Award Number: W81XWH-08-2-0172

TITLE: Pilot Trial of Inpatient Cognitive Therapy for the Prevention of Suicide in Military Personnel with Acute Stress Disorder or Post-Traumatic Stress Disorder

PRINCIPAL INVESTIGATOR: Marjan G. Holloway, Ph.D.

CONTRACTING ORGANIZATION:
Henry M. Jackson Foundation for the Advancement of Military Medicine
Rockville, Maryland 20852

REPORT DATE: August 2010

TYPE OF REPORT: Annual

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT:
X Approved for public release; distribution unlimited

The views, opinions and/or findings contained in this report are those of the author(s) and should not be construed as an official Department of the Army position, policy or decision unless so designated by other documentation.
Pilot Trial of Inpatient Cognitive Therapy for the Prevention of Suicide in Military Personnel with Acute Stress Disorder or Post-Traumatic Stress Disorder

Marjan G. Holloway, Ph.D.

Uniformed Services University of the Health Sciences
4301 Jones Bridge Road
Bethesda, Maryland 20814-4799

U.S. Army Medical Research Command
Fort Detrick, MD 21702-5012

Approved for public release; distribution unlimited.

There are no research findings to report at this time. Over the past year, the study has gained regulatory approvals from the Walter Reed Army Medical Center, the Uniformed Services University of the Health Sciences and the Clinical Investigation Regulatory Office. The proposed research aims to deliver a brief and targeted intervention to military personnel and family members diagnosed with a trauma-related condition who are admitted for psychiatric care following a suicide attempt. If our designed intervention demonstrates to be clinically feasible, acceptable, and associated with preliminary evidence of improvement in symptoms relative to the control condition, its efficacy can be definitively determined through the conduct of a larger randomized controlled trial. Funding for an adequately powered multi-site trial was requested in May 2010. Without adequate treatment, PTSD and suicide behavior may result in costly utilization of social services, human suffering, and eventual death.

Suicide Prevention, PTSD, Acute Stress Disorder, Cognitive Therapy, Inpatient Treatment
# Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>4</td>
</tr>
<tr>
<td>Body</td>
<td>5</td>
</tr>
<tr>
<td>Key Research Accomplishments</td>
<td>7</td>
</tr>
<tr>
<td>Reportable Outcomes</td>
<td>12</td>
</tr>
<tr>
<td>Conclusion</td>
<td>15</td>
</tr>
<tr>
<td>References</td>
<td>16</td>
</tr>
<tr>
<td>Appendices</td>
<td>17</td>
</tr>
</tbody>
</table>
Introduction

Background: Posttraumatic stress disorder (PTSD) and suicide behavior are significant public health problems. Existing literature provides strong support for the relationship between PTSD and suicide ideation, attempts, and deaths. PTSD, in fact, shows the strongest association with suicide behavior of any of the anxiety disorders and has equal or greater odds ratio than mood disorders for resulting in impulsive suicide attempts. However, to date, no evidence-based interventions have been developed for individuals with PTSD who attempt suicide. Therefore, we aim to develop, implement, and evaluate an inpatient based cognitive behavioral care plan for service members and beneficiaries, with symptoms of either Acute Stress Disorder (ASD) or PTSD, who are admitted for hospitalization following a recent suicide attempt.

Specific Aims: (1) To develop and evaluate a new manual of Post-Admission Cognitive Therapy (PACT) as a targeted inpatient treatment for individuals admitted for a recent suicide attempt to a military hospital. (2) To assess the feasibility of the study’s assessment procedures by monitoring the completion rate of outcome measures during face-to-face as well as follow-up phone and web-based administrations. (3) To evaluate the degree of change and variability of response to Post-Admission Cognitive Therapy in comparison to Enhanced Usual Care at post-intervention and follow-up (1-, 2-, and 3-Month) on subsequent suicide attempt behavior (primary outcome) as well as on levels of depression, hopelessness, suicide ideation, and posttraumatic stress symptoms (secondary outcomes). (4) To examine in a preliminary manner whether improvements on primary and secondary outcome measures are associated with enhanced problem solving abilities which is viewed as a potential mechanism of change in cognitive therapy for the reduction of suicide behavior and PTSD symptoms.

Objective: The broad objective of this research is to effectively utilize a unique window of opportunity during the hospitalization period following a recent suicide attempt to deliver a brief and targeted intervention for traumatized individuals.

Study Design: We plan to randomize 50 traumatized patients hospitalized at the Walter Reed Army Medical Center for a recent suicide attempt to one of two conditions: (1) Post-Admission Cognitive Therapy + Enhanced Usual Care (PACT+EUC) or (2) Enhanced Usual Care (EUC). Individuals who are over the age of 18, able to communicate in English and willing to provide informed consent will be recruited. The PACT+EUC condition will consist of six 1-hr individual cognitive therapy sessions administered over 3 days. The EUC condition will consist of the usual care patients receive at an inpatient facility during their hospitalization in addition to assessment services provided by independent evaluators who work directly with our research team. The primary outcome variable is the number of subsequent suicide attempts. We expect that patients in the control condition will reattempt suicide at an earlier date and at a higher frequency as compared to patients enrolled in the intervention condition. Secondary outcome measures include the severity of depression, hopelessness, suicide ideation, and posttraumatic symptoms. Patients in both conditions will be assessed on the dependent measures at baseline and at 1-, 2-, and 3- month follow-up intervals. Data analyses will provide estimates of the statistical power of PACT relative to EUC over time via the usage of repeated observation data. Our preliminary effect size estimates will be used for future sample size calculations to conduct a larger randomized controlled trial to definitively determine the efficacy of PACT.
During the past year, our efforts continued in securing regulatory approvals from the following: (1) the Walter Reed Army Medical Center (WRAMC), Clinical Investigations Committee and Human Use Committee, (2) the Uniformed Services University of the Health Sciences (USUHS), and (3) the Clinical Investigations Regulatory Office (CIRO). Approvals from WRAMC and CIRO were received on November 20, 2009. Approval from USUHS was obtained on January 27, 2010. Based on our understanding and communication with Ms. Denise Neath, our Institutional Review Board Coordinator at WRAMC, we were under the impression that we could begin with study recruitment. However, on February 26, 2010, we received an email from Ms. Karen Eaton, Office of Research Protections (ORP), United States Army Medical Research and Materiel Command (USAMRMC) that indicated a number of additional revisions to the protocol. In an email dated March 3, 2010, Ms. Neath contacted ORP and wrote the following: “since WRAMC DCI issues an approval based on CIRO’s approval, can MRMC defer to CIRO OR if changes are required can this be expeditiously approved as addendum #2? The PI is eager to start this study.” In an email response dated March 8, 2010, LTC Mary Klote indicated the following: “I just spoke with Caryn Duchesneau and HRPO will defer to CIRO.” When this final approval was received, the PI began work on an amendment packet and started the hiring procedures for the study in order to recruit appropriate study therapists.

However, on June 25, 2010, the PI was informed of the following: “Much confusion has surrounded the second level review process and approval authority for the above referenced protocol. I met with Caryn Duchesneau, HRPO Chief, this morning to discuss the course of action for this protocol. Given the recent changes and realignment of CIRO as a branch of ORP (per the 1 Dec 2009 guidance), all MRMC funded protocols previously deferred to CIRO by ORP HRPO are now coming back to the HRPO for oversight. These protocols are being sent from CIRO or the DCIs at the time of continuing review and/or major amendments for HRPO review, approval, and oversight of all future life cycle actions. Therefore, in this case, even though this protocol received CIRO approval prior to the CIRO realignment, it recently came up for continuing review and prompted the initiation of a HRPO review. Therefore, Dr. Holloway's research protocol to be conducted at WRAMC will be transferred from CIRO back to HRPO. Given this transfer and the fact that the CDMRP award requires HRPO approval prior to the release of funds, the HRPO must conduct a headquarters level review. As a result of the HRPO headquarters level review, Dr. Holloway will be sent some requested revisions. After these revisions are adequately addressed, HRPO will issue approval and the research can commence. I will be sending the requested revisions to Dr. Holloway shortly. I apologize for any confusion regarding the protocol and review process. Please note that I will be your point of contact from this point forward regarding second level oversight of this research protocol. If you have any questions, please feel free to contact me or Caryn Duchesneau. Sincerely, Karen Eaton”

Based on a consultation with Ms. Eaton at HRPO and Ms. Neath at WRAMC, we will follow these steps to finalize regulatory approvals: Step 1. We will complete an amendment packet for WRAMC; Step 2. We will address the requested revisions by HRPO and include these in our amendment packet to WRAMC; Step 3. We will submit the amendment packet first to Ms. Eaton for an expedited review and then to WRAMC for review/approval; Step 4. Once we have obtained approval from WRAMC, Julie Lee as the Henry Jackson Foundation regulatory specialist, will send all approved documents to HRPO; Step 5. Once we have obtained approval from HRPO, we will forward the amended protocol & approvals to the USUSH IRB.

The PI has continued to actively provide oversight for all of the regulatory components of the study and has kept the project moving forward. While waiting for regulatory approvals, the PI has continued to gain knowledge about various cognitive behavioral interventions for the treatment of suicidal individuals as well as evidence based inpatient treatment strategies. The research in this area has consisted of reading scientific literature, consulting with national and international subject matter experts, as well as informal
communication with patients and providers about perceived treatment needs and gaps in inpatient care for
individuals following a suicide attempt. The PI has participated as a member of the Defense Health
Board’s Task Force on the Prevention for Suicide by Members of the Armed Forces, the North Atlantic
Treaty Organization’s working group on military suicide, the Tragedy Assistance Program for Survivors
Conference for Military Survivors and the DoD Suicide Prevention and Risk Reduction committee
suicide nomenclature workgroup. All these activities in addition to participation in national and
international suicide meetings have been instrumental in the scientific conceptualization, planning, and
implementation associated with the upcoming trial.

A comprehensive assessment and treatment guide have been drafted. Both guides will be used for training
and project implementation and will be subject to continual refinement. The assessment guide provides
detailed instructions on the procedures for study recruitment, consenting, baseline assessments, and
follow-up assessments. In addition, the assessment guide provides information on each self-report and
clinician administered measure to be administered. The treatment manual delineates the major objectives
and procedures for the six sessions of therapy and contains all of the forms needed for each session.

The PI has actively recruited personnel to assist with the implementation of the study. To date, one
part-time research assistant, one part-time postdoctoral fellow, and one full-time postdoctoral fellow
have been employed. Regulatory binders have been created. Personnel have been working on adverse
event reporting procedures for the study. Study measures have been ordered and copyright
permissions have been obtained from test publishers in order to convert paper-and-pencil measures
into computerized scan-ready forms. Plans for stratification and randomization table have been
finalized. The assessment protocol has been shortened to decrease subject burden. A preliminary
schedule for the consenting, assessment, and treatment of patients during their inpatient stay has been
created. A meeting with the WRAMC inpatient psychiatry staff has been conducted and all
modifications to the finalized study protocol have been summarized in an amendment packet to be
submitted to WRAMC, USUHS, and HRPO in early September 2010.

In April-May 2010, the PI was approached by the USAMRMC Military Operational Medicine Research
Program to prepare a grant application to conduct a larger scale multi-site study to definitively determine
the efficacy of Post Admission Cognitive Therapy (PACT). The grant application was submitted on May
17, 2010 and offered a significant improvement on our original ideas formed over two years ago. We
have recruited WRAMC and the Norfolk Medical Center to participate as recruitment sites. We have
formed a collaborative relationship with seasoned suicide prevention researchers at Duke University and
Michigan University to assist us with the proposed study. Peer review on this proposed project has been
very favorable. The reviewers note that we “have presented a well-developed proposal with a clear
timetable for initiating and completing the study,” that our proposed study is “very important and relevant
… of high merit,” “state of the art,” and if “the intervention is successful, it may initiate a major change in
response to suicidal behavior in the military as well as in civilian and veteran populations.” The reviewers
further highlight the expertise of the research team, the public health significance of the proposed study,
and the study’s feasibility. In terms of the deliverables for this study, reviewers comment that there is a
“direct and close relationship between the research proposed and real-world clinical tools as end
products.”
Key Research Accomplishments

Table 1 presents the timeline of study activities over 3 years as presented in our Statement of Work.

<table>
<thead>
<tr>
<th>Table 1. Timeline of Study Activities Over 3 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
</tr>
<tr>
<td>Quarters:</td>
</tr>
<tr>
<td>1st Draft of Treatment Manual &amp; Study Procedures</td>
</tr>
<tr>
<td>1st Review of Manual by Consultant (Aaron Beck)</td>
</tr>
<tr>
<td>PI Pilots Treatment for 2-3 Training Cases</td>
</tr>
<tr>
<td>Revision of Treatment Manual &amp; Procedures</td>
</tr>
<tr>
<td>Development of Training Materials for Therapists</td>
</tr>
<tr>
<td>Adaptation of Cognitive Therapy Rating Scale (CTRS) to Measure Therapist Adherence</td>
</tr>
<tr>
<td>Training of Study Therapists (Five 2-hour Sessions)</td>
</tr>
<tr>
<td>Training of Study Assessors (Three 2-hr Sessions)</td>
</tr>
<tr>
<td>Each Study Therapist Sees 2-3 Training Cases</td>
</tr>
<tr>
<td>Supervision of Study Therapists, Ratings of Adherence, Determination of Competence</td>
</tr>
<tr>
<td>Reliability Checks (Marjan Holloway &amp; Greg Brown)</td>
</tr>
<tr>
<td>2nd Review of Manual by Consultants (Aaron Beck)</td>
</tr>
<tr>
<td>Near Final Revision of Treatment Manual &amp; Study Procedures</td>
</tr>
<tr>
<td>Pilot Randomized Controlled Trial (n = 50)</td>
</tr>
<tr>
<td>Rate of Expected Recruitment (4 Patients Per Month)</td>
</tr>
<tr>
<td>1-, 2-, and 3-Month Follow-Up Assessments</td>
</tr>
<tr>
<td>Data Management (Development, Entry, &amp; Cleaning)</td>
</tr>
<tr>
<td>Data Analysis</td>
</tr>
<tr>
<td>Dissemination of Results, Preparation of Follow-Up Grant Application</td>
</tr>
</tbody>
</table>

For the 2nd year reporting period, here is a listing of all activities associated with the initiation of the pilot clinical trial:

**1. Interviewed, Selected, and Hired Postdoctoral Clinicians**

On September 2, 2010, two postdoctoral fellows (1 full-time and 1 part-time) will begin work on the project. Their tasks include recruiting, consenting, assessing, and treating study participants. These individuals will also serve as clinical coordinators for the study and will oversee training and the daily execution of the study under the direct supervision of Dr. Marjan Holloway.

**2. Amended Original IRB Protocol**

The research team has worked on a number of modifications to be submitted to the regulatory agencies in an amendment packet. The requested changes are based on recent consultations with the psychiatry inpatient staff and detailed review of study procedures and potential implementation challenges.

**3. Submitted WRAMC and USUHS Annual Progress Reports**

We submitted our annual progress reports to WRAMC and USUHS IRBs.

**4. Developed 1st Draft of Treatment Protocol**

An initial working draft of the treatment protocol has been prepared.

**5. Finalized the Assessment Protocol**

The comprehensive assessment protocol has been drafted for the study with procedures and guidance on baseline and follow-up administrated measures.
6. Initiated Credentialing Processing of Study Personnel at WRAMC

Clinical privileges at WRAMC have been requested for various study personnel.

7. Obtained Certificate of Confidentiality (CoC) from NIH

On February 19, 2010, a CoC was issued by the National Institutes of Health (NIH). Mr. Brent Loomis and Ms. Olga Boikes have been our points of contact for the CoC.

8. Registered Study on Clinicaltrials.gov

On March 7, 2010 the project was entered in clinicaltrials.gov.

9. Requested Meeting & Met with WRAMC Inpatient Psychiatry Team

The PI consulted with COL John Bradley, Chief of Psychiatry at WRAMC about implementation related issues. Given that LTC Geoffrey Grammer, Chief of Inpatient Psychiatry was deployed at the time, COL Bradley suggested that the PI contact Dr. Jennifer Weaver who is currently the Acting Chief of Inpatient Psychiatry. On 3/18/2010, the PI contacted Dr. Weaver and Dr. Anne Burke, the WRAMC Inpatient Psychiatry Milieu Director in order to arrange a meeting with key personnel to discuss implementation related issues.

On April 28, 2010 the PI and two postdocs, Dr. Daniel Cox and Dr. Farrah Greene met with key personnel of the WRAMC, Inpatient Psychiatric Unit which included the Acting Chief, the Milieu Director, the Unit Psychologist, and 2 Staff Psychiatrists. The objectives set out for the meeting were the following: (1) to provide an overview of the study’s aims and methods, (2) to learn about the current inpatient treatment milieu (e.g., meal times, space, concurrent treatment), (3) to discuss implementation related issues so that collaborative decisions about best practices for implementation could be made, and (4) to foster a healthy collaborative relationship with inpatient staff and to address any questions and/or concerns they may have.

The meeting was extremely collegial and our group was warmly welcomed to the unit. We discussed and problem-solved several implementation related issues. For instance, we learned that patients are actively engaged in various activities on the ward from 8am – 3pm. We also learned that space remains sparse during these active hours. We decided that we could have a presence at the unit during the hours of 3pm – 10pm and over the weekends. WRAMC Inpatient Psychiatry Staff expressed enthusiasm about this plan because patients do not have activities planned for this time frame and therefore, any involvement in assessment and therapeutic activities was viewed as having high value. The Unit Psychologist volunteered to serve as our daily primary point of contact for identification and referral of eligible study participants for recruitment. We agreed that upon initiation of study enrollment, we would setup a monthly meeting to continue our dialogue about the project and to problem solve potential challenges.

10. Conducted Weekly Meetings to Prepare Amendments to IRB Application

Based on several recent changes in study procedures (e.g., recruitment during the hours of 3pm – 10pm) and addition/modification of several study questionnaires (e.g., we have added a measure to help us identify participants with traumatic brain injury), we are currently in the process of finalizing an amendment packet to be submitted to the WRAMC IRB. We expect to receive approval of this amendment packet during June 2010.

11. Met with KAI Research Inc.

On April 14, 2010 the PI and fellow collaborators met with KAI, a clinical research organization, which may assist with the design/hosting of study assessment and data management. We have obtained an
estimate for services to be provided and we’ll check the feasibility of this plan against our original CDMRP budget.


On April 5, 2010, Katie DeYoung was hired to help with the current project. Ms. DeYoung has a Bachelor’s degree in psychology from the University of Tennessee and is currently assisting with various study related tasks.

13. Met with USUHS IRB about Adverse Event Reporting

On April 9, 2010, two postdocs working on the study met with two members of the USUHS IRB to discuss adverse event reporting. It was concluded that patient related adverse events will be reported to the WRAMC IRB, not the USUHS IRB. We plan to draft an adverse event reporting guide for our study personnel during the next quarter.

14. Submitted Annual Progress Report to the WRAMC IRB

On April 26, 2010, we submitted our Year 1 annual progress report to the WRAMC IRB. On May 7, 2010, the continuing review was approved.

15. Discussed with Military Research and Materiel Command Plans for the Expansion and Acceleration of Pilot CDMRP Study – Submitted Grant Application on May 17, 2010

In early April 2010, the PI was contacted by Dr. Joan Hall of the Military Research and Materiel Command (MRMC) who indicated that funding will be allocated in order to expand and accelerate the pilot CDMRP study. Dr. Hall stated that the CDMRP original statement of work can be amended to allow for this additional funding. The PI consulted with Dr. Kimberly Del Carmen shortly thereafter to discuss the mentioned plans. A decision was made by the CDMRP and MRMC that given the amount of funding, a separate protocol application would be required. The PI was asked to submit a completed application through the Broad Agency Announcement 10-1 for additional funding in the amount of $6,000,000 total (direct and indirect costs). The original deadline for this application was May 3, 2010 and later extended (upon the request of the PI) to May 17, 2010. Dr. Del Carmen suggested that in the newly written proposal, the PI clearly outline the scope of the study and how the findings from the CDMRP study will guide the subsequent multi-site randomized controlled trial. The application has been submitted and received a global score of 1.8. Reviewers’ comments have been received and comprehensive responses have been provided.

16. Selected and Recruited Data Safety Monitoring Board Members

We have generated a preliminary list of potential board members and we are in the process of contacting each for participation in the DSMB group.

17. Received WRAMC IRB Approval

On November 20, 2009, WRAMC Human Use Committee approved the submitted protocol for the current project. This approval was signed by Jessica Zaret Maj, MC, Chief of the Research Review Service in the Department of Clinical Investigations at WRAMC.

18. Received USUHS IRB Approval

The USUHS IRB documents were uploaded into the new IRBNet system in December 2009. The completed packet was submitted to the USUHS IRB on January 7, 2010. Several additional documents were requested by the IRB on January 14, 2010. These documents were added and the study packet was resubmitted on January 21, 2010. The project was approved on January 27, 2010.
19. Met with Snap Surveys – Planned Secure Web-Based Assessments

The PI and fellow collaborators had a telephone meeting with Snap Survey representatives on December 22, 2009 to discuss the web-based assessment of participants. We discussed a variety of issues such as mode of assessments, format of assessments, and timeline. On December 28, 2009, Snap Surveys provided us with detailed price quotes for a variety of services we discussed at the previous meeting.

Following a review of the services provided by SnapSurveys, we have decided to wait a bit before making a final decision on the contract. We currently have one research assistant who has received training in the usage of Snap Surveys and has used the training to convert all of our study questionnaires into a computerized, scannable format.

20. Met Weekly to Finalize Assessment & Therapy Administration – Procedural Guides and Associated Training Materials

The weekly meetings are generally 2-3 hours in length and include the study PI, two postdoctoral fellows, three research assistants, and a social worker who has recently joined our team on a volunteer basis. The goals of the weekly meetings are the following: 1) to finalize the study assessment packet; to make final decisions on baseline and follow-up assessment procedures; to develop an assessment training procedural guide and accompanying materials (to include MSPowerPoint slides and other training components) for both the baseline and follow-up phases; and to complete the purchasing of instruments and handling of copyright issues (as needed), and 2) to establish a session-by-session therapy procedural guide and associated checklist; to finalize a training packet for study therapists; and to plan for adherence and reliability checks. We have already made decisions on components associated with the first and second phase of therapy and are working toward finalizing plans for the trauma components of treatment and the last phase of therapy.

21. Obtained Training on Post Traumatic Stress Disorder (PTSD) at WRAMC

On December 4, 2009, the PI and the two postdoctoral fellows working on the project attended a full-day training session on PTSD at WRAMC. The presentation focused on PTSD assessment and treatment for military and veteran populations with particular attention paid to the construct of moral injury – i.e., damage to one’s spirituality, religious beliefs, and/or faith. We found some of the content of the presentation directly relevant to our study and treatment plans given that religious faith and/or spirituality have demonstrated to be protective factors against suicide. We learned to expect that moral injury may need to be addressed in some of our traumatized suicidal patients.

22. Attended the 2010 DoD/VA Suicide Prevention Conference, Washington, DC

The PI presented at the 2010 DoD/VA Suicide Prevention Conference in Washington, D.C. in January and shared preliminary data based on a retrospective chart review that described the characteristics of patients admitted for suicide ideation or attempt behavior at the WRAMC. The findings associated with this study are highly relevant to our treatment development and empirical testing as they demonstrate that a significant number of admitted inpatients have a lifetime history of trauma – particularly childhood sexual abuse for attempters, and recent death of a loved one for ideators. We continue to critically evaluate our retrospective chart review data to better learn about the patient population for whom the treatment is being developed.

The PI, two postdocs, and several other lab members attended the conference. The conference consisted of a variety presentations offered by nationally known suicidology experts who discussed issues relevant to suicide, specifically in a military context. The forum provided us with an opportunity to learn about the details of other clinical research (e.g., caring letters, outpatient cognitive therapy for suicide prevention), to network with experts in the field, and to learn from family members/survivors of military suicide. This

On January 28, 2010, following the receipt of USUHS IRB approval, the PI communicated with Ms. Marianne Spevak, the Manager at Henry Jackson Foundation’s (HJF) Office of Regulatory Affairs and Research Compliance to obtain her assistance with receiving the final regulatory approval needed from the HRPO at the USAMRMC. The requested documents were processed and forwarded to Ft Detrick USAMRMC on 2/2/2010 by Ms. Julie Lee, Office of Regulatory Affairs and Research Compliance at HJF.

24. Researched Cognitive Behavioral Components to Be Included in Treatment Manual

The PI has continued to gain knowledge about various cognitive behavioral interventions for the treatment of suicidal individuals as well as inpatient treatment protocols. The research in this area has consisted of reading scientific literature, consulting with national and international subject matter experts, as well as informal communication with patients and providers about perceived treatment needs and gaps in inpatient care for individuals following a suicide attempt.
Reportable Outcomes

Publications


Ghaharamanlou-Holloway, M., Cox, D., & Greene, F. (revise & resubmit). Adapting cognitive therapy for suicidal patients to an acute inpatient environment.


Presentations

Ghaharamanlou-Holloway, M., & Bradley, J. (2010, August). Suicide risk assessment and management in acute care settings. Invited presentation to Medical Residents at the Department of Psychiatry, Walter Reed Army Medical Center, Washington, DC.


Ghaharamanlou-Holloway, M., Brown, G. (2010, April). A brief intervention to reduce suicide risk in military service members and veterans. Invited presentation at the Department of Defense Suicide Prevention Research Program Working Group, Frederick, MD.


¹ Written presentation was provided due to unexpected absence.


Ghahramanlou-Holloway, M. (2009, December). Cognitive therapy for adult suicide attempters. Invited lecture provided for Suicide as a Public Health Problem course offered at the Johns Hopkins School of Public Health, Department of Mental Health, Baltimore, MD.


Ghahramanlou-Holloway, M. (2009, October). Inpatient post admission cognitive therapy (PACT) for the prevention of suicide attempts. Selected as 1 of 6 grant recipients to give an invited presentation at the National Alliance for Research on Schizophrenia and Depression (NARSAD) 21st Annual New York City Mental Health Research Symposium, New York, NY.


Ghahramanlou-Holloway, M., & Fritz, Elisabeth. (August-September 2009). Generalizability of PTSD cognitive behavioral psychotherapy clinical trials for traumatized individuals with suicide


**Research Support**

<table>
<thead>
<tr>
<th>Year</th>
<th>Funding Source</th>
<th>Description</th>
<th>Role</th>
<th>Total Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2015</td>
<td>United States Army Medical Research and Materiel Command</td>
<td>Military Operational Medicine Research Program</td>
<td>Principal Investigator</td>
<td>$6,000,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Post Admission Cognitive Therapy (PACT) for the Inpatient Treatment of Military Personnel with Suicidal Behaviors: A Multi-Site Randomized Controlled Trial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010-2012</td>
<td>United States Navy</td>
<td>USN Suicide Prevention Program</td>
<td>Principal Investigator</td>
<td>$60,000</td>
</tr>
<tr>
<td>2009-2012</td>
<td>United States Army Medical Research and Materiel Command</td>
<td>Military Operational Medicine Research Program</td>
<td>Principal Investigator</td>
<td>$2,671,337</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A Brief Intervention to Reduce Suicide Risk in Military Service Members and Veterans</td>
<td>Multiple PIs: Brenner, Brown, Currier, Holloway, Knox, Stanley</td>
<td></td>
</tr>
<tr>
<td>2009-2014</td>
<td>U01 - National Institute of Mental Health (USA Suicide RFA-MH-09-140)</td>
<td>Modifiable Risk and Protective Factors for Suicidal Behaviors in the US Army</td>
<td>Co-Investigator (PI: Robert Ursano, M.D.)</td>
<td>$50,000,000</td>
</tr>
<tr>
<td>2009-2014</td>
<td>United States Army Medical Research and Materiel Command</td>
<td>Military Suicide Research Consortium</td>
<td>Co-Investigator (PI: Peter Gutierrez, Ph.D. &amp; Thomas Joiner, Ph.D.)</td>
<td>$30,000,000</td>
</tr>
</tbody>
</table>
Conclusion

There are no research findings to report at this time. Over the past year, the study has gained regulatory approvals from the Walter Reed Army Medical Center, the Uniformed Services University of the Health Sciences and the Clinical Investigation Regulatory Office. The proposed research aims to deliver a brief and targeted intervention to military personnel and family members diagnosed with a trauma-related condition who are admitted for psychiatric care following a suicide attempt. If our designed intervention demonstrates to be clinically feasible, acceptable, and associated with preliminary evidence of improvement in symptoms relative to the control condition, its efficacy can be definitively determined through the conduct of a larger randomized controlled trial. Funding for an adequately powered multi-site trial was requested in May 2010. Without adequate treatment, PTSD and suicide behavior may result in costly utilization of social services, human suffering, and eventual death.

Upon the submission of our amendment packet, we expect that the approval from HRPO will be attained quickly. We expect to initiate study recruitment and have results to share in the next annual report for this study.

The early study conclusions are that at least 12-18 months need to be devoted to the complexities of obtaining regulatory approvals for research pertaining to suicidal individuals receiving treatment in a military setting. Future investigators are encouraged to think about the time associated with such processes and plan accordingly. In addition, we have learned that the daily operations of an inpatient milieu need to be carefully taken into account before the infrastructure for an intervention controlled trial is setup. For instance, we have been asked by inpatient unit staff to provide services between the hours of 3pm to 9pm daily.

The study represents the only randomized controlled pilot psychotherapy trial addressing the needs of traumatized military personnel following a suicide attempt. Given the magnitude of the public health problem presented by suicide-related thoughts and behaviors in the military, there is a significant need for empirically supported treatments that directly address the needs of individuals with a history of trauma that have attempted suicide.
References

None.
Appendices

CV – Principal Investigator, Dr. Marjan Holloway
Marjan Ghahramanlou Holloway, Ph.D.
Curriculum Vitae

Uniformed Services University of the Health Sciences
Department of Medical & Clinical Psychology
4301 Jones Bridge Road, Room B3050
Bethesda, MD 20814-4799
(301) 295-3271 Office
(301) 295-3034 Fax
mholloway@usuhs.edu

CURRENT PRIMARY AND SECONDARY APPOINTMENTS

Assistant Professor, Department of Medical & Clinical Psychology
(Tenure-Track) Uniformed Services University of the Health Sciences
June 2006 – Present

Assistant Professor, Department of Psychiatry
Scientist, Center for the Study of Traumatic Stress
Uniformed Services University of the Health Sciences
June 2009 – Present

EDUCATION

2004 Postdoctoral Fellowship
University of Pennsylvania, School of Medicine, Department of Psychiatry, Philadelphia, PA
Mentors: Aaron T. Beck, M.D. and Gregory K. Brown, Ph.D.

2003 Ph.D. Clinical Psychology
Fairleigh Dickinson University (APA-Accredited), Teaneck, NJ
Dissertation Title: “Cognitive Behavioral Treatment Efficacy for Anxiety Disorders: A Meta-Analytic Review”

2001 Clinical Internship
Springfield Hospital Center (APA-Accredited), Sykesville, MD

1997 M.A. Pre-Clinical Psychology
Chapman University, Orange, CA
Thesis Title: “Vicarious Trauma: The Effects of Crisis Intervention on Sexual Assault Counselors”

1994 B.S. Biology, B.A. Psychology, Minor in English Literature
University of California, Irvine, CA

HONORS & AWARDS

2009 Cinda Helke Award for Excellence in Graduate Student Advocacy
2006 Level II Participant Award, NIH Sponsored 1-Week Summer Research Institute on Suicide Prevention, University of Rochester
2005 Level I Participant Award, NIH Sponsored 1-Week Summer Research Institute on Suicide Prevention, University of Rochester
2003 Marquis Who’s Who in American Education
1996-1999 Johnson & Johnson Minority Scholarship
1996-1999 Fairleigh Dickinson University – Psychology Department Research Assistantship Award
1996 Chapman University – Outstanding International Graduate Student Award
RESEARCH SUPPORT (PEER-REVIEWED)

2010-2015 United States Army Medical Research and Materiel Command
Military Operational Medicine Research Program
Post Admission Cognitive Therapy (PACT) for the Inpatient Treatment of Military Personnel with Suicidal Behaviors: A Multi-Site Randomized Controlled Trial
Role: Principal Investigator
Total Awarded = $6,000,000

2010-2012 United States Navy
USN Suicide Prevention Program
Preliminary Program Evaluation of Navy Suicide Prevention Program
Role: Principal Investigator
Total Awarded = $60,000

2009-2012 United States Army Medical Research and Materiel Command
Military Operational Medicine Research Program
A Brief Intervention to Reduce Suicide Risk in Military Service Members and Veterans
Role: Principal Investigator
Multiple PIs: Brenner, Brown, Currier, Holloway, Knox, Stanley
Total Awarded = $2,671,337

2009-2011 National Alliance for Research on Schizophrenia and Depression
NARSAD Young Investigator Award
Inpatient Post Admission Cognitive Therapy for the Prevention of Suicide Attempts
Role: Principal Investigator
Total Awarded = $60,000

2008-2009 United States Marine Corps
USMC Suicide Prevention Program
Marine Corps Frontline Supervisors Training (FST) Program Evaluation
Role: Principal Investigator
Total Awarded = $32,000

2008-2011 Congressionally Directed Medical Research Programs
CDMRP Extramural PTSD New Investigator Award
Pilot Trial of Inpatient Cognitive Therapy for the Prevention of Suicide in Military Personnel with Acute Stress Disorder or Posttraumatic Stress Disorder
Role: Principal Investigator
Total Awarded = $457,609

2006-2011 Uniformed Services University of the Health Sciences
USUHS New Faculty Startup Research Package
Suicide Prevention in the United States Military
Role: Principal Investigator
Total Awarded = $375,000
OTHER RESEARCH SUPPORT

2009-2014  U01 - National Institute of Mental Health (USA Suicide RFA-MH-09-140)
Modifiable Risk and Protective Factors for Suicidal Behaviors in the US Army
Role: Co-Investigator (PI: Robert Ursano, M.D.)
Total Awarded = $50,000,000

2009-2014  United States Army Medical Research and Materiel Command
Military Suicide Research Consortium
Role: Co-Investigator (PI: Peter Gutierrez, Ph.D. & Thomas Joiner, Ph.D.)
Total Awarded = $30,000,000

2007-2011  National Heart, Lung and Blood Institute
Biobehavioral Precipitating Factors in Heart Failure
Role: Consultant (PI: David Krantz, Ph.D.)
Total Awarded = $2,296,000

2004-2006  National Institute of Mental Health
Centers for Disease Control and Prevention
Community Based Cognitive Therapy for Suicide Attempters
Role: Research Coordinator (PI: Aaron T. Beck, M.D.)
Total Awarded = $1,354,432

2004-2006  National Institute of Mental Health; National Institute of Drug Abuse
Cognitive Therapy for the Prevention of Suicide
Role: Co-Investigator (PI: Aaron T. Beck, M.D.)
Total Awarded = $2,923,287

2000-2001  National Institute of Neurological Disorders and Stroke
Favorable Outcome in Ischemic Stroke Survivors
Role: Research Coordinator (PI: Lynn Grattan, Ph.D.)
Total Awarded = $101,500

PENDING RESEARCH SUPPORT

2009-2014  National Institute of Mental Health
Cognitive Therapy for Suicidal Older Men
Role: Consultant (PI: Gregory K. Brown, Ph.D.)

2010-2013  USAMRMC Defense Medical Research and Development Program
Reducing Barriers to Help Seeking for Mental Health Problems
Role: Scientific Advisory Committee Member (PI: David Litts, O.D.)

SCIENTIFIC ADVISORY BOARDS

2010-Present  Chair, North Atlantic Treaty Organization (NATO) Research Task Group
International Military Suicide

2010-Present  Member, Blue Ribbon Task Force – American Association of Suicidology
Assessment of Suicide Risk in Military Personnel
2009-Present | **Member**, Defense Health Board Task Force  
Prevention of Suicide by Members of the Armed Forces

2009-2010 | **Co-Chair**, North Atlantic Treaty Organization (NATO) Exploratory Team  
International Military Suicide

**PEER-REVIEWED PUBLICATIONS**


**MANUSCRIPTS UNDER EDITORIAL REVIEW**

Ghahramanlou-Holloway, M., Cox, D., & Greene, F. (revise & resubmit). Adapting outpatient cognitive therapy for inpatient delivery following a suicide attempt.

Ghahramanlou-Holloway, M., Cox, D., Fritz, E., & George, B. (revise & resubmit). A user friendly guide for behavioral health providers working with military women and veterans.


BOOK CHAPTERS


ENCYCLOPEDIA ENTRIES


Marjan G. Holloway, Ph.D. 6


BOOK REVIEWS


MANUSCRIPTS IN PREPARATION


NATIONAL AND INTERNATION CONFERENCE PRESENTATIONS


Ghahramanlou, M., Brodbeck, C., Hulbert, D. G., Johnson, S., & Soffer, S. (2001, November). Involvement of the spouse in the treatment of anxiety disorder patients. In D. G. Hulbert (Chair), For better or for worse: Enhancing treatment outcome through spousal involvement. Symposium conducted at the annual meeting of the Association for Advancement of Behavior Therapy, Philadelphia, PA.


**INVITED PROFESSIONAL PRESENTATIONS AND COLLOQUIA**

Ghahramanlou-Holloway, M., & Bradley, J. (2010, August). Suicide risk assessment and management in acute care settings. Invited presentation to Medical Residents at the Department of Psychiatry, Walter Reed Army Medical Center, Washington, DC.


Ghahramanlou-Holloway, M., Brown, G. (2010, April). A brief intervention to reduce suicide risk in military service members and veterans. Invited presentation at the Department of Defense Suicide Prevention Research Program Working Group, Frederick, MD.


Ghahramanlou-Holloway, M. (2009, December). Cognitive therapy for adult suicide attempters. Invited lecture provided for Suicide as a Public Health Problem course offered at the Johns Hopkins School of Public Health, Department of Mental Health, Baltimore, MD.

* Written presentation was provided due to unexpected absence.

Ghahramanlou-Holloway, M. (2009, October). Inpatient post admission cognitive therapy (PACT) for the prevention of suicide attempts. Selected as 1 of 6 grant recipients to give an invited presentation at the National Alliance for Research on Schizophrenia and Depression (NARSAD) 21st Annual New York City Mental Health Research Symposium, New York, NY.


Ghahramanlou-Holloway, M. (2009, February). Primary care based cognitive behavior therapy for PTSD and suicide ideation. Invited presentation at the Suicide Strategic Meeting organized by Dr. Marsha Linehan, University of Washington, Seattle, WA.


Ghahramanlou-Holloway, M. (2008, October). Recommendations for the Marine Corps suicide prevention program. Invited as 1 of 2 suicide prevention experts to provide policy recommendations to the Marine Corps leadership at the Executive Safety Board Meeting, Quantico, VA.


Ghahramanlou-Holloway, M. (2007, January). Building a program of research in suicide prevention. Invited presentation at the Medical and Clinical Psychology Colloquium Series at Uniformed Services University, Washington, DC.


Ghahramanlou, M. (2000, October). The impact of addictive behaviors on interpersonal relationships. Training provided at the Springfield Hospital Center Mentally Ill Substance Abuse (MISA) Psychoeducation Program, Sykesville, MD.


RESEARCH EXPERIENCE

2006-Present  Principal Investigator, Suicide Behavior and Prevention Laboratory
Uniformed Services University of Health Sciences, Dept of Medical & Clinical Psychology, Bethesda, MD
Duties: Conduct programmatic research in the following areas: a) risk/protective factors for suicide and suicide-related behaviors in US military personnel; b) development of inpatient cognitive behavior therapy and safety planning for the treatment of suicide-related behaviors; c) randomized controlled psychotherapy trials for the prevention of suicide and suicide-related behaviors; d) program evaluation of military suicide prevention programs; and e) family response and functioning post suicide attempt behavior.

2005-2006  Research Associate
University of Pennsylvania, Department of Psychiatry, Philadelphia, PA
Duties: Co-investigator of NIMH/CDC/NIDA funded (P20) developing center on interventions for the prevention of suicide. Project director for an NIMH/CDC funded randomized controlled trial (R01) of cognitive therapy for suicide attempters. Handled daily study operations; provided crisis management; recruited community mental health centers and emergency departments as collaborators; trained & supervised study therapists; supervised study personnel including postdoctoral fellows; prepared grant progress reports, IRB submissions, scholarly manuscripts, and procedural manuals.
Supervisors: Aaron T. Beck, M.D., University Professor of Psychiatry
Gregory K. Brown, Ph.D., Research Associate Professor

2004-2005  Postdoctoral Research Fellow
University of Pennsylvania, Department of Psychiatry, Philadelphia, PA
Duties: Conducted research on mood and anxiety disorders at the Psychopathology Research Unit. Project director for an NIMH/CDC funded randomized controlled trial (R01) examining the efficacy and effectiveness of community-based cognitive therapy for adult suicide attempters.
Supervisor: Aaron T. Beck, M.D., University Professor of Psychiatry
1999-2000  Research Coordinator
University of Maryland Medical System, Department of Neurology, Baltimore, MD
Duties: Project director for NIH funded research on favorable outcomes in stroke patients. Recruited participants, planned budget, managed regulatory documents, conducted neuropsychological testing and phone follow-up interviews with patients and families, created study database, and carried out SPSS analyses.
Supervisor: Lynn Grattan, Ph.D., Director of Neuropsychology Department

1996-1999  Research Extern
North Shore University Hospital-Cornell University Medical College, Department of Psychiatry, Manhasset, NY
Duties: Planned research studies on anxiety disorders; collected and analyzed outcome data using ACCESS, EXCEL & SYSTAT; and presented findings at national conferences.
Supervisor: Juliana Lachenmeyer, Ph.D., Program Director

1996-1999  Research Assistant
Fairleigh Dickinson University, Department of Psychology, Teaneck, NJ
Duties: Planned research projects on schizophrenia, trauma, and environmental stress.
Supervisor: Margaret Gibbs, Ph.D., Director of Clinical Training

1993-1996  Research Assistant – Laboratory Technician
Beckman Laser Institute and Medical Clinic, Irvine, CA
Duties: Conducted cell, tissue, and animal experiments for a variety of federally and privately funded investigations examining the efficacy of photodynamic therapy for the treatment of malignant tumors and port-wine stains (disfiguring congenital birthmarks).
Supervisors: Marie Wilson, M.S. and Chung-Ho Sun, Ph.D., Research Analysts
Stuart Nelson, M.D., Ph.D., Associate Director

CLINICAL EXPERIENCE

2003-Present  Outpatient Therapist – Private Clinical Practice
Columbia (2003-2006) & Chevy Chase (2006-Present), MD
Duties: Maintain a weekly caseload of 10-12 patients.

2004-2006  Outpatient Therapist
University of Pennsylvania, Center for Cognitive Therapy, Philadelphia, PA
Duties: Provided cognitive therapy to individuals with various psychiatric diagnoses.
Supervisor: Cory F. Newman, Ph.D., Director, Center for Cognitive Therapy

2000-2002  Psychology Associate
Saint Luke Institute, Silver Spring, MD
Duties: Provided assessment and psychotherapy to Catholic clergy with the primary diagnoses of sexual and/or substance-related disorders.
Supervisor: Lisa Drexler, Ph.D., Director of Outpatient Services

2000-2001  Psychology Intern – Rotation Placement
Medical Services for the Circuit Court of Baltimore City, Baltimore, MD
Duties: Prepared forensic evaluations for the Circuit Court - Custody/Visitation, Pre-Trial, Pre-Sentence, Competency & Responsibility, Waiver/Transfer of Jurisdiction.
Supervisor: Larry Heller, Ph.D., Forensic Psychologist
2000-2001  
**Psychology Intern**  
*Springfield Hospital Center, Sykesville, MD (APA-Approved)*  
Conducted psychological and forensic assessments; prepared written integrative reports; provided crisis management, individual and group therapy to psychiatric inpatients. Supervisors: Carla Clavelle, Ph.D., Staff Psychologist; Barbara Medine Deluty, Ph.D., Director of Addictions Services; Robert Katz, Ph.D., Acting Director of Intern Training; Francoise Reynolds, Ph.D., Director of Intern Training  

1999-2000  
**Psychologist**  
*Maryland General Hospital, Bryn Mawr Rehabilitation Center, Baltimore, MD*  
Duties: Conducted psychological testing for outpatient children and adolescents. Supervisor: Miguel Rodriguez, Ph.D., Director of Psychology  

1999-2000  
**Psychology Associate**  
*NeuroBehavioral Consultants, Columbia, MD*  
Duties: Conducted neuropsychological testing for children, adolescents, and adults. Supervisors: Vince Cullota, Ph.D. and Tom Baumgardner, Ph.D., Co-Directors  

1999-2000  
**Neuropsychology Technician**  
*Clinical & Forensic Neuroscience, Baltimore, MD*  
Duties: Conducted neuropsychological testing for forensic purposes. Supervisor: Sue Antell, Ph.D., ABPN, FACPN  

1998-1999  
**Testing Technician**  
*Long Island Neuropsychological Consultants, Great Neck, NY*  
Duties: Conducted neuropsychological testing for children, adolescents, and adults. Supervisors: Stuart Rothman, Ph.D. and Herman Davidovitz, Ph.D., Co-Directors  

1997-1999  
**Psychology Extern – Therapist**  
*Anxiety and Stress Treatment Program at North Shore University Hospital-Cornell University Medical College, Department of Psychiatry, Manhasset, NY*  
Duties: Provided individual and group cognitive-behavioral assessment and treatment for children, adolescent, and adult outpatients. Supervised junior therapists, provided consultation for non-responsive OCD cases, and conducted home-based exposure therapy for severe agoraphobic and OCD patients. Supervisor: Juliana Lachenmeyer, Ph.D., Program Director  

1997-1998  
**Social Skills Group Coordinator**  
*Fairleigh Dickinson University, Center for Psychological Services, Hackensack, NJ*  
Duties: Organized and co-led social skills groups for children and adolescents with developmental, attentional, and behavioral difficulties. Trained and supervised group therapy leaders. Supervisor: Charles Schaefer, Ph.D., Director  

1996-1999  
**Psychology Extern - Therapist**  
*Fairleigh Dickinson University, Center for Psychological Services, Hackensack, NJ*  
Duties: Conducted psychological, forensic, and neuropsychological evaluations. Provided short- and long-term psychodynamic and cognitive-behavioral interventions for children, adolescents, adults, groups, couples, families, and court-mandated cases. Supervisors: Andrew Eisen, Ph.D., David Pogge, Ph.D., Neil Massoth, Ph.D., Juliana Lachenmeyer, Ph.D., Judith Kaufman, Ph.D., Robert McGrath, Ph.D., Neal Litinger, Ph.D., Charles Schaefer, Ph.D., Maria Gonzalez, Ph.D.
**TEACHING EXPERIENCE**

2006-Present  **Assistant Professor – Tenure Track**  
**Uniformed Services University of Health Sciences, Dept of Medical & Clinical Psychology, Bethesda, MD**  
Duties: Faculty appointment within three doctoral tracks: a) Clinical Psychology, Military Psychology (APA-Approved); b) Clinical Psychology and Medical Psychology (APA-Approved); and c) Medical Psychology. Teach graduate and medical students. Provide mentorship to six doctoral students and four postdoctoral fellows. Function as the Psychology Internship Coordinator. Serve on student thesis and dissertation committees.

♦ **Graduate Courses**  
Cognitive Behavior Therapy; Clinical Skills I and II; Case Conference; Seminar

♦ **Other Teaching Activities**  
Lecture on Mood Disorders – Adult Psychopathology Course
Lecture on Professional Burnout & Suicide – Medical Psychology Course
Lecture on Suicide Risk Assessment & Management – Medical Psychology Course
Lecture on Psychological Assessment – Medical Psychology Course
Lecture on Suicide in the Medically Ill – Health Psychology Course
Lecture on History of the Treatment of the Mentally Ill – History & Systems Course

2006-Present  **Guest Lecturer**  
**Johns Hopkins University - Bloomberg School of Public Health**  
Duties: Provide live and online lectures on cognitive therapy for the treatment of suicide-related behaviors for the course, “Suicide as a Public Health Problem”.

2005-2006  **Adjunct Lecturer**  
**University of Pennsylvania, Department of Psychology, Philadelphia, PA**  
Duties: Taught abnormal psychology with an average enrollment of 225 students.  
Supervisor: Robert DeRubeis, Ph.D., Associate Dean for the Social Sciences

2004-2005  **Adjunct Assistant Professor of Psychology**  
**Community College of Baltimore County, Catonsville, MD**  
Duties: Taught face-to-face & online undergraduate courses in psychology.  
Supervisor: Avon Garrett, Ph.D., Dean, Business, Wellness, & Social Sciences Division

2001-2004  **Assistant Professor of Psychology**  
**Community College of Baltimore County, Catonsville, MD**  
Duties: Taught undergraduate psychology courses (5 per semester, class sizes ranging from 25-40 students), served on college committees, and maintained faculty online presence.  
Supervisor: Avon Garrett, Ph.D., Dean, Business, Wellness, & Social Sciences Division

♦ **Undergraduate Courses**  
Abnormal Psychology; Human Relations - Culturally Diverse Society; Introduction to Psychology; Psychology of Adjustment; Personality Theories

♦ **Web Courses**  
Abnormal Psychology; Human Relations; Introduction to Psychology; Personality Theories
1997-1999  **Adjunct Professor**  
*Fairleigh Dickinson University, Department of Psychology, Teaneck, NJ*  
Duties: Taught undergraduate psychology courses (1-2 courses per semester, class sizes ranging in 30-50 students).  
Supervisor: Chris Capuano, Ph.D., Department Chair

♦  **Undergraduate Courses**  
General Psychology I & II (Introduction to Psychology); Freshman Seminar; Psychology of Love/Interpersonal Relationships; Theories of Personality

1996-1999  **Learning Center Tutor**  
*Fairleigh Dickinson University, Learning Center, Teaneck, NJ*  
Duties: Tutored undergraduate and graduate students in psychology, mathematics, statistics (SPSS & SYSTAT), and writing. Provided group workshops for English as a Second Language students.  
Supervisor: Sue Demay, M.A., Program Director

1995-1996  **Graduate Teaching Assistant**  
*Chapman University, Department of Psychology, Orange, CA*  
Duties: Assisted undergraduates by providing lecture materials, study skills, and test-taking strategies; graded papers and exams.  
Supervisor: Carolyn Brodbeck, Ph.D., Assistant Professor

♦  **Undergraduate Courses**  
Introduction to Psychology; Cross-Cultural Psychology

---

**POSTDOCTORAL FELLOWS SUPERVISED**

2010-Present  Rachael Lunt, Ph.D.  
2010-Present  Christina Schendel, Ph.D.  
2009-Present  Daniel Cox, Ph.D.  
2009-Present  Farrah Greene, Ph.D.

**DOCTORAL STUDENTS SUPERVISED**

2008-Present  Capt Shannon Branlund, USAF  
2006-Present  1st LT Jeffery Martin, USAF  
2008-Present  1st LT Brianne George, USAF  
2009-Present  LTJG Kristen Kochanski, USN  
2009-Present  ENS Graham Sterling, USN  
2010-Present  Jennifer Bakalar

**THESES & DISSERTATIONS – CHAIRMED**

Cofell, L. (in progress). The association between interpersonal relationships and the mental and physical health of postpartum active duty military women. (USUHS Doctoral Dissertation, Clinical Psychology)
George, B. (in progress). *Predictors of suicide ideation and attempt behavior in a sample of inpatient military service members.* (USUHS Master’s Thesis, Clinical Psychology)


**DISSERTATIONS – ADVISED**


**MASTERS & DISSERTATION - COMMITTEE MEMBER**


**EDUCATIONAL GRANTS**

Ghahramanlou, M. *Supplemental lecture notes manual and accompanying CD for Introduction to Psychology and Abnormal Psychology.* Faculty Learning and Student Development Grant, Community College of Baltimore County, 2003-2004, $1000.

Ghahramanlou, M. *Psychology PowerPoint presentations for Introduction to Psychology.* Faculty Learning and Student Development Grant, Community College of Baltimore County, 2002-2003, $1500.

**BIOGRAPHICAL LISTING**

2009-2010 Edition of Who’s Who for Executives and Professionals
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

Academy of Cognitive Therapy
American Association of Suicidology
American Psychological Association
Anxiety Disorders Association of America
Association for Behavioral and Cognitive Therapies
Eastern Psychological Association
Maryland Psychological Association

EDITORIAL ACTIVITIES

Ad Hoc Reviewer
♦ American Association of Suicidology – Annual Conference Abstracts (2008-2009)
♦ American Journal of Cardiology
♦ Cognitive Behavioral Therapy Book Reviews
♦ City University of New York Collaborative Incentive Research Grant Program (2009)
♦ McGraw-Hill
♦ Psychosomatic Medicine
♦ U.S. Army Center for Health Promotion and Preventive Medicine – Scientific Reviewer
♦ VA/DoD Clinical Practice Guidelines
  ✓ Bipolar Disorder
  ✓ Annotation for Primary Care Management Algorithm
♦ Wiley Publishing
♦ Worth Publishers

LICENSES, CERTIFICATIONS, & PRIVILEGES

Licensed Psychologist, State of Maryland (License #04126) 2004 – Present
Certified Cognitive Therapist, Academy of Cognitive Therapy 2004 – Present
Credentialed Provider, Walter Reed Army Medical Center 2007 – Present

LANGUAGES

Proficient in Farsi (Persian)

PROMOTION & TENURE REVIEW

External Reviewer for Candidate at John Jay College of Criminal Justice, 2006-2007

SERVICE - PROFESSIONAL, UNIVERSITY, & COMMUNITY

2010 U.S. Army Suicide Reduction and Prevention Research Strategic Planning Work Group Member
2009-2010 RAND Corporation – Interviewed in 2009 and in 2010
  DoD Subject Matter Expert in Suicide Prevention
2009-Present Defense Health Board Task Force on Prevention of Suicide in the Armed Forces Member
2009-Present  North Atlantic Treaty Organization (NATO), Suicide in the Military Co-Chair

2008-Present  Department of Defense – Suicide Prevention and Risk Reduction Committee (SPARRC) Member, Subcommittees: 2nd Opinion/Consultation Work Group; Suicide Nomenclature Work Group; Suicide Prevention Training Work Group

2007-Present  American Association of Suicidology Chair, Institutional Review Board Task Force Member, Kalafat Scholarship

2007-2009  University of Pennsylvania – Department of Veterans Affairs Training Collaboration Clinical Supervisor, Cognitive Therapy Suicide Prevention Protocol

2006-Present  Uniformed Services University of the Health Sciences, Bethesda, MD Full Member, Institutional Review Board Committee Member, Graduate Education Committee (2009-2010)

2006-Present  Uniformed Services University of the Health Sciences, Bethesda, MD Department of Medical & Clinical Psychology Student Evaluation Committee; Faculty Search Committee; APPIC Internship Coordinator; Curriculum Committee; Consultant for Scientific Protocols Involving Suicide Risk Management; Department WebPage Editor

2006-2007  National Naval Medical Center, Psychiatry Residency Program, Bethesda, MD Clinical Supervisor

2004-Present  Clinical Psychology Peer Consultation Support Group, Columbia & Baltimore, MD Member

2001-2004  Community College of Baltimore County, Catonsville, MD Faculty Volunteer, Service Learning Institute Member, General Education Assessment Team Psychology Club Advisor, Department of Psychology Faculty Search Committee Member, Business & Social Sciences Division Consultant, Understanding Islamic Cultures, National Association of Foreign Affairs Grant

2001-2002  Catonsville High School, Catonsville, MD Volunteer Mock Interviewer

2000-2001  Springfield Hospital Center, Co-Occurring Disorders Program, Sykesville, MD Data Analyst & Consultant

1997-1999  Fairleigh Dickinson University, Department of Psychology, Teaneck, NJ Member, Admissions Committee

1993-1996  Community Services Program Victim Services and Prevention, Irvine, CA Volunteer - Certified Sexual Assault Counselor
REFERENCES

Aaron T. Beck, M.D.
University Professor of Psychiatry
Department of Psychiatry
University of Pennsylvania
3535 Market Street, Room 2032
Philadelphia, PA 19104
215-898-4102
abeck@mail.med.upenn.edu

Gregory K. Brown, Ph.D.
Research Associate Professor
University of Pennsylvania
Department of Psychiatry
3535 Market Street
Philadelphia, PA 19104
215-898-4104
gbrow@mail.med.upenn.edu

Margaret Gibbs, Ph.D.
Professor, Psychology – Director of Training
Fairleigh Dickinson University
1000 River Road
Teaneck, New Jersey 07666
(201) 692-2302 or (201) 692-2315
gibbs1@optonline.net

Juliana Lachenmeyer, Ph.D.
Director, Anxiety Treatment Program
North Shore University Hospital
Cornell University Medical College
Great Neck, New York
(516) 562-4927
(516) 482-1767
jrlphd@aol.com

Carolyn Brodbeck, Ph.D.
Associate Professor, Psychology
Chapman University
Department of Psychology
One University Drive
Orange, California 92866
(714) 744-7641
brodbeck@chapman.edu

Lisa Drexler, Ph.D.
Licensed Psychologist
5480 Wisconsin Avenue
Suite 221
Chevy Chase, Maryland 20815
(301) 656-8891
drexlerlk@aol.com

Louis Hsu, Ph.D.
Professor, Psychology Department
Fairleigh Dickinson University
1000 River Road
Teaneck, New Jersey 07666
(201) 692-2309 or (201) 692-2315 Department
louis_hsu@fdu.edu

Robert Katz, Ph.D.
Director of Intern Training
Springfield Hospital Center
6655 Sykesville Road
Sykesville, Maryland 21784
(410) 795-2100 x3943
Department Secretary x3391
rkatz@dhmh.state.md.us