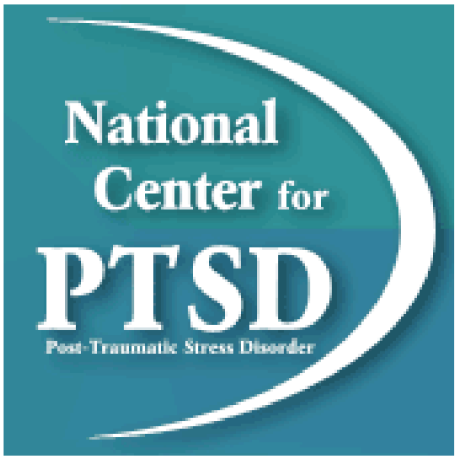
The National Center for PTSD

Supporting Our Troops in Iraq

2004 Annual Report

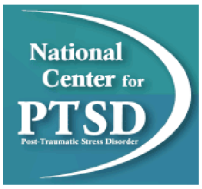


Department of Veterans Affairs

The National Center for PTSD

Fifteenth Annual Report

Fiscal Year 2004



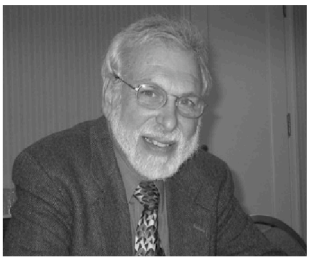
From The Executive Director

In many ways the entire 15-year history of the National Center for PTSD has served as preparation for our current role in the Iraq war. Our research programs have added greatly to the body of knowledge about the biology and psychology of PTSD, its assessment, and treatments for it. The training programs, consultations, and publications we offer have disseminated the information to healthcare professionals and laypersons across the US – and even around the world. But I believe it is the relationships we have established that have done the most to position us to be of service at this juncture.

"We are humbled by the extraordinary courage of the young men and women who are serving in our armed forces, and gratified that we have the opportunity to make a difference in their young lives..."

From the very earliest days of the National Center, our staff has engaged in collaborative efforts with other agencies of government, the civilian healthcare community, and academic institutions. One of the most valuable partnerships has been with the Department of Defense – including not only our contacts at the Pentagon and the Uniformed Services University of Health Sciences and at medical facilities like Walter Reed and Tripler Army Medical Centers, but also with the leaders at individual military bases like Fort Bragg, Fort Drum, and Camp Pendleton. Because of the depth and scope of these ongoing relationships, we are among the first to be called in, and we can ramp up our efforts quickly.

The introduction to this Annual Report highlights some of the efforts we've undertaken since the start of the Iraq War. Most have come about because members of the National Center staff have been willing to drop whatever they were doing and respond to calls for collaboration or assistance.



As impressive as the individual projects are, however, it's also important to note that these efforts have a ripple effect that multiplies their effects exponentially. The National Center is made up of only a few dozen senior professionals, but every article they write, or training program they conduct, or on-site consultation they perform, touches hundreds of practitioners, who in turn can help hundreds or even thousands of individuals.

We are humbled by the extraordinary courage of the young men and women who are serving in our armed forces, and gratified that we have the opportunity to make a difference in their young lives, both during and after their tours of duty.

Matthew J. Friedman, MD, PhD

Executive Director, National Center for PTSD

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Supporting Our Troops in Iraq

The year 2004 began and ended with the United States engaged in a complex, intense, and difficult war in Iraq. In some ways the current war is similar to hostile actions America has faced in the past: It has the physical trappings of the first Gulf War, the guerrilla aspects of Vietnam, the blurry distinction between "front lines" and "rear echelon" that is characteristic of many hot zones around the world.

Military personnel have had to cope with a number of personal costs while serving their country: extended or even indefinite tours of duty, heavy involvement of less-experienced reservists, older people pulled away from established careers and their own young families.

With these unusual circumstances added to the usual stresses of war, the potential for traumatic stress-related disorders is enormous. And, since the US military presence in Iraq is likely to be prolonged and substantial, the healthcare system in the Department of Veterans Affairs (VA), the Department of Defense (DoD), and even in civilian communities will be dealing with large numbers of PTSD patients for some time to come.

PTSD and the National Center

Posttraumatic stress disorder, or PTSD, is a psychiatric disorder that can afflict people who have experienced or witnessed life-threatening events. People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged, and these symptoms can be severe enough and last long enough to significantly impair the person's daily life.

PTSD was officially recognized by the American Psychiatric Association (APA) in 1980, but the disorder became more widely known in the mid-1980s when the National Vietnam Veteran Readjustment Study (NVVRS) put a spotlight on the problem of PTSD and other war-related disorders among veterans. Although initially intended to enable the VA healthcare system to help Vietnam veterans rebuild their lives, knowledge and understanding of PTSD was soon used to assist victims of other kinds of traumas: interpersonal violence, natural disasters, and civilian terrorist attacks.

The National Center for PTSD was formed in 1989, and was charged with responsibility for promoting PTSD research; training healthcare and related personnel in diagnosis and treatment; and serving as an information resource for professionals across the US and, eventually, around the world. The National Center was structured as a consortium of centers of excellence located around the US from Vermont to Hawaii. In addition, from the beginning the staff sought connections and collaborations with many academic institutions and with other federal agencies such as the DoD and the Department of Health and Human Services (HHS).

Since its inception the National Center has made great strides in the understanding and treatment of PTSD. Researchers have been able to observe people in the immediate aftermath of trauma, gaining insights into the causes of PTSD and how it might be treated – or even prevented. Neurobiological research, including studies of brain structure and function, have expanded knowledge of the physical bases of PTSD and identified promising interventions with medication. And because of the acknowledged expertise and geographic reach of the National Center, this information has reached thousands of clinicians who have used it to help millions of victims.

In the early days of the Iraq war the National Center set three tasks for itself: gather the best information available and disseminate it to as many clinicians as quickly as possible; provide training and ongoing support to those clinicians and others on the front lines; and learn from these experiences in order to broaden the understanding of PTSD for the future.

Getting the Word Out: The Iraq War Clinician Guide

More than a decade ago, one of the early challenges faced by the National Center was the first Gulf War. At the time, the US had not been involved in a war – or even a significant peacekeeping mission – since Vietnam. When the war began in 1991, the National Center developed the Operation Desert Storm Clinician Packet, a resource on PTSD with special emphasis on how to handle newly traumatized individuals.

For the 2003 Iraq war, the National Center was able to get a head start. According to Executive Director Matthew Friedman, "It was obvious for some time that there was a high likelihood that the US was going to invade Iraq. We decided not to wait for hostilities to begin, but to pool our collective experience and put together materials for clinicians ahead of time."

Most mental health professionals in the VA system were accustomed to dealing with PTSD sufferers whose traumatic experiences were decades old. "For most VA clinicians, 80% of their caseload has been Vietnam veterans, who have had PTSD for 25 or 30 years," explains Dr. Paula Schnurr. "Now, though, clinicians are seeing higher-functioning people at the beginning of their careers. These patients may not have developed the co-morbidities that go along with PTSD – substance abuse, for instance – or seen the damage to their lives that can come from these problems. Working with the newly traumatized, clinicians can focus on healing, not just coping."

"It was obvious for some time that there was a high likelihood that the US was going to invade Iraq. We decided not to wait for hostilities to begin, but to pool our collective experience and put together a clinician packet ahead of time."

In the 13 years since the Desert Storm Clinician Packet had been prepared, National Center researchers had learned much more about dealing with acute, recent trauma. Researchers had gained experience from studies of active duty personnel returning from the first Gulf War, from military participants in United Nations or NATO deployments, and later from research with recruits undergoing Special Forces training. They had also learned a great deal from disaster relief work, including natural disasters such as the Loma Prieta earthquake in 1989 and Hurricane Andrew in 1992 as well as from the September 11, 2001, terrorist attacks.

In 2003, National Center personnel consolidated the most current relevant information about PTSD into the *Iraq War Clinician Guide* and made it available on CD and on the Center's website. The *Guide* contains a wide range of information, including assessment guidelines, treatment of the returning Iraq War veteran, treatment of medical casualty evacuees, military sexual trauma, traumatic grief, and educational materials for veterans and their families. The intent was to help VA providers understand the unique circumstances of the war and to prepare them to handle casualties that entered the VA system.

As awareness of the *Clinician Guide* spread from the VA to the military healthcare system, it became clear that the *Guide* could be useful for active duty personnel as well as veterans. In December of 2004, Dr. Schnurr and staff from the National Center met with Col. Steven Cozza, the Chief of the Department of Psychiatry at Walter Reed Army Medical Center, and other members of his staff to discuss possible

Read the latest version of the *Iraq War Clinician Guide* at **www.ncptsd.org/war/guide/index.html**.

changes and additions. Under the direction of Dr. Schnurr and Col. Cozza, the *Guide* was expanded to include additional material on many topics, including:

- The special problems of amputees, who are a more significant fraction of returning service people than ever before.

- Dealing with family members with special emphasis on children, who can be very confused and upset when a parent is suffering from physical injuries or traumatic stress disorders.

- Self-care for clinicians themselves, based on a program developed at Walter Reed, to help them avoid or minimize the effects of burnout when dealing with so many difficult cases.

Another major area of emphasis is the military healthcare system itself. "Continuity of care is a major issue," according to Col. Cozza. "Soldiers can receive care at five or six different levels: psychiatric technicians at their division, combat stress control units in the field, combat support hospitals in Baghdad or Kuwait or Germany, or back in the US at a hospital like Walter Reed, or through the VA. It's very difficult for practitioners to get a sense of the person's complete treatment history. With the information we've added to the *Clinician Guide*, anyone who picks up a case down the road will be able to better understand the patient's experience."

"This effort shows the National Center at its best," says Dr. Friedman. "We had a lot of experience as a group, and people dropped what they were doing to work on this project. We had also built a great collaborative infrastructure from our work with the DoD over the years and have been able to put that infrastructure to work."

Training and Support: Consulting with Active Duty Military

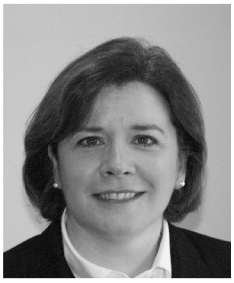
As a leader in the development of treatments for PTSD, the National Center almost immediately began receiving requests for help from mental health practitioners in the military.

One of the most effective treatments for PTSD is Cognitive Processing Therapy or CPT, which was developed by Dr. Patricia Resick, head of the National Center's Women's Health Sciences Division in Boston. This cognitive-behavioral protocol, usually conducted over 12 sessions either individually or in groups, encourages the patient to focus on the thoughts and assumptions about the trauma he or she has experienced. Working with the therapist, the patient learns to rethink these assumptions and put the traumatic event into balanced perspective.

Dr. Resick began working extensively with clinicians at Ft. Bragg and Ft. Stewart Army bases and Andrews Air Force Base. She, along with other National Center staff, have conducted on-site training sessions with military personnel and provided ongoing supervision through weekly conference calls. They hope to maintain these relationships through periodic consultation with personnel in the field via email.

"Working in an active military setting is very challenging," reports Dr. Resick. "Many of the soldiers are scheduled to redeploy to Iraq, where the same situations could arise again. Somehow we need to try to 'inoculate' them – get them prepared for whatever they may have to cope with in the future. In addition, therapists in the field have to deal with many cases very quickly. What does a therapist do if he can have only three meetings with a patient instead of twelve? Or only one?"

Dr. Resick's special expertise with women also provides valuable perspectives. Women are more at risk than men for sexual trauma in the military, and they also have to deal with vexing problems such as lack of places to use the bathroom or unavailability of menstrual products. Today's military women are more likely to find themselves in combat roles or in locations where the line between combat and non-combat is vague or nonexistent. Moreover, many women leave children behind when they are deployed, placing an unusual burden on both the soldier and on the children.



The work being done with the Army and Air Force on the East Coast is mirrored by work underway with the Navy and Marines on the West Coast. Fred Gusman, Director of the Education Division in Palo Alto, CA, has been providing training and consultation for healthcare providers at Camp Pendleton, including work with active duty personnel and the 30,000 families surrounding the base.

Among the innovative programs under development is a resiliency treatment program for active duty personnel who are scheduled to return to their units. Working with Navy Commander Dennis Reeves, National Center staff have developed an intensive residential intervention that emphasizes resiliency and strength, rather than focusing on prior traumatic experiences alone. According to Mr. Gusman, "There was a need to do something clinically that would allow active duty personnel in the Marine

Corps to stay in the Marine Corps – an intervention that would let them maintain their intensity and readiness for service."

The ongoing collaboration with the Navy and Marines on the West Coast will culminate in two conferences scheduled for early 2005 – one dealing with the complex network of military providers and the other dealing with evaluation and consensus on best practices in treatment. National Center staff on the West Coast have also begun consultations with Scofield Army Barracks and Tripler Army Hospital, both in Hawaii.

The opportunities for collaboration between National Center staff and active duty personnel have grown as mental health care has become more accepted in the military. Individual service people can still sometimes be reluctant to seek out mental health services or to candidly discuss the effect of traumatic events. And, of course, there are still some military leaders who downplay the need for mental health services, preferring that their troops "tough it out." But most commanders today understand that mental health is as critical as physical health in combat readiness, and the expertise of the National Center has been welcomed and valued.

Learning for the Future: Research on Resilience

One of the most important contributions that has been made by the National Center during its history is in research on PTSD. The Center's seven centers of excellence, located around the US, include everything from neurosciences in West Haven to behavioral sciences in Boston to a sleep lab in Palo Alto. It is not surprising, then, that National Center professionals are hoping to learn from the experiences in the Iraq war, gathering information that will inform future research programs and, hopefully, continue to improve care for the nation's veterans.

Dr. Resick is using the opportunity of her current work at Ft. Bragg to collect information on the efficacy of the various treatment approaches that are being employed. "We'll be able to draw conclusions about how the treatment is working, even though it won't be a traditional double-blind test," she notes. Similarly, Mr. Gusman's work with troops at both Camp Pendleton and Twentynine Palms Marine base involves collecting assessment data before deployment and again upon return to the states, giving researchers insights into individuals' ability to withstand the stresses of active duty.

The National Center's ongoing research on resilience is particularly relevant to the current situation in Iraq. Dr. Andy Morgan has been working for five years with troops at the Military Survival Training school at Fort Bragg, to understand the biological and psychosocial factors that distinguish recruits who perform well under high-stress conditions. These studies led to collaborations with the National Institute of Mental Health (NIMH) on research with former Vietnam prisoners of war (POWs), mainly pilots who had been shot down and imprisoned for years.

The success of these efforts led the Center to establish a resilience lab in 2004, located at the Mount Sinai Medical School in New York under the direction of Dr. Dennis Charney and staffed with personnel from the Clinical Neurosciences Division in West Haven.

The National Center's research on resilience has led to a number of important insights. First, social support systems are crucial. According to Dr. Steven Southwick of the Center's Resilience Lab, "Part of the reason why the Special Forces do so well is that they are trained and deployed as a cohesive unit. One reason Vietnam was so traumatic is that the soldiers came to Vietnam individually, not as a unit."

Second, there are certain biological processes that help a person perform better in stressful situations and suffer fewer posttraumatic effects. The most important seems to be the rapidity with which stress hormones return to baseline levels after the stressful situation has passed. Researchers are also studying brain structure, particularly the areas of the brain that are involved in fear responses (such as the amygdala) and memory formation (the hippocampus).

A third finding is that active coping is characteristic of people who are more resilient. Avoidance may seem like a natural response to stressful situations, but in fact people who do something – even if the action they take is not particularly effective – handle stress better.

Finally, simple as it seems, an optimistic outlook, or the ability to find opportunity in adversity, can be helpful. Dr. Southwick notes that in the study of long-term Vietnam POWs, "Amazingly, most of them, when asked if they could wipe the experience away, say no. They wouldn't choose to go back there, but it was a life experience that they wouldn't trade away."

The war in Iraq has created a sense of urgency around all this work. Dr. Southwick, for example, has been invited to work more extensively at Ft. Drum. "We are all trying to find out if there are ways we can help soldiers before they go so they can tolerate the stress better, and to help them while they are there, and to help them again when they get back."

Understanding the Unknown

In many ways the war in Iraq is different from any previous conflict that the US has experienced, so the effects on the people involved and their friends and families are difficult to foresee. The National Center is in a unique position to study these effects, devise approaches to mitigate them, and disseminate the information in a way that can help – with active duty troops today, and with veterans in the future.

For instance, people stationed in Iraq must be on alert all the time – even the so-called "green zone" is not always safe. According to Dr. Resick, "There is more hand-to-hand combat, and situations where it is difficult to know who the enemy is. Our troops are put in situations where civilians – women and children – are being killed, in some cases because they are putting themselves in the soldiers' path where the soldiers have no option."

The length and uncertainty of the duration of duty in Iraq is another factor with unforeseeable consequences. Dr. Friedman remarks, "In Vietnam, tours were of a specific length – one year – and people could re-up if they chose to. Here, the tours of duty are being extended with no appeal." Dr. Cozza concurs. "Within our cultural memory, not since Vietnam have families had to deal with this length of absence, as well as such a high level of risk of injury or death. Now, the tours of duty are much lengthier – and many people are getting sent back for second tours."

The preponderance of National Guard and reserves – as many as 40% of the troops assigned to Iraq – complicates matters in a number of ways. They may have less training and preparation than members of the regular services do, and training is a major factor in improving a person's resilience in stressful situations. In addition, "Active duty troops have unit cohesion, and they volunteered for this duty," according to Dr. Friedman. "Reservists never expected to be called up for this type of protracted engagement, and they do not have the same amount of protection from unit cohesion and military community as do the active duty troops."

Reservists and National Guard members by and large are older, with many in their late 20s through early 40s. Compared to regular troops, who tend to be in their late teens and early 20s, these individuals often have families they are leaving behind or established careers they have had to put on hold. Approaches to PTSD that were developed on the basis of experiences of Vietnam veterans and other regular service troops may not be as effective for these populations.

> ***"The community might be expecting that older people won't have so many problems when they come home, because they have families and a supportive environment to return to. But these people can have different problems of their own."***

Mr. Gusman remarks, "The community might be expecting that older people won't have so many problems when they come home, because they have families and a supportive environment to return to. But these people can have different problems of their own. They may not be ready to assume responsibility right away, or to talk about their experiences." Moreover, in many cases the familial roles have changed during the service member's absence.

Col. Cozza reinforces the importance of understanding the impact on families of reservists and National Guard units. "These people are activated from places that don't have a military community nearby. Active duty families are often near or on a base, but reservists might be in the middle of nowhere, with neighbors who don't understand what they're going through, and no access to things like commissaries. Active duty families are better prepared to deal with deployment than reservists' families are."

Even the availability of technology can have unanticipated effects. As Col. Cozza notes, "In the field, if there's any difference with this war it is the rapidity of communication. Email access is great, but soldiers can be burdened by moment-to-moment concerns from home. A level of intimacy can be maintained, but it can also remove the careful consideration that you might give to writing a letter."

Amid all the unknowns, one thing is certain: The circumstances of the war in Iraq will have a profound effect on the people serving in it. The VA will be better prepared to deal with these consequences, in part, because of the work done by the professionals of the National Center for PTSD.

See Dr. Friedman's *New England Journal of Medicine* editorial "Acknowledging the Psychiatric Cost of War" (**http://content.nejm.org/content/vol351/issue1/index.shtml**).

The war in Iraq has drawn a great deal of attention from policymakers and the public during FY 2004, and the National Center has been called upon to assist along many fronts. This does not mean, however, that the regular ongoing programs of the National Center have been put aside: Center staff are still engaged in dozens of research projects, educational programs, and consultations across the US and around the world.

The sections that follow present highlights of the activities of the National Center for PTSD during FY 2004, including the major accomplishments of the seven divisions in three key areas of endeavor:

RESEARCH: Through its research into the causes and treatments for PTSD, the National Center is a world leader in research on trauma and its aftermath. The multisite structure and multidisciplinary staff, coupled with an extensive network of partnerships and collaborations, give the National Center a unique ability to take on projects of a size and scope that would be beyond the capabilities of most research organizations.

EDUCATION: The National Center's educational initiatives assimilate information and coordinate communication among top scientists in the field, bringing that information to clinicians and policymakers both inside and outside the VA, and serving as a resource for laypersons who wish to gain a better understanding of PTSD.

CONSULTATION: The expertise of the National Center's staff has been sought with increasing frequency by the top leadership, policy makers, and program directors in the VA and in other government agencies and branches; by a growing number of academic and non-governmental organizations that are dealing with PTSD as a major public health problem; and by the United Nations and national governments around the world.

A series of tables at the back of this document provide details on the organization of the National Center and its seven individual divisions, plus comprehensive listings of the publications, presentations, research projects, and editorial activities of the professional staff. Detailed reports of activities at the divisions can be obtained by contacting the individual locations directly or by visiting the National Center's website at **www.ncptsd.org**.

Knowledge is a powerful weapon in the fight to help veterans with PTSD. Researchers from the National Center for PTSD are acknowledged experts in the causes and symptoms, assessment, and treatment of PTSD. But in addition to their own expertise, they are adept at forging relationships that multiply their knowledge – relationships with top academic institutions like Dartmouth, Yale, Stanford, Boston University, and the University of Hawaii, with other health-related agencies like the NIMH, Substance Abuse and Mental Health Services Administration (SAMHSA), and the Centers for Disease Control (CDC), and with leaders at DoD and VA who are responsible for the lives of active duty and veteran populations.

Research takes place at all seven Division locations, all across the country. At any point in time, researchers from the National Center are involved collectively in hundreds of projects, from small studies taking place at a single location to major multisite, multidisciplinary projects that involve extensive collaboration with professionals from other institutions and locations. Moreover, National Center researchers are in constant contact with clinicians who are directly involved in patient care, which ensures that the research projects are clinically relevant and the results are well grounded in the concerns of the real world.

MAJOR RESEARCH INITIATIVES

The National Center's nationwide presence, broad range of expertise, and network of collaborating organizations make it uniquely capable of carrying out major initiatives that would be well beyond the scope of any single organization. The following are a few of the noteworthy large studies that are taking place at present.

VA Cooperative Study #504: This study is a major effort to understand the effects of pharmacological agents administered in combination rather than singly. Investigators will examine the efficacy of the medication risperidone when added to a treatment regimen of antidepressants and standard VA psychosocial treatment. The project was developed by the Clinical Neurosciences Division and will involve 400 patients from 20 VA Medical Centers around the country.

VA Cooperative Study #494: Cooperative Study Program (CSP) #494 is the first Cooperative Study to focus exclusively on women and is the largest study ever conducted of individual psychotherapy for PTSD. The project compares the effectiveness of two kinds of psychotherapy for PTSD: prolonged exposure therapy versus therapy that focuses on current life problems. Recruitment of subjects is nearly completed; at present, 280 women are enrolled from nine VA hospitals, two Vet Centers, and Walter Reed Army Medical Center. Although full results will not be known until data collection is completed in 2005, the study has already demonstrated that it is feasible to deliver prolonged exposure therapy in a VA setting. The project is directed by the Executive Division in collaboration with the DoD.

NVVLS follow-up: The National Vietnam Veterans Longitudinal Study (NVVLS) is studying the current functioning of veterans of the Vietnam War. With oversight by the Behavioral Sciences Division, researchers are following up with the original cohort that was studied in the 1988 NVVRS. The project will assess current prevalence of PTSD, cardiovascular disorder, and psychiatric conditions with specific attention to their relationships to chronic diseases and healthcare utilization patterns.

MIRECC Collaborations: The National Center is working with the Mental Illness Research, Education and Clinical Centers (MIRECCs) on two important projects. The first is an evaluation of an educational program for veterans on bio-terrorism preparedness, including materials aimed at increasing veterans' knowledge about bioterrorism, reducing their current anxiety about a future bio-terrorism occurrence, and minimizing the psychological consequences if such a disaster were to occur. During FY 2004, researchers established basic psychometric characteristics for the instrument to measure the impact of the educational program.

The second MIRECC collaborative study is an evaluation of the effectiveness of antidepressants taken with the $\propto$–2 noradrenergic receptor agonist guanfacine, to determine if the combination of medications will help reduce arousal and re-experiencing in PTSD patients.

The Cooperative Studies Program: Investigating Treatments for PTSD

The Cooperative Studies Program (CSP) is one of VA's premier research programs. CSP supports large-scale investigations that involve multiple sites around the country, and that deal with treatment and health issues vital to America's veterans. Since its inception the National Center has initiated five Cooperative Studies involving 46 different VA Medical Centers.

Psychophysiological study of chronic PTSD (CSP 334) – The National Center's first cooperative study began in 1989, shortly after the Center was established. CSP 334 was a multisite clinical trial that examined whether psychophysiological responses could predict PTSD diagnosis in a large sample of male Vietnam veterans. The effort involved 1,461 veterans from 15 clinical research laboratories in VA Medical Centers across the US.

Group treatment of PTSD (CSP 420) – National Center researchers conducted this clinical trial with 360 veterans at 10 VA Medical Centers from 1996 to 2000. The study compared two types of group psychotherapy for treating PTSD among veterans who sought VA care.

Naltrexone for the treatment of alcoholism (CSP 425) – This project, involving 627 veterans at 14 VA Medical Centers, was designed to determine whether the medication naltrexone would help reduce drinking in alcohol-dependent patients. Ultimately the study also helped identify strategies to help patients remember to take their medications regularly.

Cognitive Behavioral Therapy for Women (CSP 494) – CSP 494 is the first Cooperative Study to focus exclusively on both veteran and active duty women and is the largest study ever conducted of individual psychotherapy for PTSD. The project, which is expected to be completed in 2005, compares the effectiveness of two kinds of psychotherapy for PTSD. The study has currently enrolled 280 women from nine VA Medical Centers, two Vet Centers, and Walter Reed Army Medical Center.

Risperidone treatment for PTSD (CSP 504) – This study is a major effort to examine the efficacy of the medication risperidone when added to a treatment regimen of antidepressants and standard VA psychosocial treatment. Begun in 2004, the study will involve 400 patients from 20 VA Medical Centers around the country.

Research Activities at Division Locations

Each division within the National Center has its own area of specialty, enabling each site to attract the top scientists and to conduct the most advanced research projects within their field of expertise. The following sections highlight some of the ongoing research initiatives at the seven sites. More detailed information on all research activities is available through the published articles listed in the Tables in this report or on the National Center website.

Executive Division: In addition to directing policy and planning for the entire organization, the Executive Division, located in White River Junction, VT, is active in research on PTSD treatment outcomes. At present, in addition to CSP #494, the Division is conducting trials of cognitive-behavioral treatment for PTSD in individuals with a comorbid severe mental illness, and cognitive processing therapy for military-related PTSD.

The Executive Division also specializes in disaster mental health. The Division continues to work with the Center for Mental Health Services (CMHS) as part of a five-year interagency agreement to develop best practices after disasters. In FY 2004 researchers conducted case studies in North Carolina related to Hurricane Floyd and in Rhode Island related to The Station nightclub fire, in both cases gathering perspectives from providers on current practices, principles, and processes in disaster mental health services.

Another disaster mental health study in FY 2004 involved development of an easy-to-use evaluation system that will document Crisis Counseling Program services within and across programs nationwide. This

evaluation toolkit will provide the structure for the first systematic evaluation of these programs.

Behavioral Science Division: The Behavioral Science Division, located in Boston, MA, specializes in research on the basic mechanisms of PTSD, psychotherapy, and assessment.

A very exciting series of studies on basic processes are demonstrating how symptom expression of PTSD can be predicted by dimensions of personality and functioning. The key findings of these studies have now been demonstrated across men and women, in relation to both military and civilian trauma, and based on three different personality measures.

The Division's work on basic processes also includes an examination of emotion regulation in Borderline Personality, using both functional magnetic resonance imaging (fMRI) brain scans and real-life experience sampling of mood and regulatory strategies. Another laboratory study is looking at eye-blink startle reflex as a potential index of hypothalamic-pituitary-adrenal axis functioning, and also testing emotional processing deficits in PTSD, particularly those characterized as "numbing." Two projects are examining the behavioral pharmacology of nicotine in PTSD, particularly with regard to allocation of attention and emotional response to trauma cues.

Data collection was completed during FY 2004 for a two-year longitudinal evaluation of symptom course for chronic PTSD in veterans. Preliminary findings suggest that, despite clear individual differences in symptom patterns, hyperarousal symptoms are the best predictors of changes in other symptom clusters over time. Two prospective studies are looking at risk and resiliency factors among firefighters and among medical personnel deployed to Iraq.

The Behavioral Sciences Division is also engaged in several projects in collaboration with the DoD. Two studies currently under way are aimed at preventing adjustment problems following exposure to military deployment stressors encountered during both combat and peacekeeping missions. A related line of secondary prevention research examines the efficacy of a therapist-assisted, internet-based intervention for two different populations: individuals exposed to mass violence and military veterans with chronic PTSD. A traditional group treatment format is being used to test a newly developed intervention for acute stress disorder as experienced by civilian firefighters.

Long-term efforts continue toward development and validation of measures for major trauma-related disorders. One project addresses psychosocial risk and resiliency factors for contemporary military personnel; prior work in this area has produced a valid and reliable inventory that is now in use with military personnel deployed to Iraq. Another study has provided additional validation for the widely-used PTSD Checklist, continuing a line of instrument development that has been active for over 10 years.

Clinical Neurosciences Division: The Clinical Neuro-sciences Division, located in West Haven, CT, specializes in researching the physical basis of how the brain receives and processes traumatic stress, including neurobiology, brain imaging, genetic epidemiology, and pharmacotherapy.

A major focus of the Division is the pharmacotherapy of PTSD. In addition to CSP #504 and the guanfacine study mentioned above, a third multisite trial has recently been completed. This project assessed the comparative and interactive efficacy of disulfiram and naltrexone in 108 PTSD patients with psychiatric comorbidities, and demonstrated the efficacy of both medications. A follow-up is now under way, involving a comparison of a noradrenergic and serotonergic reuptake inhibitor combined with naltrexone.

The Division also made important advances in understanding the neurobiology, cognitive neuroscience, and molecular genetics involved in stress vulnerability and stress resilience. Studies in this area have been conducted in collaboration with two outside agencies: The DoD, where subjects include Special Forces Trainees undergoing rigorous survival training; and the Anxiety and Mood Disorders Research Division at the NIMH, where subjects include former POWs, active Special Forces soldiers, and severely traumatized women.

The Division entered into several important partnerships during FY 2004. A research and educational collaboration was formed with Ft. Drum, a major center for deployment of soldiers to and from Iraq. Another effort has been a partnership with the Mt. Sinai School of Medicine to create a research subdivision devoted to the study of resilience to traumatic stress. Both of these efforts are described in greater detail in the first section of this Annual Report.

Education Division: The Education Division, located in Palo Alto, CA, is the National Center's key location for sleep research. During FY 2004, Division investigators continued work on an NIMH-funded study examining fear states during sleep, using advanced ambulatory assessment in subjects diagnosed with PTSD and/or panic disorder. In conjunction with the Behavioral Sciences Division, secondary analyses are also under way on a VA/DoD-funded PTSD neuroimaging study.

Several studies at the Division focus on PTSD prevention and intervention, including a follow-up study of mortality among 120,000 VA psychiatric patients, funded by the Seattle VA Epidemiological Research and Information Center; a study of detection and management of PTSD in primary care; and research into early responses to trauma in traumatically injured persons and family members, in conjunction with Stanford Trauma Service.

Finally, the Division is engaged in a program of health services research examining the epidemiology of trauma and PTSD, comorbid health and mental health problems, and interventions to improve the health and mental health of VA patients with PTSD, with special emphasis on women veterans and gender differences.

Northeast Program Evaluation Division: The primary goal of the Evaluation Division, headquartered in West Haven, CT, is to assess the quality and effectiveness of the PTSD and mainstream mental health programs throughout the Veterans Integrated Service Network (VISN). During FY 2004 the Division issued its ninth report card on the National Mental Health Program Performance Monitoring System and the 12th report in the Long Journey Home series on the status of specialized treatment programs for PTSD.

Investigators conducted a large study of the effects of war zone trauma on the strength of veterans' religious faith. Particular traumatic experiences thought to contribute to a weakening of faith – such as killing others or failing to prevent the death of comrades – were examined. Results raise the question of whether spirituality should become a more central feature of PTSD treatment.

Pacific Islands Division: Located in Honolulu, HI, the Pacific Islands Division specializes in examination of cross-cultural issues in trauma and PTSD. The Division continues to investigate PTSD among ethnic minority veterans, with a focus on Asian-Americans and Pacific Islanders, and has also developed a model for programmatic evaluation of cultural competence of PTSD clinics and their policies. A new initiative has demonstrated the feasibility and clinical efficacy of different "telehealth" treatments – using electronic information technology and communication technology to provide clinical care and patient education in circumstances where distance separates the patient and the provider.

The Division also is engaged in several active collaborations with other institutions. Researchers are working with Tripler Army Medical Center on a prospective study of the role of resiliency factors in deployment and post-deployment adjustment with active-duty populations. In collaboration with the University of Hawaii Medical School, Division staff are working on a longitudinal research project, funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), on the role of trauma, PTSD, and pregnancy complications in Asian and Pacific Islander women.

Women's Health Sciences Division: Treatment outcomes are a major focus of the Women's Health Sciences Division, located in Boston, MA. One particular avenue of research is on mindfulness-based interventions, which are being tested as an adjunct to other cognitive-behavioral treatments, in an attempt to prevent women from being victimized again in the future. Research studies are also underway on the effectiveness of cognitive processing therapy for veterans and active military.

A Congressionally-mandated study on military sexual trauma during service in the Reserves or National Guard was completed in FY 2004 and is awaiting final approval before being released to the public. Division staff have received a planning grant to study cognitive processing therapy as a treatment with victims of military sexual trauma across VISN1.

The Division is currently developing and testing a gender awareness education program for VA employees to make them more sensitive to the special needs of women, a topic that will be of increasing importance as women return from deployment in Iraq and seek VA services in larger numbers than ever before. The Division is also conducting research on the re-emergence of PTSD symptoms in later life, as well as thought suppression and attentional bias in PTSD.

Honors and Awards

As leaders in the field of traumatic stress disorders, the National Center's professional staff are frequently recipients of honors and awards that recognize them for their achievements. Among the awards received by staff during FY 2004 are the following:

- Dr. Terence Keane, Director of the Behavioral Sciences Division, received the Lifetime Achievement Award from the International Society for Traumatic Stress Studies (ISTSS) and an award for Distinguished Research Contributions from the Association for Advancement of Behavior Therapy (AABT) in November 2004.

- Dr. Steven Southwick of the Clinical Neurosciences Division and Relilience Lab, of which he

is a leader, the Resilience Lab, was named as one of the Best Doctors in America.

- Dr. Patricia Resick, Director of the Women's Health Sciences Division, received the Robert J. Laufer Outstanding Scientific Achievement Award from ISTSS in November 2004.

- Dr. John Krystal, Director of the Clinical Neuro-sciences Division, was Co-Recipient of the Hans Jorg Weitbrecht Scientific Award presented by Bayer Vital GmbH.

Research Funding

In FY 2004, National Center researchers had received or submitted proposals for a total of 107 grants. These grants supplemented the National Center budget and brought research funding for FY 2004 to over $22.5 million and total research funding to over $110 million.

National Center for PTSD Research Funding

	FY 2004 Research Funding	*Total Research Funding*	*Number of Grants*	*Number of Submitted Grants*
Executive Division	$3,662,368	$13,123,190	10	3
Behavioral Science Division	$3,593,147	$17,397,396	19	4
Clinical Neurosciences Division	$11,652,220	$63,698,633	48	3
Northeast Program Evaluation Division	$1,613,311	$4,868,337	2	0
Women's Health Sciences Division	$1,666,550	$7,429,324	11	0
Education Division	$785,470	$2,458,481	5	2
Pacific Islands Division	$102,000	$1,421,501	3	1
Total*	$23,075,066	$110,396,862	**94***	**13**

** Total does not match rows because some grants had Co-Principal Investigators from more than one site.*

Putting knowledge into practice is the purpose of the National Center's education activities. The foremost concern of staff professionals is to get the best, most up-to-date information on causes, assessment, and treatment of traumatic stress disorders into the hands of practitioners who are working with America's veterans. Over the years, though, the knowledge and understanding of PTSD that has been gained through the National Center has been of immeasurable help to those working with active duty military, police and firefighters, disaster relief workers, and civilian victims of both natural and man-made traumatic events.

To get the word out, the National Center has been quick to capitalize on new communication technologies as they become available. Certainly the staff has been diligent about contributing to and cataloguing books, journals, and papers; certainly they recognize the value of face-to-face contacts. But they also were among the first to appreciate the potential of internet distribution, putting the PILOTS database online in 1991 and establishing an extensive website in 1995. Now, materials are routinely offered online, on CD-ROM, and on video and DVD, ensuring the broadest possible dissemination of information to the vast array of people who can put it to use.

MAJOR EDUCATIONAL INITIATIVES IN 2004

The top educational priorities during FY 2004 focused on collaboration with DoD to improve services for active duty personnel returning from Iraq and help prepare VA for new veterans, along with large-scale activities aimed at disseminating PTSD information as broadly as possible throughout the healthcare community.

Iraq War Educational Activities: One of the key accomplishments of FY 2004 was the completion and wide availability of the *Iraq War Clinician Guide*, described in detail in the first section of this Annual Report. In addition, National Center professionals conducted training sessions with DoD mental health professionals at many military bases, including Travis Air Force Base, Camp Pendleton, Fort Lewis, Scofield Barracks, and Lackland Air Force Base. Mental health staffs at Fort Bragg and Fort Stewart were trained in Cognitive Processing Therapy, while staff at Fort McCoy were trained in combat stress control.

PTSD 101: A Comprehensive Web-Based PTSD Training Resource: Work continued on the development of "PTSD 101," a web-based training program that will provide practitioners – both new PTSD clinicians and seasoned providers – with comprehensive instructional materials related to assessment and treatment of veterans with PTSD. During FY 2004, staff finalized the curriculum, identified trainers, commissioned materials, and began construction of the website. The program is expected to be completed during FY 2006.

VA Virtual Innovation Partnership: The National Center and the Sierra-Pacific MIRECC have received a planning grant to develop a marketing program for dissemination of treatment information within VA. In this new program a menu of Practice Guidelines will be made available via the Internet, and interested clinicians and managers will be able to access informational resources, interactive face-to-face training workshops, and ongoing face-to-face and phone consultation related to the practices of interest.

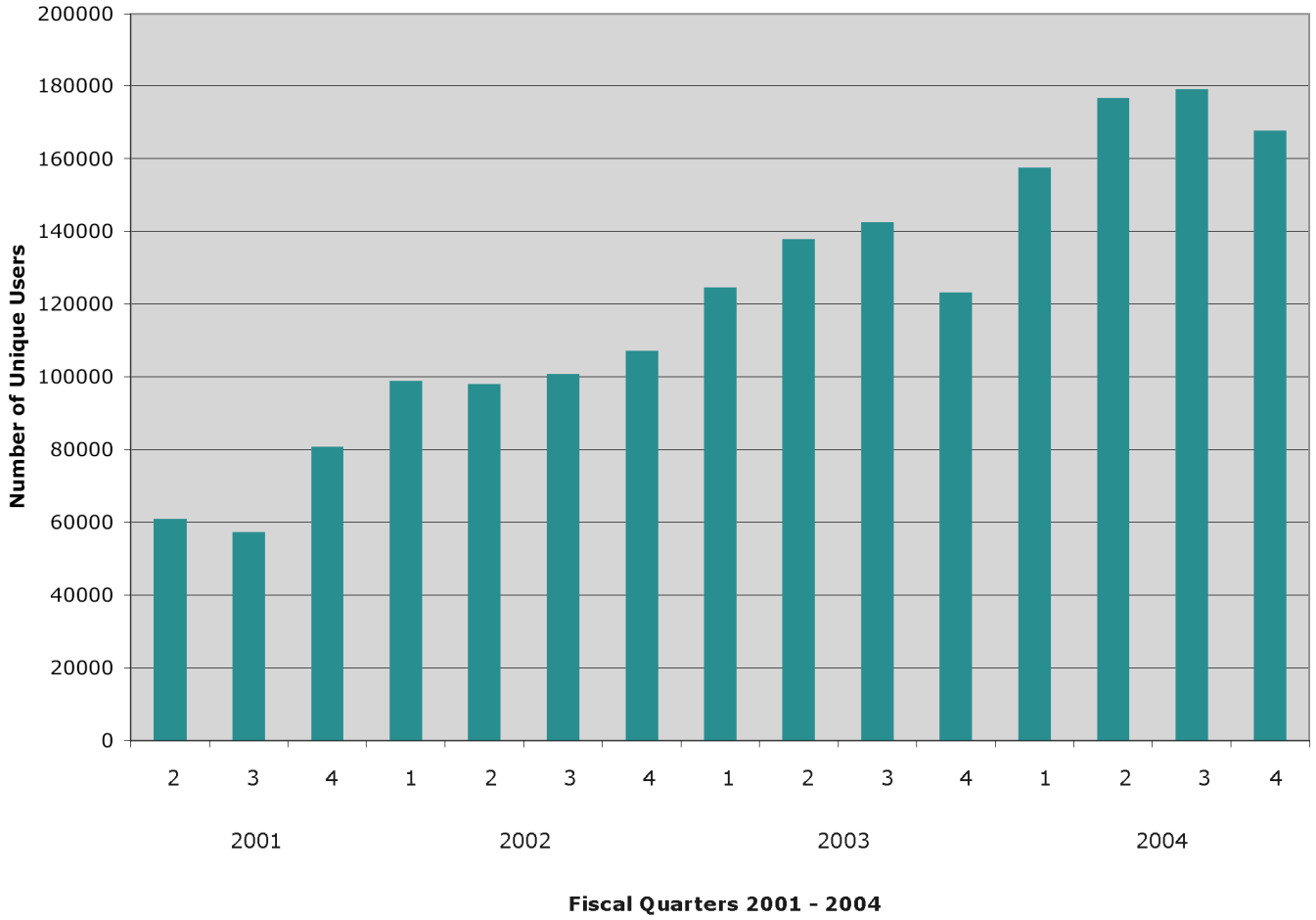
A prototype site (**www.mirecc.stanford.edu/VIP/homepage.htm**) has now been activated that focuses on innovative PTSD assessment and treatment practices and provides a vehicle for matching interested learners to trainers. Staff have identified VA experts across the country who will provide training and support related to key practices, including cognitive-behavioral treatment, "seeking safety" treatment, smoking cessation, couples therapy, women's self-defense training, and disaster mental health, among other topics.

Staff conducted focus groups with VISN 21 specialized PTSD treatment providers and other mental health clinicians, to explore perceptions of the Practice Guidelines, factors influencing willingness to adopt new approaches, and beliefs about treatment. Similar interviews were conducted with key mental health leaders to explore additional barriers and incentives. The next steps include organizing services around the Practice Guidelines and piloting an online evaluation system that will enable measurement of the degree to which the system results in changes in practice.

Information Resources and Publications

The National Center's website, **www.ncptsd.org**, is a valuable information resource for a vast array of people: scientists, clinicians, journalists, policymakers, and the families and friends of people suffering from traumatic stress-related disorders. Usage of the website has grown dramatically over the years, frequently in response to world events, and now stands at approximately 60,000 unique visitors per month. A conservative estimate is that there were nearly 600,000 unique visitors to the website during the full year, up almost 30% from the previous year. The *Iraq War Clinician Guide* alone was downloaded over 8,500 times during the year.

The website currently contains more than 1,600 documents, 110 fact sheets, 600 articles by National Center staff, and 9 videos, including a speech by the Surgeon General and a series of expert lectures on PTSD.



In addition to the website, the National Center produces two regular publications that are aimed at disseminating information about PTSD to scientists and practitioners.

- The *PTSD Research Quarterly*, a guide to scientific literature on traumatic stress and PTSD, is aimed primarily at researchers and scientists. During FY 2004 the *Quarterly* included articles on trauma and PTSD in the aftermath of the 9/11 terrorist attacks, emotional reactions to torture and organized state violence, personality and the development and expression of PTSD, and an update on PTSD sleep research.

- The *PTSD Clinical Quarterly* is directed at clinicians and practitioners, and covers the assessment and treatment of PTSD. Topics produced during Fiscal Year 2004 included PTSD psychopharmacology, group-administered early intervention for traumatic stress, PTSD and telehealth, and clinical considerations for treating women who are repeat victims of sexual trauma.

The PILOTS (Published International Literature on Traumatic Stress) database is the largest index to the worldwide literature of traumatic stress studies. PILOTS now includes 26,563 records, and more than 2,000 items are added each year. This year special emphasis was given to increasing coverage of child trauma literature and indexing more foreign language material. In January 2004 the database was moved to the BiblioLine system operated by the National Information Services Corporation, providing several improvements: Users are able to consult the PILOTS Thesaurus online and select combinations of search terms from an on-screen list; they can send results of their searches via email; and they can take advantage of extensive online help and tutorial programs. User response to the new system has been favorable.

Training Programs and Conferences

The National Center again offered its week-long Clinical Training Program on assessment and treatment of PTSD for VA healthcare staff and other professionals. The course was reviewed and revised to include expanded programming on women veterans and PTSD, an orientation to the VA-DoD Clinical Practice Guideline for Management of Post-Traumatic Stress, and management of Iraq and Afghanistan war returnees. Most significantly, the training program now offers the opportunity for live observation of Cognitive Processing Therapy. The program was attended by 96 mental health professionals from 26 states and three foreign countries during FY 2004.

The National Center partnered with the Sierra-Pacific MIRECC to organize a series of training conferences focusing on the integration of physical and mental healthcare for those with PTSD, integration of PTSD and substance abuse treatment, and suicide prevention. The latter event trained PTSD and other mental health practitioners to assess for risk of suicide and manage suicidal behavior in inpatient and outpatient environments. Staff also created a pocket guide, which included a suicide crisis protocol and plan of action to use with suicidal patients.

Educational Products and Programs

National Center staff are actively engaged in developing new and innovative educational products and programs that make best practices available to the mental health community. They also develop programs to assist veterans and VA workers in the communities in which VA hospitals and clinics are based.

Workplace Violence: The National Center is developing a model of care following incidents of workplace violence, along with comprehensive training materials designed to help VA responders implement the model. Staff conducted telephone interviews with personnel who led the mental health response at eight VA sites where major violence has occurred, to identify perceived strengths and weaknesses of responses and derive lessons learned. Training materials will be finalized and pilot-tested in specific facilities next year.

Disaster Mental Health Activities: The National Center has continued to develop the disaster mental health training curriculum. To supplement the eight training modules, a series of videotaped vignettes are in the final stages of production, and a CD-ROM on psychological first aid is under development.

Seeking Safety Treatment: Management of patients with co-occurring PTSD and substance use disorders is a serious concern of VA clinicians. To address this problem, a multi-year effort has been under way to train and support providers in the implementation of the "Seeking Safety" cognitive-behavioral group treatment protocol. Last year, 150 providers attended intensive training workshops at seven VA sites.

PTSD and Primary Care: In the past year, the National Center's PTSD/Primary Care Integration Project moved into the implementation phase. Project staff developed relationships with primary care providers, began piloting services in three General Medical Clinic sites, and began developing materials for dissemination to other programs across the country.

PTSD and Vocational Rehabilitation: In FY 2004 the National Center collaborated with VA's Vocational Rehabilitation and Employee Education System (EES) to present a national satellite broadcast called "PTSD: The Vocational Rehabilitation Counselor's Role in the Recovery Process." This collaboration is continuing, focusing on helping vocational rehabilitation staff support the work performance of veterans with PTSD, especially those returning from Iraq and Afghanistan.

Ethnocultural Aspects of PTSD: The National Center continued a multiyear project to develop a set of videos designed to increase awareness of the impact of ethnicity and culture on care for veterans with PTSD. Last year the staff, in collaboration with the EES, produced two videos focusing on the unique issues facing Hispanic-American veterans with PTSD. Earlier video sets dealing with Asian-American and African-American veterans have now received 10 awards, including the Telly, Axiem, Communicator, and Aurora awards.

Dentistry and PTSD: Individuals with PTSD can respond negatively to the lack of control experienced during dental procedures. At the request of VA Palo Alto Health Care System Dental Services, the Education Division provided all dental staff with a variety of workshops, consultations, and direct clinical support services related to management of the veteran with PTSD. The division is also collaborating with dental services on the development of management protocols, a Clinical Practice Guideline for dental health professionals serving those with PTSD, and training materials, with the goal of offering system-wide training for dental services.

PTSD and Telehealth: During the last year, the National Center continued its work to promote PTSD telehealth as a way of bringing specialty PTSD services to veterans residing in remote locations. Staff added fact sheets to the website and established local and national working groups; they have also offered active education and supervision to programs interested in developing PTSD telemedicine. In addition, investigators have secured funding for a clinical trial to test the efficacy of telehealth for providing anger management group therapy to PTSD veterans located in rural areas of the Pacific Islands.

VA Canada Educational Partnership: The National Center continued to work with VA Canada on the design and implementation of educational and training activities for employees and contract healthcare providers. This year's activities focused on management of patients with co-occurring PTSD and substance abuse by providing training for Canadian practitioners in a manualized cognitive-behavioral group therapy protocol.

The professional staff of the National Center counts among its ranks many of the most distinguished experts in the field of traumatic stress, including researchers and scientists with special expertise in fields ranging from neurobiology to behavioral science to gender and ethnocultural issues. It should therefore come as no surprise that these individuals' advice and counsel are in great demand.

National Center staff were involved in hundreds of consultations during FY 2004. Many of the consultations were simple one-on-one contacts that arose through the network of relationships that the Center has built over the years, and that enable the small staff to broaden their reach and expand their influence throughout the healthcare community. But the Center's consultation activity also included leadership and high-level involvement with some of the most important agencies and institutions in the country and the most prestigious professional associations in the field.

CONSULTATION TO THE VA

Two VA committees took on particular importance this year because of the war in Iraq. First, Drs. Matthew Friedman, Josef Ruzek, and Steven Southwick served on the joint VA/DoD PTSD Practice Guideline initiative, which developed guidelines for primary care and mental health clinicians who treat both active-duty military personnel and veterans (**www.oqp.med.va.gov/cpg/PTSD/PTSD_Base.htm**).

A second important committee was the Undersecretary for Health's Special Committee on PTSD, which sets VA policy for assessment and treatment. Drs. Friedman, Patricia Resick, Robert Rosenheck, and Susan Orsillo and Mr. Fred Gusman continued to serve on this committee, with Dr. Paula Schnurr as an advisor. As part of their duties on the committee, Drs. Friedman and Terence Keane provided testimony on the psychological status of war veterans with PTSD for the U.S. House of Representatives Veterans Affairs Committee.

Some of the other major consultations to VA programs and committees include:

- Drs. Friedman and Keane served on the Mental Health Strategic Health Group's Field Advisory and New Knowledge Committees.
- Several National Center professionals are involved with the NVVLS: Dr. Keane is chair of the Technical Advisory Committee, Dr. Friedman is on the Steering Committee, and Drs. Dan and Lynda King sit on the Scientific Advisory Board.
- Dr. Keane is President of the Association of VA Psychology Leaders.
- Dr. Rosenheck served on the Under Secretary's Special Committee on the Treatment of Seriously Mentally Ill Veterans, as a consultant to the VA Secretary's Advisory Committee on Homeless Veterans, and as a member of the VA Headquarters' strategic planning group and the VA Secretary's Mental Health Task Force.
- Dr. Jeffrey Knight served on the Advisory Committee on Mental Health Instrumentation.

- Dr. John Krystal served on the VA Headquarters Medical Research Advisory group.

- Dr. Ruzek served on the VA Mental Health Sub-Committee on Preparing VA for Weapons of Mass Destruction.

Three members of the National Center staff are particularly active in consulting on issues related to female veterans. Dr. Schnurr is a member of the Office of Research and Development Women's Health Research Strategic Planning Task Force. Dr. Amy Street is Co-Chair of the National Military Sexual Trauma Work Group and a member of the National VA Committee on Women's Mental Health Strategic Work Group. Finally, Dr. Jillian Shipherd is a member of the National Women Veterans Health Program, Special Committee on Women Veterans Returning from Operation Iraqi Freedom and Operation Enduring Freedom.

National Center professionals also hold influential positions within the MIRECCs around the country. Dr. Rosenheck is Co-Director of the Connecticut-Massachusetts MIRECC, and Dr. Keane is a member of the VISN 16 MIRECC Advisory Board. Center staff are also well represented in the VISN 21, Sierra Pacific MIRECC: Mr. Gusman is Assistant Director for Education, and Dr. Ruzek is Co-Director for PTSD Education. Dr. Friedman is an advisor to the national MIRECC program and to the VISN 5 and 21 Advisory Boards, and Dr. Schnurr is an advisor to the MIRECC evaluation group.

Department of Defense

The relationship between the National Center and the DoD is a close and productive one. Professionals from the National Center have been actively involved in consultations with a variety of military mobilization centers from all branches of the armed forces across the country, and many of these efforts were detailed in the first section of this Annual Report.

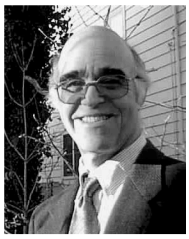
There are also a number of DoD scientific advisory boards that include National Center staff. Dr. Friedman serves on the Scientific Advisory Board of the Center for Traumatic Stress at the Uniformed Services University of Health Sciences (USUHS) and on the Steering Committee for the Army's Military Operational Medicine Research Program: Core Capability in Stress and Psychological Resilience. Drs. Krystal, Leskin, Knight, Keane, Friedman, and Ronald Duman are involved in a USUHS/NCPTSD initiative to establish a National Brain Laboratory for Severe Neuropsychiatric Trauma.

Other Government Agencies

The National Center has been involved in disaster mental health since its inception, and has developed a reputation as a leader in this field. The Center sponsored several important expert panels on disaster relief during FY 2004, in conjunction with other federal agencies. In one such effort – a follow-up to an NIMH/CMHS Roundtable that took place in FY 2003 – Drs. Friedman and Patricia Watson served as moderators for panels on screening and assessment, outreach, and intervention that included experts from VA, HHS, DoD, and a variety of national and international agencies.

A second panel on disaster mental health – convened in collaboration with the CDC, the National Center for Child Traumatic Stress, and the Carter Center – focused on identifying comprehensive exposure management principles for public and mental health response following disasters and terrorism. A third panel, sponsored by CMHS and the National Center, focused on ethnocultural adaptations of interventions for disasters and terrorism.

Dr. Rosenheck served on a number of notable committees, including the Expert Advisory Panel for the National Survey of Homeless Assistance Providers and Clients of the Federal Interagency Council on the Homeless; the National Strategic Mental Health Planning Committee; the Advisory Panel on Intelligent Mental Health and Substance Abuse Insurance Benefit Design of SAMHSA; the Expert Panel for the National Symposium on Homelessness of the US Department of Health and Human Services; and as a member of the advisory group for the National Alliance for the Mentally Ill Treatment/Recovery Information Advocacy Database.



Staff from the Clinical Neurosciences Division participated on a number of scientific advisory boards as well, including the NIMH Intramural Program and the Special Emphasis Group of NIMH. National Center staff serve as NIMH reviewers.

Professional Societies

National Center staff are active in leadership positions in the prestigious ISTSS. Dr. Schnurr wrapped up her year as President with a highly successful conference on war as a universal trauma. Drs. Watson and Ruzek were the Co-Chairs of the Annual Meeting Program Planning Committee. Drs. Eve Carlson and Danny Kaloupek served on the Board, and Dr. Friedman served on the Nominations and International Affiliations Committee. Other staff who served as chairs of

special interest groups and other committees included Drs. Keane, Ruzek, Watson, Leskin, Shipherd, Rachel Kimerling, Karestan Koenen, and Holly Prigerson.

Staff also hold key positions in the APA. Dr. Krystal served on the DSM-V Task Force on Gaps in our Current Research and on the selection committee for the Research Colloquium for Young Investigators. Dr. Friedman is a member of the APA's PTSD and ASD Practice Guidelines Working Group. He was appointed an APA Distinguished Fellow and Dr. Krystal was appointed as a Fellow. Dr. Keane serves on the Bioterrorism Task Force of the American Psychological Association and is a member of the Council of Representatives.

Dr. Resick served as President of the Association for the AABT, during FY 2004; Drs. Orsillo, Litz, Deborah Rhatigan, and Robyn Walser served as chairs of special interest groups and other committees of the Association.

A number of National Center professionals serve on important advisory boards, including the following:

- Dr. Friedman is vice-chair of the Scientific Advisory Board of the Anxiety Disorders Association of America, and Dr. Duman is a member.
- Dr. Krystal served on a number of American College of Neuropsychopharmacology (ACNP) committees, including the membership, scientific program, credentials, and awards committees, and he also served as chair of the Presidential Task Force on Bioterrorism Neurobiology Subcommittee. He and Dr. Friedman were section chairs for the ACNP's White Paper Concerning Evidence-Based Responses to Mass Terrorism.
- Dr. Mark Miller served as Program Chair of the 2004 annual meeting of the Society for Psychophysiological Research.

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149. **Young, B.H.**, **Watson, P.J.**, & Ng, T. The immediate response to disaster: Guidelines for adult psychological first aid. In E.C. Ritchie, **M.J. Friedman, & P.J. Watson** (Eds.), *Mental health intervention following disasters and mass violence.* New York: Guilford.

Scientific Presentations on PTSD by National Center Staff, Fiscal Year 2004

INTERNATIONAL SOCIETY FOR TRAUMATIC STRESS STUDIES

Chicago, IL, October-November 2003

Bedard, M.A., Dewulf, A.C., **Mozley, S.L.**, **Buckley, T.C.**, & **Holohan, D.** "Effects of smoking outcome expectancy on anxiety in a PTSD population."

Block-Lerner, J., Rhatigan, D.L., Plumb, J., & **Shipherd, J.C.** "Experiential avoidance in trauma survivors' quality of life."

Bruce, T.A., **Vogt, D.S.**, **Street, A.E.**, & Stafford, J. "Sexual harassment and attitudes toward women in the military."

Buckley, T.C., **Mozley, S.**, **Holohan, D.**, & **Bedard, M.A.** "Smoking and physiological arousal to trauma cues in PTSD."

Carlson, E.B., Hawkins, J., & **Sheikh, J.** "Development of PTSD screens for cognitively impaired patients."

Carlson, E.B., **Ruzek, J.I.**, Field, N., & Spain, D. "A new method for assessing acute responses in ER patients and families."

Chrysos, E.S., Samper, R.E., Pless, A.P., **King, L.A.**, **King, D.W.**, **Davison, E.H.**, Spiro, A., & Salgado, D.M. "Evaluating LOSS: Comparing war eras among aging veterans."

Chrysos, E.S., Vickers, K.E., Stein, N., **King, L.A.**, **King, D.W.**, **Vogt, D.S.**, **Knight, J.A.**, Foy, D.W., Pless, A.P., & Samper, R.E. "Military deployment stress: New inventory of risk and resilience."

Clarke, S.B., **Koenen, K.C.**, **Taft, C.T.**, **King, L.A.**, & **King, D.W.** "Witnessing physical and psychological domestic violence: Child outcomes."

Davis, L., & **Friedman, M.J.** "An integration of the pathophysiology and the pharmacotherapy for PTSD."

Friedman, M.J., **McDonagh-Coyle, A.**, **Jalowiec, J.**, **McHugo, G.**, & Wang, S. "Reductions in 24-hour urinary cortisol levels following CBT for PTSD."

Griffin, M., & **Resick, P.A.** "Psychophysiological responses as treatment outcome indicators in PTSD."

Gulliver, S.B., Zimering, R.T., **Knight, J.A.**, Mattuchio, T., Wolfsdorf, B., Baker-Morissette, S., & Munroe, J.F. "PTSD in disaster relief clinicians at Ground Zero."

Hartl, T.A., **Rosen, C.S.**, **Drescher, K.D.**, Crawford, E.F., & Wilson, K.A. "Predicting suicide and violence in male veterans treated for PTSD."

Kaloupek, D.G. "Future directions and funding priorities of relevance to the traumatic stress field at the U.S. National Institute of Mental Health."

King, D.W., **King, L.A.**, **Vogt, D.S.**, **Knight, J.A.**, & Foy, D.W. "Risk and resilience factors for GW veterans' health outcomes."

Knight, J.A., Gulliver, S.B., Zimering, R.T., Mattuchio, T., Munroe, J.F., Wolfsdorf, B., & Baker-Morissette, S. "Symptom development and resilience in 9/11 disaster relief workers."

Knight, J.A., Samper, R.E., **King, D.W.**, **King, L.A.**, **Vogt, D.S.**, Pless, A.P., Chrysos, E.S., & Foy, D.W. "Psychological and neurological sequelae in Persian Gulf War veterans."

Knight, J.A., Zimering, R.T., Gulliver, S.B., Munroe, J.F., Mattuchio, T., Baker-Morissette, S., & Wolfsdorf, B. "Patterns of stressor exposure in 9/11 disaster relief workers."

Krystal, J.H. "Panel: Multi-site trials of treatments for PTSD: Questions & Answers."

Leskin, G.A., & Block, R.C. "Ethnic minority differences in PTSD and intimate partner violence."

Loo, C.M. "Assessment and correlates of race-related PTSD consistent with the DSM-IV."

Mastnak, J., & **Resick, P.A.** "Maladaptive cognitions and eating disturbances in assault victims."

Miller, M.W. "Personality-based externalizing and internalizing subtypes of PTSD."

Miller, M.W. "Research on the neurobiology of the startle reflex and the symptom of exaggerated startle in PTSD."

Mozley, S.L., **Miller, M.W.**, **Dillon, A.**, **Niles, B.**, **Wolf, E.**, & Doran-LaMarca, S. "Internalizing and externalizing personality characteristics in combat-exposed veterans."

Munroe, J., **Fisher, L.M.**, Abblett, M., Hamm, P., & **Quinn, S.** "Complex strategies for complex PTSD."

Murphy, R.T., & **Rosen, C.S.** "A stages of change approach to preventing PTSD treatment failure."

Niles, B.L., Wattenberg, M., Glynn, S., Unger, W., & **McKeever, V.** "Working with complex PTSD: Group therapy models and interventions."

Niles, B.L., **Wolf, E.J.**, & **Doron-LaMarca, S.** "The longitudinal course of chronic combat-related PTSD 30 years after the trauma."

Orazem, R., & **Resick, P.A.** "ISTSS Trauma Training Survey."

Orazem, R., & **Resick, P.A.** "Impact of police behavior on PTSD in assault victims."

Pless, A.P., **Vogt, D.S.**, **King, L.A.**, **King, D.W.**, Samper, R.E., **Knight, J.A.**, Chrysos, E.S., Vickers, K.E., Foy, D.W., & **Whealin, J.M.** "Deployment stressors and mental health for female and male GW veterans."

Prins, A., **Swales, P.J.**, & Falsetti, S.A. "Management of panic in patients with PTSD."

Rasmusson, A., **Friedman, M.J.**, Carpenter, L., & Baker, D. "HPA axis adaptation to traumatic stress: Understanding the variability."

Resick, P.A., Galovski, T., & **Williams, L.** "Treating PTSD with cognitive processing therapy or prolonged exposure: Five year follow-up."

Rhatigan, D.L., Block-Lerner, J., Plumb, J., **Street, A.E.**, & **Shipherd, J.C.** "Experiential avoidance, shame, and PTSD symptoms in trauma survivors."

Rhatigan, D.L., Moore, T.M., Stuart, G.L., & **Street, A.E.** "Predictors of relationship stability among court-mandated women."

Rosen, C.S., Di Landro, C., Corwin, K., **Drescher, K.D.**, **Hettinger, J.**, & **Gusman, F.D.** "Telephone support following discharge from residential PTSD treatment."

Rosen, C.S., & Hartl, T.A. "Identifying children at risk for PTSD following the World Trade Center attack."

Samper, R.E., **Taft, C.T.**, **King, L.A.**, & **King, D.W.** "PTSD and parenting satisfaction: A replication."

Schnurr, P.P. "Older adult trauma survivors."

Schnurr, P.P. "Methodological issues in multi-site trials."

Schnurr, P.P. "Programmatic integration of protocol-specific group treatments."

Southwick, S.M. "Noradrenergic arousal and enhanced memory in humans."

Walser, R.D., Cook, J., **Ruzek, J.I.**, & **Sheikh, J.I.** "Older women and trauma: Investigation of late life functioning."

Walser, R.D., **Westrup, D.**, **Rogers, D.**, Gregg, J., & Loew, D. "Acceptance and commitment therapy: Treatment for PTSD."

Weitlauf, J., **Ruzek, J.I.**, **Westrup, D.**, Keller, J., & David, W. "The women's self-defense project: Preliminary findings."

Whealin, J.M. "Reducing the risk of PTSD? New research with military populations."

Whealin, J.M., Liu, H.T., **Ruzek, J.I.**, & **Gusman, F.D.** "Assessment of ethnoculturally diverse veterans of the Iraqi War."

Whealin, J.M., & **Ruzek, J.I.** "Psychological preparation for work-related trauma."

Wolf, E.J., **Bedard, M.A.**, **Fisher, L.**, & **Niles, B.L.** "Psychosocial moderators of physical health and PTSD."

Woodward, S.H., **Kaloupek, D.G.**, Streeter, C.C., **Stegman, W.K.**, **Stewart, L.P.**, **Kutter, C.J.**, **Prestel, R.S.**, & Arsenault, N.J. "The skull in PTSD."

AMERICAN PSYCHOLOGICAL ASSOCIATION

Honolulu, HI, July 2004

Goebert, D., Fratarelli, L., & **Morland, L.** "Primary-care perceptions of peri-partum depression."

Keane, T.M. "Prevention and early intervention for work-related trauma."

Kiang, P., & **Loo, C.M.** "The significance of food in the race-related experiences of Asian American Vietnam veterans."

Knight, J.A., Samper, R.E., **Vogt, D.S.**, **King, L.A.**, **King, D.W.**, Pless, A.P., & Chrysos, E.S. "Measure of neurocognitive problems in Persian Gulf War veterans."

Knight, J.A., **Vogt, D.S.**, **King, L.A.**, **King, D.W.**, Pless, A.P., Samper, R.E., & Foy, D.W. "Stressor exposure patterns among Persian Gulf War veterans."

Leskin, G.A. "Fostering resilience in response to terrorism: For psychologists working with military families."

Leskin, G.A., Block, C.R., & Campbell, J. "Cross-cultural symptom expression in PTSD following intimate partner violence."

Loo, C.M. "The measurement and treatment of race-related stress and PTSD."

Miller, M.W. "Internalizing and externalizing subtypes of PTSD."

Morgan, C.A. "Accuracy of eyewitness memory for events experience during exposure to acute stress."

Moritsugu, J., & **Loo, C.M.** "Empathy stress in the Vietnam war."

Morland, L., **Leskin, G.A.**, Block, R., **Friedman, M.J.**, & Campbell, J. "Intimate partner violence and miscarriage: An examination of the role of physical abuse, psychological abuse and PTSD."

Morland, L., & Pierce, K. "Telemental health PTSD coping skills groups in the Pacific Islands."

Paton, D., & **Whealin, J.M.** "Managing disaster stress risk: Promoting resilience and adaptation."

Samper, R.E., Pless, A.P., Vickers, K., Salgado, D.M., Spiro, A., **Davison, E.H.**, **King, D.W.**, **King, L.A.**, & Chrysos, E.S. "Vietnam-era repatriated prisoners of war: 30 years later."

Whealin, J.M. "Men's experience of unwanted sexual attention during childhood."

Zimering, R.T., Gulliver, S., **Knight, J.**, Munroe, J., Wolfsdorf, B., Morissette, S., & **Keane, T.M.** "Primary and secondary PTSD in relief workers at ground zero."

ASSOCIATION FOR THE ADVANCEMENT OF BEHAVIOR THERAPY

Boston, MA, November 2003

Bedard, M.A., **Wolf, E.J.**, & **Niles, B.L.** "Differential relationships between satisfaction with two kinds of social relationships and PTSD symptoms in a veteran sample."

Berger, J., Cuevas, C., Brady, S., Bollinger, A., Brief, D., & **Keane, T.M.** "Rates of adherence to antiretroviral medications and healthcare visits among people with HIV/AIDS and substance abuse disorders with and without comorbid depression and PTSD."

Block-Lerner, J., Plumb, J., & **Orsillo, S.M.** "Facilitating an experientially accepting stance in the laboratory: Can we design manipulations to test mechanisms of change?"

Carlson, E.B., Lauderdale, S., Hawkins, J., & **Sheikh, J.** "Aggression and PTSD symptoms in nursing care patients."

Chrysos, E.S., **Taft, C.T.**, **King, L.A.**, & **King, D.W.** "Marital and family adjustment among male partner violent, female partner violent, and mutually violent couples."

Davison, E.H., **King, L.A.**, **King, D.W.**, Spiro, A., III, Salgado, D.M., Samper, R.E., Pless, A.P., & Chrysos, E.S. "Examining LOSS: Late-onset stress symptomatology in aging combat veterans."

Galovski, T.E., **Resick, P.A.**, & Casper, H. "Anger's role in the maintenance and resolution of PTSD."

Kaysen, D.L., Uhlmansiek, M., & **Resick, P.A.** "The role of assimilation and overaccommodation in PTSD among female domestic violence victims."

Keane, T.M., Brewin, C.R., **King, D.W.**, **King, L.A.**, & McNally, R.J. "Scientific advances in the future of PTSD."

Keane, T.M., Cajdric, A., Pinjic, E., Petrovic, A., Charney, M., & Piwowarczyk, L. "Psychosocial status of trauma exposed Bosnian refugees."

Litz, B.T., Bryant, R., & Engel, C. "Brief Cognitive-Behavioral Treatment for victims of mass violence."

Maguen, S., **Litz, B.T.**, Bennett, S., **Ruef, A.**, & **Miller, M.W.** "Predicting reports of emotional numbing in PTSD: The role of expressive behaviors and metacognition about emotional expression."

Maguen, S., **Litz, B.T.**, & **Wang, J.L.** "The stressors and demands of peacekeeping in Kosovo: Predictors of mental health response."

Mastnak, J.M., & **Resick, P.A.** "The relationship between maladaptive cognitions and eating disturbances in a sample of female assault victims."

Monson, C.M., **Friedman, M.J.**, **Price, J.L.**, Rothbaum, B.O., & Watts, B.V. "Recipes for PTSD treatment success: Finding the right and missing ingredients."

Moore, T.M., Rhatigan, D.L., Stuart, G., & **Street, A.E.** "Where to publish family violence research."

Nixon, R.D.V., **Resick, P.A.**, Griffin, M.G., & Nishith, P. "Cognitive bias for threat and depression-related stimuli I PTSD: The emotional stroop task."

Pineles, S.L., **Street, A.E.**, & **Koenen, K.C.** "Shame, guilt, and psychological symptoms."

Pless, A.P., **Taft, C.T.**, **Koenen, K.C.**, **King, D.W.**, & **King, L.A.** "Examining psychiatric and childhood risk factors for partner violence among male combat veterans."

Pless, A.P., **Vogt, D.S.**, **King, L.A.**, **King, D.W.**, Samper, R.E., **Knight, J.A.**, & Foy, D.W. "Deployment related stressors and mental health outcomes for women veterans."

Plumb, J., Luterek, J., & **Orsillo, S.M.** "An examination of the emotional numbing scale-revised: Preliminary data from a clinical sample."

Plumb, J., Luterek, J., & **Orsillo, S.M.** "Experiential avoidance as a predictor of posttraumatic stress symptomatology."

Resick, P.A. "Tonic immobility in sexual assault survivors: Overview of assessment, prevalence, and impact, and relation with revictimization."

Resick, P.A., Griffin, M., & Galovski, T. "Physiological reactivity and the effects of CBT treatments: Does the dose of exposure matter?"

Rhatigan, D.L., & **Street, A.E.** "Testing the investment model among women in violent and nonviolent dating relationships."

Samper, R.E., Gold, J.I., **Taft, C.T.**, Keehn, M.G., **King, D.W.**, & **King, L.A.** "PTSD, depression, and family adjustment among female Vietnam veterans."

Sobel, A., Rabailais, A.E., & **Resick, P.A.** "Treating PTSD: Therapeutic themes."

Stafford, J., **Street, A.E.**, Harris, H., Bruce, T., & Mahan, C. "Reservists' experiences of sexual harassment: The predictors and outcomes associated with labeling and reporting."

Suvak, M.K., Cuccurullo, L.R., McNally, P.D., Synder, A.B., **Williams, L.E.**, Hofmann, S.G., & **Litz, B.T.** "Perceptual asymmetries and the tripartite model of anxiety and depression."

Tanner, L.R., & **Shipherd, J.C.** "Psychological symptoms among treatment seeking female veterans: Descriptive data from an outpatient sample."

Walser, R.D. "Terrorism and mass disaster: Latest developments in research and CBT interventions."

Williams, L.E., Galovski, T.E., **Resick, P.A.**, & Nishith, P. "Five-year follow-up of sexual assault survivors treated with cognitive processing therapy or prolonged exposure."

Williams, L.E., **Litz, B.T.**, **Suvak, M.K.**, & **Miller, M.W.** "PTSD and the emotional modulation of startle: Preliminary results."

Williams, L.E., Pollack, R.A., & **Litz, B.T.** "Anxiety sensitivity and startle modulation in PTSD: Preliminary Results."

OTHER

Behar, K.L. "NMR studies of glutamate-gaba-glutamine cycling and gaba synthesis regulation in rodent cerebral cortex." International Conference on Applications of Neuroimaging to Alcoholism, New Haven, CT, January 2004.

Behar, K.L. "Glutamine – The precursor of GABA and glutamate in vivo." Brain Energy Metabolism, Heriklon, Crete, May 2004.

Bracha, H.S. "Physical manifestations of acute fear-circuitry activation in healthy young individuals: Insights from new research." Tripler Army Medical Center, Honolulu, HI, October 2004.

Bullock, K., Michaels, J., Barry, J., **Westrup, D.**, & Wittenberg, D. "Comparative study of childhood trauma in epilepsy and nonepileptic seizure patients." American Epilepsy Society, New Orleans, LA, December 2003.

Duman, R.S. "Molecular and cellular actions of stress and antidepressant treatment." Pfizer Pharmaceuticals, Ann Arbor, MI, October 2003.

Duman, R.S. "A neurotrophic hypothesis of depression." Neuroscience Program, University of Nottingham, England, November 2003.

Duman, R.S. "A neurotrophic hypothesis of the pathophysiology and treatment of mood disorders." Research Conference, Brussells, Belgium, December 2003.

Duman, R.S. "A neurotrophic hypothesis of depression." Dartmouth Medical School, Hanover, NH, February 2004.

Duman, R.S. "Molecular and cellular actions of antidepressant treatment: Camp signal transduction and gene expression." Roche Pharmaceuticals Lecture, Palo Alto, CA, February 2004.

Duman, R.S. "A neurotrophic hypothesis of depression." Harvard-Mass General Hospital, Boston, MA, March 2004.

Duman, R.S. "Molecular and cellular actions of stress and antidepressant treatment." University of Pennsylvania, Philadelphia, PA, May 2004.

Fesperman, T.H., Gulliver, S.B., Zimering, R.T., & **Knight, J.A.** "Potential response channels for distress: Increased health complaints contrasted with stable psychological symptoms among 9/11 disaster relief workers." Society of Behavioral Medicine, Baltimore, MD, March 2004.

Frayne, S., Lin, H., Halanych, J., Wang, F., Berlowitz, D., Skinner, K., **Sharkansky, E.**, **Keane, T.M.**, & Miller, D.R. "Disparities in diabetes outcomes: Impact of mental illness." Society for General Internal Medicine, Chicago, IL, April 2004.

Frayne, S.M., Lin, H., Halanych, J.H., Wang, F., Berlowitz, D.R., Skinner, K.M., **Sharkansky, E.**, **Keane, T.M.**, Pogach, L., & Miller, D.R. "Disparities in glycemic control for patients with mental illness: Protective effect of primary care." Academy of Health, San Diego, CA, June 2004.

Friedman, M.J., & **Schnurr, P.P.** "Psychotherapy for PTSD: A tale of two studies." Dartmouth Medical School, Hanover, NH, April 2004.

Harris, D., Valdovinos, M., Mechanic, M.B., Marelich, W.D., & **Resick, P.A.** "Mental health effects of stalking and intimate partner violence." Western Psychological Association, Phoenix, AZ, April 2004.

Johnson, M.K. "Left and right PFC activity associated with monitoring in working memory." Annual Meeting of the Memory Disorders Research Society, Chicago, IL, October 2003.

Johnson, M.K. "Using fMRI to identify neural correlates of component processes of cognition." Annual meeting of the Society of Experimental Psychologists, Cornell University, Ithaca, NY, March 2004.

Johnson, M.K. "Refreshing a just-experienced item: Characterizing a component of reflective cognition." International Conference on Working Memory, Kyoto, Japan, August 2004.

Kaufman, J., Yang, B.Z., **Douglas-Palumberi, H.**, Houshyar, S., **Lipschitz, D.**, **Krystal, J.A.**, & **Gelernter, J.** "Serotonin transporter gene and depression in maltreated children." Biological Psychiatry, New York, NY, May 2004.

Kaysen, D., Waldrop, A., Simpson, T.L., & **Resick, P.A.** "Alcohol use in female domestic violence victims: The role of trauma, PTSD, and motives for drinking." Annual Meeting of the Research Society on Alcoholism, Vancouver, BC, Canada, June 2004.

Keane, T.M. "Workshop on assessment and treatment of PTSD." Banff Conference on Behavioral Science, Alberta, Canada, March 2004.

Keane, T.M. "Home from the war: Lessons learned from 30 years of helping combat soldiers reintegrate into society." Boston University School of Medicine Trauma Conference, Boston MA, June 2004.

Keane, T.M., Cuevas, C.A., Berger-Greenstein, J.A., Morgan, E.E., Bollinger, A.R., & Vielhauer, M.J. "Factor structure of the PTSD checklist – civilian version with dually diagnosed HIV-seropositive adults." Anxiety Disorders Association of America, Miami, FL, March 2004.

Keane, T.M., Morgan, E.E., Berger-Greenstein, J.A., Cuevas, C.A., Bollinger, A.R., Vielhauer, M.J., Brief, D.J., Buondonno, L.M., & Goodin, B.R. "Mental health and psychosocial predictors of PTSD severity in a dually diagnosed HIV seropositive sample." Anxiety Disorders Association of America, Miami, FL, March 2004.

Keane, T.M., **Friedman, M.J.**, Ursano, R., Shalev, A., & **Litz, B.T.** "Home from the war: The lessons from 30 years experience helping to re-integrate combat soldiers exposed to trauma and violence." Psychological Trauma: Pre-Conference Workshop, Boston, MA, June 2004.

King, D.W., & **King, L.A.** "Risk, resilience, prevention and outcome of PTSD in combat-exposed veterans." Anxiety Disorders Association of America, Miami, FL, March 2004.

King, D.W., **King, L.A.**, & **Vogt, D.S.** "Measurement and validation of psychosocial risk and resilience factors associated with physical and mental health and health-related quality of life in Gulf War veterans." Force Health Protection Research Program, San Diego, CA, December 2003.

Koenen, K.C. "Sex differences in the relationship between IQ and antisocial behavior in young children." Annual Meeting of the Behavioral Genetics Association, Aix-en-Provence, France, June 2004.

Koenen, K.C., & Clarke, S. "Conduct disorder as an environmentally-mediated risk factor for PTSD in male veterans." Annual Meeting of the Society for Life History Research in Psychopathology, Charleston, SC, May 2004.

Koenen, K.C., Hitsman, B., Lyons, M., McCaffery, J., & Niaura, R. "Epidemiologic and genetic study of tobacco dependence and posttraumatic stress disorder in men." Annual Meeting of the Society for Nicotine & Tobacco Research, Scottsdale, AZ, February 2004.

Krystal, J. H. "Neurobiology of dissociative states produced by ketamine." Annual Meeting of the American Psychiatric Association, New York, NY, May 2004.

Krystal, J.H. "Axis I/Axis II boundary: Spectrum diseases and molecular neuroscience." Annual Meeting of the American Psychiatric Association, New York, NY, May 2004.

Krystal, J.H. "Anxiety disorders data review and discussion." Janssen IIS, Chicago, IL, May 2004.

Krystal, J.H. "How the human brain encodes experience: Functional and neurochemical insights from intracortical human research." Collegium Internationale Neuro-Psychopharmacologicum, Paris, France, June 2004.

Krystal, J.H., & **Neumeister, A.** "Gene-environment interactions in the neural circuitry underlying mood disorders." American College of Neuropsychopharmacology, San Juan, Puerto Rico, December 2003.

Krystal, J.H. "Why do anticonvulsants play a role in the treatment of schizophrenia and mood disorders? A systems neuroscience perspective." Annual Meeting of NCDEU (New Clinical Drug Evaluation Unit), Phoenix, AZ, June 2004.

Krystal, J.H., Ursano, R., & Foa, E. "Confronting terrorism: Preparedness, clinical interventions, and communication." American College of Neuropsychopharmacology, San Juan, Puerto Rico, December 2003.

Litz, B.T. "Responding to trauma and traumatic loss: Efficacy of early intervention." Operational Problems in the Behavioral Sciences, United States Air Force, San Antonio, TX, March 2004.

Litz, B.T. "Early intervention for trauma and traumatic loss." Brigham and Women's Hospital, Boston, MA, April 2004.

Litz, B.T. "Promoting the continuity of care and understanding: Putting the long-term impact of the Iraq and Afghanistan Wars in context." Boston Veterans Affairs Health Care System Annual Psychology Service Conference, Boston, MA, June 2004.

Litz, B.T. "Preparing for the return of Iraq and Afghanistan veterans." Boston Trauma Conference, Boston University School of Medicine and The Trauma Center, Boston, MA, June 2004.

Mechanic, M.B., Marelich, W., & **Resick, P.A.** "Assessment of stalking as a risk factor for escalated violence among battered women." American Psychology Law Society, Scottsdale, AZ, March 2004.

Mechanic, M.B., Marelich, W., & **Resick, P.A.** "The functional role of cognitive distortions among battered women." American Psychology Law Society, Scottsdale, AZ, March 2004.

Mitchell, K.J., **Johnson, M.K.**, Raye, C.L., Greene, E.J., & Higgins, J.A. "An fMRI investigation of short-term source memory in young and older adults." Annual Meeting of the Psychonomic Society, Vancouver, British Columbia, Canada, November 2003.

Mitchell, K.J., **Johnson, M.K.**, Raye, C.L., & Greene, E.J. "Prefrontal cortex activity associated with source monitoring in a working memory task." Annual Meeting of the Cognitive Neuroscience Society, San Francisco, CA, April 2004.

Morgan, C.A. "Efficacy of expected alternative testing dilemmas in the detection of concealed information." Detecting Deception, RAND, Arlington, VA, June 2004.

Mori, D.L., & **Niles, B.L.** "Depression in primary care at the VA Boston Healthcare System." Best Practices Program: Depression Screening, VA Boston Healthcare System, Boston, MA, March 2004.

Morland, L. "Telemental health and PTSD in the Pacific Islands." VA Best Practice in Network Healthcare Systems Conference, Boston, MA, May 2004.

Morland, L. "PTSD, depression and perinatal health practices." Annual Perinatal Health Summit, Honolulu, HI, July, 2004.

Munroe, J., & **Niles, B.L.** "Wellness strategies for clinicians." Annual Training for Readjustment Counseling Services – Team Leader Training, Region 1A, Martha's Vineyard, MA, April 2004.

Munroe, J., & **Niles, B.L.** "Wellness strategies." Annual Training for Readjustment Counseling Services – Counselor Training, Region 1A, Mystic, CT, May 2004.

Petrakis, I. "NMDA antagonist responses in individuals with a family vulnerability to alcoholism." Annual Scientific Meeting of the Research Society on Alcoholism, Vancouver, Canada, June 2004.

Raye, C.L., **Mitchell, K.J.**, Lyle, K.B., Greene, E.J., & **Johnson, M.K.** "PFC activity and refreshing just-active information with and without a semantic cue." Annual Meeting of the Cognitive Neuroscience Society, San Francisco, CA, April 2004.

Resick, P.A. "Trauma, PTSD, and comorbidity." Boston Medical Center, Boston, MA, April 2004.

Resick, P.A. "An exploration of PTSD and MDD comorbidity." Annual Meeting of the American Psychiatric Association, New York, NY, May 2004.

Resick, P.A. "Cognitive behavioral treatment of PTSD." Psychological trauma: Maturational processes and therapeutic interventions, Boston, MA, June 2004.

Resick, P.A. "Addressing the problem of military sexual trauma." Annual Meeting of the Force Health Protection Conference, Albuquerque, NM, August 2004.

Rubinow, D., **Rasmusson, A.M.**, Marx, C., Grobin, C., Epperson, E.P., & Rupprecht, R. "Neurosteroid update: Integrating the basic and clinical data." Annual Meeting of the American College of Neuropsychopharmacology, San Juan, Puerto Rico, December 2003.

Sanislow, C.A., **Mitchell, K.J.**, Raye, C.L., Greene, E.J., Cunningham, W.A., McGuire, J.T., & **Johnson, M.K.** "Orbitofrontal cortex is active when a salient stimulus must be ignored during refreshing." Annual Meeting of the Cognitive Neuroscience Society, San Francisco, CA, April 2004.

Schnurr, P.P. "Psychotherapy for PTSD: A tale of two studies." VA Medical Center, Cincinnati, OH, April 2004.

Schnurr, P.P. "Trauma, PTSD, and physical health." 4th International Congress on Psychic Trauma and Traumatic Stress, Buenos Aires, Argentina, June 2004.

Schnurr, P.P., & **Friedman, M.J.** "Disaster mental health resources at the National Center for PTSD." Annual Meeting of the American Psychiatric Association, New York, NY, May 2004.

Southwick, S.M. "Neurobiological underpinnings of Post Traumatic Stress Disorder." DART Foundation for Journalism, Chicago, IL, October 2003.

Valdovinos, M., Harris, D., Mechanic, M., Marelich, W., & **Resick, P.A.** "Patterns of stalking in battered women." Western Psychological Association, Phoenix, AZ, April 2004.

Walsh, K., **Buckley, T.C.**, **Mozley, S.L.**, & **Holohan, D.** "Anxiety sensitivity, smoking expectations, and nicotine dependence in psychiatric smokers." Society for Behavioral Medicine, Baltimore, MD, March 2004.

Wolf, E.J., **Miller, M.W.**, & **McKinney, A.E.** "Internalizing and externalizing temperament and physical illness in a PTSD sample." Society of Behavioral Medicine, Baltimore, MD, March 2004.

Projects Approved and Funded

VA Cooperative Studies

Principal Investigators	Title of Project	Years	FY 04 Funding	Total Award
Krystal Rosenheck	CSP#504: Risperidone Treatment for Refractory Combat-Related Post-Traumatic Stress Disorder	2004 – 2006	$0	$6,416,000
Schnurr Friedman Engel	CSP#494: A Randomized Clinical Trial of Cognitive-Behavioral Therapy for Women	2000 – 2005	$1,666,698	$5,014,368

VA Merit Review

Principal Investigators	Title of Project	Years	FY 04 Funding	Total Award
Bracha	Clinical Research Bio-Markers for Estimating Early Stress	2001 – 2004	$74,000	$447,000
Gelernter	Genetic Studies of Anxiety Disorder and Related Phenotypes	2002 – 2007	$145,000	$725,000
Krystal	NMDA Dysregulation in Alcoholism	2001 – 2005	$134,900	$409,400
Rasmusson	HPA Reactivity in Men and Women with Chronic PTSD	2001 – 2005	$101,400	$309,700

Other VA Sources

Principal Investigators	Title of Project	Funding Source	Years	FY 04 Funding	Total Award
Fotiades Friedman	Evaluating a Bio-Terrorism Preparedness Campaign for Veterans	HSR&D	2003 – 2006	$96,670	$1,400,000
Gelernter	Genetic Studies of Dual Diagnosis Populations	MIRECC	1997 – On-going	$67,000	$335,000
Gelernter	Neural Mechanisms and Treatment Response in Depression	REAP	1999 – 2004	$200,000	$1,800,000
King, D. King, L. Vogt	Toward Gender-Aware VA Care: Development and Evaluation of an Intervention	HSR&D	2002 – 2005	$136,258	$582,300

Litz King, D. King, L	Impact of Military Stressors Across the Life Course	VA	2002 – 2007	$197,000	$968,000
Monson	Cognitive Processing Therapy for Military-Related PTSD	CSP Research Development Award	2002 – 2005	$109,291	$327,000
Morland	Telemedicine and Anger Management with PTSD Veterans in the Hawaiian Islands	HSR&D	2004 – 2008	$0	$874,501
Resick	Training in Cognitive Processing Therapy for Sexual Trauma-Related PTSD	VA	2004 – 2005	$50,000	$50,000
Rosen	Mortality and Causes of Death Among Vietnam-Era Veterans With and Without Posttraumatic Stress Disorder	VA, Seattle Epidemiology Research & Information Center	2004 – 2004	$19,970	$19,970
Rosenheck	Collaborative Initiative on Chronic Homelessness	VA, HUD, HHS	2003 – 2007	$600,000	$1,800,000
Ruzek	Virtual Innovation Partnership: Dissemination of PTSD Evidence-Based Practices	HSR&D	2004 – 2005	$37,000	$37,000
Southwick Morgan Rasmusson	Guanfacine for the Treatment of PTSD	VA	1999 – 2005	$0	$321,300
Tamagnan	PET and SPECT Radiotracers for Imaging the Serotonin and Acetylcholine Systems	REAP	1999 – 2004	$10,000	$50,000
Tiet Shutte Rosen	Components of Effective Treatments for Dually Diagnosed Patients	VA Program Evaluation and Resource Center	2002 – 2005	$166,000	$251,511

National Institute of Mental Health

Principal Investigator	Title of Project	Funding Source	FY04 Funding	Total Award
Duman	Antidepressants: Signal Transduction and Gene Expression	2000 – 2005	$200,000	$1,400,000
Duman	Neurobiological Basis of Major Psychiatric Disorders	2002 – 2006	$1,162,826	$6,139,344
Kaufman	Corpus Callosum in Maltreated Children with PTSD	2002 – 2007	$250,000	$1,597,-85
Keane	Postdoctoral Research Training in Posttraumatic Stress Disorder	1996 – 2006	$178,000	$787,000
Keane	Treating Torture and Related Trauma Among Bosnian Refugees	1999 – 2005	$198,000	$730,000
King, L.	Conference on Innovations in Trauma Research Methods	2003 – 2008	$65,000	$325,000
King, D. King, L.	New Longitudinal Methods for Trauma Research	2004 – 2007	$311,360	$921,080

Koenen	Developmental Epidemiology of PTSD	2004 – 2009	$137,950	$689,749
Lipschitz Southwick	Modifiable Risk Factors for PTSD in Urban Adolescents	2000 – 2005	$135,000	$675,537
Litz	Emotional Processing in PTSD	2001 – 2004	$126,000	$325,000
Litz	Brief Cognitive-Behavioral Treatment for Victims of Mass Violence	2002 – 2005	$170,288	$425,000
Miller	Circadian Effects on the Human Startle Reflex	2001 – 2004	$0	$126,000
Miller	Startle Reflex Amplitude and Cortisol in PTSD	2003 – 2005	$63,000	$126,00
Mueser Rosenberg	Cognitive-Behavioral Treatment of PTSD in SMI Clients	2002 – 2004	$250,000	$750,000
Norris	Research Education in Disaster Mental Health	2003 – 2008	$250,000	$1,250,000
Norris	The Social and Cultural Dynamics of Disaster Recovery	2002 – 2004	$189,000	$2,000,000
Norris	Toward Developing Postdisaster Community Interventions	2002 – 2005	$110,000	$328,822
Orsillo	Developing a New Therapy for GAD: Acceptance-Based Cognitive-Behavioral Therapy	2001 – 2004	$125,000	$375,000
Prigerson	Psychiatric Disorders in Dying Patients and Their Survivors	2002 – 2006	$484,809	$1,913,908
Resick	Cognitive Processes in PTSD: Treatment	2000 – 2005	$395,000	$1,926,885
Sheikh Woodward Leskin	Sleep in PTSD/Panic Disorder: A Multimodal, Naturalistic Study	2003 – 2007	$312,500	$1,400,000
Street	Characteristics of Persons at Risk for Trauma Exposure	2002 – 2004	$50,000	$100,000
Tamagnan	Piperidine Derivatives as Radiotracers for Serotonin Transporters	2003 – 2005	$90,000	$180,000

Other Non-VA Sources

Principal Investigators	Title of Project	Funding Source	Years	FY 04 Funding	Total Award
Barlow Resick	Treatment/Services Development Center for PTSD and Substance Abuse in Children and Adolescents	SAMHSA	2003 – 2007	$412,000	$2,400,000
Behar	NMR Studies of GABA Regulation In Vivo	NINDS	2001 – 2005	$279,358	$1,085,249

Behar	NMR Studies of Brain Energetics and Hypoglycemia In Vivo	NIDDK	2004 – 2008	$220,000	$1,438,880
Bracha	Validating a Laboratory Procedure for Estimating Early Deleterious Life Experiences	NARSAD	2001 – 2004	$28,000	$100,000
Buckley	Behavioral Pharmacology of Smoking in Anxiety Disorders	NIDA	2003 – 2008	$95,050	$465,366
Bursztajn Falls Friedman	Role of Fear Conditioning on Neurogenesis	The Hitchcock Foundation	2003 – 2004	$0	$15,000
Castro Adler Litz	The Effects of Psychological Debriefing in Soldiers Deployed to Operation Iraqi Freedom	DoD	2003 – 2006	$0	$849,689
Ciraulo Keane LoCastro	Behavioral and Psychopharmacological Treatment of Alcohol Abuse	NIAAA	1997 – 2004	$350,000	$2,800,000
Friedman Watson	Best Practices in Disaster Mental Health	SAMHSA/ CMHS	2001 – 2004	$250,000	$1,515,000
Friedman Watson	Interface Between Public and Mental Health Following Disasters	CDC	2003 – 2004	$100,000	$100,000
Gelernter	Thai-U.S. Drug Dependence Genetics Research Training Grant	NIH/NIDA/ Fogerty International Center	2002 – 2007	$312,975	$1,565,360
Gelernter	Family Controlled Linkage Disequilibrium Studies of Alcohol Dependence	NIH/NIAAA	2002 – 2007	$575,910	$2,882,067
Gelernter Krystal	Guided Family-Controlled Linkage Disequilibrium Scan for Alcohol Dependence and PFC-Related Endophenotypes	NIH/NIAAA	2001 – 2006	$60,000	$700,000
Gelernter	Genetics of Cocaine Dependence	NIH/NIDA	1999 – 2004	$1,027,425	$5,677,373
Gelernter	Approaches to the Genetics of Substance Dependence	NIH/NIDA	2003 – 2008	$129,858	$666,667
Gelernter	Opioid Dependence Genetics in Thai Populations	NIH/NIDA	2000 – 2005	$142,132	$284,399
Gelernter	Genetics of Opioid Dependence	NIH/NIDA	2000 – 2005	$791,329	$3,165,401
Johnson	Effects of Aging on Memory for Source of Information	NIH	2000 – 2004	$312,441	$2,687,713
Johnson	Aging and Memory: fMRI Studies of Component Processes	NIH/Univ. of CA at Berkeley	2003 – 2008	$154,560	$1,348,513
Johnson	Cognitive and Neural Mechanisms of Conflict and Control	NIH/Princeton Univ.	2000 – 2005	$125,985	$936,482
Kaufman	SAFE Homes Program Evaluation	State of CT, Department of Children and Families	2003 – 2005	$29,700	$59,400

Keane	Integrating Substance Abuse and PTSD Treatment with HIV Care to Improve Adherence and Outcome and to Reduce Health Care Utilization and Costs	SAMHSA	1998 – 2004	$789,000	$3,100,000
Keane Piwowarczyk Grodin	Cognitive-Behavioral Treatment for War Traumatized Refugees: Project Welcome	DHHS Office of Refugee Resettlement	2000 – 2004	$429,000	$2,000,000
Keane Saxe	Treatment/Services Development Center for Medical Trauma and Refugee Trauma in Children	SAMHSA	2000 – 2005	$440,000	$2,000,000
Kimerling	PTSD and Women's Health and Social Outcomes (Sharing Agreement)	State of California	2004 – 2007	$250,000	$750,000
Krystal	Amino Acid Neurotransmitter Dysregulation in Alcoholism	NIH/NIAAA	1999 – 2004	$96,750	$522,450
Krystal	Center for the Translational Neuroscience of Alcoholism	NIH/NIAAA	1999 – 2006	$1,426,612	$8,947,545
Krystal	Cortical GABA Function in Alcoholism	NIAAA	1999 – 2005	$300,273	$2,078,530
Krystal	Amino Acid Neurotransmitter Dysregulation in Alcoholism	NIAAA	2004 – 2009	$169,990	$849,950
Krystal	Center for Translational Neuroscience of Alcoholism	NIH/NIAAA	2004 – 2005	$206,000	$1,400,00
Krystal Rosenheck	Risperidone Treatment for Military Service Related Chronic Post-Traumatic Stress Disorder	DoD	2004 – 2007	$2,026,622	$6,136,674
Litz	The Effects of Psychological Debriefing on Soldiers Deployed on a Peacekeeping Mission	DoD	2001 – 2005	$75,000	$918,151
Litz	Using the Internet to Deliver Therapist-Assisted Self-Help Behavioral Treatment for Chronic PTSD: A Randomized Controlled Trial	Ministry of Veterans Affairs Canada	2004 – 2007	$100,000	$378,000
Mazure	Preventing and Treating Substance Abuse Disorders in Women with PTSD	NIDA/ORWH	2001 – 2006	$75,000	$375,000
Morgan	The Effects of Post Stress Carbohydrate Administration on Human Cognition and Performance	USSOCM	2003 – 2005	$180,000	$180,000
Morgan Southwick	Psychobiological Assessment of High Intensity Military Training	DoD	1997 – On-going	$0	$365,000
Niles	Improving Diabetic Treatment Adherence: A Telehealth Intervention	Patient Oriented Research for Diabetes Mellitus	2004 – 2004	$7,500	$7,500
Norris Hamblen Watson	Evaluation of the Federal Crisis Counseling Program	DMH/CMHS	2003 – 2004	$750,000	$750,000
Prigerson	Risk Factors for Complicated Grief in Suicidality in Individuals Bereaved by Suicide	American Foundation for Suicide Prevention	2004 – 2006	$10,000	$70,000

Putnam	Anhedonia and Major Depression: Event-Related fMRI and Daily Experience of Mood	National Alliance for Research on Schizophrenia and Depression	2002 – 2004	30,000	$60,000
Putnam	The Regulation of Negative Affect and Borderline Personality Disorder: fMRI and Experience Sampling	Borderline Personality Disorder Research Foundation	2003 – 2005	75,000	150,000
Rasmusson	Effects of POW Stress on NPY Physiology: Potential Long-Term Health Consequences	Center for Naval Analysis	2001 – 2005	$ 70,704	$212,113
Saxe King, D	Post-Traumatic Stress Disorder in Children with Injuries: A Longitudinal Study	NIH	2003 – 2008	$250,000	$1,250,000
Staley	Delineating the Role of Benzodiazepine Receptors in Alcohol and Nicotine Dependence	Dana Foundation	2003 – 2005	$50,000	$100,000
Staley	Effects of Dual Alcohol and Tobacco Abuse on Brain Nicotine Acetylcholine Receptors	Alcohol Beverage Medical Research Foundation	2002 – 2004	$34,782	$34,782
Staley	PET and SPECT Imaging on Alcoholic Smokers	NIH/NIAA	1999 – 2004	$139,539	$604,239
Staley	Tobacco Smoking and Nicotine Acetylcholine Receptors	NIH/NIDA	2004 – 2008	$200,000	$800,000
Staley	Imaging of Nicotine Acetylcholine Receptors in Women Nonsmokers	Ethel F. Donaghue Woman's Health Investigator Program	2003 – 2004	$49,998	$49,998
Tamagnan	Dopamine Transporter Imaging With Fluorine-18 PET	NINDS	2002 – 2004	$90,763	$183,362
Tamagnan	Development of PET and SPECT Ligands for mGluR5 Imaging	NIDA/NIMH	2002 – 2007	$260,890	$1,814,634
Tamagnan	Synthesis and In Vivo Evaluation of New Selective Antagonist for the Metabotropic Receptor Group I	NARSAD	2003 – 2005	$30,000	$60,000

Applications Pending Approval

Principal Investigators	Title of Project	Funding Source	Years	Total Award
Carlson	Ecological Proximal Assessment in Trauma Survivors	NIMH	2005 – 2007	$333,300
Friedman Schnurr	Strategies for Treating PTSD	NIMH	2004 – 2009	$2,475,547
Goebert Morland	Perinatal Mental Health Among Women in the Pacific	NIMH	2004 – 2007	$150,000
Kaufman	Genetic and Environmental Modifiers of Child Depression	NIMH	2005 – 2009	$1,597,085
Kubany	Cognitive Trauma Therapy (CTT) for Women with PTSD	HSR&D	2004 – 2007	$750,000
Niles	PTSD and Chronic Pain: Longitudinal Evaluation of Mutual Maintenance	Merit Review	2005 – 2008	$406,000
Niles	Telehealth Intervention to Promote Exercise for Diabetes	National Institute of Diabetes and Digestive and Kidney Diseases	2004 – 2009	$2,948,594
Norris	Toward Developing Postdisaster Community Interventions	NIMH	2005 – 2010	$700,000
Norris	The Social and Cultural Dynamics of Disaster Recovery	NIMH	2005 – 2007	$998,000
Rasmusson	DHEA in the Treatment of Chronic PTSD	NIMH	2005 – 2008	$490,000
Rosen	Telephone Case Monitoring for Veterans with PTSD	HSR&D	2005 – 2009	$2,418,800
Taft	PTSD, Anger, Cognition, and Partner Violence Among Combat Veterans	Merit Review	2005 – 2007	$434,500
Taft	Posttraumatic Stress Disorder, Relationship Abuse, and Physical Health	NIMH	2005 – 2010	$723,926

Educational Presentations on PTSD by National Center Staff, Fiscal Year 2004

VA

Davison, E.H. "Screening for sexual trauma in the primary care setting." Women's Mental Health in Primary Care Mini-Residency, VA Boston Healthcare System, Boston, MA, September 2004.

Friedman, M.J. "PTSD." Seamless Continuity of Care, Primary & Ambulatory Care Conference, Department of Veterans Affairs Employee Education System, Washington, DC, August 2004.

Keane, T.M. "Psychological treatments for PTSD." Trauma: Moving From Suffering to Survival, Chesapeake Health Education Program, Inc., VA Medical Center, Perry Point, Baltimore, MD, November 2003.

Leskin, G.A. "Psychosocial treatment and assessment of PTSD." VA Employee Education Service, Prescott Center, Prescott, AZ, February 2004.

Monson, C.M. "Women veterans in primary care: Appreciating the complexities." Women's Mental Health in Primary Care Mini-Residency, VA Boston Healthcare System, Boston, MA, September 2004.

Resick, P.A. "Cognitive processing therapy for PTSD." National Center for PTSD, VA Medical Center, West Haven, CT, August 2004.

Resick, P.A. "Empirically-based cognitive-behavioral treatments for PTSD: An overview." Trauma: Moving From Suffering to Survival, Chesapeake Health Education Program, Inc., VA Medical Center, Perry Point, Baltimore, MD, November 2003.

Resick, P.A. "Overview of VA and MST: New developments." Gender Based Violence and Trauma: Improving Mental Health Response, VA Northwest Network, Portland, OR, September, 2004.

Ruzek, J.I. "Integrating PTSD and substance abuse care." PTSD and Substance Abuse: Clinical and Research Updates Conference, VA Palo Alto Health Care System, Palo Alto, CA, December 2003.

Schnurr, P.P. "Iraq War Clinician Guide. Serving our newest veterans." VA Satellite Broadcast, St. Louis, MO, July 2004.

Schnurr, P.P. "A model for understanding the relationship between trauma and physical health." Annual MIRECC Conference, VA Medical Center, Palo Alto, CA, June 2004.

Sharkansky, E.J. "Management of PTSD and dissociation in primary care." Women's Mental Health in Primary Care Mini-Residency, VA Boston Healthcare System, Boston, MA, September 2004.

Shipherd, J.C. "Understanding personality disorders." Women's Mental Health in Primary Care Mini-Residency, Boston, MA, September 2004.

Shipherd, J.C. "How to cope with borderline personality disordered patients." Women's Mental Health in Primary Care Mini-Residency, Boston, MA, September 2004.

Street, A.E. "Military sexual trauma issues facing returning veterans from Iraq." VA Women Veterans Program Managers Annual Conference, Las Vegas, NV, May 2004.

Whalen, R., **Ruzek, J.I.,** & Weitlauf, J. "Prevention of PTSD." USSW: Department of Defense, Public Health Service, Department of Veterans Affairs Social Work Conference: Excellent Practice in Evolving Environments, Arlington, VA, April 2004.

OTHER

Bledsoe, B., Mitchell, J., & **Young, B.** "Incident debriefing: What does the evidence say?" National Association of Emergency Medical Physicians Annual Meeting, Tucson, AZ, January 2004.

Brewin, C., & **Friedman, M.J.** "Memory and identity in PTSD: A new perspective on trauma and treatment." Annual Meeting of the International Society of Traumatic Stress Studies, Chicago, IL, October 2003.

Friedman, M.J. "Psychotherapy and pharmacotherapy for PTSD." Georgia Psychiatric Physicians Association, Amelia Island, FL, August 2004.

Friedman, M.J. "Recognizing patients with Acute Traumatic Stress and Post Traumatic Stress." Psychological and Behavioral Impact on Terrorism, International Continuing Health Education Seminar Series, National Aeronautics & Space Administration, Washington, DC, September 2004.

Friedman, M.J. "Pharmacotherapy for treatment resistant post-traumatic stress disorder." Difficult to Treat Mood and Anxiety Disorders Conference, Washington, DC, October 2003.

Gusman, F.D., Leskin, G., & **Ruzek, J.I.** "Coping with combat and operational stress." Combat Stress Control Training, Fort McCoy, WI, January 2004.

Gusman, F.D., & **Swales, P.J.** "Case conceptualization: Developmental considerations." Combat Stress Control Training, Fort McClellan, WI, January 2004.

Gusman, F.D., & **Swales, P.J.** "Provider awareness: Cross cultural issues." Combat Stress Control Training, Fort McClellan, WI, January 2004.

Gusman, F.D., & **Swales, P.J.** "Provider self-care: Pre/post deployment considerations." Combat Stress Control Training, Fort McClellan, WI, January 2004.

Keane, T.M. "Psychological treatments for PTSD." State University of New York Stony Brook School of Medicine, Stony Brook, NY, January 2004.

Keane, T.M. "Current status of PTSD." Banff Conference on Behavioral Science, Banff, Alberta, Canada, March 2004.

Keane, T.M. "Future of traumatic stress studies." Hyogo Institute for Traumatic Stress, Kobe, Japan, March 2004.

Keane, T.M. "Psychological treatments for PTSD." Institute of Psychiatric Services, Boston, MA, October 2003.

Koenen, K.C. "Developmental epidemiology of trauma and posttraumatic stress disorder." Department of Mental Health, Johns Hopkins School of Public Health, Baltimore, MD, April 2004.

Koenen, K.C. "Developmental epidemiology of trauma and posttraumatic stress disorder." Department of Society, Human Development, & Health, Harvard School of Public Health, Boston, MA, March 2004.

Koenen, K.C. "Public health implications of exposure to violence for young children." Department of Social & Behavioral Sciences, Boston University School of Public Health, Boston, MA, October 2003.

Koenen, K.C., Roemer, L., **Davison, E.H.,** Grant-Knight, W., & Kilpatrick, D. "Getting the clinical psychology training you want." Annual Meeting of the International Society of Traumatic Stress Studies, Chicago, IL, November 2003.

Krystal, J.H. "Dissolving the Mind-Brain Barrier Junior Investigators Colloquium." American Psychiatric Association, Mount Sinai School of Medicine, New York, NY, May 2004.

Krystal, J.H. "Intracortical studies of glutamatergic function in epilepsy: Potential implications for the pathophysiology and treatment of mood disorders." Neuroscience Grand Rounds, Medical University of South Carolina, Charleston, NC, October 2003.

Kudler, H., **Friedman, M.J.,** Butterfield, M., Crow, B., & McFall, M. "The joint VA/DoD clinical practice guideline for traumatic stress." Annual Meeting of the International Society of Traumatic Stress Studies, Chicago, IL, October 2003.

Leskin, G.A. "Fostering resilience in response to terrorism: For psychologists working with first responders." American Psychological Association, Honolulu, HI, August 2004.

Leskin, G.A. "Fostering resilience in response to terrorism: For psychologists working with military families." American Psychological Association, Honolulu, HI, August 2004.

Monson, C.M., Friedman, M.J., Watts, B., Rothbaum, B., & **Price, J.L.** "Integrating treatments in the wake of trauma: When, who and how?" Annual Meeting of the International Society of Traumatic Stress Studies, Chicago, IL, November 2003.

Resick, P.A. "Cognitive processing therapy for PTSD." Transcending Trauma: Evidence-Based and Promising Practices Symposium, New York State Office of Mental Health, Brooklyn, NY, July 2004.

Resick, P.A. "Cognitive processing therapy for PTSD." Womack Army Medical Center, Fort Bragg, NC, June 2004.

Resick, P.A. "Cognitive processing therapy for PTSD." Distinguished Visiting Professor Program of the Psychology Residency Program, Malcolm Grow Medical Center, Andrews Air Force Base, Washington DC, March 2004.

Resick, P.A. "Overview of cognitive behavioral therapy for trauma survivors." Gender Based Violence and Trauma: Improving Mental Health Response, Portland, OR, September 2004.

Resick, P.A., Monson, C.M., & **Ruzek, J.I.** "Cognitive processing therapy." 3rd Infantry Division Mental Health Staff Training, Fort Stewart, GA, March 2004.

Rosenberg, S.D., **Norris, F.H., Watson, P.J., Hamblen, J.L.,** & Gibson, L.E. "Behavioral health crisis response." Massachusetts Department of Public Health and Massachusetts Department of Mental Health, Boston, MA, March 2004.

Rothbaum, B.O., & **Schnurr, P.P.** "Course on cognitive behavioral therapy." 4th International Congress on Psychic Trauma and Traumatic Stress, Buenos Aires, Argentina, June 2004.

Ruzek, J.I. "Trauma-focused group treatment for PTSD." Readjustment Counseling Service Pacific Western Region 4B Counselor Training, Reno, NV, April 2004.

Ruzek, J.I. "Early intervention after trauma." St. Rose Hospital Training, Oakland, CA, April 2004.

Ruzek, J.I. "Post-traumatic stress intervention." Travis Air Force Base Mental Health Training, Fairfield, CA, February 2004.

Ruzek, J.I. "Treating returnees." Resilience and Treating Early PTSD Conference, New Orleans, LA, July 2004.

Ruzek, J.I. "Evidence-based early intervention." Madigan Army Medical Center Training Workshop, Ft. Lewis, WA, June 2004.

Ruzek, J.I. "VA-DOD clinical practice guideline: From COSR to PTSD." Operational Problems in the Behavioral Sciences: Wilford Hall Medical Center Distinguished Professor Series 2003-2004, San Antonio, TX, March 2004.

Ruzek, J.I. "Working with trauma and substance abuse." Trauma: Moving from Suffering to Survival Conference, Baltimore, MD, November 2003.

Ruzek, J.I. "PTSD and VA vocational rehabilitation." Vocational Rehabilitation National Satellite Broadcast training, Palo Alto, CA, September 2004.

Ruzek, J.I., Walser, R.D., Drescher, K.D., Riney, S.J., Gregg, J., Filanosky, C., & **Rosen, C.** "Web-based relapse prevention following treatment for chronic PTSD." American Psychological Association, Honolulu, HI, July 2004.

Schnurr, P.P. "PTSD in Older Veterans." Summer Series on Aging Conference, University of Kentucky, Lexington, KY, June 2004.

Street, A.E. "Military sexual trauma." National Women Veterans Summit, Washington DC, July 2004.

Watson, P.J. "Assessment and treatment of acute traumatic stress." Anxiety Disorders Association of America Conference, Miami, FL, March 2004.

Watson, P.J. "Evidence based interventions following disasters." Mental Health All-Hazards Disaster Planning Guidance Regional Training, Substance Abuse and Mental Health Services Administration & Disaster Technical Assistance Center, Seattle, WA, November 2003.

Watson, P.J. "Evidence-informed intervention following 9/11." Annual Meeting of the International Society of Traumatic Stress Studies, Chicago, IL, November 2003.

Watson, P.J. "Evidence based interventions following disasters." New York Train the Trainers Preparedness Training, Albany, NY, October 2003.

Whealin, J.M. "Early intervention for traumatic stress: A cognitive behavioral perspective." Grand Rounds, University of Hawaii, John A. Burns School of Medicine, Honolulu, HI, October 2003.

Young, B.H. "Self-care: Before, during, and after assignments." Nebraska Disaster Behavioral Health Conference, Omaha, NE, July 2004.

Young, B.H. "Emergency outreach: Navigational and brief screening guidelines." Nebraska Disaster Behavioral Health Conference, Omaha, NE, July 2004.

Young, B.H. "Emergency mental health response services." Atascadero State Hospital, Atascadero, CA, November 2003.

Young, B.H. "Emergency mental health response services." San Mateo County Mental Health Services, San Mateo, CA, November 2003.

Young, B.H., & Selzer, B. "Psychosocial interventions following disaster." Mental Health All-Hazards Disaster Planning Guidance Regional Training, Substance Abuse and Mental Health Services Administration & Disaster Technical Assistance Center, Seattle, WA, November 2003.

Young, B.H. "Adult psychological first aid and navigational and brief screening guidelines to working large group settings following a disaster." Utah Disaster Behavioral Health Conference, Salt Lake City, UT, August 2004.

Editorial Board Memberships of National Center Staff, Fiscal Year 2004

American Journal of Psychology	Johnson
Assessment	Keane; King, L.
Behavior Therapy	Orsillo
Biological Psychiatry	Duman; Krystal; Moghaddam
Clinical Psychology Review	Orsillo
Cognitive and Behavioral Practice	Resick
Critical Reviews in Neurobiology	Duman
Death Studies	Prigerson
Encyclopedia of Cognitive Science	Krystal
International Journal of Emergency Mental Health	Keane
Journal of Abnormal Psychology	Keane; Litz; Orsillo
Journal of Aggression, Maltreatment, and Trauma	Carlson; Friedman; Resick
Journal of Anxiety Disorders	Keane
Journal of Applied Cognition	Johnson
Journal of Consulting and Clinical Psychology	Litz
Journal of Dissociation and Trauma	Carlson
Journal of Experimental Psychology: General	Johnson
Journal of Experimental Psychology: Learning, Memory, and Cognition	Johnson
Journal of General Psychology	Miller
Journal of Interpersonal Violence	Keane
Journal of Neurochemistry	Duman (Handling Editor); Moghaddam (Handling Editor)
Journal of Pharmacology and Experimental Therapeutics	Duman (Associate Editor)
Journal of Psychopathology and Behavioral Assessment	Keane; King, L.
Journal of Trauma Practice	Keane (Consulting Editor)
Journal of Traumatic Stress	Carlson; Kaloupek; King, D.; King, L.; Litz; Norris (Deputy Editor); Orsillo; Ruzek; Schnurr (Editor-Elect)
Molecular Pharmacology	Duman
Neuropsychology	Johnson
Neuropsychopharmacology	Duman (Associate Editor)
Neuroscience and Biobehavioral Reviews	Bracha
Psychiatric Services	Rosenheck
Psychological Assessment	King, D.; King, L. (Associate Editor)
Psychological Bulletin	Johnson
Psychological Review	Johnson
Psychopharmacology	Krystal (Field Editor)
Trauma, Violence and Abuse: A Review Journal	Keane; Resick
Traumatology	Ruzek

About the National Center for PTSD

The National Center for Post-Traumatic Stress Disorder was created within the Department of Veterans Affairs in 1989, in response to a Congressional mandate to address the needs of veterans with military-related PTSD. Its mission was, and remains:

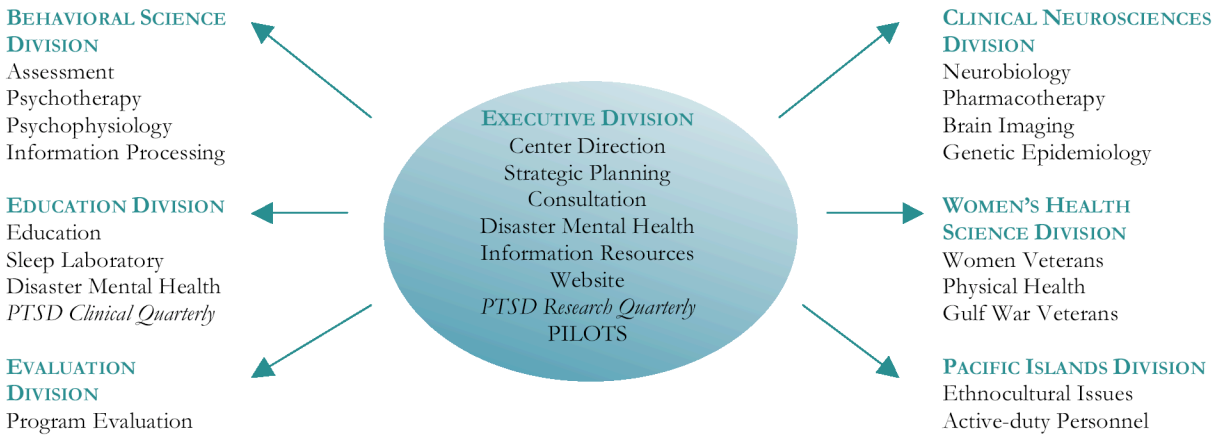
To advance the clinical care and social welfare of America's veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders.

The VA charged the Center with responsibility for promoting research into the causes and diagnosis of PTSD, for training healthcare and related personnel in diagnosis and treatment, and for serving as an information resource for PTSD professionals across the United States and, eventually, around the world.

Although initially considered primarily a problem of veterans of the Vietnam War, PTSD is now recognized as a major public and behavioral health problem affecting military veterans, active-duty personnel involved in open conflicts or hazardous peacekeeping operations, and victims of disasters, accidents, and interpersonal violence in the civilian arena. Today, the disorder is estimated to affect more than 10 million Americans at some point in their lives, and many times more people around the world.

At the time that the Center was being established, a VA-wide competition was undertaken to decide on a site where the Center would be located. It was quickly determined that no single VA site could adequately serve in this role. As a result, the Center was established as a consortium of five (later expanded to seven) VA centers of excellence in PTSD, each distinguished by a particular area of expertise while also sharing common interests and concerns.

NATIONAL CENTER FOR PTSD: ORGANIZATION



Executive Division

Matthew J. Friedman, M.D., Ph.D., Executive Director, is a professor of psychiatry and pharmacology at Dartmouth Medical School, and is recognized as a world leader in the field of traumatic stress studies. He has worked with PTSD patients as a clinician and researcher for 30 years and has published extensively on stress and PTSD, biological psychiatry, psychopharmacology, and clinical outcome studies on depression, anxiety, schizophrenia, and chemical dependency. He has written or co-edited 13 books and monographs, and has over 120 original scientific articles and chapters. Listed in The Best Doctors in America, he is a Distinguished Fellow of the American Psychiatric Association, past-president of ISTSS, and vice-chair of the Scientific Advisory Board of the Anxiety Disorders Association of America, and he has served on many VA and NIMH research, education, and policy committees. He has received many honors, including the ISTSS Lifetime Achievement Award in 1999.

Paula P. Schnurr, Ph.D., Deputy Executive Director, is responsible for program development, consultation on research projects, and strategic direction of the activities at the seven sites that make up the Center. As a leading researcher in the field of traumatic stress, her work focuses on PTSD treatment, the physical health effects of exposure to trauma, older veterans, and the etiology of PTSD. She is a Research Professor of Psychiatry at Dartmouth Medical School. She served as President of the ISTSS in 2004 and has been a member of the ISTSS Board since 2000. She edits the *PTSD Research Quarterly* and is the Editor-Elect of the *Journal of Traumatic Stress*.

Behavioral Science Division

Terence M. Keane, Ph.D., Director, is a professor and vice-chair of the Department of Psychiatry at Boston University School of Medicine, and is also recognized as a world leader in the field of traumatic stress. He developed many of the most widely used PTSD assessment measures and is considered an authority on the behavioral treatment of PTSD. Dr. Keane has participated in many important scientific review panels and was co-chair of the National Institute of Mental Health Consensus Conference that established national standards for the diagnosis and assessment of PTSD. He is a past president of ISTSS and a fellow of the American Psychological Association and the American Psychological Society, and he has received many awards, including a Fulbright scholarship and the Robert J. Laufer Outstanding Scientific Achievement Award from ISTSS.

Clinical Neurosciences Division

John H. Krystal, M.D., Director, is a professor and deputy chairman for research for the Department of Psychiatry at the Yale University School of Medicine, and is one of the nation's leading investigators on the neurobiology and psychopharmacology of PTSD. Dr. Krystal has published over 200 original scientific articles and chapters and has served on the editorial boards of several journals. He has also served on many national advisory committees, including a DoD-VA collaborative

research program initiative on stress, PTSD, and other illnesses related to the 1991 Gulf War; the National Institute of Health's Director's Advisory Group on Young Investigators; and the NIMH Board of Scientific Counselors. His work has been honored by numerous awards, including the ISTSS Presidents Award and the ISTSS Danieli Award, both for PTSD research contributions. Currently he also serves as Director of the Alcohol Research Center funded by the Department of Veterans Affairs.

Education Division

Fred D. Gusman, M.S.W., Director, is an internationally recognized expert educator and program administrator who is often called upon to consult on program development, reorganization, and problem-solving. He developed the first and largest PTSD inpatient program in the VA system and the only specialized inpatient PTSD treatment for women veterans. His Clinical Training Program, the Center's mini-residency for PTSD clinicians, attracts national and international attention. Mr. Gusman is a consultant to numerous federal, state, and local programs, including the American Red Cross. He is currently a member of the Under Secretary for Health's Special Committee on PTSD, the Specialized PTSD Program Task Force, the Management Oversight Committee, and the Interdepartmental Task Group on Disaster, Crisis, and Counseling; the latter group includes DoD, Emergency Mental Health Strategic Healthcare Group, Veterans Health Administration, and the American Red Cross.

Women's Health Sciences Division

Patricia Resick, Ph.D., Director, is a Professor of Psychiatry and Psychology at Boston University and a Curators' Professor of Psychology at the University of Missouri-St. Louis (currently on leave). She is the author or coauthor of two books and more than 100 invited chapters and scientific articles on the topics of assessment and treatment of posttraumatic stress disorder. She has specialized on the topic of violence against women and has developed an effective treatment for trauma-related PTSD and depression: cognitive processing therapy. Dr. Resick has served on the Board of Directors of the ISTSS and has also served as its secretary and vice president. She is currently the past-president of the Association for the Advancement of Behavior Therapy. Dr. Resick has received numerous awards for her research, most recently the Robert S. Laufer Memorial Award for Outstanding Scientific Achievement in the Field of PTSD from ISTSS.

Pacific Islands Division

Fred Gusman of the Education and Clinical Laboratory Division is serving as Chief Operating Officer of the Pacific Islands Division.

Evaluation Division

Robert Rosenheck, M.D., Director, is clinical professor of psychiatry, epidemiology, and public health at Yale University School of Medicine, where he also is director of the Division of Mental Health Services and Outcomes Research. He is an internationally known mental health service researcher who is a leader in cost-effectiveness studies of behavioral health interventions and in monitoring quality of care and other aspects of the performance of large healthcare systems. He has served as prime architect of national VA collaborative programs with both the Department of Housing and Urban Development and the Social Security Administration. He also directs the client-level evaluation of the Substance Abuse and Mental Health Services Administration's ACCESS program for homeless mentally ill Americans and is currently evaluating the joint HUD-HHS-VA multi-site initiative to end chronic homelessness. He has published more than 300 scientific papers in peer-reviewed journals.

Acronyms Used in the Text

AABT	Association for Advancement of Behavior Therapy
ACCESS	Access to Community Care and Effective Supportive Services
AIDS	Acquired Immuno-Deficiency Syndrome
APA	American Psychiatric Association
CDC	Centers for Disease Control
CMHS	Center for Mental Health Services
CSP	Cooperative Studies Program
DoD	Department of Defense
EES	Employee Education System
fMRI	Functional Magnetic Resonance Imaging
HHS	(Department of) Health and Human Services
HIV	Human Immunodeficiency Virus
HSR&D	Health Services Research and Development
HUD	Housing and Urban Development
ISTSS	International Society for Traumatic Stress Studies
MIRECC	Mental Illness Research, Education and Clinical Center
NARSAD	National Alliance for Research in Schizophrenia and Depression
NATO	North Atlantic Treaty Organisation
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute of Drug Abuse
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
NINDS	National Institute of Neurological Disorders and Stroke
NVVLS	National Vietnam Veterans Longitudinal Study
NVVRS	National Vietnam Veterans Readjustment Study
PILOTS	Published International Literature on Traumatic Stress
POW	Prisoner of War
PTSD	Posttraumatic Stress Disorder
REAP	Research Enhancement Award Program
SAMHSA	Substance Abuse and Mental Health Services Administration
VA	(Department of) Veterans Affairs
VISN	Veterans Integrated Service Network

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Women's Health Sciences Division

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www.ncptsd.org