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APPENDIX A

Acronyms Used in Appendix B

<p>APOE Apolipoprotein E</p> <hr/> <p>AUD Alcohol Use Disorder</p> <hr/> <p>BDNF Brain-Derived Neurotrophic Factor</p> <hr/> <p>CAPS-5 Clinician-Administered PTSD Scale for <i>DSM-5</i></p> <hr/> <p>CBCT Cognitive-Behavioral Conjoint Therapy</p> <hr/> <p>CBT Cognitive-Behavioral Therapy</p> <hr/> <p>COE Center of Excellence</p> <hr/> <p>CPT Cognitive Processing Therapy</p> <hr/> <p>CSP Cooperative Studies Program</p> <hr/> <p>DOD Department of Defense</p>	<p>DSM-5 <i>Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition</i></p> <hr/> <p>EBA Evidence-Based Antidepressant</p> <hr/> <p>EBP Evidence-Based Psychotherapy</p> <hr/> <p>EEG Electroencephalogram</p> <hr/> <p>EMA Ecological Momentary Assessment</p> <hr/> <p>ENIGMA Enhancing Neuroimaging Genetics through Meta-Analysis</p> <hr/> <p>fMRI Functional Magnetic Resonance Imaging</p> <hr/> <p>FY Fiscal Year</p> <hr/> <p>GWAS Genome-Wide Association Studies</p> <hr/> <p>IPV Intimate Partner Violence</p>	<p>LATR Later-Adulthood Trauma Reengagement</p> <hr/> <p>LGBT Lesbian, Gay, Bisexual, and Transgender</p> <hr/> <p>LIGHT Longitudinal Investigation of Gender, Health, and Trauma</p> <hr/> <p>MBC Measurement-Based Care</p> <hr/> <p>MDD Major Depressive Disorder</p> <hr/> <p>MDMA 3,4-methylenedioxy-methamphetamine</p> <hr/> <p>MEG Magnetoencephalography</p> <hr/> <p>mGluR5 Metabotropic Glutamate Receptor Type 5</p> <hr/> <p>MRI Magnetic Resonance Imaging</p> <hr/> <p>MST Military Sexual Trauma</p>	<p>MVP Million Veteran Program</p> <hr/> <p>NCPS National Center for Patient Safety</p> <hr/> <p>NDHS Neurocognition Deployment Health Study</p> <hr/> <p>NEPEC Northeast Program Evaluation Center</p> <hr/> <p>NHRVS National Health and Resilience in Veterans Study</p> <hr/> <p>OMHSP Office of Mental Health and Suicide Prevention</p> <hr/> <p>PC-PTSD-5 Primary Care Screen for PTSD for <i>DSM-5</i></p> <hr/> <p>PCT Present-Centered Therapy</p> <hr/> <p>PE Prolonged Exposure</p> <hr/> <p>PET Positron Emission Tomography</p>	<p>PGC Psychiatric Genomics Consortium</p> <hr/> <p>PTSD Posttraumatic Stress Disorder</p> <hr/> <p>REACH VET Recovery Engagement and Coordination for Health – Veterans Enhanced Treatment</p> <hr/> <p>RRTP Residential Rehabilitation Treatment Program</p> <hr/> <p>SERV Survey of Returning Veterans</p> <hr/> <p>SSRI Selective Serotonin Reuptake Inhibitor</p> <hr/> <p>STAIR Skills Training in Affective and Interpersonal Regulation</p> <hr/> <p>STRONG STAR South Texas Research Organizational Network Guiding Studies on Trauma and Resilience</p>	<p>TBI Traumatic Brain Injury</p> <hr/> <p>TMS Transcranial Magnetic Stimulation</p> <hr/> <p>TRACTS Translational Research Center for Traumatic Brain Injury and Stress Disorders</p> <hr/> <p>TSPO Translocator Protein</p> <hr/> <p>VA Department of Veterans Affairs</p> <hr/> <p>Project VALOR Veterans After-Discharge Longitudinal Registry</p> <hr/> <p>VHA Veterans Health Administration</p> <hr/> <p>Web-PE Web Version of Prolonged Exposure</p> <hr/> <p>WET Written Exposure Therapy</p> <hr/> <p>WoVen Women Veterans Network</p>
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APPENDIX B

Fiscal Year 2019 Research Narrative by Division

Behavioral Science Division

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

Biomarkers

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

Ongoing studies that examine PTSD and blast-related traumatic brain injury (TBI) in Veterans of Iraq and Afghanistan war zones aim to clarify the relative contribution of mild TBI and psychiatric conditions to deficits in current functioning

and health outcomes. Investigators are now expanding this work to an older longitudinal cohort to study how stress, genetic risk, and peripheral biomarkers of inflammation are associated with subsequent health decline and neurodegeneration.

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

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

Treatment Efficiency, Effectiveness, and Engagement

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

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

APPENDIX B: Fiscal Year 2019 Research Narrative

(Behavioral Science Division, continued)

settings.

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

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

Division investigators have also been studying how clinicians make decisions around family involvement in PTSD treatment, conducting qualitative interviews with staff and administrators to identify their decision-making process and various barriers or facilitators for

family involvement. Efforts are also underway to examine how to harness social support from Veterans' family members to aid treatment effectiveness. A small, randomized, controlled trial is being conducted to examine the impact of a two-session family intervention to complement the delivery of Cognitive Processing Therapy (CPT) or PE. The goals of the intervention are to increase family members' support for and understanding of trauma-focused treatment, and also to reduce levels of family accommodation around PTSD symptoms.

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

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

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

Care Delivery, Models of Care, and System Factors

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

DSM-5

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

APPENDIX B: Fiscal Year 2019 Research Narrative

(Behavioral Science Division, continued)

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

PTSD and Suicide

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

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

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

Other Important Research

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

The second large investigation, the [Neurocognition Deployment Health Study \(NDHS\)](#), began data collection at the outset of the Iraq War in 2003. Military personnel were assessed before deployment and at

several intervals afterward, making this the first prospective longitudinal study to address the psychological impact of war zone stress. The study design allows examination of long-term emotional and neuropsychological outcomes, as well as health-related quality of life and occupational functioning. Initial papers have described PTSD outcomes; longitudinal neuropsychological outcomes; and relationships among PTSD, TBI, and neuropsychological outcomes. Data preparation and analysis are underway for an associated study that examines the adjustment of both partners and children of the Servicemembers and Veterans in the cohort.

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

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

Division assessment research includes work with teams from the MITRE Corporation, a not-for-profit organization based in Bedford, Massachusetts, that manages federally funded

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(Behavioral Science Division, continued)

research and development centers. The current project is aimed at developing a nonintrusive

method of PTSD detection based on voice analysis applied to interview recordings. This work identifies vocal markers related to timing and coordination of speech to determine the

presence and severity of PTSD. The nonintrusive nature of this approach increases its potential for real-world application; a patent application has been filed.

Clinical Neurosciences Division

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

Biomarkers

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

Division researchers use genome-wide association studies (GWAS) to screen for genetic variations across large numbers of research participants. GWAS data from 165,000 U.S. military Veterans participating in the [Million Veteran Program \(MVP\)](#) provided the first evidence of genetic vulnerability to one of the hallmark symptoms of PTSD, re-experiencing traumatic events. A report published in Nature

Neuroscience describes eight distinct genetic regions associated with PTSD and stress response: markers for genes that influence corticosteroid function (CRHR1 and HSD17B11), immune and inflammatory response (RAB27B), and associations with schizophrenia and bipolar disorder (TCF4 and MAD1L1). Genetic overlap between PTSD and schizophrenia may be due to shared biochemical pathways between hallucinations, dissociation, nightmares, and flashbacks, and may identify which PTSD patients are appropriate candidates for antipsychotic pharmacotherapy. Cell-type analyses revealed that medium spiny neurons may implicate striatal dysfunction in PTSD. Data further revealed that re-experiencing symptoms share genetic risk factors with hypertension.

The [VA National PTSD Brain Bank](#) studies postmortem brain tissue of PTSD and major depressive disorder (MDD) donors to characterize gene expression associated with stress and suicide, which may lead to blood-based biomarkers that could be used to diagnose and

monitor treatment response. RNAseq analysis, involving more than 1,900 tissue samples of cortical and limbic brain regions revealed patterns of gene co-expression, and sex-specific transcriptional changes in four regions of the prefrontal cortex.

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

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

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(Clinical Neurosciences Division, continued)

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

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

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

Building on postmortem and genetic data, PET researchers studied transcription levels of translocator protein (TSPO), a marker of microglial and inflammatory immune response,

to determine the relationship between TSPO, peripheral immune markers, and PTSD symptoms. TSPO was significantly lower in PTSD subjects compared to subjects without PTSD in the insula, ventromedial prefrontal cortex, and prefrontal-limbic regions. The latter region was also associated with lower IFN-gamma, a proinflammatory cytokine implicated in autoimmune disease, and with greater PTSD symptom severity. This study provided the first known in vivo evidence of neuroimmune dysregulation in PTSD.

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

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

- ▶ A study using fractional anisotropy in PTSD subjects found altered white matter in the cingulum angular bundle, a brain region implicated in executive function and neurodegeneration.
- ▶ Researchers studied Veterans who are both apolipoprotein E (APOE) e4 allele carriers and have a diagnosis of PTSD, and demonstrated that they have significantly greater cognitive difficulties than e4 carriers without PTSD.
- ▶ An investigation of associative learning in

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

- ▶ An evaluation of a newly developed pupillary biomarker examined stress arousal via neuron firing in the locus coeruleus, a brain region that also controls changes in the pupil of the eye.
- ▶ A study using a novel calibrated functional MRI (fMRI) technique investigated trauma and mood symptoms under drug challenge with ketamine and perampanel.

Treatment Efficiency, Effectiveness, and Engagement

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

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

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(Clinical Neurosciences Division, continued)

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

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

- ▶ A clinical trial of repeated doses of ketamine for treatment-resistant PTSD, with an added emphasis on durability of treatment response.
- ▶ A seven-day trial of PE enhanced with a single infusion of ketamine.
- ▶ A study of combined PE and CPT in VA PTSD residential treatment programs.
- ▶ A project examining Mindfulness-Based Stress Reduction for anger and aggression in Veterans with PTSD.
- ▶ An examination of chronic pain, anger, and aggression in PTSD using ecological momentary assessment (EMA).
- ▶ A trial of transcranial direct current stimulation on learning, memory, and brain circuitry.
- ▶ A trial of buprenorphine and CPT for patients diagnosed with PTSD and opiate use disorder; opiate use disorder is more common in diagnoses of PTSD.
- ▶ A study that examines the effect of WET in Veterans diagnosed with PTSD and comorbid substance use disorder.
- ▶ A study to examine the effect of sirolimus and

ketamine on neuroinflammation; this project expands upon previous work demonstrating prolonged remission with the combined treatments.

- ▶ A study of the neural and behavioral effects of serotonin-releasing agent 3,4-methylenedioxy-methamphetamine (MDMA) in PTSD.

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

DSM-5

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

These typologies differed in their clinical features. The Dysphoric group had higher rates of depression and substance use disorders

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

PTSD and Suicide

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

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

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

APPENDIX B: Fiscal Year 2019 Research Narrative

(Clinical Neurosciences Division, continued)

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

NHRVS data revealed a wealth of conclusions related to suicidality. Veterans with both PTSD and MDD are significantly more likely to have attempted suicide and to be currently contemplating suicide, compared to Veterans with PTSD or MDD alone. Anhedonic and externalizing symptoms of PTSD are most

strongly linked to suicidal thinking. Veterans who use VA as their primary source of health care have significantly higher rates of suicide attempts and suicidal thinking than those who do not. Factors such as greater purpose in life, curiosity, and optimism may help buffer the probability of suicidality in high-risk Veterans with histories of PTSD and depression. Finally, a greater sense of meaning in life moderates the relationship between suicidal ideation and experiences that violate the person's moral or ethical standards.

Published NHRVS study findings documented the effect of homelessness on suicidality, showing that Veterans with a history of homelessness are five times more likely to attempt suicide

than those with no such history. These findings made an immediate translational impact on policy, as directives were issued on roles and responsibilities of VA homeless programs in suicide prevention.

Dissemination and Training Division

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

Treatment Efficiency, Effectiveness, and Engagement

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

that identifies patients at risk for subsequent mental health problems and identify resources tailored to particular patient problems and needs to increase engagement into care.

Several ongoing studies are assessing the ability of web-based and mobile technologies to increase Veteran access to mental health care and to enhance outcomes. Telemental health services in the home are expected to increase patient engagement and access, but to date this type of service has rarely been implemented. A hybrid effectiveness and implementation study will compare two treatments delivered to women

Veterans in their homes via video teleconference: Skills Training in Affective and Interpersonal Regulation (STAIR) and Present-Centered Therapy (PCT). The goals of the study are to assess the relative effectiveness of these treatments and to identify barriers and facilitators for using video for home delivery treatment.

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

APPENDIX B: Fiscal Year 2019 Research Narrative

(Dissemination and Training Division, continued)

Therapy, with and without peer support.

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

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

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

Care Delivery, Models of Care, and System Factors

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

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

Implementation

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

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

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

PTSD and Suicide

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

Evaluation Division

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

Biomarkers

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

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

As of the end of FY 2019, the PTSD Brain Bank had 260 PTSD and comparison frozen hemispheres (roughly one-third each from donors with PTSD, donors with major depression, and healthy controls). In addition, the PTSD Brain Bank has 22

fixed hemispheres. An additional 100 prospective tissue donors have volunteered to be followed over their lifetimes. There has been considerable progress on major projects regarding bulk and single cell RNA sequencing and DNA methylation from key brain areas, including a collaboration with the Lieber Institute for Brain Development that will obtain transcriptomic data from eight brain regions from over 300 brains, divided between PTSD, major depressive disorder (MDD), and healthy controls.

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

The first study of the neural correlates of social working memory in PTSD completed recruitment. Interim analyses suggest that individuals with PTSD have more difficulty than trauma-exposed comparison participants with maintaining and manipulating social information on a moment-

to-moment basis. An ongoing study is using EEG, eye tracking, and behavioral measures to examine the interaction between emotional processing and attentional functioning in healthy adult participants and trauma-exposed individuals with and without PTSD.

Treatment Efficiency, Effectiveness, and Engagement

The Executive Division has a long history of participation in VA's CSP. During FY 2019, CSP #591, a groundbreaking study comparing PE and CPT at 17 VA facilities across the country, was completed. The investigators enrolled 916 participants, more than the 900 that were anticipated, and data analysis is projected to be completed by the second quarter of FY 2020. Findings will help VA leadership, clinicians, and Veterans make informed choices about the delivery of PTSD care in VA, and will also be broadly relevant to the scientific and clinical communities outside VA.

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

Investigators continue to focus on treatments for conditions that frequently co-occur with PTSD and to examine novel treatments for PTSD.

APPENDIX B: Fiscal Year 2019 Research Narrative

(Evaluation Division, continued)

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

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

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

Care Delivery, Models of Care, and System Factors

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

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

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

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

Two new projects will begin in FY 2020. The first aims to improve access to evidence-based treatments for Veterans with PTSD at rural facilities utilizing facilitation, academic detailing, and collaboration with the National

Center's Mentoring Program. Expansion will include measuring the sustainability of the implementation work done in FY 2019. The second initiative will create a collaboration with the team's local Office of Community Care to identify providers in the area who are planning to treat Veterans through the MISSION Act, which allows Veterans to access care in the community. The project will also create a streamlined network with local community providers to enhance their knowledge of the 2017 VA/DOD PTSD Clinical Practice Guideline (CPG) treatment recommendations and share current best practices regarding suicide risk assessment.

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

DSM-5

In collaboration with the Behavioral Science Division, the Executive Division is leading a study

APPENDIX B: Fiscal Year 2019 Research Narrative

(Evaluation Division, continued)

to provide further validation of the [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 [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. Data analyses have been completed and a manuscript is being prepared to submit for publication.

PTSD and Suicide

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

Recently completed work with this COE shows potential misclassification in suicide outcomes across data sources available to VA operations and researchers. A separate study using semantic analysis of clinical note text to evaluate ruptures in therapeutic alliance preceding death by suicide

in a VA PTSD treatment population is nearing completion. A new study that will launch in FY 2020 will leverage an existing 10-year national longitudinal cohort of VA users to answer important questions about rural-urban differences in death by suicide. Finally, based on previous work showing elevated risk of suicide during high-risk care transitions, investigators will develop and implement an effective suicide prevention intervention for rural VA facilities to decrease suicide risk in Veterans living in rural settings.

Pacific Islands Division

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

Treatment Efficiency, Effectiveness, and Engagement

Three major projects are aimed at evaluating different methods of delivering PTSD treatment. Investigators are in the final phase of a large trial that examined Veterans' preferences for and the clinical efficacy of three modalities for the provision of PE: two involving technology and one involving in-home visits to Veterans. A second trial is comparing different treatments for in-home delivery of a couples-based intervention for PTSD; this study examines the clinical efficacy of brief Cognitive-Behavioral Conjoint Therapy (CBCT) and compares home-based care to traditional office-based care. A

new trial in collaboration with the Dissemination and Training Division is looking at home-based STAIR treatment for women Veterans who have experienced MST. The third study, a collaboration with investigators at the Minneapolis VA Health Care System, is a multi-site trial comparing standard PE with PE incorporating a partner.

Other Important Research

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

and the effects of those correlates on Veterans' response to evidence-based PTSD treatments.

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

An ongoing project conducted in conjunction with the Military Family Research Institute at Purdue University examines sociocultural and community influences on mental health decision-making among male and female African-American, Asian-American, Latino, and non-Latino white Veterans who are starting PTSD care in a VA mental health clinic. This mixed-methods study uses qualitative phone interviews, follow-up surveys, and census information. Part one of the interview examines who in their social networks Veterans talk to about mental health

APPENDIX B: Fiscal Year 2019 Research Narrative

(Pacific Islands Division, continued)

problems and treatment, how much they value that input, and why. Other parts of the interview and the follow-up survey examine experiences with and conceptualization of PTSD, treatment, and treatment providers.

The Division is also working on a national qualitative study examining dropout from evidence-based treatments, in collaboration with investigators from the Women's Health Sciences Division and Minneapolis Health Services Research & Development Center of Innovation. Finally, a statistical methodology project is

underway to develop an estimation method to delineate individual factor contributions in observational studies, where models include functional data as either an outcome or as one of a large number of covariates.

Women's Health Sciences Division

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

Biomarkers

Research on biomarkers includes studies aimed at explaining the basic biological processes underlying PTSD with particular relevance to women. One study is examining the role of neurobiological and psychosocial factors that affect negative pregnancy outcomes among women with PTSD. Another is performing data analysis on a study of sex hormones and derivatives associated with decreased retention of extinction learning across the menstrual cycle in women with PTSD. A third is a study of GABA-ergic neuroprotective steroids in men and in women across the menstrual cycle. Recently published results reveal that deficient activity among enzymes converting progesterone to its anxiolytic metabolites is related to PTSD severity for both men and women, but that the site of this deficiency is different among women. This suggests that sex-specific treatments for correction of the deficiency may be needed.

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

Division researchers are also seeking to pioneer scientific inquiry in the area of head injury in women suffering from PTSD secondary to IPV. The aim is to understand the interactive biological and psychological mechanisms that underlie comorbid PTSD and TBI. One key objective is to begin to develop multimodal treatments for comorbid PTSD and TBI that would be more effective than current, single-modal strategies. Investigators will be able

to examine sex differences across domains of measurement (psychiatric, psychosocial, neuropsychological, blood-based biomarkers, and imaging) by comparing this sample with comparable male samples.

Treatment Efficiency, Effectiveness, and Engagement

Several intervention studies are examining more efficient and effective treatment modalities for delivering CPT. With support from the [STRONG STAR Consortium](#), investigators are continuing to analyze data from a study comparing the relative effectiveness of CPT delivered in an individual format with that delivered in a group format.

Also through STRONG STAR, staff are investigating a variable-length CPT protocol, testing the efficacy of the intervention when treatment end is determined by patient progress. Another trial is testing the efficacy of CPT delivered in an intensive outpatient format with active-duty Servicemembers. This one-week version of CPT is also being piloted in female survivors of IPV with PTSD and traumatic brain injuries (TBIs).

In the area of treatment effectiveness, investigators are working to improve adherence to existing PTSD treatments. A recently

APPENDIX B: Fiscal Year 2019 Research Narrative

(Women's Health Sciences Division, continued)

completed study explored Veteran and provider perspectives on reasons for dropout from both CPT and PE in order to develop an intervention aimed at increasing rates of completion for these treatments. Another recent study focused on improving the assessment of sleep impairment in the context of PTSD via objective measures, self-report global measures, and daily symptom monitoring diaries; researchers hope that therapy might better target trauma-related insomnia, the most-often reported symptom of PTSD and, arguably, the most resistant to treatment. Other intervention studies on traumatized populations include an open trial to test the effectiveness of a therapist-assisted self-management intervention intended to increase self-efficacy and facilitate greater community engagement following a successful course of PTSD treatment.

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

Treatment engagement research includes studies of subpopulations of interest. Division researchers recently published findings about the experience of seeking PTSD treatment in a sample of

discrimination-based-trauma-exposed lesbian, gay, bisexual, and transgender (LGBT) Veterans. This work led to a new model for conceptualizing trauma recovery among sexual and gender minority people that considers their unique minority context and ongoing exposures. Current work is further refining this new model for conceptualizing the sequelae of discrimination, minority stress, and microaggressions among transgender trauma survivors.

Care Delivery, Models of Care and System Factors

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

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

Other studies have focused on understanding

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

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

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

APPENDIX B: Fiscal Year 2019 Research Narrative

(Women's Health Sciences Division, continued)

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

Implementation

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

adoption, penetration, implementation fidelity, and sustainability) and the clinical effectiveness of IPV screening programs on disclosures and post-screening psychosocial service use.

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

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

based psychotherapies for mental health conditions in community-based outpatient clinics.

PTSD and Suicide

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



APPENDIX C

Fiscal Year 2019 Funding

VA Cooperative Studies Program (CSP)

Principal Investigator	Research Title	Years	FY2019 Funding	Total Funding
Krystal	CSP #2016: Adaptive Clinical Trial for Insomnia in Veterans with PTSD (ACTIVE-PTSD)	2018-2023	\$1,339,933	\$24,467,860
Schnurr, Chard, & Ruzek	CSP #591: Comparative Effectiveness Research in Veterans with PTSD (CERV-PTSD)	2013-2020	\$916,257	\$9,048,760

Other VA Sources

Principal Investigator	Research Title	Funding Source	Years	FY2019 Funding	Total Funding
Averill	Structural and Functional Correlates of Suicidality in Veterans with PTSD	CSR&D (CDA)	2019-2023	\$209,772	\$1,680,000
Bernardy	Expanding Rural Access to Effective PTSD Care through Outreach	ORH	2020-2022	\$0	\$760,000
Bernardy	Identifying Rural Areas of Low Evidence-Based PTSD Care Delivery and Exploring the Feasibility of Intervening with Virtual Facilitation and e-Detailing	ORH	2019-2020	\$416,932	\$416,932
Bernardy	PTSD Facilitation to Vermont & New Hampshire Community Providers	ORH	2020-2022	\$0	\$83,000
Bovin	From Screening to Treatment: Mapping Access to Care Pathways for Veterans who Screen Positive for PTSD	HSR&D	2019-2020	\$98,767	\$98,767
Bovin & Schnurr (Kimerling, Site PI)	Validation of the PTSD Primary Care Screen	HSR&D	2017-2019	\$53,399	\$471,788
Carlson	Pilot Study of Standalone and Peer Supported Online Problem Solving Program in Veterans with Untreated Mental Health Problems	HSR&D	2018-2019	\$100,000	\$100,000
Cloitre	webSTAIR Enterprise-Wide Initiative & Program Evaluation	ORH	2017-2022	\$3,209,603	\$11,984,020
Cloitre	Connecting Women to Care: Home-based Psychotherapy for Women with MST Living in Rural Areas	HSR&D	2018-2022	\$241,497	\$1,095,979
Colvonen	The Impact of Integrated CBT-I and PE on Sleep and PTSD Outcomes	RR&D (CDA)	2017-2021	\$180,000	\$950,687

APPENDIX C: Fiscal Year 2019 Funding

Other VA Sources, continued

Principal Investigator	Research Title	Funding Source	Years	FY2019 Funding	Total Funding
Girgenti	Single Cell Molecular Mechanisms in PTSD and Suicide	VISN 1 (CDA)	2019-2021	\$128,475	\$263,886
Grubaugh & Hamblen	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	HSR&D	2018-2022	\$209,875	\$1,001,900
Hamilton & Kimerling	Enhancing the Mental and Physical Health of Women through Engagement and Retention (EMPOWER)	QUERI	2015-2020	\$830,000	\$4,150,000
Harpaz-Rotem & Pietrzak	Fear Reversal Learning in Combat-Related PTSD: A Multi-Model fMRI-PET Approach	CSR&D	2019-2023	\$27,515	\$1,100,602
Heinz	Cognitive Remediation for Alcohol Use Disorder and PTSD	RR&D (CDA)	2014-2019	\$191,703	\$986,195
Holtzheimer & Etkin	Assessing an Electroencephalography (EEG) Biomarker of Response to Transcranial Magnetic Stimulation for Major Depression	CSR&D	2020-2025	\$0	\$5,429,619
Iverson	Increasing Reach of Evidence-Based Psychotherapies in CBOCs: Identifying Needs and Strategies for Scale Out	HSR&D	2020-2020	\$0	\$98,534
Iverson	Presidential Early Career Award for Scientists and Engineers	HSR&D	2014-2019	\$25,000	\$125,000
Iverson	Recovering from Intimate Partner Violence Through Strengths and Empowerment (RISE): Tailoring and Evaluating a Patient-Centered Counseling Intervention for Women Veterans	HSR&D	2018-2021	\$278,047	\$975,643
Iverson & Miller	Addressing Intimate Partner Violence Among Women Veterans: Evaluating the Impact and Effectiveness of VHA's Response	HSR&D	2020-2023	\$0	\$1,099,580
Kachadourian	Mindfulness Treatment for Anger in Veterans with PTSD	CSR&D (CDA)	2017-2021	\$129,304	\$732,428
Keane	CAP Coordinating Center*	VA/DoD	2016-2020	\$202,194	VA: \$21,000,000
Kehle-Forbes	Pilot Test of a Self-Management Program for Completers of Trauma-Focused Therapy	RR&D	2018-2020	\$94,233	\$196,495
Kimerling	Development of a Patient-Reported Measure to Assess Healthcare Engagement	HSR&D	2018-2022	\$200,453	\$960,248
Krystal & Abdallah	CAP-Ketamine for Antidepressant-Resistant PTSD: A Translational Neuroscience, Biomarker-Informed Clinical Trial*	VA/DoD	2016-2020	\$488,000	\$1,588,594
Kuhn & Owen	Mobile Apps Research Resources and Services	HSR&D	2018-2020	\$238,000	\$350,000
Kuhn & Possemato	An RCT of a Primary Care-Based PTSD Intervention: Clinician-Supported PTSD Coach	HSR&D	2017-2020	\$275,000	\$1,100,000
Landes (Rosen , 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

APPENDIX C: Fiscal Year 2019 Funding

Other VA Sources, continued

Principal Investigator	Research Title	Funding Source	Years	FY2019 Funding	Total Funding
Loflin	Cannabidiol as an Adjunctive to Prolonged Exposure for the Treatment of PTSD	CSR&D (CDA)	2019-2024	\$231,902	\$1,310,332
Logue	Early Cognitive Impairment as a Function of Alzheimer's Disease and Trauma	BLR&D	2019-2021	\$147,368	\$296,877
Logue	Genetic and Epigenetic Biomarkers of PTSD	BLR&D	2017-2020	\$143,601	\$610,600
McClendon	Talking about Racism: Evaluation of a Group Intervention to Reduce Race-based Stress among Veterans of Color	VISN 1 (CDA)	2020-2022	\$0	\$237,970
McGlinchey & Milberg (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
McKee & Huber	ShEEP Request for Nikon N-Storm Super-resolution Microscope	BLR&D	2019-2019	\$399,219	\$399,219
Miller	Magnetic Resonance Spectroscopy and Genetic Analysis of Oxidative Stress in OEF/OIF Veterans with PTSD and TBI	CSR&D	2018-2021	\$150,000	\$600,000
Mitchell	Eating Disorders among Veterans: Risk, Resilience, and Service Use	HSR&D	2019-2021	\$213,891	\$543,819
Morland	An Integrative Technology Approach to Home-based Conjoint Therapy for PTSD	RR&D	2016-2020	\$259,500	\$1,038,000
Moye & Pless Kaiser	Late Life PTSD Educational Program for VHA and non-VHA Rural Health Providers	ORH	2020-2020	\$0	\$300,000
Niles & Mori	Novel Interventions for Gulf War Veterans' Illnesses	CSR&D	2016-2021	\$340,812	\$1,664,578
Norman	Topiramate and Prolonged Exposure for Alcohol Use Disorder and PTSD	RR&D	2018-2022	\$149,648	\$927,733
Oslin (Gelernter , Site PI)	PRIME Care (PRrecision medicine in MEntal health Care)	HSR&D	2017-2022	\$2,458,591**	\$11,306,320
Peterson & Keane	Consortium to Alleviate PTSD	VA/DoD	2013-2020	\$3,694,152	VA: \$21,000,000
Petrakis	Optimal Treatment of Veterans with PTSD and Comorbid Opiate Use Disorder (OUD)	CSR&D	2018-2023	\$150,000	\$750,000
Pietrzak & Tsai	Veterans Study of Knowledge and Attitudes of VA Healthcare	VISN 1 Strategic Initiative to Expand Education and Research	2018-2019	\$26,298	\$50,000
Pineles	An Electrophysiological Predictor of SSRI Response in Veterans with PTSD	CSR&D	2019-2023	\$74,796	\$599,531
Pless Kaiser	Improving Psychosocial Functioning in Older Veterans with PTSD	RR&D (CDA)	2017-2022	\$186,287	\$809,149
Sayer & Wiltsey Stirman	Shared Contributions to Outcomes and Retention in EBPs for PTSD (SCORE PTSD)	HSR&D	2017-2020	\$331,723	\$1,020,028

APPENDIX C: Fiscal Year 2019 Funding

Other VA Sources, continued

Principal Investigator	Research Title	Funding Source	Years	FY2019 Funding	Total Funding
Scioli	Neurobiological and Psychological Benefits of Exercise in Chronic Pain and PTSD	RR&D (CDA)	2013-2020	\$0	\$953,342
Scioli	Neurobiological and Psychological Benefits of Exercise in Fibromyalgia and PTSD	RR&D	2017-2019	\$161,216	\$199,904
Shiner	Improving Care for PTSD	HSR&D (CDA)	2014-2019	\$172,218	\$1,292,446
Shiner	An Ecological Approach To Understanding Rural Veteran Suicide	ORH	2020-2021	\$0	\$516,716
Shiner	Patient Safety Center of Inquiry: Prevention of Suicide (Renewal)	NCPS	2018-2021	\$246,163	\$526,809
Shiner	Suicide Prevention in Rural Veterans During High-Risk Care Transition Scenarios	ORH	2020-2023	\$0	\$2,215,257
Sloan	An Efficient Exposure-Based Treatment for PTSD Compared to Prolonged Exposure: A Noninferiority Trial	CSR&D	2019-2023	\$414,987	\$1,762,404
Sullivan	Neural Metabolic Stress in mTBI and PTSD	CSR&D (CDA)	2018-2023	\$170,127	\$877,915
Thompson-Hollands	An Adjunctive Family Intervention for Individual PTSD Treatment	CSR&D (CDA)	2017-2021	\$181,373	\$743,010
Vogt	Risk and Resilience Factors related to Suicidal Ideation during Transition from Military to Civilian Life: Secondary Analyses of the TVMI Cohort Study	HSR&D	2020-2022	\$0	\$344,688
Vogt	Development and Validation of Well-Being Indicators for use in Evaluating VA Whole Health Care	Center for Evaluating Patient Centered Care in VA/QUERI Partnered Evaluation Initiative	2020-2021	\$0	\$178,693
Wiltsey Stirman & Rosen	Leadership and Organizational Change for Implementation: Adapting for VA Training	QUERI	2018-2019	\$25,000	\$25,000
Wolf	Presidential Early Career Awards for Scientists and Engineers Funding	CSR&D	2016-2021	\$25,000	\$125,000
Wolf	PTSD-Related Accelerated Aging in DNA Methylation and Risk for Metabolic Syndrome	CSR&D	2016-2020	\$150,000	\$600,000
Zimmerman	Participatory System Dynamics vs Usual Quality Improvement: Is Staff Use of Simulation an Effective, Scalable and Affordable Way to Improve Timely Veteran Access to High-quality Mental Health Care?	HSR&D	2020-2023	\$0	\$1,198,168
Zulman (Kimerling, Site PI)	Making Connections: Tablet-Enabled Telehealth to Enhance Veterans' Access and Care	QUERI	2016-2019	\$115,178**	\$550,669

BLR&D Biomedical Laboratory Research & Development Service; CAP Consortium to Alleviate PTSD; CDA Career Development Award; CSR&D Clinical Science Research and Development Service; DoD Department of Defense; HSR&D Health Services Research and Development Service; NCPS National Center for Patient Safety; ORH Office of Rural Health; QUERI Quality Enhancement Research Initiative; RR&D Rehabilitation Research and Development Service; VISN Veterans Integrated Service Network

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

**Indicates FY2019 funds allocated to funded site PI.

APPENDIX C: Fiscal Year 2019 Funding

National Institutes of Health (NIH)

Principal Investigator	Research Title	Funding Source	Years	FY2019 Funding	Total Funding
Abdallah	Examining the Effect of Ketamine On Glutamate/Glutamine Cycling	NIMH	2013-2019	\$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 (Gelernter , Site PI)	Psychiatric Genomics Consortium: Find Actionable Variation	PGC via NIH et al.	2016-2021	\$184,653**	\$932,488
Carlson	Development of a Risk Factor Screen for Mental Health Problems after Sudden Illness or Injury	NIMHD	2018-2022	\$636,599	\$2,566,642
Clouston & Pietrzak	A Life Course Approach to Integrating Trauma and Cognitive Aging: A Cohort of 9/11 Responders	NIAAA	2015-2020	\$573,065	\$2,865,325
Cosgrove	Imaging Molecular Mechanisms of Tobacco Smoking Withdrawal	NIDA	2016-2020	\$447,737	\$2,238,685
Cosgrove & Pietrzak	Imaging Microglial Activation in PTSD using PET	NIMH	2017-2022	\$499,999	\$825,495
Davis	Dysregulation in mGluR5 as a Marker of BPD and Suicide Related Endophenotypes	NIMH (K)	2018-2023	\$196,278	\$983,483
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 Bi- and 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
Esterlis	In Vivo Imaging of a Neural Marker of Suicidal Behavior in Bipolar Disorder	NIMH	2018-2023	\$494,016	\$3,935,570
Esterlis & Pietrzak	Depression and Accelerated Brain Aging: A PET Imaging Study	NIMH	2018-2023	\$658,949	\$4,051,532
Feder & Pietrzak	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
Fichtenholtz (Sippel , Collaborator)	Neural Mechanisms of Emotional Vigilance in Posttraumatic Stress Disorder (PTSD)	NIH/NH-INBRE	2018-2020	\$3,600**	\$84,501

National Institutes of Health (NIH), continued

Principal Investigator	Research Title	Funding Source	Years	FY2019 Funding	Total Funding
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	\$321,827	\$1,375,793
Gutner	Effectiveness of a Unified Transdiagnostic Treatment in Routine Clinical Care	NIMH (K)	2014-2019	\$180,992	\$889,721
Harpaz-Rotem & Hampson	Neurofeedback of Amygdala Activity for PTSD	NIMH	2018-2020	\$344,563	\$1,154,286
Harpaz-Rotem & Schiller	Fear Learning and Reconsolidation After Trauma Exposure: A Computational Approach	NIMH	2014-2019	\$429,080	\$1,830,328
Hayes (Miller , Site PI)	Neuroimaging and Molecular Markers of AD and Neurodegenerative Disease after Concussion	NIA	2019-2024	\$150,765**	\$1,309,214
Keane	Postdoctoral Training in PTSD	NIMH	2016-2020	\$250,000	\$1,021,231
Lee, L.	Lifespan Effects of Biologically Embedded Stress on Health	NIA (K)	2015-2020	\$129,363	\$644,743
Lee, L. & Mroczek	Boston Early Adversity and Mortality Study (BEAMS): Linking administrative data to long-term longitudinal studies	NIA	2019-2024	\$752,220	\$3,528,185
Levy	Individual Differences in Decision Making Under Uncertainty	NIMH	2019-2024	\$729,930	\$3,337,954
Malison & Gelernter	Identifying Methamphetamine Risk Variants by Extreme Phenotype Exome Sequencing	NIDA	2015-2020	\$600,000	\$2,595,844
Morey (Logue , Site PI)	Trauma and Genomics Modulate Brain Structure across Common Psychiatric Disorders	NIMH	2017-2021	\$520,253**	\$2,096,864
Morris & Cosgrove	Imaging Sex Differences in Smoking-Induced Dopamine Release via Novel PET Methods	NIDA	2015-2020	\$439,638	\$2,198,190
Nilni	PTSD-Related Neurobiological Mediators of Negative Pregnancy Outcomes	NICHD K	2017-2021	\$153,933	\$615,735
Pless Kaiser & Niles	A Randomized Pilot Trial of Tai Chi Compared to Wellness Education for Older Veterans	NIA/Boston Roybal Center	2018-2019	\$26,985	\$26,985
Ralevski	Effects of Allopregnanolone on Stress-Induced Craving	NIAAA	2017-2019	\$155,444	\$343,613
Rosen & Martino (Holtzheimer , Site PI)	Engaging Veterans Seeking Service-Connection Payments in Pain Treatment	NCCIH/NIDA	2017-2019	\$66,000**	\$544,589
Scioli	Neurobiological Mediators of Self-Regulatory and Reward-Based Motivational Predictors of Exercise Maintenance in Chronic Pain and PTSD	NCCIH	2018-2021	\$171,257	\$346,500
Sippel	Neurocognitive Mechanisms of Poor Social Connection in PTSD	NIH/CTSI	2018-2019	\$25,927	\$44,447

APPENDIX C: Fiscal Year 2019 Funding

National Institutes of Health (NIH), continued

Principal Investigator	Research Title	Funding Source	Years	FY2019 Funding	Total Funding
Sloan	Written Exposure Therapy for PTSD: A Randomized Noninferiority Trial	NIMH	2012-2019	\$0	\$1,149,000
Smith	Health Mechanisms and Outcomes in an Epidemiological Cohort of Vietnam Era Women Veterans	NIA	2016-2019	\$12,145	\$137,381
Smith & Krystal	Yale Clinical and Translational Science Award (CTSA)	NIMH	2016-2021	\$8,657,777	\$44,547,832
Smith & Logue	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	NIMH	2017-2019	\$20,000	\$20,000
Williams (Holtzheimer, Site PI)	Mechanistic Circuit Markers of Transcranial Magnetic Stimulation Outcomes in Pharmacoresistant Depression	NIMH	2020-2024	\$0	\$1,996,000
Wiltsey Stirman & Monson	Improving and Sustaining CPT for PTSD in Mental Health Systems	NIMH	2016-2020	\$433,423	\$1,615,257
Wiltsey Stirman (Gutner, Site PI)	Leveraging Routine Clinical Materials and Mobile Technology to Assess CBT Quality	NIMH	2017-2021	\$632,907	\$2,607,817
Wolf	Neurobiological Correlates of Accelerated Cellular Aging	NIA	2019-2021	\$189,000	\$346,500
Zimmerman	Participatory System Dynamics vs Audit and Feedback: A Cluster Randomized Trial of Mechanisms of Implementation Change to Expand Reach of Evidence-based Addiction and Mental Health Care	NIDA	2019-2023	\$577,049	\$2,864,531
Zimmerman	Participatory System Dynamics for Evidence-based Addiction and Mental Healthcare	NIDA	2016-2020	\$0	\$398,960

CDC Centers for Disease Control and Prevention; CTSI Clinical and Translational Science Institute; K Career Development Award; NCCIH National Center for Complementary and Integrative Health; NH-INBRE New Hampshire IDeA Network of Biomedical Research Excellence; NIA National Institute on Aging; NIAAA National Institute on Alcohol Abuse and Alcoholism; NICHD National Institute of Child Health and Human Development; NIDA National Institute on Drug Abuse; NIH National Institutes of Health; NIMH National Institute of Mental Health; NIMHD National Institute on Minority Health and Health Disparities; NIOSH National Institute for Occupational Safety and Health; PGC Psychiatric Genomics Consortium
 **Indicates FY2019 funds allocated to funded site PI or collaborator.

APPENDIX C: Fiscal Year 2019 Funding

Department of Defense (DOD)

Principal Investigator	Research Title	Years	FY2019 Funding	Total Funding
Chard & Marx	Psychometric Evaluation of the Clinician Administered PTSD Scale for DSM-5 (CAPS-5) and the PTSD Symptom Scale Interview for DSM-5 (PSSI-5) in an Active Duty and Military Veteran Sample	2018-2020	\$1,067,635	\$3,235,388
Keane & Marx	Project VALOR: Trajectories of Change in PTSD in Combat-Exposed Veterans	2012-2019	\$0	\$3,450,000
Marx	Decreasing Suicide Risk among Service Members with Posttraumatic Stress	2019-2021	\$635,195	\$1,269,741
McLean & Rosen	Targeted Strategies to Accelerate Evidence-Based Psychotherapies Implementation in Military Settings	2017-2021	\$1,834,162	\$8,265,060
Mitchell & Cooper	Eating Disorders in Veterans: Prevalence, Comorbidity, Risk, and Healthcare Use	2018-2021	\$529,281	\$1,463,890
Norman	Trauma Informed Guilt Reduction (TrIGR) Intervention	2015-2019	\$467,692	\$1,989,870
Shiner	Comparative Effectiveness of Psychotropic Medications for PTSD in Clinical Practice	2017-2020	\$343,956	\$1,160,375
Sloan	Brief Treatment for PTSD: Enhancing Treatment Engagement and Retention	2015-2020	\$65,000	\$2,226,872
Taft	Strength at Home Couples Program to Prevent Military Partner Violence	2015-2019	\$140,480	\$708,905
Wachen	Massed Cognitive Processing Therapy for Combat-related PTSD	2017-2021	\$903,277	\$3,282,395

Other Non-VA Sources

Averill	Brain Connectivity Networks and Predictors of Rapid Improvement in Suicidal Ideation Among Veterans	American Foundation for Suicide Prevention	2018-2020	\$40,000	\$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
Duman	Identification and Characterization of Novel Drug Targets for Depression	Tashio Pharmaceuticals	2016-2019	\$200,000	\$600,000
Esterlis	Evaluation of a Novel Target for the Treatment of Chronic Pain in Women	Women's Health Research Yale School of Medicine	2019-2020	\$49,700	\$49,700
Esterlis	Evaluation of Glutamatergic System in Adolescent Depression	Nancy Taylor Foundation	2018-2020	\$108,000	\$216,000
Feder & Pietrzak	A Randomized Controlled Trial of Internet CBT for PTSD in WTC Responders	CDC/NIOSH	2016-2019	\$499,912	\$1,499,736

APPENDIX C: Fiscal Year 2019 Funding

Other Non-VA Sources, continued

Principal Investigator	Research Title	Funding Source	Years	FY2019 Funding	Total Funding
Galovski & Street	Women Veterans Network (WoVeN) - Phase 2	Walmart Foundation	2018-2020	\$62,011	\$250,782
Galovski & Street	Women Veterans Network (WoVeN) Training Peer Trainers to Increase Reach, Sustainability	Oak Foundation	2019-2020	\$37,500	\$50,000
Girgenti	Sex-specific Molecular Mechanisms in PTSD	Brain and Behavior Research Foundation	2020-2022	\$0	\$70,000
Holtzheimer	Neural Markers of Antidepressant Response to Dorsolateral versus Medial Prefrontal Transcranial Magnetic Stimulation	Brain and Behavior Research Foundation	2016-2019	\$50,000	\$100,000
Hu & Marx	Mining Audio Cues from PTSD Interviews	MITRE Innovation Award	2016-2019	\$100,000	\$100,000
Kaye	Circuit of Mechanisms of a Pupillary Biomarker for Stress-Induced Hyperarousal	Brain and Behavior Research Foundation	2019-2021	\$35,000	\$70,000
Kelmendi	Role of MDMA on Amygdala and Prefrontal Cortex on PTSD	Brain and Behavior Research Foundation	2016-2019	\$35,000	\$70,000
Krystal & Abdallah	Examining the Impact of Rapamycin on Ketamine's Antidepressant Effects	Pfeiffer Foundation	2015-2019	\$167,000	\$500,000
Levy	Decision Making Under Uncertainty Across The Lifespan: Cognitive, Motivational and Neural Bases	National Science Foundation	2018-2020	\$224,771	\$696,038
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
McGovern & Heinz	Evaluating the Sonoma Wildfire Mental Health Collaborative: A study of direct care and technology partnerships to support mental health among disaster survivors	Healthcare Foundation of Northern Sonoma County	2019-2020	\$99,981	\$99,981
Nilini & Valentine	A Pragmatic Effectiveness Trial of a Brief Exposure Therapy for PTSD on Substance Use and Mental Health Morbidity and Mortality During the Perinatal Period	Grayken Center for Addiction	2019-2021	\$75,000	\$150,000
Petrakis	Kappa Opioid Receptor Antagonist for the Treatment of Alcohol Use Disorder and Comorbid PTSD - Planning Grant	Pharmacotherapies for Alcohol and Substance Use Disorders Consortium	2018-2020	\$189,794	\$576,152
Sareen (Pietrzak, Site PI)	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
Sippel	Social Approach and Avoidance in PTSD: Implications for Social Functioning	Geisel School of Medicine Gary Tucker Junior Investigator Research Award	2019-2020	\$19,961	\$39,922

APPENDIX C: Fiscal Year 2019 Funding

Other Non-VA Sources, continued

Principal Investigator	Research Title	Funding Source	Years	FY2019 Funding	Total Funding
Taft	Implementation of VA Rollout of Strength at Home	Bob Woodruff Foundation	2019-2020	\$189,673	\$642,118
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
Wolf	The Utility of MMPI-2 RF in Informing VA Pain Clinic Care	University of Minnesota Press, Test Division	2016-2022	\$0	\$24,000

CDC Centers for Disease Control; NIOSH National Institute for Occupational Safety and Health; HSR&D Health Services Research and Development

Projects Pending Funding

Principal Investigator	Research Title	Funding Source	Years	Total Funding
Arditte Hall	Neurocognitive and Physiological Markers of Trauma-Related Rumination in PTSD	NIMH (K)	2019-2023	\$752,353
Bean & Sciolli	The VA REAP Center for Rehabilitative Care: Optimizing Mobility, the Mind, and Motivation	VA RR&D	2020-2025	\$1,570,721
Cerezo & Livingston	Drinking to Cope, Drinking to Fit In: Examining the Impact of Stigma-Related Stress and Social Norms on Drinking Patterns in sexual minority women	NIAAA	2020-2022	\$315,336
Daskalakis (Miller, Site PI)	Brain Transcriptional Dissection of PTSD at Single-Cell Resolution	NIMH	2019-2024	\$945,425
Galovski & Kehle-Forbes	Personalizing Cognitive Processing Therapy with a Case Formulation Approach to Intentionally Target Impairment in Psychosocial Functioning	VA RR&D	2020-2024	\$1,424,656
Gelernter	PTSD Genome-wide: Genetics, Expression, and Epigenetics	NIMH	2019-2024	\$3,349,678
Gradus & Shiner	Identification of Novel Agents to Treat PTSD using Clinical Data	NIMH	2019-2023	\$3,634,570
Gutner	Going Direct to the Consumer: Utilizing Technology and Partnerships to Increase Reach of Mental Health Treatment Options	VA HSR&D	2019-2020	\$139,330
Harpaz-Rotem	Comparing the Long Term Effectiveness of Evidence-Based Treatment for PTSD	PCORI	2020-2024	\$860,000
Huber	Role of TBI initiated Glymphatic Impairment in the Pathophysiology of CTE and PTSD	VA RR&D	2019-2024	\$1,100,000
Kaye	Determining the role of noradrenergic heterogeneity in innate threat response	NIMH (K)	2020-2025	\$974,700
Kaye	Identifying Noradrenergic Circuit Mechanisms in Innate Threat and PTSD	VA BLR&D (CDA)	2020-2025	\$1,273,490
Kehle-Forbes	Evaluation of a Self-Management Program for Completers of Trauma-Focused Therapy	NIMH	2019-2022	\$450,000
Kehle-Forbes & Hagedorn (Norman, Site PI)	Comparative Effectiveness of Trauma-Focused and Non-trauma-focused Treatment Strategies for PTSD Among Those with Co-occurring SUD (COMPASS)	PCORI	2020-2023	\$5,000,000

APPENDIX C: Fiscal Year 2019 Funding

Projects Pending Funding, continued

Principal Investigator	Research Title	Funding Source	Years	Total Funding
Kelmendi	The Neural Correlates of the Effects of Psilocybin in OCD: A Randomized Controlled Trial	NIMH (K)	2020-2024	\$778,392
Kraus (Pietrzak , Site PI)	Recovery Capital in Gambling Disorder: A Mixed-Methods Comparative Study in Israel and the United States	Binational Science Foundation	2019-2021	\$229,883
Kuhn & Sayers	A Randomized Controlled Trial of Coaching Into Care with VA-CRAFT to Promote Veteran Engagement in PTSD Care	VA HSR&D	2020-2024	\$1,199,120
Meredith & Sloan	Embedding Written Exposure Therapy into Collaborative Care for PTSD in Primary Care	NIMH	2019-2023	\$3,717,747
Livingston	Brief Technology-Based Intervention to Reduce Alcohol Use, Relapse Risk, and PTSD Symptoms Following Discharge from Inpatient Detoxification	NIAAA	2020-2025	\$915,375
Maguen (Shiner , Site PI)	Does Evidence-Based PTS Treatment Improve Physical Health Outcomes?	DoD	2020-2022	\$55,500
McInnes & Livingston	Capturing the Interrelationships of Homelessness and Alcohol Use Disorders among Veterans through Smartphone Data Collection	Hubert and Richard Hanlon Trust	2020-2022	\$199,762
Neylan & Woodward	Maladaptive Myelination in PTSD: An In Vivo MRI and PTSD Brain Bank Study	NIMH	2020-2025	\$2,954,845
Niles & Mori	Evaluation of Tai Chi for Posttraumatic Stress Disorder	VA RR&D	2020-2025	\$1,101,211
Otto & Scioli	Progressive Exercise Training as a Multisystem Therapeutic Approach to Treating Chronic Low Back Pain: Examination of Underlying and Sex-Specific Mechanisms and Moderators	NIH HEAL Initiative Back Pain Consortium	2020-2025	\$5,193,364
Rasmusson	Facilitation of Reconsolidation Blockade and Extinction Retention in PTSD by Intravenous Allopregnanolone	NIMH	2020-2025	\$4,050,378
Scioli & Rasmusson	Potential Neurohumoral Biomarkers Underlying Exercise Augmentation of Cognitive Processing Therapy in a Chronic Pain and PTSD Veteran Population	VA CSR&D	2020-2023	\$1,643,235
Shiner	Assessing the Relationship Between Chronic Hypoxia and Suicide	VA HSR&D	2020-2022	\$575,023
Shiner	Evaluating the Effect of PTSD and Evidence-Based PTSD Treatment on Death by Suicide	DoD	2019-2021	\$2,202,020
Smith	Long-Term Health Impact of Vietnam Era Service: Examining Gender Differences in Risk of Mortality and Chronic Disease	VA CSR&D	2020-2022	\$375,286
Taft	Social Information Processing and Intimate Partner Violence	Israel Binational Science Foundation	2019-2022	\$230,000
Vogt & Meyer	Veterans' Well-Being following Transition from Military Service: Effects of Military Stress Exposure, Comparison with Civilians, and Evaluation of Assessment Feedback as a Strategy to Improve Outcomes	VA RR&D	2019-2021	\$894,779
Wiltsey Stirman & Rosen	Leadership and Organizational Change for Implementation in VA Mental Health	VA HSR&D	2019-2023	\$1,199,616

APPENDIX C: Fiscal Year 2019 Funding

Projects Pending Funding, continued

Principal Investigator	Research Title	Funding Source	Years	Total Funding
Wylie & Holtzheimer	Understanding the Relationship between Depression and Fatigue in TBI	NINDS	2020-2024	\$2,433,163

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



APPENDIX D

Fiscal Year 2019 Publications

1. **Abdallah, C. G., Averill, C. L.,** Ramage, A., **Averill, L. A.,** Alkin, E., Nemati, S., **Krystal, J. H.,** Roache, J. D., A. Resick, P., Young-McCaughan, S., Peterson, A., & Fox, P. (2019). Reduced salience and enhanced central executive connectivity following PTSD treatment. *Chronic Stress*. doi:10.1177/2470547019838971
2. **Abdallah, C., Averill, C. L.,** Ramage, A., **Averill, L., Goktas, S., Nemati, S., Krystal, J. H.,** Roache, J., Resick, P., Young-McCaughan, S., Peterson, A., & Fox, P. (2019). Salience network disruption in U.S. Army soldiers with posttraumatic stress disorder. *Chronic Stress*. doi:10.1177/2470547019850467
3. **Abdallah, C., Averill, L., Akiki, T.,** Raza, M., **Averill, C. L.,** Gomma, H., Adikey, A., & **Krystal, J. H.** (2019). The neurobiology and pharmacotherapy of posttraumatic stress disorder. *Annual Review of Pharmacology and Toxicology*, *59*, 171-189. doi:10.1146/annurev-pharmtox-010818-021701
4. **Abdallah, C.,** Roache, J., **Averill, L.,** Young-McCaughan, S., **Martini, B.,** Gueorguieva, R., **Amoroso, T., Southwick, S. M.,** Guthmiller, K., López-Roca, A., Lautenschlager, K., Mintz, J., Litz, B., Williamson, D., **Keane, T. M.,** Peterson, A., & **Krystal, J. H.** (2019). Repeated ketamine infusions for antidepressant-resistant PTSD: Methods of a multicenter, randomized, placebo-controlled clinical trial. *Contemporary Clinical Trials*, *81*, 11-18. doi:10.1016/j.cct.2019.04.009
5. **Abdallah, C., Sanacora, G., Duman, R., & Krystal, J. H.** (2018). The neurobiology of depression, ketamine and rapid-acting antidepressants: Is it glutamate inhibition or activation?. *Pharmacology & Therapeutics*. doi:10.1016/j.pharmthera.2018.05.010
6. Ackland, P., Greer, N., Sayer, N., **Spoont, M.,** Taylor, B., MacDonald, R., McKenzie, L., Rosebush, C., & Wilt, T. (2019). Effectiveness and harms of mental health treatments in service members and veterans with deployment-related mild traumatic brain injury. *Journal of Affective Disorders*, *252*, 493-501. doi:10.1016/j.jad.2019.04.066
7. Ahern, T. P., Farkas, D. K., Jiang, T., Lash, T. L., Veres, K., Sørensen, H. T., & **Gradus, J. L.** (2018). Adjustment disorder and type-specific cancer incidence: A Danish cohort study. *Acta Oncologica*, *57*, 1367-1372. doi:10.1080/0284186X.2018.1465586
8. **Akiki, T., Averill, C. L., Wrocklage, K. M., Scott, J. C., Averill, L., Schweinsburg, B., & Abdallah, C.** (2018). Topology of brain functional connectivity networks in posttraumatic stress disorder. *Data in Brief*, *20*, 1658-1675. doi:10.1016/j.dib.2018.08.198
9. **Akiki, T., Averill, L., & Abdallah, C.** (2018). Neurobiological studies of trauma-related psychopathology: A public health perspective. *European Journal of Psychotraumatology*. doi:10.1080/20008198.2018.1556554
10. Amara, J., Stolzmann, K., **Iverson, K. M.,** & Pogoda, T. K. (2019). Predictors of employment status in male and female post-9/11 veterans evaluated for traumatic brain injury. *Journal of Head Trauma and Rehabilitation*, *34*, 11-20. doi:10.1097/HTR.0000000000000404
11. **Arditte Hall, K., Davison, E., Galovski, T. E., Vasterling, J. J., & Pineles, S. L.** (2019). Relations between trauma-related rumination and symptoms of posttraumatic stress and depression in treatment-seeking female veterans. *Journal of Traumatic Stress*, *32*, 260-268. doi:10.1002/jts.22385
12. Armstrong, C. M., **Ortigo, K. M.,** Avery-Leaf, S., & Hoyt, T. (2019). Cultural considerations in using mobile health in clinical care with military and veteran populations. *Psychological Services*, *16*, 276-280. doi:10.1037/ser0000252
13. Aronson, K. R., Perkins, D. F., Morgan, N., Bleser, J., Davenport, K. J., **Vogt, D.,** Copeland, L. A., Finley, E. P., & Gilman, C. L. (2018). Going it alone: Post-9/11 veteran nonuse of healthcare and social service programs during their early transition to civilian life. *Journal of Social Service Research*, *45*, 634-647. doi:10.1080/01488376.2018.1493410
14. **Averill, L., Abdallah, C.,** Levey, D. F., Han, S., **Harpaz-Rotem, I.,** Kranzler, H. R., **Southwick, S. M., Krystal, J. H., Gelernter, J., & Pietrzak, R. H.** (2019). Apolipoprotein E gene polymorphism, posttraumatic stress disorder, and cognitive function in older U.S. veterans: Results from the National Health and Resilience in Veterans Study. *Depression and Anxiety*, *36*, 834-845. doi:10.1002/da.22912
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16. Balon, R., Chouinard, G., Cosci, F., Dubovsky, S., Fava, G., Freire, R., Greenblatt, D., **Krystal, J. H.**, Nardi, A., Rickels, K., Roth, T., Salzman, C., Shader, R., Silberman, E., Sonino, N., Starcevic, V., & Weintraub, S. (2018). International task force on benzodiazepines. *Psychotherapy and Psychosomatics, 87*, 193-194. doi:10.1159/000489538
17. **Banducci, A. N.**, Bonn-Miller, M., Timko, C., & **Rosen, C. S.** (2018). Associations between residential treatment length, PTSD, and outpatient healthcare utilization among veterans. *Psychological Services, 15*, 529-535. doi:10.1037/ser0000204
18. **Banducci, A. N.**, **McCaughey, V.**, **Gradus, J. L.**, & **Street, A. E.** (2019). The associations between deployment experiences, PTSD, and alcohol use among male and female veterans. *Addictive Behaviors, 98*, 106032. doi:10.1016/j.addbeh.2019.106032
19. Barnes, J. B., Presseau, C., Jordan, A. H., Kline, N. K., Young-McCaughan, S., **Keane, T. M.**, Peterson, A. L., Litz, B. T., Consortium to Alleviate PTSD, **Abdallah, C.**, **Averill, L.**, Bryan, C. J., Cigrang, J. A., Fox, P. T., Fredman, S. J., **Krystal, J. H.**, McGeary, D. C., McDevitt-Murphy, M. E., Pruiksma, K. E., Resick, P. A., Roache, J. D., & Taylor, D. J. (2019). Common data elements in the assessment of military-related PTSD research applied in the consortium to alleviate PTSD. *Military Medicine, 184*, e218-e226. doi:10.1093/milmed/usy226
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Fiscal Year 2019 In Press and Advance Online Publications

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2. **Arditte Hall, K., Healy, E., & Galovski, T. E.** (in press). The sequelae of sexual assault. In W. O'Donohue, P. Schewe, & C. Cummings (Eds.), *Handbook of sexual assault and sexual assault prevention*. New York, NY: Springer.
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5. **Azevedo, K. J.**, Ramirez, J., Kumar, A., LeFevre, A., Factor, A., Hailu, E., Lindley, S., & **Jain, S.** (2019). Rethinking violence prevention in rural and underserved communities: How veteran peer support groups help participants deal with sequelae from violent traumatic experiences. *The Journal of Rural Health*. Advance online publication. doi:10.1111/jrh.12362
6. Baldassarri, S., **Kachadourian, L., Esterlis, I., & Pietrzak, R. H.** (in press). Nicotine dependence in U.S. military veterans: Results from the National Health and Resilience in Veterans Study. *Addiction Research and Theory*.
7. Bartlett, B. A., Smith, L. J., **Smith, B. N.**, Tran, J. K., & Vujanovic, A. A. (in press). Occupational stress and functioning among military veterans in the fire service. *Military Behavioral Health*.
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10. **Bovin, M. J.**, Miller, C. J., Koenig, C. J., Lipschitz, J. M., Zamora, K. A., Wright, P. B., Pyne, J. M., & Burgess, J. F. (2018). Veterans' experiences initiating VA-based mental health care. *Psychological Services*. Advance online publication. doi:10.1037/ser0000233
11. Braun, J., El-Gabalway, R., Sommer, J. L., **Pietrzak, R. H., Mitchell, K. S., & Mota, N.** (in press). Trauma exposure, DSM-5 posttraumatic stress, and binge eating symptoms: Results from a nationally representative sample. *Journal of Clinical Psychology*.
12. Brooks Holliday, S., Hepner, K., Farmer, C., Ivany, C., Iyiewuare, P., **McGee-Vincent, P., McCaslin, S. E., & Rosen, C. S.** (2019). A qualitative evaluation of Veterans Health Administration's implementation of measurement-based care in behavioral health. *Psychological Services*. Advance online publication. doi:10.1037/ser0000390
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16. Chard, K. M., Kaysen, D., **Galovski, T. E.**, & Monson, C. M. (in press). Cognitive Processing Therapy. In D. Forbes, J. Bisson, C. Monson, & L. Berliner (Eds.), *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress Studies (3rd Ed.)*. New York, NY: Guilford.
17. Clarke-Walper, K., Penix, E. A., Trachtenberg, F., **Simon, E. P.**, Coleman, J., Magnavita, A., **Ortigo, K. M.**, **Regala, S. L.**, Marceau, L., **Ruzek, J. I.**, Rosen, R. C., & Wilk, J. E. (in press). How effective is a web-based tool for reducing behavioral health clinician burnout? Results from the PTSD Clinicians Exchange. *Psychiatric Research and Clinical Practice*.
18. **Cloitre, M.**, Hyland, P., Bisson, J. I., Brewin, C. R., Roberts, N. P., Karatzias, T., & Shevlin, M. (in press). ICD-11 PTSD and complex PTSD in the United States: A population-based study. *Journal of Traumatic Stress*.
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20. **Cook, J.**, Thompson, R., Simiola, V., **Wiltsey Stirman, S.**, & **Schnurr, P. P.** (2018). Provider general attitudes versus specific perceptions of evidence-based psychotherapies for PTSD. *Psychological Services*. Advance online publication. doi:10.1037/ser0000280
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48. **Iverson, K. M.**, Adjognon, O., **Grillo, A.**, Dichter, M. E., **Gutner, C. A.**, Hamilton, A. B., **Wiltsey Stirman, S.**, & Gerber, M. R. (2019). Intimate partner violence screening programs in the Veterans Health Administration: Informing scale-up of successful practices. *Journal of General Internal Medicine*. Advance online publication. doi:10.1007/s11606-019-05240-y
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57. Larsen, S. E., **Mackintosh, M., La Bash, H., Evans, W., Suvak, M. K., Shields, N., Lane, J., Sijercic, I., Monson, C. M., & Wiltsey Stirman, S.** (in press). Predictors of temporary PTSD symptom increases and association with overall symptom change trajectory among individuals receiving CPT in a hybrid effectiveness-implementation trial. *Psychological Trauma: Theory, Research, Practice, and Policy*.
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85. Salas, J., Scherrer, J., Tuerk, P., van den Berk-Clark, C., Chard, K., Schneider, F., **Schnurr, P. P.**, **Friedman, M. J.**, **Norman, S. B.**, Cohen, B., & Lustman, P. (2019). Large posttraumatic stress disorder improvement and antidepressant medication adherence. *Journal of Affective Disorders*. Advance online publication. doi:10.1016/j.jad.2019.08.095
86. **Sanders, W.**, **Smith, B. N.**, **Fox, A. B.**, & **Vogt, D.** (2019). Five-Year impacts of family stressors and combat threat on the mental health of Afghanistan and Iraq War veterans. *Journal of Traumatic Stress*. Advance online publication. doi:10.1002/jts.22437
87. Scherrer, J., Salas, J., Lustman, P., Tuerk, P., Gebauer, S., **Norman, S. B.**, Schneider, F., Chard, K., van den Berk-Clark, C., Cohen, B., & **Schnurr, P. P.** (2019). Combined effect of posttraumatic stress disorder and prescription opioid use on risk of cardiovascular disease. *European Journal of Preventive Cardiology*. Advance online publication. doi:10.1177/2047487319850717
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90. Silverstein, M. W., **Lee, D. J.**, Seligowski, A. V., & Worley, C. W. (in press). Trauma-Related functional impairment: The role of PTSD symptom severity, negative mood regulation and unmet interpersonal needs. *Traumatology*.
91. Simon, N. M., Hoepfner, S. S., Lubin, R. E., Robinaugh, D. J., Malgaroli, M., **Norman, S. B.**, Acierno, R., Goetter, E. M., Hellberg, S. N., Charney, M. E., Bui, E., Baker, A. W., Smith, E., Kim, H. M., & Rauch, S. A. M. (in press). Understanding the impact of complicated grief on combat related posttraumatic stress disorder, guilt, suicide and functional impairment in a clinical trial of post-9/11 service members and veterans. *Depression and Anxiety*.
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98. **Thompson-Hollands, J.**, **Lee, L. O.**, & **Schnurr, P. P.** (in press). Military PTSD. In C. Castro & C. Warner (Eds.), *Mental healthcare for military and veteran personnel*. Washington, DC: American Psychiatric Association.
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104. **Vasterling, J. J.**, Jacob, S., & **Rasmusson, A. M.** (in press). PTSD. In J. M. Silver, T. W. McAllister, & D. B. Archiniegas (Eds.), *APA textbook of traumatic brain injury (3rd ed.)*. Arlington, VA: American Psychiatric Publishing.
105. **Wachen, J. S.**, Evans, W. R., Blankenship, A. E., & Jacoby, V. (in press). Cognitive Processing Therapy for moral injury. In J. Currier, K. Drescher, & J. Nieuwsma (Eds.), *Addressing moral injury in clinical practice*. Washington, DC: American Psychological Association.
106. **Walser, R. D.** (in press). *The heart of ACT: Developing a flexible, process-based and client centered practice*. Oakland, CA: New Harbinger.
107. **Walser, R. D.**, & **McGee-Vincent, P.** (in press). How to develop your abilities as an ACT therapist. In P. Lucena-Santos, S. A. Carvalho, J. Pinto-Gouveia, M. S. Oliveira, & J. Pistorello (Eds.), *Manual prático internacional de Terapia de Aceitação e Compromisso [International practical handbook of Acceptance and Commitment Therapy]*. Novo Hamburgo, RS: Sinopsys.
108. **Walser, R. D.**, & Wharton, E. (in press). Acceptance and Commitment Therapy: Using mindfulness and values in the treatment of moral injury. In M. Currier, K. D. Drescher, & J. A. Nieuwsma (Eds.), *Addressing moral injury in clinical practice*. Washington, DC: American Psychological Association.
109. Wharton, E., **Edwards, K. S.**, **Juhasz, K. M.**, & **Walser, R. D.** (in press). Acceptance-Based interventions in the treatment of PTSD: Group and individual pilot data using Acceptance and Commitment Therapy. *Journal of Contextual Behavioral Science*. doi:10.1016/j.jcbs.2019.09.006
110. **Whitworth, J.**, Nosrat, S., SantaBarbara, N. J., & Ciccolo, J. T. (in press). Feasibility of resistance exercise for posttraumatic stress and anxiety symptoms (REPS): A randomized controlled pilot study. *Journal of Traumatic Stress*.
111. Wiedeman, L., Hannan, S., **Maieritsch, K. P.**, Robinson, C., & Bartoszek, G. (2018). Treatment choice among veterans with PTSD symptoms and substance-related problems: Examining the role of preparatory treatments in trauma-focused therapy. *Psychological Services*. Advance online publication. doi:10.1037/ser0000313
112. Williston, S., **Bramande, E.**, **Vogt, D.**, & Fox, A. (in press). An examination of the roles of mental health literacy, treatment-seeking stigma, and perceived need for care in female veterans' service use. *Psychiatric Services*.
113. Williston, S., Roemer, L., & **Vogt, D.** (in press). Cultural and service factors related to mental health beliefs among post-9/11 veterans. *International Journal of Social Psychiatry*.

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

114. Wohleb, E. S., & **Duman, R.** (in press). Disruption of mTORC1 signaling contributes to synaptic deficits caused by chronic stress: Reversal by rapid-acting antidepressants. *Neurobiology of Stress*.

115. Zulman, D., Wong, E., Slightam, C., Gregory, A., Jacobs, J., **Kimerling, R.**, Blonigen, D., Peters, J., & Heyworth, L. (2019). Making connections: Nationwide implementation of video telehealth tablets to address access barriers in veterans. *JAMIA Open*. Advance online publication. doi:10.1093/jamiaopen/ooz024



APPENDIX F

Fiscal Year 2019 Scientific Presentations

American Psychological Association | Chicago, IL | August 2019

1. **Bovin, M. J.** *Blending science and art in trauma therapy outcomes.*
2. Holliday, S. B., Hepner, K., & **Rosen, C. S.** (2019, August). *Enhancing measurement-based care in behavioral health through staff and patient perspectives.*
3. Tran, L., & **Tiet, Q. Q.** *Towards an integrated model of grief and bereavement disorders.*
4. **Wiltsey Stirman, S.**, Song, J., **Lagdamen, J. M.**, Pace, B., Hull, D., & Resick, P. Adaptation of Cognitive Processing Therapy for message-based psychotherapy. In **S. Stirman** (Chair), *Message-Based teletherapy – How well does it work and for whom?*

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

5. **Abdallah, C.** Serendipity strikes again: An mTOR inhibitor to prolong the antidepressant effects of ketamine. In **C. G. Abdallah** (Chair), *How to augment and extend the rapid-acting antidepressant effects of ketamine in treatment-resistant depression and PTSD?*
6. **Abdallah, C.**, **Averill, C. L.**, & **Adams, T.** *Effects of prefrontal transcranial direct current stimulation (tDCS) on therapeutic learning and memory in posttraumatic stress disorder (PTSD).*
7. **Adams, T.** *Novel methods for augmenting fear extinction processes and the potential to improve extinction-based treatments.*

8. **Akiki, T.**, **Abdallah, C.**, **Anticevic, A.**, **Southwick, S. M.**, **Krystal, J. H.**, & **Averill, L.** *Stress induced alterations of default mode and central executive networks in depressed patients with and without PTSD.*
9. **Akiki, T.**, **Goktas, S.**, **Nemati, S.**, **Averill, L.**, & **Abdallah, C.** *Subthreshold symptoms of depression, anxiety, and attention-deficit/hyperactivity are characterized by distinct large-scale brain network abnormalities in modularity.*
10. **Averill, L.** *Identifying biomarkers of childhood trauma.*
11. **Averill, L.** *Neurobiology and behavioral markers of suicidality among veterans with PTSD.*
12. **Bovin, M. J.**, **Moshier, S. J.**, **Rosen, R. C.**, **Keane, T. M.**, & **Marx, B. P.** *The impact of PTSD treatment no shows on changes in clinical outcomes. In M. J. Bovin* (Chair), *Examining assumptions across PTSD treatment.*
13. **Brown, M.**, **Bovin, M. J.**, **Rosen, R. C.**, **Keane, T. M.**, & **Marx, B. P.** *Association between trauma-related externalizing behaviors and criminal activity in OEF/OIF/OND veterans.*
14. **Duval, E. R.**, **Sheynin, J.**, **King, A. P.**, **Phan, K. L.**, **Simon, N. M.**, **Martis, B.**, **Porter, K.**, **Norman, S. B.**, **Liberzon, I.**, & **Rauch, S.** *Predicting treatment outcome in PTSD: Neural function during attention shifting and emotional appraisal. In S. Rauch* (Chair), *What works and how: Primary outcomes and mechanisms of PTSD treatment in veterans from the PROGRESS trial.*

15. **Holmes, S. C.**, **Johnson, C. M.**, **Suvak, M. K.**, **Monson, C. M.**, & **Wiltsey Stirman, S.** *Associations among depression, PTSD treatment non-completion, and clinical outcomes in Cognitive Processing Therapy for PTSD.*
16. **Isley, B. C.**, **Shayani, D. R.**, **Zvolensky, M. J.**, **Rohan, K. J.**, & **Nilni, Y. I.** *The role of health anxiety in predicting panic-relevant responding to a CO2 challenge.*
17. **Johnson, C. M.**, **Suvak, M.**, **Masina, T.**, **Shields, N.**, **Monson, C.**, & **Wiltsey Stirman, S.** *Changes in PTSD symptoms correspond to changes in suicidal ideation in a combined military and civilian sample engaged in Cognitive Processing Therapy.*
18. **Lee, D. J.**, **Nock, M. K.**, **Sloan, D. M.**, **Rosen, R. C.**, **Keane, T. M.**, & **Marx, B. P.** *Differential association between risk factors and future suicide attempts among demographically homogenous groups of OEF/OIF veterans.*
19. **Lee, D. J.**, **Thompson-Hollands, J.**, **Marx, B. P.**, **Resick, P. A.**, & **Sloan, D. M.** *Do symptoms change the way we think they do: Sequence of change in PTSD symptom clusters in Written Exposure Therapy and Cognitive Processing Therapy.*
20. **Moshier, S. J.**, **Bovin, M. J.**, **Kleiman, S.**, **Abdulkerim, H.**, **Rosen, R. C.**, **Keane, T. M.**, & **Marx, B. P.** (2019, March). *Understanding VA psychotherapy utilization and clinical outcomes in veterans with PTSD. In M. J. Bovin* (Chair), *Examining assumptions across PTSD treatment.*

APPENDIX F: Fiscal Year 2019 Scientific Presentations

21. **Nillni, Y. I., Arditte Hall, K., King, M. W., Rasmusson, A. M., & Pineles, S. L.** Association of GABAergic neurosteroids and psychological symptoms across the menstrual cycle among women with PTSD. In L. Hantsoo (Chair), *The role of neuroactive steroid hormones in psychological and psychophysiological symptoms of anxiety*.
 22. **Pineles, S. L.** Extinction retention deficits and a block in conversion of progesterone to the GABAergic neurosteroids allopregnanolone and pregnanolone. In V. Michopoulos & J. Stephens (Chair), *Neuroendocrine risk pathways for trauma- and stress-related disorders in women*.
 23. **Schnurr, P. P.** Discussant. In **M. Bovin** (Chair), *Examining assumptions across PTSD treatment*.
 24. **Schnurr, P. P.** Discussant. In S. Rauch (Chair), *What works and how: Primary outcomes and mechanisms of PTSD treatment in veterans from the PROGRESS Trial*.
 25. Shayani, D. R., Isley, B. C., Zvolensky, M. J., Rohan, K. J., & **Nillni, Y. I.** *The role of health anxiety in the experience of menstrual symptoms and perceived stress across the menstrual cycle*.
- Association for Behavioral and Cognitive Therapies | Washington, DC | November 2018**
26. **Adams, T., & Pietrzak, R. H.** *U-Shaped association between exercise and PTSD symptoms in U.S. veterans*.
 27. **Canale, C., Wiltsey Stirman, S., & Gutner, C. A.** *Systematic cultural adaptation of unified protocol for veterans*.
 28. **Cloitre, M., Ortigo, K. M., Morabito, D. M., Crowley, J. J., Mackintosh, M.,** Lindsay, J. A., & Jackson, C. *Increasing access to care for women veterans with MST: Web-Based in-home coaching for trauma related problems*.
 29. Danitz, S. B., **Grillo, A.,** Dichter, M., Driscoll, M., Gerber, M., & **Iverson, K. M.** *A recovery-oriented intervention for women veterans experiencing intimate partner violence: The important role of patient-centered outcomes*.
 30. Danitz, S. B., **Grillo, A., Wiltsey Stirman, S.,** Driscoll, M., Hamilton, A., & **Iverson, K. M.** *When user-centered design meets implementation science: Integrating provider perspectives on implementation characteristics in the development of an IPV intervention*.
 31. Day, S. C., Hogan, J. B., Barrera, T. L., Nessim, M., Keegan, F., Davis, M., Lindsay, J. A., & **Cloitre, M.** *Role of the therapist when simultaneously using video telehealth and an online program: WebSTAIR for the treatment of military sexual trauma*.
 32. Guetta, R. E., **Wilcox, E., Maniates, H.,** Ryabchenko, K., **Miller, M. W., & Wolf, E. J.** *Data privacy expectations of trauma-exposed veterans enrolled in research: Associations with psychopathology and demographic characteristics*.
 33. **Gutner, C. A.,** Litwack, S., **Niles, B. L., & Canale, C.** Effectiveness and implementation of the Unified Protocol in trauma-exposed veterans. In **C. Gutner** (Chair), *Flexing with fidelity: Routine care delivery of transdiagnostic and modular treatment*.
 34. Jarnagin, J., **Arditte Hall, K.,** Rosebrock, L., & **Pineles, S. L.** *Examining trauma-related rumination in trauma-exposed women*.
 35. **Johnson, C. M., Mallard, K. N.,** Carreno, P., **Beristianos, M.,** Masina, T., Shields, N., Monson, C., & **Wiltsey Stirman, S.** *The feasibility and effectiveness of an online message board used to enhance therapist fidelity in Cognitive Processing Therapy for PTSD*.
 36. **Kachadourian, L., Harpaz-Rotem, I.,** Tsai, J., **Southwick, S. M., & Pietrzak, R. H.** *PTSD symptoms are not created equal: A symptomics approach to evaluating associations between individual DSM-5 PTSD symptoms and functioning and quality of life in U.S. military veterans*.
 37. **McLean, C. P.** Discussant. In **C. P. McLean** (Chair), *How do different PTSD treatments work? Clues from mediation research*.
 38. **McLean, C. P.** If you build it, they will come... but how do we get them to stay? The role of support in e-health interventions. In **C. P. McLean** (Chair), *How do different PTSD treatments work? Clues from mediation research*.
 39. **McLean, C. P.,** Gallagher, T., Zang, Y., Suzuki, N., Yarvis, J., Litz, B. T., Mintz, J., Young-McCaughan, S., Peterson, A. L., Foa, E. B., & STONG STAR Consortium. *Negative trauma-related cognitions as a mediator of PTSD change among treatment-seeking active duty military personnel with PTSD*.
 40. **McLean, C. P.,** Yadin, E., Rosenfield, D., Yarvis, J., Mintz, J., Young-McCaughan, S., Peterson, A. L., Foa, E. B., & STRONG STAR Consortium. Efficacy of massed PE for PTSD among active duty military personnel. In L. Zandberg (Chair), *Increasing the reach of exposure therapy for PTSD: The latest in randomized controlled trials designed to reduce implementation barriers*.
 41. Meffert, B., Morabito, D. M., **Southwick, S. M., Pietrzak, R. H.,** & Heinz, A. J. *The interactive effects of age of worst trauma and trauma burden on resilience, physical health, and suicidality: Results from the National Health and Resilience in Veterans Study*.
 42. **Morabito, D. M., Mackintosh, M., & Cloitre, M.** *Therapeutic alliance as a mediator of PTSD symptoms in Skills Training in Affective and Interpersonal Regulation (STAIR) versus Present Centered Therapy (PCT)*.
 43. **Morland, L. A., Mackintosh, M.,** Grubbs, K., Wells, S. Y., Rauch, S., Tuerk, P., Glassman, L. H., & Acierno, R. *Home-Based delivery of Prolonged Exposure therapy: A comparison of clinical efficacy between service modalities*.
 44. **Moshier, S. J., Bovin, M. J., Lee, D. J., Gauthier, G. M., Zax, A.,** Rosen, R., **Keane, T. M., & Marx, B. P.** *A crosswalk for the PTSD Checklist: Translating scores from DSM-IV to DSM-5*.

APPENDIX F: Fiscal Year 2019 Scientific Presentations

45. **Moshier, S. J., Kleiman, S., Bovin, M. J., Zax, A., Gauthier, G. M.,** Rosen, R., **Keane, T. M., & Marx, B. P.** *Demographic predictors of psychotherapy utilization at VA hospitals among veterans diagnosed with PTSD: Who gets an adequate dose?*
46. **Shipherd, J. C.** Transgender veterans' trauma recovery and discrimination: Considerations for treatment. In J. A. Puckett (Chair), *Minority stress, gender affirmation, and mental health in transgender individuals: Research and clinical perspectives.*
47. **Sloan, D. M.** Discussant. In **C. McLean** (Chair), *How do different PTSD treatments work? Clues from mediation research.*
48. **Sloan, D. M., Marx, B. P., Lee, D. J., & Thompson-Hollands, J.** Treatment gains of a brief, exposure-based treatment for PTSD. In L. J. Zandberg (Chair), *Increasing the reach of exposure therapy for PTSD: The latest in randomized controlled trials designed to reduce implementation barriers.*
49. **Taft, C. T.** *The working alliance and group cohesion in CBT to prevent partner violence.*
50. Willis, E. A., Glassman, L. H., Schaper, K. M., Greene, C. J., Morland, L. A., & **Mackintosh, M.** *Delivering anger management treatment through a web-based intervention supplemented with brief coaching: A pilot study.*
51. Willis, E. A., **Mackintosh, M., Greenbaum, M. A., Jaworski, B. K., Kuhn, E. R., Pietrzak, R. H., & Owen, J. E.** *Interest in mobile applications for mental health among veterans.*

Association for Psychological Science | Washington, DC | May 2018

52. **Galovski, T. E.** *A new gun-attitude measure: Development, validation, and evaluation with a community and veteran samples.*

53. **Knight, J. A., Berlingeri, A., & Fox, A.** *Unique pattern sequences characterize the 639,120 theoretical possibilities used to clinically diagnose and empirically categorize individuals with posttraumatic stress disorder.*
54. **Shipherd, J. C.** *Psychoeducation for the prevention of postdeployment intrusive cognition-related distress is socially valid but ineffective.*
55. Song, J., **La Bash, H.,** Masina, T., Shields, N., Monson, C. M., & **Wiltsey Stirman, S.** *Multilevel confirmatory factor analysis of posttraumatic stress disorder for patients in Cognitive Processing Therapy.*

Combat PTSD Conference | San Antonio, TX | October 2018

56. Creech, S. K., **Gnall, K.,** Murphy, C. M., & **Taft, C. T.** National implementation of a trauma-informed intervention for intimate partner violence in veterans: Two-year outcomes. In K. Dondanville (Chair), *Preparing the workforce: Training and dissemination efforts.*
57. **Schnurr, P. P.** *Psychotherapy in the treatment of PTSD: The state of the evidence.*
58. **Sloan, D. M.** *Written Exposure Therapy: A brief treatment approach for PTSD.*
59. **Sloan, D. M.,** Foa, E. B., Peterson, A., Fredman, S., **Wachen, J. S., & Schnurr, P. P.** *Expert perspectives on PTSD treatment and research: Panel discussion and questions.*

Gerontological Society of America | Boston, MA | November 2018

60. Bamonti, P., & **Pless Kaiser, A.** A psychoeducational discussion group focused on later-adulthood trauma reengagement in Vietnam veterans with PTSD: What we learned and what comes next. In P. Bamonti (Chair), *Older trauma-exposed male and female Vietnam veterans: Clinical issues and innovations.*

61. **Brady, C. B., Pless Kaiser, A., Davison, E., & Spiro, A.** Combat-Related trauma re-engagement in aging Vietnam-era veterans: Correlates of positive and negative outcomes. In P. Bamonti (Chair), *Older trauma-exposed male and female Vietnam veterans: Clinical issues and innovations.*
62. **Lee, L. O.** Psychological functioning and cardiometabolic risk over four decades: Findings from the VA Normative Aging Study. In **L. O. Lee** (Chair), *Uniting biomarker research in aging and health: Identifying integrative pathways.*
63. **Smith, B. N., Spiro, A., & Magruder, K. M.** The impact of military stress exposures on health and functioning in Vietnam-era women veterans. In P. Bamonti (Chair), *Older trauma-exposed male and female Vietnam veterans: Clinical issues and innovations.*
64. **Wolf, E. J., Morrison, F. G., Logue, M. W., & Miller, M. W.** Traumatic stress-related accelerated cellular aging. In C. Hill (Chair), *NIA health disparities research network: Approaches and findings from aging biology research.*

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

65. Branscomb, J., **Zimmerman, L. E., Park, S., Lounsbury, D.,** Rust, T., & Holbrook, A. *An accredited, interactive, virtually-facilitated curriculum for frontline mental health teams.*
66. Holbrook, A., **Zimmerman, L. E., Park, S.,** Rust, T., **Lounsbury, D.,** & Branscomb, J. *Supporting locally calibrated modeling at scale with front-line clinical teams using a transparent data user interface.*
67. **Lounsbury, D., Zimmerman, L. E., Park, S.,** Rust, T., Holbrook, A., & Branscomb, J. *From Scriptapedia to hexagons, engaging stakeholders in model building to develop a healthcare quality improvement program.*

APPENDIX F: Fiscal Year 2019 Scientific Presentations

68. Rust, Tom, **Zimmerman, L. E., Park, S., Lounsbury, D.**, Branscomb, Jane, & Holbrook, Andrew *Improving frontline healthcare operations: Adapted use of the Oliva and Serman service delivery model.*
69. **Zimmerman, L. E., Park, S., Lounsbury, D.**, Branscomb, J., Holbrook, A., & Rust, T. *Effectiveness of modeling as a health system intervention for addiction and mental health service improvement.*

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

70. Ackland, P., Meis, L., Orazem, R., Gerould, H., Lyon, A., & **Kehle-Forbes, S.** *When thoughts of dropout arise: Interventions used in Cognitive Processing Therapy and Prolonged Exposure.*
71. **Arditte Hall, K.** *Fear of emotion and posttraumatic stress symptoms among trauma-exposed veterans.*
72. **Banducci, A. N., McCaughey, V., Gradus, J. L., & Street, A. E.** *The relations between traumatic deployment experiences and alcohol use: The impact of PTSD, depression, and social support.*
73. Bosch, J., **Mackintosh, M.**, Wells, S. Y., Wickramasinghe, I., & Morland, L. A. *PTSD treatment response and quality of life in women with childhood abuse histories.*
74. **Bovin, M. J., Lee, D. J., Thompson-Hollands, J., Dutra, S., Kleiman, S., Moshier, S. J., Sloan, D. M., & Marx, B. P.** *Understanding the concordance between the CAPS-5 and the PCL-5.* In **B. P. Marx** (Chair), *Examining similarities and discrepancies in outcomes assessed by the CAPS-5 and PCL-5.*
75. **Bramande, E.**, Tyrell, F., Finley, E., & **Vogt, D.** *Does post-military stress mediate the relationship between military sexual trauma and well-being?*
76. Brown, L. G., **Bovin, M. J., Brown, M., Sloan, D. M., & Marx, B. P.** *Tonic immobility versus fighting back: Does peritraumatic behavior affect perpetrator aggression during sexual assault?*

77. **Brown, M., Bovin, M. J.,** Brown, L. G., Rosen, R. C., **Keane, T. M., & Marx, B. P.** *The effects of military sexual trauma type on psychosocial functioning: Comparing harassment to assault.*
78. Creech, S. K., **Gnall, K.,** Murphy, C. M., & **Taft, C. T.** *National implementation of a trauma-informed intervention for intimate partner violence in veterans: Two-year outcomes.*
79. Ellickson-Larew, S., Guetta, R. E., **Wilcox, E., Maniates, H., Miller, M. W., & Wolf, E. J.** *Psychometric properties of the M-FAST in a veteran sample with PTSD.*
80. Finley, E., Copeland, L., **Bramande, E., Nillni, Y. I., Vogt, D.,** Perkins, D. E., & Gilman, C. L. *Experiences of stress, trauma, and PTSD among U.S. veterans across the military-to-civilian transition.*
81. Frankfurt, S., DeBeer, B., Morissette, S., **La Bash, H.,** Kimbrel, N. A., & Meyer, E. C. *Should experiencing military sexual trauma be considered a morally injurious act?: Exploring the role of military sexual trauma within a moral injury framework.*
82. **Gauthier, G. M., Moshier, S. J., Zax, A., Marx, B. P., & Keane, T. M.** *Examining the association between wartime atrocity exposure and psychotherapy utilization among OEF/OIF veterans.*
83. **Grillo, A.,** Adjognon, O. A., Maskin, R. M., Dichter, M. E., Gerber, M., **Gutner, C. A.,** Hamilton, A. B., **Wiltsey Stirman, S., & Iverson, K. M.** *Reducing intimate partner violence (IPV) among women: Understanding contextual barriers and facilitators to IPV screening practices in an integrated health care system.*
84. **Grillo, A.,** Danitz, S. B., Maskin, R. M., Dichter, M. E., Driscoll, M., Gerber, M., Hamilton, A. B., **Wiltsey Stirman, S., & Iverson, K. M.** *Strides towards recovery from intimate partner violence: Identifying patient-centered outcomes to optimize a brief counseling intervention for women veterans.*

85. **Johnson, C. M.,** Holmes, S., Suvak, M., Masina, T., Shields, N., Monson, C., & **Wiltsey Stirman, S.** *Changes in PTSD symptoms correspond to changes in suicidal ideation in a combined military and civilian sample engaged in Cognitive Processing Therapy.*
86. Keegan, F., Barrera, T. L., Lindsay, J. A., Day, S. C., Nessim, M., & **Cloitre, M.** *Satisfaction and feasibility of integrated web and video-to-home treatment delivery.*
87. **Kehle-Forbes, S.,** Ackland, P., Chard, K., Foa, E., Gerould, H., Lyon, A., Meis, L., Orazem, R., Polusny, M., **Schnurr, P. P., Spont, M., & Zickmund, S.** *Why do some dropout while others complete? Describing the diverging experiences of veterans receiving trauma-focused therapy.*
88. **Knight, J. A., Berlinger, A., & Fox, A.** *The extreme number of unique symptom patterns resulting from combinations of the DSM PTSD diagnostic criteria: Theoretical and practical considerations.*
89. **La Bash, H., Johnson, C. M.,** Marques, L., Creed, T., **Gutner, C. A.,** DeRubeis, R., **Kuhn, E. R., Mallard, K. N.,** Affrunti, N., **Canale, C.,** Youn, S. J., & **Wiltsey Stirman, S.** *An innovative fidelity scoring mechanism: Development of a method to score CBT fidelity based on worksheets.*
90. **Lee, D. J., Lee, L. O., Bovin, M. J., Moshier, S. J., Dutra, S., Kleiman, S.,** Rosen, R. C., **Keane, T. M., & Marx, B. P.** *Longitudinal posttraumatic stress disorder symptom trajectories among Operation Enduring Freedom and Operation Iraqi Freedom veterans.* In **D. J. Lee** (Chair), *Longitudinal course of mental health symptoms among post-9/11 military personnel and veterans.*
91. **Lee, L. O.** *Predicting long-term PTSD symptom trajectories in Iraq-deployed soldiers: A prospective study.*
92. Luehrs, R., **Grillo, A.,** Danitz, S., Suvak, M., & **Iverson, K. M.** *Hope and self-efficacy as predictors of PTSD symptoms in a sample of women veterans.*

APPENDIX F: Fiscal Year 2019 Scientific Presentations

93. **Mackintosh, M.**, Glassman, L. H., Willis, E. A., **Greenbaum, M. A.**, **Chang, A.**, & Morland, L. A. *Sustaining increases in quality of life following Cognitive Processing Therapy: The importance of attending to anger and sleep concerns.*
94. **Mackintosh, M.**, Morland, L. A., Willis, M. A., Sohn, M. J., **McCaslin, S. E.**, & **Pietrzak, R. H.** *Predicting chronic suicidal ideation among veterans: Longitudinal effects of social support, sleep and anger problems.*
95. **Mackintosh, M.**, Schaper, K. M., Willis, E. A., Edland, S., Liu, C., & White, L. R. *What are the life-long effects of WW II military service on late-life social functioning?*
96. **Mahoney, C. T.**, & Lynch, S. M. *Coping self-efficacy mediates the relationship between lifetime sexual trauma exposure and substance use.*
97. **Maieritsch, K. P.**, **Kehle-Forbes, S.**, Resick, P., & **Wachen, J. S.** *Dismantling the dilemma of treatment dropout.*
98. **McCaughey, V.**, Shin, M. H., Gormley, K. E., & **Street, A. E.** *Patient-Provider communication about military sexual trauma: Understanding veterans' satisfaction and preferences.*
99. **McCaughey, V.**, **Street, A. E.**, & **Mitchell, K. S.** *Examining associations between military sexual trauma and non-military physical/sexual assault and eating disorder symptoms in male and female veterans.*
100. **Meffert, B.**, Santiago, R., **Regala, S. L.**, **Sawicki, D. A.**, Hausman, C., & **Heinz, A. J.** *Does performance on neuropsychological assessments predict self-reported functioning? An investigation among veterans with alcohol use disorder and PTSD.*
101. **Mitchell, K. S.**, Huston, J., & **Iverson, K. M.** *Intimate partner violence and eating disorder symptoms in female veterans: The mediating role of PTSD and depression.* In S. Holmes (Chair), *Trauma, PTSD, and eating disorders: An examination of comorbidities, mechanisms of association, and an integrated treatment approach.*
102. **Morabito, D. M.**, **Ortigo, K. M.**, **Mackintosh, M.**, & **Cloitre, M.** *Unique associations between PTSD, reduced self-compassion, and co-morbid OCD symptoms among women with a history of interpersonal violence.*
103. Morland, L. A., Grubbs, K., **Macdonald, A.**, Monson, C., Buzzella, B., Wrape, E., Wickramasinghe, I., Wells, S. Y., & **Mackintosh, M.** *Abbreviated cognitive behavioral couples therapy into the home: A scalable model for couples with PTSD.*
104. **Niles, B. L.**, Weinstein, E. S., Mori, D. L., & **Pless Kaiser, A.** *Complementary and integrative interventions for PTSD: What is the evidence base and how can we improve it?*
105. **Pless Kaiser, A.**, O'Malley, K., & Bamonti, P. *Later-Adulthood trauma reengagement in Vietnam veterans with PTSD: Impact of a psychoeducational discussion group.* In **B. Smith** (Chair), *Trauma and aging: Examining and integrating new findings on health outcomes, mental health utilization, and treatment in older adults.*
106. **Prins, A.**, Davis, A., **Bovin, M. J.**, **Kimerling, R.**, **Schnurr, P. P.**, & **Tiet, Q. Q.** *Examining spectrum effects on the operating characteristics of the PC-PTSD-5.*
107. **Rosen, C. S.** Discussant. In **C. S. Rosen** (Chair), *What if we don't talk about trauma.*
108. **Sanders, W.**, **Smith, B. N.**, **Fox, A. B.**, & **Vogt, D.** *Long-Term effects of family stressors and combat threat on mental health of post-9/11 veterans.*
109. **Sawdy, M.**, **Sanders, W.**, Beagley, M. C., Peterson, Z. E., & **Galovski, T. E.** *Exposure to community violence during Ferguson protests: The relationship between family stress and perceived family threat on police officers' mental health.*
110. **Schnurr, P. P.** Discussant. In A. MacDonald (Chair), *The flexible delivery of Cognitive Behavioral Couple Therapy for posttraumatic stress disorder to overcome barriers to care.*
111. **Schnurr, P. P.** Discussant. In **B. Marx** (Chair), *Examining similarities and discrepancies in outcomes assessed by the CAPS-5 and PCL-5.*
112. **Schnurr, P. P.** Discussant. In **C. Rosen** (Chair), *What If we don't talk about trauma? Evidence-Based alternatives to trauma-focused psychotherapy.*
113. **Schnurr, P. P.**, **Galovski, T. E.**, **Holtzheimer, P. E.**, & Olf, M. Panel discussion. In **L. Sippel** (Chair), *Defining treatment-resistant PTSD: Research and treatment opportunities.*
114. **Shipherd, J. C.** *Understanding the experience of trauma and minority stress in lesbian, gay, bisexual, and transgender populations: Implications for conceptualization, practice, and policy.* In J. A. Scholl (Chair), *Understanding the experience of trauma and minority stress in lesbian, gay, bisexual, and transgender populations: Implications for conceptualization, practice, and policy.*
115. **Sippel, L. M.**, **Galovski, T. E.**, **Holtzheimer, P. E.**, **Schnurr, P. P.**, & Olf, M. *Defining treatment-resistant PTSD: Research and treatment opportunities.*
116. **Sippel, L. M.**, Watkins, L. E., **Pietrzak, R. H.**, **Hoff, R.**, & **Harpaz-Rotem, I.** *Heterogeneity of posttraumatic stress symptomatology and social connectedness in treatment-seeking military veterans: A longitudinal examination.* In **L. M. Sippel** and L. E. Watkins (Chair), *Implications of interpersonal relationships for functioning and treatment among military veterans with PTSD.*
117. Smidt, K., **Niles, B. L.**, Weinstein, E. S., & **Fisher, L. M.** *Examining efforts to reduce trauma-focused evidence-based psychotherapy (TF-EBP) dropout rates: Comparison across two rounds of program evaluation data.*
118. **Smith, B. N.**, **Spiro, A.**, & Magruder, K. M. *The impact of stress exposures and mental health sequelae on health, functioning, and disability in Vietnam-era women veterans.* In **B. N. Smith** (Chair), *Trauma and aging: Examining and integrating new findings on health outcomes, mental health utilization, and treatment in older adults.*

APPENDIX F: Fiscal Year 2019 Scientific Presentations

119. **Spoont, M.**, MacDermid-Wadsworth, S., Meis, L., Topp, D., & Polusny, G. *Who in U.S. veterans' social networks encourage or discourage them to pursue mental health treatment for PTSD?*
120. Straus, E., **Norman, S. B., Haller, M., Hamblen, J. L., Southwick, S. M., & Pietrzak, R. H.** Protective factors associated with posttraumatic stress disorder, alcohol use disorder, and their comorbidity in U.S. veterans results from the National Health and Resilience in Veterans Study. In L. Luciano (Chair), *Self-Medication and beyond: Towards a more complete understanding of trauma and alcohol misuse in under-represented, community, and national samples.*
121. **Thompson-Hollands, J.**, Burmeister, L. B., **Rosen, C. S.**, O'Dougherty, M., & Meis, L. A. Exploring the knowledge, attitudes, and experience of significant others during veterans' evidence-based treatment for PTSD. In L. Watkins and **L. Sippel** (Chair), *Implications of interpersonal relationships for functioning and treatment among military veterans with PTSD.*
122. **Thompson-Hollands, J., Lee, D. J., Marx, B. P., Bovin, M. J., Kleiman, S., Moshier, S. J., Dutra, S., & Sloan, D. M.** Longitudinal change and predictive ability of the CAPS-5 and PCL-5. In **B. P. Marx** (Chair), *Examining similarities and discrepancies in outcomes assessed by the CAPS-5 and PCL-5.*
123. **Vogt, D.**, Tyrell, F., & **Bramande, E.** *Vocational and social challenges experienced by trauma-exposed military veterans after separation from military service.*
124. **Wachen, J. S.**, Hale, W., Blankenship, A., Dondanville, K., Mintz, J., Litz, B., Young-McCaughan, S., Yarvis, J., Peterson, A., & Resick, P. *The effect of post-concussive symptoms on outcomes in Cognitive Processing Therapy for active duty military personnel.*
125. Willis, E. A., **Greenbaum, M. A.**, Jaworski, B. K., **Pietrzak, R. H., Owen, J. E., Mackintosh, M., & Kuhn, E. R.** *Predictors of interest in mental mobile health applications among U.S. veterans: Results from the National Health and Resilience in Veterans Study.*
126. Wilks, C., Morland, L. A., Dillon, K., **Mackintosh, M.**, Blakey, S. M., Wagner, H. R., VA Mid-Atlantic MIRECC Workgroup, & Elbogen, E. *Anger, social support, and suicide risk in U.S. military veterans.*
127. **Woodward, S. H.**, Lawlor, C., **Jamison, A. L., Gala, S. M., Villasenor, D. L., & Arsenault, N. J.** *Does canine companionship improve sleep in severe deployment-related PTSD.*
128. **Zax, A., Lee, D. J., Gauthier, G. M., Marx, B. P., & Keane, T. M.** *Associations between childhood abuse and suicide attempts among OIF/OEF veterans: Differences between male and female veterans.*
- Science of Dissemination and Implementation in Health | Washington, DC | December 2018**
129. Baumann, A., Hooley, C., Kryzer, E., Malone, S., Morshed, A., **Gutner, C. A.**, & Purtle, J. *Dissemination outcomes and strategies: A review of frameworks and empirical studies.*
130. Dollar, K., Kirchner, J. E., **McGee-Vincent, P.**, Burden, J., DePhilippis, D., & Resnick, S. G. Implementation of measurement-based care: Creation of an implementation planning guide. In M. Engelgau (Chair), *Innovations in implementation science to enhance sustainability and quality improvement.*
131. **Iverson, K. M.**, Adjogon, O., **Grillo, A.**, Dichter, M., Gerber, H. R., **Gutner, C. A., & Wiltsey Stirman, S.** *Getting intimate partner violence screening implementation right: Identifying best clinical practices, implementation strategies and contextual factors for success.*
132. **Rosen, C. S., Davis, C., McLean, C. P.**, Peterson, A., Young-McCaughan, S., Haddock, K., **Neitzer, A., Wiltsey Stirman, S., Mallard, K. N., Mackintosh, M., McGee-Vincent, P.**, Riggs, D., **Cook, J.**, Mistretta, M., Brim, W., French, L., Phillips, J., Frick, E., Mann, J., & Mir, R. *Crosswalking implementation theory and practice: Applying practical knowledge, CFIR and ERIC frameworks to implementing evidence-based psychotherapy in the U.S.*
133. **Zimmerman, L. E., Lounsbury, D., Rosen, C. S., Kimerling, R.**, Hong, A., Branscomb, J., Kibbe, D., **Park, S.**, Kramer, R., Barlow, D. C., **Mushiana, S., Azevedo, K. J., Yang, J.**, Trafton, J., Lindley, S., & Rust, T. Participatory system dynamics for high quality VA addiction and mental health care. In **L. Zimmerman** (Chair), *Participatory modeling approaches to implementation science.*
- Society for Biological Psychiatry | Chicago, IL | May 2019**
134. **Harpaz-Rotem, I.** *Augmented psychotherapy with ketamine (KPE) – first results, network neural connectivity.*
135. **Harpaz-Rotem, I.** *Combined adjusted Prolonged Exposure therapy and ketamine infusion as potential treatment for PTSD.*
136. **Harpaz-Rotem, I.** *Computational models and transdiagnostic approach in fear learning and updating following exposure to trauma.*
137. **Kaye, A.** *F39: Stress speeds arousal fluctuations in mPFC after neurons and pupillary diameter.*
138. **Kaye, A.** *PTSD as a threat mood: Insights from a reinforcement.*
139. **Logue, M. W., Wolf, E. J., Morrison, F. G.**, Zhou, Z., Smith, A. K., Daskalakis, N., Stone, A., Schichman, S. A., McGlinchey, R. E., Milberg, W. P., Traumatic Stress Brain Study Group, **Huber, B., & Miller, M. W.** An epigenome-wide association study of PTSD in veterans implicates several new DNA methylation loci. In **M. W. Logue** (Chair), *Epigenome-Wide association studies reveal new methylation loci related to posttraumatic stress disorder.*
140. Polimanti, R., Ratanatharathorn, A., Maihofer, A., Choi, K., Stein, M., Morey, R., **Logue, M. W.**, Nievergelt, C., Stein, D., Koenen, K., & **Gelernter, J.** *Genetic overlap and causality between cognitive ability and posttraumatic stress disorder.*

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141. **Sullivan, D. R., Morrison, F. G., Wolf, E. J., Logue, M. W., Fortier, C. B., Salat, D., Fonda, J. R., Stone, A., Schichman, S., Milberg, W., McGlinchey, R., & Miller, M. W.** *The PPM1F gene moderates the association between PTSD and cortical thickness.*
142. **Wolf, E. J., Morrison, F. G., Sullivan, D. R., Logue, M. W., Guetta, R. E., Stone, A., Schichman, S. A., McGlinchey, R. E., Milberg, W. P., Study Group, B., Huber, B., & Miller, M. W.** *Klotho, PTSD, and advanced cellular age: Spinning the thread of life.*

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

143. **Bogdan, K., Gerber, M., & Scioli, E. R.** *A preliminary qualitative analysis of fibromyalgia care in VA through narratives of women veterans.*
144. **Danan, E., Spoont, M., Brunner, J., & Yano, E. M.** *The relationship between sexual assault history and gynecologic exam distress and delay among women veterans in the VA.*
145. **Gerber, M. R., Danitz, S. B., & Iverson, K. M.** *A novel patient-centered approach to intimate partner violence in primary care: Recovering from IPV through strengths and empowerment (RISE).*
146. **Simon, S., Livingston, N., Sawdy, M., Yeksigian, C., Bickmore, T., Zhou, S., Saitz, R., & Kressin, N.** *Randomized controlled trial of a relational agent to reduce risky alcohol use.*

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

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

148. **Lounsbury, D., Kibbe, Debra, Rollins, James, & Zimmerman, L. E.** *From blank page to local optimization: Participatory systems modeling to improve.* Breakout Session.
149. **Riggs, D., Dondanville, K., Borah, E., & Rosen, C. S.** *A tailored implementation approach to improving PTSD care in military treatment facilities: Integrating practice-based knowledge and implementation science.*
150. **Song, J., Garcia, H., Finley, E., & Wiltsey Stirman, S.** *Graduate school training in structured cognitive behavioral therapy protocols predicts greater evidence based psychotherapy reach.*
151. **Zimmerman, L. E., Lounsbury, D., Rust, T., Rosen, C. S., Kimerling, R., Trafton, J., Lindley, S., Holbrook, A., Park, S., Branscomb, J., Kibbe, D., Rollins, J., & Hong, S.** *Modeling to learn: Conserving staff time when comparing implementation alternatives via simulation.*

Other

152. **Abdallah, C.** (2019, May). *Trauma & stress: From synapses to complex behavioral disturbances.* Dartmouth Psychiatry Department Grand Rounds, Lebanon, NH.
153. **Averill, C. L., Averill, L., & Abdallah, C.** (2019, May). *Suicide prediction in major depressive disorder using connectome based modeling.* Yale Clinical Neuroimaging Symposium, New Haven, CT.
154. **Barnes, S. M., Borges, L. M., Smith, G., & Walser, R. D.** (2019, June). *Empowering patients to thrive despite their desire for death: A workshop on ACT for suicide prevention.* Workshop presented at the 17th annual meeting of the Association for Contextual Behavioral Science (ACBS), Dublin, Ireland.
155. **Bernardy, N. C., & Altemus, M.** (2019, April). *Women's mental health and benzodiazepine use* [Webinar]. Presented for the VA Psychotropic Drug Safety Initiative Phase4.

156. **Blosnich, J. R., Ketterer, B., Dichter, M., Gordon, A. J., Kauth, M. R., Shipherd, J. C., & Montgomery, A. E.** (2018, November). *Housing instability and VA housing services among transgender U.S. veterans in care.* Paper presentation at the 146th Annual Meeting & Exposition of the American Public Health Association, San Diego, CA.
157. **Bogdan, K., Monach, P., Gerber, M., & Scioli, E. R.** (2019, April). *Development of a semi-structured interview to understand VA treatment barriers for clinicians treating women veterans with fibromyalgia: A qualitative pilot study.* American Pain Society, Milwaukee, WI.
158. **Borges, L. M., Walser, R. D., Nieuwsma, J., Luoma, J., & Barnes, S. M.** (2019, June). *Perspectives on a process-based approach to moral injury: Targeting the pathways maintaining suffering.* Panel conducted at the 17th Association for Contextual Behavioral Science World Conference, Dublin, Ireland.
159. **Esterlis, I.** (2019, May). *Neurology and psychiatry: Meeting age of the brain.* American Association for the Advancement of Science, Washington, DC.
160. **Farmer, C., Hepner, K., Brooks Holliday, S., Bharil, S., Kimerling, R., McGee-Vincent, P., McCaslin-Rodrigo, S. E., & Rosen, C. S.** (2019, June). *Measurement-Based care for behavioral health in the Veterans Health Administration.* Academy Health Annual Research Meeting, Washington, DC.
161. **Freedman, D., Bess, K., Foster-Fishman, P., Lounsbury, D., & Zimmerman, L. E.** (2019, June). *Developing training to advance community systems science for health equity.* Roundtable at the 2019 Biennial Meeting of the Society for Community Research and Action (APA Div. 27), Chicago, IL.
162. **Galovski, T. E.** (2018, November). *Psychological impact of military service on women veterans.* Presented at the quarterly meeting for the Advisory Committee on Women Veterans, Jackson, MS.

APPENDIX F: Fiscal Year 2019 Scientific Presentations

163. **Galovski, T. E.** (2018, November). *Women veterans network: WoVeN*. Presented at the Pentagon for the DoD Women's Mental Health Work Group, Washington, DC.
164. **Galovski, T. E.** (2018, October). *Memory: Its public, private, and political meanings*. Presented at the Boston University Student-Faculty Forum, Boston, MA.
165. **Galovski, T. E.** (2019, June). *Non-Clinical approaches for supporting veteran well-being*. Center for a New American Security, Washington, DC.
166. **Gelernter, J.** (2019, May). *Results from the USVA MVP PTSD Cooperative Study*. PCG-PTSD Working Group Meeting, Chicago, IL.
167. **Girgenti, M.** (2019, March). *Sex-Specific molecular neuropathologies in human PTSD*. Weill-Cornell School of Medicine, New York, NY.
168. Gomez, M. A., **Meffert, B.**, Lucas, E. L., Mosich, M., **Sawicki, D. A.**, **Cloitre, M.**, & **Heinz, A. J.** (2019, February). *A dimensional perspective of adverse childhood experiences: Childhood exposure to threat and deprivation and adult neurocognitive characteristics among U.S. military veterans*. Poster presentation at the International Society of Neuropsychology Annual Meeting, New York, NY.
169. Gulliver, S. B., Dobani, F., Meyer, E. C., Pennington, M. L., **Knight, J. A.**, & **Keane, T. M.** (2019, June). *Alcohol use in female firefighters over the first three years of service*. Presentation at the 42nd Annual Scientific Meeting of the Research Society on Alcoholism, Minneapolis, MN.
170. **Harpaz-Rotem, I.** (2019, January). *Decision making and fear learning in PTSD*. Columbia University Department of Psychiatry and NYS Psychiatric Institute, New York, NY.
171. **Harpaz-Rotem, I.** (2019, March). *PTSD treatment outcomes and preventing suicide - implementation of evidence based therapy*. VA Residential Rehabilitation Treatment Program Director Meeting VA Central Office, Orlando, FL.
172. Hassanbeigi Daryani, S., Herbst, E., Hopkins, L., **McCaslin, S. E.**, Laird, K., Pennington, D., & **Kuhn, E. R.** (2018, November). *A qualitative examination of a mobile application for veteran smokers with posttraumatic stress disorder*. Poster presentation at the Association for Medical Education Substance Abuse, San Francisco, CA.
173. **Kaye, A.** (2018, December). *Cortical arousal and pupillary fluctuations in a mouse model of acute stress*. American College of Neuropsychopharmacology, Hollywood, FL.
174. **Kaye, A.** (2019, August). *Prefrontal noradrenergic and cholinergic dynamics define global arousal after stress*. Gordon Research Conferences (GRC) Catecholamines (2019), Newry, ME.
175. **Kehle-Forbes, S.**, & **Healy, E.** (2019, June). *Using veterans' voices to improve engagement in Cognitive Processing Therapy* [Webinar]. Presented for the Evidence-Based Practice Institute.
176. **Knight, J. A.**, **Berlinger, A.**, & Fox, A. (2019, August). *636,120 DSM-5 symptom combinations yield diagnostic variability: Sampling issues for PTSD*. Paper presented at the 127th annual meeting of the American Psychological Association, Washington, DC.
177. **Krystal, J. H.** (2019, July). *Repurposing abused drugs for treatment of psychiatric disorders*. Ketamine and the pursuit of rapid acting antidepressants, Wayne State University, Symposium, Detroit, MI.
178. **Krystal, J. H.** (2019, September). *Rapid-Acting antidepressants: New treatments, new hope, and new insights into the brain*. ONE MIND Symposium, Rutherford, CA.
179. **Lee, D. J.** (2019, May). *Retrospective review of respiratory function in the amyotrophic lateral sclerosis veteran population with and without Edaravone therapy*. American Academy of Neurology, Philadelphia, PA.
180. **Lee, L. O.** (2019, March). *Optimism, stress, and affective dynamics: Prospective findings from the VA Normative Aging Study*. In **L.O. Lee** & C Trudel-Fitzgerald (Chair), *Emotion regulation and variability in relation to daily stressors and health*. Symposium at the 77th annual scientific meeting of the American Psychosomatic Society, Vancouver, Canada.
181. **Levy, I.** (2018, October). *Uncertainty in brain and behavior: Implications for aging and psychopathology*. Neuroeconomics seminar, University of Zurich, Zurich, Switzerland.
182. **Livingston, N.** (2019, May). *Leveraging "relational agent" technology to improve drinking outcomes and treatment referrals among veteran primary care patients*. Presentation at the annual U.S. Department of Veteran Affairs' National Interprofessional Advanced Fellowship in Addiction Treatment research conference series, Boston, MA.
183. **Livingston, N.**, Ameral, V., Enggasser, J., Brief, D., Rubin, A., **Helmuth, E.**, Litwack, S., Roy, M., Solhan, M., & **Keane, T. M.** (2019, April). *Reach and effectiveness of an online alcohol use intervention among veterans with vs without concurrent in-person treatment*. Poster presentation at the 2019 American Psychological Association Division 50 Collaborative Perspectives on Addiction Research Conference, Providence, RI.
184. **Livingston, N.**, **Sawdy, M.**, Yeksigian, K., Bickmore, T., Zhou, S., Simon, S., Saitz, R., Kressin, N., & Rubin, A. (2019, April). *A computerized "relational agent" to reduce alcohol use and increase referrals to treatment within primary care*. Poster presentation at the 2019 American Psychological Association Division 50 Collaborative Perspectives on Addiction Research Conference, Providence, RI.
185. **Logue, M. W.**, **Morrison, F. G.**, **Wolf, E. J.**, Study Group B, **Huber, B.**, & **Miller, M. W.** (2018, October). *An epigenome-wide investigation of DNA methylation and PTSD in brain tissue from the prefrontal cortex*. Poster presented at the annual meeting of the World Congress in Psychiatric Genetics, Glasgow, Scotland.

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186. **Mahoney, C. T., Bovin, M. J., Rosen, R. C., Keane, T. M., & Marx, B. P.** (2019, August). *Association between trauma-related externalizing behaviors and criminal activity in OEF/OIF/OND veterans*. Poster presented at the 11th Annual Meeting of the Military Health System Research Symposium, Orlando, FL.
187. **Miller, K. E., Bäbler, L., Maillart, T., Faerman, A., & Woodward, S. H.** (2019, June). *Sleep/Wake detection by behavioral response to haptic stimuli*. Presentation to the Association of Professional Sleep Societies, San Antonio, TX.
188. **Mitchell, K. S.** (2019, March). *Posttraumatic stress disorder and eating disorders: The potential mediating roles of food addiction symptoms and eating for coping*. Poster presented at the meeting of the Academy for Eating Disorders International Conference, New York, NY.
189. **Mitchell, K. S., & Iverson, K. M.** (2019, September). *Diagnostic utility of bulimia nervosa and binge eating disorder symptoms in men and women*. Poster presented at the meeting of the Eating Disorder Research Society, Chicago, IL.
190. **Morrison, F. G., Maniates, H., Logue, M. W., Stone, A., Schichman, S. A., McGlinchey, R. E., Milberg, W. P., Miller, M. W., & Wolf, E. J.** (2018, December). *Longitudinal investigation of advanced epigenetic age and change in peripheral biomarkers of inflammation and metabolic syndrome*. Poster presented at the annual meeting of the American College for Neuropsychopharmacology, Hollywood, FL.
191. Naeser, M. A., Martin, P. I., Ho, M. D., Kregel, M. H., **Knight, J. A.,** Fedoruk, A., & Hamblin, M. R. (2018, October). *At-Home, LED treatment results after scalp application of near-infrared light in a retired, professional football player for possible CTE: Improvements in emotional outbursts, PTSD, depression and cognition*. Presentation at the 3rd annual conference on Chronic Traumatic Encephalopathy, Boston University School of Medicine, Boston, MA.
192. Naeser, M., Martin, P., Ho, M., Kregel, M., **Knight, J. A.,** Fedoruk, A., & Hamblin, M. (2019, March). *Transcranial, near-infrared photobiomodulation to improve cognition in two, retired professional football players with clinical signs of CTE*. Presentation at the biannual meeting of the International Brain Injury Association, Toronto, CA.
193. **Nilni, Y. I.** (2019, July). *Posttraumatic stress disorder and women's reproductive health: Identifying mechanisms and improving healthcare outcomes*. Presented for the Department of Epidemiology, Boston University School of Medicine, Boston, MA.
194. **Pless Kaiser, A.** (2018, November). *Trauma, PTSD, and aging: Diagnosis, assessment, and treatment among older adults and veterans*. Guest lecture presented for Lifespan Psychopathology, Department of Clinical Psychology Doctoral Program, UMass Boston, Boston, MA.
195. Richards, A., **Woodward, S. H.,** Ruoff, L., Huie1, R., & Neylan, T. C. (2019, June). *Characteristics of nap sleep in trauma-exposed men and women with and without PTSD: Contributions of biological sex and PTSD to REM sleep in a lab-based experimental study*. Presented to the Association of Professional Sleep Societies, San Antonio, TX.
196. Rossi, N., Hopkins, L. B., Hassanbeigi-Daryani, S., Dixit, D., **McCaslin, S. E.,** Manuel, J., & Herbst, E. (2019, February). *A qualitative examination of a telephone and technology facilitated treatment for young adult veterans with posttraumatic stress disorder*. Poster presentation at the Society of Research on Nicotine and Tobacco Conference, San Francisco, CA.
197. **Sanacora, G.** (2018, November). *GABA/glutamate in brain health: It's more than a balancing act, presentation; excitatory/inhibitory balance and glia in psychiatric conditions*. James S. McDonnell Foundation Meeting, Tarrytown, NY.
198. **Sanacora, G.** (2018, October). *Development of rapid acting pharmacological treatments for suicidal ideation and behavior*. CT Suicide Advisory Board, special presentation, Middletown, CT.
199. **Sanacora, G.** (2018, October). *Ketamine and other putative rapid-acting antidepressant medications: What have they taught us about neurobiology*. Psychiatric Congress, Orlando, FL.
200. **Schnurr, P. P.** (2018, November). *Psychotherapy in the treatment of PTSD: The state of the evidence*. Invited lecture, Perspectives on Trauma Lecture Series, McLean Hospital, Belmont, MA.
201. **Schnurr, P. P.** (2019, July). *Psychotherapy in the treatment of PTSD: The state of the evidence*. Keynote address at the World Congress of Behavioral and Cognitive Therapy, Berlin, Germany.
202. **Scioli, E. R.** (2019, January). *Neurobiological mediators of self-regulatory and reward based motivational predictors of exercise maintenance in chronic pain & PTSD*. Science of Behavior Change, Bethesda, MD.
203. **Scioli, E. R., Bogdan, K.,** Ayvazian, L., Bair, M., Hauger, R. L., Pinna, G., & **Rasmusson, A. M.** (2019, April). *Neuropeptide Y and ALLO: Potential neurobiological mediators of exercise benefits for pain sensitivity in chronic pain and PTSD: Preliminary CDA2 findings*. American Pain Society, Milwaukee, WI.
204. **Shipherd, J. C.,** Kauth, M. R., & Brown, G. (2018, November). *Nationwide transgender veteran e-consultation*. Presentation at the annual convention of the World Professional Association for Transgender Health Annual Meeting, Buenos Aires, Argentina.
205. **Sloan, D. M.** (2019, August). *Written Exposure Therapy: A brief treatment approach for PTSD*. Northwestern University Feinberg School of Medicine, Chicago, IL.
206. **Smith, B. N.,** Taverna, E. C., Tyzik, A. L., **Fox, A. B., & Vogt, D.** (2019, March). *Risk mechanisms linking stress exposures and physical health outcomes in male and female post-9/11 veterans: Examining the role of PTSD and depression symptom severity*. Poster presented at the annual meeting of the American Psychosomatic Society, Vancouver, BC.

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207. Song, J., **Johnson, C. M.**, Shields, N., Masina, T., Monson, C. M., & **Wiltsey Stirman, S.** (2019, March). *Medical conditions do not impede the effectiveness of Cognitive Processing Therapy*. Poster session presented at the meeting of the TBI Research Forum, Palo Alto, CA.
208. Steadman-Wood, P., McCurry, S., **Walser, R. D.**, Wetherall, J., & Ferenback, C. (2019, June). *Values and aging: The role of CBS in facing the challenges of aging*. Panel conducted at Association for Contextual Behavioral Science World Conference 17, Dublin, Ireland.
209. **Street, A. E.** (2019, August). *PTSD and the social construction of gender*. Invited plenary speaker at VHA's National Women's Mental Health Mini-Residency, Dallas, TX.
210. **Street, A. E.** (2019, February). *Complex trauma and associated symptom presentations*. Invited webinar for Trauma Perspectives Brown Bag Lecture Series, Northern Illinois University, Dekalb, IL.
211. **Street, A. E.** (2019, March). *Understanding the impact of sexual assault during military service*. Invited address for "Update on PTSD: Epigenetics military sexual assault and moral injury" at the royal Ottawa Mental Health Centre, Ottawa, Canada.
212. **Street, A. E.** (2019, May). *Talking about MST: Patient preferences for MST-related communication*. Invited address for McLean Hospital's Perspectives on Trauma Series, Belmont, MA.
213. **Sullivan, D. R.** (2019, March). *Blast injury in OEF/OIF/OND veterans: Neural changes, associated behavioral sequelae and genetic moderators*. Presented for the Southern New Hampshire University students and faculty, Hooksett, NH.
214. **Sullivan, D. R.** (2019, September). *Neural and behavioral correlates of trauma exposure and PTSD*. Presented for Center for Depression, Anxiety and Stress Research's 2019-2020 Speaker Series, McLean Hospital/Harvard Medical School, Belmont, MA.
215. **Whitworth, J.** (2018, December). *Resistance exercise for posttraumatic stress disorder (REPS)* [Webinar]. SBM Behavior Change Grand Rounds: Current Approaches to Physical Activity Promotion.
216. **Whitworth, J.**, Nosrat, S., SantaBarbara, N. J., & Ciccolo, J. T. (2019, March). *Resistance exercise for posttraumatic stress disorder (REPS): A randomized controlled study*. Presentation at the 40th Annual Meeting of the Society of Behavioral Medicine, Washington, DC.
217. **Wiltsey Stirman, S.**, Song, J., **Lagdamen, J. M.**, Pace, B., Hull, D., & Resick, P. (2019, May). Adaptation of Cognitive Processing Therapy for message-based psychotherapy: CPT and TAU comparison. In **S. Wiltsey Stirman** (Chair), *Messaging in a bottle: How messaging therapy extends research for treating PTSD*. Symposium conducted at the meeting of the American Psychiatric Association, San Francisco, CA.
218. **Woodward, S. H.**, **Khan, C. T.**, **Jamison, A. L.**, **Gala, S. M.**, & **Arsenault, N. J.** (2019, June). *Suicidality is associated with elevated sleep heart rate, BMI, and snoring in veterans with chronic severe PTSD*. Presentation at the Associated Professional Sleep Societies, San Antonio, TX.
219. **Zimmerman, L. E.** (2018, December). *Systems science methods to advance implementation science*. Presented for the National Institutes of Health, Bethesda, MD.
220. **Zimmerman, L. E.** (2019, May). *Putting it together: Combining measurement based stepped care for suicide prevention* [Webinar]. HSRD Cyberseminar Series. Retrieved from https://www.hsrdr.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=3624.
221. **Zimmerman, L. E.**, & Rust, T. (2019, May). *Comparing measurement based care and stepped care for suicide prevention* [Webinar]. HSRD Cyberseminar Series. Retrieved from https://www.hsrdr.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=3623.
222. **Zimmerman, L. E.**, & Rust, T. (2019, May). *Introducing measurement based stepped care for suicide prevention* [Webinar]. HSRD Cyberseminar Series. Retrieved from https://www.hsrdr.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=3622.
223. **Zimmerman, L. E.**, & Rust, T. (2019, May). *Test. Don't guess: Modeling to learn helps teams find local improvements to meet veterans' needs* [Webinar]. HSRD Cyberseminar Series. Retrieved from https://www.hsrdr.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=3621.



APPENDIX G

Fiscal Year 2019 Education Presentations

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

1. Follette, W. C., Wilson, K. G., Barnes-Holmes, Y., & **Walsler, R. D.** *Dissemination of RFT and the clinical contextual behavioral sciences: Forgotten issues and overlooked problems.*
2. Torneke, N., & **Walsler, R. D.** (2019, June). *How to do an RFT- enlightened functional analysis of clinical work.*
3. Villatte, M., & **Walsler, R. D.** (2019, June). *Doing experiential and process-based therapy.*
4. **Walsler, R. D.**, & O'Connell, M. (2019, June). *The heart of the therapeutic stance.*
5. **Walsler, R. D.**, & Westrup, D. (2019, June). *Rapid role play: Flexibly integrating the ACT core processes in therapy.*

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

6. **Bernardy, N. C.**, **Montano, M. A.**, **Merrick, C.**, & **Hamblen, J. L.** *Primary care: The best posttraumatic stress disorder care anywhere starts with you.*
7. **Carlson, E. B.** *Everything you always wanted to know about psychometrics but were afraid to ask.*
8. Evans, W., Held, P., **Wachen, J. S.**, Chard, K., & Rauch, S. *Using Prolonged Exposure and Cognitive Processing Therapy to treat moral injury-based PTSD.* Pre-Meeting Institute.

9. **Hamblen, J. L.**, Norman, S. B., & **Bernardy, N. C.** *A comparison of psychotherapy and pharmacotherapy recommendations from four recent PTSD clinical practice guidelines.*
10. **McCaslin, S. E.**, Ermold, J., Tkachuck, M., & **Watson, P.** *Integration of military culture into provider education to promote more effective care for service members, veterans, and their families.* Pre-Meeting Institute.
11. **McGee-Vincent, P.**, **Juhasz, K. M.**, **Owen, J. E.**, **Jaworski, B. K.**, & **Miller, K. E.** *Hands-on skills for using apps and online programs for veterans with PTSD and related issues.* Pre-Meeting Institute.
12. **Street, A. E.**, Hobfoll, I., Newman, E., Tang, E., Bufka, L., Cogan, C., & Patel, A. *Have women 'made it'? Challenges and possibilities for future female scientists, policy-makers, and practitioners in traumatic stress studies.*

U.S. Department of Veterans Affairs

13. **Bernardy, N. C.** (2019, June). *Rural PTSD improvement in the Northeast through outreach* [Webinar]. Presented for the National VA CBOC Grand Rounds.
14. Cuccurullo, L., & **Bernardy, N. C.** (2019, August). *Key messages of the 2017 VA/DoD revised clinical practice guideline for PTSD: How to inform MST care* [Webinar]. Presented for the VA MST Support Team Teleconference Training Series. Retrieved from <http://www.meantalhealth.va.gov/msthome.asp>.
15. **Galovski, T. E.** (2019, January). *Flexible application in delivering EBPs for PTSD* [Webinar]. Presented for the VISN 20 CE Series.

16. **Iverson, K. M.** (2019, September). *An overview of the RISE counseling intervention for women veterans who experience intimate partner violence* [Webinar]. Retrieved from Audio recorded session available on IPVAP SharePoint.
17. Kauth, M. R., & **Matza, A.** (2019, March). *Treating the unique health care needs of veterans with lesbian, gay, bisexual, transgender, and related identities* [teleconference]. Presented to the national VHA Community Care Providers Network didactic series, Houston, TX.
18. **Kehle-Forbes, S.** (2019, May). *Treatment engagement and retention in patients with PTSD* [Webinar]. Invited presentation for National Center for PTSD Consultation Program. Retrieved from https://www.ptsd.va.gov/professional/consult/2019lecture_archive/03202019_lecture_slides.pdf.
19. **Pineles, S. L.** (2019, September). *Neurobiology of PTSD: Findings of particular relevance for women* [Webinar]. Presented for the VA Women's Mental Health Monthly Clinical Training Teleconference.
20. **Rosen, C. S.** (2019, May). *Implementation science: Barriers, facilitators and strategies.* VA Evidence Based Psychotherapy Coordinators Workshop, Denver, CO.

APPENDIX G: Fiscal Year 2019 Education Presentations

Other

21. **Bovin, M. J.** (2019, April). *PTSD assessment and its relevance to treatment*. Invited workshop hosted by the Clinical Counseling Psychology Program in conjunction with the Aaron T. Beck Institute for Cognitive Studies at Assumption College, Worcester, MA.
22. **Chu, B. C., Sloan, D. M., Comer, J. S., Hart, T. A., Kamholz, B. W., Khanna, M., Martell, C. R., Hart, T., McHugh, R. K., McKay, D., & O'Connor, R.** (2018, November). *How to get published in Cognitive and Behavioral Practice and Behavior Therapy*. Panel presented at the 52nd annual convention of the Association for Behavioral and Cognitive Therapies, Washington, DC.
23. **Dollar, K., Kirchner, J. E., McGee-Vincent, P., DePhilippis, D., & Resnick, S. G.** (2018, December). *Implementation of measurement-based care*. Oral presentation at the 2nd Annual International Conference on Practice Facilitation, Tampa, FL.
24. **Galovski, T. E.** (2018, November). *Fireside chat describing women veterans network (WoVeN)*. Presented at Walmart Foundation's Veteran Day Event, Bentonville, AR.
25. **Galovski, T. E.** (2018, October). *Cognitive Processing Therapy and the treatment of PTSD*. 2-day workshop for Texas community mental health service providers, San Angelo, TX.
26. **Galovski, T. E.** (2019, June). *Adapting evidence-based psychotherapy protocols for older adults: The example of Cognitive Processing Therapy for PTSD* [Webinar]. Presented for the Meeting the Mental Health Needs of Aging Veterans: Research and Practice Webinar Series.
27. **Galovski, T. E.** (2019, June). *PTSD round table hosted by Chairman of the Congressional Gulf War Veterans Caucus, Congressman Paul A. Gosar, D. D. S. and the Congressional Military Veteran Caucus Chairman, Congressman Mike Thompson*. PTSD Round Table at Capitol Hill, Washington, DC.
28. **Galovski, T. E.** (2019, May). *The status on female veteran mental health and functioning*. Presented for Representatives Mark Takano (Chairman of the House Committee on Veterans' Affairs) and Joseph Kennedy III, Boston, MA.
29. **Galovski, T. E., & Street, A. E.** (2019, April). *WoVeN train the trainers*. Boston University, Washington, DC.
30. **Gelernter, J.** (2019, January). *GWAS of PTSD and substance use disorders: What do you get with really large samples*. Icahn School of Medicine at Mount Sinai Department of Psychiatry Grand Rounds, New York, NY.
31. **Kauth, M. R., & Shipherd, J. C.** (2019, January). *Transgender veteran care: Information for therapeutic and supported employment services*. Teleconference presented to the national Therapeutic & Supported Employment Services program, Houston, TX.
32. **Kaye, A.** (2019, May). *Slow pupillary fluctuation reveals cortical arousal after stress*. Oregon Health Sciences, Portland, OR.
33. **Kehle-Forbes, S., & Healy, E.** (2019, May). *Using veterans' voices to improve engagement in Cognitive Processing Therapy* [Webinar]. Presented for CPT Advance Practice Cyber Seminar Series. Retrieved from <https://www.cptstudy.com/wp-content/uploads/2019/06/Webinar.mp4>.
34. **Krystal, J. H.** (2019, April). *Harold Cooper Lectureship*. University of Texas Grand Rounds, Houston, TX.
35. **Krystal, J. H.** (2019, June). *Ketamine and the pursuit of rapid acting antidepressants*. Grand Rounds Brown University, Providence, RI.
36. **Krystal, J. H.** (2019, March). *Inaugural Henry and Amelia Nasrallah Distinguished Lecture*. St. Louis Grand Rounds, St. Louis, MO.
37. **Krystal, J. H.** (2019, September). *A synaptic hypotheses of PTSD: Therapeutic implications*. Grand Rounds, Silver Hill Hospital, New Canaan, CT.
38. **Prins, A., Bramlett, D. M., & Vinatieri, T.** (2019, February). *Evaluating the effectiveness and usability of the VA/DoD online Moving Forward course with and without peer support*. NASPA for military connected students, Las Vegas, NV.
39. **Rasmusson, A. M.** (2019, May). *Neurobiology of PTSD* [Webinar]. Interviewed by David Ross, M.D., Director of Residency Education, Yale University School of Medicine, and Co-Chair, National Neuroscience Curriculum Initiative.
40. **Sanacora, G.** (2018, October). *Rational development and clinical adoption of ketamine and other rapid acting pharmacological treatments in psychiatry*. Northwell, Zucker Hillside Hospital Grand Rounds, Queens, NY.
41. **Schnurr, P. P.** (2019, March). *When stress is traumatic: Posttraumatic stress disorder*. Solutions Conference on Mental Health and the Law, Vermont Law School, South Royalton, VT.
42. **Shipherd, J. C.** (2019, April). *Thinking about intrusive thoughts: Building resilience following deployment*. Department of Psychiatry and Behavioral Sciences, East Tennessee State University, Johnson City, TN.
43. **Sloan, D. M.** (2018, October). *Written Exposure Therapy: A brief, exposure-based treatment for PTSD*. Home Base: Veteran and Family Care, Massachusetts General Hospital, Boston, MA.
44. **Sloan, D. M.** (2019, February). *Written Exposure Therapy: Brief treatment approach for PTSD*. Workshop conducted at Family and Children's Services, Tulsa, OK.
45. **Sloan, D. M., & Marx, B. P.** (2018, November). *Written Exposure Therapy for PTSD*. Presentation at the 52nd annual convention of the Association for Behavioral and Cognitive Therapies, Washington, DC.
46. **Smith, B. N.** (2019, September). *Women who served during the Vietnam Era: Examining the impact of military service on later-life health outcomes* [Webinar]. Presented for the Meeting the Mental Health Needs of Aging Veterans: Research and Practice National Webinar Series.

APPENDIX G: Fiscal Year 2019 Education Presentations

47. **Street, A. E.** (2019, April). *Day of awareness for sexual assault and trauma*. Roundtable discussion hosted by Boston University School of Medicine's STOP (Sexual Trauma Outreach and Prevention), Boston, MA.
48. **Vogt, D.** (2018, October). *Introduction to the Well-Being Inventory framework: Assessing the building blocks of veterans' well-being*. Invited presentation at George Bush Institute, Dallas, TX.
49. **Walser, R. D.** (2019, August). *Psychological flexibility and women's health: The joy and pain of well-being and vitality*. Plenary conducted at the National Women's Health Mini Residency, Dallas, TX.
50. **Woodward, S. H.** (2019, September). *Can a canine companion modify cardiac autonomic reactivity and tone in PTSD?* Presented at the Assistance Dogs International Conference, Indianapolis, ID.
51. **Zimmerman, L. E., & Freeman, M.** (2019, May). *Developing systems-based practice and quality improvement competencies during psychiatry residency: The problem of suicide prevention in the VHA*. Annual meeting of the American Psychiatric Association, San Francisco, CA.
52. **Zimmerman, L. E., & Wheeler, S.** (2019, March). *Systems science methods to advance implementation science* [Webinar]. Presented for the National Center Institutes Implementation Science Webinar Series. Retrieved from <https://cancercontrol.cancer.gov/IS/training-education/Details.aspx?ID=66>.



APPENDIX H

Fiscal Year 2019 Editorial Board Activities

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

Wiltsey Stirman

Annals of LGBTQ Public and Population Health

Livingston (Editorial Advisory Board)

Asian Biomedicine (Research Reviews and News)

Gelernter

The Behavior Therapist

Wiltsey Stirman (Associate Editor)

Behavior Therapy

Gutner, Sloan (Editor), Wiltsey Stirman

Behaviour Research and Therapy

Sloan

Biological Psychiatry

Duman, Gelernter, Krystal (Editor), Sanacora

Biological Psychiatry: Cognitive Neuroscience and Imaging

Sanacora

Chinese Journal of Psychology

Keane

Chronic Stress

Abdallah (Editor), Averill (Deputy Editor), Duman, Esterlis, Krystal (Associate Editor), Pietrzak, Rasmusson, Sanacora, Southwick, Woodward

Clinical Psychology Review

Pineles

Cognitive and Behavioral Practice

McLean, Shipherd (Guest Editor)

Community Mental Health Journal

Harpaz-Rotem

Current Psychiatry Reports

Friedman

Data in Brief (Elsevier)

Akiki

Depression and Anxiety

Holtzheimer, Schnurr, Wolf

Eating Behaviors

Mitchell (Associate Editor)

European Journal of Psychotraumatology

Cloitre (Associate Editor), Pineles

Frontiers in Neuroscience: Neurogenesis

Duman (Associate Editor)

International Journal of Emergency Mental Health

Keane

Journal of Abnormal Psychology

Miller (Associate Editor); Wolf

Journal of Anxiety Disorders

Pietrzak

Journal of Clinical Psychology

Sloan

Journal of Consulting and Clinical Psychology

Marx; Sloan; Taft

Journal of Contemporary Psychotherapy

Sloan

Journal of Depression and Anxiety

Tiet

Journal of Family Psychology

Taft

Journal of Family Violence

Taft

Journal of Neurochemistry

Duman

Journal of Neuroscience

Levy (Associate Editor)

Journal of Obsessive-Compulsive and Related Disorders

Thompson-Hollands

APPENDIX H: Fiscal Year 2019 Editorial Board Activities

Journal of Trauma and Dissociation

Barlow; Carlson; Cook; Marx

Journal of Traumatic Stress

Galovski (Associate Editor); Miller; Morland; Wolf

Journals of Gerontology: Psychological Sciences

Spiro

Molecular Neuropsychiatry

Abdallah

Molecular Pharmacology

Duman

Neuropsychology

Vasterling

Neuropsychopharmacology

Duman; Gelernter (Associate Editor)

Psychiatric Genetics

Gelernter

Psychological Assessment

Mitchell; Vasterling

Psychology Injury and Law

Pietrzak

Psychological Services

Norman

Psychological Trauma: Theory, Research, Practice and Policy

Barlow; Carlson; Cook; Keane; Marx; Miller; Smith; Vogt; Wachen

Psychopharmacology

Duman

Psychosomatic Medicine

Sloan

Trauma, Violence & Abuse

Iverson