

INPATIENT MENTAL HEALTH / THERAPEUTIC RECOVERY

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Training Location:
Brockton Campus

Number of Interns: 1

~ OVERVIEW ~

The Inpatient Mental Health / Therapeutic Recovery rotation is located on the Brockton Campus of the VA Boston Healthcare System and is affiliated with the Harvard South Shore Psychiatry Residency Training Program. This rotation offers an opportunity for training within an integrated, interdisciplinary, recovery-oriented continuum of care involving Inpatient Mental Health programs and the Psychiatric Rehabilitation and Recovery Center (PRRC), an outpatient treatment program for Veterans with serious mental illness (SMI). Veterans range in age from 18-90 and represent a diverse racial, ethnic, socioeconomic, and gender identity background. Although the majority of the Veterans are male, there are ample opportunities for the intern to work with female Veterans on the Women's sub-unit (an 8-bed wing of one acute unit), on the transitional unit affiliated with this rotation, and in the PRRC. Opportunities also exist to work with Veterans who self-identify as transgender.

This rotation is particularly appropriate for an intern interested in enhancing their assessment and psychotherapeutic skills in working with Veterans with acute and chronic mental illness within an integrated, interdisciplinary model of training. The intern develops skills in diagnostic interviewing, psychological assessment, risk assessment, treatment planning, individual and group psychotherapy, the application of evidence-based treatment paradigms to the unique needs of Veterans with serious mental illness and other forms of mental illness (PTSD, mood disorders, anxiety disorders), and consultation with other disciplines and liaison across sites of care. Psychotherapy training includes opportunities to develop short-term cognitive behavioral and

motivational interviewing techniques to address issues of substance abuse / dependence and dual diagnosis, and to selectively apply different psychotherapeutic approaches (CBT, DBT, relational-psychodynamic) to address Veterans' core symptoms and more enduring life issues over the course of their treatment. The intern assumes a significant role in the treatment process as a member of an interdisciplinary treatment team in multiple clinical settings, and confronts complex interdisciplinary system dynamics and ethical and medical-legal dilemmas.

Intensive supervision is provided to help interns develop competence in assessment, psychiatric diagnosis, case conceptualization, and treatment of patients with severe psychopathology, establish a differentiated understanding of psychological intervention for the severely mentally ill in acute, sub-acute, and outpatient treatment phases, and to help foster the intern's sense of professional identity in these different settings across the continuum of care.

~ CLINICAL EXPERIENCE ~

The clinical experience on this rotation provides the intern with the opportunity for work in interdisciplinary settings which involves interactions with Psychiatrists, Resident Psychiatrists in training, Social Workers, and Nursing Staff. This provides the intern the opportunity to define their unique professional identity as a psychologist vis-à-vis other disciplines while functioning in their major roles conducting psychological assessments and providing individual and group therapy. The intern also has the opportunity to lead groups and to co-lead groups with Psychology faculty on the rotation. The intern is expected to assume an individual therapy caseload of approximately 4-5 Veterans on inpatient and two Veterans in the PRRC program, lead or co-lead a total of 4-5 groups per week, and complete one comprehensive psychological assessment per month. Ample supervision is provided (approximately five hours per week).

The training model for this rotation has been developed to provide the intern the opportunity to be involved in assessment and treatment of Veterans in the acute setting, and then to follow them through subsequent stages of their treatment in the continuum of care. Within this structure, the intern develops comprehensive, individualized case conceptualizations and diagnostic formulations of the Veterans they work with over the entire course of their treatment in these different settings, with each phase of evaluation and treatment building on the next. This provides the intern the opportunities for consolidating her/his understanding of the different phases of treatment and developing the different skills and interventions appropriate to these different treatment phases.

Overall, the intern spends three days (Monday, Thursday, Friday) working in Inpatient Mental Health programs, and one day per week (Tuesday) at the PRRC. A single day

of the week (Wednesday) is devoted to other internship training requirements, including the intern's adjunctive training experience (ATE) and related supervision, activities devoted to scholarly inquiry / research, travel time to the Jamaica Plain campus, and Wednesday afternoon didactics.

- **Inpatient Mental Health:** The Inpatient Mental Health Service includes four inpatient units with a total of 28 beds on each unit; two of the inpatient units are devoted to acute care while the other two units are devoted to transitional psychiatric care. The intern spends the majority of her/his time in this setting, with training based on one of the acute inpatient mental health teaching wards and one of the transitional inpatient units. The intern gains experience working with Veterans with serious mental illness who represent the full spectrum of psychopathology and functional impairment, including Schizophrenia, Major Depression, Bipolar Disorder, Anxiety Disorders, PTSD, Substance Abuse, personality disorders, co-morbid neurological disorders, and military-related polytrauma. Veterans in this setting may also experience significant problems associated with social, neuropsychological, and medical functioning. Suicidal behavior and violence risk are also characteristic problems the intern confronts in this setting.

The intern sees three Veterans for individual therapy (each two times/week) on the acute inpatient ward supervised by Dr. Pepple, and two to three Veterans for individual therapy once per week on the longer stay transitional unit supervised by Dr. Walton. Evidence-based practices include psychoeducation, motivational enhancement therapy, crisis intervention, Seeking Safety, DBT, and CBT, including targeted interventions for dissociation (e.g., use of grounding techniques) and auditory hallucinations (CBT for psychosis). The intern may also have the opportunity to work with Dr. Walton doing Motivational Enhancement Therapy with Veterans on the detox unit. The intern runs a managing emotions group two times per week applying principles and methods of motivational interviewing, CBT, DBT, and mindfulness, one session leading and the other session co-leading with Dr. Pepple. The intern also runs a group devoted to the introduction to mindfulness practices supervised by Dr. Pepple.

The intern attends interdisciplinary treatment team rounds once a week on the acute unit with Dr. Pepple and contributes to ongoing team evaluations and treatment planning.

We are currently in the process of recruiting a psychologist who will provide supervision for psycho-diagnostic and risk assessments and the mindfulness group in the acute inpatient setting. The intern is expected to complete one

comprehensive assessment each month within the Acute Inpatient Mental Health Service. These evaluations are provided for psychiatric inpatients following consultative requests by interdisciplinary treatment teams to assist with inpatient and outpatient treatment planning and determinations of discharge readiness. Objective tests of personality, psychosis, affective disorder, diagnosis, risk, and validity include: Minnesota Multiphasic Personality Inventory (MMPI-2), Millon Clinical Multi-axial Inventory (MCMI-3), Beck Depression Scale-2 (BDI-II), Beck Hopelessness Scale (BHS), Beck Scale for Suicide Ideation (BSS), and Personality Assessment Inventory (PAI). The Structured Inventory of Malingered Symptomatology (SIMS) will be used to assess the degree of malingering of psychopathology and neuro-psychological functioning. The International Personality Disorders Examination (IPDE) may be utilized to assist in clarifying the presence or absence of personality disorders. Additional validated and structured instruments to assess psychopathology may include other scales as indicated, for example, the Yale-Brown Obsessive-Compulsive Scale (Y-BOCS), the Dissociative Experiences Scale, Mood Disorder Questionnaire, Scale for the Assessment of Positive Symptoms (SAPS) and the PTSD Checklist. For assessment of suicide and homicide risk, in addition to a clinical interview, the Beck Depression Inventory II (BDI-II), Beck Hopelessness Scale (BHS), Beck Scale for Suicide Ideation (BSS), MMPI-2, PAI, and HCR-20 version 3 will be utilized by the intern to assist in conceptualizing and estimating level of risk.

- **The Psychiatric Rehabilitation and Recovery Center (PRRC):** The PRRC is a recovery-oriented, 5 day/week outpatient treatment program for Veterans with serious mental illness (SMI). The PRRC utilizes an innovative interdisciplinary treatment approach with a growing research base which seeks to empower clients to begin the task of reclaiming their own efficacy and rediscovering how to take on the responsibilities of life. The recovery model within SMI and the PRRC employs a clinical approach to empower Veterans with major mental illness to recover from mental illness symptoms, develop models to identify and cope with symptoms to avoid relapse, and define and achieve goals for enrichment in the community that redefines them as citizens and not merely as patients. Hence, the goal of the PRRC is to enhance functional abilities so that the Veterans can develop inner capacities and strengths, improve health and mental health, and interact more productively with other Veterans, clinicians, peer support specialists, and people in the community.

This is accomplished by helping Veterans choose from a variety of groups across five days that build skills and coping capacities. There are also opportunities to work on individual issues and integrate the PRRC care with SMI treatment that

may include case management, medication management, community residential center consultations, and individual psychotherapy.

The psychologist in the PRRC, David Topor, PhD, helps the intern learn and implement these approaches, which include Illness Management and Recovery, emotion regulation, and social skills training. There is also a growing literature on cognitive-behavioral treatment with Veterans with psychotic symptoms. Using motivational interviewing, cognitive behavioral methods, psychotherapy anxiety treatment protocols, and aspects of Acceptance and Commitment Therapy (ACT), the intention is to facilitate the intern's contributions and interventions towards the acquisition of skills and abilities by Veterans with major mental illness, understand the obstacles to recovery, and to interact with Veterans and clinicians to build a team approach to solving these complex issues.

The intern works one day per week (Tuesday) at the PRRC, supervised by Dr. David Topor. The intern leads or co-leads at least one group in this setting, and sees two Veterans per week for individual therapy to help Veterans implement recovery principles, initiate treatment plans, and engage in treatment to achieve goals. There is an expectation that interns engage in intake interviews to learn the process of initial assessment and determine how the veteran may best benefit from the PRRC program. One hour per week of supervision on the PRRC will be provided by Dr. Topor.

- **Summary:** Interns will find their experience on this rotation to be intense and challenging, but very rewarding.

~ SUPERVISION ~

Approximately 5 hours of supervision per week are provided on this rotation, with about two hours per week with Dr. Pepple, and at least one hour of supervision per week with the other rotation supervisors. This includes about 4 hours per week for supervision of individual and group therapy, and at least one hour per week for psychological assessment. The training model includes the opportunity for co-leading groups and joint clinical interviewing of patients as part of the psychological assessment training experience.

John Pepple, Ph.D., Heather Walton, Ph.D., and a psychologist to be appointed will provide supervision for individual and group therapy and for assessment in the Inpatient Mental Health Programs, and David Topor, Ph.D., will provide psychotherapy supervision in the PRRC. Dr. Pepple bases his conceptual understanding on the integration of multiple theoretical perspectives, including cognitive-behavioral models,

relational-psychodynamic models, and knowledge of neuropsychological functioning as it relates to the onset, development, and rehabilitation and treatment of Veterans with complex biopsychosocial problems. Dr. Walton integrates relevant CBT and other evidence-based practices with her psychodynamic and interpersonal psychotherapy backgrounds. Dr. Topor supervises primarily from a cognitive behavioral perspective, using a range of evidence-based interventions. In general, psychotherapy supervision is provided from an integrated treatment perspective wherein interventions (e.g., motivational interviewing, Seeking Safety, CBT, DBT, psychodynamic) are selected depending on the unique treatment needs of the Veterans.

~ INSTRUCTION ~

In addition to supervision, training on this rotation is facilitated by the intern's participation in interdisciplinary treatment team rounds on the acute unit for 1 ½ hours per week. Opportunities for interdisciplinary consultation also occur on both the acute and sub-acute units. Selected readings are also provided to assist the intern in consolidation of their knowledge and skills in both assessment and individual and group therapy. Consultation of the clinical literature is also encouraged to provide individualized evidence-based assessments and treatments.

To enhance the intern's training, there are also several rotation-specific didactic components offered in conjunction with this rotation. First, the psychologists provide a monthly clinical case conference, which engages the intern and current faculty (Drs. Pepple, Topor, and Walton) in a discussion of complex clinical assessments, individual and group therapy cases, and consulting practices. Topics can also include review of the literature related to psychological tests, evidence-based practices of psychotherapy, and continuity of care that are relevant on an inpatient setting. Second, the intern also has the opportunity to attend the Brockton VAMC Psychiatry Grand Rounds, which occurs on a regular basis throughout the year.

The equivalent of one day per is devoted to other internship training activities, including the intern's adjunctive training experiences and supervision and activities devoted to scholarly inquiry.

Additional instruction is available on the Brockton campus including monthly Schwartz Rounds, PTSD/SUD Clinical Forum, Geriatric Mental Health Seminar, Addictions Journal Club, and Capacity and Geriatric Neuropsychology Rounds.

~ SELECTION CRITERIA ~

Candidates with a strong interest in assessment and treatment of Veterans with serious mental illness should apply. The successful applicant will have a broad range of psychotherapeutic experience. Some prior experience in psychodiagnostic testing and

integrated test report writing is desirable, as the rotation provides a focused training opportunity for consolidation of these skills.

Prior testing experience using multiple testing measures (e.g. cognitive; objective personality measures such as the MMPI-II, MCMI, PAI; and projective measures, e.g., Exner Rorschach) is also useful, but not required. It is not necessary to have had previous inpatient experience or a specific theoretical orientation.

~ RESEARCH ~

Interns on this rotation have the opportunity to work on program development and evaluation research focused on recovery-oriented practices. Currently, Dr. Walton and Dr. Festin, Director of Inpatient Mental Health, are working together with another, former inpatient staff psychologist on a survey and related database. The database includes, in part, Veterans' participation in psychosocial programming as well as their perceptions of the most helpful aspects of their care and their recommendations for improvement. Opportunities exist for data analysis, manuscript preparation, and redesign/implementation of the next iteration of the project. Previous interns have also engaged in individualized case-study and feasibility research projects during their training experience within this rotation.

In addition to inpatient-related research, Dr. Walton also serves as the chairperson of the hospital-wide diversity committee and often has opportunities for program evaluation, research, and/or other projects related to VA patient and/or staff diversity. Interns inside or outside of the Therapeutic Recovery rotation are more than welcome to join these efforts.

Selected recent publications from our staff:

AhnAllen, C.G., & Bismark, A.W.* (in press). Serious Mental Illness. In M. Budd, S. Hough, W. Stiers, & S. Wegener (Eds.), *Practical Psychology in Medical Rehabilitation*. Springer Publishing.

Walton, H.M., Chow, L.* , Topor, D.R., Pepple, J.R., Fish, S., & AhnAllen, C.G. (2015). Treatment of women veterans with posttraumatic stress disorder and serious mental illness in an inpatient mental health treatment setting: A case study. *Women & Therapy*.

Topor, D. R., Grosso, D., Burt, J., & Falcon, T. (2013). Skills for recovery: A recovery oriented dual diagnosis group for veterans with serious mental illness and substance abuse. *Journal of Social Work with Groups*, 36, 222-235.

Kleespies, P.M., AhnAllen, C.G., Knight, J.A., Presskreischer, B., Barrs, K.L.* , Boyd, B.L.* , Dennis, J.P. (2011). A study of self-injurious and suicidal behavior in a veteran population. *Psychological Services*, 8, 236-250.

Kymalainen, J. A., Henze, K. T., DeLuca, M., Mitton, T. A., Walton, H. M., Duffy, P, Pinsky, J. (2010). Are we there yet? The four-year impact of a VA fellowship program on the recovery orientation of rehabilitation programs. *Psychiatric Rehabilitation Journal*, 33, 320-327.