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Client hours: 350
Supervision hours: 70
Program development hours: 100

With the generous support of the NJPAF grant, I have been able to continue my involvement with the Rutgers University Anxiety Disorders Clinic (ADC). The ADC is a specialty clinic offering evidence-based treatment of anxiety and related disorders including, Generalized Anxiety Disorder, Panic Disorder, Separation Anxiety Disorder, and Phobias; as well as compulsive disorders including Obsessive-Compulsive Disorder and Body-Focused Repetitive Disorders (e.g., Trichotillomania). In addition, the ADC offers a PTSD program for Veterans and trauma-focused therapy for community members. In addition to individual therapy, the ADC periodically runs therapy groups for a range of anxiety disorders.

My role through the anxiety disorders clinic has mainly been as a student clinician. In this capacity, I have had the opportunity to treat clients with a wide range of presenting problems from a diverse range of populations and backgrounds. Currently, I am holding a caseload of 8 patients per week. My cases have provided experiences in treating child, adolescent, and adult clients. While the clinic encourages a transdiagnostic treatment approach, I have had the opportunity to develop greater competency in treating generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), social phobias, major depressive disorder (MDD), panic disorder, body-focused repetitive behaviors (BFRB), and more. In order to treat these presenting problems, I have received training in a variety of treatment modalities including traditional CBT, Acceptance and Commitment Therapy (ACT), Exposure and Response Prevention (ERP), and CBT for Insomnia (CBT-I).

Beyond clinical work, the NJPAF grant has enabled me to take on additional responsibilities as a clinic coordinator. In this role, I have organized and managed administrative tasks, program development, billing coordination for veterans, and more. Working closely with veterans at the ADC has been a particularly meaningful way to support an underserved population and form a better understanding of the kinds of challenges that veterans face. In addition to working with state and federal veteran services, my clinic coordinator role has encompassed implementing new therapy groups and services at our clinic and short-term therapy service for clients with treatment needs that do not require extended length treatment.

The onset of the novel coronavirus and subsequent quarantine efforts have contributed to many unforeseen problems but has also provided an opportunity for me to learn about teletherapy. Through this global health crisis, the ADC has managed to maintain consistent treatment for our clients, and we have transitioned almost every client to virtual treatment via phone and video conferencing. The ADC has also maintained weekly individual supervision, group supervision, and didactics. Learning to provide treatment has been a struggle and I have heavily relied on the support of my supervisor and peers. Learning to effectively provide telehealth has including learning how to navigate helpful and appropriate boundaries with clients, developing greater awareness for how non-verbal cues are communicated via video conferencing, and adapting manualized therapies that rely on many in-person aspects such as exposure therapy. Overall, the ADC provides a strong foundation for my future as a practitioner capable of providing competent and effective therapy to clients from all backgrounds. I am grateful for the NJPAF funding that enables me to receive this quality training.