



MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES
**BEHAVIORAL
HEALTH SERVICES**

MILWAUKEE COUNTY
BEHAVIORAL HEALTH SERVICES:
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**

2022-2023

Milwaukee County Behavioral Health Division:
Psychology Postdoctoral Fellowship Program

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Milwaukee County Behavioral Health Services: Psychology Postdoctoral Fellowship Program

The Psychology Postdoctoral Fellowship Program within the Milwaukee County Behavioral Health Services (BHS) is a one-year, full-time program offering Fellows the opportunity to work and learn collaboratively with senior psychologists and multidisciplinary treatment staff in an 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 within the BHS is well integrated into the larger organization. Fellows carry out a variety of professional duties throughout the BHS such as conducting assessments, providing clinical interventions or consultations, serving as fully functioning members of interdisciplinary 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 Service's capacity to provide direct psychological services to meet the behavioral health needs of individuals and families. Participation of senior psychologists in the training of early career 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 BHS 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 and play integral roles on many medical staff and program committees, as well as in division-wide initiatives. The BHS currently employs 10 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 Services (BHS) 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 BHS 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 BHS 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 BHS historically had been located in a large 4-story building built into a hillside. The building housed a multitude of programs, departments, and services and was the hub for the Fellowship program training experiences. Within the past year, the BHS has transitioned to several community-based locations that are more easily accessible to the individuals receiving services. The BHS tends to support an urban population, many of whom are from the city of Milwaukee, which has a population of nearly 600,000. Of those, approximately 39% are Black or African American, 34% are White, 19% are Hispanic or Latino, 5% Asian, and <1% are American Indian and Alaska Native (per the 2021 U.S. Census Bureau data estimates). Individuals served by the BHS 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 for the BHS 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 BHS. 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 beginning on Wednesday, February 1, 2023. In accordance with APPIC's standards, the BHS will honor the designated Common Hold Date (CHD) of **Monday, February 27, 2023**, with the intent to successfully fill the two available fellow positions.

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

The Psychology Postdoctoral Fellowship Program will begin accepting applications in **early November 2022**. The deadline for applicants is **Monday, January 9, 2023**.

Compensation and Benefits

The Postdoctoral Fellowship is a 52-week, full-time commitment with a current salary of \$52,500. 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 supervisors).

Program Goals and Objectives

The training of future psychologists is an integral component of the senior psychologists at the BHS. As such, the supervising staff members 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 an interdisciplinary team.
- Fellows will have the opportunity to complete the minimum 2000-hour supervisory requirement 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 BHS 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 BHS’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 Crisis Services	Child/Adolescent Crisis Services
Fellow B	Child/Adolescent Crisis Services	Adult Crisis Services

Clinical Experiences/Curriculum

Under the general supervision of licensed psychologists, Postdoctoral Fellows will provide direct psychological care to individuals served by the BHS. 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 BHS 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 umbrella of Wraparound Milwaukee Programs, which includes youth 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 BHS facility, 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 BHS 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 BHS 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 BHS 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 staff 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 BHS 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, opportunities to become involved in program-specific 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 BHS 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 with the BHS 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 team 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 (p. 15).

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 BHS 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) Director of Professional Training Programs and Director of Psychology Training: Dr. Kuehl provides administrative, supervisory, and clinical leadership to the Milwaukee County Behavioral Health Services. He directs the development and maintenance of training opportunities for professional disciplines (e.g., psychology, social work, occupational therapy, professional counseling, nursing). Dr. Kuehl also serves as Chair of the BHS Ethics Committee and the Institutional Review Board. In his 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 BHS'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 with the BHS, 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 BHS Medical Staff providing crisis response and risk assessments to determine an individual's dangerousness and appropriateness for detention under Wisconsin Statute Chapter 51. She supervises not only postdoctoral fellows, but practicum students as well. In addition to her role on the Mobile Team she is the Chair of the BHS Critical Incident Committee and a member of the Medical Staff Peer Review Committee. She also sits on both the Suicide and Overdose Fatality Review Commissions. Theoretical Orientation: Integrative, cognitive behavioral, interpersonal, humanistic.

Interests: Suicide; trauma; group, individual therapy and brief therapies

Previous/Additional Experience: Dr. Coleman is a graduate of the Milwaukee County Leadership Excellence Academy, is a former BHS 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 BHS, 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. She has provided a variety of trainings both within the Behavioral Health Services and for external partners, 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). Dr. Coleman has had additional experience providing mental health services for the Wisconsin Department of Corrections (DOC) in both maximum- and medium-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 CMC Team 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.

Training Resources:

Postdoctoral Fellows with the BHS will be provided with free on-site parking and work space equipped with a laptop computer (with internet access, email, and access to the BHS’s electronic medical record) and a smartphone.. Fellows will also have access to fax and photocopy machines and clerical support. As employees of the BHS, Fellows can use the Employee Assistance Program (EAP) should it be needed.

The Milwaukee Area:

Milwaukee County is located in southeastern Wisconsin along the 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 Postdoctoral Fellow signature

Date

Supervising Psychologist signature

Date

Rotation

Director of Psychology Training signature

Date