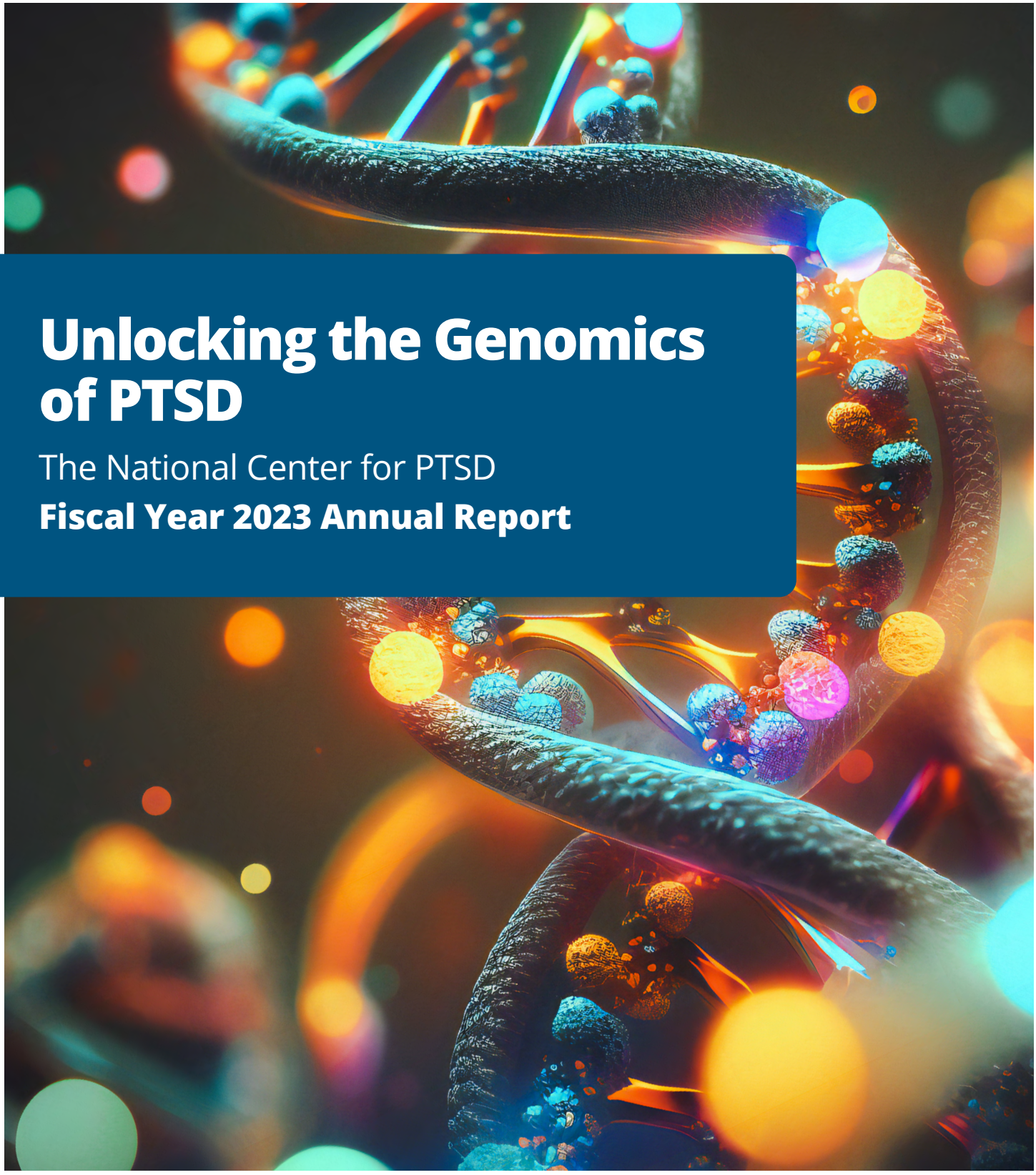


Unlocking the Genomics of PTSD

The National Center for PTSD

Fiscal Year 2023 Annual Report

National Center for PTSD

POSTTRAUMATIC STRESS DISORDER

Contents

Acronyms Used in the Text

Acronym	Definition
bCBCT	Brief Cognitive-Behavioral Conjoint Therapy
BRIDGES	Building Re-Integration from Dreams and Goals to Execution and Success
CBT-I	Cognitive Behavioral Therapy for Insomnia
CPT	Cognitive Processing Therapy
DNA	Deoxyribonucleic Acid
DoD	Department of Defense
EBP	Evidence-Based Psychotherapy
EMDR	Eye Movement Desensitization and Reprocessing
FY	Fiscal Year
GWAS	Genome-wide Association Study
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Queer
LIGHT	Longitudinal Investigation of Gender, Health and Trauma
IPV	Intimate Partner Violence
MD	Medical Doctor
MDD	Major Depressive Disorder
MDMA	3,4-Methylenedioxymethamphetamine
MEG	Magnetoencephalography
NCPTSD	National Center for PTSD
NHRVS	National Health and Resilience in Veterans Study
NPBB	National PTSD Brain Bank
OMH	Office of Mental Health
PE	Prolonged Exposure
PhD	Doctor of Philosophy
RNA	Ribonucleic Acid
PCT	Present-Centered Therapy
PTSD	Posttraumatic Stress Disorder
PTSD Repository	PTSD Trials Standardized Database Repository
RCT	Randomized Controlled Trial

Acronym	Definition
SOTA	State-of-the-art
SPS	Single-Prolonged Stress
TBI	Traumatic Brain Injury
TRACTS	Translational Research Center for Traumatic Brain Injury and Stress Disorders
TrIGR	Trauma Informed Guilt Reduction
USUHS	Uniformed Services University of the Health Sciences
VA	Department of Veterans Affairs
VET	Veteran Engagement Team
VISN	Veterans Integrated Service Network
WET	Written Exposure Therapy
WoVeN	Women Veterans Network

From the Executive Director

When the National Center for PTSD opened its doors in 1989, posttraumatic stress disorder was often misunderstood, downplayed, and questioned. Today, almost 35 years later, we have come a long way—especially in how PTSD is treated. Then, we had no practice guidelines and very little research on treatment. While we have effective treatments now, we are continuing to investigate new options.

Genomics, the theme of this year's Annual Report, has the potential to play a tremendous role in how disorders like PTSD are prevented, diagnosed, and treated. Our opening story describes our research on the genomics of PTSD and where the findings are taking us.

Therapeutic use of psychedelics for PTSD is another exciting research topic at the National Center. Along with others from the National Center and in conjunction with the Office of Mental Health and the Office of Research and Development, I have been part of a team that put on a state-of-the-art (SOTA) meeting in September 2023 to evaluate the science of psychedelic medicine and how that can inform research, implementation, and policy. The SOTA meeting hosted researchers, administrators, clinicians, and policymakers in an effort to come together and be informed by the science and to responsibly promote scientific inquiry.

Paula P. Schnurr, PhD

One of the National Center's initial goals was to facilitate access to publications on trauma and PTSD. In 1990, we developed PILOTS, a bibliographic database of the world's literature on trauma and PTSD with 2,000 articles. In 1996, the Center's (then) new web page provided direct online access to the database, and as of 2023, PTSDpubs, as it is currently known, contained almost 70,000 articles. Recently, we developed another online database, the PTSD Repository, to provide more detailed information about the treatment of PTSD. In FY 2023, the Repository contained almost 500 articles and is growing every year.

Along with the rest of the country, NCPTSD recognized PTSD Awareness Month in June. This year, we partnered with 30 nonprofit organizations to promote PTSD Screening Day on June 27, encouraging people who were experiencing symptoms after a traumatic event to complete a confidential online screening. June brought more than 100,000 participants, engaging with the screening tool and going on to access other resources to learn about treatment options. In addition, more than 60,000 teams registered for our third annual PTSD Awareness Walk.

I am proud of the progress we continue to make, specifically at NCPTSD and as a nation. When NCPTSD was established, some people questioned the diagnosis of PTSD. Now there's greater awareness and better understanding. We've come from where we were in 1989 to widespread recognition among the medical community and the general population that PTSD is a serious condition that affects millions of Americans, but is treatable thanks in part to the research done at NCPTSD.

Paula P. Schnurr, PhD
Executive Director

Using Genomics to Understand PTSD

An individual's genome is their complete set of DNA. Virtually every cell in the human body contains a complete copy of the approximately 3 billion DNA base pairs that make up the genome. Each person's individual genome is what makes them unique—including their risk for developing disease. The genome can also contain the keys to developing treatments for diseases, guiding the development of new medications and therapies.

Throughout its history, the National Center for PTSD has been dedicated to improving treatment outcomes for those diagnosed with PTSD. NCPTSD's lifespan—the last 35 years—has coincided with rapidly increasing understanding of the human genome and its role in health and illness. NCPTSD investigators are studying the human genome to translate the biology of PTSD into better treatments and potentially uncover ways to help prevent the disorder.

The genome, the complete set of a person's DNA, is the individual blueprint that makes each person unique—including their risk for developing PTSD after exposure to trauma.

The genes in the genome provide the code for every protein in the body: the DNA is transcribed into RNA, which in turn is translated into specific proteins. The genes themselves do not change over time, but which genes are eventually translated into proteins can change based on environmental exposures (such as exposure to stress and trauma). Genomics researchers at NCPTSD are using cutting-edge technology to study all aspects of how DNA creates proteins relevant to the development and experience of PTSD and the recovery from PTSD.

"The technology has dramatically improved so that our ability to study genomics has gone far from where it was 10 years ago, even five years ago," said Paul Holtzheimer, MD, Deputy Director for Research and Director of the VA PTSD Brain Bank. "That allows us to do much more with the genetic material and move much more quickly toward using that information to potentially guide treatment development."

"It is all part of an effort to better understand the biology of PTSD to put it to these multiple uses for treatment," said Paula Schnurr, PhD, Executive Director of the National Center.

A Genetic Springboard for New PTSD Treatments

When we think about developing new medications for PTSD, we need to think about what brain mechanisms we are specifically targeting, Holtzheimer says.

"There are several ways that genomics could help us develop better treatments," he said. "There are specific neurotransmitters that bind to certain receptors, and all of those biological elements—the neurotransmitters,

the receptors, the neurons—are created by genes. The genes provide the programming for all those elements. If you understand the difference in the genes and the genomics, like how those genes become those elements, then you might have an idea of differences that might become targets for treatment."

We know what areas of the brain are involved in PTSD, says National Center researcher Doug Williamson, PhD. "[We look at] the frontal cortex, the amygdala, the hippocampus," he said. "These are regions of the brain that are involved in what we call the fear circuit." Williamson said they look at these parts of the brain because there is a lot of diversity in that fear circuit in a person's initial response to the stress, how they remember circumstances around that stress, and then how they process it. A dysregulation of fear processing can become PTSD when people become "stuck" on a traumatic event they experienced.

Thanks to evolving technology and the development of very large datasets that include genetic information, research has been able to explore beyond brain regions and dive into the genomic underpinnings of PTSD. At NCPTSD, clinical psychologist and researcher Mark Miller, PhD, works with statistician Mark Logue, PhD, on a research team to advance their understanding of the genomics of PTSD and related comorbid conditions, most recently delving into research on the relationship between PTSD and dementia.

This group was one of the first groups to publish what is called a genome-wide association study (GWAS) of PTSD, looking across the complete sets of DNA of PTSD patients and controls to find genetic associations with disease. Since then, they have continued their work on genetics, looking at another aspect of genetics called epigenetics—how genes are expressed in response to environmental factors—and at blood, saliva, and imaging-based biomarkers of PTSD.

Survey responses from some Veterans participating in the NHRVS study were combined with genetic data to better understand how the genome impacts PTSD symptoms and other psychosocial factors.

Logue is studying genetic risk factors for PTSD. Not everybody who experiences a traumatic event develops PTSD, and not everybody who has the same level of traumatic exposure will develop PTSD. A person's genetics may play a role. "Not all of it," he said, "but about the same amount as other psychiatric disorders like depression. We're looking at what you inherit that makes you more susceptible to developing PTSD, but we're also looking at what's happening to you now or as you go throughout your life, and you get PTSD or you've had it for a while."

There is good evidence that several different psychiatric disorders are associated with people's bodies and brains looking older than their actual years would suggest, according to Erika Wolf, PhD, clinical psychologist at NCPTSD. This is called accelerated cellular aging. Her research on this process helps to explain how psychiatric disorders, such as PTSD, can impact physical health in addition to mental health.

Another key line of work ties genomic markers of PTSD to detailed information about individuals' longitudinal mental and physical health. The National Health and Resilience in Veterans Study (NHRVS) is a large-scale longitudinal study of U.S. Veterans. A subset of the Veterans who participated in NHRVS also provided genetic information via saliva samples, and their genetic markers were anonymously linked to their

psychological battery data. This information has revealed unique genetic signatures of PTSD patients related to PTSD symptoms, cognitive patterns, and social attachment.

One day, information in a person's genome may help them decide whether to begin talk therapy or medication for PTSD.

This research aimed at understanding genetic markers of PTSD, how experiences can impact what genes are expressed, and how the genomic profile of psychiatric disorders like PTSD can influence the body, all can help to identify targets for developing and testing new PTSD treatments.

In addition to developing novel PTSD treatments through genetic discovery, says Holtzheimer, "we may be able to get information from the particular genome that says, 'You look like you'll be a great responder to Prolonged Exposure for PTSD,' or, 'You look like you'll be a great responder to sertraline for PTSD.'"

Understanding the underlying genetic factors can also help to predict who is at heightened risk for developing a particular disorder. Over the last 10 years, there has been a significant increase in research across many neuropsychiatric disorders to look for risk variants—basically, parts of DNA that predispose or protect people from developing psychiatric disorders.

"We now have a large enough number of these studies looking at PTSD that we have good hints about how an individual's specific genes might put them at risk for PTSD," says Matt Girgenti, PhD, a neuroscientist at NCPTSD. "We also know that there are many different brain regions involved in PTSD, so it's important to know what the genes are doing in each of those brain regions. Without having the brains of people with PTSD, we are never going to be able to interpret what those areas of the DNA are doing."

VA National PTSD Brain Bank

The VA National PTSD Brain Bank (NPBB) is a biorepository that was developed to source and store brains of people who lived with PTSD. Established in 2014, NPBB is a critical resource for NCPTSD investigators and the field.

In 1999, Matt Friedman, MD, PhD, founder of NPBB and former Executive Director of NCPTSD, and Robert Ursano, MD, (then) Chair of Psychiatry at the Uniformed Services University of the Health Sciences (USUHS), realized that none of about 100 brain banks around the globe were dedicated to PTSD. So, Friedman and Ursano decided to start one.

NPBB fills a unique scientific gap and allows scientists to ask questions that could not be answered any other way. "We had gone nearly as far as we could go in terms of trying to understand the brain mechanisms associated with PTSD," Friedman said. "There had been wonderful advances in brain imaging. We could look at neurotransmitter receptors using brain imaging. We could look at cerebral blood flow in specific brain regions. We could look at different systems in the brain, and we had animal models where we could actually look at the animal brains using models that simulate PTSD in humans. But in order to clinch the deal, we really needed to look at human brain tissue to understand which genes were which, where they were being expressed within the brain, and whether there were genetic differences in terms of the DNA or differences in gene expression in terms of the RNA [in people with PTSD]."

The Brain Bank – How It Works

NPBB's central hub at VA Boston Healthcare System is its primary receiving and storage site for brain tissue specimens. All other NPBB locations—White River Junction, Durham, Miami, USUHS—also provide brain tissue to the Boston hub. NPBB is made up of two divisions, Operations and Intramural Research. Operations involves where and how the brains and tissue are stored. But it is the Intramural Research division that makes NPBB so unique: while all brain banks collect and store tissue, Intramural Research does its own research and data collection, as well as clinical assessment.

Antemortem vs. postmortem donations

NPBB arranges to have brains donated antemortem (before death) by some individuals, and other brains are acquired postmortem (after death). There is a big difference, in that NPBB knows a lot more clinically about the individual with the antemortem brain, as it has information provided by the donor directly, possibly over years of their lifetime. For brains collected postmortem, NPBB must rely on medical records and interviewing next of kin.

"If you're doing an animal study, you know exactly what you did to that animal," said Russ Huber, MD, site director for the Boston site and Deputy Director of Operations for NPBB. "With human brains and tissue, that's not always the case. We have one of the most in-depth clinical assessments that you're going to find, and that allows us to understand what has happened to the tissue, look at covariates—things that might be affecting your study."

Huber said that is really what the NPBB hub is all about—detailed clinical assessments, so the tissue is well characterized, and then also neuropathologically characterized. "It's a very detailed process and requires a lot of people who really know what they're doing to make sure that when people gift us with their brain tissue that we're able to use that to the greatest scientific benefit possible," he said.

Recruiting for the antemortem program

Recruiting is critical to NPBB's mission, both within and outside VA. NPBB is the only VA-based brain bank allowed to take tissue from non-Veterans, and collaborates with organizations like PINK Concussions, a nonprofit organization that focuses on pre-injury education and post-injury medical care for women and girls with brain injury, including concussion incurred from sport, domestic violence, accidents, or military service.

Interested in making a donation?

Potential brain donors may contact NPBB through its website or by calling 800-762-6609. They will be given more information about NPBB and asked to review and sign a consent form, and if enrolled, interviewed about their demographic characteristics, trauma history, mental health history, and functional status. All such information is confidential. NPBB can enroll both non-Veterans and Veterans as potential donors.

NPBB collects tissue from people with PTSD, people with depression (the most common co-occurring disorder; people with both PTSD and major depressive disorder [MDD] can donate their brains), and healthy controls who had no history of psychiatric or neurological disorder. By comparing the PTSD and depression groups with healthy controls, NPBB investigators can learn about the unique differences in gene expression that are related specifically to PTSD.

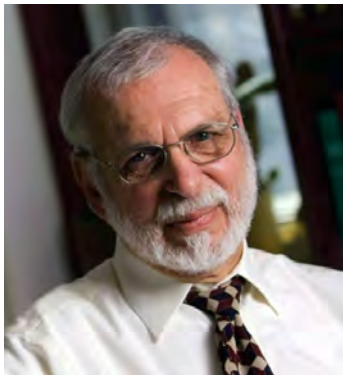
Traumatic Stress Brain Research Group

One unique strength of NPBB is the Traumatic Stress Brain Research Group, an intramural research group (including many NCPTSD researchers) working in-house with available NPBB brain tissue to generate high-quality molecular data. The idea was to generate large deidentified datasets that could then be shared

with the scientific community. Investigators studying gene expression outside of NCPTSD are welcome to work with NPBB on their own projects.

"We have experts at Duke, at Durham, at West Haven, at Boston, at White River Junction—across all the major sites of the NCPTSD and the Brain Bank—who understand different aspects of the genomic variations we're interested in," Girgenti said.

NPBB also streamlines the development of additional ideas and on secondary analyses that could be done on that data more quickly. (See the FY 2022 Annual Report for more on how NCPTSD research, including NPBB, contributes to "big data" efforts to better understand and treat PTSD.)



Matt Friedman, MD, PhD, former Executive Director of NCPTSD, co-founded the National PTSD Brain Bank.

Recent work from the intramural research group of NPBB includes the discovery of sex differences in how genes are transcribed in men and women with PTSD. This work, led by Girgenti, may begin to explain the higher rates of PTSD in women than men. Other work led by Janitza Montalvo-Ortiz, PhD, looks at the epigenetics of PTSD, probing which genes are activated in individuals with PTSD versus healthy controls. The research of both Montalvo-Ortiz and Girgenti is beginning to unpack the risk factors across demographic or clinically relevant groups, such as sex, race, and ethnicity, and comorbidities such as MDD or substance use disorders.

Future work might also look at specific types of brain cells, and how the genome may differentially impact different types of brain cells. Certain cells in the brain, Girgenti says, may be mechanistically relevant to having PTSD. "We won't know that from just looking at gross anatomical dissections and doing molecular biology on it," he said. "We need to look at individual cell types to see how they're specifically changing."

Are you a researcher interested in working with NPBB tissue?

Visit the NPBB website for information about how to collaborate with NPBB or access tissue for pilot or larger-scale projects.

Modeling PTSD in Non-Human Animals

Animal models are another way to extend the discoveries made through NPBB and allow another level of scientific inquiry into the genetic underpinnings of PTSD. Genes that are identified through postmortem brain genomics are manipulated in a living animal. This can be done through a variety of different mechanisms, "but it's really easy to just go into an animal and make these genes go up, make these genes go down, depending on what we see in the postmortem brain, and then see how that affects their behavior," Girgenti said.

NPBB investigators recently reported genome-wide evidence for more than 500 differentially expressed PTSD genes, many of them novel for PTSD. The functions of most of these genes are unknown, so a crucial next step is to explore their impact on neuronal function using a model organism. "We can stress these animals, give them a type of trauma," says Girgenti, "and then use the drugs that we've identified [through genomic research] to see if we can reverse the behaviors that are caused by the trauma and the behavior that we have."

For example, the single-prolonged stress (SPS) model is a well-tested mouse model of PTSD in which the mouse is exposed to a single,

Animal models can help answer questions about human behavior and psychiatric diseases that cannot be studied in humans.

prolonged episode consisting of three stressors. In work led by Alicia Che, PhD, a subset of mice show elevated anxiety-like behaviors following SPS, mimicking a core symptom of PTSD, while others are resilient and do not show high anxiety. This model effectively captures mice differentially responding to traumatic events, just as humans have a range of responses to trauma. Recent NPBB-led findings show that mice that are susceptible to SPS have a different genetic and neurobiological profile than mice who are not susceptible to SPS, including differences in synaptic transmission and in genes like *GRM7* and *ELFN1* that control inhibitory neurons. Current work uses *in vivo* methods to investigate how these alterations lead to changes in neural activity and ultimately lead to dysregulated brain function in PTSD.

Other animal model work, led by NPBB investigator Ellen Hoffman, MD, PhD, uses the zebrafish. While the zebrafish has limitations in modeling a human psychiatric disorder like PTSD, emerging evidence suggests that it is a useful model to study the functions of genes that contribute to PTSD risk. NPBB investigators have screened three high-risk PTSD genes, including *SGK1*, *TSPO*, and *CRHR1* genes and a mutant behavioral screen for the *ELFN1* gene. Mutants for *ELFN1* and *CRHR1* appear to have distinct behavioral "fingerprints" including disruptions in startle response and sleep behaviors—both symptoms of human PTSD. In pursuit of possible novel therapeutics for PTSD, this work is currently being extended by exploring the intersection of the identified mutant behaviors with a custom zebrafish drug database, to identify possible therapeutics that anti-correlate or reverse these PTSD-like behaviors.

Looking Ahead

Genome- and epigenome-wide association studies give us clues as to which genes are involved in PTSD by showing which genes are present, or activated, in individuals with PTSD as compared with healthy controls. Other work at NCPTSD ties genetic information to specific behaviors, symptoms, and diagnoses related to PTSD. The work of NPBB fills a crucial gap in NCPTSD's bedside-to-bench-to-bedside continuum of innovation. It allows us to understand how a person's genome drives their response to trauma and potential response to treatment. From there, animal models allow the field to test novel therapeutics in models of human PTSD.

"A lot of our work, and the work of people across the country in PTSD and in other disorders," Schnurr said, "is trying to find ways to enhance treatment outcomes, either to take treatments that we have and make them better or to identify new treatments. Genomics research gives us the opportunity to look at the entire genome to suggest novel strategies that might be promising for treatment development."

Major Research Initiatives in 2023

NCPTSD investigators study PTSD across the full scientific spectrum, from genomics to implementation of effective treatments, and are guided by five operational priorities: Biomarkers, Treatment, Care Delivery, Implementation, and PTSD and Suicide. During FY 2023, NCPTSD researchers led 144 funded studies, including research undertaken in collaboration with partner organizations in the government, academic institutions, and international agencies. Investigators published 315 peer-reviewed journal articles, book chapters, and books (see appendices C–G for a full list of grants, publications, and scientific presentations in FY 2023).

Biomarkers

Within the Biomarkers Operational Priority, research is focused on understanding the biological basis of PTSD to better predict who develops PTSD and to enhance treatment development. This includes genomics research as well as neuroimaging and other biological assessments.

This year's Annual Report describes how much of the Center's genomics work is supported by the National PTSD Brain Bank. As of FY 2023, the Brain Bank had over 350 frozen hemispheres in its inventory, and more than 230 people were enrolled in its antemortem donor program. The Brain Bank's research efforts produced 22 peer-reviewed publications, many in high-profile journals, and there were nine extramural projects utilizing Brain Bank tissue. This work identified several PTSD-relevant genes whose expression could be modified by environmental factors (e.g., trauma exposure). These genes may prove to be important for understanding who develops PTSD, which treatments work better for which individuals, and who is at greater risk for suicide. Other work used data from the VA's Million Veteran Program to assess genetic markers that were associated with dementia and early cognitive decline in people with PTSD.

Using a variety of neuroimaging methods, Center investigators assessed biological subtypes of PTSD, specifically looking at neural networks involved in attention, arousal, and emotion regulation. Much of this work was conducted in collaboration with the Translational Research Center for Traumatic Brain Injury and Stress Disorders (TRACTS). Other research used magnetoencephalography (MEG) to assess brain function involved in emotion regulation. MEG is unique in having extremely high spatial and temporal resolution, allowing investigators to study brain activity more precisely than with other methods, such as magnetic resonance imaging or positron emission tomography. Two other complementary studies continued to look at the ability of electroencephalography and functional magnetic resonance imaging to predict which Veterans with depression, many of whom also have PTSD, are more likely to get benefit from transcranial magnetic stimulation, a noninvasive brain stimulation treatment.

Across the Center, work focused on the behavioral and biological consequences of traumatic brain injury (TBI), a common comorbid condition in Veterans with PTSD. This included animal studies assessing a variety of behaviors (such as fear learning, anxiety, and impulsivity) as well as potential interventions to address abnormalities (such as focal brain stimulation). Other research looked at how TBI contributed to symptoms, function, and health outcomes in Veterans, with a specific focus on biomarkers associated with inflammation. Additional research was focused on how certain hormones in women contribute to PTSD and its negative effects, including research on whether these hormones are associated with higher levels of perinatal complications in women with PTSD and other mental health disorders.

Treatment Efficiency, Effectiveness, and Engagement

Several lines of work at the Center focused on the real-world effectiveness of PTSD treatments. A retrospective, observational study of 1,130 Veterans engaged in VA residential treatment programs from FY 2018 to FY 2020 found strong efficacy for Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) with no significant difference between the two treatments. Recruitment continued for CSP #2016, a multi-site placebo-controlled trial comparing effectiveness of commonly prescribed medications for insomnia: trazodone and eszopiclone. Another multi-site study examined the comparative effectiveness of trauma-focused versus non-trauma-focused therapy for the treatment of Veterans with PTSD and substance use disorders.

The Center is engaged in multiple studies aimed at increasing the effectiveness and efficiency of effective treatments for PTSD. A prior study had found that Written Exposure Therapy (WET), a five-session exposure-based treatment for PTSD, was non-inferior to CPT in military service members. In FY 2023, a new study found that

WET was non-inferior to CPT in Veterans. An ongoing study is comparing WET to a support intervention in pregnant individuals with PTSD and looking at the comparative effectiveness of WET delivered by community health workers versus mental health clinicians. Efforts continued on a study of massed CPT for PTSD—a version of CPT delivered over several days instead of several weeks. Another study found Skills Training in Affective and Interpersonal Regulation (STAIR) to be more effective than Present-Centered Therapy (PCT) in reducing PTSD in women Veterans with military sexual trauma. Two studies are assessing the effectiveness of Trauma Informed Guilt Reduction (TrIGR), a six-session protocol to reduce guilt and shame related to a traumatic event, compared with PE and CPT, respectively.

Other work at the Center is aimed at enhancing existing treatments for PTSD using medications. Ketamine is an anesthetic with established efficacy for treating depression but uncertain efficacy when administered alone for treating PTSD. One study is testing whether ketamine can enhance the efficacy of PE for PTSD. Another study is assessing the benefits of oxytocin combined with Brief Cognitive-Behavioral Conjoint Therapy (bCBCT) for PTSD. Preparatory work was conducted for studies combining 3,4-Methylenedioxymethamphetamine (MDMA) with various psychotherapies including massed bCBCT and massed PE. Another study will compare MDMA-assisted psychotherapy with CPT.

Digital technologies, including telehealth, mobile apps, text messaging, and websites, can increase the engagement of effective treatment and supportive care for PTSD and commonly comorbid conditions. An ongoing study is testing an asynchronous text messaging version of CPT for PTSD compared with standard text messaging therapy. Several trials are assessing the effectiveness of mobile apps, including PTSD Coach and Mindfulness Coach. Other studies are focused on whether additional supports can improve the benefits of digital technologies, including a study of an online skills training intervention (WebSTAIR) showing that peer support improved efficacy for PTSD, depression, and psychosocial functioning.

Novel treatment development is another focus for the Center. Investigators are testing the safety and efficacy of glecaprevir and pibrentasvir, a medication combination typically used to treat hepatitis C, in Veterans with PTSD. This intervention was identified based on a retrospective review of VA electronic medical record data, published in FY 2023, showing its use to be associated with improvements in PTSD symptoms.

Care Delivery, Models of Care, and System Factors

The Center continues to engage in research to ensure that Veterans with PTSD nationwide receive access to VA mental health care. An ongoing VA-funded study aims to understand which Veterans who screen positive for PTSD in VA primary care clinics do not access follow-up VA mental health care, and which patient-, provider-, and system-level factors may impede access. Additional efforts include improving access to treatment for Veterans with opioid and alcohol use disorder and other co-occurring psychiatric disorders (e.g., PTSD). Analyses highlight key gender and racial disparities regarding treatment utilization and health outcomes (e.g., opioid overdose), but also positive effects of receiving treatment via telehealth.

Work is also focused on understanding the needs of gender, racial, ethnic, and other subgroups of people with PTSD. The Center's Longitudinal Investigation of Gender, Health and Trauma (LIGHT) study, which over-samples women, individuals in high-crime communities, and racial and ethnic minority Veterans, assesses the impact of community and gun violence on trajectories of mental health and in health care utilization. Findings in FY 2023 showed how trauma history, military sexual trauma, community factors, discrimination, and COVID-19 impacted mental health symptoms and the increased risk of adverse perinatal outcomes for non-Hispanic Black Veteran women. An ongoing collaborative effort across the Center and with outside partners is examining the effects of trauma and other high-impact stressors on PTSD and related sequelae such as substance use disorders among lesbian, gay, bisexual, transgender, and queer (LGBTQ) Veterans. Findings to date show interactions between criterion A and non-criterion A trauma among transgender and gender-diverse individuals, as well as preferred interventions to address overlapping stressors and resulting symptoms.

The Modeling to Learn initiative trains staff in participatory systems dynamics modeling, a collaborative quality improvement approach in which stakeholders identify specific system problems and use simulation modeling to compare the likely outcomes of different potential solutions, and then select an optimal solution to implement. Two ongoing trials are testing whether Modeling to Learn is superior to more traditional approaches in increasing the number of Veterans who start evidence-based PTSD treatment.

Implementation

Facilitating implementation of best practices in PTSD care and studying barriers and facilitators of implementation are a major focus for the Center. An ongoing implementation study is examining real world treatment outcomes among Veterans treated by VA mental health providers who are trained to deliver WET, with early findings indicating that VA clinicians can effectively deliver WET and that outcomes are similar whether WET is delivered face-to-face or via telehealth.

Center investigators completed an evaluation of a national rollout of intimate partner violence (IPV) screening programs within women's health primary care clinics to determine implementation outcomes and clinical effectiveness. Results showed that an operations-funded external facilitator working for six months with a facility-funded internal facilitator nearly tripled the reach of IPV screening programs. This implementation facilitation strategy was associated with a two-fold increase in IPV detection rates and increases in patients' post-screening uptake of psychosocial services.

PTSD and Suicide

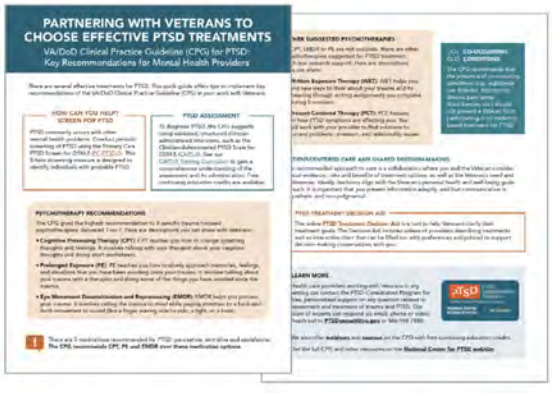
Research under the PTSD and Suicide Operational Priority aims to investigate the relationship between PTSD and suicide and develop strategies to predict and prevent suicide among individuals with PTSD. Several longitudinal datasets are being used to identify potential risk for and protective factors against suicidal thoughts and behaviors. Insomnia is being specifically targeted as a risk factor using an in-home sleep monitoring system. Other research identified a decision rule that may better identify which patients presenting with suicidal ideation will most likely benefit from hospitalization. Another key line of work focuses on developing and implementing an effective suicide prevention intervention to decrease suicide risk in Veterans living in rural settings.

Promoting PTSD Education: Training, Dissemination, and Communication

The National Center for PTSD's educational mission is to improve PTSD outcomes by developing and disseminating authoritative, culturally competent, equity-informed programs and information on PTSD and related conditions, synthesized from published scientific research and collective clinical experience.

PTSD Awareness and Public Education

Millions of people turn to the NCPTSD website every year to find authoritative information on PTSD—from Veterans who want to understand the disorder's symptoms, to family members wondering how to best support their loved ones, and to clinicians searching for treatment guidelines or continuing education courses. Given the pace of research on PTSD, it is important for us to continually update and expand the content we provide to website visitors. To that end, in FY 2023 we updated key, highly accessed pages for professionals, including those focused on traumatic brain injury and PTSD, epidemiology, PTSD and the family, chronic pain, and trauma reminders. We also debuted a new article on end-of-life issues among people with PTSD. Following the release of the 2023 VA/DoD Clinical Practice Guideline for PTSD, we revised pages that referenced treatments and created provider handouts on guideline-concordant prescribing and partnering with Veterans on treatment choices. We continued a project begun in FY 2022 to review and revise articles for the public to make sure they use inclusive language. While original content did not contain anything that was egregious, we did uncover some subtly biased or stigmatizing wording that we have since eliminated.



The VA/DoD Clinical Practice Guideline for PTSD was updated in 2023. NCPTSD led efforts to disseminate the updated guideline to providers within and outside VA.

The NCPTSD website hosts an extensive section on PTSD awareness year-round, but it is in June—PTSD Awareness Month—when the subject is especially vital. This year, NCPTSD partnered with 30 nonprofit organizations, including the National Alliance on Mental Illness, the International Society for Traumatic Stress Studies, and Mental Health America, to promote PTSD Screening Day, encouraging people who were experiencing symptoms after a traumatic event to complete a confidential online screening. More than 100,000 people visited the page in June, engaging with the screening tool and going on to access other resources to learn about treatment options. Offline, more than 60,000 teams registered for our third annual PTSD Awareness Walk. Our message that PTSD treatment works was amplified across social media and public service announcements on radio and television, reaching millions of Americans.

Another key resource in our efforts to spread the word about the effectiveness of PTSD

treatment is the web-based AboutFace educational awareness campaign. This year, following robust user testing, we completed an update to AboutFace. Visitors can roam freely through the hundreds of videos from Veterans, family members, and providers, or navigate the site via a unified story about PTSD built around Veterans' experiences. This year also saw the release on AboutFace of a feature on race, culture, and PTSD. A feature on moral injury is currently in development.

The AboutFace web page underwent a revision and reorganization in FY 2023 to include content on race, culture, and PTSD, and enhance the experience of visitors to the site.

A second and final season of the podcast, *Talking Later: Veterans' Stories of Late-Life PTSD*, which focuses on recovery, resilience, and meaning making in older Veterans with PTSD, was released this year. The National Center's other podcast series, *PTSD Bytes*, continues. *PTSD Bytes* offers "bite-sized" discussions of tools and resources at the intersection of technology and PTSD. Each episode of *PTSD Bytes* averages 15,000 listeners and 15,000 viewers of its associated blog. Both series are available for free on popular streaming and podcast platforms.

One of NCPTSD's most popular online products—the PTSD Treatment Decision Aid—is undergoing a complete revision. The PTSD Treatment Decision Aid is a tool that people can use to explore the various options for PTSD treatment and make values-based choices to discover the one that is right for them. The revised tool will incorporate recommendations from the 2023 VA/DoD Clinical Practice Guideline for PTSD. In terms of design, the new PTSD Treatment Decision Aid will be completely responsive, so that users on any digital device, from phones to laptops, will have a seamless experience. Design enhancements will give the tool a more contemporary feel, with updated videos, a new flow, and more integration of content from other NCPTSD assets such as AboutFace.

Support for Providers in the Field

NCPTSD works with providers to improve the quality and accessibility of care that Veterans receive. Whether we are helping VA providers implement measurement-based care or training community providers in assessment, the goal is always to advance the clinical care of Veterans.

In recognition of the full scope of its mission, this year the PTSD Mentoring Program was renamed the PTSD Mentoring and Implementation Program. As ever, the program pursued its mission to promote clinical and administrative best practices in specialty care on multiple fronts. From FY 2020 to FY 2023, the reach of Cognitive Processing Therapy and Prolonged Exposure has steadily increased within PTSD specialty care settings, thanks in part to the program's collaboration with VA

The PTSD Mentoring and Implementation Program promotes clinical and administrative best practices in PTSD specialty care. Use of CPT and PE has steadily increased since FY 2020, in part due to the program's collaboration with PTSD Clinical Teams.

sites across the country. Building on efforts first piloted in FY 2022, the program added data on Written Exposure Therapy (WET) and Eye Movement Desensitization and Reprocessing (EMDR) to the PTSD Dashboard. With support from the Office of Mental Health (OMH), this effort will be expanded in FY 2024 so that all sites can accurately capture the breadth of evidence-based psychotherapies (EBPs) that they provide to Veterans with PTSD.

For the first time since 2019, the program held an in-person meeting of Veterans Integrated Service Network (VISN) PTSD mentors. This session allowed for an extensive review of program and policy updates and talks on changes to the VA/DoD Clinical Practice Guideline, measurement-based care, and other initiatives across the continuum of care. VISNs were also supported by the PTSD Mentoring and Implementation Program to hold their own in-person meetings. Attendees at the 16 in-person meetings and one virtual VISN meeting overwhelmingly reported that the sessions facilitated connections with their peers and agreed that they would be able to apply in their clinics the information they learned by attending.

While the Mentoring and Implementation Program focuses on policy and practice within VA, the PTSD Consultation Program offers direct support to providers who treat Veterans with PTSD. Professionals in the community and within VA can contact the PTSD Consultation Program to get expert advice about any topic related to care of Veterans with PTSD. In FY 2023, the program responded to more than 2,700 requests, over half of which were from non-VA providers. To further support community providers, the program collaborated with VA's Suicide Risk Management Consultation Program and the Center for Deployment Psychology to conduct in-person training typically unavailable to community providers. Expert clinicians held three two-day trainings that covered military culture and the assessment of PTSD and

suicide risk. Nearly 200 community providers participated in the trainings and received free continuing education credits. The training was free to participants. The Consultation Program also continued its longstanding lecture series. Each month, an average of 500 viewers tune in to the lectures to watch expert practitioners and researchers discuss important topics in PTSD assessment and treatment. This year's offerings included three talks on the 2023 VA/DoD Clinical Practice Guideline for PTSD, presentations on lethal means safety counseling, and culturally informed PTSD treatment for Native American Veterans. All lectures are archived and made available for future viewing on learning management platforms accessible to VA and community providers.

The Tech into Care initiative also serves VA and community clinicians, but its focus is on facilitating the integration of technology into mental health care. Within VA, NCPTSD has trained over 1,300 VA staff trained to incorporate mental health apps into their work with Veterans. Tech into Care completed a second pilot of Tech into Care+, which includes a self-guided internet-based tool for supporting implementation of apps into VA care. In addition to growing the cadre of VA providers who are well versed in mental health technology integration at facilities across the United States, Tech into Care+ continues to refine its content and processes.

The goal is to build a sustainable model that will be available to interested VA staff in the future. Tech into Care is also actively disseminating and facilitating the implementation of NCPTSD apps into care by developing support materials and maintaining active engagement with the field. This includes its monthly lecture series—open to community and VA providers—as well as VA-specific community of practice calls and the monthly *PTSD Bytes* podcast. In FY 2023, the Tech into Care team also published methodological recommendations based on these initiatives.

Self-Help and Treatment Companion Resources

NCPTSD continued to lead the field in releasing free, public mobile apps to support mental health and self-care. We completed the development of the Safety Plan app, which helps any Veteran, including those with PTSD, stay safe during times of crisis, try coping strategies, and access crisis support resources like the Veterans Crisis Line. Collaboration with OMH's Suicide Prevention Program was crucial in this effort, ensuring that the app aligns with broader efforts to implement suicide safety planning for all Veterans who are at risk of suicide. Major updates for PTSD Coach were released, with new content on opioid safety, additional coping tools, and self-assessment features for tracking progress toward PTSD recovery goals. CBT-I Coach, for insomnia, was overhauled, with an improved user interface and features that had been requested by Veterans and providers, including integration with Google Fit and Apple Health, and additional tools and exercises. Other new and redesigned apps currently in development include Concussion Coach 2.0; Mood Coach for PTSD-related mood disturbance; Strength at Home for prevention of intimate partner violence among Veterans, civilians, and couples; and Well Within Coach for women Veterans with PTSD. Overall, NCPTSD apps saw more than a half million downloads in FY 2023.

The newly released Safety Plan app helps individuals stay safe and access support during times of crisis.

Excessive drinking is something that many people with PTSD—especially Veterans—struggle with. The free online program VetChange was developed by NCPTSD researchers and clinicians to help people with PTSD cut down on or stop their drinking. The VetChange app has proven popular with users. The National Center is now working to make a desktop version of VetChange, that combines self-help modules and provider assistance, available on a VA server.

The Women Veterans Network (WoVeN), a project conducted in partnership with Boston University that provides community and connection for women who have served in the U.S. Armed Forces, is now 4,500 women strong. With chapters in every state, WoVeN offers women Veterans of all ages and backgrounds the opportunity to connect with peers in person and online. Program evaluation data suggest that women who participate in WoVeN groups experience significant improvement in outcomes such as improved belongingness and quality of life. What's more, women in WoVeN who meet clinical cutoff criteria for PTSD and/or depression also show significant improvement in those mental health problems. WoVeN in VA, an adaptation being implemented across the VA health care system in collaboration with Women's Mental Health and Peer Support Services, continues to grow and is available in 15 VISNs. BRIDGES (Building Re-Integration from Dreams and Goals to Execution and Success), a pilot project that connects transitioning service members to Veterans, is in the process of winding down. Program staff are working to apply the lessons learned in BRIDGES to

the ongoing work of WoVeN. The goal is to seamlessly connect military women to Veterans, helping to ease their transition to civilian life.

PTSD Repository

The PTSD Trials Standardized Database Repository (PTSD Repository) continues to evolve and expand. Publicly available and free to use, the PTSD Repository helps researchers, clinicians, Veterans, and family members better understand the treatment literature by providing access to abstracted data elements from randomized controlled trials (RCTs) of PTSD treatment. There are now nearly 500 trials included in the PTSD Repository, a 56% increase from when it debuted in 2020. New this year are study quality ratings for all RCTs using Cochrane's Risk of Bias 2 rating system. The data are also now included in Metapsy, a database that provides open access to meta-analyses of a wide range of mental health disorders.

PTSDpubs

PTSDpubs is NCPTSD's online index to the world's literature on traumatic stress. It provides access to scholarly work not only in the fields of psychology and psychiatry, but any discipline that addresses trauma and its aftermath. In FY 2023, we added 2,500 new citations to PTSDpubs, bringing the total number of database records to just under 70,000. Staff educated new PTSDpubs users through a national online training offered by the VA Library Network and will continue to make educational presentations to internal customers across VA. PTSDpubs staff are in the process of revising the database's thesaurus, a key tool for precise searching. The new thesaurus will be released in FY 2024.

Veteran Engagement Team

In FY 2023, the National Center continued meeting with the Veteran Engagement Team (VET) to support efforts to enhance trust and confidence in VA. The VET is a panel of 12 Veteran stakeholders who provide input on Center research and educational initiatives and help the Center identify needs to address in future initiatives. We held four VET meetings in FY 2023, covering the PTSD Treatment Decision Aid and several research grants in preparation for data collection and submission.

FY 2023 Communication Resources at a Glance

NCPTSD Website:
6,836,314 views

Facebook:
164,947 followers

X (formerly Twitter):
38,643 followers

PTSD Research Quarterly:
70,685 subscribers

Clinician's Trauma Update Online:
77,804 subscribers

PTSD Monthly Update Newsletter:
442,486 subscribers

Assessment Instruments:
784,473 assessments downloaded

Mobile Apps:
16 mobile apps; downloaded 542,569 times

Professional Articles:
638,028 unique views of professional articles on the NCPTSD website

PTSDpubs Articles:
69,430 PTSD- and trauma-research articles available on PTSDpubs

Educational items distributed free of charge: 685,486 items printed

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 six 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; and one in Palo Alto, California. 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 OMH, which is part of VHA. OMH and NCPTSD receive budget support from VA, although NCPTSD also leverages this support through successful competition for extramural research funding.

The National Center for PTSD was formed in 1989.

It has six 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 2023

Paula P. Schnurr, PhD

Executive Director, Executive Division, White River Junction, VT

Professor of Psychiatry, 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

Appendix A: Acronyms Used in Appendix B

Acronym	Definition
BRIDGES	Building Re-Integration from Dreams and Goals to Execution and Success
BSD	Behavioral Science Division
CAD	Coronary Artery Disease
CAPS-5	Clinician-Administered PTSD Scale for DSM-5
CBT-I	Cognitive-Behavioral Therapy for Insomnia
CERV-PTSD	Comparative Effectiveness Research in Veterans with PTSD
CES	Cranial Electrotherapy Stimulation
CMARRS	Center for Mobile Applications Research Resources and Services
CND	Clinical Neurosciences Division
CoE	Center of Excellence
CPT	Cognitive Processing Therapy
CRAFT	Community Reinforcement and Family Training
CSP	Cooperative Studies Program
D&T	Dissemination and Training Division
DBS	Deep Brain Stimulation
DNA	Deoxyribonucleic Acid
DNAm	DNA methylation
DSM-5	Diagnostic and Statistical Manual Version 5
EBP	Evidence-Based Psychotherapy
ENIGMA	Enhancing Neuroimaging Genetics through Meta-Analysis
FDA	U.S. Food and Drug Administration
FY	Fiscal Year
GWA	Genome-wide Association
GWI	Gulf War Illness
IOP	Intensive Outpatient Program
IPV	Intimate Partner Violence
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Queer
LIGHT	Longitudinal Investigation of Gender, Health and Trauma
MAP	MDMA-Assisted Psychotherapy

Acronym	Definition
MDMA	3,4-Methylenedioxymethamphetamine
MEG	Magnetoencephalography
MRI	Magnetic Resonance Imaging
MST	Military Sexual Trauma
MVP	Million Veteran Program
NCPS	National Center for Patient Safety
NCPTSD	National Center for PTSD
NEPEC	Northeast Program Evaluation Center
NHRVS	National Health and Resilience in Veterans Study
OMH	Office of Mental Health
PCL-5	PTSD Checklist for DSM-5
PCT	Present-Centered Therapy
PE	Prolonged Exposure
PET	Positron Emission Tomography
PGC	Psychiatric Genomics Consortium
PTSD	Posttraumatic Stress Disorder
PTSD Repository	PTSD Trials Standardized Database Repository
RCT	Randomized Controlled Trial
RISE	Recovering from IPV through Strength and Empowerment
SSRI	Selective Serotonin Reuptake Inhibitor
STAIR	Skills Training in Affective and Interpersonal Regulation
STARRS	Study to Assess Risk and Resilience in Servicemembers
STB	Suicidal Thoughts and Behaviors
STRONG STAR	South Texas Research Organizational Network Guiding Studies on Trauma and Resilience
SV2A	Synaptic Vesicle Protein 2A
TBI	Traumatic Brain Injury
TMS	Transcranial Magnetic Stimulation
TRACTS	Translational Research Center for Traumatic Brain Injury and Stress Disorders
VA	Department of Veterans Affairs
Project VALOR	Veterans After-Discharge Longitudinal Registry
VHA	Veterans Health Administration
VNS	Vagus Nerve Stimulation
WET	Written Exposure Therapy
WET-SP	Written Exposure Therapy for Suicide Prevention
WoVeN	Women Veterans Network

Appendix B: Research Narratives by Division

Behavioral Science Division

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

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

Ongoing studies that examine PTSD and blast-related traumatic brain injury (TBI) in Veterans of Iraq and Afghanistan war zones aim to clarify the relative contribution of mild TBI and psychiatric conditions to deficits in current functioning and health outcomes. Investigators are now in the process of expanding this work to an older longitudinal cohort to study how psychiatric stress, genetic risk, and peripheral biomarkers of inflammation are associated with subsequent health decline and neurodegeneration.

The biomarkers examined by Division studies include structural and functional brain features measured by neuroimaging, peripheral markers of inflammation, neuropathology, and metabolic pathology, including biomarkers obtained using Simoa® technology—which offers greater measurement sensitivity and precision relative to standard ELISA-based assays—as well as specific genes and polygenic risk scores. Also under investigation are epigenetic indicators drawn from both blood and postmortem brain tissue, including epigenome-wide deoxyribonucleic acid (DNA) methylation levels and transcriptome-wide methylated RNA (i.e., gene expression).

Division members are also leading a Million Veteran Program (MVP) project to examine genetic risk variants for Alzheimer's disease and dementia and to evaluate how they interact with Veteran-relevant exposures such as trauma, TBI, and combat to influence risk of dementia and early cognitive decline. In addition, this project examines how these same Alzheimer's disease genetic markers and exposures interact to influence PTSD risk and symptoms in older Veterans.

Division researchers continued to use functional and structural magnetic resonance imaging (MRI) to identify neural circuitry involved in PTSD. In collaboration with TRACTS, current studies are examining evidence for neuroimaging subtypes of PTSD. These studies revealed two such biotypes of PTSD characterized by neurocognitive and network-based connectivity abnormalities, which may be associated with greater chronicity

of PTSD. The studies also revealed impoverished recruitment of attention networks and hyper-recruitment of threat-related networks in PTSD. Current work is also examining how inhibitory control and emotional regulation circuitry is dysfunctional in PTSD, how it impacts chronicity of PTSD, and how it is mechanistically linked to specific symptoms. Additional studies are examining how genetic risk moderates the relationship between TBI, inflammation, and neurocognitive dysfunction in trauma-exposed Veterans. Division researchers have also used magnetic resonance spectroscopy to examine neurodegeneration and neuroinflammation.

Treatment Efficiency, Effectiveness, and Engagement

The Division's pioneering research on treatments for PTSD is focused on overcoming barriers to seeking care, reducing dropout, and increasing the efficiency of care delivery. A new and enhanced version of the VetChange mobile app was released and is now being disseminated and used nationally on both Android and iOS devices. In addition, a major extension of the VetChange web intervention platform now includes a provider-facing dashboard, which allows for synchronous and virtual clinical care between providers and Veterans. Efforts are underway to secure Authority to Operate to make this intervention available to VA clinicians and patients. Recent accomplishments include completion of 508 testing and remediation, and implementation of two-factor authentication for VA patients and VA providers.

Other Division efforts include developing and testing efficient, therapist-delivered interventions or treatment extenders, with the goals of finding approaches that require less professional staff time and that are easier for patients to complete. A prime example is Written Exposure Therapy (WET), a five-session exposure-based treatment for PTSD that has been shown to be highly effective with non-Veteran patients. A recent study found that WET is non-inferior to Cognitive Processing Therapy (CPT) in the treatment of PTSD among men and women service members. In addition, a recently completed VA-funded study found WET to be non-inferior to Prolonged Exposure (PE) in the treatment of PTSD among men and women Veterans. Both studies found WET to have significantly better treatment retention than both CPT and PE. An ongoing implementation study is examining real-world treatment outcomes among Veterans treated by VA mental health providers who are trained to deliver WET. This implementation project is entering its sixth year, with early findings indicating that VA clinicians can effectively deliver WET with a variety of Veteran patients, treatment outcome is similar whether WET is delivered face-to-face or via telehealth, and VA clinicians have a positive evaluation of the treatment. Division investigators are also involved in other studies comparing WET with medication and collaborative care to treat PTSD in both VA and non-VA primary care clinics, as well as WET efficacy in pregnant women with PTSD.

Research on factors that link PTSD with aggression toward intimate partners has led to the development and evaluation of interventions that reduce or prevent aggression within at-risk military and Veteran families. Positive clinical trials have been published, and the interventions continue to be implemented/evaluated across the VA health care system and on two military installations. Separate funded implementation studies testing one of these programs in different underserved urban civilian settings have shown large effects in reducing intimate partner violence (IPV). Two randomized controlled trials (RCTs) of this intervention are in progress, one in a civilian Israeli sample through a binational grant, and one in the United States. A separate study will also examine a motivational alcohol-focused intervention as a pre-group preparation for this program in VA to better address Veterans entering the program with alcohol use problems.

Division investigators are conducting a multi-site RCT investigating the possible benefit of adding a brief family intervention for Veterans receiving individual CPT or PE. Pilot work indicated that adding this family intervention resulted in 50% less dropout from the Veterans' individual CPT/PE. This larger trial is enrolling 100 dyads (Veterans and their chosen adult family member) and randomizing the family members to receive or not receive the brief intervention. All Veterans will be receiving CPT/PE for PTSD. Enrollment is over 25% complete for this trial.

In the area of complementary interventions, a study examining the impact of two 12-week group treatments on chronic pain in Gulf War Illness (GWI) was adapted from in-person to be a fully remote study. Findings indicate that both Tai Chi, a mind-body exercise that has been associated with physical and mental health benefits, and a wellness promotion intervention based on an existing VA model of care titled Whole Health, are feasible and acceptable group interventions that may have a salutary impact on the GWI symptoms of pain interference, depression, and verbal learning, with some advantages for Tai Chi. A three-year development grant is examining remote delivery of these interventions for Veterans with PTSD and chronic pain.

Division investigators continue to partner with researchers in the Women's Health Sciences Division, VA Informatics and Computing Infrastructure, Hunter College, and Boston Medical Center to examine the effects of trauma and other high-impact stressors on PTSD and related sequelae such as substance use disorders among lesbian, gay, bisexual, transgender, and queer (LGBTQ) Veterans. Recent scholarship highlights interrelated psychiatric networks stemming from both criterion A trauma and non-criterion A trauma among transgender and gender-diverse individuals, as well as novel networks of preferred intervention strategies to address overlapping stressors and resulting symptoms. These interventions include the constituent parts of existing evidence-based treatments (e.g., CPT, PE, WET), but also novel intervention strategies, such as empowerment-based self-defense training, that both transgender individuals and providers who specialize in their care recommend to target trauma and minority stress. These data have also been used to support work creating an intervention for LBGTQ-related stress among sexual minority Veterans.

Care Delivery, Models of Care, and System Factors

The Division continues to engage in cutting-edge work to ensure that Veterans with PTSD nationwide receive access to VA mental health care. An ongoing VA-funded study is using a mixed methods approach to understand which Veterans who screen positive for PTSD in VA primary care clinics do not access follow-up VA mental health care, and the patient, provider, and system-level factors that may impede access. Results of this project, which leverages the Veterans Health Administration (VHA) electronic health record, will directly inform the development and implementation of targeted access interventions nationally.

Additional activities include improving access to treatment for Veterans with opioid and alcohol use disorder and other co-occurring psychiatric disorders (e.g., PTSD). Ongoing analyses highlight key gender and racial disparities regarding treatment utilization and health outcomes (e.g., opioid overdose), but also positive effects of receiving treatment via telehealth and via the expansion of medication coverage. This team is also examining the epidemiology of substance, opioid, and suicide deaths, drivers of these outcomes, and health service prevention strategies using VHA data.

PTSD and Suicide

Division researchers are actively contributing to knowledge about PTSD and suicide, particularly in the domain of risk factors. Collaboration with Army Study to Assess Risk and Resilience in

Servicemembers (Army STARRS) investigators led to several important discoveries. These include an individualized treatment rule that reliably identifies VA patients presenting to emergency departments or urgent care with suicidal ideation or suicide attempts who either are or are not likely to benefit from psychiatric hospitalization. Also, an accurate suicide attempt risk calculator based on a short self-report survey can target transitioning soldiers shortly before leaving service for intervention to prevent post-transition suicide attempts.

In another project, in collaboration with the South Texas Research Organizational Network Guiding Studies on Trauma and Resilience (STRONG STAR) Consortium, Division investigators are working on a study that is evaluating the efficacy of Written Exposure Therapy for Suicide Prevention (WET-SP) in reducing the incidence and severity of self-injurious thoughts and behaviors in active-duty military service members, Veterans, and adult military beneficiaries following a psychiatric hospitalization due to suicidal ideation, suicide plans, or a suicide attempt. Another project will be testing the feasibility and acceptability of Brief Cognitive-Behavioral Therapy for suicide prevention in a sample of Veterans hospitalized for suicide risk. In addition, experience sampling will be used to explore granular fluctuations in suicide risk and related risk factors (e.g., hopelessness) during and after treatment.

Other Important Research

The Division has a great deal of expertise in longitudinal, observational studies that inform the understanding of the course of PTSD and associated conditions over time. Division researchers are working on two large prospective cohort studies that collect information from strategically selected Veteran and service member groups. The first, the Veterans After-Discharge Longitudinal Registry (Project VALOR), is working with a registry of 1,649 male and female combat Veterans who became users of VA services after 2002. The project collects data about health outcomes associated with PTSD, supplemented by clinical information from VA electronic medical records. A new round of funding for the project was recently secured from the Department of Defense (DoD).

Led by Division investigators and funded by the National Institute on Aging, the Boston Early Adversity and Mortality Study has augmented three long-running cohort studies of aging with prospective early-life information gleaned from multiple administrative databases and sibling data. Work in the past year included establishing linkages to the 1900–1940 Censuses, and Medicare and mortality records. Data processing is underway. The team will soon begin to examine prospective associations from early-life socioeconomic, environmental, and psychosocial adversities to later-life health and well-being.

BSD investigators are examining the longitudinal impact of lifestyle behaviors (e.g., physical activity and diet quality) on risk for cardiovascular and metabolic disease and poor functioning among Veterans with PTSD. The goal is to identify and characterize behaviors that if modified would have beneficial effects on cardiometabolic risk profile, mental health, and physical functioning. Data are being collected in partnership with TRACTS. Currently, this study is in its third year.

Division investigators are making important contributions in the assessment and diagnosis of PTSD. Specifically, investigators are evaluating a computer adaptive test for PTSD. BSD investigators have also revised and are now testing an updated version of the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5).

Clinical Neurosciences Division

The Clinical Neurosciences Division (CND) in West Haven, Connecticut, uses emerging technologies to uncover biomarkers of disease mechanisms related to traumatic stress, investigate paradigms of risk and resilience, and establish novel treatments. By leveraging an interdisciplinary approach that includes genetics, functional genomics, neuroimaging, treatment interventions, and epidemiologic studies, the CND maximizes efforts to translate discoveries into therapeutic targets for PTSD and comorbid conditions.

Biomarkers

Neurogenomics and neuroimaging, including molecular, biochemical, structural, and functional investigations, provide information on PTSD pathogenesis, stress-related phenotypes, and disease complexity, and may identify mutations for targeted therapies. Integration of diverse markers into a comprehensive panel, combined with behavioral data, enables faster identification of biomarkers and earlier detection of at-risk-individuals, and informs treatment planning.

In 2023, CND researchers and the VA National PTSD Brain Bank published several important studies identifying brain mechanisms implicated in PTSD. Studies have:

- contributed to the first single cell transcriptomic study. Many observed changes occurred on the 17q21.31 locus, a chromosomal region significantly implicated in neuropsychiatric disorders.
- implicated variations in DNA methylation (DNAm) as an epigenetic biomarker for clinical diagnosis and treatment response. Cross brain region analysis identified >2,000 novel genes with a possible pathological role in PTSD.
- shown that the antidepressant ketamine also has effect on DNAm blood levels.
- identified additional methylation markers predictive of ketamine treatment response using machine and deep learning techniques. These gene sites are associated with PTSD and include: *FKBP4, GRIP2,* and *EIF2.*
- identified three genes in a predictive panel, *ELFN1, MAD1L1,* and *WNT5A,* that show differential methylation in PTSD patients compared with non-PTSD individuals.
- replicated epigenetic findings associating 50 genes with PTSD, most of these mapping to GWS 5hmC CpG sites. Genes such as *CHRNA4, CRHR1, DRD4, ESR1, HSP90AA1, NOTCH3, TPH1, KL, HDAC4, NPY,* and *TERT* were enriched for PTSD.
- identifed potential therapeutic targets for replicated genes, including pramipexole as an agonist of *DRD4*, as well as verucerfont, ONO-2333MS, pexacerfont, SSR125543, and antalarmin as inhibitors of *CRHR1*.

CND researchers collaborated with ARMY STARRS, working to identify potential genes associated with suicide risk.

Using data from the MVP, researchers have investigated the relationship between PTSD and coronary artery disease (CAD) using large-scale genome-wide association (GWA) statistics from the MVP, the UK Biobank (UKB), the PGC, and the CARDIoGRAMplusC4D Consortium showing a significant bidirectional relationship between CAD and PTSD symptom severity.

Data from the National Health and Resilience in Veterans Study (NHRVS) were used to examine the role of environmental and psychosocial factors in moderating genetic risk for adverse mental health outcomes in Veterans. Among Veterans with high genetic risk for suicidal thoughts and behaviors, those with greater lifetime trauma exposure had a more than 10-fold greater risk of attempting suicide relative to those with lower exposure.

Neuroimaging

The CND uses multimodal neuroimaging, including positron emission tomography (PET), MRI, spectroscopy, and magnetoencephalography (MEG) to investigate functional activation patterns, neurotransmitters, structure of brain regions, network connections, energy demands, and deep brain circuitry.

- Published work demonstrated the limitations of generalizing brain-based biotypes for psychiatric vulnerability after acute trauma, suggesting that neuroimaging models of trauma and stress psychopathology in the literature may not generalize to other patient populations.
- Work has begun to develop a brain biomarker collection via MEG in Veterans diagnosed with PTSD, utilizing MEG's fast temporal resolution capabilities to identify distinctive markers in early stages of information processing within the deep brain circuits involved in emotion processing.
- fMRI computational modeling is being used to probe changes in learning among patients with PTSD and individuals experiencing trauma without PTSD diagnosis.

Animal Models

- Quantified PET radiotracers that bind to the synaptic vesicle protein 2A (SV2A) are being used as a measure of synaptic density with a rodent model of chronic stress to examine synaptic mechanisms mediating relationships between chronic stress, anhedonia-like behaviors, and cognitive dysfunction.
- Two-photon holography was employed to identify mechanistic circuit-level biomarkers for PTSD, with a focus on norepinephrine effects in animal models of arousal and threat processing and intracranial oscillations in human neurosurgical patients. Work on intracranial oscillations in threat perception compares threat avoidance and traumatic memory oscillations within the salience network (a component of a three-part dynamic brain network and a "switch" implicated in cognitive and affective dysregulation) in human neurosurgical patients.

PTSD and Suicide

CND researchers implicated kappa opioid receptor availability in the pathophysiology of PTSD and suicidality. Pilot research examined: 1) kappa availability in PTSD, 2) relationship to suicide behavior (attempt history), and 3) sex differences. PET analyses support lower kappa availability in PTSD relative to healthy adults (suggesting downregulation of kappa due to chronic stress/high circulating dynorphin) and lower kappa in PTSD individuals with a history of suicide attempt. These data have potential to expand kappa-targeted treatment efforts for PTSD/suicide risk.

CND investigators published several studies examining risk and protective factors for suicidal thoughts and behaviors (STBs) in Veterans.

- NHRVS data were used to examine changes in STBs over the course of the COVID-19 pandemic, sex-specific risk and protective correlates of suicidal ideation, and the role of PTSD and cognitive difficulties in predicting suicide risk in Veterans.
- A 10-year longitudinal study found that low purpose in life was the strongest predictor of suicidal ideation and attempts in Veterans.

Treatment Efficiency, Effectiveness, and Engagement

Predicting treatment outcomes for PTSD has been a significant challenge to the field. CND researchers work to identify treatment strategies and contextual factors to optimize the design, delivery, and patient engagement of PTSD-based care. A major focus in 2023 involved the mechanism of action of 3,4-Methylenedioxymethamphetamine (MDMA), MDMA analogues, 5-MeO-DMT, and psychedelics in PTSD-related brain circuits. CND researchers are working to identify plasticity-related effects of these psychedelics and methylone (MDMC) on brain circuitry and fear extinction.

Using MRI diffusion tensor imaging, investigators studied the effects of ketamine and midazolam on neural areas involving extinction, learning, and reconsolidation processes during trauma-focused treatment. Results suggest that ketamine may enhance post-retrieval extinction of original trauma memories and have capacity to "rewrite" human traumatic memories, modulating fear response for at least 30 days post-extinction.

CND researchers also completed a pilot study using ketamine and perampanel to investigate effects on the subcallosal cortex, glutamate release, and glutamate receptors. A larger study is planned to replicate and validate findings, which may open a new pathway to antidepressant treatment.

Using data from the NHRVS, CND investigators partnered with the Dissemination and Training (D&T) Division to examine perceived importance and utilization of the NCPTSD mental health app portfolio in the U.S. Veteran population. Results of this study underscore the importance of efforts to promote the use of NCPTSD mental health apps, particularly among vulnerable segments of the Veteran population.

CND researchers are also conducting the following treatment-based trials: 1) Cooperative Studies Program (CSP) study #2016 comparing three commonly prescribed pharmacotherapies for insomnia: trazodone, gabapentin, and eszopiclone; 2) a study examining the utility of the neurosteroid brexanolone as a novel treatment for PTSD and comorbid alcohol use disorder; 3) a study to evaluate the efficacy of WET among Veterans with comorbid substance use disorder and PTSD; and 4) a dose ranging study of the effectiveness of ketamine 0.5mg/kg versus ketamine 0.2mg/kg versus midazolam 0.045 mg/kg to enhance exposure therapy and reduce amygdala activation to trauma memory.

Dissemination and Training Division

The Dissemination and Training Division in Palo Alto, California, conducts research on patient needs and preferences, innovations to improve treatment outcomes or efficiency, technology-based delivery of treatment, and strategies for promoting wider use of best practices.

Treatment Efficiency, Effectiveness, and Engagement

A key focus of Division researchers is increasing patient engagement in care. Division researchers developed a 10-item Hospital Mental Health Risk Screen for patients admitted to hospitals following acute illness or injury. In a first study, the 10-item screen accurately identified which patients enrolled at three hospitals across the country had elevated PTSD, depression, and anxiety symptoms two months post-admission. Results were replicated in a second study with good accuracy overall and among subsamples of patients who identified as Asian American/Pacific Islander, Black, Latinx, Multi-race/American Indian, or White. Division investigators also developed a brief measure of patient characteristics associated with effective engagement in care that can help determine what types and amount of service resources are needed to engage Veterans. Division researchers are also conducting an RCT to test a web-based intervention developed by the National Center called Community Reinforcement and Family Training (VA CRAFT) for PTSD. This program is coupled with telephone coaching to help spouses and intimate partners of Veterans with untreated PTSD to encourage their Veteran to seek mental health care.

Other studies are testing novel treatments or novel treatment formats. A recent RCT among women Veterans who experienced military sexual trauma (MST) found that Skills Training in Affective and Interpersonal Regulation (STAIR) was superior to Present-Centered Therapy (PCT) in reducing PTSD and depression and improving social support and emotion regulation. Another study underway compares an asynchronous messaging-based version of CPT for PTSD to messaging-based therapy as usual, using different strategies to increase engagement. Another pilot study will compare outcomes of MDMA-Assisted Psychotherapy (MAP) to CPT for PTSD and will also examine facilitators and barriers to implementation of MAP in the VA system. Division investigators are collaborating on studies testing whether Acceptance and Commitment Therapy improves functioning of Veterans who experienced moral injury and whether it reduces Veterans' suicidal behaviors after inpatient treatment.

Researchers are examining how to make exposure therapy, one of our best PTSD treatments, more readily accessible. One study tested written and verbal forms of exposure treatment delivered online with support from VA peer support specialists. Two other studies, one with firefighters and one with active-duty military personnel, are testing exposure therapy delivered in an intensive treatment format and integrated with treatment for commonly co-occurring sleep disorders.

Additional studies are examining how online interventions can be combined with coaching and social support. In a recently completed trial assessing an online version of Problem-Solving Therapy, use of peer support specialists for the course was associated with greater course use and decreases in depression. In a recently randomized trial among Veterans not engaged in VA care, an online skills training intervention (webSTAIR) plus peer coaching support reduced PTSD and depression and improved emotion regulation and psychosocial functioning relative to a waitlist control. A pilot quality improvement project showed feasibility and good outcomes for group-supported delivery of webSTAIR in primary care.

Investigators are using novel methods to better explore treatment processes and predictors of response. One study used machine learning to identify predictors of patient outcomes in webSTAIR. Another study is assessing feasibility, acceptability, and anticipated clinical utility of ecological momentary assessment and passive sensing of symptoms and functioning among Veterans with PTSD and depression.

Division investigators are involved in several trials of mobile mental health apps. Division staff are also collaborating on studies assessing whether Mindfulness Coach helps Veterans manage stress and recover from alcohol problems, and testing whether an app for tracking patient outcomes improves quality of care for Veterans who have both spinal cord injury and PTSD. They are collaborating on several trials of PTSD Coach, including as a stepped-care intervention in primary care, as an intervention for cancer survivors with PTSD symptoms, and for integration into alcohol use disorder treatment to address co-occurring PTSD symptoms.

Division staff have developed procedures for collecting anonymous usage data from our apps, while ensuring user privacy, that can be used to study users' experience with our mental health apps in routine use, outside of clinical trials. This enables naturalistic studies of users' engagement with some of our most widely used apps, including Mindfulness Coach, COVID Coach, PTSD Coach, AIMS for anger management, CBT-I Coach, and Beyond MST. The Division is also supporting mobile and technology research of VA investigators around the nation through its Center for Mobile Applications Research Resources and Services (CMARRS) and the VA mPRO app developed to help VA researchers collect ecological momentary assessment data.

Care Delivery, Models of Care, and System Factors

The Modeling to Learn initiative trains staff in participatory systems dynamics modeling, a collaborative quality improvement approach in which stakeholders identify specific system problems and use simulation modeling to compare the likely outcomes of different potential solutions, and then select an optimal solution to implement. Two randomized trials are now underway testing whether Modeling to Learn is superior to audit-and-feedback and usual quality improvement approaches in increasing the number of VA patients who start evidence-based treatments and pharmacotherapies.

The COVID-19 pandemic led to the expansion of remote supervision (telesupervision) of clinical trainees in VA training programs. Division staff are collaborating on a project investigating the impact of modality (e.g., face-to-face, telesupervision, and mixed) on key metrics based on a competency-based supervision model for psychology residents and postdoctoral fellows across 10 rural and one urban VA training programs.

Researchers are doing partnered research to examine LGBTQ individuals' preferences and needs for evidence-based PTSD treatment and minority stress. A recently completed engagement study provided data on trauma exposure, minority stress, PTSD, and treatment preferences among sexual and gender minority individuals in the community and in an LGBTQ-serving clinic. Informed by those needs and preferences, a new five-year RCT will evaluate the non-inferiority of STAIR Narrative Therapy to CPT. Investigators are iteratively building a prototype of "Rainbow STAIR Coach," a culturally tailored version of the VA mobile app STAIR Coach, with input from LGBTQ Veterans.

In a naturalistic study, PTSD Checklist for DSM-5 (PCL-5) data from 500 Veterans were used to examine the factor structure of the PCL-5 followed by psychometric analyses. Results aligned with a unidimensional factor structure, with indications for its items representing a general factor with no clear support for multiple factors or subscales aligned with specific symptom clusters. Future research on how the PCL-5 is administered in clinical versus research settings may help to explain these findings.

Implementation

A recently completed study examined how to simplify assessment of the quality of delivery of cognitive-behavioral therapy and found two lower-burden approaches that could reduce time required for quality assessment. A second recently completed study compared two different strategies intended to enhance and sustain the delivery of CPT; the strategy that emphasized protocol fidelity via expert consultation and online resources appeared to support sustained fidelity more than a continuous quality-improvement strategy designed to address barriers to treatment delivery. An ongoing evaluation study assesses the effectiveness of virtual training plus implementation support on therapist delivery of WET. A recently completed study at eight military bases tested whether a tailored approach that includes a guide for matching solutions to local problems and support from an external facilitator (coach) increases the use of PE more than does standard provider training alone. Although the tailored intervention was not sufficient to overcome the identified organizational barriers, the results led investigators to propose policy recommendations that could support wider use of evidence-based psychotherapies (EBPs) in military clinics.

PTSD and Suicide

Recent research has identified insomnia as a risk factor for suicide. Division investigators have developed innovative ways to accurately monitor sleep without requiring Veterans to come to a clinic-based sleep lab. Our study leverages this technology to conduct in-home sleep monitoring to detect suicide risk in

Veterans who have other risk factors for suicide. We are currently analyzing data from this study and working on improved in-home monitoring technology for future studies and programs.

Division staff also have developed participatory system dynamics modeling tools that clinic teams can use to optimize and allocate staff resources to different clinical activities. These tools have been expanded and employed to suicide management to help teams ensure effective management of Veteran patients at high risk for suicide, without compromising overall access to or quality of care.

Biomarkers

Grey matter myelination has been shown to reduce synaptic density and synapse-based neuroplasticity in animal models. Using a combination of postmortem neuropathology in PTSD Brain Bank cases, and *in vivo* neuroimaging in a matched case control design, our multi-site team is testing whether PTSD is associated with increased grey matter myelin content and decreased synaptic and neurite density in the threat response/salience network. We will also test whether these changes can account for increased resting state connectivity within the salience network and decreased connectivity within the default mode network. As myelin development and re-myelination are responsive to therapeutic agents, confirming our model could lead to novel targets for the treatment of PTSD.

Evaluation Division

The Evaluation Division in West Haven, Connecticut, supports the National Center's mission through a programmatic link with VA's Northeast Program Evaluation Center (NEPEC). NEPEC has broad responsibilities within the VA Office of Mental Health (OMH) to evaluate its treatment programs, including those for specialized treatment of PTSD. Researchers also work on independent research projects related to the treatment of PTSD.

Treatment Efficiency, Effectiveness, and Engagement

One published study was the first recent study to examine one-year follow-up outcomes after discharge from VA PTSD residential treatment programs across the country. Findings showed large-sized reductions in PTSD and depressive symptoms from admission to discharge and both follow-up timepoints, and treatment gains appear to be maintained one year post-discharge. Gender differences were observed, such that women Veterans showed greater symptom reduction than men during treatment (from admission to discharge), but no gender differences were observed at either post-discharge follow-up.

We also examined the comparative effectiveness of PE and CPT for PTSD among 1,130 Veterans engaged in VA PTSD Residential Rehabilitation Treatment Programs using treatment outcome data from NEPEC (FY 2018 – FY 2020). PTSD and depressive symptom severity did not differ significantly at any timepoints (admission, discharge, four-month, and 12-month follow-up). The CPT and PE groups both showed large-sized reductions in PTSD and depression from baseline to 12-month follow-up. We conclude that outcomes for PE and CPT do not differ among a highly complex population of Veterans with severe PTSD and several comorbid conditions that can make it difficult to engage in treatment.

Evaluation Division investigators also conducted a systematic review and meta-analysis of the effect of trauma-focused psychotherapies on interpersonal functioning outcomes; the PTSD Repository was a key resource for this. Trauma-focused psychotherapies (TFPs) had a medium-sized effect on interpersonal functioning, and this effect held when outliers were excluded and when only the most well-established individual treatments were included. Results suggest that, on average, TFPs are moderately efficacious for improving interpersonal functioning, with the caveat that the literature remains relatively small and with high variability in study design.

Care Delivery, Models of Care, and System Factors

One published study examined the real-world effectiveness of group versus individual EBPs (PE and CPT) for Veterans in VA PTSD residential treatment programs across the nation. Group CPT was associated with a slightly smaller reduction of PTSD symptom severity than individual CPT or PE in Veterans at the end of residential treatment. There were no differences at four-month follow-up.

Other Important Research

One published study examined the novel 8-factor model of PCL-5 PTSD symptoms with separate factors for internally versus externally cued intrusions. Findings provide the first empirical support for the clinical utility of a novel 8-factor model of PTSD symptoms distinguishing internally and externally cued intrusions.

Executive Division

The Executive Division in White River Junction, Vermont, provides leadership, directs program planning, and promotes collaboration to facilitate optimal functioning of the other Divisions both individually and collectively. The Executive Division specializes in the development and evaluation of innovative and authoritative educational resources, in programs that disseminate and implement best management and clinical practices, and in the use of technologies to reach a broad range of users. The Executive Division also oversees the administration of VA's National PTSD Brain Bank.

Biomarkers

Predictors of treatment response, aimed at understanding why a treatment works (or does not work) for a particular patient, are an important facet of Executive Division biomarkers research. Transcranial magnetic stimulation (TMS) is a device-based, U.S. Food and Drug Administration (FDA)-cleared intervention for depression that is being tested as a treatment for PTSD. Executive Division investigators are continuing to examine electroencephalography and functional MRI predictive biomarkers of response to TMS among Veterans with treatment-resistant depression and PTSD.

The Executive Division continues to coordinate the operations of VA's National PTSD Brain Bank. The PTSD Brain Bank supports the Presidential Executive Order of August 2012 on deployment health by enabling VA to lead the nation in unique research that will facilitate deeper understanding of the causes and consequences of PTSD, advance assessment techniques, and develop new treatments.

As of FY 2023, the Brain Bank had over 350 frozen hemispheres, and more than 230 people were enrolled in its antemortem donor program. The Brain Bank's research efforts

produced 22 peer-reviewed publications, many in high-profile journals, and there were nine extramural projects utilizing Brain Bank tissue. This work identified several PTSD-relevant genes whose expression could be modified by environmental factors (e.g., trauma exposure). These genes may prove to be important for understanding who develops PTSD, which treatments work better for which individuals, and who is at greater risk for suicide.

Investigators are also evaluating the utility of other neuromodulatory therapies for PTSD and TBI in human and pre-clinical models, including deep brain stimulation (DBS), cranial electrotherapy stimulation (CES), and vagus nerve stimulation (VNS). DBS is an FDA-approved neuromodulatory treatment for movement disorders (Parkinson's disease, essential tremor, dystonia), epilepsy, and treatment-refractory obsessive-compulsive disorder, with ongoing research into the utility of DBS for PTSD and brain injury. Executive Division investigators are evaluating the utility of DBS for neuropsychiatric consequences of shockwave-induced brain injury in rodents to inform clinical application. VNS, an FDA-approved treatment for epilepsy, depression, and migraine, with ongoing research on the treatment of inflammatory conditions, is being evaluated for inflammatory-mediated neuropsychiatric consequences of PTSD and brain injury in rodent models.

In addition to neuromodulatory therapies, Executive Division investigators are also evaluating novel small molecule therapies for immunomodulation, as immune dysfunction has been identified in PTSD and may mediate neuropsychiatric sequelae associated with brain injury. As part of this project, Executive Division investigators are characterizing neuroinflammatory consequences of shockwave-induced brain injury, including central nervous system barrier dysfunction that may perpetuate a chronic inflammatory state.

Treatment Efficiency, Effectiveness, and Engagement

Comparative Effectiveness Research in Veterans with PTSD (CERV-PTSD), led by the Executive Division, is a groundbreaking study comparing PE and CPT at 17 VA facilities across the country. This study, conducted through the VA's CSP, enrolled 916 Veterans with PTSD, making it the largest study of psychotherapy for PTSD to date. In FY 2023, Executive Division researchers, in collaboration with investigators at the Behavioral Science Division, conducted secondary analyses examining predictors of PE and CPT treatment outcomes and will be submitting a publication based on the findings in FY 2024. These findings will help VA leadership, clinicians, and Veterans make informed choices about the delivery of PTSD care in VA, and will also be broadly relevant to the scientific and clinical communities outside VA.

Ongoing work at the Executive Division is aimed at developing new treatments for PTSD and related conditions. One of these treatments is Trauma Informed Guilt Reduction (TrIGR), a six-session protocol to reduce guilt and shame related to a traumatic event. Two new trials evaluating TrIGR are in progress, one comparing it with CPT and one comparing it with PE. Other work explores a potential new medication for PTSD discovered by retrospectively examining the medical records of Veterans with PTSD treated in VA and finding that several antivirals used to treat Hepatitis C were associated with improvement in PTSD symptoms. Data published in FY 2023 compared specific antivirals and found that a combination of glecaprevir and pibrentasvir was more effective in reducing PTSD symptoms than other commonly prescribed antiviral combinations. Further research aimed at understanding the effectiveness of these novel interventions is planned for FY 2024 and beyond. Additionally, the Center is involved in a VA-funded multi-site RCT of stellate ganglion block, an anesthesia procedure used to treat certain pain conditions, as a potential treatment for PTSD.

Treatments for conditions and symptoms that frequently co-occur with PTSD is an ongoing focus of research for many investigators. A trial evaluating the combination of topiramate and PE for co-occurring PTSD and alcohol use disorder completed data collection. Another study that recently completed data collection is testing Cognitive-Behavioral Therapy for Insomnia (CBT-I) versus sleep hygiene integrated with PE as a strategy for improving sleep problems in PTSD. A new trial comparing massed versus weekly PE for Veterans with PTSD and a substance use disorder in intensive outpatient substance use treatment was funded by DoD.

In addition to research aimed at maximizing PTSD treatment effectiveness, Executive Division investigators are also working on ways to better communicate the effectiveness of PTSD treatments to patients and providers. Work published in FY 2023 developed patient-friendly graphics that illustrate the effectiveness of several evidence-based treatments for PTSD, including PE, CPT, and medication.

Implementation

The Executive Division continues to support quality improvement projects aimed at increasing access to effective treatments for PTSD within the VA. In previous years, quality improvement projects established thresholds for high and low EBP reach (i.e., access to EBPs) and identified characteristics of PTSD Clinical Teams within VA contributing to higher reach. Investigators are in the middle of a five-year project to translate the findings of this series into practice through collaboration with the PTSD Mentoring and Implementation Program. This program is sponsored by the Executive Division and serves as a dissemination network targeting best practices in the administration of PTSD Clinical Teams. The success of this work is reflected in an increase in high reach PTSD Clinical Teams and a corresponding decrease in low reach PTSD Clinical Teams from FY 2020 to the present.

The staff within the Executive Division are also studying the implementation of intensive models of PTSD care (defined as PTSD EBP protocol sessions three to five times per week, as compared with the more traditional once per week format) in four PTSD specialty programs. This work utilizes implementation facilitation to start new intensive outpatient programs (IOPs) and assesses the clinical innovations using the Reach Effectiveness Adoption Implementation Maintenance evaluation framework.

PTSD and Suicide

Executive Division researchers continue to advance the priority area of PTSD and suicide through collaborations with the National Center for Patient Safety (NCPS), OMH, and the Center of Excellence (CoE) for Prevention of Suicide. One key line of work focuses on developing and implementing an effective suicide prevention intervention for rural VA facilities to decrease suicide risk in Veterans living in rural settings, especially around the time of care transitions. Other work investigates the time after discharge from psychiatric care as a risk period for death by suicide. Several publications describing this risk period, and a new intervention that targets patients after psychiatric discharge, were published in FY 2023. Future work will build on this work and continue to test the effectiveness of intervention in this risk period.

Women's Health Sciences Division

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

Biomarkers

Research on biomarkers includes studies aimed at explaining the basic biological processes underlying PTSD with particular relevance to women. A recently completed study examined the role of neurobiological and psychosocial factors that affect negative pregnancy outcomes among women with PTSD. Ongoing analyses are examining whether the capacity to synthesize allopregnanolone and/or pregnanolone may explain why trauma-exposed women with PTSD and other mental health conditions are more likely to experience adverse perinatal outcomes. Efforts aimed at using biomarkers to improve treatments for PTSD and related disorders include a study examining whether PE is more efficacious during the morning hours when endogenous cortisol levels are at their highest, compared with later in the day when cortisol levels are relatively low. A separate effort involves an ongoing study actively recruiting participants to investigate the impact of IV allopregnanolone, an anxiolytic metabolite of progesterone, on extinction retention and fear memory reconsolidation. Another ongoing study is investigating whether a specific electrophysiological response pattern to a series of loud tones is predictive of clinical responses to selective serotonin reuptake inhibitors (SSRIs).

Investigators are examining methylation profiles of genes previously observed or posited to be associated with PTSD, and dysregulated neurosteroid, neurotransmitter, and inflammatory factor profiles. Studies are also examining translational factors that predict smoking withdrawal symptoms and smoking cessation lapse in trauma-exposed participants with and without PTSD. Recent findings indicated that the capacity to increase plasma GABAergic neurosteroids during the first week of tobacco/nicotine abstinence predicts increased smoking withdrawal symptoms in individuals with higher PTSD symptoms prior to cessation. The results of this research and additional analyses may reveal new targets for intervention in this population at very high risk for refractory tobacco and nicotine dependence.

PTSD and Suicide

Division investigators are examining associations between trauma history, PTSD, and suicidal behavior among Veterans, particularly regarding sex and gender differences. For example, a currently active project involves secondary data analyses examining comorbidity of PTSD symptoms and clusters, suicidal self-directed violence, and other self-destructive behaviors in men versus women Veterans. Findings have focused on the association of PTSD Criterion E2 with a range of self-destructive behaviors. Division researchers are also preparing to begin data collection on real-time associations of PTSD symptoms and suicidal ideation using ecological momentary assessment. In addition, Division researchers are examining gender differences in suicide risk and behavior among older Veterans using data from two large-scale VA cooperative studies of Vietnam-era Veterans.

Treatment Efficiency, Effectiveness, and Engagement

With an aim of improving treatment efficiency, investigators are testing the efficacy of CPT delivered in a massed trial outpatient format with active-duty service members. Additional efforts to improve the effectiveness of CPT include an ongoing, large-scale study designed to test the impact of a case formulation enhanced version of CPT on treatment adherence, functioning, and PTSD symptoms. Other ongoing intervention studies on traumatized populations

include a 14-site comparative effectiveness study of trauma-focused versus non-trauma-focused therapy for the treatment of Veterans with PTSD and substance use disorders, an RCT comparing massed to weekly PE for PTSD concurrent to intensive outpatient substance use treatment, and a non-inferiority trial comparing a traumatic guilt intervention to PE for the treatment of PTSD and trauma-related guilt.

Research examining WET for pregnant women with comorbid PTSD and substance use disorder found that WET was feasible and acceptable to both patients and providers. Furthermore, PTSD symptoms, depression symptoms, and substance use cravings decreased from pre-intervention to post-intervention and were sustained at the six-month postpartum follow-up. Findings from this study have informed a large RCT currently underway to examine the effectiveness of WET compared with a support intervention and the non-inferiority of delivery of WET by community health workers versus mental health clinicians for pregnant individuals with PTSD.

Division investigators have also conducted work examining methods of integrating family members into PE to improve treatment adherence and outcomes. A recently completed trial compared a brief method of family engagement (Family Supported PE) to standard PE and found that Family Supported PE improved PE retention compared with standard PE by 16.6%. Clinical outcomes between the two treatment arms were not statistically different. A recently completed pilot study of a fully partner-assisted adaptation of PE in which an intimate partner attends PE with the Veteran (Partnered PE) found that Partnered PE was acceptable and feasible for Veterans, partners, and providers. Effect sizes indicated large improvements in Veterans' PTSD symptom severity and depression, and both Veterans' and their partners' relationship functioning.

Ongoing work by Division investigators is examining whether pairing well-being assessment feedback with targeted resource recommendations is an effective strategy to promote Veterans' willingness to seek support for areas of relatively poorer well-being as they transition from military service. Pilot findings suggest that this strategy (Measurement-Based Readjustment Support) promotes Veterans' willingness to seek support in areas of low well-being, particularly for mental health concerns. Investigators also continue to evaluate the effectiveness of an innovative national network of peer-facilitated support groups for women Veterans, WoVeN: The Women Veterans Network. WoVeN is intended to increase social connections and support and to improve well-being and quality of life among women Veterans. Preliminary results suggest significant improvement in primary outcomes such as belongingness and quality of life as well as in secondary outcomes such as PTSD and depression. Investigators also continue expanding BRIDGES (Building Re-Integration from Dreams and Goals to Execution and Success), which aims to engage women transitioning out of active-duty military service in a broader social support network of women Veterans.

Findings from a recent study piloting a social isolation reduction intervention across diagnostic categories indicated feasibility and acceptability of the intervention and significant decreases in social isolation and mental health symptoms in a sample of diverse Veterans. Findings contributed to a newly funded clinical trial to test the effectiveness of the intervention. A recently completed pilot study tested the efficacy of a peer-led patient navigation program designed to decrease mental health disparities for racially and ethnically minoritized Veterans in VA outpatient mental health clinics. Results indicated that the intervention was not only feasible and acceptable to Veterans, but also yielded improved secondary mental health outcomes.

The Division is also testing novel treatment models that examine the increased efficacy

when augmenting EBPs with pharmacotherapy compounds such as MDMA and oxytocin. A recently completed open pilot trial examining oxytocin-augmented Brief Cognitive-Behavioral Conjoint Therapy for PTSD demonstrated robust improvements in both PTSD and relationship functioning outcomes. A fully powered clinical trial is underway. In addition, two pilot studies are exploring the benefits, safety, and feasibility of MDMA-assisted therapy for massed brief cognitive behavioral couples therapy and MDMA-assisted massed PE compared with low-dose MDMA.

Care Delivery, Models of Care, and System Factors

Relevant research within the Women's Health Sciences Division has focused on understanding Veterans' experiences at the time they separate from service and implications for Veterans' service use, including care for conditions with particular relevance to women Veterans. A DoD-funded study investigated eating disorders, including prevalence, comorbidity, risk factors, and health care use, in a large cohort of post-9/11 Veterans. Recent findings from this investigation indicated that weight discrimination during miliary service was associated with current eating disorder symptoms. Criterion E2 endorsement was related to eating disorder symptoms, and eating disorder-related cognitions may be a mechanism of the trauma-eating disorder association.

Other key work has focused on research with important subpopulations within the Veteran community. A study examining a therapist-assisted self-management program for Veterans who successfully complete trauma-focused therapy is underway with the goal of improving outcomes while reducing mental health service utilization in moving toward an episodic model of care. An ongoing longitudinal study (Longitudinal Investigation of Gender, Health and Trauma, or LIGHT) in which investigators over-sampled for women, individuals in high crime communities, and racial and ethnic minority Veterans seeks to assess the impact of community and gun violence on trajectories of mental health and in health care utilization. Recent findings from this study have shown how trauma history, MST, community factors, and discrimination impacted mental health symptoms (i.e., PTSD, depression, anxiety, and suicidality); how the COVID-19 pandemic impacted mental health outcomes; and the increased risk of adverse perinatal outcomes for non-Hispanic Black Veteran women. The health and health care needs of older women Veterans is another area of focus, including an ongoing epidemiologic study examining gender differences in the impact of military service and mental health sequelae, with a focus on PTSD and depression, on later-life health outcomes in Vietnam-era Veterans.

Implementation

The Division is also focused on implementation efforts associated with IPV screening and intervention. Investigators completed an evaluation of a national rollout of IPV screening programs within women's health primary care clinics to determine implementation outcomes and the clinical effectiveness of IPV screening programs. Findings from this trial demonstrate that an operations-funded external facilitator working for six months with a facility-funded internal facilitator nearly tripled the reach of IPV screening programs in primary care compared with implementation as usual in VA. In turn, this implementation facilitation strategy was associated with a two-fold increase in IPV detection rates and increases in patients' post-screening uptake of psychosocial services. In collaboration with the national VHA IPV Assistance Program, Recovering from IPV through Strength and Empowerment (RISE) is being implemented across the country with Veterans of all gender identities.

Appendix C: Fiscal Year 2023 Funding

VA Cooperative Studies Program (CSP)

Principal Investigator	Research Title	Years	Current Funding	Total Funding
Clark & Bair (**Scioli** – Site PI)	Sequential and Comparative Evaluation of Pain Treatment Effectiveness Response: The SCEPTER Trial	2019-2025	$2,410,831	$3,500,000
D'Souza & McGeary	Proof of Concept Trial of Cannabis Derivatives in Neuropathic Pain	2023-2027	$2,368,000	$9,777,000
Keane	Network of Dedicated Enrollment Sites (NODES) – Boston	2022-2023	$184,000	$368,000
Krystal (**Holtzheimer** & **Marx** – Site PI)	CSP #2016: National Adaptive Trial for PTSD Related Insomnia	2018-2025	$632,297	$35,430,040

Other VA Sources

Principal Investigator	Research Title	Funding Source	Years	Current Funding	Total Funding
Barnes (**Walser** – Site PI)	Thriving in the Midst of Moral Pain: The Acceptability and Feasibility of Acceptance and Commitment Therapy for Moral Injury (ACT-MI) among Warzone Veterans	RR&D	2019-2024	$51,059	$587,469
Bean & **Scioli**	The VA REAP Center for Rehabilitation Promoting Prevention and Improved Resilience (REPPAIR)	RR&D	2021-2025	$440,000	$2,200,000
Borges (**Walser** – Site PI)	Acceptance and Commitment Therapy Training Program for Health Care Providers (ACT-HCP)	OMHSP	2022-2024	$339,158	$1,018,337
Bovin	Understanding Pathways to Care for Veterans Who Screen Positive for PTSD: The PTSD Access To Healthcare (PATH) Study	HSR&D	2021-2025	$310,627	$1,074,207
Cloitre & **Morland**	Connecting Women to Care: Home-based Psychotherapy for Women with MST	HSR&D	2017-2023	$147,199	$1,095,980
DeGutis & **Esterman**	Characterizing the Behavioral and Neural Mechanisms of Inhibitory Control Dysfunction in PTSD	CSR&D	2024-2028	$0	$1,199,994

Principal Investigator	Research Title	Funding Source	Years	Current Funding	Total Funding
DiSano	Neuroinflammation and Neuropsychiatric Consequences of Brain Injury: Determining the Role of Central Nervous System Barrier Integrity in Mediating Outcomes	CDA	2021-2023	$92,834	$182,673
Esterman & **Lee**	Identifying Neural Fingerprints of Suicidality	RR&D	2021-2023	$66,582	$201,324
Galovski & **Kehle-Forbes**	Personalizing Cognitive Processing Therapy with a Case Formulation Approach to Intentionally Target Impairment in Psychosocial Functioning Associated with PTSD	RR&D	2020-2024	$245,037	$1,194,890
Gradus (Site PI)	Suicide Risk Modification by Statin Prescriptions in US Veterans with Common Inflammation-Mediated Clinical Conditions – A Controlled Quasi-Randomized Epidemiological Approach	CSR&D	2023-2026	$299,922	$899,767
Gradus (Site PI)	Exposure to Suicide among Post 9/11 Veterans: Prevalence, Correlates and Treatment Needs (Serv)	HSR&D	2022-2026	$318,055	$1,272,222
Hallenbeck	Using Innovative mHealth Technology to Understand Real-World Psychosocial Functioning for Veterans with Comorbid PTSD and Depression Symptoms	VISN 21 ECAP	2023-2024	$150,707	$309,552
Harpaz-Rotem & **Pietrzak**	Fear Reversal Learning in Combat-Related PTSD: A Multi-Model fMRI-PET Approach	CSR&D	2019-2024	$277,500	$1,100,602
Harper	Expressive Writing to Reduce Depressive and Anxiety Symptoms among Sexual Minority Veterans	CSR&D	2023-2028	$181,168	$1,032,119
Holtzheimer	Assessing an Electroencephalography (EEG) Biomarker of Response to Transcranial Magnetic Stimulation for Major Depression	CSR&D	2020-2025	$186,140	$5,429,619
Iverson	Addressing Intimate Partner Violence among Women Veterans: Evaluating the Impact and Effectiveness of VHA's Response	HSR&D	2020-2024	$289,000	$1,140,500
Jagger-Rickels	Identifying Neural Signatures of Current and Future Suicidal Thoughts and Behaviors	CDA	2022-2024	$36,492	$291,929
Kehle-Forbes	Empowering Veterans to Self-Manage PTSD Symptoms Following Completion of Trauma-Focused Therapy	HSR&D	2023-2026	$73,962	$647,059

Principal Investigator	Research Title	Funding Source	Years	Current Funding	Total Funding
Kehle-Forbes & **Galovski**	Empowering Veterans to Self-Manage PTSD Symptoms Following Completion of Trauma-Focused Therapy	HSR&D	2022-2025	$0	$574,245
Kimerling	Development of a Patient-Reported Measure to Assess Healthcare Engagement	HSR&D	2018-2023	$87,118	$940,648
Kuhn	Center for Mobile Apps Research Resources and Services (CMARRS)	HSR&D	2018-2024	$140,037	$915,053
Kuhn & **Owen**	A Randomized Controlled Trial of Coaching into Care with VA-CRAFT to Promote Veteran Engagement in PTSD Care	HSR&D	2020-2025	$201,228	$1,196,573
Lee & **Esterman**	Suicide Risk Interventions: A Comparison of Treatment Dose and Neural Markers of Treatment Outcome	CSR&D	2024-2027	$0	$1,195,952
Logue	Early Cognitive Impairment as a Function of Alzheimer's Disease and Trauma	BLR&D	2019-2026	$160,478	$946,330
Marx (Site PI)	Center for Harmonizing and Improving Interventions to Prevent Suicide	CSR&D	2023-2024	$486,324	$971,994
Meshberg-Cohen	Written Exposure Therapy (WET) as a Brief Trauma Treatment for Veterans with Co-occurring Substance Use Disorders and PTSD	CSR&D	2022-2026	$227,079	$877,716
Montalvo-Ortiz	Identifying Biomarkers of Post-traumatic Stress Disorder in U.S. Veterans Using an Integrative Multi-Omics Approach	CSR&D	2020-2024	$206,337	$1,056,402
Niles	Novel Interventions for Gulf War Veterans' Illnesses	CSR&D	2016-2024	$98,179	$1,855,259
Noller	Neuromodulation to Alter Acute Inflammation and Neuropsychiatric Deficits Following Traumatic Brain Injury	CDA	2021-2023	$94,673	$183,623
Noller	Harnessing the Cholinergic Inflammatory Reflex to Alter Neuroinflammation and Neuropsychiatric Consequences Following Traumatic Brain Injury	CDA	2022-2027	$224,980	$1,124,900
Norman	Topiramate and Prolonged Exposure for Alcohol Use Disorder and PTSD	RR&D	2018-2023	$0	$993,584
Peltier	Utility of Brexanolone to Target Stress-Induced Alcohol Use among Men and Women with Posttraumatic Stress Disorder	CDA	2022-2024	$114,007	$231,576
Pineles	An Electrophysiological Predictor of SSRI Response in Veterans with PTSD	CSR&D	2019-2025	$163,238	$1,158,051

Principal Investigator	Research Title	Funding Source	Years	Current Funding	Total Funding
Sloan	An Efficient Exposure-Based Treatment for PTSD Compared to Prolonged Exposure: A Noninferiority Trial	CSR&D	2019-2023	$414,987	$1,762,404
Smith	Long-Term Health Impact of Vietnam Era Service: Examining Gender Differences in Risk of Mortality and Chronic Disease	CSR&D	2022-2024	$182,478	$383,456
Taft	Adjunctive Motivational Alcohol Intervention to Prevent Intimate Partner Violence	CSR&D	2021-2025	$246,972	$1,304,582
Taft	Strength at Home Implementation and Evaluation	VACO IPVAP Program (Social Work)	2023-2024	$479,108	$726,262
Thompson-Hollands	Family Involvement in Treatment for PTSD (FIT-PTSD): A Brief, Feasible Method for Enhancing Outcomes, Retention, and Engagement	CSR&D	2022-2026	$261,344	$1,098,623
Vogt	Measurement-Based Transition Assistance (MBTA): Evaluating the Promise of a Web-Based Approach to Promote Veterans' Support Seeking	HSR&D	2022-2024	$44,600	$195,515
Vogt	Well-Being-Brief Validation Study	VHA Office of Patient Centered Care and Cultural Transformation	2022-2023	$81,100	$221,100
Whitworth	Impact of Lifestyle on Cardiovascular and Metabolic Risk Factors in Trauma Exposed Post-9/11 Veterans	CDA	2021-2026	$206,986	$1,045,448
Wiltsey Stirman	Using the Multiphase Optimization Strategy to Adapt Cognitive Processing Therapy	HSR&D	2022-2026	$138,474	$1,063,822
Zelkowitz	Psychological Drivers of Self-Destructive Behaviors in PTSD	CSR&D	2022-2027	$193,944	$1,011,271
Zimmerman	Participatory System Dynamics vs Usual Quality Improvement: Is Staff Use of Simulation an Effective, Scalable and Affordable Way to Improve Timely Veteran Access to High-quality Mental Health Care?	HSR&D	2020-2025	$290,631	$1,181,482

BLR&D Biomedical Laboratory Research & Development Service; CDA Career Development Award; CSR&D Clinical Science Research and Development Service; ECAP Early Career Award Program; HSR&D Health Services Research and Development Service; IPVAP Intimate Partner Violence Assistance Program; mHealth mobile health; MST military sexual trauma; OMHSP Office of Mental Health and Suicide Prevention; PI Principal Investigator; PTSD Posttraumatic Stress Disorder; REAP Research Enhancement Award Program; RR&D Rehabilitation Research and Development Service; SSRI selective serotonin reuptake inhibitor; VA Department of Veterans Affairs; VACO VA Central Office; VA CRAFT Community Reinforcement And Family Training; VHA Veterans Health Administration; VISN Veterans Integrated Service Network

National Institutes of Health (NIH)

Principal Investigator	Research Title	Funding Source	Years	Current Funding	Total Funding
Bohnert (**Kuhn** – Site PI)	Testing a PTSD m-Health Intervention to Improve Alcohol Treatment Outcomes	NIH NIAAA	2020-2025	$519,268	$3,043,387
Carpenter	Enhancing Memory and Learning in Cognitive Processing Therapy for PTSD	NIH K	2022-2027	$189,216	$946,080
Davis	Dysregulation in mGluR5 as a Marker of BPD and Suicide Related Endophenotypes	NIH K	2018-2023	$209,375	$983,483
Driesen, Krystal, & Hyder	AMPA Receptor Components of the Antidepressant Response to Ketamine in Humans	NIH NIMH	2023-2028	$837,441	$4,177,582
D'Souza	Do Hippocampal Synaptic Density Deficits in Cannabis Use Disorder Improve Following Abstinence?	NIH NIDA	2021-2026	$220,959	$1,104,793
D'Souza	Fatty Acid Amide Hydrolase (FAAH) Inhibitor Treatment of Cannabis Use Disorder (CUD)	NIH NIDA	2017-2023	$1,438,940	$8,633,637
Esterlis	In Vivo Imaging of a Neural Marker of Suicidal Behavior in Bipolar Disorder	NIH NIMH	2018-2023	$782,677	$3,935,570
Esterlis & **Pietrzak**	Depression and Accelerated Brain Aging: A PET Imaging Study	NIH NIMH	2018-2023	$1,246,108	$4,051,532
Esterlis & **Pietrzak**	Role of Synaptic Density in Mediating the Relation Between Social Disconnection and Late-Life Suicide Risk	NIH NIMH	2023-2028	$180,891	$904,455
Gelernter & **Potenza**	Robert T. Malison Yale-Chulalongkorn Stress, Alcohol Use, and Psychopathology Training Program	NIH NIDA	2023-2028	$246,867	$1,209,799
Gradus & **Shiner**	Identification of Novel Agents to Treat PTSD Using Clinical Data	NIH NIMH	2020-2024	$137,076	$2,459,226
Harpaz-Rotem	Using Ketamine to Enhance Memory Reconsolidation and Extinction of Overgeneralized Fear in Individuals Diagnosed with PTSD	NIH NIMH	2023-2028	$310,339	$8,322,871
Hayes (**Mille**r – Site PI)	Neuroimaging and Molecular Markers of AD and Neurodegenerative Disease after Concussion	NIH NIA	2019-2023	$239,414	$1,205,642
Kaffman	Amygdala Hyper-connectivity in a Mouse Model of Unpredictable Early Life Stress	NIH NIMH	2019-2024	$404,790	$2,081,954
Kaffman	Assess the Role That AgRP and POMC Neurons Play in Altering Attachment in Pups and Threat Detection in Juvenile Mice	NIH NIMH	2022-2027	$368,273	$4,182,170
Kaffman	Role of Microglial IRF8 in the Developmental Consequences of Early Adversity	NIH NIMH	2020-2025	$250,000	$1,250,000
Kaye	Determining the Role of Noradrenergic Heterogeneity in Innate Threat Response	NIH K	2020-2025	$194,940	$974,700
Kelmendi	The Neural Correlates of the Effects of Psilocybin in OCD: Randomized Controlled Study	NIH K	2020-2024	$190,443	$778,392

Principal Investigator	Research Title	Funding Source	Years	Current Funding	Total Funding
Krystal	Center for the Translational Neuroscience of Alcoholism CTNA-5	NIH NIAAA	2021-2026	$1,765,263	$8,726,845
Krystal & Smith	Yale Clinical and Translational Science Award Calhoun Diversity in Health-Related Research	NIH NCATS	2022-2024	$232,490	$456,019
Kuhn & Pedersen	A Mobile App to Address Co-Occurring Sleep Problems and Heavy Alcohol Use among Veterans Outside of Care Settings	NIH NIAAA	2023-2026	$22,439	$749,617
Lee	Boston Early Adversity and Mortality Study (BEAMS): Linking Administrative Data to Long-term Longitudinal Studies	NIH NIA	2019-2024	$691,934	$3,528,185
Levy	Individual Differences in Decision Making under Uncertainty	NIH NIMH	2019-2024	$393,090	$3,337,954
Livingston	Engaging Veterans Seeking Service-Connection Payments in Pain Treatment (Multisite)	NIH NCCIH & NIDA	2022-2023	$30,000	$30,000
Montalvo-Ortiz	All of Us New Geographic Expansion to Underserved Areas	NIH Office of the Director	2018-2023	$1,500,000	$11,995,900
Montalvo-Ortiz	Deciphering the Single-Nucleus Genomic Regulatory Structure of Opioid Use Disorder in the Human Brain	NIH NIDA	2023-2028	$502,500	$2,512,500
Morey, **Logue**, & Nievergelt	Genomic Architecture of Functional Brain Networks in PTSD	NIH NIMH	2023-2027	$689,044	$2,756,174
Neylan, **Woodward**, & **Huber**	Investigating Fear System Myelination in PTSD Using In Vivo and Post Mortem Data	NIH NIMH	2023-2028	$499,995	$2,499,988
Niles	Feasibility of Remote-Delivery Interventions: Tai Chi and Wellness for PTSD and Pain in Veterans	NIH NCCIH	2022-2025	$197,481	$602,247
Nillni	A Non-Inferiority Trial Testing Delivery of Written Exposure Therapy by Community Health Workers for Treatment of PTSD during Pregnancy	NIH NICHD	2022-2027	$562,952	$2,532,758
Owen	Development of a Mobile Mindfulness Intervention for Alcohol Use Disorder and PTSD among OEF/OIF Veterans	NIH NIAAA	2021-2024	$70,000	$1,039,078
Pineles & Pace-Schott	Circadian Influence on Fear Extinction Resulting from Prolonged Exposure Therapy for PTSD	NIH NIMH	2022-2024	$198,748	$320,956
Potenza	The Robert T. Malison Yale-Chulalongkorn Stress, Alcohol Use, and Psychopathology Training	NIH NIMH	2023-2028	$226,729	$1,204,171
Rasmusson	Facilitation of Reconsolidation Blockade and Extinction Retention in PTSD by Intravenous Allopregnanolone	NIH NIMH	2021-2025	$603,175	$3,809,704
Sloan	Delivering Written Exposure Therapy for PTSD in Underserved Primary Care Settings	NIH NIMH	2021-2026	$123,470	$4,958,744

Principal Investigator	Research Title	Funding Source	Years	Current Funding	Total Funding
Smith (**Kuhn** – Site PI)	A SMART Design to Facilitate PTSD Symptom Management Strategies among Cancer Survivors	NIH NCI	2020-2025	$604,550	$2,342,355
Smith, **Logue**, Uddin, & Nievergelt	The Impact of Traumatic Stress on the Methylome: Implications for PTSD (Competitive Renewal)	NIH NIMH	2020-2025	$702,411	$3,589,840
Stockman (**Cloitre** – Site PI)	Addressing Trauma from Interpersonal Violence through a Web-based Peer Navigation-Social Support Intervention to Improve ART Adherence among Women	NIH NIMH	2021-2026	$798,490	$3,992,450
Williams (**Holtzheimer** – Site PI)	Mechanistic Circuit Markers of Transcranial Magnetic Stimulation Outcomes in Pharmacoresistant Depression	NIH NIMH	2020-2024	$88,258	$2,111,915
Wiltsey Stirman	Evaluating Effectiveness and Engagement Strategies for Asynchronous Texting Based Trauma Focused Therapy for PTSD	NIH NIMH	2021-2024	$806,007	$2,510,190
Wiltsey Stirman	Leveraging Routine Clinical Materials and Mobile Technology to Assess CBT Quality	NIH NIMH	2022-2023	$556,814	$2,607,817
Wiltsey Stirman	Telehealth 2.0: Evaluating Effectiveness and Engagement Strategies for CPT-Text for PTSD (CPT-TEXT)	NIH NIMH	2021-2024	$695,236	$3,059,706
Wolf	Longitudinal Neurometabolic Outcomes of Traumatic Stress-Related Accelerated Cellular Aging	NIH NIA	2020-2025	$423,508	$1,694,033
Xu	Defining the Impact of Injection Drug Use on Antiretroviral Therapy and HIV Treatment Outcomes: An (Epi)genomic Approach	NIH NIDA	2018-2024	$425,577	$2,553,464
Xu	Feature Selection of DNA Methylation Biosignatures for Neuropathy with Comorbid Drug Abuse in the Setting of HIV Infection	NIH NIDA	2018-2024	$489,124	$2,934,741
Xu	In Vivo Study of THC-Induced Immunogenome Changes at Single Cell Resolution in HIV-Infected Humans	NIH NIDA	2020-2025	$491,556	$1,565,981
Zimmerman	Participatory System Dynamics vs Audit and Feedback: A Cluster Randomized Trial of Mechanisms of Implementation Change to Expand Reach of Evidence-based Addiction and Mental Health Care	NIH NIDA	2019-2024	$579,387	$2,864,531

AD Alzheimer's Disease; ART Antiretroviral Therapy; BPD Borderline Personality Disorder; CBT Cognitive Behavioral Therapy; CPT Cognitive Processing Therapy; CTNA-5 Center for Translational Neuroscience of Alcoholism; IRF8 interferon regulatory factor 8; K Research Career Development Award; mGluR5 metabotropic glutamate receptor 5; m-Health mobile health; NCATS National Center for Advancing Translational Sciences; NCCIH National Center for Complementary and Integrative Health; NCI National Cancer Institute; NIA National Institute on Aging; NIAAA National Institute on Alcohol Abuse and Alcoholism; NICHD National Institute of Child and Human Development; NIDA National Institute on Drug Abuse; NIMH National Institute of Mental Health; OCD Obsessive Compulsive Disorder; OEF/OIF Operation Enduring Freedom/Operation Iraqi Freedom; PET Positron Emission Tomography; PI Principal Investigator; PTSD Posttraumatic Stress Disorder; SMART Sequential Multiple Assignment Randomized Trial

Department of Defense (DoD)

Principal Investigator	Research Title	Years	Current Funding	Total Funding
Forbush & **Mitchell**	Assessment of Eating Disorder and Comorbidity Risk and Resilience in a Nationally Representative Sample of Recent Military Enlistees	2023-2027	$1,118,202	$4,230,958
Kaye	Identifying Circuit Mechanisms of MDMA and Methylone to Develop Plasticity-Based PTSD Treatment	2023-2026	$445,994	$1,351,106
Litz (**McLean** – Site PI)	Enhancing Measurement-Based Behavioral Health Care in the Military Health System	2022-2024	$323,185	$651,161
Marx	Decreasing Suicide Risk among Service Members with Posttraumatic Stress Using Written Exposure Therapy	2019-2023	$1,000	$1,269,741
Marx	Long-term Psychological and Physical Health Outcomes following Military Deployment: The Veterans After-Discharge Longitudinal Registry (Project VALOR)	2023-2027	$729,151	$2,916,605
Marx	Written Exposure Therapy for Suicide Prevention (WET-S): A Randomized Clinical Trial	2023-2027	$755,240	$2,942,493
Marx & Chard	Psychometric Evaluation of the Clinician Administered PTSD Scale for DSM-5 (CAPS-5) and the PTSD Symptom Scale Interview for DSM-5 (PSSI-5) in an Active Duty and Military Veteran Sample	2018-2024	$1,681,050	$6,354,218
McLean	Accelerated Treatment for Co-occurring Insomnia, Nightmares, and PTSD	2023-2029	$560,089	$6,322,300
McLean & **Rosen**	Targeted Strategies to Accelerate Evidence-Based Psychotherapies Implementation in Military Settings	2017-2023	$1,659,094	$8,607,926
Mitchell	Eating Disorders in Veterans: Prevalence, Comorbidity, Risk, and Healthcare Use	2018-2023	$525,112	$1,067,200
Norman & **Kehle-Forbes**	Clinical Effectiveness and Implementation of Massed Prolonged Exposure for PTSD among Veterans in Intensive Outpatient Substance Use Treatment	2023-2027	$1,163,429	$5,337,170
Norman & **Kehle-Forbes**	Clinical Effectiveness and Implementation of Trauma-Informed Guilt Reduction Therapy Compared to Prolonged Exposure	2023-2027	$1,135,002	$4,932,680
Petrakis	Effects of Sublingual Formulation of Dexmedetomidine HCl (BXCL501) on Ethanol in Heavy Drinkers with PTSD – Alcohol Interaction Study	2021-2023	$232,833	$232,833
Pruiksma (**Vasterling** – Site PI)	Cognitive Behavioral Therapy for Insomnia vs. Brief Behavioral Therapy for Insomnia in Military Personnel with Postconcussive Symptoms Following Mild TBI	2023-2027	$61,859	$2,969,260

Principal Investigator	Research Title	Years	Current Funding	Total Funding
Shiner	Real World Effectiveness of Long-Acting Injectable versus Oral Naltrexone for Co-occurring Posttraumatic Stress Disorder and Alcohol Use Disorder	2022-2024	$328,447	$616,716
Taft	Enhancement of Strength at Home Implementation to Prevent Violence and Related Outcomes	2023-2028	$292,921	$1,152,184

Other Non-VA Sources

Principal Investigator	Research Title	Funding Source	Years	Current Funding	Total Funding
Bredemeier (**Larsen** – Site PI)	A Comparison of Prolonged Exposure Therapy, Pharmacotherapy, and Their Combination for PTSD: What Works Best and for Whom	PCORI	2021-2025	$174,304	$697,184
Cloitre	Trauma-Focused Care in LGBTQ+ Communities: Building Capacity for Research	PCORI	2021-2023	$125,000	$250,000
Davis	In Vivo Investigation of the Relationship Between Kappa Opioid Receptor and Suicidal Behavior in PTSD	American Foundation for Suicide Prevention	2023-2024	$88,058	$88,058
Driesen	AMPA Components of the Ketamine Anti-Suicidal Response	American Foundation for Suicide Prevention	2023-2024	$50,000	$100,000
D'Souza	Psilocybin Cluster Headache	CH TAC LLC (Savant)	2017-2023	$9,970	$59,818
D'Souza	Efficacy and Safety of DMT for Major Depression	Wallace Research Foundation	2019-2023	$110,448	$441,791
Flentje (**Cloitre** – Site PI)	A Comparative Effectiveness Study among Sexual and Gender Minority Populations	PCORI	2024-2029	$0	$7,286,031
Galovski & **Street**	Building Re-Integration from Dreams and Goals to Execution and Success (BRIDGES): A Peer Support Program for Transitioning Women Service Members	Walmart Foundation	2022-2024	$125,000	$250,000
Galovski & **Street**	Core Support – Women Veterans Network (WoVeN)	Oak Foundation	2022-2026	$17,000	$400,000
Galovski & **Street**	Women Veterans Network (WoVeN)	Bob Woodruff Foundation	2023-2024	$62,500	$125,000
Galovski & **Street**	Women Veterans Network (WoVeN)	May and Stanley Smith Charitable Trust	2022-2025	$25,000	$100,000
Gilbar & **Taft**	Social Information Processing and Intimate Partner Violence	United States-Israel Binational Science Foundation	2021-2025	$54,000	$216,000

Principal Investigator	Research Title	Funding Source	Years	Current Funding	Total Funding
Girgenti	Dissecting Cis Regulation of Gene Expression in Post-Traumatic Stress Disorder	Brain and Behavior Research Foundation	2024-2026	$0	$70,000
Girgenti	Understanding Suicide Through Postmortem Targeted Brain Multi-omics	American Foundation for Suicide Prevention	2021-2023	$45,000	$90,000
Goldfarb	Neuroimaging Habit Learning in Posttraumatic Stress Disorder	NARSAD	2022-2024	$35,000	$70,000
Harpaz-Rotem	Characterization of PTSD Subpopulations Towards Precision Psychiatry	Boehringer Ingelheim International GmbH	2022-2025	$120,000	$651,495
Kaye & **Harpaz-Rotem**	Neurophysiological Biomarkers of Mood States	Yale Center for Brain and Mind Health	2023-2025	$137,500	$275,000
Kaye, Harpaz-Rotem, & Sivaraju Adithya	Invasive Neural Recordings in Humans	Yale Center for Brain and Mind Health	2023-2025	$137,500	$275,000
Kehle-Forbes & **Norman**	Comparative Effectiveness of Trauma-focused and Non-trauma-focused Treatment Strategies for PTSD among Those with Co-occurring SUD (COMPASS)	PCORI	2020-2025	$1,621,492	$5,635,307
Kelmendi	Cohen Foundation Research Grant	The Cohen Foundation	2021-2026	$322,767	$1,655,404
Koenen & **Cloitre**	A Pilot RCT Comparing STAIR Coach to TAU in Two Primary Care Clinics in Nairobi	Internal Funds from Harvard School of Public Health	2024-2026	$0	$100,000
Livingston	Impact of COVID-19-Related Medication-Assisted Treatment Policy Changes on Patients with Opioid Use Disorders	PCORI	2020-2024	$1,364,591	$2,494,203
McLean	An Efficient Treatment for Posttraumatic Injury for Firefighters	FEMA	2021-2024	$553,894	$1,499,997
Montalvo-Ortiz	Epigenetic Profiling of COVID-Related Depression in a Puerto Rican Population	Puerto Rico Science and Technology Trust	2021-2023	$62,500	$150,000
Morland & **Schnurr**	MDMA-assisted Massed Prolonged Exposure for PTSD	Healing Breakthrough	2024-2026	$0	$850,000
Noller	Vagus Nerve Stimulation as an Immunomodulatory Therapy for Acute Spinal Cord Injury	Wings for Life Spinal Cord Research Foundation	2021-2023	$117,215	$234,430
Okamura & Shimabukuro (**Zimmerman** – Site PI)	Participatory System Dynamics Modeling	Substance Abuse and Mental Health Services Administration (SAMHSA)	2022-2025	$449,016	$1,207,048
Peltier	Brexanolone to Target Concurrent Posttraumatic Stress Disorder (PTSD) and Stress-Induced Alcohol Use in Veterans: A Dose Finding Study	Pharmacotherapies for Alcohol and Substance Use Disorders Alliance	2022-2023	$149,828	$149,828

Principal Investigator	Research Title	Funding Source	Years	Current Funding	Total Funding
Petrakis	CSP2014: Comparative Effectiveness of Two Formulations of Buprenorphine for Treating Opioid Use Disorder in Veterans (VA-BRAVE)	VA Cooperative Studies Program	2019-2025	$1,486,289	$8,917,734
Taft	Strength at Home: Promoting Healthy Relationships, Healing Trauma, Breaking the Cycle of Violence	Mother Cabrini Health Foundation	2023-2023	$210,523	$210,523
Taft	Trauma-Informed Prevention of Intimate Partner Violence	National Football League	2023-2023	$18,513	$18,513

COVID-19 Coronavirus Disease 2019; DSM-5 Diagnostic and Statistical Manual - Version 5; FEMA Federal Emergency Management Agency; LGBTQ+ Lesbian Gay Bisexual Transgender Queer; NARSAD National Alliance for Research on Schizophrenia & Depression; PCORI Patient-Centered Outcomes Research Institute; PI Principal Investigator; PSSI-5 PTSD Symptom Scale Interview for DSM-5; PTSD Posttraumatic Stress Disorder; SAMHSA Substance Abuse and Mental Health Services Administration; SUD substance use disorder; VA Department of Veterans Affairs

Projects Pending Funding

Principal Investigator	Research Title	Funding Source	Years	Total Funding
Alpert	Enhancing PTSD Treatment Outcomes by Improving Patient-Provider Communication	NIH K	2024-2029	$945,293
Alpert	Enhancing PTSD Treatment Outcomes by Improving Patient-Provider Communication	VA CSR&D	2024-2029	$1,245,110
Bean & **Scioli**	The VA REAP Center for Rehabilitative Care: Optimizing Mobility, the Mind, and Motivation	VA RR&D	2021-2025	$1,570,721
DiSano	Breaching CNS Barriers: Deciphering the Spatiotemporal Regulation of Immune Cell Surveillance Following Blast TBI	VA BLR&D	2024-2029	$1,244,618
Eliacin	Increasing Veterans' Social Engagement and Connectedness (CONNECTED)	VA HSR&D	2023-2029	$1,520,038
Esterlis	Role of Synaptic Density in Mediating the Relation Between Social Disconnection and Late-Life Suicide Risk	NIH NIMH	2023-2027	$4,249,982
Gelernter & **Potenza**	Methamphetamine and Other Substance Use Disorder Genetics in Thailand	NIH NIMH	2015-2027	$6,121,333
Girgenti	Molecular Dissection of Alcohol Use Disorder Through Targeted Brain Multi-omics	NIH NIAAA	2024-2029	$3,254,323
Held (**Cloitre** – Site PI)	An Equipoise Randomized Clinical Trial Comparing PTSD Treatment Options for Initial Cognitive Processing Therapy Non-Responders	DoD	2024-2028	$2,535,008

Principal Investigator	Research Title	Funding Source	Years	Total Funding
Hoffman & **Girgenti**	Investigating PTSD Driver Genes in Zebrafish	NIH NIMH	2024-2026	$460,625
Huckins & **Girgenti**	Analytical and Functional Genomics to Understand Sex Biases in Neuropsychiatric Traits	NIH NIMH	2024-2029	$4,183,067
Kimerling	Patient-Centered Assessment of PTSD	VA HSR&D	2024-2026	$167,163
Levy	Neural Computations of Learning, Decision-Making and Memory	NIH NIMH	2024-2029	$3,931,189
Levy	Stress Management and Performance of Practitioners in the Forensic Science Workplace: An Experimental Approach	NIJ	2024-2026	$1,121,606
Levy	The Value of Food: Decision-Making and Learning in Obesity	NIH Other	2024-2029	$3,553,604
Meis	Reducing Dropout and Improving Outcomes from PTSD Therapy: When to Switch Therapies or Stay the Course	DoD	2024-2028	$4,195,886
Meis & **Morland**	A Hybrid 1 Effectiveness-Implementation Trial of Partner-Assisted Prolonged Exposure for PTSD	DoD	2024-2028	$4,208,345
Meis & **Morland**	A Trial of a Partner Assisted Versus Individually Oriented Trauma-Focused Therapy for PTSD	VA RR&D	2024-2028	$1,728,861
Miller	The Epigenetics of Dementia Risk in The Million Veteran Program	VA BLR&D	2024-2028	$634,523
Mitchell	The Impact of Trained Provider Teams on Diagnosis and Treatment of Eating Disorders in the Veterans Healthcare Administration	VA HSR&D	2024-2028	$937,208
Morland & **Sippel**	A Randomized Clinical Trial Examining Intranasal Oxytocin Augmentation of Brief Couples Therapy for Veterans with PTSD	VA RR&D	2023-2027	$1,074,303
Pless Kaiser	Enhancing Social Engagement to Improve Physical Function among Frail Older Veterans: A Feasibility Study	VA RR&D	2023-2025	$230,000
Potenza	A 11C-UCB-J PET Study of Synaptic Density in Binge Eating Disorder (BED)	NIH NIMH	2023-2025	$275,000
Potenza	An Integrated Research Participants Registry and Data Repository: Tracing Biosocial Influences and Consequences of Alcohol Misuse	NIH NIMH	2023-2028	$3,674,985
Rosenfeld	Community-Engaged Cultural Adaptation of "STAIR Coach" for LGBTQ+ Veterans	VA Other	2023-2023	$330,337
Serier	Longitudinal Associations of Posttraumatic Stress Disorder with Incident Type 2 Diabetes and Poor Glycemic Control in a Large National Cohort	NIH Other	2024-2028	$600,000

Principal Investigator	Research Title	Funding Source	Years	Total Funding
Sripada (**Kuhn** – Site PI)	Testing Adaptive Interventions to Improve PTSD Treatment Outcomes in Federally Qualified Health Centers	NIH NIMH	2022-2026	$2,500,000
Thompson-Hollands	Interpersonal Mechanisms of Trauma Recovery in Women	Other	2024-2027	$297,684
Valentine (**Cloitre** – Site PI)	Adaptive Interventions for Posttraumatic Stress Disorder to Enhance Effectiveness Implementation and Health Equity	NIH NIMH	2024-2029	$5,000,000
Vogt	Implications of Veterans' Initial Reintegration Experiences for Their Longer-Term Mental Health and Suicidality: Identifying Veterans Who Would Benefit from Early Intervention	VA HSR&D	2024-2026	$785,339
Vogt & **Borowski**	Optimizing Veterans' Support Seeking through Measurement-Based Transition Assistance (MBTA): A Randomized Controlled Trial	VA HSR&D	2023-2027	$1,047,843
Wachen	Development and Preliminary Evaluation of a Self-directed Internet-based Cognitive Processing Therapy Intervention	DoD	2024-2028	$1,999,177
Wiltsey Stirman	MDMA-assisted Therapy versus Cognitive Processing Therapy for Veterans with PTSD	Other	2023-2023	$2,275,305
Wolf	Traumatic Stress, Epigenetic Aging, and Cardiovascular Risk in the Million Veteran Program	VA BLR&D	2024-2028	$660,000

BLR&D Biomedical Laboratory Research and Development Service; CSR&D Clinical Science Research and Development Service; DoD Department of Defense; HSR&D Health Services Research and Development Service; K Research Career Development Award; LGBTQ+ Lesbian Gay Bisexual Transgender Queer; NIAAA National Institute on Alcohol Abuse and Alcoholism; NIH National Institutes of Health; NIJ National Institute of Justice; NIMH National Institute of Mental Health; PI Principal Investigator; PTSD Posttraumatic Stress Disorder; REAP Research Enhancement Award Program; RR&D Rehabilitation Research and Development Service; TBI traumatic brain injury; VA Veterans Affairs

Appendix D: Publications

1. Adams, T., **Kelmendi, B.**, George, J., Forte, J., Hubert, T., Wild, H., . . . Pittenger, C. (2023). Frontopolar multifocal transcranial direct current stimulation reduces conditioned fear reactivity during extinction training: A pilot randomized controlled trial. *Neurobiology of Learning and Memory, 205,* 107825. doi:10.1016/j.nlm.2023.107825
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Appendix E: Publications in Press

1. Agnoli, S., Zuberer, A., Nanni-Zepeda, M., McGlinchey, R. E., Milberg, W. P., **Esterman, M.**, & DeGutis, J. (in press). Depressive symptoms are associated with more negative global metacognitive biases in combat veterans, and biases covary with symptom changes over time. *Depression and Anxiety.*
2. **Alpert, E., Sloan, D. M., Lee, D. J.,** Cole, T. A., & Shotwell Tabke, C. (2023). Response to Sonis's (2023) commentary on Alpert et al.'s (2023) systematic review of mediators and mechanisms of PTSD treatments. *Clinical Psychology Review.* Advance online publication. doi:10.1016/j.cpr.2023.102338
3. Asch, R., Naganawa, M., Nabulsi, N., Huan, Y., **Esterlis, I.**, & Carson, R. P. (2023). Evaluating infusion methods and simplified quantification of synaptic density *in vivo* with [11C]UCB-J and [18F]SynVesT-1 PET. *Journal of Cerebral Blood Flow & Metabolism.* Advance online publication. doi:10.1177/0271678x231200423
4. Atherton, O., Graham, E., Dorame, A., Horgan, D., Luo, J., Nevarez, M., . . . **Spiro, A.**, . . . **Lee, L. O.** (2023). Is there intergenerational continuity in early life experiences? Findings from the Harvard Study of Adult Development. *Journal of Family Psychology.* Advance online publication. doi:10.1037/fam0001144t
5. **Baier, A.**, Nugent, S., Horton, D., Salameh, H., & **Kehle-Forbes, S.** (in press). Rates and reasons for veteran mental health service utilization following completion of evidence-based trauma-focused treatment for PTSD. *Psychological Services.*
6. Baldassarri, S., Asch, R., Hillmer, A., **Pietrzak, R. H.**, **DellaGioia, N.**, **Esterlis, I.**, & **Davis, M.** (2023). Nicotine use and metabotropic glutamate receptor 5 in individuals with major depressive and posttraumatic stress disorders. *Chronic Stress.* Advance online publication. doi:10.1177/24705470231154842
7. Beaudoin, F., An, X., Basu, A., Ji, Y., Liu, M., Kessler, R., . . . **Miller, M. W.**, **Pietrzak, R. H.**, . . . McLean, S. (2023). Use of serial smartphone-based assessments to characterize diverse neuropsychiatric symptom trajectories in a large trauma survivor cohort. *Translational Psychiatry, 13,* 4. doi:10.1038/s41398-022-02289-y
8. Benfer, N., Grunthal, B., Dondanville, K. A., Young-McCaughan, S., Blankenship, A., Abdallah, C. G., . . . **Krystal, J. H.**, **Marx, B. P.**, . . . **McLean, C. P.**, . . . **Sloan, D. M.**, . . . Litz, B. T. (2023). DSM-5 criterion-a-based trauma types in service members and veterans seeking treatment for posttraumatic stress disorder. *Psychological Trauma: Theory, Research, Practice, and Policy.* Advance online publication. doi:10.1037/tra0001537
9. Bhattacharya, S., Goicoechea, C., Heshmati, S., **Carpenter, J.**, & Hofmann, S. (2022). Efficacy of cognitive behavioral therapy for anxiety-related disorders: A meta-analysis of recent literature. *Current Psychiatry Reports.* Advance online publication. doi:10.1007/s11920-022-01402-8
10. **Bovin, M. J.**, Mahoney, C. T., Klein, A. B., **Keane, T. M.**, & **Marx, B. P.** (2022). Comparing the prevalence of probable DSM-IV and DSM-5 posttraumatic stress disorder in a sample of U.S. military veterans using the PTSD Checklist. *Assessment.* Advance online publication. doi:10.1177/10731911221133483
11. Bryan, W. T., **Livingston, N.**, McNulty, J. L., Choate, K. T., Santa Ana, E. J., & Ben-Porath, Y. S. (in press). Exploring the MMPI-3 in a transgender and gender diverse sample. *Psychological Assessment.*
12. Carleton, R., Jamshidi, L., Maguire, K., Lix, L., Stewart, S., Afifi, T., . . . **Keane, T. M.**, & Asmundson, G. (2023). Mental health of Royal Canadian Mounted Police at the start of the cadet training program. *The Canadian Journal of Psychiatry.* Advance online publication. doi:10.1177/07067437221147425
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107. Valentine, S., Gell-Levey, I., Godfrey, L., & **Livingston, N.** (in press). The associations between gender minority stressors and PTSD symptom severity among trauma-exposed transgender and gender diverse adults. *Journal of Trauma & Dissociation.*

108. Valetine, S. E., Godfrey, L. B., Gellatly, R., Paul, E., Clark, C., Giovannini, K., . . . **Nillni, Y. I.** (in press). Supporting implementation of Written Exposure Therapy for posttraumatic stress disorder (PTSD) in an obstetrics-substance use disorder clinic. *Social Science and Medicine.*

109. Van Den Heuvel, K., Kirykowicz, K., Kirschbaum, C., Jaworksi, B., & **Owen, J. E.** (in press). Feasibility, acceptability and preliminary efficacy of a mental health self-management app in clinicians working during the COVID-19 pandemic: A pilot randomized controlled trial. *Psychiatry Research.*

110. **Vasterling, J. J.**, Franz, M., **Lee, L. O., Pless Kaiser, A., Proctor, S., Marx, B. P., Schnurr, P. P.**, . . . Aslan, M. (2023). Early predictors of chronic PTSD symptom trajectories in US army soldiers deployed to the Iraq War. *Journal of Traumatic Stress.* Advance online publication. doi:10.1002/jts.22964

111. Verfaellie, M., Patt, V., Lafleche, G., Hunsberger, R., & **Vasterling, J. J.** (in press). Imagining emotional future events in PTSD: Clinical and neurocognitive correlates. *Cognitive, Affective, and Behavioral Neuroscience.*

112. **Wolf, E. J.**, Higgins, D. M., Zhao, X., **Hawn, S. E.**, Sanborn, V., Todd, C. A., . . . **Miller, M. W.** (in press). MMPI-2-RF profiles of treatment-seeking veterans in a VA pain clinic and associations with markers of physical performance. *Journal of Clinical Psychology in Medical Settings.*

113. Wong, S. A., Lebois, L. A. M., Ely, T. D., van Rooij, S. J. H., Bruce, S. E., Murty, V. P., . . . **Miller, M. W.**, **Pietrzak, R. H.**, . . . Harnett, N. G. (2023). Internal capsule microstructure mediates the relationship between childhood maltreatment and PTSD following adulthood trauma exposure. *Molecular Psychiatry.* Advance online publication. doi:10.1038/s41380-023-02012-3

114. Woolley, M. G., **Smith, B. N.**, Micol, R. L., Farmer, C. C., & **Galovski, T. E.** (in press). Evaluating the relative contribution of patient effort and therapist skill in integrating homework into treatment for PTSD. *Psychological Trauma: Theory, Research, Practice, & Policy.*

115. **Zelkowitz, R., Kehle-Forbes, S., Smith, B. N., Vogt, D.**, & **Mitchell, K. S.** (in press). Associations between PTSD Criterion E2 endorsement and self-destructive behaviors in post-9/11 veterans: A focus on disordered eating. *Journal of Traumatic Stress.*

116. Zhao, Z., **Serier, K., Smith, B. N., Vogt, D., Kehle-Forbes, S.**, & **Mitchell, K. S.** (in press). Gender similarities and differences in associations between weight discrimination, shape/weight concerns, and eating disorder symptoms among post-9/11 veterans. *Eating Behaviors.*

117. Zhornitsky, S., Oliva, H., Jayne, L., Allsop, A., **Kaye, A., Potenza, M.**, & Angarita, G. (in press). Changes in synaptic markers after administration of ketamine or psychedelics: A systematic scoping review. *Frontiers in Psychiatry.* doi:10.3389/fpsyt.2023.1197890

118. Zielinski, M. J., Allison, M. K., Curran, G. M., **Kaysen, D. L.**, & Kirchner, J. E. (2022). Implementation of group cognitive processing therapy in correction centers: Anticipated determinants from formative evaluation. *Journal of Traumatic Stress.* Advance online publication. doi:10.1002/jts.22898

Appendix F: Scientific Presentations

Academy Health Annual Research Meeting | Seattle, WA | June 2023

1. Fotinos, C., **Livingston, N.**, LeBeau, L., Sarpong, A., & Hyde, J. *Opioid use disorder treatment during the COVID-19 pandemic: Insights for policy and practice* [Panel presentation].
2. Head, M., Henke, R., LeBeau, L., Benevent, R., White, M., Davenport, M., Chen, D., Stein, M., & **Livingston, N.** *Switching to methadone from other medications for opioid use disorder during the COVID-19 pandemic* [Poster presentation].
3. Henke, R., LeBeau, L., Head, M., Benevent, R., White, M., Mulvaney-Day, N., Gibson, T., Davenport, M., Chen, D., Stein, M., Meng, F., Hyde, J., Weisberg, R., & **Livingston, N.** *Telehealth during the pandemic and subsequent health care utilization for adults with preexisting opioid use disorder* [Poster presentation].
4. Henke, R., LeBeau, L., Head, M., Camacho-Cook, J., Benevent, R., White, M., Mulvaney-Day, N., Gibson, T., Davenport, M., Chen, D., Stein, M., Meng, F., Hyde, J., Weisberg, R., & **Livingston, N.** *Differences in access to telehealth for opioid use disorder treatment during the pandemic: A comparison of Medicaid, private insurance, and VA data* [Poster presentation].
5. **Livingston, N.** Treatment for opioid use disorder during COVID-19: Pandemic-related disruptions and expansion under federal MOUD policy exemptions during the public health emergency. In C. Fotinos (Chair), *Opioid use disorder treatment during the COVID-19 pandemic: Insights for policy and practice* [Symposium].
6. Sarpong, A., Sistad, R., Roth, C., Banducci, A., Simpson, T., Weisberg, R., Davenport, M., & **Livingston, N.** *Gender differences in utilization of therapy and medication for opioid use disorder during the Pandemic: A retrospective cohort study using nationwide Veterans Health Administration data.*

American Psychological Association | Washington, DC | November 2022

7. **Hampole, S. R., Heinz, A. J., McCaslin, S. E.**, Reyes, S., & **Mackintosh, M.** *Random forest modeling: A first step in identifying predictors of anger management app engagement* [Poster presentation].
8. Kaur, K., Asnaani, A., Levy, H., Miller, M., Tolin, D., & **McLean, C. P.** *Effect of exposure therapy for PTSD on quality of life: A meta-analysis* [Poster presentation].
9. Nguyen-Feng, V. N., Kathawalla, U-K., Archibald, E., **Owen, J. E.**, & **Street, A. E.** *A framework for integrating cultural sensitivity into self-management mobile mental health app development and evaluation* [IMPACT conference session].
10. Polizzi, C. P., McQuade, M., Katz, E., Mori, D. L., & **Niles, B. L.** *SMART goals in veterans with Gulf War illness and chronic pain: A whole health approach.*
11. Mandavia, A., Davenport, M., Sarpong, A., Meng, F., Weisberg, R., & **Livingston, N.** *Analyses of trends in morbidity and mortality among veterans with substance use disorders.*

American Public Health Association | Boston, MA | November 2022

12. Borowski, S., Rosellini, A. J., **Street, A. E.**, & **Vogt, D.** *Identifying military veterans at risk for experiencing suicidal ideation: Predictive value of psychosocial well-being versus psychopathology measures.*
13. Gibson, T., Head, M., **Livingston, N.**, Henke, R., Pack, K., Davenport, M., LeBeau, L., White, M., Hyde, J., Chen, D., Stein, M., Meng, F., & Weisberg, R. *Changes in health care utilization among enrollees with opioid use disorder after COVID-19 onset.*

14. LeBeau, L., White, M., Cubanski, L., Henke, R., Hyde, J., Weisberg, R., **Livingston, N.**, Jayanthi, S., Sarpong, A., & Mulvaney-Day, N. *Policy stakeholders' views on methadone take-home dosing flexibilities during COVID-19 and the possibility of continuation of these flexibilities after the public health emergency.*
15. LeBeau, L., White, M., Cubanski, L., Henke, R., Hyde, J., Weisberg, R., **Livingston, N.**, Jayanthi, S., Sarpong, A., & Mulvaney-Day, N. *Provider and policymaker's views on the changes to opioid use disorder treatment policy during the COVID-19 pandemic.*
16. **Livingston, N.**, Davenport, M., Head, M., Gibson, T., Henke, R., LeBeau, L., White, M., Hyde, J., Chen, D., Stein, M., Meng, F., & Weisberg, R. *Analysis of therapy encounters, detoxification, emergency department visits, and non-fatal overdoses among patients of Veterans Health Administration with opioid and alcohol use disorders during COVID-19.*
17. Sayko Adams, R., Forster, J., **Gradus, J. L.**, Hoffmire, C., Hostetter, T., Larson, M. J., Walsh, C., & Brenner, L. *Trends in suicide rates by rank and component among US army soldiers deployed between fiscal years 2008 and 2014.*

Association for Behavioral and Cognitive Therapies | New York, NY | November 2022

18. Barnes, S. M., Borges, L. M., & **Walser, R. D.** *ACT for life: Using acceptance and commitment therapy to prevents suicide and build meaningful lives* [Workshop presentation].
19. Buckley, B., McDevitt-Murphy, M. E., Murphy, J. G., Roache, J. D., Young-McCaughan, S., Litz, B. T., **Keane, T. M.**, & Peterson, A. L. *Predicting alcohol-related consequences with patterns of solitary and social drinking in a sample of veterans with PTSD* [Poster presentation].
20. **Galovski, T. E.**, & Bagley, J. *Examining psychotherapy dose for posttraumatic stress disorder and clinical outcomes* [Webinar].
21. **Galovski, T. E.**, & Jaffe, A. *Novel approaches to increase access and engagement in PTSD treatment* [Webinar].
22. **Harper, K. L., Lee, D. J., Keane, T. M.**, & **Marx, B. P.** *Understanding how adequate dose of psychotherapy relates to PTSD symptom change using Veterans Affairs administrative records* [Paper presentation].
23. **Keane, T. M.** Cognitive processes in PTSD risk and treatment. In B. Wisco (Chair), *Trauma and cognition: Cognitive processes in PTSD risk and treatment* [Symposium].
24. Knopp, K., McKee, G., **Schnitzer, J.**, Morland, L. A., Shirley, G. M., Connolly, S., & McDonald, S. The role of telehealth in providing equitable access to couple and family services among veterans before and during the COVID-19 pandemic. In K. Knopp (Chair), *Using technology to support couples during times of crisis* [Symposium].
25. **Kuhn, E. R.**, Possemato, K., Beehler, G. P., Barrie, K., & **Puran, D. N.** A randomized controlled trial of clinician-supported PTSD Coach among VA primary care patients. In M. Karekla (Chair), *Innovative digital interventions can transform health care delivery and alleviate suffering* [Symposium].
26. **Livingston, N.**, Lynch, K., Gatsby, E., **Shipherd, J. C.**, DuVall, S., & Williams, E. C. Alcohol-attributable deaths and years of life lost among veteran men and women: Overall and across minoritized and non-minoritized sexual orientations. In Scheer, J. (Chair), *Innovative approaches to studying unequal mental, behavioral, and physical health burdens on diverse sexual and gender minority populations* [Symposium].
27. **Livingston, N.**, Salomaa, A., Berke, D., Herbitter, C., **Harper, K. L.**, Bryan, W., Sloan, C., **Gyuro, L.**, Hinds, Z., Valentine, S., & **Shipherd, J. C.** Reading between the lines: What interventions do transgender and gender diverse individuals and providers recommend for addressing intersecting trauma and minority stress? In Rosenfeld, E. (Chair), *A queer eye on psychotherapy: A look at evidence-based treatments for sexual and gender minority clients* [Symposium].
28. Miller, M. L., Davis, A. C., & **McLean, C. P.** *Web based exposure for PTSD* [Poster presentation].

29. Raines, A. M., Tock, J. L., Houtsma, C., **Macia, K. S.**, Herwehe, J., & Constans, J. Comparing the interrelations of risk factors by method of suicide among Veterans: A network analysis approach. In A. Karnick (Chair), *Firearm injury, prevention, and suicidal behavior: Developing insights using public health data* [Symposium].
30. Wells, S., Grubbs, K. M., Knopp, K., Dedert, R., Jackson, G., **Kehle-Forbes, S.**, & Morland, L. A. Examining veterans' preferences for couples-based treatments and delivery. In S. Wells (Chair), *Understanding individuals' preferences for and experiences in PTSD treatment and delivery modalities* [Symposium].

International Society for Traumatic Stress Studies | Atlanta, GA| November 2022

31. **Alpert, E.**, Woolley, M. G., **Carpenter, J.**, **Smith, B. N.**, & **Galovski, T. E.** In-session patient and therapist factors that predict response and dropout in cognitive processing therapy. In E. Alpert (Chair), *Transdiagnostic predictors of treatment response and completion across trauma-focused treatments* [Symposium].
32. Banducci, A., Sistad, R., Newberger, N., Mathes-Winnicki, B., Mahoney, C., Davenport, M., Weisberg, R., & **Livingston, N.** *Policy changes for medications for opioid use disorder during COVID-19: Impacts on military service veterans as a function of co-occurring PTSD* [Poster presentation].
33. Bannister, J., **Meis, L.**, **Kehle-Forbes, S.**, Keller, J. A., & Downing, G. *The moral imperative of no research about me without me: Improving research equity and design through stakeholder engagement panels of veterans and clinicians* [Panel presentation].
34. **Carlson, E. B.**, Palmieri, P. A., **Macia, K. S.**, & **Pietrzak, R. H.** *Development and psychometric analyses of a broad measure of posttraumatic responses* [Poster presentation].
35. Checko, E., **Knight, J. A.**, **Whitworth, J.**, Santovito, L., Grazianno, P., & **Rasmusson, A. M.** *Neurobiological and psychological benefits of exercise in treating chronic pain and PTSD* [Poster presentation].
36. Checko-Scioli, E. R., **Knight, J. A.**, Whitworth, J. W., Spira, L., Graziano-Pinna, S., & Rasmusson, A. M. *Effects of a 3-month exercise training program on GABAergic neurosteroids and chronic pain in trauma exposed individuals with and without PTSD* [Poster presentation].
37. Creech, S. K., Pearson, R., Riggs, S. K., & **Taft, C. T.** Results from an open trial of Strength at Home – Parents: a group psychotherapy for veterans with PTSD and parenting difficulties. In M. Franz (Chair), *PTSD and caregiving among at-risk families: Mechanisms of risk and recovery* [Symposium].
38. **Crow, T.**, Lin, E., **Keane, T. M.**, & **Marx, B. P.** Machine learning approaches for predicting interview-diagnosed PTSD in veterans using electronic health record data. In S. Ellickson (Chair), *Trauma exposure as a transdiagnostic risk factor among combat-exposed veterans* [Symposium].
39. **Crowe, M. L.**, **Keane, T. M.**, & **Marx, B. P.** Examination of traumatic stress as a transdiagnostic risk factor. In S. Ellickson (Chair), *Trauma exposure as a transdiagnostic risk factor among combat-exposed veterans* [Symposium].
40. **Cuccurullo, L. J.**, Bowen, M., & Fast, E. *The role of leadership support in increasing evidence-based care and decreasing burn out at VA: Perspectives from implementation facilitation* [Panel presentation].
41. **Esterman, M.** *An fMRI-based attention-mediated information processing pathway in PTSD* [Flash talk presentation].
42. Fredman, S. J., Le, Y., Macdonald, A., Monson, C. M., Blount, T., Fina, B., Hall-Clark, B. N., Dondanville, K. A., Mintz, J., Litz, B. T., Young-McCaughan, S., Yarvis, J. S., **Keane, T. M.**, & Peterson, A. L. Relationship-oriented moderators of outcomes from an uncontrolled trial of intensive, multi-couple group therapy for PTSD. In D. Rozek (Chair), *PTSD treatment and interpersonal relationships: Outcomes and opportunities* [Symposium].
43. **Galovski, T. E.** The impact of WoVeN on the well-being and quality of life of women veterans with and without PTSD and depression. In D. Vogt (Chair), *Considering the broader social context to better understand and address the needs of trauma-exposed populations* [Symposium].

44. **Galovski, T. E.** The relative impact of different types of military sexual trauma during military service on long-term PTSD, depression and suicidality. In N. Holder (Chair), *Beyond PTSD: The diverse impacts of military sexual trauma on biopsychosocial functioning* [Symposium].
45. **Galovski, T. E., McSweeney, L.**, Woolley, M. G., **Alpert, E.**, & **Nillni, Y. I.** The relative impact of different types of sexual trauma during military service on long-term PTSD, depression, and suicidality. In N. Holder (Chair), *Beyond PTSD: the diverse impacts of military sexual trauma on biopsychosocial functioning* [Symposium].
46. Griffin, B., **Pietrzak, R. H., McLean, C. P., Hamblen, J. L.**, & **Norman, S. B.** The Moral Injury and Distress Scale: Psychometric evaluation and initial validation in three populations at high risk for moral injury. In B. Griffin (Chair), *From the frontlines of war to COVID-19: Advances in understanding moral injury across military and civilian occupations* [Symposium].
47. Gyuro, L., Borowski, S., **Street, A.**, & **Vogt, D.** *Psychological comorbidities after trauma exposure in veterans: PTSD, alcohol use disorder, and suicidal ideation* [Poster presentation].
48. **Hallenbeck, H. W., Wielgosz, J., Cohen, Z. D., Kuhn, E. R.**, & **Cloitre, M.** Using machine learning to identify prognostic predictors of outcomes in a transdiagnostic, skills-based intervention (webSTAIR) for trauma-exposed veterans. In M. Cloitre (Chair), *Transdiagnostic approaches to mobile health interventions for trauma exposed populations: Mediators, moderators and outcomes* [Symposium].
49. Hamrick, L., **Larsen, S., Sippel, L. M.**, Sherman, K., Resick, P., & **Galovski, T. E**. Benchmarking quality of life to PTSD symptom changes in cognitive processing therapy. In D. Vogt (Chair), *Considering the broader social context to better understand and address the needs of trauma-exposed populations* [Symposium].
50. **Harper, K. L., Vogt, D., Nillni, Y. I.**, & **Galovski, T. E.** (2022, November). *The transdiagnostic impact of trauma and minority stress on help-seeking among LGBTQ+ individuals* [Symposium].
51. Holder, N., Maguen, S., Holliday, R., **Vogt, D.**, Bernhard, P. A., Hoffmire, C., Blosnich, J. R., & Schneiderman, A. I. (2022, November). *Psychosocial Outcomes Among Veteran and non-Veteran Survivors of Sexual Assault* [Symposium].
52. **Iverson, K. M.** Recovering from IPV through strengths and empowerment in routine VHA care. In S. Cowlishaw (Chair), *Intimate partner violence in military populations: An international perspective* [Symposium].
53. Juhasz, K., **Becket-Davenport, C. M., Bosch, J. O., Jamison, A. L.**, & McGee-Vincent, P. *Hands-on skills for using mobile apps to support mental health* [Workshop presentation].
54. Juhasz, K., **Hampole, S. R.**, Wu, J., **Mackintosh, M., Jamison, A. L., Becket-Davenport, C. M., Bosch, J. O.**, & McGee-Vincent, P. Development and evaluation of a digital safety plan for suicide prevention. In K. M. Juhasz (Chair), *Using multimodal data to evaluate the effectiveness of mobile mental health resources* [Symposium].
55. **Kimerling, R.**, Ward, R., & **Tamayo, G. C.** *Beyond gender and PTSD: Using composite indicators to examine social influences* [Poster presentation].
56. **Larsen, S., Sloan, D. M.**, Astin, M., Lee, J., Skopp, N., Andrews, T., Shepard, S., Melka, S., Morris, J., McManus, E., Kaler, M., Libretto, S., Cunningham, S., Bellanti, D., Stewart, A., Berstein, C., Mascaro, N., Lamp, K., Boland, S., & **McCarthy, E.** *Implementation of written exposure therapy: Innovations to expand access* [Panel presentation].
57. **Lee, D. J., Crowe, M. L., Weathers, F. W., Bovin, M. J., Sloan, D. M.**, & **Marx, B. P.** An item response theory analysis of the Clinician-Administered PTSD scale for DSM-5 among veterans. In D. Lee (Chair), *Advances in our understanding of how, and for whom, PTSD assessment works well* [Symposium].
58. **Lee, D. J., Thompson-Hollands, J., Keane, T. M.**, & **Marx, B. P.** Longitudinal dynamics between PTSD and psychosocial functioning in the 15 years following return from deployment for male and female veterans. In S. Ellickson (Chair), *Trauma exposure as a transdiagnostic risk factor among combat-exposed veterans* [Symposium].

59. **Macia, K. S.**, Blonigen, D. M., & **Carlson, E. B.** Transdiagnostic mechanisms of functional improvement in a web-based skills training intervention for trauma survivors. In M. Cloitre (Chair), *Transdiagnostic mobile health interventions for trauma exposed populations: Mediators, moderators, and outcomes* [Symposium].
60. **Meis, L.**, Glynn, S. M., **Spoont, M.**, **Kehle-Forbes, S.**, Nelson, D., & Polusny, M. A. A test of family inclusion in Prolonged Exposure to optimize treatment engagement for veterans with PTSD. In D. Rozek (Chair), *PTSD treatment and interpersonal relationships: Outcomes and opportunities* [Symposium].
61. **Mitchell, K. S.** Discussant. In R. L. Zelkowitz (Chair), *Trauma and disordered eating: Risk and resilience processes and implications for treatment* [Symposium].
62. Newberger, N. G., Hinds, Z., Mahoney, C. T., Bryant, W. T., Herbitter, C., Weiss, N., & **Livingston, N.** *Proximal associations between minority stress, cannabis use, and mood among sexual and gender minority individuals* [Poster presentation].
63. **Niles, B. L.**, McQuade, M., **Crow, T.**, & Mori, D. L. *Changes in psychological symptoms among veterans participating in a mind-body intervention: The role of PTSD* [Poster presentation].
64. **Nillni, Y. I.**, Rossi, F., **Fox, A. B.**, Duke, C., & **Galovski, T. E.** Ongoing community violence and mental health symptoms among veterans: The moderating role of social support. In D. Vogt (Chair), *Considering the broader social context to better understand and address the needs of trauma-exposed populations* [Symposium].
65. Ong, L. E., Speicher, S. S., **Villasenor, D. L.**, **Macia, K. S.**, & **Cloitre, M.** (2022, November). *Preliminary report from a trial comparing brief peer-supported webSTAIR to waitlist for transdiagnostic outcomes in a sample of veterans with symptoms of PTSD and/or depression* [Poster presentation].
66. Pandey, S., Fonda, J., McGrory, C., Roque, A., **Rasmusson, A. M.**, & **Pineles, S. L.** *Neurosteroid levels in women with and without PTSD during two different phases of the menstrual cycle* [Poster presentation].
67. **Pineles, S. L.**, Pengsheng, N., Pandey, S., Japuntich, S. J., **Shor, R.**, & **Rasmusson, A. M.** *Tobacco-withdrawal induced changes in sensorimotor filtering as a predictor of smoking lapse in trauma-exposed individuals* [Flash talk presentation].
68. **Pless Kaiser, A.**, & **Davison, E.** *Addressing veterans' memories of trauma and posttraumatic stress disorder in later life and at end-of-life: An innovative multimedia presentation of a podcast and educational videos* [Multimedia presentation].
69. **Rosen, C. S.**, Kaplan, A., Nelson, D. B., **La Bash, H.**, & Sayer, N. A. *Burnout among PTSD psychotherapists before and during the COVID-19 pandemic: Risk and protective factors* [Paper presentation].
70. **Schnurr, P. P.**, Chow, B. K., **Crow, T.**, **Marx, B. P.**, **Caudle, K. L.**, & Shih, M. Predictors of outcome in cognitive processing therapy and prolonged exposure. In R. Bryant (Chair), *Advances in treating PTSD* [Symposium].
71. **Schnurr, P. P.** Discussant. In J. Hamblen (Chair), *Looking beyond PTSD severity: Exploring categorical measures of treatment response* [Symposium].
72. **Schnurr, P. P.** Discussant. In K. Jakubowski (Chair), *Cardiometabolic and cognitive health consequences of interpersonal violence across the life course* [Symposium].
73. **Schnurr, P. P.** Limited effects of treatment for PTSD on secondary outcomes. In S. Stoycos (Chair), *The impact of treatment for PTSD and trauma-related guilt on co-occurring conditions* [Symposium].
74. **Schnurr, P. P.** Predictors of outcome in cognitive processing therapy and prolonged exposure. In R. Bryant (Chair), *Advances in treating PTSD* [Symposium].
75. **Serier, K.**, **Vogt, D.**, Pandey, S., & **Smith, B. N.** Analysis of the bidirectional relationships between posttraumatic stress and depression symptoms with physical health functioning in post-9/11 veteran men and women deployed to a war-zone. In B. N. Smith (Chair), *Long-term implications of traumatic stress for health, functioning, and treatment: Examining and addressing trauma sequelae in veteran and non-veteran adult populations from a lifespan perspective* [Symposium].

76. **Serier, K.**, **Zelkowitz, R.**, & **Mitchell, K. S.** (2022, November). Posttraumatic negative cognitions as a moderator of pathways from trauma exposure to disordered eating in male and female post-9/11 veterans [Symposium]. In R. Zelkowitz (Chair), *Trauma and disordered eating: Risk and resilience processes and implications for treatment.*
77. Sistad, R. E., **Kimerling, R.**, **Schnurr, P. P.**, & **Bovin, M. J.** Diagnostic accuracy of the PCL-5 for veterans with and without positive AUDIT-C screens. In Lee, D. J. (Chair), *Advances in our understanding of how, and for whom, PTSD assessment works well* [Symposium].
78. **Sloan, D. M.**, **Marx, B. P.**, Acierno, R., & Messina, M. Comparing remote delivery of written exposure therapy versus prolonged exposure in the treatment of veterans: a randomized non-inferiority study. In R. Stewart (Chair), *Delivery of trauma focused treatment via telehealth across the lifespan: Outcomes and special considerations for child and adult populations* [Symposium].
79. **Sloan, D. M.**, **Marx, B. P**., Peterson, A., & Resick, P. A. Written exposure therapy outcomes: Loss of PTSD diagnosis, reliable change, clinically meaningful outcome. In J. Hamblen (Chair), *Looking beyond PTSD severity: Exploring categorical measures of treatment response* [Symposium].
80. **Smith, B. N.**, **Pless Kaiser, A.**, **Spiro, A.**, Stellman, J., & Stellman, S. Examining the longitudinal course and correlates of PTSD among male U.S. veterans of the Vietnam War. In B. N. Smith (Chair), *Long-term implications of traumatic stress for health, functioning, and treatment: Examining and addressing trauma sequelae in veteran and non-veteran adult populations from a lifespan perspective* [Symposium].
81. Stevens, S. K., Timmer-Murillo, S., Wies, C. N., Boals, A., Larson, C. L., deRoon-Cassini, T. A., & **Larsen, S.** *Event centrality and posttraumatic stress after traumatic injury: A longitudinal investigation* [Flash talk presentation].
82. Stoycos, S. A., Straud, C. L., Blankenship, A. E., **Marx, B. P.**, Peterson, A. L., Resick, P. A., **Stanley, I. H.**, Young-McCaughan, S., Sloan, D. M., & STAR Consortium, S.T.R.O.N.G. Examining secondary outcomes for military service members treated with written exposure therapy and cognitive processing therapy for PTSD. In S. Stoycos (Chair), *The impact of treatment for PTSD and trauma-related guilt on co-occurring conditions* [Symposium].
83. **Tamayo, G. C.**, & **Kimerling, R.** Confidence in using mobile apps: Exploring the role of health literacy among veterans with PTSD. In K. M. Juhasz (Chair), *Using multimodal data to evaluate the effectiveness of mobile mental health resources* [Symposium].
84. Tu, J., Clark, A., **Fernando, M.**, Prakash, K., & Koch, E. I. *Racial trauma symptoms are independent of racial identity affiliation* [Poster presentation].
85. Vogt, D., **Borowski, S.**, Finley, E., & Copeland, L. Consequences of PTSD for the social well-being of newly discharged U.S. military veterans. In D. Vogt (Chair), *Considering the broader social context to better understand and address the needs of trauma-exposed populations* [Symposium].
86. **Wachen, J. S.**, Morris, K., Mazzulo, N. N., **Cole, A.**, **Galovski, T. E.**, **Kehle-Forbes, S.**, & Dondanville, K. *In their own words: service members' perspectives on engaging in massed vs standard cognitive processing therapy* [Poster presentation].
87. **Whitworth, J.**, Nosrat, S., Santa Barbara, N., & Pebole, M. *Acute exercise-related changes in affective valence and perceived distress predict reductions in PTSD symptom severity* [Poster presentation].
88. **Wielgosz, J.**, **Walser, R. D.**, **Owen, J. E.**, & **Kuhn, E. R.** Mobile-based mindfulness training as a transdiagnostic intervention for PTSD in military veterans. In M. Cloitre (Chair), *Transdiagnostic approaches to mobile health interventions for trauma exposed populations: Mediators, moderators and outcomes* [Symposium].
89. **Wolf, E. J.** Discussant. In A. Maihofer (Chair), *The influence of posttraumatic stress disorder on negative physical health outcomes: Mechanistic insights derived from genomic data* [Symposium].
90. **Wolf, E. J.**, **Hawn, S. E.**, **Sullivan, D. R.**, **Miller, M. W.**, Zhao, X., & McGlinchey, R. E. *The neurobiological and genetic underpinnings of the dissociative subtype of PTSD* [Paper presentation].
91. **Zelkowitz, R.**, Sienkiewicz, M. E., **Vogt, D.**, **Smith, B. N.**, & **Mitchell, K. S.** Gender differences in direct and indirect associations of trauma types with disordered eating in a national US veteran sample. In R. L. Zelkowitz (Chair), *Trauma and disordered eating: Risk and resilience processes and implications for treatment* [Symposium].

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92. **Eliacin, J.**, Burgess, D., Rollins, A. L., Patterson, S. M., Damush, T. S., Bair, M. J., O'Connor, C., Chinman, M., Slaven, J., & Matthias, M. S. *PARTNER-MH: Peer-led navigation for minoritized veterans receiving mental health services: A pilot study.*
93. **Eliacin, J.**, Burgess, D., Rollins, A. L., Patterson, S. M., O'Connor, C., & Matthias, M. S. *How did VA peer support adapt to meet veterans' needs during the COVID-19 pandemic? A qualitative investigation.*
94. Goldstein, M., Sankarkumar, A. H., **Kimerling, R.**, Clayman, M., & Midboe, A. *Patient education and health literacy field-based advisory event* [Webinar].
95. Hausmann, L., Cohen, A. J., **Eliacin, J.**, Gurewich, D. A., Lee, R. E., McCoy, J. L., Meterko, M., Michaels, Z., Moy, E. M., Procario, G. T., Russell, L., & Schaefer, J. *Brief assessment of social risks for the Veterans Health Administration Survey of Healthcare Experiences of Patients.*
96. **Kimerling, R.**, Zulman, D. M., Lewis, E., **Tamayo, G. C.**, Reise, S., & Schalet, B. D. *The return on engagement: Validity of a new veteran-centered measure of healthcare engagement.*
97. **Rosen, C. S.**, Kaplan, A., Nelson, D. B., **La Bash, H.**, Chard, K. M., **Eftekhari, A.**, **Kehle-Forbes, S.**, **Wiltsey Stirman, S.**, & Sayer, N. A. *Risk and protective factors for burnout among VA psychotherapists treating PTSD before and during the COVID-19 pandemic.*
98. Wolfe, H. L., Vimalananda, V. G., Wong, D. H., Reisman, J. I., Rao, S. R., **Shipherd, J. C.**, Blosnich, J. R., **Livingston, N.**, & Jasuja, G. K. *Patient characteristics associated with receipt of gender-affirming hormone therapy in the Veterans Health Administration.*
99. Zulman, D. M., Slightman, C., **Kimerling, R.**, Ferguson, J., VanCampen, J., Greene, L. A., & Soohoo, S. *Necessary but not sufficient: Implementation and effectiveness of VA's digital divide initiative during the COVID-19 pandemic.*

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100. McQuade, M., Ting, M., Paszkiewicz, M., Busser, C., Mori, D. L., Wang, C., & **Niles, B. L.** *Protocol for a randomized feasibility trial of remote-delivery interventions: Tai chi and wellness for PTSD and pain in veterans.*
101. **Niles, B. L.**, Mori, D. L., & Wang, C. *Adapting randomized controlled tai chi trials for remote delivery: Is going virtual the new normal?* [Symposium].
102. Paszkiewicz, M., McQuade, M., Ting, M., Busser, C., Polizzi, C., Crow, T., **Niles, B. L.**, & Mori, D. *Veteran satisfaction with remote delivery of tai chi for pain and Gulf War symptomatology*.
103. Rhoads, C. J., Jahnke, R., Baumgarden, J., Rosenthal, D., Lui, W., & **La Bash, H.** *Integrative medicine challenges: Economic systematic review.*
104. Ting, M., McQuade, M., Benevides, E., Paszkiewicz, M., Busser, C., Crow, T., Polizzi, C., Mori, D., Wang, C., & **Niles, B. L.** *Stress reduction and qualitative findings following tai chi intervention for veterans with Gulf War illness.*

Other

105. Adams, R., Brenner, L., Forster, J., **Gradus, J. L.**, Hostetter, T., Hoffmire, C., Walsh, C., Larson, M. J., & Stearns-Yoder, K. A. (2023, March). *Military-related traumatic brain injury increases rates of new onset mental health conditions and risk for suicide.* 14th World Congress on Brain Injury, Dublin, Ireland.
106. Atherton, O. E., Graham, E. K., **Spiro, A.**, Schulz, M., Waldinger, R. J., Mroczek, D. K., & **Lee, L. O.** (2022, November). To what extent is there intergenerational continuity in early life stressors? In L. O. Lee (Chair), *Innovative approaches to evaluating the lifespan associations of stress, health, and well-being* [Symposium]. Gerontological Society of America 75th Annual Meeting, Indianapolis, IN.

107. **Azevedo, K. J.**, Glover, S., Gay, E., & Lindley, S. (2023, May). *Ways rural trauma-affected veterans experience outpatient group peer support.* 10th Annual Neuroscience Forum, Stanford, CA.
108. Borges, L. M., & **Walser, R. D.** (2023, July). *Working with the self in the context of moral injury* [Workshop]. Association for Contextual Behavioral Science 21st Annual Meeting, Nicosia, Cyprus.
109. Buckheit, K., Possemato, K., & **Kuhn, E. R.** (2023, June). *An exploration of alcohol use and mechanisms of change during PTSD treatment in primary care* [Poster presentation]. Research Society on Alcohol 45th Annual Meeting, Bellevue, WA.
110. **Carpenter, J.**, **Galovski, T. E.**, **Pineles, S. L.**, Verfaellie, M., & **Smith, B. N.** (2023, August). *Memory support strategies to enhance memory and learning in PTSD treatment: Study design for a clinical trial* [Poster presentation]. 14th Annual Meeting of the Society for Applied Research on Memory and Cognition, Nagoya, Japan.
111. **Carpenter, J.**, Sarfan, L. D., & Harvey, A. H. (2023, April). *What did I learn from therapy again? Predictors of memory for treatment content in cognitive therapy for depression.* Anxiety and Depression Association of America Annual Conference, Washington, DC.
112. Chang, C., **Livingston, N.**, Rashkovsky, K. T., **Harper, K. L.**, Khalifian, C., Kuehn, K. S., Harned, M. S., Tucker, R., & Depp, C. A. (2023, April). *Suicide prevention interventions for LGBTQ+ adults: A scoping review.* Suicide Research Symposium.
113. Constans, J., Raines, A. M., Nanney, J., **Macia, K. S.**, & Wamser-Nanney, R. (2022, November). *Validation of the gun behavior and belief scale with a US veteran sample.* National Research Conference on Firearm Injury Prevention, Washington, DC.
114. **Cosgrove, K.** (2023, June). *Translational imaging of HDAC6 in PTSD* [Webinar]. Martinos Imaging Center, Harvard University, Cambridge, MA.
115. **Cosgrove, K.** (2023, March). *Imaging HDAC6 in PTSD model* [Webinar]. Stony Brook University PET Center, Stony Brook, NY.
116. Cruitt, P., Kraft, C., Gravely, A., Larson, M., & **Spoont, M.** (2023, September). *Psychopathology and engagement in complementary and integrative health practices* [Presentation]. Annual Meeting of the Society for Research in Psychopathology, St Louis, MO.
117. **Eliacin, J.**, & Hausmann, L. (2023, April). *Leveraging online technology for rapid qualitative analysis and advisory board engagement.* Society of Behavioral Medicine, Phoenix, AZ.
118. **Eliacin, J.**, Burgess, D., Patterson, S. M., Mendez, D. M., Traylor, M. H., Borden, M., Slaven, J. E., Reinhard, E., & Matthias, M. (2023, April). *Feasibility and acceptability of a healthcare system-based, peer-led intervention to reduce social isolation among veterans.* Society of Behavioral Medicine, Phoenix, AZ.
119. **Esterman, M.** (2023, May). Impoverished attention network recruitment and biased information processing in PTSD. In Amit Lazarov (Chair), *Deficient sustained attention in PTSD.* Association for Cognitive Bias Modification 2nd Annual Meeting, Bethesda, MD.
120. Feldman, R., **Hallenbeck, H. W.**, Eckland, N., & Thompson, R. J. (2023, March). *Indecisiveness and discrepant emotions in major depressive disorder* [Poster presentation]. Society for Affective Science, Long Beach, CA.
121. **Fernando, M.**, Tu, J., Chananna, J., Prakash, K., Jefferson, S., Sexton, M. B., & Koch, E. (2023, April). *PTSD clinician-administered interviews as a proxy-measure of racial trauma* [Poster presentation]. Anxiety and Depression Association of America Annual Convention, Washington, DC.
122. Fu, S., **Meis, L.**, & Wyman, M. (2023, September). *Veteran research engagement groups: Unlocking the potential of veteran voices.* 31st Annual Conference for the National Association of Veterans' Research and Education Foundations, St. Paul, MN.
123. **Gelernter, J.** (2023, August). *Genetics studies of alcohol use and related traits: Finding risk genes and what we can do with them once we've found them.* Bangkok, Thailand.

124. **Gelernter, J.** (2023, May). *Genetics and biology of cannabis use disorder.* 5th TSAP Annual Conference, Krabi, Thailand.
125. **Gelernter, J.** (2023, September). *The unique and remarkable value of the Million Veteran Program for genetics studies of psychiatric traits.* Million Veteran Program – Mental Health Site Investigators National Meeting, Washington, DC.
126. **Girgenti, M. J.** (2023, April). *Single cell dissection of PTSD brain circuitry.* Geisel School of Medicine at Dartmouth, Hanover, NH.
127. **Girgenti, M. J.** (2023, April). Single-cell genomic analysis reveals cell type-specific molecular signatures in Human PTSD. In L. Huckins (Chair), *Single-cell genomic analysis reveals cell type-specific molecular signatures in human PTSD* [Symposium]. Society of Biological Psychiatry, San Diego, CA.
128. **Girgenti, M. J.** (2023, May). An integrative multi-omics dissection of PTSD across brain regions and cell types. In J. Philips (Chair), *An integrative multi-omics dissection of PTSD across brain regions and cell types* [Symposium]. CINP World Congress of Neuropsychopharmacology, Montreal, Canada.
129. **Hallenbeck, H. W.**, Gray, C. P., Armstrong, C. M., **Owen, J. E.**, Urosevic, S., **Woodward, S. H.**, Seal, K. H., **Cloitre, M.**, & **Kuhn, E. R.** (2023, June). Mobile monitoring of PTSD and depression symptoms among veterans in VA mental health care: A mixed method study of provider perspectives. In Z. W. Hawks (Chair), *Integration of EMA and passive sensing* [Symposium]. Society for Ambulatory Assessment biennial meeting, Amsterdam, NL.
130. Helm, A., Touchett, H., Chen, P., Fletcher, T. L., Arney, J., Hogan, J. B., Wassef, M., **Cloitre, M.**, & Lindsay, J. A. (2023, May). *A qualitative assessment of patient satisfaction with a coach-guided technology-based mental health treatment* [Poster presentation]. National Rural Health Association Annual Meeting, San Diego, CA.
131. **Kaye, A.** (2022, December). *Norepinephrine dynamics represent threat prediction errors under uncertainty.* American College of Neuropsychopharmacology, Phoenix, AZ.
132. **Kaye, A.** (2022, November). Advances in understanding the role of norepinephrine in motivated behavior. In A. Kaye (Chair), *Advances in understanding the role of norepinephrine in motivated behavior* [Minisymposium]. Society for Neuroscience Annual Meeting, San Diego, CA.
133. **Kaye, A.** (2023, August). *The role of norepinephrine in the circuit and behavioral effects of entactogens* [Presentation]. Instituto de Psychiatria in the Universidade de Sao Paulo, Sao Paulo, Brazil.
134. **Kaye, A.**, Kwan, A., Pittenger, C., & Yang, J. H. (2023, May). Circuit- and behavioral-level investigation of plasticity after administration of entactogens in mice. In A. Kaye (Chair), *Biological psychiatry.* Society of Biological Psychiatry Meeting, San Diego, CA.
135. **Kimerling, R.** (2023, September). *Determinants of healthcare engagement among women veterans* [Presentation]. 2023 VA Women's Health Services Research Conference: Accelerating Impacts through Partnered Research, Arlington, VA.
136. **Logue, M. W.**, Zheng, Y., Garrett, M., Maihofer, A., Clarke, E., Haswell, C., Delin, S., Peverill, M., McLaughlin, K., Sambrook, K., Davenport, N., Disner, S., Korgaonkar, M., Bryant, R., Varkevisser, T., Geuze, E., Beckham, J., Kimbrell, N., Coleman, J., & **Sullivan, D. R.** (2023, April). *Childhood trauma exposure and PTSD diagnosis interact with polygenic determinants of hippocampal and amygdala volume* [Presentation]. 78th Annual Meeting of the Society of Biological Psychiatry, San Diego, CA.
137. Mahoney, C. T., **Moshier, S. J.**, **Livingston, N.**, Dixon, K. E., & **Marx, B. P.** (2023, March). Growth mixture modeling of co-occurring trajectories of PTSD & SUDs during trauma-focused treatment. In C. T. Mahoney (Chair), *From the lab to the clinic: Basic and applied findings on co-occurring PTSD and SUDs* [Symposium]. 11th annual meeting of the Collaborative Perspectives on Addiction, Albuquerque, NM.
138. Mallard-Swanson, K., Whittaker, F., **La Bash, H.**, Liebman, R., Miller, C., Haine-Shlagel, R., **Wiltsey Stirman, S.**, & Monson, C. (2022, October). *A comparison of continuous quality improvement and fidelity-based learning collaboratives for Cognitive Processing Therapy.* Society for Implementation Research Collaboration, San Diego, CA.

139. Marino, V., **Spiro, A.**, & **Lee, L. O.** (2022, November). Coping variability and its association with all-cause mortality. In L. O. Lee (Chair), *Innovative approaches to evaluating the lifespan associations of stress, health, and well-being* [Symposium]. 75th Annual Meeting of the Gerontological Society of America, Indianapolis, IN.
140. Matthias, M. S., Daggy, J. K., Bair, M. J., Burgess, D. J., **Eliacin, J.**, Rand, K. L., Myers, L. J., Salyers, M. P., & Hirsh, A. T. (2023, May). *Communication and activation in pain to enhance relationship and treat pain with equity (COOPERATE): A randomized clinical trial.* Society of General Internal Medicine, Aurora, CO.
141. **McLean, C. P.**, & **Rosen, C. S.** (2022, October). *Barriers and potential solutions to implementing evidence-based PTSD treatment in military treatment facilities* [Conference session]. 7th Annual San Antonio Combat PTSD Conference, San Antonio, TX.
142. Merritt, V., Maihofer, A., Gasperi, M., Ketema, E., Chanfreau-Coffinier, C., Stein, M. B., Panizzon, M. S., Hauger, R. L., **Logue, M. W.**, Delano-Wood, L., & Nievergelt, C. (2022, December). *Genome-wide association study of traumatic brain injury in U.S. military veterans enrolled in the VA Million Veteran Program.* MVP Science Meeting, St. Petersburg, FL.
143. **Mitchell, K. S.** (2023, June). Comorbidity in eating disorders: Theory, evidence, and clinical implications. In A. Dingemans & J. Lavender (Chairs) *Together or apart? Considering how and when to address mental health comorbidities in the psychological treatment of eating disorders* [Plenary presentation]. Academy for Eating Disorders International Conference, Washington, DC.
144. **Mitchell, K. S.** (2023, June). Eating disorders in male and female veterans. In J. Lavender (Chair), *Disordered eating in the military family: Service members, veterans, and dependent youth.* Academy for Eating Disorders International Conference, Washington, DC.
145. **Mitchell, K. S., Smith, B. N., Kehle-Forbes, S.**, & **Vogt, D.** (2023, June). *The impact of the COVID-19 pandemic and pre-existing mental health symptoms on eating disorder diagnostic status in veteran men and women.* Academy for Eating Disorders International Conference, Washington, DC.
146. **Mitchell, K. S., Zelkowitz, R., Serier, K., Smith, B. N., Kehle-Forbes, S., Vogt, D.**, & **Zelkowitz, R.** (2023, September). *Network models of eating disorder and posttraumatic stress disorder symptoms in two national samples of U.S. veterans* [Paper presentation]. Eating Disorders Research Society Annual Meeting, Boston, MA.
147. Moye, J., Bashian, H. M., Heintz, H., Daks, J., Baird, L., **Pless Kaiser, A.**, O'Malley, K., & Etchin, A. (2022, November). Addressing trauma in older veterans in home-based primary care. In S. Landes & J. M. Wilmoth (Chairs), *Physical and mental health outcomes among older military veterans.* Gerontological Society of America 2022 Annual Scientific Meeting, Indianapolis, IN.
148. Naeser, M. A., Martin, P. I., Ho, M. D., Krengel, M. H., Bogdanova, Y., **Knight, J. A.**, Hamblin, M. R., Fedoruk, A., Poole, L. G., Cheng, C. H., & Koo, B. B. (2023, June). *Transcranial photobiomodulation to improve cognition and behavior/mood in ex-football players with possible chronic traumatic encephalopathy; improved functional connectivity and NAA levels on MRI* [Paper presentation]. 3rd Global Webinar on Alzheimer's and Dementia, London, England.
149. Nock, N., Janke, A., Stoutenberg, M., Cook, D., **Whitworth, J.**, & Gordon, A. (2023, May). *Exercise as medicine for people with a substance use disorder: an ACSM call to action statement* [Poster presentation]. 2023 ACSM Annual Meeting & World Congresses, Denver, CO.
150. Panelli, D. M., Esmaeili, A., Joyce, V., Chan., C., Gujral, K., Schmitt, S., Murphy, N., **Kimerling, R.**, Leonard, S. A., Shaw, J. G., & Phibbs, C. S. (2023, February). *Impact of psychiatric conditions on the risk of severe maternal morbidity in veterans* [Poster presentation]. Forty-third Annual Society for Maternal-Fetal Medicine Meeting, San Francisco, CA.
151. **Peltier, M. R.** (2023, June). *Problematic alcohol use and cognition across the menopausal transition.* Research Society on Alcohol, Bellevue, WA.
152. **Peltier, M. R.** (2023, March). *Alcohol and tobacco use among older females: looking across the menopausal transition* [Presentation]. Division of Addictions at Yale, Department of Psychiatry, Yale School of Medicine, New Haven, CT

153. **Pless Kaiser, A.** (2023). U.S. Vietnam veterans in late life: Clinical considerations of addressing the impact of trauma and PTSD. In Quach, L. (Chair), *Long-term effects of military service in Vietnam.* Legacies of the American/Vietnam War, Virtual – U.S. and Vietnam.
154. Rando, A. A., & **Thompson-Hollands, J.** (2023, February). *Veteran and romantic partner goals for family involvement in PTSD treatment: Results from a study of dyads* [Webinar]. VA Advanced Family Topics Seminar.
155. Rohs, C., Polzer, E. R., Holliday, R., Simonetti, J., Thomas, S. M., **Iverson, K. M.**, Miller, C., Brenner, L., & Monteith, L. (2023, September). *Women veterans' experiences discussing household firearms with their intimate partners: lethal means safety implications* [Presentation]. VA Women's Health Services Research Conference: Accelerating Impacts Through Partnered Research, Arlington, VA.
156. Roth, C. E., **Zweig, I., Kimerling, R., Schnurr, P. P.**, & **Bovin, M. J.** (2023, April). *Exploring veterans' willingness to disclose military sexual trauma for a posttraumatic stress disorder interview* [Poster presentation]. Anxiety and Depression Association of America Annual Meeting, Washington, DC.
157. SantaBarbara, N., Nosrat, S., Morton, A., Reardon, & **Whitworth, J.** (2023, May). *Efficacy of resistance training as an aid to smoking cessation in people living with HIV: A secondary analysis* [Poster presentation]. 2023 ACSM Annual Meeting & World Congresses, Denver, CO.
158. **Schnurr, P. P.** (2023, April). *Psychotherapy for PTSD*. Annual Mary Seaman lecture, City-Wide Psychiatry Grand Rounds, University of Toronto, Toronto, ON
159. Singh, R., Landes, S. J., Abraham, T. H., McFrederick, P. C., Kauth, M. R., **Shipherd, J. C.**, & Kirchner, J. E. (2022, December). *Moving from LGBTQ+ affirming policies to healthcare practice in the Veterans Health Administration: Preliminary findings in the southern United States* [Poster presentation]. Science of Dissemination and Implementation 15th Annual Conference, Washington, DC.
160. **Sloan, D. M.** (2023, January). *Delivering written exposure therapy* [Grand Rounds Webinar]. Lorenz Clinic of Family Psychology, Victoria, MN.
161. **Smith, B. N.** (2023, April). *Examining the implications of wartime stress exposures for women veterans' health and functioning in the years and decades following service* [Keynote presentation]. Annual Meeting of the Korean Society for Traumatic Stress Studies, Seoul, South Korea.
162. **Smith, B. N.**, **Pless Kaiser, A.**, **Spiro, A.**, Stellman, J. M., & Stellman, S. D. (2023, June). *The long-term course and correlates of PTSD among male U.S. veterans of the Vietnam War* [Presentation]. European Society for Traumatic Stress Studies, 17th Biennial Conference, Belfast, Northern Ireland.
163. Sonnenfeld, M. L., **Evans, T.**, Guo, C., Stevens, A. B., Kunik, M. E., & Horstman, M. (2023, August). *Dementia caregiver and health professional perspectives of functional education needs following admission to hospital.* The National Designated Education Officer (DEO) Conference and National Health Professions Education Evaluation and Research (HPEER) Fellowship Conference, Chicago, IL.
164. **Taft, C. T.** (2022, December). *Reviewing the evidence for a trauma-informed intimate partner violence intervention: The Strength at Home program.* Massachusetts Psychological Association Annual Meeting 2022, Norwood, MA.
165. **Taft, C. T.** (2023, August). *Lessons learned from implementing an intimate partner violence intervention for active-duty military couples: Strength at Home couples.* 16th Annual Dissemination and Implementation Conference, Arlington, VA.
166. **Taft, C. T.** (2023, May). Couples program to prevent intimate partner violence. In O. Gilbar (Chair), *Trauma, intimate relationships and family violence* [Symposium]. The Paul Baerwald School of Social Work and Social Welfare at the Hebrew University of Jerusalem, Jerusalem, Israel.
167. **Taft, C. T.** (2023, May). Trauma, social information processing, and use of intimate partner violence. In O. Gilbar (Chair), *Trauma, intimate relationships and family violence* [Symposium]. The Hebrew University of Jerusalem, Jerusalem, Israel.
168. **Vogt, D.** (2022, November). *TVMI Study: Lessons learned and their implications for improving the veteran transition experience* [Presentation]. Henry M. Jackson Foundation for the Advancement of Military Medicine Leadership Forum, Bethesda, MD.

169. **Vogt, D.** (2022, October). *The transition to civilian life: Impact of comorbid PTSD, chronic pain, and sleep disturbance on veterans' social functioning and suicidal ideation* [Webinar]. Senior Leaders Meeting, VHA Office of Patient-Care.
170. **Vogt, D.** (2023, January). *TVMI Study: Lessons learned and their implications for improving the veteran transition experience* [Webinar]. Department of Defense Military to Civilian Transition Office Cyberseminar series.
171. **Vogt, D.** (2023, July). *Domain-specific well-being frameworks: Where do vocational outcomes fit in* [Webinar]. VA Well-Being Measurement Integrated Project Team, Office of Enterprise Integration.
172. **Vogt, D.** (2023, July). *TVMI study: Measurement approach and lessons learned* [Webinar]. VA Transition Sub-Council, Office of Transition and Economic Development.
173. **Vogt, D.** (2023, March). *The $64,000 question: What is well-being* [Webinar]. VA Integrated Project Team (IPV), Measuring Well-Being Across VA.
174. **Vogt, D.** (2023, May). *TVMI Study: Lessons learned and their implications for improving the veteran transition experience* [Webinar]. Australasian Services Care Network, Webinar and Working Roundtable Program on Military, Veterans and Families Well-being.
175. **Vogt, D.** (2023, May). *Unique readjustment concerns for newly separated women veterans* [Webinar]. Mental Illness Research, Education, and Clinical Center (MIRECC) Cyberseminar series.
176. **Wachen, J. S.** (2022, October). *Massed cognitive processing therapy for combat-related PTSD* [Keynote address]. 7th Annual Combat PTSD Conference, San Antonio, TX.
177. Wadekar, R., Sottile, J., **Macia, K. S.**, Barry, R., & Haug, N. A. (2023, March). *A latent class analysis of motives and problematic substance use symptoms among MDMA/ecstasy users.* Collaborative Perspectives on Addiction Annual Meeting, Albuquerque, NM.
178. Weiskittle, R. E., Baird, L., Bashian, H., **Pless Kaiser, A.**, O'Malley, K., Etchin, A., & Moye, J. (2022, November). *Advancing late-life trauma-informed care education: Development and evaluation of an educational podcast.* Gerontological Society of America (GSA), Indianapolis, IN.
179. Welch, V., Fordyce, E., Hoffmire, C., Herring-Nathan, E., **Johnson, C. M.**, & Monteith, L. (2022, November). *A tailored mailing experiment for recruiting U.S. veterans in survey research: Findings from the ASCEND study for veteran suicide prevention* [Presentation]. Annual Conference of the Midwest Association for Public Opinion Research, Chicago, IL.
180. **Whitworth, J.** (2023, September). *Acute and chronic effects of resistance training on PTSD.* Landscape of Practice: Health and Wellness Equity Research Group. Carleton University, Ottawa, ON.
181. **Whitworth, J.** (2023, September). *VA RR&D CDA2 project: Impact of lifestyle on cardiovascular and metabolic risk factors among trauma exposed post-9/11 veterans.* Precision Epidemiology, Lifestyle Factors, and Cardiometabolic Health Work Group. Boston University, College of Health and Rehabilitation Sciences: Sargent College, Boston, MA.
182. **Whitworth, J.**, Nosrat, S., SantaBarbara, N., & Pebole, M. (2023, May). Acute and chronic effects of resistance training on PTSD. In J. Whitworth (Chair), *Lifestyle interventions for traumatic stress (LIFTS): The importance of sport, exercise and recreation for trauma survivors* [Symposium]. 2023 American College of Sports Medicine Annual Meeting & World Congresses, Denver, CO.
183. **Wielgosz, J.**, Possemato, K., **Owen, J. E.**, & **Kuhn, E. R.** (2023, June). *Engagement with the PTSD Coach mobile app in a clinician-supported primary care intervention for veterans with PTSD*. Society for Digital Mental Health.
184. Willroth, E. C., Luo, J., Graham, E. K., Antic, M., Lopes, M., **Spiro, A.**, Mroczek, D. K., & **Lee, L. O.** (2022, November). Early life stressors, adult affective reactivity to daily stressors, and mortality risk. In L.O. Lee (Chair), *Innovative approaches to evaluating the lifespan associations of stress, health, and well-being* [Symposium]. 75th Annual Meeting of the Gerontological Society of America, Indianapolis, IN.

185. **Xu, K.** (2022, December). *An increase in epigenetic age acceleration among people who use substances* [Poster presentation]. American College of Neuropharmacology, Phoenix, AZ.
186. **Zelkowitz, R.**, Halverson, T. F., Patal, T. A., Beckham, J. C., Calhoun, P. S., Pugh, M. J., & Kimbrel, N. A. (2023, April). *Nonsuicidal self-injury methods among U.S. veterans: Latent class analysis and associations with self-directed violence* [Data blitz]. 2023 Suicide Research Symposium.
187. **Zimmerman, L. E.**, & Lounsbury, D. L. (2023, July). *Organizations and communities enlisting participatory system dynamics for sustained beneficial community health impacts at scale* [Plenary presentation]. Systems Science for Social Impact Summer Institute at Washington University, St Louis, MO.
188. **Zimmerman, L. E.**, & Lounsbury, D. L. (2023, June). *Implementing epistemic and procedural justice principles through participatory system dynamics research and action to transform public healthcare service system.* Biennial of the Society for Community Research and Action (SCRA); APA Division 27, Atlanta, GA.
189. Zulman, D., Van Campen, J., Ferguson, J. M., Dhanani, Z., Greene, A. L., **Kimerling, R.**, & Slightman, C. (2023, May). *Necessary but not sufficient: Implementation and effectiveness of VA's digital divide initiative during the COVID-19 pandemic* [Paper presentation]. Society of General Internal Medicine 2023 Annual Meeting, Aurora, CO.

Appendix G: Education Presentations

International Society for Traumatic Stress Studies | Atlanta, GA | November 2022

1. **Becket-Davenport, C. M.** *Hands-on skills for using mobile apps to support mental health* [Workshop presentation].
2. **Hamblen, J. L., Schnurr, P. P.**, & Grubbs, K. How effective are first line PTSD treatments? Using loss of diagnosis to communicate treatment effectiveness. In J. Hamblen (Chair), *Looking beyond PTSD severity: Exploring categorical measures of treatment response panel* [Symposium].
3. **Maieritsch, K. P., Healy, E.**, Silva, M., & **Cuccurullo, L. J.** *Integrating measurement-based care into the treatment of trauma: Considerations for clinical practice, training, and organizational implementation* [Pre-meeting institute].
4. **Matteo, R.**, O'Neill, M., & **Hamblen, J. L.** An overview of loss of diagnosis and clinically meaningful response in PTSD treatment RCTs using the PTSD Repository. In J. Hamblen (Chair), *Looking beyond PTSD severity: Exploring categorical measures of treatment response panel* [Symposium].
5. **Weathers, F. W.**, Byrne, C., **Bovin, M. J., Lee, D. J.**, & Petri, J. *The Revised Clinician-Administered PTSD Scale for DSM-5 (CAPS-5-R): Guidelines for standardized administration and scoring* [Pre-meeting institute].
6. Cameron, D., **Shiner, B.**, O'Neill, A., Somohano, V., & O'Neil, M. *Utilization of evidence-based psychotherapy for PTSD among newly identified veterans in the VHA between 2014 and 2019* [Poster presentation].

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7. Borges, L. M., & **Walser, R. D.** *Working with the self in the context of moral injury treatment* [Workshop presentation].
8. Keeman, J., Rhodes, A., **Walser, R. D.**, Gregg, J., & Martin, S. *Considerations for end of life planning: Encouraging discussions about self-determination from an ACT lens* [Panel presentation].
9. Nicholson, L., **Walser, R. D.**, Watson, I., A-Tjak, J., Lucas, J., & Morris, E. *What is contextual supervision? How do we support CBS practitioners to respond functionally, engage relationally, learn from experience, to provide effective and ethical interventions?* [Panel presentation].
10. O'Connell, M., & **Walser, R. D.** *Existence, death, and meaning: ACT and endings* [Workshop presentation].
11. **Walser, R. D.** *Acceptance and commitment therapy and process-based work: Treating trauma and other challenging life events* [Workshop presentation].
12. **Walser, R. D.**, & O'Connell, M. *Working with therapeutic ruptures from an ACT perspective* [Workshop presentation].
13. **Walser, R. D.**, Vaz Manzione, R., Hayes, S. C., Kolts, R., & Wright, S. *CBS competencies in psychotherapy: The good, the bad, and the need* [Panel presentation].

Other

14. Bashian, H., & **Pless Kaiser, A.** (2023). *Late life PTSD: Implications for home based primary care providers.* Home Based Primary Care, Department of Veterans Affairs, Boston, MA.
15. **Becket-Davenport, C. M.** (2022, October). *Meet them where they are: Using mobile apps to support mental health* [Conference session]. Institute for Disaster Mental Health Conference, New Paltz, NY.

16. **Bovin, M. J.** (2023, August). *Wellness and mental health for your clients, subordinates, and you* [Conference session]. U.S. Army, Annual Trial Defense Leadership Training, San Antonio, TX.
17. **Bovin, M. J.** (2023, June). *Not all wounds are visible: PTSD awareness day forum on PTSD and mental health* [Conference session]. City of Boston, Veterans Services, Boston, MA.
18. **Cuccurullo, L. J.** (2023, August). *National Center for PTSD Research and Education update.* National Association of State Directors of Veterans Affairs Conference, Buffalo, NY.
19. **Cuccurullo, L. J.** (2023, June). *Promising practices for the treatment of post-traumatic stress disorder (PTSD) in veterans and service members* [Webinar]. Clinical Community Speaker Series, Department of Defense, United States.
20. **Cuccurullo, L. J.**, **Maieritsch, K. P.**, & **Yamokoski, C. A.** (2023, June). *Evidence-based psychotherapy facilitation model: Lessons learned from PTSD* [Conference session]. National Evidence-Based Psychotherapy Coordinators, Department of Veterans Affairs, Orlando, FL.
21. **Cuccurullo, L. J.**, **McCarthy, E.**, & **Norman, S. B.** (2023, June). *How can the clinical practice guideline for PTSD be used in clinical practice* [Conference session]. National Evidence-Based Psychotherapy Coordinators, Department of Veterans Affairs, Orlando, FL.
22. **Cuccurullo, L. J.**, **Yamokoski, C. A.**, & **Maieritsch, K. P.** (2023, June). *Understanding evidence-based practice* [Conference session]. National Evidence-Based Psychotherapy Coordinators, Department of Veterans Affairs, Orlando, FL.
23. **Fernando, M.** (2023, June). *Respect in research: How to address inappropriate behavior in research.* Providence Research Division, Department of Veterans Affairs, Providence, RI.
24. **Fernando, M.** (2023, May). *Race-related PTSD and the Asian American veteran experience.* Ann Arbor Psychology Department, Department of Veterans Affairs, Ann Arbor, MI.
25. **Galovski, T. E.**, & **Vogt, D.** (2023, July). *Honor, courage, and transition: Celebrating women veterans and their journey home* [Webinar]. C20: Take Your 20 for Veteran Health, Episode 320. Department of Veterans Affairs.
26. **Galovski, T. E.** (2023, May). *Unique readjustment concerns for newly separated women veterans* [Webinar]. MIRECC (Mental Illness Research, Education, and Clinical Center), Department of Veterans Affairs, United States.
27. **Hallenbeck, H. W.** (2023, January). *PTSD Coach "In the wild": Findings and lessons learned from public use data* [Webinar]. Tech into Care Continuing Education Lecture Series, National Center for PTSD, Department of Veterans Affairs. United States.
28. **Hamblen, J. L.** (2023, June). *Clinical Practice Guideline for PTSD 2023: Psychotherapy recommendations* [Webinar]. PTSD Consultation Lecture Series Seminar, National Center for PTSD, Department of Veterans Affairs, United States.
29. Harmon, K., Greenstein, J., & **Cuccurullo, L. J.** (2023, May). *The 'Whole Flock with One Rock': Using mentoring resources and tools & serving as a PTSD Mentoring Program mentor.* [Conference session]. Mentor Conference, Department of Veterans Affairs, Kansas City, MO.
30. **Keane, T. M.** (2023, March). *Introduction to diagnosis and treatment of PTSD.* School of Nursing, Boston College, Chestnut Hill, MA.
31. **Keane, T. M.** (2023, March). *Stranger at the gate discussion* [Conference session]. Mind, Brain and Behavior Institute, Harvard University, Cambridge, MA.
32. **Kuhn, E. R.**, **Hallenbeck, H. W.**, & Stanley, L. (2023, April). *Center for Mobile Apps Research Resources and Services (CMARRS): Helping to advance mHealth and technology research across VA* [Webinar]. Virtual Care Consortium of Research, Department of Veterans Affairs, United States.
33. **Lee, L. O.** (2023, March). *Optimism and lifespan health* [Webinar]. Northern Virginia Mental Health Institute, Grand Rounds presentation, Falls Church, VA.

34. **Matteo, R.**, & **Cuccurullo, L. J.** (2022, October). *Race-based coping: Thinking about racial discrimination and mental health outcomes* [Webinar]. National Clinical Resource Hubs, Department of Veterans Affairs, United States.
35. **Matteo, R.**, & **Larsen, S.** (2023, June). *Posttraumatic Stress Disorder Awareness Month: Information and resources to support veterans.* KPMG Veterans Business Resource Group, VT.
36. **McCarthy, E.**, & **Becket-Davenport, C. M.** (2023, September). *Empowering mental health providers: Leveraging National Center for PTSD resources and expert consultation* [Webinar]. Give an Hour, Clarksburg, MD.
37. **McCarthy, E.**, & **Cuccurullo, L. J.** (2023, June). *Resources from the National Center for PTSD* [Webinar]. SonderMind, Denver, CO.
38. **McCarthy, E.**, Trotman, G., & **Bippart, V.** (2023, June). *AboutFace: You are not alone – a peer education campaign from the National Center for PTSD with video stories from Veterans who have been there* [Webinar]. Certified Peer Specialist (CPS), Department of Veterans Affairs, United States.
39. **McCaslin, S. E.** (2023, June). *Sharpening our EBP focus through the lens of military culture* [Webinar]. Center for Deployment Psychology, Uniformed Services University of the Health Sciences, Bethesda, MD.
40. **McCaslin, S. E.**, & **Becket-Davenport, C. M.** (2023, May). *NCPTSD resources to support veterans with PTSD and traumatic stress within their communities* [Webinar]. Community Engagement and Partnerships Coordinators (CEPC), Office of Mental Health and Suicide Prevention (OMHSP), Suicide Prevention Program, Department of Veterans Affairs, Washington, DC.
41. **McCaslin, S. E.**, Cook, A., & Sabala, J. (2023, April). *Identifying SMVF and screening for suicide risk.* Challenge to Prevent Suicide Among Service Members, Veterans, and their Families Policy Academy Meeting, Governor's Presentation, Arlington, VA.
42. **Nazem, S.** (2023, April). *Late-life suicide assessment and management* [Conference session]. Psychologists Conference, Geriatric Scholars Program (GSP), Palo Alto, CA.
43. **Nazem, S.** (2023, April). *Suicide postvention* [Conference session]. Psychologists Conference, Geriatric Scholars Program (GSP), Palo Alto, CA.
44. **Nazem, S.** (2023, June). *Leading transformational change: Two generations of VA training directors' efforts to improve DEI* [Conference session]. Psychology Leadership Conference, Department of Veterans Affairs, San Antonio, TX.
45. **Nazem, S.** (2023, May). *Suicide loss* [Webinar]. Addressing VA Geriatric Mental Health Series, Department of Veterans Affairs, United States.
46. **Owen, J. E.**, Senti, S. E., Jaworski, B. K., **Ramsey, K. M.**, Taylor, K., **Heinz, A. J.**, **Davis, A. C.**, Moraja, G., **Jamison, A. L.**, **Becket-Davenport, C. M.**, **Bosch, J. O.**, **Mackintosh, M.**, **Kuhn, E. R.**, **Wielgosz, J.**, & **Hallenbeck, H. W.** (2023, August). *Perspectives from building and disseminating mobile apps at scale for Veterans and trauma survivors: The Menlo Park Model* [Poster presentation]. American Psychological Association, Washington, DC.
47. **Pineles, S. L.** (2022, December). *An electrophysiological predictor of SSRI response* [Conference session]. Center for the Study of Traumatic Stress, Department of Psychiatry, Uniformed Services University of the Health Sciences lecture series, Bethesda, MD.
48. **Pineles, S. L.** (2022, December). *PTSD and mTBI* [Webinar]. Bristol Neuropsychology Course, Bristol, England.
49. **Pineles, S. L.**, & Inslicht, S. (2023, January). *Women Veterans: Laboratory studies* [Webinar]. National VA Reproductive Health Workgroup, Department of Veterans Affairs, United States.
50. Possemato, K., Johnson, E., & **Kuhn, E. R.** (2023, February). *Results from a pragmatic randomized clinical trial of Clinician Supported PTSD Coach in VA primary care patients* [Conference session]. Health Sciences Research and Development/QUERI 2023 Meeting, Department of Veterans Affairs, Baltimore, MD.
51. **Potenza, M.** (2022, November). *Behavioral addictions: Gender-related considerations and associations with violence and aggression* [Conference session]. International Association of Women's Mental Health, Maastricht, The Netherlands.

52. **Potenza, M.** (2022, November). *Neurobiological convergences in behavioral addictions* [Conference session]. Lisbon Addictions Conference, Lisbon, Portugal.
53. **Potenza, M.** (2022, November). *Responsible gambling: Harm reduction or prevention?* [Webinar]. Conference on Gambling, Anton Proksch Institute, Vienna, Austria.
54. **Potenza, M.** (2022, October). *Cultural impact on gambling disorder: Eastern versus western regions* [Webinar]. University of Indonesia, Jakarta, Indonesia.
55. **Potenza, M.** (2022, October). *Screen media activity, problematic use of the internet and mental health: Brain-behavior, developmental and pandemic-related considerations* [Conference session]. International Society of Addiction Medicine, Valetta, Malta.
56. **Potenza, M.** (2022, October). *Transdiagnostic and categorical considerations for addictions: Implications for treatment development.* University of North Texas Health Sciences Center, Fort Worth, TX.
57. **Potenza, M.** (2022, October). *Treatment development for addictions: What can be learned from neuroscience?* [Conference session]. International Society of Addiction Medicine Conference, Valetta, Malta.
58. **Schnurr, P. P.** (2023, January). *Psychedelics and veterans' mental health: The evolving legal and policy landscape in the United States* [Webinar]. RAND Epstein Family Veterans Policy Research Institute and the RAND Drug Policy Research Center.
59. **Schnurr, P. P.** (2023, June). *Advancing the field through behavioral health benchmarks: A call to action with consensus recommendations* [Webinar]. Cohen Veterans Network, Stamford, CT.
60. **Sloan, D. M.** (2022, December). *Treating PTSD using a brief treatment approach: Written exposure therapy* [Webinar]. Grand Rounds, Psychiatry and Behavioral Sciences, McGovern Medical School, Houston, TX.
61. **Sloan, D. M.** (2022, November). *Written exposure therapy for PTSD: Empirical evidence and an overview of how to use the treatment* [Webinar]. Mental Health Service, Northampton Medical Center, Department of Veterans Affairs, Northampton, MA.
62. **Sloan, D. M.** (2023, February). *Delivering a brief PTSD treatment: Written exposure therapy* [Webinar]. Family and Child Services of Oklahoma, Tulsa, OK.
63. **Sloan, D. M.** (2023, January). *Written exposure therapy consultation, Part II: An advanced training* [Webinar]. Philadelphia Cognitive Behavior Therapy Association, Philadelphia, PA.
64. **Sloan, D. M.**, & **Marx, B. P.** (2023, January). *Delivering written exposure therapy for PTSD* [Webinar]. Baku, Azerbaijan.
65. **Taft, C. T.** (2022, October). *An overview of Strength at Home* [Webinar]. Intimate Partner Violence Assistance Program Coordinators, VISN 20 Northwest Network, Department of Veterans Affairs, Vancouver, WA.
66. **Taft, C. T.** (2022, October). *Intimate partner violence.* Virginia DUI/Veterans Specialty Dockets Training, Roanoke, VA.
67. **Taft, C. T.** (2022, October). *Strength at Home. A trauma-informed, evidence based IPV intervention* [Webinar]. Domestic Violence Awareness Month 2022 Virtual Education Summit, Department of Veterans Affairs, Washington, DC.
68. **Taft, C. T.** (2022, October). *Trauma and intimate partner violence* [Conference session]. Illinois Association of Problem-Solving Courts, Normal, IL.
69. **Taft, C. T.** (2023, April). *Intimate partner violence* [Conference session]. Arizona Association of Drug Court Professionals, Prescott, AZ.
70. **Taft, C. T.** (2023, April). *Preventing intimate partner violence in trauma-exposed populations: Strength at Home* [Webinar]. National Association of Social Workers – Maryland Chapter 2023 Annual Social Work Month Conference, Ocean City, MD.
71. **Taft, C. T.** (2023, February). *Intimate partner violence in veterans* [Conference session]. California Association of Collaborative Courts, Monterey, CA.

72. **Thompson-Hollands, J.** (2022, December). *Considerations for family involvement in PTSD treatment* [Webinar]. Presentation for clinicians and researchers, Cheyenne Medical Center, and Denver Medical Center, Department of Veterans Affairs, United States.
73. **Thompson-Hollands, J.** (2022, November). *The role of family members in PTSD treatment* [Webinar]. MIRECC (Mental Illness Research, Education, and Clinical Center), VISN 20 Northwest Network, Department of Veterans Affairs, Vancouver, WA.
74. **Vogt, D.** (2022, October). *Well-being measurement within VHA* [Webinar]. Evidence-Based Policy Council Meeting, Office of Enterprise Integration, Department of Veterans Affairs, Washington, DC.
75. **Vogt, D.**, & Elbogen, E. (2023, March). *Recommendations from the research workgroup: Measuring what matters* [Conference session]. Whole Person Outcomes in Research, Clinical Care, and Population Health, Health Systems Research and Development (HSR&D), Department of Veterans Affairs, Washington, DC.
76. **Whitworth, J**. (2022, October). *Lifestyle interventions for traumatic stress (LIFTS): The potential role, rationale, and evidence for including exercise in the treatment of PTSD* [Conference session]. New England Regional Chapter, American College of Sports Medicine, Providence, RI.
77. **Wiltsey Stirman, S.** (2023, January). *Adaptation of behavioral interventions and use of the FRAME to document adaptations and modifications* [Webinar]. Collaboratory Grand Rounds, Imbedded Pragmatic Alzheimer's disease (AD) and AD-Related Dementias (AD/ADRD) Clinical Trials (IMPACT), National Institute of Aging, Gaithersburg, MD.
78. **Wiltsey Stirman, S.**, & Miller, C. (2023, March). *Intervention adaptations – understanding their impact and decisions to make adaptations* [Webinar]. International Society of Behavioral Nutrition and Physical Activity (ISBNPA), Minneapolis, MN.
79. **Wolf, E. J.** (2022, October). *Traumatic stress and accelerated cellular aging.* Research monthly call, Geriatric Research Education and Clinical Center (GRECC) Alzheimer's disease, Department of Veterans Affairs, Minneapolis, MN.
80. **Wolf, E. J.** (2022, October). *Traumatic stress and accelerated cellular aging.* Serwa Research Center on Aging, Department of Veterans Affairs, Hines, IL.
81. **Wolf, E. J.** (2022, October). *Traumatic stress and accelerated cellular aging.* Ageing Post Trauma, Michaelmas 2022 Seminar Series, Oxford University, Oxford, England.
82. **Zelkowitz, R.** (2023, April). *MST and self-directed violence among women veterans: Scope of the problem and opportunities for hope through treatment* [Webinar]. Military sexual trauma: We believe you and we believe in you, Provider Educational Event, New England Healthcare System, Department of Veterans Affairs, Bedford, MA.
83. **Zimmerman, L. E.** (2023, July). *Core principles of open science and approaches to participatory research* [Webinar]. Equity and Inclusion Summer Internship Program, Center for Innovation to Implementation Diversity, Department of Veterans Affairs, Menlo Park, CA.
84. **Zimmerman, L. E.** (2023, June). *How is power operating in your dissemination and implementation research?* [Conference session]. Implementation Research Institute, Washington University, St Louis, MO.
85. **Zimmerman, L. E.**, & **Hoff, R.** (2023, April). *Diversity Equity & Inclusion Steering Committee (DEISC): Health disparities, race, and ethnicity* [Webinar]. Office of Mental Health and Suicide Prevention (OMHSP), Department of Veterans Affairs, Washington, DC.

Appendix H: Editorial Board Activities

Activity	Board Member
Addiction Neuroscience	Potenza
Administration and Policy in Mental Health Services and Mental Health Services Research	Wiltsey Stirman
Annals of LGBTQ Public and Population Health	Livingston
Asian Biomedicine (Research, Reviews and News)	Gelernter
Assessment	Lee
The Behavior Therapist	Wiltsey Stirman (Associate Editor)
Behavior Therapy	Lee, McLean, Sloan, Thompson-Hollands, Wiltsey Stirman
Behavioral Medicine	Livingston (Associate Editor)
Behaviour Research and Therapy	Nillni, Sloan
Biological Psychiatry	Gelernter, Krystal
Biomolecules	Kaffman (Associate Editor)
British Journal of Psychiatry Open	Cloitre
Cerebral Cortex	Esterman
Chinese Journal of Psychology	Keane
Chronic Stress	Esterlis, Krystal (Associate Editor), Pietrzak
Clinical Gerontologist	Pless Kaiser (Guest Editor)
Clinical Psychological Science	Marx (Consulting Editor)
Clinical Psychology Review	Pineles
Clinical Psychology: Science and Practice	Marx (Consulting Editor), Wiltsey Stirman
Cognitive and Behavioral Practice	Livingston, McLean (Editor Elect), Wachen
Cognitive Therapy and Research	Carpenter (Associate Editor)
Contemporary Clinical Trials	McLean, Wachen (Associate Editor)
Current Addiction Reports	Potenza (Editor-in-Chief)
Current Behavioral Neuroscience Reports	Potenza
Eating Behaviors	Mitchell (Associate Editor)
European Journal of Psychotraumatology	Cloitre (Associate Editor), Pineles
Frontiers	DiSano
Frontiers in Molecular Neuroscience	Kaffman (Associate Editor)
Frontiers in Immunology	DiSano (Guest Editor), Noller (Guest Editor)
Frontiers in Neurology	DiSano (Guest Editor), Noller (Guest Editor)
Frontiers in Psychiatry	Whitworth (Guest Associate Editor)
International Journal of Emergency Mental Health	Keane

Activity	Board Member
Journal of Addiction Medicine	Potenza
Journal of Adolescent Mental Health	Potenza
Journal of Anxiety Disorders	McLean (Associate Editor), Pietrzak
Journal of Behavioral Addictions	Potenza (Associate Editor)
Journal of Clinical Psychology	Nazem (Associate Editor), Sloan
Journal of Consulting and Clinical Psychology	Hamblen (Associate Editor), Marx, Sloan, Taft
Journal of Contemporary Psychotherapy	Sloan
Journal of Family Psychology	Taft
Journal of Family Violence	Taft
Journal of General Internal Medicine	Eliacin (Associate Editor), Galovski (Guest Editor)
The Journal of Gerontology: Medical Sciences	Esterman
Journal of Mood and Anxiety Disorders	Holtzheimer, Wolf
Journal of Neuroscience	Levy (Associate Editor)
Journal of Obsessive-Compulsive and Related Disorders	Thompson-Hollands
Journal of Psychopathology and Clinical Science	Wolf
Journal of Trauma and Dissociation	Barlow, Carlson, Marx
Journal of Traumatic Stress	Galovski (Associate Editor), Larsen, Lee, McLean, Miller, Sloan (Editor-in-Chief), Smith, Thompson-Hollands, Wolf
Journal of Women and Aging	Pless Kaiser (Guest Editor)
Medical Care	Vogt (Guest Editor)
Neuromodulation	Holtzheimer
Neuropsychology	Vasterling
Neuropsychopharmacology	Gelernter (Associate Editor)
npj Mental Health Research	Kuhn (Associate Editor)
Patient Education and Counseling Innovation	Eliacin
Personalized Medicine in Psychiatry	Holtzheimer
PLoS One	Potenza
Psychological Assessment	Mitchell, Vasterling
Psychological Injury and Law	Pietrzak
Psychological Services	Nazem
Psychological Trauma: Theory, Research, Practice, and Policy	Carlson, Larsen, Lee, Keane, Macia, Marx, Miller, Smith, Wachen
Psychosomatic Medicine	Sloan
Sucht	Potenza
Trauma, Abuse and Violence	Keane

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POSTTRAUMATIC STRESS DISORDER