PSYCHOLOGY POST-DOCTORAL FELLOWSHIP

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

The Behavioral Health Division 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 including 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, substance use problems, moderate to severe anxiety and depression, and chronic and 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, hopeful, 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.

county.milwaukee.gov/DHHS
APPLICATION AND SELECTION PROCESS (CONT.)

Prospective Postdoctoral Fellows must submit an application through the Wisconsin County website which can be found at [https://county.milwaukee.gov/en/](https://county.milwaukee.gov/en/). Both online and paper documents can be submitted either directly to the Director of Clinical Training or through the APPIC online application system for postdoctoral programs (APPA CAS), which must 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 the 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 professional identity while working within a multidisciplinary team.
- 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 professional and professional identity while working within a multidisciplinary team.
- Fellows will have the opportunity to complete their 200-hour supervisory requirements to meet licensing standards in the state of Wisconsin.

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, vacation and holiday time, sick leave, and up to 5 days of authorized paid leave to attend external continuing education seminars or conferences. All Fellows must complete all required training and complete the application process prior to the beginning of the fellowship.

At the discretion of the Director of Psychology Training and the designated clinical supervisor.

1. Professionalism: In values, attitudes, and behaviors (including honesty, personal responsibility, maintaining boundaries, meeting standards and deadlines for work duties);
2. Ethical and Professional Behavior across settings.
3. Management-Administration: (beginning ability to work with staff);
4. Interpersonal Skills: Effective interpersonal skills, including the ability to interact effectively with others, provide feedback from others, and in communicating in an accurate, articulate and professional manner verbally and in writing.
5. Evidence-based Practice: Includes knowledge and independent use of Evidence-Based Practices.
6. Consultation and Assessment: Includes competency in consultation and assessment, including collaboration with other disciplines and professionals.
7. Evidence-based Practice: Includes knowledge and independent use of Evidence-Based Practice.
8. Treatment Planning: Includes competency in diagnostic interviewing and case conceptualization.
9. Personal Responsibility, maintaining boundaries, in values, attitudes, and behaviors (including honesty, personal responsibility, maintaining boundaries, meeting standards and deadlines for work duties);
10. Management-Administration: (beginning ability to work with staff);
11. Interpersonal Skills: Effective interpersonal skills, including the ability to interact effectively with others, provide feedback from others, and in communicating in an accurate, articulate and professional manner verbally and in writing.

APPLICATION AND SELECTION PROCESS (CONT.)

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 postdoctoral 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 that 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 via APPIC’s uniform notification date of February 25, 2019, with the intent to fill the two available fellowship positions.

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

The application deadline is January 7, 2019.
Part of the CMC Team may have the following experiences:

- Oversight of crisis respite group homes. Fellows working as management, linkage to other community resources, and community psychology, diversity/cultural competence, and an outpatient clinic. Crisis programs can see a high volume Wisconsin civil commitment proceedings that directly impact the provision of care within the Adult Inpatient Psychiatric 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 houses that provide a more 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 also includes crisis intervention that is not hospitalization. Fellows working within the Adult Crisis Services will have the potential opportunity to:

- Provide support via telephone or in-person mobiles to adults who have been recently discharged from the emergency room or inpatient services.
- Participate in mobile response to crisis situations in the community.
- Participate in the Wraparound Milwaukee model of “Team 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 neurodevelopmental 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.
- Complete 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: 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 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 hospitalization (e.g., assessment and de-escalation of violence). Each fellow will participate in crisis staffings and offer clinical insight into the various mental health crises in the community. 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 Adult 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 every month and 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 houses that provide a more restrictive environment in which to treat and support people who are experiencing psychiatric crises.

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- Gain knowledge about neurodevelopmental treatment strategies as developed by Bruce Perry. Present on this topic to staff, as it pertains to crisis intervention at various developmental stages.
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. These 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.

JUSTIN KUEHL, PSY.D.
American School of Professional Psychology (2003)
Chief Psychology 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 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 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 role, 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 inter-disciplinary 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 a graduate of the Milwaukee County Leadership Excellence Academy, is a former BHD Medical Staff Vice-President and Treasurer, and also serves on 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 an 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 to the formal 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
GREGORY JURENEC, PH.D.
Bowling Green State University (1982)
Didactics Coordinator
Dr. Jurenec coordinates and schedules the weekly didactic seminar, and provides the majority of the presentations.

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 treatment of schizophrenia.

Previous/Additional Experience: Dr. Jurenec co-chairs presentations. Dr. Jurenec has co-chaired numerous presentations and training sessions regarding different aspects of the treatment of schizophrenia.

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.
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. 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
• independently meets the standards but needs more supervision than is expected
5 = Exceptional Performance
• demonstrates exceptional competence in all areas of professional functioning
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 supervision when uncertain.

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:
• There is 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 behave 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.

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.

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?
• 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.

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