

2018-
2019

The Post-Doctoral Fellowship Program

at Rogers Memorial Hospital



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The Post-Doctoral Fellowship Program at Rogers Memorial Hospital

Program Objectives

The post-doctoral fellowship program at Rogers Memorial Hospital provides specialized training in one of five tracks: (1) Obsessive-Compulsive Disorder and Anxiety, (2) Eating Disorders, (3) Mood Disorders (FOCUS programs), (4) Child/Adolescent PHP/IOP, and (5) Post Traumatic Stress Disorders. All full-time post-doctoral positions will start on approximately August 20th, 2018, and last for one year, although the exact dates are somewhat flexible. All five tracks provide 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 Memorial Hospital 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. Psychodiagnostic 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 Memorial Hospital 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 System

The Rogers Memorial Hospital board of directors created the Rogers Behavioral Health System, Inc. in 2008; a not-for-profit corporation that includes the following key corporations:

- Rogers Memorial Hospital, which offers nationally recognized, specialized programs known for their excellence in providing high-quality, evidence-based treatment
- Rogers Memorial Hospital Foundation
- Rogers InHealth

About Rogers Memorial Hospital

Rogers Memorial Hospital has provided innovative mental health treatment for over 100 years. It opened in 1907 as the Oconomowoc Health Resort, with Dr. Arthur Rogers working to increase the accessibility of mental health care in the Oconomowoc area. In 1930, Dr. Rogers worked to make the hospital a nonprofit charitable institution in order to also make treatment more cost effective. Rogers Memorial Hospital is now Wisconsin's largest private, not-for-profit, behavioral health care provider for children, teens, and adults. The hospital is nationally recognized for its residential treatment centers. Rogers Memorial also provides inpatient hospitalization, intensive outpatient treatment, and day/evening treatment services.

Hospital Licensing and Accreditation

Rogers Memorial Hospital is licensed as a psychiatric hospital by the State of Wisconsin and is accredited by The Joint Commission.

Hospital Mission Statement

WE EXIST to offer exemplary behavioral health care services, including treatment, research, education, training, and consultation built on our century-long heritage.

WE ARE DEDICATED to the delivery of quality care using a skilled team approach that respects the dignity of each individual.

OUR SUCCESS is demonstrated in premier quality care, successful outcome, financial integrity, personal and organizational growth, and community well-being.

Rogers–Oconomowoc Training Track Descriptions

Post-doctoral fellows on the OCD and Anxiety, Eating Disorders, and Mood Disorders tracks will be located at Rogers–Oconomowoc hospital campus, which is where the residential treatment facilities are located. Specific training experiences for each track are described below.

OCD and Anxiety track

Fellows on the OCD and Anxiety track will primarily work throughout various OCD and Cognitive-Behavioral Therapy (CBT) programs, including the Obsessive-Compulsive Disorder Center, The Child & Adolescent Centers, the OCD Partial Hospitalization Program, and the OCD Intensive Outpatient Program in Oconomowoc.

Research Responsibilities

The OCD and Anxiety fellow will be responsible for analyzing the outcome studies data collected from OCD units. 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 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 Memorial Hospital 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 Memorial Hospital 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

The Obsessive-Compulsive Disorder Center

One of only three OCD residential treatment centers in the United States, the Obsessive-Compulsive 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 the main hospital's 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 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, behavioral specialist, registered nurse, social worker, experiential therapist, residential counselors, 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 OCD 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.

The Child & Adolescent Centers



The Child & Adolescent Centers include two specialized psychiatric residential treatment centers that 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 center delivers 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. 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 counselors, 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.

The OCD 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 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.

The OCD 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.

Eating Disorders Track

Fellows on the Eating Disorders track will work within the eating disorders treatment continuum at the Oconomowoc campus. This continuum provides high quality clinical care to patients of two separate age groups (adult, child/adolescent) within three different levels of care (inpatient, residential, partial hospitalization). Fellows will begin their training primarily in the residential programs and gradually branch out to the inpatient and partial hospitalization levels of care as they become more comfortable and well-versed in the treatment approach.

Research Responsibilities

The Eating Disorders fellow will be responsible for analyzing the outcome studies data collected from all programs within the eating disorders treatment continuum. These data are collected from batteries of various symptom severity instruments completed by each patient at admission, discharge, and at various progress time points throughout their treatment. Data are used to examine treatment effectiveness in each of the programs, further clinical research on eating disorders and related (i.e., comorbid) issues, 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 Eating Disorders fellow will have diverse 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 Eating Disorders post-doctoral fellow:

- **Assessment:** the Eating Disorders fellow will have the opportunity to meet with new patients in order to assess their diagnoses and develop treatment recommendations. The Eating Disorders fellow may also be called upon to complete consultations with patients who are demonstrating difficulty with making appropriate progress in the program in which they are receiving treatment.
- **Intervention:** the Eating Disorders fellow will have the opportunity to assist with the treatment of patients throughout the eating disorders treatment continuum. Specifically, the fellow will receive specialized training in exposure-based cognitive behavioral therapy (CBT) and the application of this treatment approach to eating disorders as well as frequently comorbid problems (e.g., anxiety disorders, depression). There will be many opportunities for the fellow to become involved in patients' CBT-based treatment across the eating disorders treatment continuum. This may include but is not limited to exposure to feared foods, feared eating scenarios (e.g., restaurants, cafeterias), and

situations avoided due to body image dissatisfaction (e.g., wearing a bathing suit). The fellow will also gain experience applying exposure-based CBT to comorbid anxiety disorders, such as facilitating exposure to large crowds or public events for socially anxious patients. Finally, the fellow will have the opportunity to be involved in the case conceptualization and treatment of patients with particularly complex presentations, such as a history of physical and/or sexual trauma being linked to the eating disorder or co-occurring personality disorder features. Throughout the course of the fellowship, the fellow will become increasingly competent in delivering evidence-based CBT interventions that target the eating disorder and related pathology. At times, the Eating Disorders fellow may also be responsible for crisis management and intervention. More information about each of the Eating Disorders units will be presented below. The Eating Disorders 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 Eating Disorders 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 Eating Disorders 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 Memorial Hospital 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. Farrell 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.).

Eating Disorder Training Site Descriptions

The Eating Disorder Center

Rogers Memorial Hospital was one of the first provider in the nation to offer eating disorder treatment exclusively to men and boys. It is also the only provider in the country to offer treatment for individuals with comorbid eating disorders and OCD. The Eating Disorder Center (EDC) is a residential eating disorders treatment center with programming seven days per week. The EDC is a 24-bed facility with two separate units, including an 8-bed unit for adolescents (ages 12-17) and a 16-bed unit for adults (ages 18 and over). In the adult unit, although male and female adult patients share the same living space and participate together in many therapeutic activities, there are some elements of programming that are separate between males and female patients.

Weekday treatment components include scheduled vital sign and weight checks, supervised meals with post-meal observation, individualized exposure-based CBT assignments, skills training in dialectical behavioral therapy skills, experiential therapy, process groups, art therapy, nutritional therapy, and individual meetings with a psychiatrist. Substance abuse groups are offered for those in need, and school is provided for adolescents. Meals are prepared under the direction of registered dietitians in order to ensure proper nutritional needs are met.

Eating Disorder Partial Hospitalization Programs

There are two eating disorder partial hospitalization programs in Oconomowoc: one for adults and one for adolescents. Both programs serve up to 12 patients at a time. These programs provide treatment to individuals with eating disorders as well as frequently co-occurring problems, such as anxiety disorders or depression. The programs run from approximately 8:00 am to 2:30 pm Monday through Friday and include exposure-based CBT, medication management with a board-certified psychiatrist, and adjunctive services such as recreational/art therapy. At times, patients from a residential program step down to these partial hospitalization programs in order to ease their transition and help them continue to make progress needed before starting an outpatient treatment program.

Inpatient Eating Disorder Units

Located at the main campus in Oconomowoc, our eating disorders treatment continuum includes two inpatient units: one for adults and one for adolescents. Both units serve up to 12-14 patients at a time. The primary objective of these units is to help patients achieve improved medical and nutritional stability in order that they will benefit from further treatment at a lower level of care. Patients referred to these units may be experiencing acute exacerbation of medical complications related to their eating disorder, such as severe malnutrition/dehydration, electrolyte imbalances, and dangerously lowered body weight.

Establishing a healthier eating pattern, increasing body weight, and ceasing unhealthy weight control strategies (e.g., self-induced vomiting) are the primary targets in these units. Nursing staff are present on the units 24 hours per day for 7 days a week. The main programming components include exposure-based CBT, medication management with a board-certified psychiatrist, nutritional education groups and 1:1 meal planning with a registered dietitian, and adjunctive services such as recreational/art therapy. Some patients may require a short stay (e.g., 1 week) in one of our inpatient units before transferring to receive longer-term treatment in either a residential or partial hospitalization program.

Mood Disorders Track

Fellows on the Mood Disorders track will work throughout specialized treatment programs for mood disorders that are part of the FOCUS program continuum. This includes two residential programs, the Charles E. Kubly FOCUS Center for adults with mood disorders, and the FOCUS Adolescent Mood Disorders Program. There is also a FOCUS partial hospitalization program for adults as well as a new FOCUS intensive outpatient program for adults.

Research Responsibilities

The Mood Disorders fellow will be responsible for analyzing the outcome studies data collected from the various FOCUS 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 mood 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 Mood Disorders 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 Mood Disorders post-doctoral fellow:

- **Assessment:** the Mood Disorders fellow will have the opportunity to meet with new patients in order to assess their diagnoses and develop treatment recommendations. The Mood Disorders fellow may also be called upon to assess patients who are not new to Rogers Memorial Hospital but who are not experiencing expected gains in treatment or in cases where additional assessment of diagnoses and provision of treatment recommendations are needed.
- **Intervention:** the Mood Disorders fellow will have the opportunity to assist with the treatment of patients throughout the different FOCUS programs. There will be many opportunities for the fellow to become involved in behavioral activation (BA) for the treatment of depression. In addition, the Mood Disorders 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 mood disorders, many patients in the FOCUS programs present with anxiety disorders (e.g., generalized anxiety disorder, panic disorder, social anxiety disorder) and substance use disorders. Many patients have struggled with suicidal ideation and/or past suicide attempts as well as non-suicidal self-injury. At times, the Mood Disorders fellow may also be responsible for crisis management and intervention. The Mood Disorders 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. More information about each of the FOCUS programs will be presented below.
- **Supervision:** the Mood Disorders fellow may also have opportunities to supervise other treatment providers, such as psychology practicum students.

Although these are the primary responsibilities of the Mood Disorders 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 Memorial Hospital

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 rounds, consulting with other professionals regarding patient issues, attending training seminars, etc.).

Mood Disorders Training Site Descriptions

The Charles E. Kubly FOCUS Center



The Charles E. Kubly FOCUS Center treats males and females age 18 and older with mood disorders and co-occurring anxiety disorders, personality disorders/symptoms, and substance use disorders. Located on a newly renovated site on the main hospital's Oconomowoc campus, the center can accommodate up to 32 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. 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 counselors, and, as needed, registered dietitians. Members of the core clinical team conduct a detailed assessment, develop treatment goals and behavioral activation hierarchy, and facilitate and monitor the patient's progress throughout treatment. Many patients also work through graduated exposure hierarchies for co-occurring anxiety symptoms. Treatment goals are accomplished through a program consisting of individual work sessions and group psychotherapy. The center's staff uses empirically supported interventions, with an emphasis on behavioral activation. Exposure-based cognitive behavioral therapy and dialectical behavior therapy (DBT)-informed skills groups are also utilized. The length of stay in the Charles E. Kubly FOCUS Center is open-ended; the average length of stay is approximately 40 days.

The FOCUS Adolescent Mood Disorders Program



The FOCUS Adolescent Mood Disorders Program treats males and females age 13 to 17 with mood disorders and co-occurring anxiety disorders, non-suicidal self-injury, and substance use disorders. Located on a newly renovated site within the main hospital, the center can accommodate up to 12 patients. The facilities include 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. 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, educational specialist, experiential therapist, residential counselors, and, as needed, registered dietitians. Members of the core clinical team conduct a detailed assessment, develop treatment goals and behavioral activation hierarchy, and facilitate and monitor the patient's progress throughout treatment. Many patients also work through graduated exposure hierarchies for co-occurring anxiety symptoms. Treatment goals are accomplished through a program consisting of individual work sessions and group psychotherapy. The center's staff uses empirically supported interventions, with an emphasis on behavioral activation. Exposure-based cognitive behavioral therapy and dialectical behavior therapy-informed skills groups are also utilized. There is also significant family involvement, both in the form of weekly family sessions as well as through parent university, a biweekly program to help parents learn more about the disorders and interventions used in the program, as well as specific tips for how to assist with the treatment goals during their interactions with their teen.

The Adult FOCUS Partial Hospitalization Program



The FOCUS Partial Hospitalization Program (PHP) is the companion to the FOCUS residential treatment program. FOCUS PHP provides treatment to adults with mood disorders and co-occurring anxiety disorders. The program is offered weekdays from 8:30 am to 2:30 pm. Treatment primarily consists of BA, exposure-based CBT, and DBT-informed skills groups. 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 the Charles E. Kubly FOCUS Center will step down to the FOCUS PHP in order to continue to make progress toward their treatment goals before transitioning to an outpatient level of care.

The Adult FOCUS Partial Hospitalization Program

The FOCUS Intensive Outpatient Program (IOP) provides treatment to adults with mood disorders and co-occurring anxiety disorders. The program is offered weekdays from 3 to 6 pm. Treatment primarily consists of BA, exposure-based CBT, and DBT-informed skills groups. This program is designed to bridge the gap between the FOCUS PHP level of care and standard outpatient treatment.

Rogers–Brown Deer Training Track Descriptions

Post-doctoral fellows on the Child & Adolescent Partial Hospital/Intensive Outpatient and the PTSD tracks will be located at Rogers–Brown Deer hospital campus, which is where those facilities are located. Specific training experiences for each track are described below.

Child & Adolescent Partial Hospital and Intensive Outpatient Track

Fellows on the Child/Adolescent PHP/IOP track will work throughout specialized treatment programs for children and adolescents at the Brown Deer Campus. This includes Adolescent Dual Diagnosis PHP/IOP, Adolescent Dialectical Behavior Therapy PHP/IOP, STRIVE PHP/IOP, and Child/Adolescent Day treatment which serves ages 7-18.

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 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:

- **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. There may also be opportunity to do more formal psychological testing if there is an interest.
- **Intervention:** the Child/Adolescent fellow will have primary clinical responsibilities for their patients. This would include daily 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. At times, 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 Memorial Hospital 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 rounds, 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 Descriptions

Rogers–Brown Deer Outpatient Center

In the quiet outskirts of Milwaukee County, the Rogers Memorial Hospital–Brown Deer campus provides children, teens and adults with a 56-bed inpatient setting. Across the road, the outpatient center offers comprehensive, evidence-based outpatient treatment for individuals who would benefit from partial hospitalization or intensive outpatient care. The Brown Deer outpatient center treats patients ages 7 to 18 with complex mood disorders, anxiety disorders, externalizing disorders and substance use disorders. The center can accommodate over 100 child/adolescent patients.

Prior to admission, an initial telephone screening is conducted 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 psychiatrist, psychologist, registered nurse, social worker, 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.

The Child/Adolescent Day Treatment Program

The Child/Adolescent Day Treatment Program consists of four groups of patients divided by age and/or presenting symptoms. The program serves children ages 7-18. 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, ASD, and trauma. They utilize DBT, CBT, and Behavioral Activation as primary treatment approaches.

For the younger child groups, CBT, family systems, play therapy and DBT skills are used as primary treatment approaches. All groups receive experiential therapy as well so they may express themselves through art, movement or music. The younger children tend to present with more disruptive behavior disorders including ADHD, Mood Dysregulation, ODD, Trauma, RAD, as well as anxiety and depression. There are up to 10-12 patients in each group room with an average length of stay of 4-6 weeks.

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 in to 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 Dual Diagnosis Partial Hospitalization and Intensive Outpatient Program

Rogers Memorial Hospital 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 through the Adolescent Dual Diagnosis Programs. The Adolescent Dual 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 Dual IOP program, which meets four days per week, Monday through Thursday, from 8 to 11 am. Both programs include a “Parent Night” program held every Tuesday evening from 4 to 5:30 pm, 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 Adolescent Dual Diagnosis programs provide intensive daily therapy in the form of group, individual, and family therapy, utilizing evidence based treatment components throughout.

The primary goal of this dual diagnosis program 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 **S**kills, **T**rust, **R**espect, **I**nsight, **V**alues, and **E**ffort. 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.

PTSD Partial Hospitalization and Intensive Outpatient Track

Fellows on the PTSD track will primarily work with The PTSD Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP) in Brown Deer, and will also work with data collected at a number of the PHP and IOPs throughout the Roger's system.

Research Responsibilities

The PTSD fellow will be responsible for analyzing the outcome studies data collected from PTSD 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 PTSD 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 fellow 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 somewhat flexible, with a minimum of 10 hours expected, and a maximum of 20 hours per week spent on research activities, on average. 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.).

Non-Research Clinical Responsibilities

In addition to the research duties, the PTSD 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 PTSD post-doctoral fellow:

- **Assessment:** the PTSD fellow 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 PTSD fellow may also be called upon to assess patients who are not new to Rogers Memorial Hospital but who are not experiencing expected gains in treatment.
- **Intervention:** the PTSD fellow will have the opportunity to assist with the treatment of patients in any of the PTSD programs. There will be many opportunities for the fellow to become involved in Prolonged Exposure, Behavioral Activation, and the variety of group modalities (DBT, ACT, compassion-focused, and interpersonal processing) for PTSD symptom reduction and improving a patient's life. In addition, the PTSD 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 PTSD, many patients in the programs present with depression, substance use disorders, other anxiety conditions, eating disorders and many other diagnoses. In addition, personality psychopathology may be present in the programs. At times, the PTSD fellow may also be responsible for crisis management and intervention. More information about PTSD programs will be presented below. The PTSD fellow will work closely with the therapists. This allows fellows to learn the treatment approach and gain skill and familiarity with the patients before working more independently.
- **Supervision:** the PTSD 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 PTSD 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 Memorial Hospital 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. Wetterneck 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.).

PTSD Training Site Description

The PTSD Partial Hospitalization Program

There are only a few dozen PTSD partial hospitalization programs in the United States, and even fewer that use evidence-based treatments as the main treatment approach for symptom reduction. The PTSD PHP program at Rogers, is one of the few that claims to emphasis almost equal amounts of time on two goals: 1) Addressing symptom reduction in PTSD and comorbid conditions, and 2) Helping the patient develop meaning and values in life so that they are prepared and have skills to grow after completing treatment. At the time of this writing (12/2017) there are five partial hospitalization programs in the Rogers system, with more locations throughout the US 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 PTSD 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 PTSD Intensive Outpatient Program

The intensive outpatient programs are housed in the same location as the partial 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 partial program, while preparing for the outpatient level of therapy. PTSD fellows will have the opportunity to see patient complete the full course of treatment offered at RBH, typically 5-6 weeks in the partial program and 6-7 weeks in the intensive outpatient program.

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 PTSD, the main emphasis is on Prolonged Exposure. Other CBT strategies are utilized as needed depending on any diagnoses other than PTSD that the patient may have. Approximately 15 hours of CBT is provided per week.

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, 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 (i.e., rounds) 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 Memorial Hospital website. Fellows can also refer to the Rogers Memorial Hospital 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 Memorial Hospital 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.

Fellowship Staff

Bradley C. Riemann, Ph.D.

Chief Clinical Officer and Clinical Director of the Obsessive-Compulsive Disorder Center

Bradley C. Riemann, Ph.D., 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 will function as the primary supervisor 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.

Nicholas R. Farrell, Ph.D.

Nicholas R. Farrell, Ph.D., is a licensed clinical psychologist who specializes in the use of exposure-based CBT to treat individuals with eating disorders and anxiety disorders. Dr. Farrell is actively involved in training, supervision, and consultation across the eating disorders treatment continuum, which includes inpatient, residential, and partial hospitalization programs. He works closely with the clinical teams across the eating disorder programs to direct the delivery of CBT.

Dr. Farrell received his doctorate in clinical psychology from the University of Wyoming. He completed his doctoral residency at St. Joseph's Healthcare Hamilton/McMaster University (Canada), with dual rotations in the Eating Disorders Program and the Anxiety Treatment and Research Centre. He has received specialized training in the application of exposure-based CBT to eating disorders as well as anxiety and related disorders.

Dr. Farrell has co-authored many peer-reviewed journal articles and book chapters, several of which have been translated into different languages to be used by clinicians around the world. He has also given numerous presentations at a variety of national and international conferences, including the Association for Behavioral and Cognitive Therapies (ABCT), the National Eating Disorders Association (NEDA), the International Conference on Eating Disorders (ICED), and the National Association of Anorexia Nervosa and Related Disorders (ANAD). Dr. Farrell has received a variety of career-oriented awards from local and national organizations and has also received grant funding to support his research projects.

Dr. Farrell will function as the primary supervisor for the **Eating Disorders Fellow**.

Rachel C. Leonard, Ph.D.

Rachel C. Leonard, Ph.D., is a licensed clinical psychologist with Rogers Memorial Hospital who specializes in utilizing behavioral activation and other cognitive behavioral-based treatment interventions for people with mood and anxiety disorders.

Dr. Leonard provides training, supervision and clinical consultation to the treatment teams who work with adolescents and adults in Rogers' FOCUS residential and partial hospitalization programs, the Oconomowoc adult inpatient program, and the depression and anxiety partial hospitalization programs.

Dr. Leonard received her doctorate in clinical psychology from the University of Wisconsin – Milwaukee, completed a doctoral internship in the Department of Psychiatry at the Indiana University School of Medicine, Indianapolis, IN, and a post-doctoral fellowship with Rogers' OCD Center. She has received specialized training in behavioral activation, exposure therapy, and cognitive behavioral therapy.

Dr. Leonard co-authored many peer-reviewed journal articles and has been interviewed by regional newspapers and television news programs on topics related to depression, OCD and anxiety. In addition, she has co-presented workshop sessions at several national conferences, including the Association for Behavioral and Cognitive Therapies, the American Psychiatric Association and the Anxiety and Depression Association of America (ADAA). Dr. Leonard is an active member of the ADAA, and a 2014 recipient of their Career Development Leadership Award.

Dr. Leonard is one of the potential supervisors for the **Mood Disorders Fellow**.

Natalie Scanlon, Ph.D.

Natalie Scanlon, Ph.D., is a behavior specialist/clinical supervisor with Rogers Memorial Hospital, specifically within the Kubly FOCUS Center for Adults with Mood Disorders. The FOCUS Center utilizes behavioral activation, other cognitive-behavioral interventions, and Dialectical Behavior Therapy skills for residents with mood and anxiety disorders, along with other distressing symptoms such as comorbid personality pathology.

Dr. Scanlon provides training, supervision, and clinical consultation to the treatment teams who work directly with residents at FOCUS. More specifically, she assists with providing individual supervision to the Behavior Specialists as well as group supervision of the Masters' level therapists. Dr. Scanlon attends all staffing meetings for the FOCUS Center, and she frequently attends group therapy with residents. Dr. Scanlon may also consult individually with residents to provide additional support or to assist with case conceptualization and treatment planning.

Dr. Scanlon received her doctorate in clinical psychology from Texas Tech University in Lubbock, Texas. She completed a doctoral internship on the Child/Adolescent Inpatient Unit at Rogers Memorial Hospital in West Allis, WI and a post-doctoral fellowship within the FOCUS Center for Adults with Mood Disorders before being hired on as a clinical supervisor. Dr. Scanlon's clinical training is rooted in cognitive-behavioral therapy, and she has received specialized training in Parent-Child Interaction Therapy (PCIT), health

psychology, and Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT). Dr. Scanlon also assisted with a grant project focused on training in evidenced-based assessment of youth with abuse/trauma.

Dr. Scanlon has co-authored peer-reviewed journal articles, along with several poster presentations at professional conferences, including the American Psychological Association (APA) and the Association for Behavioral and Cognitive Therapies (ABCT), of which she is an active member.

Dr. Scanlon is one of the potential supervisors for the **Mood Disorders Fellow**.

Heather Jones, Ph.D.

Heather Jones, PhD, is a psychologist working full-time at Rogers' Oconomowoc campus, where she provides clinical assessments, consultation and supervision of behavioral specialists working in the FOCUS Adolescent Mood Disorders Program, the Nashotah Program, and the adolescent inpatient hospitalization program. In 2007, she completed a dual degree graduate program at the University of Nevada, Las Vegas, earning both a Master of Science degree in educational psychology and an Education Specialist degree in School Psychology. She received her doctoral degree in educational psychology with an emphasis in school psychology from the University of Wisconsin – Milwaukee in 2014.

Dr. Jones is devoted to ensuring that her patients receive evidence-based interventions tailored to each family's specific needs, including experience in cognitive behavioral therapy (CBT), behavioral parent training, and working with school professionals on classroom behavioral support. She is a member of the International OCD Foundation (IOCDF), the Association for Behavioral and Cognitive Therapies (ABCT), the American Psychological Association (APA), and the National Association of School Psychologists (NASP).

Dr. Jones is one of the potential supervisors for the **Mood Disorders Fellow**.

David M. Jacobi, Ph.D.

David M. Jacobi, Ph.D., is a behavioral specialist and clinical supervisor working primarily with pediatric residential patients in The Child & Adolescent Centers at Rogers Memorial Hospital-Oconomowoc. 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.

Chad Wetterneck, Ph.D.

Chad Wetterneck, Ph.D., is a licensed clinical psychologist who specializes in utilizing cognitive behavioral therapy (CBT) in the treatment of anxiety and posttraumatic stress disorder (PTSD), with PTSD care focused on victims of interpersonal violence (e.g., sexual and/or physical assault), vehicular and industrial accidents, and environmental disasters. He is also a clinical supervisor at Rogers' Oconomowoc location, where he develops training modules and interventions for application in residential, partial hospitalization and intensive outpatient programs. Dr. Wetterneck supervises the behavioral specialists treating residential adult patients with dual diagnoses in the Herrington Recovery Center, and developed and oversees the PTSD partial hospitalization programs at Rogers' West Allis, Brown Deer, Oconomowoc, and Appleton locations. He also holds an adjunct faculty appointment at Marquette University.

Although trained as a cognitive-behavioral therapist, Dr. Wetterneck has extensive experience with a number of behaviorally related treatments, including Acceptance and Commitment Therapy and as a certified trainer for Functional Analytic Psychotherapy. He also has expertise in clinical supervision and training, performing research and publishing over 60 peer-reviewed articles for a variety of professional behavioral health publications. Prior to joining Rogers, he served as assistant professor of clinical psychology at the University of Houston - Clear Lake in Texas, where he spent five years training graduate students to become therapists with specialties in CBT.

Dr. Wetterneck is primarily interested in the study of psychotherapy, especially in the treatment of PTSD, multicultural aspects of therapy, anxiety disorders and obsessive-compulsive spectrum conditions, such as OCD, Tourette's syndrome, trichotillomania (compulsive hair pulling) and skin picking disorder (SPD), DUAL, and developing intimacy.

A graduate of the University of Wisconsin-Milwaukee, Dr. Wetterneck received his doctorate in clinical psychology with specializations in statistics and child psychopathology. He is a member of several professional organizations, including the International Society for Traumatic Stress Studies, the International OCD Foundation, and the Association of Contextual Behavioral Science.

Dr. Wetterneck will function as the primary supervisor to the **PTSD postdoctoral fellow**.

Kristine C. Kim, Psy.D.

Kristine C. Kim, Psy.D., 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 15 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 open 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 doctor of psychology degree from the Wisconsin School of Professional Psychology. She completed her master's degree in 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 the primary supervisor to the **Child/Adolescent postdoctoral fellow**.

Jennifer Carrasco, Ph.D.

Jennifer M. Carrasco, PhD, is an attending psychologist for the child and adolescent partial hospital and intensive outpatient programs at Rogers Memorial Hospital–Brown Deer. 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 the primary supervisor to the **Child/Adolescent postdoctoral fellow**.

Amy Kuechler, Psy.D.

Amy Kuechler, Psy.D., 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 the primary supervisor to the **Child/Adolescent postdoctoral fellow**.

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);
- Behavioral specialists, who provide CBT services; and
- Residential counselors, 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 Memorial Hospital, 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, Eating Disorders, Child/Adolescent, or PTSD)
2. Curriculum vitae
3. All graduate school transcripts
4. Three letters of recommendation

Application materials must be received by **January 15th, 2018**. Applicants who receive an offer for a fellowship position will be notified on **February 26th, 2018**.

Questions regarding the OCD/Anxiety Track, Eating Disorders Track and Mood Disorders Track can be directed to Dr. Brad Riemann at briemann@rogershospital.org

Questions regarding the Child/Adolescent Track can be directed to Dr. Kristine Kim at kkim@rogershospital.org

Questions regarding the PTSD Track can be directed to Dr. Chad Wetterneck at cwetterneck@rogershospital.org

Rogers Memorial Hospital
Postdoctoral Fellow Evaluation Form

Name: _____ Circle: OCD/Anxiety Eating Disorders Mood Disorders
 Child/Adolescent PTSD

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 can 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 in spite of 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-5	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 in general	N/A	3	2	1	0
4. Awareness of ethnic, religious, and gender diversity issues	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: 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

Comments:

Area 5: 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: _____