

## **CENTER FOR RETURNING VETERANS**

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Training Location:  
Jamaica Plain Campus

**Number of Interns: 1**

### **~ OVERVIEW ~**

Veterans of Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn (OEF/OIF/OND) are a rapidly growing segment of the VA population. The number undoubtedly will continue to grow as veterans from this era continue to present for care for the first time. The mental health needs of a large, recently returned veteran population are significantly different from that of other era veterans. Critical components include developmental considerations related to treating younger veterans, the complexity of providing treatment in the context of ongoing war, the challenges of providing treatment to veterans who may experience redeployment or have ongoing military commitments, as well as the challenges of increasing motivation among a group of veterans who often present with ambivalence about engaging in mental health care.

The core of the intern's clinical training will involve the provision of mental health services within the Center for Returning Veterans (CRV) at the Jamaica Plain campus. The CRV is a mental health clinic established at VA Boston in 2005 to respond to the unique mental health needs of returning OEF/OIF combat veterans. The CRV team includes licensed clinical psychologists and clinical social workers, psychiatrists, and trainees (e.g., practicum students, psychology and social work interns, psychology postdoctoral fellows, psychiatry residents). The CRV's mission is accomplished through assessment, the provision of individual, group, and psychopharmacological services, and referral to specialty mental health services. The intern's training will therefore focus on developing expertise in responding to the full range of returning veterans' post-deployment concerns.

To provide additional breadth of training experiences, the intern will also participate in adjunctive clinical work in the PTSD clinic at the Jamaica Plain campus. This work within the PTSD clinic provides interns with opportunities to foster competence in addressing the long-term sequelae of trauma.

### **~ CLINICAL EXPERIENCE ~**

The CRV intern will receive extensive training in the assessment and treatment of returning veterans experiencing a broad range of deployment-related difficulties. Interns will receive training in individual and group therapy. The presenting problems of the CRV patient population are highly varied and include, but are not limited to, adjustment disorders, posttraumatic stress disorder (PTSD), anxiety disorders such as panic disorder and social anxiety disorder, depression, and substance use disorders, as well as interpersonal, anger, and cognitive difficulties. The core clinical training provided in this rotation places special emphasis on treatment of adjustment disorders, PTSD (both full criteria and sub-clinical), and depressive disorders, as these are the most prevalent diagnoses treated in the CRV.

A central aspect of clinical work in the CRV is to engage in early intervention with the goal of preventing disorders from shifting into a chronic course. Whenever possible, clinical interventions are provided when symptoms are at a lower intensity level, without many of the more intense psychosocial sequelae that may occur in later stages of disorder course (e.g., loss of relationships, long-term substance abuse). The aim of treatment is to help those who have recently returned home move forward on a positive trajectory for readjustment. An additional central aspect of this rotation is working with a unique VA population with regard to development, as the majority of patients seen within CRV are in young adulthood. Furthermore, these individuals have often experienced transitioning into adulthood in the context of military service and war. Clinical work within CRV, regardless of diagnosis, therefore often includes facilitating the development of a sense of identity, purpose, and meaning as the veteran transitions to life after deployment. Although the large majority of veterans seen in the CRV clinic are male, female veterans are also seen in this clinic, and interns regularly have opportunities to engage in assessment and treatment of female veterans. Patients vary considerably with regard to age, race, and current military status. Therefore, the intern will develop an expertise in working with recently returned veterans, while learning generalist assessment and treatment skills to address the wide range of presenting clinical concerns in this population.

The CRV patient population is diverse; therefore, the specific therapeutic methods taught and utilized within CRV are equally varied, focusing on a wide range of

presenting complaints and incorporating multiple theoretical orientations while remaining thoroughly grounded in evidence based practice. Training will emphasize the integration of empirically supported treatments with empirically supported relationships (Norcross, 2002) and take into account characteristics of the returning veteran clinical population and identified barriers to care (e.g., stigma). Interventions utilized include psychoeducation, motivational interviewing, behavioral activation, cognitive therapy, interpersonal therapy, acceptance and commitment therapy, as well as trauma-focused therapy (Cognitive Processing Therapy and Prolonged Exposure). Additionally, clinical activities will incorporate skills training, Dialectical Behavior Therapy, and Seeking Safety approaches, as indicated. Adjunctive therapy experiences in the PTSD clinic are consistent with the approaches described above. Individual therapy cases within the PTSD clinic emphasize flexibly providing empirically-based treatments to address the various needs of veterans diagnosed with PTSD. Group therapy experiences involve the provision of psychoeducation and empirically-based interventions to a broad population of veterans diagnosed with PTSD.

Training overall will focus on developing skills related to flexibly applying empirically supported treatments taking into account patient preferences, diversity issues, as well as clinician expertise. Clinical work will also emphasize the development and maintenance of the therapeutic relationship as well as non-specific therapeutic factors that are critical to treatment engagement with returning service members. Finally, assessment training activities will incorporate diagnostic evaluation and history-taking, administration and interpretation of empirically-tested psychometric instruments (e.g., PCL, PHQ-9), as well as opportunities for more extensive structured clinical interviewing as clinically indicated (e.g., SCID, CAPS). These assessment procedures are conducted in the context of identifying and facilitating the most appropriate treatment plan and referral.

Clinical training activities within the rotation include: 1) one weekly intake assessment focused on psychosocial and diagnostic assessment; 2) individual therapy, including predominantly CRV referrals as well as a small number of non-returning veteran referrals from the PTSD clinic (estimated caseload of 8-10 patients in total); and 3) group therapy (estimated two groups), including possible opportunities to co-lead skills-based and support groups within the CRV, PTSD, and General Mental Health clinics

### **~ INTERDISCIPLINARY INTERACTIONS ~**

The CRV hosts a weekly inter-disciplinary team meeting attended by psychologists, psychiatrists, social workers, and a broad range of trainees (e.g., clinical and clinical research post-doctoral fellows, psychology interns, practicum students, psychiatry residents). These team meetings involve interactions around clinical administration

issues, as well as clinical consultation regarding assessment, treatment planning, and ongoing treatment coordination. The intern is a vital member of this team and would have the opportunity to both receive and provide feedback to other team members. In addition, the CRV holds a monthly interdisciplinary case conference to allow for a more in depth discussion of specific cases. Trainees as well as staff present cases during this case conference. In addition to these formalized opportunities, the intern will be encouraged to engage in frequent interactions with other providers related to the veterans they serve. These interdisciplinary interactions are likely to occur with primary care physicians, social workers and nurse case managers within the Transition Care Management (TCM) program, and other mental health providers. Interactions with the TCM program are particularly frequent and relevant to the work of the CRV, as our programs are co-located, and a primary method for referral is “warm hand-off” of veterans from enrollment visits to CRV mental health staff to increase the likelihood of patient engagement.

### **~ SUPERVISION ~**

The CRV intern will be assigned to two individual psychotherapy supervisors (one hour per week each), with one supervisor designated as primary and serving as the point person for the trainee for any internship or clinic concerns experienced while on the rotation. The primary supervisors within the CRV are Dr. Kevin Brailey, Dr. Erin Scott Daly, Dr. Scott Litwack, and Dr. Jill Panuzio Scott. In addition, the intern will participate in weekly small group supervision (2-3 trainees) focused on intake/diagnostic assessment. Finally, interns will receive weekly supervision for each of their group therapy experiences. This supervision will be provided by staff in the CRV and PTSD clinic depending on the clinic location of the group.

### **~ TRAINING IN SUPERVISION ~**

The Center for Returning Veterans rotation also offers training in the delivery of clinical supervision. This typically involves interns supervising graduate-level students (i.e., psychology practicum students) on one to two cases during the eight-month rotation. Interns will receive supervision of these supervisory experiences during individual supervision meetings with one of the CRV staff psychologists.

### **~ SELECTION CRITERIA ~**

Applicants who would be the best fit with this rotation have broad experience with psychological treatment of adults for a variety of disorders, particularly PTSD, mood, and anxiety disorders, and have a specific interest in working with returning veterans.

### **~ SCHOLARLY INQUIRY ~**

The level of intern involvement in scholarly inquiry activities during the rotation will vary based on interest level, available resources, and training needs. Interns may choose to participate in an ongoing clinical research study, assist with program evaluation activities, or independently propose and conduct a study under staff supervision. Engagement in scholarly inquiry will be facilitated by the intern's primary supervisor and may take place either within or outside the CRV.

- **Research:** CRV staff work closely with psychology interns to identify the best mentor/trainee match to facilitate the intern's research training goals. In many cases, interns have chosen to pursue research mentorship with full-time clinical researchers within the National Center for PTSD (i.e., Behavioral Sciences Division and/or Women's Health Sciences Division). These opportunities are many and varied, and include several projects focused on returning combat veterans (please see the National Center for PTSD rotation descriptions for further details).

Additionally, Dr. Brailey is available to facilitate trainee participation in data analyses conducted within the Neurocognition Deployment Health Study (NDHS). The NDHS is a longitudinal study examining the effects of OEF/OIF deployment on psychosocial and neurocognitive outcomes. A unique aspect of this study is the existence within the cohort of prospective, pre-training in deployment outcome data. He can facilitate trainee interactions with NDHS staff to identify potential research questions that might be examined within the broader NDHS database.

- **Program Evaluation:** The Center for Returning Veterans performs program evaluation by assessing patients prior to treatment using psychometrically-validated self-report assessments. The primary purpose of this information is to better understand the CRV patient population, monitor effectiveness of current interventions, and identify areas for further development of programming. As an integral CRV team member, the intern will be involved in the collection of program evaluation data. Additionally, based on intern interest, the trainee will have the opportunity to collaborate with staff psychologists in analyzing program evaluation data to provide consultation to the treatment team with regards to outcome data and patient feedback, as well as suggest changes to the clinic or programming, if applicable. Trainees will also have the opportunity to work with staff psychologists to suggest changes to current methods and measures of program evaluation within the CRV. Exposure to program evaluation within CRV will facilitate the development of skills in using effectiveness data to inform clinical practice as well as program adaptation.

## ~ RESEARCH ~

### Selected recent publications from our staff:

- Clapp, J. D., Baker, A. S., Litwack, S. D., Sloan, D. M., & Beck, J. G. (2014). Properties of the driving behavior survey among individuals with motor vehicle accident-related posttraumatic stress disorder. *Journal of Anxiety Disorders*, 28, 1-7.
- Han, S. C., Castro, F.\*, Lee, L O., Charney, M. E., Marx, B. P., Brailey, K., Proctor, S. P., & Vasterling, J. J. (2014). Military unit support, postdeployment social support, and PTSD symptoms among Active Duty and National Guard soldiers deployed to Iraq. *Journal of Anxiety Disorders*, 28, 446-453.
- Lamotte, A., Taft, C. T., Weatherill, R., Scott, J. P., & Eckhardt, C. I. (2014). Examining intimate partner aggression assessment among returning veterans and their partners. *Psychological Assessment*, 26, 8-15.
- Litwack, S. D., Jackson, C. E., Chen, M., Sloan, D. M., Hatgis, C., Litz, B. T., Marx, B. P. (2014). Validation of the use of video conferencing technology in the assessment of PTSD. *Psychological Services*, 11, 290-294.
- Litwack, S. D., Beck, J. G., & Sloan, D. M. (2015). Group Treatment for Trauma-Related Psychological Disorders. In *Evidence Based Treatments for Trauma-Related Psychological Disorders* (pp. 433-448). Springer International Publishing. doi: 0.1007/978-3-319-07109-1\_23
- Meyer, E. C., Zimering, R., Daly, E., Knight, J., Kamholz, B. W., & Gulliver, S. B. (2012). Predictors of posttraumatic stress disorder and other psychological symptoms in trauma-exposed firefighters. *Psychological Services*, 9, 1-15.
- Scott, J. P., DiLillo, D., Maldonado, R. C., & Watkins, L. W. (2015). Negative urgency and emotion regulation strategy use: Associations with displaced aggression. *Aggressive Behavior*, 41, 502-512.
- Taft, C. T., Weatherill, R., Scott, J. P., Thomas, S., & Eckhardt, C. I. (2015). Social information processing in anger expression and partner violence in returning veterans. *Journal of Traumatic Stress*, 28, 1-8.
- Vasterling, J. J., Brailey, K., Proctor, S. P., Kane, R., Heeren, T., & Franz, M. (2012). Effects of mild traumatic brain injury, PTSD, and depression on neuro-psychological

performance and functional health in Iraq-deployed soldiers. *British Journal of Psychiatry*, 201, 186-192.

Wahlstrom, L. C., Scott, J. P., Tuliao, A. P., DiLillo, D., & McChargue, D. E. (2015). Posttraumatic stress disorder symptoms, emotion dysregulation, and aggressive behavior among incarcerated methamphetamine users. *Journal of Dual Diagnosis*, 11, 118-127.