



2006

THE NATIONAL CENTER FOR PTSD

17TH ANNUAL REPORT / FISCAL YEAR 2006

SHARING EXPERTISE THROUGH VA AND BEYOND



Cover Photos (left to right): DoD photo by Petty Officer 2nd Class Scott Taylor, U.S. Navy; Veterans Day at Bonham 2006 by Nancy Gray from VA North Texas Veterans Health Care System; U.S. Army photo by Spc. Loni Kingston; U.S. Marine Corps photo by Cpl. Brian M. Henner



MESSAGE FROM THE UNDER SECRETARY FOR HEALTH:

To serve and honor the men and women returning from deployment in Iraq and Afghanistan, as well as veterans from prior eras, the Veterans Health Administration (VHA) is pleased to make the 2006 Annual Report from the Department of Veterans Affairs (VA) National Center for Posttraumatic Stress Disorder (PTSD) available to the public. Founded in 1989, the National Center is the centerpiece of VHA's programs devoted to PTSD. Other components that conduct research include our Mental Illness Research Education and Clinical Centers (MIRECCs), three new Centers of Excellence, and an extensive number of projects supported by our Office of Research and Development (ORD).

Our program includes a spectrum of specialized services for PTSD in each of our 153 VA medical centers, readjustment counseling services in our 209 Vet Centers, and outreach into the community. Mental health services in VHA include a major focus on PTSD because it can be a serious disorder resulting directly from extreme war-zone stress. It is not the only stress-related disorder that occurs in veterans. Depression, for example, occurs with a comparable frequency, and problem drinking can occur when men and women try to treat their own symptoms with alcohol. However, PTSD affects veterans disproportionately. VA has a responsibility to set the standard for developing knowledge about this condition, and making it available, not just to veterans, but also to others who survive disasters, natural or man-made, or other exceptional stressors in civilian life.

One way the National Center reaches VA's diverse audience groups is through its Web site, www.ncptsd.va.gov. The web site provides veterans and the general public with current, accurate, accessible information on PTSD and traumatic stress. Researchers and clinicians are kept up-to-date on the latest findings through links

to the Center's bibliographic database on traumatic stress (PILOTS) and to the Center's other published guides on the latest scientific literature. I am especially enthusiastic about the Center's utilization of its web site for rapid dissemination of the Iraq War Clinician Guide to clinicians serving Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) veterans, the Psychological First Aid Manual for use following Hurricane Katrina, and PTSD 101, a web-based PTSD training curriculum.

Treating PTSD is a priority for VA. We offer a wide array of services and treatments for veterans. For those in the community, we provide education and outreach to increase knowledge and decrease the stigma of mental health conditions; for those with difficulties readjusting to life in the family, work, or education, for the community after returning from deployment, we provide counseling to reduce the level of on-going stress; for those with symptoms of PTSD, we provide evidence-based psychotherapy and pharmacological treatments; and for the minority of those who continue to have significant symptoms after receiving evidence-based treatment, we provide rehabilitation services to enhance functioning in society. These interventions are available both for new and prior era veterans.

War-zone exposure can cause extreme stress, but our services and treatments can improve the prognosis of the men and women affected. For this, we extend our appreciation to the National Center, and their colleagues in the research community.

A handwritten signature in blue ink that reads "Michael J. Kussman, M.D.".

Michael J. Kussman, MD, MS, MACP

Under Secretary for Health



So, in some ways the website is the most immediate way in which we fulfill our mandate to serve America's veterans, and we are proud of our ability to make a direct contribution to the health and well-being of these brave men and women.

From the Executive Director:

Over the past decade the Internet has become the preferred way that most of us find information and gain access to products and services. This is especially true for younger people — a group that includes many of the veterans of the current wars in Iraq and Afghanistan. This year's Annual Report focuses on the National Center's website, established in 1995 and currently undergoing a major re-structuring and redesign.

From its extremely humble beginnings with a few pages of text in 1995, the National Center's website has grown and developed into the top Internet resource in the field of traumatic stress. The current redesign will make the site more user-friendly for a broad range of people, regardless of the nature of their need or their degree of expertise. What this means in practice is that, far from its start as a resource primarily intended for researchers and academicians, the website now serves clinicians who provide direct patient care — and increasingly is being accessed directly by veterans, military personnel, their families, and others.

So, in some ways the website is the most immediate way in which we fulfill our mandate to serve America's veterans, and we are proud of our ability to make a direct contribution to the health and well-being of these brave men and women. The introductory section to this Annual Report describes the evolution of the website, and quotes some of the individuals who have found it invaluable over the years. I hope you will take a few moments to read about it.

The website is only one of our educational endeavors for serving the needs of the Department of Veteran Affairs (VA), veteran,

military, clinical, scientific, and academic communities. Many educational initiatives brought PTSD information to the vital people involved in the care of veterans; one major project during FY 2006 was a series of satellite broadcasts for the VA's 84 Returning Veterans Outreach, Education and Care (RVOEC) teams. And, our accomplished staff of professionals continue to be involved in an extensive range of consultation activities within the VA, with other agencies, and with top professional associations.

Our research efforts also continue to examine the effective use of technologies such as fMRI, telehealth, and even virtual reality. We participated in a number of VA initiatives that will have policy implications for our nation's veterans, including research to test the use of evidence-based assessment tools for VA PTSD Compensation and Pension exams, and a large prospective study of psychological and physical health outcomes among military personnel who served in the wars in Iraq and Afghanistan.

A decade ago we could not have imagined the effect that computer technology would have on all our lives. But the National Center was able to be in the forefront of placing these new technologies in the service of America's veterans, and we intend to remain in the forefront in the future.

A handwritten signature in black ink that reads "Matthew J. Friedman". The signature is written in a cursive, flowing style.

Matthew J. Friedman, MD, PhD
Executive Director, National Center for PTSD

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THE NATIONAL CENTER FOR PTSD'S WEBSITE: SHARING EXPERTISE THROUGH VA AND BEYOND

U.S. Air Force photo by Tech. Sgt. Cecilio M. Ricardo Jr.

In 1989, the year the National Center for Posttraumatic Stress Disorder (PTSD) was founded, the idea of the Internet as we know it today was unimaginable. Computers were in wide use in business for data storage and computation, and the research and scientific communities were adept at searching for academic literature in various databases. But computers were not part of the daily lives of most people, and the idea that computers would become a regular source of information and means of communication would have seemed far-fetched at best.

From its inception the National Center embraced the electronic environment as a place to store and catalogue information. The National Center was ahead of its time when it established and publicized its web presence in 1995 (www.ncptsd.va.gov) as a way to disseminate information. Since then the site has grown to be an invaluable source of information on traumatic stress for millions of people: veterans and their family members, VA clinicians,

researchers, the healthcare community, and the general public.

PILOTS DATABASE AND THE LAUNCH OF THE WEBSITE

When the National Center was established, its leaders knew that one of their first and most important tasks was to become the repository of the most current information on trauma and PTSD – to become the “go-to” source for the latest research and best clinical practices available in the field. At the time there was no easy way to locate and review the literature on traumatic stress: PTSD research takes place in many different disciplines, so useful information might be contained in medical, psychological, pharmacological, social science, public health, and other research databases.

Dr. Fred Lerner, Information Scientist at the National Center, set about gathering literature from these various

fields and cataloguing it into a database. His efforts resulted in the establishment of the “Published International Literature On Traumatic Stress,” or PILOTS, database. Once the database was designed and a few hundred citations were in place, the Center began to address the question of how best to make this information available to others. Putting it online seemed like the logical choice, and PILOTS became publicly available in 1991.

“In those days there was no public Internet,” Dr. Lerner remembers. “To access an online database, a person would establish a contractual arrangement with an information provider, and the provider would give you a password and dial-up instructions. You also had to know and understand the command structure of the site – there was no ‘point and click.’”

The earliest users of PILOTS were researchers and students in various disciplines who needed access to the

latest literature on trauma and PTSD. According to Dr. Elana Newman, President of the International Society for Traumatic Stress Studies (ISTSS) and a professor and PTSD researcher at the University of Tulsa, “Whenever I’m examining any topic, PILOTS is the first place I go. It’s truly interdisciplinary, and the search terms are more specific, so finding what you need is much quicker than it is with other databases.”

She offers an example. “One of my students comes from a mining area and was interested in examining the mining industry as a high-risk field for occupational stress. There are just a handful of articles at all on this subject, and we could only find them through PILOTS. My student was able to locate information on PILOTS that she couldn’t find anywhere else.”

Once PILOTS was online, it was a short step to establishing a more extensive web presence. The National Center was beginning to receive inquiries via telephone and mail — and increasingly via email — from researchers, clinicians, students, journalists, and others who were interested in knowing more about PTSD. In 1995 the National Center was the first organization of its kind to establish a website.

Dr. Lerner recalls, “It was a very small site. It had some information about the divisions and what they did, some basic data on PTSD, an article by the National Center’s Executive Director, some materials on how to use and

connect to the PILOTS database, and contact information for our staff.”

The staff began to publicize the existence of the site through the National Center’s own publications, such as the *PTSD Research Quarterly*, and through professional associations such as ISTSS. And, they began referring people directly to the site. “Students or researchers would call looking for information and we would give them our website’s URL,” reports Dr. Lerner. “We were surprised to find that, rather than feel like they were being shuffled aside, they were perfectly happy to go directly to the site. We realized that people were beginning to view the Internet as a preferable way to access information. And, it’s available 24/7.”

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U.S. Air Force photo by Airman 1st Class Franklin J. Perkins



*U.S. Air Force photo by
Staff Sgt. Michael R. Holzworth*

A VALUABLE RESOURCE IN THE AFTERMATH OF SEPTEMBER 11TH

The website continued to expand over the next five years. According to Dr. Jessica Hamblen, Deputy Director of Education at the National Center, “We had the vehicle in place but we didn’t know how big the Internet would be, or who would be interested in using it. We put up authoritative information that was used mainly by VA clinicians and researchers, and added to the site as topics occurred to us, or as people inquired about specific issues.” By the year 2000 the site contained a variety of Fact Sheets and had even begun posting video files so that users could watch videotaped educational materials.

Then came 2001 and the September 11th attacks on the World Trade Center and Pentagon, and the National Center was called upon to provide its expertise to a wide array of people and agencies involved in disaster recovery efforts. Within hours the Center’s website was expanded to include Fact Sheets on mass violence for disaster relief professionals and for the general public. “We spent the weeks immediately following 9/11 staying up late every night, writing every sort of Fact Sheet we could think of,” Dr. Hamblen reports. Website usage doubled in the month after 9/11.

One of the people who found the National Center’s website invaluable during this time was Mara Kushner, the Mental Health Care Line Business Manager for VISN (Veterans Integrated Service Network) 3, based in the greater New York metropolitan area. She coordinated the mental

recovery efforts for veterans and their families after 9/11; she also worked closely with local VA and Central Office leadership to provide outreach to police, firefighters, and National Guard units who were involved in the recovery effort.

“One of our VA clinics is in Brooklyn, right across the river from Ground Zero,” she remembers, “and patients and staff had an unobstructed view of the attacks as they were taking place.” She was concerned that veterans suffering from PTSD and other stress-related disorders might be especially vulnerable to these scenes of destruction, and that they might provoke graphic reminders of the veterans’ past combat exposure. The website proved extremely useful to Ms. Kushner and her colleagues. “We used the website to educate ourselves, to prepare for talking to the media, and to help educate others.”

Because of its foresight in establishing and publicizing its online presence early, the National Center was well positioned to disseminate information and provide needed assistance at this critical time for our nation. With the website already in place, the staff was able to respond quickly to provide state-of-the-art information about disaster and trauma based on their own knowledge and expertise, to synthesize information available from other agencies, and to provide links to other sources.

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A SPECIALIZED RESOURCE FOR MANY USERS

Since 2001, the National Center's website usage has continued to build, and the site has grown to become the top source for information about traumatic stress. The site was recently selected for inclusion in Thomson Scientific's *ISI Web of Knowledge: Current Web Contents*, a highly selective collection of scholarly websites. It was also recognized as one of the year's best by *Forbes Magazine* in 2002. It is the first website that comes up in a Google search for PTSD on the Internet.

As the site has evolved in the past five years, the National Center has emphasized providing information that is specific to particular events — such as the Iraq War, the tsunami in the Indian Ocean in 2004, or Hurricane Katrina in 2005 — or that is tailored to the needs of specific constituencies. Placing information on the website, rather than relying on distribution of hard documents, means that individuals who are in remote areas can quickly access the information they need. In 2006 the National Center's website was accessed by over one million unique users and had nearly 33 million hits.

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Iraq War Clinician Guide. Following the start of the Iraq War in 2003, National Center staff began seeking ways to help prepare the VA and Department of Defense (DoD) to serve personnel returning from Iraq and Afghanistan. Many VA clinicians are accustomed to working primarily with veterans of long-ago wars, such as Vietnam and even World War II. These clinicians needed guidance on how to handle trauma that was more recent, and how to respond to some of the unique features of the situation in Iraq: the blurry distinction between “front lines” and “rear echelon,” the extended or repeated tours of duty, the unprecedented numbers of women.

In response to this need, in 2003 the National Center, in a joint effort with the Walter Reed Army Institute of Research, developed and disseminated the *Iraq War Clinician Guide*, an extensive set of materials on PTSD tailored specifically to the needs of individuals involved in the Iraq War. The *Guide* is useful for active duty personnel as well as veterans. During FY 2006 it was downloaded from the website almost 9,000 times.

Psychological First Aid. The intervention that takes place in the first hours and days after a traumatic event can have a significant impact on an individual's ability to cope successfully. In 2005 the National Center and the National Child Traumatic Stress Network (NCTSN), with the support of the Substance Abuse and Mental Health Services Administration (SAMHSA), were preparing an intervention program entitled *Psychological First Aid*, or *PFA*, a step-by-step training manual for workers who are called in to assist in the immediate aftermath of disaster. Work on the *PFA* manual was near completion in August of that year when the devastating Hurricane Katrina hit the Gulf Coast of the United States. The National Center hurried to post *PFA* on the website, where it could be easily and quickly accessed by mental health professionals and other disaster response personnel throughout the US.



U.S. Air Force photo by Maj. Lisa Neidinger



Veterans Day 2006 Bonham by Nancy Gray

When the National Center was established, its leaders knew that one of their first and most important tasks was to become the repository of the most current information on trauma and PTSD – to become the “go-to” source for the latest research and best clinical practices available in the field.

Dr. Elana Newman found *PFA* to be especially useful in her work with Katrina evacuees. “We had 2,000 people in evacuation camps in Oklahoma. It was Labor Day weekend, and a lot of doctors and others were out of town. I was asked to step in, and I had to put together training sessions very quickly. I used the *PFA* manual that I downloaded from the National Center’s website. It was a highly authoritative source, and proved to be a great help.”

Within just the first month after Hurricane Katrina, the manual had been downloaded from the National Center’s website almost 4,000 times by clinicians, educators, disaster-relief personnel and volunteers, clergy, and others; in the past year it has been downloaded a total of 18,000 times. According to the National Center’s Dr. Patricia Watson, feedback has been extremely favorable. She reports, “We have even heard from some individual survivors, who found the information useful for themselves and their families.”

PTSD 101. It has long been known that veterans and others who suffer from PTSD do not always seek treatment from mental health professionals; often they consult their primary care physicians instead. Therefore it is important that general health care providers within the VA system have at least a basic understanding of PTSD so that they can steer their patients to appropriate treatment. To provide this understanding, the National Center began developing *PTSD 101*.

“We had been asked to develop a course for VA primary care clinicians,” reports Dr. Pamela Swales of the National Center’s Education Division in Palo Alto, CA. “Our first thought was to hold a big conference, but we decided it would be a better use of time and money to develop web-based courses instead.” In addition, placing *PTSD 101* on the web would make it available to a broader audience base, going beyond just primary care providers, and it would be accessible 24 hours a day, every day.

PTSD 101, which will launch on the National Center’s website in 2007, is a series of 21 courses. Each course consists of a slide show in PowerPoint with accompanying audio and transcript. Participants can study the materials on their own schedules, and can also receive free continuing education credit for the *PTSD 101* courses. “Each course was created specifically for us by someone who is a leading expert in his or her field,” says Dr. Swales. “We want to help the clinicians feel more knowledgeable and improve their clinical skills. Our aim is really to better serve yesterday’s, today’s, and tomorrow’s military personnel.”

LOOKING TO THE FUTURE

By 2006, the website had clearly outgrown its original structure, and the National Center is preparing a complete overhaul of the website for launch early in 2007. Dr. Laurie Slone, Associate Director for Research and Education at the

National Center, who is in charge of the redesign, notes, “An overwhelming amount of information has been added to the site over the years, and nobody had a full grasp of what was there. There was no easy way to find things — in fact, sometimes we would post something on the site one day and not be able to find it the next day!”

One of the key features of the new site will be advanced searchability. “We’ll be able to search by key words that have been tagged onto thousands of documents, rather than searching the entire text as we do now,” says Dr. Slone. “Searches will identify the most relevant information. We’ll be able to search by category of materials as well, such as all videos.”

The site will be rearranged by audience category, with sections specifically geared to veterans and family members, researchers, clinicians, other health care providers, and the general public. The site will include a “PTSD Information Center” with basic background on topics such as What is PTSD?, Related Problems, Self-Care and Coping, and Treatment. The site also will contain sections on Assessment and Other Web Resources, as well as information about the National Center and its published materials. Dr. Lerner comments, “The nice thing about a website — especially one with the depth of material we now have on ours — is that it accommodates the user at whatever level of knowledge that person

already has, whatever level of need that person has, and whatever degree of depth that person requires. Also, since a website provides people with information they can easily relay to others, it has a multiplier effect.”

Although VA clinicians remain one of the largest users on the site, military personnel, veterans, and their family members are increasingly visiting the site. According to one anonymous user, “I am glad that there is a site where you can get some information on the subject. It isn’t easy to live with a person who has PTSD.” Another user reports, “PTSD is devastating for the whole family. It has changed our lives beyond recognition. I wish I knew then what I know now. Thank you.”

Anne Brown, a correspondent for BBC Scotland, sought out the National Center’s website and found it very useful for a documentary she is preparing on the UK’s treatment of their veterans with PTSD. “I knew that provision of services is better in America, so I specifically looked for the National Center’s site. I found it easily, and the site is excellent to move around. I learned a lot about the sort of help that is available for vets in the US, and easily found the means to obtain further information. I was also able to locate an interviewee for my program.”

Dr. Hamblen sums up the future of the website. “We’re just beginning to touch on all the ways we can provide

educational information through the web. In 1995 — or even in 2001 — it was all static fact sheets. Now, with products like *PTSD 101* and our library of videos and DVDs, we’re at a new level. I can’t predict where the Internet is going to go next, but we will be able to provide information in ways people haven’t even thought of yet.”



U.S. Air Force photo by Airman 1st Class Franklin J. Perkins

The National Center firmly intends to stay on the cutting edge, and to continue to explore ways to use new technologies in service of the nation’s veterans.

NATIONAL CENTER FOR PTSD 2006 ANNUAL REPORT

Posttraumatic Stress Disorder, or PTSD, is a psychiatric disorder that can occur following the experience or witnessing of a life-threatening event such as combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults. Most survivors of such trauma experience stress reactions — nightmares, flashbacks, feelings of detachment — reactions that often subside after a little time. However, some people will have stress reactions that do not go away on their own, or may even get worse over time. These individuals may develop PTSD.

PTSD is not new — references appeared in the medical literature as far back as the Civil War — but careful research and documentation of PTSD began in earnest after the Vietnam War. The disorder has subsequently been observed in studies of all veteran populations; in United Nations peacekeeping forces; and in victims of natural disasters, mass violence, or personal attack.

The National Center for PTSD was formed in 1989 to advance the clinical care and social welfare of America's veterans through research, education, and training on PTSD and stress-related disorders. The Center also serves as an information resource for veterans, the general public, and professionals across the US and around the world. Today, the accomplished staff and its network of relationships enable the National Center to incorporate a wider range of expertise and viewpoints into its work, and to

expand its reach to include an ever-growing population of people in need of its services. According to Dr. Robert Ursano of the Uniformed Services University of the Health Sciences (USUHS), "The National Center continues to care for our veterans with research, compassion and state-of-the-art science. They make a superb contribution to our nation's needs."

The sections that follow present highlights of National Center for PTSD activities during FY 2006, including the major accomplishments of all seven divisions in three key areas of endeavor:

RESEARCH

The National Center is a world leader in research on the understanding, treatment, and prevention of traumatic stress disorders. With locations around the country, a multidisciplinary staff, and an extensive network of partnerships and collaborations, the National Center is uniquely positioned to take on projects of a size and scope that would be beyond the capabilities of most research organizations.

EDUCATION

In recent years the National Center has been at the forefront of using new technologies — from teleconferencing to Internet-based applications — to disseminate informa-

tion quickly and efficiently, making the latest and best information about trauma and PTSD available to veterans and their families as well as to clinicians, policymakers, and laypersons throughout the US and the world.

CONSULTATION

National Center professionals are frequently called on to consult with leaders and policymakers both within VA and in organizations around the US and worldwide.

A series of tables at the back of this Annual Report provide comprehensive listings of the hundreds of publications, presentations, research projects, and editorial activities of the professional staff during the past year, along with details on the organization and leadership of the National Center's seven divisions. Detailed reports of activities may also be obtained by visiting the National Center's extensive website (www.ncptsd.va.gov).



RESEARCH

The first step in helping veterans and other victims of traumatic stress is to understand the causes, effects, and potential interventions needed — which requires research. National Center researchers were involved in over 95 funded research projects during FY 2006, and another dozen proposals were still pending approval at fiscal year end. These professionals produced over 165 published articles in respected scientific books and peer-reviewed journals during the year, and more than 100 additional publications were in press. For a complete list of the National Center's funded research projects, see Table 4.

The National Center's research activities are characterized by several distinctive factors. First, much of the National Center's current research takes place closer in time to when an individual's traumatic experience occurred. The earliest PTSD research studies were conducted with veterans of Vietnam, Korea, and World War II, decades after those conflicts ended. In the 1990s, research projects began to focus on veterans of the Gulf War shortly after those individuals returned to the US. Today, research is taking place with active duty personnel as well, in some cases even prior to deployment to war zones.

The National Center has also taken on increasingly complex projects over its history. Because of the National Center's extensive collaborations, projects can be undertaken that involve large samples, multiple variables, and

experts from many different disciplines. National Center research projects involve such diverse fields of study as pharmacology, brain chemistry, behavioral science, and factors unique to gender or ethnicity, and involve new communications technologies, such as virtual reality.

Finally, and perhaps most importantly, the National Center's position as part of VA gives it a unique "real world" perspective. This perspective informs research design and focus, and means that results can quickly be mobilized to benefit those individuals who most need help.

SUPPORTING OUR MILITARY THROUGH RESEARCH

The past four years have been marked by intense military activity in Iraq, Afghanistan, and other key areas around the world, and a number of research projects have been specifically designed to focus on the cohort of veterans and active duty personnel involved in these conflicts.

The Clinical Neurosciences Division is collaborating with the DoD in a series of studies aimed at identifying factors associated with resilience to stress and trauma in troops. In one such effort involving Special Forces from the Iraq War, researchers have been studying functional and structural brain images, psychophysiology, neurotransmitters, and hormones to understand the brain structures and neurobiological mechanisms associated with fear and stress-related psychopathology. In addition, the National Center has developed a new scale to measure resilience

that will be evaluated in the next fiscal year. Understanding and effectively measuring resilience will enhance our ability to promote coping in our military members.





U.S. Air Force photo by
Master Sgt. Michael A. Kaplan

The National Center's position as part of the VA gives it a unique "real world" perspective. This perspective informs research design and focus, and means that results can quickly be mobilized to benefit those individuals who most need help.

The Deployment Risk and Resiliency Inventory is a widely used set of scales that assess deployment risk and resilience factors and the impact of military deployment. The previous success of these measures has led to a project to evaluate and update these scales to enhance their applicability for use with veterans of the current conflicts.

Several studies are underway to evaluate the effectiveness of different treatments that might be used after traumatic wartime experiences. One such intervention involves returning Iraq and Afghanistan veterans who developed PTSD and who may also be suffering from brain injury.

A number of collaborative studies with DoD are examining stress-related deficits in cognitive functioning and barriers to mental health care among service members with PTSD symptoms. One study examines psychological and social factors that contribute to delay in seeking mental health care by new veterans. This project, now a local initiative, is soon to become a larger study in collaboration with the Waco VA and Fort Hood. Some exciting findings have come out of a laboratory study of fear conditioning, a project undertaken in collaboration with Fort Drum in New York. In this project, three groups — pre-deployed soldiers, resilient soldiers, and soldiers with PTSD — were exposed to lights, some that were paired with aversive stimuli and some that were not. Both pre-deployment and resilient soldiers reacted differently to the two sets of lights, suggesting that their fear conditioning was intact. However, soldiers with PTSD showed similar responses to the lights regardless of whether they were paired with aversive stimuli, suggesting that these soldiers' fear conditioning was disturbed.

Other research underway at the National Center involves both recent veterans and veterans of previous conflicts. A clinical trial has been initiated to test whether the use of a drug that enhances fear reduction in the laboratory, D-cycloserine, can increase the impact of exposure therapy. The *DESTRESS* study examines the efficacy of a therapist-assisted Internet-based self-management regimen for recent returnees from Iraq and Afghanistan and other victims of mass violence. This service, launched in FY 2006, is especially aimed at individuals who are reluctant to seek help through regular mental health channels. *RESPECT-PTSD* also addresses this issue. It is a multi-site project that is aimed at enhancing the management of PTSD in VA primary care settings. It compares the usual PTSD treatment to a model that has proven useful in the treatment of depression.

Several projects are focusing on the use of new technologies to provide care. These studies, conducted with veterans in the VA system, can potentially translate into forms of treatment that can be used in DoD. In collaboration with DoD, one clinical trial is examining the efficacy of using virtual reality to augment exposure therapy, a cognitive-behavioral treatment for PTSD. Another study is testing the effectiveness of providing telephone monitoring to PTSD patients to improve retention in aftercare, improve patient functioning, and reduce psychiatric re-hospitalization, as well as to reduce costs of care.

GRANT SUMMARY TABLE

	FY 2006 RESEARCH FUNDING	TOTAL RESEARCH FUNDING	NUMBER OF GRANTS	NUMBER OF PENDING GRANTS
EXECUTIVE DIVISION	\$1,391,979	\$13,296,155	8	1
BEHAVIORAL SCIENCE DIVISION	\$3,430,317	\$17,037,831	24	3
CLINICAL NEUROSCIENCES DIVISION	\$11,828,084	\$51,590,470	48	6
EVALUATION DIVISION	\$775,000	\$5,008,000	2	0
WOMEN'S HEALTH SCIENCES DIVISION	\$657,567	\$3,024,158	6	2
EDUCATION DIVISION	\$911,937	\$4,837,225	6	1
PACIFIC ISLANDS DIVISION	\$249,185	\$874,501	1	0
TOTAL*	\$19,244,069	\$95,668,340	92*	13

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

RESEARCH ACTIVITIES AT DIVISION LOCATIONS

Each of the seven divisions of the National Center conducts research in its own particular area of expertise. The following sections describe some of the ongoing research initiatives at the seven sites; additional details are provided in Table 4. Also see our list of Scientific Presentations (Table 3).

Executive Division. The Executive Division, located in White River Junction, VT, directs the policy and program planning of the National Center and also conducts research on treatment outcomes and disaster mental health.

A major accomplishment during FY 2006 was the completion of VA Cooperative Study #494, which investigated treatment outcomes for female veterans and active-duty personnel with PTSD. In this multiple-site investigation, participants received either prolonged exposure therapy or therapy that focuses on current life problems. Researchers are in the

process of completing their analysis, and results of this groundbreaking study will be published soon.

Division staff continue to work with the Center for Mental Health Services (CMHS) as part of an ongoing interagency agreement to identify best practices for the aftermath of disaster. A major initiative this year was the implementation of a cross-site evaluation of 22 Crisis Counseling Programs involved in the responses to Hurricanes Katrina, Rita, and Wilma. Another project involves the evaluation of *Cognitive Behavioral Therapy for Postdisaster Distress*, an intervention program that is currently being used in Florida in response to the 2005 hurricanes and will be used next year in Baton Rouge, LA with Hurricane Katrina survivors.

Behavioral Science Division. The Behavioral Science Division, headquartered in Boston, MA, has been involved in a number of longitudinal studies. One study involves combat veterans who served in Vietnam. Researchers are tracking symptoms of PTSD in the real-world environment using a Palm Pilot recording device. Simultaneous collection of data on the pa-

tients' cortisol levels allows researchers to examine the relationship between changes in this stress hormone and PTSD symptoms. An ongoing study of self-care by diabetic veteran patients with PTSD is using a telehealth



Photo by Tech. Sgt. Dawn M. Price



*DoD photo by Staff Sgt.
Stacy L. Pearsall, U.S. Air Force*

The Clinical Neurosciences Division recently completed an investigation of the efficacy of post-stress carbohydrate administration for the recovery of stress-induced deficits in cognitive operations. These studies will lead to treatment options for veterans and other victims of trauma.

approach — employing electronic information and communication technology to provide clinical care when distance separates the patient and the provider. This approach has shown very promising results in terms of both patient satisfaction and improvements in physical health.

Other research investigates the use of new technologies in effective treatment. One newer study with diabetic veterans is employing an automated, interactive telephone intervention to promote exercise, and to understand the impact of exercise on PTSD symptoms. Another new tele-health study is comparing two approaches to coping with PTSD symptoms: a mindfulness intervention that focuses on experiences of the present moment, and a traditional psycho-educational approach.

A continuing series of projects on basic processes demonstrates that patterns of symptom expression and comorbidity in PTSD can be predicted from underlying dimensions of personality. The newest study in the series is examining the molecular genetics underlying personality and patterns of PTSD comorbidity. Two new investigations are designed to test mechanisms whereby PTSD symptoms may contribute to perpetration of aggression in intimate relationships.

In one two-year study, Researchers found that differences in PTSD symptom patterns between individuals might be related to chronic pain. A prospective study involving civilian firefighters aims to identify risk and resilience factors that influence adjustment and functioning after

exposure to traumatic events. Work also continues on a study examining stress symptoms, fMRI brain scans, and genetic profiles of adolescents who have been exposed to traumatic stress.

Two studies examine emotion expression and regulation in Borderline Personality Disorder, a potentially trauma-linked disorder. This research uses fMRI brain scans, psychophysiological and biological measures, anger provocation tasks, and real-world mood and self-regulation strategies. Another laboratory study examines neuroendocrine mechanisms underlying the symptom of exaggerated startle response in PTSD.

Clinical Neurosciences Division. The Clinical Neurosciences Division in West Haven, CT, specializes in research related to the neurobiology of stress, trauma-related psychopathology, and stress resilience, as well as neurobiological approaches to prevention and treatment.

In the area of pharmacology, several investigations are examining combinations of drugs in treatment of stress-related disorders. VA Cooperative Study #504 is being conducted at 20 VA Medical Centers across the country. It involves treatment of veterans with PTSD using risperidone in combination with an antidepressant. Another treatment trial is comparing a selective serotonergic reuptake inhibitor and desipramine, with or without naltrexone, for the treatment of PTSD and co-morbid alcohol misuse; this study has enrolled over 115 subjects from two VA medical centers. Data collection has now been completed in a

project involving treatment of PTSD in Vietnam veterans using the alpha-2 adrenergic agonist guanfacine and an antidepressant. Finally, the Division recently completed an investigation of the efficacy of post-stress carbohydrate administration for the recovery of stress-induced deficits in cognitive operations. These studies will lead to treatment options for veterans and other victims of trauma.

The Division continues to investigate vulnerability to stress-related disorders. Knowing what factors make some individuals more vulnerable to PTSD will aid in the development of preventative strategies. Studies have been conducted looking at the interaction of genetic and environmental factors, including social support and trauma history. One important study investigated the interaction of childhood maltreatment, the level of social support, and certain genetic factors in increasing the risk of depression. The study found that the so-called “risk alleles” (both the “s” allele of the 5HTTLPR gene and the Met allele of the BDNF gene), in the absence of childhood maltreatment, did not increase the risk for depression. Importantly, the “s” allele of 5HTTLPR also increased the risk for early alcohol consumption in maltreated children, but not in those who were not maltreated.

The National Center remains an active participant in a consortium aimed at developing a Brain Bank at the USUHS. The Brain Bank collects and stores brain tissue from deceased persons who had PTSD and uses the samples to study the molecular and cellular basis of

PTSD. A pilot study is currently examining possible alterations in patterns of gene expression in limbic and cortical regions, using a chip designed to study a large number of genes related to stress response.

The Division’s research efforts are enhanced by its collaborations with other institutions. In one such effort, National Center researchers conducted a pilot study using Yale University’s new PET Center. In this project, differences were found in the density of the 5HT_{1B} receptor in the basal ganglia of patients with PTSD with and without major depression. Another collaborative effort is the Resilience Lab, established in collaboration with the Mount Sinai School of Medicine in 2004. This Lab has recently assessed more than 15,000 World Trade Center workers for a study on resilience, and continues research with former Vietnam POWs, Special Forces soldiers, and traumatized women.

Women’s Health Sciences Division. This Division, also in Boston, MA, is working on several studies examining gender differences as well as other research of relevance to women. In a large longitudinal study that began nearly ten years ago, 1,600 male and female Marines were evaluated at Parris Island before and after initial military training. Researchers are now planning to contact these research participants again to examine their experiences in the military, particularly with regard to sexual assault or harassment and whether these experiences led to PTSD, other clinical outcomes, and health-risk behaviors.

Knowing what factors make some individuals more vulnerable to PTSD will aid in the development of preventative strategies.



Ph1(AW/SW) by Greg Messier, USN



U.S. Air Force photo by Daren Reehl

Research activities at the Pacific Islands Division, located in Honolulu, HI, continue to focus on increasing understanding of the relationship between ethnocultural issues and trauma.

In other efforts, Division staff members are conducting research on the emergence of PTSD symptoms in later life, most recently in older women, and the study of gender differences in psychophysiological and biological correlates of PTSD. A newly-funded project is examining the assessment of military sexual trauma (MST) among men and women in VA using de-identified data from the system-wide medical record system. In this study, researchers are examining patient and facility characteristics associated with meeting VA's mandatory requirements for MST screening, as well as providing adequate treatment to all veterans who screen positive for MST.

During the year the Division completed a study that examined the effectiveness of *Cognitive Processing Therapy (CPT)* in the treatment of military related-PTSD in both men and women. *CPT*, an evidence-based approach developed originally for sexual assault survivors with PTSD, was found to be as effective in treating chronic PTSD in veterans as has been found in other civilian samples. Subsequently, this year the Division was asked to train and evaluate all VA clinicians in conducting *CPT*.

Education Division. The Education Division, located in Menlo Park, CA. has been involved extensively in evaluation of various PTSD treatments. During FY 2006, Division staff began a test of *Seeking Safety*, a treatment for comorbid PTSD and substance abuse, which will involve male veterans with PTSD who are undergoing treatment for substance use disorders. Staff are also evaluating a manualized group treatment program involving trauma

and spirituality and a pilot investigation of mindfulness meditation in male and female veterans with PTSD. Another project, an ongoing investigation of providers, involves examination of gender differences in the implementation of best practices for treatment of trauma and PTSD.

In other efforts, the Division is continuing a study that is using Palm Pilot devices to examine early responses in traumatically-injured civilians and their family members. Investigators are also evaluating a screening device to identify PTSD in the elderly and cognitively impaired. Finally, the PTSD Sleep Research Laboratory continued its investigation of sleep disorders in those with PTSD and panic disorder, using novel sleep movement microanalytic methods. Sleep research is valuable because sleep problems commonly occur following war zone exposure and other trauma.

Pacific Islands Division. Research activities at the Pacific Islands Division, located in Honolulu, HI, continue to focus on increasing understanding of the relationship between ethnocultural issues and trauma. The Division is working to expand knowledge of the unique wartime experiences of Asian Pacific Islander (API) veterans and to develop a group treatment approach for the treatment of the adverse psychological effects of race-related events. An ongoing epidemiologic study, in collaboration with the University of Hawaii, is investigating the role of trauma, PTSD, and pregnancy health in API women.

Researchers in the Pacific Islands Division are also undertaking a four-year clinical trial to examine the efficacy of anger management group therapy for veterans via a telehealth approach. The Division's relatively isolated location provides an ideal context for evaluating technology-driven methods such as telehealth and virtual reality to bring treatment closer to veterans in need.

Evaluation Division. The Northeast Program Evaluation Center, headquartered in West Haven, has broad responsibilities within VA Office of Mental Health Services to evaluate their programs, including those for specialized treatment of PTSD. Although funded outside the National Center, it serves as the Center's program evaluation division. The Division issued its 11th report card on the National Mental Health Program Performance Monitoring System, an evaluation of VA's mental health programs. It also issued its 14th report in the *Long Journey Home* series on the status of specialized treatment programs for PTSD.

The Division also conducted a study that examined women's comfort in coming for treatment in the predominantly male environment of VA. For women who had no prior experience with the VA, comfort levels increased with the women's exposure to the treatment program, their commitment to treatment, and the regularity of attendance. Comfort level was not related to satisfaction with treatment. In another study, investigators looked

at whether patients were able to make distinctions between satisfaction with the delivery of care and satisfaction with the clinical outcomes of care. In fact, patients are able to make valid differentiations: if their attention is focused on the separate features of care delivery vs. clinical outcome, they rated their care accordingly.

Investigators in the Evaluation and Education Divisions completed their development of a monitoring instrument for clinical outcomes in specialized outpatient PTSD programs. The final evaluation instrument, the *Veterans Affairs Military Stress Treatment Assessment*, has good reliability and sensitivity to treatment effects.

“The National Center is a world leader in research on the understanding, treatment, and prevention of traumatic stress disorders.”



U.S. Marine Corps photo by Cpl. Brian M. Henner

SELECTED RESEARCH PUBLICATIONS

Researchers from the National Center, together with some key collaborators, contributed to more than 165 books and articles in professional journals during FY 2006. The following are a few noteworthy examples:

Davison, E.H., Pless, A.P., Gugliucci, M.R., King, L.A., King, D.W., Salgado, D.M., Spiro, A., III, & Bachrach, P. (2006). Late-life emergence of early-life trauma: The phenomenon of late-onset stress symptomatology among aging combat veterans. *Research on Aging, 28*, 84-114.

Follette, V.M., & Ruzek, J.I. (Eds.). (2006). *Cognitive-behavioral therapies for trauma* (2nd ed.). New York: Guilford Press.

Fontana, A., & Rosenheck, R. (2006). Treatment of female veterans with posttraumatic stress disorder: The role of comfort in a predominantly male environment. *Psychiatric Quarterly, 77*, 55-67.

Friedman, M.J. (2006). Posttraumatic stress disorder among military returnees from Afghanistan and Iraq. *American Journal of Psychiatry, 163*, 586-593.

Kimerling, R., Ouimette, P., Prins, A., Nisco, P., Lawler, C., Cronkite, R., & Moos, R.H. (2006). Utility of a brief screening scale for PTSD in primary care. *Journal of General Internal Medicine, 21*, 65-67.

King, L.A., King, D.W., Vogt, D.S., Knight, J., & Samper, R. (2006). Deployment risk and resilience inventory: A collection of measures for studying deployment-related experiences of military personnel and veterans. *Military Psychology, 18*, 89-120.

Monson, C.M., Schnurr, P.P., Resick, P.A., Friedman, M.J., Young-Xu, Y., & Stevens, S.P. (2006). Cognitive Processing Therapy for veterans with military-related posttraumatic stress disorder. *Journal of Consulting & Clinical Psychology, 74*, 898-907.

Morgan, C.A., III, Doran, A., Steffian, G., Hazlett, G., & Southwick, S.M. (2006). Stress-induced deficits in working memory and visuo-constructive abilities in special operations soldiers. *Biological Psychiatry, 60*, 722-729.

Norris, F.H., Galea, S., Friedman, M.J., & Watson, P.J. (Eds.). (2006). *Methods for disaster mental health research*. New York: Guilford Press.

Petrakis, I.L., Poling, J., Levinson, C., Nich, C., Carroll, K., Ralevski, E., & Rounsaville, B. (2006). Naltrexone and disulfiram in patients with alcohol dependence and comorbid post-traumatic stress disorder. *Biological Psychiatry, 60*, 777-783.

Ritchie, E.C., Friedman, M.J., & Watson, P.J. (Eds.). (2006). *Interventions following mass violence and disasters: Strategies for mental health practice*. New York: Guilford Press.

Schnurr, P.P., Hayes, A.F., Lunney, C.A., McFall, M., & Uddo, M. (2006). Longitudinal analysis of the relationship between symptoms and quality of life in veterans treated for posttraumatic stress disorder. *Journal of Consulting and Clinical Psychology, 74*, 707-713.

Woodward, S.H., Kaloupek, D.G., Streeter, C.C., Kimble, M.O., Reiss, A.L., & Eliez, S. (2006). Hippocampal volume, posttraumatic stress disorder, and alcoholism. *American Journal of Psychiatry, 163*, 674-681.

See Tables 1 and 2 for a full list.

According to Dr. Robert Ursano of the Uniformed Services University of the Health Sciences (USUHS), "The National Center continues to care for our veterans with research, compassion, and state-of-the-art science. They make a superb contribution to our nation's needs."

EDUCATION

The National Center’s educational activities are the mechanism through which science is translated into practice, by disseminating information to clinicians in VA and throughout the general health care system, as well as to veterans and their families, the public, policy-makers, and journalists. The Center publishes its own materials through both traditional and electronic means, and also made over 150 educational presentations in a variety of professional and public forums during the year (see Table 5).

Several factors make the National Center’s educational programs distinctive. First, there is regular collaboration and overlap of staff involved in research and those involved in education programs. This two-way communication means that the education programs reflect the most up-to-date knowledge in the field, and that research programs can be designed to incorporate input from the clinical world.

Second, the National Center has been quick to adopt the newest technologies to disseminate information. The Center’s early introduction of teleconferencing enabled clinicians from across the country to exchange information and ideas. Educational programs were made available via satellite broadcasts and on video on the Center’s website starting in 2001, and online courses are now in development. And, as noted in the introductory section to this Annual Report, the National Center was among

the first to recognize the powerful information dissemination possibilities of the Internet.

Finally, the National Center’s extensive network of relationships — including the VA health care system, active duty military, government agencies, civilian health care organizations, disaster relief agencies, academic institutions, professional associations, and more — means that the educational materials are able to reach a wide audience of people who are on the front lines of dealing with PTSD.

SUPPORTING OUR MILITARY THROUGH EDUCATIONAL ACTIVITIES

The Global War on Terror has increased the need to get information into the hands of the people who are working with active duty troops and veterans of these conflicts. A number of educational projects have been specifically designed to focus on these groups.

Educational Videos. The National Center released two eagerly-awaited video sets this year: *The New Warrior: Combat Stress and Wellness*, targeted to the needs of veterans of Iraq and Afghanistan; and *Women Who Served in Our Military*. The films, in versions for veterans and their families as well as for providers, are soon to be distributed to the Veterans Health Administration (VHA) and Vet Centers nationwide. These videos are narrated by television journalists Tom Brokaw and Jane Pauley, who generously donated their time to the projects.

Training Veterans and Their Families. The Education, Pacific Islands, and Executive Divisions continued outreach efforts to returning veterans and their family members, collaborating with family programs, chaplains, and mental health services to facilitate reintegration. Topics covered in these training sessions included identifying war zone stress and other mental health responses to trauma, promotion of resilient functioning, and understanding differing expectations about homecoming. Programs have also incorporated the concept of “Battlemind” thinking, an Army-developed concept that refers to behaviors that are useful in combat but maladaptive back home.

Modules and lessons are being finalized for an interactive online relationship-enhancement intervention for military couples experiencing deployments, called *Our Strength in Families*. The website includes preparatory educational material and tools designed to enhance a range of coping skills, provide social support, and detect early signs of mental distress. Field trials are planned at Fort Drum and Schofield Barracks.

Returning Veterans Outreach, Education and Care (RVOEC) Satellite Broadcasts. Early in the year VA created 84 RVOEC teams — groups consisting of clinicians, nurses, and social workers assigned to assist with the reintegration of personnel returning from Iraq and Afghanistan.



A central task of the National Center is to partner with other VA organizations and colleagues, applying traumatic stress expertise to improve the effectiveness of VA services.

Staff from the Executive and Education Divisions worked with VA Central Office to design and deliver the satellite broadcast training series *Meeting Our Returning Veterans' Mental Health Needs*. The series had three sessions — “DOD/VA: Continuum of Care,” “Warfighter Transition,” and “Challenges in Adaptation” — and plans are underway to supplement the series with online training materials.

Training the Trainers. Throughout the country there are military commanders and mental health providers who educate instructors, practitioners, and family members to identify combat stress and promote resilient functioning, assess trauma-related sequelae, and evaluate early interventions for PTSD. National Center staff provided on-site “train the trainer” sessions at military installations and in communities where Reserve forces are located; these included Bellows Air Force Base, the California National Guard, Camp Pendleton, Fort Drum, Fort McCoy, Fort Rucker, Fort Sill, Hickam Air Force Base, Naval Health Research Center, San Diego Naval Hospital, Travis Air Force Base, Tripler Army Hospital, Twentynine Palms, and the Vermont National Guard. Training was also provided to all commanders of Air and Army National Guard and Reservist Forces in Hawaii.

Building Resilience Coping Skills Intervention, a tool that is frequently used in train-the-trainer sessions, was revised this year. This secondary prevention intervention addresses post-deployment stressors for personnel returning from Iraq and Afghanistan and is based on empirically validated behavior modification techniques and cognitive-behavioral theory.

Finally, Drs. Patricia Resick and Candice Monson conducted CPT training and case consultation with providers from Andrews Air Force Base, Camp Lejeune, Fort Bragg, Fort Drum, and Walter Reed Army Medical Center.

Other Programs. National Center staff, together with the VA Employee Education System, presented talks to VA's new Polytrauma System of Care on issues surrounding the combination of PTSD with traumatic brain injury and other pain disorders.

EDUCATIONAL INITIATIVES WITHIN VA

A central task of the National Center is to partner with other VA organizations and colleagues, applying traumatic stress expertise to improve the effectiveness of VA services. During FY 2006, partnerships continued and new collaborations were initiated, some targeted specifically to Iraq and Afghanistan War issues and others to a broader audience of veterans.

Staff at the Education Division collaborated with a team from the Veterans Benefits Administration (VBA) and the VHA to develop a web-based program to train clinicians for the initial PTSD Compensation & Pension Examination (CPEP). This effort resulted in the creation of a training video that will be incorporated into the CPEP Performance Support System.

During FY 2006 the *Traumatic Stress and Readjustment Collage* website was designed, developed, and launched as a service to everyone in VHA who serves veterans with PTSD and readjustment problems. Available on VA's intranet, the site allows VHA providers to talk to colleagues about any trauma- or readjustment-related topic or clinical issue of concern or interest. The site is also intended as a convenient repository of clinician-relevant patient education materials, reports, articles, training events, conferences, and more (vaww.collage.research.med.va.gov/collage/E_behav/).

The VA Healthcare System continues to develop mental health aspects of its evolving electronic portal for veterans, My HealthVet. National Center staff serve on the mental health executive committee and are assisting the VA in developing online, interactive systems for providing veterans, their families, and their health care providers with the ability to access PTSD and readjustment-related educational information, to self-screen for traumatic stress reactions and mental health problems, and to self-manage their symptoms.

Staff from the Education and Executive Divisions are currently working on a second edition of the *Veterans Health Initiative (VHI) PTSD Implications for Primary Care*. The major audience for this program is VA primary care and mental health providers working in medical

settings. This new version of the *VHI* comprises five independent learning modules: Overview of Traumatic Stress and PTSD; Screening, Assessment & Referral; Treatment for PTSD in Primary Care; Treatment Options in Behavioral Health Settings; and Integrated Models of Care in Primary Care.

The Education Division continued to focus attention on the need to maintain work functioning in returning veterans. A 12-session group and individual intervention called *Work Success* is designed to help veterans with PTSD and other mental health problems remain employed and successful in the workplace. As part of an initial pilot effort to implement the approach, several PTSD mental health clinicians, Vet Center counselors, and Vocational Rehabilitation and Employment workers were trained to deliver the intervention in their treatment settings, and groups are now underway.

DISSEMINATING EXPERTISE: COGNITIVE PROCESSING THERAPY

An example of what the National Center for PTSD does best: Moving science into practice.

Over the past several years the Women's Health Sciences Division has been conducting research on the effectiveness of *Cognitive Processing Therapy*, a therapeutic approach that involves restructuring a patient's maladaptive trauma-related cognitions using a written account of the trauma. Originally developed for sexual assault survivors with PTSD, this evidence-based approach has been found to be as effective in treating chronic PTSD in veterans as it has been in other civilian populations.

During FY 2006, the Women's Health Sciences Division began to disseminate this therapeutic approach across VISN1. Subsequently, the VA Office of Mental Health Services asked our Women's Division to help roll out a nationwide *CPT* training initiative for all VA clinicians. Materials are being developed, and the first "train the trainer" conference is being held in January of 2007. In the second phase of this initiative, beginning next year, training sessions will be conducted more broadly at the VISN level, and a second trainers conference will be held to facilitate diffusion and adoption of *CPT* in the future.



The goal is to effectively prepare individuals who encounter highly stressful and potentially traumatic situations at work, which might include emergency response personnel as well as various military occupations.

DISSEMINATING KNOWLEDGE AND TREATMENT METHODS

The primary vehicle for face-to-face PTSD-related training in VA is the National Center *Clinical Training Program*, and the demand for this course is now greater than at any time in its history. VA and DoD PTSD treatment providers from all disciplines attend the week-long program, where they have the opportunity to participate in workshops, lectures, treatment group observations, and problem-solving and consultation sessions. During FY 2006, 125 mental health providers from around the US attended the program, including 50 VHA, 18 Vet Center, and 14 military providers, as well as 43 providers from other organizations. In addition, a special week-long training and consultation visit was provided to 20 staff members from Hawaii PTSD services.

National Center staff presented numerous on-site training sessions as well during this fiscal year. Particularly prominent were the national training initiative for VA clinicians to learn, implement, and adopt *CPT* (see sidebar on page 19); workshops in *Seeking Safety* for substance abuse and PTSD; and sessions on *Acceptance and Commitment Therapy*. These workshops and short educational presentations were conducted at VA hospitals, Veterans Readjustment Counselors meetings, military bases, other government and non-government agencies, and university settings. More than 50 training sessions, involving thousands of providers, took place during FY 2006 (see Table 5 for more information on educational presentations).

Cultural Program Evaluation was developed by the Pacific Islands Division to help train PTSD clinical organizations to self-assess how well they are meeting the needs of diverse cultural groups. This program, involving ten components and an assessment tool, will be piloted and validated in the upcoming year. *Prevention of PTSD in High Risk Occupations* is a project underway to evaluate preparatory cognitive-behavioral therapy interventions for work-related trauma, a previously neglected area. The goal is to effectively prepare individuals who encounter highly stressful and potentially traumatic situations at work, which might include emergency response personnel as well as various military occupations.

The National Center's work in disaster mental health continued with the development of a second edition of the *PFA* manual. This structured, manualized approach to immediate post-disaster mental health intervention, initially launched in the aftermath of 2005's Hurricane Katrina, has now been expanded to contain information on provider care, provider worksheets, and extended information on traumatic grief and working with the elderly. Training slides were completed for use in training Medical Reserve Corps volunteers who currently number over 370,000 members.

A new manual, intended as a companion to the *PFA* manual, concerning secondary psychological assistance is in development, and a series of 16 video vignettes, produced with the NCTSN, was used in 15 training sessions around the country. In addition, the National Center continued to train and mentor researchers in disaster methodology via the Research Education for Disaster Mental Health (REDMH) program, in which ten researchers are currently enrolled. A groundbreaking book to educate researchers on methods used in disaster research was published this year.

In the aftermath of Hurricane Katrina, the Education Division offered continuing support to VISN 16, the VHA region most affected by the disaster. Division staff trained disaster mental health response teams in each facility within the VISN, and collaborated with the region to develop a series of *After the Storm* video-teleconferences targeted at affected staff.

Finally, the year saw the final stages of development of the *PTSD 101* web-based learning curriculum, which will be delivered on the National Center’s website. The site offers 21 course modules, links to resources, and a VA discussion board for open exchange of ideas as well as supportive services for practitioners. This program is discussed in greater detail in the introductory section to this Annual Report.

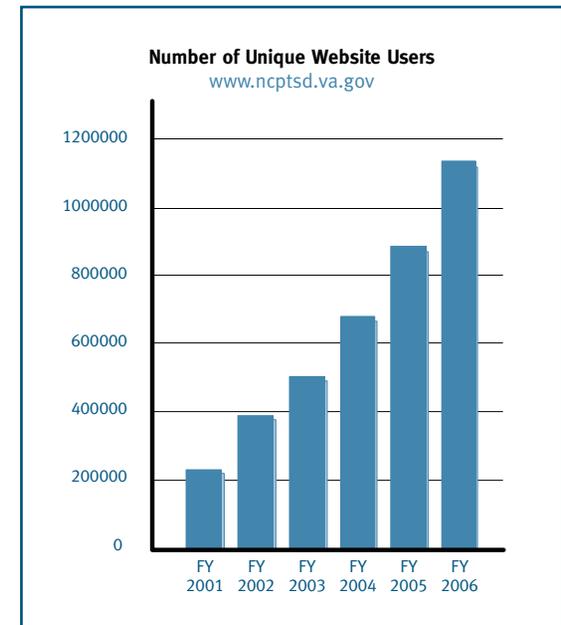
PUBLICATIONS AND RESOURCES

The National Center’s website is a valuable resource for many audiences: veterans, clinicians, researchers, journalists, policymakers, and the families and friends of people suffering from traumatic stress-related disorders. In total, there were more than a million unique visitors to the National Center’s website this year, or over 95,000 unique users each month. The website has been undergoing an extensive redesign over the past fiscal year and is slated for deployment in January 2007. The website is discussed in greater detail in the introductory section to this Annual Report.

The *PTSD Research Quarterly* newsletter, intended primarily for researchers and scientists, provides an expert review of the scientific literature on specific topics. Subjects covered during FY 2006 included PTSD and intimate relationships, dissociation and PTSD, prevalence of PTSD in primary care settings, and research on the latent structure of PTSD.

The PTSD Resource Center’s collection and the PILOTS database continued to experience substantial growth during FY 2006 and now include over 30,000 records with materials in 28 languages. This year the Resource Center also improved access to full-text articles and

now provides links to full text versions of over 11,000 publications, including all articles written by National Center staff. During FY 2006 the National Center began a transition to CSA Illumina, an improved interface for accessing PILOTS. Staff began production of the fourth edition of the *PILOTS Users Guide*, with detailed instructions for using the new interface, and revision of the *PILOTS Thesaurus*, a 1200-term controlled vocabulary that is designed to facilitate precise subject searching of the traumatic stress literature.





The broad range of experiences gained through consultation activities, and the relationships that are built with other professionals in many fields, strengthen and enrich all the activities of the National Center.

CONSULTATION

The National Center has become a respected, trusted resource for the most up-to-date knowledge about trauma and PTSD, so it is not surprising that the staff is sought-after for their expertise. During FY 2006, staff served on boards of many professional associations, on editorial boards of more than 60 of the most prestigious journals in the traumatic stress field (see Table 6), and on a variety of review panels and awards committees. In addition to these ongoing roles, National Center staff are frequently called in to provide advice and consultation in a wide range of forums by agencies and organizations throughout the US and around the world.

The National Center is uniquely positioned to provide top-level consultation services. The multidisciplinary nature of the National Center means that staff generally have a broad perspective on scientific issues related to traumatic stress, a perspective that can be missing in organizations that are highly specialized. Second, the relationships with clinicians and others throughout the health care system give National Center professionals a down-to-earth understanding about how science is translated into practice. And, since VA itself is highly regarded throughout the world for the quality of care provided to America's veterans, the National Center's position as part of VA is an important factor in the staff's reputation.

Moreover, these consultation activities are not a one-way street. The broad range of experiences gained through consultation activities, and the relationships that are built with other professionals in many fields, strengthen and enrich all the activities of the National Center.

INSTITUTE OF MEDICINE INDEPENDENT EVALUATION

Last year the Secretary of VA asked the prestigious Institute of Medicine (IOM) to conduct an independent assessment of PTSD and the medical evaluation of veterans for disability compensation. The IOM convened two panels during the year — Posttraumatic Stress Disorder (PTSD): Diagnosis and Assessment, and Veterans' Compensation for Posttraumatic Stress Disorder — and Drs. Matthew Friedman and Terry Keane each testified on both panels. A third panel on treatment will be held during FY 2007, and the IOM will issue a major report next year based on these testimonies.

CONSULTATION WITHIN VA

The National Center is an integral part of VA, so the staff is extensively involved in consultations within the organization. National Center staff played key roles in the Under Secretary for Health's Special Committee on PTSD, a Congressionally-mandated committee that oversees all PTSD programs within VA. Dr. Friedman served as co-chair of this committee, Drs. Patricia Resick and Josef Ruzek served as members, and Dr. Paula Schnurr played an advisory role. The committee is responsible for determining VA's capacity to provide assessment and treatment for PTSD as well as offering guidance on related educational, research, and benefits projects.

In 2005, members of the National Center participated in an Office of Research and Development work group, which subsequently set the stage for a collaboration among National Institute for Mental Health (NIMH), VA, and DoD and the formation of a Working Group on Post-Deployment Mental Health Research. In FY 2006 this work culminated in a conference, *Mapping the Landscape of Deployment Related Adjustment and Mental Disorders*, which assessed the entire research portfolio on this topic across agencies so that future research efforts can be better aligned. Drs. Schnurr, Keane, Ruzek, John Krystal, Brett Litz, and Eve Carlson attended this event.

VHA and VBA leadership have taken steps to improve the PTSD Compensation and Pension process. Drs. Gerald Cross and Joe Francis from VA Central Office convened several meetings on this issue, and Drs.

Friedman, Schnurr, and Keane consulted to the group. The group developed a Health Services Research & Development (HSR&D) research proposal, to be led by Dr. Ted Speroff, Director of Quality Improvement at the Nashville VA.

In other consultations within VA, Dr. Schnurr was part of the VA HSR&D Scientific Review Group. Drs. Hamblen, Ruzek, and Schnurr all serve on the My HealthVet Mental Health Executive Committee. Several staff also served on subcommittees. Fiscal year 2006 saw the initial launch of the Mental Health portal of the My HealthVet website.

The National Center continued work on the VA Canada Educational Partnership. Together with VA Canada, staff are designing and implementing educational and training activities for VHA and contract health care providers serving Canadian veterans. This year a monthly schedule of video teleconference presentations for VA Canada providers was established.

In FY 2006 this work culminated in a conference, *Mapping the Landscape of Deployment Related Adjustment and Mental Disorders*, which assessed the entire research portfolio on this topic across agencies so that future research efforts can be better aligned.



NATIONAL CENTER FOR PTSD WITHIN VA VA POSITIONS



NATIONAL CENTER PERSONNEL ARE INVOLVED IN THE FOLLOWING ADVISORY GROUPS AND TASK FORCES:

ADVISORY COMMITTEE ON MENTAL HEALTH INSTRUMENTATION	KNIGHT
ADVISORY COMMITTEE ON PTSD RESEARCH FOR CENTRAL OFFICE	KRYSTAL
CONNECTICUT-MASSACHUSETTS MIRECC	ROSENHECK (CO-DIRECTOR)
DOD/VA BEHAVIORAL HEALTH AND TECHNOLOGY WORK-GROUP ONLINE SERVICES PROJECT	LITZ
KNOWLEDGE MANAGEMENT AND BEST PRACTICES COMMITTEE	RUZEK
MENTAL HEALTH AND AGING COMMITTEE FOR THE VA EMPLOYEE EDUCATION SYSTEM	DAVISON
MIRECC NATIONAL EDUCATION COMMITTEE	RUZEK, WALSER
MIRECC NATIONAL STEERING COMMITTEE	FRIEDMAN
NATIONAL MILITARY SEXUAL TRAUMA WORK GROUPS	KIMERLING & STREET (SPECIAL CONSULTANTS FOR MST)
NATIONAL WOMEN VETERANS MENTAL HEALTH COMMITTEE	KIMERLING, MONSON, SHIPERD, STREET
QUERI (QUALITY ENHANCEMENT RESEARCH INITIATIVE) SUBSTANCE ABUSE AND PTSD WORKING GROUP	NAJAVITS (CO-CHAIR), KIMERLING, ROSEN, RUZEK, WALSER
RESEARCH TASK FORCE OF THE VA NEW FREEDOM COMMISSION FOR MENTAL HEALTH	KRYSTAL (CHAIR)
RVOEC (RETURNING VETERANS OUTREACH EDUCATION AND CARE) PLANNING COMMITTEE	RUZEK, SLONE, WATSON
UNDER SECRETARY FOR HEALTH'S SPECIAL COMMITTEE ON PTSD	FRIEDMAN (CO-CHAIR), RESICK, RUZEK, SCHNURR (ADVISOR)
UNDER SECRETARY FOR HEALTH'S SPECIAL COMMITTEE ON SERIOUSLY MENTALLY ILL VETERANS	ROSENHECK
VA/DoD CLINICAL PRACTICE GUIDELINES TASK FORCE	FRIEDMAN
VA/DoD MENTAL HEALTH WORKGROUP	FRIEDMAN
VA PSYCHOLOGY LEADERS	KEANE (PAST PRESIDENT)
VA TASK FORCE FOR A NEW GENERATION OF WOMEN RETURNING FROM WAR	STREET (STEERING COMMITTEE)
VISN 1 NEW ENGLAND HEALTHCARE SYSTEM	LITZ (MENTAL HEALTH SERVICES LINE), FISHER & KRINSLEY (PTSD WORK GROUP)
VISN 21 SIERRA-PACIFIC NETWORK	GUSMAN (CO-CHAIR VISN MENTAL HEALTH GROUP), MORLAND (TELEMENTAL HEALTH LEAD), SWALES & LESKIN (COORDINATORS FOR VISN 21 PTSD/COMBAT STRESS CONFERENCE)

National Center staff played key

roles in the Under Secretary

for Health's Special Committee

on PTSD, a Congressionally-mandated

committee that oversees all PTSD

programs within VA.

DEPARTMENT OF DEFENSE

Dr. Friedman represented the National Center as a member of the VA/DoD Mental Health Workgroup, a critical committee that is responsible for establishing policies for post-deployment health. In February of 2006 this workgroup was added to the Joint Executive Council, established to enhance VA and DoD collaboration. These two departments are working to create, implement, and adhere to joint standards in the areas of clinical guidelines, information technology, deployment health policies, and other issues. This year Dr. Friedman again participated on the Scientific Advisory Board at Walter Reed Army Institute of Research; he also serves on the Scientific Advisory Board of the Center for Traumatic Stress at USUHS.

Mr. Fred Gusman provided briefings to the Commandant of the US Marine Corp, and the US Army Surgeon General. Mr. Gusman and Dr. Gregory Leskin are working together with the U.S. Navy Special Psychiatric Rapid Intervention Team (SPRINT) from the Naval Hospital in San Diego. They are modifying the Psychological First Aid Manual for SPRINT Team use to reflect the Team's unique mission to aid military disaster victims.

National Center staff consulted to a wide range of other DoD workgroups and panels. Drs. Litz and Ruzek are members and consultants for the DoD/VA Behavioral Health and Technology Workgroup designed to implement a Congressional directive to develop web-based early screening and interventions for returning military members and their families. Dr. Litz also served as a consultant for the DoD-Marine Corps, revamping interventions for

deployed Marines, at Madigan Army Medical Center. Dr. Ruzek also served on a DoD task force to make recommendations regarding the collection and use of adverse childhood event information.

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

As mentioned previously, much of the National Center's current work on disaster continues to be supported through an interagency agreement with SAMHSA on best practices after disaster. During FY 2006 the National Center, in collaboration with SAMHSA's CMHS, created training materials for setting up and operating crisis counseling programs, working with different ethnocultural populations, and providing disaster mental health services in the acute post-disaster phase. Dr. Watson and Ms. Rachel Nutter serve as members of CMHS's regular cadre of disaster consultants. Dr. Watson also provided consultation and training sessions and an online module on PFA for CMHS staff, as well as for providers in Missouri, Nevada, and Florida. Drs. Friedman and Watson provided training sessions at an all-state summit on empirical basis disaster response and preparations for a possible flu pandemic.

The National Center has worked collaboratively with the NCTSN since the network was formed by SAMHSA in 2001. The two groups have worked jointly to help with the recovery following the 9/11 terrorist attacks and the hurricane disasters of 2005 and 2006, and now are partnering to work with the families of service members deployed in the

CONSULTING WITH THE VA: MILITARY SEXUAL TRAUMA (MST) SUPPORT TEAM

During FY 2006 Drs. Amy Street and Rachel Kimerling began a collaboration with VA's Office of Mental Health Services (OMHS) on a proposal to establish a Military Sexual Trauma Support Team. MST refers to instances of sexual assault or sexual harassment that occur within a military setting. VHA has issued directives mandating that all veterans receiving VA services be screened for MST, and that veterans interested in treatment be given priority in scheduling.

The team's focus is to ensure that VA is in compliance with these requirements. The team also will help coordinate and expand education and training efforts related to MST and promote best practices in the field. Drs. Street and Kimerling will serve as Co-Directors of the MST Support Team initiative, which will get underway during FY 2007.



This year Dr. Friedman again participated on the Scientific Advisory Board at Walter Reed Army Institute of Research; he also serves on the Scientific Advisory Board of the Center for Traumatic Stress at USUHS.

Global War on Terror. Following Hurricane Katrina, the two organizations jointly developed the *PFA* manual, an evacuee manual, and training modules for disaster researchers.

Dr. Lisa Najavits continues to serve on the National Steering Committee of SAMHSA's Co-Occurring Center of Excellence, the first national resource for the field of co-occurring mental health and substance abuse issues. Dr. Najavits also served on the Expert Consensus Panel working on the Treatment Improvement Protocol for SAMHSA's Center for Substance Abuse Treatment.

OTHER GOVERNMENT AGENCIES

National Center staff are involved in consultations to a wide range of other government agencies. Mr. Gusman briefed the VA/DoD Congressional Committee on PTSD and testified before the US Senate Subcommittee on Veterans Affairs. Both of these committees make recommendations that are pertinent to the care of veterans.

A number of National Center professionals consult to the NIMH. Dr. Krystal was the Chair of the Board of Scientific Counselors for NIMH's Intramural Program, and Dr. Ruzek was a member of the Expert Panel on Preparation of High Risk Occupations for Work Related Trauma. Dr. Steve Southwick serves as a facilitator for the NIMH Working Group to Inform Research: Deployment Related Adjustment and Mental Disorders; he also serves on the committee on Selective Prevention for Traumatic Stress Disorders, focusing on the state of current knowledge. Dr. Charles Sanislow is a member of NIMH's Planning Committee.

Dr. Friedman served as a moderator for the SAMHSA Disaster Mental Health Round Table.

Many National Center staff are sought as peer reviewers for journals as well as for study sections by organizations such as NIMH and Center for Disease Control (CDC). More permanent memberships as peer reviewers were held by Drs. Friedman and Norris. Study section members for NIH/NIMH included Drs. Friedman, Litz, Sanislow, and Joan Kaufman. Other staff who served as invited reviewers or in other ad hoc roles included Drs. Friedman, Sanislow, Joel Gelertner, and Mark Miller. Dr. Miller was a reviewer on two Special Emphasis Panels for the NIH Center for Scientific Review. Dr. Ismene Petrakis was a member of a Special Emphasis Panel for the National Institute on Alcohol Abuse and Alcoholism, and Dr. Gelertner was on a special review committee for the National Institute of Drug Abuse (NIDA).

National Center staff were involved in several disaster-response efforts following Hurricanes Katrina, Rita, and Wilma. Dr. Fran Norris served as National Cross-Site Evaluator for 22 federally-funded disaster mental health programs in 18 states. Drs. Hamblen and Norris collaborated with the Baton Rouge Area Foundation (a community foundation) to design and evaluate *InCourage*, a program that is offering free and accessible evidence-informed treatment of postdisaster distress in the greater Baton Rouge area. Drs. Watson, Norris, and Hamblen all provided extensive consultation about disaster and trauma to Louisiana, Mississippi, and other states; to VA; and to several universities. In other disaster-related activities, Dr. Watson collaborated with the CDC to create guidelines for behavioral management and preparation for a possible flu pandemic.

PROFESSIONAL SOCIETIES

National Center staff are active in leadership positions in many professional societies, including ISTSS, the American Psychiatric Association, American Psychologi-

cal Association, Association for Behavioral and Cognitive Therapies, and the Anxiety Disorders Association of America. (see below). Drs. Friedman and Keane are also working with Drs. Judy Cohen and Edna Foa to lead the effort to revise and update the ISTSS Clinical Practice

Guidelines. Drs. Krystal and Friedman continued to work on the Diagnostic and Statistical Manual of Mental Disorders V (DSM V), a project to revise the diagnostic criteria for the American Psychological Association.

NATIONAL CENTER PARTICIPATION IN PROFESSIONAL SOCIETIES

INTERNATIONAL SOCIETY FOR TRAUMATIC STRESS STUDIES

Board of Directors

Kaloupek, Ruzek, Schnurr (Ex-Officio)

Secretary

Kaloupek

Annual Meeting Committee

Kaloupek

Special Interest Groups Coordinator

Morland (Chair)

Dissemination Task Force

Resick

Executive Committee

Kaloupek

International Structure and Affiliations Committee

Kaloupek (Co-Chair)

Policies and Procedures Committee

Kimerling

Program Committee

Kaloupek

Program Deputy, Annual Meeting Committee

Leskin

Public Education Committee

Ruzek

Public Policy Committee

Friedman (Chair)

Web Editor

Leskin

SIGS or other Committees

Keane, Kimerling, Miller, Pivar, Resick, Ruzek, Shipherd, Vogt, Watson

AMERICAN PSYCHIATRIC ASSOCIATION

Practice Guidelines for PTSD

Friedman

ASD Work Group

Friedman

Committee on Public Funding

Rosenheck

Committee on Services Research

Rosenheck

Distinguished Lifetime Fellow

Friedman

Psychiatric Services

Rosenheck

AMERICAN PSYCHOLOGICAL ASSOCIATION

Executive Committee of the Division of Trauma Psychology

Keane

Task Force Committee

Sanislow

Task Force for Multicultural Training

Loo

ASSOCIATION FOR BEHAVIORAL AND COGNITIVE THERAPIES

Special Response to Terrorism Committee

Litz

Chairs of Special Interest Groups and other Committees

Shipherd, Litz, Walser

ANXIETY DISORDERS ASSOCIATION OF AMERICA

Scientific Advisory Board

Friedman (Chair)

AMERICAN COLLEGE OF NEUROPSYCHOPHARMACOLOGY

Board Member

Krystal

Advocacy Committee

Krystal

Honorary Awards Committee

Krystal

Neurobiology Subcommittee for the ACNP

Presidential Task Force on Bioterrorism

Krystal (Chairman)

Scientific Program Committee

Krystal

THE MENTAL HEALTH RESEARCH ASSOCIATION (NARSAD)

Distinguished Investigators Review Panel

Krystal

Scientific Council

Krystal

AMERICAN ACADEMY OF ADDICTION PSYCHIATRY

PGY V Committee

Petrakis

RESEARCH SOCIETY ON ALCOHOLISM

Board of Directors

Krystal

Education Committee

Petrakis

VIKTOR FRANKL INTERNATIONAL SOCIETY FOR LOGOTHERAPY

Board of Directors

Krystal

SOCIETY OF BIOLOGICAL PSYCHIATRY

Board of Directors

Krystal (Ex-Officio)



*U.S. Air Force photo by
Airman 1st Class Randi Flaugh*

The National Center has strived throughout its history to ensure that all its activities are beneficial to the nation's veterans.

BRINGING IT HOME FOR AMERICA'S VETERANS

Even though the National Center for PTSD is not a clinical program, it has a direct and powerful effect on the health and well-being of our nation's veterans. The National Center strives to improve patient care through its strong commitment to basic research — and through its unique ability to translate research findings into clinical techniques that can be used in direct patient care. Moreover, the National Center is able to disseminate information to ever-broader audiences, including veterans and their families, military and civilian professionals, VA clinicians, researchers, administrators, policy makers, and the population at large.

DIRECT HELP FOR VETERANS

The National Center has strived throughout its history to ensure that all its activities are beneficial to the nation's veterans. In recent years, new communications technologies have made it possible to bring the latest information and access to resources directly to these veterans and their families. In particular, the revamped website, slated for launch in 2007 and described in detail in the introductory section to this Annual Report, is designed with an explicit focus on veterans. The site's advanced searching capabilities and inclusion of information geared to veterans will make it an even more valuable resource for educating veterans and their families. Other projects offering direct help include:

- Information that veterans can access from the National Center's range of videos, including the new educational videos released this year. Many of the videos are aimed explicitly at veterans, helping to educate them and to involve their families in treatment. These videos are also available in versions geared to clinicians who serve today's and tomorrow's veterans. All videos are available on the website.
- Trainings that enhance coping skills in returning military personnel will promote optimal readjustment while helping to prevent later development of PTSD and related conditions.

IMPROVING TREATMENT FOR VETERANS

Advancing PTSD treatment is one of the National Center's missions. A major accomplishment in this area is a project aimed at the nationwide dissemination of evidence-based therapy for the treatment of PTSD. The VA Office of Mental Health Services, working together with the Women's Health Sciences Division, is providing training to all VA clinicians in the effective use of *CPT*. The access to effective, evidence-based therapy will be of enormous benefit to all veterans.

In addition to this dissemination project, many other National Center clinical training programs and services offer a direct benefit to veterans.

- A *Traumatic Stress and Readjustment* section has been added to VA's intranet discussion forum *Collage*. This interactive environment allows VA clinicians to work together and share ideas, and helps to assure that veterans are provided the best care and most up-to-date services.
- The National Center helped to train VA's new RVOEC Teams. Three satellite broadcasts helped pave the way for new providers at VA to reach out to the new cohort of veterans.
- National Center staff continued to provide training and consultation to VA and other providers on *Psychological First Aid (PFA)*, a structured, manualized approach to immediate post-disaster mental health.

CONTINUING TO HELP VETERANS

Through better understanding of PTSD and improvements in the delivery of services, the National Center continues to develop projects to help veterans in many ways. Several projects are just starting that are aimed at ensuring that veterans get the help they need even if they are reluctant to seek mental health services: the *RESPECT* project on enhancing PTSD treatment in VA primary care; the use of phone monitoring to improve retention in aftercare; and a therapist-assisted Internet-based self-management regimen for recent returnees. National Center staff are also working closely with VA leadership to improve the PTSD Compensation and Pension Process. This will lead to more structured and consistent evaluations of veterans and ensure they receive the best services and benefits possible. Other projects include:

- *PTSD 101*, an Internet-based training program, will launch in 2007. This training program will provide over 20 courses to educate clinicians so that they are better able to treat veteran patients following exposure to traumatic events.
- A clinical trial evaluating the use of the drug risperidone in combination with an antidepressant will provide veterans who are in treatment with alternative approaches to continue progress in their recovery.

- Staff are working to establish a Military Sexual Trauma Support Team to gather information and assess the effectiveness of screening all veterans for MST throughout VA.
- The success of *PFA* in assisting with disaster relief has prompted the development of a sequel discussing ongoing psychological support. This guide will help in the treatment of veterans who have been involved in disaster situations.
- The National Center continues to initiate investigations to test treatments that are already in use, including the *Seeking Safety* program, the use of Virtual Reality in treatment, and Group Anger Management. These trials will help assure that VA and others are providing veterans with the most effective and cost-efficient treatments available.

TABLE 1: PUBLICATIONS BY NATIONAL CENTER STAFF, FISCAL YEAR 2006

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TABLE 1: PUBLICATIONS BY NATIONAL CENTER STAFF, FISCAL YEAR 2006 (CONTINUED)

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TABLE 1: PUBLICATIONS BY NATIONAL CENTER STAFF, FISCAL YEAR 2006 (CONTINUED)

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TABLE 2: PUBLICATIONS IN PRESS BY NATIONAL CENTER STAFF, FISCAL YEAR 2006

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TABLE 2: PUBLICATIONS IN PRESS BY NATIONAL CENTER STAFF, FISCAL YEAR 2006 (CONTINUED)

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97. Schulz, P.M., Huber, L.C., & **Resick, P.A.** Practical adaptations of cognitive processing therapy for treating PTSD with Bosnian refugees: General implications for adapting practice to a multicultural clientele. *Cognitive and Behavioral Practice*.
98. Schulz, P.M., **Resick, P.A.**, Huber, L.C., & Griffin, M.G. The effectiveness of cognitive processing therapy for PTSD with refugees in a community setting. *Cognitive and Behavioral Practice*.
99. Segman, R., Shalev, A., & **Gelernter, J.** Gene environment interactions: Twin studies and gene research in the context of PTSD. In **M.J. Friedman, T.M. Keane, & P.A. Resick** (Eds.), *Handbook of PTSD: Science and practice*. New York: Guilford Press.
100. **Slone, L.B.**, & **Friedman, M.J.** Treatment of war-related posttraumatic stress disorder. In G. Fink (Ed.), *Encyclopedia of stress* (2nd ed.). San Diego: Academic Press.
101. **Southwick, S.M.**, Davis, L.L., **Aikins, D.E.**, **Rasmusson, A.M.**, Bamn, J., & **Morgan, C.A. III.** Neurobiological alterations associated with PTSD. In **M.J. Friedman, T.M. Keane, & P.A. Resick** (Eds.), *Handbook of PTSD: Science and practice*. New York: Guilford Press.
102. **Taft, C.T.**, **Resick, P.A.**, **Panuzio, J.**, **Vogt, D.S.**, & Mechanic, M.B. Coping among victims of relationship abuse: A longitudinal examination. *Violence and Victims*.
103. **Taft, C.T.**, **Resick, P.A.**, **Panuzio, J.**, **Vogt, D.S.**, & Mechanic, M.B. Examining the correlates of engagement and disengagement coping among help seeking battered women. *Violence and Victims*.
104. **Taft, C.T.**, **Street, A.E.**, **Marshall, A.D.**, Dowdall, D.J., & Riggs, D.S. Posttraumatic stress disorder, anger, and partner abuse among Vietnam combat veterans. *Journal of Family Psychology*.
105. **Taft, C.T.**, **Vogt, D.S.**, **Marshall, A.D.**, **Panuzio, J.**, & **Niles, B.D.** Aggression among combat veterans: Relationships with combat exposure, posttraumatic stress disorder symptoms, depression severity, and anxiety. *Journal of Traumatic Stress*.
106. **Taft, C.T.**, **Vogt, D.S.**, **Resick, P.A.**, & Mechanic, M.B. Posttraumatic stress disorder and physical health symptoms among help seeking battered women. *Journal of Family Psychology*.
107. **Taft, C.T.**, O'Farrell, T.J., **Torres, S.**, **Panuzio, J.**, **Monson, C.M.**, Murphy, M., & Murphy, C. The sequelae and correlates of psychological aggression among a community sample of couples. *Journal of Family Psychology*.
108. Tiet, Q., **Rosen, C.S.**, Cavella, S., Finney, J.F., & Moos, R. Coping, symptoms, and functioning of patients with posttraumatic stress disorder. *Journal of Traumatic Stress*.
109. **Vogt, D.S.**, & Tanner, L.R. Risk and resilience factors for posttraumatic stress symptomatology in war-exposed veterans. *Journal of Traumatic Stress*.
110. **Vogt, D.**, Bruce, T.A., **Street, A.E.**, & Stafford, J. Attitudes toward women and tolerance for sexual harassment among reservists. *Violence Against Women*.
111. **Vogt, D.**, **King, D.**, & **King, L.** Risk pathways for PTSD: Making sense of the literature. In **M.J. Friedman, T.M. Keane, & P.A. Resick** (Eds.), *Handbook of PTSD: Science and practice*. New York: Guilford Press.
112. **Walser, R.D.** Acceptance and Commitment Therapy: Theory and practical treatment techniques. *Paradigm*.
113. **Walser, R.**, & **Westrup, D.** *Acceptance and Commitment Therapy for the treatment of post-traumatic stress disorder and trauma-related problems: A practitioner's guide to using mindfulness and acceptance strategies*. Oakland, CA: New Harbinger.
114. **Watson, P.J.** Acute interventions for traumatic stress. In R.J. Ursano, C. Fullerton, L. Weisaeth, & B. Raphael (Eds.), *Textbook of disaster psychiatry*. New York: Cambridge University Press.
115. **Watson, P.J.**, Gibson, L., & **Ruzek, J.I.** Public mental health interventions following mass casualties. In **M.J. Friedman, T.M. Keane, & P.A. Resick** (Eds.), *Handbook of PTSD: Science and practice*. New York: Guilford Press.
116. Weathers, F.W., & **Keane, T.M.** The criterion A problem revisited: Controversies and challenges in defining and measuring psychological trauma. *Journal of Traumatic Stress*.
117. **Whealin, J.M.**, Batzer, W., **Morgan, C.A., III**, Detwiler, H.F., **Schnurr, P.P.**, & **Friedman, M.J.** Cohesion, burnout, and past trauma in tri-service medical and support personnel. *Military Medicine*.
118. **Whealin, J.M.**, Zinzow, H.M., Salstrom, S.A., & Jackson, J.L. Gender differences in the experience of unwanted sexual attention and behaviors. *Journal of Child Sexual Abuse*.

TABLE 3: SCIENTIFIC PRESENTATIONS BY NATIONAL CENTER STAFF, FISCAL YEAR 2006

INTERNATIONAL SOCIETY FOR TRAUMATIC STRESS STUDIES TORONTO, ON, NOVEMBER 2005

Alvarez, J., Kimerling, R., Pavao, J., & Baumrind, N. “Understanding women’s repeat victimization.”

Carlson, E.B., Shalev, A., Craemer, M., & Brewin, C. “What makes trauma traumatic?”

Cavella, S., & **Rosen, C.S.** “Examining the post-treatment social support networks of NCPTSD graduates.”

Charney, M.E., Pinić, E., Petrovic, A., Piwowarczyk, L., & **Keane, T.M.** “Assessment and diagnosis of PTSD in refugees.”

Cole, B., Pomerantz, A., & **Hamblen, J.L.** “PTSD in primary care.”

Elrod, C., & Hamblen, J.L. “Directors’ perspectives on reach of disaster mental health services.”

Fogler, J.M., Miller, M.W., Wolf, E., Kaloupek, D., & Keane, T.M. “Modeling the structure of psychopathology in warzone-exposed veterans.”

Fogler, J.M., Murray, L., Ellis, B.H., Casey, R., Bosquet, M., & Saxe, G. “Trauma systems therapy (TST): A multimodal approach to assessing therapist adherence.”

Galovski, T., **Resick, P.A.**, & Phipps, K. “Cognitive processing therapy: Improving efficacy and effectiveness.”

Gradus, J.L., Monson, C.M., Rodriguez, B., & Price, J.L. “Personality and posttraumatic growth.”

Griffin, M., & **Resick, P.A.** “Psychophysiological changes following treatment for PTSD.”

Hamblen, J.L., Norris, F., & Donahue, S. “Making and monitoring referrals: From crisis counseling to treatment.”

Johnson, C., Krahn, D., Ahearn, E., **Friedman, M., & Coe, C.** “Short-term prednisone as adjunctive treatment for PTSD exacerbations.”

Kaysen, D., Dilworth, T., **Resick, P.A., & Larimer, M.** “Impact of alcohol and race on resource utilization in female IPV victims.”

Keane, T.M. “Post-deployment mental health care in returning veterans.”

Kimerling, R., & Rosen, C. “Dissemination of evidence-based practice: A needs assessment.”

Kimerling, R., Smith, M., Gima, K., Frayne, S., & Street, A.E. “Detection and treatment of military sexual trauma.”

Kutter, C.A., Chard, K.M., Ranslow, E., **Stevens, S.P., & Monson, C.M.** “Group applications of cognitive processing therapy for PTSD.”

La Bash, H.A.J., Vogt, D.S., King, D.W., King, L.A., Knight, J.A., Tanner, L.R., & Samper, R.E. “Deployment stressors of the Iraq War: Insights from the mainstream media.”

Litz, B.T., Engel, C., Bryant, R., Bruner, V., & Gore, K. “Initial findings of an internet-based CBT pilot trial.”

Loo, C.M., Fairbank, J.A., & Chemtob, C.M. “Adverse race-related events as a risk factor for posttraumatic stress disorder.”

Loo, C.M., Ueda, S.S., & Morton, R.K. “Group treatment for race-related stresses among minority Vietnam veterans.”

Maguen, S., Litz, B.T., & Norris, F.H. “The role of community in the aftermath of trauma.”

Maguen, S., Somer, E., Moin, V., Boehm, A., & **Litz, B.T.** “The role of perceived community cohesion following a terrorist attack in Israel.”

Maguen, S., Somer, E., Victor, M., Amnon, B., & **Litz, B.T.** “Perceived community cohesion following a terrorist attack.”

Maguen, S., Vogt, D.S., King, L.A., King, D.W., & Litz, B.T. “Posttraumatic growth among Gulf War veterans.”

Mechanic, M.B., Weaver, T.L., & **Resick, P.A.** “Stalking as a contributor to PTSD and depression among battered women.”

Miller, M.W., & Resick, P.A. “Internalizing and externalizing subtypes of rape survivors with PTSD.”

Monson, C.M., Schnurr, P.P., Resick, P.A., Friedman, M.J., Stevens, S.P., Price, J.L., & Ranslow, E. “Cognitive processing therapy for military-related PTSD.”

Morland, L., McFall, M., Kudler, H., & **Keane, T.M.** “Innovative practice with returning OIF/OEF troops.”

Mozley, S.L., Miller, M.W., Vogt, D.S., Kaloupek, D.G., & Keane, T.M. “Negative emotionality and disconstraint in PTSD and substance use.”

Neria, Y., Gross, R., **Litz, B.T., Maguen, S.,** Insel, B., Seirmarco, G., Bonnano, G., & Marshall, R. “Attachment style and grief reactions following 9-11.”

Nixon, R., **Resick, P.A.,** Griffin, M., & Nishith, P. “Bias for threat stimuli in PTSD following treatment: The Stroop task.”

Norris, F. “Five-year retrospective evaluation of the crisis counseling program.”

Norris, F. “Resource loss and PTSD after a major disaster in Mexico.”

Onoye, J., **Morland, L.,** Goebert, D., Frattarelli, L., & **Friedman, M.J.** “The role of PTSD in postpartum health for an ethnically diverse sample.”

Orazem, R., & Resick, P.A. “PTSD and social support: A prospective analysis with assault survivors.”

Panuzio, J., Taft, C.T., Vogt, D.S., Marshall, A.D., & Niles, B.L. “Combat exposure, PTSD, negative affect, and aggression among veterans.”

Phipps, K., **Resick, P.A.,** Waring, N., Gibson, G., & Clements, M. “PTSD as a mediator of traumatic experiences and dissociation.”

Price, J.L., Weston, R., Rodriguez, B., **Monson, C.M., Gradus, J.L., & Rosenberger, S.** “Posttraumatic growth and symptoms: A structural equation model.”

Rasmusson, A., Neumeister, A., Kaufman, J., Morgan, C.A., & Southwick, S. “Candidate genetic, epigenetic, and epistatic factors that may alter risk for PTSD.”

Resick, P.A., Williams, L., **Orazem, R., & Gutner, C.** “Can we cure PTSD? Five year follow-up of a trial comparing CPT and PE.”

Rosen, C.S. “Process evaluation of V.I.P. dissemination training.”

Rosen, C.S. “Researcher, trainer, and clinician perspectives on dissemination.”

Rosen, C.S., Alvarez, J., Polizzi, C., & **Drescher, K.D.** “Counseling for public safety workers after 9/11.”

Rosen, C.S., & Young, H.E. “Reach of crisis counseling: An archival analysis of 40 grants.”

Rowe, E.L., Davison, E.H., Pineles, S.L., & Gradus, J.L. “Predictors of somatic symptoms in women veterans.”

Ruzek, J., Zatzick, D., Bryant, R., Foa, E., **Litz, B.T.,** Shalev, A., & Pitman, R. “How do we improve early intervention?”

Samper, R.E., Vogt, D.S., King, D.W., King, L.A., La Bash, H.A. J., Knight, J.A., Tanner, L.R., & Martin, J. “War exposure among active duty, National Guard, and Reservist members.”

Schneider, R., **Kimerling, R., & Baumrind, N.** “Child abuse and adult mental health problems: The importance of type and number.”

Schnurr, P.P. “Detection and treatment of military sexual trauma.”

Schnurr, P.P. “PTSD and health behavior management in veterans.”

Schnurr, P.P., Hayes, A., **Lunney, C.,** McFall, M., & Uddo, M. “The relationship between PTSD symptoms and quality of life.”

Schulz, P., **Resick, P.A., & Huber, L.C.** “The effectiveness of cognitive processing therapy among refugees.”

Schumm, J.A., **Maguen, S., Norris, R., Taft, C., Litz, B.T., King, L.A., & King, D.W.** “Gender-specific pathways in predicting health service utilization among Vietnam veterans.”

Scott, E.L., **Gulliver, S.B., Knight, J.A., & Zimering, R.T.** “The cost of firefighting: Prevalence of PTSD and substance use.”

TABLE 3: SCIENTIFIC PRESENTATIONS BY NATIONAL CENTER STAFF, FISCAL YEAR 2006 (CONTINUED)

Seghers, J., Mechanic, M., Marelich, W., & Resick, P.A. "Identification of homogenous sub-groups of battered women."

Street, A.E., Gradus, J.L., Clarke, S.B., Stafford, J., & Kelly, K.A. "Gender differences in sexual trauma experiences among Reservists."

Tanner, L.R., Vogt, D.S., King, D.W., King, L.A., La Bash, H.A.J., Samper, R.E., & Knight, J.A. "A model of risk and resilience factors for PTSD in Gulf War veterans."

Vogt, D.S., King, D.W., King, L.A., Proctor, S., & Vasterling, J. "Psychometric properties of the DRRI among Iraq War veterans."

Vogt, D.S., La Bash, H.A.J., King, L.A., & King, D.W. "Gender differences in general and sexual harassment among Gulf War I veterans."

Walser, R.D. "VIP: Moving manual-based interventions into routine clinical care."

Whealin, J.M., & DeCarvalho, L. "Building resilience in war returnees: A secondary prevention model."

Wolf, E., Orazem, R., Miller, M.W., Fogler, J., Kaloupek, D.G., & Keane, T.M. "The MMPI-2 restructured clinical scales and PTSD in a veteran sample."

Woodward, S.H. "Anterior cingulate cortex volume in combat-related PTSD."

Woodward, S.H., & Kaloupek, D.G. "RSA in combat-related PTSD."

Young, H., Leskin, G., Reeves, D., Pollack, S., Uddo, M., & McFall, M. "Working with the Iraq veteran: Do we need a new treatment paradigm?"

ASSOCIATION FOR BEHAVIORAL AND COGNITIVE THERAPIES WASHINGTON, DC, NOVEMBER 2005

Alvarez, J., Kimerling, R., Pavao, J., Golan, R., & Baumrind, N. "Epidemiology and consequences of women's revictimization."

Clarke, S.B., Rizvi, S.L., & Resick, P.A. "BPD and treatment outcome in cognitive-behavioral treatments for PTSD."

Gutner, C.A., Rizvi, S.L., & Resick, P.A. "Coping strategies and posttraumatic distress in female crime victims."

Lewis, S.A., Meltzer, A.L., Leen-Feldner, E.W., Feldner, M.T., Babson, K.A., Zvolensky, M.J., Vujanovic, A.A., Gibson, L.A., Monson, C.M., & Bernstein, A. "Cigarette smoking to reduce negative affect: An investigation of trauma-exposed daily smokers."

Litz, B.T., Suvak, M., & Miller, M.W. "Psychophysiology of emotional processing in chronic PTSD."

Maguen, S., Turcotte, D.M., Peterson, A.L., Dremsa, T.L., Garb, H.N., McNally, R.J., & Litz, B.T. "Risk and resilience factors prior to deployment to Iraq."

Mastnak, J., Galovski, T., & Resick, P.A. "Why do patients drop out of CBT for PTSD?"

Murray, L.M., Orsillo, S., Moscovitch, D., & Litz, B.T. "Trauma-primed emotion changes in emotion regulation in PTSD."

Murray, L.M., Suvak, M.K., Turcotte, D., Maguen, S., Miller, M.W., & Litz, B.T. "The congruence between expressive-motor activity and self-report in PTSD."

Panuzio, J., O'Farrell, T.J., Marshall, A.D., Murphy, C.M., Murphy, M., & Taft, C.T. "Relationship aggression reporting concordance among men with alcohol use disorders and their partners."

Panuzio, J., Taft, C.T., Resick, P.A., Vogt, D.S., & Mechanic, M.B. "Coping and mental health among battered women."

Panuzio, J., Taft, C.T., Resick, P.A., Vogt, D.S., & Mechanic, M.B. "Examining correlates of engagement and disengagement coping among battered women."

Resick, P.A. "Innovative methodological strategies for understanding adult sexual victimization."

Resick, P.A. "PTSD and substance abuse: Novel approaches to treatment."

Resick, P.A., Galovski, T., Phipps, K., Uhlmansiek, M., Ansel, J., & Griffin, M. "A dismantling study of the components of cognitive processing therapy."

Rizvi, S.L., Kaysen, D., Gutner, C.A., Griffin, M.G., & Resick, P.A. "Peritraumatic responses and distress in female crime victims."

Rowe, E.L., Pineles, S.L., Davison, E.H., & Gradus, J.L. "Women veterans, psychological symptomatology, and unhealthy behaviors."

Scher, C.D., McCreary, D.R., Asmundson, G.J.G., & Resick, P.A. "The structure of PTSD symptoms across self-report and interview measures in three female trauma samples."

Schneider, R., Kimerling, R., & Baumrind, N. "Child abuse and adult mental health problems: The importance of type and number."

Schneider, R., Kimerling, R., & Baumrind, N. "Long-term impact of child abuse: Implications for adult social welfare."

Schumm, J.A., Monson, C.M., & Schnurr, P.P. "Change is in the eye of the beholder: Concordance of clinician and veteran assessment of PTSD symptoms across treatment."

Suvak, M.K., Brosbe, M.S., Pollock, R., Hofmann, S.G., & Litz, B.T. "The tripartite and approach-avoidance models of anxiety and depression: A latent variable examination."

Suvak, M.K., & Litz, B.T. "A parametric evaluation of emotion modulation of the startle response in combat veterans with and without PTSD."

Torres, S.E., Macdonald, A., & Monson, C.M. "Gender differences in dating violence."

Torres, S.E., Taft, C.T., O'Farrell, T.J., Panuzio, J., Monson, C.M., Murphy, M., & Murphy, C.M. "The correlates of psychological aggression victimization among a community sample of couples."

Turcotte, D.M., Maguen, S., Peterson, A.L., Dremsa, T.L., Garb, H.N., McNally, R.J., Maguen, S., & Litz, B.T. "The relationship between resilience, exposure to health care stressors in the war zone in Iraq, and mental health."

WITHIN VA

Gusman, D.F., & Swales, P.J. "The National Center for PTSD-Education Division." Annual Conference of the Department of Veterans Affairs Readjustment Counseling Service, Sacramento, CA, August 2006.

Keane, T.M. "Psychological treatment for polytrauma: PTSD and pain." VA Conference on Polytrauma System of Care, Las Vegas, NV, August 2006.

Kelly, K.A., Gradus, J.L., Monson, C.M., Street, A.S., Shipherd, J.C., Schnurr, P.P., Rofman, E.S., Cramer, I.E., & Resick, P.A. "What do VHA clinicians believe about the treatability of PTSD?" Veterans Health Administration HSR&D National Meeting, Arlington, VA, February 2006.

Kleespies, P.M., Gurrera, R.J., Giasson, C., Johnson, S., Knight, J.A., Presskreischer, B., Rogers, K., & Wettergreen, A. "The parasuicidal aggregate review: Impetus for an investigation of self-injuries." Best practices in VA Network Mental Healthcare Systems, Portland, OR, September 2006.

Leskin, G.A. "Risk and resiliency in OIF/OEF veterans and active duty service members." VISN 21 Social Work Conference, Travis AFB, CA, August 2006.

Leskin, G.A., & Lew, H. "TBI/PTSD clinical and treatment issues." VISN 21 Planning for the Management and Care of OIF/OEF Veterans with Combat-Related Stress/PTSD, Palo Alto, CA, March 2006.

Morland, L., & Greene, C. "Anger management and PTSD group intervention using VTC in the Pacific Islands." Annual VA Care Coordination Conference, Denver, CO, June 2006.

Rosen, C.S., Kuhn, E.R., Greenbaum, M.A., & Drescher, K.D. "Substance abuse related mortality among VA psychiatric patients." Veterans Health Administration HSR&D National Meeting, Arlington, VA, February 2006.

Walser, R.D. "Impact of PTSD on physical health and functioning." Program for Advanced Practices: Nursing Organization of the VA, Palo Alto, CA, September 2006.

MAPPING THE LANDSCAPE OF DEPLOYMENT RELATED ADJUSTMENT AND MENTAL DISORDERS ROCKVILLE, MD, MAY 2006

Carlson, E.B. “Psychological causes, risk factors, and correlates of PTSD.”

Krystal, J.H. “Co-occurring health conditions.”

Litz, B. “Cognitive Behavioral Therapy: The current status of research.”

Litz, B. “Risk and resilience research: Methodological issues.”

Ruzek, J.I. “Detection and early intervention: Gaps in the landscape?”

Schnurr, P.P. “Quality of life and functioning in PTSD.”

Schnurr, P.P. “Trauma, PTSD, and physical health.”

Southwick, S. “Defining resilience.”

OTHER

Aikins, D.E. “Forging mind armour: The neuroscience of combat stress.” Institute of Living at Hartford Hospital, Hartford, CT, September 2006.

Aikins, D.E. “The neuroethics of memory-erasing drugs for combat stress.” Yale Neuroethics Department, New Haven, CT, March 2006.

Bracha, H.S., Lenze, S., Masukawa, M.K., Tsang Mui Chung, M., & Shelton, J.M. “Evolutionary perspective of anxiety.” Thresholds and Limits of Anxiety in Psychiatric Practice, World Psychiatric Association Juan J. Lopez-Ibor Centennial Congress, Madrid, Spain, April 2006.

Carlson, E.B. “Use of ecological proximal assessment to study trauma survivors.” Conference on Innovation in Trauma Research Methods, Toronto, Canada, November 2005.

Davison, E.H., Rowe, E.L., Pineles, S.L., & Gradus, J.L. “The relationships among age, psychiatric symptoms, and somatic symptoms in a sample of women veteran mental health patients.” Gerontological Society of America, Orlando, FL, November 2006.

Frayne, S., Miller, D., Halanych, J., Wang, F., **Sharkansky, E.,** Kader, B., **Keane, T.,** Pogach, L., **Rosen, C.,** & Berlowitz, D. “Using administrative data to identify diagnosed posttraumatic stress disorder.” Regional Society for General Internal Medicine, Denver, CO, March 2006.

Friedman, M.J. “Diagnosis and assessment of PTSD.” Institute of Medicine of the National Academy of Sciences, Washington, DC, February 2006.

Friedman, M.J. “Early intervention following disasters: NIMH panel.” The Spirit of Recovery: All-Hazards Behavioral Health Preparedness and

Response-Building on the Lessons of Hurricanes Katrina, Rita and Wilma. SAMHSA, New Orleans, LA, May 2006.

Friedman, M.J. “Evidence relevant to compensation awards for PTSD.” Institute of Medicine of the National Academy of Sciences, Washington, DC, May 2006.

Friedman, M.J. “Research on trauma and terror: Returning veterans.” NIMH Alliance for Research Progress, NIMH Winter Science Meeting, Bethesda, MD, January 2006.

Friedman, M.J. “Role of psychopharmacology in early intervention.” Sidney Frank Conference on Early Psychological Intervention, Valhalla, NY, June 2006.

Gelernter, J. “Genetics of alcohol and drug dependence.” Annual Meeting of the American Academy of Addiction Psychiatry (AAP), Scottsdale, AZ, December 2005.

Gelernter, J. “Genetics of drug dependence.” International Symposium on Neurovirology, Philadelphia, PA, June 2006.

Gelernter, J. “Lost in space - found on chromosome 4: Genetics of alcohol and drug dependence.” University of California, School of Medicine Grand Rounds Presentation, San Diego, CA, January 2006.

Gelernter, J. “Principle and approaches in multifactorial genetics.” Chulalongkorn University Faculty of Medicine, Department of Genetics, Bangkok, Thailand, May 2006.

Gelernter, J. “Recent progress in substance dependence gene mapping.” New York Psychiatric Forum, Cold Spring Harbor Laboratories, Cold Spring Harbor, NY, July 2006.

Gelernter, J. “The genetics of substance abuse disorders.” National Institutes of Health Neurobiology of HIV, Psychiatric and Substance Abuse Comorbidity Workshop, Bethesda, MD, December 2005.

Glynn, S.M., **Niles, B.L.,** Unger, W.S., & Wattenberg, M.S. “Evidence-based group treatment for survivors of catastrophic trauma.” American Psychological Association, New Orleans, LA, August 2006.

Keane, T.M. “The diagnosis and assessment of PTSD.” Institute of Medicine of the National Academy of Sciences, Washington, DC, February 2006.

Keane, T.M. “Compensation and pension for veterans of the United States military.” Institute of Medicine of the National Academy of Sciences, Washington, DC, May 2006.

Keane, T.M. “Psychological treatment of PTSD in OIF-OEF war veterans.” American Psychological Association, New Orleans, LA, August 2006.

Krystal, J.H. “Heterogeneity of genetic and clinical phenotypes: Interventions, medications development, treatment matching, and outcome.” International Society for Biomedical Research on Alcoholism, Sydney, Australia, September 2006.

Krystal, J.H. “The good and bad of glutamate: Implications for diagnosis and therapy in psychiatry.” Collegium Internationale Neuro-Psychopharmacologicum Congress, Chicago, IL, July 2006.

Loo, C.M. “Avoiding additive trauma for victims of disasters of natural or human design: The importance of culturally-relevant mental health services.” Disaster Mental Health Institute, Rapid City, SD, September 2006.

Najavits, L.M. “Numbing the pain: PTSD and substance abuse.” Annual Central New York Addiction Psychiatry Conference, Syracuse, NY, September 2006; Annual Meeting of the World Federation of Therapeutic Communities, New York, NY, September 2006; Western Conference on Addictions and Mental Health, Los Angeles, CA, November 2005.

Najavits, L.M. “The link between PTSD and substance abuse.” Annual Meeting of the College of Problems on Drug Dependence, Scottsdale, AZ, June 2006.

Neumeister, A. “The burdensome research for candidate genes in depression – can brain imaging help?” Young Investigators/Mentee Breakfast, Collegium Internationale Neuro-Psychopharmacologicum Congress, Chicago, IL, July 2006.

Neumeister, A., Matthew, S., Ding, Y-S. **Charney, D.S.,** & Hasler, G. “Novel perspectives on the role of noradrenaline in depression and PTSD.” Society of Biological Psychiatry, Toronto, ON, May 2006.

Norris, F. “Psychosocial consequences of disaster: What we know, what we should know, and how we know what we know.” Louisiana State University, Baton Rouge, LA, December 2005.

Norris, F. “Psychosocial consequences of disaster: What we know, what we should know, and how we know what we know.” Southern Mental Health Advocacy, Research and Training Institute, Tunica, MS, April 2006.

Norris, F. “Psychosocial effects of disaster on Latino population.” American Society of Hispanic Psychiatrists, Toronto, ON, May 2006.

Norris, F., Slone, L., Murphy, A., Jones, E., Gutierrez-Rodriguez, F., & Gutierrez-Rodriguez, J. “Trauma and physical health in Mexico: Following a program of research.” World Congress on Traumatic Stress, Buenos Aires, Argentina, June 2006.

Petrakis, I.L. “Neurobiology of PTSD and substance use disorders.” Annual Central New York Addiction Psychiatry Conference, Syracuse, NY, September 2006.

Rasmussen, A. “A decrease in the plasma DHEA to cortisol ratio during smoking abstinence may predict relapse.” National Transdisciplinary Tobacco Use Research Center Grantees Conference, Boston, MA, April 2006.

Rasmussen, A., Wu, R., Paliwal, P., Anderson, G.M., & Krishnan-Sarin, S. “A decrease in the plasma DHEA to cortisol ratio during smoking abstinence predicts relapse.” International Congress of of Neuroendocrinology, Pittsburgh, PA, June 2006.

TABLE 3: SCIENTIFIC PRESENTATIONS BY NATIONAL CENTER STAFF, FISCAL YEAR 2006 (CONTINUED)



National Rehabilitation Special Event 2006

Resick, P.A., & Taft, C.T. "PTSD and depression comorbidity among battered women: An exploration." International Family Violence and Child Victimization Research Conference, Durham, NH, July 2006.

Ruzek, J.I., & Whealin, J. "Preparation for trauma: Comments." NIMH Panel on Preparation of High Risk Occupations for Work-Related Trauma, Washington, DC, June 2006.

Schnurr, P.P. "Global trauma community: How do we work together?" World Congress on Traumatic Stress, Buenos Aires, Argentina, June 2006.

Schnurr, P.P. "How to describe the intervention? A psychotherapy example." CONSORT Meeting on Non-pharmacologic Interventions, Paris, France, February 2006.

Schnurr, P.P. "Trauma and PTSD in female military veterans." Annual Meeting of the American Association of Spinal Cord Injury Psychologists and Social Workers, Las Vegas, NV, September 2006.

Stone, L.B. "Social support and traumatic stress in Latinos and US Hispanics." World Congress on Traumatic Stress, Buenos Aires, Argentina, June 2006.

Stone, L.B. "Trauma and physical health in Mexico: Early physical health consequences of disaster exposure and acute PTSD in Mexico." World Congress on Traumatic Stress, Buenos Aires, Argentina, June 2006.

Southwick, S. "Lessons from the resilient." New York Healthcare System Working with OEF/OIF Veterans, New York, NY, December 2005.

Southwick, S. "Neurobiology of PTSD." American Association for the Advancement of Science, St. Louis, MO, February 2006.

Southwick, S. "Traumatic stress, psychopathology and resilience." Annual Meeting of the American Psychoanalytic Association, New York, NY, January 2006.

Torres, S.E., Harrington, E.F., Shipherd, J.C., & Resick, P.A. "Cultural differences in PTSD symptomatology in African American and Caucasian domestic violence survivors." International Family Violence and Child Victimization Research Conference, Durham, NH, July 2006.

Walser, R.D. "Acceptance and commitment therapy in the treatment of PTSD." Cincinnati, OH, December 2005.

Woodward, S.H., Arsenault, N.J., Stewart, L.P., Michel, G., Santerre, C., Leskin, G., & Sheikh, J.I. "Does movement suppression index central fear system involvement in PTSD nightmares?" American Psychiatric Association, Toronto, ON, May 2006.



U.S. Navy photo by Mass Communication Specialist Seaman Octavio N. Ortiz

TABLE 4: NATIONAL CENTER FOR PTSD RESEARCH FUNDING, FISCAL YEAR 2006

PROJECTS APPROVED AND FUNDED VA COOPERATIVE STUDIES

Principal Investigators	Title of Project	Years	FY 06 Funding	Total Award
Krystal / Rosenheck	CSP #504: Risperidone Treatment for Refractory Combat-Related Post-Traumatic Stress Disorder	2006 – 2009	\$350,000	\$6,416,000
Schnurr / Friedman / Engel	CSP#494: A Randomized Clinical Trial of Cognitive-Behavioral Therapy for Women	2000 – 2006	\$413,008	\$5,014,368

OTHER VA SOURCES

Principal Investigators	Title of Project	Funding Source	Years	FY 06 Funding	Total Award
Gelernter	Genetic Studies of Anxiety Disorder and Related Phenotypes	BLR&D	2002 – 2007	\$128,250	\$641,250
Gelernter	Genetic Studies of Dual Diagnosis Populations	MIRECC	1997 – ONGOING	\$64,000	\$335,000
Kimerling / Street	Evaluation of Military Sexual Trauma Screening and Treatment	HSR&D	2006 – 2009	\$98,775	\$416,100
Litz	A Placebo-Controlled Trial of D-Cycloserine and Exposure Therapy for Combat PTSD	CSR&D	2006 – 2009	\$172,333	\$517,000
Litz / King, D. / King, L.	Impact of Military Stressors Across the Life Course	MAVERIC	2002 – 2007	\$197,000	\$968,000
Miller	The Structure of PTSD Comorbidity	CSR&D	2006 – 2010	\$159,859	\$580,633
Monson	Randomized Clinical Trial of Cognitive Processing Therapy for Military-related Posttraumatic Stress Disorder	VA - CSP CDA	2003 – 2005	\$109,291	\$327,000
Mori / Niles	Telehealth Intervention to Promote Exercise for Diabetes	RR&D	2006 – 2010	\$88,123	\$675,499
Morland	Telemedicine and Anger Management with PTSD Veterans in the Hawaiian Islands	HSR&D	2005 – 2009	\$249,185	\$874,501
Najavits	Adaptation of Clinical Resources for American Indians	OMHS	2005 – 2006	\$57,000	\$57,000
Otis / Keane	Developing an Integrated Cognitive Behavioral Treatment for Chronic Pain	RR&D	2004 – 2008	\$248,000	\$990,000
Resick / Monson	Developing Staff Capacity to Deliver Cognitive Processing Therapy (CPT)	OMHS	2006 – 2007	\$184,108	\$399,108
Rosen	Telephone Case Monitoring for Veterans with PTSD	HSR&D	2006 – 2011	\$56,000	\$1,459,000
Rosenheck	Collaborative Initiative on Chronic Homelessness	OMHS, HUD, HHS	2003 – 2007	\$600,000	\$1,800,000
Sano / Friedman	Evaluating a Bio-Terrorism Preparedness Campaign for Veterans	HSR&D	2003 – 2006	\$307,284	\$1,400,000
Schnurr / Friedman	Reengineering Systems for the Primary Care Treatment of PTSD	HSR&D	2007 – 2010	\$0	\$1,242,100
Shipherd	MST Effects on PTSD and Health Behavior: A Longitudinal Study of Marines	HSR&D	2006 – 2009	\$18,780	\$710,000
Staley	Longitudinal Assessment of Brain Morphometry in Recently Abstinent Alcoholics	HSR&D	1999 – 2006	\$20,000	\$160,000

TABLE 4: NATIONAL CENTER FOR PTSD RESEARCH FUNDING, FISCAL YEAR 2006 (CONTINUED)

OTHER VA SOURCES (CONTINUED)

Principal Investigators	Title of Project	Funding Source	Years	FY 06 Funding	Total Award
Taft	PTSD, Anger, Cognition, and Partner Violence Among Combat Veterans	CSR&D	2006 – 2009	\$0	\$376,000
Trafton / Kimerling	Effectiveness of Screening and Treatment for PTSD in SUD Patients	HSR&D	2006 – 2010	\$109,050	\$681,100
Vojvoda / Southwick	Expand Services to OEF/OIF veterans with PTSD	OMHS	2005 – 2007	\$244,059	\$750,000
<small>BLR&D Biomedical Laboratory Research & Development Service; CDA Career Development Award; CSP Cooperative Studies Program; CSR&D Clinical Science Research and Development Service; HHS (Department of) Health and Human Services; HSR&D Health Services Research and Development Service; HUD Housing and Urban Development; MAVERIC Massachusetts Veterans Epidemiology Research and Information Center; MIRECC Mental Illness Research, Education and Clinical Center; OMHS Office of Mental Health Services; RR&D Rehabilitation Research and Development Service</small>					

NATIONAL INSTITUTE OF MENTAL HEALTH

Principal Investigators	Title of Project	Years	FY 06 Funding	Total Award
Brady / Keane	HIV Prevention for the Mentally Ill: Motivational Skills	2006 – 2009	\$150,000	\$450,000
Carlson	Ecological Proximal Assessment in Trauma Survivors	2005 – 2007	\$135,000	\$339,075
Charney	Emory-GSK-NIMH Collaborative Mood Disorder Initiative	2004 – 2008	\$356,106	\$1,221,997
Charney	Randomized Placebo-Controlled Trial of an AMPAkinase in Major Depressive Disorder	2006 – 2009	\$474,981	\$1,424,943
Duman	Antidepressants and Signal Transduction in Brain	2005 – 2010	\$250,000	\$1,250,000
Duman	Neurobiological Basis of Major Psychiatric Disorders	2002 – 2007	\$823,356	\$4,116,780
Gelernter	Florida Hurricanes & Older Adults: Outcome/Resiliency	2005 – 2007	\$30,000	\$40,000
Gulliver / Zimering	Pathways of Risk and Resilience in Firefighter Recruits	2006 – 2011	\$634,000	\$2,985,000
Kaufman	Corpus Callosum in Maltreated Children with PTSD	2002 – 2007	\$250,000	\$1,597,085
Keane	Postdoctoral Research Training in Posttraumatic Stress Disorder	1996 – 2006	\$178,000	\$787,000
King, D. / 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
Litz	Coping With the Threat of Terror	2006 – 2008	\$225,000	\$450,000
Litz	Emotional Processing in Borderline Personality Disorder	2004 – 2007	\$115,000	\$455,000
Litz / Caddell	Randomized Trial of a Self-Management Early Intervention for Combat-Related PTSD	2006 – 2009	\$257,425	\$800,000
Litz	Randomized Trial of an On-line Early Intervention for Combat-Related PTSD in Primary Care (Joint DoD/NIMH funding)	2006 – 2009	\$0	\$1,236,161

NATIONAL INSTITUTE OF MENTAL HEALTH

Principal Investigators	Title of Project	Years	FY 06 Funding	Total Award
Miller	Startle Reflex Amplitude and Cortisol in PTSD	2003 – 2006	\$32,250	\$154,350
Norris	Research Education in Disaster Mental Health	2003 – 2008	\$250,000	\$1,250,000
Norris	Social and Cultural Dynamics of Disaster Recovery	2000 – 2006	\$0	\$2,000,000
Sanislow	Collaborative Longitudinal Study of Personality Disorders III	2005 – 2009	\$160,000	\$640,000
Sanislow	Cognitive Control in Borderline and Trauma Psychopathology	2005 – 2010	\$155,000	\$775,000
Sheikh	Sleep in PTSD/Panic Disorder: A Multimodal, Naturalistic Study	2003 – 2007	\$312,500	\$1,400,000
Taft	Posttraumatic Stress Disorder, Relationship Abuse, and Physical Health	2006 – 2011	\$0	\$751,000
Williams	Neurophysiology of Receptor Actions in Prefrontal Cortex	2004 – 2007	\$150,000	\$500,000
Wolf	The Structure of PTSD Comorbidity in the Axis II Domain	2006 – 2009	\$29,177	\$76,376

OTHER NON-VA SOURCES

Principal Investigators	Title of Project	Funding Source	Years	FY 06 Funding	Total Award
Aikins	A Neuroethical Analysis of the Neuroscience of Combat Stress	Donaghue Initiative in Biomedical and Behavioral Research Ethics	2006 – 2006	\$10,000	\$10,000
Barlow / Keane / Resick	Treatment/Services Development Center for PTSD and Substance Abuse in Children and Adolescents	SAMHSA	2003 – 2007	\$412,000	\$2,400,000
Buckley	Behavioral Pharmacology of Smoking in Anxiety Disorders	NIDA	2003 – 2008	\$102,654	\$502,596
Davison	Late-Onset Stress Symptomatology in Older Female Survivors of Sexual Trauma	NIH	2005 – 2006	\$90,000	\$180,000
Friedman / Watson	Best Practices in Disaster Mental Health	SAMHSA/CMHS	2001 – 2006	\$250,000	\$2,015,000
Gelernter	Thai-U.S. Drug Dependence Genetics Research Training Grant	NIH/NIDA/ Fogarty International Center	2002 – 2007	\$313,266	\$1,565,360
Gelernter	Family Controlled Linkage Disequilibrium Studies of Alcohol Dependence	NIH/NIAAA	2002 – 2007	\$593,056	1,428,127
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 – 2006	\$257,802	\$5,835,175

TABLE 4: NATIONAL CENTER FOR PTSD RESEARCH FUNDING, FISCAL YEAR 2006 (CONTINUED)

OTHER NON-VA SOURCES (CONTINUED)

Principal Investigators	Title of Project	Funding Source	Years	FY 06 Funding	Total Award
Gelernter	Approaches to the Genetics of Substance Dependence	NIH/ NIDA	2003 – 2008	\$75,014	\$166,268
Gelernter	Genetics of Opioid Dependence	NIH/NIDA	2000 – 2010	\$829,251	\$5,033,863
Hamblen	CBT for Postdisaster Distress	Florida Department of Children and Families	2005 – 2006	\$84,687	\$104,687
Johnson	Effects of Aging on Memory for Source of Information	NIH	2004 – 2009	\$325,000	\$2,687,713
Johnson	Aging and Memory: fMRI Studies of Component Processes	NIH/Univ. of CA at Berkeley	2003 – 2008	\$155,000	\$1,348,513
Kimerling	PTSD and Women's Health and Social Outcomes	State of California	2004 – 2007	\$250,000	\$750,000
Krystal	Amino Acid Neurotransmitter Dysregulation in Alcoholism	NIH/NIAAA	2004 – 2009	\$169,990	\$917,945
Krystal	Center for the Translational Neuroscience of Alcoholism	NIAAA	2006 – 2011	\$1,433,060	\$7,002,170
Krystal	Novel Glutamatergic Detoxification Strategies	NIAAA	2004 – 2007	\$75,000	\$250,000
Krystal	Novel Glutamatergic Detoxification Strategies-Distinguished Investigator Award	NARSAD	2006 – 2007	\$100,000	\$100,000
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 / Rasmusson	Preventing and Treating Substance Abuse Disorders in Women with PTSD	NIDA/ORWH	2001 – 2006	\$60,000	\$400,000
Morgan	Effective Interviewing Skills	DoD	2006 – 2007	\$200,000	\$200,000
Morgan	Forensic Statement Analysis and Cognitive Load	DoD	2006 – 2007	\$750,000	\$750,000
Morgan / Southwick	The Effects of DHEA on Mood Memory and Cognition of Soldiers Exposed to Acute Stress	USSOCM	2006 – 2007	\$161,000	\$161,000
Morgan / Southwick	Psychobiological Assessment of High Intensity Military Training	DoD	1997 – ONGOING	\$0	\$365,000
Neumeister	A Double-Blind, Placebo-Controlled, Crossover Design Trial to Assess Cognitive, Psychological, and Cerebral Metabolic Effects of a Single Dose of IV Glycine in Healthy Volunteers Undergoing a Ketamine Challenge of Symptom Provocation	Yale/Pfizer Imaging Alliance	2005 – 2006	\$430,041	\$430,041
Neumeister	Assessment of Central 5-HT1B Receptor Occupancy After Single Oral Doses of CE-210,666 Using PET in Healthy Adult Subjects	Pfizer, Inc.	2006 – 2006	\$627,000	\$627,000
Neumeister	Effects of Levetiracetam on Conditioned Psychophysiological Responses in PTSD	UCB Pharma, Inc.	2006 – 2007	\$50,000	\$50,000

OTHER NON-VA SOURCES (CONTINUED)

Principal Investigators	Title of Project	Funding Source	Years	FY o6 Funding	Total Award
Neumeister	Genetic Determinance of Noradrenergic Function in Panic Disorder	ADAA	2005 – 2006	\$29,980	\$29,980
Neumeister	Neurofunctional Markers of Early Satiety, as Induced by Meal Consumption of Pharmacological Intervention	Pfizer, Inc.	2006 – 2006	\$703,000	\$703,000
Neumeister / Aikins	Effects of Duloxetine on Fear Conditioning in PTSD	Lilly	2006 – 2007	\$137,000	\$137,000
Niles / Silberbogen	Evaluation of a Mindfulness Telehealth Intervention for PTSD	Samueli Institute	2006 – 2007	\$152,136	\$152,136
Norris	National Consortium for the Study of Terrorism and Response to Terrorism	Department of Homeland Security	2005 – 2008	\$87,000	\$270,000
O'Malley / Staley	Transdisciplinary Tobacco Use Research Center: Imaging Nicotinic & GABAergic Markers in Tobacco Smokers	NIH/NIAAA	2004 – 2009	\$201,974	\$939,500
Prigerson	Risk Factors for Complicated Grief in Suicidality in Individuals Bereaved by Suicide	American Foundation for Suicide Prevention	2004 – 2006	\$10,000	\$70,000
Rasmusson	Neurobiological Predictors of Response to Cognitive Processing Therapy for PTSD in Women With and Without Co-Morbid Major Depression	NARSAD	2006 – 2008	\$30,000	\$60,000
Saxe / King, D.	Post-Traumatic Stress Disorder in Children with Injuries: A Longitudinal Study	NIH	2003 – 2008	\$250,000	\$1,250,000
Southwick	Risk and Resilience Factors in Iraq Combat Veterans	State of Connecticut	2005 – 2007	\$176,667	\$530,000
Southwick	T32 Research Training Grant-Clinical Neuroscience-Stress Disorders	NIH	2006 – 2010	\$119,231	\$1,121,510
Staley	Antidepressant Modulation of Nicotinic Acetylcholine Receptor Expression	NARSAD	2005 – 2007	\$30,000	\$60,000
Staley	Cognition, Tobacco Smoke and Nicotinic Receptor Occupancy	NIH/NIDA	2006 – 2008	\$95,000	\$261,250
Staley	Delineating the Role of Benzodiazepine Receptors in Alcohol and Nicotine Dependence	Dana Foundation	2003 – 2006	\$50,000	\$100,000
Staley	Testing Newly Developed Ligands in Nonhuman Primates with SPECT	Institute for Neurodegenerative Disorders and Molecular Neuroimaging	2005 – 2006	\$90,000	\$90,000
Staley	Tobacco Smoking and Nicotine Acetylcholine Receptors	NIH/NIDA	2004 – 2008	\$200,000	\$800,000

TABLE 4: NATIONAL CENTER FOR PTSD RESEARCH FUNDING, FISCAL YEAR 2006 (CONTINUED)

APPLICATIONS PENDING APPROVAL

Principal Investigators	Title of Project	Funding Source	Years	Total Award
Aikins	Neuroimaging Conditioned Fear in Military Personnel With and Without PTSD	NIMH	2007 – 2011	\$340,000
Aikins	Using Vagal Tone to Predict Anger Control and High Stress Performance in Military Personnel within US Survival School Programs	HF Guggenheim Foundation	2006 – 2006	\$20,892
Hamblen	CBT for Postdisaster Distress	Baton Rouge Area Foundation	2006 – 2007	\$148,420
Kaufman	Child Abuse, GABA ₂ Genotype, and Early Alcohol Use	NIMH	2006 – 2010	\$2,043,172
Kaufman	Genetic and Environmental Modifiers of Child Depression	NIMH	2005 – 2009	\$1,597,085
Kleespies / Guerra / Knight / Rogers	Development of a Database for the Analysis of Self-Injurious Behavior in the Veteran Population	VA VISN 1 Kizer Award Recognition Award	2007 – 2008	\$22,000
Miller	Genetics of Negative Conflict Behavior	NIMH	2006 – 2011	\$1,625,797
Monson	Cognitive-Behavioral Couple's Therapy for Posttraumatic Stress Disorder	NIMH	2006 – 2008	\$450,000
Rosen / Ruzek	VIP: Staff Distance Training in Substance Use Intervention for Returnees	VA - QUERI Initiative	2007 – 2007	\$39,000
Rasmusson	GABAergic Neurotransmission in PTSD	NIMH	2007 – 2009	\$275,000
Rasmusson	Psychoendocrine Predictors of Abstinence Lapse in Smokers With and Without PTSD	NIDA	2007 – 2011	\$1,000,000
Taft	Posttraumatic Stress Disorder, Relationship Abuse, and Physical Health	NIMH	2006 – 2011	\$751,000
Vogt	Further Development and Validation of the DRRI: Phase I	HSR&D	2007 – 2008	\$137,500

TABLE 5: EDUCATIONAL PRESENTATIONS BY NATIONAL CENTER STAFF, FISCAL YEAR 2006

INTERNATIONAL SOCIETY FOR TRAUMATIC STRESS STUDIES TORONTO, ON, NOVEMBER 2005

Benedek, D., Zatzick, D., **Friedman, M.**, Ursano, R., & Pynoos, R. "Use of practice guidelines to disseminate recommendations: Pros and cons."

Friedman, M.J. "Practice guidelines for PTSD treatment: What they can and can't tell us."

Keane, T.M. "Understanding the postdoctoral application process."

Munroe, J., **Fisher, L.**, **Quinn, S.**, **Davison, E.**, Ford, J., & Pratt, A. "Working with complex PTSD: Practical therapy skills."

Resick, P.A., & **Monson, C.M.** "Cognitive processing therapy for PTSD."

Ruzek, J.I. "Virtual innovation partnership: Overview of a dissemination system."

Ruzek, J.I., **Riney, S.J.**, **Walser, R.D.**, & LeClerc, J. "Work success group: Maintaining employment for working returnees."

Schnurr, P.P. "Becoming an expert journal and grant reviewer."

Shalev, A., Freedman, S., Adessky, R., & **Watson, P.J.** "Who needs care, who wants care, who is helped by early intervention: 5600 trauma survivors' results."

Shipherd, J.C., & **Samper, R.** "Networking session for students and programs with trauma training."

Shipherd, J.C., **Samper, R.**, Kilpatrick, D., Salters-Pedneault, K., & **Keane, T.M.** "Internship and postdoctoral applications: Understanding the process."

Walser, R., Gregg, J., Westrup, D., & Loew, D. "Acceptance and Commitment Therapy: Treating PTSD."

Watson, P.J. "Best practices for longer-term community support following disasters and terrorism."

Watson, P.J. "Evidence informed approaches for postcrisis community support."

Watson, P.J., **Ruzek, J.**, Brymer, M., Vernberg, E., & Layne, C. "Pre-Meeting Institute: Psychological first aid."

Westrup, D. "Implementing CPT in a residential treatment setting for PTSD."

WITHIN VA

Drescher, K., **Maguen, S.**, & **Swales, P.** "The new war combatant: Core clinical issues." VISN 21 PTSD Conference, Palo Alto, CA, March 2006.

Friedman, M.J. "PTSD research - past, present and future." Quality and Innovations Forum: Transforming VHA Mental Health Services, VHA National Leadership Board, Arlington, VA, June 2006.

Gusman, D.F., & **Swales, P.J.** "The new war combatant: Considerations for the treatment of combat-related stress." VISN 21 Conference, Yountville, CA, March 2006.

Gusman, D.F., & **Swales, P.J.** "The new war combatant: Considerations for the treatment of combat-related stress." VISN 21 PTSD Conference, Palo Alto, CA, March 2006.

Gusman, D.F., & **Swales, P.J.** "Planning for the management and care of OIF/OEF veterans with combat-related stress/PTSD in the VA Sierra Pacific Network (VISN 21)." VISN 21 PTSD Conference, Palo Alto, CA, March 2006.

Gusman, D.F., & **Swales, P.J.** "Vicarious traumatization: Towards recognition and resilience-building." Department of Veterans Affairs Readjustment Counseling Service Annual Conference, Sacramento, CA, August 2006.

Keane, T.M. "Leadership in psychology: The role of research." Association for VA Psychology Leaders, Dallas, TX, April 2006.

Leskin, G.A. "PTSD and traumatic brain injury." VISN 21 Leadership Development Conference, Reno, NV, May 2006.

Leskin, G.A. "Risk and resiliency in combat related PTSD." National VA Social Work Annual Conference, Palo Alto, CA, July 2006.

Leskin, G.A. "Risk and resiliency in combat related stress and PTSD." VISN 21 PTSD Planning for the Management and Care of OIF/OEF Veterans with Combat-Related Stress/PTSD, Palo Alto, CA, March 2006.

Monson, C.M. "Family services for veterans with posttraumatic stress disorder." VA Conference on Family Services for Individuals with Serious Mental Illness and PTSD, Baltimore, MD, September 2006.

Pineles, S.L. "Stressors facing OEF/OIF veterans in the war zone and at home." Women's Mental Health in Primary Care Mini-Residency at the Boston VA Healthcare System, Boston, MA, September 2006.

Pivar, I. "Soldiers who grieve: Recognizing, understanding and managing grief reactions." VA National Satellite Broadcast, St. Louis, MO, September 2006.

Resick, P.A. "A reconceptualization of PTSD." Grand Rounds University of Missouri-Columbia Medical School and Harry S. Truman VA Medical Center, Columbia, MO, March 2006.

Resick, P.A. "Cognitive processing therapy: Overview and research." Seattle VA Hospital, Seattle, WA, October 2005.

Resick, P.A. "Overview of cognitive processing therapy." VA New England Healthcare System, Bedford, MA, December 2005.

Resick, P.A. "Cognitive processing therapy for veterans with PTSD." Fayetteville VA, Fayetteville, NC, September 2006.

Resick, P.A. "Treatment of military sexual assault related PTSD." Treating our returning soldiers: what we need to know, VISN 16 & 17 South Central Mental Illness Research, Education & Clinical Center, San Antonio, TX, April 2006.

Resick, P.A., & **Monson, C.M.** "Cognitive processing therapy for veterans with PTSD." VA Boston Healthcare System, Boston, MA, September 2006.

Rosen, C., **Walser, R.D.**, & **Ruzek, J.I.** "Management of concurrent PTSD and substance abuse in OIF/OEF returnees." VISN 21 OIF Conference, VA Palo Alto Health Care System, Menlo Park, CA, April 2006.

Ruzek, J.I. "Developing skills in trauma response: What you need to know to help people following mass trauma." Palo Alto Reserve Corps and VAP-AHCS Psychology Service Conference, Palo Alto, CA, November 2005.

Ruzek, J.I. "Using social support to support recovery after Hurricane Katrina." After the Storms: Employees' Guide to Managing Stress, VA Knowledge Network and Content Delivery Network, New Orleans, LA, March 2006.

Ruzek, J.I., **Riney, S.J.**, & **Walser, R.D.** "Work success intervention training." VISN 21 Training, Menlo Park, CA, August 2006.

Ruzek, J.I. "Responding to needs of OIF/OEF returnees." VA National Satellite Broadcast, St. Louis, MO, September 2006.

Walser, R.D. "Acceptance and Commitment Therapy in the treatment of PTSD: An experiential approach to behavior change." VISN 23 Mental Health Conference, Minneapolis, MN, April 2005.

Walser, R.D. "The first half of 'work and play': Team building and stress management from the perspective of acceptance and commitment training." VA Palo Alto Social Work Retreat Program, Los Gatos, CA, March 2006.

Watson, P.J. "Meeting our returning veterans' mental health needs: Communicating and positive emotion building." VA National Satellite Broadcast, St. Louis, MO, September 2006.

Westrup, D. "OIF/OEF Women." VA Leadership Conference, Dallas, TX, April 2006.

Young, B.H. "Adult psychological first aid." Department of Veterans Affairs VISN 16 Disaster Preparedness Training, Houston, TX, July 2006.

TABLE 5: EDUCATIONAL PRESENTATIONS BY NATIONAL CENTER STAFF, FISCAL YEAR 2006 (CONTINUED)

OTHER

Friedman, M.J. "Combat & trauma: What we know now." Nieman Foundation Conference, Harvard School of Journalism, Boston, MA, October 2005.

Friedman, M.J. "OEF/OIF experience: Before, during and after deployment." Turner Lecture, Dartmouth Medical School, Lebanon, NH, October 2005.

Friedman, M.J. "Pharmacotherapy: What we do and do not know about medication treatment for PTSD, treating acute stress disorders, and posttraumatic stress disorder." PTSD Alliance, Washington, DC, December 2005.

Friedman, M.J. "Acute post-traumatic reactions and PTSD." Hong Kong College of Psychiatry, Hong Kong, China, February 2006.

Friedman, M.J. "Psychiatric aspects of disaster recovery." Hong Kong Academy of Medicine, 3rd Intercollegiate Scientific Meeting, Hong Kong, China, February 2006.

Friedman, M.J. "PTSD and depression: A psychopharmacology update." Conference on Trauma Survivors in our Community: Integrating Mental Health into Primary Care. Georgetown University, Washington, DC, April 2006.

Friedman, M.J. "Veterans of the war in Iraq and their families." Vermont Trauma Institute, Burlington, VT, April 2006.

Friedman, M.J. "A call to service: Minimizing the effects of trauma." Arkansas Psychological Association, Little Rock, AR, May 2006.

Friedman, M.J. "PTSD and disaster." Arkansas Psychological Association, Little Rock, AR, May 2006.

Friedman, M.J. "War zone reactions in veterans." From the War Zone to the Home Front Conference, Norwich University, Northfield, VT, June 2006.

Friedman, M.J. "Current best practice in the assessment and treatment of PTSD." Australasian Society for Traumatic Stress Studies/Australian Centre for Posttraumatic Mental Health Joint Annual Conference, Adelaide, Australia, September 2006.

Friedman, M.J. "Current trends in PTSD research and treatment." Australian Centre for Posttraumatic Mental Health, Melbourne, Australia, September 2006.

Friedman, M.J. "Traumatic stress research: Past, present and future." Australasian Society for Traumatic Stress Studies/Australian Centre for Posttraumatic Mental Health Joint Annual Conference, Adelaide, Australia, September 2006.

Gelernter, J. "Linkage study methods, and linkage studies and gene mapping in drug dependence." Genetics of Psychiatric and Substance Use Disorders: Advanced Methods and Latest Findings. Yale-Chulalongkorn Research Training Program, Bangkok, Thailand, November 2005.

Gusman, D.F., & Swales, P.J. "Characteristics of effective teams and their leaders." Balboa Naval Air Station, San Diego, CA, May 2006.

Gusman, D.F., & Swales, P.J. "Positive coping and resiliency: Translating a tertiary intervention into a primary prevention model of care for combat-related stress." Fort Sill, OK, February 2006.

Gusman, D.F., & Swales, P.J. "Stressors and resilience: Lessons learned." Associated Press Annual Conference, San Jose, CA, October 2005.

Gusman, D.F., & Swales, P.J. "Supporting positive coping and resiliency: Application of a developmental model." Balboa Naval Air Station, San Diego, CA, May 2006.

Gusman, D.F., & Swales, P.J. "The National Center for PTSD Education Division: Supporting positive coping and resiliency: Application of a developmental model." Balboa Naval Air Station, San Diego, CA, May 2006.

Gusman, D.F., & Swales, P.J. "The new war combatant: Historical, current, and treatment perspectives." Chesapeake Health Education Program Conference, Perry Point, MD, November 2005.

Gusman, D.F., & Swales, P.J. "Vicarious traumatization: Towards recognition and resilience-building." Training for the Department of Defense, Fort McCoy, WI, August 2006.

Hamblen, J.L. "Cognitive behavioral therapy for postdisaster distress." New Jersey Mental Health Association, Lincroft, NJ, June 2006; New Jersey Mental Health Association, Morristown, NJ, June 2006; New Jersey Mental Health Association, Paramus, NJ, June 2006.

Hamblen, J.L. "Cognitive behavioral therapy for postdisaster distress: Train the trainers." New Jersey Mental Health Association, East Orange, NJ, October 2005.

Keane, T.M. "Evidence based treatment of PTSD." Bridgette Prusoff, Ph.D. Memorial Lecture in Epidemiology and Public Health, Yale University, New Haven, CT, April 2006.

Keane, T.M. "Evidence based treatment of PTSD." New Mexico Behavioral Health Conference, Albuquerque, NM, March 2006.

Keane, T.M. "PTSD in the current climate." Royal Society of Medicine, London, United Kingdom, March 2006.

Kimerling, R., Alvarez, J., Pavao, J., & Baumrind, N. "Intimate partner violence, PTSD and utilization of welfare services among California women." CalWORKS Partnerships Summit, Burlingame, CA, November 2005.

Kimerling, R., Alvarez, J., & Pavao, J. "Violence, trauma, and mental health among California women." California Department of Women's Health, Sacramento, CA, May 2006.

Krystal, J.H. "The neurobiology of dissociation: Insights from people and cortical circuits under stress." Grand Rounds, Dartmouth Hitchcock Medical Center, Lebanon, NH, January 2006.

Leskin, G.A. "Assessment and treatment for combat related stress and PTSD in OIF/OEF Veterans." Chesapeake Health Education Program Conference, Perry Point, MD, November 2005.

Leskin, G.A. "Psychological first aid." Navy SPRINT Team Annual Training, Navy Hospital, San Diego, CA, August 2006.

Leskin, G.A. "Risk and resiliency factors in combat related stress/PTSD." US Army Combat Stress Training, Ft. Sill, OK, January 2006.

Leskin, G.A. "Risk factors in acute stress reactions/PTSD." US Army 785th Combat Stress Control Team, Palo Alto, CA, September 2006.

Monson, C.M. "Cognitive-behavioral couple's therapy for PTSD." Canadian Veterans' Administration Mental Health, Boston, MA, January 2006.

Monson, C.M. "Cognitive-behavioral therapies for PTSD." Spring series on developments in cognitive-behavioral therapy presented at Assumption College, Worcester, MA, March 2006.

Monson, C.M. "Cognitive processing therapy for military-related PTSD." Meeting of the New England Region of Vet Center military sexual trauma therapists, Boston, MA, December 2005; Meeting of the Pacific Western Region of Vet Center Readjustment Counselors, Sacramento, CA, July 2006.

Monson, C.M. "Prevention of posttraumatic stress disorder." Uniformed Services Social Work and Seamless Transition Conference, Washington, DC, August 2006.

Najavits, L.M. "Implementation of seeking safety." Center for Substance Abuse Treatment, Telecast, March 2006; Gosnald Treatment Center, Falmouth, MA, April 2006; Institute for Health and Recovery, Hyannis, MA, April 2006; KODIAK Conference, Anchorage, AK, March 2006; New England School of Best Practices in Addiction Studies, Waterville Valley, NH, August 2006; Phoenix House, New York, NY, June 2006.

Najavits, L.M. "Numbing the pain: PTSD and substance abuse." Jack Hirose and Associates Conference on Healing Trauma and Addictions, Red Deer, Alberta, Canada, May 2006.

Najavits, L.M. "Seeking safety for addictions and trauma." Conference for the California Department of Alcohol and Drug Programs, Sacramento, CA, September 2006; Hamilton County "Off the Streets" Program, Cincinnati, OH, May 2006; Ohio Department of Alcohol and Drug Addiction Service, Columbus, OH, May 2006; South Dakota Upper Plains Summer Institute, Sioux Falls, SD, August 2006.

Najavits, L.M. "Seeking safety: Therapy for PTSD and substance abuse." Fairfax County Department of Mental Health, Fairfax, VA, May 2006; Gateway Foundation, Springfield, IL, May 2006; Mid-Florida Center, Indianapolis, IN, June 2006; Pacific Institute of Chemical Dependency, Honolulu, HI, January 2006; Psychotherapy Day for the Department of Psychiatry at the University of Toronto Medical School, Toronto, ON, September 2006.

Najavits, L.M. "The link between PTSD and substance abuse." Hanmer Clinic Annual Dual Diagnosis Conference, Tauranga, NZ, October 2005; Prairielands Addiction Technology Transfer Center, Bismarck, ND, October 2005; Boston Medical Center Grand Rounds, Boston, MA, February 2006; University of North Carolina at Chapel Hill, Chapel Hill, NC, April 2006; Project New Life Path, sponsored by SAMHSA, New York, NY, August 2006; Annual Conference for the Department of Psychiatry at the Medical University of Ohio, Toledo, OH, September 2006.

Najavits, L.M. “The link between PTSD and substance abuse in women.” Hazelden Foundation, White Plains, NY, September 2006.

Najavits, L.M. “The link between PTSD and substance abuse in women.” Hazelden Foundation, Women Healing Conference, Tampa, FL, May 2006.

Najavits, L.M. “Women and substance abuse.” Hazelden Foundation, Women Healing Conference, Minneapolis, MN, April 2006.

Nutter, R.A. “Dialectical behavior therapy with BPD trauma survivors: Part 3.” Psychiatric Residency Training Program, Tripler Army Medical Center, Honolulu, HI, October 2005.

Nutter, R.A. “Dialectical behavior therapy with BPD trauma survivors: Part 4.” Psychiatric Residency Training Program, Tripler Army Medical Center, Honolulu, HI, October 2005.

Nutter, R.A. “Disaster and traumatic events: Early interventions.” National Mental Support Center for School Crisis of Osaka, Japan, Honolulu, HI, March 2006.

Nutter, R.A. “Post-disaster crisis counseling and psychological first aid training.” Kauai Kokua Ohana, Lihue, HI, June 2006.

Nutter, R.A. “Post-disaster crisis counseling and psychological first aid training.” Oahu Kokua Ohana, Kaneohe, HI, July 2006.

Nutter, R.A., & Stuart, F. “Post-disaster crisis counseling program training.” State of Georgia Division of Mental Health, Developmental Disabilities & Addictive Diseases, Atlanta, GA, November 2005.

Resick, P.A. “A reconceptualization of posttraumatic stress disorder.” University of Washington Medical School, Seattle, WA, October 2005.

Resick, P.A. “An internalizing-externalizing perspective on PTSD.” RESOLVE and Rehabilitate Program Training, Federal Bureau of Prisons, Bethesda, MD, September 2006.

Resick, P.A. “Cognitive processing therapy.” Federal Bureau of Prisons, Bethesda, MD, September 2006.

Resick, P.A. “Cognitive processing therapy for returning soldiers.” Malcolm Grow Medical Center, Andrews Air Force Base, MD, April 2006.

Resick, P.A. “Effective treatments for PTSD.” Update in Psychiatry: Psychotherapy, Medical University of South Carolina, Charleston, SC, June 2006.

Resick, P.A. “PTSD and its comorbidities: Recent findings on assessment and treatment.” Samaritan Medical Center, Watertown, NY, January 2006.

Resick, P.A. “PTSD assessment and treatment.” The Road Home: National Conference on Returning Veterans’ and their Families’ Behavioral Health—Restoring Hope and Building Resiliency, Washington, DC, March 2006.

Ruzek, J.I. “Cognitive therapy: How cognitions exacerbate and maintain stress disorders: How to change them.” American Burn Association Postgraduate Course A: Diagnosis and Management of ASD and PTSD, American Burn Association, Las Vegas, NV, April 2006.

Ruzek, J.I. “Early intervention to prevent development of PTSD.” Santa Clara Valley Medical Center Conference on Trauma Care, Campbell, CA, October 2005.

Ruzek, J.I. “Evidence-based methods for screening, evidence base for initial psychological treatment of ASD and prevention of PTSD, evidence-base for psychological treatment of PTSD.” American Burn Association Postgraduate Course A: Diagnosis and Management of ASD and PTSD, American Burn Association, Las Vegas, NV, April 2006.

Ruzek, J.I. “Exposure therapy: Prolonged in vivo and imaginal exposure: What they are, how they work, and how to do them.” American Burn Association Postgraduate Course A: Diagnosis and management of ASD and PTSD, American Burn Association, Las Vegas, NV, April 2006.

Ruzek, J.I. “Identification and treatment of PTSD and substance abuse among war veterans.” Latino Behavioral Health Institute plenary presentation, Universal City, CA, September 2006.

Ruzek, J.I. “Psychological first aid.” American Psychological Association, New Orleans, LA, September 2006.

Ruzek, J.I. “PTSD from symptom identification to treatment interventions: Promoting best practices.” OIF/OEF Returnee Conference, Philadelphia, PA, May 2006.

Ruzek, J.I. “Work success groups: Managing mental health problems in the workplace.” Vocational Rehabilitation and Employment National Management Training Conference, St. Louis, MO, May 2006.

Sanislow, C. “New research on borderline personality disorder.” National Center for Borderline Personality Disorder, NAMI, New Haven, CT, May 2006.

Schnurr, P.P. “Getting published in the traumatic stress literature.” World Congress on Traumatic Stress, Buenos Aires, Argentina, June 2006.

Shipherd, J.C. “How to cope with borderline personality disordered patients.” Women’s Mental Health in Primary Care Mini-Residency, Boston, MA, September 2006.

Shipherd, J.C. “Understanding personality disorders.” Women’s Mental Health in Primary Care Mini-Residency, Boston, MA, September 2006.

Southwick, S. “PTSD, crisis, and facilitating resilience.” Hardin-Simons’ University, Irvin School of Education, Department of Counseling and Human Development & the Viktor Frankl Institute of Logotherapy, Abilene, TX, April 2006.

Swales, P. “Traumatic stress reactions: Signs and symptoms.” Associated Press Annual Conference, San Jose, CA, October 2005.

Swales, P. “Supporting resiliency: Understanding and treating post-combat anxiety and stress reactions.” Department of Defense: Fort Sill, Lawton, OK, February 2006.

Swales, P. “Supporting resiliency: Understanding and treating post-combat anxiety and stress reactions.” Department of Defense: Fort McCoy, WI, August 2006.

Vogt, D. “Gender differences, war, and mental health.” Presentation in course “Women, Gender, Health: Introductory Perspectives.” Harvard School of Public Health, Boston, MA, October 2006.

Walser, R.D. “Acceptance and Commitment Therapy in the treatment of PTSD: An experiential approach to behavior change.” Albuquerque, NM, March 2006; Cleveland, OH, September 2006; Las Vegas, NV, February 2006; Dallas, TX, July 2006.

Walser, R.D. “Seeking safety: Treatment for comorbid PTSD and substance use.” Palo Alto, CA, October 2005; Minneapolis, MN, February 2006; Albuquerque, NM, March 2006; Fayetteville, NC, September 2006.

Walser, R.D. “Workshop in Acceptance and Commitment Therapy.” Palo Alto, CA, January 2006.

Walser, R.D., & Rosen, C.R. “Substance abuse issues in OIF/OEF returnees: Overview and treatment.” Returning Iraq/Afghanistan War Veterans: Psychosocial interventions and direction for clinical practice, Fairfield, CA, September 2006.

Watson, P.J. “A primary care provider’s guide to post-disaster mental health screening.” Nevada State Telehealth, Las Vegas, NV, August 2006.

Watson, P.J. “Best practices for longer-term community support following disasters and terrorism.” Missouri State Providers, Kansas City, MO, October 2006.

Watson, P.J. “Disaster research with children and adolescents.” National Child Traumatic Stress Network Disaster Terrorism Branch, Oklahoma City, OK, April 2006.

Watson, P.J. “Mental health intervention for pandemic flu.” SAMSHA Spirit of Recovery Summit Meeting, New Orleans, LA, May 2006.

Watson, P.J. “Psychological first aid.” Online Training, SAMHSA, Rockville, MD, October 2005.

Watson, P.J. “Psychological first aid.” Presentation for CMHS, SAMHSA, Rockville, MD, October 2005.

Watson, P.J. “Psychological first aid.” Training for Florida State Crisis Counselors, Pensacola, FL, July 2006; Orlando, FL, August 2006; Ft. Lauderdale, FL, August 2006; Gainesville, FL, August 2006; Tampa, FL, August 2006.

Whealin, J.M. “Effective treatments for PTSD.” Stress, Violence, and Trauma Conference, Waikiki, HI, January 2006.

Young, B.H. “Adult psychological first aid.” Stress, Violence, and Trauma: Promoting Hawaii’s Resilience, Honolulu, HI, January 2006.

Young, B.H. “Adult psychological first aid.” Louisiana Psychological Association 58th Annual Convention, Baton Rouge, LA, May 2006.

Young, B.H. “Adult psychological first aid.” Tarrant County Public Health, Ft. Worth, TX, June 2006.

Young, B.H. “Disaster mental health services: The first 30 days.” Lubbock County Mental Health Services, Lubbock, TX, August 2006.

TABLE 6: EDITORIAL BOARD ACTIVITIES

Addictive Disorders & Their Treatment
PETRAKIS

Administration and Policy in Mental Health
ROSENHECK (ASSOCIATE EDITOR)

American Journal of Psychiatric Rehabilitation
ROSENHECK

Assessment
KING, L.

Brief Addiction Science Information Source
NAJAVITS

Behavior Therapy
ORSILLO

Behavioral Assessment
KING, L.

Biological Psychiatry
CHARNEY (EDITOR-IN-CHIEF); KRYSTAL (EDITOR);
DUMAN; GELERENTER; NEUMEISTER

Clinical Psychology Review
ORSILLO

Clinical Psychopharmacology for the Americas
KRYSTAL (PRINCIPAL EDITOR; MANAGING EDITOR)

CNS Spectrums
CHARNEY

Cognitive and Behavioral Practice
LITZ (CONSULTING EDITOR)

Current Psychiatry Reviews
KRYSTAL

Development and Psychopathology
KAUFMAN

Head & Face Medicine
BRACHA

Human Psychopharmacology
CHARNEY

International Journal of Emergency Mental Health
KEANE (CONSULTING EDITOR)

Journal of Abnormal Psychology
KEANE (CONSULTING EDITOR); LITZ (CONSULTING
EDITOR); ORSILLO (CONSULTING EDITOR)

Journal of Aggression, Maltreatment, and Trauma
CARLSON; FRIEDMAN

Journal of Anxiety Disorders
KEANE (CONSULTING EDITOR); RUZEK

Journal of Consulting and Clinical Psychology
TAFT (CONSULTING EDITOR)

Journal of Depression and Anxiety
CHARNEY

Journal of Dual Diagnosis
KRYSTAL

Journal of Emergency Management
BRACHA

Journal of Family Violence
TAFT (CONSULTING EDITOR)

Journal of Gambling Studies
NAJAVITS

Journal of General Psychology
MILLER (CONSULTING EDITOR)

Journal of Interpersonal Violence
KEANE (CONSULTING EDITOR)

Journal of Mental Health Policy and Economics
ROSENHECK

Journal of Mental Health Services Research
ROSENHECK (ASSOCIATE EDITOR)

Journal of Neurochemistry
DUMAN (HANDLING EDITOR)

Journal of Pharmacology and Experimental Therapeutics
DUMAN (ASSOCIATE EDITOR)

Journal of Psychopathology
KING, L.

Journal of Psychopathology and Behavioral Assessment
KEANE (ASSOCIATE EDITOR); ROSENHECK

Journal of Psychopharmacology
CHARNEY

Journal of Serotonin Research
CHARNEY

Journal of Trauma and Dissociation
CARLSON

Journal of Trauma Practice
KEANE (CONSULTING EDITOR); MONSON

Journal of Traumatic Stress
SCHNURR (EDITOR-IN-CHIEF); NORRIS (DEPUTY
EDITOR); KALOUPEK; KING, L.; KING, D.; ORSILLO;
RASMUSSEN; RUZEK; WOODWARD; SLONE
(STATISTICAL REVIEW ASSISTANT)

Neuropsychopharmacology
DUMAN (ASSOCIATE EDITOR)

Psychiatric Genetics
GELERENTER

Psychological Assessment
KING, L. (ASSOCIATE EDITOR)

Psychology of Addictive Behaviors
NAJAVITS

Psychopharmacology
KRYSTAL (MANAGING EDITOR)

Psychotherapy Research
NAJAVITS

Schizophrenia Bulletin
ROSENHECK

Society for the Science of Clinical Psychology
ORSILLO

Worldwide Addiction Gambling Education Report
NAJAVITS

Trauma, Abuse and Violence
KEANE (CONSULTING EDITOR)

Traumatology
RUZEK

ABOUT THE NATIONAL CENTER FOR PTSD

The National Center for Posttraumatic 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 National Center for PTSD is an integral and valued component of the Office of Mental Health Services (OMHS), which itself is within the Veterans Health Administration. The OMHS and the National Center for PTSD receive important budget support from VA,

although the National Center also leverages this support through successful competition for extramural research funding.

VA charged the Center with responsibility for promoting research into the causes and diagnosis of PTSD, for training health care 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: LEADERSHIP



Matthew J. Friedman, MD, PhD
Executive Director
Executive Division, VT

Dr. Friedman is Executive Director of the U. S. Department of Veterans Affairs National Center for Posttraumatic Stress Disorder (PTSD) and Professor of Psychiatry and of Pharmacology at Dartmouth Medical School. 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 17 books and monographs, 60 book chapters, and 106 peer-reviewed articles in scientific journals. Listed in *The Best Doctors in America*, he is a Distinguished Fellow of the American Psychiatric Association, past president of the International Society for Traumatic Stress Studies (ISTSS), Chair of the scientific advisory board of the Anxiety Disorders Association of America and 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 Schnurr, PhD
Deputy Executive Director
Executive Division, VT

Dr. Schnurr is a Research Professor of Psychiatry at Dartmouth Medical School. Dr. Schnurr's administrative duties at the National Center involve strategic direction of the activities across the seven consortium sites, consultation on research, and program development. She also is Editor-in-Chief of the *Journal of Traumatic Stress*. Dr. Schnurr is past president of the International Society for Traumatic Stress Studies and was a board member from 2000-2005. Dr. Schnurr's research focuses on substantive questions as well as methodological and statistical issues. Since joining the National Center for PTSD in 1989 she has been conducting a series of studies on the long-term outcomes associated with exposure to traumatic events to identify risk and resilience factors associated with PTSD. Another area of research involves the psychological and behavioral mediators of the relationship between PTSD and physical health outcomes. More recently she has focused on randomized clinical trials of PTSD treatment, and her most current project is investigating a system-level intervention to enhance the management of patients with PTSD in primary care settings.



Terence M. Keane, PhD
Director, Behavioral Science Division, MA

Dr. Keane 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 cognitive behavioral treatment of PTSD. Dr. Keane has participated in many 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. His research has been continuously funded for 27 years, and he has published nearly 200 books, papers, and chapters. He is a past president of ISTSS and a fellow of the American Psychological Association as well as the American Psychological Society, and he has received many awards, including a Fulbright Scholarship, Binghamton University's Weisband Distinguished Alumnus Award, the Association for Advancement of Behavior Therapy's Outstanding Researcher Award, the Robert J. Laufer Outstanding Scientific Achievement Award (1997), and the Lifetime Achievement Award (2004) from the ISTSS.



John H. Krystal, MD
Director, Clinical Neurosciences Division, CT

Dr. Krystal is the Robert L. McNeil, Jr. Professor of Clinical Pharmacology 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 300 publications and currently serves as editor of *Biological Psychiatry*. 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, which he has chaired since 2004. He currently is a member of the board of directors of the American College of Neuropsychopharmacology (ACNP), the Research Society on Alcoholism (RSA), and the Society of Biological Psychiatry (ex-officio). His work has been honored by numerous awards, including the ISTSS President's 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.



Fred D. Gusman, MSW
Director, Education Division, CA
Chief Operating Officer, Pacific Islands Division, HI

Fred Gusman is an internationally recognized expert educator, clinician, program administrator, and consultant in the field of traumatic stress. His expertise is based on the firm foundation of his own military service coupled with his 30 years of clinical, research, and consultative experiences in the field of traumatic stress, PTSD, and disaster mental health services. 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 collaborator on various research studies and author of numerous research and clinical publications. He serves as a consultant to the National Institute of Mental Health, the Department of Defense, the American Red Cross, and numerous community and state programs throughout the country and in Europe. More recently, he facilitated a leadership summit of Navy, Marine, and VA leaders to coordinate transition/communication between services and care of OIF/OEF returnees.



Robert Rosenheck, MD
Director, Evaluation Division, CT

Dr. Rosenheck is Director of the VA Northeast Program Evaluation Center (NEPEC). At Yale Medical School he is a Professor of Psychiatry and Public Health at the Child Study Center and Director of the Division of Mental Health Services and Outcomes Research in the Department of Psychiatry. 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 health care systems. He has over 18 years of experience evaluating, disseminating, and monitoring over 900 innovative mental health programs across the VA system, including: several hundred specialized VA programs for homeless veterans with severe mental illness; a national network of Assertive Community Treatment teams for veterans who suffer from severe and persistent mental illnesses; and specialized programs for veterans with PTSD. Since 1994 he has published the annual Mental Health Report Card for the VA. He has been a prime architect of national VA collaborative programs with both the Department of Housing and Urban Development and the Social Security Administration, and he has directed evaluation for SAMHSA. He has published more than 400 scientific papers on these important topics, covering mental health services quality of care, organization, and financing.



Patricia A. Resick, PhD
Director, Women's Health Sciences Division, MA

Dr. Resick is a Professor of Psychiatry and Psychology at Boston University. She is the author or coauthor of three books and more than 135 scientific articles and book chapters on the topics of assessment and treatment of posttraumatic stress disorder. Dr. Resick has specialized in the development of effective treatments for trauma-related PTSD and depression — in particular, cognitive processing therapy. She is now working on issues of dissemination. She has also specialized in risk factors for PTSD, especially among women. Dr. Resick has served on the Board of Directors of the ISTSS and has served as its secretary and vice president. She is also a 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.

ADVISORY BOARD MEMBERS

EDUCATIONAL ADVISORY BOARD

The following is a list of the members of our 2006 Educational Advisory Board. We thank each and every one of you for your invaluable input.

Chair

Dean Kilpatrick, PhD

*Professor & Director of National Crime Victims Research & Treatment Center
Medical University of South Carolina*

Alfonso Batres, PhD, MSW

Chief, VA Readjustment Counseling Services

Dave Benedek, MD, LTC, MC, USA

Associate Professor and Assistant Chair Department of Psychiatry, USUHS

Deborah Dorsey

Project Manager, VA Employee Education System

Seth Hassett, M.S.W.

*Chief, Emergency Mental Health and Traumatic Stress Services Branch, SAMHSA's
Center for Mental Health Services*

Elana Newman, PhD

Assistant Professor, Department of Psychology, University of Tulsa

Col. David Orman, MD

Director Residence Training, Tripler Army Medical Center

Morgan Sammons, CDR

Clinical Psychologist, US Naval Academy

Rick Weidman

Director Government Relations, Vietnam Veterans of America

Daisy Whittemore

Director, Outreach Partnership Program, NIMH

Ex-Officio

Ira Katz, MD

VA Deputy Chief Patient Care Services Officer for Mental Health

SCIENTIFIC ADVISORY BOARD

The following is a list of the members of our 2006 Scientific Advisory Board. We thank each and every one of you for your invaluable input.

Chair

Robert Post, MD

Chief, Biological Psychiatry Branch, NIMH

John Fairbank, PhD

Co-Director, National Center for Child Traumatic Stress, Duke University Medical Center

Theresa Gleason, PhD

Portfolio/Program Manager, VA Clinical Science R&D

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Professor of Psychiatry, Georgetown University

Thomas Horvath, MD

Chief of Staff, Houston VA Medical Center

Roger Pitman, MD

Associate Professor of Psychiatry, Harvard Med. School

Farris Tuma, ScD

Chief, Traumatic Stress Program, NIMH

Robert Ursano, MD

Chair, Department of Psychiatry and Director, Center for the Study of Traumatic Stress, USUHS

Ex-Officio

Ira Katz, MD

VA Deputy Chief Patient Care Services Officer for Mental Health

ACRONYMS USED IN THE TEXT

ACNP	AMERICAN COLLEGE OF NEUROPSYCHOPHARMACOLOGY	OIF	OPERATION IRAQI FREEDOM
ACT	ACCEPTANCE AND COMMITMENT THERAPY	OMHS	OFFICE OF MENTAL HEALTH SERVICES
ADAA	ANXIETY DISORDERS ASSOCIATION OF AMERICA	ORWH	OFFICE OF RESEARCH ON WOMEN'S HEALTH
API	ASIAN PACIFIC ISLANDER	PET	POSITRON EMISSION TOMOGRAPHY
BBC	BRITISH BROADCASTING CORPORATION	PFA	PSYCHOLOGICAL FIRST AID
BDNF	BRAIN-DERIVED NEUROTROPHIC FACTOR	PILOTS	PUBLISHED INTERNATIONAL LITERATURE ON TRAUMATIC STRESS
CDC	CENTERS FOR DISEASE CONTROL	POW	PRISONER OF WAR
CMHS	CENTER FOR MENTAL HEALTH SERVICES	PTSD	POSTTRAUMATIC STRESS DISORDER
CPEP	COMPENSATION & PENSION EXAMINATION PROGRAM	REDMH	RESEARCH EDUCATION FOR DISASTER MENTAL HEALTH
CPT	COGNITIVE PROCESSING THERAPY	RSA	RESEARCH SOCIETY ON ALCOHOLISM
CSA	CAMBRIDGE SCIENTIFIC ABSTRACTS	RVOEC	RETURNING VETERANS OUTREACH, EDUCATION, AND CARE
DoD	DEPARTMENT OF DEFENSE	SAMHSA	SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION
DSM V	DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS, FIFTH EDITION	SPRINT	SPECIAL PSYCHIATRIC RAPID INTERVENTION TEAM
fMRI	FUNCTIONAL MAGNETIC RESONANCE IMAGING	HSR&D	HEALTH SERVICES RESEARCH AND DEVELOPMENT
HSR&D	HEALTH SERVICES RESEARCH & DEVELOPMENT	USSOCM	UNITED STATES SPECIAL OPERATIONS CITIZENS MILITIA
IOM	INSTITUTE OF MEDICINE	USUHS	UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
ISTSS	INTERNATIONAL SOCIETY FOR TRAUMATIC STRESS STUDIES	VA	(DEPARTMENT OF) VETERANS AFFAIRS
MST	MILITARY SEXUAL TRAUMA	VBA	VETERANS BENEFITS ADMINISTRATION
NCTSN	NATIONAL CHILD TRAUMATIC STRESS NETWORK	VHA	VETERANS HEALTH ADMINISTRATION
NEPEC	NORTHEAST PROGRAM EVALUATION CENTER	VHI	VETERANS HEALTH INITIATIVE
NIAAA	NATIONAL INSTITUTE ON ALCOHOL ABUSE AND ALCOHOLISM	VISN	VETERANS INTEGRATED SERVICE NETWORK
NIDA	NATIONAL INSTITUTE OF DRUG ABUSE		
NIH	NATIONAL INSTITUTES OF HEALTH		
NIMH	NATIONAL INSTITUTE OF MENTAL HEALTH		
OEF	OPERATION ENDURING FREEDOM		

NATIONAL CENTER FOR PTSD

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Behavioral Science Division

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Women's Health Sciences Division

VA Boston Healthcare System (116B-3)
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Clinical Neurosciences Division

Psychiatry Service (116A)
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West Haven, CT 06516

Education Division

VA Palo Alto Health Care System (351-117)
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Palo Alto, CA 94304

Evaluation Division (NEPEC)

VA Connecticut Healthcare System (182)
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West Haven, CT 06516

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National
Center for
PTSD
Posttraumatic
Stress Disorder