

WOMEN'S STRESS DISORDER TREATMENT TEAM

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Training Location:
Jamaica Plain Campus

Number of Interns: 1

~ OVERVIEW ~

The Women's Stress Disorder Treatment Team (WSDTT) is located at the Jamaica Plain campus of VA Boston Healthcare System. WSDTT is an outpatient mental health program specializing in the assessment and treatment of PTSD and other trauma-related and comorbid disorders in women Veterans, and it is affiliated with the Women's Health Sciences Division of the National Center for PTSD. Interns in WSDTT receive extensive training and experience with evidence-based assessment and psychotherapies for PTSD and other problems that can result from trauma exposure (e.g., borderline personality disorder, substance use disorders, anxiety and mood disorders, eating disorders, chronic pain syndromes), and they also have the opportunity to participate in research with Women's Division staff.

Many of the women treated by WSDTT are served by multiple programs and providers and have complex treatment needs that benefit from close interdisciplinary care coordination. As a result, interdisciplinary teamwork is emphasized in our program.

Interns on our rotation conduct their clinical work within WSDTT but work closely with staff of VA Boston's other women's mental health programs: TRUST House, a therapeutic transitional residence program in Jamaica Plain for women Veterans with trauma- and substance-related problems, and Women's Integrated Treatment and Recovery Program, a residential program at Brockton campus for women with PTSD and substance use disorders. WSDTT interns also collaborate with medical staff of the

Women Veterans Health Center and with social work staff in VA Boston's large Homelessness Program.

At the beginning of every rotation, WSDTT interns attend a series of training didactics, many of which are offered in conjunction with Jamaica Plain's PTSD Clinical Team (PCT) and Center for Returning Veterans rotations. The didactics include presentations on and training in:

- Phenomenology of Military Sexual Trauma (MST) and VA's response
- Use of the Clinician Administered PTSD Scale (CAPS-5)
- Personality assessment
- PTSD and substance abuse treatment
- Cognitive-behavioral methods of treating a range of problems in traumatized women Veterans, such as Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), Dialectical Behavior Therapy (DBT), and Seeking Safety
- Intimate Partner Violence (IPV)
- Military culture and recent conflicts
- Effectively engaging patients in trauma-focused therapy

~ CLINICAL EXPERIENCE ~

Interns who match in the WSDTT will receive training in the following broad areas:

- **Treatment:** Interns participate in WSDTT's comprehensive psychotherapy program designed to address the complex trauma histories and clinical profiles with which our women Veterans present. Interns learn skills in providing treatment to women Veterans in evidence-based individual and group psychotherapies. Treatment in WSDTT focuses on PTSD as well as on a wider range of clinical issues, such as: borderline personality disorder and difficulties with emotion regulation, distress tolerance, and interpersonal effectiveness; sequelae of intimate partner violence; effects of military sexual trauma; other disorders common to trauma survivors such as substance use disorders, eating disorders, major depression, and serious and persistent mental illness; comorbid medical problems such as chronic pain syndromes; experiences of discrimination / marginalization that interact with trauma-related symptoms; housing and employment problems.

Interns learn Cognitive Processing Therapy (CPT) through a two-day training at the start of the training year and through weekly consultation group participation. WSDTT interns also receive training in Dialectical Behavioral Therapy (DBT) for individuals with Borderline Personality Disorder and related issues, and they provide individual DBT and co-lead DBT skills training groups while on rotation with us. Along with CPT and DBT, interns are exposed to a variety of other

theoretical orientations and approaches to treatment during their time here, and have the opportunity to learn and apply additional evidence-based psychotherapies (EBPs), such as Prolonged Exposure Therapy (PE), Acceptance and Commitment Therapy (ACT), and Skills Training in Affective and Interpersonal Regulation (STAIR).

The intern who completes their eight-month rotation with WSDTT will have the opportunity for a training experience of both greater depth and greater diversity. For example, they might have the opportunity to co-lead different groups from those they led during the first four months. Alternatively, they might become more expert in leading the same groups they co-led before. Matching with WSDTT for eight months will also afford interns the chance to treat a greater number of patients with complex presentations, some of whom may benefit from longer-term work.

- **Assessment:** Women Veterans new to WSDTT are sometimes provided comprehensive psychological assessments in order to more effectively plan for treatment. Multiple methods are used to gather information (structured clinical interviews, psychological and personality tests, and, in some instances, psychophysiological assessments of reactivity to trauma-related cues in the laboratory). Interns provide comprehensive assessments, as well as briefer, one-session intake assessments, during their time on this rotation.
- **Team Meetings:** Interns are an integral part of WSDTT's interdisciplinary treatment team meeting, which is held weekly and allows us to more closely coordinate care for our Veterans. Team meetings also afford our interns additional opportunities outside of supervision to discuss challenges in their clinical work, and to receive support and input from other team members. Team is attended by psychologists, psychiatrists, and social workers, as well as by trainees from all three disciplines. WSDTT interns also join VA Boston's weekly DBT consultation team, which is comprised of staff and trainees from several mental health programs in our medical center.
- **Consultation:** WSDTT interns provide consultation and liaison to primary care and specialty medicine. WSDTT works closely with – and shares the VA's Program of Excellence designation with – VA Boston's Women Veterans Health Center, one of the first women's preventive and primary care centers in the VA system. Interns work with the multidisciplinary staff of the Center to offer integrated care to our shared Veterans, and they attend the Center's monthly

team consultation meetings. Supervision is provided to interns on methods of effective consultation within a medical center.

~ SUPERVISION ~

Each WSDTT intern is assigned a primary supervisor and at least two secondary supervisors, and supervision teams are comprised of both WSDTT clinical staff and Women's Division research staff psychologists. In addition, interns often receive supervision from their group co-therapists. The primary supervisor is responsible for collaboratively designing an individualized training plan that meets the specific needs of each intern, and is also the formal evaluator of the intern's progress in the program. Interns also receive consultation through their participation in weekly CPT group consultation and DBT consultation teams.

~ SELECTION CRITERIA ~

The successful applicant to WSDTT will have demonstrated interest and/or experience in one or more of the following areas: PTSD/trauma-focused assessment and treatment; women's issues; DBT. Clinical, research, and/or advocacy experience in multicultural issues a plus, and prior training in or exposure to evidence-based cognitive behavioral therapies strongly desirable.

~ RESEARCH ~

Interns have the opportunity to become involved in ongoing research activities in the Women's Division of the National Center for PTSD, and are allotted between four and eight hours per week of research time. An intern's level of research involvement can vary from a limited role in an ongoing project, up to and including the design and implementation of their own small project. Current projects in the Women's Division are supported by a range of intramural and extramural grants. Decisions about extent of research involvement typically are based on an intern's interest and available time, as well as their individual training needs. These decisions are made in consultation with the intern, the intern's primary supervisor, and other supervisors and staff.

Currently funded research in the Women's Division includes:

- Intimate Partner Violence, Health, and Health Care Among Female Veterans. Principal Investigator: Katherine Iverson, Ph.D. Department of Veterans Affairs Health Services Research and Development Career Development Award.
- Neurobiological and Psychological Benefits of Exercise in Chronic Pain and PTSD.
- Principal Investigator: Erica Scioli, PhD. VA Rehabilitation Research and Development Career Development Award Career Development Award

- Military Sexual Trauma Screening: Examining Patient Satisfaction and Preferences.
- Principal Investigator: Amy Street, Ph.D. VA Health Services Research and Development pilot grant.
- Work and Family Functioning in Women Veterans: Implications for VA Service Use. Principal Investigators: Dawne Vogt, Ph.D. and Brian Smith, Ph.D. Department of Veterans Affairs Health Services Research and Development Merit Award.
- The Veterans Metrics Initiative: Linking Program Components to Post-Military Well-Being.
- Principal Investigator: Dawne Vogt, Ph.D. VA Health Services Research and Development.
- Effectiveness of a Unified Transdiagnostic Treatment in Routine Clinical Care.
- Principal Investigator: Cassidy Gutner, Ph.D. National Institute of Mental Health, National Institutes of Health career development award.
- Variable Length CPT for Combat-related PTSD. Principal Investigators: Patricia Resick, Ph.D. and Jennifer Wachen, Ph.D. Department of Defense.

Selected recent publications from our staff:

Bankoff, S., Richards, L. *, Bartlett, B., Wolf, E. J., & Mitchell, K. S. (2016). Examining weight and eating behavior by sexual orientation in a sample of male veterans. *Comprehensive Psychiatry*, 68, 134-139.

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Bell, M. E., Turchik, J. A., & Karpenko, J. (2014). The impact of gender on reactions to military sexual assault and harassment. *Health and Social Work*, 39(1), 25-33.

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- Davison, E. H., Pless Kaiser, A., Spiro, A., III, Moye, J., King, L. A., & King, D. W. (2016). From Late-Onset Stress Symptomatology (LOSS) to Later-Adulthood Trauma Reengagement (LATR) in aging combat Veterans: Taking a broader view. *The Gerontologist*, 56(1), 12-21.
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- Galovski, T. E., Harik, J. M., Blain, L. M., Elwood, L. S., Gloth, C., & Fletcher, T. (2016). Augmenting cognitive processing therapy to improve sleep impairment in PTSD: A randomized controlled trial. *Journal of Consulting and Clinical Psychology*, 84, 167-177.
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- Gobin, R. L.*, Iverson, K. M., Mitchell, K., Vaughn, R., & Resick, P. A. (2013). The impact of childhood maltreatment on PTSD symptoms among female survivors of intimate partner violence. *Violence and Victims*, 28, 984-999.
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- Gradus, J. L., Leatherman, S., Raju, S., Ferguson, R. E., Miller, M. (2014). Posttraumatic stress disorder, depression, and non-fatal intentional self-harm in Massachusetts veterans. *Injury Epidemiology*, 1, 20. doi: 10.1186/s40621-014-0020-5
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- Gradus, J. L., Antonsen, S., Svensson, E., Lash, T. L., Resick, P. A., Hansen, J. G. (2015). Trauma, comorbidity, and mortality following severe stress and adjustment disorder diagnoses: A nationwide cohort study. *American Journal of Epidemiology*, 182, 451-458.
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