**

Salary/Pay: \$35,547.20 before tax. Interns are paid every 2 weeks.

Health 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.

Holiday/ 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 (for attending trainings, conferences, etc).

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.

Working Environment: Interns will be assigned 1 parking spot on the main campus (\$18/month), which is about a 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. Interns in the Primary Care track will typically have to commute to 2 clinics (1 clinic for 1 day and 1 clinic for 2 other days) that are not on the main campus. The 2 remaining non-Primary Care days will likely take place on the main campus.

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)

#### 4/ Application Procedure and Checklist

Complete the APPIC Application for Psychology Internship (AAPI Online) in full. The online application is available on the APPIC website: <http://www.appic.org/AAPI-APPA>

Each applicant can apply to up to five (5) Consortium sites and/or programs within NICPP. Please note that Boys Town, Munroe-Meyer Institute, and Nebraska Medicine Psychology Program are sites with more than one track/program. You may submit no more than five (5) NICPP APPIC program codes.

When you designate the NICPP program in your APPI Online, indicate the site(s)/program(s) to which you are applying in the Programs box located in the Internship Program Designation window immediately below Site #1416 NEBRASKA INTERNSHIP CONSORTIUM LINCOLN.

For Nebraska Medicine Psychology Department (NMPD), please include the track you are applying to:

Nebraska Medicine Psychology Health Psych Focus (NMPD-HP): 141629 (1 position)

Nebraska Medicine Psychology Primary Care Focus (NMPD-PC): 141624 (1 position) -- INACTIVE in 2025/2026

Anxiety Disorders Track-Psychology-Nebraska Medicine (NMPD-AD): 141626 (1 position)  
Track and training directors at Nebraska Medicine will only review applications submitted to our site/ track(s).

Per NICPP requirement, In one cover letter addressed to Dr. Beth Doll, please specify the sites/programs to which you are applying in the first paragraph, and explain why you are applying to each of the sites/tracks that you have selected in subsequent paragraphs. You may use the following abbreviations for Nebraska Medicine: NMPD-HP, NMPD-PC, NMPD-AD

Include three letters of recommendation and your Curriculum Vitae in your APPI Online.

Send official copies of ALL graduate transcripts to the AAPI Online Service. Do not send undergraduate transcripts.

All Consortium application materials must be uploaded by November 1 of each year. Incomplete submissions will not be considered. If you have specific questions, please email the Nebraska Medicine site training director at: [cepoon@nebraskamed.com](mailto:cepoon@nebraskamed.com)

Employment will be contingent on satisfactory completion of a background check.

Applicants invited to interview with Nebraska Medicine will typically be informed before Thanksgiving for Phase 1.

You will be invited to a virtual open house typically the first Thursday in January from 1 to 5pm CST. Attendance is strongly encouraged.

Individual interviews are scheduled for the first 2 Fridays in January. Accommodations may be made in advance if there is a scheduling conflict.

Please refer to the NICPP website for detail:

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

## **5/ Type of Facility**

Nebraska Medicine and its flagship hospital, the Nebraska Medical Center, are affiliated with the University of Nebraska Medical Center (UNMC). The Nebraska Medical Center is an academic health science center and the largest healthcare facility in Nebraska. The facility houses 718 acute-care beds. The Nebraska Medical Center 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 Nebraska Medical Center participates in the training and education of more than 1,500 trainees, including large medical student and residency programs through UNMC. The medical center is recognized nationally and internationally as a leader in patient care, research, and education.

Within the Nebraska Medical Center, 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 are 2 clinical psychologists 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.



## **6/ Training Model and Philosophy**

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:

- 1) 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 diverse backgrounds.

**7/ Training Tracks**

Our internship program offers 3 positions in clinical health psychology. Each track is made up of specific rotation options:

1/ Anxiety Disorders Track

2/ Health Psychology Track

3/ Primary Care Track (This track will not be accepting an intern for the 2025/2026 training cycle)

**Anxiety Disorders Track: 1 position**

Track Director: Justin Weeks, PhD

The Anxiety Subspecialty Treatment program (AnxST) is a multidisciplinary anxiety clinic which bridges the Nebraska Medicine Psychology Department 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, Lauren Holcomb, PhD, and Joseph Poler, PsyD are also training faculty; 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 two 12-month core rotations, which will account for 12-15 scheduled direct patient care hours per week (65% of direct patient care experiences during the internship): 1) outpatient cognitive-behavioral therapy (CBT) for anxiety disorders; and 2) inpatient evaluation, consultation and brief CBT. The two 12-month core rotations 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 available. The core experiences will begin immediately upon initiating internship. The inpatient consultation experience follows a progression from evaluation and supportive care on general medical-surgical units to more specialized CBT for patients being followed by the trauma team and by services with which the intern is currently working on an outpatient basis in the 4-month rotations listed below.

Both outpatient and inpatient consultation assignments for interns in the Anxiety Disorders Track will focus primarily upon anxiety and anxiety-related disorders/presentations. Similarly, cases assigned from their health psychology rotation will focus on anxiety presentations. For example, 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]); long-term pain management case assignments 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]); psychosocial-oncology long-term case assignments will focus primarily upon anxiety-related presentations (e.g., fear of cancer recurrence [e.g., see Starreveld, Markovitz, Breukelen, & Peters, 2016]); and long-term transplantation-related case assignments will focus primarily upon anxiety-related presentations (e.g., post-traumatic stress disorder associated with organ transplant [e.g., see Davydow, Lease, & Reyes, 2015]).

In addition to the two 12-month core rotations, 35% of direct patient care experiences during the internship will be accounted for in three 4-month rotations selected from among the following four health psychology experiences: Bariatrics, Chronic Pain Management, Psychosocial-oncology, and Solid Organ Transplant. The rotation experience will focus on aspects of these treatment teams that are not anxiety-focused, such as general pre-surgical evaluations, depression, adjustment-related concerns, and stress management.

## Health Psychology Track: 1 position

Track Director: Adam Mills, PhD

The Health Psychology Track will give interns the opportunity to provide evidence-based evaluation, consultation, and treatment in a population of individuals experiencing a range of medical issues, including cancer, organ failure, chronic pain, and obesity.

Interns in this track will have the option of choosing three 4-month rotations from among the following experiences: Bariatrics, Chronic Pain Management, Psychosocial-Oncology, and Solid Organ Transplant.

A core tenant of this track is interdisciplinary relationships. Health Psychologists and interns who match to this track will contribute to large multidisciplinary teams consisting of specialists (pulmonologists, cardiologists, nephrologists, oncologists, pain management physicians), surgeons, social workers, and more. Our multidisciplinary teams rely on us to assist patients with the psychosocial challenges they experience through life-changing medical processes.

For Bariatrics and Solid Organ Transplant, the role of the Health Psychologist and Health Psychology Interns is primarily **evaluative** (i.e., presurgical evaluations, including a psychodiagnostic interview and cognitive screening), but also includes **consultation** with team members and therapy services for patients.

For Oncology, the role of the Health Psychologist and Health Psychology Interns is primarily **therapeutic**. Patients may present at different places in the cancer trajectory, including prior to a cancer diagnosis (Cancer Risk and Prevention Clinic), while undergoing treatment, or in early or late survivorship.

For Chronic Pain Management, the intern will work alongside other multidisciplinary providers (physical therapists, nurses) to provide evaluation, psychoeducation, and individual and group therapy for individuals who have struggled with chronic pain. Health Psychology Interns will primarily utilize evidence-based therapy modalities including Cognitive Behavioral Therapy and Acceptance and Commitment Therapy. Therapy often includes psychoeducation, behavioral activation, relaxation training, cognitive reappraisals / acceptance, values-clarification, and sleep hygiene. We see patients primarily in an outpatient setting (often via telehealth), but we may also see them while they are admitted to the hospital.

**Primary Care Track: 1 position**

Track Director: Margaret (Meg) Donovan, PhD

A major component of the internship will be providing evidence-based interventions. Primary Care Medical Home (PCMH) Behavioral Health Consultants emphasizes contextual behavioral approaches, functional improvement rather than symptom reduction, and flexibility in delivery format (e.g., brief visits, consultation rather than traditional therapy sessions). Orientations such as Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Mindfulness Based Stress Reduction (MBSR), Behavioral Therapy, Motivational Interviewing, and Positive Psychology will be encouraged and emphasized throughout the internship year.

In addition to devoting about two thirds of their training time (i.e., 3 days per week) in at least 2 Nebraska Medicine primary care clinics, the primary care track intern will devote the remaining 2 days to develop their health psychology rotation experience within Bariatrics, Chronic Pain Management, Psychosocial-Oncology, Solid Organ Transplant, or other specialty clinics on campus. However, interns' Pain Management training experience likely will not involve full participation in the 3- to 4-week Chronic Pain Management Program.

## **8/ Rotation Options, Core Experiences, and Other Clinical Opportunities**

As noted above, this internship offers the following 4 health psychology rotation options to interns in all 3 tracks:

- Bariatrics
- Chronic Pain Management
- Psychosocial-Oncology
- Solid Organ Transplant

The Anxiety Disorders Track and the Primary Care Track also offer rotation options to an intern from another track:

- Anxiety Clinic
- Primary Care

Based on interns' training needs and interests, as well as patients' needs and supervisors' availability, interns may also have the opportunity to work with patients from the Adult Congenital Heart Disease (ACHD) team, the Cystic Fibrosis (CF) team, the Diabetes Clinic, Geriatrics and Geriatric Psychiatry, and Neurology.

In addition to outpatient psychotherapy services, interns are required to complete year-long core experiences in:

### Outpatient Psychotherapy Services and Inpatient Consultation-Liaison

Core experiences in outpatient psychotherapy services and inpatient consultation-liaison typically begin upon successful completion of the first month of internship. The outpatient caseload may come from one of their major rotations, or another specialty team/clinic on campus. The inpatient experience follows a progression from evaluation and supportive care on general medical-surgical units to more specialized care of patients being followed by the trauma team, the heart failure team, various transplant teams, as well as patients followed by teams with which the interns are currently working.

For the Anxiety track intern, these core experiences will count towards the 65% of the anxiety clinic/ track experience when they are supervised by an anxiety track supervisor.

For the Health Psychology track intern, these core experiences will be an integral part of each of their rotations.

For the Primary Care track intern, these core experiences will be part of their health psychology experience on the 2 days they are not with primary care.

## 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 for an intern who opted to complete a major rotation in bariatrics:

- 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-/post-surgery,

- primarily outpatient, but occasionally inpatient
- Attend/Facilitate at least 1 bariatric support group (First Wednesday 6-7:30pm)

#### 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

## Chronic Pain Management Rotation



### Overview of the Chronic Pain Management Program (CPMP):

The Nebraska Medicine Chronic Pain Management Program 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 Supervisor(s):

- Dr. Sally Stratmann
- Dr. Meghan Fruth

### Role of Psychologists in Treating Chronic Pain:

Treatment involves three components, which occur simultaneously and collaboratively:

*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.

*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. 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 this rotation, 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*

- 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 the Nebraska Medical Center

<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 (ie, 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. For Health Psychology track and Primary Care track interns, they should expect to spend at least 20% of their 40-hour week on inpatients and/or psychology clinic outpatients.
- 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)

#### Expected Number of Hours Per Week

- Clinical: Approximately 4 hours per week
- Administrative/Non-Direct: Approximately 2-4 hours per week (documentation, triaging consults)

#### 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, 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.

### Resource on MS Teams

Dr. Adam Mills' Inpatient Consult-Liaison Didactic presentation slides



## **Primary Care Rotation**

### Overview of Nebraska Medicine Patient-Centered Medical Home:

Nebraska Medicine's Patient-Centered Medical Home (PCMH) is a team approach to primary care, which continues to expand across the metro area, with 15 clinic locations. Nebraska Medicine partners with patients, families and the community to support and promote health and well-being. Primary Care Providers, Behavioral Health Consultants, Social Workers, Nurses, Registered Dietitians and Pharmacists are all part of PCMH working together to support the PCP and the patient. Psychologists and Clinical Social Workers are Behavioral Health Consultants on the team and work collaboratively with interdisciplinary medical professionals in order to provide quality care.

PCMH staff are currently staffed at the following clinics:

- Bellevue Family Medicine Clinic– 2510 Bellevue Medical Center Drive
- Brentwood Health Center – 8604 Giles Road
- Chalco Health Center – 8343 S. 168th. Ave.
- Clarkson Family Medicine/Old Market Health Center – 1319 Leavenworth St.
- Durham Outpatient Center Family Medicine Clinic – 4400 Emile St.
- Durham Outpatient Center Internal Medicine Clinic—4400 Emile St.
- Eagle Run Health Center – 3685 N. 129th St.
- Elkhorn Health Center– 20310 Blue Sage Parkway
- Fontenelle Health Center– 5005 Ames Ave.
- Home Instead Center for Successful Aging (HICSA Geriatric Clinic)—730 S. 38th Avenue
- Midtown Health Center—139 S. 40th St.
- Millard Health Center—13325 Millard Ave.
- Oakview Health Center– 2727 S. 144th St.
- Papillion Health Center-- 249 Olson Drive, Papillion
- Village Pointe Health Center--110 N. 175th St.

PCMH interns are assigned two primary care clinics if it is a major rotation and one primary clinic if it is a minor rotation.

### Potential Primary Supervisors:

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

### Role of Psychologists 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 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 problem solve
  - provide psychoeducation
  - connect patients to specialty behavioral health providers (if needing more than brief interventions within the PCMH model)
- Emphasize solution-focused and contextual behavioral approaches, often focusing on functional improvement rather than symptom reduction
- Provide face-to-face (and electronic) feedback and recommendations PCPs

Behavioral Health Consultants 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. Behavioral Health Consultants are also available for risk assessment as needed (i.e., suicidal or homicidal ideation, psychotic symptoms).

#### Role of Intern in PCMH:

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

#### Duration of Clinical Rotation:

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, Psychosocial-oncology, Bariatrics, or other specialty clinics on campus

Minor Rotation: 4-12 months (1 clinic day/week), depending on intern preference

#### Expected (average) number of hours per week:

- *Clinical/Direct*  $\approx$  50% (\*understand that hours will look different each week, given the natural ebb and flow of referrals in the PCBH setting):
  - Minor Rotation: average 3-4 direct, independent hours/week
  - Major Rotation (i.e., Primary Care Track intern): average 8-12 direct, independent hours/week
  - Note that in PCMH an intake = .75-1 hour, Follow-up session = .5 hours)

- *Administrative/Non-Direct* ≈ 50%: Outside of direct clinical work, interns' time will be spent on the following: 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

#### Clinical/Patient Care

- Complete intake evaluations, including brief screening measures (i.e., PHQ-9, GAD-7)
- Become familiar with chart review process, to always include reviewing of recent documentation by the referring provider, nurses, etc.
- See return patients for an average of 2-5 additional sessions (though interns may choose to see some primary care patients for longer)
- Provide NOW (same-day) appointments, including urgent risk assessment as needed
- Become familiar with brief, evidence-based interventions within PCMH. Orientations such as Cognitive Behavioral Therapy (CBT), Acceptance and Commitment Therapy (ACT), Focused Acceptance and Commitment Therapy (FACT), Mindfulness based stress reduction, Behavioral Therapy, and Motivational Interviewing, will be encouraged and emphasized throughout the internship year.

#### Interdisciplinary Team/Program Development

- Attend PCMH team meetings, including quality assurance and monthly staff meetings
- Attend clinic staff meetings (clinic-dependent)
- Assist with development of PCMH handouts and/or smart phrases as indicated
- Assist with development of PCMH manual as needed

#### On-boarding Process

- Become familiar with required intake information and the PCBH note template.
- Shadow supervisor and other Behavioral Health Consultants.
- Assist with writing their note to prepare for conducting intakes independently.
- Become familiar with commonly used screening measures utilized within the PCMH setting (i.e., PHQ-9, GAD-7, PCL-5, MDQ)
- Become familiar with the materials in the PCMH Teams page including but not limited to:
  - Power Points for PCPs
  - Patient Handouts
  - Progress Note Examples and Note Requirements
  - Intervention Quick Guides

- Behavioral Health Consultants manual
  
- Discuss with supervisor and/or PCMH Team Lead:
  - scheduling of appointments
  - best way to coordinate with administrative/nursing staff
  - team meetings
  - quality assurance
  - expectations for quality of and timeliness of documentation.
- Become familiar with outpatient provider referral resources, as well as the process for providing in-house referrals for other services as needed
- Learn the Suicide Risk Protocol
- Learn the PCMH ADHD Evaluation Workflow

Recommended Resources for Review:

Hunter, C.L., Goodie, J.L., Oordt, M.S., & Dobbmeyer, A.C. (2017). *Integrated Behavioral Health in Primary Care: Step-By-Step Guidance for Assessment and Intervention* (Second Edition). APA.

McDaniel, S.H. & DeGruy III, F.V. (2014). Primary Care and Psychology: Special Issue of *American Psychologist*, 69(4)

See Team Lead for additional training options related to the IBHC model

## 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 Fred and Pamela Buffett Cancer Center 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
- Dr. Aisha Yapp

### Clinic Members, Divisions, and Teams

- Oncology Divisions:
  - Medical oncology (generally manages diagnosis, treatment plan, and chemotherapy for solid tumors)
  - Radiation oncology (manages radiation treatment)
  - Surgical oncology (surgical removal of cancer)
  - Bone Marrow Transplant (BMT - treats blood disorders, lymphoma, leukemia)
- Palliative Care
  - Helps patients establish goals of care, including when to stop treatment and transition to end of life
  - Helps patients with significant/burdensome symptoms (including mental health sx – Palliative can almost take the role of a Psychiatrist / PCP for those w/cancer)
- Survivorship
  - Helps patients transition back to ‘new normal’ life after treatment
- Nutrition
- Social Work

- Child Life
  - Helps patients learn how to talk to their children about their cancer process
- Psychiatry: Dedicated psychiatry provider who can manage patient medications

Psychology gets frequent referrals from medical oncology, survivorship, and social work. We frequently get inpatient consultations from the Bone Marrow / Stem Cell Transplant Teams.

#### Clinic Locations

- Buffett Cancer Center (Main Campus) - outpatient, surgical services, treatment centers (chemo/radiation), support services (psychology, social work, nutrition, financial)
  - Also may be called The Buffett, Fred and Pamela Buffett Cancer Center, FPBCC, CCCOH (legacy name), WCH
  - Outpatient clinic located on 4<sup>th</sup> floor
- Werner Cancer Hospital – inpatient floors of the Buffett Cancer Center (floors 6-8)
  - Also may be called Werner or Werner Tower
- Village Pointe Cancer Center – outpatient cancer clinic in west Omaha with clinic rooms infusion centers, and radiology
  - Currently no in-person psychology services are offered here
  - Dr. Mills previously traveled to Village Pointe once per week, but no longer does this, as patients on that side of town can use telehealth
- Nebraska Medicine Bellevue – outpatient and inpatient cancer care south of Omaha
  - Also called Bellevue Medical Center / BMC (legacy name)
  - Currently no in-person psychology services are offered here

#### Role of Psychologist in Cancer Care

- Provide evidence-based evaluation, consultation, and treatment to outpatients and inpatients before, during, and after their treatment for cancer. We often communicate information or recommendations to multidisciplinary team members. 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.
- The oncology service wanted their “own” psychology providers so they could refer patients to a provider who they knew, trusted, and who had dedicated time to see

their patients. Therefore, our psychology providers are co-located in the cancer clinic, working alongside medical and support providers.

- Service Delivery: Traditionally, Psychology services were all in-person in the cancer center. Since COVID, Psychology services are now balanced between telehealth and in-person services. Generally, interns can do as much or as little in-person patient care as they want.

#### Role of Intern/Trainee in Psychosocial-Oncology

Initially intern will observe visits with supervisor, then begin running their own visits while being observed by their supervisor. When comfortable, the intern will start seeing their own patients.

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:

- 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?)

#### Rotation Objectives

- Interns should be able to understand and describe:
  - Specific and common forms of distress that occur during the cancer process
  - Evidence-based approaches to relieve distress
  - Risk factors for increased distress during the cancer process (i.e., diagnosis type, survivorship, recurrence, end-of-life, high fatigue, demographic differences, etc.)

#### 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 / co-therapy). Hours may start on the lower end and increase as the rotation progresses.
- *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.

### Onboarding Readings

Supervisors will provide you with the following readings:

1. Brietbart & Alici, 2009 - provides a review of the forms of distress and how they are treated in psychosocial-oncology
2. Burgess et al., 2005 - discusses varying prevalence of distress at various times through the cancer continuum
3. Greer et al., 2010 - specifically tailoring CBT for anxiety for cancer patients
4. Bonus article - A blog post entitled "I didn't get it" by a longtime oncology RN whose own experience with cancer significantly changed the way she thought about the experience. Emphasizes the human aspect of the cancer process in a way that the scientific articles can't even come close to addressing. When I give examples from this post, patients feel understood like they never have before.



## Solid Organ Transplant Rotation



### Overview of the Nebraska Medicine Transplant Programs

<http://www.nebraskamed.com/transplant/>

### Potential Supervisors

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

### Role of Psychologist on Transplant Teams

- Provide pre-surgical psychological evaluation
- Provide psychological support to patients on waiting list and post-transplant
- Facilitate care coordination, including identifying local and community mental health resources
- Communicate with interdisciplinary team members about needs of the patients and program

### Role of Intern/Trainee on Transplant Teams at Nebraska Medicine

- Similar to the role of a psychologist, especially with transplant inpatients
- Complete outpatient pre-surgical psychological evaluation with supervisor
- Provide therapy services to transplant outpatients

### Duration of Clinical Rotation

- 4-12 months, per intern preferences

### On-boarding Progress

- Review basic educational material regarding solid organ transplants, common causes/reasons that result in the need for transplant, the role of a transplant psychologist
- Observe 4-5 outpatient transplant evals across all organs, assist with scoring and report writing if asked.
- Observe 2-3 inpatient transplant evals/consults (heart/lung)
- Attend patient education class (e.g., kidney, heart) or attend Apollo online training about transplant (e.g., kidney)
- Shadow and/or meet with transplant social worker, dietitian, pharmacist, coordinator
- Be added to kidney, heart, lung, liver PSC mailing list if appropriate

### Expected Number of Hours Per Week

- Clinical: 2-4
- Administrative/Non-Direct: 1-2

### Examples

- Complete up to 4 hours' worth of direct work with transplant patients per week, including both inpatient and outpatient, initial evaluation and follow-up/ therapy, and support group.
- Each initial evaluation that includes testing counts as 1.5 hours

### Opportunities/Expectations

- Attend at least 1 kidney, lung, heart, (liver) interdisciplinary meeting during the rotation. Attend more 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.
- Forward completed inpatient/outpatient evaluation reports to supervisor within 3 days, or by the day before PSC.
- Forward completed inpatient progress notes (therapy) within 1 day, outpatient progress notes (therapy) within 3 days.

### Scheduled/Routine Solid Organ Transplant Meetings

#### Patient Selection Committee (PSC) / Patient Assessment Meeting (PAM):

- Kidney:           Every Thursday, 2pm – 4pm

- Lung: Every Thursday 7am – 8am
- Heart: Every Friday 7am – 8:30am

#### Resources Supervisors Will Provide To Interns

- Stanford Integrated Psychosocial Assessment for Transplant (SIPAT)
- International Society for Heart and Lung Transplantation (ISHLT) Guidelines
- MoCA 8.1-8.2; Blind MoCA
- Trail Making Test
- WRAT-Word Reading
- PHQ-9, GAD-7, and other relevant questionnaires
- Kidney / Heart / Lung Eval Templates
- Pediatric Kidney/Liver Eval Templates
- Kidney Donor Templates
- Compliance Contract / Behavioral Contract Templates
- Research articles

### 9/ Supervision

Interns will receive two hours of weekly individual face-to-face supervision. Two additional hours per week of individual, group, or interdisciplinary team supervision and/or didactic activities are available depending on the track and rotation. Interns will have the opportunity to provide clinical supervision to other behavioral and mental health trainees during the internship year.

### 10/ Research

Interns may have opportunities to participate in new or existing research. Some recent/current Psychology Department and hospital-based projects include Frailty in Lung Transplant, Chronic Pain Management, and the Mind and Brain Health Labs. Research opportunities examining anxiety and anxiety-related disorders will be available in the Anxiety Disorders Track. Currently, Dr. Weeks is a co-I on an NIH-funded grant, and PI on multiple internal grants, all of which focus on various treatments for anxiety and anxiety-related disorders.

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 with your training director and supervisors to carve out no more than 10% of your 40-hour work week (i.e., 4 hours) to attend research meetings and participate in research related activities (e.g., writing grants, submitting to IRBs, preparing and revising manuscripts; program development and evaluation; and other small projects that can be undertaken with your supervisors). Importantly, participation in research activities shall not compromise the quality of and availability for clinical training activities at the departmental, institutional, and consortium levels, supervision, and patient care.

### 11/ Professional Development Training

Interns have the opportunity to attend Nebraska Medicine-sponsored conferences and seminars, Psychiatry Grand Rounds, Psychology Departmental Journal Club, and Psychology Training Didactics/ Discussion Group. Interns are also welcome to attend Neurological Sciences Grand Rounds and Neuropsychology Seminars when the topic is pertinent to their clinical health psychology training.

### 12/ Post Internship Employment

All clinical health psychology interns have been employed as postdoctoral fellows and/or staff psychologists in medical/healthcare settings after their internship year at Nebraska Medicine, such as the VA hospital, military hospital, rehabilitation hospital, academic medical centers, and non-profit primary care and specialty care clinics.

### 13/ Training Staff

**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.

*Dr. Ahrendt is primarily affiliated with the Health Psychology track, 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 Track, and will not supervise interns in other tracks.*

**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 clinical health psychologist, Associate 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 since then 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 Track, but may be available to supervise interns in the other tracks based on availability.*

**Alice Mitwaruciu, PhD** is a licensed psychologist 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 Long-term 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 provisionally 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 the primary supervisor for the Chronic Pain Management Program rotation, but may be available to supervise interns in other rotations based on availability under the supervision of Drs. Tessa Holscher and Cecilia Poon.*

**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 Track, but may be available to supervise interns in other tracks who are interested in pain management based on availability.*

**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 the Inflammatory Bowel Disease Clinic at Nebraska Medicine. In addition to her duties, she supports the Oncology Clinic and Chronic Pain Clinic, inpatient consults, and presurgical evaluations for kidney donors. Clinical interests include trauma and post traumatic growth, psychosocial-oncology, gastropsychology, geropsychology, 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.*

## 14/ FAQ for Nebraska Medicine Psychology Internship Applicants

### *Clinical*

#### 1. When will orientation take place?

Department-specific orientation will take place the first week of August.  
Track/ Rotation specific orientation will take place during the first 2 weeks of internship.  
Hospital orientation, including IT and EHR training, will take place throughout the first month of internship.

NICPP orientation will take place during the 3rd Friday in August in Lincoln, NE.

#### 2. What equipment and resources will interns have access to?

Each intern will have a department-issued wi-fi accessible laptop to use if they have to work in a different clinical space, and/or for telehealth visits.  
Interns will have access to an office space/desk, telephone, fax, printer/scanner/copying machine when they are on campus at the Psychology Department on the 5th floor of the Specialty Services Pavilion (SSP).

Interns will have access to the UNL library and the UNMC library systems.

#### 3. Are you assigned to one supervisor or multiple supervisors?

Anxiety Disorders Track: Intern will have a primary supervisor, as well as rotation supervisors.

Health Psychology Track: Intern will have a primary supervisor, as well as rotation supervisors.

Primary Care Track: Intern will have a primary supervisor, as well as rotation supervisors for their time in health psychology minor rotations.

#### 4. How are major/minor rotations decided?

Anxiety Disorders Track: Intern will begin discussing their health psychology minor rotation focus with the training director before 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.

Primary Care Track: Intern will begin discussing their health psychology minor rotation focus with the training director and potential supervisor before August. The plan will be updated based on intern's training needs and preferences, as well as rotation and supervisor availability.

#### 5. How are supervisors assigned?

Anxiety Track: Intern will discuss this with the track director. This will also depend on the intended focus of the health psychology rotations.

Health Psychology Track: Interns will discuss with the track director. This will also depend on the rotation.

Primary Care Track: Interns will discuss with the track director. This will also depend on the intended focus of the health psychology rotations.

#### COVID-19 and Other Conditions

What steps is Nebraska Medicine taking to ensure the safety of clients/their families, interns, and staff?

Upon starting internship, interns will be fitted for an N-95 mask. That is to be used only if interns work on the COVID inpatient unit in-person, and/or with patients with active airborne illness such as tuberculosis. These are incredibly rare scenarios, and would be entirely voluntary training experiences.

Interns and staff have free access to surgical face masks, safety goggles, and all necessary personal protective equipment (PPE) for in-person services they were providing in ambulatory (outpatient) and inpatient settings.

The behavioral health director, psychology services manager, and clinical supervisors have been very flexible and respectful of interns' and staff's specific needs, comfort level, and preferences for completing appointments in person or via tele-health in OneChart.

As of December 2023, most didactic training at Nebraska Medicine are held via Zoom. Department meetings, social events, and supervision are held in-person as well as on Zoom or Teams.

#### Dissertation

How do you balance dissertation work alongside internship work?

We recognize that there are factors outside of your control that might make it impossible to defend your dissertation before starting internship. Many interns at NICPP are working on their dissertations and successfully completing the responsibilities of internship at the same time. It is absolutely possible to do both. We also know that many interns look back and wish they dedicated more time on the front end to getting their dissertation done.

Some helpful tips while completing your dissertation during internship:

- Discuss this with your training director and supervisors before August. If you need to block off 1-2 hours of your 40-hour clinical work week, your training director, track

director, and supervisors are always happy to accommodate especially during less busy weeks and months.

- Let your training director, track director, and supervisors know in advance when/if you need to take EDU (Educational) time off (up to 40 hours during the internship year) to defend your dissertation.
- Let your training director, track director, and supervisors know in advance when/if you would like to schedule a mock presentation a few weeks before your dissertation defense to share your accomplishments in front of NE Medicine colleagues.
- Tell a friend about your plan to complete a certain section of your dissertation on a certain day and have them hold you to it. Take a picture of your progress and show them when you're done. This can be a mutual accountability plan, where you help the other person with accountability as well.
- When working on your dissertation, make all other facets of life as comfortable as possible. Have a tasty beverage, sit in a place where you feel comfortable yet focused, listen to inspiring (not distracting) music, and schedule meal breaks.
- Know that your first-round draft will not be perfect, no matter how much you scrutinize over the details. In fact, the more you agonize over the details of an initial draft, the more difficult it will be to accept the constructive feedback your advisor offers. Give a "good enough" first draft and be open to feedback in order to build it up to "great."
- When getting feedback from your advisor and committee members, do not take it personally. Read over the suggestions and comments, take a short break, and then chip away at revisions.
- For individuals who are overwhelmed by the sheer size of a dissertation, it can be helpful to break it down into sections, and even into paragraphs and sentences.

#### 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. Please do reach out if you have questions.
- NICPP 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. (Please give us at least 2-4 weeks.)

#### Social Justice, Diversity, Equity, Inclusion, Access, and Anti-Racism

How are social justice principles incorporated into the training and practice at Nebraska Medicine and NICPP?

The Psychology Department is committed to providing services to people of all backgrounds in an inclusive and supportive environment. Via in-person and telehealth

visits, we vow to continue to increase the accessibility of services for potential clients in the Omaha-metro and larger Nebraska areas, as well as neighboring states (e.g., Iowa). During supervision, research and department meetings, and our model of care, interns and staff are encouraged and welcomed to consider and highlight intersectional identities and adjust their practice and work when it is needed or appropriate.

NE Medicine is making efforts to be a diverse, inclusive, and equitable organization. Ada Wilson, JD, joined the health system in June 2021 as our first vice president-chief inclusion and diversity officer. The organization has been responsive to suggestions regarding digital and physical accessibility. In recent years, the organization has created many Employee Resource Groups (ERGs): <https://www.nebraskamed.com/diversity-inclusion/employee-resource-groups>

The Psychology department does not have a formal diversity committee. However, the training director for NE Medicine and most of our former and current interns have served on NICPP's DEI committee to identify, share information on, and address issues of diversity and representation in recruitment and retention of staff and trainees, as well as in the delivery of behavioral and mental health services.

Nebraska Medicine, along with its academic medical center partner The University of Nebraska Medical Center (UNMC), has been making system-level changes to promote equity, inclusion, and belonging. Like many organizations, NE Medicine has room for growth when it comes to improving its responsiveness to issues of diversity.

### *Life in Omaha*

Are there affordable, quality places to live within close distance of NE Medicine?

Yes. 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) of the main campus, though some areas may be more expensive. The average apartment in Omaha is ~\$960/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 about 15-20 minutes away.

Anxiety and Health Psychology track interns will work predominantly on the main campus (43rd and Emile). The Primary care track intern will go to 1-2 clinics that are located up to 20 minutes away (e.g., Clarkson Family Medicine Clinic, Elkhorn Clinic).

### *What is there to do in Nebraska?*

Check out this website about Omaha events and activities: <https://ohmyomaha.com/>  
Some local favorites:

Vala's Pumpkin Patch <https://www.valaspumpkinpatch.com/>

Bob Kerrey Bridge <https://www.visitomaha.com/listings/bob-kerrey-pedestrian-bridge/59364/>

Henry Doorly Zoo <https://www.omahazoo.com/>  
 Nearby Nebraska State Parks  
<http://outdoornebraska.gov/mahoney/>  
<https://outdoornebraska.gov/platteriver/>  
<https://outdoornebraska.gov/schramm/>  
 Lauritzen Gardens - Omaha Botanical Center <https://www.lauritzengardens.org/>  
 Fontenelle Forest <https://fontenelleforest.org/>  
 Werner Park <https://www.milb.com/omaha/ballpark/werner-park>

\*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/>

### *Is Omaha a dog-friendly city?*

It sure is! Omaha is known for its numerous neighborhood parks, and several of them (like Turner Park and Memorial Park) have expansive green spaces for well-trained dogs to play and run off leash. For dogs that need a little bit more structure in their outdoor play, there are also great fenced dog parks like Hanscom Dog Park (Southeast), Hefflinger Dog Park (Woodlyn Park), and Dewey Dog Park (Midtown).

Here is a list of restaurants and bars that allow dogs on patio-seating:  
[https://www.bringfido.com/restaurant/city/omaha\\_ne\\_us/](https://www.bringfido.com/restaurant/city/omaha_ne_us/)

Pet Deposits: When looking to rent an apartment in Omaha, the pet deposits and pet rent expenses could be quite high (> \$350 non-refundable deposit and \$40/month in rent). This increasing expense is a trend around the country. If you have pets, consider deposits and pet rent in the total cost of an apartment!

### *How does the cost of living compare to other cities?*

Omaha is an affordable large city to live in, even on an internship stipend of ~\$35,000. It is wildly more affordable than larger cities such as Denver, CO or Portland, OR, and also 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>

### *What's the food scene like in Omaha? What about coffee shops/roasters?*

Omaha, Nebraska 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 There is also a lovely coffee shop scene around the Omaha area! Here are a few that are local, fresh, and provide an excellent coffee house vibe:

Archetype Coffee

Blackstone, Little Bohemia, Ashton at Millwork Commons; Huge outdoor/indoor space

Hardy Coffee

Highlander, Benson, Downtown, Chalco; Has printers

Lola's

Dundee, Next to Film Streams' Dundee, an independent movie theatre north of NE

Medicine; Also a good brunch/lunch place

Myrtle & Cypress Coffeehouse

Gifford Park; Heart of the Gifford Park community, fluid bed air roasted coffee, composting offered out back

Stories Coffee

Blackstone, West Omaha; Live music, 50% off for healthcare workers

*Also ask us about: Childcare, Healthcare, Winter jackets, housing, driving...etc.*