
BIOGRAPHICAL SKETCH

Provide the following information for the Senior/key personnel and other significant contributors.
Follow this format for each person. **DO NOT EXCEED FIVE PAGES.**

NAME: Debra Kaysen

eRA COMMONS USER NAME (credential, e.g., agency login): DKAYSEN

POSITION TITLE: Professor

EDUCATION/TRAINING (*Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable. Add/delete rows as necessary.*)

INSTITUTION AND LOCATION	DEGREE (if applicable)	Completion Date MM/YYYY	FIELD OF STUDY
Tufts University, Medford, MA	B.S.	06/1991	Psychology, Clinical
University of Missouri-St. Louis, St. Louis, MO	M.S.	08/1997	Clinical Psychology
University of Missouri-St. Louis, St. Louis, MO	Ph.D.	08/2003	Clinical Psychology
University of Washington (UW), Seattle, WA	Postdoc	07/2006	Alcohol Research

A. Personal Statement

I have over 15 years in research and clinical experience in the area of traumatic stress. My program of research focuses on the impact of trauma on mental health and substance use and spans clinical trials, longitudinal studies, and etiological studies. My research aims to inform theoretical models of the impact of traumatic stress on mental health and on health risk behaviors and to translate these findings into clinical applications. I have completed studies testing treatment options for individuals with PTSD and substance use disorders including a large R01 comparing Cognitive Processing Therapy to Relapse Prevention to address PTSD/AUD (PI's Kaysen/Simpson: R01AA018292) and a clinical trial testing culturally adapted Cognitive Processing Therapy to address PTSD, alcohol use, and HIV risk behavior among rural Native Americans. This trial has led to a larger study comparing an exposure-based trauma-focused intervention versus an MI and CBT based intervention for prevention of PTSD, alcohol use, and HIV among rural Native Americans (PI's Kaysen/Pearson: R01MD011574). Several of my studies have been specifically focused on the use of Cognitive Processing Therapy among diverse populations (Iraq, Democratic Republic of Congo, Native Americans), to address various comorbidities (alcohol use disorders, HIV risk behavior), and to work in non-specialty care settings (telepsychology, primary care settings). I have been highly productive in disseminating my work, with over 100 peer reviewed publications. I am an international trainer in Cognitive Processing Therapy and a leading expert on adaptations for CPT in diverse communities and on the use of CPT to address substance use and PTSD.

1. Chard, K. M., **Kaysen, D.**, Galovski, T. E. , Nixon, R. D. V. & Monson, C. M. (in press). Cognitive processing therapy. In D. Forbes, J. Bisson, C. Monson & L. Berliner (Eds). *Effective treatments for PTSD: Practice guidelines from the International Society for Traumatic Stress studies* (3rd Ed.). New York: Guilford.
2. Pearson, C., **Kaysen, D.**, Huh, D., Bedard-Gilligan, M., Smartlowit-Briggs, L. (2019). Randomized Control Trial of Culturally Adapted Cognitive Processing Therapy for PTSD, Substance Misuse, and HIV Sexual Risk Behavior for American Indian Women. *AIDS and Behavior*, 1-12. PMID: PMC Journal- In Process.
3. **Kaysen, D.**, Schumm, J., Pedersen, E., Seim, R.W., Bedard-Gilligan, M., & Chard, K. (2014). Cognitive Processing Therapy for veterans with comorbid PTSD and Alcohol Use Disorders. *Addictive Behaviors*, 39(2), 420-427. PMID: PMC3855895
4. Bass, J., Annan, J., Murray, S.M., **Kaysen, D.**, Griffiths, S., Cetinoglu, T., Wachter, K., Murray, L.K., & Bolton, P.A. (2013). Controlled Trial of Psychotherapy for Congolese Survivors of Sexual Violence. *New England Journal of Medicine*, 368(23), 2182-2191. PMID: N/A.

B. Positions and Honors

Positions and Employment

2006-2009 Assistant Professor, Department of Psychiatry & Behavioral Science, University of Washington, Seattle, WA

2009-2013 Associate Professor, Department of Psychiatry & Behavioral Science, University of Washington
2013-2019 Professor, Department of Psychiatry & Behavioral Science, University of Washington
2015-2019 Director, Trauma Recovery Innovations Program, University of Washington
2019- Professor, Department of Psychiatry & Behavioral Science, Stanford University

Certifications, Credentials, and Licenses

2004- Licensed Psychologist #PY 3099, State of Washington
2014- Board Certified in Cognitive and Behavioral Psychology, American Board of Professional Psychology. Diploma Number 7686, awarded November 22nd, 2014

Other Experience and Professional Memberships

1997-Present Member, Association for the Advancement of Behavior Therapy
1998-Present Member, International Society for Traumatic Stress Studies
2013- Board Member, International Society for Traumatic Stress Studies
2018-2019 President-Elect, International Society for Traumatic Stress Studies

Awards/Honors

2005 SIG New Investigator award, Association for the Behavioral and Cognitive Therapies
2007 NIAAA/NIDA Early Career Poster Award, American Psychological Association
2013- Depression Therapy Research Endowed Professor, Department of Psychiatry & Behavioral Sciences, University of Washington
2015- Fellow, Association for the Behavioral and Cognitive Therapies

C. Contribution to Science

Stressors like trauma exposure or minority stress are major contributors to psychiatric disorders and substance use comorbidity and as well as to the global burden of disease. Effective treatments exist but the majority of people who could benefit never receive care. In order to address these important public health issues, the significant contributions I have made to my field are in the arena of testing theoretically based etiological models of comorbidity and development of psychopathology in trauma exposed populations and using those models to extend evidence based treatments to underserved populations.

1. Treatment of trauma exposed populations with substance use disorders. Based on my research on etiological mechanisms between PTSD and substance use behaviors, I have focused on expanding access to treatment and treatment options for trauma-exposed populations with comorbid substance use disorders. My work has been critical in testing the feasibility of novel trauma-focused interventions for PTSD/SUD, thus paving the road for more rigorous research studies. Findings support the use of cognitive therapies like Cognitive Processing Therapy for those with PTSD/SUD. My research has also found support for brief telehealth interventions to reduce drinking among trauma-exposed populations.

- a. Pearson, C., **Kaysen, D.**, Huh, D., Bedard-Gilligan, M., Smartlowit-Briggs, L. (2019). Randomized Control Trial of Culturally Adapted Cognitive Processing Therapy for PTSD Substance Misuse and HIV Sexual Risk Behavior for Native American Women. *AIDS and Behavior*. 1-12. PMID: PMC Journal- In Process.
- b. Walker, D. D., T. O. Walton, C. Neighbors, D. **Kaysen, L.** Mbilinyi, J. Darnell, L. Rodriguez, and R. A. Roffman. (2017). Randomized Trial of Motivational Interviewing Plus Feedback for Soldiers With Untreated Alcohol Abuse. *Journal of Consulting and Clinical Psychology*, 85. 99-110. PMID: N/A
- c. Stappenbeck, C. A., Luterek, J. A., **Kaysen, D.**, Rosenthal, C. F., Gurrad, B., & Simpson, T. L. (2015). A controlled examination of two coping skills for daily alcohol use and PTSD symptom severity among dually diagnosed individuals. *Behaviour Research and Therapy*, 66, 8–17. PMID: PMC4346423
- d. **Kaysen, D.**, Schumm, J., Pedersen, E., Seim, R.W., Bedard-Gilligan, M., & Chard, K. (2014). Cognitive Processing Therapy for veterans with comorbid PTSD and Alcohol Use Disorders. *Addictive Behaviors*, 39(2), 420-427. PMID: PMC3855895

2. Adaptation of Cognitive Processing Therapy to meet the needs of diverse trauma exposed populations. My research has had a strong impact on building an evidence base on adaptations of CPT for PTSD to diverse populations both within and outside the United States. I was site PI and co-investigator responsible for treatment adaptation and delivery in three global mental health RCT's on treatment of trauma survivors. Our findings demonstrate that complex cognitive behavioral psychotherapies can be culturally

adapted and delivered in challenging settings (conflict settings, high poverty environments) with significant and lasting change in PTSD, depression, and functioning. This has led to work adapting CPT for diverse populations within the United States (rural Native Americans, urban Latinos).

- a. Pearson, C., Smartlowit-Briggs, L., Belcourt, A., Bedard-Gilligan, M., **Kaysen, D.** (2019). Building Tribal-Academic Partnership to Addressing PTSD, Substance Misuse, and HIV among American Indian Women. *Health Promotion Practice* 20(1), 48-56.
- b. Marques, L., Eustis, E. H., Dixon, L., Valentine, S. E., Borba, C., Simon, N. M., **Kaysen, D.**, & Wiltsey-Stirman, S. (2016). Delivering cognitive processing therapy in a community health setting: The influence of Latino culture and community violence on posttraumatic cognitions. *Psychological Trauma: Theory, Research, Practice, and Policy*. 8(1), 98-106. PMID: PMC4641844
- c. Bass, J., Annan, J., Murray, S.M., **Kaysen, D.**, Griffiths, S., Cetinoglu, T., Wachter, K., Murray, L.K., & Bolton, P.A. (2013). Controlled Trial of Psychotherapy for Congolese Survivors of Sexual Violence. *New England Journal of Medicine*, 368(23), 2182-2191. PMID: N/A.
- d. **Kaysen, D.**, Lindgren, K., Sabir Zangana, G.A., Murray, L., Bass, J., & Bolton, P. (2013). Adaptation of cognitive processing therapy for treatment of torture victims: Experience in Kurdistan, Iraq. *Psychological Trauma: Theory, Research, Practice and Policy* 5(2), 184-192. PMID: N/A.

3. Event-level relationships between PTSD, affect, and drinking. One major contribution of my research has been examining proximal relationships between PTSD and drinking behavior to better test self-medication models of stress and substance use. Using innovative methodologies like handheld computers (R21AA016211, PI: Kaysen), web-based diaries (R01AA018292, PI: Kaysen), and interactive voice recognition software (R01AA020252, PI's: Kaysen/Simpson, R21AA017130, PI: Simpson), we have demonstrated daily-level increases in PTSD symptom severity are associated with increased likelihood to drink whereas negative affect is associated with lower likelihood to drink, that these relationships depend on the degree to which individuals endorse coping and enhancement motives, and that daily coping self-efficacy and social support decrease the association between high PTSD-related distress and drinking.

- a. Dworkin, E. R., Ojalehto, H., Bedard-Gilligan, M., Cadigan, J., & **Kaysen, D.** (2018). Social support predicts reductions in PTSD symptoms when substances are not used to cope: A longitudinal study of sexual assault survivors. *Journal of Anxiety Disorders*, 229, 135-140. PMID: PMC5807183
- b. Stappenbeck, C. A., Hassija, C. M., Zimmerman, L., & **Kaysen, D.** (2015). Sexual assault related distress and drinking: The influence of daily reports of social support and coping control. *Addictive Behaviors*, 42, 108-113. PMID: PMC4620925.
- c. **Kaysen, D.**, Atkins, D., Simpson, T., Stappenbeck, C., Blayney, J., Lee, C.M., & Larimer, M.E. (2014). Proximal relationships between PTSD symptoms and drinking among female college students: Results from a Daily Monitoring Study. *Psychology of Addictive Behaviors*, 28(1), 62-73. PMID: PMC3825767
- d. Simpson, T.L., Stappenbeck, C.A., Luterek, J., Lehavot, K. & **Kaysen, D.** (2014). Drinking motives moderate daily relationships between PTSD symptoms and alcohol use. *Journal of Abnormal Psychology*, 123(1), 237-247. PMID: PMC4030751

4. Testing bidirectional relationships between alcohol use and trauma outcomes. Another major contribution has been evaluating bidirectional relationships between sexual assault, PTSD, and alcohol use. Research has focused both on the role of pre-trauma alcohol use as a risk factor for development of chronic PTSD and on alcohol as a risk factor for revictimization. This body of research has led to a broader increase on research within the field on alcohol's effects on trauma recovery and on PTSD.

- a. Rhew, I., Stappenbeck, C.A., Bedard-Gilligan, M., Hughes, T., & **Kaysen, D.** (2017). Effects of sexual assault on alcohol use and consequences among young adult sexual minority women. *Journal of Consulting and Clinical Psychology*. 85 (5), 424-433. PMID: PMC5398947
- b. **Kaysen, D.**, Bedard-Gilligan, M.A., & Stappenbeck, C. (2016). PTSD and Alcohol Associations Among Trauma-Exposed Women: Critical Questions for the Field. *Clinical Psychology: Science and Practice*. 24(1), 23-26.
- c. **Kaysen, D.**, Atkins, D.C., Moore, S.A., Lindgren, K.P., Dillworth, T., & Simpson, T. (2011). Alcohol use, problems, and the course of Posttraumatic Stress Disorder: A prospective study of female crime victims. *Journal of Dual Diagnosis*, 7(4), 262-279. PMID: PMC3607458
- d. **Kaysen, D.**, Lindgren, K., Lee, C., Lewis, M., Fossos, N., & Atkins, D. (2010). Alcohol-involved assault and the course of PTSD in female crime victims. *Journal of Traumatic Stress*, 23(4), 523-527. PMID: PMC3647032

5. Identifying models of risk and resilience among diverse populations. Models of risk the impact of stress, mental health, and substance misuse have generally been developed in predominantly heterosexual Caucasian samples. I have conducted the largest longitudinal study on risk and resilience factors for young lesbian and bisexual women (R01AA018292), which has been influential in identifying risk factors for mental health and for substance misuse among sexual minority women. Although many risk factors translate across populations, others have particular impact on minority mental health and substance use or mental health.

- a. Simpson, T. L., Rise, P., Browne, K., Lehavot, K., & **Kaysen, D.** (in press). Clinical presentations, social functioning, and treatment receipt among individuals with comorbid lifetime PTSD and alcohol use disorders versus drug use disorders: Findings from the NESARC-III. *Addiction*. PMID: In Progress.
- b. Dworkin, E. R., Bedard-Gilligan, M., Gilmore, A., Lehavot, K., Guttmannova, K., & **Kaysen, D.** (2018). Predicting PTSD severity from experiences of trauma and heterosexism in lesbian and bisexual women: A longitudinal study of cognitive mediators. *Journal of Counseling Psychology*, 65, 324-333. PMID: PMC6020062
- c. Wilson, S. M., Gilmore, A. K., Rhew, I. C., Hodge, K. A., & **Kaysen, D. L.** (2016). Minority stress is longitudinally associated with alcohol-related problems among sexual minority women. *Addictive Behaviors*, 61, 80-83. PMID: PMC4915988.
- d. **Kaysen, D.**, Kulesza, M., Balsam, K. F., Rhew, I., Blayney, J., Lehavot, K., & Hughes, T., (2014). Coping as a mediator of internalized homophobia and psychological distress among young adult sexual minority women. *Psychology of Sexual Orientation and Gender Diversity*, 1(3), 225-233. PMID: PMC4267564.

Complete List of Published Work in MyBibliography:

<http://www.ncbi.nlm.nih.gov/sites/myncbi/debra.kaysen.1/bibliography/41157082/public/?sort=date&direction=ascending>

D. Research Support

Ongoing Research Support

DOD GRANT11743024 Kaysen & Walker (MPI) 11/1/16-10/30/20
Improving Voluntary Engagement for PTSD Treatment Among Soldiers
 The present research proposes to develop and evaluate a brief motivational interviewing intervention designed to increase treatment-seeking among military personnel with untreated PTSD.
 Role: Principal Investigator

R01 MD011574 Kaysen & Pearson (MPI) 9/27/16-6/30/21
Preventing HIV Among Native Americans Through The Treatment of PTSD & Substance Use
 This study proposes a 5-year two-arm randomized comparative effectiveness trial to evaluate prevention of HIV/STI sexual risk behavior by addressing PTSD through Narrative Exposure Therapy or substance use through Motivational Interviewing among Native American men and women with PTSD.
 Role: Principal Investigator

IMA- DRC-CGBV-PRI-UW (USAID flow through) Kaysen (PI) 5/1/18-9/30/20
USAID Funded Counter Gender-Based Violence (C-GBV)
 This study increases psychosocial care for gender based violence survivors through continued expansion to Cognitive Processing Therapy (CPT) for mental health care with the NGO IMAWorldHealth using mobile local therapists.
 Role: Site-Principal Investigator

PCS-1406-19295 Fortney (PI) 1/1/16-12/31/20
 PCORI
Integrated Versus Referral Care for Complex Psychiatric Disorders in Rural FQHCs
 The primary goal of this project is to compare treatment experience, engagement, self-reported clinical outcomes, and recovery-oriented outcomes of patients randomized to telepsychiatry collaborative care, and telepsychiatry/telepsychology enhanced referral. Telepsychology enhanced referral involves the use of CPT delivered via telehealth.

Role: Co-Investigator

Selected Completed Research Support (last three years)

R01 AA20252 Kaysen & Simpson (PI) 2/10/12-1/31/19 (NCE)
NIH/NIAAA

Sequence of Symptom Change During AUD or PTSD Treatment for Comorbid PTSD/AUD

The objective is to improve treatment outcomes for individuals with comorbid PTSD and alcohol abuse and dependence. The study compares Cognitive Processing Therapy to Relapse Prevention and utilizes longitudinal and event level data collection to examine treatment outcomes of PTSD and alcohol use.

Role: Co-Principal Investigator

R34 AA022966 Bedard-Gilligan (PI) 3/20/15-2/28/19 (NCE)
NIH/NIAAA

Developing a brief early cognitive intervention for PTSD and alcohol misuse

This project is designed to adapt existing empirically supported cognitive treatment principles for both PTSD and AUD symptoms to be delivered in a brief one session format in the 6 weeks following sexual assault

Role: Co-Investigator

U2GGH001197 Rao (PI) 1/14/14-8/30/18
CDC

S. Africa: Strengthening the Evidence Base and Capacity for Implementing HIV Prevention

The primary goal of this project was to develop a hybrid e-learning and in-person training program to address gender based violence in community health clinics in South Africa. The primary objective was to train nurses in assessment and clinical intervention strategies to address mental health needs of GBV survivors.

Role: Co-Investigator

R01 AA016281 George/Davis (MPI) 9/15/12-8/31/17 (NCE)
NIH/NIAAA

Women's HIV Risk: Alcohol Intoxication and Sexual Victimization History

The project continued a program of research investigating relationships among alcohol use, sexual victimization history, and STI/HIV-related risk taking in young adult women.

Role: Co-Investigator

R01 AA018292 Kaysen (PI) 4/1/10-3/31/17 (NCE)
NIH/NIAAA

High Risk Drinking in Emerging Adult At Risk Women

This study tested minority stress and normative social influences as explanatory models of drinking among sexual minority women. The study involved longitudinal and event level data collection for 900 women over 4 years.

Role: Principal Investigator

R34 DA034529 Pearson (PI) 8/1/12-7/31/16
NIH/NIDA

Cognitive Processing Intervention For HIV/STI and Substance Use Among Native Women

With tribal partners we culturally adapted and piloted Cognitive Processing Therapy (CPT) for PTSD, substance use and HIV/STI sexual risk behavior among 50 AI women.

Role: Co-Investigator