

## **PTSD CLINICAL TEAM**

Rotation Coordinator: STEPHEN QUINN, PH.D.  
Psychology Service (116B)  
VA Boston Healthcare System  
150 South Huntington Avenue  
Boston, MA 02130

Telephone: (857) 364-4126  
Email: [steve.quinn@va.gov](mailto:steve.quinn@va.gov)

Training Location:  
Jamaica Plain Campus

**Number of Interns: 2**

### **~ OVERVIEW ~**

The PTSD clinic is located at the Jamaica Plain campus of VA Boston Healthcare System. The PTSD clinic 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., BPD, substance use disorders, other anxiety and mood disorders), and they also have the opportunity to participate in research with Behavioral Science Division investigators. At the beginning of every 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.

## ~ CLINICAL EXPERIENCE ~

Interns will have the opportunity to gain supervised training in the following:

- **Assessment:** All veterans who present for treatment are assessed before assignment. Veterans who present with a 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.
- **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:
  - stabilization (e.g., crisis intervention),
  - psycho-education about PTSD,
  - skills (e.g. stress management, anger management, sleep hygiene)
  - cognitive behavioral therapy (e.g., Prolonged Exposure, Cognitive Processing Therapy),
  - therapy for comorbid diagnoses (e.g. Seeking Safety and DBT).

Interns provide individual psychotherapy and co-lead various psychotherapy groups with staff members or other trainees.

- **Case Conference and Clinical Team Meetings:** 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 interesting and useful discussion of salient 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 PTSD Clinic.
- **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 providing consulting to clinics that might be more appropriate for veterans given their presentation at the intake. Referrals may come from Primary Care, Substance Abuse, 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 need 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 in the program. Additional supervisors are assigned for weekly assessment intakes and for group psycho-therapy. In addition, supervision for research or for individual assessment or treatment cases is also available from other staff or through outside professional consultants 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 a limited role in an ongoing project up to, and including, the design and implementation of their own project. 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 and available time, Division resources, and training needs. These decisions are made in consultation with the intern's primary supervisor and other staff.

**Selected recent publications from our staff:**

- Bernstein, R.E., Delker, B. C., Knight, J.A., & Freyd, J.J. (in press). Hypervigilance in college students: Associations with Betrayal and Dissociation and psychometric properties in a Brief Hypervigilance Scale. *Psychological Trauma: Theory, Research, Practice, and Policy*.
- Collins, A.E., Niles, B.L., Mori, D.L., Silberbogen, A.K., & Seligowski, A.V. (2014). A telephone-based intervention to promote diabetes management in veterans with posttraumatic stress symptoms. *Professional Psychology: Research and Practice*, 45, 20-26.
- Constans, J. I., Kimbrell, T. A., Nanney, J. T., Marx, B. P., Jegley, S., & Pyne, J. M. (2014). Overreporting bias and the modified Stroop effect in OEF/OIF veterans with and without PTSD. *Journal of Abnormal Psychology*, 81-90.
- Doron-LaMarca, S., Niles, B. L., King, D. W., King, L. A., Pless Kaiser, A., & Lyons, M. J. (In Press). Temporal associations among chronic PTSD symptoms in combat veterans. *Journal of Traumatic Stress*.
- Hayes, J. P., Hayes, S. M., & Mikedis, A. M. (2012). Quantitative meta-analysis of neural activity in posttraumatic stress disorder. *Biology of Mood and Anxiety Disorders*, 2:9.
- Hayes, J. P., Miller, D. R., Lafleche, G., Salat, D. H., & Verfaellie, M. (2015). The nature of white matter abnormalities in blast-related mild traumatic brain injury. *NeuroImage: Clinical*, 8, 148-156.
- Hayes, M. A., Gallagher, M. W., Gilbert, K. S., Creech, S. K., DeCandia, C. J., Beach, C. A., & Taft, C. T. (in press). Targeting relational aggression in Veterans: The Strength at Home friends and family intervention. *Journal of Clinical Psychiatry*.
- Keane, T. M. (2014) Some Thoughts on the Implications of Findings from Army STARRS. *Depression and Anxiety*.
- Holowka, D. W., Marx, B. P., Gates, M. A., Litman, H. J., Ranganathan, G., Rosen, R. C., & Keane, T. M. (2014). PTSD diagnostic validity in Veterans Affairs electronic records of Iraq and Afghanistan Veterans. *Journal of Consulting and Clinical Psychology*, 82, 569-579.

- Knight, J., Kamholz, B., & Keane, T. (in press) Differences in Drinking Patterns, Occupational Stress, and Exposure to Potentially-Traumatic Events among Firefighters: Predictors of Smoking Relapse. *American Journal on Addictions*.
- Konecky, B., Meyer, E.C., Marx, B.P., Kimbrel, N.A., & Morissette, S.B. (in press). Using the WHODAS 2.0 to assess functional disability associated with mental disorders for DSM-5. *American Journal of Psychiatry*.
- Marx, B. P., Bovin, M. J.\*, Suvak, M. K., Monson, C. M.\*, Sloan, D. M., Fredman, S. J., Humphreys, K. L., Kaloupek, D. G., & Keane, T. M. (2012). Concordance between physiological arousal and subjective distress among Vietnam combat veterans undergoing challenge testing for PTSD. *Journal of Traumatic Stress*, 416-425.
- Miller, M.W., Sperbeck, E., Robinson, M.E., Sadeh, N., Wolf, E.J., Hayes, J.P., Logue, M., Schichman, S.A., Stone, A., Milberg, W., & McGlinchey, R. (2016). 5-HT2A gene variants moderate the association between posttraumatic stress disorder and reduced default mode network connectivity. *Frontiers in Neuroscience*, 10, 299.
- Naeser, M., Zafonte, R.O., Kregel, M.H., Martin, P.I., Frazier, J.A., Hamblin, M.R., Knight, J.A. & Baker, E. (2014). Significant improvements on cognitive performance post- transcranial, red/near-infrared LED treatments in chronic, mild TBI: Open-protocol study. *Journal of Neurotrauma*, PMID: 24568233
- Pless Kaiser, A., Seligowski, A., Spiro, A., III, & Chopra, M. P. (2016). Health status and treatment-seeking stigma in older adults with trauma and PTSD. *JRRD*, 53, 391-402.
- Pless Kaiser, A., Wang, J., Davison, E. H., Park, C. L., & Stellman, J. M. (in press). Stressful and Positive Experiences of Women who Served in Vietnam. *Journal of Women & Aging*.
- Sadeh, N., Miller, M.W., Wolf, E.J., & Harkness, K.L. (2015). Negative emotionality and disconstraint influence PTSD symptom course via exposure to new major adverse life events. *Journal of Anxiety Disorders*, 31, 20-27.
- Sadeh, N., Spielberg, J.M., Miller, M.W., Milberg, W.P., Salat, D.H., Amick, M., Fortier, C. & McGlinchey, R.E. (2015). Neurobiological indicators of disinhibition in posttraumatic stress disorder. *Human Brain Mapping*, epub ahead of print.

- Sloan, D. M., Marx, B. P., & Resick, P. A. (2016). Brief treatment for PTSD: A non-inferiority trial. *Contemporary Clinical Trials*, 48, 76-82.
- Wisco, B. E.\* , Marx, B. P., Sloan, D. M., Gorman, K. R., Kulish, A. R., & Pineles, S. L. (in press). Self-distancing from trauma memories reduces physiological but not subjective emotional reactivity among Veterans with posttraumatic stress disorder. *Clinical Psychological Science*.
- Wisco, B. E.\* , Baker, A. S., & Sloan, D. M. (2016). Mechanisms of change in exposure treatment for PTSD. *Behavior Therapy*, 47, 66-74.
- Wolf, E. J., Miller, M. W., Kilpatrick, D., Resnick, H. Badour, C. L., Marx, B. P., Keane, T. M., Rosen, R. C., & Friedman, M. J. (2015). ICD-11 complex PTSD in US National and veteran samples: Prevalence and structural associations with PTSD. *Clinical Psychological Science*, 3, 215-229.
- Taft, C. T., Weatherill, R. P., Panuzio Scott, J., Thomas, S. A., Kang, H. K., & Eckhardt, C. I. (in press). Social information processing in anger expression and partner violence in returning Veterans. *Journal of Traumatic Stress*.
- Wolf, E. J., Logue, M. W., Hayes, J. P., Sadeh, N., Schichman, S. A., Stone, A., Salat, D. H., Milberg, W., McGlinchey, R., & Miller, M. W. (2016). Accelerated DNA methylation age: Associations with PTSD and neural integrity. *Psychoneuroendocrinology*, 63, 155-162. Epub ahead of print.
- Wolf, E. J., Sadeh, N., Leritz, E., Logue, M. W., Stoop, T., McGlinchey, R., Milberg, W., & Miller, M. W. (in press). PTSD as a catalyst for the association between metabolic syndrome and reduced cortical thickness. *Biological Psychiatry*.
- Vasterling, J. J., Aslan, M., Proctor, S. P., Ko, J., Marx, B. P., Jakupcak, M., Schnurr, P. P., Gleason, T., Huang, G. D., & Concato, J. (in press). Longitudinal examination of posttraumatic stress disorder as a long-term outcome of Iraq War deployment. *American Journal of Epidemiology*.
- Vasterling, J.J., Taft, C.T., Proctor, S.P., MacDonald, H.Z., Lawrence, A., Kalill, K., Kaiser, A. P., Lee, L.O., King, D.W., King, L.A., & Fairbank, J.A. (2015). Establishing a methodology to examine the effects of war-zone PTSD on the family: The Family Foundations Study. *International Journal of Methods in Psychiatric Research*, 24(2), 143-155.