Rotation Title: Adult Track Trauma Recovery Services (Post Traumatic Stress Disorder) Rotation

Location: VA Medical Center

Rotation Supervisor(s): Lauren Reeves, Ph.D. (Primary Supervisor)
William S. Unger, Ph.D.
Samantha Collum, Ph.D.

1 Overview of the Rotation:

In the Trauma Recovery Services (TRS) residency, the clinical psychology resident learns, through direct participation, how to manage individuals suffering from PTSD as well as other acute psychiatric and substance abuse problems. The TRS at the Providence VA Medical Center is an outpatient treatment program for Veterans suffering from PTSD symptoms related to their military service as well as non-military traumas.

Veterans receive a comprehensive assessment and then engage in a treatment program with an emphasis on evidence-based interventions. Clinical psychology residents will participate and receive supervision in all aspects of program procedures. We offer individual psychotherapy, couples therapy (when cases are available), group psychotherapy, and an intensive outpatient PTSD program (2x/year). Patients in the program also present with many difficulties related to PTSD such as substance abuse and depression. Staff participate in several research projects and clinical psychology residents will have an opportunity to learn about ongoing research protocols. Additional involvement in research is completely optional and is discussed on an individual basis.

2 Achievement of Competencies:

Ethical and Legal Standards: Competencies in this area will be achieved through the demonstration of ethical practice within all clinical, research, and administrative/professional activities, as well as discussion of ethical/legal issues during supervision.

Professionalism and Self-Awareness: Competencies in this area will be developed by participating as a professional member of the multidisciplinary team, participating in ongoing educational activities, and reflecting on professional roles and responsibilities within the context of supervision.

Interpersonal and Communication Skills: Residents will demonstrate competencies in this area through their participation as a professional member of the multidisciplinary team, including opportunities to communicate data, ideas, recommendations, and feedback to others.

Assessment and Diagnosis: Competencies in this area will be developed through conducting comprehensive diagnostic interviews of Veterans presenting to the clinic, including such aspects as mental status exam, relevant personal history, family history, work history, military history, presenting problems, present environmental circumstances, and other key factors.

Effective Intervention: Competencies in this area will be achieved through conducting individual therapy, group therapy, and PTSD education groups, using evidence based treatments. Treatment goals will be operationalized and evaluated over the course of treatment, and modifications to treatment made based on these results.
Consultation: Competencies in this area will be assessed through responding to consultation requests from inside or outside the clinic setting, including assessing the specific intentions of referring source in requesting consultation, clarifying the nature of referral question, making appropriate recommendations, and generating reports when appropriate.

Supervision and Teaching: Opportunities may be available for residents to discuss supervision styles, strategies, and important factors in the supervisor/supervisee relationship. The resident typically does not have opportunities to provide direct supervision to others during this rotation.

Research and Scholarly Activities: Residents typically do not have opportunities to develop these skills during this rotation.

Cultural and Individual Diversity: Competencies in this area will be developed through exposure to diverse patients and families, supervision regarding assessment and treatment considerations relevant to work with diverse populations, and directed readings, when appropriate.

Time Commitment:
Rotations are 4 months in duration and the minimum hour requirement is 36 hours per week.

Duties & Responsibilities:
Regular duties and responsibilities include: (1) group therapy, (2) weekly attendance at clinical staff meetings, (3) 6-8 outpatients, (4) co-leading therapy groups, (5) 2 weekly comprehensive psychological assessments, and (6) involvement in optional rotation based on availability (e.g., Marriage and Family Therapy Training, Cognitive Behavioral Therapy for Insomnia, Urgent Care) and interests.

Time Table:
Approximate weekly time table: group work (3-4 hours), outpatients (6-8 hours), assessment (4-5 hours), supervision (4 hours), administrative duties (e.g., notes, treatment plans, PCT forms; 8-9 hours), staff meetings (1-2 hours), and optional rotation as described above (up to 4 hours). The resident will also have 4 hours per week of release time for long-term therapy cases, 4 hours per week release time for research (times to be worked out with supervisors), and will attend mandatory meetings and didactics at Brown. The clinical psychology resident’s time will be the responsibility of Dr. Reeves.

Methods of Teaching:
The primary modalities of teaching include role modeling, direct observation and/or audiotaping as needed, feedback, and one-to-one didactic instruction. Reading material is provided as appropriate.

Treatment Units of Programs Involved:
The primary treatment unit involved is the Providence VAMC Trauma Recovery Services. All clinical treatment will occur at this unit.

Supervision:
Dr. Reeves is the primary psychology supervisor for the rotation. However, all supervisors will provide direct supervision of the clinical psychology resident’s work. This will include observation of intake evaluations and group therapy. Direct observation of individual
Psychotherapy will occur as needed. Most feedback will be oral, with written feedback provided as needed. In most cases oral feedback will be provided during scheduled supervision or as clinically indicated. Written feedback may accompany supervision of written work (e.g., assessment reports, treatment notes, etc.).

9 Relationships to Core Programs:
Training reflects the overall philosophy of the Brown Internship Program, which is based on the clinical science model. In addition to the outlined duties and responsibilities specific to the rotation, release time allows for attendance at various seminars, educational opportunities, additional clinical rotations, and a research placement.

10 Designation of Key Liaison Personnel:
Drs. Reeves, Unger, and Collum are responsible for the training and supervision of the clinical psychology resident at this rotation. One hour of individual supervision will be provided by each supervisor with additional supervision available as needed. The resident may also receive supervision with a Post-Doctoral Fellow (working under the supervision of one of the above licensed providers) and will have weekly research supervision.

Lauren Weinstock, Ph.D., Adult Track Coordinator, Alpert Medical School of Brown University Clinical Psychology Internship Training Program.

Elizabeth McQuaid, Ph.D., ABPP, Director of the Alpert Medical School of Brown University Clinical Psychology Internship Training Program.

11 Criteria for Success:
Successful residents will achieve ratings of “Satisfactory Progress” on all competencies that are available within this rotation. Plans will be made for residents to obtain further training, supervision, and/or remediation to address competencies that are rated as “Needs Improvement” or are otherwise identified as areas that require additional emphasis in training. This rotation will be one of several that is considered in an overall determination of resident "competence" at the completion of the internship period.