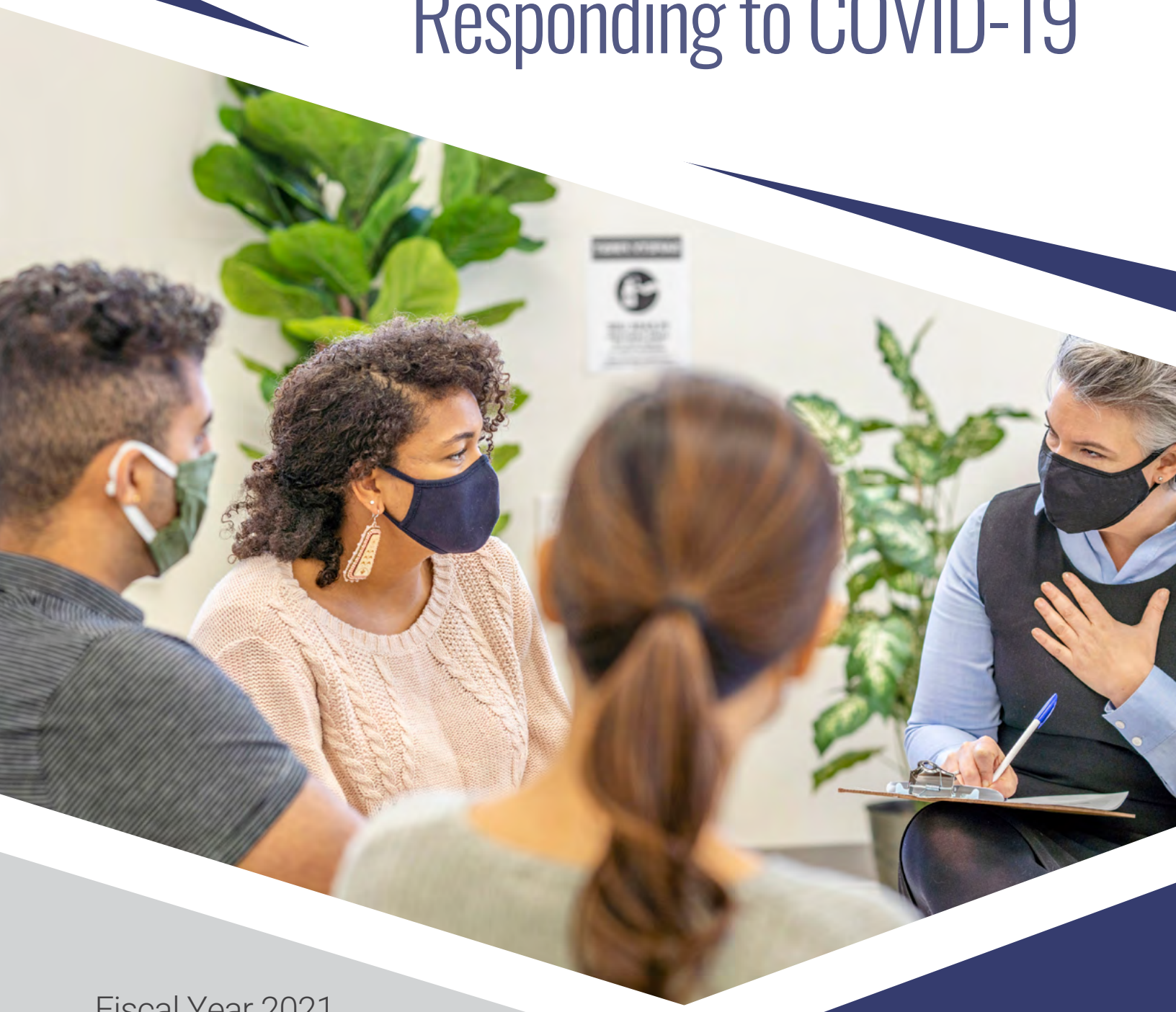
The National Center for PTSD:

Responding to COVID-19



Fiscal Year 2021

Annual Report

National Center for PTSD

POSTTRAUMATIC STRESS DISORDER

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Contents

The National Center for PTSD has been a center of excellence for education and research on PTSD treatment within VA for over 30 years.

Acronyms Used in the Text

CAP
Consortium to Alleviate PTSD

CAPS-5
Clinician-Administered PTSD Scale for DSM-5

CBT
Cognitive-Behavioral Therapy

CoE
Center of Excellence

COVID-19
Coronavirus Disease 2019

CPT
Cognitive Processing Therapy

CSP
Cooperative Studies Program

CVT
Clinical Video Teleconferencing

DoD
Department of Defense

DSM-5
Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition

EBPs
Evidence-Based Psychotherapies

FY
Fiscal Year

IPV
Intimate Partner Violence

JIF
Joint Incentive Fund

LIGHT
Longitudinal Investigation of Gender, Health, and Trauma

mHealth
Mobile Health

MST
Military Sexual Trauma

NCPTSD
National Center for PTSD

NHRVS
National Health and Resilience in Veterans Study

OMHSP
Office of Mental Health and Suicide Prevention

PBI Network
Practice-Based Implementation Network

PE
Prolonged Exposure

PTSD
Posttraumatic Stress Disorder

PTSD-Repository
PTSD Trials Standardized Database Repository

STAIR
Skills Training in Affective and Interpersonal Regulation

STRONG STAR
South Texas Research Organizational Network Guiding Studies on Trauma and Resilience

TBI
Traumatic Brain Injury

VA
Department of Veterans Affairs

VA CRAFT
Community Reinforcement and Family Training

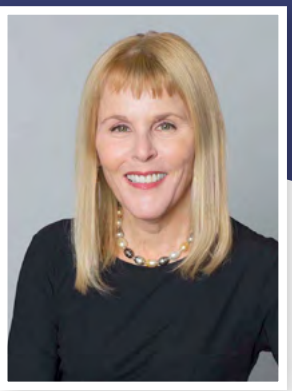
VHA
Veterans Health Administration

webSTAIR
Web-Based Skills Training in Affective and Interpersonal Regulation

WET
Written Exposure Therapy

WoVeN
Women Veterans Network

From the Executive Director



Paula P. Schnurr, PhD

When National Center for PTSD staff went home in March 2020 because of the COVID-19 pandemic, we never dreamed that many of us would still be home nearly two years later. The story of the pandemic has been one of grief and isolation, but it has also been one of perseverance, resilience and discovery, and that is a story we tell in this report.

The National Center responded rapidly and nimbly to the demands for both research and education. We had to determine the information needs of Veterans, the VA and the field, and figure out what research should be done and what could be accomplished in the short and long term. I continue to be impressed by how our team of experts collaborated internally and externally to meet the needs of all our stakeholders and move the traumatic stress field forward.

While COVID-19 continued to be a dominant theme in 2021, our usual work in research, education, communication and outreach for Veterans with PTSD continued. I am particularly proud of our work immediately after the Afghanistan withdrawal—helping the VA respond in real time to the needs of all Veterans. It was challenging but so gratifying and appreciated by Veterans and clinicians alike.

Looking ahead, one of our priorities is to improve psychotherapy outcomes because they are the most effective treatments available. While these therapies work well, we want them to be even more effective, especially for Veterans. Precision medicine (the study of individual factors in treatment response) is one potential mechanism for better understanding and improving individual psychotherapy outcomes. To that end, we are conducting a review of NCPTSD's Precision Medicine portfolio, which will help position us as leaders in the field of individualized PTSD treatments.

Although this is a report on activities in fiscal year (FY) 2021, I want to close by talking about an important change that took place in FY 2022. Dr. Matthew Friedman, founding Executive Director of the National Center for PTSD, formally retired from this role in 2015. We are fortunate that he has continued to work with us part-time since then and has led the successful effort to develop our National PTSD Brain Bank into a productive and innovative research program. In December 2021, as we prepared this report, Matt announced his full retirement as of the end of March 2022. Although I knew this day would come, it is hard to imagine a National Center without Matt. I have to remind myself that he will still be with us, in the programs he built and in the way he touched so many of us. Thank you, Matt.

Best wishes for a healthy and safe year.

Paula P. Schnurr, PhD
Executive Director

The National Center for PTSD: Responding to COVID-19

As COVID-19 evolved from a few isolated cases to a worldwide pandemic, institutions and individuals had to make important decisions quickly, but with limited information. The National Center for PTSD also faced unique challenges in determining how to respond to COVID-19.

As part of VA, the National Center is a Veteran-serving institution. Augmenting the primary Veteran focus, the fourth mission of VA is to "improve the Nation's preparedness for response to war, terrorism, national emergencies, and natural disasters … [and] to support national, state, and local emergency management, public health, safety and homeland security efforts." The NCPTSD has a long history of supporting responses to disasters and other urgent crises, both within and outside of VA—hurricanes, domestic terrorism, earthquakes, school shootings, wildfires, and more.

Answering the call this time was different. The scale was unprecedented—COVID-19 is a global pandemic. It was clear that COVID-19 was going to have serious implications for Veterans with PTSD. Face-to-face mental health care was suddenly no longer the norm. Amid this global crisis, could clinicians treat Veterans with PTSD effectively? How could PTSD treatment be best delivered via telephone or video? How would Veterans with PTSD respond to both the anxiety and unknowns that came with the COVID-19 pandemic and the physical and social isolation that came with social distancing?

While urgent decisions were being made on the ground, clinicians were simultaneously learning and disseminating information to Veterans. The days and weeks of spring 2020 turned into months, then a year, and as we draft this report, two years. As the timeline and scope of the COVID-19 pandemic changed, the National Center's response to the pandemic expanded from an urgent, disaster-response model to a longer term, broader set of educational, clinical, and scientific initiatives. We are in uncharted territory, but at every step, the response to the COVID-19 pandemic has been guided by the National Center's 30-plus-year history as leaders in PTSD research, clinical education, telehealth, and disaster response.

Outreach and education

As the pandemic reached the United States in early 2020, care at VA medical centers shifted to telephone or virtual care when possible. This left some Veterans engaged in PTSD treatment unable to attend in-person sessions. Providers had to figure out how to best care for Veterans remotely. Treatments like Prolonged Exposure had an added challenge as some require Veterans to go out in the world and spend time with people, like visiting a store at a busy time. With the lockdown and physical distancing, these activities were no longer viewed as safe.

Jessica Hamblen, PhD

Jessica Hamblen, PhD, Deputy Director for Education, said, "Although no one could have been ready for this challenge, the National Center for PTSD's existing educational programs allowed us to respond quickly both through information disseminated on our website that is visited by 8 million people a year and through our PTSD Consultation and Mentoring Programs." The first questions the National Center received from clinicians were whether and how to continue with trauma-focused PTSD treatment.

Flexibility was critical. As the pandemic grew into a national crisis in the second week of March 2020, the Consultation Program cancelled the planned content for a lecture the following week and instead invited a panel of expert clinicians to speak about helping Veterans cope with PTSD during the pandemic. The world was changing so quickly that just days before the lecture, Consultation Program staff had to rewrite parts

of the lecture. The day of the lecture, the team had to update it yet again. "We were running on adrenaline and putting in a lot of hours, but it felt so important, and in a time of crisis like that, I think those of us who do this work like trying to be part of the solution and helping in some small way," says Sonya Norman, PhD, Director of the NCPTSD Consultation Program. Subsequent COVID-19-focused lectures included self-care for mental health care providers, intimate partner violence during the pandemic, and expert guidance on providing PTSD treatment via telehealth.

The National Center also supported VA's specialized PTSD clinical teams through our Mentoring Program to faciliate the switch to care via telehealth. The Consultation and Mentoring programs provided direct links to clinicians in the field, and NCPTSD produced fact sheets to address the challenges they were facing, such as working with patients who were uncomfortable wearing masks.

Responding to current events moved to another level with the August 2021 withdrawal of U.S. troops from Afghanistan. Within days of the withdrawal of troops, the National Center team developed materials and disseminated information for Veterans and for clinicians treating Veterans who served in Afghanistan and earlier conflicts.

Meanwhile, NCPTSD's Mobile Mental Health Program began working on the COVID Coach app—designed for everyone, including Veterans and service members—to support self-care, stress management, and overall mental health during the pandemic. COVID Coach was released at the end of April 2020 and was downloaded over 200,000 times in the first year.

Research response to COVID-19

While the education arm of the National Center was working to inform clinicians, policy makers, and the public about best practices and ways to cope with the stress of the pandemic, the research arm was working to fill in the many unknowns. "We were working both sides—educating and trying to do the research to inform the education," says Paula Schnurr, PhD, Executive Director of the National Center.

The COVID-19 pandemic brought new experiences, including drive-by testing, to many people.

As researchers were confronted with urgent questions about the mental and physical health implications of the pandemic, they were also learning to conduct research in a world that had shifted to largely virtual almost overnight. This presented a wide range of challenges, from obtaining informed consent to changing an intervention from in-person to remote halfway through a study. Researchers with active studies had to find other ways to continue to provide study interventions and collect data.

In March 2020, staff investigator Johanna Thompson-Hollands, PhD, was nearly done with collecting data for her VA Career Development Award study on a family intervention to reduce dropout during PTSD treatment. At the beginning of the pandemic, all her participants had finished the study intervention, but she was still collecting follow-up data. Here, the NCPTSD's history as a leader in PTSD assessment came in handy. Reflecting on transitioning her study to virtual, Dr. Thompson-Hollands said, "We were very lucky because the National Center had this wonderful assessment core that had been running out of the Behavioral Sciences Division for years." Brian Marx, PhD, Deputy Director of the Behavioral Sciences Division, and his colleagues developed a system to conduct assessment by telephone in 2009, and many NCPTSD studies were already employing remote assessment before the pandemic. "There were safety and scheduling procedures already in place. If we had been depending on in-person assessments and had no infrastructure to pivot in that way, it would have been a lot more chaotic," said Dr. Thompson-Hollands.

Other researchers needed to completely redesign studies when the pandemic hit. Staff investigators Nick Livingston, PhD and Jillian Shipherd, PhD, at the Behavioral Sciences Division were co-leading a study examining the intersection of trauma and minority stressors among transgender and gender-diverse individuals. "It was a very interactive, in-person proposal and research design—we had submitted it for IRB approval, and then we had to pull it and redo the whole design to make it virtual," says Dr. Livingston.

In addition to figuring out the mechanics of running a research study remotely, ongoing studies shifted focus and added questions to understand the links between COVID-19 and PTSD in Veteran populations. Veterans are, on average, older than non-Veterans, and are at greater risk of physical health problems and have higher rates of trauma exposure and mental and physical health difficulties. Two ongoing longitudinal studies—The National Health and Resilience in Veterans Study (NHRVS) and the Longitudinal Investigation of Gender Health and Trauma (LIGHT)—provided a unique opportunity to understand the impact of COVID-19 on Veterans.

The goal of clinical and implementation research has always been to change practice and policy in the real world. The urgency of the COVID-19 pandemic accelerated this translation, and the real-time implications of research findings changed the way investigators thought about the audience for their work. "COVID-19 impacted my micro versus macro lens about research," added Dr. Livingston. "I'm not a policy researcher, but it became clear that there was a need to really think about macro-level things because there was so much big picture stuff happening all at once."

Supporting health care workers

As the pandemic and its effects continued, it became clear that health care workers on the front lines of emergency rooms and ICUs would need ongoing support. These workers were struggling with difficult choices and too many unknowns about the then-new virus. Who gets the hospital bed? Who gets the ventilator? Who gets admitted? Is my family safe from infection when I get home from a shift in the ICU?

Patricia Watson, PhD

In the early days of the pandemic, Dr. Patricia Watson, NCPTSD's Senior Education Specialist, led a webinar on Stress First Aid for VA health care workers. Over 1,300 participants tuned in. "There was this great need of people all over the world feeling like they didn't know what to do. 'I'm so anxious, I don't quite know what to do for myself and for my co-workers.'" The National Center recognized

National Health and Resilience in Veterans Study (NHRVS)

In the fall of 2019, before the first documented COVID-19 cases appeared in the United States, the National Center had initiated a survey of more than 3,000 Veterans as the latest wave of the NHRVS. As a result, we had a rare "pre-pandemic" baseline cohort from which to capture data on the mental health of Veterans before the pandemic. The initial plan was to follow up with Veterans in two or three years, but the research team rapidly modified the NHRVS study design to capture how the pandemic affected the health of Veterans nationally.

"Our study is the only one, to my knowledge, to have pre- and peri-pandemic data in a nationally representative sample of Veterans," says Dr. Robert Pietrzak, investigator at the Clinical Neurosciences Division. "Most of the work on this topic is based on convenience samples recruited from the Internet. In contrast, our data were drawn from a Census-based, pre-existing, nationally representative probability sample of U.S. households, so the demographic composition of our sample allows us to generalize results to the entire U.S. population of Veterans."

Longitudinal Investigation of Gender Health and Trauma (LIGHT)

LIGHT is an ongoing longitudinal study of Veterans that includes large numbers of women, individuals in high crime communities, and racial and ethnic minorities. By including larger numbers of these often under-represented groups, the study can measure the impact of community and gun violence on mental health and health care utilization.

This study explores potential risk (including perceived discrimination and race-based stress) and resilience factors like social support that may influence these associations. In the past year, investigators added two assessments of COVID-19 exposure and response to assess the impact of the pandemic on Veterans.

the need for resources in this population and created content on its website specifically for health care workers coping with the pandemic.

The Stress First Aid model was developed to help workers in high stress jobs such as military personnel, firefighters, first responders, probation officers, and others. According to this model, stress reactions occur on a continuum. Early awareness and response can reduce the likelihood of severe or long-term problems. The model can also be a tool for an organization's leaders to have larger conversations about the organization as a whole: "Our entire team is on the orange. What do we need to do differently?"

"It doesn't have to be super complicated," says Dr. Watson of her Stress First Aid program. "It doesn't have to be a fancy program that takes 30 minutes a day. It is the simple interactions that they have with people. Even a one-minute, 'I've been thinking about you, how are you doing?' Over time, those add up and help people feel like they're not alone. And it is meant to be used in high stress jobs all the time."

In April 2020, National Center researchers joined a team surveying 3,000 frontline workers providing care during the first surge of the pandemic in New York City at Mount Sinai Hospital. In this large sample, over a third experienced symptoms of COVID-19-related PTSD, depression, or anxiety. Health care workers faced infection, worries about infecting their family, and a shortage of personal protective equipment and other resources needed to safely treat the influx of COVID patients.

In addition to directing the NCPTSD Consultation Program, Dr. Norman is a researcher and clinician working to treat Veterans with PTSD. Her pre-pandemic work on moral injury provided another way to understand the stress health care workers were under. Moral injury is the lasting psychological, spiritual, behavioral, or social impact that can result from difficult experiences and lead to feelings of moral distress like guilt, shame, and anger. Traditionally, it has been studied in the context of combat, but she realized it could be translated to understand the stressors of health care workers during the pandemic.

Understanding the challenges facing health care workers was important, but even more crucial was developing solutions to those problems. From data collected as part of the Mount Sinai survey, Dr. Norman and Dr. Pietrzak collaborated on research that found that reducing burnout and increasing support from hospital leadership appeared to help reduce the risk of developing more severe disorders in this population and others working during the crisis. "These themes resonate with workers," says Dr. Pietrzak. "They resonate with Veterans. We need to do both. It's like a psychological shield in a way, to manage the distress, but also to build the strengths."

Seven Cs of Stress First Aid

1. **Check:** Assess: observe and listen
2. **Coordinate:** Get help, refer as needed
3. **Cover:** Get to safety ASAP
4. **Calm:** Relax, slow down, refocus
5. **Connect:** Get support from others
6. **Competence:** Restore effectiveness
7. **Confidence:** Restore self-esteem and hope

Ongoing work at the National Center underscores how clinical research works hand in hand with quickly evolving on-the-ground information to fill in knowledge gaps. Dr. Norman is leading a study testing her Trauma Informed Guilt Reduction therapy for guilt, shame, and moral injury resulting from trauma for pandemic-related guilt in military Veterans, including many health care workers. Along with Dr. Carmen McLean, Dr. Norman developed a new scale to measure moral injury in non-combat contexts—the first of its kind. Dr. Watson and Dr. McLean are working on a study of Stress First Aid in health care workers. Dr. Shannon Wiltsey Stirman and Dr. Debra Kaysen from the Dissemination and Training division are developing and testing a web-based intervention for health care workers that assesses individual needs and guides people through evidence-based activities to help them cope with the challenges of COVID-19.

Pandemic stress, traumatic stress

While National Center researchers, educators, and communications staff were working to understand and support Veterans and health care workers cope with mental health responses to the pandemic, theoretical issues emerged. The field, including many National

Center researchers, sought to understand how the COVID-19 pandemic fit into a shared understanding of traumatic stress.

"PTSD" is often used colloquially to describe normal responses to stressful situations—for example, the quarantines, isolation, job loss, and financial hardships that accompanied the pandemic. However, PTSD has a technical definition: to receive a PTSD diagnosis, a person must have experienced or witnessed actual or threatened death, serious injury, or sexual violence—a "Criterion A event." Someone could have the symptoms that fit within a PTSD diagnosis—nightmares, sleep issues, avoidance issues—without having an experience that qualifies as "traumatic." This is what sets PTSD apart from other disorders—the idea that symptoms are caused by what we refer to as a trauma, according to Dr. Marx, an expert in PTSD diagnosis and assessment.

There is no question that COVID-19 was distressing and very disruptive to most everyone around the planet, according to Dr. Marx. Yet for a COVID-19 exposure to qualify as traumatic, a person's experience with the disease would need to include something that fits under the Criterion A definition—perhaps disease symptoms that require hospitalization, ICU treatment, or the need for a ventilator to save one's life. A working group of investigators across the center developed a survey instrument to assess COVID-19 exposure and help researchers understand which pandemic-related experiences might count as "traumatic."

Counting COVID-19 automatically as a cause of PTSD increases the risk that more people receive a PTSD diagnosis when they have another mental health issue like anxiety or chronic stress, says Dr. Marx. Sticking to the definition helps ensure that people get the right diagnosis and the right treatment.

Strength and resilience

With over 200 million people infected globally and 4.8 million COVID-19-related deaths (as of the end of the reporting period for this report), and challenges like quarantine, isolation, and unemployment, it's not surprising that nearly all the research on the mental health impact of the pandemic has focused on negative outcomes such as depression, anxiety, and PTSD. However, posttraumatic growth—the positive, meaningful psychological changes that a person can experience because of struggling with traumatic and stressful life events—is also possible.

"It turns out the picture emerging from our work is not exclusively doom and gloom," says Dr. Pietrzak. In fact, papers published by Dr. Pietrzak's group using data from the NHRVS study described above found that 43% of Veterans reported posttraumatic growth—most notably in greater appreciation of life and improved interpersonal relationships. The number was even higher, at 72%, among Veterans with pandemic-related PTSD symptoms. In the Mount Sinai health care worker cohort, 77% of frontline health care workers experienced at least moderate posttraumatic growth, most notably in greater appreciation of life (67%), improved relationships (49%), and greater personal strength (44%) because of their pandemic-related experiences. His group also found that suicidal thoughts decreased during the pandemic in this group of Veterans. Work continues to increase understanding of the mental health implications of the pandemic on Veterans, and of factors that might inspire resilience in the face of social and medical stressors.

"Sometimes you need to be sufficiently shaken by an experience and even experience symptoms of PTSD to begin to process it at a deeper level and ultimately be able to grow from it," adds Dr. Pietrzak. "The saying, 'Grow through what you go through' captures the essence of posttraumatic growth."

At the beginning of the pandemic, many therapy sessions moved to virtual appointments.

Looking to the future

The National Center for PTSD has been a center of excellence for education and research on PTSD treatment within VA for over 30 years. In many ways, the COVID-19 pandemic has been a test of our ability to respond in real time to crises. The Center has served as a national resource for mental health care via telehealth, driven unexpected research learning opportunities, and created a springboard to a richer understanding of PTSD, trauma, and resilience in the Veteran community and beyond. "What we did was practical, it met a need, and it was also forward thinking because it set us up to better meet the needs of Veterans, the VA, providers, and the public around significant stressors," says Dr. Schnurr.

Major Research Initiatives in Fiscal Year 2021

The National Center's research spans a range of investigative levels, from large longitudinal survey studies (LIGHT and NHRVS as examples detailed in the introductory section of this report, as well as Project VALOR and the Neurocognition Deployment Health Study [NDHS]), to molecular and genetic investigations of the biology of PTSD, to research exploring barriers and best practices in the implementation of evidence-based PTSD treatments. In addition, FY 2021 included a new wave of research investigating the impacts of COVID-19 on the mental health of Veterans, including newly funded studies and modifications of ongoing research (see the introductory narrative to this report for a detailed description of the National Center's COVID-19 research efforts).

During FY 2021, researchers at the National Center led 133 funded studies, including research undertaken in collaboration with partner organizations in the government, academic institutions, and international agencies. Investigators published 296 peer-reviewed journal articles, book chapters, and books, and had an additional 219 in-press and advance online publications (see appendices C–G for a full list of grants, publications, and scientific presentations in FY 2021).

The National Center's research and educational activities are driven by five operational priorities: Biomarkers, Treatment, Care Delivery, Implementation, and PTSD and Suicide. The following narrative highlights some of the FY 2021 research initiatives undertaken to address these five operational priorities. (Appendix B contains a more comprehensive listing of research projects conducted by investigators at each of the National Center's seven divisions.)

Biomarkers

The National Center is a leader in the study of biomarkers for PTSD. This priority aims to establish reliable and valid biomarkers to aid in predicting who will develop PTSD, diagnosing PTSD, predicting treatment outcome, and measuring treatment response. The biomarker work underway at NCPTSD includes neuroimaging work, animal models of PTSD, and collaborations with large, multi-site consortia including the Million Veteran Program (MVP) and VA National PTSD Brain Bank.

The VA National PTSD Brain Bank studies postmortem brain tissue of individuals with PTSD and major depressive disorder (MDD), and of healthy control donors to characterize gene expression associated with trauma, stress, and suicide. At the end of FY 2021, the VA National PTSD Brain Bank had 203 living donors and approximately 323 frozen brain hemispheres (roughly one-third each from donors with PTSD, donors with major depression, and healthy controls), and is collaborating with PinkConcussions and the Vietnam Era Twin Registry to link with future donors. In FY 2021, researchers investigated the role of neuropeptides, gene expression, and inflammation in PTSD using brains acquired from the VA National PTSD Brain Bank.

The MVP is a national program conducted by VA's Office of Research and Development to understand how genes, lifestyle, and military exposures affect health and illness. Since launching in 2011, over 870,000 Veterans have enrolled in MVP, one of the world's largest programs on genetics and health. Several National Center researchers collaborate with the MVP, and FY 2021 publications utilized MVP data, including a pioneering genome-wide association study (GWAS) analysis of 250,000 U.S. Veterans from the MVP to identify genetic risk factors relevant to three PTSD symptom clusters—re-experiencing, hyperarousal, and avoidance—as well as total symptom score and diagnosis. In addition, an FY 2021 Nature Neuroscience publication by National Center investigators combined MVP genomics data with specimens from the VA National PTSD Brain Bank Data. This publication identified genetic risk factors for PTSD, including gender differences that might help to explain the higher rate of PTSD in women than men.

Treatment efficiency, effectiveness, and engagement

The National Center has long been a leader in developing and refining evidence-based psychotherapies (EBPs) for PTSD. These efforts include maximizing treatment efficiency and effectiveness, developing strategies to enhance the effectiveness of existing treatments including strategies to enhance treatment response in partial responders, and developing more effective treatments. In addition, this priority focuses on treatment engagement, developing strategies to enhance engagement in treatment.

Many research studies across the National Center focus on ways to augment Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT)—the two EBPs for PTSD that have been nationally disseminated across VA. FY 2021 work to improve treatment outcome in PTSD included comparing massed or intensive formats with traditional once a week delivery, targeting provider fidelity to protocol through expert consultation and virtual training models, and tailoring treatments to comorbidities such as Traumatic Brain Injury (TBI) and other individual circumstances.

Two studies funded by VA's Cooperative Studies Program (CSP) investigated the effectiveness of treatment for PTSD. CSP #2016, the National Adaptive Trial for PTSD Related Insomnia, is currently being conducted at 34 VA Medical Centers and compares three commonly prescribed pharmacotherapies for insomnia: trazodone, gabapentin, and eszopiclone. A paper reporting results from CSP #591, Comparative Effectiveness Research in Veterans with PTSD, which compared PE with CPT in 916 male and female Veterans with PTSD, was submitted in FY 2021. Data from CSP #591 will help clinicians and patients understand which treatment might work best for which Veterans and explore the effect on outcomes of patient preference regarding treatment selection.

National Center's researchers also conduct research aimed at developing and implementing new treatments for PTSD. In FY 2021, research into new PTSD treatments included testing the efficacy of Trauma-Informed Guilt Reduction (TrIGR) in Veterans and health care workers affected by the COVID-19 pandemic. TrIGR was developed by National Center investigators to treat trauma-related guilt that commonly co-occurs with PTSD. Another psychotherapy developed by the National Center, Written Exposure Therapy (WET), is a brief five-session treatment for PTSD. In FY 2021, Center investigators demonstrated that WET was non-inferior to CPT in service members, and ongoing work is comparing WET with PE. In addition to psychotherapies like WET and TrIGR, National Center investigators conducted research aimed at identifying new medications for PTSD. Preliminary work published in FY 2021 used retrospective medical record analysis of Veterans treated for PTSD in VA and found that several antivirals used to treat Hepatitis C were associated with improvement in PTSD symptoms. In the coming year, this work will be expanded to test and better understand the association of these medications with PTSD symptom improvement.

Care delivery, models of care, and system factors

The National Center is interested in the ways to increase access to effective psychotherapies for PTSD. Digital strategies, such as mobile apps and social media, can be leveraged to disseminate interventions widely, with little to no therapist involvement. The National Center is a leader in the development of mobile apps for PTSD and general mental health and wellness. In FY 2021, this work included research to understand the usage and efficacy of widely used apps such as Mindfulness Coach, Insomnia Coach, COVID Coach, and PTSD Coach.

The COVID Coach app was created to help individuals manage their response to the pandemic and learn about associated resources.

Technology-based versions of EBPs for PTSD are another avenue for increasing access to effective PTSD care. Center investigators who developed an asynchronous text messaging-based version of CPT for PTSD published preliminary results in FY 2021 showing comparable completion rates to telehealth and face-to-face CPT, and some reduction in PTSD symptoms. Ongoing work is continuing to test the efficacy of this novel approach to delivering CPT. (See the FY 2020 Annual Report for a full description of how the National Center has leveraged web and telehealth technology to increase access to PTSD treatment).

The Modeling to Learn initiative trains frontline staff in participatory systems dynamics modeling, a collaborative quality improvement approach in which stakeholders identify specific system problems and use

Measuring PTSD

Accurately diagnosing PTSD is an important focus of NCPTSD's research portfolio—this is an important area of study because accurate measurement and diagnosis are important for research and for clinical care.

In FY 2021, National Center investigators published foundational data to advance knowledge about PTSD assessment. One study evaluated the possibility of shortening the Structured Clinical Interview for the *Diagnostic and Statistical Manual of Mental Disorders, fifth edition* (SCID-5) PTSD module using machine learning, finding that up to six items could be removed from the assessment and maintain diagnostic accuracy. An ongoing study aims to validate the CAPS-5 in an active-duty sample. Another study developed and validated reliable and clinically significant change values for the CAPS-5 and PTSD Checklist for DSM-5, which can help patients and providers benchmark whether treatment response is meaningful. NCPTSD researchers also validated the cutoff score for the Primary Care Screen for PTSD for DSM-5 (PC-PTSD-5), designed to be used in primary care and other screening settings. Results indicated that a cutoff of 4 had high levels of overall diagnostic accuracy across men and women.

computer modeling to compare the likely outcomes of different potential solutions, and select an optimal solution for implementation. Modeling to Learn was recently updated to address factors related to COVID-19. Two randomized trials are now underway, testing whether Modeling to Learn is superior to other quality improvement approaches in increasing the number of VA patients who receive EBPs and pharmacotherapies for mental and addictive disorders.

Implementation

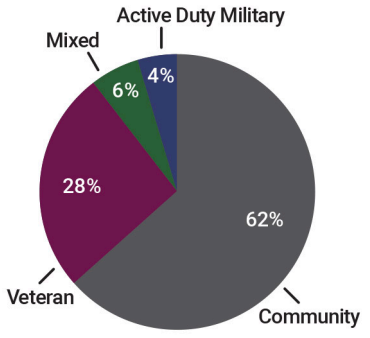
In addition to developing and optimizing effective treatments for PTSD, the National Center conducts research identifying actionable items and developing an implementation strategy around them, as well as developing methods for obtaining systematic feedback from the field.

Building on the treatment development work described above, investigators have also been evaluating training models for WET that include learning collaborative models to support clinic leaders in addressing implementation challenges.

Other FY 2021 implementation work at the National Center focuses on enhancing the implementation of EBPs for PTSD within the VA health care system. These studies compare strategies for enhancing EBP delivery, test whether tailored delivery and facilitator support increase EBP use over standard provider training and study the effectiveness of different virtual training models and remote video supervision on therapist competence and treatment delivery.

PTSD Trials Standardized Database Repository

The PTSD Trials Standardized Database Repository (PTSD-Repository) is a web-based platform that hosts data from randomized controlled trials (RCTs) of PTSD treatment. It brings together variables from 389 published studies on a wide range of treatments. The PTSD-Repository allows users to access information in a variety of ways. At the most basic level, users can read data stories on important topics. They can also interact with visualizations or create their own charts, graphs, maps, and other ways to "see" data. This year the database expanded the number of PTSD RCTs included and also began including data from studies that intentionally target both PTSD and substance use, conditions that often co-occur. Outcome measures were expanded to include information on suicide, and risk of bias ratings were added for all RCTs. New data stories and visualizations were created, along with a treatment coding guide to help users understand the data that the site makes available.



The PTSD-Repository allows users to visualize data from RCTs of PTSD treatments. A chart created from the PTSD-Repository shows the number of RCTs that have studied different populations.

PTSD and suicide

PTSD and Suicide was added as an operational priority in FY 2017. Although research on this topic was already part of the National Center's portfolio, formalizing this work as an operational priority helped to support the ongoing work and encourage the initiation of new work investigating the relationship between PTSD and suicide, and develop strategies to predict and prevent suicide among individuals with PTSD.

One major component of the National Center's work on PTSD and suicide is understanding the risk factors for suicide in Veterans with PTSD. This work includes in-home monitoring of sleep, neuroimaging correlates of suicide attempt history, and patterns of suicidal ideation after discharge from psychiatric hospitalization. Another major component focuses on treatments for suicide prevention. In FY 2021, National Center investigators collaborated to test a modified version of WET with a sample of Army soldiers and Veterans with PTSD symptoms who were hospitalized for suicide risk. The study seeks to determine whether treating PTSD symptoms reduces the likelihood of future suicidal behavior. Finally, overlapping with the "system factors" operational priority, National Center staff have developed modeling tools that clinic teams can use to optimize and allocate staff resources, which have been utilized to help teams ensure effective management of Veteran patients at high risk for suicide without compromising overall access to or quality of care.

NCPTSD also leveraged data from the ongoing longitudinal NHRVS study, which surveyed a nationally representative sample of more than 4,000 Veterans, to better understand PTSD and suicide in the Veteran population both before and during the COVID-19 pandemic. Investigators found that both PTSD symptoms and suicidal thoughts and behaviors are prevalent among U.S. Veterans and signal a need for enhanced suicide prevention and outreach efforts to engage suicidal Veterans in mental health treatment. During the COVID-19 pandemic, prevalence of suicidal thinking decreased from 10.6% to 7.8%. Veterans who reported having been infected with COVID-19 were more than twice as likely as those without infection to develop suicidal thinking, thus underscoring the importance of COVID-19 infection as a potential risk factor for suicide in U.S. Veterans.

FY 2021 by the numbers: Social Media, Website and Product Engagement

Website (www.ptsd.va.gov)
6.3 million views

Professional Articles
559,791 unique views

Assessment Instruments
682,455 downloaded

Items Distributed Free of Charge Through the U.S. Government Publishing Office
144,339 printed items

Facebook
160,494 likes

Twitter
38,900 followers

PTSD Monthly Update Newsletter
425,833 subscribers

PTSD Research Quarterly
60,391 subscribers

Clinician's Trauma Update - Online
52,210 subscribers

Promoting PTSD Education: Training, Dissemination, and Communication

The National Center for PTSD's portfolio of educational offerings spans a range of audiences and channels. Fiscal year (FY) 2021 began with the first-ever meeting of the National Center for PTSD Expert Education Panel (EEP).

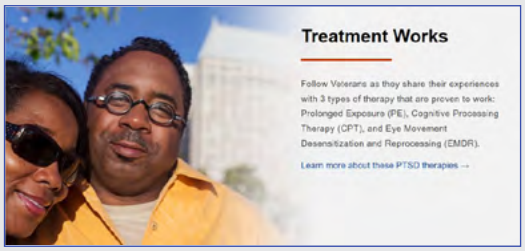
Designed as a forum to gain insights from colleagues across the Office of Mental Health and Suicide Prevention (OMHSP) and other offices within Veterans Health Administration (VHA), this meeting focused on strategic planning for the PTSD Consultation Program and PTSD Mentoring Program. The insights gained from the meeting informed both programs' work throughout the year. Whether we were delivering training for providers, developing apps for the public or working to raise awareness, we continued to innovate and to refine existing products and programs. As always, our depth of knowledge and ability to pivot meant that when crises and current events demanded expertise in traumatic stress, we were able to respond nimbly.

PTSD awareness

The website AboutFace is a cornerstone of NCPTSD's efforts to raise awareness of the value of PTSD treatment. This year, filming Veterans for video segments was challenging because of the coronavirus pandemic. Nevertheless, we were able to create new content through a combination of remote and in-person filming. Also this year, AboutFace began an ambitious effort to redesign the site to enhance user experience. With this redesign, AboutFace will now provide a guided experience for the Veterans, family members and providers who access the site. Users will also be able to take deep dives into the topics that pique their interest via improved access to in-depth multimedia features. At crucial stages, Veteran input will be solicited to ensure that the redesigned site meets user needs.

After more than a year of lockdown and social isolation, what better way to raise awareness about PTSD than by asking friends and neighbors to join together for a virtual walk? This year, NCPTSD asked the public to commit to 27 minutes of walking—or running, or any physical activity!—in honor of PTSD Awareness Day on June 27. Hundreds of participants signed up and shared their efforts on social media for the world to see. We also gave the public and providers a host of ideas for raising PTSD awareness, including sponsoring a virtual PTSD Awareness Month event, spreading the word about resources on the NCPTSD website, organizing a community forum and posting on social media and blogs.

NCPTSD's collection of animated explainer videos continues to grow. This year saw the debut of a four-minute video on Cognitive-Behavioral Conjoint Therapy (CBCT) for PTSD. Perhaps fittingly, the video for Written Exposure Therapy (WET)—a brief five-session treatment—will clock in at just under two minutes. It will be completed and posted on the website next year.



The AboutFace website features Veterans telling their stories about PTSD and PTSD treatment.

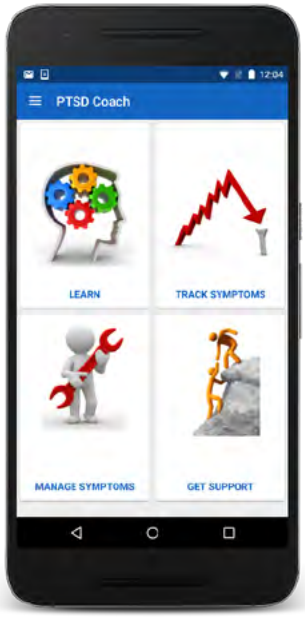
The June 2021 PTSD Awareness campaign included a virtual walk.

Support for providers in the field

Since its creation in 2011, the PTSD Consultation Program has offered free one-on-one consultation to providers treating Veterans with PTSD. From facilitating access to patient education materials or online courses to answering complex questions about diagnosis, assessment and treatment, NCPTSD's cadre of expert consultants works with providers across the country—both in VA and in the community—to help them deliver evidence-based care to Veterans. This year the program responded to 2,100 consultation requests.

The PTSD Consultation Program Lecture Series continued to offer providers free seminars in important topics in PTSD treatment. Each lecture features one or more experts who—in line with the Consultation Program's practice—ground practical clinical guidance in scientific research. Building on work begun in 2020, the lecture series also devoted a session to provider self-care and continued to explore issues of race and trauma. Each lecture in the series is first presented live and is then made available on the NCPTSD website so that providers can have on-demand access. Free continuing education credits are available for a range of disciplines.

The PTSD Consultation Program also collaborated with VA's Suicide Risk Management Consultation Program and the external Center for Deployment Psychology to provide training in the assessment of PTSD and suicide risk for community mental health providers who treat Veterans. Expert clinicians from all three programs offered three two-day trainings that covered military culture and PTSD assessment. More than 100 providers participated in the trainings and received free continuing education credits. Plans are underway to increase the capacity of these trainings next year.



PTSD Coach was first released in 2011 and is now the most popular VA mental health app. PTSD Coach can be used to learn about PTSD, track and manage symptoms, and connect with resources.

The Principles of Specialty Care

- PTSD specialty care teams and specialists offer **time-limited** specialty care focused specifically on **reduction of PTSD symptoms**.
- PTSD specialty care teams and specialists prioritize the offering of **evidence-based treatments for PTSD** recommended by the VA/DoD Clinical Practice Guidelines.
- There should be **minimal barriers** to admission for PCTs if Veteran needs treatment. PTSD specialty care must have the ability to treat **complex presentations and comorbidities.**
- PCTs follow principles of **team-based care**.
- PTSD specialty care teams and specialists incorporate **measurement-based care** into all services.

The Dissemination and Training Division's Practice-Based Implementation (PBI) Network continued its Tech into Care initiative. By equipping VA and community providers with tools and training, the initiative integrates apps and online courses into Veteran care. This year we launched a section of the website that streamlines access to all the project resources, including videos, courses, patient handouts and provider guides. Included among these resources are the project's first Spanish-language demonstration videos for PTSD Coach and COVID Coach. All videos are also available in a YouTube playlist. Specific to VA, a Joint Incentive Fund-supported quality improvement project has established mHealth Specialists—an internal champion—in each Veterans Integrated Service Network. In concert with mHealth Ambassadors across VA, they focus on the use of technology tools to reduce Veteran suicide risk and improve coping. The PBI Network continued to offer two lecture series, one that is open to everyone and another that is available only to VA providers. Attendance at both increased this fiscal year.

One of the core tenets of the PTSD Mentoring Program is collaboration—both with the field and with researchers. Working with investigators at the Center for Care Delivery and Outcomes Research (CCDOR), the program piloted implementation facilitation (IF) at seven sites. IF was deployed to help site champions and mentor facilitators implement all the principles of PTSD specialty care in six locations. Another site in the pilot program used the model to implement massed

delivery of evidence-based practices (EBPs). Six mentors who attended the IF training but did not have time to fully implement the model piloted facilitation through a learning collaborative.

While continuing to consult with PTSD specialty care sites nationwide, the Mentoring Program also partnered with the mental health metrics groups to pilot new Strategic Analytics for Improvement and Learning Value Model (SAIL) metrics for PTSD. Rounding out its collaborative work, they continued to work closely with the VHA Northeast Program Evaluation Center (NEPEC) to track outpatient specialty care, including identification of PTSD specialists and OMHSP leadership to ensure alignment with priorities. The program also made further enhancements to its PTSD Clinic Dashboard and launched a new, extensive online toolkit for program managers.

The Executive Division continued its Office of Rural Health-supported IF at six VA medical centers across the country. By looking at contextual factors present in each site, IF helps sites expand the use of PTSD care that aligns with the VA/DoD Clinical Practice Guideline. Sites appreciate and benefit from the technical support they receive. One of the sites, originally a low adopter of evidence-based treatment (EBT), emerged as a national leader in EBT reach by the end of the year. The Office of Rural Health has also funded a project at the Behavioral Science Division that will develop, evaluate and disseminate educational materials for providers serving medically ill rural Veterans with PTSD within the Home-Based Primary Care environment. This year, the same team released a series of videos for medical providers working with patients with PTSD at the end of life.

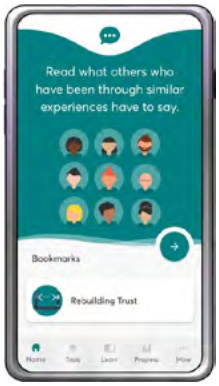
The revamped Community Provider Toolkit launched this year. With a human-centered design approach that was refined through close work with stakeholders, the toolkit provides streamlined access to curated tools for community providers who treat Veterans. In addition to including sections on mental health topics of particular relevance for Veterans, the site features information on assessing for and understanding military experience, as well as guidance on helping Veterans access VA benefits.

Responses to stress can range from green (optimal) to red (severe) as shown in the Stress Continuum.

Beginning last year, when the coronavirus pandemic first began to devastate the nation, medical and mental health providers across VA began to ask for help dealing with their own and their colleagues' stress reactions. As part of NCPTSD's response to the crisis, we developed and disseminated materials on Stress First Aid (SFA). This framework is a flexible, evidence-informed model designed to improve recovery from stressful situations that was originally designed for the military and first responders. NCPTSD created a dedicated section of the website that was expanded this year with manuals, a workbook and handouts for providers. More resources, including video vignettes that show how the model can be applied in practice, will continue to be added.

Self-help and treatment companion resources

The mobile app Beyond MST launched this year. Developed by the Women's Health Sciences Division in collaboration with the Dissemination and Training Division, the app offers information and resources to help survivors cope with challenges related to military sexual trauma (MST) and to improve their health, relationships and quality of life. Though not a substitute for professional care, the app's self-help tools offer a safe, secure way for users to create self-care plans that promote physical and emotional well-being, reduce distress and track progress toward recovery goals. The app was designed for Veterans of all genders and backgrounds and should also prove helpful for people coping with the emotional effects of unwanted sexual experiences in non-military contexts. Now that the app is available, the team is working to get it into the hands of people who will benefit from it. To overcome shame and stigma around sexual assault that might slow the app's uptake, the developers are marketing it widely through podcasts and presentations to target audiences.



Also in the technology realm, the Behavioral Science Division continues its work to host a provider-facilitated version of the VetChange program on the VA network. With provider-facilitated VetChange, users can collaborate with their health care team on the progress of their treatment goals as they track alcohol consumption and engage with tools that help them deal with cravings, stress and other symptoms. Transitioning the provider-facilitated VetChange

from a research project to a VA server will allow it to become more integrated into care for Veterans who are concerned about their drinking.

The Women Veterans Network (WoVeN), established by the Women's Health Science Division in 2017, is now active in more than 200 cities, with nearly 4,000 Veterans enrolled. WoVeN is a peer support network specifically designed to meet the needs of women Veterans. It not only provides robust programming and strong social support for its members, but is also evidence based, maintains a component of ongoing consultation and support for peer leaders to foster program fidelity, and includes a research component designed to assess the efficacy of the program across a number of outcomes. This year the network piloted BRIDGES (Building Reintegration from Dreams and Goals to Execution and Success), a program for service members transitioning to civilian life. BRIDGES pairs guides from WoVeN with women whose military careers are nearing their end to create teams of "battle buddies." Their mission? To navigate together the transition from military service to civilian success.

Educational resources for professionals

NCPTSD has a long tradition of providing free online courses for providers. Central to that effort has been the PTSD 101 series. This year, we pivoted to a new model of course development. Presentations from the live PTSD Consultation Program Lecture Series are rapidly made available as enduring continuing education courses. With the assistance of our partners at Employee Education Services, we are able to offer free continuing education credits to VA staff and non-VA learners alike, all with only a couple of months' delay. This innovation allows us to post 12 one-hour courses each fiscal year, rather than only four to six.

This year we added a second virtual patient to the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5) Training Simulator, our interactive online course that helps learners improve their skills in administering the gold-standard PTSD assessment. We have grouped both virtual patient courses, along with a traditional didactic course on the measure, into an easy-to-access training curriculum that provides free continuing education credits to learners in VA and in the community. Development of an additional virtual patient—with the most challenging presentation of the three—is currently underway. It will be added to the curriculum next year.

Addressing many of the issues covered in the Community Provider Toolkit, but also intended for VA providers, the podcast *Caring for Those Who Have Served* was released this year. In six episodes, experts from across VA offer key insights into providing behavioral health care in a Veteran-centric way. Next year NCPTSD plans to debut a second podcast; it will focus on the use of technology to support Veterans with PTSD and related concerns.

Online communication resources

In FY 2021, the Resource Center staff continued to develop its new content management system to streamline the indexing and publishing of records to PTSDpubs, the Center's online database of PTSD and traumatic stress literature. PTSDpubs currently holds nearly 65,000 records. In FY 2022, the auto-tagging capability of the database's semantic artificial intelligence platform, PoolParty, will be fully implemented, resulting in greater indexing precision and an enhanced retrieval experience for users. The Resource Center plans to focus FY 2022 on targeted outreach to new users and potential integration with other NCPTSD products, such as the PTSD-Repository.

Resources Help Veterans Deal with Powerful Emotions

The end of the fiscal year coincided with the end of American military operations in Afghanistan. Sonya Norman, director of the PTSD Consultation Program, and Jennifer Vasterling, an NCPTSD-affiliated investigator, were featured in a four-part series on Afghanistan in the *VAntage Point* blog. Both spoke about signs Veterans should be on the lookout for as they sought to reconcile their service with the changing situation in Afghanistan and stressed the need for Veterans to get help if they found themselves struggling. We also developed two online articles—one for Veterans and one for providers—focused on how to cope with the powerful emotions that the end of American operations in Afghanistan might engender.

As the nation continues to grapple with issues of racial injustice and disparities, NCPTSD has developed provider- and public-focused resources situated at the intersection of race and trauma. The Consultation Program presented four lectures for providers, ranging from cultural considerations in treating Latinx patients with trauma histories to helping providers respond appropriately if their patients express sociocultural views that the providers find troubling or offensive. For the public, we posted an article on racial trauma that describes its scope and impact while offering ways to cope with it on a personal level.

About the National Center for PTSD

History

The National Center for PTSD was created in 1989 within VA in response to a Congressional mandate (PL 98-528) to address the needs of Veterans and other trauma survivors with PTSD. The National Center was developed with the ultimate purpose of improving the well-being, status, and understanding of Veterans in American society.

The mandate called for a Center of Excellence (CoE) that would set the agenda for research and education on PTSD without direct responsibility for patient care. Convinced that no single VA site could adequately serve this unique mission, VA initially established the National Center as a consortium of five Divisions.

Organization

The National Center now consists of seven VA academic CoEs across the United States, with headquarters in White River Junction, Vermont. Two Divisions are in Boston, Massachusetts; two in West Haven, Connecticut; one in Palo Alto, California; and one in Honolulu, Hawaii. Each contributes to the overall NCPTSD mission through specific areas of focus.

The National Center for PTSD is an integral and valued component of VA's OMHSP, which is part of VHA. OMHSP and NCPTSD receive budget support from VA, although NCPTSD also leverages this support through successful competition for extramural research funding.

Quick Facts

The National Center for PTSD was formed in 1989.

It has seven Divisions across the United States, each with a distinct area of focus.

The National Center for PTSD manages the largest PTSD brain bank in the world.

Leadership in 2021

Paula P. Schnurr, PhD

Executive Director, Executive Division, White River Junction, VT

Professor of Psychiatry, Geisel School of Medicine at Dartmouth

Matthew J. Friedman, MD, PhD

Senior Advisor and founding Executive Director, Executive Division, White River Junction, VT

Professor of Psychiatry and of Pharmacology and Toxicology, Geisel School of Medicine at Dartmouth

Jessica L. Hamblen, PhD

Deputy for Education, Executive Division, White River Junction, VT

Associate Professor of Psychiatry, Geisel School of Medicine at Dartmouth

Paul E. Holtzheimer, MD

Deputy for Research, Executive Division, White River Junction, VT

Associate Professor of Psychiatry, Geisel School of Medicine at Dartmouth

Terence M. Keane, PhD

Division Director, Behavioral Science Division, Boston, MA

Professor of Psychiatry and Assistant Dean for Research, Boston University School of Medicine

John H. Krystal, MD

Division Director, Clinical Neurosciences Division, West Haven, CT

Robert L. McNeil, Jr. Professor of Translational Research and Chairman of the Department of Psychiatry, Yale University School of Medicine

Craig S. Rosen, PhD

Division Director, Dissemination and Training Division, Menlo Park, CA

Professor of Psychiatry and Behavioral Sciences, Stanford University School of Medicine

Rani A. Hoff, PhD, MPH

Division Director, Evaluation Division, West Haven, CT

Professor of Psychiatry, Yale University School of Medicine

Tara E. Galovski, PhD

Division Director, Women's Health Sciences Division, Boston, MA

Associate Professor of Psychiatry, Boston University School of Medicine

Fiscal Year 2021 Expert Panels

Expert Scientific Panel

Chair: Thomas C. Neylan, MD
San Francisco VA Medical Center; University of San Francisco School of Medicine

Col. Dave Benedek, MD, MC, USA
Uniformed Services, University of the Health Sciences

Susan E. Borja, PhD
National Institute of Mental Health

John Fortney, PhD
University of Washington

Sandro Galea, MD, DrPH
Boston University School of Health

JoAnn Kirchner, MD
VA Mental Health Quality Enhancement Research Initiative, Central Arkansas Veterans Healthcare System; University of Arkansas for Medical Sciences

Candice Monson, PhD, C. Psych.
Ryerson University

Alan L. Peterson, PhD, ABPP
University of Texas Health Science Center

Kerry Ressler, MD, PhD
McLean Hospital, Harvard Medical School

Barbara O. Rothbaum, PhD, ABPP
Emory University School of Medicine

Brett Rusch, MD
White River Junction VA Medical Center; Geisel School of Medicine at Dartmouth

Elizabeth Yano, PhD, MSPH
VA Greater LA Healthcare System; UCLA Fielding School of Public Health

Ex-Officio: Theresa Gleason, PhD
VA Clinical Science Research & Development

Expert Education Panel

Elizabeth Brill, MD, MBA
Office of Community Care, Department of Veterans Affairs

Claire Collie, PhD
Office of Mental Health and Suicide Prevention, Department of Veterans Affairs

Chris Crowe, PhD
Office of Mental Health and Suicide Prevention, Department of Veterans Affairs

Steve Holliday, PhD
VISN 17 Mental Health, Department of Veterans Affairs

Aimee Johnson, LCSW
Office of Mental Health and Suicide Prevention, Department of Veterans Affairs

Joseph Liberto, MD
Office of Mental Health and Suicide Prevention, Department of Veterans Affairs

Matt Miller, PhD, MPH
Office of Mental Health and Suicide Prevention, Department of Veterans Affairs

Stacey Pollack, PhD
Office of Mental Health and Suicide Prevention, Department of Veterans Affairs

Andrew Pomerantz, MD
Office of Mental Health and Suicide Prevention, Department of Veterans Affairs

Sandra Resnick, PhD
VA Northeast Program Evaluation Center, Yale University School of Medicine

Clifford Smith, MD
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Kendra Weaver, PsyD
Office of Mental Health and Suicide Prevention, Department of Veterans Affairs

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VA Boston Healthcare System (116B-3)
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Boston, MA 02130

www.ptsd.va.gov

National Center for PTSD
POSTTRAUMATIC STRESS DISORDER