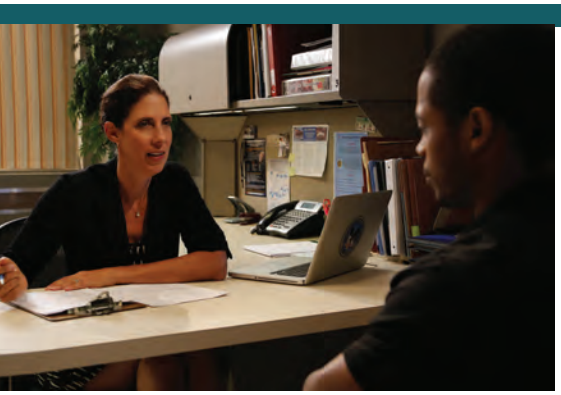
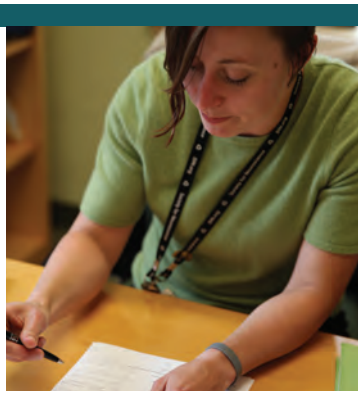
National Center for PTSD





Fiscal Year 2014
ANNUAL REPORT

25th Anniversary

National Center for PTSD
POSTTRAUMATIC STRESS DISORDER

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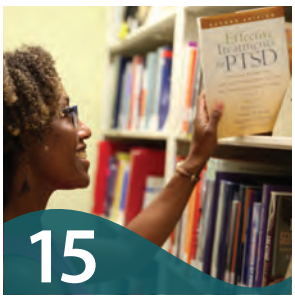

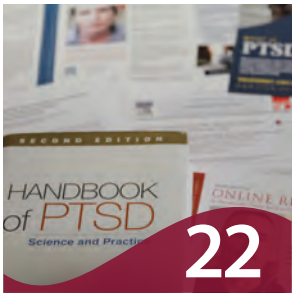

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ACRONYMS

CAP
Consortium to Alleviate PTSD

CAPS
Clinician-Administered PTSD Scale

CBCT
Cognitive-Behavioral Conjoint Therapy

CBT
Cognitive-Behavioral Therapy

CDC
Centers for Disease Control and Prevention

CNN
Cable News Network

CPT
Cognitive Processing Therapy

CSP
Cooperative Studies Program

DoD
Department of Defense

DRRI
Deployment Risk and Resilience Inventory

DSM
Diagnostic and Statistical Manual of Mental Disorders

GABA
Gamma-Aminobutyric Acid

GWAS
Genome-Wide Association Study

HPA
Hypothalamic–Pituitary–Adrenal

ICD
International Classification of Diseases

MHS
Mental Health Services

MIRECC
Mental Illness Research, Education and Clinical Centers

NVVRS
National Vietnam Veterans Readjustment Survey

OEF
Operation Enduring Freedom

OIF
Operation Iraqi Freedom

OND
Operation New Dawn

PBIN
Practice-Based Implementation Network

PCL
PTSD Checklist

PE
Prolonged Exposure

PERSIST
Promoting Effective Routine and Sustained Implementation of Stress Treatments

PILOTS
Published International Literature on Traumatic Stress

PTSD
Posttraumatic Stress Disorder

RCS
Readjustment Counseling Service

RORA
Retinoid-Related Orphan Receptor Alpha

SERV
Survey of Experiences of Returning Veterans

STAIR
Skills Training in Affect and Interpersonal Regulation

STRONG STAR
South Texas Research Organizational Network Guiding Studies on Trauma and Resilience

TBI
Traumatic Brain Injury

VA
(Department of) Veterans Affairs

VHA
Veterans Health Administration

WET
Written Exposure Therapy

LETTER FROM THE DIRECTOR

On August 29, 2014, the U.S. Department of Veterans Affairs (VA) National Center for Posttraumatic Stress Disorder (PTSD) celebrated its 25th anniversary. Since its inception the National Center has been the leader in research and education for helping those who are living with PTSD. I was privileged to be a part of the team that started the Center, and part of an ever-growing number of people working to further knowledge about consequences of being exposed to a traumatic event.

Since its inception the National Center has been the leader in research and education for helping those who are living with PTSD.

In 1984 Congress directed VA to form a National Center for PTSD "to carry out and promote the training of healthcare and related personnel in, and research into, the causes and diagnosis of PTSD and the treatment of Veterans for PTSD." The proposal to create the National Center arose from the recognition of the growing mental health needs of Vietnam Veterans and others. VA established the National Center for PTSD in 1989 as a center of excellence that would set the agenda for research and education on PTSD. The diagnosis of PTSD had been formalized only nine years earlier, in the third edition of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-III*, 1980). The new diagnosis significantly increased research on the consequences of exposure to horrific, life-threatening events. In 2013 the American Psychiatric Association published revised criteria for the diagnosis of PTSD — reflecting advances in knowledge gained since the last revision of the criteria in 1994 and generating new research aimed at understanding the implications of the changes.

But science and education are not the only influences that have increased understanding of PTSD. Disasters, wars, and other traumatic high-profile events — the terrorist attacks on 9/11/2001, the subsequent wars in Iraq and Afghanistan, the 2011 tsunami and earthquake in Japan — all have helped to raise public awareness. Media reports on PTSD have played a role in creating awareness, too. I think this is a good thing. Veterans and other trauma survivors who have PTSD do not always understand their reactions, and even if they do, they might not know how to get help. Being informed about the symptoms of PTSD and the treatments available can help people with PTSD take the first steps toward seeking assistance.

Our Mission

The mission of the National Center for PTSD is to advance the clinical care and social welfare of America's Veterans and others who have experienced trauma, or who suffer from PTSD, through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders.

Another fundamental change over the past 25 years is an expansion of knowledge about how to treat PTSD. In 1989 few effective treatments had been identified. Many clinicians and their patients thought that PTSD was a disorder that had to be coped with. Now there are effective treatment options — psychotherapies and medications — that can help individuals with PTSD achieve meaningful improvements. VA has implemented national training programs for clinicians to enhance the availability of the most effective psychotherapies for PTSD to Veterans. Researchers are working to make existing treatments more effective and to develop even more effective treatments. And today, we can say with conviction that treatment works.

Technology is also playing a role by widening the distribution of information and access to treatment in multiple channels. For example, in 2011 the National Center partnered with the Department of Defense to create the first publicly available VA mobile app, the award-winning PTSD Coach. AboutFace — an online video gallery developed by the Center that features Veterans talking about living with PTSD and how treatment has turned their lives around — breaks down barriers around seeking care and reduces misconceptions about PTSD and its treatment. We are probably only at the beginning stages of figuring out how to use technology and social media to help individuals with PTSD.

Integrity, Commitment, Advocacy, Respect, and Excellence (I CARE) are the values that define "who the VA is" and the VA's culture, and help guide the actions of staff across the VA. The National Center's accomplishments and plans exemplify how we have supported and will continue to support these values. In 2012 the Center began a strategic planning process. Through this work, we identified Center-wide Operational Priorities to help us optimally serve the field and carry out the Center's mission. These priorities inform areas of research and education focus and include (1) Biomarkers; (2) *DSM-5*; (3) Treatment efficiency, effectiveness, and engagement; (4) Care delivery, models of care, and system factors; and (5) Implementation. Although the Center has made great strides in research and education, we look forward to making even greater progress in promoting understanding of and advancing scientific knowledge about PTSD.

Dr. Paula P. Schnurr is the Executive Director of the National Center for Posttraumatic Stress Disorder and served as Deputy Executive Director of the Center since 1989. She is a Research Professor of Psychiatry at the Geisel School of Medicine at Dartmouth and Editor of the *Clinician's Trauma Update-Online*.

MAJOR ACCOMPLISHMENTS

25 Anniver

Since its beginning in 1989, the National Center for PTSD has maintained a strong commitment to improve the care of Veterans through research into the prevention, causes, assessment, and treatment of traumatic stress disorders and through education of Veterans, others affected by trauma, professionals, and policy makers.

Through the methodological rigor and collaborative nature of our research, we are dedicated to high professional standards of integrity, excellence, and respect. Our research activities have a uniquely real-world perspective that ensures we are truly Veteran-centric. As a result, the Center is adept at translating basic findings into clinically relevant techniques and at conducting research on the best ways to implement evidence-based practices into care.

Our efforts benefit from continually improving quality — ensuring excellence in the programs and materials we provide to Veterans, their families, and providers. Our respect for military culture and for individual circumstances of Veterans and others impacted by trauma informs all the work we do including the Center's award-winning website (www.ptsd.va.gov), and our many publications, online resources, and national programs.

Advancing the Scientific Understanding of PTSD

When the National Center opened, research on PTSD was in its early stages. PTSD had been added to the American Psychiatric Association's official classification of mental disorders only nine years before. The National Vietnam Veterans Readjustment Survey (NVVRS) had just been published the previous year, "an incredibly important study scientifically, historically, and in terms of clinical policy moving forward," says Matthew Friedman, MD, PhD, Senior Advisor and former Executive Director of the National Center. "It was the first time that any nation had attempted to use rigorous science to assess the consequences of military deployment to a war zone in terms of psychiatric sequelae," continues Friedman. The survey documented a high prevalence of PTSD in Vietnam Veterans; for example, 30% of all male Veterans who had been deployed to Vietnam had experienced PTSD at some point. Of those, half still have PTSD. "It really underscored the fact that PTSD not only had severe consequences, but was a chronic condition and increased risk of other psychiatric problems," says Friedman. The NVVRS raised major questions about the scope of the problem that researchers continue to grapple with today: who develops PTSD and why? What happens to people with PTSD over time? Early research started to address these questions to better identify and treat those affected.

Key Milestones IN THE FIRST 25 YEARS

1989

Secretary of Veterans Affairs William Derwinski dedicates National Center for PTSD

At its first meeting, Center launches development of the Clinician Administered PTSD Scale (CAPS)

1990

First issues of *PTSD Research Quarterly* and *NCP Clinical Newsletter* are published by the Center

Center participates in first VA/DoD training conference to prepare for casualties from Operations Desert Storm and Desert Shield

1991

PILOTS (Published International Literature on Traumatic Stress) database is made publicly available by the Center; it provides a comprehensive cross-disciplinary index to all published research on trauma

1992

Center prepares to launch the Matsunaga Vietnam Veterans Project, a Congressionally mandated survey to assess the readjustment experiences of American Indian, Japanese American, and Native Hawaiian Veterans of the Vietnam War

Epidemiology of PTSD

Less than a year after the National Center opened, Congress mandated the Center to assess the readjustment experiences of American Indian, Japanese American, and Native Hawaiian Veterans of the Vietnam War. The resulting Matsunaga Vietnam Veterans Project (named for Spark Matsunaga, the former U.S. senator from Hawaii who spearheaded the legislation mandating the study) found significant differences in PTSD prevalence among the groups. Specifically, Northern Plains, Southwest Indian, and Native Hawaiian Veterans had higher PTSD prevalence than did White Veterans; Japanese Americans had lower prevalence (Beals et al., 2002[1]; Friedman, Schnurr, Sengupta, Holmes, & Ashcraft, 2004[2]). Native American Veterans were more exposed to atrocities and combat in Vietnam compared with White Veterans, which seems to have contributed to increased PTSD prevalence in that study group. The study's results for Japanese American Veterans triggered many questions by researchers "such as, is there sometimes a cultural norm against acknowledging these kinds of problems?" says Friedman. Researchers continue to pursue these types of questions regarding ethnicity and PTSD.

With the increasing number of women in military service, the National Center recognized early on the need to examine trauma and PTSD in this population. Our investigators published one of the first studies on the occurrence and negative impact of sexual harassment and assault in female military personnel (Wolfe et al., 1998[3]). More recent research has expanded the examination of sexual trauma to include male Servicemembers. For example, a study of Reservists indicated that although women are at greater risk for sexual harassment, men might be more negatively affected when harassment is severe (Street, Stafford, Mahan, & Hendricks, 2008[4]). As a result of such findings the VA developed assessment tools for sexual assault, and implemented screening and counseling for military sexual trauma.

Studies with large samples and measurements over time are needed to fully understand the predisposing factors for PTSD and the effects of trauma. In 2003 National Center investigators began one of the largest longitudinal surveys of military personnel: the Neurocognition Deployment Health Study of recently deployed Veterans (Vasterling et al., 2006[2]). This study was one of the first longitudinal studies of military Veterans that included predeployment assessments. The researchers found that soldiers who had been deployed to Iraq were experiencing neurobiological compromise, "a neural alteration that happens when people are functioning under extreme stress," says Jennifer Vasterling, PhD, study principal investigator. "They had been back a couple of months and were still in this hyperaroused state." The researchers continue to study subsets of this Veteran cohort. Long-term studies are useful, says Vasterling, "because you can develop predictive models of risk factors for certain psychiatric disorders."

Neurobiology of PTSD

The National Center has a strong legacy of basic science research into the neurobiological causes and correlates of PTSD. The ultimate aim of our basic science research, led by experts in the Clinical Neurosciences Division, is to improve assessment and treatment of Veterans and others affected by trauma. Center investigators were the first to demonstrate alterations in brain structure, function, and chemistry associated with PTSD. Dysregulation of the stress response system — the hypothalamic–pituitary–adrenocortical (HPA) axis — showed that HPA abnormalities in Veterans with PTSD were different compared with Veterans with depression (Yehuda et al., 1993[2]). Center investigators also found reduced hippocampal volume (Bremner et al., 1995[2]) and a smaller anterior cingulate cortex in Veterans with PTSD. These findings supported the argument that PTSD was a psychiatric disorder, which experts in the field were debating at the time.

The National Center has focused on identifying biomarkers associated with different expressions, or phenotypes, of PTSD. Findings from one key study suggest that a combination of genes involved in one particular neurotransmitter (serotonin) is associated with severity of two clusters of PTSD symptoms — arousal and re-experiencing — and might be a risk factor for PTSD (Pietrzak, Galea, Southwick, & Gelernter, 2013[5]). Center investigators also took part in the first comprehensive scan of DNA samples from many individuals: a Genome-Wide Association Study (GWAS) to see if there are any genetic differences between those with and those without PTSD. They found that a certain gene, called retinoid-related orphan receptor alpha (RORA), was associated with a higher risk of the disorder (Logue et al., 2013[2]). This study opened a new line of inquiry into the role the RORA gene plays in the brain. Mark Miller, PhD, principal investigator at the Center's Behavioral Science Division, says, "The GWAS findings got us thinking about molecular pathways and mechanisms we probably never would have thought about had we not found the association between RORA and PTSD."

Improving the Assessment of PTSD

Accurate and up-to-date measures are crucial to advancing research on PTSD and the clinical care of Veterans living with PTSD. The development of the Clinician-Administered PTSD Scale (CAPS) was one of the first Center-wide projects. We developed the CAPS because we believed it was essential to moving the field forward, and it was. The CAPS rapidly facilitated reliable and valid PTSD assessment in research around the world (Weathers, Keane, & Davidson, 2001[2]).

The development of the Clinician-Administered PTSD Scale (CAPS) was one of the first Center-wide projects. We developed the CAPS because we believed it was essential to moving the field forward, and it was.

Since then, the National Center has expanded its resources by developing additional leading assessment measures for trauma and PTSD for use in the VA, the Department of Defense (DoD), and around the world. These include the Primary Care-PTSD Screen (Prins et al., 2003[2]) and the PTSD Checklist (Weathers, Litz, Herman, Huska, & Keane, 1993[6]). One of the most widely used measures of PTSD symptom severity, the PTSD Checklist is also useful for making a provisional PTSD diagnosis.

As the field's understanding of PTSD has evolved, so have the clinical criteria used to make a diagnosis. Within the newly revised *DSM-5*, PTSD was reclassified from an anxiety disorder to an event-related disorder

1993

The Women's Health Sciences Division and the Pacific Islands Division are created

The Scientific Institute on Ethnocultural Aspects of PTSD is cosponsored by the Center and the National Institute of Mental Health (NIMH)

1994

National training conference on African-American Veterans and PTSD, cosponsored by the Center and Readjustment Counseling Service (RCS)

1995

Center launches its website to disseminate information about PTSD to researchers, clinicians, Veterans, and the general public

Consensus Conference on PTSD Assessment, cosponsored by the Center and the NIMH

1996

Congressionally mandated study of PTSD in Native American and Asian-American Vietnam Veterans is completed by the Center; results are presented to Secretary of Veterans Affairs

Women's Health Sciences Division completes national survey of women Veterans' perceptions of VA health care

1997

VA Cooperative Study #420 is launched, the largest PTSD psychotherapy study ever conducted

Education Division (currently Dissemination & Training Division) completes *VA Disaster Mental Health Manual*

1998

National Disaster Mental Health Training Series is launched by the Center, in collaboration with RCS

1999

Center supports VA Headquarters in coordinating the VA PTSD/ Primary Care Summit

2000

First practice guideline for PTSD is published by the International Society for Traumatic Stress Studies, with contributions from the Center

2001

Center develops and disseminates resources in response to the aftermath of the September 11 terrorist attacks at the World Trade Center and Pentagon

VA Cooperative Study #494, the first study of PTSD treatment for female Veterans, is launched

Congressionally mandated Military Sexual Trauma Project is launched by the Center

"because not all presentations of PTSD were consistent with conceptualizing the disorder in terms of simple fear or anxiety," says Paula Schnurr, PhD, Executive Director of the National Center. Dr. Friedman and other Center investigators not only played a leading role in redefining PTSD within *DSM-5*, but also validated revised assessment measures and examined the impact of the new criteria on rates of the disorder. In one seminal study, a Center research team found that the new criteria yielded prevalence estimates of PTSD similar to those of *DSM-IV* in both a national community sample and a sample of trauma-exposed Veterans (Miller et al., 2013[2]).

Beyond PTSD-specific measures, National Center investigators developed the most comprehensive assessment instrument for war-related stress: the Deployment Risk and Resilience Inventory (DRRI). Although the DRRI was developed for use by researchers to assess various areas of psychosocial risk and resilience factors from across the deployment cycle, clinicians are increasingly using it as an adjunct assessment. The measure was updated to validate its scales with Veterans from recent conflicts in Iraq and Afghanistan (Vogt et al., 2013[7]). In addition to measuring combat exposure, the DRRI also includes three measures related to family functioning and social support. The focus on family functioning is one of the major advantages of the DRRI "because research shows that family stressors have implications for Veterans' postdeployment health," says Dawne Vogt, PhD, Acting Deputy Director of the Center's Women's Health Sciences Division.

The National Center has investigated and continues to investigate whether multimodal approaches to assessment might improve PTSD diagnosis. An early milestone in the Center's research on assessment was VA Cooperative Study #344. A large-scale study, the project addressed whether psychophysiological changes — such as increased heart rate, sweating, and breathing — could differentiate Veterans with and without PTSD. In a sample of more than 1,000 Veterans seeking treatment in VA, investigators found that, on average, individuals with PTSD showed stronger, more distinctive physiological reactions to trauma cues, with the most impaired Veterans experiencing the highest levels of physiological reactivity. But some Veterans with PTSD did not show increased physiological reactivity (Keane et al., 19982), a finding that encouraged additional research and led to increased understanding of the physiology and assessment of PTSD.

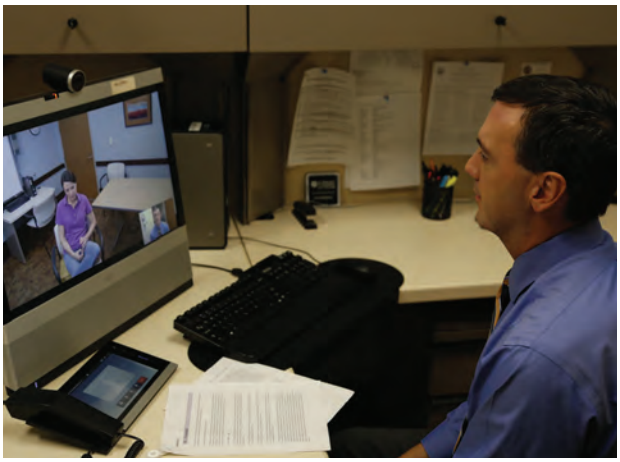
Advancing the Treatment of PTSD

Among our highest priorities are supporting VA clinicians, and improving Veterans' lives through development, research, and dissemination of evidence-based treatments for PTSD. Our investigators have conducted landmark studies on cognitive-behavioral therapy (CBT) for PTSD, particularly the main evidence-based psychotherapies: Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE).

The National Center has carried out the two largest randomized controlled trials of psychotherapy for PTSD ever conducted: (1) VA Cooperative Study #420, launched in 1997, which found no

difference between trauma-focused and present-centered group therapy for PTSD among male Vietnam Veterans (Schnurr et al., 2003[2]); and (2) VA Cooperative Study #494, launched in 2001, the first randomized controlled trial of treatment for PTSD in female Veterans and Servicemembers, which found that PE was more effective than present-centered therapy (Schnurr et al., 2007[2]). A smaller Center-led VA study added support to CPT for the treatment of military-related PTSD (Monson et al., 2006[2]). These studies showed definitively that "we have reliable, evidence-based treatments that work," says Schnurr.

National Center researchers have also led advances in the delivery of evidence-based PTSD treatments and in novel psychotherapeutic approaches. Studies that support CBT delivered via teleconferencing (Morland et al., 2010[2]) and in an Internet-based, therapist-assisted format (Litz, Engel, Bryant, & Papa, 2007[2]) have helped increase access to PTSD treatment nationwide. Another Center-developed innovation, cognitive-behavioral conjoint therapy (CBCT), sought to meet the needs of Veterans and others with PTSD struggling with intimate relationship issues or who want their partners directly involved in their PTSD care. A randomized controlled trial showed CBCT for PTSD alleviates distress, decreases PTSD symptom severity, and improves relationship satisfaction (Monson et al., 2012[2]).



The National Center has a strong commitment to psychopharmacology research trials as well. A multisite study by Center investigators found that sertraline, an antidepressant previously shown to work in civilian populations, was ineffective for Veterans with PTSD (Friedman, Marmar, Baker, Sikes, & Farfel, 2007[2]). More recently, the results of VA Cooperative Study #504 (Krystal et al., 2011[2]), launched in 2004, indicated that an atypical antipsychotic agent, risperidone, did not add any benefits to existing pharmacological treatment for PTSD — a finding that led to revisions of the *VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress*, which describes critical decision points in the management of PTSD and outlines the evidence behind different treatments. Trials testing novel agents that specifically address PTSD are needed, according to Friedman. "What I see looking down the road is research on medications that work on the biological systems we know are dysregulated in PTSD," he says, such as inflammation markers or other neurosteroids or neuropeptides.

Promoting Implementation of Evidence-Based Care

The National Center was instrumental in the development of the *VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress*. The guideline offers clinicians essential information on how to provide consistent quality of care and utilization of resources throughout the health care system. However, the development and dissemination of state-of-the art tools and products are not sufficient to change practice. "We've increasingly recognized that dissemination

2002

Usage of the Center's website more than doubles, as professionals and laypersons seek information on disaster mental health following 9/11 attacks

Interagency summit on Early Intervention Following Mass Casualties is led by the Center

2003

The *Iraq War Clinician Guide* is released by the Center to prepare VA and DoD to serve personnel returning from Iraq

Research on the use of telehealth to care for Veterans in remote locations initiated by the Center

2004

Center co-leads development of the *VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress*

VA Cooperative Study #504 on the effectiveness of risperidone for PTSD is launched

2005

Center completes *Psychological First Aid*, a manual that provides evidence-based guidance for first responders, and disseminates it online to help responders to Hurricane Katrina

2006

PTSD 101, a comprehensive online PTSD training curriculum, is launched

2006 cont.

Center leads VA's national training initiative on Cognitive Processing Therapy

2007

Findings from Cooperative Study #494 are published; they show that Prolonged Exposure is effective for female Veterans with PTSD

Center leads VA's national training initiative on Prolonged Exposure

Clinician's Trauma Update-Online (CTU-Online), a bimonthly electronic research newsletter, is published by the Center

2008

The PTSD Mentoring Program, started by the Center, supports VA PTSD program administrators and facilitates best practices in PTSD care for Veterans

Center and DoD collaborate on STRONG STAR Multidisciplinary Research Consortium, aimed at developing effective interventions to prevent and treat combat-related PTSD in active-duty military personnel

2009

The first online toolkit for nonclinical professionals who come in contact with Veterans and other trauma survivors is made available by the Center

VA Cooperative Study #566 is funded; it supports long-term follow-up of a cohort of Iraq War Veterans initially assessed prior to their first deployment

is not enough," says Schnurr, "and in order to ensure the uptake of treatment, it's important also to facilitate implementation and expand our training programs for therapists."

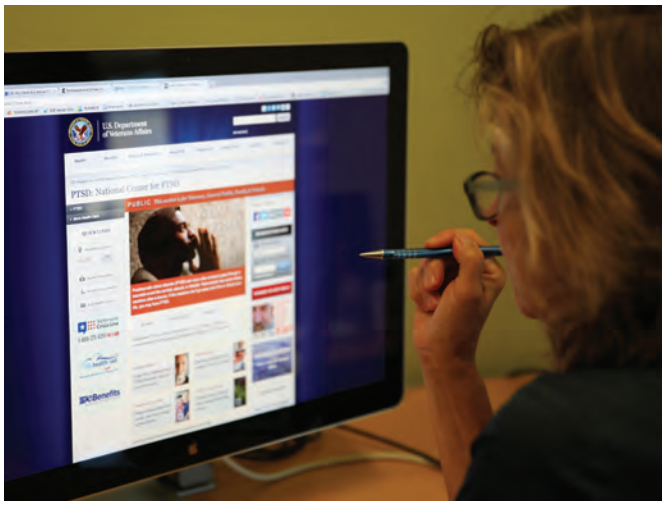
"The data from this study provided real-world information on patients who were treated while the therapists were learning the treatment. So at the very beginning, with novice therapists learning the treatment, we saw very meaningful improvements."

To make evidence-based treatment for PTSD widely available to Veterans across the United States, the VA created national clinical training programs in CPT (launched in 2006) and PE (launched in 2007). The National Center led the development and implementation of both programs. As of January 2015, there were nearly 2,000 VA providers trained to deliver PE and more than 6,000 VA and Vet Center providers trained to deliver CPT. Our evaluation of the PE training initiative showed that both PTSD and depression improved significantly for Veterans regardless of gender, war era, or trauma type (Eftekhari et al., 2013[2]). "The data from this study provided real-world information on patients who were treated while the therapists were learning the treatment. So at the very beginning, with novice therapists learning the treatment, we saw very meaningful improvements," says Schnurr. "This study strongly validated our training program for therapists." The evaluation of the CPT training program, led by Center collaborator Kathleen Chard, PhD, has found similarly positive outcomes (Chard, Ricksecker, Healy, Karlin, & Resick, 2012[8]).

Online training offers great potential to widely disseminate proven clinical practices. However, there is little information about how to conduct online training to help providers learn and implement new skills. Investigators from the National Center and the New England Research Institutes report encouraging findings from a randomized controlled trial testing a Web-based cognitive-behavioral skills training for PTSD providers. Results suggest that online training, especially with consultation, has potential for large health care systems such as VA (Ruzek et al., 2014[9]).

Pioneering the Use of Technology in Education

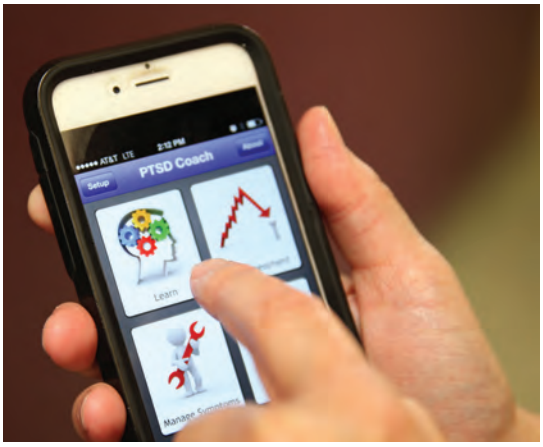
The National Center is internationally known as the leader in development of technology-based education and resources for trauma survivors. In 1995 we launched our website, www.ptsd.va.gov. The initial purpose of the website was to provide widespread access to the Published International Literature on Traumatic Stress (PILOTS) online database, a comprehensive, cross-discipline index to all published works on trauma. Starting with just 2,000 records, when it was first made publicly available in 1991, PILOTS now includes more than 53,000 records, with materials in 30 languages.



PILOTS is produced within the Center's PTSD Resource Center, the world's largest collection of literature on traumatic stress.

Early online offerings included fact sheets and other materials about PTSD and its treatment, geared toward providers. Through innovative programming and design, we have widened the scope of our website — with online manuals, mobile apps, toolkits, and videos — and it is now one of the world's leading websites on PTSD for professionals, Veterans, and the public. In fiscal year (FY) 2014, our website had more than five million unique page views (averaging 422,000 views per month); and the mobile site had nearly 72,000 views (averaging 6,000 views per month). Recent offerings for Veterans, their families, and the public include *Understanding PTSD, Understanding PTSD Treatment*, and the *Returning from the War Zone Guides*.

As mobile apps have become an integral part of our everyday lives, the National Center has been at the forefront in the application of this technology for PTSD and co-occurring problems. Starting with *PTSD Coach*, released in 2011, the National Center has continued to create iOS and Android apps for the public and providers. Our apps are evidence-informed, using cognitive-behavioral and other tested principles to help users self-manage symptoms and to augment professional care.



In 2010 the National Center entered the social media arena by establishing a Twitter feed. We launched our Facebook page the following year, and established a presence on YouTube in 2012. We quickly recognized that social media offers great promise as a tool for communication and education. With social media we can deliver our products to new audiences and provide real-time resources when disasters and other large-scale traumatic events occur. Social media has also opened up an interactive communication channel with our audiences, enabling us to gain insights into the concerns and experiences of trauma survivors, and to respond to their questions. The "social" part of social media is also crucial, as those who engage with us share our resources with their own networks of friends, family, and colleagues.

Outreach to Professionals

To better, the National Center has moved from passive dissemination strategies toward active outreach. And we have developed mechanisms to make new scientific findings and evidence-based treatments easily accessible.

National Center staff present regularly on national VA calls and at professional meetings to disseminate information. Since 2013 we have made the continuing education courses in our popular *PTSD 101* curriculum available as podcasts, so providers can learn about assessment and treatment of PTSD at their convenience. With our PTSD Consultation Lecture Series, which is archived following each live broadcast, providers can keep current on the latest clinical findings and best practices for PTSD care.

2010

Congress designates June 27 as PTSD Awareness Day (S. Res. 455) and the Center launches its first annual PTSD outreach campaign

Skills for Psychological Recovery, an intervention for postdisaster survivors, is published by the Center in collaboration with the National Child Traumatic Stress Network

Center contributes to the revised *VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress*

2011

The VA PTSD Consultation Program is established to advise VA staff on PTSD and to promote the use of evidence-based practice

PTSD Coach, VA's first mobile phone app, is released by the Center and DoD's National Center for Telehealth & Technology

Findings from VA Cooperative Study #504 are published. They show that risperidone is not effective for treatment-resistant PTSD, leading to a revision of the *VA/DoD Clinical Practice Guideline for the Management of Posttraumatic Stress*

2012

PTSD Coach Online, an expanded desktop version of the popular *PTSD Coach* app, is made available by the Center

AboutFace, a website offering videos of Veterans' stories of PTSD and how treatment turned their lives around, is launched by the Center

2012 cont.

PE Coach, the first treatment companion app, is released by the Center and DoD's National Center for Telehealth & Technology

2013

DSM-5 versions of the CAPS and the PTSD Checklist are released by the Center

Center assists in VA's response to the Sandy Hook school shooting by providing training and consultation to local providers

The University of Texas Health Science Center and the National Center for PTSD receive the Consortium to Alleviate PTSD award, a 5-year, $45 million research initiative funded by VA and DoD to improve understanding and treatment of PTSD

2014

What is PTSD?, the Center's first Whiteboard video, debuts on YouTube

VA Cooperative Study #591, a 17-site trial to compare the effectiveness of Prolonged Exposure and Cognitive Processing Therapy for Veterans, is launched

Center receives Congressional funding to expand the PTSD Consultation Program to non-VA providers and to establish the National PTSD Brain Bank, the first brain tissue repository to advance PTSD research

The National Center also produces publications aimed at disseminating novel information to the field. The *Clinician's Trauma Update-Online* is an electronic newsletter that provides clinicians with summaries of peer-reviewed articles, with an emphasis on the assessment and treatment of Veterans. Published six times a year, the newsletter had more than 34,000 subscribers at the end of FY 2014. The *PTSD Research Quarterly*, with more than 50,000 subscribers, provides expert reviews of the scientific PTSD literature. Topics covered in FY 2014 included the dissociative subtype of PTSD, partial PTSD, *DSM-5* and the upcoming ICD-11, and adjustment to mass shootings.

The National Center has moved from passive dissemination strategies toward active outreach.

Looking Towards the Future

To optimally serve the field and carry out the National Center's mission, we continued to align our research portfolio in FY 2014 with the Operational Priorities identified the previous year. These priorities include (1) Biomarkers; (2) *DSM-5*; (3) Treatment efficiency, effectiveness, and engagement; (4) Care delivery, models of care, and system factors; and (5) Implementation. Each priority reflects a critical area for development in both research and education.

[1] Beals, J., Manson, S. M., Shore, J. H., Friedman, M., Ashcraft, M., Fairbank, J. A., & Schlenger, W. E. (2002). The prevalence of posttraumatic stress disorder among American Indian Vietnam veterans: Disparities and context. *Journal of Traumatic Stress, 15,* 89-97. doi:10.1023/A:1014894506325

[2] See **Top 25 National Center Publications**, 1989-2014 on pages 13-14

[3] Wolfe, J., Sharkansky, E. J., Read, J. P., Dawson, R., Martin, J. A., & Ouimette, P. C. (1998). Sexual harassment and assault as predictors of PTSD symptomatology among U.S. female Persian Gulf War military personnel. *Journal of Interpersonal Violence, 13*, 40-57. doi:10.1177/088626098013001003

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[8] Chard, K. M., Ricksecker, E. G., Healy, E. T., Karlin, B. E., & Resick, P. A. (2012). Dissemination and experience with cognitive processing therapy. *Journal of Rehabilitation Research and Development, 49*, 667-678. doi:10.1682/JRRD.2011.10.0198

[9] Ruzek, J. I., Rosen, R. C., Garvert, D. W., Smith, L. D., Sears, K. C., Marceau, L., . . . Stoddard, A. M. (2014). Online self-administered training of PTSD treatment providers in cognitive-behavioral intervention skills: Results of a randomized controlled trial. *Journal of Traumatic Stress, 27*, 703-711. doi:10.1002/jts.21977

TOP 25 NATIONAL CENTER PUBLICATIONS*

25 Anniver

The development of a clinician-administered PTSD scale

Blake, D. D., **Weathers, F. W.**, **Nagy, L. M.**, **Kaloupek, D. G.**, **Gusman, F. D.**, **Charney, D. S.**, & **Keane, T. M.** (1995). *Journal of Traumatic Stress, 8*, 75-90. doi:10.1002/jts.2490080106 View Article

MRI-based measurement of hippocampal volume in patients with combat-related posttraumatic stress disorder

Bremner, J. D., Randall, P. K., Scott, T. M., Bronen, R. A., Seibyl, J. P., **Southwick, S. M.**, ... Innis, R. B. (1995). *American Journal of Psychiatry, 152*, 973-981. doi:10.1176/ajp.152.7.973 View Article

Effectiveness of national implementation of prolonged exposure therapy in Veteran Affairs care

Eftekhari, A., **Ruzek, J.I.**, **Crowley, J. J.**, **Rosen, C.S.**, Greenbaum, M.S., & Karlin, B. E. (2013). *Journal of the American Medical Association Psychiatry, 70*, 949-955. doi:10.1001/jamapsychiatry.2013.3 View Article

Randomized, double-blind comparison of sertraline and placebo for posttraumatic stress disorder in a Department of Veterans Affairs setting

Friedman, M. J., Marmar, C. R., Baker, D. G., Sikes, C. R., & Farfel, G. M. (2007). *Journal of Clinical Psychiatry, 68*, 711-720. doi:10.4088/JCP.v68n0508 View Article

The Hawaii Vietnam Veterans Project: Is minority status a risk factor for posttraumatic stress disorder?

Friedman, M. J., **Schnurr, P. P.**, Sengupta, A., Holmes, T., & Ashcraft, M. (2004). *Journal of Nervous and Mental Disease, 192*, 42-50. doi:10.1097/01.nmd.0000105999.57129.ee View Article

Utility of psychophysiological measurement in the diagnosis of posttraumatic stress disorder: Results from a Department of Veterans Affairs cooperative study

Keane, T. M., Kolb, L. C., **Kaloupek, D. G.**, Orr, S. P., Blanchard, E. B., Thomas, R. G., ... Lavori, P. W. (1998). *Journal of Consulting and Clinical Psychology, 66*, 914-923. doi:10.1037//0022-006X.66.6.914 View Article

Posttraumatic stress disorder in a national sample of female and male Vietnam veterans: Risk factors, war-zone stressors, and resilience-recovery variables

King, D. W., **King, L. A.**, Foy, D. W., **Keane, T. M.**, & Fairbank, J. A. (1999). *Journal of Abnormal Psychology, 108*, 164-170. doi:10.1037/0021-843X.108.1.164 View Article

Adjunctive risperidone treatment for antidepressant-resistant symptoms of chronic military service–related PTSD: A randomized trial

Krystal, J. H., **Rosenheck, R. A.**, Cramer, J. A., Vessicchio, J. C., Jones, K. M., Vertrees, J. E., ... Stock, C.: Veterans Affairs Cooperative Study No. 504 Group. (2011). *Journal of the American Medical Association, 306*, 493-502. doi:10.1001/jama.2011.1080 View Article

A randomized, controlled proof-of-concept trial of an internet-based, therapist-assisted self-management treatment for posttraumatic stress disorder

Litz, B. T., Engel, C. C., Bryant, R. A., & Papa, A. (2007). *American Journal of Psychiatry, 164*, 1676-1684. doi:10.1176/appi.ajp.2007.06122057 View Article

A genome-wide association study of post-traumatic stress disorder identifies the retinoid-related orphan receptor alpha (RORA) gene as a significant risk locus

Logue, M. W., Baldwin, C., Guffanti, G., Melista, E., **Wolf, E. J.**, Reardon, A. F., ... **Miller, M. W.** (2013). *Molecular Psychiatry, 18*, 937-942. doi:10.1038/mp.2012.113 View Article

The prevalence and latent structure of proposed *DSM-5* posttraumatic stress disorder symptoms in U.S. national and veteran samples

Miller, M. W., **Wolf, E. J.**, Kilpatrick, D., Resnick, H., **Marx, B.P.**, **Holowka, D. W.**, ... **Friedman, M. J.** (2013). *Psychological Trauma: Theory, Research, Practice and Policy, 5*, 501-512. doi:10.1037/a0029730 View Article

Effect of cognitive-behavioral couple therapy for PTSD: A randomized controlled trial

Monson, C. M., **Fredman, S. J.**, **Macdonald, A.**, Pukay-Martin, N. D., **Resick, P. A.**, & **Schnurr, P. P.** (2012). *Journal of the American Medical Association, 308*, 700-709. doi:10.1001/jama.2012.9307 View Article

Cognitive processing therapy for veterans with military-related posttraumatic stress disorder

Monson, C. M., **Schnurr, P. P.**, **Resick, P. A.**, **Friedman, M. J.**, **Young-Xu, Y.**, & **Stevens, S. P.** (2006). *Journal of Consulting and Clinical Psychology, 74*, 898-907. doi:10.1037/0022-006X.74.5.898 View Article

Relationships among plasma dehydroepiandrosterone sulfate and cortisol levels, symptoms of dissociation, and objective performance in humans exposed to acute stress

Morgan, C. A., **Southwick, S. M.**, Hazlett, G., **Rasmusson, A. M.**, Hoyt, G., **Zimolo, Z.**, & **Charney, D**. (2004). *Archives of General Psychiatry, 61*, 819-825. doi:10.1001/archpsyc.61.8.819 View Article

Telemedicine for anger management therapy in a rural population of combat veterans with posttraumatic stress disorder: A randomized noninferiority trial

Morland, L. A., **Greene, C. J.**, **Rosen, C. S.**, Foy, D., Reilly, P., Shore, J., ... Frueh, B. C. (2010). *Journal of Clinical Psychiatry, 71*, 855-863. doi:10.4088/JCP.09m05604blu View Article

Naltrexone and disulfiram in patients with alcohol dependence and comorbid post-traumatic stress disorder

Petrakis, I. L., Poling, J., Levinson, C., Nich, C., Carroll, K., Ralevski, E., & Rounsaville, B. (2006). *Biological Psychiatry, 60*, 777-783. doi:10.1016/j.biopsych.2006.03.074 View Article

The primary care PTSD Screen (PC-PTSD): Development and operating characteristics

Prins, A., Ouimette, P., **Kimerling, R.**, Cameron, R. P., Hugelshofer, D. S., Shaw-Hegwer, J., ... Sheikh, J. (2003). *Primary Care Psychiatry, 9*, 9-14. doi:10.1185/135525703125002360 View Article

A randomized clinical trial to dismantle components of Cognitive Processing Therapy for posttraumatic stress disorder in female victims of interpersonal violence

Resick, P. A., Galovski, T. E., Uhlmansiek, M. O. B., Scher, C. D., Clum, G. A., & **Young-Xu, Y.** (2008). *Journal of Consulting and Clinical Psychology, 76*, 243-258. doi:10.1037/0022-006X.76.2.243 View Article

Cognitive behavioral therapy for posttraumatic stress disorder in women: A randomized controlled trial

Schnurr, P. P., **Friedman, M. J.**, Engel, C. C., Foa, E. B., Shea, M. T., Chow, B. K., ... **Bernardy, N.** (2007). *Journal of the American Medical Association, 297*, 820-830. doi:10.1001/jama.297.8.820 View Article

Randomized trial of trauma-focused group therapy for posttraumatic stress disorder : Results from a department of Veterans Affairs cooperative study

Schnurr, P. P., **Friedman, M. J.**, Foy, D. W., Shea, M. T., Hsieh, F. Y., Lavori, P. W., ... **Bernardy, N. C.** (2003). *Archives of General Psychiatry, 60*, 481-489. doi:10.1001/archpsyc.60.5.481 View Article

Abnormal noradrenergic function in posttraumatic stress disorder

Southwick, S. M., **Krystal, J. H.**, **Morgan, C. A.**, **Johnson, D. R.**, **Nagy, L. M.**, **Nicolaou, A. L.**, ... **Charney, D. S.** (1993). *Archives of General Psychiatry, 50*, 266-274. doi:10.1001/archpsyc.1993.01820160036003 View Article

Neuropsychological outcomes of Army personnel following deployment to the Iraq War

Vasterling, J. J., Proctor, S. P., Amoroso, P., Kane, R., Heeren, T., & White, R. F. (2006). *Journal of the American Medical Association, 296*, 519-529. doi:10.1001/jama.296.5.519 View Article

Gender differences in combat-related stressors and their association with postdeployment mental health in a nationally representative sample of U.S. OEF/OIF veterans

Vogt, D., Vaughn, R., Glickman, M. E., Schultz, M., Drainoni, M.L., Elwy, R., & Eisen, S. (2011). *Journal of Abnormal Psychology, 120*, 797-806. doi:10.1037/a0023452 View Article

Clinician-administered PTSD scale: A review of the first ten years of research

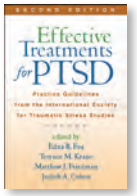
Weathers, F. W., **Keane, T. M.**, & Davidson, J. R. T. (2001). *Depression and Anxiety, 13*, 132-156. doi:10.1002/da.1029 View Article

Enhanced suppression of cortisol following dexamethasone administration in posttraumatic stress disorder

Yehuda, R., **Southwick, S. M.**, **Krystal, J. H.**, Bremner, D., **Charney, D.** S., & Mason, J. W. (1993). *American Journal of Psychiatry, 150*, 83-86. doi:10.1176/ajp.150.1.83 View Article

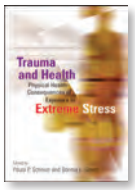
* Author names in boldface indicate affiliation with the National Center.

TOP 10 NATIONAL CENTER BOOKS*



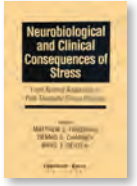
Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies (2nd ed.)

Foa, E. B., **Keane, T. M., Friedman, M. J.**, & Cohen, J. A. (Eds.) (2009). New York, NY: Guilford Press.



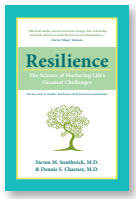
Trauma and health: Physical health consequences of exposure to extreme stress

Schnurr, P. P., & Green, B. L. (Eds.) (2004). Washington, DC: American Psychological Association.



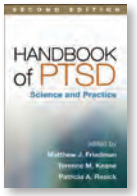
Neurobiological and clinical consequences of stress: From normal adaptation to posttraumatic stress disorder

Friedman, M. J., **Charney, D. S.**, & Deutch, A. Y. (Eds.) (1995). Philadelphia, PA: Lippincott-Raven.



Resilience: The science of mastering life's greatest challenges

Southwick, S. M., & Charney, D. S. (2012). New York, NY: Cambridge University Press.

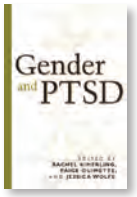


Handbook of PTSD: Science and practice (2nd ed.)

Friedman, M. J., Keane, T. M., & Resick, P. A. (Eds.) (2014). New York, NY: Guilford Press.

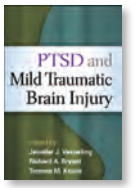
Caring for veterans with deployment-related stress disorders: Iraq, Afghanistan, and beyond

Ruzek, J. I., **Schnurr, P. P.**, **Vasterling, J. J.**, & **Friedman, M. J.** (Eds.) (2012). Washington, DC: American Psychological Association.



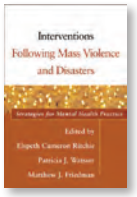
Gender and PTSD

Kimerling, R., Ouimette, P., **Wolfe, J**. (Eds.) (2002). New York, NY: Guilford Press.



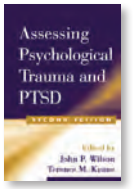
PTSD and mild traumatic brain injury

Vasterling, J. J., Bryant, R. A., & **Keane, T. M.** (Eds.) (2012). New York, NY: Guilford Press.



Interventions following mass violence and disasters: Strategies for mental health practices.

Ritchie, E. C., **Watson, P. J.**, & **Friedman, M.J.** (Eds.) (2007). New York, NY: Guilford Press.



Assessing psychological trauma and PTSD (2nd ed.)

Wilson, J. P. & **Keane, T. M.** (2004). New York, NY: Guilford Press.

* Author names in boldface indicate affiliation with the National Center.

RECENT MAJOR INITIATIVES

The National Center has made great strides in PTSD research and education. The diversity of our initiatives during the past few years speaks to the leadership role we play in informing the prevention, assessment, and treatment of PTSD. The VA I CARE values of Integrity, Commitment, Advocacy, Respect, and Excellence guide this work.

Our reach and our ambitions have grown. The insights gained from our research inform daily clinical practice. Training has expanded from brief courses to comprehensive curricula and expert consultation on PTSD to any provider working with Veterans. Outreach efforts have matured, resulting in a dynamic website with interactive content and mobile offerings.

As we look forward to the next 25 years, we will continue to pursue multiple paths to achieve the goal of enhancing the clinical care and social welfare of those who have experienced trauma.

Increasing Scientific Understanding of Trauma and PTSD

The key to improving care is advancing our understanding of the neurobiology of trauma and PTSD.

Genetics of PTSD: Analysis of RORA and Other Candidate Genes in PTSD

The National Center is continuing its pioneering work on the role of the RORA gene in the development of PTSD (see page 7). The research team is now conducting a more detailed genetic analysis of RORA and PTSD to: (1) identify the complete array of genetic variation in these genes associated with PTSD risk, (2) perform genome-wide expression analysis, (3) analyze additional PTSD-related comorbidity phenotypes, and (4) examine possible gene-gene interactions.

The Consortium to Alleviate PTSD

In 2013 President Obama announced a $45 million award over five years to establish the Consortium to Alleviate PTSD (CAP). The National Center partnered with the STRONG STAR Consortium at the University of Texas Health Science Center at San Antonio to successfully compete for this award. The funding will advance PTSD care for Servicemembers and Veterans. The CAP will provide an array of cutting-edge clinical treatment trials and biological studies including efforts to learn more about the biology/physiology of PTSD development, treatment response to inform diagnosis, prediction of disease outcome, and new or improved treatment methods.

The VA PTSD Brain Bank

Currently there are more than 50 brain banks in the United States. The focus of these brain tissue repositories is on investigating alcoholism, Alzheimer's disease, depression, schizophrenia, and a variety of neurological disorders. Yet there has never been a PTSD brain bank — until now. With funding appropriated by Congress, the National Center is leading a consortium to develop a national PTSD brain bank — the first brain tissue repository dedicated to studying the physical impact of stress, trauma, and PTSD on brain tissue. Projects overseen by the consortium will advance scientific knowledge about PTSD, particularly biological indicators (biomarkers) associated with the disorder. Dr. Friedman is Director of the consortium, which includes the Uniformed Services University of Health Sciences, the VA Medical Center in San Antonio and in Boston, and the National Center's Behavioral Science and Clinical Neurosciences Divisions.

Understanding the Longitudinal Course of PTSD

Examining how PTSD develops and changes over time reveals risk and protective factors, as well as effects of the disorder.

VA Cooperative Study #566: Neuropsychological and Mental Health Outcomes of Operation Iraqi Freedom (OIF)

The VA Cooperative Studies Program funded the latest wave of followup in the Neurocognition Deployment Health Study, which has been examining the psychological impact of war zone stress (including PTSD and TBI) in male and female active duty Army soldiers since 2003 (see page 6). The latest wave of data collection was completed in June 2014, with more than 600 cohort members participating.

Project VALOR: Veterans After-Discharge Longitudinal Registry

The first registry of combat-exposed men and women with PTSD aims to: (1) identify clinical characteristics, risk factors, and comorbidities, (2) describe and evaluate neuropsychological and psychosocial outcomes and treatment trajectories, and (3) compare an undiagnosed group of Veterans who are high health care users with nondeployed Veterans. The registry will provide essential data on the natural history of PTSD including progression, remission, and outcomes associated with the disorder.

SERV Registry: Survey of Experiences of Returning Veterans

A longitudinal cohort study, the SERV Registry aims to determine differences in how male and female combat Veterans readjust to civilian life after deployment by tracking Veterans' use and continuity of care, physical and psychiatric comorbidity, and medication use and adherence since 2002. As of April 2015 a total of 711 Veterans (480 men and 231 women) have been enrolled. Results will help identify gaps in and barriers to services.

Enhancing Care for PTSD

Although we have effective psychotherapies for PTSD, care will be advanced when we understand what works best for whom and offer proven alternative delivery methods. Patient-centered care will also be optimized when new medication options are identified.

VA Cooperative Study #591: Comparative Effectiveness Research in Veterans with PTSD (CERV-PTSD)

The National Center is currently leading a $10 million study that will compare PE and CPT, and will help answer whether one treatment is better suited than the other for specific types of patients. Launched in early FY 2014, VA Cooperative Study #591 is the first large-scale comparative effectiveness trial of treatment for PTSD. The study, which will involve 900 Veterans at 17 sites across the country, will help VA leadership, providers, and Veterans in making informed choices about PTSD care in VA, and will also be broadly relevant to the scientific and clinical communities outside VA.

Novel Approaches to Treatment Delivery

Two National Center studies examine new delivery methods for PTSD treatment to give patients a range of choices. The first extends our work in telehealth by comparing three ways to provide PE to Veterans with PTSD: in-home in-person, in-home teleconferencing, and in-clinic teleconferencing. If PE can be effectively delivered in these diverse ways, patients will be able to use the option that best suits their needs. A second trial compares Written Exposure Therapy (WET), a brief treatment that requires minimal therapist involvement, with CPT. If results are positive, WET could be an alternative trauma-focused treatment for patients who prefer to write about, rather than talk about, their trauma.

Novel Pharmacological Approaches

The most effective medications for PTSD are selected types of antidepressants that work by increasing two important brain neurotransmitters: serotonin and norepinephrine. Other types of medication might offer even more effective alternatives. National Center investigators are planning a trial of ketamine, which is typically used for sedation but also has rapid antidepressant effects, for treating PTSD in active duty military personnel and Veterans who do not respond to antidepressant treatment. The trial is part of the CAP award. A second study is examining the safety and efficacy of URB597, a compound that increases the brain's production of endocannabinoids, which reduce depression and pain. The same group of investigators is also examining a substance that works on glutamate, the most abundant neurotransmitter in the brain, and important for learning and memory. Lastly, Center investigators completed data collection in a clinical trial of ganaxolone, a steroid that might help alleviate PTSD due to its effects on gamma-aminobutyric acid (GABA), a neurotransmitter that helps regulate anxiety and fear.

Promoting Awareness of PTSD and Engagement in Evidence-based Treatment

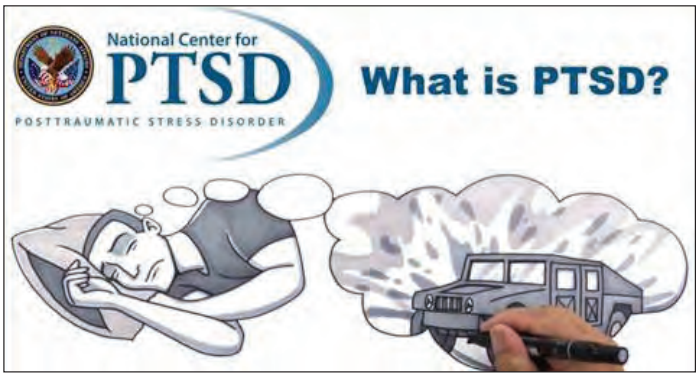
The first step in encouraging treatment engagement is helping people recognize that they might have a problem that can be helped with treatment.

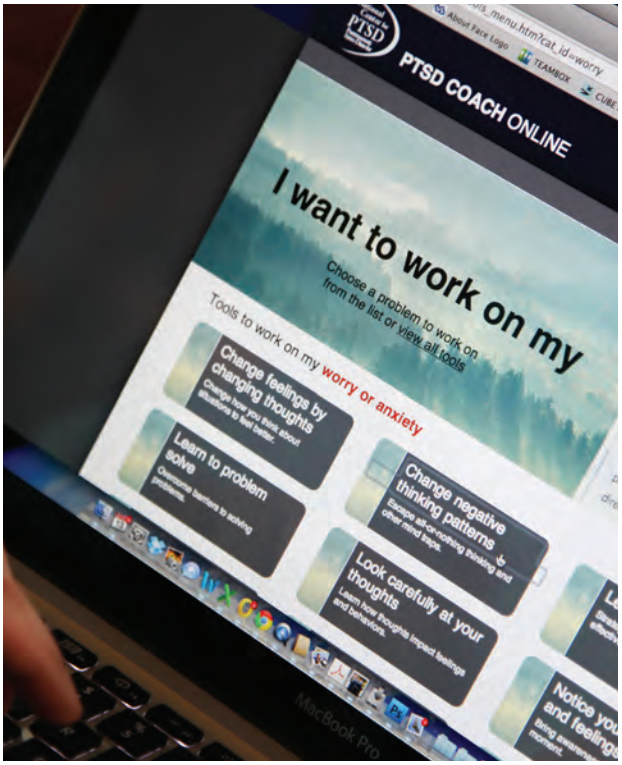
AboutFace

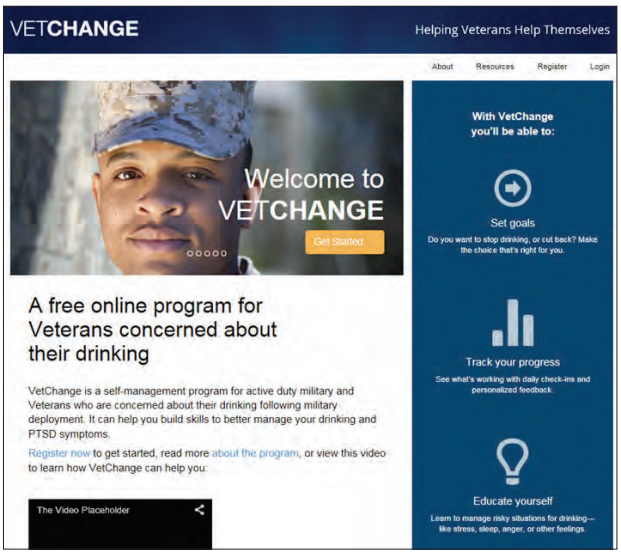
For those trauma survivors who develop troubling symptoms, it can be difficult to take the first step to get care. The National Center created *AboutFace* to help Veterans and other trauma survivors learn about people who have successfully overcome stigma and other treatment obstacles. *AboutFace* is an award-winning online video gallery of Veterans telling their stories of how PTSD treatment has turned their lives around. Since its 2012 launch, *AboutFace* has expanded to include videos from family and friends of Veterans with PTSD, along with insights from clinicians who treat PTSD.

Animated Whiteboard Videos

Our collection of six short, hand-drawn, animated videos gives Veterans, family members, professionals, and the general public an accurate and accessible overview of the assessment and treatment of PTSD. Five of the six videos target a public audience: *What is PTSD?; Prolonged Exposure for PTSD; Cognitive Processing Therapy for PTSD; PTSD Treatment: Know Your Options; and "Evidence-based" Treatment: What Does It Mean?* The final video, *Prescribing for PTSD: Know Your Options*, is for providers and includes information about screening for PTSD, prescribing, and referring for psychotherapy.







Developing Self-Help and Treatment Companion Resources

The National Center offers trauma survivors innovative tools that are grounded in science.

Mobile Phone Applications

In 2011 the National Center partnered with the DoD to launch the first publicly available VA app, *PTSD Coach*. The app offers users self-assessment, coping skills, and other resources, and has received numerous awards. The Center has continued to develop a wide array of apps, including self-help tools and apps that support the delivery of PE, CPT, and CBT for insomnia. Apps provide users with information and assistance wherever they are and whenever they need it. Like all our products, National Center apps are distributed for free.

PTSD Coach Online

Inspired by the enthusiastic response to the *PTSD Coach* app, we created *PTSD Coach Online*, a suite of evidence-informed, Web-based tools to help users cope with symptoms like anger, sadness, anxiety, and trouble sleeping. In addition to integrating many elements from the *PTSD Coach* app, *PTSD Coach Online* includes tools that allow users create in-depth plans to tackle the issues they are facing. Integrating video, animation, audio, and interactivity, *PTSD Coach Online* helps those impacted by stress and trauma help themselves.

VetChange

Heavy drinking is a common problem in Veterans of the most recent conflicts; and research has shown that Veterans who struggle with problematic drinking patterns often have PTSD symptoms as well. *VetChange*, an online self-management program for Veterans concerned about their drinking, addresses both issues. A randomized controlled trial of an initial version of *VetChange* showed that the intervention helped many Veterans reduce their drinking and PTSD symptoms. A new version — with enhanced interactivity, video tips, and responsive design — is slated for release in 2015.

Educating Professionals about Evidence-based PTSD Care

Online resources give providers within VA and in the community on-demand access to free training.

Continuing Education Courses

Educating VA providers in the assessment and treatment of PTSD and related issues is vital to the National Center's mission. Our continuing education resources are all freely available online, making them accessible to not only providers within VA but also community-based providers, researchers, trainees, and paraprofessionals. Our flagship *PTSD 101* series offers a broad array of hour-long courses that are available both online and as podcasts. The lecture series *From the War Zone to the Home Front*, a collaboration with the Red Sox Foundation and the Massachusetts General Hospital Home Base Program, features on-demand lectures on topics relevant to caring for Veterans of the Iraq and Afghanistan wars and their families.

Within the past five years, we have expanded our Web-based continuing education offerings to include advanced multimodule courses on specialized treatment approaches. These courses incorporate video vignettes, step-by-step guidance, and patient materials that can help providers integrate these interventions into their practice. Currently available courses include *STAIR: Skills Training in Affect and Interpersonal Regulation* and *Assessment and Treatment of Sleep Problems in PTSD*. Soon-to-be-released courses include *Managing Anger* and *Clinician-Administered PTSD Scale-5 (CAPS-5) Online Training for Providers.*

Comprehensive Toolkits

Our toolkits feature fact sheets, handouts, and tutorials to give professionals in a variety of disciplines one-stop access to key resources to help address the needs of the Veterans they serve. Going beyond a focus purely on PTSD, the toolkits cover broader mental health, medical, employment, and educational aspects of Veterans' lives. The *Community Provider Toolkit*, *VA Campus Toolkit*, and *Veterans Employment Toolkit* are currently available online, and additional toolkits are in development.

Provider Resources to Help Address the Needs of Women Veterans

Women are the fastest-growing group within the Veteran population. The National Center has taken the initiative to better address their needs, both as patients and as research participants. The online course *Caring for Women Veterans*, available on the Center's intranet, aims to help VA providers understand common issues that arise in the medical and mental health care of female Veterans. A second online offering, *Conducting Research with Women Veterans*, provides suggestions for study recruitment, research design, data analysis, and reporting results from projects involving women Veterans.

Supporting the Implementation of Evidence-based PTSD Care

These initiatives encourage adoption of evidence-based practices by providers and clinic managers, and the systems in which they work.

PTSD Consultation Program

Launched in 2011 the PTSD Consultation Program connects VA providers working within any clinic or setting with expert PTSD consultants. The program's consultants are available via phone and email, providing information about treating Veterans with PTSD and answering questions related to the disorder. A 61% increase in consults from FY 2013 to FY 2014 demonstrates the program's impressive growth. This growth will continue as the program begins offering consultation and resources to non-VA providers who see Veterans in the community, starting in 2015.

VA PTSD Mentoring Program

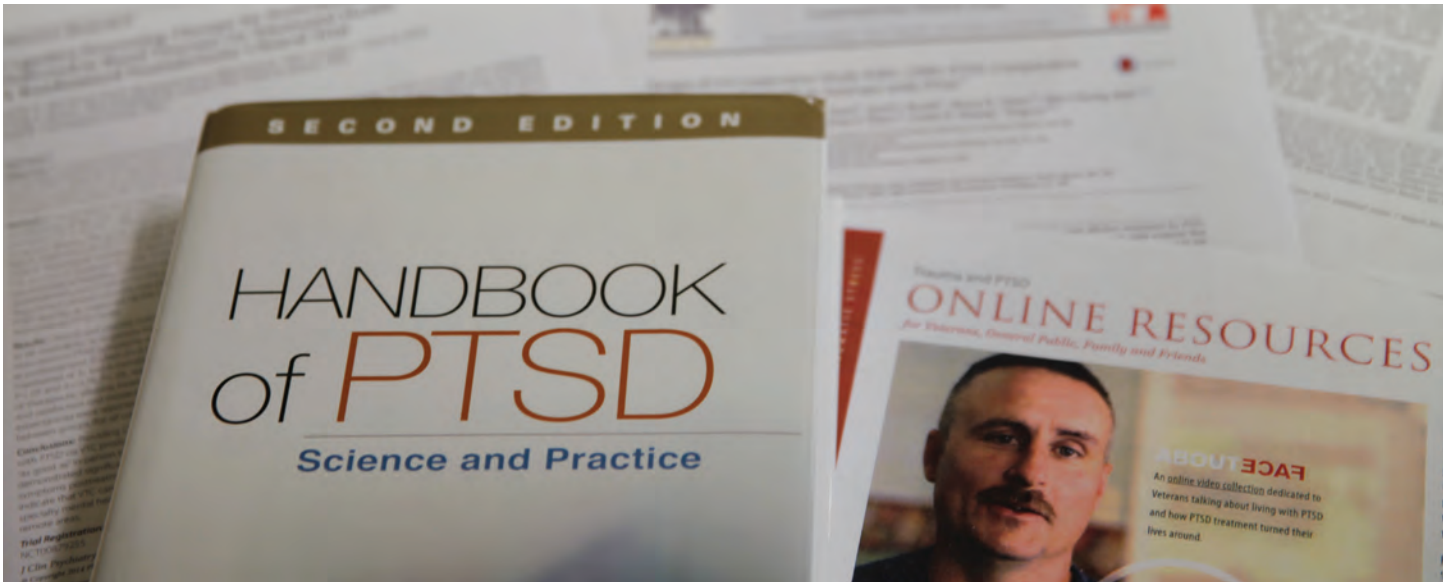
PTSD program directors throughout VA face myriad challenges to effective delivery of PTSD treatments to the Veterans seen in their clinics. In 2008 the National Center initiated the VA PTSD Mentoring Program to connect program directors with seasoned mentors within their regions. Mentors work with PTSD program directors to help them meet the increased demand for treatment by restructuring existing programs, and by implementing best administrative and clinical practices.

Promoting Effective, Routine, and Sustained Implementation of Stress Treatments (PERSIST)

The ongoing PERSIST research project, launched in 2013, provides the Veterans Health Administration (VHA) with information about factors that interfere with and promote adoption and sustained use of evidence-based psychotherapies for PTSD (PE and CPT). The study will also yield a clinical tool to help provider teams in specialized PTSD outpatient programs and community-based outpatient clinics more readily identify challenges associated with delivery of evidence-based psychotherapies and actionable solutions to those challenges.

Practice-Based Implementation Network (PBIN) in Mental Health

National Center researchers are implementing a practice-based implementation network by bringing together VA and DoD clinicians, clinic managers, and implementation scientists to put into practice new treatments and to facilitate the adoption of improvements across systems of care. The project will identify system-specific barriers and facilitators to adoption of mental health best practices. The first practice the PBIN will work to improve is the routine implementation of patient outcomes monitoring, a vital but underused element in ensuring high-quality PTSD care.



FISCAL YEAR 2014 AT A GLANCE

Research Overview

In FY 2014, the National Center research portfolio included 109 research grants – including small single-site studies, large multisite projects, research training fellowships, and research infrastructure grants – with nearly $130 million in total award funding. A narrative description of research initiatives at each of the Center divisions is provided in Appendix A. The Center's FY 2014 research and other funding is provided in Appendix B.

In 2014, Center investigators produced 228 print publications (journal articles, book chapters, and books) and had another 168 in-press and advance online publications.

Research productivity at the National Center illustrates the breadth and depth of our scientific pursuits and our impact within the PTSD field. In FY 2014, Center investigators produced 226 print publications (journal articles, book chapters, and books) and had another 168 in-press and advance online publications. The Center also continued to be well represented on the editorial boards of leading journals and at professional meetings and conferences, contributing to more than 263 scientific presentations in FY 2014. Comprehensive lists of our publications, scientific presentations, and editorial board activities can be found in Appendices C, D, E, and F.

Education Overview

The National Center's educational programs span the dissemination and implementation continuum. Activities in FY 2014 included educational presentations at national conferences and to specific groups, clinical demonstration projects, national consultation, and regional/national trainings of providers and paraprofessionals. We continued our involvement in several VA-wide provider training programs including PE and CPT for PTSD. Highlights from the FY 2014 educational program portfolio and associated funding are provided in Appendix B. A listing of educational presentations by Center staff and affiliates are in Appendix G.

The National Center's educational products in FY 2014 highlight innovations in technology as well as our commitment to increasing provider use of and patient engagement in evidence-based PTSD care. We made available or are in the process of developing a wide variety of products for VA and community providers, Veterans, families, and the general public. Products include treatment guides and newsletters, mobile applications, online courses, videos, social media channels, and online toolkits.

The National Center's educational programs span the dissemination and implementation continuum.

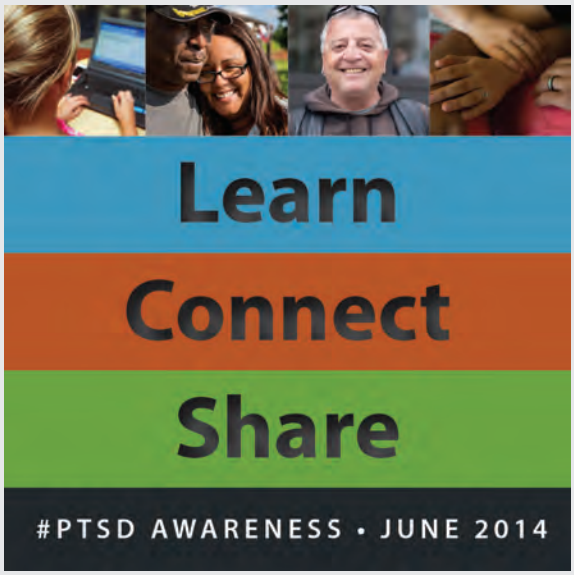
Communications Overview

The National Center utilizes diverse online communication strategies to disseminate information and share resources. Our website, www.ptsd.va.gov, had more than six million views in FY 2014. We maintained a strong social media presence, ending the FY with more than 18,000 Twitter followers and a Facebook page with more than 83,000 fans. We also continued to share information through our *PTSD Monthly Update*, an electronic newsletter with more than 84,000 subscribers. The newsletter focuses on a different theme in each issue, highlighting relevant Center products for professionals and the general public.

Even as our reach has expanded with the use of new media, traditional communication channels continue to play an important role in information dissemination. As media interest in PTSD grows each year, National Center staff are increasingly called upon to provide accurate information and context when PTSD and traumatic events are in the news. Just in the past two years, we have responded to more than 80 inquiries from leading newspapers, television channels, and popular magazines. Center leadership and staff have been interviewed by reporters from diverse media outlets, including *Time Magazine*, *The Boston Globe*, CNN, Al Jazeera America, and Vermont Public Radio.

And, when leaders and policy makers in VA, the DoD, and other federal agencies need insight into research and practice related to PTSD, they turn to the National Center for PTSD. So too do their international counterparts. Consultations include a wide variety of activities, from responding to a phone call or email, to serving on a task force or work group, to participating onsite in the aftermath of a natural disaster.

Raising PTSD Awareness

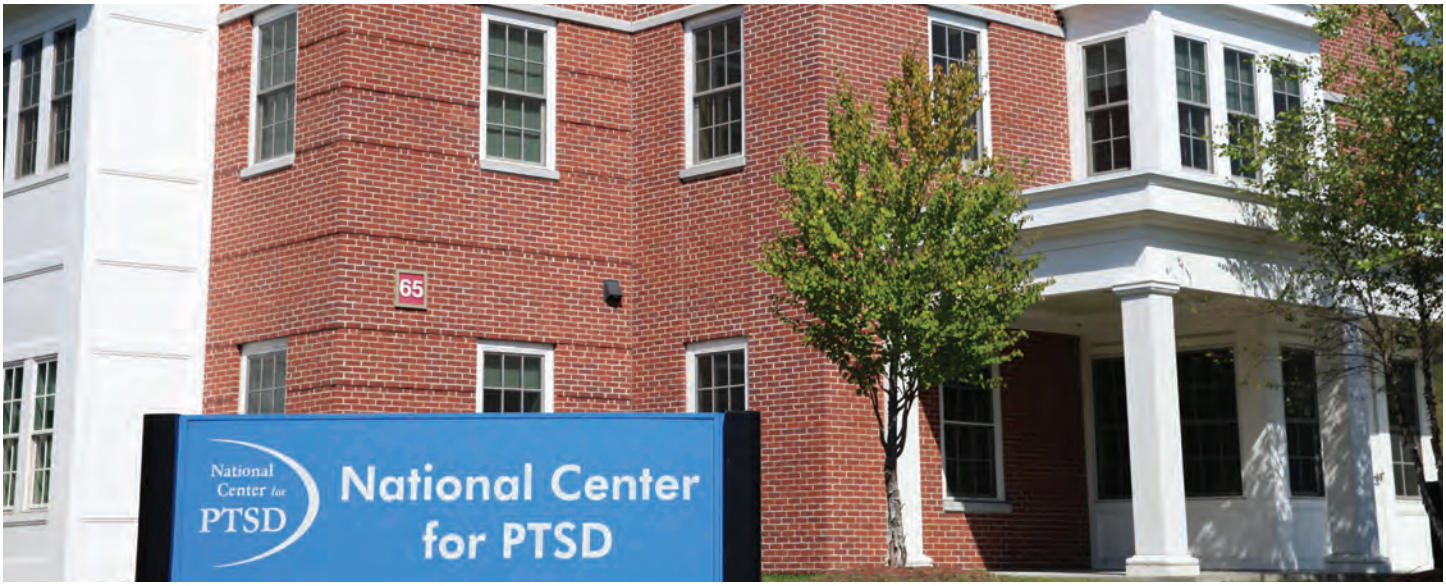


The National Center promotes awareness of PTSD and effective treatments throughout the year. In 2010 Congress named June 27th PTSD Awareness Day (S. Res. 455). This year the Senate designated the full month of June for National PTSD Awareness (S. Res. 481), continuing a practice that had begun in 2013. Efforts are under way to continue this designation in future years.

Our efforts around PTSD Awareness Month expanded in 2014. We collaborated with more than 36 organizations and departments to implement a national online and networking campaign to promote raising PTSD awareness. Recognizing the continuing growth and importance of social media, the campaign centered on the theme "#PTSD Awareness — Learn. Connect. Share." We created the hashtag "#PTSD Awareness" to encourage widespread sharing of the message through social media channels.

In May 2014 we launched a dedicated PTSD Awareness section of our website to provide materials that organizations and individuals could use to raise PTSD awareness throughout June. We developed and disseminated flyers, social media posts, screen savers, and email marketing bulletins. We also encouraged events and postings at VA facilities and public locations across the country.

During the month of June, traffic to our website increased substantially from previous months, with page views for the full site topping 500,000 for the month. We also met our goal to increase Facebook *Likes*. Thanks to extensive outreach and social networking, our *Likes* grew to 66,700 by the end of PTSD Awareness Month — a 91% increase from the prior year's campaign.



ABOUT THE NATIONAL CENTER FOR PTSD

The Center was developed with the ultimate purpose of improving the wellbeing, status, and understanding of Veterans in American society.

History

The National Center for PTSD was created in 1989 within the Department of Veterans Affairs in response to a Congressional mandate (PL 98-528) to address the needs of Veterans and other trauma survivors with PTSD. The Center was developed with the ultimate purpose of improving the well-being, status, and understanding of Veterans in American society. The mandate called for a center of excellence that would set the agenda for research and education on PTSD without direct responsibility for patient care. Convinced that no single VA site could adequately serve this unique mission, VA established the Center as a consortium of five divisions.

Organization

The National Center now consists of seven VA academic centers of excellence across the United States, with headquarters in White River Junction, Vermont. Other divisions are located in Boston, Massachusetts; West Haven, Connecticut; Palo Alto, California; and Honolulu, Hawaii; and each contributes to the overall Center mission through specific areas of focus.

The National Center for PTSD is an integral and valued component of the VA's Mental Health Services (MHS), which itself is within the VHA. MHS and the Center receive budget support from VA, although the Center also leverages this support through successful competition for extramural research funding.

National Center for PTSD
POSTTRAUMATIC STRESS DISORDER

LEADERSHIP IN FISCAL YEAR 2014

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Executive Director, Executive Division, VT

Research Professor of Psychiatry, Geisel School of Medicine at Dartmouth

Matthew J. Friedman, MD, PhD

Senior Advisor and founding Executive Director, Executive Division, VT

Professor of Psychiatry and of Pharmacology and Toxicology, Geisel School of Medicine at Dartmouth

Jessica L. Hamblen, PhD

Acting Deputy Executive Director and Deputy for Education, Executive Division, VT

Associate Professor of Psychiatry, Geisel School of Medicine at Dartmouth

Rani Hoff, PhD, MPH

Division Director, Evaluation Division, CT
Director of the Northeast Program Evaluation Center

Professor of Psychiatry, Yale University School of Medicine

Terence M. Keane, PhD

Division Director, Behavioral Science Division, MA

Professor of Psychiatry and Assistant Dean for Research, Boston University School of Medicine

John H. Krystal, MD

Division Director, Clinical Neurosciences Division, CT

Robert L. McNeil, Jr. Professor of Translational Research and Chairman of the Department of Psychiatry, Yale University School of Medicine

Josef Ruzek, PhD

Division Director, Dissemination and Training Division, CA

Professor (Clinical Professor-Affiliated), Stanford University; Associate Professor, Palo Alto University

Amy Street, PhD

Acting Division Director, Women's Health Sciences Division, MA

Associate Professor of Psychiatry, Boston University School of Medicine

James Spira, PhD, MPH

Director, Pacific Islands Division, HI

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APPENDIX A. FISCAL YEAR 2014 RESEARCH NARRATIVE

The National Center for PTSD helps to improve care of Veterans and others affected by trauma through its strong commitment to research on the prevention, causes, assessment, and treatment of traumatic stress disorders. During fiscal year (FY) 2014, Center investigators led 117 funded studies, ranging from small studies at a single location to large multisite projects. The Center continued to align its portfolio with the Operational Priorities identified in FY 2013 to optimally serve the field and carry out the Center's mission. These priorities include (1) Biomarkers; (2) *DSM-5*; (3) Treatment efficiency, effectiveness, and engagement; (4) Care delivery, models of care, and system factors; and (5) Implementation.

A major biomarker initiative that gained momentum in FY 2014 is the VA National PTSD Brain Bank. Dr. Matthew Friedman — Senior Advisor to the Center and its founding Executive Director, is directing the consortium, which includes the Uniformed Services University of Health Sciences, the VA Medical Center in San Antonio and in Boston, and the National Center's Behavioral Science and Clinical Neurosciences Divisions. The brain bank will acquire and prepare brain tissue, work to establish a definitive psychiatric diagnosis, promote research by distributing brain tissue based on scientific review of proposals, and facilitate intramural research.

Executive Division

The Executive Division (located in White River Junction, Vermont) supports the National Center's mission by providing leadership, directing program planning, and promoting collaboration to facilitate optimal functioning of each division individually and collectively. The Division specializes in the development of innovative and authoritative educational resources, programs that disseminate and implement best management and clinical practices, and the use of technologies to reach a broad range of audiences.

Clinical Trials

The Executive Division has a long history of participation in VA's Cooperative Studies Program (CSP). Enrollment began for CSP #591, a groundbreaking study comparing Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). The study, which will enroll 900 Veterans at 17 sites across the country, will help VA leadership, clinicians, and Veterans make informed choices about the delivery of PTSD care in VA; and will also be broadly relevant to the scientific and clinical communities outside VA.

Investigators continue to focus on issues that frequently co-occur with PTSD. A 5-site randomized clinical trial was completed of Acceptance and Commitment Therapy (ACT) for distress and impairment in Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND) Veterans, and analyses are almost complete; two other trials focusing on co-occurring substance use disorders and PTSD are continuing. One trial compares CPT for PTSD, and usual outpatient addiction care versus usual care alone; the other compares PE with Seeking Safety. Data are currently being analyzed to evaluate whether providing Veterans with a brief educational handout on mild traumatic brain injury (mTBI) can improve their knowledge and understanding of TBI, and the meaning of screening results for mTBI. Secondary analyses will identify clinic-level facilitators and barriers to implementing the handout into practice.

Product Evaluation

Analyses are ongoing of data from the evaluation of several of the National Center's online products. Investigators surveyed civilian and military personnel samples from an online research panel to evaluate the *Understanding PTSD Treatment* course and its companion PDF, as well as *PTSD Coach-Online*. Investigators are also analyzing data from an online survey completed by psychiatrists and general practitioners to assess the impact of one of the Center's PTSD 101 courses, *An Overview of the VA/DoD Clinical Practice Guideline for PTSD*. These evaluation studies offer insights into user and use characteristics, as well as how various products may improve attitudes, behaviors, knowledge, or mental health.

Dissemination and Implementation Research

The Executive Division continues work on several initiatives aimed at assessing models of care and improving evidence-based practice. A survey study to assess patients' decisional needs and preferences for PTSD treatment is in the planning stages; the results will inform the development of an online patient decision aid. An ongoing initiative examines the impact of an academic detailing model to reduce inappropriate prescribing practices for PTSD patients and uses decision support tools to encourage the use of shared decision making. A related project will determine whether using a clinical pharmacist in an academic detailing model can improve local PTSD prescribing practices in rural clinics throughout Vermont and Maine.

In addition to projects aimed at improving clinical practices, investigators are continuing to assess the state of VA care for PTSD. Results of a completed study of models of care within PTSD Clinical Teams will enhance the mission of the PTSD Mentoring Program that is managed by the Executive Division. Work also began on a project that applies novel informatics and operational methods to medical and administrative data in order to understand multiple dimensions of quality of PTSD care within VA.

Behavioral Science Division

The Behavioral Science Division (located in Boston, Massachusetts) conducts research on assessment, postdeployment adjustment, genomic and neuroscience mechanisms of psychopathology, and aging and health; and develops innovative approaches to intervention and treatment delivery.

Prospective Cohort Studies

Key projects include two large prospective cohort studies. The first is Project VALOR, a registry of 1,649 combat Veterans, both male and female, who became users of VA services after 2002. This project aims to provide data about health outcomes associated with PTSD, in part supplemented by clinical information from VA electronic medical records. Data collection for the third and final phase is currently is under way. The second large investigation, VA Cooperative Study #566, began data collection at the outset of the Iraq War/OIF in 2003. Military personnel were assessed before deployment and at several intervals afterward — making it the first prospective, longitudinal study ever conducted on the psychological impact of war zone stress. Data collection examines long-term emotional and neuropsychological outcomes of war zone stress and TBI, as well as health-related quality of life and occupational functioning. A component study examines the adjustment of partners and children of military service members.

Epidemiology and Risk/Resilience

The Behavioral Science Division is collaborating with other investigators from the VA Boston Healthcare System to study the long-term effects of military service on mental and physical health among aging Veterans. One project has created a website to provide researchers with information about military service variables that are available in a number of publicly accessible longitudinal data sets. The project recruited a national, multidisciplinary group of experts to develop and implement a research agenda. A conference in May 2014 featured papers examining the long-term effects of military service on aging using data derived from this array of data sets. The papers currently are being readied for publication.

Assessment

Ongoing efforts include a psychometric evaluation of a new measure to assess the dissociative subtype of PTSD and examination of the impact of the dissociative subtype on responsiveness to PTSD treatment. A related line of research involves the use of new Minnesota Multiphasic Personality Inventory-2 (MMPI-2) Restructured Form scales for the assessment of the dissociative subtype of PTSD and PTSD-related malingering. Behavioral Sciences Division investigators also participated in a consortium of private industries, universities, and government agencies working with the Defense Advanced Research Projects Agency (DARPA) to develop novel analytical tools to assess the psychological status of Warfighters. These tools examine patterns in everyday behaviors to detect subtle changes associated with PTSD, depression, and suicidal ideation.

Biomarkers

Behavioral Sciences Division investigators are examining neural biomarkers of PTSD and blast-related traumatic brain injury (bTBI) in OEF/OIF/OND Veterans. This research aims to clarify the contribution of mild bTBI and psychiatric conditions to the various deficits experienced by military personnel with blast injury. A recent study found that bTBI accompanied by loss of consciousness is associated with decreased structural integrity of the brain; and, in turn, brain integrity is directly related to memory performance.

Biomarker research at the Division also includes a rapidly growing portfolio of genetic studies. So far, this line of work has yielded the first published genome-wide association study (GWAS) of PTSD, several candidate gene studies, and a new gene expression study implicating a glucocorticoid signaling gene in PTSD. Another line of work continues to evaluate the dissociative subtype of PTSD; and a paper has been published examining genetic markers for the symptoms that define the dissociative subtype. Behavioral Sciences Division investigators also are engaged in neuroimaging-genetic analyses focused on PTSD-related neurodegeneration in collaboration with the Translational Research Center for TBI and Stress Disorders (TRACTS) at VA Boston; and the investigators are collaborating with the Psychiatric Genomic Consortium PTSD workgroup on large-scale genome-wide association and methylation studies.

In collaboration with TRACTS investigators, Division researchers have identified alterations in the brain associated with impulsivity in PTSD. A recent study found impulse control deficits were associated with reduced cortical thickness in frontal brain regions involved in flexible decision-making and emotion regulation. A pilot study is under way to assess motivations for types of reckless and self-destructive behavior in trauma-exposed Veterans; and a related effort aims to validate a new measure of risky, impulsive, and self-destructive behavior.

Lastly, the Division is conducting functional and structural magnetic resonance imaging (MRI) studies to identify neural circuitry involved in PTSD. Preliminary data for these projects suggest specific brain regions within the prefrontal cortex that are active when individuals with PTSD manage negative emotions. The findings may yield new insights into brain pathways that can be targeted to enhance emotional regulation and cognitive performance.

Treatment Research

The Behavioral Sciences Division continues to conduct pioneering research on treatments for PTSD, with key aims of overcoming barriers to seeking care, reducing dropout, and increasing efficiency of care delivery. A prime example is a randomized clinical trial of an 8-session Internet-based treatment *VetChange*, designed for OEF/OIF/OND combat Veterans who report risky use of alcohol and PTSD-related distress. The intervention has been shown to reduce both drinking and PTSD symptoms. A mobile adaptation of *VetChange* is now under development.

Other efforts are aimed at developing and testing efficient therapist-delivered interventions or treatment extenders. The expectation is that these approaches will require less professional staff time and will be easier for patients to complete. A prime example is a brief, exposure-based treatment for PTSD that previously demonstrated strong effects with non-Veteran patients. Current and future studies are testing whether this brief intervention is as effective as CPT and whether it can be implemented successfully with active duty Servicemembers.

Research on factors that link PTSD with aggression toward intimate partners, particularly within OEF/OIF/OND military families, led to the development and evaluation of interventions designed to reduce ongoing aggression and to prevent aggression toward partners. Clinical trials examining two such interventions have been completed during the past year, and efforts are under way to disseminate these programs more widely within the VA.

In the area of complementary interventions, a pilot study investigating Tai Chi exercise for PTSD-related distress demonstrated high satisfaction and enthusiasm for this treatment modality by Veteran participants. Further studies are planned to examine Tai Chi for Gulf War Illness and to measure the impact of Tai Chi on chronic pain that is comorbid with PTSD. Highlighting the innovative work within the Behavioral Sciences Division, a recently funded study will examine the efficacy of a low-level light treatment protocol for Veterans with TBI that is comorbid with PTSD. This novel approach is extrapolated from established methods in photomedicine, based on preclinical studies showing that doses of red and near-infrared light improve mitochondrial functioning within damaged brain cells. The approach is being applied to Veterans with Gulf War Illness under a VA-funded study that has begun data collection.

Clinical Neurosciences Division

The Clinical Neurosciences Division (located in West Haven, Connecticut) supports the National Center's mission through its specialization in neurobiological, imaging, and genetic studies of the physical basis of traumatic stress, risk and resilience factors, pharmacotherapy, and targets of rehabilitation for PTSD and comorbid conditions.

Clinical Trials

The Division's clinical trials program is essential in translating neurobiological knowledge into tangible benefits for patients suffering from PTSD and comorbid disorders. Investigators are examining several new pharmacological agents to target PTSD, including (1) riluzole, a glutamate modulating agent; (2) ketamine, an N-methyl-D-aspartate (NMDA) receptor antagonist; (3) pomaglumetad methionil, a metabotropic glutamate receptor 2/3 (mGlu2/3) agonist; (4) the fatty acid amid hydrolase (FAAH) inhibitor URB597; and (5) neuropeptide Y (NPY), an endogenous neurohormone.

Other trials include the immunosuppressant rapamycin for depression and the sulfonamide anticonvulsant zonisamide, and enhanced CPT for PTSD and comorbid alcohol dependence. Plans are also under way for a trial of buprenorphine and naloxone for PTSD and comorbid opioid dependence. A trial continues for comparing standard care with an intensive integrated treatment for Veterans with PTSD and comorbid chronic pain. A study of the alpha-1 adrenergic receptor antagonist prazosin for PTSD and alcohol use was recently completed.

Neuroimaging

The Clinical Neurosciences Division is a leader in neuroimaging and contributes to the National Center's strategic objective of developing PTSD biomarkers. The Division is co-directing the Consortium to Alleviate PTSD (CAP) Neuroimaging Core, which capitalizes on the extensive neuroimaging expertise available through the Center, Yale University, and the South Texas Research Organizational Network Guiding Studies on Trauma and Resilience (STRONG STAR) infrastructures. A main objective of the Neuroimaging Core is to develop new technology and methods allowing noninvasive investigation of human neuronal chemicals, brain structure, and function. Additionally, investigators will conduct an innovative project to explore mechanisms linking social and environmental stress to changes in brain structure and function commonly observed in stress-related disorders. Specifically, research will investigate the effects of glutamate transporter expression on stress response and resilience. Several other projects are also using advanced neuroimaging methodologies, in conjunction with the aforementioned pharmacotherapy trials. Work also continues on a biomarker-informed trial using recently developed 7 Tesla 1H-MRS (magnetic resonance spectroscopy) methods — combined with MRI and functional magnetic resonance imaging (fMRI) — to evaluate the psychopharmacologic effects of riluzole on PTSD symptoms, hippocampal morphometry, and anterior cingulate glutamate levels.

Positron emission tomography (PET) imaging techniques also are being utilized to integrate complex neurobiological models across several neurochemical systems and structures in order to provide a more comprehensive understanding of PTSD. This includes use of a newly developed paradigm to study the effects of ketamine on metabotropic glutamate receptor 5 (mGluR5) availability, as well as use of a new radioligand to examine the cholinergic system in PTSD and mood disorders. A project is evaluating kappa opioid receptor availability in an amygdala-ventral striatal-anterior cingulate cortical circuit and its relationship to a heterogeneous research domain criteria-based (RDoC-based) phenotypic expression of depression.

The Clinical Neurosciences Division also has a number of cognitive neuroscience projects using fMRI. Areas of exploration include: (1) the neural correlates of aversive learning, (2) contextual fear conditioning, (3) cognitive-affective interference within a model of inescapable stress, (4) neurocognitive mechanisms related to impaired decision-making, and (5) reconsolidation-extinction learning. Cognitive neuroscientists at the Division are also continuing to evaluate the effect of the cannabinoid system on extinction learning using delta-9-tetrahydrocannabinol (Delta9-THC) and a novel fatty acid amide hydrolase (FAAH) inhibitor. Work also continues on evaluating the efficacy of neurofeedback in conjunction with real-time fMRI for reducing PTSD symptomatology.

Molecular Neuroscience, Genetics, and Stress Vulnerability

The Clinical Neurosciences Division is the main research site for the VA National PTSD Brain Bank, which characterizes molecular and cellular pathophysiology underlying PTSD. Recent work in this area includes whole genome microarray

expression to examine abnormally expressed gene products, including serum and glucocorticoid-regulated kinase 1 (SGK1) and regulated in development and DNA damage responses 1 (REDD1), in PTSD postmortem brain samples as compared with matched controls. Results from this and other novel postmortem work will be made available to the scientific community via an online system, affording the most widespread use of this critical information.

The molecular study of stress response on neural circuitry and cellular physiology also may help to identify areas of risk vulnerability and novel diagnostic approaches to better inform treatment response. Several current projects in this area include: (1) the mediating effect of childhood trauma, cortical thinning, and increased negative outcomes following military combat; (2) the role of social and environmental stress on structural and functional brain changes observed in PTSD; (3) the role of ketamine in fear extinction; and (4) the use of glutamatergic-based pharmacotherapies to enhance the functioning and glutamate expression on stress response and resilience of GLT1, the glutamate transporter.

The Division continues its collaboration with the Psychiatric Genomics PTSD Consortium, and co-leads a VA PTSD GWAS project with colleagues from University of California, San Diego. The project has been highly productive in establishing linkage and association paradigms identifying chromosomal regions and genes influencing risk for anxiety disorders. Other areas of focus include the analysis of PTSD-associated DNA methylation changes, and the use of a new statistical modeling strategy to study sex and genetic variant interactions. This modeling approach is expected to detect more novel genetic variants via genome-wide scan and may explain the higher prevalence of PTSD in women than in men following trauma exposure. Additionally, data from 16,000 participants in the Army Study to Assess Risk and Resilience in Service members (Army STARRS) are being analyzed to identify behaviors, genetic and gene-environmental (GxE) risk predictors associated with morbidity and mortality.

Research on resilience and stress vulnerability continues in children and their families who have been exposed to high levels of stress and trauma. In collaboration with the Yale Child Study Center, researchers from the Division have collected and are analyzing surveys that were completed by children and their parents facing serious medical illness, from both national and international locations. Data collection is also ongoing in a study of child and family adjustment to parental combat deployment and soldier reintegration among active duty military families at Ft. Drum, New York.

Translational Epidemiology

The Clinical Neurosciences Division continues to examine the epidemiology of traumatic stress, with a major focus on identifying protective psychosocial factors that promote resilience. The National Health and Resilience in Veterans Study aims to characterize psychosocial, genetic, environmental, and GxE determinants of PTSD — and related health outcomes — in a nationally representative sample of Veterans, with a special emphasis on older Veterans. This work has led to publications in the areas of posttraumatic growth, correlates of successful aging and the national prevalence of lifetime and current PTSD, and a model of PTSD typologies among Veterans. Studies funded by the Centers for Disease Control and Prevention/National Institute for Occupational Safety and Health also continue to examine a host of psychosocial, genetic, epigenetic, and neuroendocrine factors associated with the longitudinal trajectories of PTSD symptoms in a large cohort of first responders involved in to attacks on the World Trade Center.

Dissemination and Training Division

The Dissemination and Training Division (headquartered in Palo Alto, California), conducts research on (1) needs and preferences of providers and patients; (2) implementation and effectiveness of evidence-based assessments and treatments in VA and community settings; and (3) development and testing of novel assessments and treatments that exploit the potential unique benefits of technology-based delivery of services to improve access, quality, and outcomes in VA care.

Dissemination and Implementation Research

Three new studies funded in FY 2014 focus on providers. The first study concerns the use of Web technology in training clinicians in evidence-based interventions and testing variations in training procedures as they impact quality of skills in implementing the interventions. The second study is the development of a 28-site practitioner network across both the VA and the Department of Defense (DoD) that focuses on implementation of measurement-based care, specifically on the use

of symptom measures during the course of treatment to guide treatment planning. This study will evaluate the impact of different facilitation models in regard to success in uptake of measurement-based treatment across all sites. The third study is a randomized controlled trial (RCT) that focuses on increasing awareness of, receptivity to, and implementation of clinical practice guidelines for management of posttraumatic stress.

Barriers to Care and Patient Preferences

Several survey studies continue to address identification and engagement of Veterans in need of care. One is testing a brief screen for drug use among primary care patients with and without PTSD; another examines barriers to cannabis treatment among Veterans with PTSD. Along with collaborators at the Women's Health Sciences Division, staff at the Dissemination and Training Division completed research and evaluation work on screening and treatment of military sexual trauma. Continuing projects include studies on patient preferences for gender-specific mental health care and barriers to treatment engagement among male Veterans who experienced military sexual trauma.

Treatment Research

Randomized controlled trials are under way evaluating implementation strategies and patient outcomes in a variety of treatment settings. A large multisite clinical trial funded by the National Institutes of Health (NIH) is assessing the effectiveness of a flexibly delivered evidence-based PTSD treatment among civilian public sector women and will examine how variations in delivery affect patient outcomes. Two new trials that have obtained funding address substance use. One study will evaluate ACT in patients with comorbid PTSD and substance use problems; the other will evaluate the effectiveness of exercise in resolving cannabis dependence.

Evaluation of the national rollout of PE psychotherapy continued, with recent results confirming PE's effectiveness in a national sample of more than 1,800 Veterans. Investigators from the Dissemination and Training Division and the Minneapolis VA obtained funding for a study of organization- and team-level factors influencing the use of evidence-based PTSD psychotherapies in VA clinics.

Technology has been introduced to support and extend treatment. A new study is assessing the efficacy of group STAIR delivered via telemental health for female Veterans living in rural areas. A DoD-funded trial of telephone case management for Veterans with PTSD has been completed. Dissemination and Training Division staff also collaborated with colleagues at the Center's Pacific Islands Division on two clinical trials of psychotherapy delivered via video teleconferencing; the results of these trials have been recently published. Several pilot studies are assessing the potential of the *PTSD Coach* smart phone app in helping Veterans and civilians cope with PTSD. A pilot RCT study has been completed that identified benefits of introducing *PTSD Coach* among patients waiting for treatment, and has demonstrated reduction in PTSD symptoms as compared with those in waitlist-as-usual. The Division is also collaborating with investigators from the Minneapolis VA Medical Center on a study testing an online intervention to help National Guard families encourage their loved ones to seek mental health care.

Other studies address novel approaches to clinical problems in trauma survivors. Funding has been obtained to assess adaptive changes in cardiac autonomic status, physical activity, social cognition, and social interaction in real time among Veterans participating in the VA Service Animal Training Intervention program. NIH funding is supporting an investigation of online social networks for a highly stressed population (cancer survivors) to evaluate the types of social networking activities and level of engagement that may be related to positive mental and physical health outcomes. A DoD-funded study is testing whether teaching relaxation skills improves OEF/OIF/OND Veterans' driving behavior.

Evaluation Division

The Evaluation Division (headquartered in West Haven, Connecticut) supports the National Center's mission through a programmatic link with the VA's Northeast Program Evaluation Center (NEPEC), which has broad responsibilities within the VA Office of Mental Health Operations (OMHO) to evaluate their programs, including those for specialized treatment of PTSD.

NEPEC has continued to monitor and assess PTSD treatment at the VA. The monitoring includes both residential and outpatient specialty treatment programs, as well as PTSD treatment by trained providers not working within one of the PTSD specialty programs. The Evaluation Division via NEPEC also monitors the effort to improve psychotropic medication

prescribing practices at the Veterans Health Administration (VHA). Two of the measures in this initiative are the use of antipsychotics to treat PTSD and the use of benzodiazepines without an appropriate diagnosis or medical indication. It should be noted that although NEPEC is primarily engaged in evaluation research, it is also engaged in independent research projects related to the treatment of PTSD.

The Evaluation Division continues research on PTSD health service research, pain management, and the role of pain in the treatment of PTSD, as well as on sex differences in the health of returning Veterans. The Division is about to begin the third year of data collection on a National Institute of Mental Health (NIMH) Research Project Grant Program (R01), investigating the implementation of two evidence-based treatments, PE and CPT, in 38 Department of Veterans Affairs' residential treatment programs for PTSD. Findings have been published on provider perspectives on perceived effective residential treatment ingredients, provider perceptions of dissuading factors to the use of PE and CPT, and changes in implementation of PE and CPT over time. Recruitment continued for the Survey of Returning Veterans (SERV) study, which examines sex differences in OEF/OIF/OND Veterans. Currently, approximately 550 participants have been recruited into the study, and follow-up rates remain at or above 90%. The Division also submitted a Health Services Research and Development (HSR&D) grant to extend the SERV study, in an attempt to better understand why symptomatic Veterans elect not to seek services to address their difficulties.

Over the next year the Evaluation Division will examine further the role of pain in specialized PTSD treatment and in the treatment of comorbid disorders; continue the SERV study, publishing results from the qualitative interviews of participants and continuing the establishment of a longitudinal cohort of returning Veterans; and embark on a study of impulse control issues among people in treatment for PTSD. In addition, the annual survey of all specialized PTSD programs that is conducted by NEPEC has been changed and expanded to include questions about the dissemination of evidence-based therapies within specialized programs. The national psychopharmacology initiative has just begun and will be continuing throughout the year. The Division is also working with OMHO, Mental Health Services (MHS), and the Executive Division to establish a technical assistance group that will respond to requests from specialized programs and staff in the field on policy, operations, handbook implementation, and the provision of evidence-based practices (EBPs).

Pacific Islands Division

The Pacific Islands Division (located in Honolulu, Hawaii) was created to advance PTSD work in the Pacific Rim, and to focus on improving access to care for active duty personnel and Veterans by: (1) improving understanding of cultural attitudes; and (2) using advanced technology, such as telemedicine, to reach out to Veterans unable to otherwise access adequate care.

Assessment

DoD funding has allowed for the development of several new assessment tools including one to assess neurocognitive and psychosocial functioning in Veterans with PTSD. A mobile version, used by frontline medical support personnel, enables them to more rapidly and accurately detect PTSD and concussion in Servicemembers to help facilitate their access to appropriate treatment as quickly as possible. Results show excellent reliability and validity for these instruments. The Pacific Islands Division is also part of a DoD-sponsored team that developed and tested an assessment-guided intervention app. Delivered within the app are both subjective and psychophysiological assessments that trigger relevant psychoeducational skill-based interventions for use with combat Veterans with PTSD.

Treatment Research

Investigators recently completed trials of evidence-based PTSD treatments delivered via videoconferencing: (1) CPT to rural Community-Based Outpatient Clinics (CBOCs), (2) CPT for female Veterans, (3) polytrauma treatment via Home-Based Telehealth by a team of specialists to Veterans who have difficulty leaving their homes for treatment, and (4) couples therapy when one member of the couple is a rural Veteran with PTSD. A recently funded study examines the amount and location of PTSD treatment among Veterans based on presence or absence of a comorbid substance use disorder. In addition, a qualitative (focus group) project examined the interface of individual, family, and community factors associated with PTSD service utilization among rural Veterans. Lastly, a data repository of RCTs that used evidence-based treatment for Veterans with PTSD is being assembled to foster research to advance understanding into factors influencing PTSD treatment.

Other projects emphasize advanced technology to reach rural Veterans with PTSD who do not have easy access to specialized care for their PTSD. As an example, an anger management app, developed in collaboration with the Behavioral Sciences Division, was tested on a pilot sample.

Specific Populations

A completed survey study of partners of Veterans with PTSD yielded evidence of knowledge gaps; identified opportunities for education and support that could be targeted to spouses and families; and provided substantial qualitative data indicating both positive and negative impacts on spouses' (partners') emotional, physical, and social well-being. Several ongoing studies examine ethnic minority populations with regard to prevalence of PTSD and the corresponding functional status, stigma, access to care for Veterans with PTSD, and the role of spousal support; additionally, the studies identify unique risk and resilience correlates of PTSD in ethnoracially diverse Veterans.

Women's Health Sciences Division

The Women's Health Sciences Division (located in Boston, Massachusetts) specializes in the study of women and female Veterans, with an additional focus on understanding gender differences in trauma exposure and posttrauma psychopathology.

Biomarkers

Work at the Division includes studies aimed at elucidating basic biological processes underlying PTSD including a recently completed VA-funded study of sex hormones and derivatives associated with increased fear conditioning across the menstrual cycle in PTSD; a study of GABAergic neuroprotective steroids in men and in women across the menstrual cycle; and a series of NIMH-funded studies of the gene-environment interplay in the comorbidity of PTSD and eating disorders.

Treatment Research

Division investigators are also focused on developing and testing psychopharmacological interventions for PTSD, with several recently completed projects that include a DoD-funded double-blind, randomized, placebo-controlled trial of ganaxolone; and a study, co-funded by the Center for Integration of Medicine and Innovative Technology (CIMIT) and the DoD, investigating event-related potentials as a predictor of selective serotonin reuptake inhibitors (SSRI) response in individuals with PTSD.

Several other intervention studies examine more efficient treatment formats for CPT. With funding from the DoD via the South Texas Research Organizational Network Guiding Studies on Trauma and Resilience (STRONG STAR) consortium, investigators are completing studies that examine the relative effectiveness of CPT delivered in a group versus individual format, in-office as compared with in-home, and via telehealth as compared with in-person. In addition, the Women's Health Sciences Division is investigating a variable-length CPT protocol to evaluate whether treatment benefits may be achieved in fewer sessions. Investigators are also examining strategies to more efficiently train clinicians in CPT and to monitor fidelity in routine care settings — including an ongoing NIMH-funded study focused on improving and sustaining the delivery of CPT among previously trained clinicians who treat Veterans with PTSD. Another VA-funded study examines the effect of tobacco use on recovery from PTSD during CPT treatment.

Other intervention studies focused on traumatized populations include a recently completed VA-funded examination of the efficacy of contingency management–supported tobacco cessation in Veterans with and without PTSD, and a newly VA-funded study that will apply a physical exercise intervention to elucidate the shared neurobiology of PTSD and chronic pain. An NIMH-funded intervention study is under way to examine the effectiveness and fit of a transdiagnostic treatment, the Unified Protocol, for trauma-exposed Veterans with co-occurring diagnoses. Additionally, an ongoing DoD-funded project examines a mindfulness-based training as a tool to assist Veterans coping with postdeployment intrusive thoughts.

Gender Differences

The Women's Health Sciences Division is continuing its research on the OEF/OIF/OND cohort, particularly in regard to the experiences of female Veterans. A large national survey of OEF/OIF Veterans that included the updated Deployment Risk

and Resilience Inventory-2 (DRRI-2) is now being used to investigate a wide range of research questions regarding the relationship between deployment experiences and postdeployment mental health.

The Division is also continuing a large, national survey of male and female returning OEF/OIF Veterans (with females oversampled) designed to examine gender differences in deployment experiences and postdeployment adjustment. Recent work with this sample has included investigations of predictors of suicidal ideation and associations between deployment stressors, PTSD, and nicotine use. Work with the OEF/OIF/OND cohort also includes a VA-funded examination of the effects of deployment stressors and associated mental health sequelae on occupational and family functioning over time in female Veterans compared with male Veterans.

Investigators are also conducting research on the associations between PTSD, treatment for PTSD, suicidal behavior, and death from suicide among VA health care users. For example, a cohort study, funded by the American Foundation for Suicide Prevention, examines differences in both suicide and suicide attempts in female and male VHA patients with and without PTSD, with a particular focus on gender differences in the role of PTSD treatment as a moderator of these relationships.

Military Sexual Trauma and Partner Violence

Exposure to interpersonal violence is a key issue of study at the Women's Health Sciences Division. Research related to military sexual trauma (MST) includes a recent qualitative investigation aimed at identifying unique factors associated with sexual trauma that occur within a military context; and a newly funded investigation of Veterans' experiences with and preferences for the VHA's universal MST screening program. Intimate partner violence (IPV) among female Veterans is a growing area of focus. Researchers are examining best practices for IPV identification, assessment, treatment, and coordination of care within the VHA context. Focusing on interpersonal trauma more broadly, a recently initiated project will examine VHA primary care providers' experiences with and reactions to providing care to female Veterans with interpersonal trauma histories.

APPENDIX B. FISCAL YEAR 2014 FUNDING

I. Funding for Research Projects and Research Infrastructure

VA Cooperative Studies

Principal Investigators	Title of Project	Years	Total Award
Gelernter & Stein	CSP #575B: Genomics of Posttraumatic Stress Disorder	2013-2016	$3,166,739
Schnurr, Chard, & **Ruzek**	CSP #591: Comparative Effectiveness Research in Veterans with PTSD (CERV-PTSD)	2013-2018	$9,048,760
Vasterling & Concato	CSP #566: Neuropsychological and Mental Health Outcomes of Operation Iraqi Freedom (OIF): A Longitudinal Cohort Study	2008-2014	$8,082,267

Other VA Sources

Principal Investigators	Title of Project	Funding Source	Years	Total Award
Babson	The impact of CBT-I on Cannabis Cessation Outcomes	CSR&D	2014-2019	$989,691
Bernardy	Strategies to Decrease the Prescribing of Benzodiazepines to Veterans with PTSD and a History of Mild TBI	HSR&D	2013-2014	$20,000
Bernardy	Strategies to Improve PTSD Care	HSR&D	2014-2015	$100,000
Bonn-Miller	Safety and Efficacy of Cannabis for the Treatment of Medical and Psychiatric Disorders	HSR&D	2014-2015	$10,000
Carlson	Assessing Risk of Chronic Posttraumatic Mental Disorder in New Veterans	CSR&D	2010-2014	$486,355
Calhoun & **Ruzek**	Practice-Based Implementation Network in Mental Health	VA/DoD Joint Incentive Fund	2013-2015	$2,499,000
Gelernter	The Genetics of Anxiety Disorders	BLR&D	2013-2017	$648,960
Gelernter	Genetic Studies of Dual Diagnosis Populations	MIRECC	2013-2017	$640,000
Hamblen	CBT for PTSD in Veterans with Co-Occurring Substance Use Disorders	CSR&D	2012-2015	$892,314
Harpaz-Rotem & Otis	Intensive Treatment for Chronic Pain and PTSD for OEF/OIF Veterans	RR&D	2011-2014	$198,000
Hayes	Neuroimaging Genetics of Mild TBI	RR&D	2014-2016	$198,000
Heinz	Cognitive Remediation for Alcohol Use Disorder and PTSD	RR&D	2014-2019	$986,195
Iverson	Intimate Partner Violence, Health, and Healthcare Use Among Women Veterans	HSR&D	2011-2016	$696,032
Iverson	Presidential Early Career Award for Scientists and Engineers	HSR&D	2014-2020	$125,000
Japuntich	Tobacco Treatment as Augmentation to Cognitive Processing Therapy for PTSD (CDA2)	CSR&D	2014-2019	$957,150
Keane	Boston Area Network of Designated Enrollment Sites (BARN)	ORD, VACO, CSP	2012-2014	$400,000
Kimerling	The WOMAN Study: Role of Patient Activation and Gender Specific Preferences in Access to and Engagement with Mental Health Services among Women Veterans	HSR&D	2012-2014	$81,729
Krystal & **Abdallah**	CAP-Neuroimaging Core	VA/DoD CAP	2013-2018	$1,676,267*

Appendix B. Fiscal Year 2014 Funding

Principal Investigators	Title of Project	Funding Source	Years	Total Award
Mansfield	Access to PTSD Care Among Veterans With and Without Substance Use Diagnoses	HSR&D	2013-2014	$100,000
Mansfield	Fee Basis vs. in-VA Mental Health Care for Veterans	HSR&D	2015-2015	$100,000
Meis, **Eftekhari** (Site PI), & **Rosen** (Site Co-PI)	Building a Family Systems Model to Promote Adherence to PTSD Treatment	HSR&D	2012-2014	$50,000 (NCPTSD)
Miller	The Structure of PTSD Comorbidity	CSR&D	2011-2014	$600,000
Miller	Analysis of RORA and Other Candidate Genes in PTSD	BLR&D	2013-2015	$450,000
Norman	Integrated Alcohol Disorder and PTSD Treatment	CSR&D	2012-2017	$730,922
Norman	Effectiveness of Evidence Based Treatments for Alcohol/ Substance Use Disorders and Co-Occurring PTSD Symptoms and Related Mental Health Problems Among Veterans	HSR&D	2013-2014	$20,628
Peterson & **Keane**	Consortium to Alleviate PTSD (CAP)	VA/DoD	2013-2018	$48,000,000
Rasmusson	Project 2: Cognitive Processing Therapy (CPT) Intervention for Comorbid TBI/PTSD	RR&D	2009-2014	$450,000
Rasmusson & **Pineles**	Contingency Management Supported Tobacco Cessation & Predictors of Relapse in Veterans With and Without PTSD	CSR&D	2010-2014	$788,880
Rosen	Monitoring Evidence-Based PTSD Treatment among Veterans With and Without Substance Use and TBI Diagnoses.	HSR&D	2014-2014	$20,000
Sayer & **Rosen**	Promoting Effective, Routine, and Sustained Implementation of Stress Treatments (PERSIST)	HSR&D	2014-2017	$501,922
Scioli	Neurobiological and Psychological Benefits of Exercise in Chronic Pain and PTSD	RR&D	2013-2018	$953,342
Shiner	Improving Care for PTSD	HSR&D	2014-2018	$1,292,466
Sloan	Group CBT for Chronic PTSD: A Randomized Clinical Trial	CSR&D	2012-2017	$1,187,129
Taft	PTSD, TBI, and Neuropsychological Factors in Partner Violence Among Veterans	CSR&D	2010-2014	$450,000
Tiet	SUD Treatment for Dually Diagnosed Patients in PTSD Outpatient Programs	HSR&D	2014-2015	$99,939
Tiet	Drug Screen for Primary Care Patients	HSR&D	2011-2014	$688,400
Turchik	Gender & Access to VA Mental Health Care: The Example of Military Sexual Trauma	HSR&D	2013-2018	$999,635
Vogt & **Smith**	Work and Family Functioning in Women Veterans: Implications for VA Service Use	HSR&D	2014-2017	$743,433
Wolf	The Genetics of Posttraumatic Psychopathology	CSR&D	2011-2016	$639,584

BLR&D Biomedical Laboratory Research & Development Service; CAP Consortium to Alleviate PTSD; CSP Cooperative Studies Program; CSR&D Clinical Science Research and Development Service; DoD Department of Defense; HSR&D Health Services Research and Development Service; MIRECC Mental Illness Research, Education and Clinical Center; ORD Office of Research and Development; RR&D Rehabilitation Research and Development Service; VA Department of Veterans Affairs; VACO CA Central Office

* Sub-award within the total $45million CAP award

Appendix B. Fiscal Year 2014 Funding

Department of Defense (DoD)

Principal Investigators	Title of Project	Years	Total Award
Keane & **Marx**	Project VALOR: Trajectories of Change in PTSD in Combat-Exposed Veterans	2012-2016	$3,295,994
Marx	New Approaches to the Measurement of Suicide-related Cognition	2013-2015	$207,085
McCaslin	Deployment Related Anxiety Reduction Training (DART)	2011-2014	$75,598
Meis, **Eftekhari** (site PI), & **Rosen** (site Co-PI)	VA Implementation of PTSD Treatment through Family Involvement	2014-2015	$4,000 (NCPTSD)
Morland & **Mackintosh**	Remote Exercises for Learning Anger and Excitation Management (RELAX)	2013-2015	$380,218
Morland	Telemental Health and Cognitive Processing Therapy for Female Veterans with Military-related PTSD	2010-2014	$1,511,274
Morland	Telemental Health and Cognitive Processing Therapy for Rural Combat Veterans with PTSD	2008-2014	$3,040,715
Morland & Thorp	In-Home Exposure Therapy for Veterans with PTSD	2012-2016	$2,479,488
Neumeister & **Pietrzak**	Evaluation of the Safety and Efficacy of the FAAH Inhibitor URB597 in Veterans with PTSD	2014-2017	$6,611,168
Peterson & **Resick**	Clinical Effectiveness Trial of In-Home Cognitive Processing Therapy for Combat-Related PTSD	2013-2016	$2,497,000
Pineles	Event-Related P2 Slope as a Predictor of Response to SSRIs in a Veteran Population	2011-2014	$70,000
Rasmusson	Proof-of-Concept, Double-Blind, Randomized, Placebo-Controlled Study of Ganaxolone in PTSD	2010-2014	$478,366
Rasmusson & Familoni	Randomized Controlled Trial: Tailored Evaluation and Treatment for PTSD Progression and Suicide Prevention by Application of Thermal Imaging	2011-2014	$277,820
Rosen	Homecoming Line: Telephone Support for Veterans	2008-2014	$2,025,700
Ruzek & Rosen	Randomized, Controlled Trial of CBT Training for PTSD Providers	2012-2015	$2,877,735
Shipherd	Enhancing Post-Deployment Training: Preventing PTSD by Coping with Intrusive Thoughts	2009-2014	$1,399,667
Southwick	Mental Health and Resilience	2008-2014	$352,167
Spira	DANA - Defense Automated NeuroBehavioral Assessment	2012-2014	$750,000
Spira	PHIT For Duty: Personal Health Information Tool for Assessing Transition from Combat Deployment	2013-2014	$37,000
Wachen & **Resick**	Variable Length Cognitive Processing Therapy for Combat-Related PTSD	2013-2016	$1,218,426
Woodward & **Bonn-Miller**	Can a Canine Companion Modify Cardiac Autonomic Reactivity and Tone in PTSD?	2014-2017	$910,335

National Institutes of Health (NIH)

Principal Investigators	Title of Project	Funding Source	Years	Total Award
Abdallah	Examining The Effect Of Ketamine On Glutamate/Glutamine Cycling	NIMH	2013-2018	$912,630
Amstadter & **Gelernter**	Stress Induced Drinking in OEF/OIF Veterans: The Role of Combat History and PTSD	NIAA	2010-2015	$50,000
Cloitre	The Implementation of an Evidence-Based PTSD Treatment in Public Sector Settings	NIMH	2011-2015	$4,557,445

Appendix B. Fiscal Year 2014 Funding

Principal Investigators	Title of Project	Funding Source	Years	Total Award
Cook	Sustained Use of Evidence Based PTSD treatment in VA residential settings	NIMH	2012-2016	$1,570,312
de Graaf, Behar, & **Sanacora**	Ex Vivo Assay for In Situ Brain-Wide Mapping of Glutamate/ GABA Metabolism	NIMH	2011-2015	$1,250,250
Duman	Antidepressants and Signal Transduction in Brain	NIMH	2011-2015	$1,000,000
Duman	Role of mTOR and Synaptic Protein Synthesis in the Rapid Antidepressant Actions of NMDA Receptor Blockade	NIMH	2011-2016	$400,000
Gelernter	Deep Sequencing Studies for Cannabis and Stimulant Dependence	NIDA	2010-2015	$1,377,825
Gelernter	Genetics of Alcohol Dependence in African Americans	NIAA	2009-2015	$3,831,857
Gelernter	Genetics of Alcohol Dependence in American Populations	NIAA	2009-2015	$4,224,009
Gelernter	Genetics of Opioid Dependence	NIDA	2013-2018	$4,500,000
Gelernter & Malison	Drug Dependence Through the Lifespan U.S. Thai Training Program	NIH & Fogarty	2011-2016	$1,149,113
Gradus	Constructing a Danish Reaction to Severe Stress Cohort	NIMH	2012-2014	$275,000
Han & **Gelernter**	Fine mapping a gene sub-network underlying alcohol dependence	NIAA	2014-2018	$250,000
Harpaz-Rotem & **Pietrzak**	Neural Mechanisms of Decision-Making Under Uncertainty in PTSD	NIMH	2014-2016	$457,875
Hayes	Neuroimaging of Trauma Memory and Cognitive Reappraisal in PTSD	NIMH	2009-2014	$549,247
Kaufman & **Gelernter**	Risk & Resilience in Maltreated Children	NIMH	2012-2016	$726,435
Krystal	Translational Neuroscience Optimization of GlyT1 Inhibitor	NIMH	2013-2015	$690,324
Levy	Cognitive Bases of Risk-Taking Over the Lifespan: Psychophysics & Brain Imaging	NIMH	2010-2015	$1,661,141
Miller	Neuroimaging-Genetics of PTSD	NIMH	2014-2016	$354,893
Mitchell	The Interplay of Genetic and Environmental Factors in the Comorbidity of PTSD and Disordered Eating	NIMH	2012-2016	$702,584
Neumeister & **Pietrzak**	An mGlu2/3 Agonist in the Treatment of PTSD	NIMH	2014-2017	$768,467
Neumeister & **Pietrzak**	Kappa Opioid Receptor Systems and Depression	NIMH	2014-2019	$2,123,616
Sanacora	1/3-Efficacy and Tolerability of Riluzole in Treatment-Resistant Depression	NIMH	2010-2015	$1,287,320
Sanacora	Effects of Stress and Glutamatergic Agents on Glutamate Cycling and Behavior	NIMH	2009-2015	$1,799,628
Sanacora	New Rapidly Acting Treatments for Treatment Resistant Depression	NIMH	2012-2014	$279,633
Sloan	Written Exposure Therapy for PTSD: A Randomized Noninferiority Trial	NIMH	2012-2017	$1,149,000
Spiro & Aldwin	Lifespan Outcomes of Military Service	NIA	2011-2015	$753,615
Tyrka & **Gelernter**	Childhood Maltreatment: Risk and Resilience	NIMH	2009-2014	$69,585
Vasterling & **Taft**	Family Adaptation to OIF Deployment	NIMH	2012-2016	$1,000,000

Appendix B. Fiscal Year 2014 Funding

Principal Investigators	Title of Project	Funding Source	Years	Total Award
Wiltsey-Stirman	Influences on the Sustainability of Evidence-based Psychotherapies	NIMH	2009-2014	$736,891
Wiltsey-Stirman	Leveraging Clinical Materials to Monitor Fidelity to Cognitive Processing Therapy (CPT) for PTSD	NIMH	2013-2015	$338,508

NCI National Cancer Institute; NCRR National Center for Research Resources; NIA National Institute on Aging; NIAAA National Institute on Alcohol Abuse and Alcoholism; NIDA National Institute on Drug Abuse; NIMH National Institute of Mental Health

Other Sources

Principal Investigators	Title of Project	Funding Source	Years	Total Award
Abdallah	Examining Glutamate/Glutamine Cycling In The Frontal Brain Of Healthy Volunteers During Ketamine Infusion	Brain & Behavior Research Foundation	2013-2015	$60,000
Abdallah	Glial and Glutamatergic Deficits In Posttraumatic Stress Disorder (PTSD)	Brain & Behavior Research Foundation	2015-2017	$60,000
Bonn-Miller	A Test of the Efficacy of Compassion Cultivation Training for Veterans with PTSD	Mind and Life 1440 Award	2014-2016	$14,975
Foynes	Primary Care Providers' Experiences with Female Patients with Interpersonal Trauma Histories	Boston University School of Medicine	2014-2015	$2,500
Gradus	Posttraumatic Stress Disorder and Suicide Among Massachusetts Veterans	American Foundation for Suicide Prevention	2012-2014	$83,911
Marx	Healing Heroes: Medical Informatics and Analysis Toolkit (MINAT)	DARPA	2010-2014	$297,655
McCaslin	Military Acculturation and Transition to the Civilian Setting	NCIRE	2013-2014	$120,000
Monson & **Wiltsey-Stirman**	Implementation of Evidence-Based Psychotherapy for PTSD: Does Technology-Enhanced Consultation Improve Treatment Fidelity and Outcomes?	Canadian Institute of Health Research	2012-2014	$385,207
Monson & **Wiltsey-Stirman**	Improving and Sustaining Clinician Use of CPT	Canadian Institute of Health Research	2014-2018	$728,215
Pietrzak	Examining the Utility of Latent Class Analysis in Describing Differential Risk Pathways Linking Childhood Adversity to Negative Adult Outcomes	PreVAiL Research Network	2013-2014	$15,000
Southwick & **Pietrzak**	Biomarkers of Psychological Risk and Resilience in World Trade Center Responders	CDC/NIOSH	2012-2016	$3,873,361
Feder, **Southwick, & Pietrzak**	Trajectories of Psychological Risk and Resilience in World Trade Center Responders	CDC/NIOSH	2011-2014	$1,068,526
Stein & **Gelernter**	Modifiable Risk and Protective Factors for Suicidal Behaviors in the US Army	Henry M. Jackson Foundation for the Advancement of Military Medicine	2014-2015	$1,000,000
Wolf	The MMPI-2-RF for the Assessment of *DSM-5* PTSD and its Subtypes	University of Minnesota Press, Test Division	2013-2015	$54,758

CDC Centers for Disease Control and Prevention; DARPA Defense Advanced Research Projects Agency; NCIRE Northern California Institute for Research and Education; NIOSH National Institute for Occupational Safety and Health

Pending

Principal Investigators	Title of Project	Funding Source	Years	Total Request
Creech & **Macdonald**	Trajectory of Mental, Physical and Functional Health Outcomes after Recent MST	DoD	2015-2018	$1,152,903
Gelernter	Genetics of Alcohol Dependence in African Americans	NIAA	2015-2020	$2,500,000
Gradus	Predicting Suicide Attempts among Veterans Health Administration (VHA) Patients	VA CSR&D	2015-2019	$927,648
Gutner	Effectiveness of a Unified Transdiagnostic Treatment in Routine Clinical Care	NIMH	2015-2020	$889,721
Gutner	Efficacy of a Transdiagnostic Treatment for Veterans with Emotional Disorders	VA CSR&D	2015-2020	$931,585
Hayes	Examining Large-Scale Networks in PTSD using Functional and Structural MRI	NARSAD	2013-2015	$60,000
Hayes	Neuroimaging Genetics of Mild Traumatic Brain Injury	Boston University Dean's Award	2014-2016	$20,000
Hayes	Neuroimaging Genetics of Neurodegenerative Disease in Blast-Induced Mild TBI	Dana Foundation	2014-2016	$200,000
Knight	LED Light Therapy To Improve Cognitive-Psychosocial Function in TBI-PTSD Veterans	VA RR&D	2014-2016	$199,976
Krystal & **Abdallah**	CAP-Ketamine for Antidepressant-Resistant PTSD: A Translational Neuroscience, Biomarker-Informed Clinical Trial	VA/DoD CAP	2013-2018	$4,022,091*
Mackintosh & **Morland**	Extending Treatment Science for PTSD among Veterans: A PTSD Treatment Repository	VA HSR&D	2015-2018	$950,000
Meyer & **Vogt**	Contact-based Intervention to Reduce Stigma and Increase Service Use in Veterans	NIMH	2014-2016	$275,000
Meyer & **Vogt**	Test of a Web-based Intervention to Increase Veterans' Mental Health Service Use	VA HSR&D	2014-2017	$889,912
Mitchell	Cognitive Functioning and Eating Disorders in a Large Cohort of Young Adults	NIMH	2015-2017	$433,637
Pineles & **Nillni**	Enhancing Exposure Therapy by Capitalizing on Menstrual Cycle Phase	NIMH	2015-2017	$366,927
Pineles & **Nillni**	Enhancing Exposure Therapy to Capitalize on Menstrual Cycle Phase	VA/DoD CAP	2015-2018	$1,049,951*
Pineles & **Nillni**	PTSD and the Menstrual Cycle: A Test of the Hormonal-Stress Vulnerability Model	VA CSR&D	2014-2018	$601,087
Rasmusson & **Gregor**	Exercise Treatment for Smokers with Chronic Pain and PTSD: An Epigenetic Approach	NIDA	2014-2017	$450,000
Rasmusson & Liverant	A Clinical Trial of Exemestane (Aromasin) for the Treatment of Irritable Aggression in PTSD	DoD	2015-2018	$900,000
Rasmusson & Marx	Predicting Selection and Operational Readiness of U.S. Military Special Forces	VA/DoD CAP	2015-2018	$4,000,000*
Street	Military Sexual Trauma Screening: Examining Patient Satisfaction and Preferences	HSR&D	2015-2016	$99,990
Taft	Strength at Home Men's Program in Massachusetts	Massachusetts Attorney General's Office	2014-2016	$1,335,479
Taft	Strength at Home-Couples Program to Prevent Military Partner Violence	CDC	2014-2017	$1,006,642

Principal Investigators	Title of Project	Funding Source	Years	Total Request
Taft	Pre-Group Motivational Alcohol Intervention for Partner Violent Service Members	NIAA	2014-2019	$1,231,337
Verfaellie & **Hayes**	Neuroimaging Genetic Markers of Neurodegenerative Disease Following Mild TBI	VA Chronic Effects of Neurotrauma Consortium	2015-2018	$400,000
Vogt	The Veterans Metrics Initiative: Linking Program Components to Post-Military Well-Being	VA, DoD, Henry Jackson Foundation	2014-2020	$538,000 (NCPTSD)
Wiltsey-Stirman & Monson	Improving and Sustaining CPT for PTSD in Mental Health Systems	NIMH	2015-2019	$3,000,000

CAP Consortium to Alleviate PTSD; CDC Centers for Disease Control and Prevention; CSR&D Clinical Science Research and Development Service; DoD Department of Defense; HSR&D Health Services Research and Development Service; NARSAD National Alliance for Research on Schizophrenia and Depression; NIAAA National Institute on Alcohol Abuse and Alcoholism; NIDA National Institute on Drug Abuse; NIMH National Institute of Mental Health; RR&D Rehabilitation Research and Development Service; VA Department of Veterans Affairs

* Sub-award within the total $45million CAP award

II. Other Funding

Leads	Program/Project Title	Funding Source	Years	Total Funding
Bernardy	Rural Provider and Health Care Staff Training and Education Initiative	VA Rural Health Training Program Office	2013-2016	$415,433
Bernardy	Rural Health Telepharmacy Clinical Support Program	VA Rural Health Training Program Office	2014-2016	$275,000
Eftekhari, Ruzek, & **Crowley**	Prolonged Exposure National Training Program	VA Mental Health Services	2007-2014	$1,419,068
Prins, Bramlett, & Vinatieri	Veterans Integration To Academic Leadership (VITAL) program at San Jose State University	VA Mental Health Services	2012-2015	$420,000
Slone	From the War Zone to the Home Front Educational Series 2014	Jack and Dorothy Byrne Foundation	2014-2014	$45,000
Spira	Home-based Telemental Health for Rural Veterans with PTSD	VA ORH	2012-2015	$970,000
Street	Advanced Women's Health Fellowship	VA OAA	2014-2015	$180,000
Watson	Stress First Aid Training for Law Enforcement Personnel	Oregon State Department of Public Safety	2013-2014	$45,600
Whealin	Solutions to Barriers to Care: Culturally-Adapted VTel Therapy for Couples in Rural Locations Extension	VA ORH	2012-2015	$485,616

DoD Department of Defense; OAA Office of Academic Affiliations; ORH Office of Rural Health

APPENDIX C. FISCAL YEAR 2014 PUBLICATIONS

1. **Abdallah, C.**, Niciu, M. J., Fenton, L. R., Fasula, M. K., Jiang, L., Black, A., Rothman, D. L., Mason, G. F., & **Sanacora, G.** (2014). Decreased occipital cortical glutamate levels in response to successful cognitive-behavioral therapy and pharmacotherapy for major depressive disorder. *Psychotherapy and Psychosomatics, 83*, 298-307. doi:10.1159/000361078

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7. Bauer, M. S., Lee, A., Li, M., Bajor, L., **Rasmusson, A. M.**, & Kazis, L. E. (2014). Off-label use of second generation antipsychotics for post-traumatic stress disorder in the Department of Veterans Affairs: Time trends and sociodemographic, comorbidity, and regional correlates. *Pharmacoepidemiology and Drug Safety, 23*, 77-86. doi:10.1002/pds.3507
Beck, J. G., & **Sloan, D. M.** (2014). Group treatments for PTSD: What do we know and what do we need to know? In **M. J. Friedman, T. M. Keane**, & **P. A. Resick** (Eds.), *Handbook of PTSD: Science and practice (2nd ed.)* (pp. 466-481). New York, NY: Guilford Press.

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10. Bentley, K. H., **Gallagher, M. W.**, Carl, J. R., & Barlow, D. H. (2014). Development and validation of the Overall Depression Severity and Impairment Scale. *Psychological Assessment, 26*, 815-830. doi:10.1037/a0036216

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APPENDIX D. FISCAL YEAR 2014 IN PRESS AND ADVANCE ONLINE PUBLICATIONS

1. **Abdallah, C.**, Jiang, L., De Feyter, H. M., Fasula, M., **Krystal, J.**, Rothman, D. L., Mason, G. F., & **Sanacora, G.** Glutamate metabolism in major depressive disorder. *American Journal of Psychiatry*. doi:10.1176/appi.ajp.2014.14010067

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118. Reynolds, K., **Pietrzak, R. H.**, El-Gabalawy, R., MacKenzie, C. S., & Sareen, J. Prevalence of psychiatric disorders in U.S. older adults: Findings from a nationally representative survey. *World Psychiatry*.

119. Rojas, S., Bujarski, S., **Babson, K. A.**, Dutton, C., & Feldner, M. T. Understanding PTSD comorbidity and suicidal behavior: Associations among histories of alcohol dependence, major depressive disorder, and suicidal ideation and attempts. *Journal of Anxiety Disorders*.

120. Ross, R. J., & **Cook, J.** Combat-related PTSD nightmares and imagery rescripting: Characteristics and relation to treatment outcome. *Journal of Traumatic Stress*.

121. Roy, S. S., Foraker, R. E., Girton, R. A., & **Mansfield, A. J.** Posttraumatic stress disorder and incident heart failure among a community-based sample of U.S. veterans. *American Journal of Public Health*.

122. **Ruzek, J.**, Eftekhari, A., Rosen, C. S., Crowley, J. J., Kuhn, E., & Karlin, B. E. Factors related to clinician attitudes toward Prolonged Exposure therapy for PTSD. *Journal of Traumatic Stress*.

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124. Sayer, N. A., Orazem, R. J., Noorbaloochi, S., Gravely, A., Frazier, P., Carlson, K. F., & **Schnurr, P. P.** Iraq and Afghanistan War veterans with reintegration problems: Differences by Veterans Affairs healthcare user status. *Administration and Policy in Mental Health and Mental Health Services Research*.

125. Scarlet, J., Lang, A. J., & **Walser, R.** Acceptance and Commitment Therapy (ACT) for posttraumatic stress disorder. In G. Wynn, & D. Benedek (Eds.), *Complementary and alternative medicine for PTSD*. New York, NY: Oxford University Press.

126. **Schnurr, P. P.** Understanding pathways from traumatic exposure to physical health. In U. Schnyder, & **M. Cloitre** (Eds.), *Evidence based treatments for trauma-related psychological disorders - A practical guide for clinicians.* Stuttgart, Germany: Springer.

127. Schnyder, U., & **Cloitre, M.** (Eds.). *Evidence based treatments for trauma-related psychological disorders: A practical guide for clinicians.* Stuttgart, Germany: Springer.

128. **Scioli-Salter, E. R.**, Forman, D. E., Otis, J. D., Gregor, K., Valovski, I., & **Rasmusson, A. M.** The shared neuroanatomy and neurobiology of comorbid chronic pain and PTSD: Therapeutic implications. *The Clinical Journal of Pain*. doi:10.1097/AJP.0000000000000115

129. Scott, J. C., Matt, G. E., **Wrocklage, K.**, Crnich, C., Jordan, J., **Southwick, S.**, **Krystal, J.**, & Schweinsburg, B. C. A quantitative meta-analysis of neurocognitive functioning in posttraumatic stress disorder. *Psychological Bulletin*.

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131. Sherman, M., Kauth, M., Ridener, L., **Shipherd, J.**, Bratkovich, K., & Beaulieu, G. An empirical investigation of challenges and recommendations for welcoming sexual and gender minority veterans into VA care. *Professional Psychology: Research and Practice*. doi:10.1037/a0034826

132. Sherman, M., Kauth, M., **Shipherd, J.**, & Street, R. Provider beliefs and practices about assessing sexual orientation in two VHA hospitals. *LGBT Health*. doi:10.1089/lgbt.2014.0008

133. **Shipherd, J.**, & **Fordiani, J.** The application of mindfulness in coping with intrusive thoughts cognitive and behavioral practice. *Cognitive and Behavioral Practice*.

134. **Sloan, D.** Introduction to the special series: Using experimental psychopathology studies to advance treatment research. *Behavior Therapy*.

135. **Sloan, D. M.**, **Vogt, D.**, **Wisco, B. E.**, & **Keane, T. M.** Postdoctoral training in posttraumatic stress disorder research. *Psychological Trauma: Trauma, Theory, Research, Practice, and Policy*. doi:10.1037/tra0000007

136. **Southwick, S.**, & **Watson, P.** The emerging scientific and clinical literature on resilience and Psychological First Aid. In N. C. **Bernardy, & M. J. Friedman** (Eds.). A practical guide to PTSD treatment: Pharmacological and psychotherapeutic approaches. Washington, DC: American Psychological Association.

137. **Spira, J. L.**, Lathan, C., Bleiberg, J., & Tsao, J. The impact of multiple concussions on emotional distress, postconcussive symptoms, and neurocognitive functioning, in active duty U.S. Marines independent of combat exposure or emotional distress. *Journal of Neurotrauma*.

138. Stein, D. J., Craske, M. A., **Friedman, M. J.**, & Phillips, K. A. Anxiety and related disorders in *DSM-5*: Anxiety, obsessive-compulsive and related, and trauma and stressor-related disorders. *Depression & Anxiety*.

139. **Street, A. E.**, Gilman, S. F., Rosellini, A. J., Stein, M. B., Bromet, E. J., Cox, K. L., Colpe, L. J., Fullerton, C. S., Gruber, M. J., Heeringa, S. G., Lewandowski-Romps, L., Little, R. J. A., Naifeh, J. A., Nock, M. K., Sampson, N. A., Schoenbaum, M., Ursano, R. J., Zaslavsky, A. M., & Kessler, R. C. Understanding the elevated suicide risk of female soldiers during deployments. *Psychological Medicine*.

140. Sumner, J. A., **Pietrzak, R. H.**, Aiello, A. E., Uddin, M., Wildman, D. E., Galea, S., & Koenen, K. C. Further support for an association between the memory-related gene WWC1 and posttraumatic stress disorder: Results from the Detroit Neighborhood Health Study. *Biological Psychiatry*.

141. **Suvak, M.**, **Taft, C.**, Goodman, L. A., & Dutton, M. A. Dimensions of functional social support and depressive symptoms: A longitudinal investigation of women seeking help for intimate partner violence. *Journal of Consulting and Clinical Psychology*. doi:10.1037/a0031787

142. **Taft, C.**, **LaMotte, A.**, & Gilbert, K. S. Intimate partner violence: Evaluation of victims and perpetrators. In P. M. Kleepsies (Ed.), *The Oxford handbook of behavioral emergencies and crises.* Oxford, United KingdonK: Oxford University Press.

143. Tsai, J., El-Gabalawy, R., Sledge, W. H., **Southwick, S.**, & **Pietrzak, R. H.** Posttraumatic growth among veterans in the USA: Results from the National Health and Resilience in Veterans Study. *Psychological Medicine*.

144. Tsai, J., **Harpaz-Rotem, I.**, Armour, C., **Southwick, S.**, **Krystal, J.**, & **Pietrzak, R. H.** Dimensional structure of *DSM-5* posttraumatic stress symptoms: Results from the National Health and Resilience in Veterans Study. *Journal of Clinical Psychiatry*.

145. **Turchik, J. A.**, & Hassija, C. Female sexual victimization among college students: Assault severity, health risk behaviors, and sexual functioning. *Journal of Interpersonal Violence*.

146. **Turchik, J. A.**, Hebenstreit, C. L., & Judson, S. S. An examination of the gender inclusiveness of current theories of sexual violence in adulthood: Recognizing male victims, female perpetrators, and same sex violence. *Trauma, Violence*, & Abuse.

147. **Turchik, J. A.**, Walsh, K., & Marcus, D. Confirmatory validation of the factor structure and reliability of the Sexual Risk Survey in a large multi-university sample of U.S. students. *International Journal of Sexual Health*.

148. Vandrey, R., **Babson, K. A.**, Herrmann, E. S., & **Bonn-Miller, M. O.** Interactions between disordered sleep, posttraumatic stress disorder, and substance use disorders. *International Review of Psychiatry*.

149. **Vogt, D.**, **Di Leone, B.**, **Wang, J.**, Sayers, S., **Pineles, S. L.**, & Litz, B. T. Endorsed and Anticipated Stigma Inventory (EASI): A tool for assessing beliefs about mental illness and mental health treatment among military personnel and veterans. *Psychological Services*.

150. **Vogt, D.**, Fox-Galalis, A., & **Di Leone, B.** Mental health beliefs and their relationship with treatment seeking among OEF/OIF veterans. *Journal of Traumatic Stress*.

151. **Vogt, D.**, **Macdonald, A.**, & Blount, T. Family-related risk and resilience factors during deployment and their role in the postdeployment mental health of OEF/OIF veterans. In S. MacDermid Wadsworth (Ed.), *Risk and resilience in U.S. military families*. New York, NY: Springer.

152. **Wachen, J. S.**, **Jimenez, S.**, Smith, K., & **Resick, P. A.** Long-term functional outcomes of women receiving cognitive processing therapy and prolonged exposure. *Psychological Trauma: Theory, Research, Practice, and Policy*. doi:10.1037/a0035741

153. Wang, J. M., Lee, L. O., & **Spiro, A.** Gender differences in the impact of warfare exposure on self-rated health. *Journal of Women's Health Issue*.

154. **Watson, P.** How different is Psychological First Aid from other psychotherapeutic modalities? In G. Quitangon, & M. Evces (Eds.), *Vicarious trauma and disaster mental health*. New York, NY: Taylor Francis/Routledge.

155. Watts, B. V., **Schnurr, P. P.**, Zayed, M., Young-Xu, Y., Stender, P., & Llewellyn-Thomas, H. A randomized controlled clinical trial of a patient decision aid for posttraumatic stress disorder. *Psychiatric Services*.

156. Weathers, F. W., **Marx, B.**, **Friedman, M. J.**, & **Schnurr, P. P.** Posttraumatic stress disorder in *DSM-5*: New criteria, new measures, and implications for assessment. *Psychological Injury and the Law*.

157. Weaver, T. L., & **Resick, P. A.** Injury dimensions in female victims of intimate partner violence: Expanding the examination of associations with symptoms of posttraumatic stress disorder. *Psychological Trauma: Theory, Research, Practice, and Policy*.

158. **Whealin, J.**, **Kuhn, E.**, & **Pietrzak, R. H.** Applying behavior change theory to technology promoting veteran mental health care seeking. *Psychological Services*.

159. **Wiltsey-Stirman, S.**, Shields, N., Deloriea, J., Landy, M. S. H., Belus, J., Maslej, M., & Monson, C**.** A randomized controlled dismantling trial of post-workshop consultation strategies to increase effectiveness and fidelity to an evidence-based psychotherapy for posttraumatic stress disorder. *Implementation Science*.

160. **Wisco, B.**, **Marx, B.**, & **Keane, T.** Trauma and posttraumatic stress disorder. In B. Moore, & J. Barnett (Eds.), *Trauma and posttraumatic stress disorder*. Military Psychologists' Desk Reference New York, NY: Oxford University Press.

161. **Wisco, B.**, **Marx, B.**, **Wolf, E. J.**, **Miller, M. W.**, **Southwick, S.**, & **Pietrzak, R. H.** Posttraumatic stress disorder in the U.S. veteran population: Results from the National Health and Resilience in Veterans Study. *Journal of Clinical Psychiatry*.

162. **Wolf, E. J.**, & **Miller, M. W.** The Minnesota Multiphasic Personality Inventory-2 Restructured Form and posttraumatic stress disorder: Forensic applications and considerations. *Psychological Injury and Law*.

163. **Wolf, E. J.**, **Miller, M. W.**, Kilpatrick, D., Resnick, H., **Marx, B.**, **Keane, T.**, Rosen, R. C., & **Friedman, M. J.** ICD-11 complex PTSD in US National and veteran samples: Prevalence and structural associations with PTSD. *Clinical Psychological Science*. doi:10.1177/2167702614545480

164. **Wolf, E. J.**, **Mitchell, K.**, Logue, M. W., Baldwin, C. T., **Reardon, A.**, Aiello, A., Galea, S., Koenen, K. C., Uddin, M., Wildman, D., & **Miller, M. W.** The dopamine D3 receptor gene and posttraumatic stress disorder. *Journal of Traumatic Stress*.

165. Wolf, G. K., Kretzmer, T., Crawford, E., Thors, C., Strom, T., **Eftekhari, A.**, Klenk, M., Hayward, L., & Vanderploeg, R. D. Prolonged exposure therapy with veterans diagnosed with PTSD and traumatic brain injury. *Journal of Traumatic Stress*.

166. **Woodward, S. H.**, Michell, G., & Santerre, C. The psychophysiology of PTSD nightmares. In E. Vermetten, T. C. Neylan, M. Kramer, & S. R. Pandi-Perumal (Eds.), *Sleep and combat-related posttraumatic stress disorder.* Cambridge, United Kingdom: Cambridge University Press.

167. Xie, P., Kranzler, H. R., **Krystal, J.**, Farrer, L. A., Zhao, H., & **Gelernter, J.** Deep resequencing of 17 glutamate system genes identifies rare variants in DISC1 and GRIN2B affecting risk of opioid dependence. *Addiction Biology*. doi:10.1111/adb.12072

168. Yoneda, A., **Whealin, J.**, & Tsai, J. PTSD in Asian American and Pacific Islander Veterans: Prevalence, context, and implications for practice. In C. Martin, V. R. Preedy, & V. B. Patel (Eds.), *The comprehensive guide to post-traumatic stress disorders*. New York, NY: Springer.

APPENDIX E. FISCAL YEAR 2014 SCIENTIFIC PRESENTATIONS

ACADEMYHEALTH ANNUAL RESEARCH MEETING – SAN DIEGO, CA, JUNE 2014

1. Fortney, J., Pyne, J., Kimbrell, T., Hudson, T., Otero, J., Robinson, D., Schneider, R., Moore, W., Custer, P., Grubbs, K., & **Schnurr, P. P.** *Pragmatic randomized trial of telemedicine-based collaborative care for posttraumatic stress disorder*.
2. **Iverson, K. M.**, & Dichter, M. D. *VA patient and provider perspectives on IPV screening and counseling procedures in VA*.
3. **Iverson, K. M.**, & Pogoda, T. K. *Intimate partner violence-related traumatic brain injury in a sample of female veterans*.
4. **Kimerling, R.** *Intimate partner violence and military sexual trauma: Access and quality of mental health care among women in VHA*.
5. Pogoda, T. K., Stolzmann, K. L., **Iverson, K. M.**, Baker, E., Krengel, M., Lew, H. L., & Meterko, M. *Associations between traumatic brain injury, suspected psychiatric conditions, and unemployment in returning veterans*.

AMERICAN PSYCHOLOGICAL ASSOCIATION – WASHINGTON, DC, AUGUST 2014

6. DuBois, R., McBain, S., Garneau-Fournier, J., & **Turchik, J. A.** *Gender-targeted military sexual trauma healthcare information: An analysis among male veterans*.
7. Garneau-Fournier, J., Dubois, R., McBain, S., & **Turchik, J. A.** *Predictors of sexual dysfunction in female college students*.
8. McBain, S., DuBois, R., Garneau-Fournier, J., & **Turchik, J. A.** *Veterans' perceptions of how the VA can increase access to military sexual trauma related care*.
9. Scott, J. C., **Wrocklage, K.**, Trejo, M., Weisser, V., **Southwick, S.**, **Krystal, J.**, & **Schweinsburg, B. C.** *Neuropsychological functioning in veterans with posttraumatic stress disorder*.

ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA – CHICAGO, IL, MARCH 2014

10. **Abdallah, C.** *Hippocampal volume tracks hippocampal NAA in response to a glutamate-modulating agent in GAD*.
11. Black, S. K., McGowan, S. K., Liverant, G. I., Kamholz, B. W., & **Sloan, D.** *Fear of depressed mood in clinical depression: Associations with symptom severity and use of emotion regulation strategies*.
12. **Engel-Rebitzer, E.**, **Marx, B.**, Szafranski, D., **Gallagher, M.**, **Holowka, D.**, **Rosen, C.**, & **Keane, T.** *Disparities in PTSD service connection in the Veterans Affairs Healthcare System*.
13. **Gutner, C.**, **Gallagher, M.**, Baker, A. S., **Sloan, D.**, & **Resick, P.** *Why did you leave? Patterns of treatment dropout in cognitive behavioral therapies for posttraumatic stress disorder*.
14. **Keane, T.** *How can mobile-connected technologies expand treatment opportunities for anxiety disorders?*
15. **Keane, T.**, & Brief, D. J. *Effective treatments for PTSD and comorbid conditions: Predictors of treatment response*.
16. **Ledoux, A.**, **Green, J.**, Harte, C., **Marx, B.**, Rosen, R., & **Keane, T.** *Posttraumatic stress symptom severity as a predictor of sexual function in OIF/OEF veterans*.
17. **Mott, J.**, Barrera, T., & Teng, E. *A meta-analytic review of group cognitive behavioral therapy for PTSD: Evidence for unique treatment effects among veterans versus non-veterans*.
18. Roy, M., Rubin, A., Solhan, M., Helmuth, E., Brief, D. J., Enggasser, J., Rosenbloom, D., & **Keane, T.** *Using VetChange with veterans from multicultural backgrounds*.
19. **Sadeh, N.**, Spielberg, J. M., Warren, S. L., Miller, G. A., & Heller, W. *Aberrant neural connectivity during emotional processing associated with posttraumatic stress*.
20. **Schnurr, P. P.**, **Lunney, C.**, Foa, E. B., Powers, M., Gillihan, S., & Chow, B. K. *Predictors of treatment outcome in trauma-focused and present-centered treatment for PTSD*.
21. Vorstenbosch, V., Fredman, S. J., **Macdonald, A.**, Pukay-Martin, N. D., & Monson, C. M. *Effects of cognitive-behavioral conjoint therapy for posttraumatic stress disorder clusters and potential moderators of treatment outcome.*
22. **Wiltsey-Stirman, S.**, Daniel, R., **Gamarra, J.**, Goldstein, L., Lazarus, S., Stigen, C., & **Schnurr, P. P.** *Fidelity and symptom change in Prolonged Exposure for PTSD*.
23. **Wiltsey-Stirman, S.**, Pontoski, K., Xhezo, R., Arthur, C., Aaron, T., & Creed, T. *A Comparison of consultation methods for cognitive therapy training in community settings*.
24. **Wisco, B.**, Baker, A. S., & **Sloan, D.** *Does emotional reactivity to exposure treatment mediate PTSD treatment outcome?*
25. **Wisco, B.**, **Marx, B.**, & **Pietrzak, R. H.** *Prevalence and correlates of PTSD in a nationally representative sample of US veterans*.

ASSOCIATION FOR BEHAVIORAL AND COGNITIVE THERAPIES – NASHVILLE, TN, NOVEMBER 2013

26. **Wisco, B.**, **Marx, B.**, **Sloan, D.**, **Pineles, S. L.**, & **Gorman, K.** *Distancing from trauma: Self-distancing as an emotional regulation strategy among veterans with PTSD*.

27. Bentley, K. H., **Gallagher, M.**, & Barlow, D. H. *The Overall Depression Severity and Impairment Scale: An item response theory analysis*.

28. Boswell, J. F., Sauer-Zavala, S. E., Farchione, T. J., **Gallagher, M.**, & Barlow, D. H. *The unified protocol for transdiagnostic treatment of emotional disorders*.

29. **Bovin, M.**, **Wolf, E. J.**, & **Resick, P.** *Change in PTSD is associated with change in personality disorder features*.

30. **Bovin, M.**, **Wolf, E. J.**, & **Resick, P.** *The effect of trauma-focused therapy on personality disorder features in rape survivors with posttraumatic stress disorder*.

31. Brady, R. E., Constans, J., **Marx, B.**, **Spira, J. L.**, Gevirtz, R., Kimbrell, T., Kramer, T. L., & Pyne, J. *Effect of symptom over-reporting on heart rate variability in veterans with PTSD*.

32. Carl, J. R., **Gallagher, M.**, Zavala, S. E., Bentley, K. H., & Barlow, D. H. *A preliminary investigation of the effects of the unified protocol on temperament*.

33. Carpenter, D. K., Yeh, R., McLean, C., **Resick, P.**, & Foa, E. B. *Peritraumatic and posttraumatic emotions among active duty military personnel*.

34. **Chen, M. S.**, **Han, S.**, **Wisco, B.**, **Marx, B.**, **Holowka, D.**, **Gradus, J.**, Nock, M. K., **Vasterling, J.**, Rosen, R. C., & **Keane, T.** *Psychosocial correlates of suicidal behavior in male and female Iraq and Afghanistan veterans*.

35. Cogan, C. M., **Healy, E.**, Chard, K. M., Ashton, S. A., & Hansel, J. E. *Evaluating the Cognitive Processing Therapy implementation program in the VA Healthcare System*.

36. Farchione, T. F., Fairholme, C. F., Ellard, K. K., Boisseau, C. L., Thompson-Hollands, J., Carl, J. R., **Gallagher, M.**, & Barlow, D. H. *The unified protocol for the transdiagnostic treatment of emotional disorders: A randomized controlled trial*.

37. Fissette, C. L., Balderrama-Durbin, C., Snyder, D. K., Balsis, S., Monson, C., **Pless Kaiser, A.**, & **Taft, C.** *The utility of assessing sleep difficulties from informant reports of posttraumatic stress disorder: An application of item response theory*.

38. Fox, P. T., Ai-Ling, L., Ramage, A. E., **Resick, P.**, Mintz, J., & Peterson, A. L. *Resting-state measurements of cerebral glucose metabolism & cerebral blood flow in PTSD*.

39. **Gallagher, M.**, Boswell, J. F., & Barlow, D. H. *Idiographic approaches to identifying and testing mechanisms of change*.

40. **Gamarra, J.**, **Wiltsey-Stirman, S.**, & **Vogt, D.** *Who seeks treatment? A comparison of mental health beliefs and treatment-seeking among Hispanic Whites and non-Hispanic Whites*.

41. Gilbert, K. S., Hayes, M., **Gallagher, M.**, DeCandia, C., Beach, C., Creech, S. K., Massa, A. A., Monson, C. M., & **Taft, C.** *Targeting relational aggression in veterans: The Strength at Home friends and family intervention*.

42. **Gutner, C.**, **Nillni, Y. I.**, **Suvak, M.**, **Wiltsey-Stirman, S.**, & **Resick, P.** *Does anxiety sensitivity change the course of PTSD treatment?*

43. **Gutner, C.**, **Resick, P.**, **Steenkamp, M.**, **Suvak, M.**, **Gradus, J.**, & Monson, C. *Natural recovery in the aftermath of trauma: Impact of gender and trauma type on depression and PTSD*.

44. **Heinz, A. J.**, Peters, E. N., **Boden, M. T.**, & **Bonn-Miller, M.** *Delay discounting as a predictor of cannabis use outcomes following a self-guided cessation attempt: A comprehensive examination among a clinical sample*.

45. **Heinz, A. J.**, Waldrop, A., Kalapatapu, R., Lasher, B., Roth, J., & Batki, S. L. *The influence of executive functioning on the relation between alcohol use and PTSD symptom severity across treatment among military veterans*.

46. **Keane, T.**, Cody M., & Beck J. G. *Understanding the relationship between PTSD and health outcomes*.

47. **Kuhn, E.**, **Hoffman, J.**, Miner, A., Taylor, C. B., Thorp, S. R., Stepnowsky, C. J., **Ramsey, K. M.**, & **Ruzek, J.** *PTSD Coach: A mobile app for self-management of posttraumatic stress symptoms*.

48. **Kulish, A.**, **Holowka, D.**, **Marx, B.**, Fang, S., Rosen, R., & **Keane, T.** *The influence of race/ethnicity and gender on psychosocial functioning in combat-exposed veterans post-OEF/OIF deployment*.

49. **LaMotte, A.**, **Taft, C.**, **Weatherill, R.**, **Scott, J. C.**, & Eckhardt, C. I. *Concordance in intimate partner aggression reports among returning veterans and their partners*.

50. **LaMotte, A.**, **Taft, C.**, **Weatherill, R.**, Scott, J. P., Eckhardt, C. I., **Reardon, A.**, & **Miller, M. W.** *Investigating intimate partner violence assessment among veterans and their partners*.

51. **Landes, S. J.**, **Ruzek, J.**, Wang, D., **Carlson, E. B.**, & Lindley, S. E. *Improving the quality of PTSD care with integrated informatics for monitoring treatment outcomes*.

52. Lang, A. J., **Schnurr, P. P.**, Batten, S. J., Raman, R., Jain, S., **Walser, R.**, & Chard, K. *A randomized trial of Acceptance and Commitment Therapy for distress and impairment in OEF/OIF/OND veterans*.

53. Lavoie, C., Miner, A., Taylor, K., **Hoffman, J.**, **Kuhn, E.**, Taylor, C. B., **Ramsey, K. M.**, & **Ruzek, J.** *Design strategies and challenges: Creating novel mobile device applications to support and enhance evidence-based treatments for mental health*.

54. Lehavot, K., Der-Martirosian, C., Simpson, T. L., **Shipherd, J.**, & Washington, D. *PTSD and military social support predict physical health and VHA utilization in women veterans*.

55. Massa, A., **Creech, S.**, Gilbert, K. S., **Macdonald, A.**, & **Taft, C.** *Treatment attendance of military veterans engaging in an intimate partner violence intervention*.

56. McLean, C., Peterson, A. L., Tuerk, P., Rauch, S., **Resick, P.**, & Foa, E. B. *Anxiety, depression, and suicidal ideation across trauma populations*.

57. Muralidharan, A., & **Vogt, D.** *Impact of racial/ethnic minority status on deployment-related experiences and PTSD in a national sample of female and male veterans*.

58. **Patton, S.**, **Nillni, Y. I.**, **Pineles, S. L.**, Rouse, M. H., Sawyer, A. T., & **Rasmusson, A. M.** *Evidence suggesting a fluctuation in psychological symptoms across the menstrual cycle in women with PTSD*.

59. Peterson, A. L., McLean, C., Tuerk, P., Rauch, S., **Resick, P.**, & Foa, E. B. *Trauma history and PTSD severity across trauma populations*.

60. Pruiksma, K. E., Taylor, D. J., **Resick, P.**, **Wachen, J. S.**, Mintz, J., & Young-McCaughan, S. *Do sleep disturbances remain after PTSD treatments?*

61. Ramage, A. E., **Resick, P.**, Mintz, J., Peterson, A. L., & Fox, P. T. *Treatment effects on brain activity during emotional processing*.

62. **Resick, P.** *Beyond PTSD: Testing the breadth of trauma-focused therapy*.

63. **Resick, P.** *Biological factors associated with response to PTSD treatment*.

64. **Resick, P.** *Early life trauma and major depressive disorder: Effects on biological, neurological, and affective processes*.

65. **Resick, P.** *The many faces of PTSD: A comparison of active duty military personnel, veteran, and civilian PTSD suffers*.

66. Shnaider, P., Pukay-Martin, N. D., Fredman, S. J., **Macdonald, A.**, & Monson, C. M. *Partner outcomes and influences on patient outcomes in cognitive-behavioral conjoint therapy for PTSD*.

67. Taylor, D. J., Pruiksma, K. E., **Resick, P.**, **Wachen, J. S.**, Mintz, J., & Young-McCaughan, S. *Do baseline sleep disturbances predict response to PTSD treatments?*

68. Tuerk, P., Peterson, A. L., Rauch, S., McLean, C., Kumpula, M., **Resick, P.**, & Foa, E. B. *Psychological and physical health comorbidities in PTSD across trauma populations*.

69. **Valentine, G. W.**, O'Cleirigh, C., Pantalone, D., Kaysen, D., **Suvak, M.**, & **Shipherd, J.** *Sexual trauma and sexual risk: Approaches to understanding and treating sexual risk behavior among sexual violence survivors*.

70. Williamson, D. E., Young, K., Williams, C., **Resick, P.**, Foa, E. B., Peterson, A. L., & Borah, A. *Epigenetic correlates of PTSD and predictors of treatment response: Preliminary findings from the STRONG STAR research consortium*.

71. **Wiltsey-Stirman, S.** *Training clinicians in public sector mental health settings*.

72. **Wiltsey-Stirman, S.** *Use of learning communities for training in Cognitive Processing Therapy*.

73. **Wisco, B.**, **Gradus, J.**, **Suvak, M.**, **Marx, B.**, & **Resick, P.** *Treatment of posttraumatic stress disorder reduces suicidal ideation*.

INTERNATIONAL SOCIETY FOR TRAUMATIC STRESS STUDIES – PHILADELPHIA, PA, NOVEMBER 2013

74. Baker, A., Litwack, S., **Sloan, D.**, & Beck, J. G. *Driving behavior: Improvements in functional impairment due to trauma-focused treatment*.

75. Belsher, B., Fast, E., France, J., **Kuhn, E.**, **Prins, A.**, & Cueva, R. *Feasibility of an internet-based, brief telephone monitoring intervention for OEF/OIF veterans experiencing posttraumatic stress symptoms*.

76. Borah, E. V., **Resick, P.**, Mintz, J., Litz, B., Borah, A., Young-McCaughen, S., & Peterson, A. *The role of trait resilience and unit cohesion in PTSD treatment outcomes among active duty soldiers*.

77. **Carlson, E. B.**, Palmieri, P., Eisen, S., & **Vogt, D.** *Using risk factors to predict chronic mental health problems in veterans seeking primary care*.

78. **Carlson, E. B.**, **Ruzek, J.**, & Spain, D. *Development and initial validation of a risk factor screen for PTSD and depression*.

79. Chard, K. M., **Healy, E.**, Cogan, C. M., **Resick, P.**, & Hansel, J. E. *Dissemination of CPT in the VA: Where are we now?*

80. **Clark, J.**, **Gorman, K.**, **Rodriguez, P.**, **Chen, M. S.**, & **Marx, B.** *Quality of life indicators and their association with suicidal ideation among veterans*.

81. Cogan, C. M., **Healy, E.**, Chard, K. M., Ashton, S. A., & Hansel, J. E. *Evaluating the Cognitive Processing Therapy implementation program in the VA Healthcare System*.

82. **Dodson, T.**, **Bovin, M.**, **Marx, B.**, **Joos, C. M.**, **Gregor, K. L.**, & **Pineles, S. L.** *Self-blame as a mediator of tonic immobility and posttraumatic stress symptom severity.*

83. Eisen, S., Schultz, M., **Spiro, A.**, Smith, E., Osei-Bonsu, P., & Jette, A. *Development and validation of a computer-adapted test to facilitate routine assessment of PTSD treatment outcomes*.

84. **Gradus, J.**, Bozi, I., Svensson, E., Lash, T. L., **Resick, P.**, & Hansen, J. G. *Severe stress and adjustment disorder diagnoses in the population of Denmark*.

85. Grubbs, K., Fortney, J., Lunsford, A., Kimbrell, T., Pyne, J., Hudson, T., Robinson, D., Otero, J., Moore, W. M., Custer, P., Schneider, R., & **Schnurr, P. P.** *Influence of collaborative care on psychotherapy service utilization in VA community-based outpatient clinics (CBOCs)*.

86. **Gutner, C.**, **Suvak, M.**, & **Resick, P.** *Longitudinal course of anxiety sensitivity and PTSD symptoms in cognitive-behavioral therapies for PTSD*.

87. **Hamblen, J. L.**, **Bernardy, N. C.**, Sayer, N., Nelson, D., **Schnurr, P. P.**, & **Forshay, E.** *A brief educational intervention to improve TBI screening outcomes*.

88. **Hamblen, J. L.**, **Hermann, B. A.**, & **Merrick, C**. *Teaching trauma survivors about evidence-based treatments: Comparison of two modalities*.

89. **Han, S.**, **Chen, M. S.**, **Wisco, B.**, **Marx, B.**, **Holowka, D.**, Rosen, R., & **Keane, T.** *The relationships among traumatic brain injury, posttraumatic stress disorder, postdeployment social support, and suicidal behaviors in male and female Iraq and Afghanistan veterans*.

90. **Hermann, B. A.**, & **Hamblen, J. L.** *Disseminating best practices: An online provider course on the VA/DoD Clinical Practice Guideline for PTSD*.

91. **Hermann, B. A.**, Meyer, E. C., **Schnurr, P. P.**, Batten, S., & **Walser, R.** *Acceptance and Commitment Therapy for co-occurring PTSD/SUD: Manual development and pilot outcomes*.

92. **Hoffman, J.**, **Kuhn, E.**, Miner, A., Taylor, C. B., **Ramsey, K. M.**, & **Ruzek, J.** *PTSD Coach: Feasibility, usability, and perceived helpfulness of a mobile application for self-management of PTSD*.

93. **Hoffman, J.**, **Ramsey, K. M.**, Taylor, K. L., & Lavoie, C. *Development of mobile applications for PTSD and related conditions*.

94. **Iverson, K. M.**, Mercado, R., Carpenter, L., & **Street, A. E.** *Intimate partner violence among women veterans: Previous interpersonal trauma as a risk factor*.

95. **Jain, S.**, Hernandez, J., **Rosen, C.**, & Lindley, S. *The peer support program: An innovative clinical program for veterans with PTSD and substance use disorders living in rural California*.

96. **Japuntich, S.**, **Gregor, K. L.**, **Pineles, S. L.**, **Gradus, J.**, **Street, A. E.**, & **Rasmusson, A. M.** *The role of trauma exposure and PTSD symptoms in tobacco use behavior before, during and after military deployment*.

97. **Joos, C.**, **Japuntich, S.**, **Wright, J. D.**, & **Pineles, S. L.** *The importance of substance use assessment in trauma studies*.

98. **Keane, T.** *Recent findings on prolonged exposure treatment and its mechanisms*.

99. **Keane, T.**, **Marx, B.**, **Holowka, D.**, Litman, H., Fang, S., & Rosen, R. C. *Project VALOR: Design and preliminary results of a longitudinal veterans PTSD registry*.

100. **King, M. W.**, **Street, A. E.**, **Gradus, J.**, **Vogt, D.**, & **Resick, P.** *All symptoms were not created equal: An item response theory analysis of PTSD Checklist responses in a U.S. veteran sample*.

101. **Kuhn, E.**, & **Hoffman, J.** *Provider perceptions of a patient smartphone app for Prolonged Exposure therapy*.

102. **Kuhn, E.**, **Hoffman, J.**, Reger, G. M., **Eftekhari, A.**, **Crowley, J. J.**, **Ramsey, K. M.**, & **Ruzek, J.** *Provider perceptions of a patient smartphone app for prolonged exposure therapy*.

103. **Kulish, A.**, **Rodriguez, P.**, **Marx, B.**, Weathers, F., **Schnurr, P. P.**, & **Lunney, C.** *Patterns of functional impairment among veterans with full and subthreshold posttraumatic stress disorder*.

104. Larsen, J., **Wiltsey-Stirman, S.**, & **Resick, P.** *Symptom exacerbations in cognitive processing therapy for PTSD: Barrier to treatment?*

105. Litwack, S. D., Spofford, C., Unger, W., Beck, J. G., & **Sloan, D.** *Adapting group cognitive behavioral therapy (GCBT) for veterans diagnosed with PTSD: Pilot findings*.

106. **Marx, B.**, **Gallagher, M.**, Rubin, C., Feast, J., Azarbayejani, A., Pentland, S., & Place, S. *Reality analysis for psychological health monitoring and the Boston Marathon bombing*.

107. **Marx, B.**, **Holowka, D.**, **Kaloupek, D. G.**, & **Keane, T.** *Personality, warzone, and symptom predictors of post-military aggressive behavior reported by Vietnam veterans*.

108. **Matteo, R.**, **Hermann, B. A.**, **Hamblen, J. L.**, & **Merrick, C.** *Fostering resilience for trauma survivors using a web-based self-help resource: Evaluation of PTSD Coach Online*.

109. Matulis, S., **Resick, P.**, & Rosner, R. *Developmentally adapted Cognitive Processing Therapy for adolescents with PTSD after sexual or physical abuse – results of a pilot study*.

110. Mechanic, M., Griffin, M., Newton, G., & **Resick, P.** *The impact of intimate partner stalking on PTSD and psychophysiological reactivity in survivors of intimate partner violence*.

111. **Miller, M. W.**, **Wolf, E. J.**, Logue, M., & Baldwin, C. *The RORA gene, PTSD and fear-related comorbidity*.

112. **Mitchell, K.**, Aiello, A., Galea, S., Uddin, M., Wildman, D., & Koenen, K. C. *PTSD and obesity in the Detroit Neighborhood Health Study*.

113. **Nillni, Y. I.**, **Pineles, S. L.**, **Patton, S.**, Rouse, M. H., Sawyer, A. T., & **Rasmusson, A. M.** *The expression of psychological symptoms across the menstrual cycle in women with PTSD*.

114. **Norman, S. B.** *How to retain patients in evidence-based care*.

115. Palmieri, P. A., **Carlson, E. B.**, Eisen, S., & **Vogt, D.** *Predicting chronic mental health problems in military personnel following deployment*.

116. **Patton, S.**, **Dodson, T.**, **Nillni, Y. I.**, & **Pineles, S. L.** *Examining physiological non-response by way of avoidance and peritraumatic dissociation in a trauma exposed sample*.

117. **Pineles, S. L.**, **Nillni, Y. I.**, **Patton, S.**, **Resick, P.**, **Rasmusson, A. M.**, & Orr, S. P. *Menstrual cycle effects on conditioned fear acquisition in women with and without PTSD*.

118. **Pless-Kaiser, A.**, **Spiro, A.**, **Davison, E.**, & Stellman, J. *Vietnam-era women veterans: Use and satisfaction with VA healthcare*.

119. Pukay-Martin, N. D., **Macdonald, A.**, Wagner, A. C., Wanklyn, S. G., Fredman, S. J., & Monson, C. M. *Cognitive-behavioral conjoint therapy for posttraumatic stress disorder: Findings for psychological aggression*.

120. **Rasmusson, A. M.** *How sex and sex-related hormones may affect psychophysiological and psychological correlates of PTSD*.

121. **Rasmusson, A. M.**, **Pineles, S. L., & Scioli-Salter, E**. *A role for GABAergic and other neuroactive steroids in supporting resilience and recovery from extreme stress*.

122. **Resick, P.** *Augmentation of trauma-focused therapy: Can we improve outcomes?*

123. **Resick, P.** *CPT vs. PCT: Final results of an RCT with an active military sample*.

124. **Resick, P.**, **Suvak, M.**, Mintz, J., **Wachen, J. S.**, Borah, A., & Peterson, A. L. *The chicken and the egg: Do cognitions precede or follow change in PTSD?*

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126. **Rosen, C.**, Adler, E. P., & **Tiet, Q.** *Predictors of substance use lapses among veterans with PTSD*.

127. **Schnurr, P. P.** *Cohort profiles: Population-based studies of trauma and its aftermath*.

128. **Schnurr, P. P.**, Chow, B. K., **Suvak, M.**, **Macdonald, A.**, Monson, C. M., **Resick, P.**, & **Caudle, K. L.** *Effects of concurrent medication use on outcome in trials of psychotherapy for PTSD*..

129. **Schnurr, P. P.**, Lang, A., Raman, R., **Walser, R.**, Bolton, E., Benedek, D., **Norman, S. B.**, Sylvers, P., Flashman, L., Strauss, J., & Chard, K. A. *Randomized trial of Acceptance and Commitment Therapy (ACT) in OEF/OIF/OND veterans with PTSD*.

130. **Smith, B. N.**, **Vogt, D.**, **Wang, J.**, Vaughn, R. A., & **Di Leone, B.** *Deployment-related risk and resilience mechanisms for interpersonal reintegration difficulties in female and male veterans*.

131. **Southwick, S**. *Aging, trauma, and the life course: Risks and resiliencies*.

132. **Southwick, S.** *How 4 minutes can impact a community: Lessons learned from Newtown*.

133. **Southwick, S.** *Resilience as related to definition, theory & challenges*.

134. **Tiet, Q.**, **Nguyen, T.**, Aylward, A., Levya, Y. E., Koopman, C., & **Rosen, C.** *Challenges faced by VA substance use disorder and PTSD (SUD/PTSD) specialists*.

135. **Turchik, J. A.**, Rafie, S., **Makin-Byrd, K. N.**, **Rosen, C.**, & **Kimerling, R.** *Male veterans who have experienced military sexual trauma: Perceived barriers, provider gender preferences, and informational preferences*.

136. Tyzik, A. L., **Scioli-Salter, E. R.**, Forman, D. E., **Keane, T.**, Otis, J. D., Allsup, K., & **Rasmusson, A. M.** *Effects of a cardiopulmonary exercise stress (CPX) test on neurobiological and psychological factors of chronic pain and PTSD*.

137. **Wachen, J. S.**, Holder, N., Dondanville, K., **Resick, P.**, Litz, B., Mintz, J., Kitsmiller, E., & Borah, A. *Categorization of index event: Effects on PTSD symptom clusters and treatment outcome*.

138. **Walker, B. E.**, **Smith, B. N.**, & **Vogt, D.** *Not all uniform: Examining risk and resilience factors and postdeployment mental health across military branches*.

139. **Wells, S.**, **Smith, B. N.**, & **Vogt, D.** *Comparing OEF/OIF active duty and National Guard/Reservist personnel: The impact of mission-related and interpersonal stressors during deployment on postdeployment PTSD symptoms*.

140. **Whealin, J.**, Nelson, D., Kawasaki, M., & Tatekawa-Chen, J. *Family members' perspectives on the impact of community support on rural veterans*.

141. **Wiltsey-Stirman, S.**, **Gutner, C.**, Dick, A. M., Meisel, S., DeVito, A., **Gamarra, J.**, & **Davison, E.** *Who receives evidence-based psychotherapies? Characteristics of female veterans from a practice setting*.

142. **Wisco, B.**, **Gradus, J.**, **Suvak, M.**, **Marx, B.**, & **Resick, P.** *Trauma-focused treatment reduces suicidal ideation*.

143. **Wolf, E. J.** *The genetics of posttraumatic psychopathology*.

144. **Wolf, E. J.**, **Rasmusson, A. M.**, **Mitchell, K.**, Logue, M., & **Miller, M. W.** *The dissociative subtype of PTSD: A genome-wide association study*.

145. **Woodward, S. H.**, Shurick, A. A., & Gross, J. J. *A laboratory test of explicit emotion regulation in OEF/OIF veterans with PTSD*.

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146. Creech, S., **Iverson, K. M.**, & **Street, A**. *Sexual revictimization and PTSD symptoms in women veterans presenting to primary care*.

147. Creech, S., Swift, R., **Street, A. E.**, Zlotnick, C., & **Taft, C**. *Deployment stressors, mental health and family functioning among OEF/OIF/OND women veterans*.

148. Gerber, M., **King, M. W.**, **Pineles, S. L.**, **Iverson, K. M.**, & Haskell, S. *Associations between mental health burden, smoking and cardiovascular disease in women veterans over 45*.

149. **Gradus, J.**, **Iverson, K. M.**, **Wisco, B.**, **Marx, B.**, & **Street, A. E.** *Differential associations between deployment-related TBI and suicidal ideation among female and male OEF/OIF veterans*.

150. **Iverson, K. M.**, & Pogoda, T. *Traumatic brain injury among women veterans: An invisible wound of intimate partner violence*.

151. **Iverson, K. M.**, **King, M. W.**, Gerber, M., **Kimerling, R.**, **Resick, P.**, **Street, A. E.**, & **Vogt, D.** *Accuracy of an intimate partner violence screening tool for female VHA patients: A replication and extension*.

152. **Karpenko, J. A.**, Greene, L., **Pavao, J.**, **Rodriguez, A.**, **Turchik, J. A.**, **Makin-Byrd, K. N.**, & **Kimerling, R.** *Lesbian and bisexual women veterans in VA: Mental health status and VA mental health care utilization*.

153. **Kimerling, R.**, **Pavao, J.**, Greene, L., **Karpenko, J. A.**, **Rodriguez, A.**, Saweikis, M., **Wong, A. C.**, & Washington, D. L. *Access to mental health care among women veterans: Are we meeting women's needs?*

154. **Makin-Byrd, K. N.**, Greene, L., **Rodriguez, A.**, **Cloitre, M.**, **Pavao, J.**, & **Kimerling, R.** *Serving veterans who are mothers: Differences in mental health needs, utilization of services, and perceptions of care between parents and non-parents*.

155. Marsiglio, M., & **Iverson, K. M.** *Intimate partner violence and mental health symptoms among women veterans: The role of partners' military service status*.

156. **Mitchell, K.**, **Rasmusson, A. M.**, Bartlett, B., & Gerber, M. R. *Eating disorders and associated mental health comorbidities in female veterans*.

157. **Pavao, J.**, **Makin-Byrd, K. N.**, **Turchik, J. A.**, **Karpenko, J. A.**, Greene, L., Saweikis, M., **Rodriguez, A.**, & **Kimerling, R.** *Prevalence of intimate partner violence and association with mental health symptoms and life stressors among women veterans*.

158. Pomernacki, A., Carney, D., **Kimerling, R.**, Bastian, L., Bean-Mayberry, B., Blakeney, J., Strehlow, H., Goldstein, K., Martin, B., Sadler, A., Yano, E. M., Yosef, J., & Frayne, S. M. *Conducting the first VA Women's Health Practice-Based Research Network study: Lessons from the field*.

159. **Schnurr, P. P.** *U.S. VA and DoD Research: Opportunities for collaboration and recommendations for success*.

160. Shaw, J. G., Asch, S. M., **Kimerling, R.**, Shaw, K. A., & Phibbs, C. S. *Posttraumatic stress disorder, military sexual trauma and preterm birth*.

161. **Nillni, Y. I.**, **Gradus, J.**, **Gutner, C.**, Luciano, M., **Shipherd, J.**, & **Street, A. E.** *Deployment stressors and physical health among OEF/OIF veterans: The role of PTSD*.

162. Shaw, J. G., Asch, S. M., **Kimerling, R.**, Shaw, K. A., & Phibbs, C. S. *PTSD and antepartum complications: Increased risk of gestational diabetes and preeclampsia*.

163. **Street, A. E.**, Reinhardt, K. M., **Foynes, M. M.**, **Luciano, M. T.**, Matza, A. R., & Freyd, J. J. *Characteristics of sexual trauma that occurs in military settings: Qualitative data from military sexual trauma survivors*.

164. **Vogt, D.**, Fox, A. B., & Meyer, E. C. *Gender differences in attitudinal barriers to and facilitators of mental health care and their impact on VA service use*.

165. **Vogt, D.,** Fox, A. B., Hamilton, A. B., Bean-Mayberry, B., Blakeney, J., Carney, D., Di Leone, B., Gierisch, J., Goldstein, K., Pomernacki, A., Romodan, Y., Sadler, A., Strehlow, H., **Wiltsey-Stirman, S.**, Yano, E. M., Yee, E. F., Yosef, J., & Frayne S. *Implementation of a gender sensitivity training for VHA employees using an EBQI approach*.

166. Washington, D. L., **Kimerling, R.**, & Yano, E. M. *Sexual assault of women in the U.S. military - Population-based prevalence and health consequences from the National Survey of Women Veterans*.

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167. **Bernardy, N. C.** (2014, June). *Gender differences in prescribing among veterans diagnosed with posttraumatic stress disorder*. Department of Veterans Affairs Health Services Research & Development Spotlight on Women's Health Cyberseminar Series, Webinar.

168. **Fordiani, J.**, **Matza, A.**, **Medoff, N.**, & **Shipherd, J.** (2013, December). *Gender comparisons of physical and psychological health in active duty Army Soldiers*. Boston University Medical School and VA Boston Joining Forces TBI/PTSD Conference, Boston, MA.

169. **Iverson, K. M.** (2014, April). *Addressing intimate partner violence among women in VHA: Toward a comprehensive response*. Department of Veterans Affairs Office of Research and Development, Washington, DC.

170. **Karpenko, J. A.**, Greene, L., **Pavao, J.**, **Rodriguez, A.**, **Turchik, J. A.**, **Makin-Byrd, K. N.**, & **Kimerling, R.** (2014, August). *Lesbian and bisexual women veterans in VA: Mental health status and VA mental health care utilization*. Center for Innovation to Implementation, National Center for PTSD, and Health Economics Resource Center Health Services Research Conference, Menlo Park, CA.

171. **LaMotte, A.**, Massa, A., **Taft, C.**, **Weatherill, R.**, **Scott, J. C.**, & Eckhardt, C. I. (2013, December). *Investigating discrepancies in intimate partner aggression reporting among returning veterans and their partners*. Boston University Medical School and VA Boston Joining Forces TBI/PTSD Conference, Boston, MA.

172. Mignogna, J., **Mott, J.**, Hundt, N., Barrera, T., Reynolds-Miles, S., Yu, H., Sansgiry, S., Kunik, M., & Cully, J. (2014, May). *Patient pathways to psychotherapy following diagnosis of depression in integrated primary care clinics*. VA Psychology Leadership Conference, San Antonio, TX.

173. **Miller, M. W.** (2013, December). *Genetics of PTSD and related dimensions of psychopathology*. Boston University Medical School and VA Boston Joining Forces TBI/PTSD Conference, Boston, MA.

174. **Vasterling, J.** (2014, June). *The interface between PTSD and TBI*. National Association for VA Physicians and Dentists, Washington, DC.

175. **Vasterling, J.** (2014, May). *Differentiating the long-term consequences of TBI and psychological trauma: When and why does it matter?* Department of Veterans Affairs Health Services Research & Development Cyberseminar Series, Webinar.

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176. **Abdallah, C.** (2013, November). *In vivo in humans: Interrogation of the glutamatergic synapse*. Molecular Psychiatry Meeting, San Francisco, CA.

177. **Abdallah, C.**, Jackowski, A., Salas, R., Gupta, S., Sato, J. R., Chang, L. C., Mao, X., Coplan, J. D., Shungu, D. C., & Mathew, S. J. (2013, December). *Ketamine reduces left nucleus accumbens volume within 24 H of treatment of major depressive disorder patients*. American College of Neuropsychopharmacology, Hollywood, FL.

178. **Abdallah, C.**, Jackowski, A., Sato, J. R., Mao, X., Kang, G., Cheema, R., Coplan, J. D., Mathew, S. J., & Shungu, D. C. (2013, October). *Prefrontal GABA abnormalities are associated with reduced hippocampal volume In major depressive disorder*. The International Society for CNS Clinical Trials and Methodology, Philadelphia, PA.

179. **Averill, L.**, DellaGioia, N., Trejo, M., Williams, W., **Pietrzak, R. H.**, Anticevic, A., Rothman, D. L., **Krystal, J.**, **Sanacora, G.**, **Esterlis, I.**, & **Abdallah, C.** (2014, June). *Examining the pro-cognitive effects of ketamine and underlying neurocircuitry in subjects with MDD as assessed by fMRI and neuropsychological testing*. American Society of Clinical Psychopharmacology, Hollywood, FL.

180. **Babson, K. A.**, Vandrey, R. G., & **Bonn-Miller, M.** (2014, June). *Using cannabis to help you sleep: Heightened frequency of medical cannabis use among those with PTSD*. Associated Professional Sleep Societies, LLC, Minneapolis, MN.

181. **Bonn-Miller, M.**, **Babson, K. A.**, & Vandrey, R. G. (2014, April). *The roles of trauma and sleep in terms of medicinal cannabis use*. Society of Behavioral Medicine, Philadelphia, PA.

182. Boswell, J. F., & **Gallagher, M.** (2014, June). *Patient characteristics and variability in adherence and competence in cognitive-behavioral therapy for panic disorder*. Society for Psychotherapy Research Conference, Copenhagen, Denmark.

183. Boswell, J. F., Sauer-Zavala, S. E., **Gallagher, M.**, & Barlow, D. H. (2013, October). *The role of negative affectivity and negative reactivity to emotions in predicting outcomes in the Unified Protocol*. North American Society for Psychotherapy Research Conference, Memphis, TN.

184. Bui, L., Howard, D. T., **Heinz, A. J.**, & Blonigen, D. M. (2014, May). *Impulsivity and cognitive functioning predict coping and self-efficacy among substance abuse patients*. Association for Psychological Science, San Francisco, CA.

185. Busch, R. F., Fesharaki, A., Tang, C., Lu, D., **Abdallah, C.**, Jackowski, A. P., Mathew, S. J., & Coplan, J. D. (2014, May). *Early life stress associated with increased caudate nucleus NAA CSF CRF and hippocampal volume correlates*. Society of Biological Psychiatry, New York, NY.

186. **Carlson, E. B.** (2014, March). *Progress in the conceptualization and assessment of dissociation and its relation to posttraumatic disorders*. European Society for Trauma and Dissociation, Copenhagen, Denmark.

187. Cauterucio, C., Trau, J., Rundio, C., & **Drescher, K.** *Qualitative chaplain perspectives on moral injury*.

188. Currier, J. M., **Drescher, K.**, & Holland, J. M. *Spirituality, forgiveness, and quality of life among veterans with PTSD: Testing an initial meditational model*.

189. **Di Leone, B.**, **Wang, J.**, Kressin, N., & **Vogt, D.** (2014, February). *Prototypical experiences as a cue to collective identify for recently deployed veterans*. Society of Personality and Social Psychology, Austin, TX.

190. Dinh, J., **Walser, R.**, Best, S., **Cloitre, M.**, & **McCaslin, S. E.** (2014, March). *Self-compassion is associated with emotional stress and perceived health-related functioning in veterans*. American Psychosomatic Society, San Francisco, CA.

191. **Drescher, K.**, Currier, J. M., & Nieuwsma, J. *Chaplain views of suffering and professional quality of Life*.

192. **Duman, R.** (2014). *Neurobiology of stress, depression, and antidepressants: Remodeling synaptic connections*. Department of Neurobiology and Behavior, Stony Brook University, Stony Brook, NY.

193. **Esterlis, I.**, Dellagioia, N., **Sanacora, G.**, Nabulsi, N., **Abdallah, C.**, Yang, J., **Krystal, J.**, Parsey, R., Carson, R., & DeLorenzo, C. (2014, May). *Ketamine-induced changes in [11C]ABP688 binding in healthy and depressed human subjects*. Society of Biological Psychiatry, New York, NY.

194. **Fichtenholtz, H. M.**, Russell, B. A. H., & **Morgan, C. A.** (2014, May). *Impact of acute stress on multichannel social-emotional attentional orienting*. Society of Biological Psychiatry, New York, NY.

195. Fox-Galalis, A. B., & **Vogt, D.** (2014, February). *Latent profile analysis of anticipated stigma and mental health beliefs in OEF/OIF veterans*. Society of Personality and Social Psychology, Austin, TX.

196. **Gelernter, J.** (2013, October). *Genomewide associations study identifies TLL1 as a PTSD locus*. World Congress of Psychiatric Genetics, Boston, MA.

197. **Gelernter, J.** (2013, October). *GWAS of alcohol dependence traits in three populations*. World Congress of Psychiatric Genetics, Boston, MA.

198. **Gelernter, J.** (2014, April). *Addictive behaviors & the link to genetics*. Long Wharf Theater, Global Health & the Arts, Tobacco & Addiction, New Haven, CT.

199. **Gelernter, J.** (2014, April). *PTSD and genetics: GxE and GWAS PTSD studies*. Conference on Amygdala, Stress, and PTSD: Bench to Bedside, Uniformed Services University, Bethesda, MD.

200. **Gelernter, J.** (2014, April). *Substance dependence GWAS finding – Similarities and differences by trait*. Human Genome Meeting, Geneva, Switzerland.

201. **Gelernter, J.** (2014, January). *Genetics of alcohol and nicotine dependence*. Chulalongkorn Faculty of Medicine, Bangkok, Thailand.

202. **Gelernter, J.** (2014, June). *Genetics of alcohol dependence: Advancing from candidate genes to genomewide approaches*. Research Society on Alcoholism/International Society for Biomedical Research on Alcoholism, Seattle, Washington.

203. **Gelernter, J.** (2014, June). *GWAS of alcohol dependence traits in American populations*. Research Society on Alcoholism/International Society for Biomedical Research on Alcoholism, Seattle, Washington.

204. Gopinath, S., **Abdallah, C.**, Mao, X., Shungu, D. C., Mathew, S. J., & Coplan, J. D. (2014, May). *Conceptualizing the neurobiology of GAD using 1H-MRSI: Aberrant neurochemical connectivity of hippocampus and DLPFC, which predicts worry and IQ*. Society of Biological Psychiatry, New York, NY.

205. **Gradus, J.**, Leatherman, S., Raju, S., Ferguson, R. E., & **Miller, M.** (2014, June). *Posttraumatic stress disorder, depression and intentional self-harm among Massachusetts veterans*. Society for Epidemiologic Research, Seattle, WA.

206. **Graham, B. C.**, **Ruzek, J.**, & Lee, J. E. (2014, May). *Individual and organizational factors in the dissemination and implementation of skills following an online training*. Midwestern Psychological Association Annual Meeting, Chicago, IL.

207. **Harpaz-Rotem, I.** (2014, June). *Mental health seeking behavior and retention among American soldiers returning from the conflict in Iraq and Afghanistan*. Society for Psychotherapy Research Meeting, Copenhagen, Denmark.

208. **Heinz, A. J.**, Schultz, N. R., **Makin-Byrd, K. N.**, Blonigen, D. M., & Timko, C. (2014, May). *Posttraumatic stress, impulsivity and aggressive behavior among substance use disorder treatment patients*. Association for Psychological Science, San Francisco, CA.

209. Himmerich, S., **Hendricks, B. A.**, Myers, U., & **Norman, S. B.** (2014, May). *Reintegration and mental health issues of student veterans*. Society for the Study of Psychiatry and Culture, San Diego, CA.

210. Holland, J. M., Currier, J. M., & **Drescher, K.** *The role of spiritual factors in predicting outcomes in a residential PTSD treatment program for military veterans*.

211. Irons, J. G., **Heinz, A. J.**, **Babson, K. A.**, **Boden, M. T.**, Feldner, M. T., & **Bonn-Miller, M.** (2014, April). *Development and evidence for a caffeine motives questionnaire*. Society of Behavioral Medicine, Philadelphia, PA.

212. **Kachadourian, L.**, Ralevski, E., O'Brian, E., Jane, J. S., & **Petrakis, I.** (2014, June). *Hostility, alcohol use, and PTSD hyperarousal symptoms among treatment seeking military veterans*. Research Society on Alcoholism Scientific Meeting, Bellevue, WA.

213. **Keane, T.** (2013, November). *PTSD among military personnel and veterans*. Massachusetts Psychological Association, Worcester, MA.

214. **Keane, T.** (2013, November). *War's impact on individuals and their families: A clinical and research agenda*. Massachusetts Psychological Association, Worcester, MA.

215. **Kimerling, R.**, Pomernacki, A., Carney, D., Bastian, L., Bean-Mayberry, B., Blakeney, J., Strehlow, H., Goldstein, K., Martin, B., Sadler, A., Yano, E. M., Yosef, J., & Frayne, S. M. (2014, June). *Conducting the first VA women's health Practice-Based Research Network study: Lessons from the field*. North American Primary Research Group Practice-Based Research Network Conference, Bethesda, MD.

216. **King, D. W.**, & **King, L. A.** (2014, March). *Positive adjustment among American repatriated prisoners of the Vietnam War: Modeling the long-term effects of captivity*. Columbia University Epidemiology Grand Rounds, New York, NY.

217. **Knight, J. A.**, Bogdanova, Y., Martin, P. I., Ho, M. D., Krengel, M. H., Yee, M. K., Ho, V. T., Hamblin, M. R., & Naeser, M. A. (2014, June). *LED therapy to improve sleep and cognition in traumatic brain injury: Pilot study*. Annual Science Symposium of the Massachusetts Neuropsychological Society, Boston, MA.

218. **Krystal, J.** (2014, April). *Rapid-acting glutamatergic antidepressants: The path to ketamine and beyond*. New York Academy of Sciences Symposium, Translational Neuroscience in Psychiatry: Light at the End of the Tunnel, New York, NY.

219. **Krystal, J.** (2014, May). *Advances in pharmacotherapy for PTSD*. American Psychiatric Association, New York, NY.

220. McBain, S., Dubois, R., Garneau-Fournier, J., **Bucossi, M. M.**, **Kimerling, R.**, & **Turchik, J. A.** (2014, May). *Perceived barriers to care and gender preferences among veteran women who have experienced military sexual trauma: A qualitative analysis*. Association for Psychological Science, San Francisco, CA.

221. McCormick, W. H., Bratina, J. C., Currier, J. M., & **Drescher, K.** *Spiritual coping and changes in spirituality in recovery from combat-related PTSD: A preliminary qualitative study*.

222. Mercado, R. C., **Wiltsey-Stirman, S.**, & **Iverson, K. M.** (2014, May). *Impact of childhood abuse on physical and mental health and health care utilization among female veterans*. American Psychiatric Association, New York, NY.

223. **Mitchell, K.**, Koenen, K. C., Flint, A., Rimm, E. B., & Field, A. E. (2014, March). *Genetic associations with food addiction, disinhibited eating, and binge eating*. Academy for Eating Disorders International Conference, New York, NY.

224. **Mitchell, K.**, **Wolf, E. J.**, Solovieff, N., Roberts, A. L., King, A. P., Liberson, I., Galea, S., Uddin, M., Wildman, D., Smoller, J. W., & Koenen, K. C. (2013, October). *Association of lifetime PTSD with IL-18 single nucleotide polymorphisms in European and African American women*. World Congress of Psychiatric Genetics, Boston, MA.

225. **Morland, L. A.** (2013, October). *Using technology for evidence-based PTSD care: Updates & future directions*. University of Hawaii Department of Psychiatry Grand Rounds, Honolulu, HI.

226. Nelson, D. D., **Whealin, J.**, Bozik-Lyman, S., Stotzer, R., & Hilmes, T. S. (2014, June). *Barriers to mental health care among ethno-racially diverse OEF/OIF veterans*. American Psychological Association Division 45 Research Conference, Eugene, OR.

227. **Petrakis, I.** (2014, June). *Neuroendocrine mechanisms of stress and addiction: Pharmacotherapy for PTSD and substance abuse among veterans*. Research Society on Alcoholism, Bellevue, WA.

228. **Rasmusson, A. M.** (2014, April). *Neuroactive steroids in PTSD and comorbid psychiatric and medical conditions: Implications for treatment*. Inaugural Neurosteroid Congress at Duke University, Durham, NC.

229. **Rasmusson, A. M.**, & Marx, C. (2014, May). *Biomarkers and the neurobiology of PTSD: Implications for PTSD risk and individualized therapeutics*. University of Texas Health Science Center at San Antonio Psychiatry Grand Rounds, San Antonio, TX.

230. Ruderman, L., Ehrlich, D. B., **Harpaz-Rotem, I.**, & **Levy, I.** (2014, September). *Decision making under uncertainty in posttraumatic stress disorder*. Society for Neuroeconomics, Miami, FL.

231. **Samimi Sadeh, N.**, & McNiel, D. E. (2014, March). *Posttraumatic stress disorder increases risk for criminal recidivism in justice-involved adults with mental disorders*. American Psychology-Law Society, New Orleans, LA.

232. **Sanacora, G.** (2013, November). *Using a pathophysiological model to guide antidepressant drug development*. Scientific and Medical Research Topics Program, Takeda, Chicago IL.

233. **Sanacora, G.** (2013, October). *New development major depressive disorder and translating neuroscience discoveries to clinical practice*. United States Psychiatric and Mental Health Congress, Las Vegas, NV.

234. **Sanacora, G.** (2013, October). *Targeting glutamatergic plasticity to develop novel, improved treatments for depression*. American Society of Clinical Pharmacology, New York, NY.

235. **Sanacora, G.** (2013, October). *Targeting glutamatergic transmission in the development of novel therapeutics for mood and anxiety disorders*. European College of Neuropsychopharmacology, Barcelona, Spain.

236. **Sanacora, G.** (2014, January). *Ketamine and glutamate neurotransmission*. Canadian Network for Mood and Anxiety Treatments Meeting Mood & Brain: Molecular Markers, Neuroimaging, Toronto, CA.

237. **Sanacora, G.** (2014, January). *Update on the treatment of major depressive disorder for the primary care physician*. Clinical Science Lecture Series, New London, CT.

238. **Sanacora, G.** (2014, July). *Abnormal glutamatergic gliotransmission in depression, anxiety and stress-related disorders*. Neuroscience School of Advanced Studies, Bressanone, Italy.

239. **Sanacora, G.** (2014, July). *GLT1 modulation of chronic stress response in rodent models*. Federation of European Neuroscience Societies-Satellite, Milan, Italy.

240. **Sanacora, G.** (2014, June). *A review of pre-clinical data" Workshop: Novel mechanisms of action for the treatment of depression and anxiety*. American Society for Clinical Psychopharmacology/New Clinical Drug Evaluation Unit meeting, Hollywood, FL.

241. **Sanacora, G.** (2014, March). *Ketamine and the promise of novel rapidly acting antidepressant treatments*. Annual Eliahu Youdim Memorial lecturer, Jerusalem, Israel.

242. **Sanacora, G.** (2014, May). *Glutamate clearance related to stress sensitivity and resiliency in rodent models*. Society for Biological Psychiatry, New York, NY.

243. **Sanacora, G.** (2014, September). *Rapid acting treatments for depression*. Davis Conference on Psychotic Disorders, Sacramento, CA.

244. **Sanacora, G.** (2014, September). *Rapid-acting antidepressants: Ready for prime time*. United States Psychiatric and Mental Health Congress, Orlando, FL.

245. **Schnurr, P. P.** (2014, June). *The National Center for PTSD*. Institute of Medicine Committee to Evaluate the Department of Veterans Affairs Mental Health Services, Washington, DC.

246. **Schnurr, P. P.** (2014, May). *Military sexual trauma in women veterans: Advances in understanding biological mechanisms, biomarkers, diagnosis, prevention, and treatment*. American Psychiatric Association, New York, NY.

247. **Smith, B. N.**, Koucky, E. M., Neylan, T., & Cohen, B. E. (2014, March). *Effect of PTSD on psychosocial and functional outcomes in younger versus older veterans: Findings from the Mind Your Heart Study*. American Psychosomatic Society, San Francisco, CA.

248. **Southwick, S.** (2013, November). *Posttraumatic stress disorder and the unforgettable past*. Promedica Conference, Toledo, OH.

249. **Southwick, S.** (2013, November). *Resilience: Scientific foundations and implications for clinical practice*. Promedica Conference, Toledo, OH.

250. **Southwick, S.** (2014, June). *Impact of community resilience on Individual resilience*. Rockefeller Foundation Conference on Measurement, Assessment, and Profiling Methods, Bellagio, Italy.

251. **Southwick, S.** (2014, May). *How meaning and purpose enhances resilience*. The Future of Logotherapy, Vienna, Austria.

252. Spandoni, A., Strigo, I., **Norman, S. B.**, & Simmons, A. (2013, November). *Neural biomarkers of treatment response in combat trauma*. Society for Neuroscience Conference, San Diego, CA.

253. **Spiro, A.**, & **Davison, E.** (2013, November). *From LOSS to LATR: Reevaluating the impact of early-life trauma in later life*. Gerontological Society of America, New Orleans, LA.

254. Steele, B., Colvonen, P., Robison, C., Blanes, E., & **Norman, S. B.** (2014, May). *Examining the relationship between shame and reintegration in OEF/OIF/OND veterans: Exploring differences by race*. Society for the Study of Psychiatry and Culture, San Diego, CA.

255. Stellman, J. M., **Pless Kaiser, A.**, & **Spiro, A.** (2013, November). *Career military service, family structure and well-being among aging women of the Vietnam War*. Gerontological Society, New Orleans, LA.

256. **Street, A. E.** (2014, April). *Trauma-informed care for women veterans: Lessons learned through research and clinical care*. Society for General Internal Medicine, San Diego, CA.

257. **Taft, C.** (2013, November). *Therapeutic alliance and treatment of men who use violence*. Nordic Conference of Violence Treatment, Oslo, Norway.

258. **Taft, C.** (2013, November). *Trauma, PTSD, and violent behavior*. Nordic Conference of Violence Treatment, Oslo, Norway.

259. **Taft, C.**, **Creech, S.**, Massa, A., **Macdonald, A.**, Murphy, C., & Monson, C. (2014, July). *Strength at Home programs to prevent and treat IPV in veterans*. International Family Violence and Child Victimization Research Conference, Portsmouth, NH.

260. **Vogt, D.** (2013, October). *Family-related risk and resilience factors during deployment and OEF/OIF veterans' postdeployment mental health*. Military Family Research Institute Colloquium Series, Purdue University, Indianapolis, IN.

261. **Whealin, J.**, Yoneda, A. C., Hilmes, T. S., Nelson, D., & Kawasaki, M. M. (2014, June). *Culturally adapting a family intervention for rural Pacific Island veterans*. American Psychological Association Division 45 Research Conference, Eugene, OR.

262. **Wisco, B.**, **Marx, B.**, **Sloan, D.**, & **Pineles, S. L.** (2014, September). *Rumination and emotional reactivity to trauma memories in veterans with PTSD*. Society for Research in Psychopathology, Evanston, IL.

263. **Wolf, E. J.**, **Rasmusson, A. M.**, **Mitchell, K.**, Logue, M., & **Miller, M. W.** (2013, October). *A genome-wide association study of the symptoms that define the dissociative subtype of posttraumatic stress disorder*. World Congress of Psychiatric Genetics, Boston, MA.

APPENDIX F. FISCAL YEAR 2014 EDITORIAL BOARD ACTIVITIES

Addiction
Bonn-Miller (Assistant Editor)

Addictive Behaviors
Bonn-Miller (Assistant Editor)

Administration and Policy in Mental Health Services and Mental Health Services Research
Wiltsey-Stirman

American Journal of Medical Genetics, Part B
Gelernter

Asian Biomedicine (Research Reviews and News)
Gelernter

Behavior Therapy
Sloan (Associate Editor); Wolf

Behaviour Research and Therapy
Ruzek; Sloan (Consulting Editor)

Biological Psychiatry
Duman; Gelernter; Krystal; Sanacora

Clinical Case Studies
Marx (Consulting Editor)

Clinical Psychology: Science and Practice
Shipherd (Guest Editor)

CNS Spectrums
Sanacora

Cognitive and Behavioral Practice
Shipherd

Community Mental Health Journal
Harpaz-Rotem

Critical Reviews in Neurobiology
Duman (Editorial Advisory Board)

Disaster Health
Watson (Editor)

European Journal of PsychoTraumatology
Cloitre (Associate Editor)

International Journal of Emergency Mental Health
Keane (Consulting Editor)

Journal of Abnormal Psychology
Miller (Consulting Editor); Sloan (Consulting Editor); Taft (Consulting Editor); Wolf (Consulting Editor)

Journal of Addiction
Tiet

Journal of Anxiety Disorders
Keane (Consulting Editor); Ruzek

Journal of Child and Family Studies
Tiet

Journal of Clinical Psychology
Sloan (Consulting Editor)

Journal of Consulting and Clinical Psychology
Marx (Consulting Editor); Resick (Associate Editor); Taft (Consulting Editor)

Journal of Contemporary Psychotherapy
Sloan (Consulting Editor)

Journal of Depression and Anxiety
Tiet

Journal of Family Psychology
Taft (Consulting Editor)

Journal of Family Violence
Taft (Consulting Editor)

Journal of Interpersonal Violence
Keane (Consulting Editor)

Journal of Neurochemistry
Duman (Handling Editor)

Journal of Rehabilitation Research and Development
Bernardy (Associate Editor); Harpaz-Rotem

Journal of the International Neuropsychological Society
Vasterling (Consulting Editor)

Journal of Trauma and Dissociation
Carlson; Marx (Consulting Editor)

Journal of Trauma Practice
Keane (Consulting Editor)

Journal of Traumatic Stress
Schnurr (interim Editor-in-Chief); Miller (Associate Editor); Rosen; Street; Wolf (Editorial Advisory Board)

LGBT Health
Shipherd

Mental Health Services and Administration and Policy in Mental Health
Hoff

Military Behavioral Health
Spira

Molecular Pharmacology
Duman

Neuropharmacology
Duman

Neuropsychology
Hayes (Consulting Editor)

Neuropsychopharmacology
Duman (Associate Editor); Gelernter (Associate Editor); Sanacora

Partner Abuse
Taft (Consulting Editor)

Psychiatric Genetics
Gelernter

Psychological Trauma
Carlson; Marx (Consulting Editor)

Psychological Trauma: Theory, Research, Practice and Policy
Keane (Consulting Editor); Miller (Consulting Editor); Ruzek; King, D (Associate Editor); Taft (Associate Editor); Vogt; Wolf (Consulting Editor)

Psychology of Addictive Behaviors
Bonn-Miller (Consulting Editor)

Psychopharmacology
Duman (Editorial Board and Advisory Editor)

Psychosomatic Medicine
Sloan (Consulting Editor)

The Behavior Therapist
Wiltsey-Stirman (Associate Editor)

Trauma, Abuse, and Violence
Keane (Consulting Editor)

APPENDIX G. FISCAL YEAR 2014 EDUCATIONAL PRESENTATIONS

AMERICAN PSYCHOLOGICAL ASSOCIATION – WASHINGTON, DC, AUGUST 2014

1. **Knight, J. A.** *Traumatic brain injury and PTSD*.
2. **Shipherd, J.** *Transgender veterans and the VA Healthcare System*.
3. **Shipherd, J.**, & Kauth, M. *VHA transgender and LGBT initiatives and services*.
4. **Shipherd, J.**, & Kauth, M. *LGBT veteran care is coming out of the closet*.

INTERNATIONAL SOCIETY FOR TRAUMATIC STRESS STUDIES – PHILADELPHIA, PA, NOVEMBER 2013

5. **Keane, T.** *Responding to the Boston marathon bombing*.
6. **McCaslin, S. E.**, **Ruzek, J.**, Kemp, J., & Batten, S. *Getting the word out: Enhancing the care of veterans with PTSD through the community provider online toolkit*.
7. **Resick, P.** *Narrow focus, wide effects: Beyond PTSD symptom reduction in trauma-focused therapy*.
8. **Ruzek, J., Drescher, K., Landes, S., McCaslin, S., Prins, A., Spangler, S., Swales, P.,** Weaver, C., **& Young, B.** *Online toolkits: Web-based dissemination and PTSD provider support*.
9. **Schnurr, P. P.**, **Friedman, M. J.**, Weathers, F. W., & **Marx, B.** *Assessing PTSD according to DSM-5*.
10. **Schnurr, P. P.**, **Keane, T.**, **Krystal, J.**, Kilpatrick, D., & Ursano, R. J**.** *Special session in honor of Dr. Matthew Friedman*.
11. **Walser, R.** *Acceptance and Commitment Therapy: Mindfulness and compassion in the treatment of PTSD*.
12. **Watson, P.** *New evidence-supported approaches to first responder behavioral health: Implementing NFFF Firefighter Life Safety Initiative 13*.
13. **Watson, P.** *New approaches to first responder behavioral health: The National Fallen Firefighter Foundation Life Safety Initiative 13*.
14. **Watson, P.** *Psychological First Aid: Keeping providers' skills up*.

OTHER

15. **Bernardy, N. C.** (2014, September). *Responsible prescribing for posttraumatic stress disorder*. New England Rural Health Conference, Westford, MA.
16. **Cloitre, M.** (2014, January). *STAIR Narrative Therapy for veterans*. VA National Center for PTSD Consultation Program Lecture Series, Webinar.
17. **Duman, R.** (2014, September). *Neurobiology of stress, depression, and antidepressants: Remodeling synaptic connections*. Tufts Department of Psychiatry Grand Rounds, Boston, MA.
18. **Friedman, M. J.** (2013, December). *PTSD: Looking beyond DSM-5.*VA National Center for PTSD Psychopharmacology Best Practices Lecture Series, Webinar
19. **Gelernter, J.** (2013, December). *Genomewide association studies of substance dependence traits - progress in identifying relevant genes and pathways*. Department of Psychiatry Grand Rounds, Columbia University College of Physicians and Surgeons, New York, NY.
20. **Gelernter, J.** (2014, March). *Genetics of substance dependence… up to GWAS*. Department of Psychiatry Substance Abuse Epidemiology Seminar, Columbia University, New York, NY.
21. **Gelernter, J.** (2014, May). *Mapping substance dependence risk genes using GWAS*. Department of Psychiatry, National Taiwan University Hospital, Taipei, Taiwan.
22. **Gradus, J. (**2014, May). *Sexual trauma and suicide*. VA Office of Mental Health Services Military Sexual Trauma Support Team Teleconference Training Series, Boston, MA.
23. **Gradus, J.** (2014, September). *Psychiatric epidemiology*. Department of Clinical Epidemiology Seminar Series, Aarhus University, Aarhus, Denmark.
24. Casey, R., & **Guthrie, K. A.** (2013, *November). PTSD and veteran homelessness: Implications for case management and treatment*. VA National Center for PTSD Consultation Program Lecture Series, Webinar.
25. Hart, T., Pachankis, J., Pantalone, D., O'Cleirigh, C., Valentine, S., Tulloch, T., Newcomb, M., & **Shipherd, J.** (2013, November). *CBT for lesbian, gay, bisexual, and transgender individuals: How to increase your competency*. Association for Behavioral and Cognitive Therapies, Nashville, TN.
26. Homaifar, B. Y., Thompson, C., **McCaslin, S. E.**, & Weaver, S. (2014, April). *Community Provider's Toolkit workshop*. American Association of Suicidology, Los Angeles, CA.

27. Homaifar, B. Y., Mullens, L., & **Wright, J. D.** (2014, April). *Trauma informed care*. American Association of Suicidology, Los Angeles, CA.

28. **Iverson, K. M.** (2014, March). *Pregnancy and intimate partner violence*. Maternity Care Coordinators, Boston, MA.

29. **Iverson, K. M.**, & Latta, R. E. (2013, December). *Addressing intimate partner violence (IPV) among women in the Veterans Health Administration (VHA): Toward a comprehensive response*. Intimate Partner Violence Screening and Counseling: Research Symposium, US Department of Health and Human Services, National Institute of Health, Bethesda, MD.

30. Kauth, M., **Shipherd, J.**, & Sherman, M. (2014, September). *LGBT veterans' experiences in VHA and what VHA is doing to meet LGBT healthcare needs*. Gay and Lesbian Medical Association, Baltimore, MD.

31. **Keane, T.** (2014, March). *Key changes in DSM -5 and their relevance to clinical practice*. Anxiety and Depression Association of America, Chicago, IL.

32. Kivlahan, D., Smith, T., **Norman, S. B.**, & **Bernardy, N. C.** (2014, May). *Evidence-based mental health treatments in VHA – Critiques, responses and future directions*. Department of Veterans Affairs Psychology Leadership Conference, San Antonio, TX.

33. **Landes, S. J.** (2014, August). *When to consider DBT for patients with PTSD*. VA National Center for PTSD Consultation Program Lecture Series, Webinar.

34. Levander, E., McFarr, L., & **Walser, R.** (2014, May). *The use of ACT, CBASP, and DBT for treatment-refractory psychiatric illness*. American Psychiatric Association, New York, NY.

35. **Makin-Byrd, K. N.** (2014, February). *The military sexual trauma clinical reminder revision*. Military Sexual Trauma Team Teleconference Training Series, Department of Veterans Affairs, Webinar.

36. **Makin-Byrd, K. N.** (2014, April). *Overview of treatments for child abuse*. Child Abuse Assessment Reporting and Overview of Treatment conference, Palo Alto, CA.

37. **McCaslin, S. E.** (2014, May). *PTSD in service members and veterans.* Institute for Research, Education, and Training in Addictions, Webinar.

38. **McCaslin, S. E.**, Weaver, S., Thompson, C., & Kemp, J. (2014, April). *Reducing veteran suicide and enhancing veteran care through VHA and community provider collaboration*. American Association of Suicidology, Los Angeles, CA.

39. **McCaslin, S. E.** (2014, June). *The community provider toolkit*. Coming Home Project, San Francisco, CA.

40. **McCaslin, S. E.** (2014, January). *Resources and tools available through the NCPTSD to support providers*. National Child Traumatic Stress Network Military and Veteran Families Collaborative Group, Webinar.

41. **Mott, J.**, & Grubbs, K. (2014, March). *How to harness technology to improve care for your PTSD patients*. South Central Mental Illness Research, Education, and Clinical Center Mental Health Rounds, Webinar.

42. **Niles, B.**, Wattenberg, M., & Unger, W. S. (2014, March). *'Managing anger' for PTSD: Skills-focused group treatment*. American Group Psychotherapy Association, Boston, MA.

43. **Niles, B.** (2014, March). *Screening and treatment of PTSD in VA primary care clinics*. The General Adult Trauma Screening and Brief Intervention in Health Settings Experts Meeting, Substance Abuse and Mental Health Services Administration, Rockville, MD.

44. **Norman, S.**, & Kivlahan, D. (2014, April). *Update on treatment of PTSD and substance use disorder*. VA National Center for PTSD Consultation Program Lecture Series, Webinar.

45. **Petrakis, I.** (2014, January). *Posttraumatic stress disorder (PTSD) & comorbid alcohol use disorders (AUD)*. Department of Psychiatry Grand Rounds, University of Florida, Gainesville, FL.

46. **Prins, A.** (2013, November). *Bringing technology into care: Web and mobile apps*. VA Post-Deployment Integrated Care Initiative national call series, Tacoma, WA.

47. **Prins, A.** (2014, April). *Student veterans: What college faculty and staff need to know*. National Center for PTSD and the Home Base Program's From the War Zone to the Home Front lecture series, Webinar.

48. **Rasmusson, A. M.** (2013, October). *PTSD*. Psychopharmacology Update of the Massachusetts Psychiatric Society, Waltham, MA.

49. **Rasmusson, A. M.** (2013, November). *Neurobiology of PTSD*. Invited lecture at Harvard Psychiatry Education Day, Boston, MA.

50. **Resick, P.** (2013, October). *Introduction to Cognitive Processing Therapy for veterans/military*. Jail Diversion and Trauma Recovery Priority to Veterans Program Conference, Savannah, GA.

51. **Resick, P.** (2013, November). *Detecting assimilation in Cognitive Processing Therapy for PTSD*. Association for Behavioral and Cognitive Therapies, Nashville, TN.

52. **Ruzek, J. I.** (2014, May). *Integration of technology into PTSD care*. VA National Center for PTSD Consultation Program Lecture Series, Webinar.

53. **Sanacora, G.** (2013, November). *Using a pathophysiological model to guide antidepressant drug development*. Department of Psychiatry Grand Rounds, University of Texas Southwestern Medical Center, Dallas, TX.

54. **Sanacora, G.** (2014, February). *Using a pathophysiological model to guide antidepressant drug development*. Department of Psychiatry Grand Rounds, University of Pennsylvania, Philadelphia, PA.

55. **Sanacora, G.** (2014, March). *Novel antidepressant treatments in development and the clinical trial option*. Psychiatry Resident Grand Rounds, Yale University, New Haven, CT.

56. **Schnurr, P. P.** (2014, February). *From the front line to the home front: American troops and the challenge of post-service reintegration*. John Sloan Dickey Center for International Understanding, Dartmouth College, Hanover, NH.

57. **Schnurr, P. P.** (2014, March). *Toward greater understanding of trauma and PTSD: Grappling with PTSD across society*. Health Journalism 2014, Denver, CO.

58. **Schnurr, P. P.** (2014, April). *Implications of PTSD for women treated in primary care settings*. Society for General Internal Medicine, San Diego, CA.

59. **Schnurr, P. P.** (2014, May). *Advances in psychotherapy for PTSD*. American Psychiatric Association, New York, NY.

60. **Shipherd, J.** (2014, March). *LGBT veterans*. Social Work Conference at the GV (Sonny) Montgomery VA Medical Center, Jackson, MS.

61. **Southwick, S.** (2014, July). *Resilience and hospice*. Connecticut Hospice, Branford, CT.

62. **Street, A. E.** (2013, December). *Researching experiences of sexual harassment and sexual assault among veterans*. Institute of Medicine of the National Academies Board of Select Health Populations, Washington, DC.

63. **Street, A. E.**, & Petrillo, L. (2014, January). *PTSD: Gender-based differences in presentation and response to treatment*. Veterans Health Administration *e*Health University (V*e*Hu), Webinar.

64. **Taft, C.** (2014, March). *Domestic abuse in military populations*. Department of Social Work, Boston College, Boston, MA.

65. **Taft, C.** (2014, August). *Strength at Home programs for service members and veterans*. Battered Women's Justice Program Conference, San Diego, CA.

66. **Vasterling, J.**, & Thorp, S. (2014, June). *Posttraumatic stress disorder (PTSD) and dementia*. Northwest Mental Illness Research, Education, and Clinical Center Mental Health Rounds, Webinar.

67. **Vogt, D.** (2014, June). *Posttraumatic stress disorder (PTSD) in female OEF/OIF/OND veterans: Overview of recent research findings*. National Association of VA Physicians and Dentists, Washington, DC.

68. **Vogt, D.** (2014, June). *Impact of OEF/OIF veterans' beliefs about mental illness and mental health treatment on treatment seeking*. American Legion, Washington, DC.

69. **Walser, R.** (2014, May). *Acceptance and Commitment Therapy: A mindful approach to behavior change*. American Psychiatric Association, New York, NY.

70. **Watson, P.** (2014, September). *Stress First Aid for nurses*. Dartmouth-Hitchcock Medical Center Department of Nursing, Webinar.

71. **Whealin, J.**, Yoneda, A., & Lo, F. (2014, March). *Overcoming stigma to facilitate mental health treatment in veterans*. Institute on Violence Abuse and Trauma, Honolulu, HI.

National Center for PTSD
POSTTRAUMATIC STRESS DISORDER

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