~ Overview ~

The PTSD clinic is located at the Jamaica Plain campus of VA Boston Healthcare System. The PTSD Clinical Team (PCT) is an outpatient mental health program specializing in the treatment and assessment of PTSD and comorbid disorders in male veterans, and it is affiliated with the Behavioral Science Division of the National Center for PTSD. Interns in the PTSD rotation receive extensive training and experience with evidence-based treatment for PTSD and comorbid problems (e.g., mood disorders, substance use disorders, anxiety disorders, borderline and other personality disorders), and they also have the opportunity to participate in research with Behavioral Science Division investigators. At the beginning of rotation, interns are presented a series of training didactics on the treatment and assessment of PTSD. The didactics include presentations on:

- Use of the Clinician Administered PTSD Scale (CAPS-5);
- Cognitive-behavioral methods of treating a range of problems in traumatized veterans, such as Cognitive Processing Therapy (CPT), Prolonged Exposure Therapy (PE), Dialectical Behavior Therapy (DBT), and Seeking Safety;
- Psychometric evaluation;
- PTSD and Substance Abuse;
- Phenomenology of Military Sexual Trauma (MST) and VA’s response;
- Intimate Partner Violence (IPV);
- Effectively engaging patients in trauma-focused therapy;
- Phenomenology of war-zone trauma.
Interns will have the opportunity to gain supervised training in the following:

- **Treatment**: The treatment of veterans requires considerable sensitivity to the complexity of their clinical presentation. The PTSD clinic uses a flexible cognitive-behavioral treatment model to target a range of clinical problems, depending on the level of patient functioning, their personal resources, and both their immediate and long-term needs. Interns learn to flexibly apply skills to target various needs of veterans with PTSD, including, but not limited to:
  
  - Psycho-education about PTSD,
  
  - Cognitive behavioral therapies targeting trauma (e.g., Prolonged Exposure, Cognitive Processing Therapy),
  
  - Skills (e.g. stress management, anger management, sleep hygiene)
  
  - Therapy for comorbid diagnoses (e.g. Seeking Safety and DBT).
  
  - Stabilization (e.g., crisis intervention, risk modification).

Interns provide individual psychotherapy and co-lead psychotherapy groups with staff members or other trainees. Group interventions include Psycho education, DBT skills, Seeking Safety, CBT skills groups, present-centered process, and era-based (Korea/WWII) support groups.

- **Assessment**: All veterans who apply for PCT treatment undergo a clinic intake process prior to being assigned to treatment, this consists of clinical interview, history taking, and several psychometric measures. The majority are assigned to treatment upon conclusion of the intake. Veterans who present with more complex symptomatology are provided with comprehensive multidimensional psychological evaluation. Methods include information gathered through structured and unstructured clinical interviews and psychological tests. The clinic conducts assessment using a case conceptualization approach. Thus, assessment focuses on differential diagnostic formulation, treatment target identification, and prioritization of targets for intervention.

  In addition to supervision there are two forums to discuss the clinical process with staff. Starting the second month of the rotation, interns present their cases in a twice monthly clinical case conference. Interns present two cases during the major rotation and one case in the minor rotation. The series provides a forum for practice in formal case presentation as well as an occasion for discussion of salient (difficult) assessment, clinical management, and treatment issues. The Clinical Team meeting takes place every other week. This is a more informal setting to discuss cases as part of a working team and to become an integrated member of the PCT.
Consultation to the Medical Center: Interns provide ad hoc clinical consultation and liaison to psychiatry. The primary mode of consultation occurs in the context of intake assessments in the clinic. Intakes require consultation with the referral source as well as consulting to clinics that might be more appropriate for veterans given their presentation at the intake. Referrals may come from Primary Care, Substance Abuse, Neurology, Behavioral Medicine, Psychiatry, among others. In addition, consultation can occur with inpatient services for either current cases in the clinic who need inpatient services or veterans currently in inpatient settings (psychiatric or medical) who will need follow-up outpatient services upon their discharge from the inpatient unit.

Supervision Experience: Interns are exposed to supervision experience when practicable through the provision of clinical case consultation to practicum trainees in the clinic. These experiences are overseen by one of the licensed providers in the clinic. Although this is a valuable experience that we strive to provide, it is not something that we can guarantee as the ratio of various trainees changes from year to year.

~ Supervision ~

Each intern is assigned a primary supervisor and a secondary supervisor. Primary supervisors are responsible for designing the training to meet the specific needs of the intern. The primary supervisor is also the formal evaluator of the interns’ progress during the PCT rotation. Additional supervisors are assigned for weekly clinic intakes and for group psychotherapy. In addition, interns meet together in a small group with multiple supervisors for assessment consultation. Supervision for research or for individual assessment or treatment cases is also available from other staff on an as-needed basis.

~ Research ~

Interns have the opportunity to become involved in ongoing clinical research activities. The intern’s level of involvement can vary from the internship standard of 4 hours per week, to a full day per week if an intern requests the higher level and meets requirements necessary for that commitment. Current projects in the two National Center for PTSD divisions are supported by a range of intramural and extramural grants representing medical, psychological, and health sciences research. Research topics span a large gamut including phenomenological studies, risk and resilience research, randomized controlled trials, psychophysiology of PTSD, the study of emotion and cognition in trauma, health correlates of trauma, and factors affecting health services utilization. Decisions about the extent of research involvement are based on an intern’s interest, available time, and training needs. These decisions are made in consultation with the intern’s primary supervisor and other staff.

Selected recent publications from our staff (highlighted):

Bernstein, R. E., Delker, B. C., Knight, J. A., & Freyd, J. J. (2015). Hypervigilance in college students: Associations with betrayal and dissociation and psychometric properties in a Brief
Hypervigilance Scale. *Psychological Trauma: Theory, Research, Practice, & Policy*, 7, 448-455


