

2020-
2021

The Post-Doctoral Fellowship Program

at Rogers Behavioral Health



ROGERS
Behavioral Health

The logo features the word "ROGERS" in a bold, dark grey sans-serif font. The letter "O" is replaced by a stylized graphic of three overlapping, curved lines in yellow and orange, with a blue swoosh underneath. Below "ROGERS" is the text "Behavioral Health" in a smaller, dark grey sans-serif font.

Contents

Program Objectives	2
Areas of Focus for Skill Development/Refinement	2
Training Provided to Target Areas of Focus	3
About the Rogers Behavioral Health	4
Hospital Licensing and Accreditation	4
Mission Statement	4
Training Track Descriptions	4
OCD and Anxiety track – Oconomowoc, WI	4
<i>Research Responsibilities</i>	4
<i>Non-Research Clinical Responsibilities</i>	5
<i>OCD and Anxiety Training Site Descriptions</i>	6
Child & Adolescent Partial Hospitalization and Intensive Outpatient Track – Brown Deer, WI	8
<i>Clinical Responsibilities</i>	8
<i>Research Responsibilities</i>	9
<i>Child/Adolescent Training Site Description</i>	9
Training Format	13
Additional Training Opportunities	13
Pay and Benefits, Policies	13
About Oconomowoc, Wisconsin	14
About Brown Deer, Wisconsin	14
Fellowship Staff	15
Brenda Bailey, PhD.....	15
Additional Treatment Providers	17
Application Process and Requirements	19

Program Objectives

The post-doctoral fellowship program at Rogers Behavioral Health provides specialized training in one of the following tracks: **(1) Obsessive-Compulsive Disorder and Anxiety, and (2) Child/Adolescent PHP/IOP**. All full-time post-doctoral positions will start on approximately **August 17, 2020**, and last for **one year**, although the exact dates are somewhat flexible. The fellowship program provides fellows opportunities to apply their scholarly knowledge as they expand and refine their skills through participation in a variety of clinical experiences, including: completion of diagnostic interviews, participation in interdisciplinary treatment team meetings, creation and monitoring of measurable treatment goals, development of interventions appropriate for specific diagnoses, supervision of trainees and/or other professionals (such as pre-doctoral psychology interns and psychology practicum students), and clinical research. Fellows may also have opportunities to provide training seminars to Rogers Behavioral Health employees and trainees, attend relevant national and/or regional conferences, learn about admissions and administrative procedures, and assist with program development. The goal of the fellowship year is for fellows to develop the skills and confidence needed to function as a practicing clinical psychologist. Fellows will be challenged and will be offered the support and supervision necessary to be effective in their roles.

Areas of Focus for Skill Development/Refinement

1. Individual Therapy
2. Crisis Management and Risk Assessment
3. Psycho-diagnostic Assessment, Treatment Planning, and Case Management
4. Integration of Scientific Knowledge with the Day-to-Day Practice of Ethical and Professional Standards
5. Awareness of and Sensitivity to Identifying the Needs of a Diverse Patient Population
6. Professional Development through Attendance at Professional Training Sessions, Regularly Scheduled Supervision Sessions, and Interdisciplinary Team Meetings
7. Provision of Supervision to Trainees
8. Completion of Clinical Research

Training Provided to Target Areas of Focus

Post-doctoral fellows will receive training and gain experience and competence in a number of ways. In terms of clinical responsibilities, fellows will work closely with other members of the treatment team and with their supervising psychologist(s) in order to gain familiarity with the treatment protocol and the different treatment programs, with increased responsibility and autonomy as they grow more comfortable in their roles. In order to achieve this goal, fellows will have opportunities to shadow a psychologist, behavioral specialists, and/or other treatment team members, as well as have these individuals observe them and provide feedback. Fellows will also attend at least one (and up to six) hour-long staffing (i.e., rounds) meeting(s) per week in order to further their familiarity with processes for assessment, treatment planning, case management, treatment provision, and other issues. Fellows are expected to become active members of the treatment team and will therefore also have opportunities to impart their own knowledge during staffing meetings. Once fellows have grown comfortable and competent in their primary clinical responsibilities, they will have opportunities to provide supervision to graduate student trainees, behavioral specialists, and/or pre-doctoral psychology interns, with supervision from a licensed psychologist on this process.

With respect to research duties, fellows will meet regularly with their supervising psychologist and will have the opportunity to attend weekly research meetings to discuss research ideas and receive feedback throughout the research process. Fellows will also be encouraged to generate ideas for potential research studies, analyze data (SPSS will be provided), create submissions to national conferences (i.e., posters, symposia, etc.), and work on manuscripts. Fellows will have regular opportunities to discuss their research responsibilities and gain supervision on research related tasks.

Issues regarding diversity will be discussed regularly as part of supervision (both formal and informal) and staffing meetings. The residential programs at Rogers Behavioral Health draw patients from areas throughout the U.S. (and, at times, from outside of the U.S.) and therefore the patient population is geographically diverse. Most patients, however, are from a Caucasian middle- or upper-class background. There is considerable religious diversity, which presents unique learning opportunities due to the interplay between religious beliefs and OCD (i.e., scrupulosity). In addition, fellows will have the opportunity to interact with staff members in the Spiritual Care department, who assist patients with exploring and expressing their religious beliefs in a healthy manner.

Fellows will also have the opportunity to attend clinical in-services or other trainings open to clinical staff. Further, fellows will have opportunities to attend national conferences in their respective fields, with the potential for funding if they are presenting.

About the Rogers Behavioral Health

Based in Wisconsin since 1907, Rogers Behavioral Health is a private, not-for-profit provider of behavioral health services and is nationally recognized for its specialized psychiatry and addiction services. Anchored by the main campus in Oconomowoc, WI, Rogers offers evidence-based treatment for adults, children, and adolescents with depression and other mood disorders, eating disorders, addiction, obsessive-compulsive and anxiety disorders, and posttraumatic stress disorder.

Rogers provides services throughout the state of Wisconsin as well as in California, Florida, Illinois, Minnesota, Pennsylvania, and Tennessee.

The System also includes Rogers Behavioral Health Foundation, which supports patient care, programs, and research; and Rogers InHealth, an initiative that works to eliminate the stigma of mental health challenges.

Hospital Licensing and Accreditation

All of the Rogers Behavioral Health service locations are licensed under Rogers Memorial Hospital, Inc. Rogers is accredited by The Joint Commission.

Mission Statement

We provide highly effective mental health and addiction treatment that helps people reach their full potential for health and well-being.

Training Track Descriptions

OCD and Anxiety track – Oconomowoc, WI

Fellows on the OCD and Anxiety track will primarily work in Oconomowoc, WI throughout various OCD and Cognitive-Behavioral Therapy (CBT) programs, including the OCD and Anxiety Adult Residential Care, OCD and Anxiety Children and Adolescent Residential Care centers, as well as the OCD and Anxiety Partial Hospitalization Program, and the OCD and Anxiety Intensive Outpatient Program in Oconomowoc.

Research Responsibilities

The OCD and Anxiety fellow will be responsible for analyzing outcomes data collected from OCD units. These data are collected from admission and discharge assessment batteries completed by each patient and are used in order to examine treatment effectiveness in each of the programs; further clinical research on OCD, anxiety disorders, and frequently comorbid conditions; and identify areas for improved treatment effectiveness. In addition to using these data internally, there will be opportunities for conference presentations (e.g., poster presentations, symposium presentations, etc.) as well as manuscript authorship. A computer equipped with SPSS will be provided to the fellow. The amount of time spent on research activities is somewhat flexible, with a maximum of 14 hours per week spent on research activities, on average.

Non-Research Clinical Responsibilities

In addition to the research duties, the OCD and Anxiety fellow will have an array of clinical responsibilities. The extent to which the fellow performs these responsibilities will be determined by a number of factors, including the fellow's interests and training needs as well as the patient care needs of the hospital. Below are potential responsibilities of the OCD and Anxiety post-doctoral fellow:

- **Assessment:** the OCD and Anxiety fellow will have the opportunity to meet with new patients in order to assess their diagnoses and develop treatment recommendations. The OCD and Anxiety fellow may also be called upon to assess patients who are not new to Rogers Behavioral Health but who are not experiencing expected gains in treatment.
- **Intervention:** the OCD and Anxiety fellow will have the opportunity to assist with the treatment of patients in any of the OCD programs. There will be many opportunities for the fellow to become involved in Exposure and Ritual Prevention (ERP) treatment for OCD. In addition, the OCD and Anxiety fellow will have the opportunity to treat patients with particularly complex diagnostic presentations, where there will be opportunities to provide empirically supported treatments for a variety of diagnoses. In addition to OCD, many patients in the OCD programs present with other obsessive-compulsive and related disorders (e.g., body dysmorphic disorder, trichotillomania, skin picking disorder), anxiety disorders (e.g., generalized anxiety disorder, panic disorder, social anxiety disorder), post-traumatic stress disorder, and tic disorders. Patients with attention deficit/hyperactivity disorder (ADHD) and higher functioning pervasive developmental disorders are also not uncommon on the child and adolescent units. In addition, personality psychopathology may be present on the adult units. At times, the OCD and Anxiety fellow may also be responsible for crisis management and intervention. More information about each of the OCD units will be presented below. The OCD and Anxiety fellow will work closely with behavioral specialists. This allows fellows to learn the treatment approach and gain skill and familiarity with the patients before working more independently.
- **Supervision:** the OCD and Anxiety fellow will also have opportunities to supervise other treatment providers, such as psychology practicum students. Supervision will primarily focus on issues related to diagnosis and treatment provision, but may also include professional development and research mentorship.

Although these are the primary responsibilities of the OCD and Anxiety fellow, there may also be opportunities for other experiences, such as assisting with program development, participating in the intake process, and learning about administrative duties. A significant strength of the Rogers Behavioral Health post-doctoral fellowship program is the considerable flexibility afforded to the fellows. While there are specific guidelines in place regarding the duties of the fellow, the fellow will also work with Dr. Riemann to tailor the training experience to best suit the needs and interests of the fellow. In accordance with Wisconsin licensure requirements, post-doctoral fellows must spend a **minimum of 10 hours per week in face-to-face contact with patients**, with an additional **minimum of 16 hours per week in direct support activities** (reading and updating patient charting material, participating in weekly rounds, consulting with other professionals regarding patient issues, attending training seminars, etc.).

OCD and Anxiety Training Site Descriptions

OCD and Anxiety Adult Residential Care

One of very few OCD residential treatment centers in the United States, this residential center treats males and females age 18 and older with obsessive-compulsive disorder (OCD), other obsessive-compulsive and related disorders (e.g., body dysmorphic disorder, trichotillomania, skin picking disorder), anxiety disorders (i.e., generalized anxiety disorder, panic disorder, social anxiety disorder) and post-traumatic stress disorder. Many patients also have mood disorder diagnoses. Located on a recently renovated site near Rogers' Oconomowoc campus, the center can accommodate up to 28 patients. The facilities include expansive treatment and living areas with private and semi-private bedrooms.

Prior to admission, an initial telephone screening is conducted by admissions staff and then reviewed by the medical director and key clinical staff. Based on this review, a recommendation is made for the appropriate level of care. On admission, a comprehensive evaluation is conducted, which includes a battery of assessments to ascertain the patient's medical, emotional, educational, developmental, and social history.

Upon admission, each patient is assigned to a core clinical team consisting of a psychiatrist, psychologist, behavioral specialist, registered nurse, social worker, experiential therapist, residential care specialists, and, as needed, registered dietitians. Members of the core clinical team conduct a detailed assessment, develop treatment goals and a graduated exposure hierarchy, and facilitate and monitor the patient's progress throughout treatment. Treatment goals are accomplished through a program consisting of individual work sessions and group psychotherapy. The center's staff uses a strict cognitive-behavioral approach and graduated exposure hierarchy for each individual. For OCD, the main emphasis is on ERP. In addition to ERP, cognitive restructuring strategies are taught. Other CBT strategies are utilized as needed depending on any diagnoses other than OCD that the patient may have. Approximately 32 hours of CBT is provided per week. The length of stay in the center is open-ended; the average length of stay is 60 days. The overall goal is for patients to complete at least 70% of their hierarchy during their treatment stay before stepping down to a lower level of care.

OCD and Anxiety Children and Adolescent Residential Care



These two residential centers provide sensitive, age-specific intensive care for children and teens ages 8 to 18 with OCD and anxiety disorders. Primary diagnoses include OCD and OC spectrum disorders (e.g., body dysmorphic disorder, trichotillomania, skin picking disorder), anxiety disorders (i.e., social anxiety disorder, panic disorder with agoraphobia, etc.), and co-occurring disorders such as ADHD, depression and other mood disorders. Many patients present with multiple/complex diagnoses. The centers deliver multi-modal treatment that combines the intensity of inpatient psychiatric care with a comprehensive range of psychotherapy, psychoeducation, experiential therapies, and strong parent/family education and involvement. A 23-bed treatment center for adolescents ages 12 to 18 and a 10-bed treatment center for children ages 8 to 13 are located on the Oconomowoc campus.

Prior to admission, an initial telephone screening is conducted by admissions staff. This initial screening is reviewed by one of the three board-certified child and adolescent psychiatrists who practice full-time at Rogers Behavioral Health. Based on this review, a recommendation is made for the appropriate level of care. On admission, a comprehensive evaluation is conducted to ascertain the patient's medical, emotional, educational, developmental, and social history. These in-depth psychiatric assessments are used to develop a personalized plan of care and select the appropriate evidence-based treatment components to address each child's needs.

Upon admission, each patient is assigned to a core clinical team consisting of a psychiatrist, psychologist, behavioral specialist, registered nurse, a social worker, experiential therapists, residential care specialists, teachers/school liaisons and, as needed, registered dietitians. There is a high staff-to-child ratio 24 hours per day, which provides children with the assistance they need, from developing daily care to academics. Patients are frequently evaluated and family sessions are conducted on a regular basis to alert parents and other family members to the child's progress. A flexible length of stay allows children to practice newly acquired skills and work with their families prior to leaving the hospital. Parental participation is welcomed and expected, to help with the child's daily and post-treatment needs. While ERP and other CBT treatment techniques are the primary focus of treatment, age-specific experiential therapy (art, ropes and challenge course, hiking, biking), leisure and fitness education, and physical activities provide outlets for energy, as well as opportunities to discover personal strengths. An on-grounds education center is staffed by certified teachers experienced in dealing with students who have behavioral, emotional or cognitive issues and/or learning disabilities.

Treatment services are designed to establish an effective partnership with each family. Parents participate in family education and therapy to learn about their child's challenges and how to deal with symptoms in order to feel confident taking on the role of coach when their child returns home. Parents are also involved in determining whether medication is appropriate in conjunction with therapy. The psychiatrists are members of the American Academy of Child and Adolescent Psychiatry and uphold its stated position that no medication is ever to be used without therapy.

Clinicians work with the patient and family to anticipate issues that may arise after discharge, and then help the child and family develop a plan that best meets the patient's recovery needs. Extensive effort is made to provide and host treatment update meetings with families, school professionals, and community support agencies. These meetings provide diagnostic reviews, advocacy and outplacement treatment recommendations, and multi-system coordination including any special education needs. The length of stay is open-ended; the average length is 45-60 days. Our overall goal is for patients to achieve better functioning at school, with friends, and with their family.

OCD and Anxiety Partial Hospitalization Programs

There are two OCD partial hospitalization programs in Oconomowoc: one for adults and one for children and adolescents. The OCD Partial Hospitalization Programs provide treatment to individuals with severe OCD, OC spectrum disorders, and anxiety disorders as well as co-occurring conditions. The programs run from approximately 8:30 am to 2:30 pm Monday through Friday and include intensive ERP/CBT, medication management with a board-certified psychiatrist, and adjunctive services such as recreational therapy. At times, patients from a residential program step down to a OCD Partial Hospitalization Program to ease their transition and help them continue to make progress needed before starting an intensive outpatient or outpatient treatment program.

OCD and Anxiety Intensive Outpatient Programs



There are two OCD Intensive Outpatient Programs (IOPs) in Oconomowoc: one for treatment of children and adolescents (Child & Adolescent IOP) and one for the treatment of adults (Adult IOP). Primary disorders include OCD, OC spectrum disorders, and anxiety disorders. Patients in the OCD Intensive Outpatient Program may also receive treatment for depression, eating disorders, and other co-occurring conditions. The program is offered weekdays for a total of 12 hours of programming per week, primarily consisting of ERP with other CBT techniques as needed. A board-certified psychiatrist provides medication management and medical monitoring. The primary goal of this program is to improve symptoms and daily functioning while allowing individuals to remain connected with their family and other social support systems. At times, patients from one of the residential programs or the partial hospitalization program will step down to the OCD Intensive Outpatient Program in order to continue to make progress toward their treatment goals before transitioning to an outpatient level of care.

Child & Adolescent Partial Hospitalization and Intensive Outpatient Track – Brown Deer, WI

Fellows on the Child/Adolescent PHP/IOP track will work throughout specialized treatment programs for children and adolescents (ages 9 to 18) at the Brown Deer Campus. This includes Adolescent Dual Diagnosis PHP/IOP, Adolescent Dialectical Behavior Therapy PHP/IOP, STRIVE PHP/IOP, Pre-Adolescent PHP, and Child/Adolescent Day treatment.

Clinical Responsibilities

The Child/Adolescent fellow will have an array of clinical responsibilities. The extent to which the fellow performs these responsibilities will be determined by several factors, including the fellow's interests and training needs as well as the patient care needs of the hospital. Below are potential responsibilities:

- **Assessment:** The fellow will have the opportunity to meet with new patients in order to complete the diagnostic evaluation which includes gathering history and determining their diagnoses as well as treatment recommendations. Fellows also conduct comprehensive psychological evaluations, including intellectual and personality assessment, to aid in diagnostic clarification and connecting patients with necessary supports in the school and community.
- **Intervention:** The Child/Adolescent fellow will have primary clinical responsibilities for their patients. This would include individual therapy, family therapy and group therapy. The primary treatment modality would depend on the program and age but would likely include DBT, CBT, and Behavior Activation. In addition, the Child/Adolescent fellow will have the opportunity to treat patients with particularly complex diagnostic presentations, where there will be opportunities to provide empirically supported treatments for a variety of diagnoses. In the Child/Adolescent programs the patients present with anxiety disorders, mood disorders, substance use disorders, trauma, as well as more externalizing disorders. Many patients have struggled with suicidal ideation

and/or past suicide attempts as well as non-suicidal self-injury. The fellow will also gain experience in using a Trauma-Informed approach to crisis management, escalation and intervention. The fellow will work closely with all clinical staff on their assigned unit to foster a team approach to patient care and allow for ability to both learn and guide other team members. More information about each of the child/adolescent programs will be presented below.

- **Supervision:** The Child/Adolescent fellow may also have opportunities to supervise other treatment providers, such as psychology practicum students. Supervision will primarily focus on issues related to diagnosis and treatment provision but may also include professional development.

Although these are the primary responsibilities of the Child/Adolescent fellow, there will also be opportunities for other experiences, such as assisting with program development, participating in the intake process, and learning about administrative duties. A significant strength of the Rogers Behavioral Health post-doctoral fellowship program is the considerable flexibility afforded the fellows. While there are specific guidelines in place regarding the duties of the fellow, the fellow will also work with their supervising psychologist to tailor the training experience to best suit the needs and interests of the fellow. In accordance with Wisconsin licensure requirements, post-doctoral fellows must spend a **minimum of 10 hours per week in face-to-face contact with patients**, with an additional **minimum of 16 hours per week in direct support activities** (reading and updating patient charting material, participating in weekly meetings, consulting with other professionals regarding patient issues, attending training seminars, etc.).

Research Responsibilities

The Child/Adolescent fellow will be responsible for analyzing the outcome study data collected from the various programs. This data is collected electronically at admission, weekly and discharge for each patient and are used in order to examine treatment effectiveness in each of the programs; frequent comorbid conditions; and identify areas for improvement. There are opportunities to use this data to modify programming and present findings internally.

Child/Adolescent Training Site Description

Rogers Behavioral Health, Brown Deer Campus

In the quiet outskirts of Milwaukee County, Rogers' Brown Deer campus provides children, teens and adults with a 56-bed inpatient setting. Across the road, Rogers Brown Deer Outpatient Center offers comprehensive, evidence-based outpatient treatment for individuals who would benefit from partial hospitalization or intensive outpatient care. The Brown Deer outpatient clinic treats patients ages 9 to 18 with complex mood disorders, anxiety disorders, externalizing disorders and substance use disorders. Located on a newly renovated site on one of the three main hospital's Brown Deer campus, the center can accommodate over 100 child/adolescent patients.

Patients referred to C/A programs in Brown Deer are initially screened via telephone screening by admissions staff and then reviewed by the Attending Psychologist. Based on this review, a recommendation is made for the appropriate level of care. Upon admission, each patient is assigned to a core clinical team consisting of a psychologist, registered nurse, social worker, psychiatrist, experiential therapist, school liaison, therapeutic specialists and other mental health professionals. Members of the core clinical team conduct a detailed assessment, develop treatment goals and target behaviors and facilitate and monitor the patient's progress throughout treatment. Treatment goals are

accomplished through a program consisting of individual work sessions, family therapy and group psychotherapy. The PHP/IOP programs all utilize a trauma-informed approach to patient care.

Mental Health Recovery Child/Adolescent Program

The program consists of two groups of patients ages 12 to 18. They attend five days a week for three hours each day and attend school the other half of the day. The morning program runs from 8 to 11 am and the afternoon group from 1 to 4 pm. The adolescents in the program tend to present with mood disorders, anxiety, suicidal and self-harming behaviors as well as other co-occurring disorders such as ADHD and trauma. The treatment team utilizes a DBT approach primarily, but blend in CBT techniques as well. Patients receive one DBT skill group per day, two skills generalization (process groups) per week, multiple individual sessions per week, once a week family session, and meet with a licensed medication provider once a week. There are up to 10-12 patients in each group room with an average length of stay of 4-6 weeks.

A focus of the day treatment program is to integrate DBT skills into everyday life in order to minimize patients negative coping. Patients are taught DBT skills, such as distress tolerance and mindfulness, in order to assist them in emotion identification and being able to self-soothe before their mood worsens to the point of experiencing self-harm or suicidal thoughts. Patients also struggle with relationships, both peer and family, so an additional focus is on interpersonal effectiveness and communicating effectively with those around them. Typically, patients are a blend of internal step-downs from inpatient and community referrals. Once treatment is completed, staff assist patient and their family with finding appropriate outpatient providers for continuation of care.

The Early-Adolescent Partial Hospitalization Program and Intensive Outpatient Program

Rogers Behavioral Health offers partial hospitalization for pre-adolescent aged patients who struggle with externalizing behaviors. The Early Adolescent PHP program meets five days per week, Monday through Friday, from 8 am to 2 pm. The Early Adolescent IOP program meets five days per week, Monday through Friday, from 8 to 11 am. The Early Adolescent PHP & IOP program provides intensive daily therapy in the form of group, individual, and family therapy. These programs also included weekly medication management and various experiential therapeutic opportunities including music therapy, movement therapy, and art therapy to help patients learn self-control and find additional ways to express themselves nonverbally. The programs also host a weekly Parent Education/Support group where parents learn parenting techniques and gain support from each. Patients within these programs are ages 9 to 13 and typically display symptoms of impulsivity, hyperactivity, verbal aggression, minor to moderate physical aggression, self-destructive behaviors, defiance, and oppositional behaviors. The patients are often struggling in multiple setting including school and home. In addition, the patients may also present with more traditional mood disorders including depression and anxiety.

The Early Adolescent PHP and IOP programs includes an eclectic therapeutic approach including key components from Cognitive Behavior Therapy, Dialectical Behavior Therapy, Motivational Interviewing, Solution Focused, and traditional behaviorism techniques. The patients are motivated and challenged through a token economy system that extends for both personal goals and accomplishments, as well as group. A main focus for patients is learning how to appropriately socially interact with peers and maintain self-control over their impulses to act out physically or verbally aggress another. The goal of treatment is to assist younger patients with the skills and knowledge to improve their self-awareness and control of their actions and emotions, while also educating parents/caregivers on ways to continue this process at home. Typically, patients are admitted into the PHP program and through progression in

treatment, they are stepped down to the IOP program, which allows them to start returning to half days of school. The Early Adolescent IOP Program allows patients to continue practicing the skills they have gained in typical daily life settings, such as school, while still gaining support from a multi-disciplinary treatment team.

The DBT Adolescent Partial Hospitalization and Intensive Outpatient Program

The DBT Partial Hospitalization Program (DBT PHP) provides treatment to adolescents who present primarily with suicidal behaviors, non-suicidal self-injury and mood dysregulation. The adolescents may present with combinations of mood disorders, anxiety, trauma and symptoms of eating disorders and mild substance use. The PHP program is offered weekdays from 8 am to 2 pm. Treatment modality primarily consists of Dialectical Behavioral Therapy as well as some CBT and Behavioral Activation. The primary goal of DBT PHP/IOP is to decrease life threatening and treatment interfering behaviors by increasing skillful behavior. At least two DBT skills groups are taught each day on topics such as Interpersonal Effectiveness, Distress Tolerance, Mindfulness and Emotional Regulation. Patients have daily process groups as well as experiential therapy groups. They engage in daily individual therapy and skills coaching. They also receive weekly family therapy where DBT skills are taught and practiced. A board-certified psychiatrist provides medication management and medical monitoring.

Another primary focus of this program is to keep adolescents out of the hospital by coaching them to use DBT skills to manage distress and engage in healthy coping. Staff attempt to help adolescents improve symptoms and daily functioning while allowing individuals to remain connected with their family and other social support systems. Staff support patients' focus on creating a life worth living. When life threatening behaviors have decreased and the adolescent shows increased stability, they will step down to DBT IOP which runs 8 to 11 am Monday through Friday and they will add school after programming. This allows support to continue while adding school back into their schedules which is often a primary trigger for these adolescents. Once patients have mastered half days of school, they will step down to their community long-term providers and full days of school.

Adolescent Mental Health and Addiction Recovery Partial Hospitalization and Intensive Outpatient Program

Rogers Behavioral Health offers both partial hospitalization (PHP) and intensive outpatient (IOP) treatment services for adolescents struggling with mental health issues such as anxiety and depression, and who are currently engaging in substance use. The Adolescent PHP program meets five days per week, Monday through Friday, from 8 am to 2 pm. Upon established sobriety and mood stabilization, patients often step-down a level of care to the Adolescent IOP program, which meets five days per week, Monday through Friday, from 8 to 11 am. These programs provide intensive daily therapy in the form of group, individual, and family therapy, utilizing evidence-based treatment components throughout. Both programs include a parent group where the patients' parents or legal guardians attend a support and education group on how to best help their loved one through this journey of recovery.

The primary goal of these programs is to improve psychiatric symptoms and daily functioning as well as to address obstacles affecting abstinence and recovery from alcohol and/or other illicit drugs. These levels of treatment allow adolescents to receive treatment while remaining connected to their families and support systems. Adolescents are provided additional structure and support throughout treatment which allows them the safety to further explore their underlying issues and begin to implement the skills and tools they learned in treatment to real-life situations in their everyday lives. Patients spend the day in treatment learning skills and exploring underlying issues and themes; and then go home to spend their evenings practicing with families and healthy social support on how to make better choices, change their negative behavior patterns, and improve their overall quality of life. Patients in Adolescent Dual

IOP are able to attend treatment in the morning and return to school in the afternoons to further practice their skills and reintegrate themselves in back into their average daily lives.

STRIVE Partial Hospitalization and Intensive Outpatient Program

Rogers Behavioral Health offers the STRIVE Program: a partial hospitalization (PHP) and intensive outpatient (IOP) for adolescents ages 13 to 18 with a primary mental health diagnosis who are experiencing a more outward manifestation of their mental illness. The primary goal of the STRIVE Program is to improve psychiatric symptoms and daily functioning. STRIVE is designed to foster success through expanding Skills, Trust, Respect, Insight, Values, and Effort. The program gives special consideration to adolescents with externalizing symptoms and behavioral concerns. STRIVE can accommodate adolescents with impulsivity, hyperactivity, verbal aggression, minor to moderate physical aggression, self-destructive behaviors, oppositional behaviors, legal or truancy issues, and substance abuse. The partial hospitalization and intensive outpatient level of treatment allows adolescents to receive treatment while remaining connected to their families and support systems. The STRIVE PHP program meets five days per week, Monday through Friday, from 8 am to 2 pm. The STRIVE IOP program meets five days per week, Monday through Friday, from 8 to 11 am.

Adolescents in the STRIVE Program will participate in regular individual therapy, group therapy, experiential therapies, family therapy, psychiatric care and medication management. A school liaison is available to collaborate between the treatment team and school staff. The involvement of an adolescent's primary caregivers is vital to his or her treatment. Families and/or support teams are expected to be involved in the STRIVE Program in a few different ways. Family sessions are held weekly and are targeted as helping caregivers or supports deepen their understanding of the adolescent's mental health needs, develop approaches to managing or responding to concerns at home or in the community, improve the interpersonal connection, and expand open communication with the adolescent. The Caregiver Support Group is facilitated by STRIVE staff and is aimed at helping parents or caregivers develop knowledge and practical skills while also providing an outlet to discuss challenges, concerns, and strategies with other STRIVE families.

STRIVE programming draws from a wide range of therapeutic modalities including Cognitive Behavior Therapy, Dialectical Behavior Therapy, Motivational Interviewing, and Solution Focused approaches. STRIVE staff recognize that behavioral concerns often stem from underlying emotional and relational distress as well as limited skills with which to navigate stress. We work to help adolescents recognize, accept, and better understand their emotions and learn skills for approaching situations and challenges they face in daily life. With an emphasis on hands-on and active learning, STRIVE offers daily group activities for application and expansion of strategies related to key skills including emotion regulation, communication, decision-making, and social problem solving. STRIVE staff are sensitive to the impact of trauma or other adverse experiences on a young person's sense of self and on the development of negative or destructive behaviors. A goal of the STRIVE Program is to empower adolescents (and their families) to learn and apply skills that can help them take control of their lives in a healthy way.

Training Format

Post-doctoral fellows will work 12 consecutive months, 40 hours per week, Monday through Friday. Their 2,080 hours (before vacation and holidays) will be spent in direct service, research, indirect service, didactic training, and supervision. They may receive release time to complete additional educational activities as necessary. Post-doctoral fellows will be evaluated on an ongoing basis throughout the year. Formal written evaluations will take place at least twice over the course of the year. Post-doctoral fellows will also have opportunities to provide feedback about their experiences.

Individual supervision will take place formally for a minimum of **2 hours per week**. These two hours will be regularly scheduled times during which the fellow meets with a licensed psychologist with expert knowledge about their track and units. Additional licensed psychologists may also provide supplemental supervision. Please see below for a list of the licensed psychologists that may be involved in the postdoctoral training programs. Group supervision in the form of regular staffing meetings will occur multiple times per week and provide an opportunity for fellows to participate as part of a multi-disciplinary treatment team. Fellows are expected to attend at least one staffing meeting per week but may attend up to 6 if they choose. Opportunities for informal supervision will be available as well.

All states regulate the practice of psychology and have different requirements for licensure. It will be important for the post-doctoral fellows to thoroughly understand the expectations of the state in which they intend to practice. In Wisconsin, one year of post-doctoral supervision is a requirement of licensure. Information about psychology licensure in Wisconsin may be found through the State of Wisconsin Department of Safety and Professional Services at <http://dsps.wi.gov/Home>.

Additional Training Opportunities

Post-doctoral fellows will have opportunities to attend additional trainings offered throughout the hospital system, which may include in-service trainings, “lunch and learn” trainings, etc.

Pay and Benefits, Policies

Post-doctoral fellows will be offered a stipend of \$40,000. They will participate in a week-long hospital orientation and training as a member of the staff. In addition, they will be offered enrollment within the hospital’s health insurance and/or dental insurance programs during their temporary twelve months of employment (additional details regarding service, cost, and plan administration can be found within the Summary Plan Descriptions document – available upon request and provided during the orientation process). As hospital employees, fellows are covered by and must comply with all policies of the hospital, including but not limited to grievances, anti-harassment, and performance expectations. Fellows can access these policies during the orientation process and also through the Rogers Behavioral Health website. Fellows can also refer to the Rogers Behavioral Health Corporate Compliance Handbook available to all employees through the Human Resources Department. Post-doctoral fellows will receive 15 days of vacation/sick leave and 6 paid holidays off of work.

Post-doctoral fellows are asked not to participate in employment outside of their position at Rogers Behavioral Health without prior permission.

About Oconomowoc, Wisconsin

Oconomowoc is located in idyllic Lake Country, approximately 35 miles west of Milwaukee, 50 miles east of Madison, and 120 miles north of Chicago. The Oconomowoc area provides ample opportunities for outdoor activities through its proximity to lakes, rivers, and ponds. The Oconomowoc area also features numerous parks, including Lapham Peak State Park, a 671-acre park located in nearby Delafield. Opportunities for winter sports abound, including downhill skiing at Olympia Ski Resort located directly in Oconomowoc. The Kettle Moraine Parks provide numerous cross-country ski trails that attract both local and distant visitors. Many cultural opportunities are available throughout Southeastern Wisconsin, including the Milwaukee Art Museum, featuring the world-famous architecture of Santiago Calatrava; the University of Wisconsin in Madison; and many lakefront festivals, including Summerfest, along the shores of Lake Michigan in Milwaukee.

About Brown Deer, Wisconsin

The Village of Brown Deer encompasses an area of 4.5 square miles in northern Milwaukee County. The Village of Brown Deer is bounded by the Village of River Hills on the east, the City of Mequon on the north and the City of Milwaukee on the south and west. The Milwaukee River and a large county park (Brown Deer Park) form the east boundary of the Village. Given the Village's location, it is considered to be one of the North Shore communities. Brown Deer is 12 miles from the city of Milwaukee which makes it close to lake front festivals, parks, museums and sporting events.

ROGERS
Behavioral Health

Fellowship Staff

Bradley C. Riemann, Ph.D., Chief Clinical Officer, Rogers Behavioral Health

Dr. Riemann is a leading expert in the assessment of anxiety disorders and use of cognitive-behavioral therapy (CBT) treatment. He supervises the training of graduate and post-graduate students from around the country for CBT in anxiety disorders and collaborates with colleges and universities on research projects investigating obsessive-compulsive disorder (OCD) and other anxiety disorders.

Dr. Riemann serves as chairman for the clinical advisory committee of the International OCD Foundation (IOCDF) and serves on its scientific advisory board. He also serves on the clinical advisory board for the Anxiety Disorders Association of America (ADAA). He has authored numerous scientific papers on obsessive-compulsive disorder and anxiety and has spoken at national and international conventions, including the Association for Behavioral and Cognitive Therapies, the ADAA and the IOCDF. Dr. Riemann has also been featured on the national television shows 48 Hours, The Today Show and VH1's The OCD Project.

Dr. Riemann received his doctorate in clinical psychology from the Chicago Medical School. He is also a clinical assistant professor in the department of psychology at the Rosalind Franklin School of Medicine, Marquette University, and the University of Wisconsin-Milwaukee.

Dr. Riemann may provide some supervision for the **OCD and Anxiety Fellow**. He also oversees the fellowship program and frequently discusses the performance of all fellows with the other supervising psychologists and other staff members.

Brenda Bailey, Ph.D., Supervising Psychologist

Brenda Bailey, PhD, is a licensed clinical psychologist and clinical supervisor at the OCD and Anxiety Adult Residential Treatment Center and the OCD and Anxiety partial hospitalization and intensive outpatient programs in Oconomowoc, WI. Dr. Bailey provides supervision and training that promotes evidence-based treatments for OCD, anxiety, and depression. After graduating summa cum laude from the State University of New York at Potsdam with a bachelor's degree in Honors Psychology, Dr. Bailey went on to earn her master's and PhD in clinical psychology from Northern Illinois University. She then completed her pre-doctoral internship and post-doctoral fellowship at Rogers Behavioral Health in Oconomowoc.

Dr. Bailey belongs to the International OCD Foundation, Association for Behavioral Cognitive Therapies, and American Psychological Association. Along with her clinical interests in evidence-based treatment, she is active in research regarding OCD and anxiety disorders.

Dr. Bailey will be the primary supervisor for the **OCD and Anxiety Fellow**.

David M. Jacobi, Ph.D., Lead Psychologist, Child and Adolescent CBT Services

David M. Jacobi, PhD, is a behavioral specialist and clinical supervisor working primarily with pediatric residential patients in the OCD and Anxiety Children and Adolescent Residential Care programs at Rogers' Oconomowoc campus. Dr. Jacobi has an extensive practice background in the treatment of anxiety disorders in the United States and Canada and has conducted research related to obsessive-compulsive disorder (OCD) as it relates to children and their families.

Dr. Jacobi completed his doctorate under the direction of John Calamari, PhD, at The Chicago Medical School and completed his internship and post-doctoral fellowship at the University of British Columbia. Dr. Jacobi has presented to numerous clinical and academic audiences. He is a member of the International OCD Foundation (IOCDF) and has served as one of the trainers for its Behavior Therapy Training Institute, a three-day course for mental health professionals who treat OCD. He is also a member of the Anxiety Disorders Association of America (ADAA) and the American Psychological Association (APA).

Dr. Jacobi may provide additional supervision to the postdoctoral fellows.

Dr. Kristine Kim, Attending Psychologist

Kristine C. Kim, PsyD, is a licensed clinical psychologist who works primarily with children and adolescents in the partial hospital and intensive outpatient programs at Rogers' Brown Deer location. Dr. Kim has over 20 years of experience working with youth and their families and has been working in acute care at Rogers Behavioral Health for over 17 years. In addition to providing clinical supervision to the team, she is also the Attending Psychologist for the patients with whom she works. Dr. Kim has helped develop and opened multiple programs for Rogers, including the DBT PHP/IOP, and serves on medical leadership committees including the Medical Executive Committee and as the Chair of Psychology Services for the organization. She has been implemental in ensuring a Trauma Informed Approach on the units with whom she works and now specializes in working with adolescents with suicidal thoughts and behaviors.

Dr. Kim received her doctorate from the Wisconsin School of Professional Psychology. She completed her master's degree in clinical psychology from Loyola College in Baltimore and her bachelor's degree in psychology from Indiana University. Dr. Kim has served as an instructor for graduate students, mental health professionals and as a community resource for families in crisis. She is a member of the American Psychological Association and is listed with the National Register of Health Care providers.

Dr. Kim will function as a primary supervisor to the **Child/Adolescent postdoctoral fellow**.

Dr. Jennifer Carrasco, Attending Psychologist

Jennifer M. Carrasco, PhD, is a licensed psychologist serving as an attending psychologist for the child and adolescent partial hospital and intensive outpatient programs at Rogers' Brown Deer, including STRIVE and Child/Adolescent Day Treatment. Dr. Carrasco received her doctorate in counseling psychology from Marquette University. She completed pre-doctoral internships at the State of Wisconsin Department of Corrections' Ethan Allen School and Racine Youthful Offenders Correctional Facility, followed by a post-doctoral fellowship with Family Options Counseling in Wauwatosa. Prior to joining Rogers, Dr. Carrasco served as senior clinical psychologist for Waukesha County Department of Health and Human Services in its outpatient mental health and substance abuse clinic.

Dr. Carrasco will function as a primary supervisor to the **Child/Adolescent postdoctoral fellow**.

Dr. Amy Kuechler, Attending Psychologist

Amy Kuechler, PsyD, is a licensed clinical psychologist who works primarily with adolescents in the partial hospital and intensive outpatient programs at Rogers' Brown Deer location, including the adolescent dual diagnosis program. In addition to patient care, she provides clinical supervision of a multidisciplinary team. Dr. Kuechler is a graduate of the Illinois School of Professional Psychology at Argosy University in Illinois. She completed an internship at Neuropsychological Services of Lansing where she conducted psychological and neuropsychological assessments and therapeutic interventions at a Level I trauma hospital, and completed her post-doctoral training with a private practice in Chicago.

Prior to joining Rogers, Dr. Kuechler was a senior clinician in a Chicago area partial hospital program specializing in treating adolescents who engaged in self-injurious behaviors and presented with an array of co-occurring mental health issues including mood and anxiety disorders, substance abuse and eating disorders.

Dr. Kuechler will function as a primary supervisor to the **Child/Adolescent postdoctoral fellow**.

Dr. Angela M. Orvis, Attending Psychologist

Angela M. Orvis, PsyD, is a licensed clinical psychologist who works primarily with adolescents in the intensive outpatient programs at Rogers' Brown Deer location. She is the Attending Psychologist of the Mental Health Recovery Child/Adolescent (day treatment) program. Dr. Orvis received her master's and doctorate from the Wisconsin School of Professional Psychology, previously receiving a degree in psychology from the University of Wisconsin-Milwaukee. She completed internship and post-doctoral training within Rogers Behavioral Health and has primary experience working in acute care settings. Dr. Orvis' areas of interest include internalizing symptomology, trauma-informed care, LGBTQ+ education, and cultural humility.

Additional Treatment Providers

Post-doctoral fellows will routinely interact with the following team members:

- Psychiatrists, who manage and monitor medications and consult with treatment team members regularly to address diagnostic and clinical issues;
- Social workers, who provide the majority of the individual, family, and group therapy throughout a patient's stay;
- Registered nurses, who assist with routine medical needs and dispense medications;
- Experiential therapists, who provide group therapy, recreation, art, opportunities for movement, and opportunities for socialization in order to address patients' treatment needs;
- Registered dietitians, who assist with developing appropriate meal plans and teach patients about healthy eating (the extent to which the OCD and Anxiety fellow will work with dietitians will depend on the patient population on the OCD units);
- Spiritual counselors, who meet with patients who wish to incorporate spiritual care into their treatment and who advise the treatment team for patients with specific spiritual concerns (i.e., scrupulosity);

- Therapeutic specialists, who provide primarily DBT skills groups and coaching;
- Behavioral specialists, who provide CBT services; and
- Residential care specialists, who assist patients with their daily needs and treatment goals.

Fellow may also have the opportunity to work with the following treatment team members:

- School liaisons, who communicate with a child's school, provide information to the teachers at Rogers Behavioral Health, and help prepare children and adolescents for a successful transition to school after discharge; and
- Certified teachers, who provide educational services to youth in residential programs.



Application Process and Requirements

Individuals who have received their doctorate from an APA-accredited program, including completion of a pre-doctoral internship (APA accreditation preferred, APPIC membership required) are welcomed to apply by submitting the following materials:

1. A cover letter, indicating their professional goals and interests and specifying to which track you are applying (OCD and Anxiety or Child/Adolescent)
2. Curriculum vitae
3. All graduate school transcripts
4. Three letters of recommendation

Application materials must be received by **January 17th, 2020**. Applicants who receive an offer for a fellowship position will be notified on **February 21st, 2020**.

Questions regarding the OCD/Anxiety Track, Eating Disorders Track and Mood Disorders Track can be directed to Dr. Brenda Bailey at brenda.bailey@rogersbh.org.

Questions regarding the Child/Adolescent Track can be directed to Dr. Kristine Kim at kristine.kim@rogersbh.org.



ROGERS BEHAVIORAL HEALTH

POSTDOCTORAL FELLOW EVALUATION FORM

Name: _____ Circle: OCD/Anxiety, C/A PHP/IOP

Supervisor: _____ Date: _____

Instructions: please rate the postdoctoral fellow on this 4 point scale. A level 2 rating should ordinarily be the rating for an acceptable fellow.

Skill Level 3: Displays exceptional competence and can not only practice independently but supervise or teach others in this area.

Skill Level 2: Can function independently on most tasks, with supervision focused on refinement of advanced skills.

Skill Level 1: Acceptable but requires more supervision and monitoring than the typical postdoctoral fellow in some clinical areas.

Skill Level 0: Performance is inadequate in this area despite additional supervision.

Area 1: Diagnosis

- | | | | | | |
|--|-----|---|---|---|---|
| 1. Ability to listen and develop rapport | N/A | 3 | 2 | 1 | 0 |
| 2. Is able to evaluate ethnic, religious, and gender variability in formulating a diagnosis. | N/A | 3 | 2 | 1 | 0 |
| 3. Ability to conceptualize, formulate hypotheses, make interpretations and draw conclusions from data. | N/A | 3 | 2 | 1 | 0 |
| 4. Professional writing skills (reports, notes, etc.) | N/A | 3 | 2 | 1 | 0 |
| 5. Ability to develop treatment recommendations | N/A | 3 | 2 | 1 | 0 |
| 6. Ability to apply knowledge of psychopathology to develop appropriate differential diagnosis and to diagnose using DSM-V | N/A | 3 | 2 | 1 | 0 |

Comments:

Area 2: Treatment

1. Ability to establish and maintain rapport	N/A	3	2	1	0
2. Ability to handle crisis	N/A	3	2	1	0
3. Competence in CBT/DBT in general	N/A	3	2	1	0
4. Awareness of ethnic, religious, and gender diversity issues	N/A	3	2	1	0
5. Competence in group therapy	N/A	3	2	1	0
6. Competence in individual therapy	N/A	3	2	1	0
7. Competence in family therapy	N/A	3	2	1	0

Comments:



Area 3: Consultation

1. Responsiveness to referral questions	N/A	3	2	1	0
2. Ability to gather and organize information	N/A	3	2	1	0
3. Awareness of diversity issues	N/A	3	2	1	0
4. Sensitivity to organizational boundaries and dynamics	N/A	3	2	1	0
5. Ability to relate to other professionals	N/A	3	2	1	0
6. Participation in team meetings	N/A	3	2	1	0

Comments:

Area 4: Assessment

1. Competency in administering and scoring psychological assessments	N/A	3	2	1	0
2. Competency in interpreting psychological assessments	N/A	3	2	1	0
3. Competency in integrated report writing	N/A	3	2	1	0
4. Generates appropriate treatment recommendations	N/A	3	2	1	0
5. Provides effective assessment feedback	N/A	3	2	1	0
6. Guides treatment team in effective application of assessment data	N/A	3	2	1	0

Comments:



Area 5: Providing Supervision

1. Creates a safe, supportive, & trusting learning environment	N/A	3	2	1	0
2. Establishes and monitors supervisee training goals	N/A	3	2	1	0
3. Appropriately available to supervisee	N/A	3	2	1	0
4. Appropriate focus on supervisee content & professional development	N/A	3	2	1	0
5. Attends to cultural dynamics in supervision relationship & therapeutic process	N/A	3	2	1	0
6. Recognized own therapeutic limitations	N/A	3	2	1	0
7. Serves as a professional role model	N/A	3	2	1	0

Comments:

Area 6: Professional and Ethical Behaviors

1. Sensitivity to ethnic, religious, and gender issues	N/A	3	2	1	0
2. Sensitivity to confidentiality and other legal issues impacting practice	N/A	3	2	1	0
3. Follows ethical principles	N/A	3	2	1	0
4. Follows standards of practice	N/A	3	2	1	0
5. Integration of research and practice	N/A	3	2	1	0
6. Maintains professional boundaries with patients	N/A	3	2	1	0
7. Awareness of personal issues in relationship with patients	N/A	3	2	1	0
8. Timeliness of work	N/A	3	2	1	0
9. Interaction with support staff	N/A	3	2	1	0
10. Maintenance of records	N/A	3	2	1	0
11. Timely response to messages and punctual attendance to meetings	N/A	3	2	1	0
12. Effectiveness providing supervision	N/A	3	2	1	0
13. Demonstrates leadership and confidence	N/A	3	2	1	0

Comments:

ROGERS
Behavioral Health

Area 7: Supervision

1. Preparation for supervision	N/A	3	2	1	0
2. Communication with supervisor	N/A	3	2	1	0
3. Receptiveness to new ideas and approaches	N/A	3	2	1	0
4. Completion of suggested readings	N/A	3	2	1	0
5. Ability to recognize own strengths and weaknesses	N/A	3	2	1	0
6. Use of feedback from supervisor	N/A	3	2	1	0

Comments:

Overall Strengths:

Overall Weaknesses:



Suggestions for remediation of deficiencies (if necessary):

Suggestions for additional experiences:

Administrative actions: Pass ____ Probationary Pass ____ Fail ____

Postdoctoral Fellow Comments:



Signature of supervisor: _____ **Date:** _____

Signature of postdoctoral fellow: _____ **Date:** _____