

Posttraumatic Stress Disorder Emphasis Area Training

The PTSD postdoctoral fellowship emphasis area is designed in parallel with the VHA Mental Health Strategic Plan and in recognition of the anticipated need for psychologists trained to provide the highest quality of care to OIF/OEF veterans with PTSD and post-deployment adjustment difficulties. As noted in the VHA Mental Health Strategic Plan, care for OIF/OEF veterans is among the highest priorities in the VA's mental health care system. Among the VA's goals for this population are to promote screening and treatment for PTSD with the ultimate aim of preventing chronicity and lasting impairment.

Since national standards defining competency in the treatment of PTSD do not currently exist, the specific skills to be developed in the PTSD emphasis area are derived from a review of several relevant and respected sources (for example, the National Center for PTSD [NCPTSD] website and the website of APA Division 56 Trauma Psychology) as well as from review of existing core competencies in PTSD postdoctoral fellowships such as the VAPAHCS MIRECC fellowship in PTSD. The seven skill areas specified are: 1) Core PTSD assessment modalities; 2) Assessment modalities pertaining to disorders commonly co-morbid with PTSD including TBI, substance abuse, and anxiety disorders; 3) Empirically validated and supported treatments for PTSD, particularly Cognitive Processing Therapy and Prolonged Exposure; 4) PTSD research and theory, especially that pertaining to military-related PTSD; 5) Military culture and diversity issues in the presentation and treatment of PTSD; 6) Assessment of therapeutic and programmatic effectiveness; and 7) Therapist self-care.

The Fellow's major, year-long rotation will occur in the VAPAHCS Men's Trauma Recovery Program and Women's Trauma Recovery Program, which are closely affiliated with the Dissemination and Training Division of the National Center for PTSD and Stanford University. A primary Psychology Preceptor will be selected from these programs. The Fellow and his/her preceptor will determine which training sites, additional rotations (such as in the Polytrauma Rehabilitation Center, PTSD Clinical Team, and Women's Prevention, Outreach, and Education Center), and research tasks the Fellow will pursue, based on an assessment of competencies the Fellow already has acquired and the competencies in which he/she has not yet developed. Additionally, decisions regarding additional rotations and the structure of the postdoctoral fellowship year will be based on the Fellow's particular interests, and emerging programs and identified needs as determined at the national VA Office of Mental Health Services level.

The treatment modalities utilized in the Men's and Women's Trauma Recovery Programs are empirically-supported whenever possible, and consist primarily of cognitive-behavioral group based treatments in the context of a therapeutic milieu. Among the current groups/interventions offered in the VAPAHCS Trauma Recovery Programs are: Cognitive Processing Therapy (CPT), Seeking Safety, Harm Reduction/Motivational Enhancement, Emotion Regulation, Acceptance and Commitment Therapy (ACT), Skills Training in Affective and Interpersonal Regulation (STAIR), and Cultivating Compassion. In the provision of services to OIF/OEF veterans with PTSD, Fellows will work with an interdisciplinary team in each setting that may include – in addition to psychology – nursing, social work, recreational therapy, occupational therapy, physical therapy, internal medicine, gynecology, and psychiatry, as well as trainees in each of these areas. Additionally, the PTSD Fellow will work closely with the VA Palo Alto Military Liaisons, the TRP OIF/OEF Case Manager, and the facility's OIF/OEF Program Manager.

Attaining competencies in the skill areas outlined above defines the fellowship program emphasis area goals and objectives. The PTSD Psychology Fellow will spend 50% time in clinical service, 30% time in research, and 20% time attending didactics and providing teaching and supervision. Fellows will be encouraged to define their research activity in terms of involvement in projects already underway at VAPAHCS. Recent research projects have included: An Evaluation of Cognitive Processing Therapy to Treat Veterans in a PTSD Residential Rehabilitation Program; Treatment Outcomes and the Process of

Change for Patients Treated in a PTSD Residential Rehabilitation Program, Emotion Regulation in Combat-related PTSD, Telephone Case Monitoring for Veterans with PTSD, Mortality Among Treatment-Seeking Veterans and Community Controls, Autonomic Correlates of Sleep Treatment in PTSD, and PTSD, Sleep Disordered Breathing And Genetics: Effects On Cognition.

As indicated previously, the PTSD Fellow's major, year-long rotation will occur in the VAPAHCS Trauma Recovery Programs. The Men's Trauma Recovery Program has a bed capacity of 40 and the Women's Trauma Recovery Program has a bed capacity of 10. Both programs serve a nationwide catchment area and treat all types of military trauma and complex cases with multiple medical and psychiatric co-morbidities, utilizing a range of interdisciplinary staff to do so. The programs are designed to be 60 – 90 days in length. In addition to veterans, these programs currently serve Active Duty Service Members, Reservists, and Guard.

Additional PTSD settings include the PTSD Clinical Team, which provides training and experience in empirically-supported treatments for PTSD (e.g., CPT, PE) in an outpatient setting; the Polytrauma Rehabilitation Center (PRC) which allows the Fellow to have experience in working with patients with acute stress/PTSD as well as TBI and other injuries requiring physical rehabilitation; and the Women's Prevention, Outreach, and Education Center (WPOEC), which allows the Fellow to work with female patients with trauma histories in both outpatient mental health and primary care settings. The Fellow will also have the opportunity to work with researchers in the National Center for PTSD Dissemination and Training Division on new or ongoing research (selected current projects noted in Specific Skills section).

The individualized **training plan** for the PTSD Fellow will be developed with the assistance of a Primary Preceptor who will help plan the fellow's over-all program, ensure sufficient depth and breadth of experience and, plan which of the PTSD faculty will serve as supervisors during the fellowship year. The Training plan will outline the content and length of the Fellow's various PTSD-related training experiences for the year. The aim is to ensure attainment of general clinical competencies as well as to provide experience in each of the emphasis area-specific competencies.

Reviewed by: TRP Supervisors
Date: 7/25/12

Men's Trauma Recovery Program (Buildings 351 and 352, MPD)

Supervisors: Dorene Loew, Ph.D.
Robert Jenkins, Ph.D.
Andrea Perry, Ph.D.

- 1. Patient population:** Men (veteran, reservist, active duty) with military-related PTSD and post-deployment readjustment issues. Our program treats men who have experienced a wide range of traumatic experiences, including but not limited to war zone and combat-related trauma and military sexual trauma (MST).
- 2. Psychology's role in the setting:** Program Attending, member of interdisciplinary treatment team, clinical services provider.
- 3. Other professionals and trainees in the setting:** Psychiatrists, Nursing Staff, Social Workers, Readjustment Counselors, OIF/OEF case manager, Recreational Therapists, Education and Research Specialists.
- 4. Nature of clinical services delivered:** This rotation emphasizes evidence-based treatments such as Cognitive Processing Therapy for trauma and Acceptance and Commitment Therapy, and Motivation Enhancement/Problem Area Review Group. Residential treatment occurs within a

therapeutic community model via cognitively behaviorally-based group therapies, psychoeducational classes, case management, and medical/medication management.

5. **Distinctions between Men's and Women's Trauma Recovery Programs:** Both the Men's and Women's programs function under the broader range of Trauma Recovery Programs at the Palo Alto VA Health Care System and as such are very similar in their clinical missions. However, the Women's Trauma Recovery Programs currently treats a greater proportion of patients with Military Sexual Trauma and, conversely, the Men's Programs treats a greater number of patients with combat-related trauma.
6. **Fellow's role in the setting:** Each fellow will function as an important member of an interdisciplinary team and will assist with case conceptualization, treatment planning, case management, and the provision of clinical services. Fellows' role in group therapy will be commensurate with comfort level and experience, with the opportunity to co-facilitate and individually lead therapy groups and psychoeducational classes. This setting encourages evidence-based treatments and applied research, and has a reputation for clinical innovation. Fellows will have the opportunity to provide individual or group supervision to psychology interns and practicum students.
7. **Amount/type of supervision:** At least one hour per week of individual supervision, and many opportunities for in-vivo supervision within the therapeutic community.
8. **Didactics in the setting:** Participation in the Clinical Training Program developed by the National Center's Dissemination and Training Division, weekly fellow seminar, weekly in-service trainings (on related topics by clinical staff and invited experts).
9. **Pace:** Fellows will be expected to write brief group and case management process notes within 24 hours of providing these services. Fellows will assist with the completion of psychosocial assessments, integrated summaries, master treatment plans, and discharge summaries.

This rotation is an ideal training site for trainees interested in developing and expanding their clinical skills. The Men's Trauma Recovery Program (MTRP) is affiliated with the National Center for Post Traumatic Stress Disorder and is the first and longest-standing residential treatment program for men with PTSD. Many of our patients have experienced multiple traumatic events and have comorbid psychiatric diagnoses. The clinical complexity of our population and the program intensity ensure that trainees acquire solid skills in working with PTSD, in particular group therapy skills as well as the ability to function effectively on an interdisciplinary treatment team.

The program is structured as a therapeutic community wherein patients are taught basic coping, interpersonal, problem solving, and affect management skills in group settings. The option to participate in Cognitive Processing Therapy with groups of approximately four members, is determined on a case by case basis. The program has established a reputation for innovation, wherein cutting edge therapies are thoughtfully applied and assessed. Trainees at the MTRP have the opportunity to:

- Learn to function as part of an experienced, interdisciplinary team in the treatment of complex PTSD.
- Learn to conceptualize the effects of trauma from a variety of theoretical perspectives, including cognitive-behavioral and systemic approaches.
- Become adept at working with men who present with Axis II characteristics.
- Become familiar with leading therapeutic technologies in the treatment of trauma, including Acceptance and Commitment Therapy (ACT) and Cognitive Processing Therapy (CPT).
- Develop group therapy skills, as well as milieu interventions.
- Develop PTSD assessment and report writing skills.

Reviewed by: Robert Jenkins, Ph.D., Dorene Loew, Ph.D.,
and Andrea Perry, Ph.D.

Date: 7/25/12

Women's Trauma Recovery Program (Building 350, MPD)

Supervisors: Jean Cooney, Ph.D.
Jennifer Alvarez, Ph.D.

- 1. Patient population:** Women (veteran, reservist, active duty) with military-related PTSD and post-deployment readjustment issues. Our program treats women who have experienced a wide range of traumatic experiences, including war zone and combat-related trauma and military sexual trauma (MST). An increasing number of our patients are OIF/OEF women, many of whom have experienced both MST and combat-related trauma.
- 2. Psychology's role in the setting:** Program Attending, member of interdisciplinary treatment team, clinical services provider.
- 3. Other professionals and trainees in the setting:** Psychiatrists, Nursing Staff, Social Workers, Clinical Specialists, OIF/OEF case manager, Recreational Therapists, Education and Research Specialists.
- 4. Nature of clinical services delivered:** This rotation emphasizes evidence-based treatments such as Cognitive Processing Therapy for trauma, Acceptance and Commitment Therapy, and Seeking Safety. Residential treatment occurs within a therapeutic community model via group therapies, psychoeducational classes, case management and medical/medication management..
- 5. Fellow's role in the setting:** Each fellow will function as an important member of an interdisciplinary team and will assist with case conceptualization, treatment planning, case management, and the provision of clinical services. Fellows' role in group therapy will be commensurate with comfort level and experience, with the opportunity to co-facilitate and individually lead therapy groups and psychoeducational classes. This setting encourages evidenced-based treatments and applied research, and has a reputation for clinical innovation. Fellows will have the opportunity to provide individual or group supervision to psychology interns and practicum students.
- 6. Amount/type of supervision:** At least one hour per week of individual supervision, and many opportunities for in-vivo supervision within the therapeutic community (e.g., group therapy, milieu, team meetings). Group supervision is also possible depending on cohort size and interests.
- 7. Didactics in the setting:** Participation in the Clinical Training Program developed by the National Center's Dissemination and Training Division, weekly fellow seminar, in-service trainings (on related topics by clinical staff and invited experts).
- 8. Pace:** Fellows will be expected to write brief group and case management process notes within 24 hours of providing these services. Fellows will assist with the completion of psychosocial assessments, master treatment plans, and discharge summaries.

This rotation is an ideal training site for trainees interested in developing and expanding their clinical skills. A cornerstone of the VA Palo Alto Health Care System [Women's Mental Health Center](#), the Women's Trauma Recovery Program (WTRP) is the first and longest-standing residential treatment program for women with PTSD; 80% of our patients come to us from out-of-state. Many have experienced multiple traumatic events, including both military and childhood sexual trauma. The clinical complexity of our population and the program intensity ensures that trainees acquire solid skills in working with PTSD, in particular group therapy skills as well as their ability to function effectively on an interdisciplinary treatment team.

The program is structured as a therapeutic community wherein patients are taught basic coping, interpersonal, problem solving, and affect management skills in group settings. They are provided psychoeducation regarding the various effects of PTSD, and are encouraged to challenge and modify problematic trauma-related beliefs and behaviors. The program has established a reputation for innovation, a program in which cutting edge therapies are thoughtfully applied and assessed. Trainees at the WTRP have the opportunity to:

Learn to function as part of an experienced, interdisciplinary team in the treatment of complex PTSD.
Learn to conceptualize the effects of trauma from a variety of theoretical perspectives, including cognitive-behavioral and systemic approaches.
Become adept at working with women who present with Axis II features.
Become familiar with leading therapeutic technologies in the treatment of trauma, including Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT), Seeking Safety, and Cognitive Processing Therapy (CPT).
Develop group therapy skills, as well as milieu interventions.
Develop PTSD assessment and report writing skills.

Reviewed by: Jennifer Alvarez, Ph.D., and Jean Cooney,
Ph.D.

Date: 7/27/12

Acceptance and Commitment Therapy (Mini-Rotation)
Available at both the Men's and Women's Trauma Recovery Programs
Supervisors: Robyn Walser, Ph.D.
Tam Nguyen, Ph.D.

Acceptance and Commitment Therapy (ACT) is an empirically supported intervention, and an EBP for depression, chronic pain and other disorders. It is a behaviorally based intervention designed to address avoidance of internal experiences such as negative thoughts, emotions and sensations while also focusing on making powerful life enhancing choices that are consistent with personal values. ACT demonstrates the role that language plays in human suffering and specifically undermines this role with experiential exercises, mindfulness practice, use of metaphor and focus on defining values. ACT is a manual-based intervention that can be applied with a number of populations. The mini-rotation is typically offered to fellows in the Trauma Recovery Programs and available to other fellows as supported by individual rotations (e.g., BMed, Inpatient Psychiatry, MHC). The mini-rotation will provide a combination of didactic and supervised clinical experience in the use of ACT with PTSD patients in the Men's and Women's Trauma Recovery Programs, and with patients from the Mental Health Clinic (Menlo Park). Additionally, other target populations can be included depending on interest and availability (e.g. primary care, behavioral medicine, etc.).

1. **Amount/type of supervision:** At least 1.5 hours per week of group supervision with individual supervision as needed. Opportunities to be observed and recorded are available. Group therapy is also possible depending on cohort size and interests.
2. **Didactics in the setting:** Participation in the ACT mini-rotation includes reading and reviewing articles, chapters and books specific to ACT and the underlying theory.
3. **Small Project:** Each supervisee will be asked to create an educational product related to ACT. This can include client exercises, therapist exercises, review of literature (determined by supervisor and supervisee depending on interests).

Reviewed by: Tam T. Nguyen, Ph.D.

Date: 8/7/12

Posttraumatic Stress Disorder Clinical Team (PCT)

Supervisor: Emily Hugo, Psy.D.

Karen Kasch, Ph.D.

- 1. Patient population:** Men and women (veterans, reservists, active duty personnel) with PTSD, many of whom have additional comorbid diagnoses. The PTSD Clinical Team provides assessment and psychotherapy to individuals with a wide range of traumatic experiences, including combat trauma, training accidents, military sexual trauma, and childhood trauma. A significant number of our patients are returning veterans from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF).
- 2. Psychology's role in the setting:** Psychologists are an integral part of the interdisciplinary treatment team, working closely with the PCT social worker and recreational therapist. Psychologists also work closely with the Mental Health Clinic staff, coordinating care with case managers, nursing staff, and psychiatrists. The psychologists' primary role is direct service provision, offering veterans individual and group psychotherapies for PTSD. We also provide PTSD assessment and staff consultation.
- 3. Other professionals and trainees in the setting:** Psychology interns, , psychiatry residents, social workers, and psychiatrists.
- 4. Nature of clinical services delivered:** The PCT places an emphasis on empirically-supported treatments for PTSD, but integrates treatment interventions from a variety of modalities. There are opportunities to provide individual psychotherapy (e.g., Prolonged Exposure, Cognitive Processing Therapy, Skill-Building/CBT, Acceptance and Commitment Therapy) and group psychotherapy (e.g., PTSD Education, Seeking Safety, Anger Management). Fellows will also provide consultation to MHC and Substance Abuse Program staff.
- 5. Fellow's role in the setting:** Fellows will have the opportunity to provide individual psychotherapy and group therapy is possible based on fellows interest and clinical schedule. . Fellows are also involved in the triage, assessment, and treatment planning of PCT patients. Participation in team meetings and didactic trainings is also part of this rotation. Fellows may have the opportunity to provide individual or group supervision to psychology interns and practicum students.
- 6. Amount/type of supervision:** At least one hour of individual supervision will be provided and fellows will participate in one hour of group supervision with other psychology trainees. Fellows will also attend PCT team meetings. In addition, there are ample opportunities for live supervision through co-leading groups,. The supervisors work from an integrated developmental perspective, examining behavioral, CBT, interpersonal, and systemic factors.
- 7. Pace:** The PCT clinic has a steady workload. Expectations around number of assessments, individual clients, and groups per week will be set collaboratively at the start of the rotation (based on fellow's interests and skills). Fellows will be expected to write individual, group, and assessment notes in a timely and professional manner. Given the emotional intensity of some of the psychotherapies provided (e.g., prolonged exposure) there is also a strong emphasis on self-care.

This rotation is a great fit for anyone who is interested in gaining initial or additional expertise in the outpatient treatment of PTSD and its associated features. The PTSD Clinical Team (PCT) rotation aims to build foundational knowledge of PTSD, as well as an understanding of the triaging, assessment, case conceptualization, case management, and multidisciplinary treatment of veterans with PTSD. Skills are fostered by the provision of opportunities to conduct thorough PTSD assessments; to conduct individual psychotherapy; to co-lead psychotherapy groups/classes; to participate in team meetings and didactic presentations; to take part in individual and group supervision; and to function as an integral part of a multidisciplinary team. Additionally, you will be exposed to numerous evidence-based treatments, including Prolonged Exposure, Cognitive Processing Therapy, Seeking Safety, CBT for PTSD, and Acceptance and Commitment Therapy. There are also opportunities for program development, as we are

continuing to assess and adjust our approach to treating veterans with PTSD, based on new research findings, feedback from veterans, and increasing experience with OIF/OEF veterans.

Reviewed by: Emily Hugo, Psy.D.; Karen Kasch, Ph.D.

Date: July 17, 2012; July 29, 2011

National Center for Post Traumatic Stress Disorder Dissemination and Training Division (Building 324, MPD)

Supervisors:

Eve Carlson, Ph.D.

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Quyen Tiet, Ph.D.

Robyn Walser, Ph.D.

Steve Woodward, Ph.D., Director, PTSD Sleep Laboratory

- 1. Patient population:** Vietnam veterans comprise the majority of VA PTSD patients nationwide, but projects also include Iraq and Afghanistan veterans, veterans exposed to military sexual trauma, and veterans of WWII, Korea, and the first Gulf War. Research has been conducted on hospital patients with traumatic injuries and family members of gravely injured hospital patients.
- 2. Psychology's role:** NCPTSD educators, many of whom are psychologists, play a nationwide leadership role in disseminating state-of-the-art treatments for PTSD, including two national VA initiatives to train clinicians in evidence-based treatments, a mentoring program for heads of PTSD clinics, and video and web-based trainings for clinicians and web-based educational materials for trauma survivors. NCPTSD researchers, most of whom are psychologists conduct evaluations of VA mental health services, clinical intervention trials, assessment development studies, biological research, and neuroimaging studies.
- 3. Other professionals and trainees:** Psychiatry, Psychology and Research Fellows, Psychology Interns, Psychology Practicum Students.
- 4. Nature of clinical services delivered:** Limited clinical services are delivered as part of specific research trials.
- 5. Fellow's role:** The training needs and interests of the fellow define the mix of dissemination and research activities. Fellows interested in dissemination work with National Center education staff to develop PTSD-related educational products and services with potential for wide dissemination, or to take on a significant role in an ongoing dissemination project. Fellows interested in research work with a mentor to develop and implement a research project related to one of NCPTSD's ongoing studies or archival datasets. Research fellows are expected to develop a report of their project that is suitable for presentation at a scientific conference and/or publication in a peer-reviewed journal. Fellows may also have an opportunity to participate in delivery of interventions in ongoing clinical trials.
- 6. Amount/type of supervision:** One or two mentors are assigned to each fellow. Supervision will be as needed, typically involving several face-to-face meetings per week.

7. Pace: The goal of completing a research project or education project from conception to write up within six months requires skillful time management. Rotation supervisors help the fellow develop a rotation plan.

The National Center for Post Traumatic Stress Disorder ([NCPTSD](#)) is a congressionally mandated consortium whose goal is to advance understanding of trauma and its consequences. The Dissemination and Training Division at the Palo Alto VAPAHCS, Menlo Park Division is one of seven National Center divisions located at five sites. The others are located in Boston (Behavioral Science Division and Women's Health Sciences Division), Honolulu (Pacific Islands Division), West Haven (Evaluation Division and Clinical Neurosciences Division) and White River Junction, Vermont (Executive Division).

Fellows may participate in ongoing research choosing from a variety of research opportunities. These include ongoing studies to evaluate VA policies related to screening, detection and treatment of PTSD, military sexual trauma, and other deployment-related health conditions, clinical trials of psychosocial interventions, psychometric instrument development, novel assessment methods development, laboratory and ambulatory psychophysiological studies, laboratory and ambulatory sleep studies, neuroimaging, longitudinal studies of the course of PTSD, and systems of care for recent trauma survivors. Cognitive, affective, psychobiologic and spiritual domains of PTSD are under investigation, as are related health service delivery issues.

Fellows may participate in a broad range of dissemination and training initiatives. Current dissemination/implementation activities of the Education Division include two nationwide initiatives to train VA clinicians in Prolonged Exposure and in Acceptance and Commitment Therapy, development of video and web-based training materials for VA and military clinicians, patient education and self-help materials for military personnel and civilians exposed to trauma, and training military chaplains and mental health staff in PTSD care.

Trainees at the National Center for PTSD have the opportunity to:

- Learn to conceptualize the after-effects of trauma from a variety of theoretical perspectives—primarily cognitive-behavioral, biological, and spiritual;
- Gain an understanding of factors that influence implementation of best care practices for PTSD in a national treatment system;
- Learn about effective means of disseminating and training clinicians in PTSD treatments.
- Gain further exposure to PTSD clinical research; and/or,
- Gain experience in evaluating quality of care for PTSD.

The National Center for PTSD has strong collaborative relationships with several other clinical and research programs at the Palo Alto VA, including the Men's Trauma Recovery Program, the Women's Trauma Recovery Program, the Sierra-Pacific Mental Illness Research, Education and Clinical Center (MIRECC), the Center for Health Care Evaluation (CHCE), the Program Evaluation and Resource Center (PERC), and the Health Economics Research Center (HERC).

Reviewed by: Jeanette Hsu, Ph.D.

Date: 9/27/12