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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 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.

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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 smartphone 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

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<th>Principal Investigators</th>
<th>Title of Project</th>
<th>Years</th>
<th>Total Award</th>
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<tr>
<td>Gelernter &amp; Stein</td>
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### Other VA Sources

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<td>The WOMAN Study: Role of Patient Activation and Gender Specific Preferences in Access to and Engagement with Mental Health Services among Women Veterans</td>
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<td>Krystal &amp; Abdallah</td>
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## Appendix B. Fiscal Year 2014 Funding

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<tr>
<th>Principal Investigators</th>
<th>Title of Project</th>
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<td>Meis, Eftekhari (Site PI), &amp; Rosen (Site Co-PI)</td>
<td>Building a Family Systems Model to Promote Adherence to PTSD Treatment</td>
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<td>Effectiveness of Evidence Based Treatments for Alcohol/Substance Use Disorders and Co-Occurring PTSD Symptoms and Related Mental Health Problems Among Veterans</td>
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<td>Contingency Management Supported Tobacco Cessation &amp; Predictors of Relapse in Veterans With and Without PTSD</td>
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<td>Gender &amp; Access to VA Mental Health Care: The Example of Military Sexual Trauma</td>
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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 $45 million CAP award
## Department of Defense (DoD)

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<th>Principal Investigators</th>
<th>Title of Project</th>
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<tr>
<td>Keane &amp; Marx</td>
<td>Project VALOR: Trajectories of Change in PTSD in Combat-Exposed Veterans</td>
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<td>Marx</td>
<td>New Approaches to the Measurement of Suicide-related Cognition</td>
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<td>Meis, Eftekhar (site PI), &amp; Rosen (site Co-PI)</td>
<td>VA Implementation of PTSD Treatment through Family Involvement</td>
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<td>Morland &amp; Mackintosh</td>
<td>Remote Exercises for Learning Anger and Excitation Management (RELAX)</td>
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<td>Telemental Health and Cognitive Processing Therapy for Female Veterans with Military-related PTSD</td>
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<td>Evaluation of the Safety and Efficacy of the FAAH Inhibitor URB597 in Veterans with PTSD</td>
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<td>Pineles</td>
<td>Event-Related P2 Slope as a Predictor of Response to SSRIs in a Veteran Population</td>
<td>2011-2014</td>
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<td>Rasmusson</td>
<td>Proof-of-Concept, Double-Blind, Randomized, Placebo-Controlled Study of Ganaxolone in PTSD</td>
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<td>Rasmusson &amp; Familoni</td>
<td>Randomized Controlled Trial: Tailored Evaluation and Treatment for PTSD Progression and Suicide Prevention by Application of Thermal Imaging</td>
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<td>Homecoming Line: Telephone Support for Veterans</td>
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<td>Woodward &amp; Bonn-Miller</td>
<td>Can a Canine Companion Modify Cardiac Autonomic Reactivity and Tone in PTSD?</td>
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## National Institutes of Health (NIH)

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<td>Abdallah</td>
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### Appendix B. Fiscal Year 2014 Funding

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<td>de Graaf, Behar, &amp; Sanacora</td>
<td>Ex Vivo Assay for In Situ Brain-Wide Mapping of Glutamate/GABA Metabolism</td>
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### Appendix B. Fiscal Year 2014 Funding

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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

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<tr>
<th>Principal Investigators</th>
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<tr>
<td>Abdallah</td>
<td>Examining Glutamate/Glutamine Cycling In The Frontal Brain Of Healthy Volunteers During Ketamine Infusion</td>
<td>Brain &amp; Behavior Research Foundation</td>
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<td>Abdallah</td>
<td>Glial and Glutamatergic Deficits In Posttraumatic Stress Disorder (PTSD)</td>
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<td>A Test of the Efficacy of Compass Cultivation Training for Veterans with PTSD</td>
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<td>Monson &amp; Wiltsey-Stirman</td>
<td>Implementation of Evidence-Based Psychotherapy for PTSD: Does Technology-Enhanced Consultation Improve Treatment Fidelity and Outcomes?</td>
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<td>Monson &amp; Wiltsey-Stirman</td>
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<td>2014-2018</td>
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<tr>
<td>Pietrzak</td>
<td>Examining the Utility of Latent Class Analysis in Describing Differential Risk Pathways Linking Childhood Adversity to Negative Adult Outcomes</td>
<td>PreVAIL Research Network</td>
<td>2013-2014</td>
<td>$15,000</td>
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<tr>
<td>Southwick &amp; Pietrzak</td>
<td>Biomarkers of Psychological Risk and Resilience in World Trade Center Responders</td>
<td>CDC/NIOSH</td>
<td>2012-2016</td>
<td>$3,873,361</td>
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<tr>
<td>Feder, Southwick, &amp; Pietrzak</td>
<td>Trajectories of Psychological Risk and Resilience in World Trade Center Responders</td>
<td>CDC/NIOSH</td>
<td>2011-2014</td>
<td>$1,068,526</td>
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<tr>
<td>Stein &amp; Gelernter</td>
<td>Modifiable Risk and Protective Factors for Suicidal Behaviors in the US Army</td>
<td>Henry M. Jackson Foundation for the Advancement of Military Medicine</td>
<td>2014-2015</td>
<td>$1,000,000</td>
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<tr>
<td>Wolf</td>
<td>The MMPI-2-RF for the Assessment of DSM-5 PTSD and its Subtypes</td>
<td>University of Minnesota Press, Test Division</td>
<td>2013-2015</td>
<td>$54,758</td>
</tr>
</tbody>
</table>

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
## Appendix B. Fiscal Year 2014 Funding

### Pending

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

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

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

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

DoD Department of Defense; OAA Office of Academic Affiliations; ORH Office of Rural Health
APPENDIX C. FISCAL YEAR 2014 PUBLICATIONS


Appendix C. Fiscal Year 2014 Publications


Appendix C. Fiscal Year 2014 Publications


Appendix C. Fiscal Year 2014 Publications


Appendix C. Fiscal Year 2014 Publications


Appendix C. Fiscal Year 2014 Publications


Appendix C. Fiscal Year 2014 Publications


Appendix C. Fiscal Year 2014 Publications


| 17. | Cloitre, M. | Over 60% of US adolescents have experienced a potentially traumatic event, almost 8% of whom have associated PTSD [Commentary]. Evidence-Based Mental Health. doi:10.1136/eb-2013-101538 |
Appendix D. Fiscal Year 2014 In Press and Advance Online Publications

24. **Cook, J., Dinnen, S., Ruzek, J. I., Coyne, J. C., & Schnurr, P. P.** A quantitative test of an implementation framework in 38 VA residential PTSD programs. *Administration and Policy in Mental Health and Mental Health Services Research.*


27. **Currier, J. M., Drescher, K., & Harris, J. I.** Spiritual functioning among veterans with PTSD: A matched control group study. *Spirituality in Clinical Practice.*


34. **Farr, O. M., Sloan, D., Keane, T., & Mantzoros, C. S.** Stress- and PTSD-associated obesity and metabolic dysfunction: A growing problem requiring further research and novel treatments. *Metabolism.* doi:10.1016/j.metabol.2014.08.009


Appendix D. Fiscal Year 2014 In Press and Advance Online Publications


52. Hoff, R. Female veterans of Iraq and Afghanistan seeking care from VA specialized PTSD programs: Comparison with male veterans and female warzone veterans of previous eras. Journal of Women’s Health.


55. Hundt, N., Mott, J., Cully, J., Mondragon, S., & Teng, E. Factors associated with low and high use of psychotherapy in veterans with PTSD. Psychological Trauma: Theory, Research, Practice, and Policy.


61. Keane, T. M. Toward a greater understanding of mental health issues in today’s military [Editorial]. Depression and Anxiety.


Appendix D. Fiscal Year 2014 In Press and Advance Online Publications


78. Levy, B., Pilver, C., & Pietrzak, R. H. Lower prevalence of psychiatric conditions when negative age stereotypes are resisted. Social Science & Medicine.


84. Mason, A. E., Boden, M. T., & Cucciare, M. A. Prospective associations among approach coping, alcohol misuse and psychiatric symptoms among Veterans receiving a brief alcohol intervention. Journal of Substance Abuse Treatment.


Appendix D. Fiscal Year 2014 In Press and Advance Online Publications


98. Mott, J., Galovski, T. E., Elwood, L. S., & Walsh, C. Changes in trauma narratives and perceived recall ability over a course of cognitive processing therapy for PTSD. *Traumatology*.


110. Petrakis, I., Sofouglu, M., & Rosenheck, R. VA patients with high numbers of opioid prescriptions: A national study of sociodemographic and diagnostic characteristics, health service and psychotropic medication use. *Addictive Disorders & Their Treatment*. doi:10.1097/ADT.0000000000000058


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Appendix D. Fiscal Year 2014 In Press and Advance Online Publications


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


Appendix D. Fiscal Year 2014 In Press and Advance Online Publications


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.


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


Appendix D. Fiscal Year 2014 In Press and Advance Online Publications


APPENDIX E. FISCAL YEAR 2014 SCIENTIFIC PRESENTATIONS

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


2. Iverson, K. M., & Dichter, M. D. VA patient and provider perspectives on IPV screening and counseling procedures in VA.


AMERICAN PSYCHOLOGICAL ASSOCIATION – WASHINGTON, DC, AUGUST 2014


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.


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.


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.


24. Wisco, B., Baker, A. S., & Sloan, D. Does emotional reactivity to exposure treatment mediate PTSD treatment outcome?

Appendix E. Fiscal Year 2014 Scientific Presentations

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


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


42. Gutner, C., Nillin, Y. I., Suvak, M., Witney-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.


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


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.


Appendix E. Fiscal Year 2014 Scientific Presentations

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


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., Nilni, 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.


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


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


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?


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


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


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


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?


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.

Appendix E. Fiscal Year 2014 Scientific Presentations


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


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


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.


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.


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


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


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.


114. Norman, S. B. How to retain patients in evidence-based care.
Appendix E. Fiscal Year 2014 Scientific Presentations


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.


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?

125. Resick, P., Wachen, J. S., Mintz, J., Dondanville, C., Pruiksma, K., Borah, K., & Peterson, A. CPT vs. PCT: Final results of a randomized controlled trial.

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


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

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


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


Appendix E. Fiscal Year 2014 Scientific Presentations

VA HSR&D CONFERENCE ON ENHANCING PARTNERSHIPS FOR RESEARCH & CARE OF WOMEN VETERANS - ARLINGTON, VA, JULY/AUGUST 2014

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


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


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


161. Nilni, 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.


OTHER VA AND MILITARY


Appendix E. Fiscal Year 2014 Scientific Presentations


OTHER


Appendix E. Fiscal Year 2014 Scientific Presentations


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


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.


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.


Appendix E. Fiscal Year 2014 Scientific Presentations


Appendix E. Fiscal Year 2014 Scientific Presentations


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.


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

Neuropsychology
Duman

Neuropsychopharmacology
Duman

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

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<td>1.</td>
<td>Knight, J. A.</td>
<td><strong>Traumatic brain injury and PTSD.</strong></td>
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<td>2.</td>
<td>Shipherd, J.</td>
<td><strong>Transgender veterans and the VA Healthcare System.</strong></td>
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<td>3.</td>
<td>Shipherd, J., &amp; Kauth, M.</td>
<td><strong>VHA transgender and LGBT initiatives and services.</strong></td>
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<td>4.</td>
<td>Shipherd, J., &amp; Kauth, M.</td>
<td><strong>LGBT veteran care is coming out of the closet.</strong></td>
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#### INTERNATIONAL SOCIETY FOR TRAUMATIC STRESS STUDIES – PHILADELPHIA, PA, NOVEMBER 2013

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

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<td>21.</td>
<td>Gelernter, J.</td>
<td>(2014, May). <strong>Mapping substance dependence risk genes using GWAS.</strong> Department of Psychiatry, National Taiwan University Hospital, Taipei, Taiwan.</td>
</tr>
</tbody>
</table>
Appendix G. Fiscal Year 2014 Educational Presentations


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.

Appendix G. Fiscal Year 2014 Educational Presentations

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.


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


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.


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


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

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