

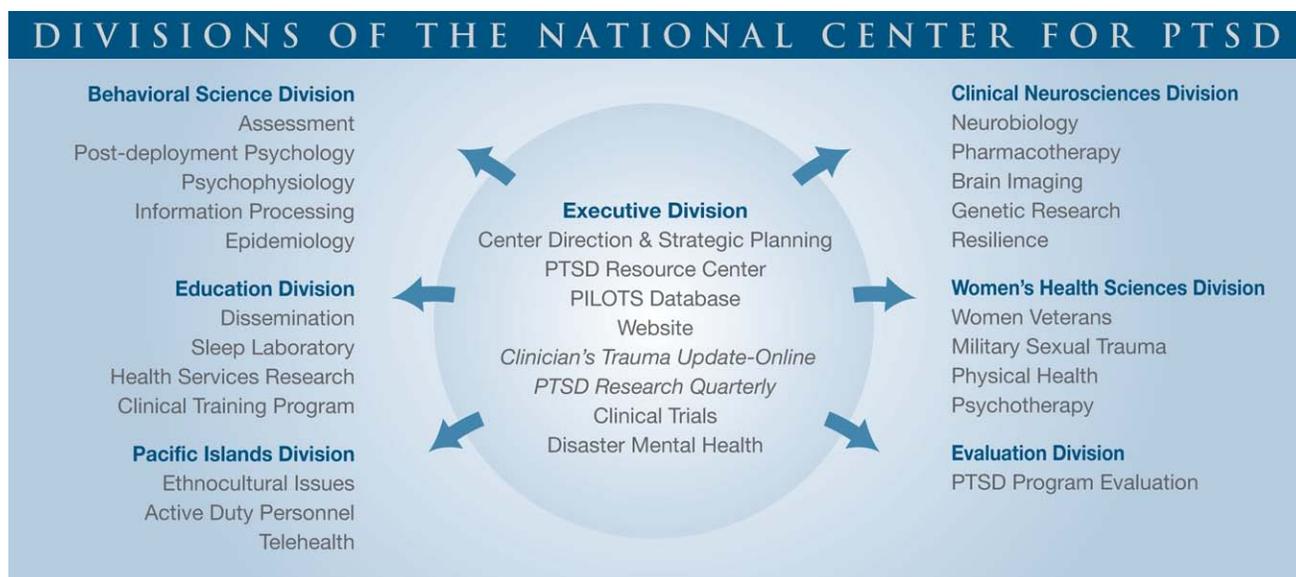
## National Center for PTSD Briefing

August 2012

## 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 with military-related posttraumatic stress disorder. The Center was developed with the ultimate purpose to improve 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. The Center also was mandated to serve as a resource center for information regarding PTSD research and education for VA and other Federal and non-Federal organizations. Convinced that no single VA site could adequately serve this unique mission, VA established the Center as a consortium of five divisions. The Center currently consists of seven VA academic centers of excellence across the U.S., with headquarters in White River Junction, VT. Other divisions are located in Boston, MA; West Haven, CT; Palo Alto, CA; and Honolulu, HI.

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



## Mission

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

## Vision

The National Center has emerged as the world's leading research and educational center of excellence on PTSD. Its vision is to be the foremost leader in information on PTSD and trauma; information generated internally through its extensive research program, and information synthesized from published scientific research and collective clinical experience that is efficiently disseminated to the field. The Center is organized to facilitate rapid translation of science into practice, assuring that the

latest research findings inform clinical care; and translation of practice into science, assuring that questions raised by clinical challenges are addressed using rigorous experimental protocols. By drawing on the specific expertise vested at each separate division (e.g., behavioral, neuroscientific, etc), the National Center provides a unique infrastructure within which to implement multidisciplinary initiatives regarding the etiology, pathophysiology, diagnosis and treatment of PTSD.

## Accomplishments

Until recently, the National Center was the only national or international source for generating and disseminating information concerning trauma and PTSD. No single organization can equal the National Center's breadth of expertise, strength of research infrastructure, and simultaneously, global reach of educational initiatives. Whether providing consultation to scientists or educational materials to stakeholders and consumers, the National Center tailors needed information to fit the various needs of a range of audiences including Veterans and their families, clinicians, scientists, educators, program directors and policy makers.

Over its history the Center has:

- Developed the [Clinician Administered PTSD Scale \(CAPS\)](#), the gold standard for assessing PTSD and other key assessment tools
- Conducted the first VA Cooperative Study on PTSD, involving 15 national sites, and the first study of PTSD treatment for female Veterans and Active Duty personnel, involving 12 sites
- Established the PTSD Resource Center and the [PILOTS database](#), an online database of the Published International Literature on Traumatic Stress with over 40,000 citations
- Created the leading website on trauma and PTSD: [www.ptsd.va.gov](http://www.ptsd.va.gov)
- For providers, developed [PTSD 101 Online Courses](#), an online curriculum focusing on issues related to war zone stress and PTSD and other [Continuing Education](#) opportunities.
- Produced manuals, including the [Iraq War Clinician Guide](#) and (with the National Child Traumatic Stress Network) the [Psychological First Aid Field Operations Guide](#)
- Created a VA PTSD Mentoring Program to facilitate sharing of good administrative practices between VA PTSD programs and the [VA PTSD Consultation Program](#), which provides free PTSD consults to those working with Veterans.
- Disseminated information by producing the [Clinician's Trauma Update – Online](#), the [PTSD Research Quarterly](#) and the [PTSD Monthly Update](#).
- Facilitated access to care with products like [AboutFace](#): an online video gallery dedicated to Veterans talking about living with PTSD and how treatment turned their lives around and the award winning [PTSD Coach mobile app](#).

## Overview: Improving Patient Care

The National Center strives to serve the needs of Veterans with PTSD through improving patient care. Because the Center is not a clinical program, our strategy for doing so involves the development and dissemination of tools, programs, and information for clinicians, researchers, administrators, and policy makers.

Through our consortium we have developed state of the art assessment measures and treatments for clinicians to use to diagnose and treat patients with PTSD. Information is efficiently disseminated to clinicians through the Center's Web site and online trainings, publications, treatment manuals and assessment tools, nationwide trainings and programs, and the in-person [Clinical Training Program](#). Our Web site also provides patient education materials such as Understanding PTSD Treatment and information for community members, and questions from the public are answered by phone and email.

The Center also improves patient care indirectly through its strong commitment to basic research. Our work has identified abnormalities in behavior, sleep, cognition, memory, physiological reactivity, hormonal regulation, as well as in brain structure and function associated with PTSD. A specialty of the Center is translating basic findings into clinically relevant techniques. For example, research showing increased adrenergic activation among Veterans with PTSD has led to clinical trials with anti-adrenergic medications. The Center is currently working to identify a biomarker for PTSD that would help in the identification of true cases of the disorder. Such a marker would be very useful for diagnosis, for monitoring treatment response, and for evaluating Veterans seeking service-connected disability status for military-related PTSD.

## Oversight

Since the Center's inception its priorities and projects have been reviewed by a **Scientific Advisory Board** and an **Educational Advisory Board** who meet with Center leaders annually and as needed. Board members include national experts in PTSD and key officials from VA and non-VA federal departments. While providing valuable input, both boards have consistently found the National Center's performance in research and education outstanding.

## Goals and Objectives

The National Center for PTSD has six main goals and objectives:

- Promote improved assessment and treatment of PTSD
- Advance the scientific understanding of PTSD
- Advance PTSD education for clinicians, researchers, and Veterans through development and dissemination of information
- Support the global war on terrorism through collaborations with the Department of Defense
- Advance VA's emergency medical response capability
- Provide consultation to VA's top management and other agencies on a continuing basis and during national emergencies

### **Promote improved assessment and treatment of PTSD**

The National Center for PTSD's highest priority is supporting VA clinicians and Veterans through the development of evidence-based treatments for PTSD and the dissemination of best-practices through the VA system. Developing effective PTSD treatments has a direct effect on patient care. The Center has been, and remains, at the forefront of PTSD treatment development. The Center carried out some of the

largest PTSD psychotherapy studies ever conducted, VA Cooperative Studies #420 and #494, and VA Cooperative Study #504, a large, multisite psychopharmacological clinical trial.

Assessment enhances diagnostic precision and provides clinicians with a method to monitor the outcomes of patients they are treating. The National Center has created the most widely used diagnostic instruments in the field of PTSD, such as the Clinician Administered PTSD Scale (CAPS), PTSD Checklist (PCL), Mississippi Scale for Combat-related PTSD (M-PTSD), and Primary Care PTSD Screen (PC-PTSD). These instruments are used in individual clinical cases, large-scale research studies, and have potential utility in standardized protocols for PTSD compensation and pension evaluations.

### **Advance the scientific understanding of PTSD**

The key to the development of better treatment is an informed understanding of the etiology, pathophysiology, and psychology of PTSD. The National Center's entire basic research portfolio is dedicated to this objective. As a classic example, the Center was first to discover that reduced hippocampal volume, a structural brain abnormality, was associated with PTSD. Other major projects have addressed: Gender differences in post-traumatic reactions; cognitive and emotional changes associated with PTSD; resilience and recovery from traumatic stress; psychophysiological alterations (e.g. VA Cooperative Study #334); sleep abnormalities; PTSD as a risk factor for physical illness; and ongoing evaluation of all VA PTSD clinical programs.

The National Center has, on occasion, been asked to implement research that has policy implications such as the impact of mustard gas exposure on World War II Veterans; the prevalence of PTSD among American Indian and Asian/Pacific Islander Vietnam Veterans; and sexual harassment and assault among military reservists.

### **Advance PTSD education for clinicians, researchers, and Veterans through development and dissemination of information**

Translating knowledge into practice is the purpose of the Center's education activities. The foremost concern of the Center is to get the most up-to-date, evidence-based information on causes, assessment, and treatment of traumatic stress disorders into the hands of practitioners who are working with America's Veterans. Thousands of clinicians receive education from the Center through our on-site Clinical Training Program and other trainings around the country.

To get the word out, the National Center has been quick to capitalize on new communication technologies as they become available. In 1995, the Center established an extensive Web site ([www.ptsd.va.gov](http://www.ptsd.va.gov)) with sections of materials geared specifically for professionals including clinicians, researchers, policy makers, and the media, as well as Veterans, family members, and the general public. The use of social media was implemented in 2010 with a Twitter and Facebook presence. The first VA mobile app was created: PTSD Coach and a new video gallery of Veterans with PTSD launched in 2012: AboutFace.

The award winning Web site has become the first line of dissemination for our products, such as the PILOTS computerized bibliographic database, *PTSD Research Quarterly*, and PTSD 101: A comprehensive web-based training program. Use of the Web site has grown dramatically in recent years, largely in response to world events. Traffic to the site has risen from approximately 20,000 users per month

before the terrorist attacks of September 11, 2001 to an average of 160,000 per month. There were almost 2 million unique visitors to the Web site in FY 11.

### **Support the global war on terrorism through collaborations with the Department of Defense**

There are many ongoing collaborative activities between the National Center for PTSD and different DoD components. We have actively collaborated with Army, Navy, Marine, and Air Force facilities, and have a close working relationship with the Uniformed Services University of Health Sciences in Bethesda, MD. These efforts are geared to:

- Promote pre-deployment resilience and post-deployment readjustment among OIF/OEF troops
- Provide training on evidence-based PTSD treatments for DoD and VA practitioners
- Conduct joint VA/DoD research initiatives
- Develop joint VA/DoD training and education activities

In collaboration with the Walter Reed Army Medical Center, the National Center developed the *Iraq War Clinician Guide*. The Center has also collaborated with DoD's Telehealth and Technology Group (T2) to jointly develop mobile apps.

### **Advance VA's emergency medical response capability**

The National Center for PTSD has a long history of helping VA respond in times of national emergency. This began following the 1989 Loma Prieta, CA earthquake that occurred six weeks after the Center was established. Early efforts included a two-day disaster training for VAMC and Vet Center staff. Recent efforts have focused on development and implementation of evidence-based practices after disaster. Work with other federal partners helped us to quickly respond to the needs of VA after hurricane Katrina by: providing training to VA clinicians in Psychological First Aid; creating disaster specific fact sheets for use by the Public Health Strategic Health Care Group; and providing on-going consultation.

Center staff worked with VA's Office of Public Health and Environmental Hazards on the addition of a mental health component to the standard operating procedures in the Emergency Management Program Guidebook.

### **Provide consultation to VA's top management and other agencies on a continuing basis and during national emergencies**

As experts in the field of PTSD, Center staff frequently consult with VA leadership on issues relevant to traumatic stress and PTSD. These consultations happen through intensive, long-lasting relationships with VA leadership and informal one-to-one conversations. One of the mechanisms for on-going consultation is through high-level representation on VA committees. Other consultation on clinical, research, or education is periodically provided to NIH, SAMHSA, DoD, CDC, and the Institute of Medicine.

## **Looking Ahead**

The field of trauma and PTSD has continued to expand in both the clinical and public health sectors. At the same time, as research and educational demands increase to address prevention, resilience and recovery alongside diagnoses and treatment, the programs and priorities at the National Center grow

accordingly. We continue to pursue our vision to be the best source and communicator of information on PTSD and trauma, and have the following immediate goals.

Our highest priorities for the future are:

1. Promoting the best treatment for Veterans with PTSD. The goal is to conduct implementation trials in which evidence-based treatments are promoted at selective sites and at which both patient outcomes and clinician receptivity to change will be monitored.
2. Fostering integrated primary/behavioral health care for Veterans with PTSD within the primary care setting, where most help seeking for mental health problems occurs.
3. Assisting VA to incorporate evidence-based assessment tools into clinical practice and into compensation and pension diagnostic evaluations.
4. Advancing knowledge concerning evidence-based treatments through multi-site and single site trials of psychotherapy, pharmacotherapy, and the combination.
5. Advancing our scientific understanding of PTSD through genetic, brain imaging, neurohormonal, physiological, cognitive, and behavioral research.
6. Advancing our understanding of resilience in order to develop predeployment preventive strategies for military personnel; such understanding will span genetic, molecular, behavioral, and social domains.
7. Continuing collaboration with DoD regarding pre- and post-deployment mental health.
8. Continuing collaboration with VA, DoD, and HHS to improve preparation and early intervention following mass casualties and natural disasters.
9. Disseminating evidence-based knowledge obtained through all of the above initiatives via our Web site and online technologies, publications, training programs, electronic educational curricula, and presentations at scientific and professional meetings.
10. Recruiting and training the next generation of PTSD clinicians, scientists and educators.