



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 issues.

Areas of competency in PTSD focus area training are consistent 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, anxiety, and personality disorders; 3) Empirically validated and supported treatments for PTSD, particularly Cognitive Processing Therapy (CPT) Prolonged Exposure (PE), and Concurrent Treatment of PTSD and SUD using PE (COPE); 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 individual and group-based treatments for PTSD and co-occurring disorders. 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 a diverse interprofessional team in each setting that may include – in addition to psychology – psychiatry, social work, nursing, recreational therapy, readjustment counselor, art therapist, chaplain, peer support specialist, and service dog trainers, as well as trainees in each of these areas. Fellows are involved in the full continuum of care as junior psychology colleagues, which includes providing initial screenings for admission, intakes/admissions, ongoing care coordination, individual and group therapy, program development, learning program administration, ongoing psychological assessment as clinically indicated, and discharge/transfer processes.

Fellows can expect to attain competencies in advanced general professional areas and the PTSD skill areas outlined above. The PTSD Psychology Fellows will spend at least 50% time in direct clinical service, up to 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 or program development/evaluation. 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.

Each 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 Residential Women's Trauma Recovery Program (WTRP) and/or the PTSD 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 Addiction Treatment Services [ATS], and Women's Health Center [WHC]), etc. and research tasks each Fellow will pursue, based on an assessment of competencies the Fellows already have acquired and competencies in which they have not yet developed. Decisions regarding supplementary rotations and the structure of the postdoctoral fellowship year will be based on each Fellow's particular interests and future career aspirations, as past Fellows have also elected minor rotations in the ATS, WHC, Inpatient Psychiatry, etc. The Residential MTRP has a bed capacity of 21, the Residential WTRP has a bed capacity of 10, and the PTSD IOP has a capacity of 15. TRS serves Veterans who have experienced all types of military trauma, and 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.

Additional PTSD settings include the PTSD Clinical Team (PCT), which provides training and experience in empirically-supported treatments for PTSD (e.g., CPT, PE) in a standard outpatient specialty mental health setting at pace of once a week; and the WHC, which allows the Fellow to work with female patients with trauma histories (i.e., PTSD and commonly co-occurring diagnoses including medical conditions) in an outpatient specialty gender-specific 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 each 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: Kendra Ractliffe, Ph.D. and
Jaclyn Kraemer, Ph.D.

Dates: 9/22/2020

"My fellowship in PTSD with Palo Alto VA 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 Intensive Outpatient Program (PTSD IOP)

Supervisors: Jean Cooney, Ph.D.

Robert Jenkins, Ph.D.

Jaclyn Kraemer, Ph.D.

Dorene Loew, Ph.D.

Hong Nguyen, Ph.D.

Kendra Ractliffe, Ph.D.

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Patient population: The Trauma Recovery Services (TRS) treat Veterans with Posttraumatic Stress Disorder (PTSD) and co-occurring conditions 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 a diverse group of Veterans with a wide range of intersecting identities, including diversity in age, disability, religion and spiritual orientation, ethnicity/race, socioeconomic status, sexual orientation, and gender. Postdocs will also become familiar with military culture and impact on the process of clinical service provision.

Psychology's role in the setting: A member of the interprofessional treatment team and lead Clinical Coordinators of each program, providing a wide range of clinical services including screenings for services, 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. We value a strengths-based team approach emphasizing cultural humility in treating Veterans. We celebrate the diversity represented in our interprofessional team, including trainees, and the Veterans we serve.

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

Nature of clinical services delivered: TRS use both individual and group therapy modalities and prioritize evidence-based treatments (EBTs) for PTSD, including Prolonged Exposure (PE), Cognitive Processing Therapy (CPT), Cognitive Behavioral Therapy (CBT), and CBT for Insomnia. An additional emphasis is concurrent evidence-based treatment for co-occurring substance use disorders, including Motivational Enhancement Therapy (MET), CBT for Substance Use Disorders (SUDs), Dialectical Behavior Therapy (DBT) for SUDs, Nicotine Cessation Therapy, and Contingency Management (CM) for Stimulant Use Disorders. A final area of treatment emphasis includes third-wave interventions, such as DBT, Acceptance and Commitment Therapy (ACT), and mindfulness. Postdocs will learn challenges to EBT implementation in residential and IOP treatment settings, including , including translations to Telemental Health Care models and adaptations to evidence-based approaches for PTSD within a rolling cohort while maintaining fidelity to treatment protocols.

Distinctions between the Residential Men's and Women's Trauma Recovery Programs and PTSD IOP: Conceptually, the MTRP and WTRP are very similar; they share the same clinical mission to address military-related PTSD using cognitive-behavioral approaches in the context of a residential community. The WTRP currently treats a greater proportion of residents with MST and, conversely, the MTRP treats a greater proportion of residents with combat-related trauma. However, often within the MTRP, 30-40% of residents have experienced MST. Additionally, the women's program carries a smaller daily census and places a greater emphasis on gender-specific service delivery. The PTSD IOP is a time-limited (8-week) program that provides intensive and frequent trauma-focused psychotherapy (PE or CPT or Concurrent Treatment of PTSD and SUD using Prolonged Exposure [COPE]) with Veterans for whom residential treatment is not indicated (i.e., Veterans who are working or attending school, have home commitments, or who are ambivalent about abstaining from substance use). The PTSD IOP emphasizes

concurrent evidence-based treatment for SUDs and/or emotion dysregulation (i.e., DBT) to facilitate successful completion of trauma work. Currently, due to COVID-19, the PTSD IOP is a fully Telemental Health Care program.

Fellow's role in the setting: Fellows often provide services across all three programs, although they will primarily be focused in one program. Each Fellow will function as an important member of the interprofessional team and will assist with screenings, 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 CPT and/or PE and/or COPE, 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. TRS welcomes Fellows' input for program development based on areas of expertise and interest as the opportunity arises.

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 observe various members of the interprofessional team conducting a variety of interventions. Additionally, trainees are provided with the opportunity to participate in the CPT Implementation Program to become certified as a CPT provider, which includes 2-3 day training and weekly consultation calls for at least six months.

Didactics in the setting: Regular in-service trainings on related topics by our clinical staff and invited experts. Fellows will also present to the interdisciplinary team on a topic of their choice during the year. Group supervision and DBT consultation group may be offered depending on availability of trainees and staff.

Pace: TRS is a fast-paced setting where flexibility and team work are crucial.

Use of Digital Mental Health tools: Currently, due to COVID-19, we are primarily implementing Telemental Health Care (e.g., Veterans Video Connect and Zoom) and have the option of working remote. We collaborate with the National Center for PTSD (NCPTSD) and implement mental health mobile apps based on Veterans' preference. Some current apps in use include PE Coach, CPT Coach, ACT Coach, Virtual Hope Box, CBT for Insomnia, and Mindfulness Coach.

The TRS rotations are ideal training sites for Postdoctoral Fellows interested in refining their expertise in PTSD and other stress-related disorders. The residential Trauma Recovery Programs are affiliated with NCPTSD and are the first and longest-standing residential treatment programs for Veterans with PTSD in VA.

Many of our Veterans have experienced multiple traumatic events and have co-occurring disorders. 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 interprofessional 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 PE or CPT or COPE where they learn to interrupt patterns of avoidance and challenge beliefs associated with past traumas, while managing the thoughts, feelings, and physiological symptoms these experiences evoke. TRS has established a reputation for innovation, wherein cutting edge therapies are thoughtfully applied and assessed.

Reviewed by: Kendra Ractliffe, Ph.D. and Jaclyn Kraemer,
Ph.D.

Date: 9/22/2020

Acceptance and Commitment Therapy (Mini-Rotation)

Available at both the Residential Men's and Women's Trauma Recovery Programs, as well as the PTSD Intensive Outpatient Program (PTSD IOP)

Supervisors: Robyn D. 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 interns in a number of different settings as supported by individual rotation supervisors (e.g., BMed, Inpatient Psychiatry, Women's Health Center, MHC, PTSD Clinics/residential programs). The mini-rotation is open to trainees new to ACT but is better suited to trainees who already have some familiarity with ACT theory and concepts.

Amount/type of supervision: At least 1.5 hours per week of group supervision/consultation with individual supervision as needed. Dr. Walser co-leads the mini-rotation via videoconference 2x/month as does Dr. Reis. It is standard for at least one of the supervisors to be present each week. Opportunities to be observed and recorded are available.

Didactics in the setting: Formal didactics providing an introduction/overview of ACT is limited. Participation in the ACT mini-rotation includes reading and reviewing articles, chapters, and books specific to ACT and the underlying theory. As well, trainees will be asked to view web material to support their training.

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 is recommended to assist with learning ACT concepts and clinical implementation.

Small Project: Each supervisee will be asked to create an educational product related to ACT. This can include client exercises, therapist exercises, and/or review of literature (determined by supervisor and supervisee depending on interests).

Use of Digital Mental Health tools: Support for use of VA mobile apps, as appropriate.

Reviewed by: Robyn Walser, Ph.D. and Veronica Reis,
Ph.D.

Date: 8/27/2020

"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)

Supervisors: Emily Hugo, Psy.D.

Madhur Kulkarni, Ph.D.

Erin Martinez, Ph.D. (Livermore Division)

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.

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

Other professionals and trainees in the setting: Psychology postdoctoral fellows, psychology practicum students, psychiatry residents, social workers, art therapists, nurses, and psychiatrists. The PCT team consists of psychologists, social workers, and an art therapist/recreation therapist. Trainees include medical residents and social work interns. Psychologists also work closely with the Mental Health Clinic staff, coordinating care with mental health treatment coordinators, nursing staff, and psychiatrists.

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.

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.

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 of session recordings, role play, and presentation of case conceptualization. The supervisors work from an integrated developmental perspective, examining behavioral, CBT, interpersonal, and systemic factors.

Use of Digital Mental Health tools: PCT staff, including trainees, integrate the use of mobile applications in their work with Veterans to maximize treatment benefit, as well as deliver therapy via telehealth to outlying CBOCs and to home via clinical video telehealth (CVT).

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, Motivational Interviewing, and Acceptance and Commitment Therapy. There are also opportunities for program development, as the PCT is 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, PsyD
Date: 09/01/2020
Reviewed by: Erin Martinez, Ph.D.
Date: 9/24/2020

Women's Counseling Center (Building 350, MPD)

Supervisor: TBD

Patient population: The Women's Counseling Center (WCC) is an outpatient mental health program for women-identified 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).

Psychology's role in the setting: Psychologists function as part of an interdisciplinary team (BHIP 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. Trainees 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.

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 psychology fellows, psychology practicum students and social work interns.

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, Skills Training in Affect and Interpersonal Regulation, 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 often administered to patients new to treatment. Treatment modalities include individual and group therapy, as well as telemental health services for women who have difficulty accessing care (e.g., rural populations, caregiving responsibilities).

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.

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.

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 national monthly Women's Mental Health webinar series.

Use of Digital Mental Health tools: The Women’s Counseling Center staff regularly, including trainees, integrate the use of mobile applications in their work with women Veterans to maximize treatment benefit, as well as deliver therapy via telehealth to outlying CBOCs and to home via CVT.

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 Counseling Center rotation is an ideal opportunity for fellows 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, STAIR, and ACT
- Participate in evaluation/outcome research

Reviewed by: Anna Staudenmeyer, Ph.D.

Date: 08/12/2019

“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., Fellowship Director
Afsoon Eftekhari, Ph.D.
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Shannon McCaslin, Ph.D.
Carmen McLean, Ph.D.
Jason Owen, Ph.D., M.P.H.
Craig Rosen, 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.

Patient population: Vietnam-era Veterans are the majority of VA PTSD patients nationwide, but projects also include Iraq and Afghanistan Veterans, Veterans exposed to military sexual trauma (MST), and Veterans of other conflicts (Korean War, the first Gulf War). Research has been conducted on hospital patients with traumatic injuries and family members of gravely injured hospital patients. The Dissemination & Training Division is also responsible for nationwide mobile mental health initiatives aimed at Veterans (and their family members) enrolled in inpatient or outpatient VA care, those receiving services in the community, and those not currently connected to mental health services. NCPTSD is also actively involved in developing and testing outreach and engagement strategies for Veterans who remain underserved such as rural Veterans, student Veterans, and women who have experienced MST. Development and testing of treatment interventions for alternative venues including primary care and telemental health to the home are ongoing.

Psychology's role: NCPTSD researchers and educators, most of whom are psychologists, play a nationwide leadership role in disseminating state-of-the-art treatments for PTSD, including a portfolio of widely-disseminated mobile apps (PTSD Coach, Mindfulness Coach, Family Coach, etc.), two national VA initiatives to train clinicians in evidence-based treatments, and video and web-based trainings for clinicians and web-based educational materials for trauma survivors. NCPTSD researchers conduct evaluations of VA mental health services, clinical intervention trials, implementation science, mobile apps and web interventions, assessment development studies, biological research, and neuroimaging studies.

Other professionals and trainees: Psychiatry, Research, Social Work, Public Health, Psychology Practicum Students.

Nature of clinical services delivered: Limited clinical services are delivered as part of specific research trials or user experience studies.

Intern's role: The training needs and interests of the intern define the mix of dissemination and research activities. Interns interested in dissemination work with National Center staff to develop PTSD-related products and services with potential for wide dissemination, or to take on a significant role in an ongoing implementation science or dissemination project. Interns 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 interns 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. Interns may also have an opportunity to participate in delivery of interventions in ongoing clinical trials. Interns interested in mobile mental health are expected to participate in mobile app development (content writing, wireframing, or user testing), analysis of data from mobile app trials, and user experience testing with Veterans.

Amount/type of supervision: One or two mentors are assigned to each intern. Supervision will be as needed, typically involving several face-to-face meetings per week.

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 intern develop a rotation plan.

Use of digital mental health tools: Mobile applications for iOS and Android, including PTSD Coach, PTSD Family Coach, PE Coach, CBT-I Coach, Insomnia Coach, Mindfulness Coach, CPT Coach, Stay Quit Coach, AIMS, STAIR Coach, Mood Coach, ACT Coach, Couples Coach, and Beyond MST; web-based interventions including AIMS, Moving Forward, VA CRAFT, and webSTAIR.

The National Center for Posttraumatic 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 and 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 include two nationwide initiatives to train VA clinicians in Prolonged Exposure (PE) and in Acceptance and Commitment Therapy (ACT), and patient education and self-help materials for military personnel and civilians exposed to trauma.

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 interpersonal;
- 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 PTSD Clinical Team, 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: Eric Kuhn, Ph.D.

Date: 8/24/2020