Posttraumatic Stress Disorder Focus Area Training

The PTSD postdoctoral fellowship focus area will offer two positions each year, one with a focus on the needs of Veterans with PTSD and co-occurring Substance Use Disorders (SUDs) and one with a focus on women Veterans with PTSD. Although the fellowships are based in PTSD-intensive treatment programs, the goal of training is not to prepare individuals specifically for work in residential or intensive outpatient care settings. Rather, the posttraumatic stress disorder (PTSD) postdoctoral fellowship focus area is designed to prepare fellows for future employment in any setting where care to traumatized individuals is provided. Both focus areas benefit from the depth and breadth of resources available at the VA Palo Alto HCS, including those directly pertaining to PTSD, and those pertaining to related areas such as work with justice-involved populations and primary care settings.

Areas of competency in PTSD specialty training coincide with the 2017 VA/DoD Clinical Practice Guidelines for PTSD, with emphasis on assessment and intervention for PTSD and co-occurring disorders. Specific skill areas of focus for the PTSD fellowship include: 1) Core PTSD assessment modalities; 2) Assessment modalities pertaining to disorders commonly co-morbid with PTSD including substance use, depression, and anxiety disorders; 3) Empirically validated and supported treatments for PTSD, particularly Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE); 4) PTSD research and theory, especially 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 treatment modalities utilized in the Trauma Recovery Services (TRS) are empirically-supported whenever possible, and consist primarily of cognitive-behavioral group-based treatments in the context of a therapeutic community. Among the current interventions offered are: CPT, PE, Cognitive Behavioral Therapy (CBT), CBT for Insomnia (CBT-I), Motivational Enhancement Therapy (MET), Motivational Interviewing (MI), CBT for SUDs, Contingency Management (CM), Nicotine Cessation Therapy; Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), and Skills Training in Affective and Interpersonal Regulation (STAIR). In addition to evidence-based psychotherapy and pharmacotherapy, principles of behavioral activation and wellness are incorporated in the program for Veterans to engage in physical activity (e.g., fitness, yoga, cycling) and social engagement (e.g., peer support, service dog training). Fellows will work with an interprofessional team in each setting that may include – in addition to psychology – nursing, social work, recreational therapy, readjustment counselor, art therapist, chaplain, peer support specialist, service dog trainers, and psychiatry, as well as trainees in each of these areas. Fellows are involved in the full continuum of care as junior psychology colleagues, which include providing initial screenings for admission, intakes/admissions, ongoing care coordination, individual/group therapy, program development, learning program administration, ongoing psychological assessment as clinically indicated, and discharge processes.

Attaining competencies in the skill areas outlined above defines the fellowship program focus area goals and objectives. The PTSD Psychology Fellow will spend 50% time in direct clinical service, 30% time in research and/or program development/evaluation, 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 CPT 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.

The Fellow’s major, year-long rotation will occur in the VAPAHCS Trauma Recovery Services comprised of the Residential Men's Trauma Recovery Program (MTRP) or Women's Trauma Recovery Program (WTRP) and/or our new PTSD-SUD Intensive Outpatient Program (IOP). A primary Psychology Preceptor will be selected from one of these programs. Each Fellow and his/her preceptor will determine which training sites, additional rotations (such as in the PTSD Clinical Team [PCT], and Women’s Counseling Center [WCC]), and research tasks the Fellow will pursue, based on an assessment of competencies the Fellow already has acquired and competencies in which he/she has not yet developed. Decisions regarding supplementary rotations and the structure of the postdoctoral fellowship year will be based on the Fellow’s particular interests and future career aspirations, as past Fellows have also elected minor rotations in the PCT, WCC, Veterans Justice Outreach (VJO), Inpatient Psychiatry, etc. The Residential MTRP has a bed capacity of 21, the Residential WTRP has a bed capacity of 10, and the PTSD-SUD IOP has a capacity of 10. TRS serves Veterans who have experienced all types of military trauma and complex cases with multiple medical and psychiatric co-morbidities, utilizing a range of interprofessional staff to do so. The programs are designed to be 60 to 90 days in length. In addition to Veterans, these programs also serve Active Duty Service Members, Reservists, and National Guard.

Additional PTSD settings include the PCT, which provides training and experience in empirically-supported treatments for PTSD (e.g., CPT, PE) in a standard outpatient specialty mental health setting; and the WCC, which allows the Fellow to work with female patients with trauma histories (i.e., PTSD and commonly comorbid diagnoses) in an outpatient specialty gender-specific mental health clinic. The Fellows 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 are noted in the Specific Skills section). Additional clinical rotations not specifically mentioned here may be available as well.

The individualized training plan for the PTSD Fellows will be developed with the assistance of a Primary Preceptor who will help plan the Fellow's overall 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, which can change throughout the course of the year. The aim is to ensure attainment of general clinical competencies at the level of an early career psychologist, as well as to provide experience in each of the focus area-specific competencies.

Reviewed by: Hana Shin, Ph.D.; Emily Hugo, Psy.D.; Trisha Vinatieri, Psy.D.

Dates: 9/25/2017; 09/28/2017; 09/18/2017

“My fellowship with Palo Alto VA PTSD Fellowship was a year-long experience where I was surrounded by supportive, knowledgeable staff who prioritized my training and set me up to find employment. I chose to focus on strengthening my trauma-focused therapy skills and learning more VA resources for justice-involved Veterans, although there are many options for fellows to individualize their training year. This fellowship provides experiences in individual and group counseling, program development, supervision, as well as a variety of emphasis areas. Most importantly, the team really cares about the fellow’s development of his/her professional identity. After completing this training experience, I really felt prepared to apply for jobs with the knowledge of what my skills were and how to apply them in a variety of settings. I'd recommend this site to anyone interested in learning more about trauma, working with the military population, as well as successful interdisciplinary team dynamics.”

~Recent fellow
Rotation Sites:

Trauma Recovery Services (Buildings 350, 351, and 352, MPD)

- Residential Men’s Trauma Recovery Program (MTRP)
- Residential Women’s Trauma Recovery Program (WTRP)
- PTSD-Substance Use Disorder, Intensive Outpatient Program (PTSD-SUD IOP)

Supervisors: Jean Cooney, Ph.D.
Robert Jenkins, Ph.D.
Jaclyn Kraemer, Ph.D.
Dorene Loew, Ph.D.
Mary Marsiglio, Ph.D.
Hana Shin, Ph.D.

1. Patient population: The Trauma Recovery Services (TRS) treats women and men with posttraumatic stress disorder (PTSD) who have experienced a wide range of military-related traumatic experiences, including but not limited to war zone and combat-related trauma and/or military sexual trauma (MST) and/or childhood sexual or physical trauma. We see veterans and active-duty military personnel who served in Vietnam, Gulf War, Iraq, and Afghanistan.

2. Psychology’s role in the setting: Psychologists are members of the interprofessional treatment team and lead Clinical Coordinators of each program, providing a wide range of clinical services including biopsychosocial intakes/admissions, treatment planning and reviews, treatment coordination, individual and group psychotherapy, psychoeducation, team meetings with Veterans, being a liaison for aftercare coordination, and transfer/discharge summaries.

3. Other professionals and trainees in the setting: Psychiatrists, Nurses, Social Workers, OEF/OIF/OND Case Manager, Readjustment Counselor, Recreational Therapists, Chaplain, Art Therapist, Peer Support Specialist, Service Dog Trainers, and trainees from other disciplines.

4. Nature of clinical services delivered: The TRS emphasize evidence-based treatments (EBTs) for PTSD such as Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), Cognitive Behavioral Therapy (CBT), and other evidence-based treatments, including CBT for Insomnia, Motivational Enhancement Therapy (MET), Motivational Interviewing (MI), CBT for Substance Use Disorders (SUDs), Contingency Management (CM), Nicotine Cessation Therapy, Dialectical Behavior Therapy (DBT), Acceptance and Commitment Therapy (ACT), and Skills Training for Affect and Interpersonal Regulation (STAIR). Treatment occurs within a model that includes individual and group psychotherapy, psychoeducational classes, treatment coordination, peer support, wellness/recreation, and medical/medication management.

5. Distinctions between the Residential Men’s and Women’s Trauma Recovery Programs and the PTSD-SUD IOP: Conceptually, the Men’s and Women’s Trauma Recovery Programs are very similar; they share the same clinical mission to address military-related PTSD using cognitive-behavioral approaches in the context of a therapeutic community. However, the Women’s Trauma Recovery Program currently treats a greater proportion of Veterans with Military Sexual Trauma and, conversely, the Men’s Program treats a greater number of Veterans with combat-related trauma. Additionally, the women’s program carries a smaller daily census and places a greater emphasis on gender-specific service delivery. The PTSD-SUD Intensive Outpatient Program started in 2017 and is a time-limited (8 week) program that provides intensive and frequent visits to outpatients ready to engage in trauma-focused psychotherapy (PE or CPT) with a particular emphasis on concurrent evidence-based treatment of SUDs (as applicable) to assist the Veterans in either maintaining sobriety or minimizing substance use.

6. Fellow’s role in the setting: Each Fellow will function as an important member of the interdisciplinary team and will assist with intakes/admissions, case conceptualizations, diagnoses, treatment planning and reviews, treatment coordination, transfers/discharges, and direct provision of clinical services, including individual and group psychotherapy. It is expected that Fellows will gain further competency in PE and/or CPT and facilitate or co-facilitate one or more additional psychotherapy group(s) of their choice. The Fellow’s role will be commensurate with his/her comfort
level and experience. Experience in delivering supervised supervision of other psychology trainees (e.g., interns, practicum students) or trainees from other disciplines (e.g., medical students, psychiatry residents) will depend on availability at any given time.

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. Fellows often comment that a unique aspect of this rotation is the opportunity to participate in co-therapy with their supervisors and to observe various members of the interdisciplinary team conducting a variety of interventions.

8. **Didactics in the setting:** Regular in-service trainings on related topics by clinical staff and invited experts. Group supervision, journal club, and an evidence-based treatment (EBT) consultation group may be available depending on availability of trainees and staff.

9. **Pace:** Again, the Fellow’s role will be commensurate with his/her comfort level and experience. Fellows will be expected to document treatment progress electronically within 24 hours of providing these services. Use of EBT Note templates will be required for CPT and PE.

The TRS rotations are ideal training sites for Fellows interested in refining their expertise in PTSD and other stress-related disorders. The Men’s and Women’s Trauma Recovery Programs are affiliated with the National Center for Post-Traumatic Stress Disorder and are the first and longest-standing residential treatment programs for men and women Veterans with PTSD. Also, our PTSD-SUD IOP is one of only three PTSD IOPs in the VA in the country. TRS has established a reputation for innovation, wherein cutting edge therapies are thoughtfully applied and assessed.

Many of our Veterans have experienced multiple traumatic events and have comorbid psychiatric diagnoses. The clinical complexity of our population and the program intensity ensure that Fellows acquire solid skills in working with PTSD from evidence-based approaches, as well as, the ability to function effectively on an interdisciplinary treatment team.

The programs focus on approach-oriented coping skills and relapse prevention strategies. Veterans are provided psychoeducation regarding the various effects of PTSD and have the option to participate in CPT or PE where they learn to challenge beliefs and interrupt patterns of avoidance associated with past traumas, while managing the thoughts, feelings, and physiological symptoms these experiences evoke. Fellows at TRS have the opportunity to:

- Gain experience in delivering EBTs for PTSD, specifically individual and/or group CPT, and individual PE.
- Gain experience in delivering EBTs for co-occurring SUDs, including MET, MI, CBT for SUDs, CM, and Nicotine Cessation Therapy.
- Become familiar with promising practices in the treatment of posttraumatic sequelae and co-occurring conditions, including CBT, CBT for Insomnia, DBT, ACT, and STAIR (primarily in group formats).
- Learn to function as part of an experienced, interdisciplinary team in the treatment of PTSD and co-occurring disorders.
- Learn to conceptualize the effects of trauma from a variety of theoretical perspectives, including cognitive-behavioral, psychopharmacological, and systemic approaches.
- Gain experience in working with people who present with PTSD and personality disorders.
- Learn challenges to EBT implementation in residential and IOP treatment settings, including adaptations to evidence-based approaches within a rolling cohort while maintaining fidelity to treatment protocols.
- Become familiar with military culture, military sexual trauma (MST), and impacts on the process of clinical service provision.
- Develop group therapy skills.
- Develop PTSD assessment, case conceptualization, diagnostic, and report writing skills.

 Reviewed by: Jaclyn Kraemer, Ph.D., Robert Jenkins, Ph.D., Jean Cooney, Ph.D., Dorene Loew, Ph.D., Hana Shin, Ph.D.

 Date: 9/25/2017
Acceptance and Commitment Therapy (Mini-Rotation)
Available at both the Men's and Women's Trauma Recovery Programs
Supervisors: Robyn Walser, Ph.D.
Veronica Reis, 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 principle based and focused on process implementation. As well, it has a number of manuals that can be applied with a number of populations. The mini-rotation is typically offered to fellows and interns in the Trauma Recovery Programs and available to other fellows and interns as supported by individual rotations (e.g., BMed, Inpatient Psychiatry, Women's Health Center, 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, women’s health, 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.
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. **Mini immersion:** During the 2nd half of the training year, participation in a 2-day Introduction to ACT workshop that is more experiential in nature to assist with learning ACT concepts.
4. **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: Robyn Walser, Ph.D., and Veronica Reis, Ph.D.*

*Date: 8/16/17*

“*The PTSD postdoctoral fellowship at PAVA was my top choice and I made the best decision because of the clinical experiences, professional relationships built, and job opportunities I was given. The staff are truly like a family who support each other, which enables them to do very challenging work in a dynamic setting. The most unique opportunity I had was to watch my supervisor and other staff provide therapy in the moment and for them to observe me doing the same, which completely enriched the supervision experience and enhanced my confidence. I left postdoc with my dream job in hand and the feeling that I was prepared to practice as an independent clinician, which was priceless. There is something special about the staff and this setting that forever changed my training experience and evolution as a Psychologist. I could not be more grateful for this experience.*” ~Recent fellow
Posttraumatic Stress Disorder Clinical Team (PCT)

Supervisor: Emily Hugo, Psy.D.
          Julie Dimmitt, Ph.D.

1. **Patient population:** Men and women with PTSD, many of whom have additional comorbid diagnoses. Traumatic experiences may include events from combat, training incidents, military sexual trauma, childhood, and civilian experiences.

2. **Psychology’s role in the setting:** To provide individual and group psychotherapy using evidence-based treatments for PTSD.

3. **Other professionals and trainees in the setting:** Psychology interns and postdoctoral fellows, psychiatry residents, social workers, art therapists, and psychiatrists. Psychologists also work closely with the Mental Health Clinic staff, coordinating care with mental health treatment coordinators, nursing staff, 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., Skills Training in Affective and Interpersonal Relationships (STAIR), PTSD Education, Seeking Safety, Anger Management). Fellows will also work in collaboration with MHC and Substance Abuse Program staff.

5. **Fellow’s role in the setting:** Fellows will have the opportunity to provide individual and group psychotherapies. 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. Supervision will include tape review, role play, and presentation of case conceptualization. The supervisors work from an integrated developmental perspective, examining behavioral, CBT, interpersonal, and systemic factors.

7. **Pace:** The PCT clinic has a steady workload with a significant amount of direct clinical care. Because of the nature of trauma-focused therapy, the work can be emotionally intense. Expectations around number of assessments, individual clients, and groups per week will be set collaboratively at the start of the rotation. 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. The PTSD Clinical Team (PCT) rotation aims to build foundational knowledge of PTSD, as well as an understanding of the triaging, assessment, case conceptualization, treatment coordination, 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 mental health clinic. 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.

Reviewed by: Emily Hugo, Psy.D.
Date: 7/25/2016
Women’s Counseling Center (Building 350, MPD)
Supervisor: Trisha Vinatieri, Psy.D.

1. **Patient population:** The Women’s Counseling Center (WCC) is an outpatient mental health program for women veterans at the Menlo Park Division of VAPAHCS. Women veterans are the fastest growing patient population within the VA. They have unique mental health needs, but have traditionally been underserved. This multidisciplinary program provides a range of services with the goal of increasing access to care and enhancing the mental health services provided to women veterans at this facility. Women veterans seen at WCC present with a diverse range of mental health problems and personality disorder characteristics. Many are likely to have significant trauma histories that have not been adequately addressed, or that may have been exacerbated as a result of their minority status in the military. As a result, the treatment of PTSD is a major focus (see below).

2. **Psychology’s role in the setting:** Psychologists function as part of an interdisciplinary team to provide treatment planning, intake evaluations and psychometric assessments, individual and group psychotherapy and active consultation in women’s mental health to providers within the VA system. Students will work as part of a team whose goal is provide gender-sensitive care, including coordinated care with other health care programs to enable every woman to best address her specific needs (e.g., women with trauma histories seeking residential services for addiction).

3. **Other professionals and trainees in the setting:** This is an interdisciplinary setting with professionals from medicine, psychiatry, nursing, social work, recreational therapy and chaplaincy. This setting also includes psychiatry residents, psychology fellows, psychology practicum students and social work interns.

4. **Nature of clinical services delivered:** Services include mental health promotion (e.g., transition assistance from military to civilian life, stress management, violence prevention), and evidenced-based treatment for conditions unique or prevalent among women veterans such as depression, anxiety, and PTSD in a building dedicated to women’s mental health care. Treatments offered consist of Cognitive-Behavioral Therapy, Acceptance and Commitment Therapy, and Dialectical Behavior Therapy as well as specialized treatment for PTSD and related issues (e.g., Cognitive Processing Therapy, Prolonged Exposure Therapy, Anger Management, and Seeking Safety). Psychometric assessment, which can include structured clinical interviews for PTSD (i.e., CAPS) are routinely administrated to patients new to treatment. Treatment modalities include individual, and group therapy, as well as telephone-based services for women who have difficulty accessing care (e.g., rural populations, mothers of young children).

5. **Fellow’s role in the setting:** Fellows function as part of an interdisciplinary team to provide clinical services. The fellow will be responsible for managing their own client schedule, determining appropriate treatment strategies (with the assistance of the supervisor), and actively consulting with other providers within the VA system. Clinical research opportunities are also available in the areas of stress and trauma. These opportunities are ideal for fellows interested in formulating research questions based on their clinical experiences in this rotation (i.e., application of the scientist-practitioner model), or mapping onto an existing project as part of their training. Fellows also have the opportunity to provide individual supervision to psychology interns and practicum students.

6. **Amount/type of supervision:** Supervision includes individual, face-to-face supervision on a weekly basis, live observation and group supervision. Additional meetings with the supervisor are scheduled as-needed.

7. **Didactics:** Participation in the Clinical Training Program developed by the NC-PTSD Education Division and Clinical Laboratory, participation in periodic NC-PTSD trainings group supervision trainings, as well as the new monthly Women’s Mental Health Teleconference series.

8. **Pace:** This is a busy outpatient mental health clinic with opportunity to participate in a wide range of clinical services. Fellows will work with the supervisor on an individualized training plan at the start of their rotation that will help guide the pace of their work. In general, fellows are expected to conduct two psychodiagnostic interview per month, and carry a small caseload of individual therapy patients. Fellows also have the option of co-leading current psychotherapy groups or initiating a new group based on clinical need and interests. Therapy notes are expected within 24 hours of providing services.
The Women’s Mental Health rotation is an ideal opportunity for trainees interested in the provision of mental health services to the rapidly increasing number of women veterans now being served by the VA. Many of these women have trauma histories and serving them requires an understanding of the impact of trauma on women's lives as well as a specialized skill set to treat the related psychiatric disorders.

Fellows will have the opportunity to:

- Participate in a new and important center for women veterans
- Conduct mental health assessments and interventions sensitive to women’s issues
- Learn and implement evidenced-based therapies such as CPT, PE, DBT, CBT, and ACT
- Participate in evaluation/outcome research

Reviewed by: Trisha Vinatieri, Psy.D.
Date: 08/08/2017

“Training at WCC has been such a positive, and informative, experience. The clinic is a rich training environment for working with women Veterans with complex mental health needs; there is a true sense of community at every level. The psychologists at WCC are collaborative, warm, and approachable with even the smallest question or concern. The clinic operates as well-functioning team that models respect and empathy for clients, trainees, and staff, alike. I learned so much about effectively using trauma-focused therapy, DBT, and other interventions, that I will carry well beyond this year.” ~Recent intern
National Center for Post Traumatic Stress Disorder
Dissemination and Training Division (Building 324, MPD)

Supervisors:

Eve Carlson, Ph.D.
Marylene Cloitre, Ph.D.
Kent Drescher, Ph.D.
Afsoon Eftekhari, Ph.D.
Rachel Kimerling, Ph.D., Director, Military Sexual Trauma Support Team
Eric Kuhn, Ph.D.
Craig Rosen, Ph.D., Director, NCPTSD Dissemination and Training Division
Josef Ruzek, Ph.D., Director, NCPTSD Dissemination and Training Division
Quyen Tiet, Ph.D.
Robyn Walser, Ph.D.
Shannon Wiltsey Stirman, Ph.D.
Steve Woodward, Ph.D., Director, PTSD Sleep Laboratory
Lindsey Zimmerman, Ph.D.

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, implementation science, 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 implementation science or 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 VA/VAHCS, 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 Innovation to Implementation (Ci2i), the Program Evaluation and Resource Center (PERC), and the Health Economics Research Center (HERC).

*Reviewed by:* Lindsey Zimmerman, Ph.D.
*Date:* 8/27/15