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# Appendix A: **Fiscal Year 2017 Research Narrative**

#### **Behavioral Science Division**

The Behavioral Science Division in Boston, Massachusetts, conducts research on adjustment after military deployment, assessment methods, genomic and neuroscience mechanisms linked to psychopathology, and innovative approaches to clinical intervention and treatment delivery.

#### **Prospective Cohort Studies**

Division researchers are working on two large prospective cohort studies that collect information from strategically selected groups of people over time. The first, Project VALOR (Veterans After-Discharge Longitudinal Registry), is working with a registry of 1,649 male and female combat Veterans who became users of Department of Veterans Affairs (VA) services after 2002. The project collects data about health outcomes associated with posttraumatic stress disorder (PTSD), supplemented by clinical information from VA electronic medical records. Data collection for the fourth sampling wave is now complete, with 1,205 participants (73% of the initial cohort); examination of PTSD symptom trajectories and predictors of those trajectories are in process. The next phase of the project involves collecting saliva samples from participants for future genomic analyses.

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

#### **Biomarkers**

Biomarker (measurable biological factors) research at the Division includes a rapidly growing portfolio of genetic and neuroimaging studies, working with collaborators such as the <u>Translational Research Center for TBI and Stress Disorders</u> (TRACTS) Center of Excellence, the National PTSD Brain

Bank, the Psychiatric Genomics Consortium (PGC), and the Enhancing Neuroimaging Genetics through Meta-Analysis (ENIGMA) PTSD Working Group. During FY 2017, Division investigators contributed to the largest neuroimaging study of PTSD conducted to date (see Duncan et al., 2017). They also found evidence in both blood and brain tissue that suggests a role for inflammation in the pathophysiology of PTSD; and they published findings consistent with the accelerated-aging hypothesis that addresses the biological impact of PTSD.

Other Division investigators are examining biomarkers of PTSD and blast-related TBI in Veterans of Iraq and Afghanistan war zones. Through this research, investigators aim to clarify the relative contribution of mild TBI and psychiatric conditions to various deficits experienced by military personnel with blast injury, as well as long-term negative consequences such as neurodegenerative disease. The biomarkers are drawn from structural and functional neuroimaging, epigenetic indicators, candidate genes, and examination of polygenic risk.

Recent published work has identified genes that moderate hippocampal volume in mild TBI and PTSD. Other published and in-progress work has examined how risk for Alzheimer's disease and Parkinson's disease moderates cortical thickness and volume following mild TBI. Future work will examine blood-based biomarkers such as those associated with neuronal injury and inflammation.

Division investigators are using functional and structural magnetic resonance imaging (MRI) to identify neural circuitry involved in PTSD. Structural MRI data point to specific hippocampal subfield volumes that are negative correlates of PTSD and that may play a role in the persistence of PTSD symptoms. Additional work is being conducted to examine the relationship between hippocampal subfield volume and overgeneralization of memory in PTSD. Data from functional MRI projects also suggest reduced function in specific brain regions within the prefrontal cortex during attempts at memory suppression. This finding identifies a possible

mechanism for intrusive thoughts in PTSD that might be targeted in treatment.

#### **Treatment Research**

The Division continues to conduct pioneering research on treatments for PTSD, with the key aims of overcoming barriers to seeking care, reducing dropout, and increasing efficiency of care delivery. A prime example is the internet-based treatment VetChange, designed for Iraq and Afghanistan combat Veterans who report risky use of alcohol and PTSDrelated distress. The initial clinical trial produced evidence that VetChange was effective in reducing both drinking and PTSD symptoms.

The research version of VetChange was subsequently modified to include a mobile-friendly public website. This version, which is applicable to Veterans of all eras, is now under evaluation. A mobile app that has key VetChange features was recently developed in conjunction with the Dissemination and Training Division and will soon begin a pilot test phase. In addition, a major extension of the VetChange web intervention is underway to directly integrate with clinical care delivered by VA providers and to evaluate its effectiveness in VA clinics.

Other Division efforts include developing and testing efficient, therapist-delivered interventions or treatment extenders, with the goal of finding approaches that require less professional staff time and that are easier for patients to complete. A prime example is a five-session Prolonged Exposure (PE)-based treatment for PTSD that has shown strong effects with non-Veteran patients. Current and planned studies are testing whether this brief intervention is as effective as Cognitive Processing Therapy (CPT), and whether it can be implemented successfully with Veterans and active-duty Servicemembers.

Research on factors that link PTSD with aggression toward intimate partners has led to the development and evaluation of interventions that reduce or prevent aggression within at-risk military families. Positive clinical trials have been published; and the interventions are being implemented at multiple sites in the VA health care system and on one military installation. A new pilot study is planned that will adapt and test one of these programs for use in an underserved urban civilian setting.

In the area of complementary interventions, a five-year study has begun examining the impact of two active 12-week treatments on chronic pain in Gulf War Illness. In this project, Tai Chi, a mind-body exercise associated with both physical and mental health benefits, is compared with a wellness promotion group that is based on VA's Whole Health approach. Manuals for both group treatments have been developed, and the first cohort of Veterans has begun the interventions.

Division investigators are also examining a phenomenon termed later-adulthood trauma reengagement (LATR),

in which older combat Veterans actively reengage with wartime memories in an effort to build coherence and/ or to find meaning in the experience. It is theorized that the LATR process may either lead to growth and positive outcomes or result in negative outcomes such as increased symptomatology. A current study of LATR is examining the utility of a 10-week psychosocial discussion group for older combat Veterans who report experiences consistent with the LATR process. Three cohorts are complete, and recruitment for the fourth cohort will begin in early 2018.

Lastly, Division investigators are evaluating evidence-based psychotherapy programs operating under the VA Boston PTSD Clinic. Recent findings demonstrated that changes in clinic intake procedures are associated with increased rates of retention in evidence-based psychotherapies.

#### Assessment

Data collection is underway on a study designed to validate a cutoff score for PTSD status based on the most recent version of the Primary Care Screen for PTSD for DSM-5 (PC-<u>PTSD-5)</u> for the *Diagnostic and Statistical Manual of Mental* Disorders—Fifth Edition (DSM-5). The study is part of a larger effort to validate *DSM-5* versions of measures that have been developed by National Center investigators. The project recruits Veterans from VA primary care locations and uses the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) as the criterion index. The study will also explore the extent to which the optimal PC-PTSD-5 cutoff score varies across subgroups of Veterans and will provide initial information about the acceptability of the screening measure for these patients.

A recent study evaluated Restructured Form scales from the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) as predictors of PTSD-related outcomes. One paper based on this work demonstrates that the MMPI-2 Restructured Form scales can differentiate high PTSD symptom severity alone from high severity accompanied by dissociation—a difference that has implications for treatment decisions. A second paper provides formal psychometric support for the utility of the Dissociative Subtype of PTSD Scale (DSPS) in a clinical sample of Veterans. Data collection is also underway for an investigation into the utility of the MMPI-2 Restructured Form scales in relation to chronic pain and treatment outcomes for Veterans who receive care in a VA pain clinic.

Division investigators are collaborating with research teams from the MITRE Corporation and MIT Lincoln Laboratory to develop a nonintrusive method of PTSD detection that utilizes voice analysis. This work uses neurocomputational modeling to identify vocal markers based on timing and coordination of speech to determine the presence and severity of PTSD. The nonintrusive nature of this approach increases its potential for real-world application.

Another ongoing project is designed to inform postmortem donor classification for the VA National PTSD Brain Bank. Data are being collected from living elderly Veterans to determine their status for PTSD and comorbid disorders; this criterion information is then used to evaluate the predictive potential of information obtained from an informant interview and medical record review. The goals are to determine the best predictors from indirect sources and to provide an assessment template for use by the PTSD Brain Bank.

#### **Epidemiology and Risk/Resilience**

A collaborative project with investigators from VA Boston Healthcare System takes a lifespan, multidisciplinary approach to studying the impact of military service. This effort has facilitated research and advanced the traumatic stress field through creation of a website that provides information about military service variables found in a large number of publicly accessible longitudinal data sets. Research facilitated by this effort is reported in the forthcoming book *Long-Term Outcomes* of Military Service: The Health and Well-Being of Aging Veterans.

#### Clinical Neurosciences Division

The Clinical Neurosciences Division in West Haven, Connecticut, focuses on research designed to uncover biomarkers (measurable biological factors) of disease mechanisms, as well as on clinical research that investigates paradigms of risk and resilience. The Clinical Neurosciences Division utilizes an interdisciplinary approach that includes neuroimaging, treatment, genetics, and epidemiological studies targeted at translating discoveries from the lab into interventions for treating posttraumatic stress disorder (PTSD) and comorbid conditions.

#### **Neuroimaging Studies**

Clinical Neurosciences Division investigators are working to characterize biochemical, structural, and functional abnormalities underlying PTSD. This body of work suggests connections between how the nervous system and brain, in particular, respond to extreme stress. Investigators are also working on the integration of neuroimaging and genomics to understand how genetic and environmental influences come together to create unique phenotypes of PTSD. Other work includes projects using advanced machine-learning methods and artificial intelligence (AI) to investigate disruptions in brain network circuitry.

Neurochemical & Molecular Brain Imaging A recent body of research, conducted by Clinical Neurosciences Division researchers and Department of Veterans Affairs (VA)'s National Posttraumatic Stress Disorder Brain Bank (PTSD Brain Bank), strongly points to alterations in the glutamatergic and glucocorticoid (cortisol) systems that underlie brain network impairment and dysfunction in PTSD. Research using positron emission tomography (PET) technology has shown that mGluR5 (metabotropic glutamatergic receptors) may be a promising treatment target in depression and PTSD, as it plays a role in the modulation of glutamate neurotransmission.

Studies have shown that mGluR5 is present in higher levels in trauma survivors with PTSD compared to those without PTSD; mGluR5 density is highest in the hippocampus and putamen, two brain regions that hold specific relevance for PTSD. Additional pilot data found that mGluR5 is even higher in PTSD patients with comorbid suicidal ideation. Investigators have also demonstrated that mGluR5 availability is related to glutamate levels in stress-related psychopathology as well as to changes following drug administration, suggesting

that normalization of glutamate neurotransmission by modulating mGluR5 may be an important component of successful treatment. Investigators are building on findings from animal work showing that glucocorticoids can modulate the glutamatergic system; these efforts could increase understanding of the neurobiology of PTSD and provide novel targets for treatment development.

Investigators continue to study neuroinflammatory processes in PTSD using PET technology. Prior work has indicated a link between immune alterations and PTSD following trauma exposure; and investigators are now studying whether activation of microglial cells contributes to PTSD pathogenesis. Preliminary data have been collected to evaluate the role of activated microglia in mediating PTSD expression. Other work aims to study the relationship between peripheral inflammatory markers such as TNF-α (tumor necrosis factor alpha) and trauma-related symptoms. By characterizing the type and extent of neuroinflammation in PTSD, it may be possible to uncover new targets for treatment with antiinflammatory agents; findings may also inform new research evaluating long-term effects of increased inflammation that occur in response to chronic stress. Additionally, pilot data collected in a second project of PTSD and arterial inflammation is currently undergoing analysis, and may contribute to efforts to reduce cardiac mortality in PTSD patients.

Additionally, investigators are conducting preclinical and clinical studies to measure synaptic density alterations in PTSD and in other trauma- and stress-related disorders. They are using a PET tracer for SV2A (synaptic vesicle glycoprotein 2A), which is a likely biological marker of brain synaptic plasticity (the ability of the brain to reorganize synaptic connections in response to learning or from injury). The SV2A tracer is an extremely valuable tool, as stress-related

synaptic loss is believed to be an essential contributor to PTSD pathophysiology, treatment failure, and functional impairment. The next phase of this work will include a clinical study with nonhuman primates, as well as clinical participants with depression and PTSD, to evaluate changes to synaptic density following the administration of ketamine, a medication that affects the glutamate system. This study is building on prior preclinical work showing that damage to synaptic connections caused by chronic stress is rapidly reversed by ketamine.

#### Structural and Functional Brain Imaging

Sophisticated functional and structural neuroimaging are important tools used to study brain metabolism and brain circuitry in PTSD. Recent findings from this work have shown that global brain connectivity is a potential marker for stressrelated dysfunction and a possible target for treatment. Studies have also found that disruptions between neural pathways in the anterior hippocampus—an area involved in forming, organizing, and storing memories—is associated with higher PTSD severity.

Data from projects that characterize brain circuitry using EEG (electroencephalography) testing and fMRI (functional magnetic resonance imaging) have shown that decreased hippocampal volume in patients with PTSD is associated with reduced functional connectivity in other areas of the brain. Additional imaging research includes the study of neuroanatomical correlates of abnormal fear regulation, information processing, and decision-making in the context of ambiguity and risk in patients with PTSD.

#### Morphometric Brain Imaging

The Clinical Neurosciences Division continued its collaboration with PGC-ENIGMA (Psychiatric Genomics Consortium-**Enhancing Neuroimaging Genetics Through Meta-**Analysis), a large-scale coalition partnering in the analysis of neuroimaging and genetic data. Investigators recently replicated the finding that the volumes of the hippocampus and amygdala are smaller in Veterans with PTSD. Although the literature has been largely concentrated on studies of overall volume of these brain regions, recent studies by Clinical Neurosciences Division researchers have utilized novel morphometric and subfield approaches to localize PTSD-related atrophy within specific regions within the hippocampus and amygdala. Further work is using highresolution MRI to study the association between cortical thickness and suicidal ideation in combat-exposed Veterans. Preliminary analyses suggest that suicidal ideation may be associated with altered cortical thickness in brain areas key to the neurobiology of PTSD, and may serve as a potential biomarker for increased risk of suicidality.

#### **Treatment Research**

Investigators have previously shown that ketamine has rapid antidepressant effects that are associated with changes

in the brain's functional connectivity, thus improving neuroplasticity. Researchers are now testing the therapeutic effects of ketamine in a PTSD population over longer periods of time to study the durability of treatment response in PTSD. Data from this study is also examining ketamine's potential procognitive and anti-suicidal effects in PTSD. Additional work includes a study to evaluate ketamine's potential to augment the treatment effects of Prolonged Exposure (PE) therapy to determine whether improved neuroplasticity can positively affect fear inhibition and memory reconsolidation.

Researchers continue to explore intervention strategies that might improve fear extinction among trauma survivors who do not respond to standard treatment approaches. One such avenue of work includes the use of real-time fMRI neurofeedback. Resting-state functional connectivity (that is, regional changes in brain activity when the brain is not involved in a task) data from an fMRI neurofeedback project revealed that neurofeedback led to changes in brain connectivity during traumatic memory recall that were consistent with clinical improvement. Investigators will continue to study the clinical utility of this emerging technique in the treatment of PTSD.

Other pharmacotherapeutic agents currently under study include riluzole, a glutamate modulating agent; the immunosuppressant rapamycin; and neuropeptide Y, an endogenous neuropeptide.

#### **Genetic and Molecular Studies**

The Clinical Neurosciences Division is a major contributor to the field of genetics, utilizing neurogenomics to explore interactions among genotypes, phenotypes, and the environment via a range of bioinformatic approaches. Using tissue from the PTSD Brain Bank, investigators have shown that a specific gene—SGK1 (serum and glucocorticoidregulated kinase 1)—that is expressed at lower levels in people with PTSD, was also lower in stressed animals, and that overexpressing this gene in animals made them more resilient to stress. Ongoing efforts include studying SGK1 as a potential marker for PTSD and investigating strategies for raising SGK1 levels in the brain as a potential new treatment. Several other genes of interest—including FKBP5 (FK506 binding protein 5) and NPAS4 (neuronal PAS domain protein 4)—have also been targeted in reverse transcription polymerase chain reaction analysis, a technique used to detect Ribonucleic Acid (RNA) expression.

Researchers have recently teamed with experts in highlevel computational analyses to examine thousands of gene expression changes and DNA methylation in hundreds of subjects. This combined effort has led to identification of major networks of gene expression in PTSD patients—as compared with patients who have major depressive disorder and with control subjects—as well as alterations in single genes of interest in individuals with PTSD. Further bioinformatics

studies are expected to result in identification of key network and hub genes that contribute to PTSD pathophysiology.

Clinical Neurosciences Division investigators continue to participate in the ongoing Million Veteran Program (MVP) Investigators recently completed a genome-wide association study (GWAS) in approximately 150,000 subjects, evaluating how genetic and environmental influences (phenotypes) come together to affect symptom reexperiencing. Work was also conducted on an epigenome-wide association study (EWAS) of PTSD in 1,135 Veterans—including both dimensional and categorical measures of PTSD as well as subphenotypes of reexperiencing, avoidance, numbing, and dysphoric and anxious arousal. Once finalized, this project will be the largest EWAS of PTSD conducted to date. Preliminary results suggest that the UPS48 (ubiquitin-proteasome system 48) gene, which is involved in the regulation of NF-KB-activation (nuclear factor kappa-light-chain-enhancer of activated B cells), plays

an important role. NF-kB-activation is a key regulator of inflammation, which is also implicated in synaptic plasticity and memory.

#### **Epidemiological Studies**

Investigators are continuing to study the link between the neurobiology and epidemiology of PTSD. Several new studies were conducted in FY 2017 using data from the National Health and Resilience in Veterans Study (NHRVS) and the World Trade Center (WTC) Health Program. Recently published reports have examined questions on public health relevant to Veterans including factors that protect against the development of suicidal thinking, the role of attachment style in moderating effects of FKBP5 polymorphisms and childhood abuse in predicting PTSD symptoms, a comparison of International Classification of Diseases 11 (ICD-11) and DSM-5 criteria for PTSD, and trajectories of posttraumatic growth.

## **Dissemination and Training Division**

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

#### **Patient Needs and Preferences**

Several projects are aimed at developing and evaluating strategies to quickly identify patient needs, patients at risk, and patient preferences. A Health Services Research & Development Service study is developing a brief measure of patient characteristics associated with effective engagement in care. The measure is expected to guide identification of the type and amount of service resources needed to engage Veterans into care.

A second study related to patient needs will develop and cross-validate a risk-screening tool that identifies patients at risk for subsequent mental health problems. The study will focus on racial and ethnic minority patients who have been found to experience disparities in trauma exposure and mental health care.

Dissemination and Training Division investigators, working with collaborators at the Women's Health Sciences Division, completed research and evaluation work on screening and treatment for military sexual trauma (MST). The Dissemination and Training Division is also participating with the Executive Division to validate the Primary Care PTSD Screen for DSM-5 (PC-PTSD-5).

#### **Implementation Research**

A new study is evaluating how to simplify assessment of the quality of delivery of cognitive-behavioral therapy (CBT) for PTSD, depression, and anxiety disorders. A second ongoing study on Cognitive Processing Therapy (CPT) is evaluating

competing strategies intended to enhance and sustain the delivery of a PTSD treatment: one strategy emphasizes fidelity to the protocol through expert consultation and online resources, and the other focuses on using continuous quality improvement strategies to improve fit and to address barriers to treatment delivery. Investigators involved in evaluating the national rollout for Prolonged Exposure (PE) are investigating the effectiveness of different training models on trainee delivery of PE.

In collaboration with the Minneapolis Department of Veterans Affairs (VA) Medical Center, investigators completed a study identifying organizational factors that differentiate whether VA PTSD clinics have high or low usage of evidence-based psychotherapies. This project led to a new study that will take place in FY 2018, led by Minneapolis VA with co-investigators at two National Center Divisions, to test an implementation toolkit in VA PTSD clinics. The project also led to approval of a new multisite study to test whether a tailored set of implementation strategies increases the use of PE within the military health system, above and beyond the impact of standard provider training. This mixed-methods study will engage stakeholders at various levels and then match implementation strategies to site-specific barriers and facilitators.

New efforts are underway to improve patient access to care, including reduced patient wait times, by using participatory systems dynamics: a collaborative stakeholder model in which specific system problems are identified, changes are proposed, and the impact of the change on the outcome of interest is predicted in a data-driven fashion. The team is hoping to secure funding to assess the cost-effectiveness of this approach and to test its mechanisms of action.

A long-term project is the development of a practitioner network across both VA and Department of Defense (DoD) that can test strategies for implementing best practices. The network is currently engaged in quality improvement projects, but can also become a resource for implementation science research in the future. Lastly, a study that focuses on assessing and increasing implementation of many core elements of the VA/DoD Clinical Practice Guideline for PTSD in all three service delivery sectors (VA, DoD, and the general community) is nearing completion.

#### **Treatment Research**

Dissemination and Training Division investigators are conducting several trials that evaluate patient outcomes in treatments adapted for use in a variety of settings and under a variety of delivery methods. A hybrid effectiveness and implementation study will compare two non-traumafocused treatments delivered to women Veterans in their homes via video teleconference: Skills Training in Affective and Interpersonal Regulation (STAIR), which is an 8-session individual treatment for a variety of patients with PTSD), and Present-Centered Therapy (PCT), which is a non-traumafocused therapy that focuses on current life problems related to PTSD. The goals of the study are to assess the relative effectiveness of these treatments, and to identify barriers and facilitators for using video to deliver treatment.

The efficacy of a web version of PE (Web-PE) in reducing symptoms of PTSD in military personnel and Veterans is being tested. Web-PE is delivered online with therapist oversight and facilitation, and could have significant potential to increase the reach of PE to those who cannot otherwise access traditional face-to-face care.

A large multisite clinical trial is now evaluating the effectiveness of flexibly delivered STAIR plus PE among civilian public sector women, and will examine how variations in delivery affect patient outcomes. Lastly, investigators are evaluating adaptive changes in cardiac autonomic status, physical activity, social cognition, and social interaction in real time among Veterans participating in VA's Service Animal Training Intervention program.

#### **Technology-Based Treatments and Treatment Delivery**

Several ongoing studies are assessing the benefits of phoneand web-based technologies to increase Veteran access to mental health care and to enhance outcomes. Following two successful pilot studies of the PTSD Coach mobile app, a new project will assess the efficacy of PTSD Coach compared with traditional treatment for reducing PTSD symptoms in Veterans utilizing primary care service. Several pilot studies of mobile phone apps are underway including a pilot study of app-based personalized and semiautomated coaching integrated into PTSD Coach; a pilot study of a couples-based intervention using mobile apps; and two ongoing trials of the Mindfulness Coach app in Veterans with PTSD and as an adjunct for Veterans receiving other types of medical care.

A mobile cognitive-control training for the treatment of alcohol use and PTSD will determine the efficacy of a novel neurocognitive intervention for improving recovery outcomes. The first investigation of Moving Forward (an online problemsolving intervention for Veterans that teaches skills for overcoming stressful problems and helps them meet their goals) has been completed, with Veterans reporting less avoidance of problem solving as well as greater satisfaction with the online course when helped by a peer mentor.

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

#### **Evaluation Division**

The Evaluation Division in West Haven, Connecticut, supports the National Center's mission through a programmatic link with Department of Veterans Affairs (VA)'s Northeast Program Evaluation Center (NEPEC). NEPEC has broad responsibilities within the VA Office of Mental Health and Suicide Prevention (OMHSP) to evaluate their programs including those for specialized treatment of posttraumatic stress disorder (PTSD).

#### **Program Monitoring and Evaluation**

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

efforts to improve psychotropic medication prescribing practices at the Veterans Health Administration (VHA). Two of the measures in this initiative are the use of antipsychotics to treat PTSD and the use of benzodiazepines without an appropriate diagnosis or medical indication. Although NEPEC is primarily engaged in evaluation research, it also works on

independent research projects related to the treatment of PTSD.

#### **Prospective Cohort Studies**

Recruitment has finished for the Survey of Returning Veterans (SERV) study, which is a repeated panel study of gender differences in psychiatric status and functioning among OEF/OIF/OND (Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn) Veterans. SERV recruited 850 participants who were interviewed at threemonth intervals for at least a year; a sizeable subset continued interviewing for up to three years. Over 40% of the sample is women. Follow-up rates are 80-85%. Analyses have begun, and the Evaluation Division is looking for investigators interested in analyzing the SERV data, or in leveraging the SERV sample in add-on or other primary data collection studies. Papers have been published on military sexual trauma (MST) and PTSD as they relate to unit cohesion, gender differences in prevalence rates of disorders over time, and characteristics of Veterans endorsing sex addiction items. Other papers and presentations are in progress on insomnia and PTSD symptoms, suicidal ideation and behaviors, and behavioral addictions. SERV data and an add-on study have been used to develop a pornography addiction scale that is currently in testing for psychometric properties; results in international samples are positive.

#### **Treatment Research**

The Evaluation Division continues research on PTSD health service research, pain management, and the role of pain in the treatment of PTSD, as well as on sex differences in the health of returning Veterans. Data collection for a study of the implementation of two evidence-based treatments (EBTs)—Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT)—in 38 VA residential treatment programs (RTPs) for PTSD has been completed. Findings continue to be 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 Evaluation Division has a number of investigators using administrative data to explore treatment patterns and outcomes of PTSD care. Studies have been published on medication used for the treatment of PTSD, as well as on correlates of self-reported PTSD symptom severity scores over time. During FY 2018, the Evaluation Division will further examine the role of pain in specialized PTSD treatment and in the treatment of comorbid disorder, and will continue publishing results from the SERV interviews. The national Psychotropic Drug Safety Initiative (PDSI) has entered its fourth year and has been tracking data on changes in practice in prescribing for PTSD. The Evaluation Division continues its work with technical advisors at the PTSD Mentoring Program and at the OMHSP to provide technical assistance, and continues to respond to requests from specialized programs and staff in the field on policy, operations, handbook implementation, and the provision of evidence-based practices (EBPs).

The Measurement-Based Care (MBC) in Mental Health Initiative, which was formally launched by OMHSP in June 2016, completed its first year of work; and 58 facilities and 179 mental health clinics were enrolled as Champion Sites for implementing MBC. Two Evaluation Division staff are supporting the initial pilot program evaluation; members of the Executive Division and the Dissemination and Training Division are involved in the senior leadership of the Initiative. Additional investigators from within the Center are closely involved in the evaluation study itself, as well as in the Communications, Education and Training, and Coaching work groups. The National Center investigators from the Dissemination and Training Division have secured a contract with the RAND Corporation to perform in-depth interviews with MBC project directors, frontline provider-Veteran dyads, and individual providers to better understand their experiences with MBC. As the Initiative moves into its second year, NCPTSD members will continue to be active participants as investigators and as Initiative leaders.

#### **Executive Division**

The Executive Division, in White River Junction, Vermont, provides leadership, directs program planning, and promotes collaboration to facilitate optimal functioning of the other Divisions both individually and collectively. The Executive Division specializes in the development and evaluation of innovative and authoritative educational resources, in programs that disseminate and implement best management and clinical practices, and in the use of technologies to reach a broad range of audiences. The Executive Division also oversees the administration of Department of Veterans Affairs (VA)'s National Posttraumatic Stress Disorder (PTSD) Brain Bank.

#### **Treatment Research**

The Executive Division has a long history of participation in VA's Cooperative Studies Program (CSP). During FY 2017, enrollment continued for CSP #591, a groundbreaking study comparing Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). The study is expected to reach the enrollment goal of 900 Veterans at 17 sites across the country in early 2018. 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.

In collaboration with the Behavioral Science Division, the Executive Division is leading a study to provide further validation of the *Diagnostic and Statistical Manual of Mental* Disorders-Fifth Edition (DSM-5) version of the Primary Care PTSD Screen for DSM-5 (PC-PTSD-5), which is currently used across VA for mandatory PTSD screening. Although initial validation has been completed, the ongoing study, which uses the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) as the criterion index, will provide more definitive information regarding the most appropriate cutoff scores and will allow investigation of the screen's ability to detect PTSD in key subgroups such as women.

Investigators continue to focus on issues that frequently co-occur with PTSD. Follow-up assessments have been completed for a trial looking at cognitive-behavioral therapy (CBT) along with usual outpatient addiction care compared with usual care alone for Veterans with PTSD and substance use disorders; analyses are underway. Data collection for a second trial comparing two psychotherapies for comorbid alcohol use disorder and PTSD (PE and Seeking Safety) will be completed during winter 2018. A new trial evaluating the combination of topiramate and PE for co-occurring PTSD and alcohol use disorder has been funded; recruitment launched in November 2017. Investigators continue collaborations with the PTSD specialty clinics and with the residential PTSD/ substance use treatment program at the San Diego VA to develop ways to use clinical data for research. An ongoing pilot study is investigating the safety and efficacy of a novel form of synchronized transcranial magnetic stimulation (sTMS) for PTSD with comorbid depression. Lastly, a trial to evaluate a brief protocol to reduce guilt and shame related to a traumatic event among Veterans of Iraq and Afghanistan is midway through recruitment.

Investigators completed a pilot study that evaluated Veterans' reactions to AboutFace, a web-based video gallery of Veterans with PTSD who share their personal stories about PTSD and how treatment has turned their lives around. Veterans assigned to AboutFace had positive attitudes toward the program and improved attitudes toward mental illness from baseline to the two-week follow-up, as compared with those in a control group.

#### **Implementation Research**

The Executive Division continues work on several initiatives aimed at assessing models of care and at improving evidencebased practice. Investigators continue to analyze data and to publish results from a national survey that assessed the treatment needs and preferences of Veterans and non-Veterans with PTSD symptoms. Results of this survey also informed the development of the first publicly available

online treatment decision aid for PTSD, which was released to the National Center website in March 2017. The PTSD Treatment Decision Aid is interactive and enables users to identify preferences among treatment options and print that information to share with their providers.

An initiative funded by the Office of Rural Health (ORH) will examine the impact of facilitation and an academic detailing model, in which pharmacists reach out directly to clinicians to improve PTSD treatment practices in rural clinics throughout VISN 1 (VA New England Healthcare System). A published manuscript that focused on the impact of a multifaceted academic detailing program noted improvements in PTSD care consistent with clinical practice guidelines, as well as reductions in prescribing of benzodiazepines, antipsychotics, and prazosin during the educational intervention. These findings suggest that academic detailing and other educational programming can effectively address gaps in quality PTSD care.

In addition to projects aimed at improving clinical practices, investigators are continuing to assess the state of VA care for PTSD. Work is ongoing on a project that applies novel informatics and operational methods to medical and administrative data in order to understand multiple dimensions of quality of PTSD care within VA. As investigators have gained more skills and experience in retrospective data analysis, new projects have been created to understand and compare the effectiveness of evidence-based treatments (EBTs) for PTSD in routine clinical practice.

#### **VA's National PTSD Brain Bank**

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

Enrollment of potential postmortem donors began in May 2015 with the launch of the PTSD Brain Bank website. Initially, the Brain Bank was a five-part consortium; it has subsequently grown to seven parts, with facilities at six VA Medical Centers (Miami, Florida; Durham, North Carolina; Boston, Massachusetts; San Antonio, Texas; West Haven, Connecticut; and White River Junction, Vermont) and the Uniformed Services University of the Health Sciences (USUHS). The PTSD Brain Bank currently has 168 brains, including 56 PTSD brains, and has received commitments of more than 100 additional brains by the end of 2018. Currently, 64 prospective donors (called antemortem donors) have volunteered to be followed over their lifetimes.

#### **Pacific Islands Division**

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

#### **Treatment Research**

Three major projects are aimed at evaluating different methods of delivering PTSD treatment. Investigators are in the dissemination phase of a large trial that examines Veterans' preferences for and the clinical efficacy of three modalities for the provision of Prolonged Exposure (PE): two involving technology and one involving in-home visits to Veterans. A second trial that compares different treatments for in-home delivery of a couples-based intervention for PTSD was recently launched; this study examines the clinical efficacy of Cognitive-Behavioral Conjoint Therapy (CBCT) for PTSD, and compares home-based care to traditional office-based care. Lastly, a new trial in collaboration with the Dissemination and Training Division is looking at home-based Skills Training in Affect and Interpersonal Regulation (STAIR) treatment for women Veterans who have experienced military sexual trauma (MST).

#### **Specific Populations**

Several ongoing studies examine the prevalence of PTSD, response to treatment, and presence of related mental health comorbidities in ethnic minority populations. The studies

identify unique risk and resilience correlates of PTSD among ethnically and racially diverse Veterans, and the effects of those correlates on Veterans' response to evidence-based PTSD treatments.

In FY 2017, researchers initiated a study using data from the Honolulu Asian-Aging project, looking at the effects of military service combat exposure in particular on late-life dementia, as well as on marital and family structures, mental health, and physical health among Japanese-American men. Another ongoing project examines sociocultural and community influences on mental health decision-making among male and female African American, Latino, and white Veterans who are starting PTSD care in a Department of Veterans Affairs (VA) mental health clinic; the study is looking at social network influences, individual perceptions of mental health issues, provider expectations and experiences, and treatment preferences. Analyses of a longitudinal cohort study in which patient-reported PTSD symptoms and mental health quality of life were evaluated six months after receipt of a PTSD diagnosis were also completed this year; also examined were racial and ethnic disparities in those clinical outcomes.

#### **Women's Health Sciences Division**

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

#### **Biomarkers**

Work at the Women's Health Sciences Division includes studies aimed at explaining the basic biological processes underlying posttraumatic stress disorder (PTSD) with particular relevance to women: a study examining the role of neurobiological and psychosocial factors that impact negative pregnancy outcomes among women with PTSD; data analysis on a study of sex hormones and derivatives associated with decreased retention of extinction learning across the menstrual cycle in women with PTSD; a study of GABAergic (gammaaminobutyric acid-ergic) neuroprotective steroids in men and in women across the menstrual cycle; and a series of studies of the gene-environment interplay in the comorbidity of PTSD and eating disorders.

Another biomarker effort is a study of the role of stressmodulating biological factors in reducing symptoms of withdrawal and negative mood during smoking cessation in trauma-exposed individuals with and without PTSD. The Women's Health Sciences Division is also working on two

studies investigating the role of progressive exercise training to determine whether it affects participants' capacity for releasing shared neurohormones to help reduce or better manage chronic pain (including fibromyalgia) and PTSD symptoms.

#### **Treatment Research**

Several intervention studies are examining more efficient treatment formats for Cognitive Processing Therapy (CPT). With support from the South Texas Research Organizational Network Guiding Studies on Trauma and Resilience (STRONG STAR) Consortium, investigators are continuing analysis on data from a recently completed study comparing the relative effectiveness of CPT delivered in an individual format with that delivered in a group format. Also through STRONG STAR, staff are investigating a variable-length CPT protocol testing the efficacy of the intervention when treatment end is determined by patient progress. Another trial will test the efficacy of CPT delivered in an intensive outpatient format with active duty military Servicemembers.

In related studies, Women's Health Sciences Division investigators are working to improve adherence to existing PTSD treatments. A current study is exploring Veteran and provider perspectives on reasons for dropout from both CPT and Prolonged Exposure (PE) to develop an intervention aimed at increasing rates of completion for these treatments.

Other intervention studies focused on traumatized populations include an open trial to test the effectiveness of a therapist-assisted self-management intervention intended to increase self-efficacy and facilitate greater community engagement following a successful course of PTSD treatment. Analyses are ongoing on two trials examining therapist fidelity and client variables as contributors to changes in PTSD across administrations of CPT, and the role of sleep improvement in aiding recovery from PTSD and depression among survivors of interpersonal violence. Another ongoing intervention examines the effectiveness and fit of a transdiagnostic treatment, the Unified Protocol (UP), for trauma-exposed Veterans with co-occurring diagnoses.

The Women's Health Sciences Division is also focused on intervention research among those who have not necessarily been diagnosed with PTSD, including the development of a national network of peer-facilitated psychoeducation and support groups for women Veterans who want to improve their well-being. Additionally, filming has begun on a brief mindfulness-based training video that will be used to assist Servicemembers coping with post-deployment intrusive thoughts.

#### **Gender Differences**

The Women's Health Sciences Division continues its major focus on understanding gender differences in stress, trauma, and related psychiatric outcomes. The Longitudinal Investigation of Gender, Health, and Trauma (LIGHT) study is a national survey of Veterans that is just getting underway, focusing on the impact of trauma and community violence on mental, physical, and reproductive health. The Veterans Metric <u>Initiative (TVMI)</u> is a large-scale longitudinal study—supported through a public-private partnership among Department of Veterans Affairs (VA), DoD, academia, and industry—that is investigating the reintegration experiences and program use of male and female post-9/11 Veterans.

Investigators also continue to analyze data from a study of the effects of deployment stressors and resulting mental health conditions on the occupational and family quality of life over time of female and male post-9/11 Veterans. In a separate large sample of Veterans who had deployed to in Iraq and Afghanistan, investigators recently conducted a gender-stratified examination of suicidal ideation risk models, and found critical gender differences in pathways to suicidal ideation among this cohort.

Work on gender differences also extends to important non-Veteran samples including community members and law enforcement officers exposed to community violence. One prospective study examines gender differences in positive and negative health outcomes within the context of socioeconomic status, racial identity, and prior trauma history. In another series of studies, investigators are establishing a population trauma cohort using the Danish national health and social registries, with a projected sample size of 70,000. Gender differences in longitudinal psychopathology and resilience will be examined, using latent class analyses and machine-learning methodologies.

The health of older women Veterans is another area of focus. One study is examining the impact of military and other lifetime stress exposures and mental health results, with a focus on effects of PTSD on later life health and functioning in Vietnam-era women Veterans. In collaboration with investigators in the Behavioral Science Division, a follow-up study of female and male Vietnam-era Veterans is examining predictors of mortality, as well as changes in physical and mental health-related well-being over time.

#### Military Sexual Trauma and Intimate Partner Violence

Exposure to interpersonal violence is a key issue of study at the Women's Health Sciences Division. Research specifically related to military sexual trauma (MST) includes two studies: a qualitative investigation aimed at identifying unique factors associated with sexual trauma that occur within a military context, and a mixed-methods investigation of Veterans' experiences with and preferences for the universal MST screening program at the Veterans Health Administration (VHA).

The Women's Health Sciences Division is also studying intimate partner violence (IPV), another important issue among female Veterans. Investigators are examining best practices for IPV identification, assessment, treatment, and the targeting of health services within the VHA context. One study will refine and evaluate the effectiveness of a patient-centered brief counseling intervention for women who experience IPV. This study incorporates hybrid methodology to inform expansion of the intervention throughout VA. A new pilot study is identifying best clinical practices for IPV screening programs within VA primary care settings, with the ultimate goal of disseminating these practices to all VA primary care clinics.

**VA Cooperative Studies Program (CSP)** 

Principal Investigator	Research Title	Years	Current Funding	Total Funding
Stein & <b>Gelernter</b> (Site PI)	CSP #575B: Genomics of Posttraumatic Stress Disorder	2014-2017	\$245,156	\$570,783
Schnurr, Chard, & Ruzek	CSP #591: Comparative Effectiveness Research in Veterans with PTSD	2013-2018	\$1,809,752	\$9,048,760

#### **Other VA Sources**

Principal Investigator	Research Title	Funding Source	Years	Current Funding	Total Funding
Averill	Intrinsic Functional Connectivity and Cognition in Posttraumatic Stress Disorder	VISN 1 CDA	2016-2018	\$124,032	\$249,304
Babson	The Impact of CBT-I on Cannabis Cessation Outcomes	HSR&D	2014-2019	\$198,233	\$991,167
Bernardy	Measuring the Impact of the Use of Academic Detailing to Improve PTSD Treatment	ORH	2017-2018	\$284,000	\$284,000
Bovin & Schnurr	Validation of the PTSD Primary Care Screen	HSR&D	2017-2019	\$205,925	\$461,933
Gelernter	The Genetics of Anxiety Disorders	BLR&D	2013-2017	\$74,833	\$648,960
Hamblen	CBT for PTSD in Veterans with Co-occurring Substance Use Disorders	CSR&D	2012-2018	\$89,165	\$892,314
Hamilton & <b>Kimerling</b> (Co-PI)	Enhancing the Mental and Physical Health of Women through Engagement and Retention (EMPOWER)	QUERI	2015-2020	\$830,000	\$4,150,000
Hayes	Neuroimaging Genetics of Mild TBI	RR&D	2015-2017	\$42,000	\$198,000
Heinz	Cognitive Remediation for Alcohol Use Disorder and PTSD	RR&D	2014-2019	\$191,703	\$986,195
lverson	Intimate Partner Violence Screening Programs in VHA: Informing Scale-Up and Spread of Best Practices	HSR&D	2017-2018	\$10,388	\$96,523
lverson	Intimate Partner Violence, Health, and Healthcare Use Among Women Veterans	HSR&D	2011-2017	\$179,920	\$736,888
lverson	Recovering from Intimate Partner Violence Through Strengths and Empowerment (RISE): Tailoring and Evaluating a Patient-Centered Counseling Intervention	HSR&D	2018-2021	\$0	\$853,362
Kachadourian	Mindfulness Treatment for Anger in Veterans with PTSD	CSR&D CDA-2	2017-2022	\$129,304	\$732,428
Kachadourian	Using EMA to Assess Aggression Perpetration in Veterans with PTSD and Chronic Pain	PRIME	2017-2018	\$3,609	\$3,609
Kanwal & <b>Kimerling</b> (Co-I)	Care for Women Veterans with Hepatitis C Virus Infection	HSR&D	2014-2017	\$220,000	\$661,100
Kehle-Forbes	Dropout from Evidence-Based Therapy for PTSD: Reasons and Potential Interventions	HSR&D	2015-2018	\$258,679	\$799,130

#### (Other VA Sources Continued)

Principal Investigator	Research Title	Funding Source	Years	Current Funding	Total Funding
Kehle-Forbes	Pilot Test of a Self-Management Program for Completers of Trauma-Focused Therapy	RR&D	2018-2020	\$0	\$196,495
Knight	LED Light Therapy To Improve Cognitive-Psychosocial Function in TBI-PTSD Veterans	RR&D	2015-2018	\$66,562	\$199,976
Kuhn	An RCT of a Primary Care-Based PTSD Intervention: Clinician-Supported PTSD Coach	HSR&D	2017-2020	\$275,000	\$1,100,000
Landes & <b>Rosen</b> (Site PI)	Risk Stratified Enhancements to Clinical Care: Targeting Care for Patients Identified through Predictive Modeling as being at High Risk for Suicide	HSR&D	2016-2020	\$247,895	\$1,222,926
Logue	Genetic and Epigenetic Biomarkers of PTSD	BLR&D	2017-2020	\$177,540	\$610,600
McGlinchey & Rasmusson (Site PI)	VA Center of Excellence: Translational Research Center for TBI and Stress Disorders	RR&D	2014-2019	\$1,000,000	\$5,000,000
Miller	Magnetic Resonance Spectroscopy and Genetic Analysis of Oxidative Stress in OEF/OIF Veterans with PTSD and TBI	CSR&D	2018-2021	\$0	\$600,000
Morland	An Integrative Technology Approach to Home-based Conjoint Therapy for PTSD	RR&D	2016-2020	\$351,353	\$1,038,000
Niles & Nori	Novel Interventions for Gulf War Veterans' Illnesses	CSR&D	2016-2021	\$333,740	\$1,664,578
Norman	Integrated Alcohol Disorder and PTSD Treatment	CSR&D	2012-2017	\$149,648	\$730,922
Norman	Topiramate and Prolonged Exposure for Alcohol Use Disorder and PTSD	RR&D	2018-2022	\$0	\$927,733
Oslin & <b>Gelernter</b> (Site PI)	PRIME Care (PRecision medicine In MEntal health Care)	HSR&D	2017-2022	\$75,701	\$1,619,407
Pless Kaiser	Improving Psychosocial Functioning in Older Veterans with PTSD	RR&D	2017-2021	\$156,509	\$809,149
Scioli-Salter	Neurobiological and Psychological Benefits of Exercise in Chronic Pain and PTSD	RR&D	2013-2018	\$196,351	\$953,342
Scioli-Salter	Neurobiological and Psychological Benefits of Fibromyalgia and PTSD	RR&D	2017-2019	\$63,275	\$199,904
Shiner	Improving Care for PTSD	HSR&D	2014-2019	\$212,635	\$1,292,446
Shiner	Patient Safety Center of Inquiry: Prevention of Suicide	NCPS	2015-2018	\$113,000	\$421,500
Sippel	PTSD and Affective Functioning: A Test of the Potentially Normalizing Effects of Oxytocin	VISN 1 CDA	2016-2017	\$22,940	\$100,106
Sloan	Group CBT for Chronic PTSD: A Randomized Clinical Trial	CSR&D	2012-2017	\$235,707	\$1,187,129
Thompson-Hollands	An Adjunctive Family Intervention for Individual PTSD Treatment	CSR&D CDA-2	2017-2021	\$181,373	\$743,010
Vogt & Smith	Work and Family Functioning in Women Veterans: Implications for VA Service Use	HSR&D	2013-2017	\$84,803	\$743,433
Wolf	PTSD-Related Accelerated Aging in DNA Methylation and Risk for Metabolic Syndrome	CSR&D	2016-2020	\$145,268	\$600,000
Zulman & <b>Kimerling</b> (Site PI)	Making Connections: Tablet-Enabled Telehealth to Enhance Veterans' Access and Care	QUERI	2016-2018	\$425,964	\$550,669

BLR&D Biomedical Laboratory Research & Development Service; CDA Career Development Award; CSR&D Clinical Science Research and Development Service; HSR&D Health Services Research and Development Service; NCPS National Center for Patient Safety; ORH Office of Rural Health; PRIME Pain Research, Informatics, Multimorbidities, and Education; QUERI Quality Enhancement Research Initiative; RR&D Rehabilitation Research and Development Service; VISN Veterans Integrated Service Network

# **National Institutes of Health (NIH)**

Principal Investigator	Research Title	Funding Source	Years	Current Funding	Total Funding
Abdallah	Examining the Effect of Ketamine On Glutamate/ Glutamine Cycling	NIMH	2013-2018	\$168,080	\$912,630
Abdallah	Glial and Synaptic Functions in Major Depression	NIMH	2017-2022	\$311,527	\$2,493,229
Adams	Enhancement of Extinction Learning Using Transcranial Direct Current Stimulation	NIMH K	2017-2022	\$159,730	\$940,801
Agarwal & <b>Gelernter</b> (Site PI)	Psychiatric Genomics Consortium: Finding Actionable Variation	NIH	2016-2021	\$184,653	\$932,488
Anticevic	Classification of Neuropsychiatric Conditions via Connectivity and Machine Learning	NIMH	2014-2017	\$50,000	\$400,000
Carlson	Development of a Risk Factor Screen for Mental Health Problems after Sudden Illness or Injury	NIMHD	2017-2021	\$0	\$2,566,642
Cloitre	The Implementation of an Evidence-Based PTSD Treatment in Public Sector Settings	NIMH	2011-2017	\$0	\$4,557,445
Clouston & Pietrzak	A Life Course Approach to Integrating Trauma and Cognitive Aging: A Cohort of 9/11 Responders	NIAAA	2015-2020	\$407,239	\$2,865,325
Cosgrove	Imaging Genetics in Tobacco Smokers	NIDA	2012-2017	\$126,822	\$587,140
Cosgrove	Imaging Molecular Mechanisms of Tobacco Smoking Withdrawal	NIDA	2016-2020	\$447,737	\$2,238,685
Cosgrove	Tobacco Smoking, Genes, and Nicotinic Receptors	NIDA	2009-2017	\$365,578	\$2,924,624
Cosgrove & Pietrzak	Imaging Microglial Activation in PTSD Using PET	NIMH	2017-2022	\$499,999	\$825,495
Driesen & Krystal	Assessing the Relationship Between Cortical Oxidative Metabolism and Working Deficits Under NMDA Receptor Blockade	NIMH	2017-2019	\$153,125	\$251,125
Duman	Role of GABA Interneurons in Rapid Antidepressant Actions of NMDA Receptor Blockade	NIMH	2017-2022	\$510,206	\$2,340,351
Duman	Synaptic Mechanisms Underlying the Rapid Antidepressant Actions of Scopolamine	NIMH	2014-2019	\$431,989	\$2,164,744
Esterlis	Glutamate Neurotransmission in Bipolar Depression and Mania	NIMH	2017-2019	\$150,000	\$460,625
Esterlis	PET-fMRI Study of Glutamate and Frontal Function in Biand Uni-polar Depression	NIMH	2015-2020	\$496,729	\$2,146,470
Esterlis	Role of Neuroinflammation in the Pathophysiology of Bipolar Depression	NIMH	2017-2019	\$149,866	\$460,625
Gelernter	Genetics of Opioid Dependence	NIDA	2013-2018	\$983,501	\$4,651,496
Gradus	Characterizing Trauma Outcomes: From Pre-trauma Risk to Post-trauma Sequelae	NIMH	2017-2021	\$319,091	\$1,303,518
Gradus	Risk Profiles for Suicidal Behavior in the General Population	NIMH	2016-2020	\$296,515	\$1,375,793
Gutner	Effectiveness of a Unified Transdiagnostic Treatment in Routine Clinical Care	NIMH	2014-2019	\$177,977	\$889,721
Gutner	Modular Transdiagnostic Treatment in Routine Care	CTSI	2016-2017	\$0	\$20,000
Han & <b>Gelernter</b>	Fine Mapping a Gene Sub-Network Underlying Alcohol Dependence	NIAAA	2014-2018	\$34,193	\$350,914
Harpaz-Rotem	Fear Learning and Reconsolidation After Trauma Exposure: A Computational Approach	NIMH	2014-2019	\$436,890	\$1,830,328
Keane	Postdoctoral Training in PTSD	NIMH	2016-2020	\$250,534	\$1,021,231

#### (National Institutes of Health Continued)

Principal Investigator	Research Title	Funding Source	Years	Current Funding	Total Funding
Lee & <b>Heinz</b>	Mobile Cognitive Control Training for the Treatment of Alcohol Use Disorder and PTSD	NIAAA	2017-2018	\$224,702	\$224,702
Levy	Medical Decision-Making Under Uncertainty in Older Adults-Behavior and fMRI	NIA	2015-2018	\$150,000	\$275,000
Levy & Pietrzak	Culture-gene Relationship: A Novel Model of Aging Cognitive Health	NIA	2017-2021	\$418,750	\$1,675,000
McKee & Cosgrove	Translational Center to Develop Gender Sensitive Treatments for Tobacco Smoking	NIDA	2012-2018	\$0	\$3,742,805
Morey & <b>Logue</b> (Site PI)	Trauma and Genomics Modulate Brain Structure across Common Psychiatric Disorders	NIMH	2017-2021	\$5,308	\$291,960
Morris & Cosgrove	Imaging Sex Differences in Smoking-Induced Dopamine Release via Novel PET Methods	NIDA	2015-2020	\$439,638	\$2,198,190
Nillni	PTSD-Related Neurobiological Mediators of Negative Pregnancy Outcomes	NICHD K	2017-2021	\$153,933	\$615,735
Ralevski	Effects of Allopregnanolone on Stress-Induced Craving	NIAAA	2017-2019	\$155,444	\$343,613
Sanacora	New Experimental Medicine Studies: Fast-Fail Trials in Mood and Anxiety Spectrum Disorders	NIMH	2013-2017	\$147,013	\$448,443
Sloan	Written Exposure Therapy for PTSD: A Randomized Noninferiority Trial	NIMH	2012-2017	\$190,000	\$1,149,000
Smith	Health Mechanisms and Outcomes in an Epidemiological Cohort of Vietnam Era Women Veterans	NIA	2016-2018	\$69,476	\$137,381
Smith & <b>Logue</b>	The Impact of Traumatic Stress on the Methylome: Implications for PTSD	NIMH	2016-2020	\$559,082	\$2,479,996
Taft	Trauma-Focused Partner Violence Intervention	NIH; BU SoM	2017-2017	\$20,000	\$20,000
Wiltsey Stirman	Leveraging Routine Clinical Materials and Mobile Technology to Assess CBT Quality	NIMH	2017-2021	\$696,817	\$2,744,506
Wiltsey Stirman & Monson	Improving and Sustaining CPT for PTSD in Mental Health Systems	NIMH	2016-2019	\$584,763	\$1,615,257
Wolf	Administrative Supplement to Traumatic Stress and Accelerated Aging in DNA Methylation	NIA	2017-2018	\$52,545	\$52,545
Wolf	Traumatic Stress and Accelerated Aging in DNA Methylation	NIA	2016-2018	\$63,000	\$126,000
Zimmerman	Participatory System Dynamics for Evidence-based Addiction and Mental Healthcare	NIDA	2016-2018	\$221,005	\$397,000

BU SoM Boston University School of Medicine; CTSI Clinical and Translational Science Institute; K Career Development Award; NIA National Institute on Aging; NIAAA National Institute on Alcohol Abuse and Alcoholism; NICHD National Institute of Child Health and Human Development; NIDA National Institute on Drug Abuse; NIH National Institutes of Health; NIMH National Institute of Mental Health; NIMHD National Institute on Minority Health and Health Disparities

# **Department of Defense (DoD)**

Principal Investigator	Research Title	Years	Current Funding	Total Funding
Keane & Marx	Project VALOR: Trajectories of Change in PTSD in Combat-Exposed Veterans	2012-2017	\$0	\$3,295,994
Krystal	CAP-Neuroimaging Core	2016-2020	\$80,000	\$240,000
Krystal & Abdallah	CAP-Ketamine for Antidepressant-Resistant PTSD: A Translational Neuroscience, Biomarker-Informed Clinical Trial	2016-2020	\$488,000	\$1,588,594

## (Department of Defense Continued)

Principal Investigator	Research Title	Years	Current Funding	Total Funding
Marx & Nock	New Approaches to the Measurement of Suicide-Related Cognition	2014-2017	\$0	\$207,000
McLean	Web-PE: Internet-Delivered Prolonged Exposure Therapy for PTSD	2014-2018	\$495,000	\$1,979,473
Morland	In-Home Exposure Therapy for Veterans with PTSD	2012-2017	\$304,122	\$2,499,998
Norman	Trauma Informed Guilt Reduction (TrIGR) Intervention	2015-2019	\$491,798	\$1,989,870
Ruzek	PTSD Practitioner Registry	2014-2017	\$384,903	\$3,847,219
Ruzek	Randomized Controlled Trial of CBT Training for PTSD Providers	2012-2017	\$0	\$2,464,704
Shiner	Comparative Effectiveness of Psychotropic Medications for PTSD in Clinical Practice	2017-2020	\$11,516	\$1,543,904
Sloan	Brief Treatment for PTSD: Enhancing Treatment Engagement and Retention	2015-2018	\$842,431	\$2,268,872
Taft	Strength at Home Couples Program to Prevent Military Partner Violence	2015-2019	\$169,545	\$708,905
Wachen & Resick	Variable Length Cognitive Processing Therapy for Combat-Related PTSD	2013-2017	\$0	\$1,218,426
White & Mackintosh	Brain Injury and Military Service as Factors for Alzheimer's Disease and Other Conditions	2015-2018	\$372,948	\$1,491,790
Woodward	Can a Canine Companion Modify Cardiac Autonomic Reactivity and Tone in PTSD	2014-2018	\$227,583	\$910,335

# **Other Non-VA Sources**

Principal Investigator	Research Title	Funding Source	Years	Current Funding	Total Funding
Abdallah	Glial and Glutamatergic Deficits In Posttraumatic Stress Disorder	Brain & Behavior Research Foundation	2015-2017	\$0	\$65,000
Adams	Use of Transcranial Direct Current Stimulation to Enhance Consolidation of Therapeutic Learning in Obsessive-Compulsive Disorder	International Obsessive- Compulsive Disorder Foundation	2017-2018	\$48,646	\$48,646
Anticevic	Characterizing the Neuronal Mechanisms Behind Cognitive and Motivational Deficits in Psychiatric Disorders	Blackthron Therapeutics	2016-2018	\$1,000,000	\$2,000,000
Averill	Brain Connectivity Networks and Predictors of Rapid Improvement in Suicidal Ideation Among Veterans	American Foundation for Suicide Prevention	2018-2020	\$0	\$90,000
Averill	Connectivity Networks Underlying Ketamine- Induced Improvements in Suicidal Ideation	Robert E. Leet and Clara Guthrie Patterson Trust for Mentored Clinical Research Award	2017-2019	\$45,000	\$45,000
Averill	Intrinsic Connectivity Networks and Cognitive Impairment in PTSD	Brain & Behavior Research Foundation	2016-2018	\$34,993	\$69,993
Cosgrove	Imaging Glucocorticoid and Neuronal Dysfunction in PTSD	Brain & Behavior Research Foundation	2017-2018	\$99,998	\$99,998
Cosgrove	The Dopamine Signature of Cannabis: Imaging Sex Differences	Naratil Pioneer Award	2017-2018	\$50,000	\$50,000

## (Other Non-VA Sources Continued)

Principal Investigator	Research Title	Funding Source	Years	Current Funding	Total Funding
Duman	Antidepressant Actions of a mTORC1 Activator	Navitor Pharmaceuticals	2016-2017	\$272,244	\$383,229
Duman	Behavioral Actions of GLYX-13 in Rodent Models of Cognitive Flexibility	Allergan	2016-2018	\$82,230	\$82,230
Duman	Cellular Mechanisms Underlying the Antidepressant Actions of GLYX013	Allergan	2016-2018	\$246,960	\$246,960
Duman	Identification and Characterization of Novel Drug Targets for Depression	Tashio Pharmaceuticals	2016-2019	\$200,000	\$600,000
Esterlis	In Vivo and Postmortem Study of Synaptic Plasticity	Nancy Taylor Foundation	2015-2018	\$156,038	\$500,661
Feder & <b>Pietrzak</b>	A Randomized Controlled Trial of Internet CBT for PTSD in WTC Responders	CDC/NIOSH	2016-2019	\$499,912	\$1,499,736
Feder & <b>Pietrzak</b>	Biomarkers of Psychological Risk and Resilience in World Trade Center Responders	CDC/NIOSH	2012-2018	\$995,911	\$3,873,351
Feder & <b>Pietrzak</b>	Neuroimaging of Resilience in World Trade Center Responders: A Focus on Emotional Processing, Reward and Social Cognition	CDC/NIOSH	2017-2021	\$599,086	\$2,398,856
Galovski & Street	Women Veterans Network (WoVeN)	Wal-Mart Foundation	2017-2018	\$250,341	\$469,392
Harpaz-Rotem	Combining Neurobiology and New Learning: Ketamine and Prolonged Exposure: A Potential Rapid Treatment for PTSD	Brain & Behavior Research Foundation	2016-2017	\$50,000	\$100,000
Kelmendi	Role of MDMA on Amygdala and Prefrontal Cortex on PTSD	Brain & Behavior Research Foundation	2016-2018	\$35,000	\$70,000
Krystal & Abdallah	Examining the Impact of Rapamycin on Ketamine's Antidepressant Effects	Pfeiffer Foundation	2015-2018	\$167,000	\$500,000
Krystal & Sanacora	Discovering a New Class of Antidepressants	Gustavus and Louise Pfeiffer Research Foundation	2014-2017	\$167,000	\$500,000
Marx	Mining Biological Cues from PTSD Interview Recordings	Mitre Corporation	2017-2017	\$500,000	\$500,000
McCaslin	A Pilot Study of Digital Cognitive Behavioral Therapy for Veterans with Insomnia and Comorbid Psychopathology	Big Health, Inc	2017-2019	\$26,959	\$26,959
McCaslin	Evaluation of the Community Provider Toolkit and Military Culture Training	OGP/Office of Executive Council	2016-2017	\$100,000	\$200,000
Monson & Wiltsey Stirman	Improving and Sustaining Clinician Use of CPT	Canadian Institutes of Health Research	2014-2018	\$182,000	\$728,215
Petrakis	Effects of Progesterone on Stress-Induced Craving in PTSD and AUD	Brain & Behavior Research Foundation	2016-2018	\$99,390	\$99,390
Sanacora	Exploring the Role of Glial Mediated Glutamate Clearance in Stress Sensitivity and Resiliency	Brain & Behavior Research Foundation	2015-2018	\$0	\$99,819
Sanacora	Utility of NMR as a Translatable Biomarker for the Regulation of Glutamate Neurotransmission Behavioral Effects of Compounds that Influence Glutamate Release	Merck, Sharp, and Dohme	2016-2017	\$71,599	\$119,211
Sareen & Pietrzak	Defining the Longitudinal Course, Outcomes, and Treatment Needs of Vulnerable Canadians with Posttraumatic Stress Disorder	Canadian Institutes of Health Research	2015-2022	\$340,868	\$2,386,073
Taft	Implementation of VA Rollout of Strength at Home	Bob Woodruff Foundation	2016-2017	\$72,717	\$137,100

#### (Other Non-VA Sources Continued)

Principal Investigator	Research Title	Funding Source	Years	Current Funding	Total Funding
Vogt	The Veterans Metrics Initiative: Linking Program Components to Post-Military Well-Being	Consortium of Public and Private Funding, including VA HSR&D	2015-2020	\$1,341,242	\$5,914,960
Walser	Compassion and PTSD	Mind and Life 1440 Award	2014-2017	\$0	\$14,000
Wolf	The Utility of MMPI-2 RF in Informing VA Pain Clinic Care	University of Minnesota Press, Test Division	2016-2018	\$0	\$24,000

CDC Centers for Disease Control; NIOSH National Institute for Occupational Safety and Health; OGP Office of Government-wide Policy; PCORi Patient-Centered Outcomes Research Institute

# **Pending Research Projects**

Principal Investigator	Research Title	Funding Source	Years	Total Funding
Carlson	Pilot Study of Standalone and Peer Supported Online Problem Solving Program in Veterans with Untreated Mental Health Problems	VA HSR&D	2017-2018	\$100,000
Cloitre	Connecting Women to Care: Home-based Psychotherapy for Women with MST Living in Rural Areas	VA HSR&D	2017-2021	\$1,094,820
Galovski & Kehle- Forbes	Balancing Flexibility and Fidelity: Integrating a Case Formulation Approach with Cognitive Processing Therapy for PTSD to Improve Treatment Outcomes for Veterans	VA HSR&D	2018-2022	\$1,099,343
Grubaugh & <b>Hamblen</b>	A Randomized Controlled Trial of AboutFace: A Novel Video Storytelling Resource to Improve Access, Engagement, and Utilization of Mental Health Treatment among Veterans with PTSD	VA HSR&D	2018-2021	\$987,800
Hayes	Fear Generalization and Hippocampal Subfields in PTSD	Brain and Behavior Research Foundation	2018-2020	\$70,000
Hayes	Neuroimaging and Molecular Markers of AD and Neurodegenerative Disease after Concussion	NIA	2018-2023	\$1,872,239
Kimerling	Development of a Patient-Reported Measure to Assess Healthcare Engagement	VA HSR&D	2017-2020	\$1,082,363
Krystal	CSP 2016: Adaptive Clinical Trial for Insomnia in Veterans with PTSD (ACTIVe-PTSD)	VA CSP	TBD	TBD
McLean & Rosen	Targeted Strategies to Accelerate Evidence-Based Psychotherapies Implementation in Military Settings	DoD	2017-2021	\$8,265,060
Pineles	An Electrophysiological Predictor of SSRI Response in Veterans with PTSD	VA CSR&D	2018-2022	\$599,531
Pineles	Neurobiological Predictors of Response to SSRIs	NIH NIMH	2018-2022	\$2,140,422
Ross & Woodward	Lucid Dreaming in Veterans with PTSD	VA CSR&D	2018-2020	\$538,000
Shiner	Patient Safety Center of Inquiry: Prevention of Suicide (Renewal)	VA NCPS	2018-2021	\$858,835
Wachen	Massed Cognitive Processing Therapy for Combat- Related PTSD	DoD	2017-2020	\$3,262,817

CSP Cooperative Studies Program; CSR&D Clinical Science Research and Development Service; DoD Department of Defense; HSR&D Health Services Research and Development Service; NCPS National Center for Patient Safety; NIA National Institute on Aging; NIH National Institutes of Health; NIMH National Institute of Mental Health; VA Veterans Affairs

# **Appendix C: Fiscal Year 2017 Publications**

- Abdallah, C. (2017). What's the buzz about hydroxynorketamine? Is it the history, the story, the debate, or the promise? Biological Psychiatry, 81, e61-e63. doi:10.1016/j. biopsych.2017.01.002
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- Abdallah, C., Averill, L., & Krystal, J. H. (2017). A new journal: Addressing the behavioral and biological effects of chronic stress, Chronic Stress, 1, doi:10.1177/2470547016683296
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# **Appendix D:** Fiscal Year 2017 In Press and Advance **Online Publications**

- Abdallah, C., Averill, C. L., Salas, R., Averill, L., Baldwin, P., Krystal, J. H., Mathew, S., & Mathalon, D. (2017). Prefrontal connectivity and glutamate transmission: Relevance to depression pathophysiology and ketamine treatment. Biological Psychiatry: Cognitive Neuroscience and Neuroimaging. Advance online publication. doi:10.1016/j.bpsc.2017.04.006
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- Arditte Hall, K., Bartlett, B., Iverson, K. M., & Mitchell, K. S. (2017). Eating disorder symptoms in female veterans: The role of childhood, adult, and military trauma exposure. Psychological Trauma: Theory, Research, Practice, and Policy. Advance online publication. doi:10.1037/tra0000301
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- Bomyea, J., Lang, A. J., & Schnurr, P. P. (in press). TBI and treatment response in a randomized trial of Acceptance and Commitment Therapy. Journal of Head Trauma Rehabilitation.
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- Cook, J., & Ross, R. J. (in press). Cognitive-behavioral treatment for posttraumatic nightmares: An investigation of predictors of dropout and outcome. Psychological Trauma: Theory, Research, Practice & Policy.
- Creech, S. K., Macdonald, A., & Taft, C. T. (in press). Use and experience of recent intimate partner violence among women veterans who deployed to Iraq and Afghanistan. Partner Abuse.
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# **Appendix E:** Fiscal Year 2017 Scientific Presentations

# Academy Health Research Meeting New Orleans, LA June 2017

- Dichter, M., Butler, A., Haywood, T., Bellamy, S., Medvedeva, E., Roberts, C., & Iverson, K. M. Demographic, clinical, and health services use characteristics of women screening positive for past-year intimate partner violence in the Veterans Health Administration.
- Miller, C. J., Bovin, M. J., Burgess, J. F., Lipschitz, J., Zamora, K. A., & Pyne, J. M. Getting the ball rolling: Rural veterans' experiences initiating mental health care.
- Pogoda, T. K., Iverson, K. M., Stolzmann, K. L., Charns, M. P., Gormley, K. E., Seibert, M. N., Suri, P., Yan, K., Sayer, N. A., & Meterko, M. Predictors of employment status for Iraq and Afghanistan war veterans three years after evaluation for traumatic brain injury.
- Shin, M., Gormley, K., Toldeo, N., Vento, S., & Street, A. E. Understanding patient perspectives in screening for military sexual trauma in the Veterans Health Administration: Are veterans satisfied with their experiences?
- **Zimmerman, L. E.** Enhancing implementation science: Applying system models to address complexity.
- Zimmerman, L. E., Dollar, K., Lambert-Kerzner, A., Fickel, J., Oliver, K., Mushiana, S., Miller, C., Ritchie, M., & Kirchner, J. E. Facilitating implementation of clinical innovations virtually: Benefits, challenges, and expert recommendations.

# American College of Neuropsychopharmacology Hollywood, FL December 2016

- Abdallah, C. The impact of ketamine on global brain connectivity in treatment resistant depression. In J. Murrough (Chair), Biomarkers of TRD.
- Abdallah, C., Averill, L., Collins, K. A., Geha, P., Schwartz, J., Averill, C. L., DeWilde, K. E., Wong, E., Anticevic, A., Tang, C. Y., losifescu, D. V., Charney, D. S., & Murrough, J. Ketamine treatment and global brain connectivity in major depression.
- Averill, L., Abdallah, C., Nicui, M. J., Fenton, L. R., Fasula, M. K., Jiang, L., Rothman, D. L., Mason, G. F., & Sanacora, G. Glutamate neurotransmission and early life stress in major depression.
- 10. **Esterlis, I.** In vivo quantification of synaptic density in depression with 11C-UCB-J PET brain imaging.
- **Esterlis, I.** *Prefrontal cortical mGluR5 availability in PTSD: Preliminary findings from an [18F] FPEB PET study.*
- **Sanacora, G.** A translational approach to refining molecular therapeutic targets within glutamatergic pathways: Examining the relationship between glutamate cycling and rapid acting antidepressant response.

# Anxiety and Depression Association of America San Francisco, CA April 2017

- Adams, T., Kelmendi, B., Kichuk, S., George, J., Wasylink, S., Billingslea, E., & Pittenger, C. Galvanized learning: Augmentation of therapeutic fear extinction with transcranial direct current stimulation (tDCS).
- Chang, C., Kaczkurkin, A., McLean, C. P., & Foa, E. Emotion regulation, depression, and PTSD in adolescent survivors of child
- Heinz, A. J., Cohen, N. L., Meffert, B., Freeman, M. A., Harpaz-Rotem, I., Southwick, S. M., & Pietrzak, R. H. Entrepreneurship is linked to psychological resilience in military veterans: Results from the National Health and Resilience in Veterans Study.
- Klein, A., Bovin, M. J., Rosen, R. C., Keane, T. M., & Marx, B. P. Associations among dimensions of childhood adversity and adult depressive, anxiety, and PTSD in a sample of OEF/OIF veterans.
- McLean, C. P., Zang, Y., Zandberg, L., Bryan, C. J., Gay, N., Yarvis, J., Foa, E. B., & STONG STAR Consortium. Predictors of suicidal ideation among active duty military personnel with posttraumatic stress disorder.

- Meffert, B., Banducci, A. N., Alvarez, J., Heinz, A. J., & Bonn-Miller, M. O. Changes in distress tolerance across treatment are associated with residential PTSD treatment retention.
- 19. Miller, M. W. 5-HT2A gene variants moderate the association between PTSD and reduced Default Mode Network connectivity. In M. W. Miller (Chair), Structural and functional connectivity networks in PTSD: Clinical and genetic correlates.
- Moshier, S. J., Klein, A., Kleiman, S., Parker-Guilbert, K., Harwell, A. M., Trachtenberg, F., Rosen, R. C., Keane, T. M., & Marx, B. P. Treatment satisfaction and early termination in U.S. veterans seeking treatment for PTSD. In A. Asnaani (Chair), From RCTs to the clinic: Predictors, moderators, and other factors influencing naturalistic CBT outcomes for populations with anxiety disorders.

### (Anxiety and Depression Association of America Continued)

- 21. Wiltsey-Stirman, S., Carreno, P., Mallard, K. N., Beristianos, M., Masina, T., & Monson, C. Examining modifications to an evidence-based psychotherapy for PTSD-associations with symptom change. In L. Marques (Chair), Clinician modifications to evidence-based treatments: The "how, why, and what's next?" of changes to treatment protocols.
- 22. Wolf, E. J. PTSD-related accelerated DNA methylation age and medical morbidity and mortality. In J. Sumner and E. **Wolf** (Chairs), Traumatic stress and accelerated aging across the lifespan: Converging evidence from epigenetic, health, and neurocognitive markers.

## Association for Behavioral and Cognitive Therapies New York, NY October 2016

- Ametaj, A., Gutner, C. A., Idrobo, F., & Barlow, D. H. Implementation data from a trial of the unified protocol with victims of the armed conflict in Colombia. In A. Ametaj (Chair), Cross-cultural dissemination and implementation of a transdiagnostic intervention: The unified protocol in international
- Black, S. K., Harwell, A. M., Klein, A., Bovin, M. J., Green, J. D., Keane, T. M., & Marx, B. P. Implications of the recent and upcoming diagnostic changes to posttraumatic stress disorder: A comparison of DSM-5 and ICD-11.
- Coleman, J. N., Batchelder, A., Boroughs, M. S., Shipherd, J. C., Bedoya, C. A., & O'Cleirigh, C. Dissociation partially mediates the relationship between lifetime PTSD symptoms and sexual risk among men who have sex with men with a history of childhood sexual abuse.
- Gorman, K. R., Klein, A., Kearns, J. C., Parker-Guilbert, K., Bovin, M. J., Rosen, R. C., Keane, T. M., & Marx, B. P. Comparison of PTSD and depression in sexual minority and non-sexual minority female veterans exposed to military sexual assault, combat, and harassment.
- Green, J. D., Kearns, J. C., Marx, B. P., Nock, M. K., Rosen, R. C., & Keane, T. M. Evaluating safety plan effectiveness: Do safety plans tailored to individual veteran characteristics decrease risk? In D. J. Lee (Chair), Preventing suicide among military and veteran populations.
- Gutner, C. A., Sloan, D. M., Gallagher, M., & Resick, P. A. Dropout in treatment of PTSD: Examining the role of timing in clinical trials. In C. Cassiello-Robbins (Chair), Going beyond the basics: Identifying modifiable and clinically useful predictors of attrition from cognitive-behavioral treatment.
- Gutner, C. A., Sloan, D. M., Suvak, M., & Resick, P. A. Does timing matter? Examining the impact of session timing on outcome. In J. J. Jun (Chair), Psychotherapy process-oriented assessment to enhance trauma-focused treatment: In-depth clinical exploration of key change processes.
- Gutner, C. A., Vento, S., Barlow, D. H., Sloan, D. M., & Wiltsey Stirman, S. Patient and stakeholder preferences on transdiagnostic mental health treatment for trauma-exposed veterans. In J. R. Bullis (Chair), Direct-to-consumer marketing of psychological treatments: Consumer preferences and attitudes toward evidence-based practice.

- Harwell, A. M., Klein, A., Erb, S. E., Green, J. D., Holowka, D. W., Barretto, K. M., Bovin, M. J., Marx, B. P., Keane, T. M., & Rosen, R. C. Wartime atrocity exposure and PTSD symptom severity among OEF/OIF veterans: Evaluating the role of gender.
- 32. Heilman, M., Stoop, T., & Wolf, E. J. Associations between posttraumatic stress disorder, psychiatric comorbidity, and malingering.
- 33. Kachadourian, L., Black, A. C., & Rosen, M. I. Factors associated with mental health treatment attendance among veterans applying for service-connected compensation.
- 34. Klein, A., Green, J. D., Gorman, K. R., Bovin, M. J., Rosen, R. C., Keane, T. M., & Marx, B. P. Associations between childhood trauma and the dissociative subtype of PTSD in OEF/OIF veterans.
- Maskin, R., Vogt, D., Taverna, E., & Smith, B. N. Indirect effects of deployment social support on parenting outcomes through PTSD symptomatology.
- 36. Norman, S. B. Discussant for D. Hien (Chair), Advances in treatments for traumatic stress disorders and addictions using behavioral and pharmacologic approaches in civilian and veteran
- 37. Norman, S. B. Discussant for A. Asnaani (Chair), Under the influence: The co-occurrence of substance use disorders with PTSD and potential mechanisms maintaining their comorbidity.
- Sauer-Zavala, S., Boswell, J. F., Gutner, C. A., Bentley, K., Boettcher, H., Ametaj, A., & Barlow, D. H. Dissemination of the unified protocol in routine care: Balancing flexibility within fidelity.
- **Sloan, D. M.** Alliance across group treatment for PTSD: Modeling change with respect to individual and group characteristics. In J. J. Jun (Chair), Predictors of PTSD treatment outcome.
- 40. **Sloan, D. M.** *Emotional acceptance and suppression: Effects on* self-reported affect and physiological responding among veterans
- 41. **Sloan, D. M.** The impact of fear of depressed mood on physiological responding in veterans with unipolar depression.
- Sloan, D. M. Predictors of suicidal ideation among individuals with PTSD: Differences across veteran and community samples.

# **Association for Psychological Science** Boston, MA May 2017

- Arditte Hall, K., Rosebrock, L. E., Pineles, S. L., Rando, A., & Liverant, G. I. The interaction of rumination and emotion regulation on sadness following negative autobiographical memory recall in veterans with depression. In S. L. Connolly & E. J. Hamlat (Chairs), Memory biases, rumination, and depression: Underlying mechanisms and novel interventions.
- Berlingeri, A., & Knight, J. A. Vast PTSD diagnostic heterogeneity reflected by unique clinical symptom patterns on the CAPS and PCL-C.
- 45. **Levy, I.** Neuroanatomy accounts for age-related changes in risk preference: Understanding uncertainty.

#### (Association for Psychological Science Continued)

- Maskin, R., Vogt, D., Iverson, K. M., & Smith, B. N. Indirect effects of warfare exposure and perceived threat on alcohol problems through PTSD symptom clusters.
- Pedersen, S., Bovin, M. J., Klein, A., Jackson, C. E., Green, J. D., Harwell, A. M., Rosen, R. C., Keane, T. M., & Marx, B. P. The influence of veteran gender on applying for and receiving TBIrelated service connection.
- Rosebrock, L., Arditte Hall, K., Pineles, S. L., Rando, A., & Liverant, G. I. Rumination and emotion regulation strategies in veterans with depression and posttraumatic stress disorder.
- Sabbah, L., Curreri, A. J., Suvak, M., Pineles, S. L., Fonda, J., Iverson, K. M., Milberg, W., & McGlinchey, R. Structural equation modeling exploratory factor analysis of the Clinician Administered PTSD Scale and the Neurobehavioral Symptom Inventory.

- 50. Sanders, W., Vogt, D., & Smith, B. N. The role of the family in the link between veteran mental health problems and post-military family functioning.
- 51. **Stoop, T., Sperbeck, E., Wolf, E. J., & Miller, M. W.** *Influences of* temperament and personality disorders on the longitudinal course
- 52. Weinstein, E., Smidt, K., Fisher, L. M., & Niles, B. L. Modification or mishap? Program evaluation of evidence based psychotherapies (EBPs) at a Veterans Health Administration (VHA) posttraumatic stress disorder (PTSD) clinic.

# Biological Psychiatry San Diego, CA May 2017

- 53. Akiki, T., Averill, C. L., Wrocklage, K. M., Scott, J. C., Alexander-Bloch, A., Southwick, S. M., Krystal, J. H., & Abdallah, C. The default mode network in posttraumatic stress disorder (PTSD): A data-driven multimodal approach.
- **Driesen, N. R.** Ketamine and guanfacine effects on activation and connectivity during working memory: A functional magnetic resonance imaging investigation.
- **Esterlis, I.** In vivo evidence of lower synaptic density in depression and associated mood and cognitive deficits: A [11C] UCB-J PET imaging study.
- 56. **Esterlis, I.** *In vivo quantification of mGluR5 availability in* posttraumatic stress disorder.
- 57. Logue, M. W., Miller, M. W., McGlinchey, R. E., Milberg, W., & Wolf, E. J. Neurobiological correlates of PTSD-related accelerated aging. In A. Smith (Chair), Advances in peripheral epigenetic studies of posttraumatic stress disorder.
- **Woodward, S. H.**, & Schaer, M. *Is the amygdala hyper-myelinated* in PTSD?

# International Society for Traumatic Stress Studies Dallas, TX November 2016

- Amalathas, A., Curreri, A. J., Resick, P. A., Rasmusson, A. M., Orr, S., & Pineles, S. L. Trauma and psychophysiologic reactivity: Menstrual phase, posttraumatic stress disorder, and performance on a loud tones task.
- Amoroso, T., Taverna, E., Fox, A. B., Smith, B. N., & Vogt, D. Transitioning from combat to campus: Impact of warfare exposure and associated mental health consequences on school enrollment and functioning.
- Anglin, D., Carlson, E. B., Espinosa, A., Polanco-Roman, L., Macia, K., Palmieri, P., & Smith, S. The structure of the Dissociative Symptoms Scale across race and ethnicity: A test of measurement invariance using latent class analysis in a non-clinical sample.
- Arditte Hall, K., Bartlett, B. A., Iverson, K. M., & Mitchell, K. S. Unique associations between childhood, adult, or military trauma and eating disorder symptomatology in a sample of female veterans.

# International Society for Traumatic Stress Studies Dallas, TX November 2016

- Averill, L., Abdallah, C., Nicui, M. J., Fenton, L. R., Fasula, M. K., Jiang, L., Rothman, D. L., Mason, G. F., & Sanacora, G. Early life stress and glutamate neurotransmission in major depressive
- Balderrama-Durbin, C., Polusny, M. A., & Vogt, D. Development and psychometric evaluation of the Deployment Communication Inventory (DCI).
- Banducci, A. N., Bonn-Miller, M., Timko, C., Cloitre, M., & **Rosen, C. S.** The impact of inpatient treatment length on PTSD symptomatology and outpatient mental health service utilization among veterans with PTSD.
- Bartlett, B., Iverson, K. M., & Mitchell, K. S. Specific trauma-types and their association with physical and mental health among female veterans.

- Bernardy, N. C., Montano, M. A., & Sherrieb, K. The use of technology to improve PTSD care in rural areas. In N. C. Bernardy (Chair), Innovative approaches to improving PTSD treatment: Using technology to aid public health.
- Bovin, M. J., Black, S. K., Rodriguez, P., Lunney, C., Weathers, F. W., Schnurr, P. P., Keane, T. M., & Marx, B. P. The Inventory of Psychosocial Functioning (IPF): Development and utility of a measure of PTSD-specific impairment. In B. Smith (Chair), Examining the impact of PTSD on work, family, and other related quality of life outcomes in veterans of the wars in Iraq and Afghanistan.
- Carlson, E. B., Macia, K. S., & Cloitre, M. Observed emotion regulation patterns in early responses to trauma and their relation to later posttraumatic psychological disorder.
- 70. **Cosgrove, K.** *Imaging neuroinflammation in PTSD.*

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- 71. **Curreri, A. J.**, Salters-Pedneault, K. A., & **Shipherd, J. C.** *The role* of outcome expectancy in reducing intrusive thoughts after brief postdeployment training.
- Dardis, C., Shipherd, J. C., & Iverson, K. M. Intimate partner violence among women veterans by sexual orientation.
- Doran, J., & DeViva, J. A naturalistic evaluation of evidence-based treatment for veterans with posttraumatic stress disorder.
- Galovski, T. E., Amalathas, A., & Feingold, Z. Comparison of barriers to care in a prospective study of civilians and police officers exposed to violence in Ferguson, MO.
- Galovski, T. E., Feingold, Z., & Amalathas, A. Evidence-based practices in traumatized individuals suffering from severe mental illness and diverted from jail.
- **Gradus, J. L.** The longitudinal sequelae of stress disorders in the population of Denmark.
- **Gradus, J. L.** Using machine learning to predict suicidal ideation in OEF/OIF veterans.
- Green, J. D., Marx, B. P., Marx, B. P., Rosen, R. C., & Keane, T. M. Mental health utilization in OIF/OEF veterans with PTSD: The role of diagnostic accuracy and service connection as determinants of care seeking.
- Greene, T., Gelkopf, M., Carlson, E. B., & Liron, L. PTSD, emotional valence and instability in civilians exposed to conflict: A proximal intensive assessment study.
- Grubbs, K., Harik, J. M., & Hamblen, J. L. Patients' experiences making PTSD treatment decisions.
- Gutner, C. A., Pedersen, E., & Drummond, S. Sleep disturbance, PTSD and depression: Leveraging client preferences for treatment modality in the face of comorbidity. In K. Walter (Chair), From epidemiology to treatment delivery and dissemination: The influence of conditions comorbid with PTSD.
- Hamblen, J. L., Hundt, N. E., Bernardy, N. C., & Norman, S. B. Preferences for decision making involvement and information about PTSD treatment: A nationally representative online survey of adults who screened positive for PTSD. In J. L. Hamblen (Chair), Enhancing the quality of online information to support treatment engagement.
- Harik, J. M., Grubbs, K., & Schnurr, P. P. Using graphics to communicate information about PTSD treatment effectiveness to patients. In J. L. Hamblen (Chair), Enhancing the quality of online information to support PTSD treatment engagement. Harwell, A. M., Moshier, S. J., Klein, A., Rosen, R. C., Keane, T. M., & Marx, B. P. Wartime atrocity exposure type, PTSD diagnosis and symptom severity prediction among OEF/OIF veterans.
- Heinz, A. J., Cohen, N. L., Ortigo, K. M., Herbst, E., Bosch, J., & McCaslin, S. E. The role of cognitively flexible coping, social support, and optimism in posttraumatic growth: A postdeployment examination among Iraq and Afghanistan combat
- Herbst, E., Kuhn, E. R., McCaslin, S. E., Dickter, B., Jones, M., & Pennington, D. Mobile technology may improve smoking cessation treatment retention in veteran smokers with PTSD: An open pilot study.
- Herbst, E., Pennington, D., McCaslin, S. E., & Cohen, B. Effect of smoking and alcohol use on 24-hour urinary catecholamines, dopamine, and cortisol in veterans with posttraumatic stress disorder.

- Iverson, K. M., Vogt, D., Amoroso, T., Maskin, R., & Smith, B. N. Intimate partner violence, mental health, and occupational functioning among OEF/OIF veterans: A gender comparison.
- Javorka, M., Wong, A. C., Lewis, E. T., Zulman, D. M., & Kimerling, **R.** Differences in engagement in VA health care among veterans with and without posttraumatic stress disorder.
- Kehle-Forbes, S., & Spoont, M. Gender differences in rates and predictors of individual psychotherapy initiation and engagement among veterans newly diagnosed with PTSD.
- Kehle-Forbes, S., Back, S., Norman, S. B., & Asnaani, A. Role of alcohol use disorder in PTSD treatment engagement among treatment seeking veterans. In S. Kehle-Forbes (Chair), The treatment of co-occurring PTSD and substance-related disorders.
- Kehle-Forbes, S., Drapkin, M., Foa, E., Koffel, E., Polusny, M., Van Horn, D., Yusko, D., & Oslin, D. A randomized clinical trial of sequential versus integrated treatment for veterans with cooccurring PTSD and substance use disorders.
- Kelley, E., **Dardis, C.**, & Gidycz, C. A. The role of PTSD symptom clusters in sexual functioning in women with a history of sexual assault. In L. C. Wilson (Chair), Sexual assault/military assault.
- Klein, A., Moshier, S. J., Harwell, A. M., Rosen, R. C., Keane, T. M., & Marx, B. P. Associations between treatment satisfaction and one-year clinical outcomes in OEF/OIF veterans with PTSD.
- Kredlow, M. A., Pineles, S. L., Inslicht, S. S., Milad, M. R., Otto, M. W., & Orr, S. P. Assessment of skin conductance in African American and non-African American participants in fear conditioning research: Implications for PTSD research.
- **Loflin, M. J.** A review of the therapeutic potential of cannabinoids for PTSD.
- Loflin, M. J. Medicinal versus recreational cannabis use: An investigation of characteristics and correlates among veterans with PTSD. In E. Dworkin (Chair), Clarifying connections between cannabis use and PTSD: Moving from the laboratory to the treatment clinic. Macia, K. S., Carlson, E. B., Waelde, L., & Palmieri, P. Heterogeneity in manifestations of dissociation across individuals from diverse clinical and non-clinical samples.
- 97. Marx, B. P., Bovin, M. J., Lee, D. J., Parker-Guilbert, K., Rosen, R. C., & **Keane, T. M.** Examining the longitudinal associations among functional impairment, quality of life outcomes, and PTSD status with OEF/OIF veterans.
- Matteo, R., Harik, J. M., Hermann, B. A., & Hamblen, J. L. What people with PTSD symptoms do (and don't) know about PTSD: A national survey.
- McCaslin, S. E., Davenport-Becket, C., Chapin, B., Dinh, J., Choucroun, G., & Herbst, E. Military acculturation and transition to the civilian setting.
- 100. McCaslin, S. E., Maguen, S., Metzler, T., Bosch, J., Neylan, T. C., & Marmar, C. Perceived impact of PTSD symptoms on work, social, and quality of life outcomes in veterans: Exploring the potential benefits of a PTSD specific functioning measure. In B. N. Smith (Chair), Examining the impact of PTSD on work, family, and other related quality of life outcomes in veterans of the wars in Iraq and Afghanistan.
- 101. Mitchell, K. S., Wolf, E. J., Bovin, M. J., Lee, D. J., Green, J. D., Rosen, R. C., Keane, T. M., & Marx, B. P. Network models of DSM-5 posttraumatic stress disorder: Implications for ICD-11.

#### (International Society for Traumatic Stress Studies Continued)

- 102. Mitchell, K. S., Wolf, E. J., Bovin, M. J., Rosen, R. C., Keane, T. M., & Marx, B. P. Network models of DSM-5 PTSD: Implications for
- 103. Montano, M. A., Sherrieb, K., & Bernardy, N. C. Sleep on this: Changing prescribing, access and attitudes through rural provider
- 104. Moshier, S. J., Erb, S. E., Parker-Guilbert, K., Trachtenberg, F., Rosen, R. C., Keane, T. M., & Marx, B. P. Less symptomatic but more impaired: Correlates of early treatment termination among returning veterans with PTSD.
- 105. Moshier, S. J., Klein, A., Harwell, A. M., Parker-Guilbert, K., Erb, S. E., Trachtenberg, F., Rosen, R. C., Keane, T. M., & Marx, B. P. Who can't get no satisfaction? Satisfaction with VA and non-VA mental health care among OIF/OEF veterans with PTSD.
- 106. Nillni, Y. I., Irvine, J., Webb, A., Resick, P. A., Orr, S., Rasmusson, A. M., & Pineles, S. L. Differences in ovarian hormone steroids across the menstrual cycle among women with and without PTSD. In Y. I. Nillni (Chair), Trauma, PTSD and women's reproductive health.
- 107. Norman, S. B., Bernardy, N. C., Finley, E., Jeffreys, M., & Spoont, M. Innovative approaches to improving PTSD treatment: Using technology to aid public health. In N. Bernardy (Chair), Innovative approaches to improving PTSD treatment: Using technology to aid public health.
- 108. Norman, S. B., Eaton, E., Bolton, E., Cameron, A., & Gauthier, J. Addressing self-conscious emotions in trauma related treatment with military veterans. In C. Capone (Chair), Addressing selfconscious emotions in trauma related treatment with military
- 109. Norman, S. B., Zwiebach, L., Charney, M., & LoSavio, S. Using technology to support sustained implementation of evidence based treatments through consultation and education for veterans in community settings. In M. Charney (Chair), Disseminating Prolonged Exposure and Cognitive Processing Therapy into community settings.
- 110. Ortigo, K. M., Owen, J. E., & Carlson, E. B. Veteran preferences for alternative methods for mental health care delivery. In K. Possemato (Chair), Innovative online services to increase treatment access and engagement for veterans.
- 111. Osei-Bonsu, P., Bass, D., Friedman, M. J., Nugent, S., Hagel-Campbell, E., & **Spoont, M.** Supporting adherence to clinical practice guidelines through provider training and a decision support tool.
- 112. Paige, L., Bergmann, J., Renshaw, K. D., & Heinz, A. J. The role of personality traits in the post-trauma outcomes of combat veterans: An examination of posttraumatic stress and posttraumatic growth.
- 113. Pineles, S. L., Irvine, J., Webb, A., Nillni, Y. I., Resick, P. A., & Rasmusson, A. M. Neurobiological mechanisms of menstrual cycle effects on extinction retention among women with and without PTSD. In K. Fellingham (Chair), The effects of stress and sex hormones on mechanisms of posttraumatic stress disorder.
- 114. Rasmusson, A. M., King, M. W., Gregor, K., Scioli-Salter, E. R., Pineles, S. L., Valovski, I., Hamouda, M., & Pinna, G. Sex differences in the enzyme site at which GABAergic neuroactive steroid synthesis is blocked in PTSD: Implications for targeting of PTSD therapeutics. In Y. I. Nillni (Chair), Sex specificity in posttraumatic stress disorder: From biological mechanisms to treatment response.

- 115. Ratanatharathorn, A., Logue, M. W., Miller, M. W., & PGC-PTSD. Epigenetics workgroup DNA methylation at NRG1 may be an epigenetic biomarker of PTSD in civilian cohorts. In A. B. Amstadter & N. R. Nugent (Chairs), Updates from the psychiatric genomics consortium for PTSD: GWAS, EWAS, expression, and imaging.
- 116. Rosen, C. S., Matthieu, M., Cook, J., & Wiltsey-Stirman, S. Research on implementation of CPT and PE in the U.S. Veterans Health Administration: Synthesis of findings from 19 studies.
- 117. Schnurr, P. P. (2016, November). Discussion. In T. Jensen (Chair), Moving from research to practice to meet the needs of traumaexposed populations across the globe.
- 118. Schnurr, P. P., Bryant, R., Berliner, L., Kilpatrick, D. G., Rizzo, A., & **Ruzek, J. I.** What I changed my mind about and why.
- 119. Siegel, E., Myers, U., Haller, M., Angkaw, A., & Norman, S. B. Reintegration stress and guilt among veterans pursuing PTSD
- 120. Sippel, L. M., Han, S., Watkins, L. E., Harpaz-Rotem, I., Southwick, S. M., Krystal, J. H., Gelernter, J., & Pietrzak, **R. H.** Interaction of oxytocin receptor gene and social support in predicting resilience in U.S. military veterans. Smith, B. N., Taverna, E., Fox-Galalis, A. B., Schnurr, P. P., Matteo, R., & Vogt, D. The roles of PTSD, depression, and alcohol misuse symptomatology in linking deployment stressors and work and family outcomes in male and female veterans. In B. N. **Smith** (Chair), The roles of PTSD, depression, and alcohol misuse symptomatology in linking deployment stressors and work and family outcomes in male and female veterans.
- 121. Smith, Noelle, Tsai, J., Pietrzak, R. H., Cook, J., Hoff, R., & Harpaz-Rotem, I. Predictors of psychotherapy after initial diagnosis among Iraq and Afghanistan veterans.
- 122. Spadoni-Townsend, A., Taylor, C., Norman, S. B., & Simmons, A. N. The neural correlates of loss of consciousness during vector memory.
- 123. **Spoont, M.**, Bass, D., Osei-Bonsu, P., O'Dougherty, M., Vang, D., Hagedorn, H., Friedman, M. J., Felker, B., & Post, E. Engaging primary care providers in VA community clinics to provide evidence based pharmacotherapy for PTSD. In N. Bernardy (Chair), Innovative approaches to improving PTSD treatment: Using technology to aid public health.
- 124. Street, A. E., Rosselini, A., Ursano, R., Stein, M., Zaslavsky, A., & Kessler, R. Developing a risk model to target high-risk preventive interventions for sexual assault victimization among female U.S. Army soldiers.
- 125. **Taverna, E., Vogt, D.,** & Smith, B. N. Childhood abuse: Long-term implications for interpersonal-related quality of life through mental and physical health sequelae experienced during adulthood.
- 126. Vento, S., Gradus, J. L., & Street, A. E. Factors that moderate associations between deployment stressors and PTSD among male and female veterans of the wars in Afghanistan and Iraq. Vogt, D., Smith, B. N., Fox, A. B., & Schnurr, P. P. Consequences of PTSD for work and family quality of life of female and male U.S. Afghanistan and Iraq war veterans. In B. N. Smith (Chair), Examining the impact of PTSD on work, family, and other related quality of life outcomes in veterans of the wars in Iraq and Afghanistan.
- 127. Waelde, L., Macia, K. S., & Carlson, E. B. Development and validation of a short form of the Dissociative Symptoms Scale.

### (International Society for Traumatic Stress Studies Continued)

- 128. **Woodward, S. H.**, Schaer, M., & Kaloupek, D. G. *Regional cortical* gyrification is reduced in chronic severe PTSD.
- 129. **Yoder, M. S.**, & Tuerk, P. W. Home-based PTSD treatment: Predictors of treatment outcome.

# Science of Dissemination and Implementation in Health Washington, DC December 2016

- 130. Bernardy, N. C., Montano, M. A., Sherrieb, K., & Rosen, C. **S.** Engaging clinicians and veterans in efforts to decrease benzodiazepines in posttraumatic stress disorder (PTSD): De-implementing through academic detailing. In C. S. Rosen (Chair), Strategies for improving evidence-based mental health care for veterans: Implementation, de-implementation, and addressing system complexity.
- 131. Sayer, N., & Rosen, C. S. Organizational factors differentiating VHA PTSD outpatient teams with high and low delivery of evidence based psychotherapy. In C. S. Rosen (Chair), Strategies for improving evidence-based mental health care for veterans: Implementation, de-implementation, and addressing system complexity.
- 132. Wiltsey Stirman, S., Carreno, P., Mallard, K. N., Masina, T., & Monson, C. Strategies for assessing fidelity to evidencebased interventions: A comparison of feasibility, accuracy, and associations with clinical outcomes. In S. Wiltsey Stirman (Chair), Assessing fidelity to evidence-based interventions. How far will different strategies take us? Symposium conducted at the 9th Annual Conference on the Science of Dissemination and Implementation in Health, Washington DC.
- 133. Zimmerman, L. E., Rosen, C. S., Kimerling, R., Trafton, J., & Lindley, S. Participatory system dynamics: Triangulating electronic health records, stakeholder expertise and simulation modeling to expand evidence-based practices. In C. S. Rosen (Chair), Strategies for improving evidence-based mental health care for veterans: Implementation, de-implementation, and addressing system complexity.

# **U.S. Department of Veterans Affairs**

- 134. Averill, L. (2016, December). Ketamine trials at the NCPTSD: A brief review of where we've been, where we are, and where we are going. Presented at the New York Harbor VA Medical Center, Brooklyn, NY.
- 135. Blonigen, D., Manfredi, L., Bi, X., Suarez, P., Nevedal, A., Heinz, A. J., Vashi, A., Wagner, T., & Timko, C. (2017, July). Veterans who frequently utilize psychiatric emergency services: A qualitative study of barriers and facilitators to reducing service utilization. Poster presentation at the VA Health Service Research and Development Annual Meeting, Washington, DC.
- 136. Diaz, M. A., Williams, M. W., Lin, X., Harik, J. M., Lee, K., Milliken, L., Haller, O., & Newsome, M. (2016, October). Group-based exposure therapy's impact on the functional connectivity of veterans with mild traumatic brain injury during recovery from PTSD: Preliminary data. Poster presented at the 2nd annual Michael E. DeBakey VA Research Meeting, Houston, TX.
- 137. Galovski, T. E. (2016, November). Head injuries during assaults against women: Implications for recovery from PTSD. 5th Annual Joining Forces BUMC and VA Boston Healthcare System TBI/ PTSD Conference, Boston, MA.
- 138. Galovski, T. E. (2017, February). PTSD research/clinical trials. Congressional Staff Briefing (VISN 1), Bedford, MA.
- 139. Galovski, T. E. (2017, June). Identifying and mitigating the potential toll of military service on women's health, functioning, and well-being. VA Women's Health Services and Research Meeting, Boston, MA.
- 140. **Gradus, J. L.** (2017, March). *Cross-population trauma* epidemiology and suicidal behavior outcomes. Department of Veteran's Affairs Serious Mental Illness Treatment Resource and Evaluation Center, Ann Arbor, MI.
- 141. Gradus, J. L. (2017, March). Gender differences in machine learning models of trauma and suicidal ideation in OEF/OIF veterans. Department of Veterans Affairs Center of Excellence for Suicide Prevention, Canandaigua, NY.

- 142. Pogoda, T. K., Iverson, K. M., Charns, M. P., Stolzmann, K., Suri, P., Gormley, K., Krengel, M. H., & Sayer, N. (2017, July). Predicting employment status in OEF/OIF/OND veterans three years after evaluation for traumatic brain injury. Presentation at the 2017 National Meeting of VA Health Services Research and Development Service (HSR&D), Crystal City, VA.
- 143. Saechao, F. S., Hamilton, A., Phibbs, C. S., Berg, E., Kimerling, R., Finlay, A. K., Breland, J., Washington, D., Yano, E., Maisel, N., Balasubramanian, V., Hoggatt, K., & Frayne, S. M. (2017, July). Revolving doors: Portal of entry to VA for new women Veteran patients influences speed of exit. VA Health Services Research & Development/QUERI Conference, Arlington, VA.
- 144. **Schnurr, P. P.** (2017, July). *Psychotherapy for PTSD: An update* on the evidence [Webinar]. Presented for the Seattle VA Medical Center Psychology Lecture Series.
- 145. Schnurr, P. P., McGuire, M., Sayer, N., & Wiltsey-Stirman, S. (2017, July). Perspectives on implementing evidence-based psychotherapy for PTSD. Panel discussion presented at the HSR&D/QUERI National Conference, Washington, DC.
- 146. Shaw, J. G., Schmitt, S. K., Frayne, S. M., Shaw, K. A., Danielsen, B., Kimerling, R., Joyce, V. R., Asch, S. M., & Phibbs, C. S. (2017, July). Are mothers who rely on VA coverage for maternity care a higher risk obstetric population? VA Health Services Research & Development/QUERI Conference, Arlington, VA.
- 147. Street, A. E., Shin, M., Gormley, K., Bell, M. E., Hamilton, A., Vogt, D., Sadler, A., & Schnurr, P. P. (2017, July). Patient perspectives on military sexual trauma (MST) screening: Are veterans satisfied with their experiences? VA Health Services Research & Development/QUERI Conference, Arlington, VA.
- 148. Tobin, C., Meffert, B., Lai, J., Bonn-Miller, M., & Heinz, **A. J.** (2017, March). Relations between performance on neuropsychological assessments and perceived real-world psychosocial functioning among veterans with traumatic brain injury, alcohol use disorder, and PTSD. Presentation at the 7th Annual Traumatic Brain Injury Research Forum of the Defense and Veterans Brain Injury Center and Polytrauma Services of VA Palo Alto Health Care System, Palo Alto, CA.

#### (U.S. Department of Veterans Affairs Continued)

- 149. **Vogt, D.** (2017, April). Post-transition well-being of post-9/11 veterans. Invited presentation to U.S. Department of Veterans Affairs Office of Policy and Planning Staff, Bethesda, MD.
- 150. Wiltsey Stirman, S. (2017, July). Considering fidelity in implementation. In P. P. Schnurr (Chair), Perspectives on implementation of evidence-based psychotherapy for PTSD. Presentation at the 2017 National Meeting of VA Health Services Research and Development Service (HSR&D), Crystal City, VA.

## Other

- 151. **Abdallah, C.** (2017, April). *Ketamine's mechanism of action:* Evidence from clinical studies. Presented for the Biological Sciences Training Program (BSTP) Seminar, New Haven, CT.
- 152. Abdallah, C. (2017, April). Neuroplasticity: Transient stressors but lifelong psychopathology. Presented for Grand Rounds, University of Missouri Kansas City (UMKC) School of Medicine, Kansas City, MO.
- 153. Abdallah, C. (2017, April). The putative mechanisms of ketamine's action in the brain—impact on depressive symptoms. Presented at Psychedelic Science, Oakland, CA.
- 154. Azevedo, K. J., Factor, A., Kumar, A., Hailu, E., Ramirez, J., Lindley, S. E., & Jain, S. (2017, May). VA peer support specialist program support trauma-affected veteran families in California's Central Valley: Implications for violence prevention. Violence Prevention Conference, Los Angeles, CA.
- 155. Azevedo, K. J., Kumar, A., Hailu, E., Factor, A., Ramirez, J., Azevedo, K. J., Lindley, S. E., & Jain, S. (2017, June). Expected role and recovery mechanisms of veteran participation in peer support for PTSD. Stanford University Neuroscience Conference, Palo Alto, CA.
- 156. Babson, K. A., & Vandrey, R. (2016, November). The association between long-term and current cannabis use and slow wave sleep. In P. Morgan (Chair), Human laboratory and clinical advances in sleep and substance use. Paper accepted for presentation at the 50th Annual Meeting of the Winter Conference on Brain Research, Big Sky, MT.
- 157. Berlingeri, A., Fox-Galalis, A. B., & Knight, J. A. (2016, November). PTSD heterogeneity and clinical symptom pattern variations from the CAPS and PCL. Paper presented at the 5th BUMC TBI/PTSD Conference, Boston, MA.
- 158. Bernardy, N. C., Montano, M. A., Sherrieb, K., & Rosen, C. S. (2016, November). Engaging clinicians and veterans in efforts to decrease benzodiazepines in PTSD: De-implementing through academic detailing. Presentation at the Academy Health meeting, Washington, DC.
- 159. Brown, M., Klein, A., Harwell, A. M., Pedersen, S., Lee, D. J., Bovin, M. J., Rosen, R. C., Keane, T. M., & Marx, B. P. (2017, June). Childhood abuse as a predictor of military sexual trauma. In G. S. Hafstad (Chair), Child maltreatment. Symposium conducted at the 15th Annual Meeting of European Society for Traumatic Stress Studies, Odense, Denmark.
- 160. **Dardis, C.**, Austin, M. J., Bill, A. C., & Gidycz, C. A. (2017, March). "Mis" perception is reality: The influence of college men's perceptions of peer sexual behavior on prosocial bystander intervention. In C. Dardis (Chair), Intersections of gender and violence: Associations between gendered expectations and attitudes, IPV perpetration, and prosocial bystander intervention. Symposium conducted at the Annual Meeting of the Association for Women in Psychology, Milwaukee, Wl.

- 161. Davis, L., Duong, H., French, R., & **Tiet, Q. Q.** (2017, August). Improvement in quality of life in veterans with PTSD after mobile app interventions. Presentation at the American Psychological Association Annual Convention, Washington, DC.
- 162. Dichter, M. E., Butler, A., Haywood, T., Bellamy, S. L., Medvedeva, E., Roberts, C. B., & Iverson, K. M. (2017, September). Clinical and health services use characteristics of women screening positive for past-year IPV in the Veterans Health Administration. National Conference on Health and Domestic Violence, San Francisco, CA.
- 163. **Duman, R.** (2016, November). Rapid acting antidepressants stimulate fast synaptic remodeling. Invited address at the Journal of Labs Research Symposium, San Diego, CA.
- 164. Duman, R. (2016, December). Blockade of tonic firing GABA interneurons in the PFC is required for the rapid antidepressant actions of ketamine and scopolamine. Presentation at the American College of Neuropsychopharmacology, Hollywood, FL.
- 165. **Duman, R.** (2017, February). *Neurobiology of stress, depression* and antidepressants: Remodeling synaptic connections. Invited address at Intracellular Therapies, Inc, New York, NY.
- 166. Duong, H. M., Davis, L., French, R., Rosen, C. S., & Tiet, Q. Q. (2017, April). PTSD Coach mobile app and seeking mental health treatment. Presentation at the California Psychological Association, San Francisco, CA.
- 167. Duong, H. M., Davis, L., Leyva, Y., Smith, C., Smith, B. N., French, R., & Tiet, Q. Q. (2017, August). PTSD Coach mobile app and primary care patients. Presentation at the American Psychological Association Annual Convention, Washington, DC.
- 168. **Esterlis, I.** (2016, November). *Imaging the effects of electronic* cigarettes at the beta2-nicotinic acetylcholine receptors. Presented for the Tobacco Centers of Regulatory Science, Bethesda, MD.
- 169. Esterlis, I. (2017, March). Down with mGluR5, up with synaptic density: Insights from PET studies. Presented for Harvard University, Cambridge, MA.
- 170. French, R., Davis, L., Duong, H., & Tiet, Q. Q. (2017, August). Changes in symptoms of depression for veterans after mobile app intervention. Presentation at the American Psychological Association Annual Convention, Washington, DC.
- 171. Fuehrlein, B., Arias, A. J., Trevisan, L., Kachadourian, L., Krystal, J. H., Southwick, S. M., & Pietrzak, R. H. (2016, December). Trajectories of alcohol use in U.S. military veterans: Results from the National Health and Resilience Study. Presentation at the Annual Meeting of the American Academy of Addiction Psychiatry, Bonita Springs, FL.
- 172. **Galovski, T. E.** (2017, May). *Identifying and mitigating the* potential toll of combat employment on women's health, functioning, and well-being. Institute for Defense and Government Advancement, Washington, DC.

- 173. **Gelernter, J.** (2016, October). *Psychiatric genomics consortium:* Substance use disorders working group. Invited address at the World Congress of Psychiatric Genetics, Jerusalem, Israel.
- 174. **Gradus, J. L.** (2017, February). *Longitudinal sequelae of stress* disorders: Data from the Danish population. Center for Health Equality Research, Brown University, Providence, RI.
- 175. **Gradus, J. L.** (2017, May). *Gender differences in machine learning* models of trauma and suicidal ideation in OEF/OIF Veterans. Danish Veteran Centre, Ringsted, Denmark.
- 176. **Gradus, J. L.** (2017, May). *Stress disorders and suicide in Denmark:* A review of three studies. Aarhus University, Department of Clinical Epidemiology, Aarhus, Denmark.
- 177. Gradus, J. L. (2017, June). Longitudinal outcomes of subsyndromal stress disorders in the population of Denmark. Paper presented at the annual meeting of the Society for Epidemiologic Research, Seattle, WA.
- 178. **Green, J. D.**, Hatgis, C., **Kearns, J. C.**, Nock, M. K., & **Marx, B. P.** (2017, June). Using the Direct and Indirect Self-Harm Inventory (DISH) to explore differences in self-harm among male and female veterans. Presentation at the 12th annual meeting of the International Society for the Study of Self-Injury, Philadelphia, PA.
- 179. Harpaz-Rotem, I. (2016, November). Psychodynamic approach to the reconsolidation of traumatic memories within Prolonged Exposure therapy. Presentation at the Society for Psychotherapy Research, Berkeley, CA.
- 180. Harpaz-Rotem, I. (2017, May). Be all you can be between a promise and reality, narratives of security and insecurity in U.S. Armed Forces personnel. Invited talk at Ben Gurion University, Beersheba, Israel.
- 181. Harpaz-Rotem, I., Jia, R., Podhajsky, S., & Levy, I. (2017, September). Neuroeconomic approach to biomarkers in psychopathology: Aversion to ambiguous losses in PTSD. Presentation at the Annual Meeting of the Society for Research in Psychopathology, Denver, CO.
- 182. Harpaz-Rotem, I., Jia, R., Ruderman, L., Pietrzak, R. H., & **Levy, I.** (2017, April). *Neuroeconomic approach to trauma* related psychopathology: Aversion to ambiguous losses in PTSD. Presentation at the European Congress of Psychiatry, Florence, Italy.
- 183. Hayes, J. P. (2017, March). Mild traumatic brain injury is associated with reduced cortical thickness in those at risk for Alzheimer's disease. Presentation at the Twelfth World Congress of the International Brain Injury Association, New Orleans, LA.Heinz, A. J., Meffert, B., Tobin, C., Lai, J., Lee, K., & Bonn-Miller, M. O. (2017, March). Mobile cognitive training for military veterans with alcohol use disorder and co-occurring posttraumatic stress disorder. Poster presented at the Experiential Technology and Neurogaming Conference and Expo, San Francisco, CA.
- 184. Iverson, K. M. (2017, May). Screening and intervention for intimate partner violence (IPV) for women in VHA. VA Boston Healthcare System Annual Research Week, Boston, MA.
- 185. **Jaworski, B. K.**, & **Owen, J. E.** (2017, June). Exploring the potential of mHealth to alleviate health disparities. In H. E. Bullock (Chair), Strategies for alleviating poverty and promoting economic justice. Symposium conducted at the annual meeting of the Society of the Psychological Study of Social Issues Association, Albuquerque, NM.

- 186. Khan, C.T., Woodward, S. H., Jamison, A., & Gala, S. M. (2017, June). Improving actigraph-based sleep efficiency estimates. Presentation to the Associated Professional Sleep Societies, Boston, MA.
- 187. **Knight, J. A., Berlingeri, A., & Fox, A**. (2017, August). *PTSD* clinical heterogeneity: Symptom combination variations across PTSD criteria. Paper presented at the 125th Meeting of American Psychological Association, Washington, DC.
- 188. Knight, J. A., Berlingeri, A., Fox, A., Ebalu, T., Weatherill, R. P., & Taft, C. T. (2016, November). Identifying symptom patterns within the Clinician-Administered PTSD Scale (CAPS). Poster presented at the 50th Annual Meeting of the Association for Behavior and Cognitive Therapy, New York, NY.
- 189. **Krystal, J. H.** (2016, October). *Ketamine for antidepressant* resistant PTSD. Presentation at the CAP Combat PTSD Conference, San Antonio, TX.
- 190. Krystal, J. H. (2016, November). Overcoming the crisis of depression research. Presentation at the Hope for Depression Research Foundation, New York, NY.
- 191. Krystal, J. H. (2016, December). Fields to accelerate clinical neuroscience and mental health research. Presentation at the National Institution of Mental Health Convergence Neuroscience Workshop, University of California, San Francisco,
- 192. Krystal, J. H. (2017, June). Pathophysiology of PTSD: Rethinking drug targets (PTSD SoSS). Presentation at the U.S. Army Medical Research and Materiel Command State of the Science Summit, Shepherdstown, WV.
- 193. Lai, J., Cohen, N. L., Tobin, C., Meffert, B., Blonigen, D., Bonn-Miller, M. O., & Heinz, A. J. (2017, February). Subjective and objective measures of impulsivity: Relations with clinical symptom severity and psychosocial functioning among military veterans with alcohol use disorder and posttraumatic stress disorder. Poster presented at the International Society of Neuropsychology 45th Annual Meeting, New Orleans, LA.
- 194. Liang, J. J., Romano, A. S., Klein, A., Harwell, A. M., Bovin, M. J., Green, J. D., Marx, B. P., & Rasmusson, A. M. (2016, November). VALOR investigation of reproductive/gynecological health problems among deployed women veterans exposed to military sexual trauma. Joining Forces Conference, Boston, MA.
- 195. McGraw, K., McGee-Vincent, P., Houston, J., & Blatt, A. (2017, August). Innovative psychological health practice change dissemination: DoD/VA implementation science efforts. In K. McGraw (Chair), Innovative psychological health practice change dissemination: DoD/VA implementation science efforts. Symposium conducted at the American Psychological Association Annual Convention, Washington, DC.
- 196. Meshberg-Cohen, S., Black, A. C., Kachadourian, L., & Rosen, M. I. (2017, June). Relationship between alcohol use disorder and attitudes toward seeking professional psychological help among veterans filing PTSD claims. 38th Annual Scientific Meeting of the Research Society on Alcoholism, Denver, CO.
- 197. Meyer, E., & Walser, R. D. (2017, June). Putting values into action: Examining the connection between values and behavioral assignments from a study of ACT for co-occurring posttraumatic stress disorder and alcohol use disorders. Association for Contextual Behavioral Science, Seville, Spain.

- 198. Meyer, E., Hermann, B., Batten, S., DeBeer, B., Schnurr, P. P., & Walser, R. D. (2017, June). Acceptance and Commitment Therapy (ACT) for co-occurring posttraumatic stress disorder (PSTD) and alcohol use disorders (AUD) in U.S. military veterans: Preliminary treatment outcomes. Association for Contextual Behavioral Science, Seville, Spain.
- 199. Miller, K. E., Kuhn, E. R., Owen, J. E., Taylor, K. L., Yu, J., Weiss, B. J., Crowley, J. J., & Trockel, M. (2017, June). Clinician perceptions related to the use of the CBT-I Coach mobile app. SLEEP, Boston,
- 200. Miller, M. W. (2017, January). Traumatic stress, oxidative stress, and accelerated aging in PTSD. William James College, Newton, MA.
- 201. Mitchell, K. S., Bulik, C. M., Koenen, K. C., & Field, A. E. (2016, October). Network models of comorbid eating disorder and PTSD symptoms. Paper presented at the meeting of the Eating Disorders Research Society, New York, NY.
- 202. Niles, B. L., Mori, D. L., Pless Kaiser, A., & Wang, C. (2017, April). Qualitative findings and feasibility of a brief Tai Chi program for PTSD. In B. L. Niles (Chair), Building an evidence base for complementary and integrative treatment approaches for PTSD. Symposium conducted at the 37th Annual Meeting of the Anxiety Disorders Association of America, San Francisco, CA.
- 203. Nillni, Y. I. (2016, October). The intersection of women's mental and reproductive health: Identifying mechanisms for intervention. Colloquium presented to the Division of Prevention and Community Research, Department of Psychiatry, Yale University, New Haven, CT.
- 204. Nillni, Y. I. (2016, October). The intersection of women's mental and reproductive health: Identifying mechanisms for intervention. Colloquium presented to Women's Medicine Collaborative at Lifespan, Warren Alpert Medical School of Brown University, Providence, RI.
- 205. Pedersen, S., Brown, M., Moshier, S. J., Kleiman, S., Seal, K., Trachtenberg, F., Rosen, R. C., Keane, T. M., & Marx, B. P. (2017, August). Complementary and integrative health strategies: Use and interest in a sample of veterans with PTSD. The Military Health System Research Symposium, Kissimmee, FL.
- 206. Pedersen, S., Green, J. D., Kearns, J. C., Rosen, R. C., Keane, T. M., & Marx, B. P. (2017, August). Suicide prevention & treatment - evaluating the effectiveness of safety plans for military veterans: Do safety plans tailored to veteran characteristics decrease suicide risk? The Military Health System Research Symposium, Kissimmee, FL.
- 207. **Petrakis, I.** (2017, April). Alcohol use disorders and co-occurring PTSD. Presented for the University of California San Francisco Department of Psychiatry, Grand Rounds, San Francisco, CA.
- 208. **Pineles, S. L.** (2017, March). *Menstrual phase effects on* mechanisms implicated in PTSD maintenance. Presented for the Massachusetts General Hospital Home Base Program Research Series, Boston, MA.
- 209. Pless Kaiser, A. (2017, July). Later-adulthood trauma reengagement: Findings from discussion groups with older combat veterans. In A. Pless Kaiser & E. Davison (Chairs), Trauma-informed interventions for older adults with PTSD and trauma-related problems. Symposium conducted at the 21st Meeting of the International Association of Gerontology and Geriatrics, San Francisco, CA.

- 210. **Rasmusson, A. M.**, Risbrough, V., & Mathew, S. J. (2016, October). Physiological measures for possible use in development of PTSD biomarkers & therapeutics. Presented at Cohen Veterans Biosciences Amp-it-Up Preclinical Workshop #2, Tyson's Corner,
- 211. Rosen, M. I., Black, A. C., Montalvo-Ortiz, J. L., Levy, I., & McMajon, T. J. (2017, June). An androgen receptor polymorphism (CAG repeats) and risk-taking. 79th Annual Meeting of the College on Problems of Drug Dependence, Montreal, Canada.
- 212. Rosen, R. C., Green, J. D., Bovin, M. J., Kleiman, S., Moshier, S. J., Magnavita, A., Rangnathan, G., Trachtenberg, F., Marx, B. P., & Keane, T. M. (2017, August). Optimizing enrollment, retention and successful data collection in large, observational studies in military populations: The Project VALOR experience. The Military Health System Research Symposium, Kissimmee, FL.
- 213. Ruderman, L., Jia, R., Ehrlich, D., Salhotra, P., & Harpaz-Rotem, I. (2016, November). The neural correlates of trauma-related symptoms severity in combat veterans: A neuroeconomic approach. Presentation at the Society for Neuroscience, San Diego, CA.
- 214. Sanacora, G. (2016, November). Targeting the glutamatergic neurotransmitter system in the development of novel antidepressant medications. Invited address at the 34th Brazilian Congress of Psychiatry, São Paulo, Brazil.
- 215. **Sanacora, G.** (2017, April). *Update on the clinical use of ketamine* and other "putative" rapidly acting antidepressants. Keynote Speaker, at the Annual Meeting of the Colorado Psychiatric Society, Denver, CO.
- 216. **Sanacora, G.** (2017, July). The glutamatergic approach for treatment of depression. CINP Thematic Meeting, Prague, Czech
- 217. Satodiya, R., Averill, C. L., Akiki, T., Amoroso, T., Averill, L., Wrocklage, K. M., Scott, J. C., Southwick, S. M., Krystal, J. H., & Abdallah, C. (2017, May). Volumetric changes in hippocampal subfields in posttraumatic stress disorder. Presentation at the 170th Annual Meeting of the American Psychiatric Association (APA), San Diego, CA.
- 218. Schmidt, E. M., Stock, E., Serpi, T., Cypel, Y., Magruder, K., Kilbourne, A., **Spiro, A.**, **Kimerling, R.**, Cohen, B., & Frayne, S. M. (2017, April). Diabetes among women veterans four decades after war: The HealthVIEWS study. Society of General Internal Medicine Annual Meeting, Washington, DC.
- 219. **Schnurr, P. P.** (2017, May). Longitudinal investigation of the implementation of two evidence-based psychotherapies for PTSD in VA residential treatment programs. Presentation at the Annual Meeting of the Dissemination and Implementation Summit, Cohen Veterans Network and Center for Deployment Psychology, Arlington, VA.
- 220. Schnurr, P. P., Chow, B. K., Suvak, M., Macdonald, A., Monson, C. M., Resick, P. A., & Caudle, K. L. (2017, June). Effects of concurrent medication use on outcome in trials of psychotherapy for PTSD. Presented at the Department of Defense State of the Summit on Pathophysiology of PTSD: Rethinking Drug Targets, Shepherdstown, WV.
- 221. Scioli, E. R., Bair, M. J., Hauger, R., Pinna, G., & Rasmusson, A. M. (2017, May). Potential neurobiological mediators of exercise benefits for pain sensitivity in chronic pain and PTSD. Presentation at the 36th Annual Scientific Meeting of the American Pain Society, Pittsburgh, PA.

- 222. **Street, A. E.** (2017, June). Inter-generational and life course stability of relationship violence in the WHO World Mental Health Surveys. In G. S. Hafstad (Chair), *International Society for Traumatic Stress Studies: The effects of child maltreatment in adult samples.* Symposium conducted at the Annual Meeting of the European Society for Traumatic Stress Studies, Odense, Denmark.
- 223. **Taverna, E., Nillni, Y. I.,** TVMI Study Team, & **Vogt, D.** (2016, November). *Development and validation of the Well-Being Inventory (WBI): A comprehensive tool for the assessment of veterans' status, functioning, and satisfaction with respect to vocation, finances, health, and social relationships. Poster presented at the Annual Boston University Medical Center and Veteran Affairs Boston Joining Forces TBI/PTSD Conference, Boston, MA.*
- 224. Thompson-Hollands, J., Azevedo, K. J., Smith, B. N., & Rosen, C. S. (2016, October). Change in patient-identified problems and relationships to standard symptom measures among treatment-seeking veterans with PTSD. Poster presentation at the Annual Convention of the Association of Behavioral and Cognitive Therapies, New York, NY.
- 225. **Vasterling, J. J.** (2016, December). *Deployment-related polytraumatic injuries: PTSD and mild TBI* [Webinar]. Presented for Department of Defense Pain Fellowship.
- 226. **Vogt, D.** (2017, April). *Preliminary results from the Veteran Metrics Initiative project*. Invited presentation at the Henry Jackson Foundation, Bethesda, MD.
- 227. **Wiltsey Stirman, S.**, Ahles, E., Valentine, G. W., Monson, C., & Marques, L. (2016, December). Going off-script: Modifications to Cognitive Processing Therapy (CPT) in a community mental health clinic. In A. Baumann-Walker (Chair), *Cultural adaptation and implementation science: Optimizing the science of adaptation in the context of implementation*. Symposium conducted at the 9th Annual Conference on the Science of Dissemination and Implementation, Washington, DC.

- 228. Wolf, E. J. (2017, June). PTSD and accelerated aging. In W. Milberg & R. McGlinchey (Chairs), The diagnosis, neurobiology and treatment of deployment trauma: New concepts in understanding the neuropsychological and psychological impact of war. Symposium conducted at the 15th Annual Meeting of the American Academy of Clinical Neuropsychology, Boston, MA.
- 229. **Woodward, S. H., Jamison, A.**, & **Gala, S. M.** (2017, June). *Posttraumatic stress disorder, canine companionship, and sleep: Preliminary Findings*. Presentation at the Associated Professional Sleep Societies, Boston, MA.
- 230. **Zimmerman, L. E.**, & **Lounsbury, D.** (2017, July). Participatory system dynamics modeling for expanding the timely reach of evidence-based practices in VA outpatient mental health. Oral presentation at the 35th International System Dynamics Conference, Cambridge, MA
- 231. Zimmerman, L. E., Javorka, M., Ballinger, A., Mushiana, S., London, M., & Lounsbury, D. (2017, June). Participatory system dynamics modeling: Empowering stakeholders to identify, understand and modify drivers of implementation outcomes in health systems. In L. Zimmerman (Chair), Participatory system dynamics modeling: Empowering stakeholders to identify, understand and modify drivers of implementation outcomes in health systems. Oral Presentation at the 16th Biennial Conference of the Society for Community Research and Action, Ottawa, Canada.
- 232. Zimmerman, L. E., Lounsbury, D., Rosen, C. S., Kimerling, R., Trafton, J., Bernard, C., & Lindley, S. (2017, June). Participatory system dynamics modeling: Empowering stakeholders to implement system changes that increase access to timely, high-quality mental health care. Oral Presentation at the 16th Biennial Conference of the Society for Community Research and Action, Ottawa, Canada.
- 233. **Zimmerman, L. E., Lounsbury, D., Rosen, C. S., Kimerling, R.,** Trafton, J., Bernard, C., Rust, T., & Lindley, S. (2016, October). *Participatory system dynamics modeling: Collaborating with providers, patients and policy makers to achieve timely, high-quality addiction services.* Presentation at the 2016 Addiction Health Services Research Conference, Seattle, WA.

# **Appendix F:** Fiscal Year 2017 Educational Presentations

## International Society of Traumatic Stress Studies, Dallas, TX, November 2016

- Greene, C., & **Prins, A.** A preliminary evaluation of Moving Forward: An online problem-solving skills program.
- Merrick, C., & Bippart, V. Customizing an online PTSD treatment decision aid to improve patient-centered care.
- Vogt, D., Iverson, K. M., Gutner, C. A., Wells, S., & Badour, C. How to submit graduate and early career awards: What you need to know about NIH and VA grants.
- Watson, P. Increasing community capacity to respond to disasters. In D. Zatzick (Chair), Designing and implementing broad-reach early trauma-focused interventions for public health dissemination.

## **Other**

- **Abdallah, C.** (2016, October). *Neurobiology of trauma and stress:* Diagnostic & treatment opportunities. Invited address for Grand Rounds, Department of Psychiatry and Behavioral Sciences, New York Medical School, Valhalla, NY.
- Armstrong, C., Ciulla, R., & McGee-Vincent, P. (2017, August). Latest mobile apps, clinical support tools available for service members, veterans, and families [Webinar]. Presented for the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury Webinar Series. Retrieved from https:// www.dcoe.mil/training/webinars
- Batten, S., & Walser, R. D. (2017, June). Enhancing your clinical supervision skills: Applying contextual behavioral principles to supervisory challenges. Workshop presented at the Association for Contextual Behavioral Science World Conference, Seville,
- Drescher, K., Ruzek, J. I., Walser, R. D., & McCaslin, S. E. (2017, July). Understanding PTSD among military veterans and first responders. Presented for the Menlo Park Fire District EMS/Fire personnel, Menlo Park, CA.
- Galovski, T. E. (2016, October). Cognitive Processing Therapy and the treatment of PTSD. State of Texas, San Antonio, TX.
- Galovski, T. E. (2016, October). The influence of PTSD on quality of life [Webinar]. Presented for the Community Clergy Training to Support Rural Veterans Mental Health, National Chaplain Center.
- Galovski, T. E. (2016, November). Reducing suicide: The intersection of empiricism and clinical wisdom. Women in Government: 7th Annual Healthcare Summit, Washington, DC.
- Galovski, T. E. (2017, January). Serving the underserved: Addressing health disparities for people with disabilities. Spaulding Rehabilitation Hospital - Research Panel, Charlestown, MA.
- **Galovski, T. E.** (2017, June). *Leadership skills for researchers*. The 25th Annual VA Boston Healthcare System Psychology Education Conference, Boston, MA.
- Galovski, T. E. (2017, August). WoVeN peer-leader training. St. Louis, MO.

- 15. **Galovski, T. E.** (2017, September). *Cognitive Processing Therapy* and the treatment of PTSD. Department of Veterans Affairs, Boston, MA.
- 16. **Gelernter, J.** (2016, December). Using genetics to understand addiction biology. Presentation at the Ramathibodi Hospital. Bangkok, Thailand.
- Gelernter, J. (2017, February). Genetics of substance use disorders: GWAS and beyond. Presentation for the Yale-Chula Drug Dependence throughout the Lifespan Training Program-Course in Epidemiology, Genetics and Brain Imaging in Addiction, Chulalorkorn Faculty of Medicine, Bangkok, Thailand.
- Gelernter, J. (2017, March). Genetics of nicotine withdrawal symptoms (and other stories). Presentation at the Annual Meeting for the Society for Research on Nicotine and Tobacco, Florence, Italy.
- **Gelernter, J.** (2017, June). Genetics in addictions: What have we learned over the last decade? Presented at the 11th ALBATROS International Congress of Addictology (Plenary Session), Paris, France.
- Gillanders, D., Walser, R. D., Welford, M., Bolderston, H., & McHugh. (2016, November). Travelers: Points of connection and points of distinction between third wave therapies. Panel at the UK and Ireland Chapter Association of Contextual Behavioral Science, Edinburgh, Scotland.
- 21. Goldsmiths, J. L., Flaxman, P., McIntosh, R., & Walser, R. D. (2016, November). Beyond the therapy room: The role of CBS across different sectors. Panel at the UK and Ireland Chapter Association of Contextual Behavioral Science, Edinburgh, Scotland.
- Gutner, C. A. (2016, November). Maximizing worksheets to enhance evidence-based treatments. Southern Methodist University, Dallas, TX.
- 23. Havens, K., & McCaslin, S. E. (2017, September). VA Innovators Network human-centered design workshop. Presented for the VA Palo Alto Healthcare System, Palo Alto, CA.
- Iverson, K. M. (2017, March). Addressing intimate partner violence (IPV) among women veterans. Presented for Social Work Education Day at the VA Boston Healthcare System, Boston, MA.

- 25. Kauth, M. R., & Shipherd, J. C. (2017, June). Overview of VA LGBT veteran health care [Webinar]. Presented for the Minority Veterans Program Coordinators.
- Keane, T. M. (2016, November). Treatment of PTSD in VA. Presented for the National Press Foundation, Washington, DC.
- Keane, T. M. (2016, December). VetChange: Clinical applications of an internet treatment for risky alcohol use and PTSD [Webinar]. Presented for the Division of Psychologists in Public Service.
- Keane, T. M. (2017, January). Recent advances in the psychological treatment of PTSD. Presentation at Carlos Albizu University Department of Clinical Psychology, Miami, FL.
- Keane, T. M. (2017, January). Recent advances in the psychological treatment of PTSD. Presentation at the University of Miami Department of Psychiatry Grand Rounds, Miami FL.
- Kjelgaard, R., & Walser, R. D. (2016, November). Creative hopelessness. Workshop presented at the Nordic Chapter of the Association for Contextual Behavioral Science, Copenhagen, Denmark.
- Kjelgaard, R., & Walser, R. D. (2017, June). Uncovering the process of creative hopelessness. Workshop presented at Association for Contextual Behavioral Science World Conference, Seville, Spain.
- Knight, J. A. (2017, March). New approach using transcranial light for treating veterans with TBI & PTSD. Presentation at the Meeting of the Regional Veterans Council, Framingham, MA.
- 33. **Krystal, J. H.** (2017, May). *PTSD: From neurobiology to treatment*. Presentation at Stony Brook University Grand Rounds, Long Island, NY.
- McCaslin, S. E., Baker, S., Chang, A., Vantsevich, A., & Miller, A. (2017, May). Version 2.0 of the Community Provider Toolkit. Envisioning Workshop, Lab at OPM, Washington, DC.
- McCaslin, S. E., Cannizzarro, K., Lickel, J., & Thiede, J. (2017, January). Accessing VHA resources to support well-being and academic success. Panel presented at the Student Veterans of America Annual Conference, Anaheim, CA.
- McLean, C. P. (2017, February). Prolonged Exposure therapy for PTSD. Presented to the clinical psychology graduate students. Department of Psychology, University of California Berkeley, Berkeley, CA.
- McLean, C. P. (2017, May). Web treatments for PTSD. 2017 VA Palo Alto Health Care System Research Week, Palo Alto, CA.
- Miller, M. W. (2017, May). Oxidative stress, inflammation, and accelerated aging in veterans with chronic PTSD. VA Maine Medical Center, Togus, MA.
- Morris, E., Walser, R. D., Barnes-Holmes, Y., Gillanders, D., & Bennett, R. (2016, November). Supervision and training: What can contextual behavioral science bring? Panel presented at the UK and Ireland Chapter Association of Contextual Behavioral Science, Edinburgh, Scotland.
- Niles, B. L., Unger, W. S., & Wattenberg, M. (2017, March). Catharsis and containment: Empirically supported group treatments for handling emotion in groups for PTSD. Workshop presented at the Annual Meeting of the American Group Psychotherapy Association, New York, NY.

- 41. Nillni, Y. I., & Miller, Laura (2017, July). Perinatal PTSD [Webinar]. Presented for the Women's Mental Health Monthly Clinical Training Teleconference Series. Retrieved from https://vaww. portal.va.gov/sites/OMHS/WMH/teleconferencedl/Forms/ AllItems.aspx
- 42. **Pineles, S. L.** (2016, November). *Gender and PTSD*. Guest Lecture for Psychopathology Graduate Seminar at Suffolk University, Boston, MA.
- **Sanacora, G.** (2016, October). *Moving beyond the monoamines.* Presented for the Psychiatry Updates, CME course, New York, NY.
- Sanacora, G. (2016, November). Treating major depression, current state. Presentation for Psychiatry Updates, CME course, Washington, DC.
- Sanacora, G. (2016, December). Innovative treatments for major depression. Invited address at the 3rd Annual Mood Disorders Summit, Miami, FL.
- 46. **Sanacora, G.** (2017, January). *Ketamine in treatment resistant* depression. Presented for the Georgia Psychiatric Physician Association Meeting, Atlanta, GA.
- 47. Sanacora, G. (2017, January). Update on ketamine and other putative rapid acting antidepressants. Invited address at the University of Miami, Psychiatry Grand Rounds, Miami, FL.
- Sanacora, G. (2017, March). Ketamine treatment of mood disorders: Ready for prime time? Invited address at Psychiatry Grand Rounds, Indiana University, Indianapolis, IN.
- Sanacora, G. (2017, March). Novel glutamatergic agents for the treatment of mood disorders: A clinical perspective. Invited address for the Rushton Lectures, Florida State University, Tallahasse, FL.
- 50. **Sanacora, G.** (2017, March). *Psychiatric drugs in development:* Hope on the horizon. Presentation at the Nevada Psychiatric Association Conference, Las Vegas, NV.
- 51. Sanacora, G. (2017, June). Antidepressant effects of NMDA receptor antagonists. Presented at the World Federation of the Society for Biological Psychiatry, Copenhagen, Denmark.
- 52. **Sanacora, G.** (2017, September). *Taking another look at major* depression. Pri-Med CME Conference, Boston MA.
- Schnurr, P. P. (2017, August). National Center for PTSD. Invited address presented at the annual meeting of the American Legion, Reno, NV.
- Schnurr, P. P. (2017, May). Understanding the need for medication research on posttraumatic stress disorder. Presentation at the VA PTSD Psychopharmacology Workshop at the Society for Biological Psychiatry, San Diego, CA.
- 55. **Shipherd, J. C.** (2016, October). *Intimate partner violence among* lesbian, gay, bisexual, and transgender (LGBT) veterans [Webinar]. Teleconference on the National IPV Assistance Training call.
- **Southwick, S. M.** (2016, October). *The science of resilience:* Lessons from the resilient. Keynote address for Mind Body Medicine: Its Role in Compassionate Care, Harvard University School of Medicine, Boston, MA.
- 57. **Southwick, S. M.** (2017, January). *Trauma, PTSD and resilience*. Presentation at the Dart Foundation, Columbia School of Journalism, New York, NY.

- **Southwick, S. M.** (2017, June). The science of resilience. Presented for the Redmond Symposium of the International Association of Firefighters, Vancouver, Canada.
- Southwick, S. M. (2017, May), Resilience in health care, Presented for Grand Rounds, Chicago Medical School, Chicago, IL.
- Taft, C. T. (2017, February). Preventing domestic violence in military veterans. Presented at Boston University School of Medicine, Boston, MA.
- Villatte, M., & Walser, R. D. (2017, June). Doing experimental therapy. Workshop presented at Association for Contextual Behavioral Science World Conference, Seville, Spain.
- Walser, R. D. (2016, November). Beyond the basics in Acceptance & Commitment Therapy: Advancing through use of the therapeutic relationship and implementing the processes with flexibility & effectiveness. Workshop presented at the UK and Ireland Chapter Association of Contextual Behavioral Science, Edinburh, Scotland.
- Walser, R. D. (2016, November). Life after trauma: Using Acceptance and Commitment Therapy to revitalize interrupted lives. Workshop presented at the Nordic Chapter Association of Contextual Behavioral Science, Copenhagen, Denmark.
- **Walser, R. D.** (2016, November). *Living life from the feet up:* Creating well-being in the larger context of earth, animals and humans. Plenary at the UK and Ireland Chapter Association of Contextual Behavioral Science, Edinburgh, Scotland.
- Walser, R. D., & O'Connell, M. (2017, June). Training the therapist to be a therapist using ACT and mindfulness. Workshop presented at the Association for Contextual Behavioral Science World Conference, Seville, Spain.
- Walser, R. D., & Westrup, D. (2017, June). Rapid role play: Flexibly engaging act core processes in integrating the ACT core processes in therapy. Workshop presented at Association for Contextual Behavioral Science World Conference, Seville, Spain.
- Wiltsey Stirman, S. (2017, February). Implementing CBT for depression in routine care clinical settings: Practical considerations. Universidad de Monterrey, San Pedro Garza García, NL México.

- Wiltsey Stirman, S. (2017, January). Implementation and sustainability of a trauma-focused treatment for PTSD. Psychiatry Grand Rounds, University of Texas Health Sciences Center, San Antonio
- Wiltsey Stirman, S. (2017, July). Fireside chat: Sustainability [Webinar]. Presented for the National Cancer Institute Advanced Topics in Implementation Science. Retrieved from https:// cyberseminar.cancercontrolplanet.org/implementationscience/ archive.aspx?ID=41
- 70. Wiltsey Stirman, S. (2017, May). Why should I care about implementation science? Applying principles of implementation science to your work across the continuum of research to practice [Webinar]. Presented for the Association of Cognitive & Behavior Therapies National Webinar Series. Retrieved from http:// www.cmhpsr.org/events/2017/5/19/webinar-why-should-icare-about-implementation-science-applying-principles-ofimplementation-science-to-your-work-across-the-continuumof-research-to-practice
- 71. Wiltsey Stirman, S., Carreno, P., Mallard, K. N., Tasoula Masina, & Monson, C. (2016, October). Which aspects of a learning collaborative are associated with fidelity to and adaptation of an evidence-based psychotherapy? In R. Hanson (Chair), Peering Into the black box: Are we getting closer to unpacking the learning collaborative implementation model? Association for Behavioral and Cognitive Therapies, New York City, NY.
- 72. Wolf, E. J. (2016, October). The genetics of PTSD-related accelerated aging [Webinar]. PGC Worldwide Lab Meeting
- **Wolf, E. J.** (2017, February). *The dissociative subtype of PTSD:* From genes to diagnostic assessment and treatment. Presented for the Perspectives on Trauma Series, McLean Hospital, Belmont, MA.
- Wolf, E. J. (2017, March). Genetic and environmental influences on PTSD and resilience: Evidence for a single spectrum of vulnerability to traumatic stress. Seminar presented at the Program in Genetic Epidemiology and Statistical Genetics Seminar Series at the Harvard School of Public Health, Boston, MA.

# **Appendix G:** Fiscal Year 2017 Editorial Board Activities

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** 

Gutner; Sloan (Editor); Wolf

**Behaviour Research and Therapy** 

Ruzek; Sloan

**Biological Psychiatry** 

Duman; Gelernter; Krystal (Editor); Sanacora

**Biological Psychiatry: Cognitive Neuroscience and Imaging** 

Duman, Gelernter, Sanacora

**Brain Stimulation** 

Duman

**Chinese Journal of Psychology** 

Keane

**Chronic Stress** 

Abdallah (Editor); Duman; Esterlis; Krystal (Associate Editor); Pietrzak; Rasmusson; Sanacora; Southwick; Woodward

**Clinical Psychology Review** 

Pineles (Guest Editor)

Clinical Psychology: Science and Practice

Cognitive and Behavioral Practice

McLean; Shipherd (Guest Editor)

**Community Mental Health Journal** 

Harpaz-Rotem

**Current Psychiatry Reports** 

Friedman

**Depression and Anxiety** 

Holtzheimer

**Eating Behaviors** 

Mitchell (Associate Editor)

**European Journal of Psychotraumatology** 

Cloitre (Associate Editor)

Frontiers in Neuroscience: Neurogenomics

Miller (Associate Editor); Wolf

Frontiers in Neuroscience: Neurogenesis

Duman (Associate Editor)

**International Journal of Emergency Mental Health** 

Keane

Journal of Abnormal Psychology

Miller: Wolf

**Journal of Anxiety Disorders** 

Pietrzak: Ruzek

**Journal of Child and Family Studies** 

Tiet

**Journal of Clinical Psychology** 

Sloan

**Journal of Consulting and Clinical Psychology** 

Marx; Sloan; Taft

**Journal of Contemporary Psychotherapy** 

Sloan

**Journal of Depression and Anxiety** 

**Journal of Family Psychology** 

**Journal of Family Violence** 

**Journal of Neurochemistry** 

Duman

Journal of Neuroscience

Levy (Associate Editor)

#### Appendix G: Fiscal Year 2017 Editorial Activities

Journal of Rehabilitation, Research and Development

Harpaz-Rotem (Associate Editor), Keane

**Journal of Trauma and Dissociation** 

Carlson: Marx

**Journal of Traumatic Stress** 

Galovski (Associate Editor); Miller; Morland; Wolf

mHealth

Ruzek

**Molecular Neuropsychiatry** 

Abdallah

Molecular Pharmacology

Duman

Neuropsychopharmacology

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

**Neuroscience Letters** 

Abdallah (Guest Editor)

**Partner Abuse** 

Taft

**PLoS One** 

Miller

**Psychiatric Genetics** 

Gelernter

**Psychological Assessment** 

Vasterling

**Psychology Injury and Law** 

Pietrzak

Psychological Trauma: Theory, Research, Practice and

Carlson; Keane; Marx; Miller; Ruzek; Smith; Vogt; Wachen

**Psychopharmacology** 

Abdallah; Duman

**Psychosomatic Medicine** 

Sloan

Trauma, Violence, and Abuse

Keane