



# BHD

MILWAUKEE COUNTY  
Behavioral  
Health  
Division

## MILWAUKEE COUNTY BEHAVIORAL HEALTH DIVISION: PSYCHOLOGY POSTDOCTORAL FELLOWSHIP PROGRAM

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

**INFORMATIONAL  
BROCHURE**

**2020-2021**

**Milwaukee County Behavioral Health Division:**  
**Psychology Postdoctoral Fellowship Program**

**Table of Contents**

<b>Program Description .....</b>	<b>2</b>
<b>The Setting and Population .....</b>	<b>3</b>
<b>Application and Selection Process .....</b>	<b>3</b>
<b>Compensation and Benefits .....</b>	<b>5</b>
<b>Program Goals and Objectives .....</b>	<b>5</b>
<b>Core Competencies .....</b>	<b>5</b>
<b>Clinical Rotations .....</b>	<b>6</b>
<b>Clinical Experiences/Curriculum .....</b>	<b>7</b>
<b>Child/Adolescent Crisis Services .....</b>	<b>7</b>
<b>Adult Crisis Services .....</b>	<b>8</b>
<b>Clinical Supervision .....</b>	<b>9</b>
<b>Additional Learning .....</b>	<b>9</b>
<b>Training Methods .....</b>	<b>10</b>
<b>Evaluation of Progress .....</b>	<b>10</b>
<b>Due Process, Grievances, and Appeals .....</b>	<b>11</b>
<b>Psychology Department Training Committee/Clinical Rotation Supervisors .....</b>	<b>11</b>
<b>Training Resources .....</b>	<b>15</b>
<b>The Milwaukee Area .....</b>	<b>16</b>
<b>Quarterly Evaluation Form .....</b>	<b>17</b>

## **Milwaukee County Behavioral Health Division: Psychology Postdoctoral Fellowship Program**

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 in one generalist training track with an emphasis on crisis assessment and risk management. Postdoctoral training rotations are currently being offered with the Adult Crisis Services and the Child/Adolescent Crisis Services. Each 6-month rotation provides the Fellows 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. 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 crisis services branch and the community services branch. Psychologists provide clinical leadership within both branches with some functioning as Clinical Program Directors within their program area. They are also members of the Medical Staff Organization and play integral roles on many medical staff 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 (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 disorders. Dedicated to promoting hope and recovery for individuals and their families, the BHD provides a variety of innovative recovery programs including a wide array of community-based crisis response services 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 publicly-funded entity, 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 is presently located in a large 4-story building built into a hillside. The building houses a multitude of programs, departments, and services, including the Psychology Department and serves as a hub for the Fellowship program training experiences. The BHD tends to serve an urban population, many of whom are from the city of Milwaukee, which has a population of approximately 600,000. Of those, approximately 35% are White, 39% are Black or African American, 19% are Hispanic or Latino, 4% Asian, and <1% are American Indian and Alaska Native (per the 2019 U.S. Census Bureau data estimates). Individuals served by the BHD have a range of behavioral health issues, though many have serious and persistent mental illnesses such as schizophrenia, bipolar disorder, moderate to severe anxiety and depression, acute and chronic post-traumatic stress disorder, 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 for care and treatment. 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. 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 Psychology 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 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 (an unofficial copy is acceptable).
- 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 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 have historically been preferred, the training committee acknowledges the likelihood of travel limitations so a video call (e.g., via Microsoft Teams) will be an option. At the conclusion of all interviews, offers will be made to applicants on APPIC's uniform notification date of **February 22, 2021**, with the intent to fill the two available fellow positions.

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

The Psychology Postdoctoral Fellowship Program will begin accepting applications in **early November 2020**. The deadline for applicants is **January 4, 2021**.

## **Compensation and Benefits**

The Postdoctoral Fellowship is a 52-week, full-time commitment with a current salary of \$47,500. 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 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 behavioral health concerns.
- 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 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:

	<b>September – March</b>	<b>March – September</b>
<b>Fellow A</b>	Adult Crisis Services	Child/Adolescent Crisis Services
<b>Fellow B</b>	Child/Adolescent Crisis Services	Adult Crisis 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, individual 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 in outpatient settings, there exists a diversity of training experiences available in the following clinical service/rotation areas: 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:

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 and 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). Furthermore, the CMC Team provides services to any child/adolescent in Milwaukee County who is experiencing a mental health crisis that may result in the individual’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 referral to the Wraparound system of care.

Fellows working as part of the CMC Team will have the opportunity to:

- 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 with youth.
- Become informed about the use of Trauma Informed Care, Solution Focused, and Cognitive Behavioral approaches as they relate to crisis intervention with youth.
- Complete initial face-to-face assessment with youth.
- Write a thorough and individualized crisis safety plan for youth.
- Participate in daily staff rounds and staffing meetings.
- Attend child and family team meetings, as appropriate.
- Provide brief supportive psychotherapy to youth involved in the juvenile justice system.

Adult Crisis Services: The Adult Crisis Services provide assistance to individuals in the community who are experiencing a mental health or substance use crisis. To access these services, community members (e.g., individuals in need, family members, providers, law enforcement personnel) can contact the BHD Crisis Line and their call will be evaluated to determine if mobile intervention is needed. If so, our trained Crisis Mobile Team members will go to the individual and provide assessment, stabilization, and linkage to additional services. The BHD also boasts dedicated geriatric services, specialized services for individuals with intellectual and developmental disabilities, and a co-responder model in partnership with local law enforcement.

Fellows working within the Adult Crisis Services will have the 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.
- Answer the BHD Crisis Line and respond accordingly.
- Co-respond with members of the Crisis Mobile Team in completing community-based evaluations.
- Co-respond with members of the Community Consultation Team (CCT) in providing crisis services for individuals with intellectual and developmental disabilities (IDD).
- Co-respond with the geriatric nurse specialist in providing crisis services for individuals age 60+.
- Observe the services provided by the co-responder team consisting of a trained clinician and a law enforcement officer.
- Participate in the development and writing of Crisis Plans.
- Provide clinical consultation in high risk crisis staffings.
- Offer clinical peer consultation for team members as required under Wisconsin's Administrative Code, *DHS 34: Emergency Mental Health Service Programs*.
- Offer didactic presentations for Behavioral Health Division staff that could meet the necessary training requirements under Wisconsin's Administrative Code, *DHS 34: Emergency Mental Health Service Programs*.

- Offer community outreach in the form of clinical consultation and/or didactic presentations.

### **Clinical Supervision:**

Fellows will receive at least 2 hours of regularly scheduled individual supervision per week, which exceeds 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 2 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 or more 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. Examples 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): brief therapy (co-led), diagnostic interviewing (co-led or directly supervised), 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.

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 (e.g., 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, attendance at monthly Psychology Department meetings, opportunities to become involved in institutional or program committees and workgroups, and 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 1 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 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. A copy of the Evaluation Form is included at the end of this document.

### **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.

### **Psychology Department Training Committee/Clinical Rotation Supervisors**

**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 and psychology postdoctoral fellows. 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; the intersection of behavioral health and the criminal justice system; and the 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 assessments, 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 provides supervision of the Adult Crisis Services 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.

**Samantha Lavarda, Psy.D.** (Wisconsin School of Professional Psychology, 2012) Staff Psychologist – Children's Mobile Crisis Team: Dr. Lavarda provides supervision of the Child/Adolescent Crisis Services rotation. She works as a member of the Children's Mobile Crisis (CMC) Team to assess youth in the community who are in distress. This involves determination of the youth's dangerousness and whether emergency detention is warranted as well as safety planning and use of the least restrictive environment for that situation. Dr. Lavarda also provides supervision to members of the CMCT including staffing complex cases, diagnostic clarification, and debriefing. Dr. Lavarda is certified in the Structured Interview for Psychosis-risk Syndromes (SIPS). This measure determines eligibility for the Clinical High Risk for Psychosis program, which is one of the umbrella programs within Wraparound Milwaukee. Dr. Lavarda provides supervision and oversight for enrollment into all the Wraparound Milwaukee programs for youth.

Theoretical Orientation: Cognitive behavioral, humanistic, integrative

Interests: Crisis intervention and stabilization, supervision, LGBTQ populations, corrections, serving the underserved

Previous/Additional Experience: Dr. Lavarda spent the first part of her career working for the Wisconsin Department of Corrections, which has provided her with a breadth of experience working with the severe and persistently mentally ill population. For the majority of Dr. Lavarda's time in corrections, she was the psychologist assigned to the Restricted Housing Unit. As part of this unit, she responded to crises involving active psychosis, self-harm attempts, drug and alcohol withdrawal, and aggression. Additionally, Dr. Lavarda was a member of the Transgender and Peer Support committees during her time in corrections. Her experience with children has occurred in a variety of settings including school, home and outpatient. Her internship included working with youth and families to provide individual, family, and group therapy as well as psychological evaluations.

**Gregory Jurenc, Ph.D.** (Bowling Green State University, 1982) Didactics Coordinator: Dr. Jurenc coordinates and schedules the weekly didactic seminar and provides most 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. He is presently a Professor of Clinical Psychology at the Wisconsin School of Professional Psychology (WSPP).

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. In addition to teaching, Dr. Jurenc supervises psychotherapy and assessment, and directs 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 an acute inpatient unit that serves adults with severe and persistent mental illness. He supports this inpatient treatment unit 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, 3<sup>rd</sup> 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 currently 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.

### **Training Resources:**

Postdoctoral Fellows at the BHD will be provided with free on-site parking, individual offices equipped with a laptop computer (with internet access, email, and access to the BHD's electronic medical record), and an office telephone with voicemail. Fellows will also have access to fax and photocopy machines and clerical support. As employees of the BHD, Fellows are able to use the Employee Assistance Program (EAP) should it be needed.

### **The Milwaukee Area:**

Milwaukee County is located in southeastern Wisconsin along the southwestern shores of Lake Michigan and has a population of approximately one million people. It is a popular tourist destination for many and, for sports fans, it is home to the Milwaukee Brewers baseball team, the Milwaukee Bucks basketball team, the Milwaukee Admirals hockey team, and the Milwaukee Wave soccer team. Milwaukee offers numerous swimming pools and beaches, many beautiful parks within the Milwaukee County Parks System, the Milwaukee Art Museum, the Milwaukee County Zoo, the Summerfest outdoor music festival (reportedly “the world’s largest music festival”), opportunities to view live theatre/ballet/comedy, and tours of local breweries, to name just a few attractions. It also boasts many varied eating establishments that allow almost anyone to partake of their favorite cuisine. For even more information, go to <http://www.discovermilwaukee.com/>.

**Milwaukee County Behavioral Health Division**  
**Competency Benchmarks for Psychology Postdoctoral Fellows**  
**Quarterly Evaluation Form**

**Fellow Name:** [Click here to enter text.](#)

**Supervisor's Name:** [Click here to enter text.](#)

**Name of Rotation:** [Click here to enter text.](#)

**Date Evaluation Completed:** [Click here to enter text.](#)

**Quarter:** [Click here to enter text.](#)

**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.

1

2

3

4

5

N/O

- Conducts self in a professional and respectful manner across different settings or challenging situations—using appropriate verbal and nonverbal communication, maintaining professional demeanor.  
1       2       3       4       5       N/O
- Maintains professional boundaries with clients.  
1       2       3       4       5       N/O
- Displays honesty and independently accepts personal responsibility when appropriate.  
1       2       3       4       5       N/O
- Demonstrates timeliness in provision of clinical services (on time for groups, interviews, meetings/appointments, etc.).  
1       2       3       4       5       N/O
- Demonstrates timeliness and thoroughness in clinical or administrative documentation (clinical notes, reports, maintenance of accurate and up-to-date supervision/activity logs, etc.).  
1       2       3       4       5       N/O

**SUPPORTING COMMENTS:**

[Click here to enter text.](#)

**2. Individual and cultural diversity:**

- Shows awareness of self and the role of self and culture in influencing behavior.  
1       2       3       4       5       N/O
- Demonstrates awareness of, sensitivity to, and respect for individually or culturally diverse people and seeks supervision when uncertain.  
1       2       3       4       5       N/O

**SUPPORTING COMMENTS:**

[Click here to enter text.](#)

**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.  
1       2       3       4       5       N/O

- 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.  
 1       2       3       4       5       N/O

SUPPORTING COMMENTS:

[Click here to enter text.](#)

**B. RELATIONAL ABILITY**

**1. Relationships:**

- Develops and maintains effective relationships with clients, co-workers, programs and agencies.  
 1       2       3       4       5       N/O

SUPPORTING COMMENTS:

[Click here to enter text.](#)

**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.  
 1       2       3       4       5       N/O
- Verbally communicates in a manner that is articulate, professional, and appropriately concise and informative.  
 1       2       3       4       5       N/O
- Produces written communications that are informative, articulate, sophisticated, professional, thorough yet concise, with well-integrated professional concepts.  
 1       2       3       4       5       N/O

SUPPORTING COMMENTS:

[Click here to enter text.](#)

**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.

1       2       3       4       5       N/O

**SUPPORTING COMMENTS:**

[Click here to enter text.](#)

**2. Assessment:**

- Competent in the assessment of risk—particularly suicide/homicide risk—with all clients.

1       2       3       4       5       N/O

- Conducts thorough intake/initial/diagnostic interviews, with attention to trauma informed care.

1       2       3       4       5       N/O

- Independently selects, administers, scores, and interprets psychological assessments and accurately integrates the results.

1       2       3       4       5       N/O

- Independently accurately formulates case conceptualizations and integrates all information (including a client’s diversity and developmental stage).

1       2       3       4       5       N/O

- Makes accurate and useful recommendations, communicates findings, and produces well-written assessment reports/notes/summaries in a timely manner.

1       2       3       4       5       N/O

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

1       2       3       4       5       N/O

**SUPPORTING COMMENTS:**

[Click here to enter text.](#)

**3. Intervention:**

- Demonstrates competence in conducting individual and/or group therapy.

1       2       3       4       5       N/O

- Formulates effective crisis intervention strategies with all clients.

1       2       3       4       5       N/O

- Independently integrates evidence-based practices with relevant client factors to conduct competent interventions.  
1       2       3       4       5       N/O
- Evaluates a client’s progress in treatment, modifies the plan, and maintains professional and timely clinical documentation.  
1       2       3       4       5       N/O
- 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.  
1       2       3       4       5       N/O

**SUPPORTING COMMENTS:**

[Click here to enter text.](#)

**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).  
1       2       3       4       5       N/O

**SUPPORTING COMMENTS:**

[Click here to enter text.](#)

**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.  
1       2       3       4       5       N/O
- Participates as an effective member of a multidisciplinary team; develops and maintains respectful, collaborative relationships with other professionals, despite possible differences.  
1       2       3       4       5       N/O

**SUPPORTING COMMENTS:**

[Click here to enter text.](#)

**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.

1             2             3             4             5             N/O

- Participates in institutional or program committees or workgroups.

1             2             3             4             5             N/O

**SUPPORTING COMMENTS:**

[Click here to enter text.](#)

**3. Advocacy**

- Identifies ways to promote positive change at the individual, institutional, community, and/or systems level, and acts accordingly as appropriate.

1             2             3             4             5             N/O

- Demonstrates desire and ability to empower clients and to advocate on behalf of clients when appropriate.

1             2             3             4             5             N/O

**SUPPORTING COMMENTS:**

[Click here to enter text.](#)

**E. OVERALL ASSESSMENT OF COMPETENCE**

**1. What are the fellow's strengths?**

[Click here to enter text.](#)

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

[Click here to enter text.](#)

**3. Do you believe that the fellow has reached the level of competence expected by the program at this point in training?    Yes     No**

**4. Is the fellow ready to progress to the next level of training or to independent practice?    Yes     No**

---

Psychology Post-Doctoral Fellow signature

---

Date

---

Supervising Psychologist signature

---

Date

---

Rotation

---

Director of Psychology Training signature

---

Date