

PSYCHOLOGY POST-DOCTORAL FELLOWSHIP



BHD | Behavioral
Health
Division

A Division of the Department of
Health & Human Services

Dedicated to training psychologists who exemplify professional standards while promoting hope, empowerment, and recovery to individuals and families in need



BHD PSYCHOLOGY POST-DOCTORAL FELLOWSHIP

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PROGRAM DESCRIPTION

The Psychology Postdoctoral Fellowship Program at the Milwaukee County Behavioral Health Division is a one year, full-time program offering Fellows the opportunity to work and learn collaboratively with senior psychologists and multidisciplinary treatment staff in a large, urban, fast-paced mental health setting. Operating within a practitioner-scholar model, the Postdoctoral Fellowship program offers two Fellowship positions within one generalist training track consisting of distinct rotations, with an emphasis on crisis assessment and risk management. Postdoctoral training experiences are currently being offered within the Acute Inpatient Psychiatric Services, Adult Crisis Services, and the Child/Adolescent Crisis Services. The rotations provide Fellows with a range of clinical experiences with individuals across various age groups and settings in which they can apply and advance their knowledge to improve their confidence and skills in the delivery of psychological services.

The Psychology Postdoctoral Fellowship Program at the Behavioral Health Division is well integrated into the larger organization, as Fellows are respected members of the Psychology Department and attend Psychology Department meetings. They may also serve on other hospital and program committees, depending on need and interests. Fellows carry out professional duties within the Behavioral Health Division, such as conducting assessments, providing clinical interventions or consultations, serving as fully functioning members of multidisciplinary treatment teams, and attending and offering presentations or seminars. As trainees, they are offered ongoing support, supervision, and assistance throughout these experiences. The Postdoctoral Fellowship program promotes successful completion of supervised hours for Wisconsin's licensure requirements for future psychologists, while simultaneously increasing the Behavioral Health Division's capacity to provide direct psychological services to meet the behavioral health needs of individuals and families. Participation of psychology department staff in the training of new psychologists provides an opportunity for the transfer of professional and institutional knowledge. This is considered to be both an investment in the future of mental health service delivery and a way in which professional staff remain current in academic and professional advancements in the field.

Broadly speaking, the organization of the Behavioral Health Division includes the inpatient/hospital branch and the community services branch. Psychologists hold significant leadership positions within both branches, with some functioning as Clinical Program Directors for their program area. They are also members of the Medical Staff Organization and play integral roles on many medical staff, hospital, and program committees, as well as in division-wide

initiatives. The Psychology Department currently consists of 12 full-time psychologists who provide a range of therapeutic, assessment, consultative, training, and administrative services, as well as program development/evaluation/research activities.

THE SETTING AND POPULATION

The Milwaukee County Behavioral Health Division (MCBHD or just BHD) is a large, publicly funded behavioral health provider in the Milwaukee metropolitan area offering services and treatment to children, adolescents, and adults who are residents of Milwaukee County, Wisconsin, and who have emotional and mental illnesses, developmental disabilities, and substance use problems. Dedicated to promoting hope and recovery for individuals and their families, the BHD provides a variety of innovative recovery programs including three adult inpatient hospital units, one inpatient unit for children/adolescents, a 48-hour observation unit, a wide array of community-based crisis response services, a community consultation team for individuals with a dual diagnosis of developmental disability and mental illness, crisis stabilization housing, an outpatient clinic, and numerous contracted outpatient services. Through the contracted providers, there is access to a variety of other recovery-oriented community services including case management, community support programs, community-based residential treatment, and substance use treatment. As a large public institution, the BHD strives to be responsive to changing community needs and demands, as well as to remain fiscally responsible; therefore the specific services, staff, and available training opportunities may periodically change.

Located in Milwaukee, Wisconsin, the BHD facility is a sprawling 4-story building built into a hillside. It houses a multitude of programs, departments, and services, including the Psychology Department and the Fellowship program training experiences: the Acute Inpatient Psychiatric Services, Adult Crisis Services, and the Child/Adolescent Crisis Services. The BHD tends to serve a fairly urban population, many of whom are from the city of Milwaukee, which has a population of approximately 600,000. Of those, approximately 44% are Caucasian, 40% are African American, 17% Hispanic or Latino, 3.5% Asian, and 0.8% are Alaskan Native and American Indian (per the U.S. Census Bureau data estimates). Individuals served by the BHD have a range of mental health issues, though many have serious and persistent mental illnesses such as schizophrenia, bipolar disorders, moderate to severe anxiety and depression, acute and chronic post-traumatic stress disorders, personality disorders, and other complex and/or co-occurring disorders. Some individuals receiving care may be of lower socioeconomic status, unemployed, under-served, homeless, or be involuntarily committed.

Many are survivors of trauma, and many have histories of harmful behaviors and/or present with multiple risk factors

for harm to self or others. While working at the BHD may sometimes be challenging, it can also be very rewarding to see individuals participate in and make progress toward their recovery.

APPLICATION AND SELECTION PROCESS

A prospective Postdoctoral Fellow must be a United States citizen who, by the beginning of the fellowship year, has completed all professional doctoral degree requirements from a regionally accredited institution of higher education in clinical or counseling psychology. The applicant must anticipate completion of a predoctoral internship meeting the standards established by the Association of Psychology Postdoctoral and Internship Centers (APPIC). Thus, prior to beginning the Fellowship program, the prospective Fellow must have the diploma in hand or a letter from the Director of Graduate Studies verifying the completion of all degree requirements, pending the institution graduation ceremony.



ABOUT THE MILWAUKEE COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Milwaukee County Department of Health and Human Services is the parent agency of the Milwaukee County DHHS Behavioral Health Division.

DHHS's mission of empowering safe, healthy, meaningful lives takes its form in four divisions, and one additional program.

The Behavioral Health Division (BHD), as you can already tell, is the key provider for all behavioral health matters in Wisconsin's largest county, providing a combination of inpatient, outpatient, community, and mobile services.

The Disabilities Services Division serves individuals with disabilities from birth to age 59. Through this division, we provide a call center for those in need of services, as well as help with benefit navigation, and protective services.

The Division of Youth and Family Services (DYFS) takes in children involved with the justice system and takes the entire family into account when providing supervision and support in pursuing a pro-social future. DYFS is also the thought-leader in the state-wide effort to reform youth justice.

The Housing Division (HD) is the lead agency in combating homelessness in the County, and is on track to end chronic homelessness before the end of 2018.

The Energy Assistance Program helps more than 60 thousand residents keep the lights on.





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APPLICATION AND SELECTION PROCESS (CONT.)

Prospective Postdoctoral Fellows must submit an application through the Milwaukee County Careers website which can be found at, <https://county.milwaukee.gov/EN/Human-Resources>. In addition to Milwaukee County's standard application requirements, the following additional documents can be submitted either directly to the Director of Clinical Training or through the APPIC online application system for postdoctoral programs (APPA CAS) application service (<https://appicpostdoc.liasoncas.com/applicant-ux/#/login>):

- A curriculum vita.
- A cover letter describing major career goals and interests, which includes any particular areas of emphasis during the postdoctoral experience.
 - At least three letters of reference from individuals who have insight regarding either academic achievements or clinical work. One of the letters must be from a predoctoral internship supervisor.
 - A letter from the predoctoral internship Director of Clinical Training, which indicates that the applicant can anticipate successful completion of the internship.
 - A graduate school transcript.
 - If the transcript does not reflect that a doctoral degree has been granted, a letter from the graduate school attesting to the anticipated completion of all requirements prior to the beginning the fellowship.

With regard to the selection process, the training committee favors applicants who have strong clinical skills and interests that align with the psychological services provided by the Behavioral Health Division (BHD). More specifically, the training committee values applicants who have experience assessing and treating individuals who present with an elevated risk of harm toward self or others. Applicants who have obtained their doctoral degree from an institution of higher education accredited by the American Psychological Association (APA) are preferred. Likewise, applicants who anticipate completion of a predoctoral internship accredited by APA are preferred. The training committee will contact a select number of applicants in order to schedule interviews. Although face-to-face interviews are strongly preferred, the training committee acknowledges that costs can be prohibitive so a videophone interview (e.g., Skype) is also an option. At the conclusion of all interviews, offers will be made to applicants on APPIC's uniform notification date of February 25, 2019, with the intent to fill the two available fellow positions.

Further information can be obtained by contacting Dr. Justin Kuehl, Chief Psychologist and Director of Psychology Training, at (414) 257-5848 or Justin.Kuehl@milwaukeecountywi.gov.

The application deadline is **January 7, 2019**.

COMPENSATION AND BENEFITS

The Postdoctoral Fellowship is a 52-week, full-time commitment with a current salary of \$42,000. Benefits include health and dental insurance (with employee contribution), vacation and holiday time, sick leave, and up to 5 days of authorized paid leave to attend external continuing education seminars or conferences (which can be approved at the discretion of the Director of Psychology Training and the designated clinical supervisor).

PROGRAM GOALS AND OBJECTIVES

The training of future psychologists is an integral component of the Psychology Department at the Behavioral Health Division (BHD). As such, the supervising members of the department strive to provide Fellows the additional knowledge and clinical experiences necessary to achieve the program's goals of promoting independent generalist practitioners who are skilled in crisis assessment/management, can competently apply psychological services with individuals having a variety of moderate to severe mental health disorders, and who demonstrate advanced ethical and professional behavior across settings and among diverse populations. The postdoctoral program consists of the following objectives:

- Fellows will gain direct clinical experience working with individuals residing in an urban setting who present with a variety of psychosocial and mental health concerns.
- Fellows will gain direct clinical experience working with individuals residing in an urban setting who present with severe and persistent mental illnesses.
- Fellows will have the opportunity for refinement of diagnostic assessment and interviewing skills.
- Fellows will have opportunities to enhance their skills in the provision of individual and group psychotherapy.
- Fellows will have the opportunity to improve their capacity to conduct thorough assessments of risk for harm to self or others.
- Fellows will have opportunities to increase their ability to assess, manage, and resolve various crisis situations.
- Fellows will have the ability to develop a deeper sense of professionalism and professional identity while working within a multidisciplinary team.
- Fellows will have the opportunity to complete their 2000-hour supervisory requirements to meet licensing standards in the state of Wisconsin.

CORE COMPETENCIES

The American Psychological Association (APA) provides suggested core competency benchmarks for different levels of psychology trainees, including postdoctoral fellows. Using this as a guideline and, taking into consideration the training environment and experiences provided by the BHD postdoctoral fellowship program, Fellows who complete the program will be expected to meet functional and foundational core competencies in the following areas:

1. Professionalism:

- In values, attitudes, and behaviors (including honesty, personal responsibility, maintaining boundaries, meeting standards and deadlines for work duties);
- In awareness of, sensitivity to, and ability to address Individual and Cultural Diversity issues;
- In Ethical and Legal Standards and Policy—not only of the APA Ethical Principles and Code of Conduct, but other relevant legal and professional state, federal, institutional, statutes/standards/policies including the BHD's policies.

2. Relational Ability:

- Includes developing effective Relationships with others—even those who have differing views;
- Demonstrating both Affective and Expressive skills (including showing advanced interpersonal skills, for example, in affectively intense or otherwise challenging communications with others, accepting feedback from others, and in communicating in an accurate, articulate and professional manner verbally and in writing).

3. Application:

- Includes knowledge and independent use of Evidence-Based Practices;
- Ability to independently provide psychological Consultation and Assessment, including competency in risk assessment, diagnostic interviewing, and advanced case conceptualization;
- Competence in Intervention including individual and group therapy, crisis intervention with adults and youth, treatment planning, having good clinical judgement and ability to think quickly across situations.

4. Systems:

- Includes Interdisciplinary Systems issues (e.g., appreciating contributions of other disciplines, having collaborative relationships with interdisciplinary staff);
- Management-Administration (beginning ability to participate in leadership or management of a program, participates in institutional or program committees, workgroups, etc.); and
- Advocacy (i.e., promoting change, empowering clients).

CLINICAL ROTATIONS:

The postdoctoral training sequence begins with participation in New Employee Orientation in early September. Postdoctoral fellows will proceed to rotate between two distinct 6-month major rotations, which constitutes the 12-month training experience. One 6-month rotation will focus on working with adults whereas the other rotation will offer services to children and adolescents. Of note, both rotations routinely involve travel to community-based settings (e.g., homes, schools, hospitals, etc.) to provide crisis services including assessments, therapeutic interventions, and additional referrals. The two rotations will

occur in the following sequence:

	September - March	March - September
Fellow A	Adult Services & Inpatient Services	Child/Adolescent Crisis & Inpatient Services
Fellow B	Child/Adolescent Crisis & Inpatient Services	Adult Services & Inpatient Services

CLINICAL EXPERIENCES/CURRICULUM

Under the general supervision of licensed psychology department staff, Postdoctoral Fellows will provide direct psychological care to individuals served by the BHD. At least 65% of the Fellow's time will be spent in the provision of direct psychological services to clients, students, consultees, and/or agencies. A Postdoctoral Fellow's daily responsibilities will routinely include some or all of the following: diagnostic interviews, psychological assessments, crisis intervention, recovery/treatment planning, individual and/or group psychotherapy, clinical documentation, team meetings and clinical consultation as part of an interdisciplinary approach to treatment. As the BHD offers an array of services for individuals of all ages within both hospital-based and outpatient settings, there exists a diversity of training experiences available in the following clinical service/rotation areas: Acute Inpatient Psychiatric Services, Adult Crisis Services, and the Child/Adolescent Crisis Services. The following descriptions reflect potential experiences and opportunities for each respective service/rotation area, although other duties may be available and will depend upon the specific needs of a service area as identified by the Director of Psychology Training or a designated clinical supervisor:

Acute Inpatient Psychiatric Service: This service typically provides short-term stabilization on the inpatient hospital units with a multidisciplinary team of psychiatrists, psychologists, nursing staff, social service and rehabilitation service staff. Admissions to the Acute Inpatient Psychiatric Service occur only after an individual has been evaluated at the BHD Psychiatric Crisis Service (PCS, an emergency department). Individuals present with a variety of diagnoses, but many will be experiencing a severe and persistent mental illness and many may present as a danger to themselves or others; a number of individuals will be involuntarily admitted. The inpatient units are typically fast-paced environments with admissions/discharges occurring daily. Per available data, there were 1,365 admissions to the inpatient services in 2017. Fellows working within the inpatient service will have the potential opportunity to:

- Gain an understanding of the Acute Inpatient Psychiatric Services.
- Complete initial clinical interviews of patients with varying diagnoses at the time of admission to the inpatient units.
- Conduct psychological assessments, which can include test administration, interpretation, and report



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CLINICAL EXPERIENCES/CURRICULUM (CONT.)

- writing.
- Provide brief individual and/or group psychotherapy.
- Participate in the interdisciplinary treatment/recovery planning process that occurs on the inpatient units.
- Become familiar with the state statutes and legal processes (e.g., Wisconsin civil commitment proceedings) that directly impact the provision of care within the Acute Inpatient Psychiatric Services.
- Observe courtroom testimony provided by Attending Medical Staff.
- Participate in crisis staffings and offer clinical insight and expertise as part of an interdisciplinary team.
- Assist in the development of behavioral intervention support plans and/or individual crisis plans.
- Offer community outreach in the form of clinical consultation and/or didactic presentations.

Child/Adolescent Crisis Services: As part of the child/adolescent crisis services, the Children's Mobile Crisis (CMC) Team is an interdisciplinary team that was created to provide 24-hour crisis intervention to families enrolled in the Wraparound Milwaukee Program (a program for children/adolescents with serious mental health issues who are identified by the Child Welfare or Juvenile Justice System as being at imminent risk of residential or correctional placement, or psychiatric hospitalization).

The CMC Team also provides services to any child in Milwaukee County who is experiencing a mental health crisis that may result in the child's removal from home, school, etc. As a mobile team, CMC staff are situated at the BHD, but are on call and will go to the scene of the crisis (i.e., homes, schools, etc.) where they assess the child/adolescent's condition and develop an intervention strategy. This plan may involve the child/adolescent remaining in the natural or current environment, or if necessary, going to an outside emergency placement or inpatient hospitalization. Other services provided by the CMC Team include short-term case management, linkage to other community resources, and oversight of crisis respite group homes. Fellows working as part of the CMC Team may have the following experiences:

- Understand the concept of "System of Care" and the role each service or strategy plays.
- Become familiar with the Wraparound Milwaukee model.
- Participate in the mobile response approach to crisis situations in the community.
- Be able to describe youth from a strength-based perspective while appreciating the impact of psychopathology.
- Observe first and then conduct mental status and risk assessments on youth.
- Become informed about the use of Trauma Informed Care, Solution Focused, and Cognitive Behavioral approaches as they relate to crisis intervention with youth.
- Gain knowledge about neurosequential treatment strategies as developed by Bruce Perry. Present on

this topic to staff, as it pertains to crisis intervention at various developmental stages.

- Complete an initial face-to-face assessment on no less than six youths.
- Write a thorough and individualized crisis safety plan for three youths.
- Complete evaluations for use by the Family Intervention Support and Services (FISS) program.
- Participate in daily staff rounds and staffing meetings.
- Attend child and family team meetings.

Adult Crisis Services: The BHD's Adult Crisis Services provides assistance to individuals in the community who are experiencing a mental health crisis, and include but are not limited to the Psychiatric Crisis Services (PCS, an emergency department), Crisis Mobile Teams, Crisis Stabilization Houses, and an outpatient clinic. Crisis programs can see a high volume of clients and, for example, there were over 8,000 Psychiatric Crisis Services admissions in 2017. The Crisis Mobile Teams involve community-based intervention for people experiencing a mental health crisis. To access this service, people (including families, friends, individuals in need, and law enforcement personnel) can call the Crisis Line and their call will be evaluated to determine if mobile intervention is needed. The Crisis Stabilization Houses are community-based homes that provide a less restrictive environment in which to treat and support people who are experiencing psychiatric crises.

While a goal of the Adult Crisis Services is to help prevent hospitalization, part of the service does include assistance with emergency hospitalization if that is required. Fellows working within the Adult Crisis Services will have the potential opportunity to:

- Gain an understanding of and exposure to the multiple components of the crisis services for adults.
- Become familiar with the legal processes (e.g., Wisconsin civil commitment proceedings) that directly impact the provision of care within the Adult Crisis Services.
- Provide direct psychological services, such as individual therapy or psychological assessments, at the Crisis Stabilization Houses.
- Offer additional training and clinical consultation for direct support professionals at the Crisis Stabilization Houses.
- Provide support via telephone or in-person mobiles to adults who have been recently discharged from the emergency room or inpatient services.
- Observe and potentially conduct crisis mobile evaluations (if credentialing requirements are satisfied).
- Coordinate crisis staffings and provide clinical leadership and expertise.
- Offer didactic presentations for Behavioral Health Division staff that could meet the necessary training requirements under Wisconsin's Administrative Code, HFS 34.
- Offer community outreach in the form of clinical consultation and/or didactic presentations.

CLINICAL SUPERVISION:

Fellows will receive at least two hours of regularly scheduled individual supervision per week. This will also exceed the minimum criteria required to meet licensing standards in the state of Wisconsin. Formal supervision will be provided by licensed psychologists who have professional responsibility for the Fellow's supervised clinical cases, although additional informal supervision may also be provided by other allied mental health staff (e.g., psychiatrists).

ADDITIONAL LEARNING:

At least two hours per week will be spent by Postdoctoral Fellows in additional learning activities designed to enhance their clinical knowledge and expertise. One of those hours will involve weekly group supervision with the Director of Psychology Training. Another hour will be spent in a weekly didactics seminar that involves presentations by the Didactics Coordinator (a licensed psychologist) and other department psychologists, and occasionally other professional staff as well, on topics pertaining to the core competencies or other professional areas of interest that may enhance the Fellow's knowledge, skill, and overall professional development. These include ethics, risk assessment, trauma-informed care, community psychology, diversity/cultural competence, malingering, and co-occurring disorders, to name a few. Each Fellow will also be responsible to present at this didactic seminar multiple times per year. At the discretion of the Didactics Coordinator, this can involve reading and discussing scholarly articles, giving formal presentations on topics of interest (or topics that may be assigned), and presenting case conferences.

Other weekly learning activities will include 2 or more hours of any of the following experiences (depending on rotation): co-therapy, diagnostic interviewing (co-led or directly supervised), brief therapy (co-led), and special consultations. For instance, as part of the Child/Adolescent Crisis Services rotation, there are regularly scheduled weekly High-Risk Consultation meetings, in which providers consult with the psychologist/supervisor regarding child/adolescent clients who are at high risk of sexual or aggressive acting out, suicide, self-harm, etc. Co-therapy and diagnostic interviewing (with the psychologist/supervisor) are also part of the routine weekly experiences on the Acute Inpatient units.

Opportunities to attend additional learning activities exist in the form of didactic presentations ('Monthly Grand Rounds') offered by the BHD Adult Crisis Services on the first Monday of each month, with a variety of crisis-related topics (i.e., assessment and de-escalation of violence). Each fellow is also required to present at least one of these sessions. Other conferences and presentations are available locally throughout the year that Fellows will be invited and encouraged to attend.

TRAINING METHODS

The postdoctoral fellowship program's curriculum and training methods are designed to enhance the Fellow's professional development and clinical skills, and facilitate the Fellow's ability to meet the goals, objectives, and core competencies as defined by the program. Training methods used toward this aim include the provision of 2 hours of weekly individual supervision, as well as weekly group supervision, didactic presentations, opportunities for informal supervision by other multidisciplinary staff, co-therapy and co-interviewing, attendance at monthly Psychology Department meetings, opportunities to become involved in institutional or program committees and workgroups, and of course a range of supervised experiential clinical training.

During the formal individual supervision, Fellows meet with a licensed psychologist to ask questions and discuss their clinical cases, roles, and duties, as well as to explore other clinical and professional development issues, including diversity issues, in a nonjudgmental environment dedicated to fostering the Fellow's growth. There will also be one hour of group supervision per week with the Director of Psychology Training. As the Behavioral Health Division is a large system comprised of multiple mental health services with many interdisciplinary professional staff, Fellows will also have opportunities to interact with and occasionally receive informal supervision from some of these other professionals. Additional learning activities designed to help Fellows enhance their development include weekly didactic seminars on topics pertinent to the core competencies and areas of professional interest, and monthly Grand Rounds coordinated by the Adult Crisis Services.

Finally, there are a range of clinical training experiences (diagnostic interviewing, risk assessment and intervention, brief individual and group therapy, high-risk consultations, etc.) for which different levels of supervision can be provided. Based on the skill and confidence level of the Fellow, the discretion of the supervisor, and any credentialing or licensing regulations, supervised clinical experiences may include a combination of observation, in which the Fellow will observe a senior psychologist and/or supervisor performing the psychological service, typically followed by the Fellow performing it (though there may be rare circumstances in which the Fellow will not perform the service him/herself); directly supervised practice, in which the psychological services are provided by the Fellow in the direct presence of a supervisor/staff or are provided in a co-led manner; and supervised independent practice, in which the Fellow conducts professional activities alone/without a supervisor present and then subsequently receives supervision. The majority of clinical experiences at the BHD will involve directly supervised/co-led experiences as well as supervised independent practice.





EVALUATION OF PROGRESS

Each Fellow is evaluated 4 times per year by the direct supervisors of their rotations. Specifically, each Postdoctoral Fellow will be evaluated in writing by their current rotation supervisors at the mid-point and end of each 6-month rotation. Supervisors discuss and share these evaluations with the Fellow. The evaluations are also reviewed by the Director of Psychology Training.

In keeping with the core competency benchmarks described above, the written evaluation will assess the fellow's professionalism, relational abilities, applied clinical skills, and ability to work within an interdisciplinary and the larger agency/institutional setting. The Fellow's relative strengths and potential areas for improvement will also be described. These evaluations are also designed to meet licensing requirements in the state of Wisconsin. See Appendix A for a copy of the Evaluation Form.

DUE PROCESS, GRIEVANCES, AND APPEALS

It is hoped that all Fellows can progress through the training program smoothly. However, there may be times when issues arise that require more focus and attention. When problems do arise, the training program values opportunities for all parties to work together as much as possible to come to a mutually satisfying resolution.

Having formal Due Process Procedures can assist toward that aim. Due process generally refers to the utilization of decision-making procedures or action steps that follow established principles or guidelines to ensure fair treatment. For the BHD Psychology Postdoctoral Fellowship program, the due process guidelines outline a series of procedures to be followed to address possible problem behaviors/training issues a Fellow may have, potential complaints/grievances of a Fellow against the training program or staff, and the opportunity for a Fellow to appeal a decision or outcome.

TRAINING RESOURCES:

Postdoctoral Fellows at the BHD will be provided with free on-site parking at the Behavioral Health Division, individual offices equipped with a laptop computer (with internet access, email, and access to the BHD's electronic medical records), and an office telephone with voicemail.

Fellows will also have access to fax and photocopy machines and clerical support. As employees of BHD, Fellows also have access to the Employee Assistance Program (EAP) should it be needed.

OUR PSYCHOLOGY COLLEAGUES



JUSTIN KUEHL, PSY.D.

American School of Professional Psychology (2003)

Chief Psychologist and Director of Psychology Training

Dr. Kuehl provides administrative, supervisory, and clinical leadership to the Milwaukee County Behavioral

Health Division.

He is a Medical Staff manager with direct responsibility for the strategic goals and initiatives of the Psychology Department. In that capacity, he offers clinical consultation and administrative supervision for all doctorate and masters level psychologists who serve individuals with severe and persistent mental illness within the crisis services, inpatient services, and outpatient/community services.

Dr. Kuehl also serves as a member of multiple hospital committees including the Medical Staff Executive Committee, Medical Staff Peer Review Committee, Medical Staff Credentialing and Privileging Review Committee, Vice-Chair of the Ethics Committee, and as the Chair of the Institutional Review Board.

In his additional capacity as the Director of Psychology Training, he oversees all aspects of the training program and leads the recruitment of all doctorate level psychology practicum students, psychology postdoctoral fellows, and psychiatry residents.

Dr. Kuehl provides weekly group supervision for psychology postdoctoral fellows. Professional affiliations include the American Psychological Association (APA); the American Psychology-Law Society, Division 41 of the American Psychological Association; the Wisconsin Psychological Association (WPA); the American Association on Intellectual and Developmental Disabilities (AAIDD); and the National Register of Healthcare Providers in Psychology.

Theoretical Orientation: Integrative with an emphasis on a humanistic/person-centered approach.

Interests: Crisis intervention and stabilization; community-based behavioral health care; training and supervision; program development and ongoing evaluation; provision of care for underserved populations with a particular interest in supporting individuals with intellectual and developmental disabilities.

Previous/Additional Experience: Before serving in his current roles, Dr. Kuehl worked as an attending psychologist

within the BHD's Adult Crisis Services. He provided direct patient care for individuals admitted to the Observation Unit for brief (24-72 hour) assessment and stabilization. This included conducting risk assessment, brief therapy, treatment planning, and consultation with interdisciplinary staff; he also provided specialized crisis intervention services to individuals with intellectual and developmental disabilities.

Dr. Kuehl has also been responsible for training staff and other treatment providers on behavioral interventions and other topics. Prior to his work at the BHD, Dr. Kuehl gained considerable experience working in the area of correctional psychology with inmates in medium security up to super-maximum security prisons.



SARA COLEMAN, PSY.D.

University of Hartford (2002)

Staff Psychologist - Crisis Services

Dr. Coleman is the supervisor of the Crisis Services minor rotation. She works as a member of the Crisis Mobile Team as a Treatment Director Designee and member of

the BHD Medical Staff providing crisis response and risk assessments to determine an individual's dangerousness and appropriateness for detention under Wisconsin Statute Chapter 51.

She provides a variety of trainings both within the Behavioral Health Division and outside the Division, including for the Department of Justice, Milwaukee Police Academy, Community Access to Recovery Services community providers, Milwaukee County Sheriff's and Milwaukee Police Departments, and National Alliance on Mental Illness (NAMI).

Training topics have included The Crisis Process, Suicide Assessment, Mental Health Law, and Verbal De-escalation. She is currently the Chair of the BHD Sentinel Event Committee; serves on the BHD Medical Staff Executive Committee, BHD Medical Staff Peer Review Committee, BHD Quality Management Services, BHD Zero Suicide Workgroup, Milwaukee County Department of Health and Human Services' Green Committee, and Southeast Wisconsin Citizens & Organizations Active in Disasters. Dr. Coleman also completes Social Security disability benefit evaluations.

Theoretical Orientation: Integrative, cognitive behavioral, interpersonal, humanistic.

Interests: Suicide; trauma; group and individual therapy; brief therapy; sexual offending; incarceration; working with

veterans.

Previous/Additional Experience: Dr. Coleman is a graduate of the Milwaukee County Leadership Excellence Academy, is a former BHD Medical Staff Vice-President and Treasurer, and also aided in the development and implementation of WI Act 235, which established a pilot program authorizing certain treatment directors in the BHD, or their designee(s), to take an individual into custody for emergency detention.

Dr. Coleman was author of the statewide inaugural Statement of Emergency Detention by Treatment Director or Designee, and performed Chapter 51 Commitment Extension evaluations. She also co-developed and hosted the 2015 Moral Injury Summit; testified before the Wisconsin State Legislature Special Committee on Legal Interventions for Persons with Alzheimer's Disease and Related Dementias; was a member of the 2010 Interim Study Committee of the Joint Legislative Council of the Wisconsin State Legislature, Review of Emergency Detention and Admission of Minors Under Chapter 51 subcommittee.

Dr. Coleman has had additional experience providing mental health services for the Wisconsin Department of Corrections (DOC) in both maximum- and minimum-security levels; she has provided sex offender treatment and developed a sex offender treatment curriculum that was used as a model for developing the Wisconsin DOC Sex Offender-2 treatment standards across the state.



STEVE DYKSTRA, PH.D.

Southern Illinois University (1989)

Clinical Program Director - Children's Mobile Crisis (CMC) Team

Dr. Dykstra is currently the director of the Children's Mobile Crisis (CMC) Team, and he provides supervision to the Fellows on the CMC

Team rotation. The CMC Team responds to crisis situations involving children and adolescents with a wide range of needs throughout Milwaukee County.

This team provides direct, mobile, crisis intervention and consultation to a wide variety of families and needs. The CMC Team also has specialized services and agreements with the Bureau of Milwaukee Child Welfare to help stabilize foster home placements, and works with the City of Milwaukee and the Milwaukee Police Department to deliver services to children who are exposed to or are victims of traumatic



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violence within days of that experience.

The CMC Team also plays a central role in the Wraparound Milwaukee System of care, providing a variety of services to youth and families enrolled in any of several programs for high risk youth.

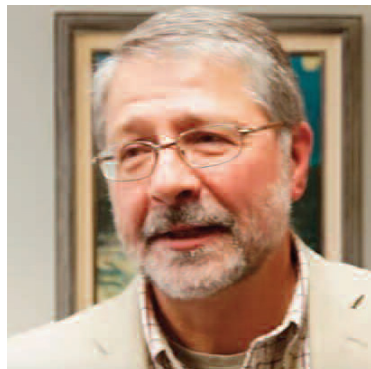
In addition being involved in the aforementioned services, Dr. Dykstra does frequent training with police officers, consults to court, and does emergency consultations throughout the community.

He provides clinical support to a program for the early treatment and management of psychosis in young adults, and serves as a manager and clinical resource within the Wraparound Milwaukee system of care.

Theoretical Orientation: Cognitive Behavioral grounded in child and human development.

Interests: Community based service to children and families, particularly those with the most serious mental illness; trauma; systems of care for children and families; the interface between school experiences, resilience, and response to treatment; education policy and implementation as it impacts children, particularly in the areas of trauma and literacy.

Previous/Additional Experience: Dr. Dykstra has worked with children and adolescents almost exclusively since completing a specialty graduate program focused on the clinical psychology of children and adolescents. After spending the first 11 years of his career in traditional models of treatment (outpatient, inpatient, and day treatment) he has spent the last 16 years as a member and eventually the director of the Children's Mobile Crisis (CMC) Team. Outside of his work at BHD, Dr. Dykstra is involved with efforts to improve and reform education, particularly as regards reading and literacy, serving as an officer to certain national organizations and speaking at a variety of state and national conferences.



GREGORY JURENEC, PH.D.

Bowling Green State University (1982)

Didactics Coordinator

Dr. Jurenc coordinates and schedules the weekly didactic seminar, and provides the majority of the presentations.

Outside of the BHD, Dr. Jurenc co-chairs

the Advocacy Cabinet of the Wisconsin Psychological Association (WPA), and serves on the Board of Directors. He also chairs the WPA workgroup which is working on legislation to revise the licensure statute regarding the practice of psychology in Wisconsin.

He is the Wisconsin representative to the Council of Representatives of the American Psychological Association. Locally, Dr. Jurenc serves on the Board of Our Space, a nonprofit community support program for persons dealing

with severe and persistent mental health conditions.

Theoretical Orientation: Therapy and supervision orientation is integrative, emphasizing the "fit" that best serves the individual client, utilizing psychodynamic/interpersonal, cognitive behavioral and existential perspectives.

Interests: Schizophrenia; non-pharmacological approaches to working with persons experiencing severe mental illness; spirituality and psychology/psychotherapy. He has done numerous presentations and training sessions regarding different aspects of the treatment of schizophrenia.

Previous/Additional Experience: Dr. Jurenc has practiced extensively in the public sector, beginning with a community mental center in Indiana, followed by 23 years at the BHD, where he worked in multiple settings. These included outpatient, day treatment, and acute adult inpatient. On the acute adult inpatient unit he worked as an "attending psychologist", which included oversight and direction of the treatment of admitted patients.

He also served as the Clinical Director for Rehabilitation Center-Central, a long term inpatient program for persons with chronic mental illness, and served as a rotation supervisor for the APA accredited internship.

He "retired" from BHD to pursue a second career in graduate education, and is a Professor of Clinical Psychology at the Wisconsin School of Professional Psychology (WSPP).

In addition to teaching, Dr. Jurenc supervises psychotherapy and assessment, and directs the dissertation research.



KEVIN MCSORLEY, PSY.D.

California School of Professional Psychology (2009)

Clinical Program Director - Acute Inpatient Psychiatric Services

Dr. McSorley is currently the Treatment Director on the Woman's Treatment Unit, an inpatient treatment

setting serving clients with severe and persistent mental illness.

He is the supervisor for the inpatient treatment rotation, supporting the inpatient treatment units and the patients, many of whom have difficulties with emotion regulation, behavioral issues, trauma histories, and comorbid substance use problems.

Dr. McSorley conducts psychiatric intake assessments, risk assessments, crisis management interventions and psychological testing.

He provides consultation to other members of the treatment team, and as needed supervision of staff developing and carrying out behavioral interventions. He offers patients individual therapy, group therapy, psychoeducation or skills training groups, incorporating

health psychology practices when appropriate.

Theoretical Orientation: Eclectic with a focus on short-term behavioral interventions for holistic health changes; typical therapeutic modes of delivery include existential, humanistic, 3rd wave cognitive behavioral (ACT), and depth psychology.

Interests: Learning about the experiences of others, how language intersects mental health, and the impact of aligning actions with values improves health outcomes. Depth psychology, unconscious processes, dream-work, and mythological underpinnings of the psyche. Integrated healthcare approaches.

Previous/Additional Experience: Dr. McSorley's work immediately prior to BHD was in a community FQHC providing outpatient services in a health service shortage area, working to create programming to help patients achieve resiliency in the face of historical trauma and low socioeconomic conditions. Also, he has worked in forensic settings, at Oshkosh Correctional Institution in sexual offender treatment, and prior to graduate school training at Mendota Mental Health Institute. Other work experiences include being a mediator in evictions court, providing supportive employment services, and serving as an on-call firefighter.



ABBY NOACK HAGGAS, PSY.D.

Wisconsin School of Professional Psychology (2015)

Staff Psychologist - Child and Adolescent Inpatient Services (CAIS) Unit

Dr. Noack Haggas works on the child/adolescent acute inpatient unit, providing consultation,

individual and group therapy, assessment, and treatment planning for children admitted for acute behavioral and mental health crises. She works with the interdisciplinary team on the unit (including psychiatrists, social workers, occupational and music therapists, nursing, and education) to facilitate crisis stabilization and plan for successful discharges of patients. She frequently consults with the treatment team, as well as with outpatient providers, Child Protective Services (CPS), and Wraparound teams, and helps to design behavioral interventions to ensure the safety of the patients and staff in order to reduce negative and unsafe behaviors.

Theoretical Orientation: Developmental, Psychodynamic, Trauma-Informed

Interests: Trauma, family dynamics, neuropsychology, behavior interventions, assessment of trauma and personality, identity development, treatment of inappropriate sexual behaviors

Previous/Additional Experience: Prior to her role on CAIS, Dr. Noack Haggas was a postdoctoral fellow at BHD, and worked on the Women's Treatment Unit, the Children's Mobile Crisis (CMC) Team, and with the former Dialectical Behavioral Treatment (DBT) Team. She completed her internship at Park Center in Fort Wayne, IN, where she provided outpatient services, as well as worked with young men with sexual behavior problems in a residential setting. Her prior employment experiences include several years working for the Department of Corrections at Milwaukee Secure Detention Facility, providing initial screenings, assessment, and individual and group therapy to adults incarcerated on parole and probation violations. Her practicum experiences have included work in partial hospitalization programs, neuropsychological assessment, group and individual treatment of sexual trauma, and therapy in both school systems and AODA treatment centers.



GET TO LOVE MILWAUKEE!



Milwaukee has a downtown and riverwalk that have gone through a once-in-a-lifetime redevelopment.

From a new streetcar system, to new skyscrapers, to a new stadium, Milwaukee is growing, and making itself new all over again.

Catch a play at the world-famous Pabst Theater, a concert at The Rave, or one of Milwaukee's many free outdoor gigs.

And if that's not enough, did you know Milwaukee hosts one of the pre-eminent film festivals, and the largest music festival in the world?

Or, if you like to have a little outdoors with your downtown, rent a boat on

the Milwaukee Riverwalk, and cruise it out to Lake Michigan, or moor it at any of the shops and restaurants that has a dock along the river!

Milwaukee is an amazing city, and that's just the downtown part!



Milwaukee is also famous for amazing museums and culture.

The Milwaukee Art Museum doesn't just have amazing art collections, their Santiago Calatrava-designed Quadracci Pavilion (pictured) is a work of art in and of itself, and an experience everyone needs to take in.

The Milwaukee Public Museum is the largest natural history museum in Wisconsin, boasts more than 4 million specimens.

Have kids that enjoy discovery? That's why we have the Betty Brinn Children's Museum and the lakefront Discovery World, full of immersive, interactive,

and fun exhibits that change frequently.

Being the home of world-famous Harley-Davidson Motorcycles, of course, we have a Harley-Davidson Museum in the fascinating, redeveloping Menomonee River Valley.



We like to refer to our Parks as the "Emerald Necklace" of Milwaukee County.

The Milwaukee County Park System is a National Gold Medal winning system that touches every corner of our County.

Between the Mitchell Park Horticultural Conservatory (pictured), more affectionately known as "The Domes," our amazing Zoo, our numerous water parks and pools located all over, the 220-acre Wehr Nature Center, our public Beer Gardens (each one featuring a different brewery!), or our famous golf courses, there's not an outdoor itch that we

can't scratch.

And if you're up for a short drive, see world famous parks and nature preserves. Tee off at the U.S. Open Championship-hosting Erin Hills golf course, see the world-famous Kettle Moraine State Forest, or climb the cliffs of Devil's Lake State Park



Milwaukee brews practically everything.

You already know about the golden beverages that have come out of Milwaukee for more than a century. But we also have a tremendous cache of craft breweries, brew a strong cup of coffee, and are no slouch when it comes to tea, either.

And Milwaukee eats are hard to beat.

You can't be in Milwaukee on a Friday without grabbing a fish fry somewhere. It's our tradition. So is sausage (whether you're a Usinger's or Klement's fan, it's all good)! And it's Wisconsin, so you know there's cheese, often freshly made, battered,

and fried. If you really want to immerse yourself in Milwaukee tradition, grab a table at a local Supper Club.

Or, if you want to trend less traditional and explore different world cuisines, not only do we have them, we probably have an entire festival for each one, including German, Irish, Italian, Indian, Mexican, Puerto Rican, French, Polish, Greek, Croatian, Armenian, and Native American. Nobody celebrates quite like Milwaukee.



Appendix A

**MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION
COMPETENCY BENCHMARKS FOR PSYCHOLOGY POSTDOCTORAL FELLOWS
QUARTERLY EVALUATION FORM**

For each item, indicate the number corresponding to the rating of the person being assessed using the following scale:

1 = Unsatisfactory Performance

- lacks ability to function independently and requires close supervision

2 = Needs Improvement

- occasionally meets the standards but needs more supervision than is expected

3 = Meets Basic Standards

- mostly independent with supervision directed mainly toward skill refinement

4 = Exceeds Expectations

- independent and confident in this area of professional functioning

5 = Exceptional Performance

- demonstrates exceptional competence in all areas of professional functioning and could teach skills to others

N/O = No Opportunity to Observe

- there have not been adequate opportunities to observe the behavior

A. PROFESSIONALISM

1. Values, attitudes, and behaviors reflect the values and attitudes of psychology:

- Aware of own attitudes and behaviors, and able to independently monitor, address, and resolve challenges to their professional values/integrity.
- Conducts self in a professional and respectful manner across different settings or challenging situations—using appropriate verbal and nonverbal

- communication, maintaining professional demeanor.
- Maintains professional boundaries with clients.
- Displays honesty and independently accepts personal responsibility when appropriate.
- Demonstrates timeliness in provision of clinical services (on time for groups, interviews, meetings/ appointments, etc.).
- Demonstrates timeliness and thoroughness in clinical or administrative documentation (clinical notes, reports, maintenance of accurate and up-to-date

2. Individual and cultural diversity:

- Shows awareness of self and the role of self and culture in influencing behavior.
- Demonstrates awareness of, sensitivity to, and respect for individually or culturally diverse people and seeks supervision when uncertain.

3. Ethical and Legal Standards and Policy:

- Demonstrates advanced knowledge of (and abides by) APA Ethical Principles and Code of Conduct, as well as other ethical and legal standards/policies that are relevant to the profession, employment (such as BHD policies and procedures), and the specific program rotation and duties.
- Independently utilizes an ethical decision-making model, seeking consultation in complex ethical/legal dilemmas or when there is a potential conflict of interest, and taking appropriate steps when others behavior unprofessionally.

B. RELATIONAL ABILITY

1. Relationships:

- Develops and maintains effective relationships with clients, co-workers, programs and agencies.

2. Affective and Expressive Skills:

- Manages difficult or challenging communications with staff or clients and shows advanced interpersonal skills (including non-verbal skills), including being able to accept and utilize constructive feedback from others.
- Verbally communicates in a manner that is articulate, professional, and appropriately concise and informative.
- Produces written communications that are informative, articulate, sophisticated, professional, thorough yet concise, with well-integrated professional concepts.

C. APPLICATION

1. Evidence-based practice:

- Knowledgeable of and utilizes evidence-based practices in assessments, interventions, and treatment/ recovery plans, while integrating clinical judgement and client preferences.

2. Assessment:

- Competent in the assessment of risk—particularly suicide/homicide risk—with all clients.
- Conducts thorough intake/initial/diagnostic interviews, with attention to trauma informed care.
- Independently selects, administers, scores, and interprets psychological assessments and accurately integrates the results.
- Independently accurately formulates case conceptualizations and integrates all information (including a client's diversity and developmental stage).
- Makes accurate and useful recommendations, communicates findings, produces well-written assessment reports/notes/summaries in a timely manner.

- Independently renders accurate diagnoses and creates well-written and appropriate recovery or treatment plans.

3. Intervention:

- Demonstrates competence in conducting individual and/or group therapy.
- Formulates effective crisis intervention strategies with all clients.
- Independently integrates evidence-based practices with relevant client factors to conduct competent interventions.

- Evaluates a client's progress in treatment, modifies the plan, and maintains professional and timely clinical documentation.
- Demonstrates strong clinical skills, is quick-thinking, flexible, and shows good clinical judgement even in difficult situations and with a wide variety of clients, including those with challenging behaviors or conditions.

4. Consultation:

- Competently provides consultation, guidance, or professional assistance in response to a client's needs (i.e., can identify and shift role functions as appropriate to the referral, determines how to best address the referral question, and provides articulate/effective feedback and recommendations).

D. SYSTEMS

1. Interdisciplinary Systems:

- Aware of key concepts, contributions, viewpoints, and has intermediate level of knowledge of both shared and differing roles/standards of other professionals.
- Participates as an effective member of a multidisciplinary team; develops and maintains respectful, collaborative relationships with other professionals, despite possible differences.

2. Management Administration

- Demonstrates a beginning ability to participate in the administration of a clinical program, such as by displaying leadership in clinical situations or on clinical teams.
- Participates in institutional or program committees or workgroups.

3. Advocacy

- Identifies ways to promote positive change at the individual, institutional, community, and/or systems level, and acts accordingly as appropriate.
- Demonstrates desire and ability to empower clients and to advocate on behalf of clients when appropriate.

E.OVERALL ASSESSMENT OF COMPETENCE

1. What are the fellow's strengths?

2. What are the fellow's areas for improvement?

3. Do you believe that the fellow has reached the level of competence expected by the program at this point in training?

4. Is the fellow ready to progress to the next level of training or to independent practice?



MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION

Empowering safe, healthy and meaningful lives through connections that support recovery.

The Milwaukee County DHHS Behavioral Health Division (BHD) is the community's connection point to vital, high-quality behavioral health care. We provide care and treatment to adults, adolescents, and children with mental illness, substance abuse disorders and co-occurring illnesses.

It's in our DNA to constantly and courageously push for better in our community because everyone in Milwaukee County deserves access to behavioral health services that can help them and change their lives. Because every single person deserves access to compassionate, quality care, no matter their ability to pay.

milwaukee.gov/bhd



BHD | Behavioral
Health
Division

A Division of the Department of
Health & Human Services