Post-doctoral Training Program

2023-2024
(revised October 2022)

ROGERS
Behavioral Health

Contents

ROGERS Behavioral Health | Post-doctoral Training Program

Program objectives

The post-doctoral training program at Rogers Behavioral Health provides specialized training in one of the following tracks: **Obsessive-Compulsive Disorder and Anxiety, Trauma Recovery, Depression Recovery and Child/Adolescent PHP/IOP.** All full-time post-doctoral positions will start on approximately **August 15,** and last for **one year**, although the exact dates are somewhat flexible. The traineeship program provides trainees 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. Trainees may also have opportunities to provide training seminars to Rogers Behavioral Health employees and trainees, use educational release time to attend relevant national and/or regional conferences, learn about admissions and administrative procedures, and assist with program development. The goal of the traineeship year is for trainees to develop the skills and confidence needed to function as an independent practicing clinical psychologist. Trainees 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 / Integration of diversity awareness into all activities**
6. **Professional development through attendance at professional training sessions, regularly scheduled supervision sessions, and interdisciplinary team meetings**
7. **Provision of supervision to trainees / early career staff members**
8. **Completion of clinical research / outcome studies**

Training provided to target areas of focus

Post-doctoral trainees will receive training and gain experience and competence in a number of ways. In terms of clinical responsibilities, trainees 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, trainees 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. Trainees 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. Trainees 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 trainees have grown comfortable and competent in their primary clinical responsibilities, they will have opportunities to provide supervision to graduate student trainees, and/or behavioral specialists, with supervision from a licensed psychologist on this process.

With respect to research duties, trainees 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. Trainees 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. Trainees will have regular opportunities to discuss their research responsibilities and gain supervision on research related tasks.

Considerations regarding culture and diversity will be integrated throughout the post-doctoral year and 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, trainees 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.

Trainees will also have the opportunity to attend clinical in-services or other trainings open to clinical staff. Further, trainees 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

Rogers Behavioral Health is a not-for-profit, independent, private provider of specialized mental health and addiction treatment since 1907. Based in Wisconsin, Rogers provides services throughout a growing network of communities across the U.S. The System also includes Rogers Behavioral Health Foundation, which supports patient care, programs, and Community Engagement and Learning, an initiative that works to eliminate the stigma of mental health challenges; and Rogers Research Center, which pursues research that is directly translatable/related to the needs of the patient population we serve and to the behavioral health field.

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.

Rogers guiding statement on equity

Rogers commits to continually grow and humbly hold ourselves accountable to being an equitable, diverse, and inclusive environment for employees while offering culturally responsive and affirming care for our patients and their families. The actions we take to achieve this vision must be inclusive of all identities of our employees and those we serve.

Rogers advocates for social justice and the right of all people to reach their full potential. We pledge to work collaboratively with our partners and harness our internal resources to bring about meaningful and sustainable solutions to behavioral health inequities and systemic oppression for employees, patients, their families, and our communities.

Training track descriptions

OCD and Anxiety track – Oconomowoc, WI

Trainees 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 trainee 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 trainee. 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 trainee will have an array of clinical responsibilities. The extent to which the trainee performs these responsibilities will be determined by a number of factors, including the trainee'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 trainee:

- **Assessment:** the OCD and Anxiety trainee will have the opportunity to meet with new patients in order to assess their diagnoses and develop treatment recommendations. The OCD and Anxiety trainee 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 trainee will have the opportunity to assist with the treatment of patients in any of the OCD programs. There will be many opportunities for the trainee to become involved in exposure and response prevention (ERP) treatment for OCD. In addition, the OCD and Anxiety trainee 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 trainee 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 trainee will work closely with behavioral specialists. This allows trainees to learn the treatment approach and gain skill and familiarity with the patients before working more independently.

- **Supervision:** the OCD and Anxiety trainee 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 trainee, 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 traineeship program is the considerable flexibility afforded to the trainees. While there are specific guidelines in place regarding the duties of the trainee, the trainee will also work with Brenda Bailey, PhD, to tailor the training experience to best suit the needs and interests of the trainee. In accordance with Wisconsin licensure requirements, post-doctoral trainees 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.).

Training site description

OCD and Anxiety Adult Residential Care Center

One of very few OCD residential treatment centers in the United States, this residential center treats males and females ages 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 and/or substance use therapist. 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 ~50 days. The overall goal is for patients to complete at least 70% of their hierarchy during their treatment stay before stepping down to outpatient care.

OCD and Anxiety Children and Adolescent Residential Care Centers

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 28-bed treatment center for adolescents ages 12 to 18 and a 14-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 or psychiatric nurse practitioner who is supervised by a board-certified psychiatrist, and adjunctive services such as recreational therapy. At times, patients from a residential program step down to an 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 or psychiatric nurse practitioner who is supervised by 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.

Trauma Recovery track (with a rotation in Depression Recovery) – Brown Deer, WI

Trainees on the Trauma Recovery track will primarily work with the Adult and Adolescent Trauma Recovery Partial Hospitalization Programs (PHP) and Intensive Outpatient Programs (IOP) in Brown Deer and may also work with data collected throughout the Rogers' system.

Clinical responsibilities

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

- ***Assessment:*** the Trauma Recovery trainee will have the opportunity to meet with new patients and administer semi-structured clinical assessments and self-report batteries in order to assess diagnoses, develop treatment recommendations, and contribute to assessing clinical effectiveness. The trauma trainee 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 Trauma Recovery trainee will have the opportunity to assist with the treatment of patients in any of the trauma programs. There will be many opportunities for the trainee to become involved in prolonged exposure, behavioral activation, and the variety of group modalities (DBT, ACT, compassion-focused, and interpersonal processing) for trauma symptom reduction and improving a patient's life. In addition, the trauma trainee 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 trauma, many patients in the programs present with depression, substance use disorders, other anxiety conditions, eating disorders and many other diagnoses including personality psychopathology. At times, the trauma trainee may also be responsible for crisis management and intervention. More information about trauma programs will be presented below. The trauma trainee will work closely with the therapists. This allows trainees to learn the treatment approach and gain skills and familiarity with the patients before working more independently. A rotation in our Depression Recovery program is also part of the training.
- ***Supervision:*** the Trauma Recovery trainee 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 Trauma Recovery trainee, 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 traineeship program is the considerable flexibility afforded to the trainees. While there are specific guidelines in place regarding the

duties of the trainee, the trainee will also work with Chad Wetterneck, PhD, and Rae Anne Ho Fung, PhD, LP, to tailor the training experience to best suit the needs and interests of the trainee. In accordance with Wisconsin licensure requirements, post-doctoral trainees 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.).

Training site description

The Trauma Recovery Partial Hospitalization Program

There are only a few dozen trauma partial hospitalization programs (PHPs) in the United States, and even fewer that use evidence-based treatments as the main treatment approach for symptom reduction. The Trauma Recovery PHPs at Rogers are one of the few that emphasizes time on two goals: 1) Addressing symptom reduction in trauma and comorbid conditions, and 2) Helping the patient develop meaning and values in life so that there prepared and have skills to grow after completing treatment. At the time of this writing (1/2021) there are 10 adult PHPs and one adolescent PHP in the Rogers system, with more locations throughout the U.S. looking to add these services.

The program incorporates mainly evidence-based CBT treatments, while using evidence-supported techniques from related therapists (i.e., DBT, ACT, CFT, schema). It is principles-based, and our staff are looking for ways to support exposures for symptom reduction, while teaching skills for increasing in value-based behavioral activation, mindfulness, self-compassion, and interpersonal connection and support. Each Trauma Recovery PHP has a census of 8 patients who come to programming 5 days a week, for 6 hours a day, engaging in experiential therapy (yoga, exercise, art), individual and self-directed CBT techniques, group therapy, and nursing, mindfulness, and other adjunctive groups as needed. Almost all patients step down to the intensive outpatient program described below.

The Trauma Recovery Intensive Outpatient Program

The intensive outpatient programs (IOPs) are housed in the same location as the PHP programs and also have a maximum census of 8 patients who attend 5 days a week for 3 hours a day. Patients do two hours of individual or self-directed therapy and an hour of group (typically DBT, ACT, or a similar modality, specifically determined by the needs of the patients) and continue work done in the PHP, while preparing for the outpatient level of therapy. Trauma trainees will have the opportunity to see patient complete the full course of treatment offered at Rogers, typically 5-6 weeks in PHP and 6-7 weeks in IOP.

General program information

Prior to admission, an initial telephone screening is conducted by admissions staff and then reviewed by the clinical 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, clinical therapist, registered nurse, social worker, and experiential therapist (and, as needed, registered dietitians). Members of the core clinical team conduct a detailed assessment, develop treatment goals 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 program's staff uses a cognitive-behavioral approach with supportive third-wave behavioral therapies for each individual. For adult trauma, the main emphasis is on prolonged exposure. For adolescent trauma, the main emphasis is on Trauma-focused CBT. Other CBT strategies are utilized as needed depending on any diagnoses other than trauma that the patient may have. Approximately 15 hours of CBT is provided per week.

Non-clinical research possibilities

The Trauma Recovery trainee may become involved in available research opportunities including analyzing the outcome studies data collected from Trauma Recovery programs. These data are collected from admission and discharge packets for each patient and are used in order to examine treatment effectiveness in each of the programs; further clinical research on trauma 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. The trainee will have access to SPSS and consultation on statistics conducted through the R package via the Clinical Outcomes team. The amount of time spent on research activities is flexible; a trainee may decide not to do any regular research at all or may do up to 5-10 hours a week on research. We have existing databases with admission, discharge, and weekly assessments on hundreds of patients and have current research projects in various stages, as well as the opportunity for new endeavors. Our research focuses on many symptom measures, but also possible mechanisms of change, personality variables, therapeutic alliance, and improvements in life (e.g., quality of life, defining meaning and values, interpersonal growth, self-compassion, etc.).

Child and Adolescent track – Brown Deer, WI

Post-doctoral trainees on the Child and Adolescent track will work throughout specialized treatment partial hospitalization and intensive outpatient programs (PHP/IOP) for children and adolescents (ages 9 to 18) at the Brown Deer hospital campus. This includes an adolescent DBT Mental Health Recovery PHP/IOP, Early Adolescent Mental Health Recovery PHP/IOP, Adolescent Mental Health Recovery PHP/IOP, and Adolescent Depression Recovery PHP/IOP.

Clinical responsibilities

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

- ***Intervention:*** The Child/Adolescent trainee 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 trainee 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 behaviors as well as non-suicidal self-injury. The resident will also gain experience in using a Trauma-Informed approach to crisis management, escalation, and intervention. The resident 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 trainee may also have opportunities to supervise other treatment providers and/or 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 trainee, 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 training program is the considerable flexibility afforded the trainees. While there are specific guidelines in place regarding the duties of the trainee, the resident will also work with their supervising psychologist to tailor the training experience to best suit the needs and interests of the trainee. In accordance with Wisconsin licensure requirements, post-doctoral trainees 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 track trainee will participate in the collection and analysis of outcome study data collected from the various programs. This data is collected electronically at admission, weekly and discharge for each patient and 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.

Training site description

Rogers Behavioral Health, Brown Deer Campus

In the quiet outskirts of Milwaukee County, Rogers' Brown Deer campus provides children, adolescents, and adults with a 56-bed inpatient setting and a separate 32-bed residential facility

for adults and adolescents. Across the road, Rogers Brown Deer Outpatient Center offers partial hospitalization or intensive outpatient care for children, adolescents and adults with mood disorders, anxiety disorders, externalizing disorders, and substance use disorders.

Patients referred to the child and adolescent programs in Brown Deer are initially screened by admissions staff and then reviewed by the program psychologist(s). Based on this review, a recommendation is made for the appropriate program. Upon admission, each patient is assigned to a core clinical team consisting of a psychologist, registered nurse, therapist, 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 partial hospitalization and intensive outpatient programs (PHP/IOP) all utilize a trauma-informed approach to patient care.

Mental Health Recovery Adolescent Programs

This program treats patients ages 12 to 18. All patients must enter the program at the PHP level of care, attending treatment five days a week for six hours each day. After approximately 4 weeks of full-day programming, the teens transition to the IOP level of care and begin attending a half-day of school in the afternoons. The adolescents in the program tend to present with depression and anxiety disorders that are newly emerging or that have escalated in severity despite outpatient treatment. Typically, patients are a blend of internal step-downs from inpatient and community referrals.

The treatment program is grounded in cognitive behavioral therapy (CBT) and behavioral activation (BA), supplemented by core DBT concepts/skills. CBT/BA groups are held daily and DBT groups multiple times per week. The program includes Caregiver University which is a weekly group focused on providing education about depression and anxiety as well as the nature of the program and skills taught to teens.

Mental Health Recovery Early Adolescent Programs

Rogers offers partial hospitalization and intensive outpatient programs (PHP/IOP) for pre-adolescent aged patients who struggle with externalizing behaviors. The programs provide intensive daily therapy in the form of group, individual, and family therapy. These programs also included weekly medication management and various experiential therapeutic opportunities (music, movement and art therapy) to help patients learn self-control and find additional ways to express themselves nonverbally. The programs also host a weekly education/support group where parents learn parenting techniques and gain support from each. Patients within these programs are ages 9 to 12 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.

These programs include an eclectic therapeutic approach including key components from CBT, DBT, 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 goals. 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 towards 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 level of care and through progression in treatment, they are stepped down to the IOP level of care, which allows them to start returning to half days of school. The Early Adolescent IOP 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.

DBT Mental Health Recovery Adolescent Programs

The DBT partial hospitalization and intensive outpatient programs (PHP/IOP) treats 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. Treatment modality primarily consists of dialectical behavior 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 to 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 live worth living. When life threatening behaviors have decreased and the adolescent shows increased stability, they will step down to DBT IOP 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.

Integrated Healing Program

Run in collaboration with Childrens' Wisconsin, this program is for patients who suffer from medical conditions that cause significant pain and decreased functioning as well as significant mental health concerns. This program is. The team is made up of Rogers' staff to include a psychiatrist, therapist, behavior specialist, therapeutic specialist, experiential therapist and psychologist as well as staff from Childrens, including a physical therapist, health psychologist and pain medicine physician. Patients receive daily individual physical therapy as well as physical therapy groups, DBT, CBT, behavior activation/exposure work, individual and group therapy, with its focus on restoring functioning and managing chronic pain.

Training format

Post-doctoral trainees 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 trainees 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 trainees 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 trainee 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 post-doctoral training programs. Group supervision in the form of regular staffing meetings will occur multiple times per week and provide an opportunity for trainees to participate as part of a multi-disciplinary treatment team. Residents 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 trainees 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 trainees 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 trainees will be offered a stipend of $50,000. 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, trainees are covered by and must comply with all policies of the hospital, including but not limited to grievances, anti-harassment, and performance expectations. Trainees can access these policies during the orientation process and also through the Rogers Behavioral Health website. Trainees can also refer to the Rogers Behavioral Health Corporate Compliance Handbook

available to all employees through the Human Resources Department. Post-doctoral trainees will receive 15 days of vacation/sick leave and 6 paid holidays off of work.

Post-doctoral trainees 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 the northwestern corner of Waukesha County, approximately 35 miles west of Milwaukee, 50 miles east of Madison, and 120 miles north of Chicago. The greater Oconomowoc area (also referred to as lake country due to its proximity to many lakes, rivers, and ponds) provides ample opportunities for outdoor activities. The area features numerous parks, including Lapham Peak State Park, a 671-acre park located in nearby Delafield. Opportunities for winter sports abound, including numerous cross-country ski trails at Lapham Peak that attract both local and distant visitors.

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 is close to lakefront festivals, parks, museums, and sporting events.

Many cultural opportunities are available throughout Southeastern Wisconsin, including the Milwaukee Art Museum, featuring an addition by the world-famous architect Santiago Calatrava; the University of Wisconsin – Madison; Marquette University; and many lakefront festivals, including the annual Summerfest music festival, held along the shores of Lake Michigan in Milwaukee. Diverse opportunities exist within the greater Milwaukee area for both training settings. To learn more, go to:

- VISIT Milwaukee (Milwaukee Convention & Visitors Bureau):
  https://www.visitmilwaukee.org/meetings-and-conventions/planning-resources/diversity/
- MKE Black (celebrates and promotes Black business, events, culture, and advancement in the greater Milwaukee area):
  https://mkeblack.org/business-directory/
- United Way of Greater Milwaukee & Waukesha County (volunteer opportunities):
  https://volunteer.unitedwaygmwc.org/need/index/96

Post-doctoral training staff

Bradley C. Riemann, PhD, Chief Operating Officer, Chief Clinical Officer

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 trainee.**

Brenda Bailey, PhD, Supervising Psychologist

Dr. Bailey is a licensed clinical psychologist and executive director of clinical services for inpatient and residential levels of care. Prior to her current role, Dr. Bailey was the supervising psychologist of OCD and Anxiety Adult Residential Care in Oconomowoc, providing clinical 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 doctoral internship and post-doctoral placement at Rogers Behavioral Health in Oconomowoc. Dr. Bailey is a member of 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 trainee**.

David M. Jacobi, PhD, Clinical Director, Sheboygan

Dr. Jacobi is a clinical supervisor and clinic director working primarily with patients in the Sheboygan location. 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 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 traineeship 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 post-doctoral trainees.

Chad T. Wetterneck, PhD, Clinical Director, Trauma Recovery

Dr. Wetterneck is a licensed clinical psychologist who serves as the clinical director of Trauma Recovery services at Rogers Behavioral Health, where he developed the adult trauma recovery programs at the residential, partial hospital, and intensive outpatient levels of care, and helped incorporate a cognitive behavioral therapy-based approach into Rogers' addiction and mental health recovery programs. Dr. Wetterneck completed his doctorate in clinical psychology at the University of Wisconsin–Milwaukee with specializations in child psychopathology and advanced statistics and completed his internship at Baylor College of Medicine and The Menninger Clinic. In addition to his position with Rogers, Dr. Wetterneck holds adjunct faculty appointments at Marquette University and the University of Wisconsin-Milwaukee. He has published over 75 peer-reviewed articles, has co-authored a book, and has been grant-funded for studies on treatment outcome. Dr. Wetterneck has spoken at national and international conferences on PTSD, interpersonal intimacy, and multicultural training, and has won awards for research and teaching including the Baylor College of medicine research award and the most outstanding educator in counseling at Marquette University. He is a member of the American Psychological Association, the Anxiety and Depression Association of America, the Association of Contextual Behavioral Science, the International OCD Foundation, and the International Society for Traumatic Stress Studies.

Dr. Wetterneck will function as a primary supervisor to the **Trauma Recovery trainee.**

Rae Anne Ho Fung, PhD, Supervising Psychologist

Rae Anne Frey-Ho Fung, PhD, is a licensed psychologist who specializes in evidence-based treatment for posttraumatic stress disorder, trauma, and co-morbid conditions at Rogers Behavioral Health's Brown Deer and West Allis locations. Dr. Ho Fung works as a behavioral specialist and is a clinical supervisor for adult and adolescent Trauma Recovery partial hospitalization and intensive outpatient care in Brown Deer and West Allis, and Herrington Center for Mental Health and Addiction Recovery adult residential care in West Allis. Dr. Ho Fung received her Bachelor of Science in elementary education and psychology from the University of Wisconsin-Madison. She then completed her master's degree in community counseling from the University of Wisconsin-Milwaukee, where she also earned her doctorate in counseling psychology. In addition to her work with Rogers, Dr. Ho Fung is an instructor at the UW-Milwaukee School of Continuing Education, where she has co-developed trauma counseling courses. She has also taught a summer course for clinical psychology students seeking master's degrees at Alverno College. Her interest in trauma psychology is from her time spent as an urban teacher and combat veteran. Dr. Ho Fung specializes in treating **trauma** and co-occurring conditions for those who have survived interpersonal violence, sexual assault, physical abuse, community violence, combat, and motor vehicle and industrial accidents. She is

a member of the American Psychological Association and is a committee member of the UWM Annual Trauma Conference.

Dr. Ho Fung will function as a primary supervisor to the **Trauma Recovery trainee**.

Kristine Kim, PsyD, Supervising Psychologist

Dr. Kim 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 18 years. In addition to providing clinical supervision to the team, she is also the Supervising 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 trainee**.

Amy Kuechler, PsyD, Supervising Psychologist

Dr. Kuechler is a licensed clinical child and adolescent psychologist at Rogers Behavioral Health's outpatient clinic in Brown Deer, offering partial hospitalization and intensive outpatient care. She serves as the clinical psychologist for the early adolescent Mental Health Recovery program for externalizing tweens and for the adolescent Mental Health and Addiction Recovery program. In addition to patient care, she provides clinical supervision to the multidisciplinary teams for both programs. Dr. Kuechler also works within her community to spread awareness of child and adolescent mental health struggles by presenting at area schools and professional conferences. Dr. Kuechler earned her bachelor's degree from the University of Wisconsin Madison and is a graduate of the Illinois School of Professional Psychology at Argosy University in Illinois, where she earned her master's and PsyD degrees. She completed an internship at Neuropsychological Services of Lansing where she conducted psychological and neuro-psychological assessments and therapeutic interventions at a Level I trauma hospital. Prior to joining Rogers, Dr. Kuechler was a senior clinician in a Chicago area partial hospitalization 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 use, and eating disorders. While at Rogers, Dr. Kuechler continues to work with the child and adolescent populations with a particular emphasis on the support and education needed for the patients' family.

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

Additional treatment providers

Post-doctoral trainees 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 trainee 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
- Residential care specialists, who assist patients with their daily needs and treatment goals

Trainee 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
- 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
2. Curriculum vitae
3. All graduate school transcripts
4. Three letters of recommendation

Application materials indicating which track you are interested in are due by **February 1.**

Please direct any questions and/or send application materials to Nancy Goranson, PsyD, director of clinical training, at nancy.goranson@rogersbh.org.

ROGERS Behavioral Health

Post-doctoral trainee evaluation form

Track: ☐ OCD and Anxiety ☐ Trauma Recovery ☐ Child and Adolescent

Trainee name: _____

Supervisor name: _____

Evaluation date: _____

I am attesting to the fact that, as the immediate supervisor, I conducted live observations of the above-named trainee as they delivered psychological services in this quarter. This observation occurred live, in the room, with the post-doctoral trainee and included at minimum one observation for each type of activity they completed.

Supervisor signature: _____

Please rate the post-doctoral trainee on this scale:

Skill Level 3: Displays exceptional competence and can not only practice independently but supervise or teach others in this area. Shows active readiness to move into independent practice.

Skill Level 2: Can function independently on most tasks, with supervision focused on refinement of advanced skills. Competence commensurate with second and/or third quarter of post-doctoral training year.

Skill Level 1: Acceptable but requires more close supervision and monitoring in some clinical areas. Competence commensurate with early post-doctoral training year.

Skill Level 0: Performance does not meet competence in this area despite additional supervision and experience.

Area 1: Integration of Science and Practice:

Demonstrate the ability to critically evaluate foundational and current research that is consistent with this program's area of focus or specialty.

Skill level rating: 3 2 1 0 N/A

Integrate knowledge of foundational and current research consistent with the program's focus area in conducting professional roles (research, service, professional activities).

Skill level rating: 3 2 1 0 N/A

Demonstrate knowledge of common research methodologies used in the study of this program's focus area and identify the implications of the use of these methodologies for practice.

Skill level rating: 3 2 1 0 N/A

Demonstrate the ability to formulate and test empirical questions informed by clinical problems encountered, clinical services provided, and the clinic setting.

Skill level rating: 3 2 1 0 N/A

Area 2: Ethical and Legal Standards:

Be knowledgeable and act in accordance with the APA Code of Conduct and Ethical Principles.

Skill level rating: 3 2 1 0 N/A

Be knowledgeable and act in accordance with relevant laws, regulations, and policies governing health psychology at the organizational, local, state, regional and federal levels.

Skill level rating: 3 2 1 0 N/A

Be knowledgeable and at in accordance with relevant professional standards and guidelines.

Skill level rating: 3 2 1 0 N/A

Recognize ethical dilemmas as they arise and apply ethical decision-making processes in order to resolve the dilemmas.

Skill level rating: 3 2 1 0 N/A

Conduct self in an ethical manner in all activities.

Skill level rating: 3 2 1 0 N/A

Area 3: Individual and Cultural Diversity:

Demonstrate an understanding of how their own personal/cultural history, attitudes and biases may affect how they understand and interact with people different than themselves.

Skill level rating: 3 2 1 0 N/A

Demonstrate awareness of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.

Skill level rating: 3 2 1 0 N/A

Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences, including intersectionality, in professional roles.

Skill level rating: 3 2 1 0 N/A

Apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their work.

Skill level rating: 3 2 1 0 N/A

Demonstrate the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews differ from their own.

Skill level rating: 3 2 1 0 N/A

Area 4: Diagnostic Skills

Demonstrates competence in incorporating cultural and diversity factors in formulating a diagnosis.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in conceptualizing a case, making interpretations and drawing conclusions from clinical data.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in applying knowledge of psychopathology to develop appropriate differential diagnosis and to diagnose using DSM-5.

Skill level rating: 3 2 1 0 N/A

Area 5: Intervention Skills

Demonstrates competence in establishing and maintaining rapport with patients from diverse backgrounds with specific awareness of and attention to diversity factors.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in managing clinical crises independently and alternately seek consultation as appropriate to need.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in implementing specific therapeutic (i.e., CBT/DBT, etc.) skills with patients.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in maintaining an active awareness of the impact of cultural and diversity needs when implementing specific skills.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in leading group therapy by teaching the skills specific to the group protocol and by managing the group milieu.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in leading individual therapy sessions focused on skills specific to the treatment protocol.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in leading family therapy sessions, identifying needs related to family dynamics and providing skill building for family members.

Skill level rating: 3 2 1 0 N/A

Area 6: Consultation Skills

Demonstrates competence in responding to referral/consultation questions with clear communication and promptness.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in gathering and organizing information related to consultation requests.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in incorporating diversity factors when formulating a response to consultation question.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in interacting with others in a professional manner across different settings or challenging situations, using appropriate verbal and nonverbal communication and maintaining professional demeanor.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in showing active verbal and non-verbal participation in team meetings.

Skill level rating: 3 2 1 0 N/A

Area 7: Skills in Providing and Receiving Supervision

The Provision of Supervision:

Demonstrates competence in creating a safe, supportive, & trusting learning environment.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in establishing and monitoring supervisee training goals.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in being available to supervisee through an open-door policy and through regularly scheduled and attended supervision meetings.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in appropriately focusing on supervisee learning content & professional development.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in attending to cultural dynamics in supervision relationship and therapeutic process.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in maintaining current knowledge of supervision models and of the literature related to supervision practices

Skill level rating: 3 2 1 0 N/A

Receiving Supervision:

Demonstrates competence in being prepared for supervision meetings by being prompt and showing a readiness to discuss clinical and milieu needs.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in communicating with supervisor by using professional language.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in the ability to recognize own strengths and weaknesses and identify the limits of their skill set.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in the acceptance of feedback from supervisor by conversing about feedback in a nondefense manner.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in a commitment to ongoing learning by being receptive to new ideas and approaches and by seeking out and completing readings related to areas of need.

Skill level rating: 3 2 1 0 N/A

Demonstrates competence in the willingness to engage in conversation about the impact of cultural factors within the supervisory relationship.

Skill level rating: 3 2 1 0 N/A

Area 8: Professional Values, Attitudes and Behaviors

Demonstrates competence in self-awareness by utilizing reflection in action skills in daily work.

Skill level rating:	3	2	1	0	N/A

Demonstrates competence in completing work in a timely fashion.

Skill level rating:	3	2	1	0	N/A

Demonstrates competence in maintaining records in a timely fashion and utilizing professional language in written and verbal communications.

Skill level rating:	3	2	1	0	N/A

Demonstrates competence in professional communication by giving timely responses to messages and having punctual attendance at meetings.

Skill level rating:	3	2	1	0	N/A

Demonstrates competence in developing and maintaining positive professional relationships with patients, co-workers, programs, and agencies.

Skill level rating:	3	2	1	0	N/A

Area 9: Skills in Research

Demonstrates competence in the independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.

Skill level rating:	3	2	1	0	N/A

Demonstrates competence in the collection and analysis of outcome study data from the programs. When appropriate, explore the possibilities of using this data to modify programming and present findings internally.

Skill level rating:	3	2	1	0	N/A

Overall strengths:

Areas for growth:

Suggestions for management of areas wherein post-doctoral competencies are not being achieved: (if necessary)

Suggestions for additional experiences:

Post-doctoral trainee comments:

Signatures:

Supervisor: _____ Date: _____

Post-doctoral trainee _____ Date:_____