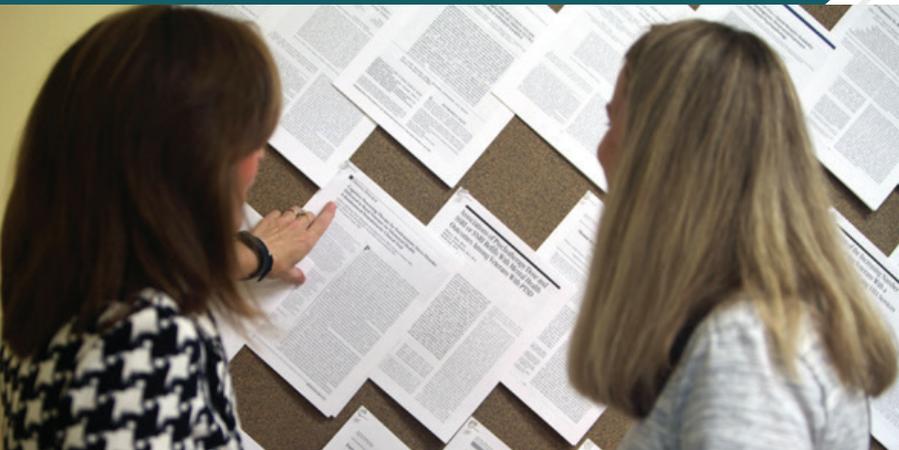


National Center for PTSD

Fiscal Year 2015 Annual Report



IMPLEMENTATION SCIENCE

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Acronyms Used in the Text

13C-MRS

Carbon-13 Magnetic Resonance Spectroscopy

bTBI

Blast-Related Traumatic Brain Injury

CAP

Consortium to Alleviate PTSD

CAPS-5

Clinician-Administered PTSD Scale-5

CBT

Cognitive Behavioral Therapy

CPT

Cognitive Processing Therapy

DARPA

Defense Advanced Research Projects Agency

DOD

Department of Defense

DSM-5

Diagnostic and Statistical Manual of Mental Disorders-5th Edition

EMDR

Eye Movement Desensitization and Reprocessing

FAAH

Fatty Acid Amid Hydrolase

fMRI

Functional MRI

GABA

Gamma-Aminobutyric Acid

GLT1

Glutamate Transporter

GWAS

Genome-Wide Association Study

HPA

Hypothalamic-Pituitary-Adrenal Axis

HSR&D

Health Services Research & Development

ICD

International Classification of Diseases

IPV

Intimate Partner Violence

LATR

Later-Adulthood Trauma Reengagement

MRI

Magnetic Resonance Imaging

MRS

Magnetic Resonance Spectroscopy

MST

Military Sexual Trauma

NEPEC

Northeast Program Evaluation Center

NIH

National Institutes of Health

NIMH

National Institute of Mental Health

NMDA

N-Methyl-D-Aspartate

OMHO

Office of Mental Health Operations

PBIN

Practice-Based Implementation Network

PE

Prolonged Exposure Therapy

PERSIST

Promoting Effective, Routine, and Sustained Implementation of Stress Treatments

PET

Positron Emission Tomography

PILOTS

Published International Literature on Traumatic Stress

PTSD

Posttraumatic Stress Disorder

REDD1

Regulated in Development and DNA Damage Responses 1

RNA

Ribonucleic Acid

SGK

Serum and Glucocorticoid-Regulated Kinase

SKA2

Spindle and Kinetochore Associated Complex Subunit 2

STAIR

Skills Training in Affect and Interpersonal Regulation

TBI

Traumatic Brain Injury

TRAIN

TrainingFinder Real-Time Affiliate Integrated Network

VA

Department of Veterans Affairs

VALOR

Veterans After-Discharge Longitudinal Registry

VHA

Veterans Health Administration

From the Executive Director



PAULA P. SCHNURR

Dr. Paula P. Schnurr is the Executive Director of the National Center for PTSD; she served as Deputy Executive Director from the time of the Center's founding in 1989 to 2014. She is a Research Professor of Psychiatry at the Geisel School of Medicine at Dartmouth and Editor of the Clinician's Trauma Update-Online.

The primary mission of the Department of Veterans Affairs (VA) National Center for Posttraumatic Stress Disorder (PTSD) has always been to improve the lives of the nation's Veterans. Over the years as new and better PTSD treatments have become available, our staff has been deeply engaged in the process of dissemination and training, working to ensure that Veterans have access to the very best evidence-based treatments available.

During that time our efforts at dissemination have ranged from simple distribution of information — through both printed and, more recently, electronic means — to workshops and “train the trainer” sessions, and then to more hands-on methods such as the creation of a PTSD Mentoring Program to support PTSD leaders in clinics throughout VA. More recently we have taken the next step, moving into the relatively new field of implementation science: the rigorous research to identify the most effective ways to facilitate implementation of evidence-based practice for PTSD through our large and complex health care system. We are excited about the results of the projects that have been completed or are underway, and have devoted the introductory section of this Annual Report to reviewing progress in this area. I hope you'll take a few minutes to review that section.

The balance of this Annual Report outlines, first, some of the major research projects at National Center locations around the country. We are especially pleased to report on the progress that has been made in establishing the PTSD Brain Bank, under the direction of Former National Center Executive Director Dr. Matthew Friedman. The Annual Report also highlights the tremendous strides we have made in the area of PTSD education, with particular emphasis on the use of new technologies, including web-based resources and mobile apps. A complete listing of our activities is contained in a series of Tables at the back of the document.

Before I close, I'd like to extend a warm welcome to Dr. Tara Galovski, who recently joined us as Director of the Women's Health Sciences Division in Boston. She is a terrific addition to our staff of accomplished professionals, and we are delighted to have her on board. Also, congratulations are in order for Dr. Jessica Hamblen of the Executive Division for receiving the 2015 David M. Worthen Award for Career Achievement in Educational Excellence from the Veterans Health Administration (VHA), a wonderful honor.

Please feel free to contact any of our seven centers of excellence across the country, or to visit our website at ptsd.va.gov, to find out more about any of the operations of the National Center.

Paula P. Schnurr

Implementation Science: Putting Evidence-Based Treatments into Practice

Since its inception the National Center for Posttraumatic Stress Disorder (PTSD) has been in the forefront of developing new and innovative treatments for PTSD, with

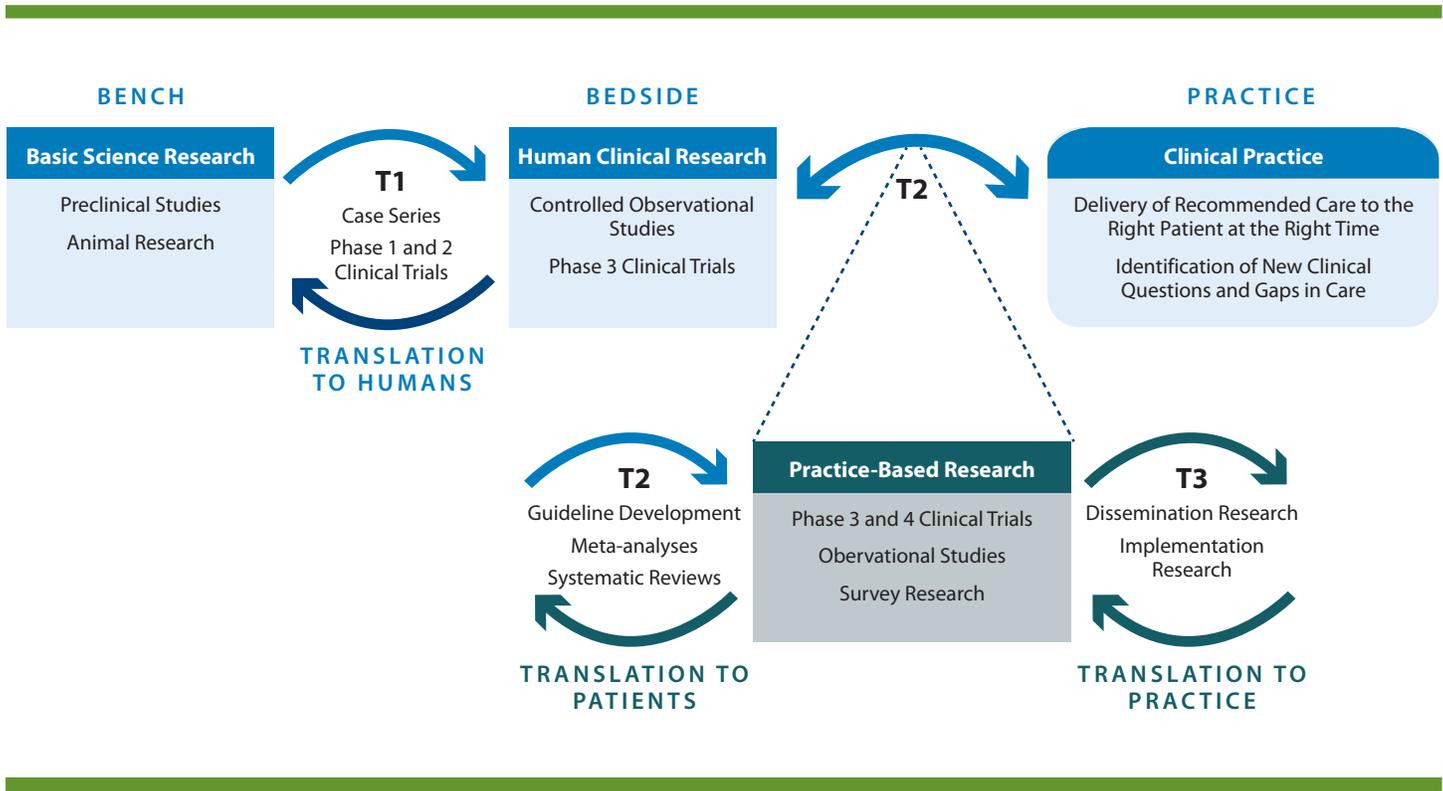


IMPLEMENTATION SCIENCE aims to bring rigorous research methods to the study of both the facilitators and the bottlenecks — social, behavioral, economic, logistical, managerial — that influence the rate of implementation, and to test new approaches to delivering care.

the aim of helping Veterans and others who are dealing with the aftermath of traumatic stress. But despite the proven efficacy of many treatments, and the extensive efforts expended on training of clinicians, adoption of the latest treatments into standard practice can be frustratingly slow.

Many activities in the National Center are focused on improving the rate at which evidence-based treatments gain acceptance and usage throughout the mental health system, with the ultimate goal of making life better for the nation’s Veterans and others with PTSD. A key strategy that is becoming increasingly important is the emerging field of implementation science.

Implementation science aims to bring rigorous research methods to the study of both the facilitators and the bottlenecks — social, behavioral, economic, logistical, managerial — that influence the rate of implementation, and to test new approaches to delivering care. According to the National Institutes of Health, implementation science “seeks to understand the behavior of health care professionals and other stakeholders as a key variable in the sustainable uptake, adoption, and implementation of evidence-based interventions.”



Westfall JM, Mold J, Fagnan L. Practice-Based Research—“Blue Highways” on the NIH Roadmap. *JAMA*. 2007;297(4):403-406. doi:10.1001/jama.297.4.403

Evidence-based treatments

The National Center's researchers are leaders in the development and testing of treatments for PTSD, including approaches that involve medications and various forms of psychotherapy. From the beginning they played a crucial role in sorting through the possible treatment approaches and conducting research to determine which ones would be most effective in the clinical setting.

In 2006, VA began a national training program to disseminate two therapies that had been shown to be effective in the treatment of PTSD: Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE). In CPT the therapist works with a patient to look objectively at the traumatic events that led to their PTSD, to challenge their assumptions, and eventually to work through their emotional responses. In PE the patient confronts the traumatic memories directly and, with the help of the therapist, becomes desensitized to them. At present these cognitive behavioral therapies are among the few treatments where such compelling empirical evidence of efficacy has been demonstrated.

VA has embraced these evidence-based therapies. The VA Uniform Mental Health Services Handbook now specifically states that all Veterans with PTSD must have access to CPT and PE, and altogether more than 6,000 practitioners have been trained to deliver these treatments.

Understanding the barriers

In spite of all these efforts, however, widespread adoption of these treatments into general usage in the field has remained elusive. Today, nearly a decade after the national training program began, and despite the proven efficacy of the treatments, only a percentage of eligible Veterans are being offered CPT or PE to treat their PTSD. According to Dr. Josef Ruzek of the National Center's Dissemination and Training Division in Palo Alto, CA, "We are just beginning to grasp the difficulties of changing practices in a very complex health care system."

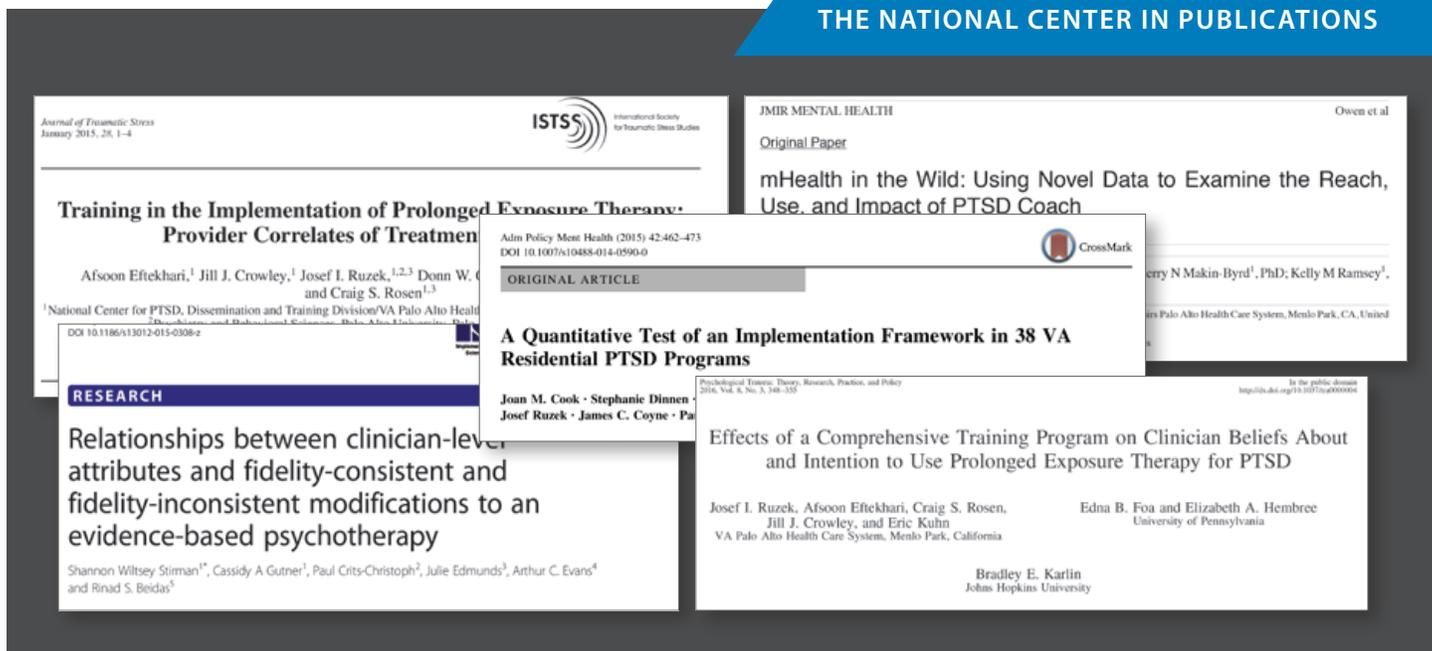
"We are just beginning to grasp the difficulties of changing practices in a very complex health care system."

-Dr. Josef Ruzek



Anecdotal evidence indicates that the reasons for non-adoption are many and varied. Some clinic leaders and individual practitioners are content with the therapeutic approaches they have used for years and see no compelling reason to change. Others go through the training but lack the confidence to begin using the treatments when they are back home, after time has passed. Others cite logistical barriers at clinics: scheduling systems that won't allow for longer sessions, the inability

THE NATIONAL CENTER IN PUBLICATIONS



to offer individual sessions in a clinic that relies on group therapy, and similar issues. In addition, sometimes the Veterans themselves are reluctant to seek treatment for mental health issues.

In order to better understand these challenges, and to begin to outline strategies to address them, the National Center, in some cases in concert with other agencies, has launched an array of implementation science studies. These research efforts are beginning to shed light on the barriers that are preventing full adoption of evidence-based treatments throughout the VA system.

Assessing the situation

The first, and in many ways thorniest, problem is simply quantifying the prevalence of usage of these treatments in the field. In order to study the implementation of a practice, you first have to be able to measure its delivery; without accurate measurement, determining the effectiveness of an approach or improvement over time



is not possible. According to National Center Executive Director Dr. Paula Schnurr, “We struggle just to count the number of people receiving these treatments. VA’s computerized records don’t provide information on what kind of treatment is being received — the records might show only that a patient is receiving psychotherapy in general.”

Dr. Schnurr added, “And even if we knew that, it’s difficult to quantify the denominator of the equation — that is, how many people should be eligible for these treatments. Should it be all Veterans with PTSD who come to mental health clinics, or only those who are treated in specialized PTSD programs? And how do we account for people who were offered the treatment and declined?”

To address this problem, efforts have been undertaken to extract information from the notes that clinicians maintain after each session with a patient. VHA has released note templates that can be used by clinicians to indicate delivery of evidence-based psychotherapies, but preliminary data suggest that they are not as widely used as intended. Dr. Craig Rosen of the Dissemination and Training Division is collaborating with Dr. Nina Sayer at the Minneapolis VA to pilot an approach using natural language processing. In this technique, the computer searches for certain key words in the notes that correspond to elements of a particular treatment protocol. Then an algorithm can be used to identify how many patients are receiving each kind of treatment.

Studying and developing the infrastructure

To begin to understand the barriers to implementation of CPT and PE, Dr. Rosen and Dr. Sayer have launched a major research effort entitled Promoting Effective, Routine, and Sustained Implementation of Stress Treatments, or PERSIST. In this study, researchers first identified PTSD clinics within VA that were using the evidence-based treatments to a high, medium, or low extent and then used qualitative interviews and surveys to identify the reasons for those differences. The objective was to look beyond the training of individual practitioners and to study the entire infrastructure of the work unit.

“How the clinic defines its role and mission are important,” says Dr. Rosen. “Some clinics see themselves as a place for providing evidence-based therapy, while others provide a range of treatments that may or may not have been researched.” A clinic’s ability to define itself narrowly is dependent on what other facilities are available in their area. “If you want to specialize in a particular kind of treatment, then there needs to be a generalist place in the area to go to for everything else. Often there is only one clinic in an area, doing everything.”

Another remarkable study began six years ago with residential PTSD treatment programs, in which researchers were able to follow more than 200 providers in 38 sites over a period of years. Dr. Joan Cook of the National Center's Evaluation Division in West Haven, CT, who is leading this study, notes that they have found a number of structural barriers to widespread implementation of evidence-based treatments. Though many residential providers reported being trained, adoption was not universal. Use of PE and CPT at the programs ranged from no adoption, to use with only selected patients, to serving as the core of the program's offerings.

For both PE and CPT, a supportive organizational context with dedicated time and resources, and incentives and mandates were related to implementation. "The caseload at a clinic is critical," Dr. Cook reports. "These treatments can require 60 or 90 minute sessions over a period of 12 weeks, and clinics often schedule only 30 minute sessions. So providers will select relatively few patients to receive a particular treatment."

In all cases, researchers note that encouragement from the leadership of the facility is essential. The tracking and monitoring system in a clinic is important here: clinics that are able to routinely measure successes are more able to convince practitioners to use the evidence-based treatments, and to promote word-of-mouth among the clinic's leadership and staff.

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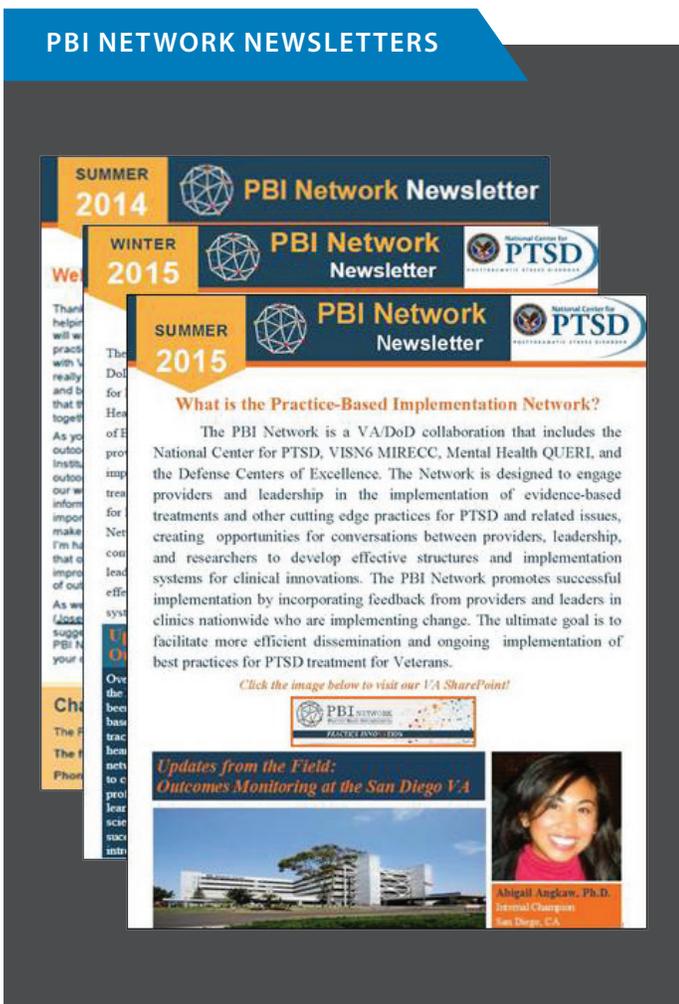
-Dr. Joan Cook

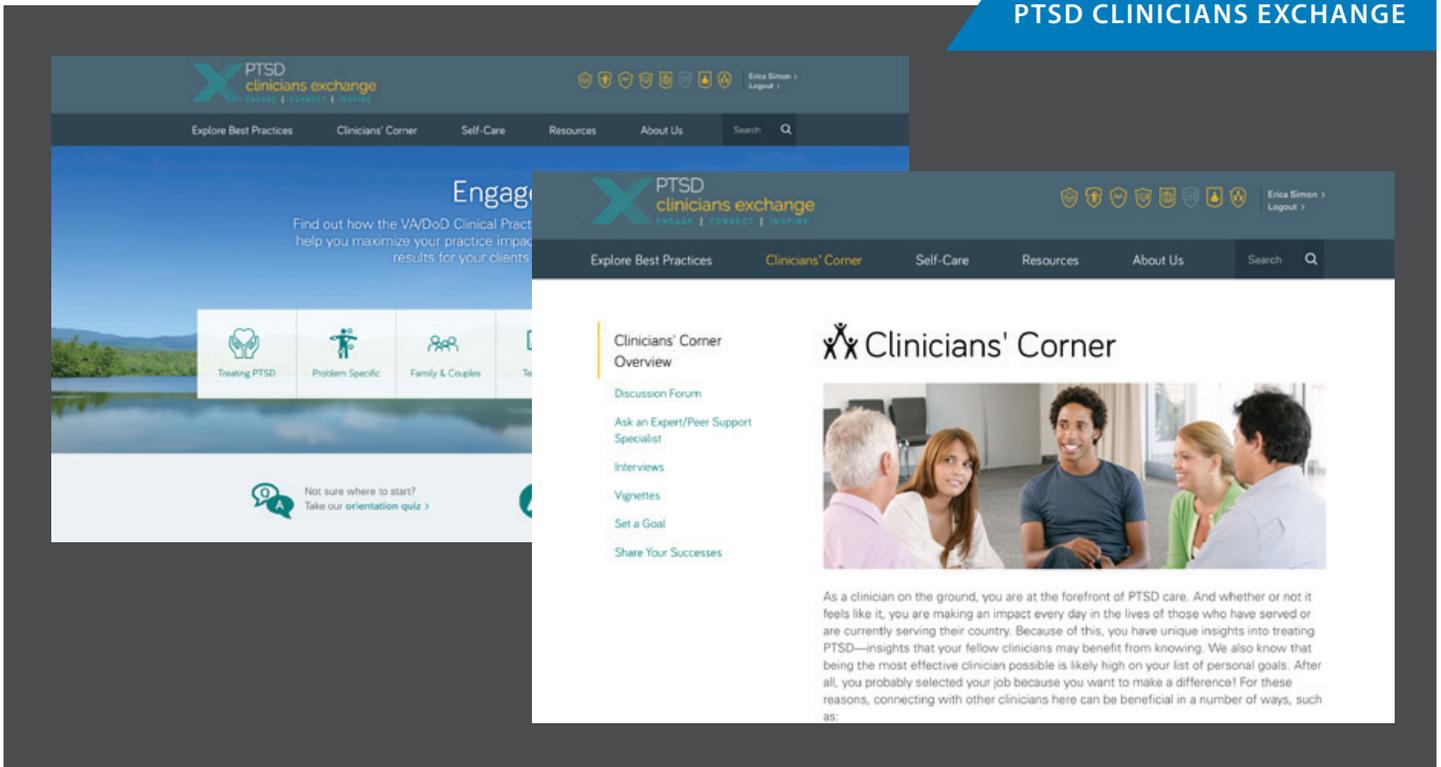
Dr. Ruzek and his colleagues are helping to address implementation challenges through establishment of a Practice-Based Implementation Network, or PBIN, to work on overcoming some of the logistical barriers to implementation of evidence-based treatments. They have set up a network of 18 VA and 10 Defense Department (DOD) sites that have agreed to become leaders in testing and adoption of new innovations and improvements. Their first project involves outcomes monitoring, or helping programs do a better job of tracking and compiling measures of effectiveness.

Ongoing support for individual clinicians

Once a clinician has gone through training in these evidence-based treatments, what kind of support do they need on an ongoing basis? "We know that PE in particular is an emotionally challenging approach," says Dr. Ruzek. "Clinicians have a fear of intensifying emotional trauma, of seeing their patients in additional distress," despite the fact that there is no evidence that PE is harmful. Clearly it isn't enough to attend a workshop and go home with some forms and manuals, but what more is required?

An effort aimed at learning how educational resources can influence the delivery of evidence-based practices is the PTSD Practitioner Registry, directed by Dr. Ruzek. Clinicians first report on what treatments they are using, and they are then randomly assigned to various web-based training materials, with and without interactive consultation. Ultimately the team hopes to identify which materials





and support services are most effective in encouraging providers to adopt the treatments.

Dr. Shannon Wiltsey Stirman of the Dissemination and Training Division recently concluded a study conducted with VA Canada that compared different levels of follow-up with clinicians in the field: weekly phone calls to review cases and receive feedback, with and without the use of recordings of sessions, compared to having someone simply listen to and rate the clinician's sessions. Interestingly — and surprisingly — the group that participated in the weekly calls without the use of recordings showed the most improvement; the researchers are now working to understand why this would be the case.

Adapting the treatments

Life in a clinical setting can be vastly different from the controlled conditions of clinical trials and training sessions. As practitioners work with these treatments, they may seek to alter some of the elements of the protocol in order to fit them more comfortably into the infrastructure of their working environments or the needs of specific patients. They may think about reducing the number of sessions —

for example, from 12 to six — or shortening the sessions to 30 minutes instead of 60 or 90, or delivering the treatment in a group setting instead of individual sessions. They might want to modify the PTSD treatments in order to fit with other treatments the patient is receiving, such as treatment for substance abuse. Or a worksheet might need to be simplified so it can be used with patients who have literacy issues.

“Clinicians can make adaptations to the treatment if they determine that that is the best answer, but we want to use data to make these decisions.”

”

- Dr. Shannon Wiltsey Stirman

Dr. Wiltsey Stirman is studying the issue of fidelity, including determining whether a treatment is still effective when it has been altered in various ways or delivered in less controlled settings. She says that “Clinicians can make adaptations to the treatment if they determine that that is the best answer, but we want to use data to make these decisions.” The process that is being used to

adapt treatments is based on principles of Continuous Quality Improvement and involves identifying barriers to using CPT, identifying evidence-based potential solutions, planning an adaptation, and collecting practice-level data to determine whether it is working. By now, CPT has been tested in a wide variety of settings and configurations, so the likelihood that it can be adapted for use different circumstances is good.

Best practices in medications

Implementation of evidence-based best practices is also an issue in medication protocols used with PTSD patients. As with other therapies, clinicians who have been prescribing certain medications to patients for years are often reluctant to change. One particular effort, now in its third year and under the direction of Dr. Nancy Bernardy of the National Center's Executive Division in White River Junction, VT, is aimed at decreasing the use of benzodiazepines and off-label atypical antipsychotics. In recent years research has shown that these medications are not beneficial in PTSD and can actually cause harm, particularly in combination with drugs that are being prescribed for other conditions, such as opioids for pain.

Dr. Bernardy's project involves academic detailing, a series of one-on-one educational visits by clinical pharmacists to individual clinicians, in which they discuss the drawbacks of benzodiazepines. The pharmacists also

provide information on alternative medications and other therapies, and suggest approaches to helping patients taper down from the benzodiazepines that they may have been taking for years. At the same time, information in the form of posters and brochures are provided to the clinic, aimed at education of both the providers and individual patients.

The project is ongoing, and early results show that prescribing of these medications is beginning to come down. According to Dr. Bernardy, the one-on-one visits are crucial, but the posters and other materials are a good addition as well. "One clinician told me that she uses our poster that lists symptoms as a basis to have a discussion with her patients to promote tapering down their medications."

Looking to the future ...

Implementation science is a relatively new discipline, and presents enormous untapped potential for improving the delivery of needed mental health services to Veterans and others with PTSD. Looking to the future, there are many avenues for focus and study.

Improving clinician training is an important priority for the future. "Are there ways to provide training to clinicians that are scalable and less expensive?" asks Dr. Rosen. "Could we incorporate peer coaching? At the moment there are no models for that." Similarly, it would be extremely helpful

EDUCATING PROVIDERS AND PATIENTS



An effort aimed at decreasing the use of benzodiazepines and off-label atypical antipsychotics involves a series of one-on-one educational visits by clinical pharmacists to individual clinicians. At the same time, information in the form of posters and brochures are provided to the clinic, aimed at education of both the providers and individual patients.

to find ways to deliver the treatments themselves more economically and in ways that require less time, effort and clinician skill. Dr. Wiltsey Stirman's work in fidelity may provide avenues for adapting treatments in many ways.

Dr. Bernardy cites the need to understand the reasons patients discontinue their treatment. "It's hard to learn the reasons people drop out. Some might be leaving because they believe they are better now, and some



might leave because of a crisis situation. Perhaps we need a protocol where someone can stop treatment, address the crisis, then get back on track." Dr. Cook also cites the need to enhance patient engagement. Though her study of residential programs involved monitoring thousands of patients over a period of years, she notes that "when patients are released and go out into the world, we can lose track of them."

The possibilities of utilizing new technologies would seem to be endless, and efforts to study the effectiveness of these technologies should be high on the list of priorities for the National Center. Certainly computer-based training and delivery of treatments could dramatically broaden the reach of PTSD care; "We could go from helping thousands to helping hundreds of thousands," says Dr. Ruzek. For

example, one study that is currently underway is looking at the efficacy of delivering treatment through a video conference link.

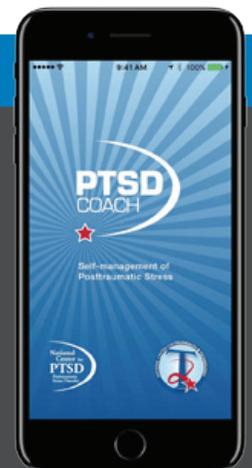
Technology could also be valuable in other areas. Dr. Wiltsey Stirman notes the role technology could play in data collection: "Could we tap into patient's worksheet information from their mobile apps to collect data on symptom tracking and other variables?" There could also be more direct patient benefits. Dr. Ruzek cites the example of a patient who called a suicide crisis hotline: "The patient had been using the mobile PTSD Coach application, and when the agent asked him what had prompted him to call the hotline, he said 'My phone told me to.'"

Dr. Cook sees potential in harnessing the experiences and expertise of providers in the field to inform research in implementation science. "The providers have a clinical wisdom from working with Veterans day in and day out. They are incredibly busy, and I'm so grateful to them for so graciously sticking with us across almost five yearly data points. That's a long time."

The effort being expended in disseminating these specific evidence-based treatments hopefully won't end when these treatments are more fully adopted. The lessons learned from implementation science research can be employed with other treatments and other programs in the future. A better understanding of clinic logistics and clinician practice should be able to inform implementation efforts across practice settings. Dr. Schnurr sees great promise for the future. "Our implementation science portfolio enables us to help VA offer the best care for Veterans with PTSD."

TECHNOLOGY

The patient had been using the mobile PTSD Coach app, and when the agent asked him what had prompted him to call the crisis hotline, he said "My phone told me to."



Providing Leadership in PTSD Research



The National Center for PTSD helps to improve the care of Veterans and others affected by trauma through its strong commitment to research on the prevention, causes, assessment, and treatment of traumatic stress disorders. During FY 2015, National Center investigators led 103 funded studies, ranging from small studies at a single location to large multi-site projects.

The National Center's research activities are characterized by several distinctive features. First, most research on PTSD is conducted at a point in time closer to when actual traumatic events occurred — and in some cases even prior to military deployment — instead of years or decades after the fact. Second, the National Center's position within VA gives it the opportunity to work closely with clinicians on the front lines and gain a "real world" perspective that can inform research and smooth the process of getting results implemented in the field where they can be of direct benefit to Veterans.

Perhaps most important, the National Center's research is conducted through seven centers of excellence across the US, and often involves partner organizations in the government, universities, and agencies outside the US. This geographic reach and range of professional credentials make the National Center uniquely qualified to lead major projects involving large populations, complex issues, and multidisciplinary requirements.

One such effort is the establishment of the first national VA PTSD Brain Bank, being led by Dr. Matthew Friedman,

Senior Advisor to the National Center and its founding Executive Director. The Brain Bank is a brain tissue biorepository that is intended to support research on the causes, progression, and treatment of PTSD. Enrollment of potential post-mortem donors began in May 2015, with the launch of the Brain Bank website. Two new sites in North Carolina and Florida are being added, and inventory as of the end of FY 2015 is 50 PTSD and comparison tissue specimens, with another 40 being acquired from another Brain Bank. Currently, 20 additional individuals have volunteered to be donors.

The National Center's research is conducted through seven centers of excellence across the US, and often involves partner organizations in the government, universities, and agencies outside the US.



A second major research project is the Consortium to Alleviate PTSD (CAP). In 2013 President Obama announced a that a \$45 million award would be granted over five years, and the National Center partnered with the STRONG STAR Consortium at the University of Texas Health Science Center in San Antonio to successfully compete for this award. The CAP will provide an array of cutting-edge clinical treatment trials and biological studies including efforts to learn more about the biology and physiology of PTSD development, using response to treatment to inform

subsequent diagnosis, prediction of disease outcome, and new or improved treatment methods.

The sections that follow highlight some of the research projects that are taking place at the seven Divisions across the US.

Executive Division

The Executive Division, located in White River Junction, Vermont, is the National Center's headquarters. The Division provides leadership, directs program planning, and promotes collaboration to facilitate optimal



functioning of the Divisions both individually and collectively. The Executive Division specializes in the development of innovative and authoritative educational resources, programs that disseminate and implement best management and clinical practices, and the use of technologies to reach a broad range of audiences; the Division also oversees the Brain Bank.

Clinical Trials. The Division is involved in several ongoing clinical trials. Enrollment continued in Cooperative Studies Program #591, a groundbreaking study comparing PE and CPT. The study, which will eventually enroll 900 Veterans at 17 sites across the country, has already enrolled over 300 male and female Veterans. The study's 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.

PTSD rarely occurs without another comorbid condition; one such condition, substance use disorder, is particularly

challenging because providers are often hesitant to treat PTSD until the substance use is under control. Two trials are exploring whether PTSD and substance use disorders can be treated simultaneously. In the first, recruitment is ongoing for a trial comparing cognitive behavioral therapy (CBT) for PTSD plus the usual outpatient addiction care, versus usual care alone for Veterans with PTSD and substance use disorders. A second trial of two psychotherapies for comorbid alcohol use disorder and PTSD (PE and Seeking Safety) has randomized over 80 participants. A third trial to evaluate a brief protocol to reduce guilt and shame related to traumatic events among Iraq and Afghanistan Veterans was recently funded.

Dissemination and Implementation Research. In addition to the academic detailing initiative discussed in the Implementation Science section of this Annual Report, the Division works on initiatives aimed at assessing models of care and improving evidence-based practice. During FY 2015 investigators surveyed a national sample of Veterans and non-Veterans to assess decision-making needs and preferences for PTSD treatment; results are informing the development of the first publically available online decision aid for PTSD (discussed in greater detail on page 13).

In other efforts, a study of models of care in PTSD clinical teams found that the majority of programs offer preparatory groups aimed at improving readiness for evidence-based PTSD treatments, despite a lack of



empirical evidence that these groups are needed or effective. Work also began on a project that applies novel ways of using electronic data from the medical record and operational methods in order to understand dimensions of quality of PTSD care within VA.



Behavioral Science Division

The Behavioral Science Division, located in Boston, Massachusetts, conducts research on assessment, post-deployment adjustment, genomic and neuroscience mechanisms of psychopathology, aging and health, and innovative approaches to intervention and treatment delivery.

Prospective Cohort Studies. Two large prospective cohort studies are aimed at providing information on the long-term sequelae of PTSD. Project VALOR (Veterans After-Discharge Longitudinal Registry) is a registry of 1,649 male and female Veterans of Iraq and Afghanistan who became users of VA services after 2002. This project aims to provide data about health outcomes associated with PTSD, in part supplemented by clinical information from VA electronic medical records. Data collection for the third and final phase is underway.



Military personnel were assessed before deployment and at several intervals afterward, making it the first prospective, longitudinal study ever conducted on the psychological impact of warzone stress.

The second project is the Neurocognition Deployment Health Study, which began at the outset of the Iraq War in 2003. Military personnel were assessed before deployment and at several intervals afterward, making it the first prospective, longitudinal study ever conducted on the psychological impact of warzone stress. The

design allows examination of long-term emotional and neuropsychological outcomes of warzone stress and traumatic brain injury, as well as quality of life and functioning.

Long-Term Effects of Aging. The Division is collaborating with investigators from the VA Boston Healthcare System to study the long-term effects of military service on mental and physical health in aging Veterans. One project created a [website](#) to provide information about military service variables that are available in publicly accessible data sets. The project also recruited a national, multidisciplinary group of experts to develop and implement a research agenda on the long-term effects of military service on accelerated aging. A book derived from the data sets is being published by the American Psychological Association, and related work was published recently in a special issue of *The Gerontologist*.

Investigators also are examining a phenomenon termed later-adulthood trauma reengagement (LATR), in which older combat Veterans adaptively re-engage with wartime memories in an effort to build coherence or find meaning in those experiences. A study of LATR is examining the utility of a 10-week psychosocial discussion group for older combat Veterans.

Assessment. The Division continues to lead in research on the assessment of PTSD. Ongoing efforts include evaluation of the proposed International Classification of Diseases (ICD-11) revisions to the PTSD diagnosis and evaluation of the new Minnesota Multiphasic Personality Inventory-2 Restructured Form scales in relation to the assessment of the dissociative subtype of PTSD, and PTSD-

related malingering. Development is underway for a new measure designed to assess the dissociative subtype of PTSD.

Division investigators are participating in a consortium of private industries, universities, and government agencies that are working with the Defense Advanced Research Projects Agency (DARPA) to develop analytical tools designed to assess the psychological status of Warfighters. These tools examine patterns in everyday behaviors to detect subtle changes that may be indicative of PTSD, depression, and suicidal ideation.

Biomarkers. Researchers are examining neural biomarkers of PTSD and blast-related traumatic brain injury (bTBI) to clarify the contribution of mild bTBI and psychiatric conditions to the various deficits experienced by military personnel with blast injury. One finding is that bTBI accompanied by loss of consciousness (but not PTSD) is associated with less structural integrity of the brain, and that level of brain integrity mediates both physical post-concussion symptoms such as headaches and clinically meaningful cognitive impairment.

Biomarker research at the Division also includes a portfolio of genetic and epigenetic studies. Key collaborations with the Translational Research Center for TBI and Stress Disorders at VA Boston have produced a number of key findings, including:

- The moderating role of an oxidative stress-related gene in the negative relationship between PTSD and cortical thickness in frontal brain regions.
- The moderating role of genetic variation in the serotonin receptor in the negative relationship between PTSD and connectivity across brain regions.

- Methylation of the SKA2 gene predicting PTSD and suicide.
- The contribution of PTSD to accelerated cellular aging in the epigenome.

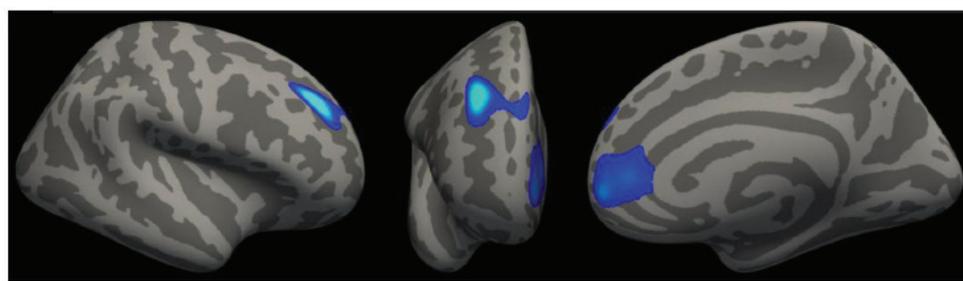
Division investigators also are collaborating with the Psychiatric Genomic Consortium PTSD work group on large-scale genome-wide association and methylation studies. Related work is focused on the potential for PTSD-related premature onset of metabolic syndrome and related reductions in neural integrity.

The Division is conducting functional and structural magnetic resonance imaging (MRI) studies to identify neural circuitry involved in PTSD. Structural MRI data suggest that a reduced volume of particular subfields of the hippocampus is associated with PTSD and aging, which may be related to the maintenance of PTSD symptoms. Preliminary data for functional MRI (fMRI) projects also suggest specific brain regions within the prefrontal cortex that are active when individuals with PTSD manage negative emotions.

Treatment Research. The Division continues to conduct pioneering research on treatments for PTSD, with key aims of overcoming barriers to seeking care, reducing dropout, and increasing efficiency of care delivery. One study is evaluating an Internet-based treatment, VetChange, designed for Veterans of combat in Iraq and Afghanistan with risky use of alcohol and PTSD-related distress. A mobile adaptation of VetChange, developed with support from the Bristol Myers Squibb Foundation and the National Center, is now under evaluation.

Other efforts are aimed at developing and testing efficient therapist-delivered interventions or treatment extenders. A prime example is a brief, exposure-based

BIOMARKERS



Lateral (left), anterior (middle), and medial (right) views of right hemisphere cortical thickness clusters associated with the rs1042357/rs10852889 x PTSD severity.

(M.W. Miller et al. / *Psychoneuroendocrinology* 62 (2015) 359-365)



treatment for PTSD that previously demonstrated strong effects with non-Veteran patients. Two trials will evaluate interventions for Veterans with Gulf War illness: one will compare Tai Chi with a wellness intervention to assess their impact on chronic pain, and a second is evaluating a low-level light treatment that has been shown to improve mitochondrial functioning within damaged brain cells. Pilot testing will begin in FY 2016 for a mobile app that was developed with the Dissemination and Training Division.

performance in PTSD; a project examining the effect of ketamine on memory reconsolidation and extinction in PTSD; and a seven-day PE therapy trial combined with a single dose of ketamine, to investigate neuroplasticity, learning, and fear inhibition in PTSD patients following ketamine infusion.

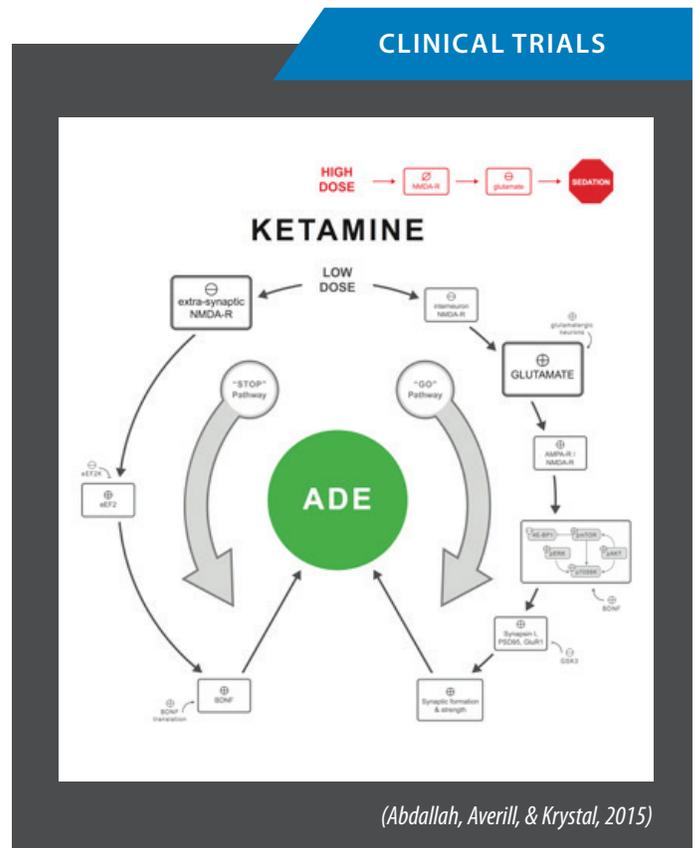
Several additional studies were completed recently. One involved a trial of an intensive integrated treatment for Veterans with PTSD and comorbid chronic pain. A trial of the alpha-1 adrenergic receptor antagonist prazosin for comorbid PTSD and alcohol use was also published.

Clinical Neurosciences Division

The Clinical Neurosciences Division, located in West Haven, Connecticut, focuses on the neurobiological, imaging and genetic study of traumatic stress; paradigms of risk and resilience; and pharmacotherapeutic interventions for the treatment of PTSD and comorbid conditions.

Clinical Trials. In FY 2015, the Division continued to implement trials aimed at translating neurobiological knowledge into tangible benefits for patients dealing with PTSD and its associated comorbidities. Investigators are studying several new pharmacological agents to target PTSD and depression, including: riluzole, a glutamate modulating agent; the immunosuppressant rapamycin; neuropeptide Y (NPY), an endogenous neurohormone; the neuropeptide oxytocin; and a novel fatty acid amid hydrolase (FAAH).

A series of trials utilizing ketamine, an N-methyl-D-aspartate (NMDA) receptor antagonist, are also continuing. Some of the specific trials include a multi-site clinical trial examining the safety and efficacy of repeated dosing and dose-dependent alterations in connectivity and cognitive



Finally, a study using machine learning to predict treatment outcome in depression was completed. Future applications of this work may be used to learn which premorbid factors are predictors of subsequent PTSD.

Neuroimaging. The Division provides essential infrastructure for the development of new technology and methods that allow for the exploration of human neuronal chemicals, brain structure, and function. Research continued on the role of glutamate transporter expression on stress response and resilience, utilizing advanced neuroimaging methodologies in conjunction with several pharmacotherapy trials. Work is also underway on a biomarker-informed trial using recently developed seven Tesla 1H-MRS (magnetic resonance spectroscopy) methods combined with MRI and fMRI to evaluate the psychopharmacologic effects of riluzole on PTSD symptoms, hippocampal morphometry, and anterior cingulate glutamate levels. Additional imaging analyses have demonstrated the negative associations of higher PTSD severity on structural and functional measures of the brain related to traumatic stress and depression.



The Division also has a number of cognitive neuroscience projects using fMRI methods. Topics include neural correlates of aversive learning and contextual fear conditioning; neurocognitive mechanisms related to impaired decision making; reconsolidation-extinction learning; the effect of a FAAH inhibitor on safety learning and fear acquisition; the role of the hypothalamic-pituitary-adrenal (HPA) axis dysregulation versus impulse inhibition deficits in dual diagnosis PTSD subjects with impaired decision making; and the role of noradrenergic systems in cognition, particularly in establishing biomarkers for hyperarousal.

Molecular Neuroscience, Genetics, and Stress

Vulnerability. The Clinical Neurosciences Division is the main research site for the VA National PTSD Brain Bank. Recent projects include whole genome microarray expression to examine abnormally expressed gene products. For example, research is examining proteins involved in neuronal plasticity such as serum and glucocorticoid-regulated kinase 1 (SGK1) and regulated in development and DNA damage responses 1 (REDD1). Preliminary work on RNA sequencing and proteomics analysis in another post-mortem study will be made available to the scientific community via an online system, affording the most widespread use of this critical information.

The molecular study of stress response on neural circuitry and cellular physiology may also help to identify areas of risk vulnerability and diagnostic approaches to inform treatments. Current projects include one involving the use of glutamatergic-based pharmacotherapies to enhance functional expression on stress response and resilience of the glutamate transporter GLT1; studies designed to isolate specific populations of glutamate and gamma-



Results of the investigation into the role of neuroimmune dysfunction in PTSD may yield insight into mechanism-based and treatable neuroimmune conditions implicated in PTSD and related syndromes.

Positron emission tomography (PET) imaging techniques are also being utilized to integrate complex preclinical and clinical neurobiological models across several neurochemical systems and structures. One project is investigating the role of synaptic vesicle glycoprotein 2A (SV2a) levels in stress models of depression and anxiety. PET studies are also ongoing with a newly developed paradigm to study the effects of ketamine on metabotropic glutamate receptor 5 (mGluR5) availability.

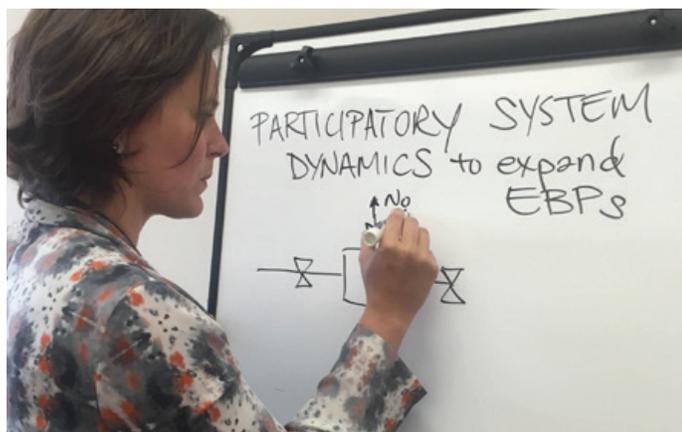
Another recent area of exploration using PET imaging techniques includes investigation into the role of neuroimmune dysfunction in PTSD, specifically the role of activated microglia and inflammatory cytokines in neurodegeneration and its potential to mediate PTSD expression. Results of this study may yield insight into mechanism-based and treatable neuroimmune conditions implicated in PTSD and related syndromes.

Aminobutyric acid (γ -Aminobutyric acid) (GABA) neuron subtypes; and RNA sequencing analysis to identify additional targets for PTSD drug development. Ongoing work also includes carbon-13 magnetic resonance spectroscopy (13C-MRS) studies designed to characterize a dose response relationship between the effects of NMDA receptor antagonist drugs such as ketamine on amino acid neurotransmitter cycling and rodent models of behavior.

The Division continues its collaboration with the Psychiatric Genomics PTSD Consortium, and co-leads a VA PTSD genome-wide association study (GWAS) project with colleagues from the University of California, San Diego. One area of focus is a new statistical modeling strategy to study sex and genetic variant interactions, which is expected to detect more genetic variants via genome-wide scan and may explain the higher prevalence of PTSD in women than in men following trauma exposure. Also, data from the Army Study to Assess Risk and Resilience in Service Members is being analyzed to identify behaviors, genetic and gene-environmental risk predictors associated with morbidity and mortality.

Translational Epidemiology. Researchers from around the National Center collaborated on projects that used the National Health and Resilience in Veterans database to characterize psychosocial, genetic, environmental, and gene-environmental determinants of PTSD and other related health outcomes. This work has led to research in the areas of posttraumatic growth, moral injury, the epidemiology of DSM-5 PTSD and sub-threshold DSM-5 PTSD, characterization and prevalence of the DSM-5 PTSD Dissociative subtype, and gene expression profiles as markers of PTSD risk and resilience in U.S. military Veterans.

Studies funded by the Centers for Disease Control and Prevention and the National Institute for Occupational



Safety and Health also continue to examine psychosocial, genetic, epigenetic, and neuroendocrine factors associated with longitudinal trajectories of PTSD in a large cohort of first responders who were involved in the 2001 attack on the World Trade Center in New York.

Dissemination and Training Division

The Dissemination and Training Division, located in Palo Alto, California, conducts research on patient needs and preferences; implementation strategies to enhance training and delivery of evidence-based assessment and treatment; development and testing of new or adapted treatments that reflect patient preferences; and development and testing of treatments that employ technology-based delivery of services to improve access, quality, and outcomes in VA care.

A study is focusing on the development and cross-validation of a hospital risk screening tool that can provide guidance about the type and intensity of mental health services that might benefit the individual.



Patient Needs and Preferences. Several studies are looking into the development and evaluation of strategies to quickly identify patient needs, patients at risk, and patient preferences. A new study funded by Health Services Research & Development (HSR&D) will develop a brief measure of patient characteristics associated with effective engagement in care, which is expected to guide identification of the type and amount of service resources needed to engage Veterans into care. A related study is focusing on the development and cross-validation of a hospital risk screening tool that can provide guidance about the type and intensity of mental health services that might benefit the individual.

Additional studies concern an evaluation of a brief screen for drug use among primary care patients with and without PTSD, and barriers to cannabis treatment among Veterans with PTSD. Along with collaborators at the Women's Health Sciences Division, Division staff completed research and evaluation work on screening and treatment of military sexual trauma.



Novel and Adapted Treatment Interventions. The Division is engaged in a large number of research projects dealing with new approaches to treatment interventions.

- Randomized controlled trials are underway to evaluate patient outcomes under various delivery strategies, in a variety of treatment settings, and using different interventions.
- A large multi-site clinical trial funded by the National Institute of Mental Health (NIMH) is assessing the effectiveness of a flexibly delivered evidence-based PTSD skills plus exposure treatment among civilian public sector employees.
- A study funded by the Department of Defense (DOD) is evaluating adaptive changes in cardiac autonomic status, physical activity, social cognition, and social interaction in real time among Veterans participating in the VA Service Animal Training Intervention program.
- Three new trials address substance use disorders: one is evaluating cognitive remediation for alcohol use disorder and PTSD; a second examines Acceptance and Commitment Therapy in patients with comorbid PTSD and substance use problems; a third is evaluating the effectiveness of exercise for treating cannabis dependence.

Finally, a collaborative effort involving investigators from the Division and the Minneapolis VA continued working on a study of organization- and team-level factors influencing the use of evidence-based PTSD psychotherapies in VA clinics.

Technology-based Treatments and Treatment Delivery. Several ongoing studies are assessing the benefits of

phone- and web-based technology to increase Veteran access to mental health care and to enhance outcomes. Following from two successful pilot studies, a new study will assess whether use of the PTSD Coach mobile app can reduce PTSD symptoms in Veterans in primary care. Several pilot studies are underway of other mobile phone apps, including PTSD Family Coach for family members of individuals with PTSD, Parenting2Go, Mindfulness, and CBT for Insomnia.

A trial of a national sample of trauma-exposed individuals is exploring the efficacy of web-based “brain games,” which are designed to build cognitive abilities, versus ordinary games. Results showed that individuals with low to moderate symptoms showed greater improvement in symptoms and emotion regulation with the brain games. Finally, another study done in collaboration with investigators from the Minneapolis VA Medical Center is testing a web-based intervention to help National Guard families encourage their loved ones to seek mental health care.

Evaluation Division

The Evaluation Division in West Haven, Connecticut, works with the VA’s Northeast Program Evaluation Center (NEPEC), which has broad responsibilities within the VA Office of Mental Health Operations (OMHO) to evaluate their programs, including those for specialized treatment



of PTSD. NEPEC has continued to monitor and assess PTSD treatment at VA, and also monitors the effort to improve psychotropic medication prescribing practices at VHA.

In other projects, data collection has been completed for an investigation of the implementation of PE and CPT in 38

residential PTSD treatment programs. Findings have been published on provider perspectives on perceived effective residential treatment ingredients, provider perceptions of dissuading factors to the use of PE and CPT, and changes in implementation of PE and CPT over time.

The Survey of Returning Veterans (SERV) study is a repeated panel study of gender differences in psychiatric status and functioning among Veterans who have served in Iraq and Afghanistan. SERV recruited 850 participants, 40% of whom are women, and interviewed them at three-month intervals for periods ranging from one to three years.

The national psychotropic drug safety initiative has entered its second year, and program evaluation results are about to be released, including data on changes in practice in prescribing for PTSD. The Division continues to work with the Mentoring Program and OMHO technical assistants to provide technical assistance and to respond to requests from specialized programs and staff in the field on policy, operations, handbook implementation, and the provision of evidence-based practices.

A new national VA initiative, Measurement Based Care in Mental Health, was launched by Mental Health Services and OMHO in June of 2015, and planning is underway for a pilot program for an initial rollout. Two Division staff are supporting the initial pilot program evaluation; members of the Evaluation, Executive, and Dissemination and Training Divisions are involved in the initiative as well.

Pacific Islands Division

The Pacific Islands Division, located in Honolulu, Hawaii, was created to focus on understanding of ethnocultural



Several ongoing studies identify unique risk and resilience correlates of PTSD in ethnically and racially diverse Veterans as well as their response to evidence-based PTSD treatments.

issues in PTSD and in the uses of advanced technology, such as telemedicine, to enhance access to care.

Ethnocultural Research. Several ongoing studies are examining ethnic and racial minority populations. The

studies identify unique risk and resilience correlates of PTSD in ethnically and racially diverse Veterans as well as their response to evidence-based PTSD treatments. One study, funded by DOD, is investigating the life-course effects of military service, and in particular combat exposure, on late-life dementias, marital and family structures, and mental and physical health; this project involves Japanese-American men and was initiated using data from the Honolulu Asian-Aging study. Another study completed in FY 2015 examined racial and ethnic disparities in receipt of individual psychotherapy in a national cohort of Veterans recently diagnosed with PTSD.



Currently underway is a study examining perceptions of providers and retention in VA psychotherapy and pharmacotherapy for PTSD by African American, Latino, and white Veterans. At the request of the Director of the Office of Health Equity in VA, Division investigators developed a policy brief detailing recommendations to address racial and ethnic disparities in VHA treatment of PTSD.

Treatment Research. Much of the Division's research into PTSD treatments involves the use of technology to improve access to care, especially for Veterans in remote locations. In one study, researchers found video teleconferencing to be an acceptable and effective means of providing intervention services to rural trauma survivors. Investigators also recently completed trials of advanced technology to reach rural Veterans with PTSD who do not have easy access to specialized care.

Investigators are also comparing home-based technology, office-based technology, and physically going into a Veteran's home to provide individual PTSD treatment. Division researchers were recently funded to examine

how home-based technology can also be used to increase access to couples-based PTSD treatment for Veterans and their spouses.

A study of an anger management intervention enhanced with a mobile app was recently completed in a sample of rural Veterans. A pilot study of a web-based anger management skills course is currently underway, investigating the feasibility of the intervention and impact of brief coaching calls on treatment uptake and response. In addition, a systematic review of screening tools for PTSD in primary care settings was completed this year and concluded that those developed by the National Center and colleagues had the best performance.

Women's Health Sciences Division

The Women's Health Sciences Division in Boston, Massachusetts, specializes in the study of women in general and female Veterans in particular, with an additional focus on understanding gender differences in trauma exposure and post-trauma psychopathology.



A longitudinal study, which is a public-private partnership between VA, DOD, academia, and industry, will investigate the reintegration experiences and service use of male and female Veterans.

Gender Differences. The Division is continuing its research on gender differences in Veterans of Iraq and Afghanistan. A large national survey of this population, which included the updated Deployment Risk and Resilience Inventory-2, is being used to study the relationship between deployment experiences and post-deployment mental health. Another longitudinal study, which is a public-private partnership between VA, DOD, academia, and industry, will investigate the reintegration experiences and service use of male and female Veterans.

Other studies include an examination of gender differences in the effects of deployment stressors and associated mental health sequelae on occupational and family functioning. Investigators are also conducting research on the associations between PTSD, treatment for

PTSD, suicidal behavior, and death from suicide among VA health care users. For example, one cohort study, funded by the American Foundation for Suicide Prevention, examines differences in both suicide and suicide attempts in female and male VHA patients with and without PTSD.

Gender differences are being examined in a community sample and a sample of law enforcement officers recently exposed to community violence. This prospective study seeks to examine positive and negative mental health outcomes as well as a host of health-related behaviors. Differences in barriers to seeking treatment across study groups are also being investigated.



Military Sexual Trauma and Partner Violence. Exposure to interpersonal violence is a key issue of study at the Division. Research related to military sexual trauma (MST) includes a recent qualitative investigation to identify unique factors associated with MST and a mixed-methods investigation of Veterans' experiences with and preferences for VHA's universal MST screening program.

Intimate partner violence (IPV) among female Veterans is a strong focus area as well. Researchers are examining best practices for IPV identification, assessment, treatment, and the targeting of health services within the VHA context. Focusing on interpersonal trauma more broadly, a qualitative study is being conducted to examine VHA primary care providers' experiences and reactions in providing care to female Veterans with interpersonal trauma histories.

Biomarkers. Work at the Division includes studies aimed at understanding the basic biological processes underlying PTSD. Among the biomarkers being studied are sex hormones and derivatives associated with increased fear conditioning across the menstrual cycle in PTSD;

GABAergic neuroprotective steroids in men and in women across the menstrual cycle; the role played by stress-modulating biological factors in reducing symptoms of withdrawal and negative mood during smoking cessation in trauma-exposed individuals with and without PTSD; and the gene-environment interplay in the comorbidity of PTSD and eating disorders.

Treatment Research. Several intervention studies are looking into more efficient treatment formats for CPT. With DOD funding from the STRONG STAR consortium in Texas, investigators are completing studies that examine the relative effectiveness of CPT delivered in a group versus individual format and a variable-length CPT protocol to evaluate whether treatment benefits may be achieved in fewer sessions. Other intervention studies focused on traumatized populations include:

- Application of a physical exercise intervention to elucidate the shared neurobiology of PTSD and chronic pain.
- A study of the effectiveness of a transdiagnostic treatment, the Unified Protocol, for trauma-exposed Veterans with co-occurring diagnoses.
- Examination of a mindfulness-based training as a tool to assist Veterans coping with post-deployment intrusive thoughts.

Finally, analyses continued on two completed NIH trials, one that is examining therapist fidelity and patient variables that contribute to change in PTSD during CPT, and one examining the role of sleep improvement in augmenting recovery from PTSD and depression.

Awards Received by National Center Researchers in FY 2015

National Center researchers have received many professional awards and honors, and a list of those received in FY 2015 is included in the table above. Please see Appendix A at the back of this Annual Report for a complete listing of research projects, key investigators, collaborating/partner agencies, and associated funding sources.

Recipient/Division	Award Name	Organization
Chadi Abdallah Clinical Neurosciences	Patterson Trust Award in Clinical Research	Robert Leet and Clara Guthrie Patterson Trust
Alan Anticevic Clinical Neurosciences	The Klerman Prize for Exceptional Clinical Research by a Young Investigator	Brain & Behavior Research Foundation
Marylene Cloitre Dissemination and Training	Outstanding Contributions to Practice in Trauma Psychology	American Psychological Association, Division 56
Joan Cook Evaluation	APA Award for Outstanding Service to the Field of Trauma Psychology	American Psychological Association, Division 56
Joel Gelernter Clinical Neurosciences	James B. Isaacson Award	International Society for Biomedical Research on Alcoholism and the National Foundation for Prevention of Chemical Dependency Disease
Cassidy Gutner Women's Health Sciences	APA Early Career Achievement Award	American Psychological Association
Robert Pietrzak Clinical Neurosciences	Award for Outstanding Contribution to Trauma Psychology By An Early Career Psychologist	American Psychological Association, Division 56
Naomi Samimi Sadeh Behavioral Sciences	APA Early Career Achievement Award	American Psychological Association
Dawne Vogt Women's Health Sciences	VA Women's Health Practice Based Research Network Impact Award	VA HSR&D Women's Health Research Network
Erika Wolf Behavioral Sciences	Chaim and Bela Danieli Young Professional Award	International Society for Traumatic Stress Studies

Promoting PTSD Education: Training, Dissemination, Communication

The National Center's educational efforts are aimed at bringing the most up-to-date knowledge and understanding of PTSD to the widest possible audiences, especially those who are entrusted with the care of Veterans. During FY 2015 the professionals on the National Center staff published hundreds of articles in scholarly journals, delivered dozens of talks and workshops, and



responded to requests for consultative support from organizations and individuals throughout the US and around the world.

The National Center is in a unique position to provide these educational services. The multi-site structure and the network of collaborations with government agencies, universities, and health care organizations provides a reach and web of contacts that facilitate the transfer of information. The ongoing relationship and communication with clinicians throughout VA offers tremendous opportunities for National Center professionals to both teach and learn from providers in the field. And the National Center has always been in the forefront of using new technologies in its educational efforts, from the establishment of the online PILOTS database in 1989 — well before the use of the Internet was established as a research tool — to today's development of mobile apps and online resources.

Promoting Awareness and Engagement in Treatment

About Face. The first step to encouraging people to seek treatment for PTSD is helping them recognize that they may have a problem that treatment can solve. To help this process along, the National Center created [AboutFace](#) to help trauma survivors learn about others who have successfully overcome stigma and other obstacles to getting help. AboutFace is an award-winning online

The first step to encouraging people to seek treatment for PTSD is helping them recognize that they may have a problem that treatment can solve.



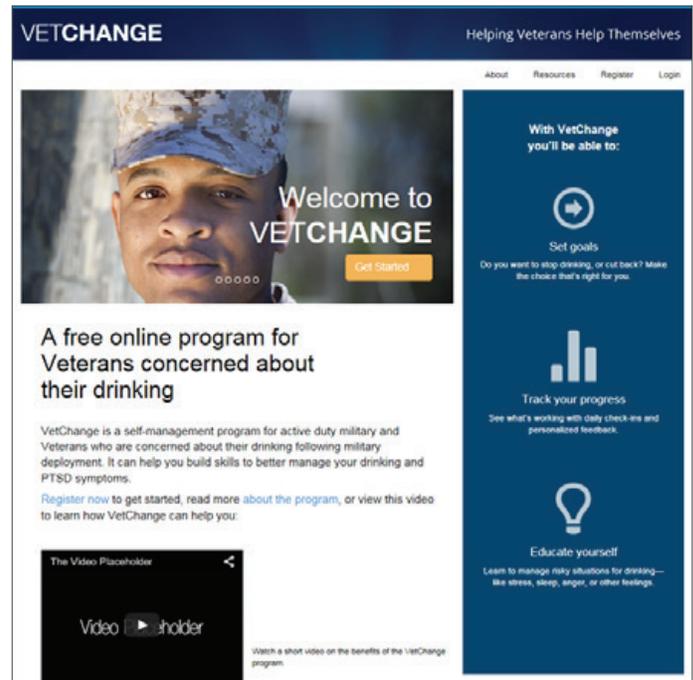
video gallery of Veterans telling their stories of how PTSD treatment has turned their lives around. In FY 2015 features were developed that describe two Veterans' experiences with evidence-based PTSD treatment in VA. These examples of digital storytelling — a blend of audio, video, photography, and text — will debut on the site in 2016.

PTSD Treatment Decision Aid. Choosing which PTSD treatment to engage in can be complicated, as the options, from the untested to those with significant evidence, are numerous. Even deciding among evidence-based treatments presents challenges, because there is no single treatment that works for everyone, and there is little guidance on which treatments best address individual patients' needs. The online [PTSD Treatment Decision Aid](#), which has been developed over the past several years and will launch in 2016, will help patients learn about the benefits and risks of evidence-based treatment options, and it will also guide them in clarifying their preferences and treatment goals.

Developing Self-Help and Treatment Companion Resources

Mobile Phone Applications. In 2011, the National Center partnered with DOD to launch the first publicly available VA app, the award-winning [PTSD Coach](#). The app offers users information and assistance on self-assessment, coping skills, and other resources wherever they are and whenever they need it. Since then the National Center has launched eleven mobile apps in total, all available free of charge to the public, including self-help tools and treatment companions that support the delivery of PE, CPT, and CBT for Insomnia. Two of the apps, CBT-I Coach and Mindfulness Coach, were updated during FY 2015, and developers continue to work on both new releases and updates of existing apps. The National Center was awarded the Innovation in American Government Award for its mobile health apps in 2015.

VetChange. Heavy drinking is a common problem in Veterans of the most recent conflicts, and research has shown that Veterans who struggle with problem drinking patterns often have PTSD symptoms as well. VetChange, an online self-management program for Veterans concerned about their drinking, addresses both issues. A randomized controlled trial of an initial version of VetChange showed that the intervention helped many Veterans reduce both their alcohol consumption and PTSD symptoms. Development of the final version, with enhanced interactivity, video tips, and responsive design, continued in FY 2015, and the product should be available to the public in 2016.



STAIR. Treatments like CPT, PE, and Eye Movement Desensitization and Reprocessing (EMDR) have long been the gold standard interventions for people with PTSD. Increasingly, however, providers and patients alike are looking for treatments that target symptoms that may not be central to the disorder but are often troubling to patients. STAIR (Skills Training in Affect and Interpersonal Regulation) is an evidence-based treatment to enhance patients' emotion regulation and interpersonal functioning. An online STAIR training for providers was launched in 2013, and this year development began on a self-help version of the intervention.

Educating Professionals about Evidence-based PTSD Care

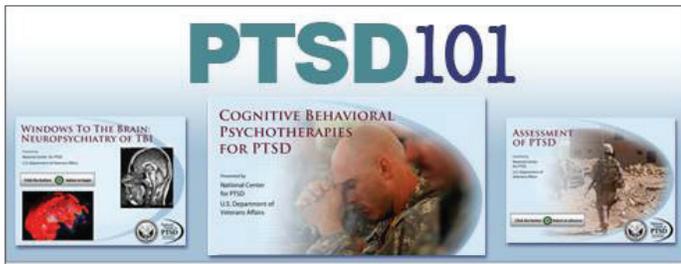
Continuing Education Courses. Educating VA providers in the assessment and treatment of PTSD and related issues is vital to the National Center's mission. [Continuing education resources](#) are all freely available online to providers within VA as well as to community-based providers, researchers, trainees, and paraprofessionals. In FY 2015, the courses were made available in [TRAIN](#) (TrainingFinder Real-time Affiliate Integrated Network), thereby making them even more easily accessible to diverse audiences.

The flagship PTSD 101 series offers a broad array of hour-long courses that are available both online and as



MOBILE APPS

The National Center has launched eleven mobile apps, all available free of charge to the public, including self-help tools and treatment companions that support the delivery of PE, CPT, and CBT for Insomnia.



podcasts. The lecture series From the War Zone to the Home Front, a collaboration with the Red Sox Foundation and Massachusetts General Hospital’s Home Base Program, features on-demand lectures on topics relevant to caring for Veterans of the Iraq and Afghanistan wars and their families.

In recent years, Web-based continuing education offerings have been expanded to include advanced multi-module courses on specialized treatment approaches. These courses incorporate video vignettes, step-by-step guidance, and patient materials that can help providers integrate these interventions into their practices. Current and soon-to-be-released courses include STAIR, Managing Anger, [Assessment and Treatment of Sleep Problems in PTSD](#), Behavioral Chain Analysis, and Clinician-Administered PTSD Scale-5 (CAPS-5) Online Training for Providers.

CAPS-5 Clinical Training. In response to requests from clinicians, researchers, and disability raters, the National Center is developing a comprehensive online training on the CAPS-5. The course blends traditional didactic material with extensive video segments to give learners a full understanding of the requirements for administration and scoring of the instrument. The course will launch in 2016.

Supporting Providers in the Field

One of the most critical tasks of the National Center is to encourage the adoption of evidence-based treatments by providers, clinic managers, and the systems in which they work. Much of the recent work in implementation such as the PERSIST project and the Practice-Based Implementation Network was discussed in the implementation science section at the beginning of this Annual Report. In addition, the National Center continued to be involved in a number of ongoing educational activities aimed at supporting providers in the field.



PTSD Consultation Program. Launched in 2011, the [PTSD Consultation Program](#) connects VA providers — whether they work within PTSD clinics or in other settings — with expert PTSD consultants. The program’s consultants are

FISCAL YEAR 2015 STATS AT A GLANCE



6.9 M
Visitors



115,050
Likes



22,900
Followers



143,364
Subscribers



32,000
Subscribers



34,000
Subscribers



available via phone or email, and provide information about treating Veterans with PTSD and answering any questions related to the disorder. Starting this year, the program has been expanded to offer consultation and resources to non-VA providers who see Veterans in the community. The effort to reach more providers has been supported by a targeted web-based marketing campaign, and that campaign has paid off with a 17% increase in consultations.

programs and implementing best administrative and clinical practices.

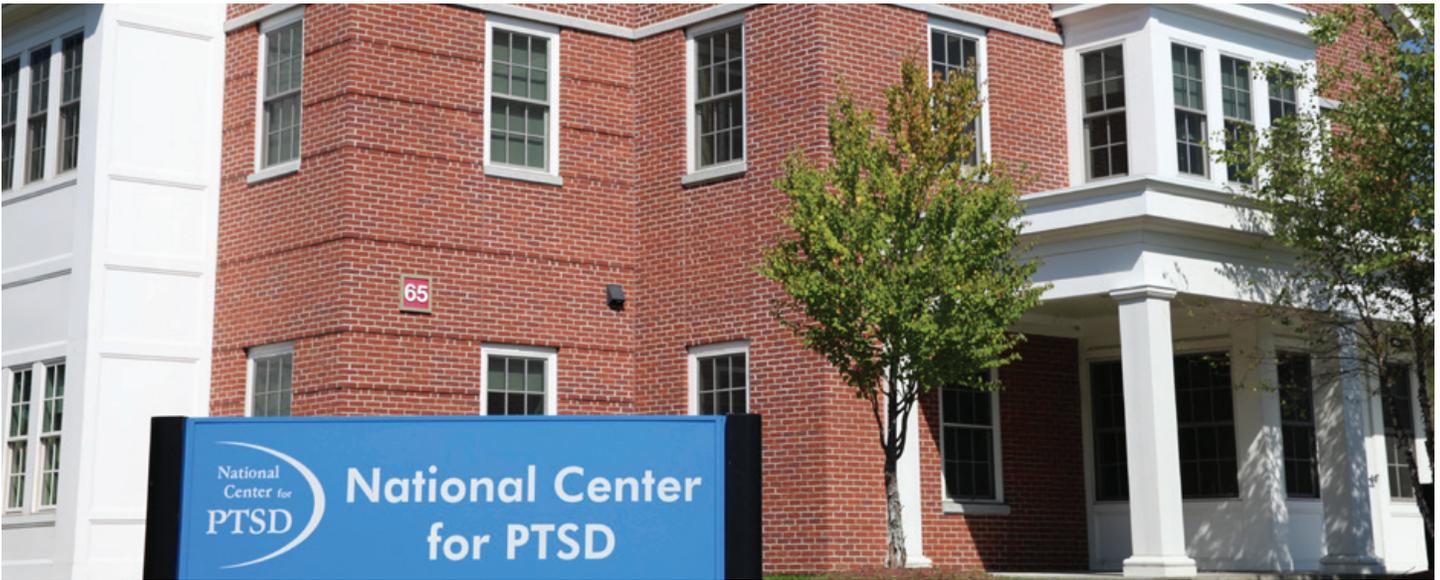
Published International Literature on Traumatic Stress. For nearly a quarter of a century the [Published International Literature on Traumatic Stress \(PILOTS\)](#) database has provided free access to the world's scholarship on psychological trauma and its consequences. PILOTS is a cross-disciplinary index that is available to any user, anywhere in the world, and currently includes more than 54,000 items. In FY 2015 users ran more than 161,000 searches in the database. PILOTS also allows users to download the full text of articles written by National Center staff members, thereby increasing the reach of the Center's research.

Please see Appendices B-E at the back of this Annual Report for a comprehensive listing of publications, presentations, and editorial board activities during FY 2015.



PILOTS is a cross-disciplinary index that is available to any user, anywhere in the world. In FY 2015 users ran more than 161,000 searches in the PILOTS database.

VA PTSD Mentoring Program. PTSD program directors throughout VA face a myriad of challenges to effective delivery of PTSD treatments to the Veterans seen in their clinics. Beginning in 2008 at the time that CPT and PE were being disseminated throughout VA, the National Center initiated the VA PTSD Mentoring Program. The program connects program directors with seasoned PTSD professionals within their regions who act as mentors. Mentors work with PTSD program directors both on a regular and as-needed basis to help them meet the increased demand for treatment by restructuring existing



About the National Center for PTSD

Posttraumatic Stress Disorder, or PTSD, is a psychiatric disorder that can occur after experiencing or witnessing a life-threatening event such as military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults. Most survivors of such trauma will have stress reactions such as nightmares and sleep disorders, flashbacks, and feelings of detachment or estrangement, but will return to normal after a little time. Some people, however, will find that their symptoms do not go away on their own, or may even get worse over time, and they may go on to develop PTSD.

PTSD is not new — references appeared in the medical literature as far back as the Civil War — but careful research and documentation of PTSD began in earnest after the Vietnam War. The disorder has subsequently been observed in all Veteran populations; in United Nations peacekeeping

forces; and in survivors of natural disasters, mass violence, or personal attack.

The National Center for Posttraumatic Stress Disorder was formed in 1989 to advance the clinical care and social welfare of America's Veterans by promoting research; training health care and related personnel; and serving as an information resource for Veterans, professionals, and others across the US and, eventually, around the world. Today, the National Center's staff comprises some of the top professionals in the field, located in seven divisions across the US. Its unique position within VA and its extensive network of collaborating agencies and individuals enable the National Center to call upon a wide range of expertise and viewpoints, and to expand its reach to include an ever-growing population of people in need of its services.

NATIONAL CENTER FOR PTSD QUICK FACTS



The National Center for PTSD was formed in 1989.



The staff is comprised of top professionals in the field, located in seven divisions across the US.



103 externally funded studies and 349 publications in FY 2015.

Leadership in 2015



Paula P. Schnurr, PhD

Executive Director, [Executive Division](#), VT

Research Professor of Psychiatry, Geisel School of Medicine at Dartmouth



Terence M. Keane, PhD

Division Director, [Behavioral Science Division](#), MA

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



Matthew J. Friedman, MD, PhD

Senior Advisor and founding Executive Director, Executive Division, VT

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



John H. Krystal, MD

Division Director, [Clinical Neurosciences Division](#), CT

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



Jessica L. Hamblen, PhD

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

Associate Professor of Psychiatry, Geisel School of Medicine at Dartmouth



Josef Ruzek, PhD

Division Director, [Dissemination and Training Division](#), CA

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



Rani Hoff, PhD, MPH

Division Director, [Evaluation Division](#), CT
Director of the Northeast Program Evaluation Center

Professor of Psychiatry, Yale University School of Medicine



Amy Street, PhD

Acting Division Director (Oct-Aug), [Women's Health Sciences Division](#), MA

Associate Professor of Psychiatry, Boston University School of Medicine



Tara Galovski, PhD

Division Director (Aug-Sept), [Women's Health Sciences Division](#), MA

Associate Professor of Psychiatry, Boston University School of Medicine

Fiscal Year 2014 Educational Advisory Board

Chair: Dean Kilpatrick, PhD

National Crime Victims Research & Treatment Center, Medical University of South Carolina

COL Dave Benedek, MD, LTC, MC, USA

Uniformed Services University of the Health Sciences

Thomas J. Berger, PhD

Vietnam Veterans of America

Craig Bryan, PsyD, ABPP

National Center for Veterans Studies, The University of Utah

Ann Feder, LCSW

James J. Peters VA Medical Center

Charles M. Flora, MSW

Readjustment Counseling Service, Department of Veterans Affairs

Michael R. Kauth, PhD

VA South Central MIRECC

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

Fiscal Year 2014 Scientific Advisory Board

Chair: John Fairbank, PhD

National Center for Child Traumatic Stress, Duke University Medical Center

COL Carl A. Castro, PhD

Center for Innovation and Research on Veterans and Military Families; University of Southern California

Gerald Culliton, MPA, FACHE

VA Connecticut Healthcare System

Bradford L. Felker, MD

VA Puget Sound Health Care System; University of Washington School of Medicine

JoAnn Kirchner, MD

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

Karestan Koenen, PhD

Columbia University Mailman School of Public Health

Thomas C. Neylan, MD

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Uniformed Services University Medical School

Ex-Officio: Theresa Gleason, PhD

VA Clinical Science Research & Development

Fiscal Year 2015 Funding

VA Cooperative Studies

Principal Investigators	Title of Project	Years	Current Year Funding	Total Award
Gelernter & Stein	CSP #575B: Genomics of Posttraumatic Stress Disorder	2013-2016	\$930,640	\$3,166,739
Schnurr, Chard, & Ruzek	CSP #591: Comparative Effectiveness Research in Veterans with PTSD	2013-2018	\$2,404,251	\$9,048,760

Other VA Sources

Principal Investigators	Title of Project	Funding Source	Years	Current Year Funding	Total Award
Babson	The Impact of CBT-I on Cannabis Cessation Outcomes	CSR&D	2014-2019	\$198,233	\$991,167
Bernardy	Strategies to Improve PTSD Care	HSR&D	2014-2016	\$100,000	\$100,000
Bonn-Miller	Safety and Efficacy of Cannabis for the Treatment of Medical and Psychiatric Disorders	HSR&D	2014-2015	\$0	\$10,000
Calhoun & Ruzek	Practice-Based Implementation Network in Mental Health	VA/DoD Joint Incentive Fund	2013-2015	\$690,000	\$2,785,000
Cloitre	Telemental Health for Rural Women Veterans who have Experienced Military Sexual Trauma	ORH	2014-2016	\$68,510	\$132,650
Gelernter	The Genetics of Anxiety Disorders	BLR&D	2013-2017	\$9,826	\$648,960
Green	New Approaches to Evaluating Safety Plan Effectiveness: Do Safety Plans Tailored to Individual Patient Characteristics Decrease Risk	PSCI-SP	2015-2015	\$255,428	\$9,826
Hamblen	CBT for PTSD in Veterans with Co-Occurring Substance Use Disorders	CSR&D	2012-2016	\$255,428	\$892,314
Hayes	Neuroimaging Genetics of Mild TBI	RR&D	2015-2017	\$98,576	\$198,000
Heinz	Cognitive Remediation for Alcohol Use Disorder and PTSD	RR&D	2014-2019	\$193,686	\$986,195
Iverson	Intimate Partner Violence, Health, and Healthcare Use Among Women Veterans	HSR&D	2011-2016	\$174,437	\$696,032
Iverson	Presidential Early Career Award for Scientists and Engineers	HSR&D	2014-2019	\$25,000	\$125,000
Japuntich	Tobacco Treatment as Augmentation to Cognitive Processing Therapy for PTSD	CSR&D	2014-2019	\$184,160	\$957,150
Kimerling	Development of a Brief Measure of Patient Activation for Veterans	HSR&D	2015-2016	\$95,178	\$95,178
Kimerling	Is Patient Activation Associated with Quality of Mental Health Care for Women Veterans?	HSR&D	2015-2015	\$23,794	\$23,794

Appendix A: Fiscal Year 2015 Funding

Principal Investigators	Title of Project	Funding Source	Years	Current Year Funding	Total Award
Knight	LED Light Therapy To Improve Cognitive-Psychosocial Function in TBI-PTSD Veterans	RR&D	2015-2017	\$100,000	\$199,976
Landes	Variation in Implementation of Dialectical Behavior Therapy in VA Settings	HSR&D	2015-2016	\$6,000	\$6,000
Mansfield	Fee Basis verses in-VA Mental Health Care for Veterans	HSR&D	2015-2015	\$100,000	\$100,000
Miller	Analysis of RORA and Other Candidate Genes in PTSD	BLR&D	2013-2015	\$150,000	\$450,000
Niles & Mori	Novel Interventions for Gulf War Veterans' Illnesses	CSR&D	2015-2020	\$335,240	\$1,664,576
Phibbs & Kimerling	Pregnancy Outcomes of Veterans (PROVE)	HSR&D	2015-2016	\$209,000	\$412,400
Sayer & Rosen	Promoting Effective, Routine, and Sustained Implementation of Stress Treatments (PERSIST)	HSR&D	2014-2017	\$263,200	\$514,800
Scioli	Neurobiological and Psychological Benefits of Exercise in Chronic Pain and PTSD	RR&D	2013-2018	\$189,919	\$953,342
Shiner	Improving Care for PTSD	HSR&D	2014-2018	\$229,325	\$1,292,466
Sloan	Group CBT for Chronic PTSD: A Randomized Clinical Trial	CSR&D	2012-2017	\$201,421	\$1,187,129
Spira	Home-Based Telemental Health for Rural Veterans with PTSD	ORH	2012-2015	\$320,000	\$970,000
Street	Military Sexual Trauma Screening: Examining Patient Satisfaction and Preferences	HSR&D	2015-2016	\$41,996	\$99,990
Tiet	Drug Screen for Primary Care Patients	HSR&D	2011-2015	\$0	\$688,400
Tiet & Bonn-Miller	SUD Treatment for Dually Diagnosed Patients in PTSD Outpatient Programs	HSR&D	2014-2016	\$0	\$99,939
Turchik	Gender & Access to VA Mental Health Care: The Example of Military Sexual Trauma	HSR&D	2013-2018	\$160,000	\$999,635
Vogt	The Veterans Metrics Initiative: Linking Program Components to Post-Military Well-Being	VA, DoD, Henry Jackson Foundation	2015-2020	\$16,187	\$538,000
Vogt & Smith	Work and Family Functioning in Women Veterans: Implications for VA Service Use	HSR&D	2014-2017	\$267,935	\$782,853
Wolf	The Genetics of Posttraumatic Psychopathology	CSR&D	2011-2016	\$191,909	\$639,584

BLR&D Biomedical Laboratory Research & Development Service; CSR&D Clinical Science Research and Development Service; DoD Department of Defense; HSR&D Health Services Research and Development Service; ORH Office of Rural Health; PSCI-SP Patient Safety Center of Inquiry on Suicide Prevention; RR&D Rehabilitation Research and Development Service; VA Department of Veterans Affairs

Department of Defense (DoD)

Principal Investigators	Title of Project	Years	Current Year Funding	Total Award
Keane & Marx	Project VALOR: Trajectories of Change in PTSD in Combat-Exposed Veterans	2012-2016	\$852,500	\$3,295,994
Marx	New Approaches to the Measurement of Suicide-related Cognition	2013-2015	\$95,980	\$207,085
Meis, Eftekhari, & Rosen	VA Implementation of PTSD Treatment through Family Involvement	2014-2015	\$12,000	\$139,913

Appendix A: Fiscal Year 2015 Funding

Principal Investigators	Title of Project	Years	Current Year Funding	Total Award
Morland & Mackintosh	Remote Exercises for Learning Anger and Excitation Management (RELAX)	2013-2015	\$129,280	\$380,218
Morland & Thorp	In-Home Exposure Therapy for Veterans with PTSD	2012-2016	\$567,221	\$2,479,488
Norman	Trauma Informed Guilt Reduction (TriGR) Intervention	2015-2019	\$492,000	\$1,989,870
Peterson & Resick	Clinical Effectiveness Trial of In-Home Cognitive Processing Therapy for Combat-Related PTSD	2013-2016	\$82,097	\$2,497,000
Rasmusson & Familoni	Randomized Controlled Trial: Tailored Evaluation and Treatment for PTSD Progression and Suicide Prevention by Application of Thermal Imaging	2011-2015	\$0	\$277,820
Ruzek & Rosen	Randomized Controlled Trial of CBT Training for PTSD Providers	2012-2016	\$1,002,336	\$2,464,704
Shipherd	Enhancing Post-deployment Training: Preventing PTSD by Coping with Intrusive Thoughts	2009-2016	\$0	\$1,399,667
Sloan	Brief Treatment for PTSD: Enhancing Treatment Engagement and Retention	2015-2018	\$137,295	\$2,268,872
Wachen & Resick	Variable Length Cognitive Processing Therapy for Combat-Related PTSD	2013-2016	\$104,601	\$1,218,426
Woodward & Bonn-Miller	Can a Canine Companion Modify Cardiac Autonomic Reactivity and Tone in PTSD	2014-2017	\$227,583	\$910,335

National Institutes of Health (NIH)

Principal Investigators	Title of Project	Funding Source	Years	Current Year Funding	Total Award
Abdallah	Examining the Effect of Ketamine on Glutamate/ Glutamine Cycling	NIMH	2013-2018	\$181,526	\$912,630
Amstadter & Gelernter	Stress Induced Drinking in OEF/OIF Veterans: The Role of Combat History and PTSD	NIAAA	2010-2015	\$14,348	\$50,000
Anticevic	Classification of Neuropsychiatric Conditions via Connectivity and Machine Learning	NIMH	2014-2017	\$10,000	\$400,000
Cloitre	The Implementation of an Evidence-Based PTSD Treatment in Public Sector Settings	NIMH	2011-2015	\$1,061,451	\$4,557,445
Cloitre	NIMH Supplement to "Implementation of an Evidence-Based PTSD Treatment in Public Sector Settings"	NIMH	2014-2015	\$200,929	\$200,929
Clouston & Pietrzak	A Life Course Approach to Integrating Trauma and Cognitive Aging: A Cohort of 9/11 Responders	NIA	2015-2020	\$573,065	\$2,865,325
Cook	Sustained Use of Evidence Based PTSD Treatment in VA Residential Settings	NIMH	2012-2016	\$393,034	\$1,570,312
Cosgrove	Microglial Activation in Alcohol Dependence: A [C-11]PBR28 PET Study	NIAAA	2013-2015	\$139,437	\$139,437
Cosgrove	Imaging Genetics in Tobacco Smokers	NIDA	2012-2017	\$117,428	\$587,140
Cosgrove	Imaging Molecular Mechanisms of Tobacco Smoking Withdrawal	NIDA	2015-2020	\$499,999	\$2,499,995
Cosgrove	Imaging Sex Differences in Smoking-Induced Dopamine Release via Novel PET Methods	NIDA	2015-2020	\$499,923	\$2,499,615
Cosgrove	Tobacco Smoking, Genes, and Nicotinic Receptors	NIDA	2009-2017	\$356,578	\$1,875,000

Appendix A: Fiscal Year 2015 Funding

Principal Investigators	Title of Project	Funding Source	Years	Current Year Funding	Total Award
de Graaf, Behar, & Sanacora	Ex Vivo Assay for In Situ Brain-Wide Mapping of Glutamate/GABA Metabolism	NIMH	2011-2015	\$309,847	\$1,250,250
Duman	Antidepressants and Signal Transduction in Brain	NIMH	2011-2015	\$250,000	\$1,000,000
Duman	Role of mTOR and Synaptic Protein Synthesis in the Rapid Antidepressant Actions of NMDA Receptor Blockade	NIMH	2011-2016	\$80,000	\$400,000
Gelernter	Deep Sequencing Studies for Cannabis and Stimulant Dependence	NIDA	2010-2015	\$298,820	\$1,377,825
Gelernter	Genetics of Alcohol Dependence in African Americans	NIAA	2009-2015	\$440,997	\$2,478,712
Gelernter	Genetics of Opioid Dependence	NIDA	2013-2018	\$765,846	\$4,500,000
Gutner	Effectiveness of a Unified Transdiagnostic Treatment in Routine Clinical Care	NIMH	2014-2019	\$177,539	\$889,721
Han & Gelernter	Fine Mapping a Gene Sub-Network Underlying Alcohol Dependence	NIAAA	2014-2018	\$13,061	\$350,914
Harpaz-Rotem & Pietrzak	Neural Mechanisms of Decision-Making Under Uncertainty in PTSD	NIMH	2014-2016	\$137,500	\$457,875
Harpaz-Rotem & Schiller	Fear Learning and Reconsolidation After Trauma Exposure: A Computational Approach	NIMH	2014-2019	\$517,026	\$1,830,328
Krystal	Translational Neuroscience Optimization of GlyT1 Inhibitor	NIMH	2013-2015	\$230,108	\$690,324
Levy	Medical Decision-Making Under Uncertainty in Older Adults-Behavior and fMRI	NIAAA	2015-2017	\$100,000	\$200,000
Levy	Cognitive Bases of Risk-Taking Over the Lifespan: Psychophysics & Brain Imaging	NIMH	2010-2015	\$316,312	\$1,592,609
Miller	Neuroimaging-Genetics of PTSD	NIMH	2014-2016	\$196,446	\$354,893
Mitchell	The Interplay of Genetic and Environmental Factors in the Comorbidity of PTSD and Disordered Eating	NIMH	2012-2016	\$175,633	\$702,584
Sanacora	Effects of Stress and Glutamatergic Agents on Glutamate Cycling and Behavior	NIMH	2009-2015	\$248,545	\$1,799,628
Sanacora	1/3-Efficacy and Tolerability of Riluzole in Treatment-Resistant Depression	NIMH	2010-2015	\$190,080	\$1,287,320
Sanacora	New Rapidly Acting Treatments for Treatment Resistant Depression	NIMH	2012-2015	\$126,609	\$279,633
Sanacora	New Experimental Medicine Studies: Fast-Fail Trials in Mood and Anxiety Spectrum Disorders	NIMH	2013-2016	\$229,337	\$573,342
Sloan	Written Exposure Therapy for PTSD: A Randomized Noninferiority Trial	NIMH	2012-2017	\$250,000	\$1,149,000
Spiro & Aldwin	Lifespan Outcomes of Military Service	NIA	2011-2015	\$174,965	\$753,615
Vasterling & Taft	Family Adaptation to OIF Deployment	NIMH	2012-2016	\$200,000	\$1,000,000
Wiltsey Stirman	Leveraging Clinical Materials to Monitor Fidelity to Cognitive Processing Therapy (CPT) for PTSD	NIMH	2013-2015	\$192,594	\$338,508

NCI National Cancer Institute; NIA National Institute on Aging; NIAAA National Institute on Alcohol Abuse and Alcoholism; NIDA National Institute on Drug Abuse; NIMH National Institute of Mental Health

Other Sources

Principal Investigators	Title of Project	Funding Source	Years	Current Year Funding	Total Award
Abdallah	Glial and Glutamatergic Deficits in Posttraumatic Stress Disorder (PTSD)	Brain & Behavior Research Foundation	2015-2017	\$30,000	\$65,000
Abdallah	Neuroimaging and Behavioral Examination of Ketamine-Related Cognitive Improvements in MDD	Robert Leet and Clara Guthrie Patterson Trust	2015-2016	\$100,000	\$100,000
Bonn-Miller & Walsler	A Test of the Efficacy of Compassion Cultivation Training for Veterans with PTSD	Mind and Life 1440 Award	2014-2016	\$14,975	\$14,975
Esterlis	Brain Imaging of the Glutamatergic System in Depression	Dana Foundation	2012-2015	\$66,666	\$200,000
Feder & Pietrzak	Gene Expression Profiles as Markers of PTSD Risk and Resilience in WTC Responders	CDC/NIOSH	2015-2016	\$494,697	\$494,697
Foynes & Bell	Primary Care Providers' Experiences with Female Patients with Interpersonal Trauma Histories	Boston University School of Medicine	2013-2015	\$2,500	\$2,500
Gradus	Posttraumatic Stress Disorder and Suicide Among Massachusetts Veterans	American Foundation for Suicide Prevention	2012-2015	\$9,000	\$83,914
Keane	Web Based Intervention for Risky Alcohol Use and PTSD	Bristol Myers Squibb Foundation	2013-2015	\$526,266	\$1,115,000
Krystal	Discovering a New Class of Antidepressants	Gustavus and Louise Pfeiffer Research Foundation	2014-2017	\$167,000	\$500,000
Krystal & Abdallah	Examining the Impact of Rapamycin on Ketamine's Antidepressant Effects	Pfeiffer Foundation	2015-2018	\$167,000	\$500,000
Monson & Wiltsey Stirman	Improving and Sustaining Clinician use of CPT	Canadian Institute of Health Research	2014-2018	\$182,128	\$728,215
Pietrzak & Southwick	Biomarkers of Psychological Risk and Resilience in World Trade Center Responders	CDC/NIOSH	2012-2016	\$978,599	\$3,873,361
Sanacora	Exploring the Role of Glial Mediated Glutamate Clearance in Stress Sensitivity & Resiliency	Brain and Behavior Research Foundation	2015-2016	\$92,593	\$185,186
Sanacora	A Double-Blind Randomized, Placebo Controlled Study to Evaluate the Efficacy and Safety of Intranasal Esketamine for the Rapid Reduction of the Symptoms of Major Depressive Disorder	Janssen Research & Development LLC	2014-2015	\$255,384	\$255,384
Taft	Implementation of the U.S. Department of Veterans Affairs' Rollout of Strength at Home Violence Prevention Model	Blue Shield Foundation of California	2015-2016	\$178,081	\$178,081
Wolf	The MMPI-2-RF for the Assessment of DSM-5 PTSD and its Subtypes	University of Minnesota Press, Test Division	2013-2015	\$30,358	\$54,758

CDC/NIOSH Centers for Disease Control and Prevention/The National Institute for Occupational Safety and Health

Pending

Principal Investigators	Title of Project	Funding Source	Years	Total Award
Bonn-Miller	An RCT of Exercise for Cannabis Dependence: A Pilot Study	RR&D	2015-2017	\$188,520
Cosgrove & Pietrzak	Imaging Microglial Activation in PTSD using PET	NIMH	2016-2021	\$4,127,478
Glenn Wylie & Hayes	Using Real-Time Functional Magnetic Resonance Imaging to Control Brain Activation in Post-Traumatic Stress Disorder	National Science Foundation	2015-2018	\$1,182,111
Gradus	Risk Profiles for Suicidal Behavior in the General Population	NIMH	2016-2020	\$1,375,793
Hayes & Marx	A Clinical Trial to Evaluate Synchronous Neural Interactions (SNI) Measured by fMRI as a Diagnostic Test for Posttraumatic Stress Disorder	VA Cooperative Clinical Trial	2015-2019	\$179,738
Krystal & Abdallah	CAP-Ketamine for Antidepressant-Resistant PTSD: A Translational Neuroscience, Biomarker-Informed Clinical Trial	VA/DoD CAP	2013-2018	\$4,022,091
Kuhn & Possemato	An RCT of a Primary Care-Based PTSD Intervention: Clinician-Supported PTSD Coach	HSR&D	2016-2020	\$1,100,000
Langdon	Web-Based Intervention for Female Veterans with PTSD and Problem Drinking	HSR&D	2016-2021	\$721,008
Mackintosh & Morland	Extending Treatment Science for PTSD among Veterans: A PTSD Treatment Repository	HSR&D	2015-2018	\$950,000
Marx	Mining Biological Cues from PTSD Interview Recordings	MITRE Corporation Innovation	2015-2016	\$500,000
Mitchell	Cognitive Functioning and Eating Disorders in a Large Cohort of Young Adults	NIMH	2016-2018	\$435,582
Nillni	PTSD-Related Neurobiological Mediators of Negative Pregnancy Outcomes	Eunice Kennedy Shriver National Institute of Child Health and Human Development	2016-2020	\$480,968
Norman	Topiramate and Prolonged Exposure for Alcohol Use Disorder and PTSD	NIAA	2015-2020	\$2,000,000
Pineles & Nillni	Enhancing Exposure Therapy by Capitalizing on Menstrual Cycle Phase	NIMH	2016-2019	\$373,905
Pineles & Nillni	Enhancing Exposure Therapy by Capitalizing on Menstrual Cycle Phase	CSR&D	2016-2020	\$600,000
Samimi Sadeh	Imaging-Epigenetics of Suicide and Stress-Related Pathology	NIMH	2016-2018	\$275,000
Smith	Health Mechanisms and Outcomes in an Epidemiological Cohort of Vietnam Era Women Veterans	NIA	2016-2018	\$137,381
Spoont	Understanding Disparities in PTSD Treatment: A Multilevel Mixed Methods Study	HSR&D	2015-2019	\$1,097,533
Taft	Examining the Efficacy of the Strength at Home Program for Intimate Partner Violence Perpetration	DoD	2015-2019	\$748,999
Taft	Strength at Home Couples Program to Prevent Military Partner Violence	DoD	2015-2019	\$708,905

Appendix A: Fiscal Year 2015 Funding

Principal Investigators	Title of Project	Funding Source	Years	Total Award
Taft	Domestic Violence Prevention for Veterans with Traumatic Brain Injury	RR&D	2015-2017	\$198,955
Wiltsey Stirman & Monson	Improving and Sustaining CPT for PTSD in Mental Health Systems	NIMH	2015-2019	\$1,615,257
Wolf	Traumatic Stress and Accelerated Aging in DNA Methylation	NIA	2016-2018	\$100,000
Wolf	PTSD-Related Accelerated Aging in DNA Methylation and Risk for Metabolic Syndrome	CSR&D	2016-2020	\$600,000

CAP Consortium to Alleviate PTSD; CSR&D Clinical Science Research and Development Service; DoD Department of Defense; HSR&D Health Services Research and Development Service; NIA National Institute on Aging ; NIMH National Institute of Mental Health; RR&D Rehabilitation Research and Development Service; VA Department of Veterans Affairs

Fiscal Year 2015 Publications

1. **Abdallah, C. G., Averill, L. A., & Krystal, J. H.** (2015). Ketamine as a promising prototype for a new generation of rapid-acting antidepressants. *Annals of the New York Academy of Sciences, 1344*, 66-77. doi:10.1111/nyas.12718
2. **Abdallah, C. G.,** Jackowski, A., Sato, J. R., Mao, X., Kang, G., Cheema, R., Coplan, J. D., Mathew, S. J., & Shungu, D. C. (2015). Prefrontal cortical GABA abnormalities are associated with reduced hippocampal volume in major depressive disorder. *European Neuropsychopharmacology, 25*, 1082-1090. doi:10.1016/j.euroneuro.2015.04.025
3. **Abdallah, C. G.,** Salas, R., Jackowski, A., Baldwin, P., Sato, J. R., & Mathew, S. J. (2015). Hippocampal volume and the rapid antidepressant effect of ketamine. *Journal of Psychopharmacology, 29*, 591-595. doi:10.1177/0269881114544776
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5. Abrams, T. E., **Friedman, M. J.,** Lund, B. C., Alexander, B., & **Bernardy, N. C.** (2015). Geographical diffusion of prazosin across Veterans Health Administration: Examination of regional variation in daily dosing and quality indicators among veterans with posttraumatic stress disorder. *Journal of Rehabilitation Research and Development, 52*, 619-628. doi:10.1682/JRRD.2014.08.0200
6. Adler, G., Pritchett, L. R., Kauth, M. R., & **Mott, J.** (2015). Staff perceptions of homeless veterans' needs and available services at community-based outpatient clinics. *Journal of Rural Mental Health, 39*, 46-53. doi:10.1037/rmh0000024
7. Alexander, B., Lund, B. C., **Bernardy, N. C.,** Christopher, M. L., & **Friedman, M. J.** (2015). Early discontinuation and suboptimal dosing of prazosin: A potential missed opportunity for veterans with posttraumatic stress disorder. *Journal of Clinical Psychiatry, 76*, 639-644. doi:10.4088/JCP.14m09057
8. Angkaw, A. C., Haller, M., Pittman, J. O., Nunnink, S. E., **Norman, S. B.,** Lemmer, J. A., McLay, R. N., & Baker, D. G. (2015). Alcohol-related consequences mediating PTSD symptoms and mental health-related quality of life in OEF/OIF combat veterans. *Military Medicine, 180*, 670-675. doi:10.7202/MILMED-D-14-00473
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10. **Babson, K. A.,** & Feldner, M. T. (2015). Sleep and affect: An integrative synthesis and future directions. In **K. A. Babson** & M. T. Feldner (Eds.), *Sleep and affect: Assessment theory, and clinical implications* (pp. 464-477). San Diego, CA: Elsevier.
11. **Babson, K. A., Heinz, A. J.,** Ramirez, G., Puckett, M., Irons, J. G., **Bonn-Miller, M. O.,** & **Woodward, S. H.** (2015). The interactive role of exercise and sleep on veteran recovery from symptoms of PTSD. *Mental Health and Physical Activity, 8*, 15-20. doi:10.1016/j.mhpa.2014.12.002
12. **Babson, K. A.,** Ramo, D. E., Baldini, L., Vandrey, R., & **Bonn-Miller, M. O.** (2015). Mobile app-delivered cognitive behavioral therapy for insomnia: Feasibility and initial efficacy among veterans with cannabis use disorders. *JMIR Research Protocols, 4*, 87-93. doi:10.2196/resprot.3852
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14. **Barnett, E. R., Bernardy, N. C., Jenkyn, A. B.,** Parker, L. E., Lund, B. C., Alexander, B., & **Friedman, M. J.** (2014). Prescribing clinicians' perspectives on evidence-based psychotherapy for posttraumatic stress disorder. *Behavioral Sciences, 4*, 410-422. doi:10.3390/bs4040410
15. Barry, D. T., Sofuoglu, M., Kerns, R. D., **Wiechers, I. R.,** & Rosenheck, R. A. (2015). Prevalence and correlates of co-prescribing psychotropic medications with long-term opioid use nationally in the Veterans Health Administration. *Psychiatry Research, 227*, 324-332. doi:10.1016/j.psychres.2015.03.006
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Appendix B: Fiscal Year 2015 Publications

17. Belendiuk, K. A., **Babson, K. A.**, Vandrey, R., & **Bonn-Miller, M. O.** (2015). Cannabis species and cannabinoid concentration preference among sleep-disturbed medicinal cannabis users. *Addictive Behaviors, 50*, 178-181. doi:10.1016/j.addbeh.2015.06.032
18. Belendiuk, K. A., Baldini, L. L., & **Bonn-Miller, M. O.** (2015). Narrative review of the safety and efficacy of marijuana for the treatment of commonly state-approved medical and psychiatric disorders. *Addiction Science & Clinical Practice, 10*, 1-10. doi:10.1186/s13722-015-0032-7
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20. Belus, J. M., Wanklyn, S. G., **Iverson, K. M.**, Pukay-Martin, N. D., Langhinrichsen-Rohling, J., & **Monson, C. M.** (2014). Do anger and jealousy mediate the relationship between adult attachment styles and intimate violence perpetration? *Partner Abuse, 5*, 388-406. doi:10.1891/1946-6560.5.4.388
21. **Bernardy, N. C.**, & **Friedman, M. J.** (2015). Psychopharmacological strategies in the management of posttraumatic stress disorder (PTSD): What have we learned? *Current Psychiatry Reports, 17*, 1-10. doi:10.1007/s11920-015-0564-2
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158. **Pietrzak, R. H.**, Lim, Y. Y., Neumeister, A., Ames, D., Ellis, K. A., Harrington, K., Lautenschlager, N. T., Restrepo, C., Martins, R. N., & Masters, C. L. (2015). Amyloid- β , anxiety, and cognitive decline in preclinical Alzheimer disease: A multicenter, prospective cohort study. *JAMA Psychiatry*, *72*, 284-291. doi:10.1001/jamapsychiatry.2014.2476
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186. **Southwick, S. M.**, Bonanno, G. A., Masten, A. S., Panter-Brick, C., & Yehuda, R. (2014). Resilience definitions, theory, and challenges: Interdisciplinary perspectives. *European Journal of Psychotraumatology, 5*. doi:10.3402/ejpt.v5.25338
187. **Spoont, M. R.**, Nelson, D. B., Murdoch, M., Sayer, N. A., Nugent, S., Rector, T., & Westermeyer, J. (2015). Are there racial/ethnic disparities in VA PTSD treatment retention? *Depression and Anxiety, 32*, 415-425. doi:10.1002/da.22295
188. **Spoont, M. R.**, Williams, J. W., Kehle-Forbes, S., Nieuwsma, J. A., Mann-Wrobel, M. C., & Gross, R. (2015). Does this patient have posttraumatic stress disorder? Rational clinical examination systematic review. *JAMA, 314*, 501-510. doi:10.1001/jama.2015.7877
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191. Sumner, J. A., **Pietrzak, R. H.**, Aiello, A. E., Uddin, M., Wildman, D. E., Galea, S., & Koenen, K. C. (2014). Further support for an association between the memory-related gene WWC1 and posttraumatic stress disorder: Results from the Detroit Neighborhood Health Study. *Biological Psychiatry, 76*, e25-e26. doi:10.1016/j.biopsych.2014.03.033
192. Svensson, E., Lash, T. L., **Resick, P. A.**, Hansen, J. G., & **Gradus, J. L.** (2015). Validity of reaction to severe stress and adjustment disorder diagnoses in the Danish Psychiatric Central Research Registry. *Clinical Epidemiology, 7*, 235-242. doi:10.2147/CLEP.S80514
193. **Taft, C. T.**, **Weatherill, R. P.**, Scott, J. P., Thomas, S. A., Kang, H. K., & Eckhardt, C. I. (2015). Social information processing in anger expression and partner violence in returning U.S. veterans. *Journal of Traumatic Stress, 28*, 314-321. doi:10.1002/jts.22017

Appendix B: Fiscal Year 2015 Publications

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195. **Tiet, Q. Q., Leyva, Y. E.**, Blau, K., **Turchik, J. A.**, & **Rosen, C. S.** (2015). Military sexual assault, gender, and PTSD treatment outcomes of U.S. veterans. *Journal of Traumatic Stress, 28*, 92-101. doi:10.1002/jts.21992
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198. Tsai, J., **Harpaz-Rotem, I.**, Armour, C., **Southwick, S. M.**, **Krystal, J. H.**, & **Pietrzak, R. H.** (2014). Dimensional structure of DSM-5 posttraumatic stress disorder symptoms: Results from the National Health and Resilience in Veterans Study. *Journal of Clinical Psychiatry, 76*, 546-553. doi:10.4088/JCP.14m09091
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200. **Vasterling, J. J.**, Proctor, S. P., Aslan, M., Ko, J., **Jakupcak, M.**, Harte, C. B., **Marx, B. P.**, & Concato, J. (2015). Military, demographic, and psychosocial predictors of military retention in enlisted Army Soldiers 12 months after deployment to Iraq. *Military Medicine, 180*, 524-532. doi:10.7205/MILMED-D-14-00468
201. **Vasterling, J. J.**, **Taft, C. T.**, **Proctor, S. P.**, **Macdonald, H. Z.**, **Lawrence, A.**, Kalill, K., **Kaiser, A. P.**, Lee, L. O., **King, D. W.**, **King, L. A.**, & Fairbank, J. A. (2015). Establishing a methodology to examine the effects of war-zone PTSD on the family: The family foundations study. *International Journal of Methods in Psychiatric Research, 24*, 143-155. doi:10.1002/mpr.1464
202. Vaughn-Coaxum, R., **Smith, B. N.**, **Iverson, K. M.**, & **Vogt, D.** (2015). Family stressors and postdeployment mental health in single versus partnered parents deployed in support of the wars in Afghanistan and Iraq. *Psychological Services, 12*, 241-249. doi:10.1037/ser0000026
203. Verplaetse, T. L., Weinberger, A. H., Smith, P. H., **Cosgrove, K. P.**, Mineur, Y. S., Picciotto, M. R., Mazure, C. M., & McKee, S. A. (2015). Targeting the noradrenergic system for gender-sensitive medication development for tobacco dependence. *Nicotine & Tobacco Research, 17*, 486-495. doi:10.1093/ntr/ntu280
204. **Vojvoda, D.**, Stefanovics, E., & Rosenheck, R. A. (2014). Treatment of veterans with PTSD at a VA medical center: Primary care versus mental health specialty care. *Psychiatric Services, 65*, 1238-1243. doi:10.1176/appi.ps.201300204
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208. Weinberger, A. H., Smith, P. H., Allen, S. S., **Cosgrove, K. P.**, Saladin, M. E., Gray, K. M., Mazure, C. M., Wetherington, C. L., & McKee, S. A. (2015). Systematic and meta-analytic review of research examining the impact of menstrual cycle phase and ovarian hormones on smoking and cessation. *Nicotine & Tobacco Research, 17*, 407-421. doi:10.1093/ntr/ntu249
209. **Whealin, J. M.**, **Kuhn, E.**, & **Pietrzak, R. H.** (2014). Applying behavior change theory to technology promoting veteran mental health care seeking. *Psychological Services, 11*, 486-494. doi:10.1037/a0037232
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211. **Wiltsey Stirman, S.**, **Gutner, C. A.**, Crits-Christoph, E., Edmunds, J., Evans, A. C., & Beidas, R. S. (2015). Relationships between clinician-level attributes and fidelity-consistent and fidelity-inconsistent modifications to an evidence-based psychotherapy. *Implementation Science, 10*, 1-10. doi:10.1186/s13012-015-0308-z
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214. **Wolf, E. J., Miller, M. W.,** Kilpatrick, D., Resnick, H. S., Badour, C. L., **Marx, B. P., Keane, T. M.,** Rosen, R. C., & **Friedman, M. J.** (2015). ICD-11 complex PTSD in U.S. national and veteran samples prevalence and structural associations with PTSD. *Clinical Psychological Science, 3*, 215-229. doi:10.1177/2167702614545480
215. Wolf, G. K., Kretzmer, T., Crawford, E., Thors, C., Wagner, H. R., Strom, T. Q., **Eftekhari, A.,** Klenk, M., Hayward, L., & Vanderploeg, R. D. (2015). Prolonged Exposure therapy with veterans and active duty personnel diagnosed with PTSD and traumatic brain injury. *Journal of Traumatic Stress, 28*, 339-347. doi:10.1002/jts.22029
216. Wolfe, S. M., Tornatzky, L. G., & **Graham, B. C.** (2015). Dissemination and sustainability: Changing the world and making it stick. In V. C. Scott & S. M. Wolfe (Eds.), *Community psychology: Foundations for practice* (pp. 349-378). Thousand Oaks, CA: SAGE.
217. **Woodward, S. H.,** Shurick, A. A., Alvarez, J., Kuo, J., Nonyieva, Y., Blechert, J., McRae, K., & Gross, J. J. (2015). A psychophysiological investigation of emotion regulation in chronic severe posttraumatic stress disorder. *Psychophysiology, 52*, 667-678. doi:10.1111/psyp.12392
218. **Woodward, S. H.,** Shurick, A. A., Alvarez, J., Kuo, J., Nonyieva, Y., Blechert, J., McRae, K., & Gross, J. J. (2015). Seated movement indexes emotion and its regulation in posttraumatic stress disorder. *Psychophysiology, 52*, 679-686. doi:10.1111/psyp.12386
219. Zvolensky, M. J., Farris, S. G., Kotov, R., Schechter, C. B., Bromet, E., Gonzalez, A., Vujanovic, A., **Pietrzak, R. H.,** Crane, M., Kaplan, J., Moline, J., **Southwick, S.,** Feder, A., Udasin, I., Reissman, D. B., & Luft, B. J. (2015). World Trade Center disaster and sensitization to subsequent life stress: A longitudinal study of disaster responders. *Preventive Medicine, 75*, 70-74. doi:10.1016/j.ypmed.2015.03.017
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1. Abrams, T. E., Vaughan-Sarrazin, M., **Keane, T. M.**, & Richardson, K. Validating administrative records in posttraumatic stress disorder. *International Journal of Methods in Psychiatric Research*. doi:10.1002/mpr.1470
2. Amick, M. M., Doros, D., Clark, A., **Rasmusson, A. M.**, Fortier, C. B., Kenna, A., Milberg, W. P., & McGlinchey, R. Mild traumatic brain injury modifies hypervigilance on a task of affective executive control among deployed OEF/OIF veterans. *Neuropsychology*.
3. Armour, C., Contractor, A., Sheat, T., Elhai, J. D., & **Pietrzak, R. H.** Factor structure of the PCL-5: Relationships among symptoms clusters, anger, and impulsivity. *Journal of Nervous and Mental Disease*.
4. **Azevedo, K. J.**, & Robinson, T. N. Anthropology in the design of preventive behavioral health programs for children and families living in disadvantaged neighborhoods. *Annals of Anthropological Practice*. doi:10.1111/napa.12078
5. Barth, S. K., **Kimerling, R.**, Pavao, J., McCutcheon, S. J., **Batten, S.**, Dursa, E., Peterson, M. R., & Schneiderman, A. I. Military sexual trauma among recent veterans: Correlates of sexual assault and sexual harassment. *American Journal of Preventive Medicine*. doi:10.1016/j.amepre.2015.06.012
6. Bartlett, B. A., & **Mitchell, K. S.** Eating disorders in military and veteran men and women: A systematic review. *International Journal of Eating Disorders*. doi:10.1002/eat.22454
7. Bedard-Gilligan, M., Duax, J., Stines, L., Jaeger, J., **Eftekhari, A.**, Feeny, N., & Zoellner, L. Characteristics of individuals seeking treatment in a PTSD treatment trial: An investigation of depression, trauma history and severity. *Journal of Clinical Psychology*.
8. **Bernardy, N. C.**, & **Friedman, M. J.** Psychopharmacological treatment of traumatization in adults. In S. Gold (Ed.), *APA handbook of trauma psychology, Volume 1*. Washington, DC: American Psychological Association.
9. Blount, T., Pukay-Martin, N., Fredman, S. J., **Macdonald, A.**, & Monson, C. M. Cognitive-behavioral conjoint therapy for PTSD: Application to an Operation Enduring Freedom veteran. *Cognitive and Behavioral Practice*. doi:10.1016/j.cbpra.2014.05.001
10. **Boden, M. T.**, Irons, J. G., Feldner, M. T., Bujarski, S., & **Bonn-Miller, M.** An investigation of relations among individual facets of emotional awareness and mindfulness. *Mindfulness*.
11. **Bovin, M. J.**, **Wells, S.**, **Rasmusson, A. M.**, **Hayes, J. P.**, & **Resick, P. A.** Posttraumatic stress disorder. In P. Emmelkamp & T. Ehring (Eds.), *International handbook of anxiety disorders: Theory, research and practice*. West Sussex, UK: John Wiley & Sons, Ltd.
12. Brady, R. E., Constans, J. I., **Marx, B. P.**, **Spira, J. L.**, Gevirtz, R., Kimbrell, T. A., Kramer, T. L., & Pyne, J. M. Effect of symptom over-reporting on heart rate variability in veterans with posttraumatic stress disorder. *Journal of Trauma & Dissociation*. doi:10.1080/15299732.2015.1021505
13. Bryant, R. A., & **Keane, T. M.** Posttraumatic stress disorder. In L. Castonguay & T. Oltmanns (Eds.), *Posttraumatic stress disorder*. New York, NY: Guilford Press.
14. **Carlson, E. B.**, Field, N. P., **Ruzek, J. I.**, Bryant, R. A., Dalenberg, C. J., **Keane, T. M.**, & Spain, D. A. Advantages and psychometric validation of proximal intensive assessments of patient-reported outcomes collected in daily life. *Quality of Life Research*. doi:10.1007/s11136-015-1170-9
15. **Cloitre, M.**, Jackson, C., & **Schmidt, J. A.** Case reports: STAIR for strengthening social support and relationships among veterans with military sexual trauma and PTSD. *Military Medicine*. doi:10.7205/MILMED-D-15-00209
16. Contractor, A. A., Armour, C., Shea, M. T., **Mota, N.**, & **Pietrzak, R. H.** Latent profiles of DSM-5 PTSD symptoms and the "big five" personality traits. *Journal of Anxiety Disorders*. doi:10.1016/j.janxdis.2015.10.005
17. **Cook, J.** Comparative case study of diffusion of EMDR into two clinical settings: Empirically-supported treatment status is not enough. *Professional Psychology: Research and Practice*.
18. **Cook, J. M.**, Thompson, R., & **Schnurr, P. P.** Perceived characteristics of intervention scale development and psychometric properties. *Assessment*. doi:10.1177/1073191114561254
19. Coplan, J. D., Karim, A., Chandra, P., Germain, G. S., Abdallah, C. G., & Altemus, M. Neurobiology of maternal stress: Role of social rank and central oxytocin in hypothalamic-pituitary-adrenal axis modulation. *Frontiers in Psychiatry*. doi:10.3389/fpsy.2015.00100

Appendix C: Fiscal Year 2015 In Press and Advance Online Publications

20. Corbin, W. R., Papova, A., Morean, M. E., O'Malley, S. S., Krishnan-Sarin, S., Abi-Dargham, A., **Anticevic, A.**, Pearson, G., **Petrakis, I.**, Pittman, B. P., & **Krystal, J.** Integrating acquired preparedness and dual process models of risk for heavy drinking and related problems. *Psychology of Addictive Behaviors*. doi:10.1037/adb0000093
21. Creech, S. K., Swift, R., Zlotnick, C., **Taft, C.**, & **Street, A. E.** Combat exposure, mental health, and relationship functioning among women veterans of the Afghanistan and Iraq Wars. *Journal of Family Psychology*. doi:10.1037/fam0000145
22. Currier, J. M., **Drescher, K. D.**, Holland, J. M., Lisman, R., & Foy, D. W. Spirituality, forgiveness, and quality of life: Testing a mediational model with military veterans with PTSD. *The International Journal for the Psychology of Religion*. doi:10.1080/10508619.2015.1019793
23. **Davison, E.**, **Pless Kaiser, A.**, **Spiro, A.**, **King, L. A.**, **King, D. W.**, & Moye, J. Later adulthood trauma reengagement (LATR) among aging combat veterans. *The Gerontologist*.
24. Dedert, E. A., **Resick, P. A.**, McFall, M. E., Dennis, P. A., Olsen, M., & Beckham, J. C. Pilot cases of combined Cognitive Processing Therapy and smoking cessation for smokers with posttraumatic stress disorder. *Behavior therapy*. doi:10.1016/j.beth.2015.09.002
25. Desai, M. U., Pavlo, A. J., Davidson, L., **Harpaz-Rotem, I.**, & Rosenheck, R. "I want to come home": Vietnam-era veterans' presenting for mental health care, roughly 40 years after Vietnam. *Psychiatric Quarterly*. doi:10.1007/s11126-015-9382-2
26. DeViva, J. C., Sheerin, C. M., **Southwick, S. M.**, Roy, A. M., **Pietrzak, R. H.**, & **Harpaz-Rotem, I.** Correlates of VA mental health treatment utilization among OEF/OIF/OND veterans: Resilience, stigma, social support, personality, and beliefs about treatment. *Psychological Trauma: Theory, Research, Practice, and Policy*. doi:10.1037/tra0000075
27. DiLeone, B. A. L., Wang, J., Kressin, N., & **Vogt, D.** Women's veteran identity and VA health service use. *Psychological Services*. doi:10.1037/ser0000021
28. Doron-LaMarca, S., **Niles, B. L.**, **King, D. W.**, **King, L. A.**, **Pless Kaiser, A.**, & Lyons, M. J. Temporal associations among chronic PTSD symptoms in U.S. combat veterans. *Journal of Traumatic Stress*. doi:10.1002/jts.22039
29. Duman, C. H., & **Duman, R. S.** Spine synapse remodeling in the pathophysiology and treatment of depression. *Neuroscience Letters*. doi:10.1016/j.neulet.2015.01.022
30. Fang, S. C., **Schnurr, P. P.**, Kulish, A. L., Holowka, D. W., **Marx, B. P.**, **Keane, T. M.**, & Rosen, R. Psychosocial functioning and health-related quality of life associated with posttraumatic stress disorder in male and female Iraq and Afghanistan War veterans: The VALOR registry. *Journal of Women's Health*. doi:10.1089/jwh.2014.5096
31. Fleming, C. J., & **Resick, P. A.** Professional versus personal resource utilization in survivors of intimate partner violence. *Psychological Trauma: Theory, Research, Practice, and Policy*. doi:10.1037/tra0000074
32. **Fox, A. B.**, Walker, B. E., **Smith, B. N.**, **King, D. W.**, **King, L. A.**, & **Vogt, D.** Understanding how deployment experiences change over time: Comparison of female and male OEF/OIF and Gulf War veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*. doi:10.1037/tra0000033
33. **Friedman, M. J.** Deconstructing PTSD. *Long-term outcomes in psychopathology research: Rethinking the scientific agenda*. Oxford, UK: Oxford University Press.
34. **Gamarra, J. M.**, Luciano, M. T., **Gradus, J. L.**, & **Stirman, S. W.** Assessing variability and implementation fidelity of suicide prevention safety planning in a regional VA healthcare system. *Crisis*. doi:10.1027/0227-5910/a000345
35. Gobin, R. L., Green, K. E., & **Iverson, K. M.** Alcohol misuse among female veterans: Exploring associations with interpersonal violence and mental health. *Substance use & misuse*. doi:10.3109/10826084.2015.1037398
36. Goldberg, J., Magruder, K. M., Forsberg, C. W., **Friedman, M. J.**, Litz, B. T., Vaccarino, V., Heagerty, P. J., Gleason, T. C., Huang, G. D., & Smith, N. L. Prevalence of post-traumatic stress disorder in aging Vietnam-era veterans: Veterans Administration Cooperative Study 569: Course and consequences of post-traumatic stress disorder in Vietnam-era veteran twins. *The American Journal of Geriatric Psychiatry*. doi:10.1016/j.jagp.2015.05.004
37. **Green, J. D.**, **Annunziata, A.**, & **Marx, B. P.** Acceptance and Commitment Therapy for depression and anxiety. In H. Friedman (Ed.), *Encyclopedia of mental health, 2nd edition*. Oxford, UK: Elsevier.
38. **Green, J. D.**, **Bovin, M. J.**, **Erb, S. E.**, Lachowicz, M., **Gorman, K. R.**, Rosen, R. C., **Keane, T. M.**, & **Marx, B. P.** The effect of enemy combat tactics on PTSD prevalence rates: A comparison of operation Iraqi freedom deployment phases in a sample of male and female veterans. *Psychological Trauma: Theory, Research, Practice, and Policy*. doi:10.1037/tra0000086
39. Grubbs, K., Fortney, J., Kimbrell, T., Pyne, J., Hudson, T., Robinson, D., Moore, W. M., Custer, P., Schneider, R., & **Schnurr, P. P.** Predictors of Cognitive Processing Therapy utilization among veterans in collaborative care. *Journal of Traumatic Stress*.
40. Gudiño, O. G., Leonard, S., & **Cloitre, M.** STAIR-A for girls: A pilot study of a skills-based group for traumatized youth in an urban school setting. *Journal of Child & Adolescent Trauma*. doi:10.1007/s40653-015-0061-0

41. **Gutner, C. A., Gallagher, M. W., Baker, A. S., Sloan, D. M. & Resick, P. A.** Time course of treatment dropout in cognitive-behavioral therapies for posttraumatic stress disorder. *Psychological Trauma: Theory, Research, Practice, and Policy*. doi:10.1037/tra0000062
42. Gutwinski, S., **Heinz, A. J.,** & Heinz, A. Alcohol-related aggression and violence: Cognitive and neurobiological bases. In A. Beech, A. Carter, R. Mann, & P. Rothstein (Eds.), *The Wiley-Blackwell handbook of forensic neuroscience*. Hoboken, NJ: John Wiley and Sons.
43. Haller, M., Angkaw, A. C., **Hendricks, B. A., & Norman, S. B.** Does reintegration stress contribute to suicidal ideation among returning veterans seeking PTSD treatment? *Suicide and Life-threatening Behavior*. doi:10.1111/sltb.12181
44. Han, J., Calvo, C. F., Baker, K., T-H Kang, M., Parras, C., Nurmi, H., Alitalo, K., **Duman, R.,** Eichmann, A. C., & Thomas, J. L. VEGF receptor 3 controls hippocampal neural stem cell conversion into progenitor cells. *Cell Reports*.
45. Hasan, N. S., **Babson, K. A.,** Banducci, A. N., & **Bonn-Miller, M. O.** The prospective effects of perceived and laboratory indices of distress tolerance on cannabis use following a self-guided quit attempt. *Psychology of Addictive Behaviors*. doi:10.1037/adb0000132
46. Hassija, C. M., & **Cloitre, M.** STAIR: A skills-focused approach to trauma related distress. *Current Psychiatry Reviews*.
47. **Hayes, J. P.,** Bigler, E. D., & Verfaellie, M. Traumatic brain injury as a disorder of brain connectivity. *Journal of the International Neuropsychological Society*.
48. **Hoff, R.** Female veterans of Iraq and Afghanistan seeking care from VA specialized PTSD programs: Comparison with male veterans and female warzone veterans of previous eras. *Journal of Women's Health*.
49. Hundt, N. E., **Mott, J. M.,** Miles, S. R., Arney, J., Cully, J. A., & Stanley, M. A. Veterans' perspectives on initiating evidence-based psychotherapy for posttraumatic stress disorder. *Psychological Trauma: Theory, Research, Practice, and Policy*. doi:10.1037/tra0000035
50. **Iverson, K. M., Vogt, D.,** Dichter, M. E., Carpenter, S. L., **Kimerling, R., Street, A. E.,** & Gerber, M. R. Intimate partner violence and current mental health needs among female veterans. *The Journal of the American Board of Family Medicine*. doi:10.3122/jabfm.2015.06.150154
51. **Japuntich, S. J., Gregor, K., Pineles, S. L., Gradus, J. L., Street, A. E.,** Prabhala, R., & **Rasmusson, A. M.** Deployment stress, tobacco use, and postdeployment posttraumatic stress disorder: Gender differences. *Psychological Trauma: Theory, Research, Practice, and Policy*. doi:10.1037/tra0000093
52. Jenkins, M. M., Colvonen, P. J., **Norman, S. B.,** Afari, N., Allard, C. B., & Drummond, S. Prevalence and mental health correlates of insomnia in first-encounter veterans with and without military sexual trauma. *Sleep*. doi:10.5665/sleep.5044
53. Jensen, K. P., DeVito, E. E., Herman, A. I., Valentine, G. W., **Gelernter, J.,** & Sofuoglu, M. A. CHRNA5 smoking risk variant decreases the aversive effects of nicotine in humans. *Neuropsychopharmacology*. doi:10.1038/npp.2015.131
54. Kalkstein, S., Scott, J. C., Biester, R., Brownlow, J. A., **Harpaz-Rotem, I.,** & Gur, R. Comparison of blast-exposed OEF/OIF veterans with and without a history of TBI symptoms on a brief computerized neuropsychological battery. *Applied Neuropsychology: Adult*.
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56. **Kimerling, R., Pavao, J., & Wong, A.** Patient activation and mental health care experiences among women veterans. *Administration and Policy in Mental Health and Mental Health Services Research*. doi:10.1007/s10488-015-0653-x
57. **King, D. W., King, L. A.,** Park, C. L., **Lee, L. O., Kaiser, A. P., Spiro, A.,** Moore, J. L., **Kaloupek, D. G., & Keane, T. M.** Positive adjustment among American repatriated prisoners of the Vietnam War modeling the long-term effects of captivity. *Clinical Psychological Science*. doi:10.1177/2167702614554448
58. Koo, K. H., **Tiet, Q. Q., & Rosen, C. S.** Relationships between racial/ethnic minority status, therapeutic alliance, and treatment expectancies among veterans with PTSD. *Psychological Services*. doi:10.1037/ser0000029
59. Kopacz, M. S., Currier, J. M., **Dresher, K. D.,** & Pigeon, W. R. Suicidal behavior and spiritual functioning in a sample of veterans diagnosed with PTSD. *Journal of Injury & Violence Research*. doi:10.5249/jivr.v8i1.728
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61. **Kuhn, E., Crowley, J. J., Hoffman, J. E., Eftekhari, A., Ramsey, K. M., Owen, J. E.,** Reger, G. M., & **Ruzek, J. I.** Clinician characteristics and perceptions related to use of the PE (Prolonged Exposure) Coach mobile app. *Professional Psychology: Research and Practice*. doi:10.1037/pro0000051
62. **LaMotte, A. D., Taft, C. T., Weatherill, R. P., Scott, J. P.,** & Eckhardt, C. I. Posttraumatic stress disorder symptoms, traumatic reminders, and partner aggressive tendencies among veterans. *Journal of Family Violence*. doi:10.1007/s10896-015-9776-9
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66. **Marx, B. P., Wolf, E. J.**, Cornette, M. M., **Schnurr, P. P.**, Rosen, M. I., **Friedman, M. J., Keane, T. M.**, & Speroff, T. Using the WHODAS 2.0 to assess functioning among veterans seeking compensation for posttraumatic stress disorder. *Psychiatric Services*. doi:10.1176/appi.ps.201400400
67. **Marx, B., Bovin, M.**, Szafranski, D., **Engel-Rebitzer, E., Gallagher, M., Holowka, D., Schnurr, P. P.**, Rosen, R., & **Keane, T.** Validity of posttraumatic stress disorder service connection status in Veterans Affairs electronic records of Iraq and Afghanistan veterans. *The Journal of Clinical Psychiatry*. doi:10.4088/JCP.14m09666
68. Mercado, R. C., **Wiltsey Stirman, S.** & **Iverson, K. M.** Impact of childhood abuse on physical and mental health status and health care utilization among female veterans. *Military Medicine*. doi:10.7205/MILMED-D-14-00719
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76. **Norman, S. B.**, Davis, B. C., Colvonen, P. J., Haller, M., Myers, U. S., Trim, R. S., Bogner, R., & Robinson, S. K. Prolonged Exposure with veterans in a residential substance use treatment program. *Cognitive and Behavioral Practice*. doi:10.1016/j.cbpra.2015.08.002
77. Pantalone, D. W., Valentine, S. E., & **Shipherd, J.** Working with survivors of trauma in the sexual minority and transgender/ gender nonconforming populations. In K. DeBord, T. Perez, A. Fischer, & K. Bieschke (Eds.), *Handbook of sexual orientation and gender diversity in counseling and psychotherapy*. Washington, DC: American Psychological Association.
78. Perkonig, A., Höfler, M., **Cloitre, M.**, Wittchen, H.-U., Trautmann, S., & Maercker, A. Evidence for two different ICD-11 posttraumatic stress disorders in a community sample of adolescents and young adults. *European Archives of Psychiatry and Clinical Neuroscience*. doi:10.1007/s00406-015-0639-4
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81. **Pless Kaiser, A.**, Wang, J., **Davison, E.**, Park, C. L., & Stellman, J. M. Stressful and positive experiences of women who served in Vietnam. *Journal of Women & Aging*.
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83. Possemato, K., **Kuhn, E.**, Johnson, E., Kanurim, N., Hoffman, J., De Stefano, L., & Brooks, E. A pilot randomized controlled trial of clinician-supported PTSD Coach: Impact on PTSD and mental health treatment utilization. *General Hospital Psychiatry*.

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85. **Prins, A., Westrup, D., & Walsler, R.** Acceptance and Commitment Therapy: A case study for military sexual trauma. *Treating Military Sexual Trauma*.
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89. **Resick, P. A., Wachen, J. S.,** Mintz, J., Young-McCaughan, S., Roache, J. D., Borah, A. M., Borah, E. V., Dondanville, K. A., Hembree, E. A. & Litz, B. T. A randomized clinical trial of group Cognitive Processing Therapy compared with group present-centered therapy for PTSD among active duty military personnel. *Journal of Consulting and Clinical Psychology*. doi:10.1037/ccp0000016
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94. **Sadeh, N. S., Wolf, E. J., Logue, M. W., Lusk, J., Hayes, J. P.,** McGlinchey, R. E., Milberg, W. P., Stone, A., Schichman, S. A., & **Miller, M. W.** Polygenic risk for externalizing psychopathology and executive dysfunction in trauma-exposed veterans. *Clinical Psychological Science*. doi:10.1177/2167702615613310
95. Sandiego, C. M., Gallezot, J. D., Pittman, B., Nabulsi, N., Lim, K., Lin, S., Matuskey, D., Lee, J., O'Connor, K. C., Huang, Y., Carson, R. E., Hannestad, J., & **Cosgrove, K.** Imaging robust microglial activation after lipopolysaccharide administration in humans with PET. *Proceedings of the National Academy of Sciences*. doi:10.1073/pnas.1511003112
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99. **Schnurr, P. P., & Lunney, C. A.** Differential effects of Prolonged Exposure on posttraumatic stress disorder symptoms in female veterans. *Journal of Consulting and Clinical Psychology*. doi:10.1037/ccp0000031
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101. Schry, A. R., Hibberd, R., Wagner, H. R., **Turchik, J. A.,** Kimbrel, N. A., Wong, M., Elbogen, E. E., Strauss, J. L. & Brancu, M. Functional correlates of military sexual assault in male veterans. *Psychological Services*. doi:10.1037/ser0000053
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105. **Sloan, D. M., Sawyer, A. T.**, Lowmaster, S. E., Wernick, J., & **Marx, B. P.** Narrative writing as an exposure treatment for PTSD: Does the evidence support its use. *Journal of Contemporary Psychotherapy*.
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108. **Southwick, S. M., Sippel, L., Krystal, J.**, Charney, D., Mayes, L., & **Pietrzak, R.** Why are some individuals more resilient than others: The role of social support. *World Psychiatry*. doi:10.1002/wps.20282
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111. **Tiet, Q., Leyva, Y. E.**, Moos, R., Frayne, S., Osterberg, L., & **Smith, B. N.** Diagnostic accuracy of the screen of drug use (SoDU) in primary care. *JAMA Internal Medicine*.
112. Tsai, J., **Mota, N. P., & Pietrzak, R. H.** U.S. female veterans who do and do not rely on VA health care: Needs and barriers to mental health treatment. *Psychiatric Services*. doi:10.1176/appi.ps.201400550
113. Tsai, J., **Mota, N. P., Southwick, S. M. & Pietrzak, R. H.** What doesn't kill you makes you stronger: A national study of U.S. military veterans. *Journal of Affective Disorders*. doi:10.1016/j.jad.2015.08.076
114. Tsai, J., **Sippel, L. M., Mota, N., Southwick, S. M., & Pietrzak, R. H.** Longitudinal course of posttraumatic growth among U.S. military veterans: Results from the National Health and Resilience in Veterans Study. *Depression and Anxiety*. doi:10.1002/da.22371
115. Vujanovic, A. A., **Niles, B. L.**, & Abrams, J. L. Mindfulness and meditation in the conceptualization and treatment of posttraumatic stress disorder. In E. Shonin, W. Gordon, M. D. Griffiths (Eds.) *Mindfulness and Buddhist-derived approaches in mental health and addiction*. New York, NY: Springer International Publishing. doi:10.1007/978-3-319-22255-4_11
116. **Wachen, J. S.**, Dondanville, K. A., Pruiksma, K. E., Molino, A., Carson, C. S., Blankenship, A. E., Wilkinson, C., Yarvis, C. J. S., **Resick, P. A.**, & Consortium, S. S. Implementing Cognitive Processing Therapy for posttraumatic stress disorder with active duty U.S. military personnel: Special considerations and case examples. *Cognitive and Behavioral Practice*. doi:10.1016/j.cbpra.2015.08.007
117. Wade, D., Crompton, D., Howard, A., Stevens, N., Metcalf, O., Brymer, M., **Ruzek, J., Watson, P.**, Bryant, R., & Forbes, K. Evaluation of a post-disaster mental health training program. *Disaster Health*.
118. Wagner, A. C., Landy, M. S. H., **Macdonald, A.**, & Monson, C. M. Conjoint therapy for individual psychopathology. *Encyclopedia of mental health*. Philadelphia, PA: Elsevier.
119. **Walser, R. D.**, Garvert, D. W., Karlin, B. E., Trockel, M., Ryu, D. M. & Taylor, C. B. Effectiveness of Acceptance and Commitment Therapy in treating depression and suicidal ideation in veterans. *Behaviour Research and Therapy*. doi:10.1016/j.brat.2015.08.012
120. **Walser, R. D.**, Oser, M. L., **Tran, C. T., & Cook, J. A.** Frequency and impact of trauma in older women: A military and nonmilitary sample. *Journal of Loss and Trauma*. doi:10.1080/15325024.2015.1048153
121. **Watson, P.** Acute interventions for trauma-related problems. In R. J. Ursano, C. S. Fullerton, L. Weisaeth, & B. Raphael (Eds.), *Textbook of disaster psychiatry (2nd ed.)*. New York, NY: Cambridge University Press.
122. Weiss, B. J., Garvert, D. W. & **Cloitre, M.** PTSD and trauma-related difficulties in sexual minority women: The impact of perceived social support. *Journal of Traumatic Stress*. doi:10.1002/jts.22061
123. Wisco, B. E., Baker, A. S., & **Sloan, D. M.** Mechanisms of change in exposure treatment of PTSD. *Behavior Therapy*.
124. Wisco, B. E., **Marx, B. P., Sloan, D. M., Gorman, K. R., Kulish, A. L., & Pineles, S. L.** Self-distancing from trauma memories reduces physiological but not subjective emotional reactivity among veterans with posttraumatic stress disorder. *Clinical Psychological Science*. doi:10.1177/2167702614560745
125. **Wolf, E. J., Logue, M. W., Hayes, J. P., Sadeh, N. S.**, Schichman, S. A., Stone, A., Salat, D. H., Millberg, W., McGlinchey, R., & **Miller, M. W.** Accelerated DNA methylation age: Associations with PTSD and neural integrity. *Psychoneuroendocrinology*. doi:10.1016/j.psyneuen.2015.09.020

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126. **Wolf, E. J., Lunney, C. A., & Schnurr, P. P.** The influence of the dissociative subtype of posttraumatic stress disorder on treatment efficacy in female veterans and active duty Service Members. *Journal of Consulting and Clinical Psychology*. doi:10.1037/ccp0000036
127. **Woodward, S. H.,** Michell, G., & Santerre, C. The psychophysiology of PTSD nightmares. In E. Vermetten, T. C. Neylan, M. Kramer, & S. R. Pandi-Perumal (Eds.), *Sleep and combat-related posttraumatic stress disorder*. Cambridge, UK: Cambridge University Press.
128. Wu, M. V., Sahay, A., **Duman, R. S.,** & Hen, R. Functional differentiation of adult-born neurons along the septotemporal axis of the dentate gyrus. *Cold Spring Harbor Perspectives in Biology*. doi:10.1101/cshperspect.a018978
129. Yurgil, K., Clifford, R. E., Risbrough, V. B., Geyer, M. A., Huang, M. X., Barkauskas, D. A., **Vasterling, J. J.,** & Baker, D. G. Prospective associations between traumatic brain injury and postdeployment tinnitus in active-duty marines. *The Journal of Head Trauma Rehabilitation*. doi:10.1097/HTR.0000000000000117

Fiscal Year 2015 Scientific Presentations

American Psychological Association – Toronto, Ontario, DC, August 2015

- Green, J. D., Marx, B. P., Bovin, M. J., Rosen, R. C., & Keane, T. M.** *Veterans' barriers to help seeking: Relationships between sex and mental health service utilization.*
- Hayes, J. P., Logue, M. W., Salat, D. H., Wolf, E. J., Samimi Sadeh, N., Spielberg, J. M., Reagan, A., Sperbeck, E., McGlinchey, R. E., Milberg, W. P., Verfaellie, M., & Miller, M. W.** *COMT VAL158MET modulates hippocampal volume in posttraumatic stress disorder.*
- Logue, M. W., Smith, A. K., Baldwin, C., Wolf, E. J., Guffanti, G., Ratanatharathorn, A., Stone, A., Schichman, S. A., Humphries, D., Binder, E. B., Arloth, J., Menke, A., Uddin, M., Wildman, D., Galea, S., Aiello, A. E., Koenen, K. C., & Miller, M. W.** *A transcriptome-wide analysis of gene expression in PTSD implicates genes involved in the glucocorticoid receptor pathway and neural responses to stress.*
- Schnurr, P. P.** *Predicting treatment outcome in PTSD: The Holy Grail.*
- Sloan, D. M.** *PTSD treatments: Concerns about implementation, treatment utilization, and premature dropout.*
- Tsai, J., **Southwick, S., & Pietrzak, R. H.** (2015, August). *Posttraumatic growth among U. S. military veterans: Prevalence and trajectories over time.*
- Vogt, D., & Fox, A. B.** *Attitudinal barriers to and facilitators of VA mental health service use.*

Anxiety Disorders Association of America – Miami, FL, April 2015

- Abdallah, C.** *Is psychotropic medical washout necessary for clinical neuroscience research?*
- Abdallah, C.** *Long-range prefrontal cortex Dysconnectivity in major depressive disorder appears to normalize 24-hours post ketamine treatment.*
- Averill, L., Abdallah, C., Pietrzak, R. H., Levy, I., & Harpaz-Rotem, I.** *Preliminary evidence of reduced cortical thickness in combat-exposed veterans regardless of early life trauma history.*
- Green, J. D., Bovin, M. J., Kearns, J. C., Black, S. K., Marx, B. P., Rosen, R. C., & Keane, T. M.** *Longitudinal association of functional impairment and suicidality in OEF/OIF veterans.*
- Barretto, K. M., Clark, J., Black, S. K., Kearns, J. C., Green, J. D., & Marx, B. P.** *A longitudinal examination of sleep disturbance, depression and suicide risk in Operation Enduring Freedom (OEF) & Operation Iraqi Freedom (OIF) veterans.*
- Gelernter, J.** *Identifying PTSD risk loci via GWAS.*
- Gutner, C. A., Monson, C. M., Shields, N., Deloria, J., Belus, J. M., Maslej, M. M., Lane, J., & Wiltsey Stirman, S.** *Effects of consultation method on implementation of Cognitive Processing Therapy for PTSD.*
- Gutner, C. A., Suvak, M., Sawyer, A. T., Sloan, D. M., & Resick, P. A.** *Does timing matter? The impact of session frequency and consistency on outcome.*
- Samimi Sadeh, N., Spielberg, J. M., Miller, M. W., Milberg, W. P., Salat, D. H., Amick, M., Fortier, C., & McGlinchey, R. E.** *Neurobiological indicators of disinhibition in posttraumatic stress disorder.*

Association for Behavioral and Cognitive Therapies – Philadelphia, PA, November 2014

- Black, S. K., McGowan, S. K., Liverant, G. I., Sloan, D. M., & Kamholz, B. W.** *Posttraumatic stress disorder and major depressive disorder: Impact of co-occurrence on symptom severity, suicidality, fear of emotion, and emotion regulation strategy engagement.*
- Borczyk, A., **Wisco, B., Marx, B. P., Sloan, D. M., & Pineles, S. L.** *Repetitive thought and PTSD among military veterans.*
- Bovin, M. J.** *Peritraumatic numbness as a longitudinal predictor of PTSD and MDD.*

Appendix D: Fiscal Year 2015 Scientific Presentations

20. **Creech, S. K.**, Gilbert, K. S., **Massa, A. A.**, Howard, J. M., Monson, C. M., & **Taft, C. T.** *Strength at Home couples program to prevent intimate partner violence: Randomized clinical trial findings.*
21. **Engel-Rebitzer, E.**, **Bovin, M. J.**, **Marx, B. P.**, Rosen, R. C., & **Keane, T. M.** *Peritraumatic numbness as a longitudinal predictor of PTSD and MDD.*
22. **Gamarra, J.**, Luciano, M. T., **Gradus, J. L.**, Bossarte, R. M., & **Wiltsey Stirman, S.** *Assessing fidelity to cognitive behavioral aspects of a suicide prevention safety plan intervention.*
23. **Landes, S. J.** *Overview of suicide prevention in the Department of Veterans Affairs.*
24. **Ledoux, A.**, **Green, J. D.**, Harte, C. B., **Marx, B. P.**, Rosen, R. C., & **Keane, T. M.** *Symptoms of PTSD as predictors of sexual function in OIF/OEF veterans.*
25. Litwack, S. D., **Sawyer, A. T.**, **Sloan, D. M.**, Clapp, J. D., & Beck, J. *Anxious driving behavior among veterans with PTSD.*
26. Lowmaster, S. E., **Sawyer, A. T.**, & **Sloan, D. M.** *Psychometric properties of the Posttraumatic Avoidance Behavior Questionnaire in a treatment-seeking sample.*
27. **Resick, P. A.**, **Wiltsey Stirman, S.**, Cohen, Z. D., Kapelner, A., Bleich, J., **Smith, B. N.**, & DeRubeis, R. J. *Application of the Personalized Advantage Index to data from a clinical trial for PTSD.*
28. **Sawyer, A. T.**, Litwack, S., Spofford, C., Unger, W., Beck, J., & **Sloan, D. M.** *The Montreal Cognitive Assessment cutoff score for veterans: Is a lower cutoff score necessary?*
29. **Scioli-Salter, E. R.**, Forman, D. E., **Keane, T. M.**, Otis, J. D., & **Rasmusson, A. M.** *Neurobiological and psychological benefits of exercise in chronic pain and PTSD.*
30. **Smith, N.**, Steele, A. M., **Averill, L.**, Trueba, A. F., & Meuret, A. E. *Emotion dysregulation and experiential avoidance as moderators in the relation between abuse history and nonsuicidal self-injury.*
31. **Smith, N.**, Ritz, T., Trueba, A. F., Auchus, R., Liu, J., & Meuret, A. E. *Emotion dysregulation and nonsuicidal self-injury: Evidence for altered cortisol stress response.*
32. **Taft, C. T.**, **Creech, S. K.**, Gilbert, K. S., **Massa, A. A.**, **Macdonald, A.**, & Murphy, C. M. (2014, November). *Strength at Home veterans program for intimate partner violence perpetration: Randomized clinical trial findings.*

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33. **Babson, K. A.**, **Heinz, A. J.**, Ramirez, G., Puckett, M., Irons, J. G., **Bonn-Miller, M.**, & **Woodward, S. H.** *The interactive role of exercise and sleep on veteran recovery from symptoms of PTSD.*
34. Bartlett, B., **Iverson, K. M.**, **Wolf, E. J.**, & **Mitchell, K. S.** *Intimate partner violence, PTSD, and disordered eating among male and female veterans.*
35. Blankenship, A., Dondanville, K., Molino, A., **Resick, P. A.**, **Wachen, J. S.**, Hasselle, A., Mintz, J., Peterson, A. L., Yarvis, J. S., & The STRONG STAR Consortium. *Baseline cognitive characteristics of individuals with and without childhood abuse experiences.*
36. **Bovin, M. J.**, **Green, J. D.**, **Marx, B. P.**, Rosen, R. C., & **Keane, T. M.** *The association between military trauma types and psychopathology among OIF/OEF/OND veterans.*
37. **Carlson, E. B.**, & Spain, D. A. *Recent trauma survivors' use of mental health care and medication for sleep or emotional distress.*
38. Carson, C. S., Holder, N., **Resick, P. A.**, **Wachen, J. S.**, Mintz, J., Dondanville, K., Peterson, A. L., Borah, A. M., Yarvis, J. S., & The STRONG STAR Consortium. *Relationship between child abuse, coping, and pretreatment PTSD and depressive symptoms.*
39. **Cloitre, M.**, & Jackson, C. *Flexible applications of Skills Training in Affective and Interpersonal Regulation (STAIR).*
40. **Cloitre, M.** *An international approach to diagnoses: Evidence for the validity and clinical utility of ICD-11 PTSD and Complex PTSD.*
41. **Cloitre, M.** *Psychotherapies for trauma-related disorders: What do they have in common?*
42. Cogan, C. M., Hansel, J. E., Volz, A. R., **Healy, E.**, Chard, K. M., & Ashton, S. A. *CPT versus CPT-C: Cognitive processing therapy implementation program evaluation in the VA healthcare system.*
43. Cogan, C. M., Hansel, J. E., Volz, A. R., **Healy, E.**, Chard, K. M., & Ashton, S. A. *Preliminary examination of index trauma and treatment outcomes: Cognitive processing therapy implementation program in the VA healthcare system.*
44. Colvonen, P., Bogner, R., Steele, B., Myers, U., Davis, B., Robinson, S., & **Norman, S. B.** *Clinician knowledge, attitudes, and concerns about concurrently treating veterans with PTSD on a substance abuse residential rehabilitation treatment program.*
45. **Crowley, J. J.**, **Eftekhari, A.**, **Rosen, C.**, **Ruzek, J.**, **Kuhn, E.**, & Karlin, B. *Effects of training on clinician beliefs about and intention to use Prolonged Exposure therapy.*
46. Davis, B., Haller, M., Colvonen, P., Trim, R., Robinson, S., & **Norman, S. B.** *The associations between social support/stress and PTSD symptoms among veterans in a substance abuse residential rehabilitation treatment program (SARRTP).*
47. Dondanville, K., Blankenship, A., **Resick, P. A.**, **Wachen, J. S.**, Mintz, J., A., L., Higgs, J., Yarvis, J. S., & The STRONG STAR Consortium. *Impact of child abuse on physical and emotional functioning.*

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48. Dondanville, K., Blankenship, A., Molino, A., **Resick, P. A., Wachen, J. S.**, Mintz, J., Peterson, A. L., Yarvis, J. S., & The STRONG STAR Consortium. *Change in military personnel's trauma narratives across the course of treatment.*
49. **Eftekhari, A., Crowley, J. J., Garvert, D., Ruzek, J.**, Karlin, B., & **Rosen, C.** *Outcomes of Prolonged Exposure therapy in VA care: Provider and patient factors.*
50. Fox, A. B., Meyer, E. C., & **Vogt, D.** *Barriers to and facilitators of VA mental health service use: Understanding the role of attitudes for female and male veterans.*
51. **Gamarra, J.**, Luciano, M. T., **Gradus, J. L.**, Bossarte, R. M., & **Wiltsey Stirman, S.** *Assessing variability in implementation fidelity of the suicide prevention safety planning intervention in VA Boston.*
52. Garneau-Fournier, J., McBain, S., DuBois, R., & **Turchik, J. A.** *Impact of sexual victimization history on current sexual functioning among female college students.*
53. **Gradus, J. L.**, Leatherman, S., Raju, S., Ferguson, R. E., & **Miller, M.** *Posttraumatic stress disorder, depression and intentional self-harm among Massachusetts veterans.*
54. **Gregor, K. L.**, Familoni, B., Krzywicki, A., **Suvak, M.**, Dodson, T., Lowery, B., Ma, L., & **Rasmusson, A. M.** *Validation of SAFE technology in measuring sympathetic nervous system activity: Preliminary findings of trauma-exposed individuals.*
55. Griffin, M., **Resick, P. A.**, & **Smith, B. N.** *Participation in trauma research: Is there evidence of harm?*
56. **Hamblen, J. L.**, McGovern, M., Schwartzberg, R., Possemato, K., Hammel, J., & Lantinga, L. J. *CBT for PTSD in veterans with co-occurring PTSD and substance use disorders: A preliminary examination.*
57. Hassija, C., & **Turchik, J. A.** *An examination of disclosure, mental health treatment use, and posttraumatic growth among college women who experienced sexual victimization.*
58. Henn-Haase, C., **Cloitre, M.**, Gavert, D., Herman, J., Kaslow, N., & Mendelsohn, M. *PTSD Assessment discrepancies between the PCL screener and the gold Standard CAPS IV/V using DSM-5 and ICD-11 diagnostic criteria in a sample of treatment-seeking women in the public sector.*
59. **Hermann, B. A., Hamblen, J. L., & Schnurr, P. P.** *Provider characteristics and beliefs about clinical practice guidelines and evidence-based practice.*
60. **Iverson, K. M.**, & Pogoda, T. *Traumatic brain injury among women veterans: An invisible wound of intimate partner violence.*
61. **Iverson, K. M., King, M. W., Resick, P. A., Kimerling, R., Street, A. E., & Vogt, D.** *Accuracy of an intimate partner violence screening tool for female veterans Health Administration patients: A replication and extension.*
62. **Japuntich, S. J., Pineles, S. L., Gregor, K. L.**, Krishnan-Sarin, S., Joos, C., Patton, S., & **Rasmusson, A. M.** *Contingency management tobacco treatment for trauma exposed smokers with and without PTSD: A pilot study.*
63. **Kuhn, E., Owen, J. E., Hoffman, J., Jaworski, B. K., Ramsey, K. M., & Ruzek, J.** *Using traditional and novel data sources to assess reach, reception, use, and impact of the PTSD Coach mobile app.*
64. Landy, M., Lane, J., **Wiltsey Stirman, S.**, Shnaider, P., Shields, N., & Monson, C. *Therapeutic alliance as a predictor of symptom change in patients receiving cognitive processing therapy.*
65. Litwack, S., **Niles, B. L.**, Unger, W., & **Polizzi, C.** *Identifying the active ingredients of present-centered therapy for PTSD.*
66. **Lunney, C., & Schnurr, P. P.** *The effect of borderline personality disorder on treatment outcome in female veterans treated for posttraumatic stress disorder.*
67. McBain, S., Dubois, R., Garneau-Fournier, J., **Bucossi, M. M., Kimerling, R., & Turchik, J. A.** *The impact of veterans' conceptualization of gender on utilization of military sexual trauma related care: A qualitative analysis.*
68. McMenamin, F., **Wachen, J. S., Smith, B. N., & Shipherd, J.** *Childhood trauma as a predictor of hardness in later adulthood.*
69. Meis, L., **Spoont, M.**, Erbes, C., Polusny, M., Noorbaloochi, S., Campbell, E., Bangerter, A., Eftekhari, A., Kattar, K., & Tuerk, P. *Can families help shape veteran's opinion of and response to evidence based treatments for PTSD?*
70. Meis, L., **Spoont, M.**, Erbes, C., Polusny, M., Noorbaloochi, S., Campbell, E., Bangerter, A., **Eftekhari, A.**, Kattar, K., & Tuerk, P. *The role of individual beliefs and family involvement in understanding the veterans' commitment to evidence based treatments for PTSD.*
71. Meis, L. A., **Spoont, M.**, Erbes, C. R., Polusny, M. A., Noorbaloochi, S., Hagel Campbell, E. M., Bangerter, A. K., **Eftekhari, A.**, Kattar, K. A., & Tuerk, P. W. *Can families help shape veteran's opinions of and response to evidence based treatments for PTSD?*
72. Meis, L. A., **Spoont, M.**, Erbes, C., Polusny, M. A., Noorbaloochi, S., Hagel Campbell, E. M., Bangerter, A. K., **Eftekhari, A.**, Kattar, K. A., & Tuerk, P. W. *The role of individual beliefs and family involvement in understanding veterans' commitment to evidence based treatments for PTSD.*
73. **Mott, J. M.**, Gloth, C., & Galovski, T. E. *The impact of childhood abuse chronicity on PTSD treatment outcomes: Experiences of anger and aggression before and after a course of cognitive processing therapy.*
74. **Nilni, Y. I., Gradus, J. L., Gutner, C. A.**, Luciano, M. T., **Shipherd, J., & Street, A. E.** *Deployment stressors and physical health among OEF/OIF veterans: The role of PTSD.*

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75. **Norman, S. B.**, Davis, B., Colvenen, P., Myers, U., Trim, R., & Robinson, S. *Integrating Prolonged Exposure therapy for PTSD in a substance abuse residential rehabilitation treatment program (SARRTP).*
76. Osei-Bonsu, P., Bolton, R., **Wiltsey Stirman, S.**, Eisen, S., Pellowe, M., & Herz, L. *Veteran decision-making around evidence-based PTSD treatment.*
77. **Pless Kaiser, A.**, Wilken, R., **Proctor, S.**, & **Vasterling, J. J.** *Consistency of reporting for stressful life events among non-deployed soldiers.*
78. **Prins, A.** *Revising the PC-PTSD screen for DSM-5.*
79. **Resick, P. A.** *The effects of childhood trauma on post-deployment functioning and recovery.*
80. **Resick, P. A.**, **Wachen, J. S.**, Mintz, J., Dondanville, K., Pruiksma, K., Yarvis, J. S., Peterson, A. L., & The STRONG STAR Consortium. *Group vs. individual CPT-C in an active military sample.*
81. **Resick, P. A.**, **Iverson, K. M.**, **King, M. W.**, & Cunningham, K. *Long term follow-up of impact statement coding among women with PTSD treated with Cognitive Processing Therapy.*
82. **Resick, P. A.**, & Dondanville, K. *Cognitive Processing Therapy: Common pitfalls and case consultation.*
83. **Rosen, C.**, **Ruzek, J.**, **Eftekhari, A.**, **Crowley, J. J.**, **Kuhn, E.**, & Karlin, B. *Use of Prolonged Exposure therapy after completion of training.*
84. **Ruzek, J.**, **Landes, S. J.**, **Carlson, E. B.**, Wang, D., & Lindley, S. E. *Development of a clinician "dashboard" to enhance evidence-based decision-making.*
85. **Samimi Sadeh, N.**, **Wolf, E. J.**, **Reardon, A.**, **Prince, L.**, **Hein, C.**, Ryabchenko, K., & **Miller, M. W.** *Effects of personality and adverse life events on the course of posttraumatic stress symptoms in veterans: A cross-lagged analysis.*
86. **Schnurr, P. P.** Discussant. In O'Donnell, M. (Chair), *Who really has PTSD?*
87. **Scioli-Salter, E. R.**, Forman, D. E., Otis, J. D., Allsup, K., & **Rasmusson, A. M.** *Neurobiological and psychological benefits of exercise in chronic pain and PTSD.*
88. Scoglio, A., Rudat, D., & **Cloitre, M.** *Self-compassion and responses to trauma.*
89. **Smith, N.**, **Averill, L.**, Trueba, A. F., & Meuret, A. E. *Childhood trauma and suicide: Emotional abuse and physical abuse differentially predict the desire and capability for suicide.*
90. **Southwick, S.** *Resiliency and mindfulness.*
91. **Southwick, S.** *Impaired discriminant conditional fear response as a biological marker of PTSD hyperarousal symptom severity.*
92. **Southwick, S.** *In wake of tragedy: Increasing local capacities to meet phase-based needs of a community impacted by a mass-casualty event.*
93. **Southwick, S.** *Increased sensitivity to ambiguous expressions of anger in PTSD.*
94. **Spoont, M.**, Nelson, D., Kehle-Forbes, S., Meis, L., & Bass, D. *Veteran race/ethnicity and variation in adjunctive pharmacotherapy for PTSD.*
95. **Spoont, M.**, Nelson, D., Alegria, M., & van Ryn, M. *Patients' perceptions of their providers and retention in PTSD pharmacotherapy.*
96. Stolbach, B., **Cloitre, M.**, & **Garvert, D.** *A Latent Class Analysis of PTSD and Complex Trauma Symptoms in Urban Trauma-Exposed Children and Adolescent.*
97. **Street, A. E.**, Reinhardt, K. M., **Foyes, M. M.**, Luciano, M. T., **Matza, A.**, **Medoff, N.**, & Freyd, J. *Sexual trauma that occurs in military settings: Qualitative data from military sexual trauma survivors.*
98. Thompson, R., Simiola, V., **Schnurr, P. P.**, & **Cook, J.** *A nationwide examination of VA residential PTSD treatment providers' self-reported use of PE and CPT: Global endorsement versus use of specific components.*
99. **Turchik, J. A.**, **Rosen, C.**, Timko, C., Whooley, M., & **Kimerling, R.** *Military sexual trauma related VA outpatient mental health care: Which veterans utilize this free care?*
100. **Vogt, D.**, **Smith, B. N.**, & **Fox, A. B.** *Psychosocial predictors of initial versus chronic PTSD symptomatology in female and male veterans of OEF/OIF.*
101. **Wachen, J. S.**, Dondanville, K., Blankenship, A., Carson, C. S., **Resick, P. A.**, Mintz, J., Peterson, A. M., Yarvis, J. S., & The STRONG STAR Consortium. *Effects of child abuse on engagement and response to PTSD treatment.*
102. **Wiltsey Stirman, S.**, Shields, N., Landy, M., Lane, J., & Monson, C. *Fidelity to CPT after training and consultation: A comparison of three post-workshop support strategies.*
103. **Wolf, E. J.**, **Mitchell, K. S.**, **Logue, M. W.**, & **Miller, M. W.** *The Corticotropin Releasing Hormone Receptor 2 (CRHR-2) gene and PTSD: Evidence for association in trauma-exposed women.*
104. **Woodward, S. H.**, & Schaer, M. *Is the amygdala hypermyelinated in PTSD?*
105. Zhang, Z., Ehrlich, D. B., Fanning, J., Chen, W., Lee, D., & **Levy, I.** *Category-Independent value and salience signals in the human brain*
106. **Zimmerman, L. E.**, & Kaysen, D. *Family influences on trauma exposure and recovery among young adult sexual minority women.*

Science of Dissemination and Implementation in Health – Bethesda, MD, December 2014

- 107. **Gamarra, J., Gutner, C. A.,** Calloway, A., Joseph, N., & Stirman, S. W. *Examining the impact of modifications and adaptations of evidence-based psychotherapies.*
- 108. **Ruzek, J.** *Testing the model using quantitative data: Implementation outcomes for two yearly time points.*
- 109. **Schnurr, P. P.** *Implementation of two evidence-based psychotherapies for PTSD in VA.*
- 110. **Schnurr, P. P.,** Simiola, V., **Ruzek, J.,** Thompson, R., **Hoff, R., & Cook, J.** *Testing a comprehensive model of implementation and sustained use for EBTs for PTSD: A national investigation in VA residential settings.*
- 111. **Spoont, M.,** O'Dougherty, M., & Hagedorn, H. *When site recruitment is an intervention: Implications of pre-adoption.*

VA Health Services Research & Development/ Quality Enhancement Research Initiative – Philadelphia, PA, July 2015

- 112. **Azevedo, K. J., Tiet, Q.,** Harris, A. S., Greene, C., **Woodward, S. H.,** Calhoun, P., Bowe, T. R., Greenbaum, M., **Schnurr, P. P., & Rosen, C.** *Telephone care management in outpatient PTSD treatment.*
- 113. Fortney, J., Pyne, J., Hudson, T., Grubbs, K., & **Schnurr, P. P.** *A pragmatic randomized trial of telemedicine based collaborative care for posttraumatic stress disorder.*
- 114. **Fox, A. B., Smith, B. N., & Vogt, D.** *The impact of mental illness stigma on employment-related outcomes among OEF/OIF veterans.*
- 115. Goldstein, K., **Vogt, D.,** Frayne, S., Gierisch, J., Blakeney, J., Sadler, A., Bean-Mayberry, B., Carney, D., Di Leone, B., **Fox, A. B.,** Klap, R., Hamilton, A., Yee, E., Romodan, Y., Strehlow, H., Yosef, J., & Yano, E. *Do Practice Based Research Networks add value to VA implementation research?*
- 116. Greenbaum, M., Neylan, T., & **Rosen, C.** *Symptom presentation and prescription of sleep medication for veterans with PTSD.*
- 117. Hundt, N., **Mott, J. M.,** Miles, S., Arney, J., & Stanley, M. *Veterans' perspectives on initiating evidence-based psychotherapy for PTSD.*
- 118. **Kimerling, R., & Wong, A. C.** *Dual healthcare system use is associated with higher rates of hospitalization and hospital readmission among veterans with heart failure.*
- 119. **Rosen, C., Crowley, J. J., Eftekhari, A., Kuhn, E., Smith, B. N.,** Trent, L., & **Ruzek, J.** *Sustained use of evidence-based psychotherapy by graduates of the Prolonged Exposure Training Program.*
- 120. **Tiet, Q.,** Leyva, E. Y., Frayne, S. M., & **Smith, B. N.** *Screen of Drug Use (SoDU): Diagnostic accuracy of a new brief tool for primary care.*
- 121. **Vogt, D., Medoff, N., Smith, B. N., Fox, A. B., & Schnurr, P. P.** *Impact of PTSD on female and male Iraq and Afghanistan war veterans' engagement in the civilian workplace.*

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- 122. **Green, J. D.,** Jackson, C., **Kearns, J. C., Black, S. K., Marx, B. P.,** Rosen, R. C., & **Keane, T. M.** (2015, August). *Evaluating the effects of safety plans and high risk for suicide flags on suicide risk and related outcomes in Operation Enduring Freedom and Operation Iraqi Freedom veterans.* Military Health System Research Symposium, Ft Lauderdale, FL.
- 123. Hoffmire, C., & **Hoff, R.** (2015, January). *Suicide ideation and attempt among male and female OEF/OIF veterans within the first five years following separation from the military: Preliminary findings from the Survey of Experiences of Returning Veterans (SERV).* VA/DoD Suicide Prevention Conference, Dallas, TX.
- 124. **Iverson, K. M.,** & Dichter, M. (2015, September). *Intimate partner violence among women veterans: Informing patient-centered care in VHA* [Webinar]. HSR&D Cyberseminar Series.
- 125. **Langdon, K. A.** (2014, October). *Modification of a web-based intervention for PTSD and problem drinking to increase relevance for returning female veterans* [Webinar] VA National Women Veterans Substance Use Disorders Workgroup, Boston, MA
- 126. Mignogna, J., Martin, L., **Mott, J. M.,** Cao, Y., Thakur, E., Kauth, M., Kunik, M., Naik, A., & Cully, J. (2015, May). *Mixed-Methods analyses of an implementation strategy of brief psychotherapy in primary care.* VA Psychology Leadership Conference, San Antonio, TX.
- 127. **Street, A. E.** (2015, January). *Posttraumatic stress disorder in female veterans.* Invited address for the VA Mental Illness Research Education Clinical Centers Presents Teleconference Training Series, Boston, MA.
- 128. Taverna, E. C., **Fox, A. B., Smith, B. N., & Vogt, D.** (2014, November). *Predictors of initial and persistent PTSD symptomatology in OEF/OIF veterans.* BUMC and VA Boston Joining Forces TBI/PTSD Conference, Boston, MA.
- 129. **Vogt, D.** (2014, November). *PTSD in female OEF/OIF/OND veterans: Overview of recent research findings.* BUMC and VA Boston Joining Forces TBI/PTSD Conference, Boston, MA.

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130. **Vogt, D.** (2015, September). *Impact of PTSD on employment and family-related quality of life among female and male Afghanistan and Iraq War veterans* [Webinar]. VA Health Services Research & Development, "Spotlight on Women's Health" Cyberseminar Series.
131. **Vogt, D.** (2015, July). *Gender differences in PTSD among Afghanistan and Iraq War veterans*. Trauma, Risk, & Resiliency Fellowship Program, Warrior Resiliency, Southern Regional Medical Command, San Antonio, Texas.
132. **Zimmerman, L. E.** (2015, February). *System dynamics*. VA MIRECC National & COE Education Meeting, Menlo Park, CA.
- Other**
133. **Abdallah, C.** (2015, April). *13C MRS investigation of glutamatergic dysfunction in major depression*. American Society of Neuroradiology, Chicago, IL.
134. **Abdallah, C., Averill, L.,** Geha, P., Collins, K. A., Wong, E., Tang, C. Y., **Anticevic, A.,** & Murrrough, J. (2014, December). *Long-range prefrontal cortex dysconnectivity in major depressive disorder*. ACNP, Phoenix, AZ.
135. Arout, C., Ralevski, E., Perrino, A., Acampora, G., Koretski, J., **Limoncelli, D.,** Newcomb, J., & Petrakis, I. (2015, June). *Two subjective pain paradigms for assessing the analgesic effects of ethanol in healthy humans*. Research Society on Alcoholism (RSA) Scientific Meeting, San Antonio, CA.
136. **Azevedo, K. J., Rosen, C., Tiet, Q.,** Greene, C., & Lindley, S. E. (2015, May). *Telephone care enhances therapeutic relationship between veterans and clinicians*. Stanford Neuroscience Forum, Stanford, CA.
137. **Babson, K. A.,** Belendiuk, K. A., Vandrey, R., & **Bonn-Miller, M.** (2015, June). *Preferred type of medical cannabis differs by sleep characteristics*, Associated Professional Sleep Societies, Seattle, WA.
138. Baldini, L. L., Weiss, L., Hallenbeck, J., **Walser, R.,** Loew, D., **Babson, K. A.,** & **Bonn-Miller, M.** (2014, November). *A preliminary investigation of the association between PTSD symptoms and compassion*. Science of Compassion Conference, San Francisco, CA.
139. **Bernardy, N. C.** (2015, April). *Overview of prescribing among veterans diagnosed with PTSD and current improvement efforts in the Veterans Health Administration*. Addiction Medicine Conference, Asheville, NC.
140. Blonigen, D., & **Kimerling, R.** (2015, March). *Challenges to implementing evidence based practices in VA to reduce recidivism among justice involved veterans*, Association for Criminal Justice Research, Sacramento, CA.
141. **Bonn-Miller, M.** (2014, November). *Medical marijuana policy and implications of chronic use*, ASRA Pain Medicine Meeting, San Francisco, CA.
142. **Bonn-Miller, M.** (2015, March). *Marijuana & PTSD: Existing evidence and new directions*, Americans for Safe Access, Washington, DC.
143. **Bonn-Miller, M., Heinz, A. J.,** Smith, E. V., Bruno, R., & Adamson, S. (2015, June). *Development of a brief cannabis use disorder screening tool: The CUDIT Short-Form*. Annual meeting of the College on Problems of Drug Dependence, Phoenix, AZ.
144. **Bonn-Miller, M.,** Ilgen, M., **Heinz, A. J.,** & Baldini, L. L. (2014, November). *Pain, strains, and addiction*. ASRA Pain Medicine Meeting, San Francisco, CA.
145. Borah, E. V., **Wachen, J. S., Resick, P. A.,** Hall-Clark, B., Mintz, J., Borah, A., Yarvis, J. S., Litz, B., Young-McCaughan, S., & Peterson, A. (2015, January). *The roles of unit cohesion and trait resilience among active duty soldiers receiving group Cognitive Processing Therapy for PTSD*. Society for Social Work and Research, New Orleans, LA.
146. **Carlson, E. B.,** & Spain, D. A. (2015, September). *Convening and consulting a patient-stakeholder panel to optimize implementation planning in a complex healthcare setting*, Society for Implementation Research Collaboration, Seattle, WA.
147. **Cosgrove, K.** (2015, February). *Sex differences in the brains' response to smoking a cigarette*. Society for Research on Nicotine and Tobacco, Philadelphia, PA.
148. **Duman, R.** (2015, February). *Neurobiology of stress, depression, and antidepressants: Remodeling synaptic connections*. Dayton University, Dayton Ohio.
149. **Duman, R.** (2015, January). *Neurobiology of Stress, depression, and antidepressants: Remodeling synaptic connections presented at University of Connecticut*. University of Connecticut, Mansfield, CT.
150. **Erb, S. E., Bovin, M. J., Green, J. D., Marx, B. P.,** Rosen, R. C., & **Keane, T. M.** (2015, August). *The impact of demographic variables, comorbid diagnoses, psychosocial impairment, and service connected status on psychotherapy utilization among veterans diagnosed with PTSD*. Military Health System Research Symposium, Ft Lauderdale, FL.
151. **Esterlis, I.,** DellaGioia, N., Matuskey, D., **Sanacora, G.,** Nabulsi, N., **Abdallah, C.,** Jie, Y., **Krystal, J.,** Parsey, R. V., Carson, R., & DeLorenzo, C. (2015, June). *Ketamine-Induced changes in [11C] ABP688 binding in healthy and depressed human subjects*. Brain & Brain PET, Vancouver, Canada.

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152. **Galovski, T.** (2015, September). *Understanding mental health effects of exposure to violence during protests in Ferguson, MO.* International Association of Law Enforcement Planners, Dallas, TX.
153. **Gelernter, J.** (2015, April). *Genetics of nicotine, cannabis, and alcohol dependence – Insights from genomewide studies.* International Conference on Global Health: Prevention and Treatment of Substance Use Disorders and HIV, Hangzhou, China.
154. **Gelernter, J.** (2015, February). *Genetics of alcohol dependence: Advancing from candidate genes to genomewide approaches.* Chulalongkorn Faculty of Medicine, Seminar, Bangkok.
155. **Gelernter, J.** (2015, March). *Genomewide association study of cannabis dependence severity reveals novel risk variants and shared risk with major depressive disorder.* Human genome meeting 2015 (HGM), Kuala Lumpur, Malaysia.
156. Gerber, M. R., **King, M. W., Pineles, S. L., Iverson, K. M., & Haskell, S. G.** (2015, April). *Associations between mental health burden, smoking and cardiovascular disease in women veterans over 45.* Society of General Internal Medicine, Toronto, ON.
157. **Gradus, J. L., Leatherman, S., Galatzer-Levy, I., Ferguson, R. E., & Miller, M.** (2015, June). *Using machine learning methods to predict suicide attempts in Veterans Health Administration patients.* Society for Epidemiologic Research, Denver, CO.
158. **Graham, B. C., Ruzek, J., & Jordan, K.** (2014, October). *Individual and organizational factors in the utilization of online PTSD training: Implications for system-wide dissemination.* Northwest ECO Conference, Portland, OR.
159. **Gutner, C. A.** (2015, June). *Efficiency in treatment, efficiency in research: A transdiagnostic approach.* Harvard School of Medicine/Massachusetts General Hospital HomeBase Program, Boston, MA.
160. **Heinz, A. J., Cohen, N., Landis-Shack, N., Holleran, L., Baldini, L., Franklin, A., Luk, C. H., Lee, H., & Bonn-Miller, M.** (2015, May). *Cognitive remediation for alcohol use disorder and co-occurring posttraumatic stress disorder: A pilot study of usability, feasibility, and acceptability of a tailored cognitive training intervention for military veterans.* Entertainment Software and Cognitive Neurotherapeutics Society Meeting, San Francisco, CA.
161. **Japuntich, S. J., Pineles, S. L., Gregor, K. L., Krishnan-Sarin, S., Joos, C., Patton, S., & Rasmussen, A. M.** (2015, February). *Pilot study of contingency management tobacco treatment for trauma exposed smokers: Process findings.* Society for Research on Nicotine and Tobacco, Philadelphia, PA.
162. Johnson, J. R., **Babson, K. A., Boden, M. T., & Bonn-Miller, M.** (2015, June). *Sleep and expressive suppression: Independent predictors of PTSD symptom severity in a sample of military veterans engaged in residential treatment.* Associated Professional Sleep Societies, Seattle, WA.
163. Johnson, J. R., **Babson, K. A., Boden, M. T., & Bonn-Miller, M.** (2015, June). *The role of expressive suppression in terms of the relations between sleep quality and depression and anxiety symptoms among medical cannabis patients.* Associated Professional Sleep Societies, Seattle, WA.
164. **Kachadourian, L., Ralevski, E., O'Brien, E., Jane, J. S., & Petrakis, I.** (2015, June). *The role of hostility, alcohol use, and PTSD symptoms as risk factors for suicidal ideation military veterans with alcohol dependence and PTSD.* Research Society on Alcoholism (RSA) Scientific Meeting, San Antonio, CA.
165. Kanuri, N., **Kuhn, E., Owen, J. E., Hoffman, J., Miner, A., Jaworski, B. K., Ruzek, J., & Taylor, C. B.** (2014, October). *A randomized controlled trial of the PTSD Coach app: Linking objective usage data to outcomes.* Scientific Meeting of the International Society for Research on Internet Interventions, Valencia, Spain.
166. Kanuri, N., **Kuhn, E., Owen, J. E., Jaworski, B. K., Hoffman, J., Miner, A., Ruzek, J., & Taylor, C. B.** (2014, October). *Using aggregate and individual-level objective usage data to define user engagement in the PTSD Coach app.* Scientific Meeting of the International Society for Research on Internet Interventions, Valencia, Spain.
167. **Keane, T. M.** (2015, March). *Assessing psychological trauma & PTSD: Recent updates for the DSM 5.* Society of Personality Assessment, New York, NY.
168. **Kimerling, R., Pavao, J., & Wong, A. C.** (2015, June). *Patient activation and mental health care experiences among women veterans.* Academy of Health 2015 Annual Research Meeting, Minneapolis, MN.
169. Knight, C. B., Sletten, J. L., **Babson, K. A., Ramo, D. E., Baldini, L. L., Vandrey, R. G., & Bonn-Miller, M.** (2015, March). *Feasibility and initial efficacy of CBT-I Coach for veterans with cannabis use disorders: A pilot.* Society of Addiction Psychology Collaborative Perspectives on Addiction Conference, Baltimore, MD.
170. **Knight, J. A., Bogdanova, Y., Martin, P. I., Ho, M. D., Kregel, M. H., Ho, V., Yee, M. K., Hamblin, M. R., & Naeser, M. A.** (2014, October). *LED therapy improves sleep and cognitive function chronic moderate TBI cases: Pilot study.* Progress in Rehabilitation Research of the American Congress of Rehabilitation Medicine, Toronto, Canada.
171. Kraus, S., Grant, J. E., **Hoff, R., & Potenza, M. N.** (2015, March). *Examining compulsive sexual behavior and psychopathology among treatment-seeking and non-treatment-seeking adults in the United States.* International Conference on Behavioral Addictions, Budapest, Hungary.
172. Kruse, M. I., Morissette, S. B., Meyer, E. C., Kimbrel, N. A., Kamholz, B., **Knight, J. A., Zimering, R. T., & Gulliver, S. B.** (2014, October). *Patterns and predictors of heavy drinking during the first three years of fire service.* Research Society on Alcoholism, Bellevue, Washington.

Appendix D: Fiscal Year 2015 Scientific Presentations

173. Lindley, S. E., Wang, D. Y., **Carlson, E. B., Landes, S. J., & Ruzek, J.** (2015, September). *Stakeholder-Informed measurement-based care mental health software tool*. Stanford Medicine X, Palo Alto, CA.
174. Lindley, S. E., Wang, D. Y., Kopell, M., **Zimmerman, L. E., Carlson, E. B., & Lefevre, A.** (2015, September). *Evidence-based quality improvement to reduce information delays*, Society for Implementation Research Collaboration, Seattle, WA.
175. **Matteo, R.** (2014, November). *A Web-based Self-help Resource for Trauma Survivors: Evaluation of PTSD Coach Online*. Canadian Institute for Military and Veterans Health Research (CIMVHR) Forum. Toronto, Ontario, Canada.
176. Matthieu, M. J., **Rosen, C.,** Waltz, T. J., Powell, B. J., Chinman, M. J., Damschroder, L. J., Smith, J. L., Proctor, E. K., & Kirchner, J. (2015, September). *Implementing prolonged exposure for PTSD in the VA: Expert recommendations from the ERIC project*, Society for Implementation Research Collaboration, Seattle, WA.
177. May, C. L., Wisco, B. E., Borczyk, A. L., **Marx, B. P., Sloan, D. M., & Pineles, S. L.** (2015, May). *Emotion regulation and DSM-5 PTSD symptom clusters among military veterans*. Association for Psychological Science, New York, NY.
178. Mignogna, J., Martin, L., **Mott, J. M.,** Cao, Y., Thakur, E., Kauth, M., Kunik, M., Naik, A., & Cully, J. (2015, April). *Mixed-Methods analyses of an implementation strategy of brief psychotherapy in primary care*. Society of Behavioral Medicine, San Antonio, TX.
179. Monson, C., Shields, N., Deloreia, J., Landy, M., Belus, J., Maslej, M., & **Wiltsey Stirman, S.** (2014, November). *Randomized controlled trial of consultation methods to support implementation of cognitive processing therapy for PTSD across Canada: Client outcomes (part 2)*. Canadian Institute for Military and Veteran Health Research Forum, Toronto, ON.
180. **Nilni, Y. I., Gradus, J. L.,** Hatch, E. E., Rothman, K. J., Mikkelsen, E. M., & Wise, L. A. (2015, June). *Psychotropic medication use, depression, anxiety and fertility*. Society of Epidemiologic Research, Denver, CO.
181. **Petrakis, I.** (2014, December). *Characteristics and drinking patterns of veterans with alcohol dependence with and without post-traumatic stress disorder*. American Academy of Addiction Psychiatry, Aventura, FL.
182. Ralevski, E., **Southwick, S.,** Russo, M., Sinha, R., Arias, A., **Jackson, E. D., & Petrakis, I.** (2015, June). *Cue-induced craving and relationship to treatment outcomes in patients with alcohol dependence and comorbid post-traumatic stress disorder*. Research Society on Alcoholism (RSA) Scientific Meeting, San Diego, CA.
183. **Rasmusson, A. M.,** & Irvine, J. M. (2015, August). *The neurobiology of executive function under stress and optimization of performance*. International Conference on Augmented Cognition, Los Angeles, CA.
184. **Resick, P. A.,** Hildebrand, B., Higgs, J. B., Williamson, D. E., Foa, E., Mintz, J., Brundige, A., Kelly, K., Borah, A., Young-McCaughan, S., Litz, B. T., Hembree, E. A., & Peterson, A. L. (2014, November). *The fibromyalgia syndrome and widespread pain frequency in patients with combat-related PTSD*. American College of Rheumatology, Boston, MA.
185. **Ruzek, J.** (2015, September). *Development and evaluation of mental health phone apps in the US*. Department of Veterans Affairs. European Society for Research on Internet Interventions, Warsaw, Poland.
186. **Schnurr, P. P.** (2015, April). *PTSD in the United States*. Keynote address, 2015 Trauma and Mental Health Conference, Seoul, Korea.
187. **Schnurr, P. P.** (2015, May). *Health consequences of military service and combat..* American Psychiatric Association, Toronto, Canada.
188. Seelig, A. D., Nagel, A. C., Powell, T. M., Williams, E. C., Littman, A. J., Maynard, C., Peterson, A. V., Bricker, J. B., **Street, A. E.,** & Boyko, E. J. (2015, June). *Alcohol misuse following sexual trauma: Findings from a cohort of male and female US military service members*. Society for Epidemiologic Research Meeting, Denver, CO.
189. Shaw, J. G., Asch, S. M., Katon, J., **Kimerling, R.,** Frayne, S. M., & Phibbs, C. S. (2015, June). *PTSD and antepartum complications: A novel risk factor for gestational diabetes and preeclampsia*. Academy of Health 2015 Annual Research Meeting, Minneapolis, MN.
190. Shura, R., & **Vasterling, J. J.** (2015, February). *Cognitive and neuropsychiatric functioning of OIF/OEF/OND veterans*. Presentation at the 43rd Annual Meeting of the International Neuropsychological Society, Denver, CO.
191. **Smith, B. N., Tyzik, A., & Vogt, D.** (2015, March). *The roles of PTSD and depression symptom severity in linking military stressors and functional health outcomes in male and female veterans of OEF/OIF*. American Psychosomatic Society, Savannah, GA.
192. **Smith, N., Mota, N., Southwick, S.,** Monteith, L., **Harpaz-Rotem, I., & Pietrzak, R. H.** (2015, May). *Emotional support and curiosity protect against the development of suicidal ideation in US veterans*. Association for Psychological Science, New York, NY.
193. Sofuoglu, M., DeVito, E. E., Herman, A. I., Waters, A. J., & **Valentine, G. W.** (2015, February). *Effect of menthol-preferring status on response to intravenous nicotine*. Society for Research on Nicotine and Tobacco, Philadelphia, PA.
194. Sofuoglu, M., DeVito, E. E., Herman, A. L., Waters, A. J., & **Valentine, G. W.** (2015, February). *CHRNA5 regulates aversion to nicotine in smokers*. Society for Research on Nicotine and Tobacco, Philadelphia, PA.
195. **Southwick, S.** (2015, April). *Post-traumatic stress disorder and resilience*. National Alliance on Mental Illness, New Haven, CT.

Appendix D: Fiscal Year 2015 Scientific Presentations

196. **Southwick, S.** (2015, June). *How logotherapy enhances resilience*. Logotherapy, Dallas, TX.
197. **Southwick, S.** (2015, September). *Examples of resilience/stress research that has yielded significant insight*. OPPNet Workshop on resilience, Bethesda, MD.
198. **Southwick, S.** (2015, September). *Resilience*. VA Mental Health Summit, Middletown, CT.
199. **Street, A. E.** (2015, June). *Differences between men and women in posttraumatic stress disorder symptoms, diagnosis, and treatment response*. Japanese Society for Traumatic Stress Studies, Kyoto, Japan. **Tyzik, A., Smith, B. N., & Iverson, K. M.** (2015, March). *Age-related differences in PTSD symptomatology and functional outcomes in women Veterans*. American Psychosomatic Society, Savannah, GA.
200. **Tyzik, A., Smith, B. N., Neylan, T., & Cohen, B. E.** (2014, Nov.). *Effect of PTSD on obesity in younger versus older veterans: Findings from the Mind Your Heart Study* American Public Health Association, New Orleans, LA.
201. **Vogt, D.** (2014, November). *The Veterans Metric Initiative: Linking program components to post-military well-being*. Invited presentation on the Veterans Metric Initiative at Henry Jackson Foundation Roundtable, Bethesda, MD.
202. **Wiltsey Stirman, S.** (2015, February). *Comparing implementation strategies for initial implementation and sustainability of evidence-based psychotherapies*. San Diego, Child and Adolescent Service Research Center, University of California, San Diego, CA.
203. **Wiltsey Stirman, S., Gutner, C. A., Gamarra, J., Wachen, J. S., & Resick, P. A.** (2015, September) *Leveraging routine clinical materials to assess fidelity*, Seattle, WA.
204. **Woodward, S. H., Loew, D., & Lee, K.** (2015, June) *Sleep parameters predicting length of stay in residential treatment for posttraumatic stress disorder*, Seattle, WA.
205. Yoon, G., Pittman, B., **Limocelli, D., Krystal, J., & Petrakis, I.** (2015, June). *Alcohol-Like effects of the NMDA antagonist ketamine in healthy individuals*. Research Society on Alcoholism (RSA) Scientific Meeting, San Antonio, CA.
206. Zhang, Z., Mendolsohn, A., Manson, K., Schiller, D., & **Levy, I.** (2014, October). *Heterogeneity of ventromedial prefrontal cortex activity in flexible reward learning*. Society for Neuroscience, Washington, DC.

Fiscal Year 2015 Educational Presentations

International Society For Traumatic Stress Studies –Miami, FL, November 2014

1. Castillo, D., **Wolf, E. J.**, C'de Baca, J., & Belon, K. *Subtypes of PTSD in a sample of a female OEF/OIF veterans: Rates and relationships between dissociative and complex PTSD symptoms.*
2. **Ruzek, J.** *Development of a clinician “dashboard” to enhance evidence-based decision-making.*
3. **Watson, P.**, Brim, W., Ermold, J., Westphal, R., & Nash, W. *Military culture pre-meeting institute.*
4. **Watson, P.**, Brim, W., Ermold, J., Westphal, R., & Nash, W. *Military culture panel.*

Veterans Administration

5. Chard, K. M., **Galovski, T.**, & **Healy, E.** (2015, September). *Therapist drift in CPT* [Webinar]. CPT Training Program Tutorial Series.
6. Chard, K., & **Rasmussen, A.** (2015, July). *CPT research update* [Webinar]. National Center for PTSD Consultation Program Lecture Series.
7. **Gutner, C. A.** (2015, September). *Utilizing the Unified Protocol with veterans in routine care.* VA Puget Sound, Seattle, WA.
8. **Hayes, J. P.** (2015, September). *TBI, PTSD, and the brain.* VA Caregiver Support Line Monthly Educational Call, Boston, MA.
9. **Iverson, K. M.**, & **Healy, E.** (2015, August). *Cognitive Processing Therapy (CPT) for veterans who have experienced intimate partner violence* [Webinar]. VA CPT Training Program Webinar Series.
10. **Iverson, K. M.**, Gerber, M. R., & Manning, E. (2015, January). *An overview of IPV screening and documentation issues in VHA* [Webinar]. VHA National Intimate Partner Violence Assistance Program National Cyberseminar Series.
11. **Landes, S. J.** (2015, April). *When to consider DBT for patients with PTSD & other difficulties* [Webinar]. Department of Veterans Affairs, Employee Education System and Northwest Mental Illness Research Education Clinical Center (MIRECC) Lecture Series.
12. **Landes, S. J.** (2015, February). *Chain analysis: An assessment tool for use in therapy* [Webinar]. Department of Veterans Affairs, Employee Education System and Mental Health Services Women's Mental Health Series.
13. **Landes, S. J.** (2015, January). *Dialectical behavior therapy for suicide prevention.* VA/DoD Suicide Prevention Conference, Dallas, TX.
14. **Schnurr, P.** (2015, March). *Physical health and PTSD* [Webinar]. National Center for PTSD Consultation Program Lecture Series.
15. **Shipherd, J.**, & Kauth, M. (2015, May). *LGBT veterans and VHA.* VHA Health Equity Coalition Meeting Teleconference, Houston, TX.
16. **Spoont, M.** (2015, April). *PTSD treatment disparities* [Webinar]. National Center for PTSD Consultation Program Lecture Series.
17. **Watson, P.** (2015, May). *PTSD and military culture* [Webinar]. National Center for PTSD Consultation Program Lecture Series.
18. **Yoder, M.** (2015, January). *Engaging patients in PTSD treatment* [Webinar]. National Center for PTSD Consultation Program Lecture Series.

Other

19. **Averill, L.**, **Abdallah, C.**, **Levy, I.**, & **Harpaz-Rotem, I.** (2015, April). *Cortical thinning in combat exposed veterans regardless of childhood trauma history and PTSD.* Anxiety and Depression Association of American Conference, Miami, FL.
20. **Bramlett, D. M.** (2014, November). *Military culture and student veterans.* San Jose State University, San Jose, CA, and California Employment Development Department, Menlo Park, CA, and San Francisco, CA.

Appendix E: Fiscal Year 2015 Educational Presentations

21. **Bramlett, D. M.** (2014, November and 2015, February). *Veteran services at San Jose State University*. San Jose State University, San Jose, CA.
22. **Bramlett, D. M.** (2015, January). *Military culture and student veterans*. West Valley College, Saratoga, CA, and Ohlone College, Fremont, CA.
23. **Bramlett, D. M.** (2015, March, May, and September). *VITAL services at San Jose State University*. San Jose State University, San Jose, CA.
24. **Bramlett, D. M.** (2015, September). *VITAL services both locally and nationally*. Vet Network Monthly Meeting, Fairfield, CA.
25. **Duman, R.** (2015, January). *Neurobiology of stress, depression, and antidepressants: Remodeling synaptic connections*. Psychiatry Grand Rounds, University of Texas, Houston, TX.
26. **Friedman, M. J.** (2014, October). *PTSD and TBI*. Department of Psychiatry, Albany Medical Center, Albany, NY.
27. **Friedman, M. J.** (2015, June). *PTSD and TBI*. New York Academy of Medicine, New York, NY.
28. **Gonzales, J. K.** (2015, September). *Veterans in the classroom*. Foothill-De Anza Community College District, Los Altos Hill, CA.
29. **Gutner, C. A.** (2015, July). *Conducting clinical research with veterans*. Harvard University, Department of Psychology, Cambridge, MA.
30. **Harpaz-Rotem, I.** (2015, June). *The mental health treatment of individuals exposed to trauma*. University of California San Francisco and San Francisco General Hospital Trauma Recovery Program, San Francisco, CA.
31. **Healy, E.** (2015, April). *Introduction to Cognitive Processing Therapy*. Suffolk University, Boston, MA.
32. **Hermann, B. A.** (2015, April). *Advocating for veterans with PTSD*. Vermont Veterans Legal Assistance Project Boot Camp for Vermont Lawyers, Vermont Law School, South Royalton, VT.
33. Kauth, M., **Shipherd, J.**, & **Matza, A.** (2015, September). *VHA's tele-consultation model for training clinical teams in transgender care*. Health Professionals Advancing LGBT Equality (Gay and Lesbian Medical Association), Portland, OR.
34. **McCaslin, S. E.**, Kemp, J., Thompson, C., Homaifar, B. Y., & Weaver, S. (2015, April). *Connecting veterans to key VHA suicide prevention and treatment services*. American Association of Suicidology, Atlanta, GA.
35. **McGee-Vincent, P.**, **Liu, N. H.**, **Walser, R.**, Runnals, J., **Ruzek, J.**, Shaw, K., **Landes, S. J.**, **Rosen, C.**, **Schmidt, J. A.**, & Calhoun, P. (2015, September). *Establishment of a National Practice-Based Implementation Network to accelerate adoption of evidence-based and best practices*. Society for Implementation Research Collaboration Conference, Seattle, WA.
36. **Mitchell, K. S.** (2015, March). *PTSD and anxiety disorders in youth*. Harvard School of Public Health, Boston, MA.
37. **Niles, B. L.**, Mori, D. L., **Pless Kaiser, A.**, **Polizzi, C.**, Wang, C., & **Keane, T. M.** (2015, August). *Tai chi for veterans with posttraumatic stress disorder: Feasibility study findings*. Military Health System Research Symposium, Ft. Lauderdale, FL.
38. **Niles, B. L.**, Wattenberg, M., & Unger, W. S. (2015, March). *CBT managing anger groups for PTSD: The therapist experience*. American Group Psychotherapy Association, San Francisco, CA.
39. Ruderman, L., Ehrlich, D. B., **Harpaz-Rotem, I.**, & **Levy, I.** (2014, October). *Decision making under uncertainty in posttraumatic stress disorder*. Society for Neuroeconomics, Miami, FL.
40. **Ruzek, J.** (2015, September). *The future of digital mental health*. Stanford MedicineX Conference, Palo Alto, CA.
41. **Samimi Sadeh, N.** (2015, September). *The intersection of stress and disinhibition*. Department of Clinical Psychology, Yale University, New Haven, CT.
42. **Sanacora, G.** (2014, October). *Examining the mechanisms of rapid antidepressant action*. Janssen Neuroscience Grand Rounds, Titusville NJ.
43. **Shipherd, J.** (2015, January). *Posttraumatic stress disorder (PTSD) - Improved diagnosis and treatment*. Laeknadgar 2015 Doctors Week at Landspítali University Hospital, Reykjavik, Iceland.
44. **Shipherd, J.** (2015, January). *Risk and resilience in relation to trauma recovery*. Laeknadgar 2015 Doctors Week at Landspítali University Hospital, Reykjavik, Iceland.
45. **Shipherd, J.**, Kauth, M., & **Matza, A.** (2015, September). *VHA's nationwide e-consultation program for transgender veteran interdisciplinary care*. Health Professionals Advancing LGBT Equality (Gay and Lesbian Medical Association), Portland, OR.
46. **Street, A. E.** (2014, November). *Treating the effects of psychological trauma: Evidence-based treatments for posttraumatic stress disorder*. Oklahoma Psychological Association Convention, Tulsa, OK.
47. **Street, A. E.** (2015, January). *The National Center for PTSD*. VA New England's Local Congressional Staff Training, Bedford, MA.
48. **Vasterling, J. J.** (2015, April). *Disentangling deployment-related mild TBI and PTSD*. The Center for Innovation in Quality, Effectiveness, and Safety, Houston, TX.
49. **Vasterling, J. J.** (2015, August). *Managing PTSD and related disorder in veterans with history of mild TBI*. Traumatic Brain Injury State of the Art Conference, Washington, DC.
Vasterling, J. J. (2015, March). *Understanding the psychological and neuropsychological consequences of war: Findings from the Neurocognition Deployment Health Study*. Department of Psychology, Tulane University, New Orleans, LA.

Appendix E: Fiscal Year 2015 Educational Presentations

50. **Walser, R.** (2015, June). *Prevention from a contextual behavioral science perspective*. Association for Contextual and Behavioral Science, Berlin, Germany.
51. **Walser, R.,** & Brock, M. J. (2015, June). *Sticky thoughts and other unwanted experiences*. Association for Contextual and Behavioral Science, Berlin, Germany.
52. **Watson, P.,** & Brim, W. (2015, August). *Military culture* [Webinar]. Center for Deployment Psychology.
53. **Willoughby, M.** (2015, June). *PTSD awareness month* [Webinar]. Presentations to Blacksheep MILSIM Board of Directors and to the Board of Operation Engage America.
54. **Willoughby, M.** (2015, June). *PTSD educational and informational products, tools and services* [Webinar]. 2015 Eastern Foundry Cup.

Fiscal Year 2015 Editorial Board Activities

Addiction

Bonn-Miller (Assistant Editor)

Addictive Behaviors

Bonn-Miller (Assistant Editor)

Administration and Policy in Mental Health Services and Mental Health Services Research

Wiltsey Stirman

American Journal of Medical Genetics, Part B

Gelernter

Asian Biomedicine (Research Reviews and News)

Gelernter

Behavior Therapy

Sloan (Associate Editor); Wolf

Behaviour Research and Therapy

Ruzek; Sloan (Consulting Editor)

Biological Psychiatry

Duman; Gelernter; Krystal; Sanacora

Clinical Psychology Review

Pineles

Clinical Psychology: Science and Practice

Shipherd (Guest Editor)

CNS Spectrums

Sanacora

Cognitive and Behavioral Practice

Shipherd

Community Mental Health Journal

Harpaz-Rotem

Critical Reviews in Neurobiology

Duman (Editorial Advisory Board)

Disaster Health

Watson (Editor)

European Journal of Psychotraumatology

Cloitre (Associate Editor)

Frontiers in Neurogenomics

Miller (Associate Editor)

Injury Epidemiology

Gradus

International Journal of Emergency Mental Health

Keane (Consulting Editor)

Journal of Abnormal Psychology

Miller (Consulting Editor); Sloan (Consulting Editor); Taft (Consulting Editor); Wolf (Consulting Editor)

Journal of Addiction

Tiet

Journal of Anxiety Disorders

Keane (Consulting Editor); Pietrzak; Ruzek

Journal of Child and Family Studies

Tiet

Journal of Clinical Psychology

Sloan (Consulting Editor)

Journal of Consulting and Clinical Psychology

Marx (Consulting Editor); Taft (Consulting Editor)

Journal of Contemporary Psychotherapy

Sloan (Consulting Editor)

Journal of Depression and Anxiety

Tiet

Journal of Family Psychology

Taft (Consulting Editor)

Appendix F: Fiscal Year 2015 Editorial Board Activities

Journal of Family Violence

Taft (Consulting Editor)

Journal of Interpersonal Violence

Keane (Consulting Editor)

Journal of Neurochemistry

Duman (Handling Editor)

Journal of Neuroscience

Levy (Associate Editor)

Journal of Psychopathology and Behavioral Assessment

Keane (Associate Editor)

Journal of Rehabilitation Research and Development

Bernardy (Associate Editor); Harpaz- Rotem (Associate Editor)

Journal of the International Neuropsychological Society

Vasterling (Consulting Editor)

Journal of Trauma and Dissociation

Carlson; Marx (Consulting Editor)

Journal of Trauma Practice

Keane (Consulting Editor)

Journal of Traumatic Stress

Miller (Associate Editor); Rosen; Wolf

Journal of Traumatic Stress Disorders and Treatment

Gradus

Mental Health Services and Administration and Policy in Mental Health

Hoff

Molecular Pharmacology

Duman

Neuropharmacology

Duman

Neuropsychology

Hayes (Consulting Editor)

Neuropsychopharmacology

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

Partner Abuse

Taft (Consulting Editor)

Psychiatric Genetics

Gelernter

Psychology Injury and Law

Pietrzak

Psychological Trauma

Carlson

Psychological Trauma: Theory, Research, Practice and Policy

Keane (Consulting Editor); King (Associate Editor); Marx (Consulting Editor); Miller (Consulting Editor); Ruzek; Taft (Associate Editor); Vogt; Wolf (Consulting Editor)

Psychology of Addictive Behaviors

Bonn-Miller (Consulting Editor)

Psychopharmacology

Duman (Editorial Board and Advisory Editor)

Psychosomatic Medicine

Sloan (Consulting Editor)

The Behavior Therapist

Wiltsey Stirman (Associate Editor)

Trauma, Violence, and Abuse

Keane (Consulting Editor)



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