

GENERAL MENTAL HEALTH

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Training Locations:
Jamaica Plain Campus - 4 days
Brockton Campus - 1 day

Number of Interns: 2

~ OVERVIEW ~

The General Mental Health rotation provides opportunities for interns to obtain clinical training in multiple outpatient mental health programs affiliated with the General Mental Health Program at VA Boston. These include the General Mental Health Clinic (GMHC), Mood and Anxiety Disorders Clinic (MADC), Primary Care Behavioral Health Clinic (PCBH), and Urgent Care Clinic (UCC). These clinics offer a broad array of services to veterans with mental health difficulties throughout VA Boston Healthcare System and provide interns with ample opportunity to work with a wide range of patients. Interns are also encouraged to participate in any of the multiple ongoing, federally-funded research studies as part of their scholarly inquiry (research) activities. The General Mental Health rotation will accept two interns for the 2017 - 2018 training year. Interns will receive training at both the Jamaica Plain (JP) and Brockton (BR) GMHC sites.

The GMHC provides evidence-based evaluation, differential diagnosis, psychotherapy, and psychopharmacology as well as treatment referrals to mental health specialty clinics. The GMH Clinics at Jamaica Plain and Brockton serve an extremely diverse population as you would expect to find in a large, very active, multidimensional program. Our veterans are men and women, ranging in age from 18 to 90. They are diverse in terms of race and ethnicity – primarily Caucasian followed by African-American/Black, Hispanic or Latino, multiracial, Asian-American, and Native American. Diversity in sexual orientation, religion, family structure, among many others, is seen.

Diagnostically, they present with a wide range of mental health problems, from those with simple bereavement and/or adjustment issues to severely-impaired, multiply-diagnosed individuals who are unlikely to be appropriate for a specific mental health specialty clinic. In a following section, we describe the GMHC and its association with several specialty clinics, including the MADC, PCBH, and UCC. This provides interns with an ideal balance of general and specialty training.

~ TRAINING OBJECTIVES ~

The activities of the GMH interns are similar to those of a staff psychologist in the GMHC. The training objectives include developing competency in:

- Conducting in-depth psychological assessments and related reports, with a focus on diagnosis and case disposition. Further, over the course of the rotation, interns are trained in thorough risk assessment.
- Developing strong case conceptualization skills for a broad range of patients with a variety of complex presentations, to inform treatment planning.
- Displaying increased mastery in the delivery of individual, couples, and group psychotherapy within a variety of clinical settings. The interns will develop and implement treatment plans for mood, anxiety and other broad ranging disorders.
- Effectively engaging in multidisciplinary treatment teams. The GMHC houses a large multidisciplinary staff composed of psychiatrists, social workers, clinical nurse specialists, suicide prevention coordinators, case managers, and psychologists. Training in the GMHC is interdisciplinary and multi-level, and includes psychology interns and post-doctoral fellows, social work interns, and psychiatry residents. The exposure to diverse staff with a variety of theoretical approaches and supervisory styles, is designed to assist interns in developing their own, unique professional identity and perspective informed by scientific data. Trainees will further develop expertise and confidence in clinical case presentation within an interdisciplinary setting such as weekly team meetings and the bi-monthly case conceptualization meetings.
- Demonstrating professional growth in areas of ethical, legal, and cultural issues related to both clinical and scientific activities.
- Interns will engage in research activities through the GMHC (primarily program development projects) or through collaboration with researchers throughout the broader Boston VA system.
- Interns may also have the opportunity to develop supervisory skills by engaging in supervision of externs (when available) or other trainees and receiving supervision of supervision.

~ CLINICAL EXPERIENCE ~

The General Mental Health rotation includes four mental health clinics described below. Some additional options may be available as programs evolve. Assignments include involvement in at least three of the four following programs:

- **General Mental Health Clinic:** The GMHC serves several functions in the VA Boston Healthcare System, including evaluation and treatment of general mental health difficulties, and referral for treatment in specialty clinics. A primary focus of the GMHC is the provision of services to veterans with a variety of psychological disorders who could benefit from time-limited treatment (e.g., veterans with adjustment disorders, veterans dealing with loss and bereavement, veterans with multiple mental health issues that are not best treated in a specialty clinic). The GMHC also houses the Mood and Anxiety Disorders Clinic (MADC). The MADC provides evidence-based, state-of-the-art evaluation, psychotherapy (individual and group), and psycho-pharmacology for mood and anxiety disorders. Treatment in both the GMHC and MADC is geared toward reducing psychiatric symptoms and patient distress, strengthening skills and coping resources, and improving psychosocial functioning and quality of life. A variety of theoretical approaches to treatment are utilized, including cognitive-behavioral, behavioral, acceptance-based, interpersonal, psychodynamic, and systems. Cognitive-behavioral, behavioral, acceptance-based, and other empirically-supported interventions are particularly emphasized in the MADC. Psychometrically-validated pre- and post-treatment assessment instruments are also used to evaluate treatment outcome.
 - Supervisors – Jamaica Plain: William Bowe, Ph.D., Justin Hill, Ph.D., Stephen Lancey, Ph.D., Amy Lawrence, Ph.D., and Sarah Weintraub, Ph.D.
 - Supervisors – Brockton: Shimrit Black, Ph.D. and Shannon McNeill, Ph.D.
- **Primary Care Behavioral Health:** The Primary Care Behavioral Health (PCBH) program is part of a nation-wide effort to create a seamless integration of Primary Care and Mental Health services. PCBH offers co-located, immediate, collaborative care within the Primary Care setting. Patients are provided with brief assessments and interventions for a range of mental health difficulties, using evidence-based methods.
 - Supervisor: Kristin Gregor, Ph.D.
- **Urgent Care Clinic:** The Urgent Care Clinic provides a unique opportunity for closely-supervised experience in crisis management and assessment of risk for suicide and/or other violence. It also provides exposure to patients with a broad range of psychopathological conditions, including both acute and sub-acute symptoms (e.g., psychotic disorders, alcohol and drug intoxication). This

experience is based on a model emphasizing training in three major areas: knowledge, skill, and attitude.

- Supervisor: Phillip Kleespies, Ph.D., ABPP

- **Intern Assignment:** Both interns will have a common core training component, comprised of both the GMHC and MADC. In addition, one intern will train in Urgent Care, whereas the other will train in Primary Care. Both interns will spend four days per week at the Jamaica Plain campus (GMHC, MADC, and either UCC or PCBH) and one day per week at the Brockton campus in the GMHC. The Brockton Campus is approximately 25 miles south of Boston. Intern assignments will be made with consideration for the needs and interests of the intern, in order to augment and broaden the intern's clinical experience.
- **Assessment:** Interns on the General Mental Health rotation have multiple opportunities to strengthen their skill in diagnosis and assessment. Interns conduct in-depth mental health screening interviews on veterans referred to the GMHC and MADC, with a focus on diagnosis, risk assessment, and case disposition. Interns also conduct more comprehensive biopsychosocial evaluations in selected cases, such as those involving more complex differential diagnosis questions. GMHC and MADC diagnostic assessments range from one to four sessions. Interns will learn to conduct evaluations using relevant portions of the Structured Clinical Interview for DSM-V (SCID-V), and self-report measures (e.g., Beck Depression Inventory-II, PRIME-MD, PAI, MMPI-2) as guided by the referral question and/or presenting complaint. GMHC assessments are typically broad in scope, including a full Axis I diagnostic assessment, as well as treatment planning, referral, and consultation with the referring clinician. MADC assessments focus primarily on differential diagnosis of mood and anxiety disorders and treatment planning. PCBH assessments are a unique skill; they are typically 15 to 50 minutes, and focus on identifying key issues of concern for the primary care patient, with real-time liaison with primary care staff. Similar to PCBH, but in an acute (often high-risk) setting, training in the UCC provides experience in rapid assessment, risk assessment and management, and interdisciplinary consultation.
- **Intervention:** Interns are actively involved in the provision of both individual and group psychotherapy, with a focus on short-term, problem-focused interventions. Interns will co-lead one or more psychotherapy groups with staff members and/or other trainees, typically using flexibly-administered, manual-based treatments. The following programs and groups are offered through the Clinics on a regular basis:

- **Group Treatment for Anxiety Disorders:** This short-term (10 session) group is based on cognitive-behavioral principles and associated exposure-based interventions. The group is aimed at improving patients' functioning by facilitating habituation to, and acceptance of, anxiety responses.
- **Depression Management Groups:** This short-term (10 session) group utilizes a cognitive-behavioral approach to management of depression. The group is aimed at reducing depressive symptoms and improving psychosocial functioning, and incorporates treatment components such as behavioral activation and cognitive restructuring.
- **Anger Management Group:** This short-term (10 session) group provides treatment for veterans with anger management difficulties. Utilizing a cognitive-behavioral approach (with the opportunity to incorporate basic mindfulness techniques), the group is aimed at understanding and regulation of anger responses.
- **Dialectical Behavior Therapy (DBT) Group:** This ongoing, trans-diagnostic psychotherapy group introduces the core principles and skills (mindfulness, interpersonal effectiveness, emotion regulation, and distress tolerance) covered by Linehan's treatment.
- **Living with Bipolar Disorder:** This short-term (10 session), skills-based group is provided in conjunction with medication management for patients diagnosed with bipolar disorder. The group focuses on skills to facilitate prevention and management of extreme mood shifts, using behavioral and systems-oriented interventions.
- **Acceptance and Commitment Therapy (ACT):** This short-term (10 session) group introduces ACT-based skills, including mindful meditation, to help alleviate suffering and improve quality of life. ACT-consistent metaphors and experiential exercises are used to assist in the process of relating to internal experiences with a stance of acceptance and willingness, identifying core values, and committing to values-consistent goals.
- **Stress and Coping Group:** This ongoing skills-based group introduces cognitive-behavioral stress management skills and relaxation techniques

to veterans with a range of presenting complaints and biopsychosocial stressors

- **Couples Therapy:** The GMHC additionally offers training in the delivery of couples therapy from an Integrative Behavioral Couples Therapy (IBCT) model. This semi-structured couples therapy model targets behavioral changes, particularly in communication, within the dyad.

~ INSTRUCTION ~

Interns participate in weekly, one hour multi-disciplinary, clinic team meeting and a twice monthly, one hour case conceptualization meeting in JP. Interns participate in a monthly one hour multi-disciplinary, clinic team meeting and a monthly, one hour case conceptualization meeting in Brockton. The intern assigned to PCBH will also participate in a monthly, one hour primary care meeting on the West Roxbury campus. In addition to these meetings, there are multiple opportunities for interns to engage in informal case consultation with staff members and other trainees.

~ SUPERVISION ~

Interns will be assigned to a primary supervisory psychologist, as well as multiple additional supervisory psychologists across the clinics. The primary supervisor will be responsible for supervision of some individual therapy cases, and will also be available for consultation on professional and career development issues. Interns are assigned to supervisors in this manner to ensure that the number of individual (one on one) hours is met or exceeded, and to provide multiple theoretical orientations. In addition to individual supervision, interns may participate in group supervision (2 - 3 trainees) that includes trainees at different levels of experience. Each intern will receive at least two hours of individual supervision per week in Jamaica Plain, one-half to one hour per week of individual supervision in Brockton, and one-half hour of group supervision for each group they co-lead. Interns will also receive case consultation from two postdoctoral psychology fellows training in the General Mental Health fellowship program. Case consultation by fellows is above that provided by staff psychologists. Case consultation is provided under the direct supervision of a licensed psychologist who maintains clinical and legal responsibility for the case.

~ TRAINING IN SUPERVISION ~

Occasionally, the General Mental Health rotation offers training in the delivery of clinical supervision. This typically involves interns providing clinical consultation to graduate-level students on one to two cases during the eight-month rotation. Interns then receive supervision on this "supervision" from a licensed staff psychologist. Interns meet weekly with the supervisor to address the issues that emerge for each of the

supervisees. Readings on the supervisory process are provided and interns are encouraged to incorporate different points of view to develop their own style of supervision.

~ RESEARCH ~

Interns may collaborate with staff on any number of funded clinical research projects, which will provide opportunities for involvement in professional presentations and preparation of empirical and review manuscripts. Interns are encouraged to identify research activities that would expand their current skill set. Specifically within GMH, Dr. Barbara Kamholz is actively involved in program development and evaluation regarding CBT training, including CBT training for psychiatry residents. Interns interested in these academic pursuits are encouraged to communicate with Dr. Kamholz for more specific information.

Level of intern research involvement during the rotation may 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 relevant to the clinic, or independently propose and conduct a study under staff supervision. Intern candidates are encouraged to contact supervisors who share similar research interests to learn of the most current opportunities.

Selected recent publications from our staff:

Black, S.K., de Moor, C., Kendall A.D., Shrier, L.A. (2014). Feasibility of Momentary Sampling Assessment of Cannabis Use in Adolescents and Young Adults. *Journal of Child and Adolescent Substance Abuse*, 23(3), 177-184.

DiLillo, V., Hussong, A., Kamholz, B. W., & Lloyd-Richardson, E. (2013). Psychologist and parent: Advice from professionals in different career tracks. In M. J. Prinstein (Ed.) *The portable mentor: Expert guide to a successful career in psychology*, Second Edition, 101-116. NY: Springer.

Green, J.D., Black, S.K., Marx, B.P., & Keane, T. (In press). Behavioral, Cognitive and Neuropsychological Conceptualizations of Posttraumatic Stress Disorder. In C. Dalenberg, S. Gold, & J. Cook (Eds.), *APA Handbook of Trauma Psychology*.

Harte, C. B., Liverant, G. I., Sloan, D. M., Kamholz, B. W., Rosebrock, L. E., Fava, M., & Kaplan, G. B. (2013). Association between smoking and heart rate variability among individuals with depression. *Annals of Behavioral Medicine*, 46, 73-80.

- Kamholz, B.W., Liverant, G.I., Black, S.K., Aaronson, C., Hill, J.M., & Vielhauer, M. (2014). Beyond psychologist training: CBT education for psychiatry residents. *The Behavior Therapist*, 37, 218-226.
- Kleespies, P. (2014). *Decision Making in Behavioral Emergencies: Acquiring Skill in Evaluating and Managing High Risk Patients*. Washington, DC: APA Books.
- Kleespies, P. (2015). Integrative perspectives on behavioral emergencies and crises. In P. Kleespies (Ed.): *The Oxford Handbook of Behavioral Emergencies and Crises* (in preparation). Chapter published on-line. DOI: 10.1093/oxforhb/9780199352722.013.1
- Kleespies, P. (2015). Training for decision making under the stress of emergency conditions. In P. Kleespies (Ed.): *The Oxford Handbook of Behavioral Emergencies and Crises* (in preparation). Chapter published on-line. DOI: 101093/oxfordhb/9780199352722.013.3
- Kleespies, P., & AhnAllen, C. (2015). Evaluating and managing suicide risk in Veterans. In P. Kleespies (Ed.): *The Oxford Handbook of Behavioral Emergencies and Crises* (in preparation). Chapter published on-line. DOI: 10.1093/oxfordhb/9780199352722.013.14
- Kleespies, P., AhnAllen, C., Knight, J., Presskreischer, B., Barrs, K., Boyd, B., and Dennis, J. (2011). A study of self-injurious and suicidal behavior in a veteran population. *Psychological Services*, 8, 236-250.
- Kleespies, P. & Hill, J.M. (2011). Behavioral emergencies and crises. In D. H. Barlow (Ed.). *The Oxford Handbook of Clinical Psychology*. New York: Oxford University Press.
- Lawrence, A.E., & Taft, C.T. Shame, Posttraumatic Stress Disorder, and Intimate Partner Violence Perpetration. *Aggression and Violent Behavior*, 18, 191-194.
- McNeill, S.A. & Galovski, T.E. (2015). Coping styles among individuals with severe mental illness and comorbid PTSD. *Community Mental Health Journal*, 51(6), 663-673.
- Shapero B.G., Black S.K., Liu, R.T., Klugman, J., Bender, R.E., Alloy, L.B., & Abramson, L.Y. (2013). Stressful Life Events and Depression Symptoms: The Effect

of Childhood Emotional Abuse on Stress Reactivity. *Journal of Clinical Psychology*, 70(3), 209-223.

Shapero, B.G., Stange, J., Goldstein, K.E., Black, C.L., Molz., A.R. Hamlet, E.J., Black S.K., Boccia, A.S., Abramson, L.Y., & Alloy, L.B. (2015). Cognitive styles in mood disorders: Differentiation of diagnosis by specificity of unipolar and bipolar cognitive profiles. *International Journal of Cognitive Therapy*, 8(1), 35–60.

Tolin, D.F., Gilliam, C., Wootton, B.M., Bove, W., Bragdon, L.B., Davis, E., Hannan, S., Steinman, S.A., Worden, B., & Hallion, L.S. (in press). Psychometric properties of a structured diagnostic interview for dsm-5 anxiety, mood, and obsessive-compulsive related disorders. *Assessment*.

Weiss, R.B., Stange, J.P., Boland, E.M., Black, S.K., LaBelle, D., Alloy, L.B., & Abramson, L.Y. (2015.) Kindling of life stress in bipolar disorder: Comparison of sensitization and autonomy models, and integration with emerging biopsychosocial theories. *Journal of Abnormal Psychology*, 124, 4-16.