PSYCHOTHERAPY FOR PTSD
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# Acronyms List

**Army STARRS**  
Army Study to Assess Risk and Resilience in Servicemembers

**CAP**  
Consortium to Alleviate PTSD

**CAPS**  
Clinician-Administered PTSD Scale

**CAPS-5**  
Clinician-Administered PTSD Scale for *DSM-5*

**COPE**  
Concurrent Treatment of PTSD and Substance Use Disorders Using Prolonged Exposure

**CPT**  
Cognitive Processing Therapy

**CSP**  
Cooperative Studies Program

**DOD**  
Department of Defense

**DSM-5**  
*Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition*

**EEG**  
Electroencephalography

**ENIGMA**  
Enhancing Neuroimaging Genetics through Meta-Analysis

**fMRI**  
Functional Magnetic Resonance Imaging

**GWAS**  
Genome-Wide Association Study

**IPV**  
Intimate Partner Violence

**JIF**  
Joint Incentive Fund

**LIGHT**  
Longitudinal Investigation of Gender, Health, and Trauma

**mGluR5**  
Metabotropic Glutamate Receptor Type 5

**MBC**  
Measurement-Based Care

**MDD**  
Major Depressive Disorder

**MEG**  
Magnetoencephalography

**MVP**  
Million Veteran Program

**MST**  
Military Sexual Trauma

**NEPEC**  
Northeast Program Evaluation Center

**OMHSP**  
Office of Mental Health and Suicide Prevention

**OPM**  
Office of Personnel Management
# Acronyms List

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<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>PBI Network</strong></td>
<td>Practice-Based Implementation Network</td>
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<tr>
<td><strong>PC-PTSD-5</strong></td>
<td>Primary Care Screen for PTSD for <strong>DSM-5</strong></td>
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<td><strong>PCL-5</strong></td>
<td>PTSD Checklist for <strong>DSM-5</strong></td>
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<td><strong>PCT</strong></td>
<td>Present-Centered Therapy</td>
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<td><strong>PE</strong></td>
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<td><strong>PET</strong></td>
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<td><strong>PGC</strong></td>
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<td><strong>PILOTS</strong></td>
<td>Published International Literature on Traumatic Stress</td>
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<td><strong>PTSD</strong></td>
<td>Posttraumatic Stress Disorder</td>
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<td><strong>SPR</strong></td>
<td>Skills for Psychological Recovery</td>
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<td><strong>STAIR</strong></td>
<td>Skills Training in Affective and Interpersonal Regulation</td>
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<td><strong>STRONG STAR</strong></td>
<td>South Texas Research Organizational Network Guiding Studies on Trauma and Resilience</td>
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<td><strong>TACTICS</strong></td>
<td>Targeted Assessment and Context-Tailored Implementation of Change Strategies</td>
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<tr>
<td><strong>TMS</strong></td>
<td>Transcranial Magnetic Stimulation</td>
</tr>
<tr>
<td><strong>TRACTS</strong></td>
<td>Translational Research Center for Traumatic Brain Injury and Stress Disorders</td>
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<tr>
<td><strong>TRAIN</strong></td>
<td>TrainingFinder Real-time Affiliate Integrated Network</td>
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<tr>
<td><strong>TriGR</strong></td>
<td>Trauma-Informed Guilt Reduction</td>
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<tr>
<td><strong>VA</strong></td>
<td>Department of Veterans Affairs</td>
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<tr>
<td><strong>VAMC</strong></td>
<td>VA Medical Center</td>
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<tr>
<td><strong>VHA</strong></td>
<td>Veterans Health Administration</td>
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<tr>
<td><strong>VISN</strong></td>
<td>Veterans Integrated Service Network</td>
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<tr>
<td><strong>webSTAIR</strong></td>
<td>Web-Based Skills Training in Affective and Interpersonal Regulation</td>
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<tr>
<td><strong>WET</strong></td>
<td>Written Exposure Therapy</td>
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<td><strong>WoVeN</strong></td>
<td>Women Veterans Network</td>
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August 2019 marked the 30th anniversary of the National Center for PTSD. The Center was founded in 1989 under the direction of Dr. Matthew Friedman, who served as Executive Director for 25 years and is currently Senior Advisor and head of VA’s National PTSD Brain Bank. During the 30 years of our existence, our talented and devoted staff have worked to improve the health and well-being of Veterans through research and educational initiatives, and through consultation with clinicians, educators, and policymakers throughout the United States and around the world. We are very proud of this work and the impact we have been able to have on our nation’s Veterans and others who are dealing with traumatic stress.

Another founding member, Dr. Steven Southwick, served as Deputy Director of the Clinical Neurosciences Division from 1989 until earlier this year, when he retired. To honor his legacy, Connecticut Senator Richard Blumenthal read a tribute to Dr. Southwick into the Congressional Record. As stated by Dr. John Krystal, Director of Clinical Neurosciences Division, “We wouldn’t have been the same Center without Steve. While pursuing neuroscience aims, he brought a distinctive humanism to the work that made us better.”

A key area of focus since our inception has been research on treatments for PTSD. Over our history, we and our collaborators have conducted groundbreaking research showing the effectiveness of psychotherapeutic interventions for PTSD. Now we are expanding our efforts to improve the effectiveness of these interventions and help providers implement them. The introductory section of this Annual Report summarizes our recent and ongoing research, aimed at improving the effectiveness, efficiency, and access to these valuable treatments.

In education and outreach, our efforts continue to benefit Veterans and the community at large. We added features to AboutFace, our online gallery of videos featuring Veterans, family members, and clinicians talking about PTSD and the value of treatment. We trained community providers in Prolonged Exposure. We developed two important new apps: Couples Coach and Beyond MST. We also redesigned our award-winning website — www.ptsd.va.gov — to make it easier for users to find the content they need.

PTSD was a new diagnosis when the National Center opened its doors in 1989. It had just been formalized as a distinct psychological disorder — separate from other mental health disorders — in 1980. Since then, the field has made incredible progress in understanding PTSD and how to treat it. I am proud that we have contributed to that progress during the past 30 years, and I look forward to continuing our efforts to help those who are affected by traumatic events.

Paula P. Schnurr, PhD
Executive Director
PSYCHOTHERAPY FOR PTSD:
Enhancing Effectiveness, Efficiency, and Access

The National Center for PTSD was founded in 1989, just a few short years after PTSD was recognized as a distinct psychological disorder that can develop after exposure to a traumatic event. At the time, PTSD was generally considered to be a chronic condition, and treatments centered on teaching coping strategies to help a person deal with the symptoms — flashbacks, difficulty sleeping, problems managing anger — rather than getting to the root of the symptoms by helping the person process the traumatic event itself.

Among the early initiatives undertaken by the National Center during the 1990s were studies aimed at generating evidence of the effectiveness of trauma-focused psychotherapies. It was common then, and now, to treat PTSD using a group format, engaging Veterans in processing their traumatic experiences. These groups did not typically use cognitive-behavioral techniques that had proven effective in other disorders, and to a limited extent in PTSD.

A landmark multi-site Department of Veterans Affairs (VA) study launched by Dr. Matthew Friedman, MD, PhD, former Executive Director and current Senior Advisor; Paula P. Schnurr, PhD, Executive Director
Friedman and Dr. Paula Schnurr in 1995 compared the effectiveness of cognitive-behavioral trauma-focused group therapy with Present-Centered Group Therapy in Vietnam Veterans. Although the study of 360 Veterans in 60 therapy groups — still one of the largest psychotherapy studies in PTSD — found no difference between the two treatments, it set the stage for a more rigorous and large-scale investigation by the Center and others.

In 2001, Dr. Schnurr and Dr. Friedman undertook another multi-site trial. This time they compared Prolonged Exposure (PE), in which patients acclimate to trauma-related memories and reminders through imaginal and real-word exposure, to Present-Centered Therapy (PCT), which focuses on current life problems that result from PTSD rather than focusing on the traumatic event directly. This was the first study of PTSD treatment for women Veterans and the first VA Cooperative Study to focus on women. PE was shown to be significantly more effective than PCT in reducing PTSD symptoms and leading to remission.

A smaller Center-led VA study added support for trauma-focused psychotherapies by showing that Cognitive Processing Therapy (CPT), which helps patients challenge and modify their beliefs about a traumatic event, was effective for the treatment of military-related PTSD. These, and later studies, showed definitively that trauma-focused psychotherapies work for treating PTSD.

Due in large part to this work by National Center investigators, VA published a handbook in 2008 that specified that PE or CPT must be available at all VA facilities. More recently, in 2017, National Center staff helped update the VA/Department of Defense (DOD) Clinical Practice Guideline for PTSD, which they had previously helped develop; for the first time, trauma-focused psychotherapies, including PE, CPT, and Eye Movement Desensitization and Reprocessing, were recommended over medications and non-trauma-focused interventions for PTSD.

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While these psychotherapies are highly effective, providers and patients have encountered challenges in delivering and participating in these protocols. Trauma-focused psychotherapies, like all treatments, do not work equally well for all patients. Some patients require longer courses of therapy than the typical 10-12 sessions, and some prefer shorter courses of therapy, so different treatment schedules might be more appropriate. Time and travel can be burdensome for some patients, particularly those who live at a distance from a clinical facility. Some Veterans have other mental health concerns that they may want to address in combination with, or instead of, PTSD. And some people simply prefer or respond better to one treatment or another. Today, researchers throughout the Center are focusing on modifying the treatments and delivery mechanisms of CPT and PE to make them more effective, efficient, and accessible.

**Modifying Treatments to Improve Effectiveness**

Dr. Tara Galovski, Director of the Women’s Health Sciences Division, has been studying variable length dosing, in which patient progress is used to determine the number of sessions for a treatment course. Some patients might have significant symptom reduction in just six or eight sessions, while others might require more than the traditional 12 sessions. According to Dr. Galovski, “We should never give the message that a person needs more therapy when they have truly met their therapeutic goals. At the same time, other patients might actually benefit from more sessions.” This approach also allows the therapist to devote sessions to other issues that arise, including emergency situations, and then return to the main focus of trauma work.

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Division have also been studying the effectiveness of massed treatment, or delivering treatment within a more compressed time frame than is typical of research studies or standard practice. Dr. Jennifer Wachen is currently conducting a study with active duty Servicemembers in which they receive 12 sessions of CPT in an intensive five-day period of time instead of the usual six weeks. Preliminary results from studies of other trauma-focused psychotherapies indicate that fitting all the sessions into one or two intensive weeks can be just as effective as the conventional weekly format, and may better serve the needs of people who find it difficult to complete a 12-week regimen.

“With PTSD, avoidance is inherent in the disorder — the last thing a person wants to talk about is the worst thing that ever happened to him or her. With a traditional once-a-week therapy schedule, patients may lose motivation between sessions and drop out prematurely,” Dr. Galovski states. “But with massed treatment, a person commits to the five days, clears his or her schedule, and sees that the light at the end of the tunnel is within reach. From a clinical perspective, it is truly remarkable to watch recovery take place in just one week.”

National Center investigators have also developed and evaluated new, shorter treatments that may be more amenable to some patient populations and settings. One exciting initiative is testing Written Exposure Therapy (WET), in which patients write about their traumatic event rather than describing it orally to a therapist, and then attend a short debriefing session. Dr. Denise Sloan of the National Center’s Behavioral Science Division says the treatment is delivered in five sessions, with no between-session homework required, and has produced good outcomes. “The findings on dosing were surprising to us,” she states. “And with the shorter timeframe, the drop-out rate is lower.” WET has also been found to be non-inferior to CPT, and is now being tested in comparison to conventional PE.

Evidence suggests that PE and CPT are equally effective on average across a large group of patients, but it is possible that PE may work better for one patient, whereas CPT may work better for another. Unfortunately, evidence-based guidance for matching patients to treatments has been lacking. Dr. Schnurr’s current research focuses on comparative...
effectiveness, or determining which treatments work best for which patients. She and her colleagues recently completed data collection for the largest-ever study comparing PE and CPT. “Depending on a person’s situation, one treatment might be better than the other.” She noted, “We need huge samples to be able to create more refined classifications, and this is the trajectory of our current work.” The team enrolled over 900 Veterans across 17 VA facilities across the country, and they plan to publish the findings in 2020.

Addressing Problems that Co-Exist with PTSD

Many patients are affected by more than just PTSD. In addition to PTSD symptoms, many patients have trouble with drugs or alcohol, feelings of guilt and shame, suicidal thoughts and actions, or interpersonal problems with friends and family. Researchers at the Center are seeking to better understand how these various problems interact, and how to combine treatments for different issues rather than attempt to treat each one separately.

Dr. Sonya Norman, who is part of the National Center’s Executive Division, directs the PTSD Consultation Program and has expertise in the treatment of PTSD and comorbid substance use problems. She has been testing a treatment called COPE (Concurrent Treatment of PTSD and Substance Use Disorders Using PE), which combines PE and relapse prevention treatment and is aimed at treating comorbid PTSD and alcohol use disorder. Results from this study were published in FY 2019.

According to Dr. Norman, “There is a common misconception that people with comorbidities are too fragile for PE — that they will relapse, or their symptoms will get worse. But we have done multiple studies and we have never found that to be the case. People actually reduce their alcohol use, and their PTSD symptoms improve.” Dr. Norman and her colleagues showed that COPE was superior to another integrated treatment, Seeking Safety, for reducing PTSD symptoms. Alcohol use improved in both treatments, with no difference between them.

Dr. Norman has also led the development of an intervention called Trauma-Informed Guilt Reduction, or TrIGR. It is a four-module treatment that focuses on guilt and shame, which are frequently experienced in connection with a traumatic event. “Guilt and shame are related to more severe forms of PTSD, and they contribute to the severity of depression, substance use disorders, and a whole host of problems,” she says. TrIGR involves working with patients to see their part in the traumatic event in the most accurate way and reduce feelings of guilt and shame. The protocol also includes a second phase, in which the therapist helps the patient set long-term goals and identify meaningful activities. Dr. Norman is completing a study in which she is testing TrIGR for reducing guilt among Veterans who served in Iraq and Afghanistan.

The relationship between PTSD and suicide has been the subject of research by many Center investigators. (This topic was discussed at length in the FY 2018 Annual Report.) Research by Dr. Brian Shiner at the Executive Division and others has shown that patients who are hospitalized due
to suicidal thoughts and behaviors are especially vulnerable to suicide in the days immediately following discharge from the hospital. National Center investigators are looking at reducing the risk for suicide among patients with PTSD, with both PE and CPT previously shown to reduce suicidal ideation. Dr. Brian Marx, Deputy Director at the Behavioral Science Division, recently began testing the effectiveness of WET for reducing the risk of suicide among Servicemembers after discharge from inpatient hospitalization. WET is well-suited for this purpose, as it can be completed within the five to seven day timeframe of the usual inpatient stay.

Other issues that often co-occur with PTSD are emotion dysregulation and interpersonal problems. Dr. Marylène Cloitre of the National Center’s Dissemination and Training Division developed a treatment called STAIR (Skills Training in Affective and Interpersonal Regulation) to address these issues among people with PTSD. STAIR is a present-centered, skills-based therapy that targets a patient’s current emotional and interpersonal situation and symptoms and helps them develop coping strategies.

STAIR was initially developed to be delivered in conjunction with trauma-focused exposure therapy. Used in this way, it can be a way to build a person’s confidence and skills, making it easier for them to then fully participate in their psychotherapy. Dr. Cloitre suggests that it can also be introduced after completing trauma-focused therapy if the person needs help improving their interpersonal functioning, although it has not yet been tested in this way. An open question is whether STAIR alone can help improve PTSD symptoms, even without the addition of trauma-focused therapy. Results of a recent open trial suggest that it does, and research in this area is continuing.

Enhancing Psychotherapies with Novel Medications

Certain medications target the processes that underlie the effectiveness of psychotherapies or address comorbidities that interfere with the effectiveness of psychotherapy. Researchers at the National Center are investigating which medications can be combined with psychotherapies — particularly PE — to enhance their effectiveness. This research is based on the understanding of how fear is learned, remembered, and “unlearned,” which are the foundational aspects of how PTSD develops and how people can recover from it.

Dr. Norman is currently investigating topiramate, a medication typically used for epilepsy, in conjunction with PE. Topiramate has been shown to be effective in treating alcohol use disorders, but it has potential for treating PTSD as well, so the idea of combining the therapy and the medication seemed logical. According to Dr. Norman, “Topiramate might help with the patient’s symptoms initially by helping to reduce their cravings, which might help them get through the first difficult weeks of psychotherapy and therefore have less likelihood of dropping out of treatment.”

Dr. Mallory Loflin, who is affiliated with the Executive Division, is working with cannabidiol in combination with PE. Cannabidiol is an active component of cannabis that might hold therapeutic potential and does not produce intoxication or lead to dependence. Based on research in animals, cannabidiol is hypothesized to improve the “unlearning” of fear that occurs in PE, making it a good candidate for improving outcomes of that treatment. Dr. Loflin’s study of PE enhanced with cannabidiol, the first cannabinoid study in VA, is currently underway.

Investigators at the Clinical Neurosciences Division have a long history of research with ketamine, a substance that has rapid-acting effects on depression and suicidality. The effects can be seen in as little as a few hours, in contrast to currently available antidepressant medications that can require weeks or even months to provide clinical benefit. One of ketamine’s effects is to make the brain more open to new learning, including learning of safety — which is the key to PE’s effectiveness. Dr. Ilan Harpaz-Rotem is currently conducting a study that combines PE therapy with ketamine to determine the potential benefits to patients with PTSD.
The **PTSD Consultation Program**, established in 2011, provides information, resources, and consultations on PTSD assessment and treatment to health professionals both within and outside VA who are treating Veterans with PTSD.

Dr. Rosen, Dr. Carmen McLean, and researchers from several universities and the DOD are testing an implementation strategy entitled Targeted Assessment and Context-Tailored Implementation of Change Strategies, or **TACTICS**, to increase the use of PE in active duty military settings using **TACTICS** study. The four upper, blue boxes denote the intervention process in the Targeted Assessment and Context-Tailored Implementation of Change Strategies (TACTICS) study. The two lower, yellow boxes signify the role of the external facilitator, including context-tailored rubric that will be used to guide facilitation.

Continual retraining of new providers and posing challenges in sustaining changes in practices over time. After identifying local barriers to implementation, the TACTICS team will help facilities develop and implement potential solutions that suit their specific needs.

New technologies also offer possibilities for reducing barriers to treatment. Dr. Cloitre is currently delivering **STAIR via tele-mental-health** to women Veterans who have experienced military sexual trauma. “This population often finds that the atmosphere in VA clinics makes them uncomfortable. There is significant value in delivering treatment to these women in their homes.” Telehealth approaches and mobile apps are also useful for increasing access to treatment among patients who live in rural areas far from a VA clinic.

Dr. Cloitre has also been involved in research on the web-based version of STAIR, or **webSTAIR**.
We know that web-based programs have a very high drop-out rate — most people don’t get past session number two unless they have some kind of assistance.” She is testing an approach in which therapists facilitate the patients’ use of webSTAIR to help them through the process and keep them on track.

Some patients with PTSD prefer to receive mental health care within primary care rather than in a specialty mental health clinic, but conventional CPT and PE are not well-suited to this setting. Studies are underway to examine the use of WET in primary care settings.

For the Future: Options and Choices

Future research will continue to focus on understanding the most effective ways to tailor the proven psychotherapies to the particular circumstances of individual patients and clinical settings. Dr. Schnurr is enthusiastic about the possibility for more effective treatment matching. “Psychosocial markers might be as important as biomarkers in identifying the most effective treatment for a particular person,” she says. “For instance, what treatments are best if the person has a personality disorder, anger issues, lower intelligence, or dissociative disorders?” The best treatment, or combination of treatments, will likely vary by individual.

Dr. Galovski concurs. “Manualized therapy provides a structure, and we certainly can’t leave our clinical wisdom at the door. But my goal is to empirically develop the manuals in a way that can accommodate more diverse clinical situations. Therapists might be asking why a therapy that works so well for so many people isn’t working for his or her particular patient. We need to understand when it is okay to diverge from the standard protocol to accommodate different clinical presentations.”

As the number of treatment options multiplies, shared decision-making becomes an important part of the therapeutic approach. Patients and providers can use resources like the Center’s PTSD Treatment Decision Aid to choose an approach that works best for a particular patient’s values and preferences. According to Dr. Cloitre, “Longer term, we need to be more patient-centered and patient-driven in our treatment. We need to work with patients to match interventions to their presenting needs and to sequence...
those interventions, based on a collaborative evaluation.”

For example, some patients might prefer PE, where they repeat an intense recollection of an experience, while others might prefer the CPT approach, which focuses on examining the way the trauma affected a person’s beliefs about themselves, other people, and the world. Some may be more willing to complete a treatment regimen if it is delivered in a compressed timeframe. Others might be unable to travel to a VA clinic and therefore will prefer to receive treatment through telehealth, a mobile app, or their primary care provider. According to Dr. Schnurr, “Full shared decision-making allows the patient to participate more actively in the process, and leads to better engagement with treatment, less dropout, more positive outcomes, and higher satisfaction.”

Dr. Schnurr sums up the hopes for the future. “We’re not likely to find a single silver bullet that ‘cures’ PTSD for everyone, so we need to find all the pieces that collectively maximize the benefits for the most people.”
ADVANCING KNOWLEDGE ABOUT PTSD: Major Research Initiatives in Fiscal Year 2019

For 30 years, the National Center for PTSD has been on the cutting edge of research aimed at understanding and treating PTSD. During FY 2019, researchers at the National Center participated in 133 funded studies, many in collaboration with partner organizations in the government, academic institutions, and agencies outside the United States. They published 307 peer-reviewed journal articles, book chapters, and books, and prepared an additional 110 in-press and advance online publications. A comprehensive list of funded and published work can be found in Appendices C, D, and E.

Center investigators continue to support innovative clinical trials and biological studies through the Consortium to Alleviate PTSD (CAP), a seven-year, $42 million award to fund research in PTSD diagnosis, prevention, and treatment for Servicemembers and Veterans. The consortium is led by the National Center and the STRONG STAR (South Texas Research Organizational Network Guiding Studies on Trauma and Resilience) network at the University of Texas Health Science Center at San Antonio. CAP has finished its sixth year, and eight of nine funded studies have completed recruitment.

Several projects under the Cooperative Studies Program (CSP) also take advantage of the...
Center’s broad reach and robust partnerships. A multi-site CSP study to examine three commonly prescribed medications for PTSD-related insomnia (trazodone, eszopiclone, and gabapentin) will launch in early FY 2020. CSP #591, a comparative effectiveness study of more than 900 Veterans engaged in PE and CPT at 17 VA facilities across the country, was completed in FY 2019; results are expected by the second quarter of FY 2020.

The size and scope of the National Center makes it well-positioned to undertake major studies with large samples and long timeframes. In one study, Center researchers are examining the influence of community violence on the longitudinal course of PTSD and health outcomes, including reproductive health in women Veterans, via the Longitudinal Investigation of Gender, Health, and Trauma (LIGHT) study. This study, which launched in FY 2018, includes data from over 3,500 Veterans, about half of whom are women. The investigators have collected data at an initial time point and are in the process of completing a second wave of assessments.

Research activities in the National Center’s seven Divisions are driven by six operational priorities. The first five were established in 2013: Biomarkers, Treatment, Care Delivery, Implementation, and Statistical Manual of Mental Disorders—Fifth Edition (DSM-5). A sixth priority — PTSD and Suicide — was added in FY 2017. The following sections highlight some of the research initiatives undertaken during FY 2019 to address these six operational priorities. Appendix B contains descriptions of research projects that took place at each of the Center’s seven Divisions.

## Biomarkers

The National Center is dedicated to research aimed at identifying measurable biological factors that inform the diagnosis, assessment, prevention, and treatment of PTSD. Biomarker work benefits from collaborations among Center investigators and several other organizations, including the Translational Research Center for Traumatic Brain Injury and Stress Disorders (TRACTS), the Psychiatric Genomics Consortium (PGC), the PTSD Working Group of the ENIGMA (Enhancing Neuroimaging Genetics through Meta-Analysis) Consortium, the Million Veteran Program (MVP), and the Army STARRS (Army Study to Assess Risk and Resilience in Servicemembers) consortium.

In 2013, in response to a National Research Action Plan called for by President Obama, the National Center was established in response to the need for advancing knowledge in PTSD and related conditions. The consortia’s prevention, observation, and training studies and initiatives.

The LIGHT study, an examination of the influence of community violence on the longitudinal course of PTSD and health outcomes, includes data from over 3,500 Veterans, about half of whom are women. The investigators have collected data at an initial time point and are in the process of completing a second wave of assessments.

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Identification may lend insight into early detection of at-risk individuals and enable the development of personalized or new therapeutic approaches for PTSD. National Center researchers consistently make advances in the areas of genetics, neuroinflammation, neuroendocrinology, and brain imaging.

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In the area of genetics, Center investigators are using genome-wide association studies (GWAS) to screen for genetic variations across large populations.
numbers of research participants. GWAS data from 165,000 U.S. military Veterans participating in MVP provided the first evidence of genetic vulnerability to reexperiencing traumatic events, which is one of the hallmark symptoms of PTSD.

In neuroendocrinology, recently published results reveal that deficient activity among enzymes converting progesterone to its anxiolytic metabolites is related to PTSD severity for both men and women. Interestingly, the process of conversion is different between men and women, suggesting that sex-specific treatments for correction of the deficiency may be needed.

The biomarkers portfolio also includes studies of treatment response. In a new study, researchers are testing whether a specific pattern of electrophysiological response to a series of loud tones is predictive of clinical responses to selective serotonin reuptake inhibitors, a commonly prescribed category of medications. Another project involves transcranial magnetic stimulation (TMS), a device-based intervention for depression that is being tested as a treatment for PTSD. Investigators are currently examining electroencephalography (EEG) and functional magnetic resonance imaging (fMRI) biomarkers of response to TMS among Veterans with treatment-resistant depression and PTSD.

In FY 2019 the Clinical Neurosciences Division contracted to acquire the first magnetoencephalography (MEG) unit within the VA health care system. MEG is a cutting-edge technology with greater sensitivity than EEG. It is capable of high-temporal resolution of electrical activity in deep brain structures and is an important investigative tool for next-generation PTSD research. Studies using the MEG will provide unique information of how different brain regions function in people with PTSD. These data will help guide novel treatment development, especially for medications and brain stimulation interventions, such as TMS.

### Treatment Engagement, Efficiency, and Effectiveness

Increasing engagement in evidence-based psychotherapies, delivering effective care more efficiently, and reducing dropout from PTSD treatments continue to be key goals of the National Center. A summary of work in this area during FY 2019 is highlighted in the introductory section of this Annual Report.

### Care Delivery, Models of Care, and System Factors

A number of initiatives aimed at assessing models of care, improving evidence-based practices, and improving access to PTSD treatments across settings are taking place in the National Center.

VA began screening all Veterans for military sexual trauma (MST) in 2002. During the past year, researchers published findings from a study of Veterans’ experiences with and preferences for communication with Veterans Health Administration (VHA) providers about MST. Veterans reported generally high satisfaction with MST-related communication, although men, as a group, reported a much larger range of
satisfaction ratings than women.

National Center staff are supporting VA’s efforts to implement measurement-based care (MBC). Investigators performed in-depth interviews with MBC project directors, frontline provider-Veteran pairs, and individual providers to better understand their experiences. In recently published findings, staff members reported overall satisfaction with MBC, noted the importance of training and staff buy-in when preparing to use the approach, and expressed the need for better technologies to streamline data collection and display for patients.

Researchers are exploring strategies to increase the use of evidence-based treatments using academic detailing and facilitation. In the National Center’s academic detailing initiative, a pharmacist and psychologist reach out directly to VA clinicians at rural clinics and share recommended practices for PTSD. The facilitation program involves the use of an outside expert to work with site clinicians to identify factors that both help and hinder their ability to provide effective care. The expert shares solutions while developing a collaborative relationship and an environment that encourages transformation. Current efforts are primarily focused on sites where reach of evidence-based treatments is low. A new initiative will identify providers who are planning to treat Veterans through the MISSION Act, which allows Veterans to access care in the community rather than only through VA. Center staff will work with providers to enhance their knowledge of VA/DOD PTSD Clinical Practice Guideline treatment recommendations and share current best practices regarding suicide risk assessments. Investigators also continue to examine delivery of care using technologies such as telehealth, web-based interventions, and mobile apps.

Implementation

Research in the area of implementation is aimed at ensuring that best practices are implemented throughout the health care system and testing strategies for improvement. In one key study undertaken in collaboration with the Minneapolis VAMC, researchers at the Dissemination and Training and the Executive Divisions are testing an implementation toolkit and facilitation to increase use of evidence-based practices in VA PTSD clinics. This work is being extended to DOD clinics in a multi-site trial involving collaborators.
from five universities and eight military bases studying the use of PE; this project is discussed in the introductory section of this Annual Report.

Other implementation initiatives include efforts to identify and disseminate best practices for intimate partner violence (IPV) identification, assessment, and treatment while targeting health services within VHA. Researchers are involved in planning and evaluating a national rollout of IPV screening programs within primary care clinics. Investigators also recently began a multi-site effectiveness-implementation clinical trial of a brief counseling intervention for women who are experiencing violence in their intimate relationships.

**DSM-5**

The National Center continued its leadership in the development and validation of assessment instruments for the fifth edition of the American Psychiatric Association’s *DSM-5*. *DSM-5* is a classification and diagnostic tool that outlines the diagnostic criteria for all currently recognized psychological disorders. The Clinician-Administered PTSD Scale (CAPS), the gold-standard diagnostic instrument for diagnosing PTSD, was developed at the Center more than 20 years ago and has been updated to reflect the new criteria in *DSM-5*. The National Center also updated other measures, including the PTSD Checklist (PCL-5) and the Primary Care Screen for PTSD (PC-PTSD-5).

**Evidence for a biomarker of PTSD-related suicidal ideation: mGluR5**

mGluR5 availability in key brain regions among individuals with PTSD (with and without SI), MDD (with and without SI), and matched healthy controls. (A) hippocampus; (B) amygdala; (C) dorsolateral prefrontal cortex; (D) ventromedial prefrontal cortex. Percentages indicate difference in availability between specific groups. Error bars represent SD.


Because so much of this work has been completed, the Center is retiring *DSM-5* as an operational priority after this year, although efforts to continue validating these measures will continue. For example, in FY 2019, investigators completed data collection for a study validating a cutoff score for PTSD status based on PC-PTSD-5, compared against the Clinician-Administered PTSD Scale for *DSM-5* (CAPS-5). Results are
expected in FY 2020.

**PTSD and Suicide**

National Center work on PTSD and suicide covers a broad spectrum, from the identification of brain-based biomarkers of suicidality to the examination of system-level tools for improving suicide prevention among Veterans. A summary of work in this area was highlighted in the introductory section of last year’s Annual Report.

In one exciting biomarkers study completed in FY 2019, researchers used positron-emission tomography (PET) imaging to identify glutamatergic metabotropic receptor (mGluR5) as a biomarker linked to PTSD-related suicidal ideation. An investigation of risk factors for suicide included a study using data from the National Health and Resilience in Veterans project, and revealed that Veterans with both PTSD and major depressive disorder (MDD) are significantly more likely to contemplate suicide and attempt suicide than Veterans with either PTSD or MDD alone.

Ongoing studies are testing interventions to prevent suicide among Veterans and Servicemembers who are at greater risk. One project is testing brief cognitive-behavioral therapy for suicide prevention in a sample of Veterans hospitalized for suicide risk. Another is using a version of WET with a sample of Army soldiers and Veterans with PTSD symptoms who have been hospitalized for suicide risk. Center staff are also expanding tools that clinic teams can use to optimize and allocate staff resources to suicide management, with the goal of helping teams ensure effective management of Veteran patients at high risk for suicide without compromising overall access to or quality of care.
Honors and Awards Received by National Center Staff in FY 2019

John H. Krystal, MD  
*Clinical Neurosciences Division*  
Colvin Award for Mood Disorders Research, Brain and Behavior Research Foundation

Edward H. Ahrens Distinguished Investigator Award, Association for Clinical and Translational Science

Mark W. Logue, PhD  
*Behavioral Science Division*  
2019 Spivack Excellence in Neuroscience Awards: Emerging Leader, Boston University School of Medicine

Carmen P. McLean, PhD  
*Dissemination and Training Division*  
Outstanding Service to Association for Behavioral & Cognitive Therapies

Karen S. Mitchell, PhD  
*Women's Health Sciences Division*  
Fellow, Academy for Eating Disorders

Kile M. Ortigo, PhD  
*Dissemination and Training Division*  
VA LGBT Health Care Leadership Award, LGBT Health Care Program, Office of Patient Care Services

Jillian C. Shipherd, PhD  
*Women's Health Sciences Division*  
Laura Brown Award for outstanding contributions in advancing lesbian, bisexual, and transgender women's psychology through research, teaching, practice, and/or activism, APA Division 35, Section 4

Dawne Vogt, PhD  
Brian N. Smith, PhD  
Annie B. Fox, PhD  
Timothy Amoroso, BS  
Emily Taverna, MS  
Paula P. Schnurr, PhD

1 *Women's Health Sciences Division*  
2 *Executive Division*  
Military Family Research Institute Excellence in Research on Military and Veteran Families, Honorable Mention, Purdue University for "Consequences of PTSD for the work and family quality of life of female and male U.S. Afghanistan and Iraq War veterans" (doi:10.1007/s00127-016-1321-5)

TEAMS AWARD  
Principals:  
Victoria Bippart, BA  
Cybele Merrick, MA, MS  
Jessica Hamblen, PhD  
Team Members:  
Rebecca Matteo, PhD  
Margaret Willoughby, BA

TEAM AWARD  
Principals:  
Jillian C. Shipherd, PhD  
Jessica Hamblen, PhD  
Rebecca Matteo, PhD  
Carol Sevick, MS  
Jeremy Tevis, BFA

1 *Executive Division*  
2 *Dissemination and Training Division*  
VHA Communications Award: Integrated Communications Plan; First Place for PTSD Treatment Works

TEAM AWARD  
Principals:  
Margaret Willoughby, BA  
Jessica Hamblen, PhD  
Cybele Merrick, MA, MS  
Carol Sevick, MS  
Jeremy Tevis, BFA  
Margaret Willoughby, BA

TEAM AWARD  
Principals:  
Heather Balch, BA  
Jessica Hamblen, PhD  
Rebecca Matteo, PhD  
Carol Sevick, MS  
Jeremy Tevis, BFA  
Margaret Willoughby, BA

Fellowships and Travel Awards

Lynnette Averill, PhD  
*Clinical Neurosciences Division*  
Early Career Investigator Travel Award, National Institute of Aging Research Centers Collaborative Network

Teddy Akiki, MD  
*Clinical Neurosciences Division*  
Kim Arditte-Hall, PhD  
*Women's Health Sciences Division*  
Daniel Lee, PhD  
*Behavioral Science Division*  
Alies Muskin Career Development Leadership Program, Anxiety and Depression Association of America

Christopher Averill, BS  
*Clinical Neurosciences Division*  
Travel Award, Veterans Integrated Service Networks (VISN) 1 Strategic Initiative for Suicide Prevention

Lynnette Averill, PhD  
*Clinical Neurosciences Division*  
Travel Award, Veterans Integrated Service Networks (VISN) 1 Strategic Initiative for Suicide Prevention

19
PROMOTING PTSD EDUCATION:
Training, Dissemination, and Communication in Fiscal Year 2019

As the leading authority on psychological trauma and its consequences, the National Center seeks to serve all those whose lives are affected by trauma: Veterans and their loved ones; researchers and clinicians; frontline providers and clinic administrators; students; policymakers; and the media. These efforts bring to bear diverse methods and communication channels, from traditional print materials to the latest and most user-friendly technologies.

The Center pioneered the development of mobile apps and web-based tools to disseminate information about PTSD. For example, VetChange, an online self-help tool for Veterans and Servicemembers who are concerned about their drinking and PTSD symptoms, is one of the few websites within VA that permits users to save their data, allowing them to track their progress over time. Alternatively, for people who are uncomfortable with technology and just want something they can hold in their hands, the Center launched a service for providers and the public that allows them to order print materials free of charge.

One-on-one contact with PTSD specialists is another important way to bring information and expertise to those who need it. For instance, the PTSD Mentoring Program has developed and sustained a network of leadership and frontline providers. Working through regular teleconferences, direct contacts, and periodic meetings, the program brings together PTSD specialty program leadership with PTSD specialists, MST coordinators, and other frontline clinic staff.

Sometimes a combination of technological resources and personal contact works best. One key initiative is WoVeN: The Women Veterans Network, which does its work with female Veterans in a hybrid fashion by combining in-person events on both the local and national level with web-based resources.

The sections that follow highlight these and other initiatives throughout the Center that are aimed at bringing the latest and best knowledge about PTSD to Veterans and Servicemembers, the clinicians who serve them, and the general public.

PTSD Awareness

AboutFace is an online gallery of videos featuring Veterans, family members, and clinicians talking...
about PTSD and the value of treatment. The site is designed to raise awareness of PTSD, reduce the stigma that is sometimes associated with mental health issues, and encourage Veterans to seek care. Through its use of multimedia storytelling, the site helps Veterans and family members engage with the stories of other Veterans, ranging from brief interviews that target a key issue — “What treatment was like for me,” for example — to in-depth profiles. This year, a Veteran’s Up Close story of treatment for PTSD stemming from MST serves as the inception of a new section featuring both male and female survivors of MST that will debut 2021.

The National Center expanded the Understanding PTSD series of booklets with Understanding PTSD and Aging to address the concerns of older Veterans and their families. As with other booklets in the series, Understanding PTSD and Aging includes quotes from AboutFace Veterans and is available in both English and Spanish.

Every June, the Center conducts a robust campaign during PTSD Awareness Month to increase the visibility of PTSD and evidence-based treatments. A mini-site on the larger website provides educational and promotional materials for organizations and individuals who want to participate in the campaign. This year’s offering includes a calendar with suggested actions for every day of the month — from taking a course on PTSD treatment or learning about treatment options to sharing videos and subscribing to the YouTube channel.

Support for Providers in the Field

The PTSD Consultation Program, launched in 2011, is an important means of support for VA and community providers. Providers can simply phone or email the program, and a skilled consultant with research and clinical expertise will answer their questions, typically within 24 hours. In FY 2019, the program provided 2,180 consultations, a quarter of which were to community-based clinicians. The program also hosts a popular monthly lecture series that offers free continuing education credits to both VA and community providers.

During FY 2019, the Consultation Program conducted free in-person trainings in PE for licensed community mental health providers who are treating Veterans in rural areas. The training included continuing education credits, training materials, and follow-up phone consultations. A total of 66 providers were trained in 2019.

The PTSD Mentoring Program, established in 2008, promotes best practices in the clinical and administrative components of specialty care. In FY 2019, the program held a face-to-face conference with mentors that focused on their
role in disseminating information to the field and collaborations with Veterans Integrated Service Networks (VISN) Chief Mental Health Officers. On the technology front, the program created an electronic dashboard that summarizes data tailored to the administrative needs of PTSD Mentoring participants. The dashboard was rolled out in August 2019 and enhancements are ongoing.

Center staff have been piloting a learning collaborative approach to training VA providers in WET, an evidence-based treatment for PTSD. Through the use of a “Plan-Do-Study-Act” problem-solving process, the learning collaborative model engages stakeholders across an organization in order to better foster the implementation of new practices. A total of 24 therapists have completed training and consultation, and the program leaders from their clinics have participated in the learning collaborative. Program evaluation data from 70 patients suggest that Veterans who receive WET from these trained providers experience clinically significant improvement. Retention rates were very high, with 79 percent of Veterans completing the full five-session treatment protocol.

The National Center’s Executive Division continued its work — in conjunction with the Office of Rural Health — to improve the treatment of rural Veterans through academic detailing, facilitation, and education. This year, the program identified two locations for intervention: Roseburg, Oregon, and Muskogee, Oklahoma. Thanks to the targeted support provided to them, both locations increased their delivery of evidence-based treatments by at least 20 percent; made clinical and administrative changes to support the VA/DOD Clinical Practice Guideline on consistent care for PTSD; and decreased the prescribing of medications outside of the guidelines. The program also debuted its online Rural Provider PTSD Toolkit, which was designed to help rural PTSD providers address the unique challenges of providing care in a rural mental health care setting.

The Practice-Based Implementation (PBI) Network has grown to over 1,000 VA interdisciplinary providers, researchers, and leaders. In FY 2019, the PBI Network continued to expand its technology focus through its monthly Tech Into...
Care Community of Practice, which provides VA staff with a forum to learn about the latest mobile apps and online programs directly from their developers. The PBI Network lecture series, launched at the start of FY 2019, features materials on technology research and practices relevant to Veteran mental health care. The lecture series welcomes both VA staff and community providers and offers free continuing education credits to participants.

The expansion of the Tech Into Care Initiative was made possible by a two-year Joint Incentive Fund (JIF) grant to a project aimed at expanding the reach of mobile apps to improve coping and reduce suicide risk. In collaboration with partners from the Office of Mental Health and Suicide Prevention and DOD — plus VA’s Office of Connected Care and Veterans Crisis Line — the JIF team is building a Veteran-focused suicide safety planning app module that will be integrated into existing apps. JIF facilitators will train staff at facilities in each VISN on the safety planning app module and how to integrate mobile mental health apps along the continuum of care.

The Community Provider Toolkit has undergone a redesign and evaluation with the help of human-centered design experts at The Lab at OPM, which is part of the Office of Personnel Management. Changes to the site are ongoing and should make this online resource more streamlined and user-friendly for providers in the community who care for Veterans.

The PTSD Clinician’s Exchange, the National Center’s practitioner registry, has been combined with Project OUTFIT into a joint project called CORE Exchange. The project’s website is the information hub for both entities and provides curated information on evidence-informed practices along with self-care content designed to help providers avoid burnout. CORE Exchange’s sophisticated content management system allows the site to be easily modified to address specific practices that are of interest to members.

Self-Help and Treatment Companion Resources

The Center’s Dissemination and Training Division continues to pursue innovations in mobile apps that have a global reach and human impact. As of FY 2019, the apps team has released a total of 16 apps that address issues as varied as parenting, self-help for PTSD symptoms, smoking cessation, and anger management.

During the past year, developers put the final touches on two new apps: Couples Coach and Beyond MST. Couples Coach is a self-help app designed to facilitate communication and problem-solving and to break down stigma around couples and family therapy. The app implements a training plan that progresses through five levels: observation and awareness of emotions and relationship patterns; increasing positive interactions between partners; increasing positive communication; working through conflict; and connecting with friends, family, and community. Beyond MST, developed in collaboration with the Women’s Health Sciences Division, targets male and female survivors of MST and aims to promote more adaptive coping and, if appropriate, engagement in mental health care.

The Center continues its effort to enhance the web-based version of VetChange. Users of this site can track their progress toward abstinence or drinking reduction goals and manage PTSD symptoms that affect their drinking. In the near future, the site will also allow providers to create their own accounts, connect with Veterans via the website, and assign specific modules to Veterans in their care. This effort is a collaboration among Behavioral Science Division investigators and colleagues at VA Boston Healthcare System and Boston University. VetChange will be piloted with two groups of Veterans: participants in a research project at VA PTSD outpatient clinics, and detoxification patients with alcohol use disorder.
and PTSD symptoms following detoxification.

At the same time, National Center staff continued the integration of the VetChange app with the web-based version. The Behavioral Science Division is working with the Dissemination and Training Division to improve the functionality of the VetChange app for iOS devices and to develop an Android version. The updated app will integrate with the VetChange website and include access to coping and action plans completed on the website; substance use tracking capabilities; real-time mood tracking; and coping skill suggestions to help Veterans manage urges to drink and general distress in real time.

The Women’s Health Sciences Division has received additional funding to support its national peer support network WoVeN. WoVeN fosters personal connections, improves well-being, and provides information to support the readjustment of female Veterans after they separate from service. In the spring of 2019, national trainers from eight cities and an additional 34 peer leaders from 17 cities attended a train-the-trainer workshop that has further expanded the initiative’s reach. Given the success of this first training, there are plans to expand this program in 2020 with three new workshops. This initiative will substantially increase the number of WoVeN support group leaders, helping to meet the significant demand for these groups from women Veterans across the country.

The Cards for Connection program was continued during FY 2019. This program, originally created for Veterans experiencing homelessness, involves decks of standard playing cards with helpful information on them, such as the number for the Veterans Crisis Line or easy-to-implement coping skills. Thanks to input from users, this year the cards were enhanced to include waterproof cases, a permanent marker to allow for note-taking, and the phone number for the Women Veterans Call Center. The new decks will be distributed to 13,000 Veterans through a variety of VA, nonprofit, and justice-based programs, and will be available on the new VHA Diffusion Marketplace in FY 2020.

The National Center is developing a CAPS-5 training program that utilizes a responsive virtual patient. The training will be available in FY2020.

**Educational Resources for Professionals**

The Center is developing a state-of-the-art online training program to teach the proper administration and scoring of CAPS-5. Utilizing a responsive virtual patient, voice recognition technology, and artificial intelligence, the CAPS-5 Training Simulator will give learners an immersive experience that will simulate live, in-person training. The course will launch early in FY 2020, and staff will gather data about its performance that will inform improvements in later years.

Skills for Psychological Recovery (SPR) is also slated to launch in FY 2020. This course is designed both for mental health staff and peer specialists who provide services to people in the aftermath of natural disasters, attacks, and other traumatic events. Because SPR takes a...
problem-solving approach to tackling challenges, providers can also use it with Veterans who want to work on difficulties they are facing. The course features video vignettes, expert tips, and handouts for clients.

The Center’s flagship PTSD 101 series of one-hour courses added six new titles in FY 2019, including courses in treating comorbid PTSD and substance use disorder; assessing and reducing risk of violence in Veterans with PTSD; and the use of telehealth in PTSD treatment. Available through the website and through TRAIN (Training Finder Real-time Affiliate Integrated Network), PTSD 101 courses offer free continuing education credits to learners. Learners who successfully complete longer courses on the website can also earn free continuing education credits in a variety of mental health and medical disciplines.

In collaboration with the CPT Team, which is responsible for CPT training throughout VA, Center staff have contributed to the development of a number of educational products. One project involved leading the development of a new CPT web course, Cognitive Processing Therapy for PTSD Enhanced Practice, which is now available online to both VA and non-VA providers. National Center staff also coordinated and co-led a CPT train-the-trainer workshop during the summer of 2019 and is planning another for 2020.

### Online Communication Resources

The National Center’s redesigned website was launched in FY 2019. The result of a three-year planning effort, the website provides a more rewarding and streamlined experience for both long-time users and new visitors. An extensive marketing campaign was undertaken in connection with the site relaunch, including online ads, signage on public transportation, billboards in urban areas, and ads in print magazines with large Veteran and Servicemember readerships. A public service announcement was also distributed via radio and television. The advertising directed viewers to the overall site as well as to three key resources: AboutFace, the PTSD Treatment Decision Aid, and the PTSD Coach mobile app.

PTSDpubs is the new name for the Center’s online database of research on psychological trauma and its consequences. Formerly known as Published International Literature on Traumatic Stress (PILOTS), PTSDpubs gives users around the world free access to the international interdisciplinary literature on PTSD and other mental health consequences of exposure to traumatic events. At the end of the fiscal year, the database contained more than 62,500 items.
<table>
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<tr>
<th>FY 2019 Communication Resources at a Glance</th>
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<td><strong>Website</strong> ([www ptsd va gov](www ptsd va gov))</td>
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<tr>
<td>8.2 million views</td>
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<td><strong>Mobile Apps</strong></td>
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<td>488,865 downloads of 16 apps</td>
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<td>340,929 subscribers</td>
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<td><strong>PTSD Research Quarterly</strong></td>
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<td>57,140 subscribers</td>
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About the National Center for PTSD

History
The National Center for PTSD was created in 1989 within VA in response to a Congressional mandate (PL 98-528) to address the needs of Veterans and other trauma survivors with PTSD. The National 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 initially 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. Two Divisions are in Boston, Massachusetts; two in West Haven, Connecticut; one in Palo Alto, California; and one in Honolulu, Hawaii. Each contributes to the overall Center mission through specific areas of focus.

The National Center for PTSD is an integral and valued component of VA’s Office of Mental Health and Suicide Prevention (OMHSP), which is part of VHA. OMHSP 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 Quick Facts
- The National Center for PTSD was formed in 1989
- The Center has seven Divisions across the U.S., each with a distinct area of focus
- The National Center for PTSD manages the largest PTSD brain bank in the world
Leadership in Fiscal Year 2019

Paula P. Schnurr, PhD
Executive Director, Executive Division, White River Junction, VT
Professor of Psychiatry, Geisel School of Medicine at Dartmouth

Matthew J. Friedman, MD, PhD
Senior Advisor and founding Executive Director, Executive Division, White River Junction, VT
Professor of Psychiatry and of Pharmacology and Toxicology, Geisel School of Medicine at Dartmouth

Jessica L. Hamblen, PhD
Deputy for Education, Executive Division, White River Junction, VT
Associate Professor of Psychiatry, Geisel School of Medicine at Dartmouth

Paul E. Holtzheimer, MD
Deputy for Research, Executive Division, White River Junction, VT
Associate Professor of Psychiatry, Geisel School of Medicine at Dartmouth

Terence M. Keane, PhD
Division Director, Behavioral Science Division, Boston, MA
Professor of Psychiatry and Assistant Dean for Research, Boston University School of Medicine

John H. Krystal, MD
Division Director, Clinical Neurosciences Division, West Haven, CT
Robert L. McNeil, Jr. Professor of Translational Research and Chairman of the Department of Psychiatry, Yale University School of Medicine

Craig S. Rosen, PhD
Acting Division Director, Dissemination and Training Division, Menlo Park, CA
Associate Professor of Psychiatry and Behavioral Sciences, Stanford University School of Medicine

Rani A. Hoff, PhD, MPH
Division Director, Evaluation Division, West Haven, CT
Director of the Northeast Program Evaluation Center, West Haven, CT
Professor of Psychiatry, Yale University School of Medicine

Tara E. Galovski, PhD
Division Director, Women's Health Sciences Division, Boston, MA
Associate Professor of Psychiatry, Boston University School of Medicine
## Fiscal Year 2019 Expert Panels

### EXPERT SCIENTIFIC PANEL

**Chair: Thomas C. Neylan, MD**  
San Francisco VA Medical Center; University of San Francisco School of Medicine

**Col. David Benedek, MD, LTC, MC, USA**  
Uniformed Services University of the Health Sciences

**Susan E. Borja, PhD**  
National Institute of Mental Health

**John Fairbank, PhD**  
National Center for Child Traumatic Stress, Duke University Medical Center

**Sandro Galea, MD, DrPH**  
Boston University School of Health

**JoAnn Kirchner, MD**  
VA Mental Health Quality Enhancement Research Initiative, Central Arkansas Veterans Healthcare System; University of Arkansas for Medical Sciences

**Brett Rusch, MD**  
White River Junction VA Medical Center  
Geisel School of Medicine at Dartmouth

**Alan L. Peterson, PhD, ABPP**  
University of Texas Health Science Center

**Kerry Ressler, MD, PhD**  
McLean Hospital, Harvard Medical School

**Barbara O. Rothbaum, PhD, ABPP**  
Emory University School of Medicine

**Elizabeth Yano, PhD, MSPH**  
VA Greater LA Healthcare System, UCLA Fielding School of Public Health

**Ex-Officio: Theresa Gleason, PhD**  
VA Clinical Science Research & Development

### EXPERT EDUCATIONAL PANEL

**Chair: Dean Kilpatrick, PhD**  
National Crime Victims Research & Treatment Center, Medical University of South Carolina

**Craig Bryan, PsyD, ABPP**  
National Center for Veterans Studies, The University of Utah

**Ann Feder, LCSW**  
Department of Veterans Affairs, VISN 2

**Michael Fisher, MSW**  
Readjustment Counseling Services, Department of Veterans Affairs

**Michael R. Kauth, PhD**  
VA South Central Mental Illness Research Education Clinical (MIRECC)

**Kacie Kelly, MS**  
George W. Bush Presidential Center

**Jackie Maffucci, PhD**  
Iraq and Afghanistan Veterans of America

**Lisa A. Marsch, PhD**  
Center for Technology and Behavioral Health, Dartmouth Psychiatric Research Center, Geisel School of Medicine at Dartmouth

**David S. Riggs, PhD**  
Center for Deployment Psychology, Uniformed Services University of the Health Sciences
EXECUTIVE DIVISION
VA Medical Center (116D)
215 North Main Street
White River Junction, VT 05009

BEHAVIORAL SCIENCE DIVISION
VA Boston Healthcare System (116B-2)
150 South Huntington Avenue
Boston, MA 02130

CLINICAL NEUROSCIENCES DIVISION
Psychiatry Service (116A)
VA Medical Center
950 Campbell Avenue
West Haven, CT 06516

EVALUATION DIVISION (NEPEC)
VA Connecticut Healthcare System (182)
950 Campbell Avenue
West Haven, CT 06516

DISSEMINATION AND TRAINING DIVISION
VA Palo Alto Health Care System
Building 334-PTSD
795 Willow Road
Menlo Park, CA 94025

PACIFIC ISLANDS DIVISION
VA Pacific Islands Healthcare System
459 Patterson Road
Honolulu, HI 96819

WOMEN’S HEALTH SCIENCES DIVISION
VA Boston Healthcare System (116B-3)
150 South Huntington Street
Boston, MA 02130
# APPENDIX A

## Acronyms Used in Appendix B

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>APOE</td>
<td>Apolipoprotein E</td>
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<tr>
<td>AUD</td>
<td>Alcohol Use Disorder</td>
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<tr>
<td>BDNF</td>
<td>Brain-Derived Neurotrophic Factor</td>
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<tr>
<td>CAPS-5</td>
<td>Clinician-Administered PTSD Scale for DSM-5</td>
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<tr>
<td>CBCT</td>
<td>Cognitive-Behavioral Conjoint Therapy</td>
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<td>CBT</td>
<td>Cognitive-Behavioral Therapy</td>
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<td>COE</td>
<td>Center of Excellence</td>
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<td>CPT</td>
<td>Cognitive Processing Therapy</td>
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<tr>
<td>CSP</td>
<td>Cooperative Studies Program</td>
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<tr>
<td>DOD</td>
<td>Department of Defense</td>
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<tr>
<td>DSM-5</td>
<td>Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition</td>
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<tr>
<td>EBA</td>
<td>Evidence-Based Antidepressant</td>
</tr>
<tr>
<td>EBP</td>
<td>Evidence-Based Psychotherapy</td>
</tr>
<tr>
<td>EEG</td>
<td>Electroencephalogram</td>
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<tr>
<td>EMA</td>
<td>Ecological Momentary Assessment</td>
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<td>ENIGMA</td>
<td>Enhancing Neuroimaging Genetics through Meta-Analysis</td>
</tr>
<tr>
<td>fMRI</td>
<td>Functional Magnetic Resonance Imaging</td>
</tr>
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<td>FY</td>
<td>Fiscal Year</td>
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<tr>
<td>GWAS</td>
<td>Genome-Wide Association Studies</td>
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<td>IPV</td>
<td>Intimate Partner Violence</td>
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<td>LATR</td>
<td>Later-Adulthood Trauma Reengagement</td>
</tr>
<tr>
<td>LGBT</td>
<td>Lesbian, Gay, Bisexual, and Transgender</td>
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<tr>
<td>LIGHET</td>
<td>Longitudinal Investigation of Gender, Health, and Trauma</td>
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<tr>
<td>MBC</td>
<td>Measurement-Based Care</td>
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<tr>
<td>MDD</td>
<td>Major Depressive Disorder</td>
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<tr>
<td>MDMA</td>
<td>3,4-methylenedioxy-methamphetamine</td>
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<tr>
<td>MEG</td>
<td>Magnetoencephalography</td>
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<tr>
<td>mGluR5</td>
<td>Metabotropic Glutamate Receptor Type 5</td>
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<td>MRI</td>
<td>Magnetic Resonance Imaging</td>
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<td>MST</td>
<td>Military Sexual Trauma</td>
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<td>Million Veteran Program</td>
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<td>Northeast Program Evaluation Center</td>
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<td>PC-PTSD-5</td>
<td>Primary Care Screen for PTSD for DSM-5</td>
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<td>Present-Centered Therapy</td>
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<td>Prolonged Exposure</td>
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<td>Positron Emission Tomography</td>
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<td>Posttraumatic Stress Disorder</td>
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<td>REACH VET</td>
<td>Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment</td>
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<td>RRTP</td>
<td>Residential Rehabilitation Treatment Program</td>
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<td>Survey of Returning Veterans</td>
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<td>SSRI</td>
<td>Selective Serotonin Reuptake Inhibitor</td>
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<td>STAIR</td>
<td>Skills Training in Affective and Interpersonal Regulation</td>
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<td>STRONG STAR</td>
<td>South Texas Research Organizational Network Guiding Studies on Trauma and Resilience</td>
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<td>TBI</td>
<td>Traumatic Brain Injury</td>
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<td>Transcranial Magnetic Stimulation</td>
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<td>TRACTS</td>
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<td>Translocator Protein</td>
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<td>Veterans Health Administration</td>
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<td>Web Version of Prolonged Exposure</td>
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<td>WET</td>
<td>Written Exposure Therapy</td>
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<tr>
<td>WoVeN</td>
<td>Women Veterans Network</td>
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Biomarkers

The Division has an active portfolio of genetic and neuroimaging studies involving collaborations with investigators in the Translational Research Center for Traumatic Brain Injury and Stress Disorders (TRACTS), the Department of Veterans Affairs (VA) National PTSD Brain Bank, the Psychiatric Genomics Consortium (PGC), and the PTSD Working Group of the ENIGMA (Enhancing Neuroimaging Genetics through Meta-Analysis) Consortium. During FY 2019, Division investigators focused on the roles of inflammation and oxidative stress in the biology of PTSD, and on the role of PTSD and other trauma-associated symptoms in accelerated aging.

Ongoing studies that examine PTSD and blast-related traumatic brain injury (TBI) in Veterans of Iraq and Afghanistan war zones aim to clarify the relative contribution of mild TBI and psychiatric conditions to deficits in current functioning and health outcomes. Investigators are now expanding this work to an older longitudinal cohort to study how stress, genetic risk, and peripheral biomarkers of inflammation are associated with subsequent health decline and neurodegeneration.

Biomarkers examined by the Division include brain features measured by neuroimaging, peripheral markers of inflammation and metabolic pathology, and specific genes and polygenic risk scores. Also under investigation are epigenetic markers drawn from blood and postmortem brain tissue, including epigenome-wide DNA methylation levels and transcriptome-wide mRNA (i.e., gene expression).

Division researchers continued to use functional and structural magnetic resonance imaging (MRI) to identify neural circuitry involved in PTSD. They also used magnetic resonance spectroscopy to examine neurodegeneration and neuroinflammation.

Behavioral Science Division

The Behavioral Science Division (BSD) in Boston, Massachusetts, conducts research on life adjustment after military deployment and other traumatic stressors, methods to assess trauma and posttraumatic stress disorder (PTSD), innovative approaches to clinical intervention and treatment delivery, and the potential neurobiological and genomic basis of PTSD and its comorbidities.

Treatment Efficiency, Effectiveness, and Engagement

The Division’s pioneering research on treatments for PTSD is focused on overcoming barriers to seeking care, reducing dropout, and increasing the efficiency of care delivery. One example is the internet-based treatment VetChange, which was originally designed for Iraq and Afghanistan combat Veterans who report both risky use of alcohol and PTSD-related distress. The initial clinical trial produced evidence that VetChange was effective in reducing both drinking and PTSD symptoms. VetChange was subsequently modified to include mobile-friendly features and was disseminated nationally; this later version, which is applicable to Veterans of all eras, has been shown to be effective as well.

A VetChange mobile app that has key VetChange features was developed recently, in conjunction with the Dissemination and Training Division, and efforts are currently underway to integrate the mobile app and web versions to increase mobile access for real-time intervention support. In addition, a major extension of the VetChange web intervention is underway to directly integrate with clinical care delivered by VA providers and to evaluate its effectiveness in VA PTSD clinics as well as inpatient detoxification.
settings.

Other Division efforts include developing and testing efficient, therapist-delivered interventions or treatment extenders, with the goals of finding approaches that require less professional staff time and that are easier for patients to complete. A prime example is Written Exposure Therapy (WET), a five-session exposure-based treatment for PTSD that has been shown to be highly effective with non-Veteran patients. A current VA-funded study is being conducted to examine the efficacy of WET in comparison to Prolonged Exposure (PE) with Veterans. An implementation study is also being conducted in which VA mental health providers are being trained to deliver WET.

Research on factors that link PTSD with aggression toward intimate partners has led to the development and evaluation of interventions that reduce or prevent aggression within at-risk military and Veteran families. Positive clinical trials have been published, and the interventions continue to be implemented across the VA health care system and on one military installation. An ongoing pilot study also is testing one of these programs in an underserved urban civilian setting. Data collection is nearing completion, with preliminary analyses showing large effects in reducing intimate partner violence (IPV).

Division investigators have also been studying how clinicians make decisions around family involvement in PTSD treatment, conducting qualitative interviews with staff and administrators to identify their decision-making process and various barriers or facilitators for family involvement. Efforts are also underway to examine how to harness social support from Veterans’ family members to aid treatment effectiveness. A small, randomized, controlled trial is being conducted to examine the impact of a two-session family intervention to complement the delivery of Cognitive Processing Therapy (CPT) or PE. The goals of the intervention are to increase family members’ support for and understanding of trauma-focused treatment, and also to reduce levels of family accommodation around PTSD symptoms.

In the area of complementary interventions, a continuing five-year study is examining the impact of two 12-week group treatments on chronic pain in Gulf War Illness. A one-year pilot study is examining the same interventions for older, sedentary, trauma-exposed Veterans. In both studies, tai chi, a mind-body exercise that has been associated with physical and mental health benefits, is compared with a wellness promotion intervention that is based on an existing VA model of care entitled Whole Health.

Division investigators also are examining a developmental phenomenon termed later-adulthood trauma reengagement (LATR). It involves efforts by older combat Veterans to actively re-engage with wartime memories with the aim of building coherence and finding meaning in past experience. It is theorized that the LATR process has the potential to lead to either positive outcomes such as personal growth or negative outcomes such as increased PTSD symptoms. An ongoing study is examining the impact of a 10-week psychosocial discussion group for older combat Veterans who report experiences consistent with the LATR process.

Division investigators are partnering with researchers in the Women’s Health Sciences Division to examine the effects of trauma and other high-impact stressors on PTSD and related sequelae such as substance use disorders among lesbian, gay, bisexual, and transgender (LGBT) Veterans. This research aims to develop and refine conceptual models of trauma, PTSD, and related impairments to inform research, treatment development, and treatment planning for LGBT Veterans.

Care Delivery, Models of Care, and System Factors

The main example of work related to this National Center priority is a project that examines how evidence-based psychotherapy (EBP) is delivered by clinicians affiliated with the VA Boston Healthcare System Outpatient PTSD Clinic. Findings indicate that strategic changes in clinic intake procedures, such as distributing materials describing treatment options and adding a second intake session focused on collaborative treatment planning, were associated with increased rates of retention in treatment for PTSD.

DSM-5

Data collection is complete for a study validating a cutoff score for PTSD status according to Diagnostic and Statistical Manual of Mental Disorders–Fifth Edition (DSM-5) criteria based on the most recent version of the Primary Care Screen for PTSD for DSM-5 (PC-PTSD-5). The study is part of a larger effort to validate DSM-5 versions of measures that have been developed by National Center investigators. The ongoing project recruits Veterans from VA primary care
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(Behavioral Science Division, continued)

locations and compares the screening measure to the gold-standard interview, the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5). The study also examines the extent to which the optimal PC-PTSD-5 cutoff score varies across subgroups of Veterans. Data analyses have been completed and a manuscript is being prepared to submit for publication. A separate study co-led by a Division investigator aims to provide validation of CAPS-5 performance with a military sample.

PTSD and Suicide

Division researchers are actively contributing to knowledge about PTSD and suicide, particularly in the domain of identifying risk factors. For one project, investigators used machine learning to identify the interactions among risk factors that predict future suicide attempts, using data from the Veterans After-Discharge Longitudinal Registry (Project VALOR) partitioned by gender. Results revealed that almost 8 percent of the sample made a suicide attempt over a five-year period. Machine learning portioned by gender identified important similarities and differences in risk pathways.

Two other projects are testing interventions to prevent suicide among Veterans and Servicemembers who are at risk for suicide. One project will examine feasibility and acceptability of Brief Cognitive-Behavioral Therapy for suicide prevention in a sample of Veterans hospitalized for suicide risk. In addition, experience sampling will be used to explore granular fluctuations in suicide risk and related risk factors (e.g., hopelessness) during and after treatment.

In another project that was recently launched, in collaboration with the STRONG STAR (South Texas Research Organizational Network Guiding Studies on Trauma and Resilience) Consortium, Division investigators are testing a modified version of WET for Suicide with a sample of Army soldiers and Veterans with PTSD symptoms who have been hospitalized for suicide risk. The study seeks to determine whether treating PTSD symptoms reduces the likelihood of future suicidal behavior.

Other Important Research

The Division has a great deal of expertise in longitudinal, observational studies that inform the understanding of the course of PTSD and associated conditions over time. Division researchers are working on two large prospective cohort studies that collect information from strategically selected Veteran and Servicemember groups. The first, Project VALOR (Veterans After-Discharge Longitudinal Registry), is working with a registry of 1,649 male and female combat Veterans who became users of VA services after 2002. The project collects data about health outcomes associated with PTSD, supplemented by clinical information from VA electronic medical records. Data collection for the fifth sampling wave is now complete, with over 1,000 participants providing saliva samples for future genomic analyses; examination of PTSD symptom trajectories and predictors of those trajectories are now complete.

The second large investigation, the Neurocognition Deployment Health Study (NDHS), began data collection at the outset of the Iraq War in 2003. Military personnel were assessed before deployment and at several intervals afterward, making this the first prospective longitudinal study to address the psychological impact of war zone stress. The study design allows examination of long-term emotional and neuropsychological outcomes, as well as health-related quality of life and occupational functioning. Initial papers have described PTSD outcomes; longitudinal neuropsychological outcomes; and relationships among PTSD, TBI, and neuropsychological outcomes. Data preparation and analysis are underway for an associated study that examines the adjustment of both partners and children of the Servicemembers and Veterans in the cohort.

Using data from the Nurses’ Health Study and VA Normative Aging Study, during which nurses and Veterans were followed for 10 and 30 years respectively, researchers found that higher initial levels of optimism were associated with 11 percent - 15 percent longer life span and 50 percent - 70 percent greater odds of achieving exceptional longevity, defined as reaching age 85.

In a related study examining psychosocial factors which underlie the associations of early experiences to longevity, investigators also found that greater optimism in midlife helped to explain the benefits of higher childhood socioeconomic status on greater longevity, whereas greater exposure to stressful life events in midlife accounted for some of the negative influence of childhood psychosocial stressors on reduced life span.

Division assessment research includes work with teams from the MITRE Corporation, a not-for-profit organization based in Bedford, Massachusetts, that manages federally funded...
research and development centers. The current project is aimed at developing a nonintrusive method of PTSD detection based on voice analysis applied to interview recordings. This work identifies vocal markers related to timing and coordination of speech to determine the presence and severity of PTSD. The nonintrusive nature of this approach increases its potential for real-world application; a patent application has been filed.

Clinical Neurosciences Division

The Clinical Neurosciences Division in West Haven, Connecticut, focuses on research to establish novel treatments and uncover biomarkers of disease mechanisms related to traumatic stress, and investigates paradigms of risk and resilience. By leveraging an interdisciplinary approach that includes genetics, neuroimaging, treatment interventions, and epidemiological studies, the Division maximizes efforts to translate discoveries into therapeutic targets for PTSD and associated comorbid conditions.

Biomarkers

Neurogenomics and neuroimaging drive biomarker development, including molecular, biochemical, structural, and functional approaches to investigate stress-related phenotypes and to better understand the sequence of pathological events associated with posttraumatic stress. The cross-cutting nature of this work provides a foundation to research methods for the early detection of at-risk individuals, genetic and environmental interactions underlying symptoms, and treatment response.

Division researchers use genome-wide association studies (GWAS) to screen for genetic variations across large numbers of research participants. GWAS data from 165,000 U.S. military Veterans participating in the Million Veteran Program (MVP) provided the first evidence of genetic vulnerability to one of the hallmark symptoms of PTSD, re-experiencing traumatic events. A report published in Nature Neuroscience describes eight distinct genetic regions associated with PTSD and stress response: markers for genes that influence corticosteroid function (CRHR1 and HSD17B11), immune and inflammatory response (RAB27B), and associations with schizophrenia and bipolar disorder (TCF4 and MAD1L1). Genetic overlap between PTSD and schizophrenia may be due to shared biochemical pathways between hallucinations, dissociation, nightmares, and flashbacks, and may identify which PTSD patients are appropriate candidates for antipsychotic pharmacotherapy. Cell-type analyses revealed that medium spiny neurons may implicate striatal dysfunction in PTSD. Data further revealed that re-experiencing symptoms share genetic risk factors with hypertension.

The VA National PTSD Brain Bank studies postmortem brain tissue of PTSD and major depressive disorder (MDD) donors to characterize gene expression associated with stress and suicide, which may lead to blood-based biomarkers that could be used to diagnose and monitor treatment response. RNAseq analysis, involving more than 1,900 tissue samples of cortical and limbic brain regions revealed patterns of gene co-expression, and sex-specific transcriptional changes in four regions of the prefrontal cortex.

Bioinformatic data suggest that endothelial cells, important in the transit of white blood cells; microglial cells responsible for activating inflammation; and neurons are co-regulated across PTSD. Consistent with GWAS data, transcriptomic signatures for PTSD closely resemble those of schizophrenia and bipolar disorder, suggesting a convergent pathology. Finally, transcriptomic studies of amygdala brain regions implicate microglial cells and astrocytes (i.e., glial cells which regulate transmission of electrical impulses in the brain) in the pathophysiology of PTSD.

Using data from the National Health and Resilience in Veterans Study (NHRVS), investigators examined genetic and epigenetic factors implicated in PTSD with an emphasis on how protective factors such as physical exercise and social support may moderate the deleterious effects of genes associated with PTSD. Data including the brain-derived neurotrophic factor (BDNF) Val66Met polymorphism revealed that, among highly trauma-exposed “risk allele” carriers, those who engaged in physical...
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(Clinical Neurosciences Division, continued)

exercise had substantially reduced risk of PTSD. Additionally, a study involving more than 1,135 U.S. Veterans looked at molecular DNA methylation factors associated with biological aging, and revealed that greater lifetime trauma exposure and childhood sexual trauma were associated with accelerated DNA aging.

Division researchers use multimodal neuroimaging, such as positron emission tomography (PET), MRI, and spectroscopy, to investigate functional activation patterns, concentrations of neurotransmitters, the structure and shape of brain regions, and energy demands throughout the brain. This work also includes large-scale mapping of the PTSD brain connectome, a brain circuitry map. Efforts continue to build a large neuroimaging data repository in order to develop machine learning and artificial intelligence methods.

Investigators also use electroencephalogram (EEG) to evaluate changes in electrical activity in the brain both before and after pharmacotherapy treatment. This year, the Division also acquired the first magnetoencephalography (MEG) unit within the VA health care system. MEG is a cutting-edge, highly sensitive technology with greater sensitivity than EEG. It is capable of high temporal resolution of electrical activity in deep brain structures and is an important investigative tool for next-generation PTSD research.

Building on postmortem and genetic data, PET researchers studied transcription levels of translocator protein (TSPO), a marker of microglial and inflammatory immune response, to determine the relationship between TSPO, peripheral immune markers, and PTSD symptoms. TSPO was significantly lower in PTSD subjects compared to subjects without PTSD in the insula, ventromedial prefrontal cortex, and prefrontal-limbic regions. The latter region was also associated with lower IFN-gamma, a proinflammatory cytokine implicated in autoimmune disease, and with greater PTSD symptom severity. This study provided the first known in vivo evidence of neuroimmune dysregulation in PTSD.

PET researchers also examined synaptic density in PTSD and MDD using a new radioligand that quantifies synaptic vesicle protein (SV2A). This research demonstrated that severity of depressive symptoms is associated with lower synaptic density, as well as with disrupted connectivity. This finding was the first in vivo confirmation that depression is associated with altered synaptic density.

Five separate studies used MRI and computational modeling to examine PTSD-related brain dysfunction.

► A study using fractional anisotropy in PTSD subjects found altered white matter in the cingulum angular bundle, a brain region implicated in executive function and neurodegeneration.

► Researchers studied Veterans who are both apolipoprotein E (APOE) e4 allele carriers and have a diagnosis of PTSD, and demonstrated that they have significantly greater cognitive difficulties than e4 carriers without PTSD.

► An investigation of associative learning in combat Veterans with severe PTSD found that two brain regions, the amygdala and striatum, are less able to track changes in threat level and demonstrated impaired learning, suggesting more difficulty in unlearning fear upon return to civilian life.

► An evaluation of a newly developed pupillary biomarker examined stress arousal via neuron firing in the locus coeruleus, a brain region that also controls changes in the pupil of the eye.

► A study using a novel calibrated functional MRI (fMRI) technique investigated trauma and mood symptoms under drug challenge with ketamine and perampanel.

Treatment Efficiency, Effectiveness, and Engagement

NHRVS data was used to conduct the first known nationally representative study comparing Veterans use of VA as their primary source of health care. The study provides a comprehensive and up-to-date sociodemographic, military, and clinical profile of U.S. Veterans who do and do not utilize VA services.

Relative to non-VA users, VA users are more likely to be younger, female, Black, unmarried, less educated, and to have lower household incomes; they were also more likely to have served longer in the military and in combat roles. Looking at factors related to health, VA users were more likely to have lifetime psychiatric disorders, endorse current suicidality, report more trauma in their lifetimes, report more medical conditions, endorse a disability, and score lower on measures of functioning. The most important factor that differentiated VA health care users was
APPENDIX B: Fiscal Year 2019 Research Narrative

(Clinical Neurosciences Division, continued)

the presence of a lifetime psychiatric disorder. The study suggests that Veterans who use VA health care have an elevated health burden; these findings may help inform outreach and engagement initiatives.

Division researchers are also conducting a number of treatment-based trials:

- A clinical trial of repeated doses of ketamine for treatment-resistant PTSD, with an added emphasis on durability of treatment response.
- A seven-day trial of PE enhanced with a single infusion of ketamine.
- A study of combined PE and CPT in VA PTSD residential treatment programs.
- A project examining Mindfulness-Based Stress Reduction for anger and aggression in Veterans with PTSD.
- An examination of chronic pain, anger, and aggression in PTSD using ecological momentary assessment (EMA).
- A trial of transcranial direct current stimulation on learning, memory, and brain circuitry.
- A trial of buprenorphine and CPT for patients diagnosed with PTSD and opiate use disorder; opiate use disorder is more common in diagnoses of PTSD.
- A study that examines the effect of WET in Veterans diagnosed with PTSD and comorbid substance use disorder.
- A study to examine the effect of sirolimus and ketamine on neuroinflammation; this project expands upon previous work demonstrating prolonged remission with the combined treatments.
- A study of the neural and behavioral effects of serotonin-releasing agent 3,4-methylenedioxy-methamphetamine (MDMA) in PTSD.

The Division will also lead VA Cooperative Studies Program (CSP) #2016, targeting 1,224 patients at 34 VA Medical Centers. This study compares three commonly prescribed pharmacotherapies for insomnia: trazodone, gabapentin, and eszopiclone. Insomnia is among the most common persisting symptom of PTSD, with more than 80 percent of patients who are actively engaged in other behavioral and pharmacologic treatments reporting this symptom. At present, there are no medications approved for the treatment of PTSD-related insomnia.

**DSM-5**

The Division has been involved in the National Center’s efforts in development and validation of assessment instruments for DSM-5. NHRVS data was used to examine predominant typologies of DSM-5 PTSD symptoms in the U.S. Veteran population. Results revealed three typologies of PTSD, differentiated by both the nature and severity of symptoms: Dysphoric (i.e., negative affect and anhedonic symptoms); High Symptom (i.e., high probabilities of all symptom clusters); and Threat (i.e., intrusive and avoidance symptoms).

These typologies differed in their clinical features. The Dysphoric group had higher rates of depression and substance use disorders than the Threat typology. The High Symptom typology had higher rates across all disorders, including suicidality, relative to the Dysphoric and Threat typologies. These results underscore the importance of a personalized approach to the assessment, monitoring, and treatment of DSM-5 PTSD, as well as the clinical burden of the High Symptom typology, in U.S. Veterans.

**PTSD and Suicide**

Division researchers are investigating the use of pharmacological agents that have an acute antidepressant effect as a strategy to prevent suicide among individuals with PTSD. This work includes several projects that evaluate the anti-suicidal properties of ketamine in both treatment-resistant PTSD and depression, and how neural alterations and changes in synaptic connectivity both before and after ketamine treatment may underlie these behavioral changes.

Researchers are also developing a database of longitudinal factors related to suicidality, PTSD, depression, neuroimaging, and behavioral data to study symptom trajectory and outcomes over time. Other work includes a study examining PTSD, suicidality, and brain-based biomarkers in caregivers of Veterans with PTSD, using connectome-based predictive modeling to identify critical nodes and circuits that may predict the severity of suicidal behavior.

New findings involving the glutamatergic metabotropic receptor (mGluR5) were also uncovered. Using PET, researchers measured mGluR5 levels in individuals with PTSD and MDD who reported suicidal thinking at the time of scanning and found high levels of mGluR5 in the PTSD group with current suicidal thoughts.
APPENDIX B: Fiscal Year 2019 Research Narrative

(Clinical Neurosciences Division, continued)

There were no elevated levels observed in the PTSD group without suicidal thoughts or in the MDD group, either with or without current suicidal thoughts. This work supports mGluR5 as a biomarker linked to PTSD-related suicidal ideation.

NHRVS data revealed a wealth of conclusions related to suicidality. Veterans with both PTSD and MDD are significantly more likely to have attempted suicide and to be currently contemplating suicide, compared to Veterans with PTSD or MDD alone. Anhedonic and externalizing symptoms of PTSD are most strongly linked to suicidal thinking. Veterans who use VA as their primary source of health care have significantly higher rates of suicide attempts and suicidal thinking than those who do not. Factors such as greater purpose in life, curiosity, and optimism may help buffer the probability of suicidality in high-risk Veterans with histories of PTSD and depression. Finally, a greater sense of meaning in life moderates the relationship between suicidal ideation and experiences that violate the person’s moral or ethical standards.

Published NHRVS study findings documented the effect of homelessness on suicidality, showing that Veterans with a history of homelessness are five times more likely to attempt suicide than those with no such history. These findings made an immediate translational impact on policy, as directives were issued on roles and responsibilities of VA homeless programs in suicide prevention.

Dissemination and Training Division

The Dissemination and Training Division in Palo Alto, California, conducts research on patient needs and preferences, implementation science, the development of novel and adapted treatments that attend to patient preferences, and the development and testing of technology-based delivery of treatment.

Treatment Efficiency, Effectiveness, and Engagement

A key focus of Division researchers is increasing patient engagement into care. One study is developing a brief measure of patient characteristics associated with effective engagement in care, which will guide identification of the type and amount of service resources needed to engage Veterans. A second study is focusing on racial and ethnic minority patients who have been found to experience disparities in trauma exposure and mental health care. The project will develop a screening tool that identifies patients at risk for subsequent mental health problems and identify resources tailored to particular patient problems and needs to increase engagement into care.

Several ongoing studies are assessing the ability of web-based and mobile technologies to increase Veteran access to mental health care and to enhance outcomes. Telemental health services in the home are expected to increase patient engagement and access, but to date this type of service has rarely been implemented. A hybrid effectiveness and implementation study will compare two treatments delivered to women Veterans in their homes via video teleconference: Skills Training in Affective and Interpersonal Regulation (STAIR) and Present-Centered Therapy (PCT). The goals of the study are to assess the relative effectiveness of these treatments and to identify barriers and facilitators for using video for home delivery treatment.

The efficacy of web-PE, a web version of PE, in reducing symptoms of PTSD in military personnel and Veterans is being tested. Web-PE is delivered online with therapist oversight and facilitation, and could have significant potential to increase the reach of PE to those who cannot otherwise access traditional face-to-face care. A new study will test whether the addition of peer support increases adherence to and completion of online treatment. This trial will compare patient engagement and outcomes from using Moving Forward, a VA online version of Problem Solving.
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(Dissemination and Training Division, continued)

Therapy, with and without peer support.

A two-site study is underway to assess the efficacy of PTSD Coach compared with traditional treatment for reducing PTSD symptoms in Veterans utilizing primary care services. Several pilot studies of mobile phone apps are near completion, including a pilot study of app-based personalized and semiautomated coaching integrated into PTSD Coach; a pilot study of a couples-based intervention using mobile apps; and two ongoing trials of the Mindfulness Coach app in Veterans with PTSD and as an adjunct for Veterans receiving other types of medical care.

A mobile cognitive control training for the treatment of alcohol use disorder (AUD) and PTSD will determine the efficacy of a novel neurocognitive intervention for improving recovery outcomes. The National Center and the VA Palo Alto Health Care System received funding for a Center for mHealth Applications Research, Resources, and Services to aid mobile health research by National Center and other VA investigators.

In collaboration with researchers from the Minneapolis VA Health Care System, the Division is conducting a study to test a web-based intervention to help National Guard families encourage their loved ones to seek mental health care. Key questions concerning the methods and the extent to which social networks can be utilized to increase treatment engagement, and to improve mental and physical health outcomes, are being investigated in a study of cancer survivors, another highly stressed population.

Care Delivery, Models of Care, and System Factors

New efforts are underway to improve patient access to care by using participatory systems dynamics modeling, a collaborative quality improvement approach in which stakeholders identify specific system problems, use computer modeling to compare the likely outcomes of different potential solutions, and then select an optimal solution to implement. Preliminary pilot data indicate substantially improved access to evidence-based psychotherapy (EBP) at two facilities using this method.

Technical Assistance Specialists in the VA Office of Mental Health and Suicide Prevention have been trained in this approach and are partnering with the National Center in two studies. These randomized controlled trials will test the effects of participatory systems dynamics modeling on increasing provision of evidence-based treatments, its mechanisms of action, and its cost-effectiveness relative to usual VA quality improvement.

Implementation

A study evaluating how to simplify assessment of the quality of delivery of cognitive-behavioral therapy (CBT) for PTSD, depression, and anxiety disorders is underway. A second ongoing study is evaluating competing strategies intended to enhance and sustain the delivery of CPT; one strategy emphasizes fidelity to the protocol through expert consultation and online resources, and the other focuses on using continuous quality improvement strategies to improve fit and to address barriers to treatment delivery.

Investigators involved in the evaluation of the national rollout for PE are studying the effectiveness of different training models on trainee delivery of PE. Another study compares methods of assessing treatment quality and fidelity, two important implementation outcomes for CBTs, including CPT. National Center staff are also supporting VA’s efforts to implement measurement-based care (MBC), and recently published results of three qualitative studies on implementation of MBC.

In collaboration with the Minneapolis VA Health Care System, investigators at two National Center Divisions are testing an implementation toolkit and facilitation to increase use of EBPs in VA PTSD clinics. This project leverages findings from a prior study on organizational factors that contribute to wider use of EBPs, and is now being extended to Department of Defense (DOD) clinics in a multi-site trial involving collaborators from five universities and eight military bases. The study will assess whether a tailored approach combining an implementation toolkit, a rubric for matching solutions to local barriers, and support from an external facilitator increases the use of PE more than standard provider training alone.

PTSD and Suicide

Division staff are working on developing participatory system dynamics modeling tools that clinic teams can use to optimize and allocate staff resources to different clinical activities. These tools are now being expanded to suicide management to help teams ensure effective management of Veteran patients at high risk for suicide, without compromising overall access to or quality of care.
Evaluation Division

The Evaluation Division in West Haven, Connecticut, supports the National Center’s mission through a programmatic link with VA’s Northeast Program Evaluation Center (NEPEC). NEPEC has broad responsibilities within the VA Office of Mental Health and Suicide Prevention (OMHSP) to evaluate their treatment programs, including those for specialized treatment of PTSD. Although researchers are primarily engaged in evaluation research, they also work on independent research projects related to the treatment of PTSD.

Biomarkers

Dr. Matthew Friedman, Senior Advisor to the National Center, continues to coordinate the operations of VA’s first National PTSD Brain Bank. The PTSD Brain Bank supports the Presidential Executive Order of August 2012 on deployment health by enabling VA to lead the nation in unique research that will facilitate deeper understanding of the causes and consequences of PTSD, as well as advancing assessment and treatment techniques.

The PTSD Brain Bank has seven parts, with facilities at five VA Medical Centers (Durham, North Carolina; Boston, Massachusetts; Waco, Texas; West Haven, Connecticut; and White River Junction, Vermont), the University of Miami, and the Uniformed Services University of the Health Sciences. The Clinical Neurosciences Division in West Haven is the primary data analysis site; ongoing research endeavors utilizing PTSD Brain Bank tissue are described in the Clinical Neurosciences Division narrative.

As of the end of FY 2019, the PTSD Brain Bank had 260 PTSD and comparison frozen hemispheres (roughly one-third each from donors with PTSD, donors with major depression, and healthy controls). In addition, the PTSD Brain Bank has 22 fixed hemispheres. An additional 100 prospective tissue donors have volunteered to be followed over their lifetimes. There has been considerable progress on major projects regarding bulk and single cell RNA sequencing and DNA methylation from key brain areas, including a collaboration with the Lieber Institute for Brain Development that will obtain transcriptomic data from eight brain regions from over 300 brains, divided between PTSD, major depressive disorder (MDD), and healthy controls.

The biomarkers portfolio also includes examinations of biomarkers of treatment response and neuroimaging research. Transcranial magnetic stimulation (TMS) is a device-based, FDA-cleared intervention for depression that is being tested as a treatment for PTSD. Executive Division investigators are currently examining EEG and fMRI biomarkers of response to TMS among Veterans with treatment-resistant depression.

The first study of the neural correlates of social working memory in PTSD completed recruitment. Interim analyses suggest that individuals with PTSD have more difficulty than trauma-exposed comparison participants with maintaining and manipulating social information on a moment-to-moment basis. An ongoing study is using EEG, eye tracking, and behavioral measures to examine the interaction between emotional processing and attentional functioning in healthy adult participants and trauma-exposed individuals with and without PTSD.

Treatment Efficiency, Effectiveness, and Engagement

The Executive Division has a long history of participation in VA’s CSP. During FY 2019, CSP #591, a groundbreaking study comparing PE and CPT at 17 VA facilities across the country, was completed. The investigators enrolled 916 participants, more than the 900 that were anticipated, and data analysis is projected to be completed by the second quarter of FY 2020. Findings 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.

The National Center previously developed AboutFace, a public awareness campaign to help Veterans recognize PTSD and motivate them to seek treatment. Recruitment for a project in which investigators are examining the impact of AboutFace on engagement in and completion of evidence-based treatment among Veterans with PTSD is ongoing. They will also examine the impact of AboutFace on stigma and attitudes toward mental health services.

Investigators continue to focus on treatments for conditions that frequently co-occur with PTSD and to examine novel treatments for PTSD.
APPENDIX B: Fiscal Year 2019 Research Narrative

(Evaluation Division, continued)

The primary outcomes for a trial comparing two psychotherapies for comorbid AUD and PTSD (PE and Seeking Safety) were published in JAMA Psychiatry in FY 2019. Recruitment for a trial that is evaluating the combination of topiramate and PE for co-occurring PTSD and AUD is ongoing.

Results from a pilot study investigating the safety and efficacy of a novel form of synchronized TMS for PTSD with comorbid depression were published. The first study of cannabidiol-enhanced PE in Veterans launched in FY 2019, with the first participant enrolled in May 2019. Lastly, a trial to evaluate a brief protocol to reduce guilt and shame related to a traumatic event among Veterans of Iraq and Afghanistan will be finishing recruitment in early 2020.

During FY 2019 the National Center partnered with the Agency for Healthcare Research and Quality to create the PTSD Trials Standardized Database Repository (PTSD-Repository), a large database of PTSD clinical trials. The data were generated from a systematic review of 318 published trials of PTSD interventions. Data are freely available to researchers, clinicians, and other stakeholders. This online repository will inform future study design and conduct and will aid researchers and policymakers in identifying important gaps in the research.

Care Delivery, Models of Care, and System Factors

The Executive Division is working on several initiatives aimed at assessing models of care and improving evidence-based practices.

Investigators continue to analyze data from a national survey that assessed the treatment needs and preferences of Veterans and non-Veterans with PTSD symptoms and informed the development of the PTSD Treatment Decision Aid. This is the first publicly available online treatment decision aid for PTSD, and it has received more than 250,000 views since its release in 2017.

Most recently, investigators published results of a qualitative investigation of PTSD treatment preferences among adults with PTSD symptoms. The study found that preferences were shaped by factors such as perceived treatment effectiveness, familiarity with the treatment, and delivery format. By highlighting which pieces of information may be most important to detail when presenting different treatment options, these results can help guide treatment planning conversations, as well as the development of decision-support tools.

Executive Division investigators continue to examine the impact of facilitation and academic detailing, in which a pharmacist and psychologist reach out directly to VA clinicians in rural clinics to improve PTSD treatment practices. An ongoing initiative is focused on sharing guideline-recommended practices for PTSD with rural facilities outside New England. Innovative natural language processing methods were used to identify rural sites across the country that were low in delivery of evidence-based treatments.

Two new projects will begin in FY 2020. The first aims to improve access to evidence-based treatments for Veterans with PTSD at rural facilities utilizing facilitation, academic detailing, and collaboration with the National Center’s Mentoring Program. Expansion will include measuring the sustainability of the implementation work done in FY 2019. The second initiative will create a collaboration with the team’s Local Office of Community Care to identify providers in the area who are planning to treat Veterans through the MISSION Act, which allows Veterans to access care in the community. The project will also create a streamlined network with local community providers to enhance their knowledge of the 2017 VA/DOD PTSD Clinical Practice Guideline (CPG) treatment recommendations and share current best practices regarding suicide risk assessment.

In addition to projects aimed at improving clinical practices, investigators are continuing to assess the state of care for PTSD in VA using novel informatics and operational methods. In FY 2019, investigators completed work to derive outcome-based quality standards for use of EBPs and evidence-based antidepressants (EBAs, including fluoxetine, sertraline, paroxetine, and venlafaxine) over a 10-year period of observation using VA medical records data. There was a steady increase in the use of PE and CPT but little change in the use of EBAs. However, when the most rigorous quality standards were applied, the team identified significant opportunities for improvement of both EBPs and EBAs. Proposals in development will seek to address these gaps in a targeted data-driven manner. Ongoing work in this area includes funded work to compare the effectiveness of EBAs in routine practice.

DSM-5

In collaboration with the Behavioral Science Division, the Executive Division is leading a study
APPENDIX B: Fiscal Year 2019 Research Narrative

(PtSD and Suicide)

Executive Division researchers continue to advance the priority area of PTSD and suicide through collaborations with the National Center for Patient Safety (NCPS), OMHSP, and the Center of Excellence (COE) for Prevention of Suicide.

Recently completed work with this COE shows potential misclassification in suicide outcomes across data sources available to VA operations and researchers. A separate study using semantic analysis of clinical note text to evaluate ruptures in therapeutic alliance preceding death by suicide in a VA PTSD treatment population is nearing completion. A new study that will launch in FY 2020 will leverage an existing 10-year national longitudinal cohort of VA users to answer important questions about rural-urban differences in death by suicide. Finally, based on previous work showing elevated risk of suicide during high-risk care transitions, investigators will develop and implement an effective suicide prevention intervention for rural VA facilities to decrease suicide risk in Veterans living in rural settings.

Pacific Islands Division

The Pacific Islands Division in Honolulu, Hawaii, was created to advance PTSD work in the Pacific Rim; to focus on improving access to care by increasing understanding of cultural attitudes and the bases of racial and ethnic disparities in treatment; and to evaluate the use of advanced technology, such as telemedicine, to reach out to Veterans who are otherwise unable to access adequate care.

Treatment Efficiency, Effectiveness, and Engagement

Three major projects are aimed at evaluating different methods of delivering PTSD treatment. Investigators are in the final phase of a large trial that examined Veterans’ preferences for and the clinical efficacy of three modalities for the provision of PE: two involving technology and one involving in-home visits to Veterans. A second trial is comparing different treatments for in-home delivery of a couples-based intervention for PTSD; this study examines the clinical efficacy of brief Cognitive-Behavioral Conjoint Therapy (CBCT) and compares home-based care to traditional office-based care. A new trial in collaboration with the Dissemination and Training Division is looking at home-based STAIR treatment for women Veterans who have experienced MST. The third study, a collaboration with investigators at the Minneapolis VA Health Care System, is a multi-site trial comparing standard PE with PE incorporating a partner.

Other Important Research

Several ongoing studies examine the prevalence of PTSD, response to treatment, and presence of related mental health comorbidities in ethnic minority populations. These studies identify unique risk and resilience correlates of PTSD among ethnically and racially diverse Veterans, and the effects of those correlates on Veterans’ response to evidence-based PTSD treatments.

Researchers are continuing a study initiated in FY 2017 that uses data from the Honolulu Asian-Aging project to look at the effects of military service combat exposure in particular on late-life dementia, as well as on marital and family structures, mental health, and physical health among Japanese-American men.

An ongoing project conducted in conjunction with the Military Family Research Institute at Purdue University examines sociocultural and community influences on mental health decision-making among male and female African-American, Asian-American, Latino, and non-Latino white Veterans who are starting PTSD care in a VA mental health clinic. This mixed-methods study uses qualitative phone interviews, follow-up surveys, and census information. Part one of the interview examines who in their social networks Veterans talk to about mental health
Biomarkers
Research on biomarkers includes studies aimed at explaining the basic biological processes underlying PTSD with particular relevance to women. One study is examining the role of neurobiological and psychosocial factors that affect negative pregnancy outcomes among women with PTSD. Another is performing data analysis on a study of sex hormones and derivatives associated with decreased retention of extinction learning across the menstrual cycle in women with PTSD. A third is a study of GABA-ergic neuroprotective steroids in men and in women across the menstrual cycle. Recently published results reveal that deficient activity among enzymes converting progesterone to its anxiolytic metabolites is related to PTSD severity for both men and women, but that the site of this deficiency is different among women. This suggests that sex-specific treatments for correction of the deficiency may be needed.

Studies examining the role of biomarkers in intervention efforts include the initiation of a new study investigating whether a specific electrophysiological response pattern to a series of loud tones is predictive of clinical responses to selective serotonin reuptake inhibitors (SSRIs). Investigators are also working on a series of studies looking into the role of progressive exercise training to reduce chronic pain and PTSD symptoms, perhaps by improving participants’ capacity to release stress and pain-reducing neurohormones.

Division researchers are also seeking to pioneer scientific inquiry in the area of head injury in women suffering from PTSD secondary to IPV. The aim is to understand the interactive biological and psychological mechanisms that underlie comorbid PTSD and TBI. One key objective is to begin to develop multimodal treatments for comorbid PTSD and TBI that would be more effective than current, single-modal strategies. Investigators will be able to examine sex differences across domains of measurement (psychiatric, psychosocial, neuropsychological, blood-based biomarkers, and imaging) by comparing this sample with comparable male samples.

Treatment Efficiency, Effectiveness, and Engagement
Several intervention studies are examining more efficient and effective treatment modalities for delivering CPT. With support from the STRONG STAR Consortium, investigators are continuing to analyze data from a study comparing the relative effectiveness of CPT delivered in an individual format with that delivered in a group format. Also through STRONG STAR, staff are investigating a variable-length CPT protocol, testing the efficacy of the intervention when treatment end is determined by patient progress. Another trial is testing the efficacy of CPT delivered in an intensive outpatient format with active-duty Servicemembers. This one-week version of CPT is also being piloted in female survivors of IPV with PTSD and traumatic brain injuries (TBIs).

In the area of treatment effectiveness, investigators are working to improve adherence to existing PTSD treatments. A recently underway to develop an estimation method to delineate individual factor contributions in observational studies, where models include functional data as either an outcome or as one of a large number of covariates.

Women’s Health Sciences Division
The Women’s Health Sciences Division in Boston, Massachusetts, specializes in the study of women Veterans and non-Veterans, with a particular focus on understanding gender differences in trauma exposure and posttrauma psychopathology.

(Continued)

The Division is also working on a national qualitative study examining dropout from evidence-based treatments, in collaboration with investigators from the Women’s Health Sciences Division and Minneapolis Health Services Research & Development Center of Innovation. Finally, a statistical methodology project is
completed study explored Veteran and provider perspectives on reasons for dropout from both CPT and PE in order to develop an intervention aimed at increasing rates of completion for these treatments. Another recent study focused on improving the assessment of sleep impairment in the context of PTSD via objective measures, self-report global measures, and daily symptom monitoring diaries; researchers hope that therapy might better target trauma-related insomnia, the most-often reported symptom of PTSD and, arguably, the most resistant to treatment. Other intervention studies on traumatized populations include an open trial to test the effectiveness of a therapist-assisted self-management intervention intended to increase self-efficacy and facilitate greater community engagement following a successful course of PTSD treatment.

The Division is also focused on intervention research among those who have not necessarily been diagnosed with PTSD. Researchers are looking into the effectiveness of a national network of peer-facilitated support groups for women Veterans, titled WoVeN: The Women Veterans Network, which is intended to increase social connections and support and to improve well-being. In addition to ongoing effectiveness evaluations, recent efforts have focused on the implementation of a train-the-trainer model to facilitate the dissemination of these peer-facilitated support groups.

Treatment engagement research includes studies of subpopulations of interest. Division researchers recently published findings about the experience of seeking PTSD treatment in a sample of discrimination-based-trauma-exposed lesbian, gay, bisexual, and transgender (LGBT) Veterans. This work led to a new model for conceptualizing trauma recovery among sexual and gender minority people that considers their unique minority context and ongoing exposures. Current work is further refining this new model for conceptualizing the sequelae of discrimination, minority stress, and microaggressions among transgender trauma survivors.

Care Delivery, Models of Care and System Factors

The Division’s focus on care delivery emphasizes care for conditions with particular relevance to women Veterans. One mixed-methods study is looking at Veterans’ experiences with and preferences for communication with Veterans Health Administration (VHA) providers about MST. Investigators interviewed male and female Veterans, including Veterans who had experienced MST and those who had not, to ask about their experiences. Veterans from all groups reported generally high satisfaction with MST-related communication, although men, as a group, reported a much larger range of satisfaction ratings than women.

Two studies are investigating VHA health care use related to eating disorders, in a nationally representative sample of male and female Veterans and a large cohort of post-9/11 male and female Veterans. These investigations will also look to identify barriers to mental health care use, both in general and specifically related to eating disorders.

Other studies have focused on understanding patterns of service use among post-9/11 Veterans. The Veterans Metric Initiative is a large-scale longitudinal study investigating newly separated Servicemembers’ reintegration experiences and use of transition programs, services, and supports. Comparisons between female and male Veterans at the time of separation suggest that female Veterans experience unique areas of risk and resilience. Risk factors include greater likelihood of experiencing depression and anxiety, as well as slightly lower resilience, reflected in the ability to bounce back from adversity. Resilience factors include better parental functioning, less tobacco use, and greater likelihood of seeking needed care.

Investigators also continue to analyze data from a study of the effects of deployment stressors and resulting mental health conditions on Veterans’ quality of life and health care use. A key focus of recent analyses was the relationship between Veterans’ functioning and their service use; findings suggest that functional impairments may serve as a facilitator of treatment seeking for women, whereas it may impede treatment seeking for men. Recent findings also highlight the importance of attending to the role of family stressors experienced during deployment on Veterans’ longer-term mental health and corresponding needs for clinical services.

The health of older women Veterans is another area of focus. One study is examining the impact of military and other lifetime stress exposures and mental health results, with a focus on PTSD, later-life health and related quality of life in Vietnam-era women Veterans. Recent findings highlight the lasting impact of wartime stress exposures — including mission-related stressors and sexual discrimination and harassment — as...
**APPENDIX B: Fiscal Year 2019 Research Narrative**

*(Women's Health Sciences Division, continued)*

well as the roles of PTSD, depression, and anxiety on later-life functioning and disability. A second study, in collaboration with investigators from the Behavioral Science Division, is examining predictors of mortality, as well as changes in physical and mental health-related well-being over time, among female and male Vietnam-era Veterans.

**Implementation**

Division investigators are conducting a range of implementation studies focused on identifying and disseminating best practices for IPV identification, assessment, treatment, and the targeting of health services within the VHA context. Division investigators are involved in planning and evaluating a national rollout of IPV screening programs within primary care clinics. As many as 20 VA Medical Centers will participate in an implementation-effectiveness randomized program evaluation that will determine the impact of the Office of Women's Health Services efforts on implementation outcomes (i.e., adoption, penetration, implementation fidelity, and sustainability) and the clinical effectiveness of IPV screening programs on disclosures and post-screening psychosocial service use.

In the area of implementation of interventions associated with IPV, researchers recently began a multi-site effectiveness-implementation clinical trial of a brief counseling intervention for women who are experiencing violence in their intimate relationships. This study incorporates a hybrid methodology to inform both the effectiveness of the intervention and expansion of the intervention throughout VA.

Investigators are applying implementation science to other issues of relevance to the National Center. One effort is examining Written Exposure Therapy (WET), a brief PTSD treatment, for pregnant women with comorbid PTSD and substance use disorder who are engaged in prenatal care within a high-risk obstetrical and addiction recovery program; the project is using a hybrid effectiveness-implementation design. Additionally, investigators are initiating a qualitative study to assess practices, attitudes, and strategies for increasing use of evidence-based psychotherapies for mental health conditions in community-based outpatient clinics.

**PTSD and Suicide**

The Longitudinal Investigation of Gender, Health, and Trauma (LIGHT) study is a national survey of Veterans living in high-crime neighborhoods, focusing on more clearly delineating the impact of trauma and community violence on mental, physical, and reproductive health and suicidal behavior among both women and men. To date, investigators have gathered data from over 3,500 Veterans, about half of whom are women, at an initial time point and are in the process of completing a second wave of assessments. With two more intervals of follow-up surveys planned, the complete study will include a total of four assessments over 18 months.
### APPENDIX C

**Fiscal Year 2019 Funding**

#### VA Cooperative Studies Program (CSP)

<table>
<thead>
<tr>
<th>Principal Investigator</th>
<th>Research Title</th>
<th>Years</th>
<th>FY2019 Funding</th>
<th>Total Funding</th>
</tr>
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<tr>
<td>Krystal</td>
<td>CSP #2016: Adaptive Clinical Trial for Insomnia in Veterans with PTSD (ACTIVE-PTSD)</td>
<td>2018-2023</td>
<td>$1,339,933</td>
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<td>Schnurr, Chard, &amp; Ruzek</td>
<td>CSP #591: Comparative Effectiveness Research in Veterans with PTSD (CERV-PTSD)</td>
<td>2013-2020</td>
<td>$916,257</td>
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#### Other VA Sources

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<thead>
<tr>
<th>Principal Investigator</th>
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<th>Years</th>
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<tr>
<td>Averill</td>
<td>Structural and Functional Correlates of Suicidality in Veterans with PTSD</td>
<td>CSR&amp;D (CDA)</td>
<td>2019-2023</td>
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<td>Bernardy</td>
<td>Expanding Rural Access to Effective PTSD Care through Outreach</td>
<td>ORH</td>
<td>2020-2022</td>
<td>$0</td>
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<td>Bernardy</td>
<td>Identifying Rural Areas of Low Evidence-Based PTSD Care Delivery and Exploring the Feasibility of Intervening with Virtual Facilitation and e-Detailing</td>
<td>ORH</td>
<td>2019-2020</td>
<td>$416,932</td>
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<td>Bernardy</td>
<td>PTSD Facilitation to Vermont &amp; New Hampshire Community Providers</td>
<td>ORH</td>
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<td>Bovin</td>
<td>From Screening to Treatment: Mapping Access to Care Pathways for Veterans who Screen Positive for PTSD</td>
<td>HSR&amp;D</td>
<td>2019-2020</td>
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<td>Bovin &amp; Schnurr (Kimerling, Site PI)</td>
<td>Validation of the PTSD Primary Care Screen</td>
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<td>2017-2019</td>
<td>$53,399</td>
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<td>Carlson</td>
<td>Pilot Study of Standalone and Peer Supported Online Problem Solving Program in Veterans with Untreated Mental Health Problems</td>
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<td>2018-2019</td>
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<td>Cloitre</td>
<td>Connecting Women to Care: Home-based Psychotherapy for Women with MST Living in Rural Areas</td>
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<td>2018-2022</td>
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<td>Colvonen</td>
<td>The Impact of Integrated CBT-I and PE on Sleep and PTSD Outcomes</td>
<td>RR&amp;D (CDA)</td>
<td>2017-2021</td>
<td>$180,000</td>
<td>$950,687</td>
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### APPENDIX C: Fiscal Year 2019 Funding

**Other VA Sources, continued**

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<thead>
<tr>
<th>Principal Investigator</th>
<th>Research Title</th>
<th>Funding Source</th>
<th>Years</th>
<th>FY2019 Funding</th>
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<td>Girgenti</td>
<td>Single Cell Molecular Mechanisms in PTSD and Suicide</td>
<td>VISN 1 (CDA)</td>
<td>2019-2021</td>
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<td>Grubaugh &amp; Hamblen</td>
<td>A Randomized Controlled Trial of AboutFace: A Novel Video Storytelling Resource to Improve Access, Engagement, and Utilization of Mental Health Treatment among Veterans with PTSD</td>
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<td>Hamilton &amp; Kimerling</td>
<td>Enhancing the Mental and Physical Health of Women through Engagement and Retention (EMPOWER)</td>
<td>QUIRI</td>
<td>2015-2020</td>
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<td>Harpaz-Rotem &amp; Pietrzak</td>
<td>Fear Reversal Learning in Combat-Related PTSD: A Multi-Model fMRI-PET Approach</td>
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<td>Heinz</td>
<td>Cognitive Remediation for Alcohol Use Disorder and PTSD</td>
<td>RR&amp;D (CDA)</td>
<td>2014-2019</td>
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<td>Holtzheimer &amp; Etkin</td>
<td>Assessing an Electroencephalography (EEG) Biomarker of Response to Transcranial Magnetic Stimulation for Major Depression</td>
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<td>2020-2025</td>
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<td>Iverson</td>
<td>Increasing Reach of Evidence-Based Psychotherapies in CBOCs: Identifying Needs and Strategies for Scale Out</td>
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<td>Iverson</td>
<td>Presidential Early Career Award for Scientists and Engineers</td>
<td>HSR&amp;D</td>
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<td>Iverson</td>
<td>Recovering from Intimate Partner Violence Through Strengths and Empowerment (RISE): Tailoring and Evaluating a Patient-Centered Counseling Intervention for Women Veterans</td>
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<td>2018-2021</td>
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<td>Iverson &amp; Miller</td>
<td>Addressing Intimate Partner Violence Among Women Veterans: Evaluating the Impact and Effectiveness of VHA's Response</td>
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<td>Kachadourian</td>
<td>Mindfulness Treatment for Anger in Veterans with PTSD</td>
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<td>2017-2021</td>
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<td>Keane</td>
<td>CAP Coordinating Center*</td>
<td>VA/DoD</td>
<td>2016-2020</td>
<td>$202,194</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</td>
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<td>Kuhn &amp; Owen</td>
<td>Mobile Apps Research Resources and Services</td>
<td>HSR&amp;D</td>
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<td>Kuhn &amp; Possemato</td>
<td>An RCT of a Primary Care-Based PTSD Intervention: Clinician-Supported PTSD Coach</td>
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<td>Landes (Rosen, Site PI)</td>
<td>Risk Stratified Enhancements to Clinical Care: Targeting Care for Patients Identified through Predictive Modeling as being at High Risk for Suicide</td>
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<td>2016-2020</td>
<td>$247,895**</td>
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**APPENDIX C: Fiscal Year 2019 Funding**

**Other VA Sources, continued**

<table>
<thead>
<tr>
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<th>Funding Source</th>
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<td>Loflin</td>
<td>Cannabidiol as an Adjunctive to Prolonged Exposure for the Treatment of PTSD</td>
<td>CSR&amp;D (CDA)</td>
<td>2019-2024</td>
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<td>Logue</td>
<td>Early Cognitive Impairment as a Function of Alzheimer’s Disease and Trauma</td>
<td>BLR&amp;D</td>
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<td>Logue</td>
<td>Genetic and Epigenetic Biomarkers of PTSD</td>
<td>BLR&amp;D</td>
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<td>McClendon</td>
<td>Talking about Racism: Evaluation of a Group Intervention to Reduce Race-based Stress among Veterans of Color</td>
<td>VISN 1 (CDA)</td>
<td>2020-2022</td>
<td>$0</td>
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<td>McGlinchey &amp; Milberg</td>
<td>VA Center of Excellence: Translational Research Center for TBI and Stress Disorders</td>
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<td>2014-2019</td>
<td>$1,000,000**</td>
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<td>McKee &amp; Huber</td>
<td>ShEEP Request for Nikon N-Storm Super-resolution Microscope</td>
<td>BLR&amp;D</td>
<td>2019-2019</td>
<td>$399,219</td>
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<td>Miller</td>
<td>Magnetic Resonance Spectroscopy and Genetic Analysis of Oxidative Stress in OEF/OIF Veterans with PTSD and TBI</td>
<td>CSR&amp;D</td>
<td>2018-2021</td>
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<td>Mitchell</td>
<td>Eating Disorders among Veterans: Risk, Resilience, and Service Use</td>
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<td>Morland</td>
<td>An Integrative Technology Approach to Home-based Conjoint Therapy for PTSD</td>
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<td>Moye &amp; Pless Kaiser</td>
<td>Late Life PTSD Educational Program for VHA and non-VHA Rural Health Providers</td>
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<td>Niles &amp; Mori</td>
<td>Novel Interventions for Gulf War Veterans' Illnesses</td>
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<td>Topiramate and Prolonged Exposure for Alcohol Use Disorder and PTSD</td>
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<td>Consortium to Alleviate PTSD</td>
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<td>Petrikas</td>
<td>Optimal Treatment of Veterans with PTSD and Comorbid Opiate Use Disorder (OUD)</td>
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<td>Pietrzak &amp; Tsai</td>
<td>Veterans Study of Knowledge and Attitudes of VA Healthcare</td>
<td>VISN 1 Strategic Initiative to Expand Education and Research</td>
<td>2018-2019</td>
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<td>Pineles</td>
<td>An Electrophysiological Predictor of SSRI Response in Veterans with PTSD</td>
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<td>Pless Kaiser</td>
<td>Improving Psychosocial Functioning in Older Veterans with PTSD</td>
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<td>Sayer &amp; Wiltsey Stirman</td>
<td>Shared Contributions to Outcomes and Retention in EBPs for PTSD (SCORE PTSD)</td>
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### Other VA Sources, continued

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<th>Principal Investigator</th>
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<th>Years</th>
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<td>Scioli</td>
<td>Neurobiological and Psychological Benefits of Exercise in Chronic Pain and PTSD</td>
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<td>Scioli</td>
<td>Neurobiological and Psychological Benefits of Exercise in Fibromyalgia and PTSD</td>
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<td>Shiner</td>
<td>Improving Care for PTSD</td>
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<td>Patient Safety Center of Inquiry: Prevention of Suicide (Renewal)</td>
<td>NCPS</td>
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<td>Sloan</td>
<td>An Efficient Exposure-Based Treatment for PTSD Compared to Prolonged Exposure: A Noninferiority Trial</td>
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<td>Thompson-Hollands</td>
<td>An Adjunctive Family Intervention for Individual PTSD Treatment</td>
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<td>Vogt</td>
<td>Risk and Resilience Factors related to Suicidal Ideation during Transition from Military to Civilian Life: Secondary Analyses of the TVMI Cohort Study</td>
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<td>Vogt</td>
<td>Development and Validation of Well-Being Indicators for use in Evaluating VA Whole Health Care</td>
<td>Center for Evaluating Patient Centered Care in VA/QUERI Partnered Evaluation Initiative</td>
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<td>Wiltsey Stirman &amp; Rosen</td>
<td>Leadership and Organizational Change for Implementation: Adapting for VA Training</td>
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<td>Wolf</td>
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<td>PTSD-Related Accelerated Aging in DNA Methylation and Risk for Metabolic Syndrome</td>
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<td>2016-2020</td>
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<td>Participatory System Dynamics vs Usual Quality Improvement: Is Staff Use of Simulation an Effective, Scalable and Affordable Way to Improve Timely Veteran Access to High-quality Mental Health Care?</td>
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<td>Zulman (Kimerling, Site PI)</td>
<td>Making Connections: Tablet-Enabled Telehealth to Enhance Veterans’ Access and Care</td>
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BLR&D Biomedical Laboratory Research & Development Service; CAP Consortium to Alleviate PTSD; CDA Career Development Award; CSR&D Clinical Science Research and Development Service; DoD Department of Defense; HSR&D Health Services Research and Development Service; NCPS National Center for Patient Safety; ORH Office of Rural Health; QUERI Quality Enhancement Research Initiative; RR&D Rehabilitation Research and Development Service; VISN Veterans Integrated Service Network

*Sub-award within the total $21 million CAP award to VA; total CAPS award including DoD funds = $42,000,000.

**Indicates FY2019 funds allocated to funded site PI.
### APPENDIX C: Fiscal Year 2019 Funding

#### National Institutes of Health (NIH)

<table>
<thead>
<tr>
<th>Principal Investigator</th>
<th>Research Title</th>
<th>Funding Source</th>
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<td>Abdallah</td>
<td>Examining the Effect of Ketamine On Glutamate/Glutamine Cycling</td>
<td>NIMH</td>
<td>2013-2019</td>
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<td>$912,630</td>
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<td>Abdallah</td>
<td>Glial and Synaptic Functions in Major Depression</td>
<td>NIMH</td>
<td>2017-2022</td>
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<td>$2,493,229</td>
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<td>Adams</td>
<td>Enhancement of Extinction Learning Using Transcranial Direct Current Stimulation</td>
<td>NIMH (K)</td>
<td>2017-2022</td>
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<td>$940,801</td>
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<td>Agarwal (Gelernter, Site PI)</td>
<td>Psychiatric Genomics Consortium: Find Actionable Variation</td>
<td>PGC via NIH et al.</td>
<td>2016-2021</td>
<td>$184,653**</td>
<td>$932,488</td>
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<td>Carlson</td>
<td>Development of a Risk Factor Screen for Mental Health Problems after Sudden Illness or Injury</td>
<td>NIMHD</td>
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<td>Clouston &amp; Pietrzak</td>
<td>A Life Course Approach to Integrating Trauma and Cognitive Aging: A Cohort of 9/11 Responders</td>
<td>NIAAA</td>
<td>2015-2020</td>
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<td>Cosgrove</td>
<td>Imaging Molecular Mechanisms of Tobacco Smoking Withdrawal</td>
<td>NIDA</td>
<td>2016-2020</td>
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<td>Cosgrove &amp; Pietrzak</td>
<td>Imaging Microglial Activation in PTSD using PET</td>
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<td>Davis</td>
<td>Dysregulation in mGluR5 as a Marker of BPD and Suicide Related Endophenotypes</td>
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<td>Driesen &amp; Krystal</td>
<td>Assessing the Relationship Between Cortical Oxidative Metabolism and Working Deficits Under NMDA Receptor Blockade</td>
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<td>Role of GABA Interneurons in Rapid Antidepressant Actions of NMDA Receptor Blockade</td>
<td>NIMH</td>
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<td>Synaptic Mechanisms Underlying the Rapid Antidepressant Actions of Scopolamine</td>
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<td>Glutamate Neurotransmission in Bipolar Depression and Mania</td>
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<td>In Vivo Imaging of a Neural Marker of Suicidal Behavior in Bipolar Disorder</td>
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<td>Esterlis &amp; Pietrzak</td>
<td>Depression and Accelerated Brain Aging: A PET Imaging Study</td>
<td>NIMH</td>
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<td>$658,949</td>
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<td>Feder &amp; Pietrzak</td>
<td>Neuroimaging of Resilience in World Trade Center Responders: A Focus on Emotional Processing, Reward and Social Cognition</td>
<td>CDC/NIOSH</td>
<td>2017-2021</td>
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<td>Fichtenholtz (Sippel, Collaborator)</td>
<td>Neural Mechanisms of Emotional Vigilance in Posttraumatic Stress Disorder (PTSD)</td>
<td>NIH/NH-INBRE</td>
<td>2018-2020</td>
<td>$3,600**</td>
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## APPENDIX C: Fiscal Year 2019 Funding

### National Institutes of Health (NIH), continued

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<th>Principal Investigator</th>
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<td>Characterizing Trauma Outcomes: From Pre-Trauma Risk to Post-Trauma Sequelae</td>
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<td>Risk Profiles for Suicidal Behavior in the General Population</td>
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<td>Gutner</td>
<td>Effectiveness of a Unified Transdiagnostic Treatment in Routine Clinical Care</td>
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<td>Harpaz-Rotem &amp; Hampson</td>
<td>Neurofeedback of Amygdala Activity for PTSD</td>
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<td>Harpaz-Rotem &amp; Schiller</td>
<td>Fear Learning and Reconsolidation After Trauma Exposure: A Computational Approach</td>
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<td>Hayes (Miller, Site PI)</td>
<td>Neuroimaging and Molecular Markers of AD and Neurodegenerative Disease after Concussion</td>
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<td>Postdoctoral Training in PTSD</td>
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<td>Lee, L.</td>
<td>Lifespan Effects of Biologically Embedded Stress on Health</td>
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<td>Lee, L. &amp; Mroczek</td>
<td>Boston Early Adversity and Mortality Study (BEAMS): Linking administrative data to long-term longitudinal studies</td>
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<td>Individual Differences in Decision Making Under Uncertainty</td>
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<td>Malison &amp; Gelernter</td>
<td>Identifying Methamphetamine Risk Variants by Extreme Phenotype Exome Sequencing</td>
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<td>Trauma and Genomics Modulate Brain Structure across Common Psychiatric Disorders</td>
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<td>Imaging Sex Differences in Smoking-Induced Dopamine Release via Novel PET Methods</td>
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<td>Pless Kaiser &amp; Niles</td>
<td>A Randomized Pilot Trial of Tai Chi Compared to Wellness Education for Older Veterans</td>
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<td>Rosen &amp; Martino (Holtzheimer, Site PI)</td>
<td>Engaging Veterans Seeking Service-Connection Payments in Pain Treatment</td>
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<td>Neurobiological Mediators of Self-Regulatory and Reward-Based Motivational Predictors of Exercise Maintenance in Chronic Pain and PTSD</td>
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### APPENDIX C: Fiscal Year 2019 Funding

**National Institutes of Health (NIH), continued**

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<td>Health Mechanisms and Outcomes in an Epidemiological Cohort of Vietnam Era Women Veterans</td>
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<td>Williams</td>
<td>Mechanistic Circuit Markers of Transcranial Magnetic Stimulation Outcomes in Pharmacoresistant Depression</td>
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<td>Wiltsey Stirman &amp; Monson</td>
<td>Improving and Sustaining CPT for PTSD in Mental Health Systems</td>
<td>NIMH</td>
<td>2016-2020</td>
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<td>Wiltsey Stirman (Gutner, Site PI)</td>
<td>Leveraging Routine Clinical Materials and Mobile Technology to Assess CBT Quality</td>
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<td>2017-2021</td>
<td>$632,907</td>
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<td>Wolf</td>
<td>Neurobiological Correlates of Accelerated Cellular Aging</td>
<td>NIA</td>
<td>2019-2021</td>
<td>$189,000</td>
<td>$346,500</td>
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<td>Zimmerman</td>
<td>Participatory System Dynamics vs Audit and Feedback: A Cluster Randomized Trial of Mechanisms of Implementation Change to Expand Reach of Evidence-based Addiction and Mental Health Care</td>
<td>NIDA</td>
<td>2019-2023</td>
<td>$577,049</td>
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<td>Participatory System Dynamics for Evidence-based Addiction and Mental Healthcare</td>
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CDC Centers for Disease Control and Prevention; CTSI Clinical and Translational Science Institute; K Career Development Award; NCCIH National Center for Complementary and Integrative Health; NH-INBRE New Hampshire IDeA Network of Biomedical Research Excellence; NIA National Institute on Aging; NIAAA National Institute on Alcohol Abuse and Alcoholism; NICHD National Institute of Child Health and Human Development; NIDA National Institute on Drug Abuse; NIH National Institutes of Health; NIMH National Institute of Mental Health; NIMHD National Institute on Minority Health and Health Disparities; NIOSH National Institute for Occupational Safety and Health; PGC Psychiatric Genomics Consortium **Indicates FY2019 funds allocated to funded site PI or collaborator. **
### APPENDIX C: Fiscal Year 2019 Funding

#### Department of Defense (DOD)

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<td><strong>Chard &amp; Marx</strong></td>
<td>Psychometric Evaluation of the Clinician Administered PTSD Scale for DSM-5 (CAPS-5) and the PTSD Symptom Scale Interview for DSM-5 (PSSI-5) in an Active Duty and Military Veteran Sample</td>
<td>2018-2020</td>
<td>$1,067,635</td>
<td>$3,235,388</td>
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<td><strong>Keane &amp; Marx</strong></td>
<td>Project VALOR: Trajectories of Change in PTSD in Combat-Exposed Veterans</td>
<td>2012-2019</td>
<td>$0</td>
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<td><strong>Marx</strong></td>
<td>Decreasing Suicide Risk among Service Members with Posttraumatic Stress</td>
<td>2019-2021</td>
<td>$635,195</td>
<td>$1,269,741</td>
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<tr>
<td><strong>McLean &amp; Rosen</strong></td>
<td>Targeted Strategies to Accelerate Evidence-Based Psychotherapies Implementation in Military Settings</td>
<td>2017-2021</td>
<td>$1,834,162</td>
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<td><strong>Mitchell &amp; Cooper</strong></td>
<td>Eating Disorders in Veterans: Prevalence, Comorbidity, Risk, and Healthcare Use</td>
<td>2018-2021</td>
<td>$529,281</td>
<td>$1,463,890</td>
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<td><strong>Norman</strong></td>
<td>Trauma Informed Guilt Reduction (TrIGR) Intervention</td>
<td>2015-2019</td>
<td>$467,692</td>
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<td><strong>Shiner</strong></td>
<td>Comparative Effectiveness of Psychotropic Medications for PTSD in Clinical Practice</td>
<td>2017-2020</td>
<td>$343,956</td>
<td>$1,160,375</td>
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<td><strong>Sloan</strong></td>
<td>Brief Treatment for PTSD: Enhancing Treatment Engagement and Retention</td>
<td>2015-2020</td>
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<td><strong>Taft</strong></td>
<td>Strength at Home Couples Program to Prevent Military Partner Violence</td>
<td>2015-2019</td>
<td>$140,480</td>
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<td><strong>Wachen</strong></td>
<td>Massed Cognitive Processing Therapy for Combat-related PTSD</td>
<td>2017-2021</td>
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#### Other Non-VA Sources

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<td><strong>Averill</strong></td>
<td>Brain Connectivity Networks and Predictors of Rapid Improvement in Suicidal Ideation Among Veterans</td>
<td>American Foundation for Suicide Prevention</td>
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<td>$40,000</td>
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<td><strong>Averill</strong></td>
<td>Connectivity Networks Underlying Ketamine-Induced Improvements in Suicidal Ideation</td>
<td>Robert E. Leet and Clara Guthrie Patterson Trust for Mentored Clinical Research Award</td>
<td>2017-2019</td>
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<td><strong>Duman</strong></td>
<td>Identification and Characterization of Novel Drug Targets for Depression</td>
<td>Tashio Pharmaceuticals</td>
<td>2016-2019</td>
<td>$200,000</td>
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<td><strong>Esterlis</strong></td>
<td>Evaluation of a Novel Target for the Treatment of Chronic Pain in Women</td>
<td>Women’s Health Research Yale School of Medicine</td>
<td>2019-2020</td>
<td>$49,700</td>
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<td><strong>Esterlis</strong></td>
<td>Evaluation of Glutamatergic System in Adolescent Depression</td>
<td>Nancy Taylor Foundation</td>
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<td>$108,000</td>
<td>$216,000</td>
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<tr>
<td><strong>Feder &amp; Pietrzak</strong></td>
<td>A Randomized Controlled Trial of Internet CBT for PTSD in WTC Responders</td>
<td>CDC/NIOSH</td>
<td>2016-2019</td>
<td>$499,912</td>
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## APPENDIX C: Fiscal Year 2019 Funding

### Other Non-VA Sources, continued

<table>
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<th>Principal Investigator</th>
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<tr>
<td>Galovski &amp; Street</td>
<td>Women Veterans Network (WoVeN) - Phase 2</td>
<td>Walmart Foundation</td>
<td>2018-2020</td>
<td>$62,011</td>
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<td>Galovski &amp; Street</td>
<td>Women Veterans Network (WoVeN) Training Peer Trainers to Increase Reach, Sustainability</td>
<td>Oak Foundation</td>
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<td>Girgenti</td>
<td>Sex-specific Molecular Mechanisms in PTSD</td>
<td>Brain and Behavior Research Foundation</td>
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<td>Holtzheimer</td>
<td>Neural Markers of Antidepressant Response to Dorsolateral versus Medial Prefrontal Transcranial Magnetic Stimulation</td>
<td>Brain and Behavior Research Foundation</td>
<td>2016-2019</td>
<td>$50,000</td>
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<td>Hu &amp; Marx</td>
<td>Mining Audio Cues from PTSD Interviews</td>
<td>MITRE Innovation Award</td>
<td>2016-2019</td>
<td>$100,000</td>
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<td>Kaye</td>
<td>Circuit of Mechanisms of a Pupillary Biomarker for Stress-Induced Hyperarousal</td>
<td>Brain and Behavior Research Foundation</td>
<td>2019-2021</td>
<td>$35,000</td>
<td>$70,000</td>
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<td>Kelmendi</td>
<td>Role of MDMA on Amygdala and Prefrontal Cortex on PTSD</td>
<td>Brain and Behavior Research Foundation</td>
<td>2016-2019</td>
<td>$35,000</td>
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<tr>
<td>Krystal &amp; Abdallah</td>
<td>Examining the Impact of Rapamycin on Ketamine's Antidepressant Effects</td>
<td>Pfeiffer Foundation</td>
<td>2015-2019</td>
<td>$167,000</td>
<td>$500,000</td>
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<td>Levy</td>
<td>Decision Making Under Uncertainty Across The Lifespan: Cognitive, Motivational and Neural Bases</td>
<td>National Science Foundation</td>
<td>2018-2020</td>
<td>$224,771</td>
<td>$696,038</td>
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<td>Nillni &amp; Valentine</td>
<td>A Pragmatic Effectiveness Trial of a Brief Exposure Therapy for PTSD on Substance Use and Mental Health Morbidity and Mortality During the Perinatal Period</td>
<td>Grayken Center for Addiction</td>
<td>2019-2021</td>
<td>$75,000</td>
<td>$150,000</td>
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<tr>
<td>Petrakis</td>
<td>Kappa Opioid Receptor Antagonist for the Treatment of Alcohol Use Disorder and Comorbid PTSD - Planning Grant</td>
<td>Pharmacotherapies for Alcohol and Substance Use Disorders Consortium</td>
<td>2018-2020</td>
<td>$189,794</td>
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<tr>
<td>Sareen (Pietrzak, Site PI)</td>
<td>Defining the Longitudinal Course, Outcomes, and Treatment Needs of Vulnerable Canadians with Posttraumatic Stress Disorder</td>
<td>Canadian Institutes of Health Research</td>
<td>2015-2022</td>
<td>$340,868</td>
<td>$2,386,073</td>
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<td>Sippel</td>
<td>Social Approach and Avoidance in PTSD: Implications for Social Functioning</td>
<td>Geisel School of Medicine Gary Tucker Junior Investigator Research Award</td>
<td>2019-2020</td>
<td>$19,961</td>
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</table>
## APPENDIX C: Fiscal Year 2019 Funding

### Other Non-VA Sources, continued

<table>
<thead>
<tr>
<th>Principal Investigator</th>
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<th>FY2019 Funding</th>
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<tr>
<td>Taft</td>
<td>Implementation of VA Rollout of Strength at Home</td>
<td>Bob Woodruff Foundation</td>
<td>2019-2020</td>
<td>$189,673</td>
<td>$642,118</td>
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<tr>
<td>Vogt</td>
<td>The Veterans Metrics Initiative: Linking Program Components to Post-Military Well-Being</td>
<td>Consortium of Public and Private Funding, including VA HSR&amp;D</td>
<td>2015-2020</td>
<td>$1,341,242</td>
<td>$5,914,960</td>
</tr>
<tr>
<td>Wolf</td>
<td>The Utility of MMPI-2 RF in Informing VA Pain Clinic Care</td>
<td>University of Minnesota Press, Test Division</td>
<td>2016-2022</td>
<td>0</td>
<td>$24,000</td>
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*CDC Centers for Disease Control; NIOSH National Institute for Occupational Safety and Health; HSR&D Health Services Research and Development*

### Projects Pending Funding

<table>
<thead>
<tr>
<th>Principal Investigator</th>
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<tbody>
<tr>
<td>Arditte Hall</td>
<td>Neurocognitive and Physiological Markers of Trauma-Related Rumination in PTSD</td>
<td>NIMH (K)</td>
<td>2019-2023</td>
<td>$752,353</td>
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<tr>
<td>Bean &amp; Scioli</td>
<td>The VA REAP Center for Rehabilitative Care: Optimizing Mobility, the Mind, and Motivation</td>
<td>VA RR&amp;D</td>
<td>2020-2025</td>
<td>$1,570,721</td>
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<tr>
<td>Cerezo &amp; Livingston</td>
<td>Drinking to Cope, Drinking to Fit In: Examining the Impact of Stigma-Related Stress and Social Norms on Drinking Patterns in sexual minority women</td>
<td>NIAAA</td>
<td>2020-2022</td>
<td>$315,336</td>
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<tr>
<td>Daskalakis (Miller, Site PI)</td>
<td>Brain Transcriptional Dissection of PTSD at Single-Cell Resolution</td>
<td>NIMH</td>
<td>2019-2024</td>
<td>$945,425</td>
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<tr>
<td>Galovski &amp; Kehle-Forbes</td>
<td>Personalizing Cognitive Processing Therapy with a Case Formulation Approach to Intentionally Target Impairment in Psychosocial Functioning</td>
<td>VA RR&amp;D</td>
<td>2020-2024</td>
<td>$1,424,656</td>
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<td>Gelernter</td>
<td>PTSD Genome-wide: Genetics, Expression, and Epigenetics</td>
<td>NIMH</td>
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<td>Gradus &amp; Shiner</td>
<td>Identification of Novel Agents to Treat PTSD using Clinical Data</td>
<td>NIMH</td>
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<td>Gutner</td>
<td>Going Direct to the Consumer: Utilizing Technology and Partnerships to Increase Reach of Mental Health Treatment Options</td>
<td>VA HSR&amp;D</td>
<td>2019-2020</td>
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<td>Harpaz-Rotem</td>
<td>Comparing the Long Term Effectiveness of Evidence-Based Treatment for PTSD</td>
<td>PCORI</td>
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<td>$860,000</td>
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<td>Huber</td>
<td>Role of TBI initiated Glymphatic Impairment in the Pathophysiology of CTE and PTSD</td>
<td>VA RR&amp;D</td>
<td>2019-2024</td>
<td>$1,100,000</td>
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<td>Kaye</td>
<td>Determining the role of noradrenergic heterogeneity in innate threat response</td>
<td>NIMH (K)</td>
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<td>Kaye</td>
<td>Identifying Noradrenergic Circuit Mechanisms in Innate Threat and PTSD</td>
<td>VA BLR&amp;D (CDA)</td>
<td>2020-2025</td>
<td>$1,273,490</td>
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<td>Kehle-Forbes</td>
<td>Evaluation of a Self-Management Program for Completers of Trauma-Focused Therapy</td>
<td>NIMH</td>
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<td>$450,000</td>
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<td>Kehle-Forbes &amp; Hagedorn (Norman, Site PI)</td>
<td>Comparative Effectiveness of Trauma-Focused and Non-trauma-focused Treatment Strategies for PTSD Among Those with Co-occurring SUD (COMPASS)</td>
<td>PCORI</td>
<td>2020-2023</td>
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## APPENDIX C: Fiscal Year 2019 Funding

### Projects Pending Funding, continued

<table>
<thead>
<tr>
<th>Principal Investigator</th>
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<th>Funding Source</th>
<th>Years</th>
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<tr>
<td>Kelmendi</td>
<td>The Neural Correlates of the Effects of Psilocybin in OCD: A Randomized Controlled Trial</td>
<td>NIMH (K)</td>
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<td>Kuhn &amp; Sayers</td>
<td>A Randomized Controlled Trial of Coaching Into Care with VA-CRAFT to Promote Veteran Engagement in PTSD Care</td>
<td>VA HSR&amp;D</td>
<td>2020-2024</td>
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<td>Meredith &amp; Sloan</td>
<td>Embedding Written Exposure Therapy into Collaborative Care for PTSD in Primary Care</td>
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<td>Livingston</td>
<td>Brief Technology-Based Intervention to Reduce Alcohol Use, Relapse Risk, and PTSD Symptoms Following Discharge from Inpatient Detoxification</td>
<td>NIAAA</td>
<td>2020-2025</td>
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<td>Maguen (Shiner, Site PI)</td>
<td>Does Evidence-Based PTS Treatment Improve Physical Health Outcomes?</td>
<td>DoD</td>
<td>2020-2022</td>
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<td>McInnes &amp; Livingston</td>
<td>Capturing the Interrelationships of Homelessness and Alcohol Use Disorders among Veterans through Smartphone Data Collection</td>
<td>Hubert and Richard Hanlon Trust</td>
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<td>Neylan &amp; Woodward</td>
<td>Maladaptive Myelination in PTSD: An In Vivo MRI and PTSD Brain Bank Study</td>
<td>NIMH</td>
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<td>Niles &amp; Mori</td>
<td>Evaluation of Tai Chi for Posttraumatic Stress Disorder</td>
<td>VA RR&amp;D</td>
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<td>Otto &amp; Scioli</td>
<td>Progressive Exercise Training as a Multisystem Therapeutic Approach to Treating Chronic Low Back Pain: Examination of Underlying and Sex-Specific Mechanisms and Moderators</td>
<td>NIH HEAL Initiative Back Pain Consortium</td>
<td>2020-2025</td>
<td>$5,193,364</td>
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<td>Rasmusson</td>
<td>Facilitation of Reconsolidation Blockade and Extinction Retention in PTSD by Intravenous Allopregnanolone</td>
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<td>Scioli &amp; Rasmusson</td>
<td>Potential Neurohumoral Biomarkers Underlying Exercise Augmentation of Cognitive Processing Therapy in a Chronic Pain and PTSD Veteran Population</td>
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<td>Assessing the Relationship Between Chronic Hypoxia and Suicide</td>
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<td>Shiner</td>
<td>Evaluating the Effect of PTSD and Evidence-Based PTSD Treatment on Death by Suicide</td>
<td>DoD</td>
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<td>Smith</td>
<td>Long-Term Health Impact of Vietnam Era Service: Examining Gender Differences in Risk of Mortality and Chronic Disease</td>
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<td>Wiltsey Stirman &amp; Rosen</td>
<td>Leadership and Organizational Change for Implementation in VA Mental Health</td>
<td>VA HSR&amp;D</td>
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### APPENDIX C: Fiscal Year 2019 Funding

#### Projects Pending Funding, continued

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<td>Wylie &amp; Holtzheimer</td>
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BLR&D Biomedical Laboratory Research and Development Service; CDA Career Development Award; CDC Centers for Disease Control; CSR&D Clinical Science Research and Development Service; DoD Department of Defense; HSR&D Health Services Research and Development Service; HEAL Helping to End Addiction Long-term Initiative; NIAAA National Institute on Alcohol Abuse and Alcoholism; NIH National Institutes of Health; NIMH National Institute of Mental Health; NINDS National Institute of Neurological Disorders and Stroke; NIOSH National Institute for Occupational Safety and Health; PCORI Patient-Centered Outcomes Research Institute; RR&D Rehabilitation Research and Development Service; VA Veterans Affairs
APPENDIX D

Fiscal Year 2019 Publications


APPENDIX D: Fiscal Year 2019 Publications


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APPENDIX D: Fiscal Year 2019 Publications


APPENDIX E

Fiscal Year 2019 In Press and Advance Online Publications


APPENDIX E: Fiscal Year 2019 In Press and Advance Online Publications


APPENDIX E: Fiscal Year 2019 In Press and Advance Online Publications


APPENDIX E: Fiscal Year 2019 In Press and Advance Online Publications


APPENDIX E: Fiscal Year 2019 In Press and Advance Online Publications


American Psychological Association | Chicago, IL | August 2019

1. Bovin, M. J. Blending science and art in trauma therapy outcomes.


3. Tran, L., & Tiet, Q. Q. Towards an integrated model of grief and bereavement disorders.

4. Wiltsey Stirman, S., Song, J., Lagdamen, J. M., Pace, B., Hull, D., & Resick, P. Adaptation of Cognitive Processing Therapy for message-based psychotherapy. In S. Stirman (Chair), Message-Based teletherapy – How well does it work and for whom?

Anxiety and Depression Association of America | Chicago, IL | March 2019

5. Abdallah, C. Serendipity strikes again: An mTOR inhibitor to prolong the antidepressant effects of ketamine. In C. G. Abdallah (Chair), How to augment and extend the rapid-acting antidepressant effects of ketamine in treatment-resistant depression and PTSD?


9. Akiki, T., Goktas, S., Nemati, S., Averill, L., & Abdallah, C. Subthreshold symptoms of depression, anxiety, and attention-deficit/hyperactivity are characterized by distinct large-scale brain network abnormalities in modularity.

10. Averill, L. Identifying biomarkers of childhood trauma.

11. Averill, L. Neurobiology and behavioral markers of suicidality among veterans with PTSD.


15. Holmes, S. C., Johnson, C. M., Suvak, M. K., Monson, C. M., & Wiltsey Stirman, S. Associations among depression, PTSD treatment non-completion, and clinical outcomes in Cognitive Processing Therapy for PTSD.


17. Johnson, C. M., Suvak, M., Masina, T., Shields, N., Monson, C., & Wiltsey Stirman, S. Changes in PTSD symptoms correspond to changes in suicidal ideation in a combined military and civilian sample engaged in Cognitive Processing Therapy.


APPENDIX F: Fiscal Year 2019 Scientific Presentations

21. Nilni, Y. I., Arditte Hall, K., King, M. W., Rasmusson, A. M., & Pineles, S. L. Association of GABAergic neurosteroids and psychological symptoms across the menstrual cycle among women with PTSD. In L. Hantsso (Chair), The role of neuroactive steroid hormones in psychological and psychophysiological symptoms of anxiety.

22. Pineles, S. L. Extinction retention deficits and a block in conversion of progesterone to the GABAergic neurosteroids allopregnanolone and pregnanolone. In V. Michopoulos & J. Stephens (Chair), Neuroendocrine risk pathways for trauma- and stress-related disorders in women.


32. Guetta, R. E., Wilcox, E., Maniates, H., Ryabchenko, K., Miller, M. W., & Wolf, E. J. Data privacy expectations of trauma-exposed veterans enrolled in research: Associations with psychopathology and demographic characteristics.


34. Jarnagin, J., Arditte Hall, K., Rosebrock, L., & Pineles, S. L. Examining trauma-related rumination in trauma-exposed women.

35. Johnson, C. M., Mallard, K. N., Carreno, P., Beristianos, M., Masina, T., Shields, N., Monson, C., & Wiltsey Stirman, S. The feasibility and effectiveness of an online message board used to enhance therapist fidelity in Cognitive Processing Therapy for PTSD.


38. McLean, C. P. If you build it, they will come... but how do we get them to stay? The role of support in e-health interventions. In C. P. McLean (Chair), How do different PTSD treatments work? Clues from mediation research.


APPENDIX F: Fiscal Year 2019 Scientific Presentations


46. Shiperd, J. C. Transgender veterans’ trauma recovery and discrimination: Considerations for treatment. In J. A. Puckett (Chair), Minority stress, gender affirmation, and mental health in transgender individuals: Research and clinical perspectives.

47. Sloan, D. M. Discussant. In C. McLean (Chair), How do different PTSD treatments work? Clues from mediation research.

48. Sloan, D. M., Marx, B. P., Lee, D. J., & Thompson-Hollands, J. Treatment gains of a brief, exposure-based treatment for PTSD. In L. J. Zandberg (Chair), Increasing the reach of exposure therapy for PTSD: The latest in randomized controlled trials designed to reduce implementation barriers.

49. Taft, C. T. The working alliance and group cohesion in CBT to prevent partner violence.


Association for Psychological Science | Washington, DC | May 2018


53. Knight, J. A., Berlingeri, A., & Fox, A. Unique pattern sequences characterize the 639,120 theoretical possibilities used to clinically diagnose and empirically categorize individuals with posttraumatic stress disorder.

54. Shiperd, J. C. Psychoeducation for the prevention of postdeployment intrusive cognition-related distress is socially valid but ineffective.


Combat PTSD Conference | San Antonio, TX | October 2018

56. Creech, S. K., Gnall, K., Murphy, C. M., & Taft, C. T. National implementation of a trauma-informed intervention for intimate partner violence in veterans: Two-year outcomes. In K. Dondanville (Chair), Preparing the workforce: Training and dissemination efforts.


Gerontological Society of America | Boston, MA | November 2018


62. Lee, L. O. Psychological functioning and cardiometabolic risk over four decades: Findings from the VA Normative Aging Study. In L. O. Lee (Chair), Uniting biomarker research in aging and health: Identifying integrative pathways.


International Conference of the System Dynamics Society | Albuquerque, NM | July 2019


67. Lounsbury, D., Zimmerman, L. E., Park, S., Rust, T., Holbrook, A., & Branscomb, J. From Scriptapedia to hexagons, engaging stakeholders in model building to develop a healthcare quality improvement program.
APPENDIX F: Fiscal Year 2019 Scientific Presentations

68. Rust, Tom, Zimmerman, L. E., Park, S., Lounsbury, D., Branscomb, Jane, & Holbrook, Andrew Improving frontline healthcare operations: Adapted use of the Oliva and Stemman service delivery model.

69. Zimmerman, L. E., Park, S., Lounsbury, D., Branscomb, J., Holbrook, A., & Rust, T. Effectiveness of modeling as a health system intervention for addiction and mental health service improvement.

International Society for Traumatic Stress Studies | Washington, DC | November 2018


71. Arditte Hall, K. Fear of emotion and posttraumatic stress symptoms among trauma-exposed veterans.


75. Bramande, E., Tyrell, F., Finley, E., & Vogt, D. Does post-military stress mediate the relationship between military sexual trauma and well-being?


78. Creech, S. K., Gnall, K., Murphy, C. M., & Taft, C. T. National implementation of a trauma-informed intervention for intimate partner violence in veterans: Two-year outcomes.

79. Ellickson-Larew, S., Guetta, R. E., Wilcox, E., Maniates, H., Miller, M. W., & Wolf, E. J. Psychometric properties of the M-FAST in a veteran sample with PTSD.


82. Gauthier, G. M., Moshier, S. J., Zax, A., Marx, B. P., & Keane, T. M. Examining the association between wartime atrocity exposure and psychotherapy utilization among OEF/OIF veterans.


88. Knight, J. A., Berlingeri, A., & Fox, A. The extreme number of unique symptom patterns resulting from combinations of the DSM PTSD diagnostic criteria: Theoretical and practical considerations.


APPENDIX F: Fiscal Year 2019 Scientific Presentations


95. Mackintosh, M., Schaper, K. M., Willis, E. A., Edland, S., Liu, C., & White, L. R. What are the life-long effects of WW II military service on late-life social functioning?


98. McCaughey, V., Shin, M. H., Gormley, K. E., & Street, A. E. Patient-Provider communication about military sexual trauma: Understanding veterans’ satisfaction and preferences.


104. Niles, B. L., Weinstein, E. S., Mori, D. L., & Pless Kaiser, A. Complementary and integrative interventions for PTSD: What is the evidence base and how can we improve it?

105. Pless Kaiser, A., O’Malley, K., & Bamonti, P. Later-Adulthood trauma reengagement in Vietnam veterans with PTSD: Impact of a psychoeducational discussion group. In B. Smith (Chair), Trauma and aging: Examining and integrating new findings on health outcomes, mental health utilization, and treatment in older adults.


107. Rosen, C. S. Discussant. In C. S. Rosen (Chair), What if we don’t talk about trauma?

108. Sanders, W., Smith, B. N., Fox, A. B., & Vogt, D. Long-Term effects of family stressors and combat threat on mental health of post-9/11 veterans.


110. Schnurr, P. P. Discussant. In A. MacDonald (Chair), The flexible delivery of Cognitive Behavioral Couple Therapy for posttraumatic stress disorder to overcome barriers to care.

111. Schnurr, P. P. Discussant. In B. Marx (Chair), Examining similarities and discrepancies in outcomes assessed by the CAPS-5 and PCL-5.

112. Schnurr, P. P. Discussant. In C. Rosen (Chair), What if we don’t talk about trauma? Evidence-Based alternatives to trauma-focused psychotherapy.


114. Shipherd, J. C. Understanding the experience of trauma and minority stress in lesbian, gay, bisexual, and transgender populations: Implications for conceptualization, practice, and policy. In J. A. Scholl (Chair), Understanding the experience of trauma and minority stress in lesbian, gay, bisexual, and transgender populations: Implications for conceptualization, practice, and policy.


117. Smidt, K., Niles, B. L., Weinstein, E. S., & Fisher, L. M. Examining efforts to reduce trauma-focused evidence-based psychotherapy (TF-EBP) dropout rates: Comparison across two rounds of program evaluation data.

APPENDIX F: Fiscal Year 2019 Scientific Presentations

119. Spoont, M., MacDermid-Wadsworth, S., Meis, L., Topp, D., & Polusny, G. Who in U.S. veterans’ social networks encourage or discourage them to pursue mental health treatment for PTSD?

120. Straus, E., Norman, S. B., Haller, M., Hamblen, J. L., Southwick, S. M., & Pietrzak, R. H. Protective factors associated with posttraumatic stress disorder, alcohol use disorder, and their comorbidity in U.S. veterans results from the National Health and Resilience in Veterans Study. In L. Luciano (Chair), Self-Medication and beyond: Towards a more complete understanding of trauma and alcohol misuse in under-represented, community, and national samples.


123. Vogt, D., Tyrell, F., & Bramande, E. Vocational and social challenges experienced by trauma-exposed military veterans after separation from military service.


125. Willis, E. A., Greenbaum, M. A., Jaworski, B. K., Pietrzak, R. H., Owen, J. E., Mackintosh, M., & Kuhn, E. R. Predictors of interest in mental mobile health applications among U.S. veterans: Results from the National Health and Resilience in Veterans Study.


Science of Dissemination and Implementation in Health | Washington, DC | December 2018


130. Dollar, K., Kirchner, J. E., McGee-Vincent, P., Burden, J., DePhilippis, D., & Resnick, S. G. Implementation of measurement-based care: Creation of an implementation planning guide. In M. Engelgau (Chair), Innovations in implementation science to enhance sustainability and quality improvement.


134. Harpaz-Rotem, I. Augmented psychotherapy with ketamine (KPE) – first results, network neural connectivity.

135. Harpaz-Rotem, I. Combined adjusted Prolonged Exposure therapy and ketamine infusion as potential treatment for PTSD.

136. Harpaz-Rotem, I. Computational models and transdiagnostic approach in fear learning and updating following exposure to trauma.

137. Kaye, A. F39: Stress speeds arousal fluctuations in mPFC after neurons and pupillary diameter.


140. Polimanti, R., Ratanatharathorn, A., Maihofer, A., Choi, K., Stein, M., Morey, R., Logue, M. W., Nievergelt, C., Stein, D., Koenen, K., & Gelernter, J. Genetic overlap and causality between cognitive ability and posttraumatic stress disorder.
APPENDIX F: Fiscal Year 2019 Scientific Presentations


Society for General Internal Medicine | Washington, DC | May 2019


144. Danan, E., Spoons, M., Brunner, J., & Yano, E. M. The relationship between sexual assault history and gynecologic exam distress and delay among women veterans in the VA.


Society for Implementation Research Conference | Seattle, WA | September 2019

147. La Bash, H., Johnson, C. M., Song, J., Shields, N., Masina, T., Swanson, K. N., Beristianos, M., Finley, E., Ramirez, V., Lane, J., Mackintosh, M., Suvak, M., Monson, C., & Wiltsey Stirman, S. A comparison of consultant effects, activities, and perceptions on therapist fidelity and patient treatment outcomes. In A. Baumann (Chair), Where the rubber meets the road in clinical mental health settings.


150. Song, J., Garcia, H., Finley, E., & Wiltsey Stirman, S. Graduate school training in structured cognitive behavioral therapy protocols predicts greater evidence based psychotherapy reach.


Other


APPENDIX F: Fiscal Year 2019 Scientific Presentations


166. Gelernter, J. (2019, May). Results from the USVA MVP PTSD Cooperative Study. PCG-PTSD Working Group Meeting, Chicago, IL.


177. Krystal, J. H. (2019, July). Repurposing abused drugs for treatment of psychiatric disorders. Ketamine and the pursuit of rapid acting antidepressants, Wayne State University, Symposium, Detroit, MI.


APPENDIX F: Fiscal Year 2019 Scientific Presentations


198. Sanacora, G. (2018, October). Development of rapid acting pharmacological treatments for suicidal ideation and behavior. CT Suicide Advisory Board, special presentation, Middletown, CT.


205. Sloan, D. M. (2019, August). Written Exposure Therapy: A brief treatment approach for PTSD. Northwestern University Feinberg School of Medicine, Chicago, IL.

APPENDIX F: Fiscal Year 2019 Scientific Presentations


212. Street, A. E. (2019, May). Talking about MST: Patient preferences for MST-related communication. Invited address for McLean Hospital’s Perspectives on Trauma Series, Belmont, MA.


APPENDIX G

Fiscal Year 2019 Education Presentations

Association for Contextual Behavioral Science World Conference | Dublin, Ireland | June 2019

International Society of Traumatic Stress Studies | Washington, DC | November 2018
7. Carlson, E. B. Everything you always wanted to know about psychometrics but were afraid to ask.
10. McCaslin, S. E., Ermold, J., Tkachuck, M., & Watson, P. Integration of military culture into provider education to promote more effective care for service members, veterans, and their families. Pre-Meeting Institute.

U.S. Department of Veterans Affairs
APPENDIX G: Fiscal Year 2019 Education Presentations

Other


28. Galovski, T. E. (2019, May). The status on female veteran mental health and functioning. Presented for Representatives Mark Takano (Chairman of the House Committee on Veterans’ Affairs) and Joseph Kennedy III, Boston, MA.


42. Shepherd, J. C. (2019, April). Thinking about intrusive thoughts: Building resilience following deployment. Department of Psychiatry and Behavioral Sciences, East Tennessee State University, Johnson City, TN.


44. Sloan, D. M. (2019, February). Written Exposure Therapy: Brief treatment approach for PTSD. Workshop conducted at Family and Children’s Services, Tulsa, OK.


APPENDIX G: Fiscal Year 2019 Education Presentations

47. **Street, A. E.** (2019, April). *Day of awareness for sexual assault and trauma*. Roundtable discussion hosted by Boston University School of Medicine's STOP (Sexual Trauma Outreach and Prevention), Boston, MA.


49. **Walser, R. D.** (2019, August). *Psychological flexibility and women's health: The joy and pain of well-being and vitality*. Plenary conducted at the National Women's Health Mini Residency, Dallas, TX.


## APPENDIX H
### Fiscal Year 2019 Editorial Board Activities

| Administration and Policy in Mental Health Services and Mental Health Services Research | Wiltsey Stirman |
| Annals of LGBTQ Public and Population Health | Livingston (Editorial Advisory Board) |
| Asian Biomedicine (Research Reviews and News) | Gelernter |
| The Behavior Therapist | Wiltsey Stirman (Associate Editor) |
| Behavior Therapy | Gutner, Sloan (Editor), Wiltsey Stirman |
| Behaviour Research and Therapy | Sloan |
| Biological Psychiatry | Duman, Gelernter, Krystal (Editor), Sanacora |
| Biological Psychiatry: Cognitive Neuroscience and Imaging | Sanacora |
| Chinese Journal of Psychology | Keane |
| Chronic Stress | Abdallah (Editor), Averill (Deputy Editor), Duman, Esterlis, Krystal (Associate Editor), Pietrzak, Rasmusson, Sanacora, Southwick, Woodward |
| Clinical Psychology Review | Pineles |
| Cognitive and Behavioral Practice | McLean, Shipherd (Guest Editor) |
| Community Mental Health Journal | Harpaz-Rotem |
| Current Psychiatry Reports | Friedman |
| Data in Brief (Elsevier) | Akiki |
| Depression and Anxiety | Holtzheime, Schnurr, Wolf |
| Eating Behaviors | Mitchell (Associate Editor) |
| European Journal of Psychotraumatology | Cloitre (Associate Editor), Pineles |
| Frontiers in Neuroscience: Neurogenesis | Duman (Associate Editor) |
| International Journal of Emergency Mental Health | Keane |
| Journal of Abnormal Psychology | Miller (Associate Editor); Wolf |
| Journal of Anxiety Disorders | Pietrzak |
| Journal of Clinical Psychology | Sloan |
| Journal of Consulting and Clinical Psychology | Marx; Sloan; Taft |
| Journal of Contemporary Psychotherapy | Sloan |
| Journal of Depression and Anxiety | Tiet |
| Journal of Family Psychology | Taft |
| Journal of Family Violence | Taft |
| Journal of Neurochemistry | Duman |
| Journal of Neuroscience | Levy (Associate Editor) |
| Journal of Obsessive-Compulsive and Related Disorders | Thompson-Hollands |
## APPENDIX H: Fiscal Year 2019 Editorial Board Activities

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