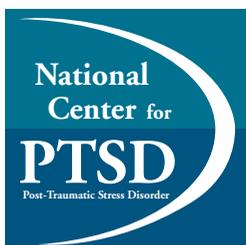


THE NATIONAL CENTER FOR PTSD
16TH ANNUAL REPORT

RESILIENCE
AND
RECOVERY



**DEPARTMENT
OF VETERANS
AFFAIRS**



FISCAL YEAR
2005



**DEPARTMENT OF VETERANS AFFAIRS
UNDER SECRETARY FOR HEALTH
WASHINGTON DC 20420**

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 2005 Annual Report from the VA National Center for Post-Traumatic Stress Disorder (PTSD) available to the public. Founded in 1989, the National Center is the centerpiece of the VHA's programs devoted to PTSD. Other components that conduct research include our Mental Illness Research Education and Clinical Centers (MIRECCs), and an extensive number of projects supported by our Office of Research and Development (ORD).

Most relevant to new and established veterans, our program includes a spectrum of specialized services for PTSD in each of our 156 VA Medical Centers, readjustment counseling services in our 207 Vet Centers, and outreach into the community to help identify veterans engage in services. Mental Health Services in VHA include a major focus on PTSD because it can be a serious disorder resulting directly from the extreme stress that can occur in combat. 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. Therefore, the 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 those who survive disasters, natural or man-made, or other exceptional stressors in civilian life.

The theme of the 2005 Annual Report is "Resilience and Recovery." The report emphasizes that most stress responses can be managed effectively, and that PTSD can be treated aggressively as an integral part of the continuum of care. In making this report available to the public, I want to underline two related principles: First, veterans are strong and resilient people, as effective in fighting illnesses and disability after service as they were in combat; and second, treatment works.

PTSD began to be understood on the basis of the VA's experience helping veterans returning from Vietnam. Treatment has changed since that time at least as much as treatment for heart disease and cancer. We now have an array of services and treatments to offer 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, or the community after returning from deployment, we provide counseling to reduce the level of ongoing 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 veterans and those from prior eras.

Combat remains an extreme stress, but these services and treatments can improve the prognosis of the men and women affected by it. For this, we should be grateful to the National Center, and their colleagues in the research community.

A handwritten signature in black ink that reads "Michael J. Kussman". The signature is written in a cursive style with a large, prominent initial "M".

Michael J. Kussman, MD, MS, MACP
Acting Under Secretary for Health

FROM THE EXECUTIVE DIRECTOR



“Developing effective strategies to prevent PTSD in the first place may prove to be the most valuable contribution we can make to our country’s veterans and military personnel, and to citizens of the US and the world.”

When Congress first mandated the establishment of a National Center for PTSD in 1984, it represented a groundbreaking shift in policy that recognized the adverse impact of war zone stress on the psychological well-being of military veterans. During the subsequent 20 years, it has become apparent that such a focus was too narrow. As a result, the scope of National Center programs and priorities has enlarged to include other post-traumatic psychiatric problems (such as depression); non-traumatic stressors that affect emotional well-being in a war zone (such as family stress caused by sudden deployment); and the impact of mass casualties and large-scale disasters on the population at large (such as the aftermath of the September 11, 2001, terrorist attacks on the World Trade Center and Pentagon).

As our perspective expanded, we recognized that there were two distinct domains within which we needed to hone our conceptual and clinical tools. The first is the traditional clinical domain, where the focus is on the individual patient and the concern is to remedy the adverse impact of traumatic and non-traumatic stressors on psychiatric status, psychological integrity, functional capacity, and physical health. The second is the public health domain, where the focus is on sustaining emotional well-being in the veteran, military, and civilian population and the concern includes promotion of resilience and adaptive behavior.

This edition of our Annual Report highlights this second domain. It describes key National Center programs that have been developed to promote wellness, rather than to treat illness. All of these initiatives are dedicated to understanding basic mechanisms underlying resilience, to translating such scientific advances into feasible clinical or public health approaches, and to disseminating such information to clinicians, scientists, educators, veterans, and the public at large. The goal is to promote intervention in advance of the experience of trauma — that is, to attempt to “inoculate” individuals against PTSD and other adverse post-traumatic outcomes.

The introductory section of this annual report summarizes our current activities in the area of resilience and our attempts to focus more attention on the prevention of PTSD through our research, education, and consultation activities. Developing effective strategies to prevent PTSD in the first place may prove to be the most valuable contribution we can make to our country’s veterans and military personnel, and to citizens of the US and the world.

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

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INTRODUCTION: RESILIENCE AND RECOVERY

Posttraumatic Stress Disorder (PTSD) is, first and foremost, a psychiatric disorder. The medical literature has recorded observations of PTSD symptoms since at least the nineteenth century, primarily in combat survivors but also in victims of interpersonal violence and natural disasters. The problem gained research focus and public attention in the latter years of the 20th century, as returning Vietnam veterans reported debilitating symptoms for years or even decades after their war zone experiences.

Over the years research has demonstrated that, of any group of people experiencing a traumatic event, 20%-25% will suffer severe stress-related symptoms for a time, and one in every 10 or 12 will develop full-blown PTSD requiring long-term treatment. Much of the research, education, and literature on PTSD has focused on this 8%-10% — the people whose lives and families are disrupted and often devastated by a continuing struggle with the symptoms of PTSD.

But in recent years some researchers and clinicians have begun taking a closer look at the other, more positive side: the 90% of people who experience severe trauma but who work through it and return to full health and functioning. What is it that makes some people so resilient in the face of extraordinary trauma?

Since its inception the National Center for PTSD has been working on the question of resilience from many different perspectives.

- With the number of incidents of large-scale natural disasters, mass violence, and terrorism that have taken place over the past few years, National Center staff have been working on how best to respond to survivors' mental health needs in the immediate aftermath of traumatic events. This has led to the development of an intervention called **Psychological First Aid**.
- Researchers know that certain people have inherent characteristics — genetic, biological, or psychological factors — that help them perform better in stressful situations and suffer fewer post-traumatic effects. The **Resilience Lab**, a collaboration between the Clinical Neurosciences Division and the Mount Sinai Medical School, was established in 2004 to promote and coordinate the National Center's research program on resilience, with a major focus on these genetic, biological, and psychological factors.
- The results of research on resilience are already being put into practice through the National Center's work with active duty military. The Education and Pacific Islands Divisions in particular have been working extensively with several military bases on the West Coast and in Hawaii to provide **pre-deployment preparation** aimed at increasing individuals' resilience before they are sent into combat.

The sections that follow summarize the National Center's current activities in these three areas of resilience research and education.

Psychological First Aid

Researchers have long known that most people will heal themselves naturally over time, so a crucial task in the immediate aftermath of trauma is to provide a protective mechanism — in much the same way that one would with a physical wound — so that this natural healing process can begin.

The National Center has had an ongoing relationship with the Substance Abuse and Mental Health Services Administration (SAMHSA). Among the topics that professionals from both organizations had been discussing were techniques for early intervention in the wake of major disasters. In partnership with the National Center for Child Traumatic Stress, and with the support of SAMHSA, Drs. Josef Ruzek and Patricia Watson of the National Center took

the lead in developing a structured, manualized approach to immediate, post-disaster mental health intervention. This approach has been named Psychological First Aid, or PFA.

According to Dr. Ruzek, “We all recognized from the start that there was no strong evidence in the literature for any one technique over another, because there had been almost no well-constructed studies. So, we developed what we called an ‘evidence-informed’ approach, which was based on the best empirical evidence available. We also tried to develop something that could be used in real-world situations — conditions of mass casualties or large-scale trauma, where a provider might have only five minutes to work with a severely distressed person. Our idea was to provide the best concrete guidance for mental health responders and at the same time to promote testing of the approach.”

PFA is built around eight core actions, broadly organized according to the flow of ordinary helping contact. The first actions are intended to engage the person and ensure his or her immediate safety and comfort. Subsequent actions are aimed at gathering information about the person’s situation, providing practical assistance, and connecting the person

with support and needed services. (For a complete description, the PFA manual can be downloaded from the National Center’s website.)

“We don’t want to stigmatize people, or make them feel like victims. Our idea is to try to deliver services in a way that doesn’t communicate to people that they need mental health care. We want to help them do things themselves.”

— Joseph Ruzek, Ph.D.

Work on the PFA manual was near completion in August, 2005, when Hurricane Katrina hit the Gulf Coast of the United States, devastating the city of New Orleans and many other sections of Louisiana and Mississippi and creating perhaps the worst post-natural disaster situation in the nation’s history. The National Center hurried to put as much information as possible onto the website, where it could be easily and quickly accessed by mental health professionals and other disaster response personnel throughout the US.

Within 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. National Center personnel also provided training, both on-site and via conference calls, to mental health care providers from the

Department of Veterans Affairs (VA) and many other agencies. According to Dr. Patricia Watson, the feedback has been extremely favorable. “We have conducted surveys to determine who has

used the manual, and have received many positive comments. We have even heard from some individual survivors, who found the information in the manual useful for themselves and their families.”

In the future, the National Center intends to create versions of the manual for other types of emergency responders, such as firefighters and emergency medical technicians, and to augment the manual with online training modules and video vignettes. The Center is also incorporating changes suggested by users, such as information on the special needs of elderly people, which was not included in the original manual. Plans are underway for more rigorous research and testing on this and other post disaster interventions.

Dr. Ruzek is quick to point out that PFA is not a treatment. “We don’t want to stigmatize people, or make them feel like victims. Our idea is to try to deliver services in a way that doesn’t communicate to people that they need mental health care. We want to help them do things themselves.”

Resilience Lab

The Resilience Lab was founded in 2004, but its roots go back to the 1990s when researchers at the Clinical Neurosciences Division of the National Center began looking for a better understanding of PTSD by studying healthy people who were undergoing extreme stress.

One key early effort explicitly aimed at understanding resilience was a study of the Army Special Forces, led by Dr. Andy Morgan, and later replicated with a group



DVIC Photo by PO2 Nyxolyno Cangemi

of Navy SEALs. The study looked at the biological changes that occurred in personnel as they went through a rigorous training program designed to mimic the experience of being a Prisoner of War (POW). The researchers found that the levels of certain stress-related hormones (dehydroepiandrosterone, neuropeptide Y, cortisol) and the rapidity with which those hormones return to normal levels after an event were clearly related to an individual's ability to withstand extreme stress.

Dr. Dennis Charney, who had been the first director of the National Center's Clinical Neurosciences Division, moved to the National Institutes of Health (NIH) and began conducting extensive studies of a group of 30 Vietnam veterans who had been POWs for long periods of time. When Dr. Charney later became Academic Dean at the Mount Sinai Medical School, he continued his POW work; he also continued to collaborate with the National Center's Dr. Steven Southwick and others. These collaborative relationships led to the establishment of the Resilience Lab.

The Lab's mission is to identify and study the neurobiological and psychosocial factors associated with the capacity to tolerate — and potentially grow from — stressful experiences. The Lab is engaged in a number of projects with different subject populations, including returning Iraq War veterans and their families, active duty Special Forces personnel, workers who survived the 2001 attacks on the World Trade Center, and at-risk inner-city populations.

"What's exciting about the Resilience Lab is our ability to study the complexity of a person's response to stress, and the way physical and psychological factors interact," says Dr. Southwick. "We also know that many of the social factors, and even some of the neurobiological factors, can be modified. Longer-term, our hope is that we will be better able to 'inoculate' people who are preparing to go into stressful situations, to make them hardier and more resilient."

The Lab is expanding and extending its research focus. One current project under the direction of Dr. Joan Kaufman, is examining the genetic basis of resilience and the interaction between genetic and environmental factors. Research has shown that there is indeed a connection between a particular genetic structure and susceptibility to depression after trauma, but also that social support systems can help those individuals overcome their genetic predisposition and become more resilient.

"Longer-term, our hope is that we will be better able to 'inoculate' people who are preparing to go into stressful situations, to make them hardier and more resilient."

— Steven Southwick, M.D.

Another major project involves women who have been sexually abused, comparing those who did not develop PTSD with those who did; these studies involve brain imaging, tapping into the subjects' ability to regulate emotion, and understanding the circuits in the brain that relate to fear and reward. Researchers are also studying brain structure, particularly the areas of the brain that are involved in fear responses (such as the amygdala) and memory formation (the hippocampus).

Even as researchers expand the number of different populations under study, they remain committed to working with the military. Dr. Southwick, himself a veteran of the Vietnam era, explains, "We continue to work with the military because they are so experienced in enhancing resilience through the training they provide their troops. The modern military is very impressive."

Dr. Charney is delighted with the collaboration between the National Center and Mt. Sinai. "It's a mutually beneficial relationship. We can bring the skills and experience that we have all had in dealing with veterans and active-duty military personnel, and begin to apply some of that knowledge to civilian populations. It's definitely a win-win situation."

Pre-Deployment Preparation

The concept of inoculating people against PTSD is already being put to the test with active duty military who are preparing for deployment. Over the years the National Center has forged close and productive working relationships with the Department of Defense (DoD) and the various branches of the military through collaborations on a host of research activities, educational initiatives, and other joint projects. These

relationships are now being brought to bear on the area of resilience.

According to Dr. Matthew Friedman, "Basic training is really a physical resilience-enhancement mechanism, to get people ready for combat. Our resilience training takes the same idea, but in the psychological realm." Dr. Southwick agrees. "The military provides personnel with support systems that are crucial to promoting resilience. Part of the reason why the Army Special Forces do so well is that they are trained and deployed as a cohesive unit. One reason Vietnam was so traumatic is that the soldiers came to Vietnam individually, not as a unit."

One of the most active programs with the military has been centered in the National Center's Education Division in Palo Alto, which has worked in conjunction with a number of military bases on the West Coast since 2003. Patterns of military deployment related to the war in Iraq have created a unique opportunity — and a compelling need — to promote resilience among military personnel.

Using the concept of "psychological armor," the pre-deployment intervention prepares service members to immediately manage and normalize emotional reactions to all types of war zone experi-

ences. Interventions combine educational information about war zone reactions with coping skills such as positive self-talk, relaxation techniques, and focusing

“War affects the whole family, and our interventions are focused on helping the family re-integrate.”

— *Julia Whealin, Ph.D.*

on future-oriented goals and objectives. The Center is working to use innovative technology such as iPods to improve the accessibility of the interventions.

The resilience work with the military began two years ago, when Division Director Fred Gusman and Dr. Greg Leskin were invited to work with primary care doctors at Camp Pendleton Marine base. The success of this effort led to a collaboration with primary and mental health professionals on building a clinical “bridge” between Camp Pendleton and the National Center professionals in Palo Alto.

National Center personnel were able to bring together a wide range of professionals from different agencies and different disciplines, all of whom brought their own perspectives. According to Dr. Leskin, “Everyone was working very hard, but they didn’t have an integrated system. The complexities of the current situation made it important to integrate our activities across the services.” Dr. Leskin continues, “We put together a leadership conference that was attended by professionals from the Navy and Marines, from medicine, psychiatry, mental health. We included line commanders — even the chaplains — and talked about ways to work together.”

In addition to initiatives for pre-deployment resilience building have been initiatives for facilitating a smooth post-deployment transition. This approach

promotes an expectation of successful post-deployment readjustment, with the understanding that a significant minority may require some professional support. As noted by Mr. Gusman, “VA previously treated people with PTSD many years after their wartime experiences.” But currently VA (and DoD) services are being offered and delivered within weeks or months of separation from the military. Furthermore, through collaborative VA/DoD activities, such services are sometimes provided by DoD mental health professionals while troops are still in uniform.”

“Resilience is looked at as a skill, something that can be trained, to help their Marines survive....We wanted to normalize the idea of combat stress and promote the rebuilding of strength rather than addressing a weakness.”

— *Fred Gusman, M.S.W.*

The Pacific Islands Division in Hawaii, in collaboration with military installations such as Tripler Army Medical Center and Schofield Barracks, has placed particular emphasis on working with families of returnees. According to Dr. Julia Whealin, “War affects the whole family, and our interventions are focused on helping the family re-integrate.” She adds, “Often it’s the spouse who will learn about the disorder, encourage the serviceperson

to come in, and provide support. The spouses can be real heroes.”

The Pacific Islands Division has also been in the forefront of communication and dissemination of information. In addition to a series of training programs and conferences, the Division has developed a coping skills manual entitled *Building Resiliency of OIF/OEF Returnees* that addresses topics such as anger, stress, and sleep. The Division is also working on innovative ways to reach out, such as public service announcements in local media.

Through collaborations such as these, the National Center has been able to develop a set of assessment and treatment models — including developmental models, cognitive/behavioral therapy, family interventions, pharmacological therapies, and more — that can be used to help active-duty personnel prepare for deployment and redeployment.

The shift in perspective from treatment to prevention and resilience training has been embraced by the military. “Resilience is looked at as a skill, something that can be trained, to help their Marines survive,” says Mr. Gusman. “We wanted to normalize the idea of combat stress and promote the rebuilding of strength rather than addressing a weakness. The military really appreciates that approach.”

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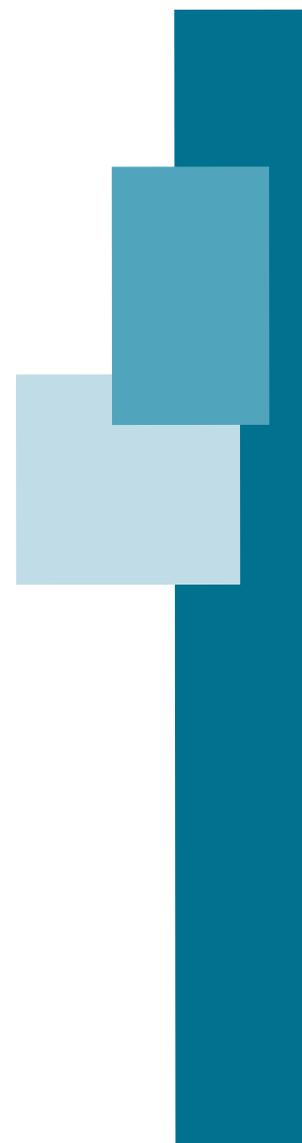
The National Center for PTSD was formed in 1989, and was charged with responsibility for promoting PTSD research; training health care and related personnel in diagnosis and treatment; and serving as an information resource for professionals across the US and, eventually, around the world.

The National Center was structured as a consortium of seven centers of excellence located around the US, from Vermont to Hawaii. From the beginning the staff also sought connections with many other institutions and agencies, including academic institutions, health care organizations, and other federal agencies such as the DoD and the Department of Health and Human Services (HHS). Today, this network of relationships enables 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.

The sections that follow present highlights of the activities of the National Center for PTSD during FY 2005, including the major accomplishments of the seven divisions in three key areas of endeavor:

- **Research:** The National Center is a world leader in research on trauma and its aftermath. The multisite structure and interdisciplinary staff, coupled with an extensive network of partnerships and collaborations, give the National Center a unique ability to take on projects of a size and scope that would be beyond the capabilities of most research organizations.
- **Education:** The National Center's educational initiatives assimilate information and coordinate communication among top scientists in the field. Through their efforts, the latest and best information about PTSD is made available to clinicians, policymakers, and laypersons throughout the US and the world.
- **Consultation:** National Center staff are frequently called on to consult with leaders and policymakers in agencies and organizations around the US and throughout the world, and to participate on a wide array of committees and task forces.

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



Over its 17-year history, the National Center for PTSD has come to be recognized as a world leader in research into the causes, assessment, treatment — and, increasingly, the prevention — of traumatic stress disorders. Each of the seven Division locations has its own special area of expertise, but a strength of the National Center is its ability to work across divisional lines, bringing together many different disciplines to understand and deal with the complexity of PTSD.

At any point in time researchers from the National Center are involved collectively in hundreds of projects, from small studies taking place at a single location to major multisite, interdisciplinary projects. These efforts are extended and multiplied by frequent collaborations with other institutions and organizations from government, health care, and academia. And, the National Center's research activities are enriched by constant contact with clinicians who are directly involved in patient care, which ensures that the research projects and results are well grounded in the concerns of the real world.

Iraq War Research Activities

During FY 2005 much of the attention of the U.S. military and policymakers was focused on the continuing war in Iraq. This particular war displays some characteristics that make it uniquely difficult for those who are involved: a blurry distinction between “front lines” and “rear echelon” that reduces the ability to escape high-stress situations; extended or even indefinite tours of duty; and the heavy involvement of reservists, many of whom are being pulled away from established careers and young families. With these unusual circumstances added to the normal stresses of war, the potential for traumatic stress-related disorders is exacerbated.

The National Center is working intensively with VA and other agencies — including the DoD, and various military installations — on research activities aimed at helping to support the troops before, during, and after their war zone deployment. Among the major initiatives are the following:

- **Brief Cognitive-Behavioral Therapy for Victims of Mass Violence:** This project, funded by the National Institute of Mental Health (NIMH), examines the efficacy of a therapist-assisted Internet-based self-management regimen. Two-thirds of the patients enrolled in this pilot study are Iraq returnees.
- **Deployment Stressors and Resilience:** In collaboration with the U.S. Air Force at Wilford Hall Medical Center in Texas, investigators are conducting a prospective study of the effects of Iraq deployment stressors on a group of Air Force personnel with varied health care roles. Data collection, including pre-deployment baseline data and in-country data, has been completed.
- **Coping with Iraq War Trauma:** Data collection is currently underway in this examination of the neurobehavioral constraints on coping with Iraq War trauma. The study builds on a previous initiative that was funded by the DoD.
- **Psychological Barriers to Care:** This study explores the psychological barriers that affect motivation to seek mental health care in wounded National Guard returnees from Iraq and Afghanistan. Center staff are collaborating with the medical director of a community-based health care organization at Hanscom Air Force Base in Massachusetts.
- **Fear Conditioning in Iraq War Soldiers:** This study is among the first in the National Center's collaboration with Fort Drum in New York, a major center for deployment of soldiers to and from Iraq. The study will evaluate the neural circuitry of the acquisition and extinction of fear conditioning in combat-experienced Iraq War soldiers with and without PTSD.

Research Activities at Division Locations

Each Division within the National Center has a particular area of specialty, placing the sites in a position to conduct the most advanced research projects within their area of expertise. The following sections describe some of the ongoing research initiatives at the seven sites.

Executive Division: The main function of the Executive Division, located in White River Junction, VT, is to direct the policy and program planning of the National Center. The Division has also taken active leadership of several of the major Cooperative Studies.

The Executive Division has always played an active role in treatment outcome research. One major study currently underway, Cooperative Study Program (CSP) #494, is the first VA Cooperative Study to focus exclusively on women and is the largest study of PTSD psychotherapy ever conducted. The project has now enrolled 284 female veterans and active-duty personnel with PTSD and will study the effectiveness of exposure therapy compared to therapy that focuses on current life problems. The study has already demonstrated that it is feasible to deliver prolonged exposure treatment in a VA setting, and additional analyses are currently underway.

Enrollment has recently closed on a trial of cognitive-behavioral treatment for PTSD in individuals with a comorbid severe mental illness. Preliminary analyses suggest that it is feasible to treat PTSD in this population. Division staff are also currently engaged in developing projects to enhance the management of PTSD in primary care settings.

Disaster mental health is another specialty of the Executive Division. Division staff continue to work with the Center for Mental Health Services (CMHS) in Washington, DC, as part of an ongoing interagency agreement to develop best practices for postdisaster assistance. An important initiative this year was an

evaluation of crisis counseling programs over the past five years, including a proposal for a system to evaluate future performance. Three parallel approaches were used: an archival review, a directors' survey, and case studies of providers' perspectives. From these findings a "toolkit" was designed that provides the first systematic structure for assessing these programs; the toolkit has been approved by the Office of Management and Budget.



DVIC Photo by SMSgt Edward E. Snyder, USAF

Behavioral Science Division: The Behavioral Science Division, headquartered in Boston, MA, specializes in development and testing of treatment interventions for use with various trauma-exposed populations; longitudinal studies of people after exposure to trauma; basic mechanisms of PTSD; and development of assessment instruments.

One major study is attempting to enhance diabetes self-care in a population of veterans with both diabetes and PTSD using a "telehealth" approach — employing electronic information and communication technology to provide clinical care and patient education in circumstances where distance separates the patient and the provider. Both patient satisfaction and improvements in physical health have shown very promising results.

Another new study is investigating an intervention for PTSD in veterans who

experience the additional burden of chronic pain problems. Finally, a traditional group treatment format is being used to test an intervention for acute stress disorder experienced by civilian firefighters.

A number of longitudinal studies are currently underway. In one, symptom data collected over a two-year period examines the course of chronic PTSD in veterans; findings indicate clear individ-

ual differences in symptom patterns, but there also is evidence that hyperarousal symptoms are the best predictors of changes in other symptom clusters over time. Two ongoing prospective studies are examining risk and resiliency factors in two groups: one with firefighters and one with medical personnel deployed to Iraq. Finally, a new longitudinal study is examining stress symptoms, fMRI brain scans, and genetic profiles of adolescents who have been exposed to traumatic stress.

In the area of basic processes, one continuing series of studies demonstrates that patterns of symptom expression and comorbidity in PTSD can be predicted from underlying dimensions of personality. Another series of studies is examining the distinctive effects of nicotine in PTSD, in order to explain why individuals with the disorder smoke at twice the rate seen in the general population, as well as to guide development of smok-

ing cessation programs. The Division's work on basic processes also includes examination of emotion regulation in Borderline Personality Disorder, using fMRI brain scans, psychophysiological and biological measures, and real-world mood and self-regulation strategies. A congruent laboratory study is looking at neuroendocrine mechanisms underlying the symptom of exaggerated startle response in PTSD.

In the assessment arena, a new psychometric analysis of the widely-used Mississippi Scale for Combat-Related PTSD demonstrated both reliability and validity across racial/ethnic groups and confirmed strong psychometric properties. Translation of the Clinician Administered PTSD Scale for use with refugees from Bosnia was also completed and published during FY 2005.

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

The Division is actively involved in a major project under the Cooperative Studies Program. CSP #504 is a major effort to understand the effects of drugs administered in combination rather than singly. Investigators will examine the efficacy of the drug risperidone when added to a treatment regimen of antidepressants and standard VA psychosocial treatment. The project will involve 400 patients from 20 VA Medical Centers around the country.

The Division made important advances during FY 2005 in understanding the neurobiology, cognitive neuroscience, and molecular genetics involved in stress vulnerability and stress resilience. Studies in this area have been conducted in collaboration with two outside agencies: the DoD, where subjects include Special Forces trainees undergoing rigorous survival training; and the Anxiety and

Mood Disorders Research Division at the NIMH, where subjects include former POWs, active Special Forces soldiers, and severely traumatized women. *(More information about research on resilience is contained in the introductory section of this Annual Report.)*

Data collection is nearly complete in a major project to evaluate the effectiveness of antidepressants taken together with guanfacine, an α -2 adrenergic receptor agonist, to determine if the combination of medications will help reduce arousal and re-experiencing in PTSD patients. Another treatment trial involves the comparison of naltrexone combined with either a noradrenergic or a selective serotonergic reuptake inhibitor for the treatment of PTSD and co-morbid alcohol dependence. A study being conducted with the Veterans Integrated Service Network 1 (VISN) Mental Illness Research and Clinical Center (MIRECC) is comparing the efficacy of desipramine and sertraline treatment for PTSD and alcohol abuse or dependence.

This division is also looking into the increased prevalence of smoking among military personnel with PTSD. Research-

ers are evaluating alterations in "high-affinity nicotinic acetylcholine receptors," or nAChR, in non-smoking soldiers with and without PTSD. They are studying an area of the brain called the thalamus, which has the highest nAChR density in the brain and it is one of its key sensory and cognitive relay centers, using a unique radiotracer.

The Division entered into an important partnership with the DoD this year, as part of a consortium to study brain tissue taken from autopsies of individuals who had been diagnosed with PTSD prior to their deaths. The consortium has now collected a sufficient number of brain tissue samples to begin a pilot study to examine patterns of gene expression in amygdala, hippocampus, and prefrontal cortex using a novel "stress gene chip." A second important partnership is with the Mount Sinai Medical School on the Resilience Lab; this initiative is described in more detail in the introductory section of this Annual Report.

Women's Health Sciences Division: This Boston-based Division focuses on the special issues of women and PTSD, and especially on effective treatments.

Honors and Awards

As leaders in their field, many of the National Center's key staff people are the recipients of honors and awards from their peers in the professional community. The following individuals received awards for their research activities in FY 2005:

- Dr. Robert Rosenheck was awarded the Emily Mumford Medal for distinguished contributions to social science in medicine from Columbia University's Department of Psychiatry.
- Dr. John Krystal received the American Psychiatric Institute for Research and Education Kempf Fund Award for research and development in psychobiological psychiatry from the American Psychiatric Association.
- Dr. Marsha Johnson received the Retirement Research Foundation/APA Division 20 Master Mentor Award, as well as the American Psychological Society's William James Fellow Award.



DVIC Photo by Scott H. Spitzer, USAF

Two community-based studies of Cognitive Processing Therapy (CPT) for PTSD were completed during the year, one focused on dismantling the therapy to assess its effective ingredients, and one on the long-term outcomes of the therapy. A VA-funded study also completed this year revealed that CPT is effective for veterans suffering from military-related PTSD. With this growing evidence base, CPT has been the focus of a treatment dissemination effort within VISN 1. A VISN-wide survey of mental health clinicians documented the use of evidence-based treatments for PTSD, as well as perceptions of these protocols and barriers and incentives for using them.

During FY 2005 the Division released the results of a Congressionally-mandated study on military sexual trauma during service in the Reserves or National Guard. This study revealed that sexual harassment and assault occur at nearly the same rates during Reserve or Guard duty as they do during regular military service. A VA-funded gender awareness education program for employees was shown to be effective in heightening sensitivity to the special needs of women veterans. Division staff are also conducting research on the emergence of PTSD symptoms in later life, most recently in

older women, and on some of the more basic psychopathological processes involved in the after-effects of trauma, including thought suppression, attentional biases, and the biopsychological underpinnings of PTSD.

Education Division: Research studies at the Education Division, located in Palo Alto, CA, focus on PTSD assessment, prevention, and intervention. Among the many projects currently underway are the continuing development of a manualized group treatment program involving trauma and spirituality; a study of detection and management of PTSD in primary care; a pilot investigation of mindfulness meditation in male and female veterans diagnosed with PTSD; development of a screen for PTSD in the elderly and cognitively impaired; and research into early responses in traumatically injured persons and their family members (in collaboration with Stanford University Medical Center Trauma Service).

Several other studies are underway. A large-scale survey was completed in FY 2005 that examined PTSD, post-traumatic growth, and changes in outlook among Marines exposed to combat stress. Another study focuses on understanding gender differences and treatment needs of women veterans. Finally, the Division is working on a project to examine PTSD and aging, with a focus on the relationship between PTSD and general functioning, symptom reporting, and health problems in older veterans.

The PTSD Sleep Research Laboratory is continuing its investigation of sleep movement in PTSD and panic disorder, using novel sleep movement microanalytic methods. In collaboration with the Behavioral Science Division, analyses from a PTSD neuroimaging study are underway. Investigators from the two Divisions are also collaborating to examine possible markers of genetic variation, or single nucleotide polymorphisms, in a large sample of PTSD patients.

Pacific Islands Division: Located in Honolulu, HI, the Pacific Islands Division

specializes in examination of cross-cultural issues in trauma and PTSD. The Division continues to investigate PTSD among ethnic minority veterans, with a focus on Asian-Americans and Pacific Islanders, and has also developed a model for programmatic evaluation of cultural competence of PTSD clinics and their policies. The division continues to focus on evaluating the feasibility and clinical efficacy of different telehealth treatments.

The Division is engaged in several active collaborations with other institutions. Researchers are working with Tripler Army Medical Center on two major projects with active duty military: a prospective program evaluation study of the role of resiliency factors in deployment and post-deployment adjustment, and a study of deployment experience and the health of active duty women. In collaboration with the University of Hawaii Medical School, Division staff are working on a federally-funded longitudinal research project examining the role of trauma and PTSD on pregnancy complications in Asian and Pacific Island women.

Evaluation Division: The Northeast Program Evaluation Center (NEPEC) is headquartered in West Haven, CT. NEPEC has broad responsibilities within mental health 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 10th report card on the National Mental Health Program Performance Monitoring System and the 13th report in the *Long Journey Home* series on the status of specialized treatment programs for PTSD.

The Evaluation Division conducted a follow-up to a study of the effects of war zone trauma on the strength of veterans' religious faith and their pursuit of treatment. Investigators determined that veterans who reported a greater loss of meaning were more likely to seek help from clergy and from VA mental health providers. These results suggest

that veterans who seek help from clergy are particularly interested in achieving a restoration of meaning that is specific to their loss, and that this quest sustains a continued pursuit of mental health treatment, especially among those who seek help from the VA. In another study, investigators found that neither combat exposure, social support, or a rejecting

homecoming reception play a direct role in contributing to post-military antisocial behavior. PTSD, however, mediates the effects of all three in contributing directly itself to this problematic behavior.

Investigators in the Evaluation Division and the Education Division continued their collaboration on developing a

monitoring instrument for clinical outcomes in specialized outpatient PTSD programs. The results of a second round of data collection are currently being analyzed in preparation for a production version of the instrument for routine use in monitoring specialized PTSD treatment.

National Center for PTSD Research Funding

	<i>Total Research Funding</i>	<i>FY 2005 Research Funding</i>	<i>Number of Grants</i>	<i>Number of Submitted Grants</i>
Executive Division	\$12,082,570	\$1,696,661	6	0
Behavioral Science Division	\$13,929,825	\$2,933,772	18	3
Clinical Neurosciences Division	\$58,467,075	\$9,165,149	41	6
Northeast Program Evaluation Division	\$1,800,000	\$600,000	1	0
Women's Health Sciences Division	\$7,790,075	\$1,897,771	14	4
Education Division	\$1,990,586	\$613,500	3	1
Pacific Islands Division	\$874,501	\$248,185	1	1
Total	\$96,934,632	\$17,155,038	84	15

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

EDUCATION

Putting knowledge into practice is the purpose of the National Center's education activities. In the same way that research endeavors are enriched by frequent contact with the clinical world, the ability of practitioners to diagnose, treat, and prevent PTSD is improved immeasurably by the availability of the most advanced scientific knowledge, disseminated in a form that clinicians and others can use.

The major focus of the National Center's education activities has always been America's veterans and active duty military personnel, and the close relationships between the Center's professionals and their counterparts in other VA services and the DoD have been of enormous benefit to those critical populations. Over the years, though, it has become clear that the educational materials and training programs produced by the Center can also be of help in other high-stress fields, such as firefighting and disaster relief. To reach these people and organizations, the National Center has augmented its traditional publications and training programs with new technologies — the Internet, CD-ROMs, online databases, teleconferences, and more — ensuring that practitioners and laypeople have access to the best information available.

Iraq War Educational Activities

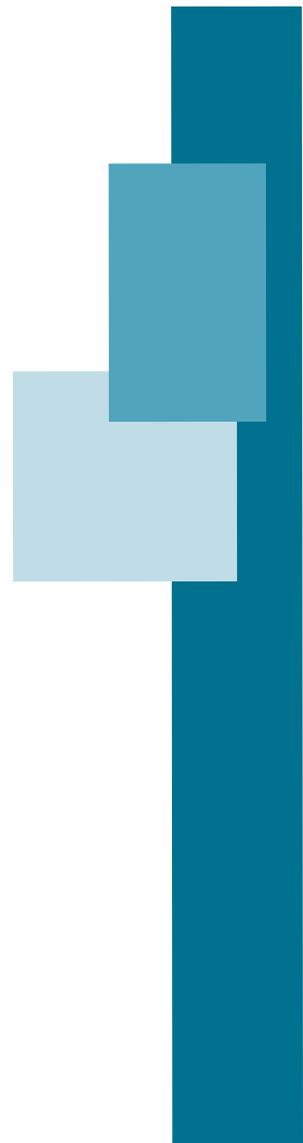
As in the research arena, a large number of the National Center's educational activities during FY 2005 were aimed at supporting the troops in the ongoing war in Iraq. Many educational initiatives continued to focus on assisting VA and DoD in managing traumatic stress reactions among personnel returning from Iraq and Afghanistan.

Major conferences during the year included a leadership summit in January, 2005 that involved Navy, Marine, and VA leadership and that focused on coordination among services and across hospital settings as well as transition to VA treatment facilities. The summit was attended by military and VA mental health and medical professionals, chaplains, and line officers from Marine Corps Headquarters, Bureau of Medicine and Surgery, Camp Pendleton, Camp Lejeune, and San Diego Naval Hospital. In February, a five-day conference took place at Tripler Army Medical Center to train clinicians in early interventions for combat and operational stress. In March, a three-day conference on stress, violence, and trauma was held in Hawaii, bringing together military and community members to promote resilience to trauma.

Several different therapy training sessions were made available to DoD mental health professionals. In collaboration with Army personnel at Schofield Barracks, National Center professionals developed an intervention to promote resilience among Iraq War returnees and provided regular educational seminars to help clinical staff develop skills in early interventions for returnees suffering from combat and operational stress. Mental health staff at Fort Bragg, Fort Stewart, and Andrews Air Force Base were trained in an evidence-based PTSD treatment and CPT, and then provided with ongoing telephone supervision.

Other training sessions occurred across the country and abroad at military bases that included Kaneohe Marine Base, Miramar Air Station, Twentynine Palms, Coronado Naval Station, Camp Pendleton, Fort McCoy, Schofield Barracks, Camp Lejeune, and Parris Island; MCAS Cherry Point, New River, and Beaufort; Camp Butler on Okinawa; and Iwakuni Air Station in Japan.

In addition to training programs and conferences, the National Center has published a number of educational products for use with servicepeople involved in the Iraq War.



- Last year National Center staff collaborated with Walter Reed Army Medical Center colleagues to complete a second edition of the very well-received *Iraq War Clinician Guide*. This year two companion guides were produced: *Returning From the War Zone: A Guide for Family Members* and *Returning From the War Zone: A Guide for Military Personnel*. Feedback on the guides from members of the National Guard and the Veterans Service Organizations will be incorporated into a final revision.
- Two new sets of videos — *Women Veterans* and *Veterans of the “New Wars”: Iraq and Afghanistan* — are nearly complete and are expected to be released during FY 2006.
- An interactive online relationship-enhancement intervention for military couples experiencing deployments, called *Our Strength in Families*, will include preparatory educational materials and tools designed to enhance coping skills, provide social support, and detect early signs of mental distress. Field trials with military families are planned at Ft. Drum and Schofield Barracks in FY 2006.

VA Initiatives

Partnerships with other VA organizations and individuals are a key component of the National Center’s mission. Through these collaborations, the National Center’s expertise in traumatic stress can be brought directly to bear on the services provided by the VA to the nation’s veterans. Several important collaborations took place during FY 2005.

Knowledge Management: Last year, the VA convened its Committee on Knowledge Management and Best Practices. The mission of the Committee is to develop a VA knowledge management system — a set of practices involving the creation, codification, dissemination, and evolution of knowledge. The Committee selected PTSD as the initial focus of its knowledge management efforts, because utilization of services by veterans with

PTSD represents a significant portion of VA’s clinical caseload, and because new cases of PTSD emerging from deployments to Afghanistan and Iraq have made the implementation of best PTSD practices for returning troops a very high priority.

Drs. Friedman and Ruzek represented the National Center on the Committee and assisted in setting priorities for practice change, understanding barriers to utilization of evidence-based best practices by VA clinicians, and designing a pilot test of the process for disseminating best practices. Development of a system for establishing and maintaining VA-wide PTSD-related “communities of practice” was started, with the following goals: to improve communication between providers; to create a repository of useful materials; to enable groups to come together to develop new ideas; and to support efforts to change practices in the Veterans Health Administration (VHA).

MyHealtheVet: The VA Healthcare System is developing the mental health components of MyHealtheVet, an electronic portal for health care patients. National Center staff members were actively involved in this effort, and are assisting VA in developing online, interactive systems for veterans, their families, and their health care providers. The systems will provide a number of capabilities: access to PTSD and readjustment-related educational information; self-screening for traumatic stress reactions and other health problems; and tools to monitor symptom improvement and treatment progress, as well as set treatment goals.

Vocational Rehabilitation and Work Success: Staff from the Education Division continued an ongoing collaboration with the Office of Mental Health Services and particularly the Therapeutic and Supported Employment Services to design and develop a Work Success Group protocol. This program is focused on helping returning veterans with PTSD and other mental health problems to remain employed and to succeed in

the workplace. The manual, which is nearly completed, will prompt providers to increase their attention to promoting workplace functioning, which has been shown to have a positive impact on PTSD symptoms. It will also be used to train VRS counselors and PTSD mental health clinicians to deliver group work-centered skills training to employed veterans to help them cope with symptoms at work, improve work behaviors, and maintain employment.

Workplace Violence, Disaster, and Terrorism:

The National Center continued its development of a VA model of care for employees, patients, and community members to use following incidents of workplace violence, larger-scale disasters, and terrorist attacks. Training materials for VA mental health response teams were finalized, the PFA manual was disseminated widely within VA, and a training session was held for VA practitioners in areas affected by Hurricane Katrina. National Center staff consulted with VA leadership and developed six fact sheets to meet the needs of staff and patients affected by Katrina, as well as to strengthen the emergency mental health response capability of the VHA.



USMC photo by Gunnery Sgt. Matt Hevezi

Information Resources and Publications

The National Center's website, www.ncptsd.va.gov, is a valuable resource for people seeking information — scientists, clinicians, journalists, policymakers, and the families and friends of people suffering from traumatic stress-related disorders. Usage of the Center's website has grown dramatically in recent years, largely in response to world events. Traffic to the site has risen from approximately 20,000 users per month before the terrorist attacks of September 11, 2001 to over 80,000 during some months during FY 2005. Over the fiscal year in total, it is estimated that there were more than 900,000 unique visitors to the website, up by one-third from the previous year (see graph below).

Following Hurricane Katrina in August, the Psychological First Aid Manual was quickly made available on the site and was downloaded more than 3,500 times in the first month alone. (More information on PFA is contained in the introductory section to this Annual Report.) The second edition of the *Iraq War Clinician*

Guide, produced and placed on the site last year, was downloaded over 8,000 times in FY 2005. In total the website currently contains more than 1,600 documents, 140 fact sheets, 600 downloadable articles, and nine videos, including a speech by the Surgeon General and a series of expert lectures on PTSD.

In FY 2005, the National Center's *PTSD Research Quarterly*, a guide to the scientific literature on traumatic stress and PTSD, included research on combat exposure and PTSD, social support and traumatic stress, posttraumatic stress disorder and functioning, and PTSD and intimate relationships. The PTSD Resource Center's book and document collection continues to grow, and now contains 2,051 books and more than 17,500 journal articles.

The PILOTS (Published International Literature on Traumatic Stress) database now includes 28,433 records. Items are being added at a rate of more than 2,000 items per year, with a special focus during FY 2005 on foreign specialist journals and material from Japan and Brazil. PILOTS is increasingly being acknowledged as a critical resource by literature reviews that

are indexed on the database.

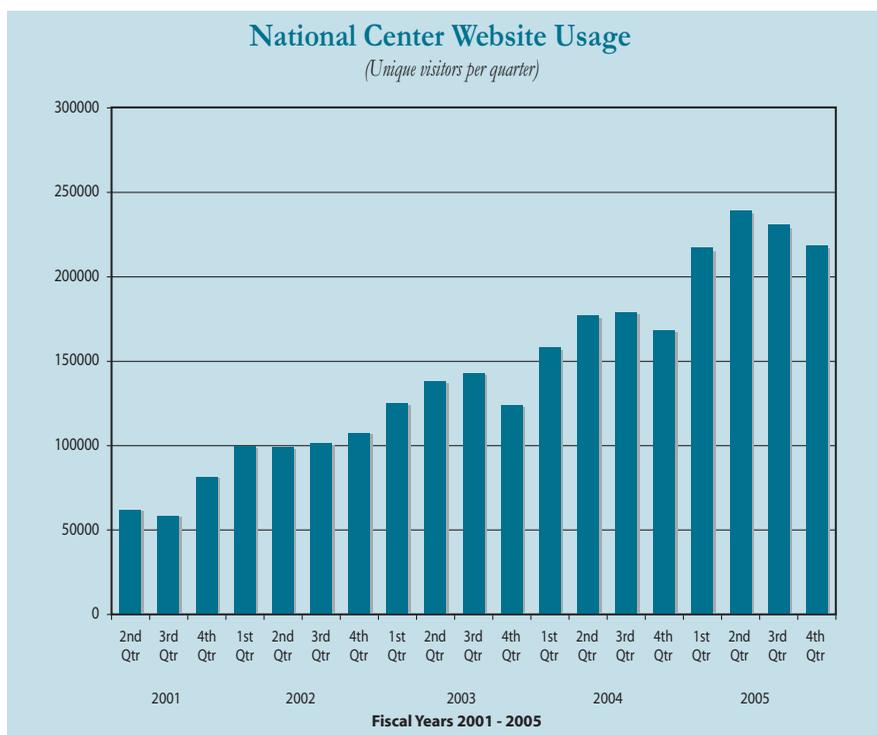
During FY 2005 the National Information Services Corporation, whose BiblioLine system provides users with access to PILOTS, modified the interface to improve its compatibility with newly popular web browsers such as Firefox and Safari. This has allowed users to carry out more advanced searches than had been possible previously.

Dissemination

The National Center uses a variety of tools — ranging from face-to-face programs all the way to long-distance “telehealth” approaches — to disseminate information, improve PTSD-related treatment practices, and address challenging patient problems in a range of treatment contexts.

Clinical Training Program: The primary vehicle for face-to-face PTSD-related training in VA is the National Center Clinical Training Program. Attended by PTSD treatment providers from all disciplines, the week-long program includes workshops, lectures, treatment group observations, and problem-solving and consultation sessions. During FY 2005, the program was attended by 54 VA providers, 9 Vet Center providers, 34 DoD providers, and 38 providers from other organizations.

PTSD 101: A major project in recent years has been the development of PTSD 101, a training program that focuses on assessment and treatment of veterans with PTSD, which is delivered cost-effectively over the Internet. During FY 2005, staff completed the web infrastructure and began editing and audio-recording of materials; testing of the materials is scheduled for the end of November, 2005. Each course is developed and presented by recognized experts in the field, and in addition to course content, the site will offer a forum for open exchange of ideas and access to these experts.



Disaster Mental Health Activities: In addition to the PFA manual discussed in detail in the introductory section of this Annual Report, the National Center has created an array of other educational manuals for use in disaster mental health. The Center has created an implementation manual for crisis counseling services,

in disaster methodology was launched; a website (www.redmh.org) was created, and the first four researchers have been enrolled.

Seeking Safety Treatment: A multi-year effort has been underway to train and support providers in Seeking Safety,

web-based system for promoting innovation in PTSD services and for disseminating the VA/DoD Clinical Practice Guideline for Management of Traumatic Stress. The prototype site provides practitioners with access to training in a range of assessment and treatment approaches, as well as problem-specific consultation. This year, the range of collaborating VA experts was expanded and a new website interface was designed.

PTSD and Primary Care: Since many individuals with PTSD first seek care through their primary care doctors, integration of PTSD with medical care is a continuing focus of the National Center. Last year, the PTSD/Primary Care Pilot Project, being conducted in the VA Palo Alto Health Care System, continued its implementation phase; data from administrators and physicians indicate the approach is feasible and acceptable to providers. PTSD materials for primary care providers are under development and will be ready for dissemination in FY 2006.

VA Canada Educational Partnership: The National Center continued to work with VA Canada on the design and implementation of educational and training activities for employees and contract healthcare providers serving Canadian veterans. This year's activities focused on family therapy for veterans with PTSD.

PTSD and Telehealth: During FY 2005, the National Center continued its work to promote telehealth as a way of providing specialty PTSD services to veterans residing in remote locations. Local and national working groups are providing education and supervision to national programs interested in developing PTSD mental telehealth services for current veterans and those returning from active duty. A four-year clinical trial, funded by VA, to test the efficacy of telehealth for providing anger management groups for PTSD veterans in rural areas of the Pacific Islands has been successfully launched.

VA Virtual Innovation Partnership: The National Center and the Sierra-Pacific MIRECC continued to develop a



USMC photo by Cpl. Beth Zimmerman

a manual specific to evacuees in the wake of Hurricane Katrina, an ethnocultural field guide, and a promising practices manual for disaster intervention. A secondary psychological assistance manual, intended as a companion to the PFA manual, is in the process of development. A series of 16 video vignettes, produced with the National Child Traumatic Stress Network, will be used as training tools for these manuals.

In other disaster mental health activities, video interviews with Drs. Friedman and Watson about PTSD and PFA were created and placed on the National Center's website. A cognitive-behavioral intervention developed after 9/11 for postdisaster distress was adapted for use after the Florida hurricanes of 2004. Finally, a program to train and mentor researchers

a cognitive-behavioral group treatment for patients with PTSD and substance use disorders. Last year, National Center staff delivered 11 training programs involving 230 treatment providers, including programs at four Readjustment Counseling Service sites covering most VISN21 Vet Centers. These intensive training workshops were followed up with ongoing consultation and support. In addition, staff are working on modifying the Seeking Safety manual to fit the needs of Iraq War returnees, participating in a project to develop a PTSD/substance abuse dual-diagnosis policy and practice, and conducting a controlled research trial of the intervention.

CONSULTATION

The National Center's expertise has come to be viewed as a valuable resource on all facets of traumatic stress. As a result, individual staff members are frequently called upon to provide advice and assistance to agencies and committees involved in a wide range of activities involving both military and civilian populations in the US and around the world. Consultations can include a range of levels of involvement: a simple phone call or email with a request for specific information; an intensive but brief involvement on site in the aftermath of some major emergency; or a continuing formal relationship through membership on an ongoing task force or committee.

Many of the National Center's most rewarding and productive associations began with consultations, and some of the most worthwhile and innovative projects in both Research and Education have been made possible because of the relationships that were forged through consultative activities.

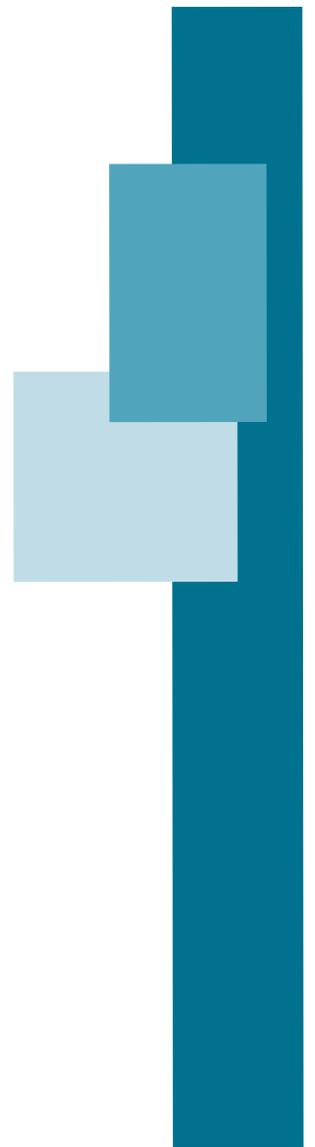
Consultation Within VA

The National Center's concern for the nation's veterans has brought it into many consultations through the VA and its various programs and committees. This year Drs. Friedman and Paula Schnurr, with support from Drs. Terry Keane, John Krystal, and Patricia Resick, participated in an Office of Research and Development (ORD) work group to develop a strategy to examine the overall portfolio of PTSD activities within ORD and to develop an agenda for future PTSD initiatives.

This year a new committee, the Knowledge Management and Best Practices Committee, was established with Drs. Friedman and Ruzek as members; the first practice guideline to be implemented will be the VA/DoD PTSD Practice Guideline. Another new committee is the My HealthVet Mental Health Subcommittee, charged with developing a mental health portal to address the needs of veterans with mental health and substance abuse problems. Drs. Schnurr and Jessica Hamblen serve on the executive committee, and Drs. Ruzek and Walser serve on subcommittees. (Both of these new initiatives are discussed in more detail in the Education section of this Annual Report.)

Over the past year concern has mounted about the growth in the number of veterans — including many Vietnam veterans as well as veterans of more recent conflicts — who are seeking compensation for PTSD. Drs. Friedman, Schnurr, and Keane have been consulting with top VA leadership on best practice assessments for compensation and pension PTSD evaluations.

The National Center is viewed as a leader in the understanding of PTSD in women, and members of the staff are particularly active in consulting on issues related to female veterans. Dr. Schnurr served as a member of ORD's Women's Health Research Strategic Planning Task Force. Dr. Amy Street is Co-Chair of the National Military Sexual Trauma Work Group and a member of the National VA Committee on Women's Mental Health Strategic Work Group. Drs. Candice Monson and Rachel Kimerling are members of the VA National Women Veterans Mental Health Committee. Finally, Dr. Jillian Shipherd is a member of the National Women Veterans Health Program's Special Committee on Women Veterans Returning from Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF).



SAMHSA

The National Center's involvement in disaster mental health also began with a consultation early in the Center's history. The Center was only a few months old when staff were called in to assist in the aftermath of the Loma Prieta, CA, earthquake in 1989. It was at this point that staff members were first introduced to officials from the Federal Emergency Management Agency, the Public Health Service, the Red Cross, and other disaster response agencies. Since then the Center has been among the first agencies called upon in times of crisis, including the terrorist attacks in Oklahoma City in 1995 and New York and Washington in 2001, and natural disasters from Hurricane Andrew in 1992 to Katrina in 2005.

Much of the National Center's current work is supported through an interagency agreement with SAMHSA on best practices after disaster. During 2005 the Center sponsored several important expert panels on disaster relief. In collaboration with SAMHSA's CMHS, Dr. Watson facilitated an international expert panel on public and mental health interventions for situations of ongoing threat and a second expert panel on Psychological First Aid. Dr. Watson and Ms. Rachel Nutter serve as members of CMHS's ongoing cadre of disaster consultants. Another expert panel was developed in coordination with the Centers for Disease Control (CDC) on public and mental health interventions for pandemic flu.

Dr. Lisa Najavits served on the National Steering Committee of SAMHSA's Co-Occurring Center of Excellence (COCE), the first national resource for the field of co-occurring mental health and substance abuse. The Steering Committee advises SAMHSA and COCE on developing, planning, communicating, and disseminating information on the range of issues involved in co-occurring disorders.

National Center Staff and the VA

In addition to VA Committee memberships and ongoing consultations noted in the text, National Center personnel are involved in the following other VA committees and task forces:

- Advisory Committee on Mental Health Instrumentation: *Knight*
- Mental Health New Knowledge Committees: *Friedman, Keane*
- Office of Mental Health Services Field Advisory Committee: *Friedman, Keane*
- VA/DoD Post-Deployment Mental Health Working Group: *Friedman, Ruzek*
- Under Secretary's Special Committee on the Treatment of Seriously Mentally Ill Veterans: *Rosenbeck*
- Under Secretary for Health's Special Committee on PTSD: *Friedman, Resick, Rosenbeck, Gusman, and Schnurr*
- VA Headquarters Medical Research Advisory Group: *Krystal*
- VA New Freedom Commission for Mental Health Research Task Force: *Krystal (chair)*
- VA Secretary's Advisory Committee on Homeless Veterans: *Rosenbeck (advisor)*
- VA Secretary's Mental Health Task Force: *Rosenbeck*

National Center staff expertise is also sought by the VA's MIRECC network, including the following:

- Connecticut-Massachusetts MIRECC: *Rosenbeck (co-director)*
- Quality Enhancement Research Initiatives: *Ruzek, Walzer, Rosen (substance abuse and PTSD working group)*
- VISN 5 and 12: *Friedman (national advisor, advisory boards)*
- VISN 16 advisory board: *Keane*
- VISN 21: *Gusman (assistant director for education) and Ruzek (co-director education)*
- National MIRECC network: *Schnurr (advisor)*

Department of Defense

One of the earliest and most productive relationships for the National Center has been with the DoD. This relationship got its start during the first Gulf War in 1991, when the Center was called upon to assist the military in planning for large numbers of returning casualties. The education and training efforts that began at this time have been formalized and extended into the wealth of educational programs that are taking place today. Moreover, the Center's involvement with recent returnees allowed researchers to begin studying PTSD soon after the occurrence of trauma, rather than years after the fact, and many of the research projects begun at that time are continuing to this day.

Now, National Center personnel are routinely involved as members of DoD scientific advisory boards. This year Dr. Friedman joined 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 the Uniformed Services University of Health Sciences (USUHS) and on the Steering Committee for the Army's Military Operational Medicine Research Program: Core Capability in Stress and Psychological Resilience. Drs. Krystal, Keane, Ronald Duman, Knight, Leskin, and Friedman are involved in a joint initiative with USUHS to establish a National Brain Laboratory for Severe Neuropsychiatric Trauma.

National Center staff are also represented in other task forces for the DoD. Dr. Brett Litz served as a member of the Telehealth and Technology for Post-Deployment Mental Health Care, Force Health Protection and Readiness (Health Affairs) Office at the DoD.

Professional Societies

National Center staff are active in leadership positions in the prestigious International Society for Traumatic Stress Studies (ISTSS). Dr. Schnurr was past-President and chair of the Nominations Committee during 2005, Dr. Eve Carlson served on the Board, Dr. Friedman served on the Awards Committee, and Dr. Leskin served as the Web Editor for the organization's website. Other staff who served as chairs of special interest groups and committees included Drs. Keane, Resick, Ruzek, Watson, Leskin, Shipherd, Dawn Vogt, Rachel Kimerling, and Leslie Morland.



DVIC Photo by PH1 Terry Mitchell

In the American Psychiatric Association (APA), Dr. Krystal served on the Diagnostic and Statistical Manual, fifth edition (DSM-V), Task Force on Gaps in our Current Research, and the selection committee for the Research Colloquium for Young Investigators. Dr. Rosenheck served on the Committee on Public Funding. Dr. Friedman is a member of the APA's DSM-V/ICD-11 working group. In the American Psychological Association, Dr. Keane served on the Bioterrorism Task Force and Council of Representatives, and Dr. Chalsa Loo served on the Task Force for Multicultural Training.

National Center staff are also involved in the Association for the Advancement of Behavior Therapy (AABT). Dr. Resick was past President of AABT in 2005, and Drs. Litz, Ruzek, Deborah Rhatigan, and Robyn Walser served as chairs of special interest groups and other committees of the Association. Another important professional society is the Anxiety Disorders Association of America, where Dr. Friedman is vice-chair and Dr. Duman is a member of the Scientific Advisory Board. Dr. Keane is President of VA Psychology Leaders.

Dr. Krystal served on a number of American College of Neuropsychopharmacology committees, including the membership, scientific program, credentials, and awards committees, and he also served as chair of the Presidential Task Force on Bioterrorism Neurobiology Subcommittee. Dr. Friedman was also involved at the ACNP as chair of its Bioterrorism Presidential Task Force on Policy, Media, and Risk Communication.

The National Center strives to address the needs of veterans with PTSD. Because the Center is not a clinical program, our strategy for doing so involves the development and dissemination of tools and information for VA clinicians, researchers, administrators, and policy makers. We also provide such information for veterans and their families, military and civilian professionals, and the population at large. Information is efficiently disseminated through the Center's ongoing activities, such as its website, publications, treatment manuals and assessment tools, nationwide trainings, and the in-person Clinical Training Program.

The Center strives to improve patient care through its strong commitment to basic research. Our work has identified abnormalities in behavior, sleep, cognition, memory, physiological reactivity, and hormonal regulation, as well as in brain structure and function associated with PTSD. A specialty of the Center is translating such basic findings into clinically relevant techniques. For example, research showing increased adrenergic activation among veterans with PTSD has led to clinical trials with anti-adrenergic medications.

In FY 2005, several of the Center's accomplishments have immediate implications for the well-being of veterans and active duty personnel:

- The Center's pre-deployment activities support active duty, National Guard, and military reserves. By preparing personnel in advance, the Center hopes to prevent later development of PTSD and related conditions.
- By providing services to enhance coping skills in returning personnel, the Center hopes to promote optimal readjustment. The manual *Building Resilience of OIF/OEF Returnees* was developed specifically for this purpose.
- As described in detail in the opening of the Annual Report, *Psychological First Aid* is a structured, manualized approach to immediate postdisaster mental health. National Center staff provided training and consultation on PFA to VA clinicians who could then support veterans who experienced a disaster such as Hurricane Katrina.
- Another accomplishment aimed at improving the care of veterans with PTSD is the dissemination of Cognitive Processing Therapy in VISN 1. CPT has been shown to be effective for veterans suffering from military-related PTSD. The Center is seeking research funding to refine and evaluate dissemination strategies. Widespread dissemination of this approach could improve PTSD treatment for veterans.
- A Work Success Group protocol has been developed to help returning veterans with PTSD and other mental health problems remain employed.
- *Returning from the War Zone* guides have been developed for veterans and family members that include information to promote readjustment in returning veterans.
- Virtual Innovative Partnership is an online training resource developed by the Center connecting VA clinicians with trainings in promising clinical practices.
- A workplace violence initiative has been developed for use following workplace violence, disasters, and terrorist attacks, to increase staff coping capacity.
- Clinical training videos have been developed on women veterans and on veterans of Afghanistan and Iraq.

- A modification of the Seeking Safety manual to address the needs of OIF/OEF veterans has been developed.

Other projects that have been a focus of the Center efforts in FY2005 are not yet ready for broader implementation, but are promising and should lead to action recommendations within the next few years:

- CSP #494, which evaluated the effectiveness of prolonged exposure for 284 female veterans and active duty personnel with PTSD, has just been completed. Data analysis has begun.
- Three pharmacological trials are evaluating new medications for use with veterans who are either on other medications or who are dually diagnosed.
- Another trial, Brief Cognitive Therapy for Victims of Mass Violence, holds promise for today's new veterans. Originally developed for officials after the September 11th terrorist attacks on the Pentagon, this internet-based self-management regimen is being evaluated for veterans with military-related PTSD.
- PTSD 101 is an internet-based program being finalized by the Center that focuses on training clinicians in the assessment and treatment of veterans with PTSD.



USMC Photo by Cpl. Michelle M. Dickson



USMC Photo by Sgt. Robert Piper

Publications by National Center Staff, Fiscal Year 2005

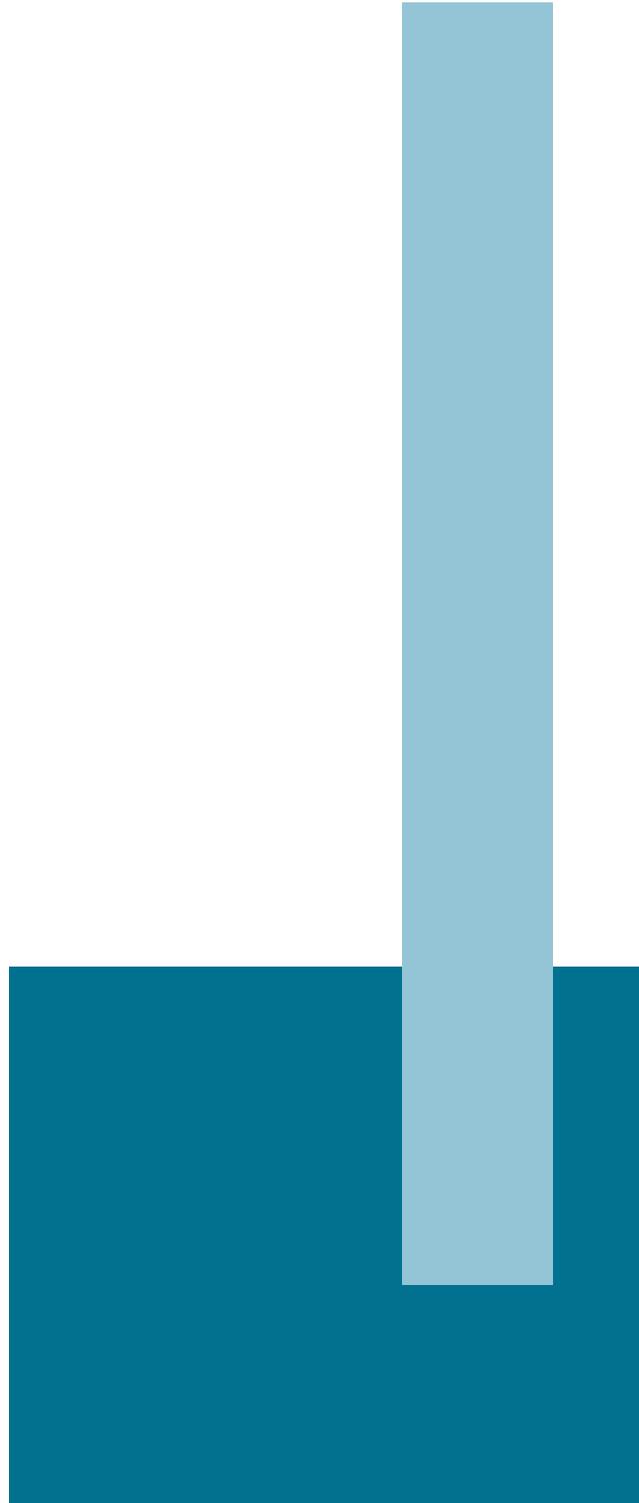
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Scientific Presentations by National Center Staff, Fiscal Year 2005

INTERNATIONAL SOCIETY FOR TRAUMATIC STRESS STUDIES

New Orleans, LA, November 2004

Bennett, S.M., **Maguen, S.**, Norris, R., Lee, B.S., Abele, E., & **Litz, B.T.** "Traumatic grief and perinatal loss: Symptom course and early intervention."

Bernardy, N., **Monson, C.M.**, **Price, J.L.**, **Schnurr, P.P.**, **Gradus, J.L.**, **Torres, S.E.**, **Ranslow, E.**, **Friedman, M.J.**, & **Thurston, V.** "Predictors of drop-out from group therapy for chronic posttraumatic stress disorder in Vietnam veterans."

Bousquet-Des Groseilliers, I., **Ruzek, J.I.**, Cordova, M., & Brunet, A. "PTSD symptoms and social support: Differences between men and women."

Bruner, V., Gore, K., DeDeyn, J., Jaffer, A., **Litz, B.T.**, & Bryant, R. "A therapist-guided internet-based self-management approach to post-traumatic stress after military events."

Cahill, S., Foa, E., Rothbaum, B., & **Resick, P.A.** "First do no harm: Worsening or improvement after prolonged exposure."

Carlson, E.B., & Dalenberg, C. "Childhood mechanisms and predictions: Trauma and adult vulnerability."

Carlson, E.B., **Ruzek, J.I.**, Field, N., & Spain, D. "Pilot study findings on ecological proximal assessment."

Charney, M.D., Pinjic, E., Petrovic, A., Piwowarczyk, L., & **Keane, T.M.** "Psychometric analysis of the Clinician Administered PTSD Scale (CAPS)-Bosnian version."

Chrysos, E.S., Vickers, K., **King, L.A.**, **King, D.W.**, **Vogt, D.S.**, & **Knight, J.A.** "Gulf War illness: Symptom patterns and co-occurrence."

Cordova, M.J., **Walsler, R.D.**, Neff, J., & **Ruzek, J.I.** "Predictors of emotional adjustment following traumatic injury: Personal, social, and material resources."

Dieperink, M., Leskela, J., Erbes, C., **Kaloupek, D.G.**, Farrer, M., **Fisher, L.**, & **Wolf, E.** "Comparison of treatment among three VA medical centers."

Doron-LaMarca, S., **Niles, B.L.**, & **King, D.W.** "Temporal relationships among symptom clusters in chronic PTSD."

Frayne, S., **Sharkansky, E.J.**, **Keane, T.M.**, **Rosen, C.S.**, Lin, H., Halanych, J.H., & Miller, D.R. "Glycemic control for patients with PTSD: Primary care effects."

Friedman, M.J. "Urinary cortisol levels in PTSD-CSA before and after treatment."

Gray, M.J., Demoles, D., Sparow, D., & **Litz, B.T.** "Impact of spousal care dependency on spousal bereavement."

Gray, M.J., **Litz, B.T.**, **Wang, J.**, & Lombardo, T. "Assessment of exposure to potentially traumatic events."

Hamblen, J.L. "Providing services after disasters and terrorism: Three case studies. The Oklahoma City bombing."

Jenkins, E., Block, C., & **Leskin, G.A.** "PTSD in battered African-American women."

Kassam-Adams, N., O'Donnell, M., Saxe, G., Zatzick, D., & **Ruzek, J.I.** "Integrating PTSD prevention and intervention in acute medical care."

Kaysen, D., & **Resick, P.A.** "Alcohol use and health in female domestic violence victims."

Keane, T.M., Piwowarczyk, L., Petrovic, A., Pinjic, E., Cajdric, A., & Charney, M.E. "Group cognitive behavioral therapy for treating PTSD/depression in Bosnian refugees."

Keen, S.M., **Kutter, C.J.**, **Niles, B.L.**, & **Krinsley, K.E.** "Psychometric properties of the PTSD Checklist."

Kimerling, R., & Baumrind, N. "PTSD and women's health status indicators."

Kuhn, E., **Rosen, C.S.**, Hartl, T., & Greenbaum, M.A. "Predictors of mortality among veterans with PTSD."

Litz, B.T., Adler, A.B., Castro, C.A., Wright, K., Thomas, J., & **Suvak, M.K.** "A controlled trial of group debriefing."

Litz, B.T., & Bonano, G. "Complicated and traumatic grief."

Maguen, S., & **Litz, B.T.** "The relationship between PTSD subclusters and functional impairment."

Maguen, S., Neria, Y., **Litz, B.T.**, Marshall, R., Gross, R., & Seirmarco, G. "Predictors of traumatic grief resulting from loss on 9-11-01."

McKinney, A.E., Pedersen, E.R., **Wolf, E.J.**, & **Miller, M.W.** "Differences in arousal ratings of traumatic images by veteran status."

Monson, C.M., Foa, E., **Hamblen, J.L.**, **Resick, P.A.**, & Rothbaum, B. "Disseminating evidence-based trauma treatments."

Monson, C.M., **Schnurr, P.P.**, Guthrie, K.A., & **Stevens, S.P.** "Cognitive-behavioral couple's treatment for PTSD: Initial findings."

Morland, L., Goebert, D., Fratarelli, L., & **Friedman, M.J.** "Trauma, PTSD and perinatal health among Pacific Island women: A pilot study."

Mozley, S.L., **Miller, M.W.**, Beckham, J.C., & Feldman, M.E. "Internalizing and externalizing subtypes of combat-related PTSD."

Munroe, J., **Fisher, L.**, **Quinn, S.**, Pearlman, L., Ford, J., & **Davison, E.** "Complex PTSD with combat veterans: Practical clinical skills."

Niles, B.L., & **King, D.W.** "Methods for examining temporal dynamics among PTSD symptom clusters."

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

Orazem, R., & **Resick, P.A.** "Treatment history of trauma-treatment seekers."

Pivar, I., Baker, C., & **Ruzek, J.I.** "Group intervention for complicated grief in Vietnam era veterans."

Prestel, R.S., **Walsh, K.**, **Fisher, L.M.**, & **Knight, J.A.** "Symptom over-reporting in PTSD-related disability applicants."

Price, J.L., **Monson, C.M.**, **Callahan, K.**, & Rodriguez, B.F. "The role of affect control in PTSD treatment outcomes."

Putnam, K.M., **Litz, B.T.**, **McSweeney, L.B.**, Murray, L.M., **Williams, L.E.**, & Norris, R. "The effect of environmental demands on mood and cortisol in PTSD: A study using Ecological Momentary Assessment."

Resick, P.A., Galovski, T., & Griffin, M. "The effect of PTSD treatment on reported health symptoms."

Rizvi, S.L., & Linehan, M.M. "A targeted intervention for shame: Pilot findings and implications for trauma work."

Samper, R.E., **Vogt, D.S.**, **King, D.W.**, **King, L.A.**, & **Knight, J.A.** "War-zone stressors and physical health: PTSD as a mediator."

Schnurr, P.P. "Designing prospective studies of PTSD."

Schnurr, P.P. "New findings on interpersonal violence and physical health."

Schnurr, P.P., **Lunney, C.**, **Sengupta, A.**, & Spiro, A. "A longitudinal study of PTSD and retirement in older veterans."

Schulz, P., **Resick, P.A.**, & Huber, L. "Comparing outcomes: Treating PTSD with and without language interpreters."

Southwick, S.M. "Accuracy of memory for personally relevant human actions."

Southwick, S.M. "Neurobiology of extreme stress in PTSD."

Southwick, S.M. "The impact of highly stressful events on accuracy of human memory."

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

Stellman, J., & **Monson, C.M.** "American women in the military: From Vietnam era to the present."

Street, A.E., Stafford, J., Mahan, C., **Clarke, S.**, & Scott, K. "Military-related sexual harassment among female reservists."

Taft, C.T., **Resick, P.A.**, **Mechanic, M.B.**, & **Vogt, D.S.** "PTSD and physical health among help-seeking battered women."

Vogt, D.S., Pless, A., **King, L.A.**, & **King, D.W.** "Deployment stressors, gender, and functional status."

Wagner, A., & Rizvi, S.L. "Application of dialectical behavior therapy to trauma-related problems."

Walser, R., Cordova, M., Neff, J., & Ruzek, J.I. "Adjustment after traumatic injury: Personal, social, material resources."

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

Walsh, K., Prestel, R.S., Niles, B.L., & Miller, M.W. "Trauma characteristics, personality, and psychiatric functioning in PTSD assessment-seeking veterans."

Weitlauf, J., Westrup, D., Frayne, S., Lee, T., Ruzek, J.I., & Keller, J. "MST and avoidance of gynecological health care among female veterans."

Whealin, J.M., & Ruzek, J.I. "Psychological preparation for work-related trauma: A cognitive behavioral model."

Wolf, E.J., Greif, J.L., & Miller, M.W. "Trauma exposure among undergraduates: Descriptive data & comorbidities."

Woodward, S.H., Kaloupek, D.G., Arsenault, N.J., Prestel, R.S., Kutter, C.J., Stegman, W.K., & Stewart, L.P. "Social modulation of heart rate in PTSD."

Zatzick, D., Bryant, R., Foa, E., Litz, B.T., Pitman, R., Ruzek, J.I., & Shalev, A. "Early intervention special interest group panel discussion."

ASSOCIATION FOR THE ADVANCEMENT OF BEHAVIOR THERAPY

New Orleans, LA, November 2004

Adler, A.B., Suvak, M.K., Litz, B.T., Castro, C.A., Wright, K., & Thomas, J. "A controlled trial of group debriefing in the military: Preliminary findings."

Bennett, S.M., Maguen, S., Norris, R., Lee, B.S., Abele, E., & Litz, B.T. "Adjustment to perinatal loss: Mental health outcomes over time."

Bennett, S.M., Maguen, S., Norris, R., Lee, B.S., Abele, E., & Litz, B.T. "Resilience following perinatal loss: Does coping style predict outcome?"

Block-Lerner, J., Orsillo, S.M., & Plumb, J.C. "Various ways of approaching emotional events: Comparing the effects of mindful awareness, positive thinking and relaxation preparations."

Block-Lerner, J., Rhatigan, D.L., Plumb, J.C., & Orsillo, S.M. "Exploring the relationship between mindfulness and empathy in women."

Borelli, J.L., & Aikins, D.E. "Recognition for emotional stimuli in combat-exposed Vietnam veterans with and without posttraumatic stress disorder: A pilot study."

Galovski, T., & Resick, P.A. "The treatment of male sexual and physical assault survivors with cognitive processing therapy."

Kaysen, D., Simpson, T., & Resick, P.A. "Alcohol use disorders and PTSD in female crime victims."

Keane, T.M. "Culture, comorbidity, and the realities of clinical practice and research with refugees."

Keane, T.M. "Trauma and addictions: Implications of comorbidity."

Kutter, C.J., Monson, C.M., Nagy, L., & Rodriguez, B.F. "Clinical outcomes associated with participation in a PTSD day hospital program: Effects on PTSD and comorbid symptomatology."

Maguen, S., & Litz, B.T. "Predictors of barriers to mental health treatment seeking in Kosovo peacekeepers."

Maguen, S.M., Litz, B.T., Ruef, A., & Miller, M.W. "Positive emotionality as a protective factor against PTSD symptomatology among Vietnam and Gulf War Veterans."

Monson, C.M., Stevens, S.P., & Schnurr, P.P. "Cognitive-behavioral couple's treatment for PTSD: Is more than PTSD improved?"

Norris, R.L., Maguen, S.M., Litz, B.T., Britt, T.W., Adler, A.B., & Bartone, P.T. "Physical health symptoms in peacekeepers: Has the role of deployment stress been overstated?"

Orazem, R., & Resick, P.A. "Impact of police behavior on PTSD among female assault survivors."

Orsillo, S.M. "Acceptance-based behavioral therapies: New directions in treatment development across the diagnostic spectrum."

Orsillo, S.M., Roemer, L., & Salters, K. "Acceptance based behavioral therapy for GAD."

Panuzio, J., Taft, C.T., Black, D.A., Koenen, K.C., & Murphy, C.M. "Relationship abuse and victims' PTSD symptoms: Associations with child behavior problems."

Resick, P.A. "Beyond cognitive processing: A reconceptualization of posttrauma pathology."

Rodriguez, B.F., Monson, C.M., & Price, J.L. "A psychometric examination of the regulation of emotional distress scale."

Roemer, L., & Orsillo, S.M. "Acceptance-based behavior therapy for GAD: Preliminary findings from an open trial and a randomized controlled trial."

Stafford, J., Street, A.E., Bruce, T., & Harding, T. "The psychological outcomes associated with sexual harassment: A meta-analysis."

Suvak, M.K., Litz, B.T., & Hoffman, S.G. "The factor structure of the affective control scale."

Weitlauf, J., Ruzek, J.I., Westrup, D., Keller, J., Lee, T., & David, W. "Self-defense training as a therapeutic tool for women with PTSD."

Welch, L., & Shipherd, J.C. "Rates of violence and sexual orientation in the transgendered community."

Williams, L.F., Resick, P.A., & Griffin, M.G. "Resilience as a predictor of PTSD in a sample of battered women."

AMERICAN PSYCHIATRIC ASSOCIATION

Atlanta, GA, May 2005

Friedman, M.J. "Deployment research issues: Stress and physical disorders."

Friedman, M.J. "Managing distress and psychiatric disorder after terrorism: Collaborative session with NIMH."

Friedman, M.J. "Improving primary care for trauma-related psychiatric disorders in general medical settings."

Krystal, J.H. "Comorbid psychosis and substance use: Diagnosis, course and outcome."

Neumeister, A. "Serotonergic targets as mediators in depression and anxiety."

VA

Kimerling, R., & Trafton, J. "Validation of a brief screen for PTSD in substance use disorder treatment settings." VA HSR&D, Baltimore, MD, February 2005.

Litz, B.T. "Psychological treatments for post-traumatic stress disorder: Putting virtual reality exposure therapy in context." Wounds of War – Rehabilitation Strategies for Recovery, Research and Development Service, Providence VA Medical Center, Providence, RI, March 2005.

Morland, L.A. "Telemental health and PTSD service in the Pacific Islands." Annual conference of the VA Office of Care Coordination, Salt Lake City, UT, April 2005.

Orsillo, S.M. "An introduction to acceptance and commitment therapy." Providence VA Medical Center Colloquium Series, Providence, RI, May 2005.

Schnurr, P.P. "VA women's health research portfolio review, 2000-2003." Toward a VA Women's Health Research Agenda, Arlington, VA, November 2004.

Schnurr, P.P. "Psychotherapy for PTSD: A tale of two studies." VA Medical Center, White River Junction, VT, April 2005.

Schnurr, P.P. "The physical health effects of traumatic exposure." VA Medical Center, Houston, TX, June 2005.

Swales, P., Cozza, S., Sautter, F., & Lehmann, L. "The combat veteran: Adjustment to civilian life." National MIRECC Conference, New Orleans, LA, June 2005.

Walser, R.D. "PTSD in older veterans." MIRECC Risk, Rehabilitation and Recovery Conference, National MIRECC Conference, New Orleans, LA, June, 2005.

OTHER

Aikins, D.E. "Relation between vagal tone and objectively assessed performance in military personnel exposed to high stress." American Psychological Association, Washington, DC, August 2005.

Aikins, D.E., Borelli, J.L., & Baker, A. "Phasic heart period reactions to cued affective stimuli in combat-related posttraumatic stress disorder." Society for Psychophysiological Research, Santa Fe, NM, October 2004.

Behar, K.L. "NMR studies on GABA/Glutamine cycling and GABA synthesis regulation in vivo." 3rd Wierzba Conference, Satellite Meeting, International Society for Neurochemistry, Wierzba, Poland, August 2005.

Borelli, J.L., **Aikins, D.E.**, & Wargo-Aikins, J. "Attachment and exposure to childhood traumatic events in Vietnam-era combat veterans." Society for Research in Child Development, Atlanta, GA, April 2005.

Bracha, H.S. "Pseudo-cardiogenic manifestations of acute fear-circuitry activation in healthy young individuals: Insights from new research at the Honolulu VA." Tripler Army Medical Center, Honolulu, HI, December 2004.

Bracha, H.S. "Resilience during severe chronic stress: Can it be increased by pharmacological pretreatment?" Department of Psychology, Hawaii Pacific University, Honolulu, HI, January 2005.

Broach, J.L., & **Whealin, J.M.** "Serving OIF/OEF returnees: A brief consideration of clinical presentation in soldiers screened for posttraumatic stress reactions." Tripler Army Medical Center, Honolulu, HI, August 2005.

Dahl, J., & **Walsler, R.D.** "Living ACT in the therapeutic relationship." ACT Summer Institute, Philadelphia, PA, July 2005.

Davison, E.H. "Understanding post-traumatic stress in the lives of veterans: A life span perspective." Massachusetts Hospice-Veteran Partnership Conference, Marlborough, MA, June 2005.

Engel, C.E., Gore, K., Armstrong, D.W., Bruner, V., Betlyon, D., Bryant, R., & **Litz, B.T.** "Adherence to web-based treatment for posttraumatic stress disorder." E-Health Conference, Toronto, Canada, May 2005.

Friedman, M.J. "Posttraumatic stress disorder." Preliminary Stress and Fear Circuitry Disorders Conference, American Psychiatric Association and World Health Organization, Arlington, VA, June 2005.

Friedman, M.J. "Neurobiology of PTSD." Artiss Memorial Conference, Walter Reed Army Medical Center, Bethesda, MD, June 2005.

Friedman, M.J., & **Schnurr, P.P.** "Town hall meeting on the war in Iraq." Department of Psychiatry, Dartmouth Medical School, Lebanon, NH, March 2005.

Kartha, A., Samet, J., Saitz, R., **Keane, T.M.**, Brower, V., & Liebschutz, J. "Primary care patients with PTSD and trauma exposure use more healthcare services." Society for General Internal Medicine, New Orleans, LA, May 2005.

Krystal, J.H. "Alcohol dependence, smoking and GABA: Insights from neuroimaging and psychopharmacology." Neuroscience Seminar, Rotterdam, Netherlands, April 2005.

Krystal, J.H. "Therapeutic modulation of glutamate neurotransmission: Where do we go from here?" American College of Neuropsychopharmacology, San Juan, Puerto Rico, December 2004.

Krystal, J.H. "Alcoholism vulnerability and the interplay of glutamate and dopamine." Intramural Program Division Wide Seminar Series, National Institute on Alcohol Abuse and Alcoholism, Rockville, MD, February 2005.

Krystal, J.H. "GABA, GABA, hey! Translational neuroscience insights into GABA." Winter Conference on Brain Research, Breckenridge, CO, January 2005.

Krystal, J.H. "The neurobiology of substance-induced psychoses." Untangling Depression and Anxiety: A Challenge for Scientists and Clinicians, Forest Lab Symposium, Atlanta, GA, May 2005.

Lipschitz, D.S. "Baseline and modulated acoustic startle responses in adolescent girls with post-traumatic stress disorder." Annual Meeting of the American Academy of Child and Adolescent Psychiatry, Miami, FL, October 2004.

Litz, B.T. "Methodological think tank: Sampling the right people in the right places. Responding to sampling problems and solutions in epidemiological studies of trauma and mental health: Lessons from the 11 March study in Madrid." Clinical Innovations in Trauma Research Methods, New Orleans, LA, November 2004.

Litz, B.T. "Early intervention for trauma and traumatic loss." University of Massachusetts Medical School, Boston, MA, January 2005.

Loo, C.M., Ueda, S.S., & Morton, R.K. "Group treatment for race-related stresses among minority Vietnam veterans." National Association of Rural Mental Health Conference, Honolulu, HI, August 2005.

Maguen, S., **Vogt, D.S.**, **King, L.A.**, **King, D.W.**, & **Litz, B.T.** "Posttraumatic growth among Gulf War I veterans." Positive Life Changes, Benefit-Finding and Growth Following Illness Conference, Boston, MA, May 2005.

Mechanic, M.B., **Weaver, T.L.**, & **Resick, P.A.** "The unique role of stalking as a predictor of physical injuries, PTSD, and depression among battered women." American Psychology Law Society, San Diego, CA, March 2005.

Miller, M.W., & Gronfier, C. "Circadian effects on the human startle reflex." Society for Psychophysiological Research, Santa Fe, NM, October 2004.

Monson, C.M. "Psychotherapy for traumatized women: Current treatments and future innovation." Women's Research and Education Institute's Women in the Military Today Conference, Washington, DC, May 2005.

Neria, Y., **Litz, B.T.**, Marshall, R., **Maguen, S.**, Gross, R., Scirmarco, G., & Sue, E.J. "Traumatic grief among 9/11 Victims." American Psychological Association, Atlanta, GA, August 2005.

Neumeister, A. "The contribution of monoamine receptor polymorphisms to dysfunction of neural circuitry in depression." Annual Meeting of the Society of Biological Psychiatry, Atlanta, GA, May 2005.

Norris, F. "Twenty years of disaster research: What do we know and where do we go from here?" University of South Florida, Tampa, FL, October 2004.

Norris, F. "Disaster research methodology: Past progress and future directions." Clinical Innovations in Trauma Research Methods, New Orleans, LA, November 2004.

Norris, F. "Cross-cultural research on disasters and trauma: Challenges, approaches, and progress." Family Research Consortium IV Summer Institute, New Orleans, LA, June 2005.

Onoye, J., **Morland, L.A.**, Goebert, D., Frat-tarelli, L., & **Friedman, M.J.** "Alcohol use, traumatic stress and PTSD during pregnancy." Pacific Global Public Health Conference, Honolulu, HI, June 2005.

Pratt, E.M., **Orsillo, S.M.**, & Brief, D.J. "Eating disorders in a clinical sample of female veterans with PTSD." International Conference on Eating Disorders, Montreal, Canada, April 2005.

Putnam, K.M., **Pizzagalli, D.A.**, Gooding, D.C., Kallin, N.H., & Davidson, R.J. "Orbital frontal cortex, the regulation of emotion, and diurnal variation in cortisol: Evidence from brain electrical tomography analysis." Society for Psychophysiological Research, Santa Fe, NM, October 2004.

Ralevski, E., Rounsaville, B., Poling, J., Nich, C., Levinson, C., & **Petrakis, I.** "Personality disorders as predictors of treatment outcome in a sample of alcohol dependent veterans with comorbid Axis I disorders." Guze Symposium on Alcoholism, St. Louis, MO, February 2005.

Rasmusson, A.M., Krishnan-Saren, S., O'Malley, S., Anderson, G., & Wu, R. "Defining neurobiological risk factors for smoking dependence in women with PTSD." Office of Research on Women's Health, Women's Health Interdisciplinary Research Symposium, Bethesda, MD, October 2004.

Rasmusson, A.M., Pinna, G., Krishnan-Sarin, S., Weisman, D., Paliwal, P., Gottschalk, C., **Krystal, J.H.**, & Guidotti, A. "Decreased CSF allopregnanolone levels in women with PTSD may predispose to refractory smoking dependence." Building Interdisciplinary Research Careers in Women's Health, New England Regional Symposium, Providence, RI, May 2005.

Rasmusson, A.M., Pinna, G., Weisman, D., Gottschalk, C., **Charney, D.S.**, **Krystal, J.H.**, & Guidotti, A. "Decreased CSF allopregnanolone levels in women with PTSD correlate negatively with reexperiencing symptoms." Society of Biological Psychiatry, Atlanta, GA, May 2005.

Rasmusson, A.M. "An update on the neurobiology and treatment of PTSD." American Psychiatric Nurses Association, Clinical Psychopharmacology Institute, Boston, Massachusetts, June 2005.

Rasmusson, A.M., Pinna, G., Paliwal, P., Weisman, D., Gottschalk, C., **Charney, D.S.**, **Krystal, J.H.**, & Guidotti, A. "Decreased, CSF allopregnanolone levels in women with PTSD." Psychobiology of PTSD, New York Academy of Science, New York, NY, September 2005.

Resick, P.A. "Cognitive-behavioral treatment for PTSD." Florida Council Against Sexual Violence, Orlando, FL, February 2005.

Resick, P.A. "PTSD: How much, how to screen, how to treat." Academy of Health Annual Research Meeting, Boston, MA, June 2005.

Resick, P.A. "The science and politics of posttraumatic stress disorder." Department of Psychology, Kent State University, Kent, OH, June 2005.

Resick, P.A. "A reconceptualization of post-traumatic stress disorder." British Association for Behavioural and Cognitive Psychotherapies, Canterbury, England, July 2005.

Resick, P.A., & Kaysen, D.L. "Trauma-related cognitions and complex post-trauma symptomatology in a domestic violence sample." British Association for Behavioural and Cognitive Psychotherapies, Canterbury, England, July 2005.

Schnurr, P.P. "Issues in multisite trials of behavioral interventions." Annual Meeting of the Society for Clinical Trials, Portland, OR, May 2005.

Schnurr, P.P. "Does PTSD disappear in old age?" European Conference on Traumatic Stress, Stockholm, Sweden, June 2005.

Schnurr, P.P. "Psychotherapy for PTSD: A tale of two studies." Baylor University School of Medicine, Houston, TX, June 2005.

Schnurr, P.P. "Trauma, PTSD, and physical health." Emory University School of Medicine, Atlanta, GA, June 2005.

Schnurr, P.P. "Hot topics: Implications and applications of biologic studies." Psychobiology of PTSD: A decade of progress, New York Academy of Sciences, New York, NY, September 2005.

Southwick, S.M. "Reactions to traumatic stress." General Austin's Command, Ft. Drum, Watertown, NY, October 2004.

Southwick, S.M. "PTSD and memory." Connecticut Neuropsychological Society, West Haven, CT, November 2004.

Southwick, S.M. "Adapting to stress: Lessons from the resilient." Fort Drum, Watertown, NY, March 2005.

Southwick, S.M. "Resilience or PTSD: Studying combat and Special Forces veterans." Medical Education and Department of Psychiatry Graduation, University of Florida, Gainesville, FL, June 2005.

Southwick, S.M. "Psychosocial aspects of Resilience." Thirteenth World Congress on Viktor Frankl's Logotherapy, Dallas, TX, June 2005.

Southwick, S.M. "The use of logotherapy for the treatment of PTSD." Thirteenth World Congress on Viktor Frankl's Logotherapy, Dallas, TX, June 2005.

Southwick, S.M. "Memory under high stress." 29th International Congress on Law and Mental Health, Paris, France, July 2005.

Swales, P. "PTSD: Assessment, diagnosis and updates." Annual Meeting of the University of Texas Psychiatric Pharmacotherapy Update, University of Texas, Austin, TX, September 2005.

Swales, P. "Coping with panic reactions in acute stress and PTSD." Tripler Army Medical Center War-zone Related Issues for Active Duty Personnel: Pre-, Post-, and Redeployment Conference, Honolulu, HI, February 2005.

Vogt, D.S., King, L.A., King, D.W., & La Bash, H. "Deployment risk and resilience inventory (DRRI): An instrument for assessing deployment factors associated with physical and mental health outcomes." Toxicology and Risk Assessment Conference, Fairborn, OH, April 2005.

Wolf, E.J., Miller, M.W., & Resick, P.A. "Simple' and 'complex' PTSD: Association with somatic complaints." Society of Behavioral Medicine, Boston, MA, April 2005.

Woodward, S.H. "Transduction of respiratory movement via mattress actigraphy." Annual Meeting of the Association of Professional Sleep Societies, Denver, CO, June 2005.

Woodward, S.H., & Kaloupek, D.G. "Baseline heart rate in PTSD: What is it telling us?" Society for Psychophysiological Research, Santa Fe, NM, October 2004.



National Center for PTSD Research Funding, Fiscal Year 2005

PROJECTS APPROVED AND FUNDED

VA Cooperative Studies

Principal Investigators	Title of Project	Years	FY 05 Funding	Total Award
Krystal Rosenheck	Risperidone Treatment for Refractory Combat-Related Post-Traumatic Stress Disorder	2004 – 2006	\$0	\$6,416,000
Schnurr Friedman Engel	CSP#494: A Randomized Clinical Trial of Cognitive-Behavioral Therapy for Women	2000 – 2005	\$890,715	\$5,014,368

VA Merit Review

Principal Investigators	Title of Project	Years	FY 05 Funding	Total Award
Gelernter	Genetic Studies of Anxiety Disorder and Related Phenotypes	2002 – 2007	\$145,000	\$725,000
Krystal	NMDA Dysregulation in Alcoholism	2001 – 2005	\$134,900	\$409,400
Rasmusson	HPA Reactivity in Men and Women with Chronic PTSD	2001 – 2005	\$77,425	\$309,700

Other VA Sources

Principal Investigators	Title of Project	Funding Source	Years	FY 05 Funding	Total Award
Gelernter	Genetic Studies of Dual Diagnosis Populations	MIRECC	1997 – On-going	\$67,000	\$335,000
King, D. King, L. Vogt	Toward Gender-Aware VA Care: Development and Evaluation of an Intervention	HSR&D	2002 – 2005	\$145,600	\$582,300
Litz King, D. King, L.	Impact of Military Stressors Across the Life Course	VA	2002 – 2007	\$197,000	\$968,000
Monson	Cognitive Processing Therapy for Military-Related PTSD	CSP Research Development Award	2002 – 2005	\$109,291	\$327,000
Morland	Telemedicine and Anger Management with PTSD Veterans in the Hawaiian Islands	HSR&D	2005 – 2009	\$248,185	\$874,501
Najavits	Adaptation of Clinical Resources for American Indians	VA	2005 – 2006	\$57,000	\$233,000

Resick	Training in Cognitive Processing Therapy for Sexual Trauma-Related PTSD	VA	2004 – 2005	\$0	\$50,000
Rosenheck	Collaborative Initiative on Chronic Homelessness	VA, HUD, HHS	2003 – 2007	\$600,000	\$1,800,000
Sano Friedman	Evaluating a Bio-Terrorism Preparedness Campaign for Veterans	HSR&D	2003 – 2006	\$645,461	\$1,400,000
Southwick Morgan Rasmusson	Guanfacine for the Treatment of PTSD	VA	1999 – 2005	\$0	\$321,300
Tiet Schutte Rosen	Components of Effective Treatments for Dually Diagnosed Patients	VA Program Evaluation and Resource Center	2002 – 2005	\$166,000	\$251,511
Vojvoda Southwick Rorhbaugh	Expand Services to OEF/OIF veterans with PTSD	VA	2005 – 2007	\$234,171	\$750,000

National Institute of Mental Health

Principal Investigators	Title of Project	Years	FY 05 Funding	Total Award
Carlson	Ecological Proximal Assessment in Trauma Survivors	2005 – 2007	\$135,000	\$339,075
Duman	Antidepressants and Signal Transduction in Brain	2005 – 2010	\$250,000	\$1,250,000
Duman	Neurobiological Basis of Major Psychiatric Disorders	2005 – 2007	\$823,356	\$4,116,780
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
Keane	Treating Torture and Related Trauma Among Bosnian Refugees	1999 – 2005	\$198,000	\$730,000
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
Lipschitz Southwick	Modifiable Risk Factors for PTSD in Urban Adolescents	2000 – 2005	\$135,000	\$675,537
Litz	Emotional Processing in Borderline Personality Disorder	2004 – 2007	\$115,000	\$455,000
Litz	Brief Cognitive-Behavioral Treatment for Victims of Mass Violence	2002 – 2005	\$170,288	\$425,000
Miller	Startle Reflex Amplitude and Cortisol in PTSD	2003 – 2006	\$28,350	\$154,350
Norris	Research Education in Disaster Mental Health	2003 – 2008	\$250,000	\$1,250,000
Norris	The Social and Cultural Dynamics of Disaster Recovery	2000 – 2006	\$189,000	\$2,000,000
Resick	Cognitive Processes in PTSD: Treatment	2000 – 2005	\$395,000	\$1,926,885
Sheikh Woodward Leskin	Sleep in PTSD/Panic Disorder: A Multimodal, Naturalistic Study	2003 – 2007	\$312,500	\$1,400,000
Tamagnan	Piperidine Derivatives as Radiotracers for Serotonin Transporters	2003 – 2005	\$90,000	\$180,000

Other Non-VA Sources

Principal Investigators	Title of Project	Funding Source	Years	FY 05 Funding	Total Award
Barlow Resick	Treatment/Services Development Center for PTSD and Substance Abuse in Children and Adolescents	SAMHSA	2003 – 2007	\$412,000	\$2,400,000
Behar	NMR Studies of GABA Regulation in Vivo	NINDS	2001 – 2005	\$279,358	\$1,085,249
Behar	NMR Studies of Brain Energetics and Hypoglycemia in Vivo	NIDDK	2004 – 2008	\$220,000	\$1,438,880
Buckley	Behavioral Pharmacology of Smoking in Anxiety Disorders	NIDA	2003 – 2008	\$102,654	\$502,596
Castro Adler Litz	The Effects of Psychological Debriefing in Soldiers Deployed to Operation Iraqi Freedom	DoD	2003 – 2006	\$137,000	\$849,689
Chiauzzi King, D. King, L.	Our Strength in Families: A Web-Based Interactive Coping Skill and Resiliency Program for Military Families: Phase 1	DoD	2005 – 2005	\$100,000	\$100,000
Ciraulo Keane LoCastro	Behavioral and Psychopharmacological Treatment of Alcohol Abuse	NIAAA	1997 – 2004	\$350,000	\$2,800,000
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 – 2005	\$250,000	\$1,765,000
Gelernter	Thai-U.S. Drug Dependence Genetics Research Training Grant	NIH/NIDA/ Fogarty International Center	2002 – 2007	\$312,975	\$1,565,360
Gelernter	Family Controlled Linkage Disequilibrium Studies of Alcohol Dependence	NIH/NIAAA	2002 – 2007	\$575,910	\$2,882,067
Gelernter Krystal	Guided Family-Controlled Linkage Disequilibrium Scan for Alcohol Dependence and PFC-Related Endophenotypes	NIH/NIAAA	2001 – 2006	\$60,000	\$700,000
Gelernter	Genetics of Cocaine Dependence	NIH/NIDA	1999 – 2006	\$257,802	\$5,835,175
Gelernter	Approaches to the Genetics of Substance Dependence	NIH/NIDA	2003 – 2008	\$129,858	\$666,667
Gelernter	Opioid Dependence Genetics in Thai Populations	NIH/NIDA/ Fogarty	2002 – 2007	\$312,975	\$1,565,360
Gelernter	Genetics of Opioid Dependence	NIH/NIDA	2000 – 2010	\$791,329	\$3,165,401
Hamblen	CBT for Postdisaster Distress	Florida Department of Children and Families	2005 – 2006	\$20,000	\$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
Johnson	Cognitive and Neural Mechanisms of Conflict and Control	NIH/Princeton Univ.	2000 – 2005	\$156,080	\$936,482
Kaufman	SAFE Homes Program Evaluation	State of CT – Department of Children and Families	2003 – 2005	\$29,700	\$59,400
Keane Przworczyk Grodin	Cognitive-Behavioral Treatment for War Traumatized Refugees: Project Welcome	DHHS Office of Refugee Resettlement	2000 – 2005	\$400,000	\$2,000,000
Keane Saxe	Treatment/Services Development Center for Medical Trauma and Refugee Trauma in Children	SAMHSA	2000 – 2005	\$420,000	\$2,000,000
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	\$971,945
Krystal	Center for the Translational Neuroscience of Alcoholism	NIH/NIAAA	1999 – 2006	\$1,426,612	\$8,947,545
Krystal	Cortical GABA Function in Alcoholism	NIAAA	1999 – 2005	\$0	\$2,078,530
Krystal	Amino Acid Neurotransmitter Dysregulation in Alcoholism	NIAAA	2004 – 2009	\$169,990	\$849,950
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	\$75,000	\$375,000
Morgan	The Effects of Post Stress Carbohydrate Administration on Human Cognition and Performance	USSOCM	2003 – 2005	\$0	\$180,000
Morgan Southwick	Psychobiological Assessment of High Intensity Military Training	DoD	1997 – On-going	\$0	\$365,000
Najavits	A Multimedia Training Package for Seeking Safety Therapy	NIDA	2004 – 2005	\$100,000	\$100,000
Neumeister	Genetic Determinance of Noradrenergic Function in Anxiety Disorder	ADAA	2005 – 2006	\$29,980	\$29,980
Neumeister	Effects of Levetiracetam on Conditioned Psychophysiological Responses in PTSD	UCB Pharma, Inc.	2004 – 2005	\$39,111	\$39,111
Neumeister	Effects of a Single Dose of IV Glycine in Healthy Volunteers Undergoing a Ketamine Challenge	Yale/Pfizer Imaging Alliance	2005 – 2006	\$430,041	\$430,041

Neumeister	Effects of Intravenous Glycine on Regional Cerebral Glucose Metabolism in Healthy Control Subjects	Yale/Pfizer Imaging Alliance	2004 – 2005	\$490,879	\$490,879
Prigerson	Risk Factors for Complicated Grief in Suicidality in Individuals Bereaved by Suicide	American Foundation for Suicide Prevention	2004 – 2006	\$10,000	\$70,000
Putnam	The Regulation of Negative Affect and Borderline Personality Disorder: fMRI and Experience Sampling	Borderline Personality Disorder Research Foundation	2003 – 2005	\$75,000	\$150,000
Rasmusson	Effects of POW Stress on NPY Physiology: Potential Long-Term Health Consequences	Center for Naval Analysis	2001 – 2005	\$0	\$212,113
Saxe King, D.	Post-Traumatic Stress Disorder in Children with Injuries: A Longitudinal Study	NIH	2003 – 2008	\$250,000	\$1,250,000
Staley	Delineating the Role of Benzodiazepine Receptors in Alcohol and Nicotine Dependence	Dana Foundation	2003 – 2005	\$50,000	\$100,000
Staley	Tobacco Smoking and Nicotine Acetylcholine Receptors	NIH/NIDA	2004 – 2008	\$200,000	\$800,000
Tamagnan	Development of PET and SPECT Ligands for mGluR5 Imaging	NIDA/NIMH	2002 – 2007	\$260,890	\$1,814,634
Tamagnan	Synthesis and In Vivo Evaluation of New Selective Antagonist for the Metabotropic Receptor Group I	NARSAD	2003 – 2005	\$30,000	\$60,000

APPLICATIONS PENDING APPROVAL

Principal Investigators	Title of Project	Funding Source	Years	Total Award
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
Gobert Morland	Maternal Trauma, PTSD, and Birth Outcomes	NIMH/NICHHD	2005 – 2010	\$2,959,971
Kaufman	Genetic and Environmental Modifiers of Child Depression	NIMH	2005 – 2009	\$1,597,085
Kaufman	Child Abuse, GABRA2 Genotype, and Early Alcohol Use	NIMH	2005 – 2010	\$2,043,172
Kimerling Street	Evaluation of Military Sexual Trauma Screening and Treatment	HSR&D	2005 – 2007	\$416,100
Krystal	Center for the Translational Neuroscience of Alcoholism	NIAAA	2006 – 2011	\$8,978,972
Miller	The Structure of PTSD Comorbidity	VA Merit Review	2006 – 2010	\$580,633
Miller Wolf	The Structure of PTSD Comorbidity in the Axis II Domain	NIMH	2006 – 2009	\$97,221
Monson	Cognitive-Behavioral Couple's Therapy for Posttraumatic Stress Disorder	NIMH	2006 – 2008	\$450,000
Neumeister Aikins	Effects of Duloxetine on Fear Conditioning in PTSD	Lilly	2006 – 2007	\$135,000
Niles Silberbogen	Evaluation of a Mindfulness Telehealth Intervention for PTSD	Samuel Institute	2005 – 2006	\$152,136
Resick Shipherd	Longitudinal Investigation of Marine Enlistment: Long-Term Follow-up	HSR&D	2006 – 2009	\$632,000
Rosen	Telephone Case Monitoring for Veterans with PTSD	HSR&D	2005 - 2009	\$2,418,800
Trafton Kimerling	Effectiveness of Screening and Treatment for PTSD in SUD Patients	HSR&D	2005 - 2010	\$681,100

Educational Presentations by National Center Staff, Fiscal Year 2005

INTERNATIONAL SOCIETY FOR TRAUMATIC STRESS STUDIES

New Orleans, LA, November 2004

Danieli, Y., Galea, S., Greiger, T., Cohen Silver, R., & **Friedman, M.J.** "Terrorism, the US experience: Questions answered, questions raised."

Friedman, M.J., Holloway, H.C., **Litz, B.T.**, & Solomon, Z. "Military psychiatry, then and now."

Greene, C.J., & **Whealin, J.M.** "A guide for developing culturally competent trauma programs for underserved populations."

Kimerling, R. "Publishing clinical and empirical articles in academic journals: Panel discussion."

Monson, C.M., **Stevens, S.P.**, & Guthrie, K.A. "Cognitive-behavioral couple's treatment for PTSD."

Niles, B.L., Wattenberg, M., Glynn, S., Unger, W., & McKeever, V. "Group therapy interventions: Applications to war and terrorism trauma."

Watson, P.J. "Providing services after disasters: World Trade Center disaster."

Watson, P.J. "International perspectives on recognizing and treating effects of war."

Watson, P.J. "Disaster mental health: The integration of science and practice."

TRAUMA AND DISSOCIATION CONFERENCE

Ottawa, Canada, June 2005

Friedman, M.J. "Normal distress to PTSD."

Friedman, M.J. "PTSD and risk factor for medical illness."

Friedman, M.J. "Pharmacotherapy."

Friedman, M.J. "Psychosocial treatment."

Friedman, M.J. "The future of PTSD."

MENTAL ILLNESS RESEARCH, EDUCATION AND CLINICAL CENTERS

Gusman, F.D. "The new war veteran: Historical, current, and treatment perspectives." National MIRECC Conference, New Orleans, LA, June 2005.

Kimerling, R. "Gender and PTSD." VA MIRECC, Baltimore, MD, May 2005.

Ruzek, J.I. "Iraq War Clinician Guide." The Veteran and New Wars: Differences, Changes, Expectations, National MIRECC Conference, New Orleans, LA, June 2005.

Ruzek, J.I. "Iraq War Clinician Guide." Risk, Rehabilitation and Recovery: Treating Mental Illness in the VA, National MIRECC Conference, New Orleans, LA, June 2005.

Schnurr, P.P. "Trauma, PTSD, and physical health in veterans." Annual Meeting of the Baltimore MIRECC, Baltimore, MD, April 2005.

VA

Davison, E.H. "Older women and mental health." Women's Mental Health in Primary Care Mini-Residency, Department of Veterans Affairs Employee Education System, VA Boston Healthcare System, Boston, MA, September 2005.

Friedman, M.J. "Overview of the National Center for PTSD." Joint DoD/VA Conference on Post Deployment Mental Health, Alexandria, VA, March 2005.

Gusman, F.D. "Combat stress: Historical, current, and treatment perspectives." VA New Orleans Mental Health Providers, New Orleans, LA, June 2005.

Gusman, F.G. "Addressing the needs of a new generation of veterans." VISN 21 staff, Palo Alto, CA, July 2005.

Keane, T.M. "Psychological treatments for PTSD." Department of Veterans Affairs Network 1 Conference on Preparations for the Returning Iraq and Afghanistan Veterans, Bedford, MA, November 2004.

Kimerling, R. "Gender issues in PTSD." VISN 23 Mental Health Conference: Women Veterans and Mental Health, Minneapolis, MN, April 2005.

Leskin, G.A. "Assessment and treatment of combat-related PTSD in returning US Marines." U.S. Marine and Navy and VA Leadership Conference, Carlsbad, CA, January 2005.

Litz, B.T. "Planning treatment for returning Operation Iraqi Freedom veterans in the VA." VA Psychology Leadership Conference, Dallas, TX, May 2005.

Najavits, L.M. "The link between PTSD and substance abuse." Annual VA Training Conference, Syracuse, NY, September 2005.

Resick, P.A. "VISN 6 Military Sexual Trauma Program." VISN 6 Military Sexual Trauma Counselors, VA Medical Center, Salem, VA, May 2005.

Ruzek, J.I. "Changing veterans, changing needs." The Changing VA Population: Addressing the Needs of New Generation of Veterans, VA Palo Alto Health Care System Psychology Service Conference, Palo Alto, CA, July 2005.

Ruzek, J.I. "Treating OIF/OEF returnees." VISN 21 Social Work Conference, Palo Alto, CA, May 2005.

Ruzek, J.I. "Treatment of returning OIF/OEF veterans." 8th Annual VA Psychology Leadership Conference, Dallas-Ft. Worth, TX, May 2005.

Ruzek, J.I., **Walser, R.D.**, **Drescher, K.D.**, **Riney, S.J.**, **Gregg, J.**, & **Rosen, C.S.** "Web-based relapse prevention following treatment for chronic PTSD." Care Coordination and Telehealth Leadership Forum, Salt Lake City, UT, April 2005.

Shipherd, J.C. "Providing culturally-sensitive care to transgendered veterans." VISN 1 Network Education System's Conference, Bedford, MA, June 2005.

Shipherd, J.C. "Transgender issues." 2nd Annual VISN-1 Women's Health Summit, Bedford, MA, June 2005.

Southwick, S.M. "Combat Stress Reactions." Psychiatry Primary Care, VA Connecticut Healthcare System, West Haven, CT, November 2004.

Street, A.E. "Gender and exposure to traumatic events in the war zone." Gender Differences and the Health Concerns of Returning Veterans Conference, Chesapeake Health Education Program, Linthicum Heights, MD, September 2005.

Walser, R.D. "Acceptance and commitment therapy: An experiential approach to behavior change." VISN 23 Mental Health Conference, Minneapolis, MN, April 2005.

Walser, R.D. "Seeking safety: Intervention for PTSD and substance abuse." VISN16 VTEL, New Orleans, LA, April 2005.

Walser, R.D. "Management of PTSD and substance abuse: Seeking safety intervention." San Francisco VA Medical Center, San Francisco, CA, August 2005.

Walser, R.D. "PTSD and aging." HSR&D Meeting, Menlo Park, CA, October 2005.

Watson, P.J., & **Ruzek, J.I.** "Psychological first aid." National VA Audio Broadcast, Palo Alto, CA, September 2005.

Westrup, D. "Posttraumatic stress disorder." Annual Meeting of the Nurses Organization of Veterans Affairs, Milpitas, CA, January 2004.

Westrup, D. "Relationships and OIF/OEF Veterans." The Changing VA Population: Addressing the Needs of a New Generation of Veterans, Palo Alto, CA, July 2005.

OTHER

Curran, E.A. "PTSD and families." Readjustment Counseling Services Regional Counselor Training, Reno, NV, September 2005.

Dahl, J., Batten, S., **Walser, R.D.**, Barnes-Holmes, Y., & Luciano, C. "Plenary: Vision for the future of ACT." ACT Summer Institute, Philadelphia, PA, July 2005.

Duman, R.S. "A neurotrophic hypothesis of depression." Dalhousie University, Halifax Nova Scotia, Canada, April 2005.

- Duman, R.S.** "Neurotrophic and neurogenic actions of antidepressants." Psychiatry and Neurobiology Seminar, University of Toronto, Toronto, Canada, February 2005.
- Duman, R.S.** "A neurotrophic hypothesis of depression." University of Washington, Seattle, WA, January 2005.
- Duman, R.S.** "A neurotrophic hypothesis of depression." Duke University, Durham, NC, March 2005.
- Duman, R.S.** "A neurotrophic hypothesis of depression." University of Michigan, Ann Arbor, MI, May 2005.
- Friedman, M.J.** "Advances in treatment of PTSD." 10th Annual Zurcher - Psychotraumatologie Tagung, Psychiatrische Poliklinik, UniversitätsSpital, Zurich, Switzerland, April 2005.
- Friedman, M.J.** "The future of PTSD science and practices." 10th Annual Zurcher - Psychotraumatologie Tagung, Psychiatrische Poliklinik, UniversitätsSpital, Zurich, Switzerland, April 2005.
- Friedman, M.J.** "Overview: Advances in our understanding and treatment of PTSD." Tripler Army Medical Center, Honolulu, HI, February 2005.
- Friedman, M.J.** "PTSD and health: Evidence and theory." Schofield Barracks, Honolulu, HI, February 2005.
- Friedman, M.J.** "Forensic issues regarding PTSD." Georgetown Law School, Georgetown University, Washington, DC, February 2005.
- Friedman, M.J.** "Conceptual and empirical advances concerning pharmacotherapy for PTSD." University of Wisconsin, Madison, WI, May 2005.
- Friedman, M.J.** "Update on psychopharmacology of PTSD." Psychopharmacology Update, Baylor College of Medicine, Houston, TX, October 2004.
- Friedman, M.J.** "OEF/OIF experience: before, during and after deployment." 804th Medical Brigade Symposium, Burlington, MA, September 2005.
- Gusman, F.D.** "Positive coping and resiliency: Translating a tertiary treatment into a primary prevention model for care for combat-related stress." U.S. Marines Family & Community Services, Camp Lejeune, NC, August 2005.
- Gusman, F.D.** "Positive coping and resilience: Translating a tertiary treatment into a primary prevention model for care for combat-related stress." U.S. Marines Family & Community Services, Parris Island, SC, August 2005.
- Gusman, F.D.** "Positive coping and resiliency: Translating a tertiary treatment into a primary prevention model for care for combat-related stress." U.S. Marines Family & Community Services, Camp Pendleton, CA, August 2005.
- Gusman, F.D.** "VSN 22 disaster mental health interventions and Psychological First Aid." VSN 22 mental health staff, Irvine, CA, January 2005.
- Gusman, F.D.** "Understanding and treating the new war veteran: Development perspectives." U.S. Naval Hospital, San Diego, CA, July 2005.
- Gusman, F.D.** "Provider resiliency: Lessons learned." U.S. Marines & Navy Mental Health Providers, Chaplains and Line Commanders, Camp Pendleton, CA, May 2005.
- Gusman, F.D.** "The new war veteran: Historical, current, and treatment perspectives." Coronado Naval Air Station, U.S. Navy Drug & Alcohol Counselors Conference, San Diego, CA, May 2005.
- Gusman, F.D.** "Creating bridges to communications." Tripler Army Medical Center, Honolulu, HI, February 2005.
- Hamblen, J.L.** "Cognitive behavioral therapy for postdisaster distress." Florida Department of Children and Families, Project Recovery, Fort Myers, FL, September 2005.
- Hamblen, J.L., & Gibson, L.** "Cognitive behavioral therapy for postdisaster distress." Florida Department of Children and Families, Project Recovery, West Palm Beach, FL, September 2005.
- Hamblen, J.L.** "Cognitive behavioral therapy for postdisaster distress." Florida Department of Children and Families, Project Recovery, Orlando, FL, September 2005.
- Hamblen, J.L.** "Cognitive behavioral therapy for postdisaster distress." Florida Department of Children and Families, Project Recovery, Pensacola, FL, September 2005.
- Jankowski, M.K., & Hamblen, J.L.** "Cognitive behavioral treatment for posttraumatic stress disorder in adolescents." West Central Services, Lebanon, NH, April 2005.
- Jankowski, M.K., & Hamblen, J.L.** "Cognitive behavioral treatment for posttraumatic stress disorder in youth." New Hampshire Psychological Association and Womankind Counseling, Concord, MA, February 2005.
- Keane, T.M.** "Psychological treatments for PTSD." Department of Psychiatry, University of Wisconsin Medical School, Madison, WI, February 2005.
- Keane, T.M.** "Psychological treatments for PTSD." Department of Anesthesiology, Massachusetts General Hospital, Boston, MA, March 2005.
- Keane, T.M.** "Current status of PTSD." 8th Annual Max Hutt Memorial Lecture, University of Michigan, Ann Arbor, MI, November 2004.
- Kimerling, R.** "Surveillance of PTSD." Clinical Training on Traumatic Stress, Marine Expeditionary Forces, Oceanside, CA, May 2005.
- Kimerling, R.** "Gender differences in health concerns of returning veterans." War-related Illness and Injury Study Center, Baltimore, MD, September 2005.
- Leskin, G.A.** "Assessment and treatment of combat-related PTSD in primary care settings." U.S. Army Staff, Schofield Barracks, HI, February 2005.
- Leskin, G.A.** "Risk and resiliency factors in PTSD: Making meaning from war and trauma." Tripler Army Medical Center, Honolulu, HI, February 2005.
- Leskin, G.A.** "Promoting resilience on the Hawaiian Islands." Stress, Violence, and Trauma: Promoting Hawaii's Resilience, Honolulu, HI, March 2005.
- Leskin, G.A.** "Risk and resiliency factors in PTSD: Making meaning from war and trauma." U.S. Marines and Navy, Camp Pendleton, CA, May 2005.
- Leskin, G.A.** "Assessment and treatment for combat related PTSD and comorbid substance abuse." U.S. Navy Drug and Alcohol Counselors Conference, Coronado Naval Air Station, CA, May 2005.
- Leskin, G.A.** "Group exposure treatment for combat related PTSD." U.S. Naval Hospital, San Diego, Balboa, CA, July 2005.
- Leskin, G.A.** "Promoting resilience in U.S. Marines and families returning from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF)." U.S. Marines Community and Family Services, Parris Island MCB, SC, August 2005.
- Leskin, G.A.** "Risk and resiliency factors in PTSD: Making meaning from war and trauma." Marine Corp Family and Community Services, Kaneohe Bay, HI, August 2005.
- Leskin, G.A.** "Promoting resiliency in U.S. Marines and families returning from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF)." U.S. Marines Family and Community Services, Camp Lejeune, NC, August 2005.
- Leskin, G.A.** "Risk and resiliency factors in PTSD: Making meaning from war and trauma." U.S. Marines Community and Family Services, Camp Pendleton, CA, August 2005.
- Leskin, G.A.** "PTSD among refugees and immigrants: How PTSD affects learning and attention." U.S. Citizenship and Immigration Services, San Francisco, CA, September 2005.
- Litz, B.T.** "Early intervention for Operation Iraqi Freedom veterans." Camp Pendleton Conference on Mental Health, Pendleton, CA, May 2005.
- Litz, B.T.** "Early intervention for traumatic loss." Dana Farber Cancer Institute, Center for Psychooncology and Palliative Care Research, Boston, MA, September 2005.
- Loo, C.M.** "Post-traumatic stress disorder among minority veterans." The Minority Veterans Program Coordinator National Training Conference, Cleveland, OH, May 2005.
- Loo, C.M.** "Race-related events as a risk factor for Asian American Pacific Islander (AAPI) veterans: Implications for the AAPI Community." The Minority Veterans Program Coordinator National Training Conference, Cleveland, OH, May 2005.
- Loo, C.M.** "Creating the right attitude and coping with stress." 55th Annual Narcissus Festival of the Chinese Chamber of Commerce of Hawaii, Honolulu, HI, September 2005.
- Monson, C.M.** "Treatment of PTSD: Current practices and future innovations." New England Region of Vet Centers, Mystic, CT, July 2005.

- Monson, C.M.** "Innovations in PTSD treatment: Cognitive-behavioral conjoint therapy for PTSD." Brown University School of Medicine, Providence, RI, March 2005.
- Monson, C.M.** "Psychotherapy for traumatized women: Where are we and where are we going?" Understanding and Treating Women with PTSD Conference, Baltimore, MD, May 2005.
- Najavits, L.M.** "The link between PTSD and substance abuse." Kethea Training Program, Athens, Greece, January 2005.
- Najavits, L.M.** "The link between PTSD and substance abuse." Amiga Continuing Education Program, Puerto Vallarta, Mexico, January 2005.
- Najavits, L.M.** "An update on seeking safety therapy for PTSD and substance abuse." The Harvard Medical School/Cambridge Hospital Treating the Addictions Conference, Boston, MA, March 2005.
- Najavits, L.M.** "The link between PTSD and substance abuse in adolescents." Phoenix House, New York, NY, March 2005.
- Najavits, L.M.** "The link between PTSD and substance abuse in adolescents; and seeking safety therapy for adolescents." SAMSHA/NIH Joint Meeting on Adolescent Substance Abuse Treatment Effectiveness, Washington, DC, March 2005.
- Najavits, L.M.** "Women and addiction: The untold story." Los Angeles County Department of Mental Health, Los Angeles, CA, April 2005.
- Najavits, L.M.** "Seeking safety therapy for PTSD and substance abuse." Hincks-Dellcrest Centre, Toronto, Canada, May 2005.
- Najavits, L.M.** "Adolescents with PTSD and substance abuse." 12th Annual Southeast Conference on Co-Occurring Disorders, Orlando, FL, June 2005.
- Najavits, L.M.** "Adolescent trauma and substance abuse." Expert Meeting, SAMSHA and Boston University, Boston, MA, June 2005.
- Najavits, L.M.** "The link between PTSD and substance abuse." Tennessee Advanced School on Addictions, Nashville, TN, June 2005.
- Najavits, L.M.** "The link between PTSD and substance abuse." 20th Annual Summer Institute of the State University of New York at Buffalo, Buffalo, NY, July 2005.
- Najavits, L.M.** "The link between PTSD and substance abuse." University of California at San Diego, San Diego, CA, August 2005.
- Najavits, L.M.** "Seeking strength: A behavioral treatment model for PTSD and substance abuse." 8th Annual Force Health Protection Conference, Louisville, KY, August 2005.
- Najavits, L.M.** "The link between PTSD and substance abuse." St. Joseph's Care Group, Thunder Bay, Canada, September 2005.
- Najavits, L.M.** "The link between PTSD and substance abuse." Integrated Treatment of Co-Occurring Disorders and Mental Illness, Cincinnati, OH, September 2005.
- Najavits, L.M.** "Seeking safety therapy for PTSD and substance abuse." Spring Harbor Hospital, Portland, ME, September 2005.
- Najavits, L.M.** "The link between PTSD and substance abuse." 6th Annual Central New York Addiction Psychiatry Conference, Syracuse, NY, September 2005.
- Najavits, L.M.** "The link between PTSD and substance abuse." National Institute on Corrections, Auraria College, Denver, CO, September 2005.
- Nutter, R.A.** "Behavioral health preparedness in response to bioterrorism." State of Hawaii Department of Health, Mass Prophylaxis Clinic Training, Hilo, HI, January 2005.
- Nutter, R.A., & Elting, D.T.** "Suicide assessment and intervention with BPD trauma survivors." University of Hawaii Counseling Center, Honolulu, HI, March 2005.
- Nutter, R.A.** "Trauma and mental illness in primary care settings." Mobile Intensive Care Technician Training Program, University of Hawaii, Honolulu, HI, March 2005.
- Nutter, R.A.** "Crisis counseling programs for immediate disaster response." State of Hawaii Adult Mental Health Division, Hilo, HI, April 2005.
- Nutter, R.A.** "Dialectical behavior therapy with BPD trauma survivors: Part 1." Psychiatric Residency Training Program, Tripler Army Medical Center, Honolulu, HI, September 2005.
- Nutter, R.A.** "Dialectical behavior therapy with BPD trauma survivors: Part 2." Psychiatric Residency Training Program, Tripler Army Medical Center, Honolulu, HI, September 2005.
- Orsillo, S.M.** "Preliminary research on acceptance-based behavioral therapy for GAD." Massachusetts General Hospital, Boston, MA, May 2005.
- Pineles, S.L., & Street, A.E.** "Stressors facing OEF/OIF veterans in the war zone and at home." Women's Mental Health in Primary Care Mini-Residency, Boston, MA, September 2005.
- Putnam, K.M.** "Emotion regulation and borderline personality disorder: fMRI and daily experience of mood." Shattuck Hospital, Boston, MA, February 2005.
- Rasmusson, A.M.** "Alterations in CSF and plasma neuroactive steroids in premenopausal women with PTSD." Duke University School of Medicine, Durham, NC, November 2004.
- Resick, P.A.** "Managing posttraumatic stress disorder (PTSD) in clinical practice." Nova Southeastern University Center for Psychological Studies, Fort Lauderdale, FL, December 2004.
- Resick, P.A.** "Cognitive-behavioral treatment for PTSD." Florida Council Against Sexual Violence, Orlando, FL, February 2005.
- Resick, P.A.** "Cognitive processing therapy for posttraumatic stress disorders." Annual Meeting of the American Psychological Association, Washington, DC, August 2005.
- Ruzek, J.I.** "PTSD and its effects on work performance." Vocational Rehabilitation Service National Videobroadcast, Palo Alto, CA, November 2004.
- Ruzek, J.I.** "Early intervention after disaster and terrorist attack." California Disaster Mental Health Coalition, San Jose, CA, January 2005.
- Ruzek, J.I.** "Early intervention clinic." Palo Alto Citizen Corps, Palo Alto, CA, January 2005.
- Ruzek, J.I.** "Cognitive processing therapy for PTSD." Travis Air Force Base Training, Travis Air Force Base, CA, March 2005.
- Ruzek, J.I.** "CBT group treatments for combat-related PTSD." Camp Pendleton, CA, May 2005.
- Ruzek, J.I.** "Psychological first aid." KARA Grief Organization, Palo Alto, CA, June 2005.
- Ruzek, J.I.** "Early intervention after disaster and terrorist attack." Effective Response to Trauma, Athens, OH, August 2005.
- Ruzek, J.I.** "Psychological first aid." Effective Response to Trauma, Athens, OH, August 2005.
- Ruzek, J.I.** "Evidence-based care for rape-related PTSD." San Jose Rape Crisis Center, San Jose, CA, September 2005.
- Ruzek, J.I.** "Treatment implications for OIF/OEF veterans and their families based on early research findings." Readjustment Counseling Service Western Region Annual Counselor and Team Leader Training, Reno, NV, September 2005.
- Schnurr, P.P.** "Doing and understanding psychotherapy research." European Conference on Traumatic Stress, Stockholm, Sweden, June 2005.
- Southwick, S.M.** "Lessons from Vietnam and Desert Storm: Implications for Iraq." Institute of Medicine, Washington, DC, July 2005.
- Southwick, S.M.** "Resilience or PTSD: Studying Combat and Special Forces Veterans." Graduation, University of Florida Continuing Medical Education & Department of Psychiatry, McKnight Brain Institute, Gainesville, FL, June 2005.
- Southwick, S.M.** "Adaptation to stress: Lessons from the resilient." Yale Medical Student Psychiatric Association, New Haven, CT, October 2004.
- Swales, P.** "PTSD and sexual trauma: Coping with anxiety and panic." Readjustment Counseling Services Providers, Palo Alto, CA, December 2004.
- Swales, P.** "Cross cultural considerations in the treatment of PTSD." Pacific Graduate School of Psychology, Palo Alto, CA, May 2005.
- Swales, P.** "Coping with panic reactions in PTSD: An eight-session cognitive-behavioral intervention." Readjustment Counseling Services Annual Conference, Reno, NV, September 2005.
- Swales, P., & Whealin, J.M.** "War-related stress: Its impact on military personnel and their family members." Tripler Army Medical Center Warzone Related Issues for Active Duty Personnel: Pre-, Post-, and Redeployment Conference, Honolulu, HI, February 2005.
- Walser, R.D.** "Emerging issues: PTSD and aging." California Yountville Veterans Home, April 2005.
- Walser, R.D.** "Management of PTSD and substance abuse: Introduction to seeking safety." National Vet Centers Meeting, Reno, NV, August 2005.

Walser, R.D. "Acceptance and commitment therapy: An experiential approach to behavior change." Stanford University, Stanford, CA, August 2005.

Walser, R.D. "How to do ACT supervision: Theory and demonstration." ACT Summer Institute, Philadelphia, PA, July 2005.

Walser, R.D. "Boldness in ACT." ACT Summer Institute, Philadelphia, PA, July 2005.

Walser, R.D. "Acceptance and commitment therapy: An experiential approach to behavior change three-day workshop." Palo Alto Health Care Center, Palo Alto, CA, June 2005.

Walser, R.D. "2-Day training in use of seeking safety manual." Louisville, KY, March 2005.

Walser, R.D. "Seeking safety: Treatment of PTSD and substance abuse." Redwood City Veterans Center, Redwood City, CA, May 2005.

Walser, R.D. "Management of substance abuse and PTSD: Theories and treatment." Readjustment Counseling Services staff, Oahu, HI, September 2005.

Walser, R.D., & Pistorello, J. "ACT in group therapy." ACT Summer Institute, Philadelphia, PA, July 2005.

Watson, P.J. "Evidence based treatments for traumatic stress." University of Miami, Miami, FL, October 2004.

Watson, P.J. "Resilience and mental health in the face of ongoing threat." SAMSHA International Ongoing Threat Panel Meeting, New Orleans, LA, November 2004.

Watson, P.J. "Treatment of PTSD." Uniformed Services University Health Science, Bethesda Naval Hospital, Bethesda, MD, March 2005.

Watson, P.J. "Evidence based treatments for traumatic stress." Uniformed Services University Health Science, Bethesda Naval Hospital, Bethesda, MD, March 2005.

Watson, P.J. "Psychological first aid in the first hours: Working group recommendations." Psychological First Aid Expert Panel Meeting, Rockville, MD, March 2005.

Watson, P.J., Brymer, M.J., & Hamblen, J.L. "The behavioral health response to major disaster." Center for Multicultural Mental Health, Massachusetts Department of Mental Health, Massachusetts Department of Public Health, Boston University School of Medicine, and Boston Medical Center, Waltham, MA, February 2005.

Westrup, D. "Secondary traumatization." Readjustment Counseling Service Pacific Western Region Annual Counselor and Team Leader Training, Reno, NV, September 2005.

Whealin, J.M. "Awareness is key: Iraq veterans, PTSD, and rehabilitation implications for counselors." Pacific Region National Rehabilitation Conference, Waikiki, HI, June 2005.

Whealin, J.M., & DeCarvalho, L.T. "Building resilience in returnees: A re-transition coping skills group." Tripler Army Medical Center, Warzone Related Issues for Active Duty Personnel: Pre-, Post-, and Redeployment Conference, Honolulu, HI, February 2005.

Whealin, J.M., & Ikeda, M. "Post-traumatic stress disorder: Update for the primary care physicians." Department of Medicine, University of Hawaii, Honolulu, HI, October 2004.

Young, H., & Ruzek, J.I. "Preparing for deployment." Moffet Field Psy Ops Unit Training, Moffet Field, CA, April 2005.

Editorial Board Memberships of National Center Staff, Fiscal Year 2005

<i>Administration and Policy in Mental Health</i>	Rosenheck (Associate Editor)
<i>American Journal of Psychiatric Rehabilitation</i>	Rosenheck
<i>American Journal of Psychology</i>	Johnson
<i>Applied Cognitive Psychology</i>	Johnson
<i>Assessment</i>	Keane; King, L.
<i>Behavior Therapy</i>	Orsillo
<i>Behavioral Assessment</i>	King, L.
<i>Biological Psychiatry</i>	Duman; Gelernter; Krystal; Moghaddam; Neumeister
<i>Clinical Psychology: Science and Practice</i>	Najavits
<i>Cognitive and Behavioral Practice</i>	Litz; Resick
<i>Contemporary Psychiatry</i>	Krystal
<i>Critical Reviews in Neurobiology</i>	Duman
<i>Current Psychiatry Reviews</i>	Krystal
<i>Development and Psychopathology</i>	Najavits
<i>Imagination, Cognition and Personality</i>	Johnson
<i>International Journal of Emergency Mental Health</i>	Keane
<i>Journal of Abnormal Psychology</i>	Keane; Litz; Orsillo
<i>Journal of Aggression, Maltreatment, and Trauma</i>	Carlson; Friedman; Resick
<i>Journal of Anxiety Disorders</i>	Keane
<i>Journal of Consulting and Clinical Psychology</i>	Litz; Taft
<i>Journal of Dissociation and Trauma</i>	Carlson
<i>Journal of Dual Diagnosis</i>	Krystal
<i>Journal of Experimental Psychology</i>	Johnson
<i>Journal of Family Violence</i>	Taft
<i>Journal of Gambling Studies</i>	Najavits
<i>Journal of General Psychology</i>	Miller
<i>Journal of Interpersonal Violence</i>	Keane
<i>Journal of Mental Health Policy</i>	Rosenheck
<i>Journal of Mental Health Services Research</i>	Rosenheck
<i>Journal of Neurochemistry</i>	Duman (Handling Editor); Moghaddam (Handling Editor)
<i>Journal of Pharmacology and Experimental Therapeutics</i>	Duman (Associate Editor)
<i>Journal of Psychopathology and Behavioral Assessment</i>	Keane (Associate Editor); King, L.; Rosenheck
<i>Journal of Trauma and Dissociation</i>	Carlson
<i>Journal of Trauma Practice</i>	Keane (Consulting Editor); Monson
<i>Journal of Traumatic Stress</i>	Kaloupek; King, D.; King, L.; Litz; Najavits; Norris (Deputy Editor); Orsillo; Ruzek; Schnurr (Editor-Elect); Woodward
<i>Molecular Pharmacology</i>	Duman
<i>Neuropsychopharmacology</i>	Duman (Associate Editor)
<i>Psychiatric Genetics</i>	Gelernter
<i>Psychiatric Services</i>	Rosenheck
<i>Psychological Assessment</i>	King, D.; King, L. (Associate Editor)
<i>Psychology of Addictive Behaviors</i>	Najavits
<i>Psychopharmacology</i>	Krystal (Managing Editor)
<i>Psychotherapy Research</i>	Najavits
<i>Review of General Psychology</i>	Johnson
<i>Schizophrenia Bulletin</i>	Rosenheck
<i>Trauma, Violence and Abuse: A Review Journal</i>	Keane; Resick
<i>Traumatology</i>	Ruzek

ABOUT THE NATIONAL CENTER FOR PTSD

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

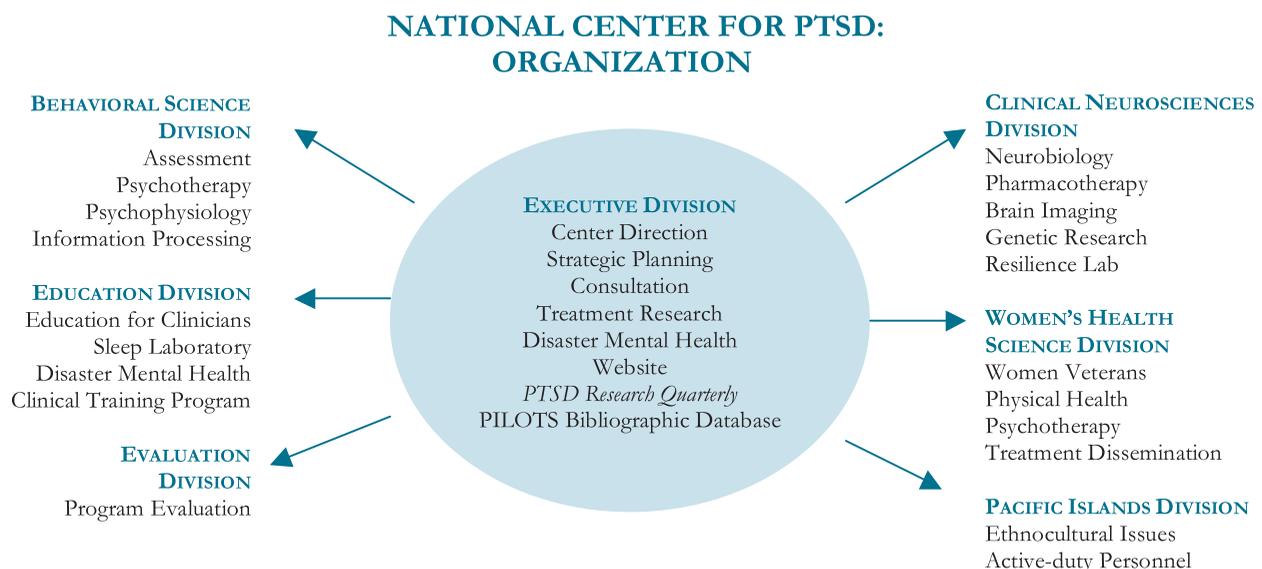
To advance the clinical care and social welfare of America's veterans through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders.

The 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.

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

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

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



NATIONAL CENTER LEADERSHIP

Executive Division

Matthew J. Friedman, M.D., Ph.D., Executive Director, is a professor of psychiatry and pharmacology at Dartmouth Medical School, and is recognized as a world leader in the field of traumatic stress studies. He has worked with PTSD patients as a clinician and researcher for 30 years and has published extensively on stress and PTSD, biological psychiatry, psychopharmacology, and clinical outcome studies on depression, anxiety, schizophrenia, and chemical dependency. He has written or co-edited 15 books and monographs, and has over 148 original scientific articles and chapters. Listed in *The Best Doctors in America*, he is a Distinguished Fellow of the American Psychiatric Association, past-president of ISTSS, and vice-chair of the Scientific Advisory Board of the Anxiety Disorders Association of America, and he has served on many VA and NIMH research, education, and policy committees. He has received many honors, including the ISTSS Lifetime Achievement Award in 1999.



Paula P. Schnurr, Ph.D., Deputy Executive Director, is responsible for program development, consultation on research projects, and strategic direction of the activities at the seven sites that make up the Center. She is a Research Professor of Psychiatry at Dartmouth Medical School. She served as President of the ISTSS in 2004 and has been a member of the ISTSS Board from 2000-2005. She is the current Editor of the *Journal of Traumatic Stress*. As a leading researcher in the field of traumatic stress, her work focuses on PTSD treatment, the physical health effects of exposure to trauma, older veterans, and the etiology of PTSD.

Behavioral Science Division

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



Clinical Neurosciences Division

John H. Krystal, M.D., Director, is a professor and deputy chairman for research for the Department of Psychiatry at the Yale University School of Medicine, and is one of the nation's leading investigators on the neurobiology and psychopharmacology of PTSD. Dr. Krystal has published over 300 publications and has served on the editorial boards of several journals. He has also served on many national advisory committees, including a DoD-VA collaborative research program initiative on stress, PTSD, and other illnesses related to the 1991 Gulf War; the National Institute of Health's Director's Advisory Group on Young Investigators; and the NIMH Board of Scientific Counselors. His work has been honored by numerous awards, including the ISTSS Presidents Award and the ISTSS Danieli Award, both for PTSD research contributions. Currently he also serves as Director of the Alcohol Research Center funded by the Department of Veterans Affairs and the Director of the Research Task Force of the VA Committee of the New Freedom Commission on Mental Health.



Education Division



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

Women's Health Sciences Division



Patricia A. Resick, Ph.D., Director, is a Professor of Psychiatry and Psychology at Boston University. She is the author or coauthor of two books and more than 125 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.

Pacific Islands Division

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

Evaluation Division



Robert Rosenheck, M.D., Director, is clinical professor of psychiatry, epidemiology, and public health at Yale University School of Medicine, where he also is director of the Division of Mental Health Services and Outcomes Research. He is an internationally known mental health service researcher who is a leader in cost-effectiveness studies of behavioral health interventions and in monitoring quality of care and other aspects of the performance of large healthcare systems. He has served as prime architect of national VA collaborative programs with both the Department of Housing and Urban Development and the Social Security Administration. He also directs the client-level evaluation of the Substance Abuse and Mental Health Services Administration's ACCESS program for homeless mentally ill Americans and is currently evaluating the joint HUD-HHS-VA multi-site initiative to end chronic homelessness. He has published more than 350 scientific papers on topics such as performance evaluation of large mental health systems, mental health quality of care, the causes of homelessness, the organization and financing of mental health services, and the cost-effectiveness of psychosocial and psychopharmacological treatments of serious mental illness, homelessness, and PTSD among Vietnam veterans.

ACRONYMS USED IN THE TEXT

AABT	Association for Advancement of Behavior Therapy
ACCESS	Access to Community Care and Effective Supportive Services
APA	American Psychiatric Association
CDC	Centers for Disease Control
CMHS	Center for Mental Health Services
COCE	Co-Occurring Center of Excellence
CPT	Cognitive Processing Therapy
CSP	Cooperative Studies Program
DoD	Department of Defense
fMRI	Functional Magnetic Resonance Imaging
HHS	(Department of) Health and Human Services
HSR&D	Health Services Research and Development
HUD	Housing and Urban Development
ISTSS	International Society for Traumatic Stress Studies
MIRECC	Mental Illness Research, Education and Clinical Center
nACHR	Nicotinic Acetylcholine Receptors
NARSAD	National Alliance for Research in Schizophrenia and Depression
NATO	North Atlantic Treaty Organisation
NEPEC	Northeast Program Evaluation Center
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NIDA	National Institute of Drug Abuse
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
NINDS	National Institute of Neurological Disorders and Stroke
NVVLS	National Vietnam Veterans Longitudinal Study
OEF	Operation Enduring Freedom
OMHS	Office of Mental Health Services
OIF	Operation Iraqi Freedom
ORD	Office of Research and Development
PFA	Psychological First Aid
PILOTS	Published International Literature on Traumatic Stress
POW	Prisoner of War
PTSD	Posttraumatic Stress Disorder
SAMHSA	Substance Abuse and Mental Health Services Administration
USUHS	Uniformed Services University of Health Sciences
VA	(Department of) Veterans Affairs
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
VRS	Vocational Rehabilitation Service

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