



Health Psychology Residency Program

Froedtert and the Medical College of Wisconsin
Department of Psychiatry and Behavioral Medicine
1155 N. Mayfair Rd.
Milwaukee, WI 53226

Accreditation Status

American Psychological Association (APA)-Accredited

Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychology Association
750 1st Street, NE, Washington DC 20002
Phone: (202) 336-5979/E-mail: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

This internship site is an APPIC Member Site and agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Stipend and Benefits

The internship is scheduled to begin on July 1, 2024

The current annual stipend is \$43,888

Psychology residents receive 20 days of vacation, 8 paid holidays, and up to 7 sick days per year. Additionally, residents can be granted absence for professional conferences and workshops and dissertation defense release time within reason and at the discretion of the Training Director. Please refer to the benefits page <https://www.mcw.edu/departments/human-resources/benefits>.

Application and Selection Procedures

Qualified applicants will be students currently enrolled in an APA-accredited graduate program in clinical or counseling psychology. Applicants should have all coursework completed prior to internship/residency year. Preference will be given to applicants who have already proposed or defended their dissertation. Children's Wisconsin, Froedtert and the Medical College of Wisconsin encourages applicants from under-represented minority groups, women, and those with disabilities to apply.

This residency seeks to train entry-level psychologists who will likely seek post-doctoral fellowship in academic health psychology (adult and/or pediatric); as such, the most competitive candidates will have an interest in practicing in--and will have relevant training and practicum experience in--health settings (e.g., hospitals, academic medical centers, integrated primary care settings). Competitive applicants will have experience with a balance of psychotherapy, behavioral medicine interventions, and health psychology-relevant psychological assessment, with at least some clinical experiences with patients who have a comorbid medical diagnosis. A preferred candidate would have a breadth of experience in general mental health (assessment, testing, and therapy) as well as at least one practicum in a health setting. Relevant health psychology and population health research is considered during the selection process, but clinical experience is more heavily weighted. Applicants likely to be reviewed will have a minimum of 400 hours of APPI intervention and ideally 50 APPI assessment hours.

Required qualifications:

- Enrollment in an APA-accredited doctoral program in clinical or counseling psychology
- Completion of all doctoral coursework prior to internship year
- Strong core clinical/counseling psychology psychotherapy and assessment experience
- Endorsement of doctoral chair for readiness for internship

Preferred qualifications:

- One or more practicum in a health setting (e.g., hospital, academic medical center, integrated primary care)
- Interest in pursuing career in health psychology
- Primary clinical experience/interest with adults (for adult track) and pediatrics (for pediatric track)
- Experience with empirically validated treatment approaches
- Experience with health psychology behavioral interventions
- Strong assessment background with experience in health psychology assessment
- Dissertation proposed or defended prior to internship year
- Minimum of 400 hours of APPI intervention and 50 hours of APPI assessment hours

Employment Eligibility Requirements:

The Medical College of Wisconsin has eligibility requirements for employment. According to the Wisconsin Caregiver Law, any employer identified as a caregiver institution must conduct background checks. On background checks, applicants must disclose all crimes and offenses including all civil forfeitures, misdemeanors, ordinance violations, or fines. Applicants will also need to disclose any pending charges for crimes or offenses

including civil forfeitures, misdemeanors, ordinance violations, or fines. Failure to disclose this information on your application or misrepresentation of a disclosure will be considered falsification and will remove you from eligibility for employment. Please refer to the Wisconsin Caregiver Background Regulations ([Background Check Requirements | Wisconsin Department of Health Services](#)) and the list of Offenses Affecting Caregiver Eligibility ([Offenses Affecting Caregiver Eligibility for Chapter 50 Programs, P-00274 \(wisconsin.gov\)](#)) to determine disqualifying events. All disclosures will be evaluated for relevancy to the job.

Based on the aforementioned qualifications, a select group of applicants will be invited to interview virtually. Applicants will apply to and be invited separately to the adult and pediatric track. Applicants who are interested in both tracks are welcome to apply to both tracks. Applicants who do not meet required qualifications will not be considered for an interview and will be provided with proper notice. The Residency Selection Committee will review the other applications and rate them based on the above criteria. Interviews will be offered to applicants based on meeting qualifications and being identified as a good fit for the Residency. Notification of interview status will be given no later than December 1. Interview applicants will be rated based on the criteria above. The Residency Selection Committee will review the rating forms in a final ranking meeting and create the final rankings for the APPIC Match.

APPIC Match Track Numbers:

Adult Health Track Number: 241311

Pediatric Track Number: 241312

Please submit the following **required** application materials through the online APPIC application process. The application deadline is: November 12. Included in the application materials are:

- APPIC Application for Psychology Internship (AAPI Online)
- Curriculum vitae illustrating past clinical and relevant research experience
- Graduate transcript
- Three letters of recommendation

Requests for further information can be directed to:

Health Psychology Residency Educational Coordinator
Department of Psychiatry and Behavioral Medicine
Tosa Health Center, 3rd Floor
8701 Watertown Plank Rd.
Milwaukee, WI 53226

e-mail: HealthPsychology@mcw.edu

website: www.mcw.edu/psychologyresidency

A select group of applicants will be invited to interview virtually. Notification of interview status will be given no later than November 22. Interviews will be scheduled with the Health Psychology Residency Educational Coordinator.

The Medical College of Wisconsin, Froedtert, and Children's Wisconsin

Froedtert, Children's Hospital of Wisconsin, and the Medical College of Wisconsin regional health network is a partnership between Froedtert Health, Children's Wisconsin, and the Medical College of Wisconsin. The health network has over 130 psychologists across a range of primary and specialty care adult practice locations in southeastern Wisconsin. The vision of Froedtert, Children's Wisconsin, and the Medical College of Wisconsin is to be the premier regional health system through academic-community partnership and aligned health care across the region. The missions of the adult and pediatric health systems are to advance the health of communities through exceptional care that is enhanced by innovation and discovery.

Medical College of Wisconsin psychologists are embedded within a range of academic departments and clinical programs across the Children's Wisconsin and Froedtert Health networks. Psychologists are faculty of departments including Psychiatry and Behavioral Medicine, Pediatrics, Orthopedics, Neurology, Trauma and Acute Care Surgery, Anesthesiology, Obstetrics and Gynecology, Transplant Surgery, Plastic Surgery, Family and Community Medicine, Physical Medicine & Rehabilitation, Community-based Mental Health, and Pediatrics. Additionally, psychiatry faculty are embedded in medical specialty practices including palliative medicine, bone marrow transplant, general psycho-oncology, headache medicine, primary care, pediatric concussion clinic, and bariatric surgery. Pediatrics faculty from across the Department of Pediatrics subspecialty sections are embedded in clinics where residents provide services including the Consultation/Liaison Service, Gastroenterology, Hematology/Oncology, Neonatal and Cardiac Intensive Care Units, Orthopedics, Neurology, Trauma and Acute Care, Anesthesiology, Transplant Surgery, and Physical Medicine & Rehabilitation. Faculty psychologists provide psychological assessment, empirically validated treatments, psychotherapy, consultation, teaching, and research across clinical lines and throughout the institution.

Children's Wisconsin, Froedtert Hospital, and the Medical College of Wisconsin have had an educational mission for over a century, starting in 1893 when medical student training began at the Wisconsin College of Physicians and Surgeons, later named Milwaukee Medical College, then Marquette University Department of Medicine/Milwaukee Medical College, and finally developing into the Medical College of Wisconsin in 1970. Through the iterations and years, the Medical College of Wisconsin has developed a range of medical and scientific training programs within adult and pediatric focused practice settings. The Medical College of Wisconsin has partnered with premier health systems including Froedtert Health and Froedtert Hospital, our adult flagship hospital, and Children's Wisconsin, our pediatric flagship hospital. Each of these practice settings provide both general medical, biomedical, and other associated medical training programs at a basic science and clinical level. Froedtert, Children's Wisconsin, and the Medical College of Wisconsin are constantly evolving as they transform into a fully rounded health sciences university and integrated health system. Please refer to the following link for a full history of MCW (<http://www.mcw.edu/aboutMCW/HistoryofMCW.htm>).

Psychology Training at Children's Wisconsin, Froedtert Hospital, and the Medical College of Wisconsin includes training across departments and service lines. In both the pediatric and adult health psychology tracks of the program, there will be one to three Clinical Health Psychology fellows and two practicum students working alongside the psychology residents. In addition, Froedtert and the Medical College of Wisconsin has an adult focused Health Psychology Clerkship (practicum) that is housed in Trauma and Acute Care, providing clinical and counseling doctoral students with a range of health psychology experiences. Similarly, Children's Wisconsin has

a pediatric psychology externship (practicum) that is housed in the section of Pediatric Psychology and Developmental Medicine providing care across a range of pediatric psychology clinical services. Post-doctoral fellows are also integrated across departments and programs including trauma and acute care, pediatric hematology/oncology, pediatric pain, child development, and pediatric functional disorders. In addition to health psychology, Froedtert and the Medical College of Wisconsin, Department of Neurology, is the home to an APA-accredited neuropsychology post-doctoral fellowship. Although not all psychology programs are included under the same training umbrella, F&MCW and Children's Wisconsin has an established history and program of psychology training.

Training Model and Program Philosophy

The health psychology residency program operates on a scientist-practitioner model with the goal of preparing psychologists for entry-level health service psychology practice. The psychology resident is conceptualized as an emerging psychologist who will be working under the supervision of a faculty psychologist as an integral member of the medical team, analogous to a medical resident. Over the course of the internship year, experiences will increase in responsibility and the psychology resident will work more independently. Health psychology residents must demonstrate competence for entry-level psychology practice across the Profession-wide Competencies: research, ethical and legal standards, individual and cultural diversity, professional values, attitudes, and behaviors, communication and interpersonal skills, assessment, intervention, supervision, consultation, and interprofessional/interdisciplinary skills. The program is experiential in nature, but includes a Scholarly Project, which is a domain-specific, clinically based research project, program development project, or research-based presentation. This project seeks to ensure that residents have the ability to train broadly as health and pediatric psychologists, addressing clinical questions and concerns with empirical methods congruent with the scientist-practitioner model.

Clinical supervision will be the core training modality used, with the residents having the opportunity to directly observe and receive feedback from experienced health and pediatric psychologists, engage in direct one-on-one teaching that is bi-directional and conversational in nature, and receive direct feedback about written and psychotherapeutic work from an experienced practicing academic health psychologist. Residents will have training on providing supervision through didactic seminar training on supervision and acting as a clinical supervisor to an advanced practicum student in the Behavioral Medicine and Primary Care Psychology (adult track) and Pediatric Behavioral Medicine and Primary Care Psychology (pediatric track) clinics.

In line with the philosophy of training scientist-practitioner health and pediatric psychologists, residents will also integrate academic research into clinical practice, through use of empirically validated treatment modalities, integration of psychological science into clinical practice, and engagement in clinically-based research and process improvement. Cultural diversity, broadly defined, is also a core philosophical pillar and goal of the health psychology residency. Understanding a patient from his/her/their cultural background and context is essential. Multicultural awareness will be further developed and honed through assessment, case conceptualization and tailoring of health psychology interventions. Multicultural competence is important given the diversity of our Milwaukee patient population along multiple rays of diversity (e.g., racial/ethnic background, SES, sexual orientation, gender identity, religion, rurality, etc).

In addition to experiential training in assessment, intervention, and supervision, residents will engage in several didactic courses. All residents will participate in the Combined Health Psychology Didactic Series (meets weekly for two hours), the Wellness Brown Bag Lunch (meets monthly for one hour), and the Interactive Ethics Case Conference (meets monthly for one hour). The Adult Track Residents attend the Track Specific Adult Didactic Series (meets two times per month for one hour), while the Pediatric Track Residents attend the Track Specific Pediatric Series (meets two times per month for one hour). Residents will have opportunities for cross-professional training with other health discipline trainees through seminars and Grand Rounds offered at MCW, Froedtert Hospital, and Children’s Wisconsin.

Program Aims and Competencies

Aims

The Health Psychology Residency (Internship) program has the following program aims:

- Aim 1. The Health Psychology Residency (Internship) program aims to train entry level health service psychologists who will be well prepared to pursue a health psychology (adult or pediatric) post-doctoral fellowship and eventually a career in a hospital, healthcare setting, or academic medical center.
- Aim 2. The Health Psychology Residency (Internship) program aims to train entry level psychologists in a scientist-practitioner model, with intent to produce health psychologists who integrate science into practice across roles as a psychologist.
- Aim 3. The Health Psychology Residency (Internship) program aims to train entry level psychologists to be integral members of a multidisciplinary health care team.

Competencies

The program seeks to train interns in the Profession-Wide Competencies determined by the APA Commission on Accreditation (CoA) for practice in health service psychology.

(i) Research
Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications).
Disseminate research or other scholarly activities (e.g., case conference, presentation, publications) at the local (including the host institution), regional, or national level.
(ii) Ethical and legal standards
Be knowledgeable of and act in accordance with each of the following:
1. the current version of the APA Ethical Principles of Psychologists and Code of Conduct;
2. relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and
3. relevant professional standards and guidelines.

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

Conduct self in an ethical manner in all professional activities.

(iii) Individual and cultural diversity

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

Knowledge 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.

The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.

The ability to apply a framework for working effectively with areas of individual and cultural diversity.

The ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.

Appropriately and assertively addresses cultural issues pertaining to patients with other members on a multidisciplinary team.

(iv) Professional values, attitudes, and behaviors

Behave in ways that reflect the values and attitudes of psychology, including cultural humility, integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.

Actively seek and demonstrate openness and responsiveness to feedback and supervision.

Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Demonstrates awareness of the roles of other disciplines on a multidisciplinary team and acts professionally, demonstrating respect for other disciplines and appropriate boundaries of practice.

(v) Communications and interpersonal skills

Develop and maintain effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

Demonstrate a thorough grasp of professional language and concepts; produce, comprehend and engage in communications that are informative and well-integrated.

Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Communicates assertively, professionally, and respectfully with other professionals on a multidisciplinary team making appropriate professional contributions to a patient's care.

(vi) Assessment

Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.

Demonstrate understanding of human behavior within its context (e.g., family, social, societal and cultural).

Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.

Communicate the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Assess environmental factors that facilitate or inhibit patient knowledge, values, attitudes, and/or behaviors affecting health functioning and health care utilization.

Assess biopsychosocial factors affecting adherence to recommendations for medical and psychological care.

Assess the biopsychosocial impact of medical procedures.

Demonstrates knowledge of DSM-V diagnostic criteria and able to appropriately diagnose psychological disorder in medical complicated patients.

Demonstrates ability to evaluate, manage, and document patient risk related to suicidality, homicidality, or other safety issues and able to collaborate with appropriate hospital and clinic systems to mitigate risk.

(vii) Intervention

Establish and maintain effective relationships with the recipients of psychological services.

Develop evidence-based intervention plans specific to the service delivery goals.

Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

Demonstrate the ability to apply the relevant research literature to clinical decision making.

Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.

Evaluate intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

Integrate medical data, psychological data, and behavioral observation to create a meaningful and coherent case conceptualization that is directly related to proposed interventions.

Be able to identify and utilize appropriate empirically supported treatment interventions targeted toward specific populations for adjustment, adherence, health promotion, and health prevention.

Demonstrates ability to handle crisis situations with patients.

(viii) Supervision

Apply supervision knowledge in direct or simulated practice with psychology trainees, or other health professionals. Examples of direct or simulated practice examples of supervision include, but are not limited to, role-played supervision with others, and peer supervision with other trainees.

Apply the supervisory skill of observing in direct or simulated practice.

Apply the supervisory skill of evaluating in direct or simulated practice.

Apply the supervisory skills of giving guidance and feedback in direct or simulated practice.

(ix) Consultation and interprofessional/interdisciplinary skills

Demonstrate knowledge and respect for the roles and perspectives of other professions.

Apply the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Demonstrates an ability to be assertive, yet interpersonally effective, respectful, and appropriate on a multidisciplinary team.

Demonstrate awareness of and appreciation for the unique knowledge base, skill sets, roles in the health care team, and limitations and boundaries of professionals that provide services to populations being served.

Demonstrates skills in being able to communicate about and create mutual understanding about problems among individuals from diverse disciplines.

Program Structure

The program is comprised of two parallel tracks: adult health track (4 residents) and pediatric track (4 residents). All residents will participate in each specialty health psychology rotation (e.g., Adult Track- Cancer Psychology, Rehabilitation Psychology, Transplant Psychology, and Trauma and Acute Care Psychology; Pediatric Track- Hematology/Oncology, Neonatal and Cardiac Intensive Care Unit, Gastroenterology, and Consultation/Liaison Service) for three months of the year. Concurrently, residents will see patients three half-days per week in the Behavioral Medicine & Primary Care (BMPC) Psychology clinic in the Department of Psychiatry (Adult Track) and the Pediatric Behavioral Medicine & Primary Care (PBMP) Psychology clinic at Children’s Wisconsin. These clinics are located in the Department of Psychiatry and Behavioral Medicine and the Department of Pediatrics Section of Pediatric Psychology and Developmental Medicine respectively, each specializing in targeted health psychology interventions with patients who are (a) referred from a specialty clinic for health psychology services or (b) referred from primary care for management of health, behavioral, and psychological health concerns. Scheduled time is also allocated for research and program development (one half-day per week) and didactics and group supervision (one half-day per week). At least 25% of the resident’s time will be spent in direct 1:1 patient care. Please see the schedule template below.

<i>Model Rotation Schedule for Psychology Resident (both adult and pediatric)</i>				
Monday	Tuesday	Wednesday	Thursday	Friday
Major Rotation	Major Rotation	Didactics and Supervision Half Day ** (4 hours)	Continuity Clinic	Continuity Clinic
Major Rotation	Major Rotation	Major Rotation	Continuity Clinic	Scholarly Project (4 hours)

**** Note.** *Pediatric Track Residents will complete their major rotation at Children’s Wisconsin and Adult Track Residents will complete their major rotation at Froedtert Hospital. The Adult Track continuity clinic (BMPC) is located at the Department of Psychiatry and Behavioral Medicine Tosa Center Clinics and the Pediatric Track continuity clinic (PBMP) is located in the Pediatric Psychology Clinic at Children’s Wisconsin. All residents will spend Didactics and Supervision Half Day together.*

During the Major Rotation, residents will be exposed to clinical practice in the areas of assessment, intervention, and consultation. They will also be exposed to multidisciplinary team meetings and other interdisciplinary and content specific educational experiences.

Each resident will have a broad range of supervision experiences including working with each of the major rotation supervisors (generally, the resident will work with more than one supervisor for each major rotation) and the supervisors in the BMPC Clinic. All residents will also have group supervision with residents from both tracks, the Training Director, and the Pediatric Track Director on a weekly basis. Residents will receive a total of

at least 4 hours of individual supervision per week, with at least two of those hours being individual supervision. On a typical week, residents will have 2 hours of individual supervision with a faculty supervisor in their major rotation, 1 - 1.5 hours of individual supervision with their faculty supervisor in the BMPC/PBMPC continuity clinic, and 1 hour of group supervision with the Training Director and Pediatric Track Director. The nature of the supervision will be direct observation, case review/discussion, and at times co-treatment with a supervisor (e.g., seeing patients together in hospital; group work). Supervision at each rotation will begin with direct observation and co-treatment with a supervisor and will evolve into case review and discussion as the resident demonstrates greater levels of development across the aforementioned competencies. A resident can expect to have greater levels of autonomy as their training experiences advance. Additionally, the residents will have an opportunity to provide supervision to practicum students in the BMPC and PBMPC clinics during the training year.

STATE OF COVID-19 ADAPTATION

The program is performing training and clinical services as it was prior to the pandemic, although telehealth is now integrated into clinical practice. Should an applicant have questions on protocols across rotations to modify training should a COVID-19 pandemic become another training disruptive public health emergency, please reach out to the program directly.

COVID-19 vaccination is recommended, but not required. Flu vaccine is required, which was a pre-existing requirement prior to the pandemic. Universal masking is not a requirement currently. However, as this is a hospital setting, different hospital systems, units, or programs implement masking protocols, particularly during the cold/flu season, to protect vulnerable patients. Additionally, MCW and affiliates have policies that if a patient, provider, or staff member is demonstrating upper respiratory symptoms, they should wear a mask.

Training Rotations and Experiences

Adult Track: Major Rotations

Cancer Psychology

Mackenzie Goertz, Ph.D. & Lyndsey Wallace, Psy.D., ABPP

Cancer psychology is the practice of health psychology as it applies to those being treated with cancer and addresses issues of adjustment to illness, coping with chronic illness, adherence and behavioral management, and end-of-life care. Cancer psychologists work with patients and their family members to help cope with cancer as well as the impacts it has on functioning, emotional distress, mental health, and family relationships. Cancer psychologists work in both the inpatient and outpatient setting and as part of a multidisciplinary team.

Direct Services

Cancer psychology has areas of focus on coping and adjustment, management of psychological distress and disorder, and family functioning at times of illness.

- Assessment – Pre-bone marrow transplant evaluation, biopsychosocial intake interviews (inpatient and outpatient) with medically ill patients, assessment for behavioral management
- Behavior Therapy – Behavioral activation, adherence and compliance management
- Health and Behavioral Intervention – Coping skills training, sleep hygiene, psychoeducation
- Pain management – non-pharmacological treatment for acute and chronic pain
- Inpatient/Outpatient Psychotherapy – Psychological disorder (depression, anxiety, PTSD), adjustment to illness (newly diagnosed patients, chronically ill patients, fostering Post Traumatic Growth, patients and families at end-of-life)
- Stress management – Mindfulness, relaxation strategies, cognitive restructuring
- Co-Facilitate a Mindfulness Based Cancer Recovery Group

Integrated Behavioral Health

Cancer psychologists work as part of multidisciplinary teams, collaborating with physicians, advanced practice providers (APPs), nurses, social workers, medical residents, and medical fellows. The psychology resident will have opportunities to collaborate with other disciplines in the following ways:

- Providing training on psychological issues with cancer patients to nursing staff
- Attending weekly bone marrow transplant (BMT) multidisciplinary rounds
- Attending inpatient hematology multidisciplinary staffing meetings
- Providing consultation and behavioral management to nursing and medical staff for problematic patient behavior
- Collaborating with inpatient treatment teams (primary APPs, resident physicians, and fellow physicians) on psychological contributions to patient's care
- Promoting effective patient-provider relationships

Trauma and Acute Care Psychology

Terri deRoos-Cassini, Ph.D., Timothy Geier, Ph.D., Andrew Schramm, Ph.D., Sydney Timmer-Murillo, Ph.D.

The trauma center at Froedtert Hospital/Medical College of Wisconsin is a Level 1 adult trauma center accredited by the American College of Surgeons' Committee on Trauma. This trauma center serves 3,000 trauma activations per year, with just over 2,000 of those patients being admitted to the hospital. The most common mechanism of injuries are falls, motor-vehicle collisions, and assaults (e.g., gunshot wounds). Embedded in the trauma center, our unique program includes psychologists focused on the psychological and behavioral health needs of the trauma population and patients receiving emergent surgery (on the Acute Care Surgery service). Psychological care is provided as a part of a multidisciplinary team of advanced practice providers, nurses, surgeons, emergency medicine physicians, case managers, social workers, and physical and occupational therapists.

Direct Services

Health psychology residents function as part of an interdisciplinary trauma/acute care surgery team to provide integrated behavioral health services. This includes working directly with patients and their families in addition to acting as a liaison with members of the surgery and nursing teams. This is a rich training setting with trainees across various levels of training, and residents have the opportunity to supervise practicum trainees and work with the trauma & health psychology postdoctoral fellow.

- Assessment – clinical interviews in a fast-paced medical setting
- Behavior Therapies – behavioral activation and motivational interviewing to promote adherence to medical and PT/OT recommendations
- Health and Behavioral Intervention – psychoeducation and coping skills training, early prolonged exposure therapy for high PTSD risk
- Interpersonal Intervention – family dynamics, discussion with family regarding medical decision making
- Pain Management – non-pharmacological treatment for acute and chronic pain
- Inpatient Psychotherapy – adjustment to illness, functional limitations, anxiety, depression, PTSD, substance use, grief
- Stress Management – relaxation training and mindfulness-based stress reduction

Integrated Behavioral Health

Trauma and acute care psychologists work as a part of a multidisciplinary team, collaborating with advanced practice providers, physicians, nurses, social workers, medical residents and fellows, and physical and occupational therapists. Psychology residents collaborate with other disciplines in the following ways:

- Provide training regarding psychological response to trauma and critical illness to other staff members and trainees
- Attend clinical care rounds with other members of the multidisciplinary team
- Consult with staff regarding patients' psychological functioning
- Facilitate effective communication between patients and providers
- Help differentiate between normative and maladaptive adjustment reactions
- Provide behavior management interventions to help staff effectively manage challenging behaviors while providing care
- Facilitate resiliency by encouraging non-avoidance of trauma related triggers and educate staff regarding behaviors that will facilitate better psychological outcomes

Rehabilitation Psychology

Amanda Dowling, Psy.D. & Rebecca Manson, Ph.D.

Rehabilitation Psychology promotes recovery, health, and quality of life with individuals experiencing significant injury, illness, and disability. Rehabilitation psychologists work to maximize independence and choice, functional abilities, and social role participation across the lifespan. We also work with other professionals to enhance their ability to provide even more effective care that incorporates the patient's behavioral and mental health needs.

Health psychology residents function as part of an interdisciplinary rehabilitation team to provide integrated behavioral health services, working with patients, families, and other professionals. Froedtert Health operates four inpatient rehabilitation programs: General Rehabilitation, Spinal Cord Injury, Stroke, and Brain Injury. The inpatient rehabilitation program is fully accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF).

Direct Services

Given the emphasis of rehabilitation on post-discharge success, health psychology interventions maximize rehabilitation potential and reduce barriers to successful adjustment.

- Assessment – standardized screenings and clinical interviews
- Behavior Therapy – behavioral activation, compliance skills, communications skills
- Crisis Intervention – family conflict, medical emergency, patient aggression, self-harm
- Health Behavior Intervention – diet & exercise, sleep, health care system skills
- Pain Management – non-pharmacological treatment for acute and chronic pain
- Inpatient Psychotherapy – anxiety, depression, psychological trauma, substance use
- Stress Management – locus of control, relaxation methods, time management

Integrated Behavioral Health

Psychological services in rehabilitation are provided within an integrated behavioral health (IBH) model. Rehabilitation psychologists and residents function as an integrated part of an interdisciplinary team which includes Physical Medicine and Rehabilitation (PM&R) physicians, nursing, physical therapists, occupational therapists, speech and language pathologists, recreational therapists, rehabilitation counselors, vocational counselors, social workers, and case managers. Psychology residents collaborate with the other rehabilitation disciplines in the following ways:

- Co-treat with other disciplines to more effectively address mental or behavioral health concerns
- Consult with staff regarding patients' psychological functioning
- Participate in weekly team conferences
- Facilitate effective communication between patients and providers
- Provide education and clinical training to the therapy and nursing teams
- Offer guidance for staff to most effectively work with patients' support systems
- Build staff knowledge and skills regarding mental illness
- Encourage teamwork among the staff
- Collaborate with staff to promote community-building among patients in rehabilitation unit
- Help differentiate between normative and maladaptive adjustment reactions
- Promote effective patient-provider relationships
- Provide behavior management interventions to help staff effectively manage challenging behaviors while providing care

Transplant Psychology

Jenessa S. Price, Ph.D. & Stephanie C. Zanowski, Ph.D.

The Transplant Mental Health Program consists of two Clinical Psychologists, three Social Workers, and one Alcohol and Other Drug Abuse (AODA) Counselor. Transplant Psychologists assess candidacy from a biopsychosocial perspective for patients in evaluation for solid organ transplant and provide both initial as well as ongoing psychosocial recommendations to patients and team members. In addition, Transplant Psychologists provide supportive therapy and empirically-based interventions to patients pre- and post-transplant on both an inpatient and outpatient basis; services include coping with chronic illness, adjusting to medical illness, mood management, adherence, and drug and alcohol relapse prevention. Outpatient services are provided both in-person and via telehealth depending on patient need.

Direct Services

Transplant Psychology has areas of focus on assessment of psychosocial risk factors, psychological disorders, and cognition in addition to implementation of interventions addressing coping and adjustment, management of psychological distress and disorder, management of adherence, and addiction:

- Psychosocial/Psychological Assessment – Pre-transplant (kidney, liver, LVAD/heart, lung) psychosocial evaluation for transplant (typically outpatient); urgent inpatient psychosocial evaluation for transplant; general psychological evaluations (outpatient)
- Inpatient/Outpatient Psychotherapy – Psychological disorder (depression, anxiety, PTSD, bipolar disorder); adjustment to acute and chronic illness; CBT and non-pharmacological treatment for pain
- Health and Behavioral Intervention – Adherence management; implementation of cognitive compensatory strategies; coping skills/relaxation training; mindfulness; sleep hygiene; psychoeducation
- Motivational Interviewing – Adherence management; drug and alcohol misuse/use disorders

Integrated Behavioral Health

Transplant Psychologists serve as integral members of multidisciplinary treatment teams, composed of other members of Transplant Mental Health (Social Workers, AODA Counselor) as well as surgeons, specialty physicians, advanced practice providers (APPs), nurses, and medical residents and fellows. The psychology resident will have opportunities to collaborate with other disciplines in the following ways:

- Provide initial and ongoing recommendations for candidacy to patient coordinators and other treatment providers
- Consultation with members of the Mental Health team, including Social Workers and the AODA Coordinator
- Attend weekly Multidisciplinary Selection Committee meetings for kidney, liver, LVAD/heart and/or lung
- Provide inpatient consultation and ongoing supportive therapy to patients and coordinate care with medical staff (APPs, resident physicians, and fellow physicians) during the patient's stay
- Promote effective patient-provider relationships
- Provide education on the biopsychosocial perspective and training to other medical professionals, including nurses and medical residents

Adult Track: Continuity Clinic

Behavioral Medicine and Primary Care Psychology (BMPC) Clinic

Amber Craig, Ph.D. & Lawrence Miller, Psy.D.

The Behavioral Medicine and Primary Care Psychology (BMPC) Clinic is a collaborative care clinic focusing on serving patients referred by primary care and medical subspecialty providers without integrated health psychology services in their clinics. The BMPC Clinic is housed in the Department of Psychiatry and Behavioral Medicine and is an outpatient, ambulatory clinic.

Patients referred to the BMPC clinic have a variety of presenting problems including adjustment to physical health conditions and/or treatments, primary or comorbid mental health concerns (e.g., depression, anxiety, trauma), or engaging in healthier habits (e.g., improved sleep, increasing physical activity, smoking cessation). Psychology residents will perform empirically informed psychological assessments and brief interventions to promote symptom reduction, self-management of mental and physical health conditions, functional status, and quality of life, which include but are not limited to: Problem Solving Therapy, Cognitive Behavioral Therapy, Mindfulness Based Stress Reduction, and Acceptance and Commitment Therapy.

Direct Services

The goals of this clinic include optimizing patient health and quality of life through the assessment and management of their symptoms, barriers, and functional status.

- Assessment – clinical biopsychosocial interviews and health psychology assessments
- Health & Behavior Interventions – healthy diet, exercise, sleep, reduction of substance misuse, stress management, behavioral pain management, medication adherence, and health-related communication skills
- Brief Psychotherapy – anxiety, depression, health-related traumatic responses, substance use, adjustment to life changes, and management of personality disorders in patients who are medically complicated
- Group treatment – co-facilitation of a 6-week “ACT for Chronic Illness” group, as well as additional opportunities for the creation of treatment groups

Following the Four Quadrant Clinical Integration Model, psychology residents will maintain a psychologically and medically diverse BMPC outpatient caseload throughout the entire training year. Psychology residents will also have the opportunity to carry some cases on a long-term basis where the presenting concern is managing complex chronic illness. Residents will also have the opportunity to learn how to manage an outpatient caseload throughout the training year, in providing courses of care to a diverse set of patients. The BMPC clinic operates on Thursdays and Fridays.

Integrated Behavioral Health

Since the COVID-19 pandemic, in concert with other health settings and systems, referred patients have presented with greater health complexities. Psychology residents will work to understand the reasons for referral to the clinic, and evaluate patients’ needs to devise a plan of care that fits within the scope of the clinic. They will collaborate with multiple health professionals through the electronic medical record system, phone consultation, and collaborative practice; and refer patients to other needed services and provide bridge care as appropriate. Psychology residents will become familiar with coordinating care across multiple treating providers in multiple locations. Activities include:

- Co-treat with other disciplines to more effectively address mental or behavioral health concerns and communicate via medical record and other forms of technology
- Consult with staff regarding patients’ psychological functioning via electronic medical record
- Be available for behavioral health consultation from providers in the health enterprise as requested
- Consult on behavioral management interventions via medical record and/or phone to help medical providers effectively manage challenging behaviors while providing care to patients.

Pediatric Track: Major Rotations

Consult Liaison Service

Jennifer LeNoble, Ph.D., Patricia Marik, Psy.D., Stephen Molitor, Ph.D.

Consultation Liaison Psychology Residents work as part of an interdisciplinary team of providers on the inpatient medical units. These residents assess and provide services to address the psychosocial needs of patients and families during their inpatient admissions. Residents involved on this service will conduct patient and family biopsychosocial interviews, liaison with the multidisciplinary inpatient care team members, participate in care conferences, provide input into patient care plans, and implement empirically supported psychological interventions. On the inpatient units, psychological care is provided within a multidisciplinary team of physicians and advanced practice providers, nurses, hospitalists, psychiatrists, case managers, social workers, neuropsychologists, child life specialists, dietitians, and physical and occupational therapists. Common consult questions include medical trauma, adjustment to chronic illness/hospitalization, behavioral concerns interfering with medical care, pain management, somaticizing/functional disorders, procedural distress, family support, and difficulties with adherence to treatment regimens.

Direct Services

- Biopsychosocial Assessments – These assessments are designed to address concerns brought by the interdisciplinary inpatient treatment team members. These assessments employ medical chart reviews, diagnostic interviews, and behavioral observations to generate psychological impressions and recommendations to be considered by the treatment team.
- Cognitive Behavior Therapy which may include methods to promote adjustment to illness, behavioral activation, adherence to medical regimen, cognitive strategies to cope with hospitalization, and promote appropriate child/caregiver behaviors while hospitalized.
- Pain and Stress management – Mindfulness, relaxation strategies, progressive muscle relaxation techniques, cognitive restructuring, nonpharmacologic interventions for acute and chronic pain or stress
- Motivational interviewing to address treatment adherence.
- Family Focused Interventions – Caregiver support; family adjustment to illness, improving adherence to treatment plans, interpersonal interventions focused on family dynamics and support of medical treatment plans, and caregiver training to promote health plan transition to home.

Integrated Behavioral Health

The psychologists on the Consultation/Liaison team collaborate regularly with a variety of other disciplines including physicians, advance practice providers, nurses, dietitians, physical/occupational therapists, medical trainees, neuropsychologists, social workers, and child life specialists. The psychology resident will have opportunities to collaborate with other disciplines in the following ways:

- Attend rounds (multiple formats) with other members of the multidisciplinary team
- Participate in care conferences/behavioral health huddles in support of patient care and staff support
- Provide consultation with staff regarding patients' psychological functioning
- Facilitate effective communication between patients and providers
- Provide suggestions for behavior management and help to develop care plans to facilitate staff effectively managing patient challenging behaviors
- Assess normative vs. maladaptive adjustment reactions

Neonatal Intensive Care Unit (NICU) and Cardiac Intensive Care Unit (CICU) Early Childhood Mental Health
Vanessa Aguilera Snyder, Psy.D. & Elizabeth Fischer, Ph.D.

This unique training experience will expose trainees to pediatric clinical care in two inpatient settings (NICU and CICU) and the cardiology outpatient setting.

The psychosocial programs in these areas offer a multilayered training experience encompassing both inpatient critical care consultation and ongoing outpatient follow up care of infants, young children, and families. Consistent with the growing national interest in early childhood mental health and family support, trainees will gain experience providing psychological care to families and parent-child dyads in support of long-term family and patient outcomes.

Direct Services

- Inpatient Consultation-Liaison (NICU and CICU) - Providing Health & Behavioral Assessment and Intervention to support and care for parents experiencing the critical illness of their infant or very young child. This includes infant developmental needs, bonding and engagement, coping with hospitalization and managing stress, anxiety, sadness, grief, and end of life care.
- Outpatient Behavioral Health Treatment - Follow families discharged from the CICU in outpatient cardiology clinic and conduct clinical interviews, administer behavioral health screenings, provide developmentally appropriate anticipatory guidance, and provide treatment for concerns about behavioral and emotional adjustment in infants, toddlers, and preschool-aged children. Trainees may also gain experience observing in NICU follow up clinics.
- Assessment - Conduct clinical biopsychosocial interviews and parent and child screenings in both the inpatient and outpatient settings. Respond to postpartum screening evaluations in the NICU and CICU. Trainees will learn to conduct psychological pre- heart transplant evaluations.

Integrated Behavioral Health

Pediatric psychology is fully integrated into the NICU, Neuro NICU follow up clinic, CICU, and outpatient heart transplant clinic settings. This allows for ample interdisciplinary work alongside our neonatology team, cardiology and heart transplant teams, and a variety of subspecialty physicians, fellows, residents, speech therapists, physical therapists, occupational therapists, and nurses. Our psychosocial team is also interdisciplinary in nature and includes chaplains, social work, child life, music therapy, and the March of Dimes staff member. Interdisciplinary activities include:

- Collaborative inpatient consultation and care
- Attendance at care conferences
- NICU Psychosocial Rounds (weekly attendance)
- Medical rounds
- Heart Failure & transplant Psychosocial Rounds (weekly attendance)
- Providing psychoeducational seminars to medical and psychology trainees
- Participating in a national quality improvement collaborative for single ventricle patients with congenital heart disease (NPC-QIC)

Hem/Onc/BMT Psychology

Jennifer Hoag, Ph.D. & Jeffrey Karst, Ph.D.

Hem/Onc/BMT psychology is the practice of health psychology as it applies to those being treated with cancer and blood disorders addresses issues of adjustment to illness, coping with chronic illness, adherence and behavioral management, and end-of-life care. Hem/Onc/BMT psychologists work with pediatric, adolescent, and young adult (AYA) patients and their family members to help cope with cancer and blood disorders as well as the impact it has on functioning, emotional distress, mental health, and family relationships. Hem/Onc/BMT psychologists work in the inpatient, outpatient, and day hospital settings and as part of a multidisciplinary team.

Direct Services

Hem/Onc/BMT psychology has areas of focus on coping and adjustment, management of psychological distress and disorder, and family functioning at times of illness.

- Assessment – Pre-bone marrow transplant evaluation, biopsychosocial intake interviews (inpatient and outpatient) with medically ill patients, assessment for behavioral management, neurocognitive screening for pediatric and adolescent patients with sickle cell disease, neurocognitive testing for cognitive late effects of cancer treatment
- Behavior Therapy – Behavioral activation, adherence and compliance management
- Health and Behavioral Intervention – Coping skills training, sleep hygiene, psychoeducation
- Pain management – non-pharmacological treatment for acute and chronic pain
- Inpatient/Outpatient Psychotherapy – Psychological disorder (depression, anxiety, PTSD), adjustment to illness (newly diagnosed patients, chronically ill patients, fostering Post Traumatic Growth, patients and families at end-of-life)
- Stress management – Mindfulness, relaxation strategies, cognitive restructuring

Integrated Behavioral Health

Hem/Onc/BMT psychologists work as part of multidisciplinary teams, collaborating with physicians, advanced practice providers (APPs), nurses, social workers, medical residents, and medical fellows. The psychology resident will have opportunities to collaborate with other disciplines in the following ways:

- Providing psychological assessment and consultation in multidisciplinary clinics such as survivorship, sickle cell, and hemophilia clinics
- Providing training on psychological issues with pediatric and AYA cancer and other blood disorder patients to nursing staff
- Attending weekly Hem/Onc/BMT multidisciplinary rounds
- Providing consultation and behavioral management to nursing and medical staff for problematic patient behavior
- Collaborating with inpatient treatment teams (primary APPs, resident physicians, and fellow physicians) on psychological contributions to patient's care
- Promoting effective patient-provider relationships

Pediatric Gastroenterology

Andrea Begotka, Ph.D., Alan Silverman, Ph.D., Meghan Wall, Ph.D.

Psychology Residents working in this clinic will receive specialized training in diagnosis and empirically supported treatment of disorders commonly seen in gastroenterology. The Pediatric Gastroenterology clinics include major experiences in the comprehensive feeding team, and the constipation clinic. Other experiences may be available based on interest and availability. Residents involved in the gastroenterology clinics will learn to conduct a biopsychosocial evaluation; develop a collaborative treatment plan; implement behavioral and cognitive-behavioral interventions; and to communicate with multiple health care professionals.

Direct Services

- Assessment – Interdisciplinary intake evaluations will be conducted with gastroenterologists and other allied health care professionals to identify etiologies of psychological concerns within a medically complex set of patients.
- Behavior Therapy – Behavioral activation, compliance management, exposure therapy
- Health and Behavioral Intervention – Caregiver training, psychoeducation
- Inpatient/Outpatient Psychotherapy – Psychological disorder (pediatric feeding disorder, elimination disorders, functional pain disorders, and adjustment to illness)
- Stress management – Mindfulness, relaxation strategies, cognitive restructuring, and support to caregivers
- Group Therapy- Constipation and encopresis group therapy with simultaneous caregiver and child therapy groups

Integrated Behavioral Health

Pediatric psychologists work as part of multidisciplinary teams, collaborating with physicians, advanced practice providers (APPs), nurses, dietitians, speech and language pathologists, social workers, medical residents, and medical fellows. The psychology resident will have opportunities to collaborate with other disciplines in the following ways:

- Providing training on psychological issues with gastroenterology patients to gastroenterology fellows and staff
- Attending weekly feeding team interdisciplinary rounds
- Providing consultation and behavioral management to nursing and medical staff for problematic patient behavior
- Collaborating with inpatient treatment teams (primary APPs, resident physicians, and fellow physicians) on psychological contributions to patient's care
- Promoting effective patient-provider relationships

Pediatric Track: Continuity Clinic

Pediatric Behavioral Medicine and Primary Care Psychology (PBMPC) Clinic

Clinical Faculty: Jacqueline Kawa, Ph.D. & Jacquelyn Smith, Ph.D.

Testing Faculty: Margaret Altschaeffl, Ph.D., Jessica Brumm-Larson Ph.D., Adiona Mustafaraj, Psy.D.

The Pediatric Behavioral Medicine and Primary Care Psychology (PBMPC) Clinic is a collaborative care clinic focusing on serving patients referred by primary care pediatrics and pediatric subspecialty providers without integrated health psychology services in their hospital-based clinics. The PBMPC Clinic is housed in the Department of Pediatrics section of Pediatric Psychology and Developmental Medicine at Children's Wisconsin and is an outpatient, ambulatory clinic.

Patients referred to the PBMPC clinic have a variety of presenting problems including adjustment to physical health conditions and/or treatments, mental health concerns (e.g., depression, anxiety), behavioral concerns (e.g., impulse control problems, oppositional behaviors), learning concerns and/or academic performance concerns (e.g., attention problems, learning disability), or failure to engage in healthier habits (e.g., adherence to medical regimen, increasing physical activity). Psychology residents will perform empirically informed assessments and brief interventions. In addition to their weekly supervision of therapy cases, residents will receive bi-weekly supervision from a testing faculty member on a minimum of eight assessment cases per year. Residents will independently conduct evaluation intakes and provide families with feedback on assessment results.

Direct Services

The goals of this clinic include optimizing patient health and quality of life through the assessment and management of their symptoms, barriers, coping, and functional status.

- Assessment –Tests of intellectual, academic, and executive functioning; parent, teacher, and self-report rating scales; personality inventories; clinical biopsychosocial interviews; and health psychology assessments. Each resident will conduct monthly assessment batteries (intake assessment, testing, and feedback) under the supervision of a primary testing supervisor completing a minimum of 8 full batteries over the year.
- Health & Behavior Interventions – healthy lifestyle promotion, sleep training, procedural anxiety management, coping with chronic health conditions, pain management, and medication adherence.
- Brief Psychotherapy – anxiety, depression, health-related traumatic responses, ADHD, and adjustment to life changes. Therapeutic interventions utilized include but are not limited to Parent-Child Interaction Therapy (PCIT), Parent Management Training (PMT), Cognitive Behavioral Therapy (CBT), Behavioral Therapy (BT), Motivational Interviewing (MI), Acceptance and Commitment Therapy (ACT), Unified Protocol (UP).

Psychology residents will maintain a PBMPC outpatient caseload throughout the entire training year. Psychology residents can self-refer patients to the PBMPC clinic directly from the inpatient wards when appropriate. Psychology residents also can carry one or more cases on a long-term basis. The PBMPC clinic operates on Thursdays and Fridays.

Integrated Behavioral Health

Psychology residents will collaborate with multiple health professionals through the electronic medical record system, phone consultation, case consultations, and other collaborative practices. Psychology residents will become familiar with coordinating care across multiple treating providers in multiple locations. Activities include:

- Multidisciplinary and interdisciplinary treatment to address mental or behavioral health concerns and communicate via medical record and other forms of technology more effectively
- Consult with staff regarding patients' psychological functioning via electronic medical record
- Be available for behavioral health consultation from providers in the health enterprise as requested
- Consult on behavioral management interventions via medical record and/or phone to help medical providers effectively manage challenging behaviors while providing care to patients

Requirements for Completion

Residents' skills in the core competencies are evaluated by the supervisor in each of the major rotations as well as in the BMPC/PBMPC clinics. Evaluations are done quarterly and residents' progress toward competency attainment is discussed at monthly by the core training faculty. The Training Director and Track Director prepare a Summative Evaluation at the mid-year and end-of-year time points that is composed of the aggregate supervisor ratings and comments. To successfully complete the residency, the resident must demonstrate competence for entry-level practice as demonstrated by a rating reflecting competent for entry level practice in all core competency areas: Assessment, Intervention, Consultation, Research, Supervision, Ethical and Legal Standards, Individual Differences and Cultural Diversity, Professional Values, Attitudes, Behaviors, Communication and Interpersonal Skills. Please see specific completion criteria below:

Requirements for Successful Completion of the Residency Program

- a. Complete one year of full-time clinical work, averaging 40-45 hours per week. Resident vacation, sick time, and dissertation release time that is within the allowed limited outlined in the Stipend and Benefit Policy does not count against time required for successful completion.
- b. Complete at least 500 hours of direct clinical work summed across the five clinical rotations
- c. Complete at least 200 hours of clinical supervision
- d. Complete a Scholarly Project approved by a faculty mentor and the Training Director
- e. Completion of at least 96/100 of all required didactic seminars, with the exception of allowed time out of the office.
- f. Attend at least 95% of Group Supervision, Group Case Series, and Required Grand Rounds meetings, with the exception of allowed time out of the office.
- g. Complete all required documentation, including clinical (i.e., reports, intake notes, progress notes, etc.) and administrative (i.e., data monitoring, evaluation procedures) documentation in a timely manner, which includes seeking appropriate supervisor sign off on documentation in a timely manner.
- h. Attain supervisor evaluation forms demonstrating competence across all APA defined competency areas as demonstrated by:
 - i. Residents are expected to achieve on track or above ratings of competence on each element (2-3 by first quarter; 3-4 by mid-year; 4-5 by third quarter; 6 by end of year) at each evaluation point and **entry-level competency** by the conclusion of the residency year.
 - ii. Should a resident demonstrate below expected competence appropriate to their developmentally expected level, a Development Plan as outlined in the Remediation Process Policy will be prompted implemented.
 - iii. Successful completion of any Development Plan should one be implemented.
- i. Complete all programmatic evaluation forms in a timely manner

Facility and Training Resources

Residents will all have access to a shared clinical office at the BMPC clinic (adult track) and PBMPC clinic (pediatric track) during the residency year. Each resident will also have a dedicated workspace at Froedtert Hospital and Children's Wisconsin near the clinical rotation they are working on. Residents also have access to a shared office space at both Froedtert Hospital (Adult Track Resident Workroom) and Children's Wisconsin (Pediatric Track Workroom) with workstations, computers, a printer, refrigerator, and microwave. In addition,

residents will be assigned a work Chromebook or laptop, pager, and lab coat or branded fleece. All residents will have access to the MCW library system, which includes access to online databases such as Medline. Residents also have access to all the many libraries across the system. Residents will have access to multidisciplinary training experiences including but not limited to Grand Rounds across multiple specialty areas and other forms of specific health-related didactic and educational training.

Administrative Policies and Procedures

Residents are covered under the Equal Employment Opportunity and Affirmative Action programs. Policies and procedures for addressing performance problems and grievances are contained in the Health Psychology Residency Policies and Procedures Manual. Each resident receives a copy of the Health Psychology Residency Policies and Procedures Manual at orientation. A copy of the Health Psychology Residency Policies and Procedures Manual is available by request from the Program Educational Coordinator.

Core Health Psychology Training Faculty

Director of Clinical Training:



Heidi F. Christianson, Ph.D.

Associate Professor of Psychiatry and Behavioral Medicine & Medicine, Hematology and Oncology
Vice Chair of Psychology, Department of Psychiatry and Behavioral Medicine
Director of Psychology Training, Health Psychology Residency and Clinical Health Psychology Fellowship
Psychologist, Bone Marrow Transplant Program

Training:

B.S. Psychology, University of Wisconsin- Madison (Honors)
M.S. Counseling, University of Wisconsin- Madison
Ph.D. Counseling Psychology, University of Wisconsin- Milwaukee
Residency: Zablocki VA Medical Center, Milwaukee, Wisconsin
Fellowship: Health Psychology, Medical College of Wisconsin

Associate Director of Clinical Training:

Lawrence Miller, Psy.D.

Associate Professor of Psychiatry and Behavioral Medicine
Associate Training Director, Health Psychology Residency
Director, Behavioral Medicine Primary Care Clinic
Psychologist, Behavioral Health Center - Tosa Health Center

Training:

B.S., Psychology, Illinois State University, Normal, IL
M.A., Psychology, Central Michigan University, Mount Pleasant, MI
Psy.D., Clinical Psychology, Illinois School of Professional Psychology/Chicago at Argosy University, Chicago, IL

Residency: Clinical Health Psychology, Loyola University Medical Center, Maywood, IL

Fellowship: Psychosocial Oncology, Loyola University Medical



Pediatric Track Director:



Alan Silverman, Ph.D.

Professor of Pediatrics, Medical College of Wisconsin
Pediatric Track Director, Health Psychology Residency
Section of Pediatric Psychology & Developmental Medicine
Pediatric Psychologist, Gastroenterology, Hepatology & Nutrition

Training:

B.A., Ohio State University, Columbus OH
M.A., Roosevelt University, Chicago, IL
Ph.D., Counseling Psychology, University of Wisconsin, Milwaukee
Residency: Columbus Children’s Hospital, Columbus, OH
Fellowship: University of Michigan Health System, Ann Arbor, MI

Adult Training Faculty:

Amber Craig, Ph.D.

Assistant Professor of Psychiatry and Behavioral Medicine
Psychologist, Behavioral Health Center - Tosa Health Center
Co-Director, Behavioral Medicine and Primary Care Clinic- Tosa Health Center

Training:

B.S., Georgia State University, Atlanta, GA
Ph.D., Indiana University, Bloomington, IN
Residency: University of Wisconsin, Madison, WI
Fellowship: Medical College of Wisconsin, Milwaukee, WI





Terri A. deRoos-Cassini, Ph.D.

Professor of Surgery, Psychiatry & Behavioral Medicine, & Institute for Health and Society

Director, Comprehensive Injury Center

Director, Trauma Psychology Program

Co-Director, Milwaukee Trauma Outcomes Project

Director of Postdoctoral Trauma & Health Psychology Fellowship,

Division of Trauma & Critical Care

Training:

B.S. Zoology & Physiology, University of Wyoming, Laramie, Wyoming

M.S. Clinical Psychology, Marquette University

Ph.D. Clinical Psychology, Marquette University

Residency: Clement J. Zablocki VA Medical Center, Zablocki VA Medical Center, Milwaukee, Wisconsin

Fellowship: Trauma & Health Psychology, Medical College of Wisconsin Affiliated Hospitals, Milwaukee

Amanda Dowling, Psy.D.

Assistant Clinical Professor of Psychiatry and Behavioral Medicine

Psychologist, Inpatient Rehabilitation, SCI, and Neuro Therapies, Froedtert Hospital

Training:

B.A. Psychology, University of Massachusetts- Dartmouth

M.A. Clinical Applications in Mental Health Settings, Queens College- City University of New York

M.S. Clinical Psychology, Wisconsin School of Professional Psychology

Psy.D. Clinical Psychology, Wisconsin School of Professional Psychology

Residency: Wisconsin Department of Corrections, Madison WI

Fellowship: Wisconsin Department of Corrections, Madison WI





Timothy Geier, Ph.D.

Assistant Professor of Surgery

Director, Outpatient Trauma and Acute Care Psychology Services

Training:

B.A. Psychology and Spanish Language / Literature, Marquette University, Milwaukee, WI

M.S. Clinical Psychology, University of Wisconsin – Milwaukee, Milwaukee, WI

Ph.D. Clinical Psychology, University of Wisconsin – Milwaukee, Milwaukee, WI

Residency: Hennepin County Medical Center, Minneapolis, MN

Fellowship: Health and Trauma Psychology, Department of Surgery, Division of Trauma and Acute Care Surgery, Medical College of Wisconsin, Milwaukee, WI

Mackenzie Goertz, Ph.D.

Assistant Professor of Psychiatry and Behavioral Medicine

Psychologist, Froedtert/MCW Blood and Marrow Transplant and Cellular Therapy Program & Palliative Care Program

Training:

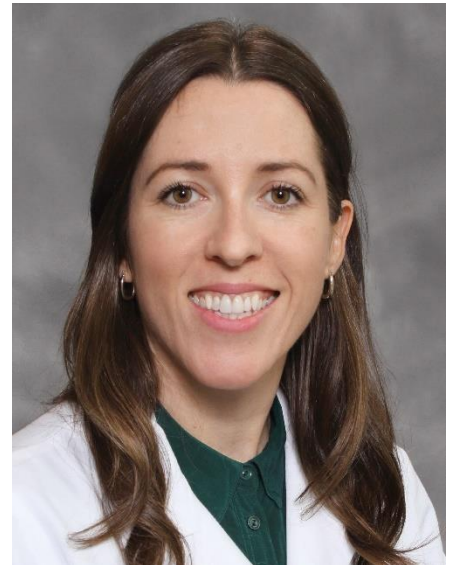
B.A. Psychology, Flagler College, St. Augustine, FL

M.A. Counseling, Latinx Mental Health Concentration, The Chicago School of Professional Psychology, Chicago, IL

Ph.D. Counseling Psychology, Marquette University, Milwaukee, WI

Residency: Health Psychology Predoctoral Internship, Southwest Consortium, Albuquerque, NM

Fellowship: Health Psychology, Loyola University Medical Center, Maywood, IL





Rebecca Manson, Ph.D.

Assistant Clinical Professor of Psychiatry and Behavioral Medicine
Psychologist, Inpatient Rehabilitation, SCI, and Neuro Therapies, Froedtert
Hospital

Training:

B.A. University of Notre Dame, Notre Dame, IN

M.A. Counseling, Marquette University

Ph.D. Counseling Psychology, University of Notre Dame, IN

Residency: Iowa State University Student Counseling Center, Ames, IA

Fellowship: Roosevelt University Counseling Center, Chicago, IL

Lawrence Miller, Psy.D.

Associate Professor of Psychiatry and Behavioral Medicine
Co-Director, Behavioral Medicine Primary Care Clinic
Psychologist, Behavioral Health Center - Tosa Health Center

Training:

B.S., Psychology, Illinois State University, Normal, IL

M.A., Psychology, Central Michigan University, Mount Pleasant, MI

Psy.D., Clinical Psychology, Illinois School of Professional
Psychology/Chicago at Argosy University, Chicago, IL

Residency: Clinical Health Psychology, Loyola University Medical Center,
Maywood, IL

Fellowship: Psychosocial Oncology, Loyola University Medical Center,
Maywood, IL





Jenessa Price, Ph.D.

Associate Professor of Surgery
Transplant Surgery Psychologist

Training:

B.S. Psychology, Butler University

Ph.D. Clinical Psychology/Clinical Neuropsychology, University of Cincinnati, OH

Residency: Boston Consortium in Clinical Psychology, Clinical Neuropsychology Track

Fellowship: McLean Hospital- Harvard Medical School: T32 Training in Drug Abuse and Neuroimaging

Andrew Schramm, Ph.D.

Assistant Professor of Surgery
Director, Inpatient Trauma Psychology Service

Training:

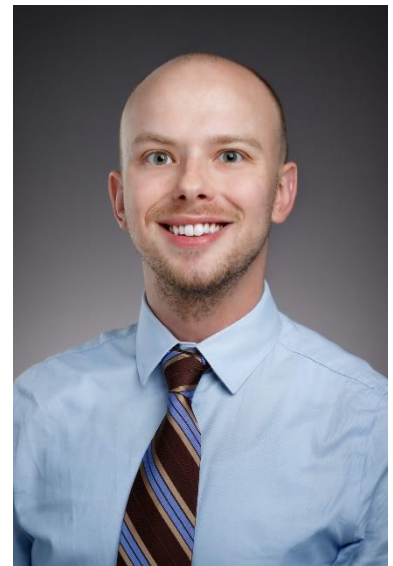
B.A. Psychology, Concordia College, Moorhead, MN

M.A. Clinical Psychology, University of South Carolina, Columbia SC

Ph.D. Clinical Psychology, University of South Carolina, Columbia SC

Residency: Kansas University Medical Center, Kansas City, KS

Fellowship: Health and Trauma Psychology, Department of Surgery, Division of Trauma and Acute Care Surgery, Medical College of Wisconsin, Milwaukee, WI





Sydney Timmer-Murillo, Ph.D.

Assistant Professor of Surgery
Psychologist, Trauma and Acute Care

Training:

B.A. Psychology and Women & Gender Studies – Hope College, Holland, MI

M.S. Clinical Psychology, Marquette University, Milwaukee, WI

Ph.D. Clinical Psychology Marquette University, Milwaukee, WI

Residency: Clinical Health Psychology, Medical College of Wisconsin,
Milwaukee, WI

Fellowship: Health and Trauma Psychology, Department of Surgery,
Division of Trauma and Acute Care Surgery, Medical College of Wisconsin,
Milwaukee, WI

Lyndsey Wallace, Psy.D., ABPP

Associate Professor of Psychiatry and Behavioral Medicine
Psychologist, Psycho-Oncology Program

Training:

B.S., Psychology, University of Iowa, Iowa City, IA

M.A., Clinical Psychology, Illinois School of Professional Psychology,
Chicago, IL

Psy.D., Clinical Psychology, Illinois School of Professional Psychology,
Chicago, IL

Residency: Mann-Grandstaff VA Medical Center, Spokane, WA

Fellowship: Palliative Care, Clement J. Zablocki VA Medical Center,
Milwaukee, WI





Stephanie Zanowski, Ph.D.

Associate Professor of Surgery
Director of Psychology Services, Medical College Physicians
Director of Transplantation Mental Health

Training:

B.A. Psychology and Spanish, Gustavus Adolphus College,
St. Peter, Minnesota

M.A. Clinical Psychology, Cardinal Stritch University,
Milwaukee, Wisconsin

Ph.D. Clinical Psychology, Marquette University,
Milwaukee, Wisconsin

Residency: Medical College of Wisconsin, Department of Plastic Surgery

Fellowship: Medical College of Wisconsin, Department of Plastic Surgery

Pediatric Training Faculty



Vanessa Aguilera Snyder, Psy.D.

Assistant Professor of Pediatrics, Medical College of Wisconsin
Pediatric Psychologist

Training:

B.S., Sociology, University of Georgia, Athens, GA (Honors)

M.A., Clinical Psychology, Wheaton College, Wheaton, IL

Ph.D. Clinical Psychology, Wheaton College, Wheaton, IL

Residency: University of Southern California/Children's Hospital of Los Angeles
(Pediatric Track)

Fellowship: St. Jude's Children's Research Hospital

Margaret Altschaefl, Ph.D.

Assistant Professor of Pediatrics, Medical College of Wisconsin
Pediatric Psychologist, Child Development Clinic

Training:

B.S., Child Psychology, University of Minnesota – Twin Cities, Minneapolis, MN
M.S., Educational Psychology, University of Wisconsin-Madison, Madison, WI
Ph.D., Educational Psychology, University of Wisconsin-Madison, Madison, WI
Internship: LSU Health Sciences Center – Louisiana School Psychology
Internship Consortium, New Orleans, LA



Andrea Begotka, Ph.D.

Assistant Professor of Pediatrics, Medical College of Wisconsin
Pediatric Psychologist, Gastroenterology and Feeding Disorders Clinic

Training:

B.A., Psychology, University of Wisconsin-Eau Claire, Eau Claire, WI
M.S., Experimental Psychology, University of Wisconsin-Milwaukee, Milwaukee, WI
Ph.D., Psychology, University of Wisconsin- Milwaukee, Milwaukee, WI
Residency: Rogers Memorial Hospital, Milwaukee, WI
Fellowship: Kennedy Krieger Institute, Baltimore, MD

Jessica Brumm-Larson, Ph.D.

Assistant Professor of Pediatrics, Medical College of Wisconsin
Pediatric Psychologist, Child Development Clinic

Training:

B.A., University of Wisconsin-Madison, Madison, WI

M.S., University of Wisconsin-Milwaukee, Milwaukee, WI

Ph.D., University of Wisconsin-Milwaukee, Milwaukee, WI

Residency: Boys Town Behavioral Health Clinic, Omaha, NE

Fellowship: Cornerstone Counseling, Milwaukee, WI



Elizabeth Fischer, Ph.D.

Assistant Professor of Pediatrics, Medical College of Wisconsin

Associate Chief, Division of Pediatric Psychology & Behavioral Medicine, Department of Pediatrics

Pediatric Psychologist, Consultation Liaison and Neonatal Intensive Care

Training:

B.A., Psychology, University of Wisconsin-Madison, Madison, WI

M.A., Clinical Child Psychology, Southern Illinois University, Carbondale, IL

Ph.D. Clinical Child Psychology, Southern Illinois University, Carbondale, IL

Residency: University of Florida Department of Clinical & Health Psychology/Shands Hospital, Gainesville, FL

Fellowship: Nemours Children's Clinic & Wolfson Hospital, Hematology/Oncology, Jacksonville, FL

Jennifer Hoag, Ph.D.

Associate Professor of Pediatrics, Medical College of Wisconsin
Pediatric Psychologist, Hem/Onc/BMT

Training:

B.A., Psychology & Criminology, University of Northern Iowa, Cedar Falls, IA
Ph.D. Clinical Psychology, Illinois Institute of Technology, Chicago, IL
Residency: North Shore University Hospital, Chicago, IL
Fellowship: Medical College of Wisconsin, Department of Pediatrics, Division of Hematology/Oncology/BMT



Jeffrey Karst, Ph.D.

Associate Professor of Pediatrics, Medical College of Wisconsin
Pediatric Psychologist, Hem/Onc/BMT

Training:

B.A., Gonzaga University, Spokane, WA
M.S., Marquette University, Milwaukee WI
Ph.D. Clinical Psychology, Marquette University, Milwaukee, WI
Residency: Rush University Medical Center, Chicago, IL
Fellowship: Medical College of Wisconsin, Department of Pediatrics, Division of Hematology/Oncology/BMT

Jacqueline Kawa, Ph.D.

Assistant Professor of Pediatrics, Medical College of Wisconsin
Child and Adolescent Psychologist
Co-Director Pediatric Behavioral Medicine and Primary Care (PBMPC)
Psychology Clinic

Training:

B.A., Psychology (Human Services) & B.A., University of Wisconsin-Stevens Point, Stevens Point, WI
M.S., Educational Psychology, University of Wisconsin-Madison, Madison, WI
Ph.D. School Psychology, University of Wisconsin-Madison, Madison, WI
Residency: Boys Town Behavioral Health Clinic, Omaha, NE
Fellowship: Boys Town Behavioral Health Clinic, Omaha, NE



Jennifer LeNoble, Ph.D.

Assistant Professor of Pediatrics, Medical College of Wisconsin
Pediatric Psychologist, Consultation and Liaison Service

Training:

B.A., University of Wisconsin-Madison, Madison Wisconsin
M.S.(R), Saint Louis University, St. Louis, MO
Ph.D. Clinical Psychology, Saint Louis University, St. Louis, MO
Residency: Pediatric Psychology, Baylor College of Medicine, The Menninger Department of Psychiatry and Behavioral Sciences, Houston, TX
Fellowship: Health Psychology, University of Wisconsin Hospital and Clinics, Madison, WI

Patricia Marik, Psy.D.

Assistant Professor of Pediatrics, Medical College of Wisconsin
Pediatric Psychologist, Consultation and Liaison Service

Training:

B.A., Marquette University, Milwaukee, WI (Honors)

M.A., Xavier University, Cincinnati, OH

Psy.D., Clinical Psychology, Xavier University, Cincinnati, OH

Residency: Children's Hospital of Michigan/Wayne State University, Detroit, MI

Fellowship: LaRabida Children's Hospital, Chicago, IL



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Ph.D., Clinical Psychology, Virginia Commonwealth University, Richmond, VA

Residency: University of Minnesota Medical School, Minneapolis, MN

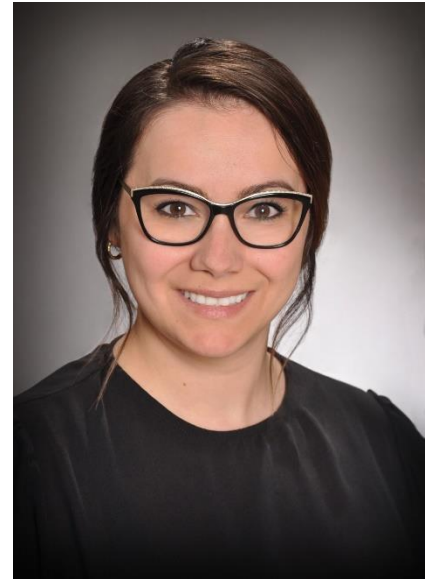
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Training:

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M.S., Educational Psychology, Mississippi State University, Starkville, MS
Ph.D. School Psychology, Mississippi State University, Mississippi State, MS
Residency: Marcus Autism Center, Atlanta, GA
Fellowship: Emory University School of Medicine Fellowship in Pediatric
Psychology, Atlanta, GA

Information about Life in Milwaukee

Please visit our website: (<https://www.mcw.edu/departments/human-resources/living-working-milwaukee>) with information about Milwaukee including a general guide to the city, housing information, educational information, and recreation.