

Written Testimony in SUPPORT of HF 2906

Submitted by **Steven Kendall Joseph McCarney**

March 6, 2026

TO: Chair Robert Bierman, Chair Jeff Backer, and Members of the House Health Finance and Policy Committee

(1) Minnesotans Deserve Access To Psilocybin Medical Therapy And Treatment.

a. Medical Research Supports Psilocybin Medical Therapy And Treatment:

- i. HF 2906 seeks to establish a regulated and controlled framework for the deliverance of psilocybin medical therapy and treatment.
- ii. Ongoing research is making promising findings for the use of psilocybin as a medical therapy and treatment for many disorders, conditions, and medical situations.
- iii. The John Hopkins Center for Psychedelic and Consciousness Research is studying psilocybin for use as medical therapy and treatment, including for mental illness, psychiatric and behavioral disorders

1. Please see:

<https://www.hopkinsmedicine.org/psychiatry/research/psychedelics-research>

b. Social Stigma Is Unwarranted – This Is An Emerging Medical Treatment:

- i. Social stigma against psilocybin use is not applicable to HF 2906.
- ii. Despite social stigma against psilocybin, research and studies are demonstrating that it has many benefits, and a low potential for addiction and abuse.
- iii. HF 2906 is about providing medical therapy and treatment, not recreational use.

c. To The Members Of The Committee:

- i. Please think about the Minnesotans that could be helped by the passage of HF 2906.
- ii. HF 2906 is safe for you to support. It requires all individuals that wish to enroll in the program to have a detailed health screening performed by a health care professional to identify whether the applicant has any significant or mental health conditions that are contraindications to the use of psilocybin. There is even a list of several identified contraindications, and if any applicant has such contraindications,

they will require additional evaluation prior to being potentially able to participate in the program.

(2) Cultivation By Registered Patients Is A Smart And Efficient Policy Decision.

a. Home Cultivation:

- i. HF 2906 allows registered patients to register with the commissioner for the ability to cultivate psilocybin at home.
- ii. Home cultivation is a vital tool that will allow registered patients, who have undergone all of the validity and safety checks contained within HF 2906, to safely and securely cultivate psilocybin at home for medical use.
- iii. Home cultivation is ideal for elderly or disabled Minnesotans that may struggle to consistently travel outside of the home in order to obtain medical care and treatment.
- iv. Minnesota's long winter season lasts much of the year, and this time period further strains the ability of elderly or disabled Minnesotans to safely travel outside the home, further supporting the applicability of home cultivation.

(3) Medical Treatments And Therapies Are Constantly Advancing.

a. Skepticism:

- i. If you are skeptical about HF 2906, I understand. The social reputation of "magic mushrooms" in the United States isn't great. Psilocybin has long been seen by many as an illegal drug abused by addicts, as opposed to a medical therapy and treatment. However, please consider how medical therapies and treatments are constantly advancing. HF 2906 sets up a safe, controlled, and regulated framework for this medical therapy and treatment to be provided to Minnesotans in need. If you support HF 2906, you are going to help someone in need. Someone that is suffering. HF 2906 seeks to give Minnesotans in need, a medical therapy and treatment that can improve their quality of life, and help alleviate their suffering.

b. Thank You:

- i. Thank you for reading this written testimony. I hope that you will consider supporting HF 2906 and help establish the framework for Minnesotans to access this emerging medical therapy and treatment.

For the aforementioned reasons, I write to **SUPPORT** HF 2906, and I respectfully request that you consider, and also support this crucial piece of legislation.

A handwritten signature in black ink, appearing to read "Steve McCarty". The signature is written in a cursive, flowing style with a long horizontal stroke at the end.

Date: March 6, 2026

To: Chair Robert Bierman, Chair Jeff Backer, and Members of the House Health Finance and Policy Committee

Re: Written Testimony in Support of HF 2906 – Psilocybin Therapeutic Use Program

Chair Bierman, Chair Backer, and Members of the Committee:

My name is Aaron Brown. I am a resident of Minnesota and an attorney serving as the general counsel at a Minnesota-based financial services company. I am writing in my personal capacity today to express my strong support for House File 2906, which would establish a regulated framework for the therapeutic use of psilocybin in our state.

As a member of the legal community, I recently published an article in *Bench & Bar of Minnesota* titled "Mind Over Mortality: Psilocybin, Autonomy, and the End-of-Life Experience." My exploration into this subject has led me to believe that Minnesota has a unique opportunity to lead with compassion by adopting the recommendations of the Minnesota Psychedelic Medicine Task Force. This adoption starts with HF 2096.

While I believe that HF 2906 is a vital step toward providing a general application for several debilitating mental health diseases, I wish to focus my testimony specifically on the bill's potential to aid in end-of-life depression for certain terminally ill Minnesotans. In my research on the intersection of psilocybin and end-of-life care, I have found that the psychological, physical, and spiritual dimensions of "end-of-life distress" are often underserved by current clinical treatments. HF 2906 can provide a critical framework to bridge this gap.

For patients facing a terminal diagnosis, time is the most constrained, precious resource. Traditional pharmacological interventions like SSRIs often require weeks or months to achieve therapeutic levels, which is time many of these patients simply do not have. Psilocybin offers a deeply grounding, fast-acting alternative that can initiate psychological healing associated with ruminative despair. Furthermore, this treatment does not exist in a vacuum; it can serve as a catalyst for enhancing established talk therapy frameworks like dignity therapy or meaning-centered therapy.

I would also like to highlight how the specific provisions of this bill align with the needs of both the terminally ill and the broader community:

1. A Robust Safety Framework: The bill balances access with safety by requiring registered facilitators to supervise administration sessions and mandating health screenings for certain risk factors like cardiovascular disease or psychosis. These safeguards ensure that the therapeutic application of psilocybin remains thoughtful and regulated, mitigating the risks of harm.
2. Flexible Administration in Private Residences: A key barrier to psychedelic therapy in other jurisdictions has been the requirement for centralized service centers, which have been found to often be cost-prohibitive. HF 2906 allows for administration sessions to

take place at a private residence. This provision is essential for terminally ill patients with limited mobility.

3. Legal Protections and Autonomy: By providing explicit civil and criminal protections for registered patients, facilitators, and health care practitioners, HF 2906 helps remove the stigma of illegality that currently surrounds these therapies. It respects the personal autonomy of our residents, including those at the end of life, by allowing them to try the therapy of their choice.

The current legal landscape in all but a few states (unfortunately, including Minnesota) forces patients who could benefit from psilocybin-assisted therapy into a binary, untenable choice: they must either seek out unregulated, underground alternatives or they must continue to suffer without this therapeutic option entirely. But HF 2906 offers a necessary third path: a regulated, thoughtful structure that allows people to access a powerful tool for healing.

I urge you to support HF 2906 and move this important legislation forward. Thank you for your time and for your commitment to the health and autonomy of all Minnesotans.

Sincerely,

Aaron Brown
brownaarone@gmail.com

Dear Co-Chair Representative Bierman and Co-Chair Representative Backer,

My name is Kevin Boehnke, and I am affiliated with Doctors for Drug Policy Reform as an Expert. I also currently serve as an Assistant Professor and Associate Director of the Michigan Psychedelic Center at the University of Michigan.

In these roles, I have conducted substantial research assessing safety and health outcomes of real-world use of psychedelics, such as psilocybin-containing mushrooms. Key findings from my published work include: (1) few people communicate with their healthcare providers about psychedelic use; (2) testing psychedelics for purity or contaminants is rare; (3) many individuals do not receive therapeutic support for their psychedelic experiences; (4) many people change substance use patterns (e.g., reduce, eliminate, increase, or initiate use) after psychedelic use, and; (5) many individuals report positive impacts of psychedelics on mental health conditions (e.g., anxiety, depression) and chronic pain. I also conducted the first clinical trial of psilocybin-assisted therapy of fibromyalgia, providing preliminary data showing that this therapy was well-tolerated and provided substantial impact on symptoms among people with this difficult chronic pain condition. Taken together, these findings show that while there is excitement and promise around use of these substances, there is substantial work to be done to adequately support people using them therapeutically and understand when and how these substances might be most effectively employed.

Thus, I am writing to support the proposed legislation HF2906 enacting a pilot program of psilocybin therapy in Minnesota. I am especially pleased by the proposed plan to conduct an assessment of how to unroll this program skillfully, including guardrails around standardizing products, ensuring clear guidance for facilitator support during drug administration, screening of participants, and financial stewardship. The fact that there would also be appropriate data collection to inform future efforts related to program expansion helps ensure a very important contribution to the scientific literature, and more importantly, data-driven policy for the health and safety of the citizens of Minnesota.

National data demonstrates that use of psychedelics, both generally and also for medical reasons, is expanding rapidly. The proposed bill would acknowledge this reality and help support a safe and thoughtful approach to psychedelics policy for Minnesota.

Sincerely,

Kevin Boehnke, PhD



Re: HF2906, Doctors for Drug Policy Reform Health-Focused Analysis for Committee Consideration

To the Chair and Members of the Minnesota Health, Finance, and Policy Committee:

My name is Kristel Carrington, M.D. I am a psychiatrist. I am writing on behalf of Doctors for Drug Policy Reform (D4DPR), an international organization of several hundred physicians and medical professionals committed to advancing evidence-based drug policy. D4DPR is not taking a formal position on this legislation; however, we believe it is essential to provide health-focused analysis to inform the committee's deliberations.

Considering the scale of the mental health crisis and the limitations of existing treatments for many patients, HF2906 reflects a rational health-policy response. It is not broad legalization, but a narrow therapeutic pathway for adults with qualifying medical conditions, limited to supervised use within a structured framework that includes physician certification, contraindication screening, informed consent, facilitator standards, chain-of-custody controls, data collection, and formal program evaluation. These features matter because they align access with meaningful public-health safeguards rather than leaving need, risk, and demand to be managed in unregulated settings.

The bill is also consistent with an evidence-based critique of current drug scheduling. Schedule I classification rests on the premises that a substance has high abuse potential, no accepted medical use, and lacks accepted safety under medical supervision. Yet the broader research landscape shows that psilocybin, and other psychedelics, contradict the Schedule I classification.

As a policy matter, regulated access is more defensible than prohibition when real-world demand already exists. Patients are already seeking psychedelic care underground or out of state. A controlled program with eligibility screening, professional supervision, testing standards, training, and penalties for diversion offers a clearer health-protective response than maintaining a framework that pushes use outside clinical visibility.

HF2906 offers Minnesota an opportunity to replace fear-based policy with a measured, evidence-based framework that better protects both public health and human dignity.

Respectfully,

Kristel Carrington, M.D.

March 7, 2026

Dear Committee Members:

I am a cancer doctor and researcher; and a cancer survivor. I received my BS from Yale and my MD from Stanford. For over 20 years I cared for women with gynecologic cancers at Memorial Sloan Kettering Cancer Center. During that time, I bore witness to the profound suffering that these women and their families endured. In 2025, I left my practice to advocate for bringing mushrooms to the aid of cancer patients and to speak on their behalf.

Several years ago, I was fortunate enough to have the resources to travel abroad to try mushrooms, and this changed my life profoundly. I can personally attest to the extraordinary capacity of mushrooms to help heal the heart, mind, and spirit; to bring meaning to our life and ease the fear of death.

I can also attest that modern medical care is woefully inadequate to address the substantial anxiety, depression, and existential distress that plague the cancer journey. Numerous clinical trials from leading institutions, including Johns Hopkins, NYU, and UCLA, have demonstrated profound benefits of mushrooms for these afflictions.

Minnesota has one of the highest cancer incidence rates in the US. There are over 37,000 new cases each year, and 4 out of 10 residents are likely to be diagnosed in their lifetime. This is an issue that affects or will affect nearly every one of us or our loved ones. When cancer arrives, and the fear and dread set in, that is when the need for mushroom becomes be truly clear. Cancer patients are very interested in trying mushrooms for healing; however there remain substantial barriers to safe, legal, and affordable access.

Mushrooms are incredible gifts of Nature; humans have been eating and healing with them for millennia. They were abruptly banned in the US in the political climate of the early 70's, without public discussion or scientific input. We now re-approach this issue backed by scores of clinical trials published in top medical journals, demonstrating impressive efficacy for treating refractory depression, PTSD, addictions, and existential distress in people with cancer.

Schedule 1 drugs have by definition: high abuse potential with no accepted medical use. The clinical data powerfully demonstrate that there is no scientific basis for Schedule 1 status of mushrooms. The current scheduling blocks the capacity of patients facing end of life to access mushrooms via Right To Try pathways. In my view, given the available data, this is unethical and immoral, and many patients are dying in severe distress as a result.

Mushrooms are non-addictive. They are very safe for the body, cause minor side effects and no organ damage. There is no lethal dose. Oregon's regulated psilocybin program has shown a strong safety profile, with only 6 adverse reactions reported out of 1,509 clients as of Q1 2025. Those side effects included minor nausea, hypertension, or anxiety, which were readily managed.

Millions of Americans currently use mushrooms; yet we do not see an epidemic of addiction or hospitalizations. There are occasional stories of behavioral mishaps, which highlight the need for safe, legal access.

I think the question we should be asking is why mushrooms are illegal at all. They grow naturally, and can help ease some of our most vexing mental health challenges. What is needed is to acknowledge the science and to listen to the voices of your constituent professionals who have expertise and experience.

This bill presents a framework for Minnesotans to access this science-backed therapy with safety and support. It will create several economic and job opportunities and will attract many professionals to move to the state. Decriminalization will save resources and decrease prosecution for nonviolent crimes. The experiences in Oregon and Colorado highlight that this can be done extremely well.

We face a widening mental health crisis in this country. The need for effective novel approaches has never been stronger. There is burgeoning public support for legal access to mushrooms. HF2906 presents an opportunity for Minnesota to become a national leader in this groundbreaking field.

Sincerely,

Jason Konner, MD, Medical Oncologist

Memorial Sloan Kettering Cancer Center

konnerj@mskcc.org

Some Key studies:

- The **Johns Hopkins Study** (Griffiths et al., 2016): This randomized, double-blind, crossover trial involved 51 patients with life-threatening cancer and associated psychological distress. A single high dose of psilocybin, compared to a very low (placebo-like) dose, produced large, rapid, and sustained reductions in clinician- and self-rated measures of depressed mood and anxiety. At a 6-month follow-up, about 80% of participants continued to show clinically significant decreases in these symptoms, with many attributing the improvements in their attitudes about life, self, relationships, and spirituality to the psilocybin experience.
- The **NYU Langone Study** (Ross et al., 2016): In a separate but concurrent randomized controlled trial at NYU, researchers found that a single dose of psilocybin, combined with psychotherapy, produced immediate, considerable, and lasting improvements in anxiety and depression, while also decreasing cancer-related demoralization and hopelessness. These positive effects on emotional and spiritual well-being were sustained at a 6.5-month follow-up.
- **Long-term Follow-up Study** (Agin-Liebes et al., 2020): A long-term analysis of participants from the original NYU study found that the reductions in anxiety, depression, despair, and death anxiety were sustained for an average of 4.5 years after a single psilocybin session. A significant majority of participants rated the experience as one of the most personally meaningful and spiritually significant of their lives.
- **Phase II Sunstone Therapies Trial** (Agrawal et al., 2023): This single-arm, open-label trial with 30 patients who had cancer and major depressive disorder found that a single 25-mg dose of psilocybin with psychological support resulted in a rapid and robust reduction in depression, with 50% of patients achieving full remission of depressive symptoms at the 8-week mark. Long-term follow-up data later confirmed these benefits were sustained for up to two years in a substantial portion of patients.

Dear Co-chair Rep. Robert Bierman and Co-chair Rep. Jeff Backer

My name is Bryan Ebert, and I am a professional psychotherapist practicing in the State of Minnesota with specialized training and experience in psychedelic-assisted therapy. I am writing to express my strong support for **House File 2906**, which proposes the establishment of a regulated clinical and therapeutic psilocybin treatment program in Minnesota.

From a clinical perspective, House File 2906 represents a thoughtful, evidence-based, and public-health-oriented response to serious mental health conditions that remain inadequately treated by existing standards of care. In my work with individuals suffering from treatment-resistant depression, post-traumatic stress disorder, anxiety, obsessive compulsive disorder, and substance use disorders, I regularly encounter clients for whom conventional treatments—despite years of diligent engagement—have provided little or no relief. I work with veterans, firefighters, survivors of sexual abuse and sex trafficking, mothers, fathers, teachers, and many others too. There are more times than I can count where I have felt that psilocybin-assisted therapy would be the best tool to help these people who have been let down by conventional psychotherapy approaches. It feels like I have my hands tied behind my back, and that I have to settle for interventions that may help somewhat, knowing that there is a more effective approach that I legally cannot offer.

House File 2906 appropriately situates psilocybin services within a **medical and therapeutic framework**, emphasizing professional licensure, facilitator training, client screening, informed consent, and structured preparation and integration sessions. These safeguards align with best practices emerging from clinical research and professional consensus and reflect lessons learned from jurisdictions that have already implemented regulated psilocybin programs.

Notably, **Oregon and Colorado have established state-regulated clinical psilocybin programs**, and **New Mexico has more recently enacted legislation to allow for supervised therapeutic use**. Early outcomes from these programs indicate that psilocybin-assisted therapy can meaningfully help individuals who have not responded to conventional mental health treatments, while maintaining strong safety profiles through regulation, training, and oversight. The programs from these states provide important real-world evidence that these frameworks can be implemented responsibly and compassionately, without compromising public safety.

In addition to its promise for mood and trauma-related disorders, **clinical trials have demonstrated that responsible, therapeutic use of psilocybin may be effective in the treatment of addiction**, including alcohol use disorder and other substance use disorders. These findings are especially relevant as Minnesota, like much of the nation, continues to face a devastating opioid epidemic. Emerging evidence suggests that psilocybin-assisted therapy—when delivered in structured clinical settings—may help individuals interrupt cycles of compulsive substance use, reduce cravings, and address the underlying psychological and emotional drivers of addiction. As such, psilocybin may become one of our most powerful tools for addressing substance use disorders and preventing overdose deaths, with the potential to save countless lives.

The structure of House File 2906 closely mirrors the recommendations of the **Minnesota Psychedelic Medicine Task Force**, which concluded—by a two-thirds supermajority—that Minnesota should create a state-regulated clinical program for the therapeutic administration of psilocybin-containing mushrooms. The Task Force identified compelling evidence supporting psilocybin’s therapeutic potential for conditions such as major depressive disorder, PTSD, anxiety related to serious illness, and substance use disorders, particularly when administered in controlled settings alongside psychotherapy.

The Task Force also emphasized that **regulated clinical access is safer than prohibition**, noting that criminalization does not eliminate use but instead increases the risks associated with unregulated or underground treatment. House File 2906 directly addresses this concern by prioritizing patient safety, ethical care, harm reduction, and accountability, while allowing for careful data collection and program evaluation.

From a systems-level perspective, House File 2906 offers Minnesota an opportunity to expand its mental health care toolkit. Psilocybin-assisted therapy is not a replacement for existing treatments, but rather **another powerful, evidence-based tool** that clinicians can draw upon when standard interventions have failed. Research and early program data suggest that this model may also reduce long-term healthcare costs by producing durable symptom improvement after a limited number of sessions, decreasing reliance on chronic pharmacological treatment and repeated acute-care interventions.

By passing House File 2906, Minnesota can join other forward-thinking states in offering a compassionate, carefully regulated option to individuals who are suffering and have exhausted conventional pathways. This bill provides an opportunity to improve not only mental health outcomes, but the overall **quality of life for the people of our great state**, while maintaining Minnesota’s strong commitment to public health, safety, and ethical medical care.

For these reasons, I respectfully urge you to support House File 2906. This legislation represents a science-driven, humane, and responsible response to Minnesota’s ongoing mental health crisis and offers hope to individuals and families who have too often been left without effective options.

Thank you for your leadership and thoughtful consideration.

Respectfully,

Bryan Ebert, MA
Psychotherapist
Minneapolis, Minnesota



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Re: Written Testimony in Support for HF2906, Minnesota Psilocybin Therapeutic Use Program

To the Chair and Members of the Minnesota Health, Finance, and Policy Committee:

My name is Kristel Carrington, M.D. I am a psychiatrist, psychotherapist, and psychopharmacologist. I write in strong support of HF2906.

I care for patients suffering from depression, trauma-related disorders, anxiety, addiction, and other serious psychiatric illnesses. In clinical practice, one fact remains unavoidable: too many people continue to suffer despite currently available treatments. In the United States, more than 49,000 people died by suicide in 2023—about **one person every 11 minutes**. The urgency is real.

I support HF2906 because it reflects where the science and the public health need are both pointing. A growing body of research suggests that psychedelic-assisted therapy may offer meaningful benefit for conditions such as depression, PTSD, substance use disorders, end-of-life distress, and chronic pain, especially for patients who have not responded adequately to existing treatments. Psilocybin and MDMA have each received FDA Breakthrough Therapy designation, underscoring the seriousness of the need and the therapeutic promise of these medicines. HF2906 responds to that reality with a careful, regulated framework that can expand access while preserving screening, supervision, and accountability. The public benefit is not limited to psychiatry alone; it includes relief of significant psychological and physical suffering and creates a safer alternative to forcing patients to seek care underground, out of state, or without appropriate clinical follow-up.

That same evidence base also raises a broader policy question. If these substances show therapeutic potential, low physiologic toxicity, and a safety profile that can be responsibly managed in regulated settings, their continued Schedule I classification becomes increasingly difficult to justify. Decriminalization must be considered and should be understood not as a

reckless loosening of standards, but as a rational public health measure that reduces the harms of criminalization, removes barriers to research, and brings policy into better alignment with scientific evidence. In that sense, HF2906 is an important step forward—but it should also be part of a larger movement toward evidence-based decriminalization and more proportionate drug policy.

HF2906 is careful, limited, and proportionate. It allows Minnesota to respond to a serious mental health crisis with regulation, oversight, and evidence rather than fear. I respectfully urge you to support HF2906.

Regards,



Kristel Carrington, M.D.

Alex Larson, MPS, LPCC, LADC

Regarding HF2906

3/4/2026

Co-Chair Rep. Jeff Backer and Co-Chair Rep. Robert Bierman,

My name is Alex Larson and I am a mental health therapist and chemical health counselor providing psychotherapy within the Twin Cities community. These are my personal views and not representations of my employers' viewpoints. The following is my testimony on how the creation of a state-level psilocybin therapeutic use program could allow for increased access to significant healing for Minnesotans at a time where it is desperately needed.

According to the National Alliance on Mental Illness (NAMI) in 2025, 1 in 5 adults within the state of Minnesota experienced a mental illness yearly. The state is currently experiencing a mental health crisis, with over 90,000 calls made to Minnesota's 988 Suicide & Crisis Line in 2024, representing a 75% increase from 2023.

As a therapist, I am tasked with providing relevant care informed by current scientific study. Emerging evidence suggests that, when given under a supportive context, psilocybin can occasion personally meaningful experiences in recipients. These experiences lead to significant reductions in mental health disorder symptoms and symptom severity. Being able to provide this intervention will allow Minnesotan psychotherapists to increase the potential for impact in addressing our state's crisis through a careful and methodical rollout of the program.

I would like to thank the members of the House Health Committee for considering my testimony.

Sincerely,

Alex Larson, MPS, LPCC, LADC

Dear Co-Chairs Backer and Bierman, and esteemed Members of the Committee,

I am writing to formally express my strong support for HF2906. As a Registered Nurse, Data Analyst and former Mental Health Worker, I believe this legislation addresses a critical need in our community.

Current treatments for conditions like Major Depressive Disorder and PTSD are failing Minnesotans, while Clinical data from Johns Hopkins (2025) shows 75% of patients had a significant clinical response to psilocybin assisted therapy, after just two doses, and a 58% remission rate for Major Depressive Disorder (MDD) after one year—far exceeding traditional options.

In a first of its kind, phase III clinical trial, 67% of participants in the treatment group no longer met the criteria for PTSD at the end of the trial compared to 32% in the placebo group (Mitchell et al., 2021). This would be incredibly impactful on groups that have a higher prevalence of PTSD such as Military Veterans. We lose 17 Veterans everyday to suicide, and the majority of those lost are between the ages of 18-34 (U.S. Department of Veterans Affairs, 2025).

These treatments have enormous potential to save thousands of lives and improve outcomes where previously there has been little progress.

Yet, we absolutely need to establish a framework for how making this type of therapy accessible would be feasible, while addressing very valid health and safety concerns. I am very pleased at how thoroughly this bill actually increases safety and reduces risk to both patients and the public by providing clarity and regulation.

If passed, HF2906 would transform Minnesota's approach to mental health. This isn't just a small research study; it's a full regulatory framework designed to provide safe, supervised and legal access for qualifying adults. I prefer this model over the current model of criminalization because I believe that transparency, regulation and oversight keeps people safe. There is no such thing as zero risk. We always have to balance the risks versus the benefits of any situation and I believe that the benefits of establishing this pilot program outweigh and directly mitigates the risks.

Minnesota has always been on the cutting edge of healthcare, and if passed we would join other leaders on the forefront of Mental Health treatment. Colorado, Oregon, New Jersey, and Washington have already beat us to the punch on rolling out pilot programs that could pioneer a safe, effective, and regulated alternative to an untapped and unregulated market.

I believe Minnesotans deserve access to the best care possible and I would like to express my fierce gratitude to the leaders of this committee for giving this issue the consideration it deserves. I respectfully urge you to move HF2906 forward with a favorable recommendation. Thank you for your time, your leadership on this committee, and your dedication to the people of Minnesota.

Sincerely,

Ruby Hoffman

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References

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https://www.mentalhealth.va.gov/docs/data-sheets/2025/2025_National_Veteran_Suicide_Prevention_Annual_Report_PART_2_FINAL.pdf

Hello Hanna and Jack,

Please consider my testimony below as the legislature considers legalizing psilocybin in Minnesota. I am a resident of Minneapolis.

By 2020, I had struggled with alcohol abuse for years and nothing helped my sobriety to stick. I had been to alcohol treatment, had attended numerous AA meetings, had a solid exercise program, a wholesome diet, a loving wife, meaningful occupation, spiritual practices, and still I broke my vow of sobriety time after time. Even digging deep into chronic childhood sexual trauma did not break the ugly cycle of my drinking. I was frankly a danger to myself and others, since with alcohol I tended to drive and speed. This frightened and alarmed me and my wife. Then, in 2020, after doing much research, and with great care for safety, I underwent psilocybin therapy.

The mushrooms seemed to refresh my mind, sweeping out negative thinking patterns so much that alcohol lost its luster: I was able to resist its lure. Psilocybin wasn't the "one and done" miracle of some sensational media stories, but rather it has become a helpful and grounding medicine that I use every 3 months or so. I now have no craving for alcohol. Instead, I have an aversion to it: I rightly see alcohol as the poison it is, for me. I am more content and compassionate towards myself and others, and more stable emotionally.

In all the mushroom circles I have participated in since 2020, I have witnessed not one adverse reaction. I think this is remarkable and noteworthy -- and it's due in part to mushrooms' safety profile in comparison to other drugs, including pharmaceuticals, but also to the safety-conscious and experienced facilitators of my medicine sessions. I think this medicine should be made available to the many others like me who suffer from alcohol use disorder. It is prohibitively expensive for most to travel to jurisdictions where it is legal.

Thank you for your time and attention -

Judy Meath

2700 Kenilworth Place
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Telephone: 612-360-3445

To: Chair Robert Bierman, Chair Jeff Backer, and Members of the House Health Finance and Policy Committee

Re: Written Testimony in Support of **HF 2906** – Psilocybin Therapeutic Use Program

Chair Bierman, Chair Backer, and Members of the Committee:

My name is **Erik Colson**. I am a Minnesota resident, a father of three sons, and I work in roles that keep me close to everyday Minnesotans and the real-world mental health challenges families face. I'm writing in my personal capacity to express my support for **HF 2906**, which would create a regulated, therapeutic framework for psilocybin use in Minnesota.

I'm submitting this testimony alongside my friend **Aaron Brown**, who is also submitting written testimony in support of HF 2906. Aaron speaks from a legal and policy perspective. I want to add the perspective of someone who sees how stress, depression, anxiety, trauma, and burnout show up in regular life – in families, workplaces, and communities – and how limited many people's options are when they're doing their best but still not okay.

HF 2906 matters because it creates a safe "middle path." Right now, people who believe they might benefit from psychedelic-assisted therapy are often forced into a bad choice: either do nothing and continue suffering, or seek something unregulated and underground. HF 2906 offers something better – a framework where screening, supervision, and accountability are built in.

Here's what I especially support about HF 2906:

1. **Safety and structure are the foundation.**

The bill's emphasis on trained facilitators, required screening, and clear rules around administration is exactly what Minnesota should insist on if we're going to expand access responsibly. This isn't a "free for all." It's a clinical-style process with guardrails.

2. **Access that isn't only for the wealthy.**

A system that requires only expensive service centers can turn a promising therapy into something only high-income people can reach. HF 2906's flexibility – including the ability for administration sessions to occur in a private residence when appropriate – can make this kind of care more realistic for people with mobility issues, tight schedules, or limited resources.

3. **Clarity reduces harm.**

When something exists only in legal gray areas, people take bigger risks. HF 2906's legal clarity and protections for registered participants and practitioners bring this into the light, where standards can be enforced and safety can improve.

I'm not asking the Legislature to pretend this is a magic cure. I'm asking you to recognize a practical reality: mental health suffering is everywhere, and our current tools do not work for everyone – not fast enough, not well enough, and not consistently enough. HF 2906 is a measured step that prioritizes public safety while allowing therapeutic options to expand under regulation.

I respectfully urge you to support **HF 2906** and move it forward. Thank you for your time and for your commitment to the health and well-being of Minnesotans.

Sincerely,
Erik Colson
Mound, Minnesota

763 486 8274 e.a.colson7@gmail.com

Dear Co-Chairs Backer and Bierman, and Members of the Committee,

I am writing to express my strong support for HF2906.

For many years I have worked closely with clients navigating depression, anxiety, trauma, and major life transitions. In that work, I often support clients as they integrate meaningful insights and behavioral changes following psychedelic experiences. I have also personally experienced the impact these substances can have when approached with care and intention.

In both my personal experience and in my work with clients, psychedelics can create a rare opportunity for people to step outside entrenched patterns of thought and behavior. Many of my clients report gaining clarity, emotional release, and renewed motivation to make meaningful changes in their lives. When these experiences are approached with thoughtful preparation and supported by integration afterward, they can become powerful catalysts for lasting positive change.

The Minnesota Psychedelic Medicine Task Force acknowledged an important reality: people are already seeking out these experiences. The question before us is not whether they will occur, but whether they will occur in unregulated environments or within systems that emphasize safety, education, and responsible support.

Well-structured facilitated sessions that include preparation and integration have consistently shown strong safety profiles and meaningful outcomes. Creating pathways for responsible access allows these experiences to occur in environments that reduce risk and increase the likelihood that people are able to translate powerful insights into sustainable changes in their lives.

At the same time, access matters. Many of the clients I work with have exhausted conventional treatment options and are searching for something that can help them move forward. Expanding access to these tools acknowledges both the autonomy of individuals and the growing body of evidence supporting their therapeutic potential.

Minnesota has an opportunity to take a thoughtful step forward. The recommendations of the Psychedelic Medicine Task Force provide a careful foundation for doing so in a way that balances access, safety, and public health.

HF2906 represents a pragmatic and compassionate response to the mental health challenges facing our communities. Expanding the range of tools available to people seeking healing is both a practical and humane step forward.

I respectfully urge the committee to support HF2906.

Thank you for your time and your consideration of this issue.

Sincerely,

Robert Fisk
Marine on St. Croix, MN

Dear Committee,

It is my honor to present my personal experience in the usage of psilocybin. I am 66-year-old woman, and a former Police Officer of 17 years. I do not smoke or drink, and live a very healthy lifestyle. I never dreamt that starting at the age of 60, I would allow myself to experience a plant medicine such as psilocybin. I probably sit with this medicine, in ceremony 3 times a year.

For over 35 years, I have been on a deep exploration in finding a way to heal the trauma and depression of my past. This search for healing not only involved the years of my childhood, but also the times I experienced trauma as an officer. I have been to numerous therapists, read countless books, attended expensive retreats and none of them helped me. Each time I attended a plant medicine ceremony, I was able to gradually put together the pieces of my past. The medicine showed me the trauma of my parents and grandparents. Eventually, the medicine showed me a path and a "system" that I could follow to release the tangled mess of the past. I have studied this system in depth and plan on sharing it with others to enable their own healing.

I have also, in the past sponsored groups of people in my home, so they, too could experience this medicine. I have sat with women who are nearing 90 yoa. Not one person has ever attended one of these beautiful ceremonies just for the thrill of it. Every soul that participates in this medicine is seeking healing. I know the risk that I take sponsoring these ceremonies. There was a time where I swore to protect and serve the people as a Police Officer. Now, I find myself protecting the people from the Police. If anything, under great care and guidance, I believe psilocybin can actually take people off the streets and serve as a great tool in the mental health industry.

People are desperate to heal, and many are not finding it in prescription drugs or talk-therapy. I hope you consider passing the HF2906 bill. Thank you.

KInd Regards,
Mary Vollrath

Chair and Members of the Committee,

My name is Dr. Shawn Olson. I am a board certified physician in Occupational and Lifestyle Medicine, fellowship trained in Integrative Medicine, and fellowship trained in Functional and Integrative Psychiatry. I submit this written testimony in support of House File 2906 and the creation of a regulated clinical psilocybin treatment program in Minnesota.

In my clinical work, I regularly care for people with treatment resistant depression, PTSD, severe anxiety, obsessive compulsive disorder, and substance use disorders who have pursued conventional care with real commitment. They engage in therapy. They try medications. They work on sleep, movement, nutrition, and relationships. Many still remain stuck in symptoms that diminish their ability to parent, work, and live with dignity. At a certain point, this stops being an abstract policy question and becomes a question of whether we will create a responsible pathway for relief, or continue to leave people with the false choice of enduring prolonged suffering or seeking help in unregulated settings.

HF 2906 matters because it treats psilocybin as a clinical service, not a cultural flashpoint. It places access within a framework that prioritizes safety and accountability: professional licensure, training standards, careful screening, informed consent, and structured preparation and integration. Those safeguards are how we protect patients, support good clinical practice, and reduce risk.

There is also a systems level reality. If regulated psilocybin assisted therapy can produce durable improvement after a limited number of sessions, it has the potential to reduce the need for frequent medication changes, repeated acute care utilization, and years of partial response. That is not a promise of a miracle. It is a pragmatic public health approach to conditions that are currently costing lives, relationships, and community stability.

This is, at its core, an ethical and moral issue. When suffering is widespread and the status quo is not working for many, building a carefully regulated therapeutic option is an act of public stewardship. I respectfully urge you to support HF 2906.

Best,

Shawn Olson, MD, MPH, DipABLM, FAIHM
Board Certified, Occupational and Lifestyle Medicine
Fellowship Trained, Integrative Medicine
Fellowship Trained, Functional and Integrative Psychiatry
Catalyst Insight Collective

Co-Chair Rep. Robert Bierman and Co-Chair Rep. Jeff Backer,

I am writing in support of Minnesota's Psilocybin Therapy Proposal. I am a physician boarded in family medicine and integrative medicine who has worked in mental health for the past several years in Minnesota. I see on a daily basis patients suffering from mental illnesses such as depression, PTSD, and addiction that have not responded to our traditional medical and therapeutic treatments. Feeling limited in the tools I have and wanting to provide better care led me to the research on psychedelics. I was so impressed by the opportunities these therapeutics provide, that I obtained a certificate in psychedelic therapy in the hope of someday providing this care in Minnesota. Rooted in my education and training, I feel both cautious and enthusiastic about psilocybin therapy. I am excited by the compassionate healing possible with these medicines and also recognize the need for a safe and regulated framework in which these therapies are assessable to Minnesotans. I am in support of this bill and hope to see it progress.

Sincerely,

Cassandra Jones, MD



LAW ENFORCEMENT ACTION PARTNERSHIP

ADVANCING JUSTICE AND PUBLIC SAFETY SOLUTIONS

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Transitions Coordinator
Minnesota, USA

Chief Thomas Thompson (Ret.)
Ohio, USA

Date: March 9, 2026

Re: HF 2906 - Psilocybin Therapy Program

Position: SUPPORT

To: Minnesota Health Finance and Policy Committee

Distinguished Members of the Committee,

As an organization of law enforcement professionals, Law Enforcement Action Partnership (LEAP) writes in strong support of HF 2906, which would establish a medically-supervised pilot program for regulated psilocybin access. We believe this bill is essential for improving public health and safety in Minnesota.

LEAP is an international nonprofit group of police, prosecutors, judges, and other criminal justice professionals who speak from firsthand experience serving in the justice system. Our mission is to make communities safer by focusing law enforcement resources on the greatest threats to public safety, addressing the root causes of crime, and working toward healing police-community relations.

As law enforcement professionals, we have unfortunately all seen how the current system fails veterans, first responders, and others living with complex mental health conditions like PTSD or depression, often meeting them with stigma and punishment instead of support. [Denying these people opportunities to explore potentially promising treatments—or worse yet, saddling them with criminal records or resorting to incarceration—only exacerbates underlying issues.](#) draining law enforcement resources and eroding public trust in our justice system.

One promising tool in addressing the current mental health crisis is psilocybin-assisted therapy. Psychedelic-assisted therapy with psilocybin shows so much promise that the [FDA recently granted it a “breakthrough therapy”](#) designation for depression, meaning that it may demonstrate substantial improvement over currently available treatment options. Clinical studies have shown that [psychedelics such as psilocybin can provide transformative benefits](#) for individuals managing

LawEnforcementActionPartnership.org

Formerly known as Law Enforcement Against Prohibition

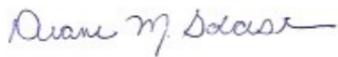
serious mental health issues. Additionally, [psychedelic use has been associated with significant reductions in opioid use](#). Talk-therapy, daily medication, and other coping mechanisms help some people get by, but for many, these tools are not sufficient.

Fortunately, Minnesota now has the opportunity to offer hope to individuals who truly need help, by allowing them to access psilocybin-assisted treatment in a safe and regulated environment. HF 2906 would establish a pilot program for the supervised use of psilocybin to treat mental health and substance use issues. This small pilot program would have an initial cap of 20 to 50 facilitators, and over three years would serve a maximum of 1,000 patients statewide. Participants in the pilot program would need to be at least 21 years old and diagnosed with a qualifying condition, such as PTSD, treatment-resistant depression, or substance use disorder. All participants would undergo medical screening and attend preparatory sessions. This legislation would not affect recreational use or retail sales of psilocybin.

With rising rates of [depression](#) and [PTSD](#), the need for innovative solutions has never been greater. Supporting HF 2906 is a necessary step toward addressing the mental health and substance-use crisis in Minnesota and providing hope to those in need.

Thank you for allowing me to share our law enforcement perspective in support of this important legislation.

Respectfully,



Lt. Diane Goldstein (Ret.)
Redondo Beach Police Department
Executive Director, The Law Enforcement Action Partnership

Dear Comity Member Dockendorf,

I write to you as a Minnesota resident and as someone who has spent many years working to heal from profound early-life trauma. I share my experience with care and humility in the hope that personal testimony might help inform compassionate public policy regarding the decriminalization and responsible study of psilocybin.

During my adolescence, I experienced recurring sexual abuse by an older boy who was living in my family home. At that time, I was recovering from several outpatient surgeries related to endometriosis and polycystic ovarian syndrome and was frequently prescribed strong pain medications. These medications often left my body deeply sedated and physically vulnerable. The trauma that occurred during this period has left lasting effects on my nervous system, including chronic muscle tension, hypervigilance, and persistent pelvic pain.

For nearly two decades, I have pursued healing through many therapeutic approaches, including cognitive behavioral therapy (CBT), dialectical behavioral therapy (DBT), acceptance and commitment therapy (ACT), equine-assisted therapy, Gestalt therapy, and nature-based practices. Each has offered meaningful support, yet the physiological imprint of trauma—particularly the tension carried in the body—remained difficult to fully release.

In my late twenties, I participated in a supervised wellness retreat where I experienced psilocybin in a guided setting. For the first time since the abuse occurred, I felt a profound easing of the physical and emotional weight that trauma had placed on my body for many years. The experience brought clarity, self-compassion, and a sense of calm that had previously felt out of reach.

My experience aligns with a growing body of research exploring the therapeutic potential of psilocybin. Studies from institutions such as Johns Hopkins University and Imperial College London have shown promising results in the treatment of PTSD, depression, and trauma-related conditions. The U.S. Food and Drug Administration has also granted psilocybin “Breakthrough Therapy” designation for major depressive disorder, recognizing its significant clinical potential.

For many survivors of trauma, healing is a long and complex journey. Expanding research into promising therapies such as psilocybin could provide new pathways toward relief for many Minnesotans living with the lasting effects of violence.

Thank you for your time, your service, and your willingness to consider the lived experiences of the people you represent.

Respectfully,
Michaela Benson
Stillwater, Minnesota

Subject: Letter of Support for Psilocybin Legislation in Minnesota (HF2906)

Dear Representatives Backer and Bierman,

I am writing in support of the proposed legislation to legalize and regulate psilocybin in Minnesota.

My experiences with psilocybin have been profoundly transformative and life-changing. In a safe and intentional setting, it provided me with deep personal insight, emotional healing, and a renewed sense of clarity and connection. The impact was not recreational. It was therapeutic, meaningful, and enduring.

Through this experience, I was able to process long-standing patterns and perspectives in ways that traditional approaches had not unlocked. The result has been greater emotional resilience, improved relationships, and a stronger sense of purpose and well-being. The positive change has been sustainable and continues to influence how I show up in my life and community.

I believe thoughtful legalization, grounded in safety, education, and responsible access, would create opportunities for others to experience similar healing. Many individuals in our state struggle with depression, trauma, addiction, and end-of-life anxiety. Emerging research, along with personal testimony like mine, suggests that psilocybin can be a powerful therapeutic tool when used in structured and supportive environments.

This legislation is not about casual use. It is about compassionate, regulated access to a substance that has demonstrated meaningful healing potential. Minnesota has the opportunity to approach this thoughtfully and responsibly, setting standards that prioritize safety while expanding access to care.

I respectfully urge you to support this bill and continue exploring science-based, humane approaches to mental health and well-being.

Thank you for your consideration and your service to our state.

Sincerely,

A handwritten signature in black ink, appearing to read 'Chris Eilers', with a stylized, flowing script.

Chris Eilers

215 10th Ave S, Unit 606
Minneapolis, Minnesota



February 5, 2026

The Honorable Jeff Backer
Co-Chair
House Health Finance and Policy Committee
658 Cedar St.
St. Paul, MN 55155

The Honorable Robert Bierman
Co-Chair
House Health Finance and Policy Committee
658 Cedar St.
St. Paul, MN 55155

Dear Co-Chair Backer and Co-Chair Bierman,

We write to express our strong support for HF 2906, legislation that would create a regulated framework for psilocybin-assisted therapy in Minnesota, enabling supervised therapeutic access for patients with qualifying conditions while establishing appropriate safeguards and oversight. This critical legislation is an important step toward addressing the alarming mental health crisis affecting our nation's veterans and ensuring they have access to innovative, evidence-based treatments.

Veterans are one of the most vulnerable populations when it comes to mental health. Since 2001, over 125,000 veterans have died by suicide, and 29% of Global War on Terrorism veterans are known to suffer from post-traumatic stress disorder (PTSD). The disproportionate incidence of PTSD among veterans is also a driver of the disproportionate incidence of suicide among them. We lose no less than 17 and by some estimates as many as 44 U.S. veterans to suicide every day, at nearly double the rate of non-veteran Americans lost to suicide each year.¹

Clearly, current mental health treatment options available to our veterans through VA healthcare facilities have been far from universally effective. Our veterans and their families need access to alternative therapies that address the complexity of the challenges they face following service to our nation. As demonstrated by ongoing medical and scientific research, psychedelic therapies are rapidly emerging as an effective tool in treating PTSD, traumatic brain injury (TBI), treatment-resistant depression, substance use disorder, anxiety, and other mental health indications that fuel disproportionate rates of suicide among the veteran population.

Founded in 2019, Veterans Exploring Treatment Solutions (VETS) is a 501(c)(3) non-profit organization working to end the veteran suicide epidemic by providing resources, research, and advocacy for U.S. military veterans seeking psychedelic-assisted therapies for TBI, PTSD, addiction, and other health conditions. VETS envisions a world where our veterans have access to the most advanced healthcare options to heal from the mental and physical

¹ "44 Veteran Suicides a Day - What We're Doing Isn't Working, Alternative Treatments Are Needed! - SOAA." SOAA, 30 June 2023, soaa.org/44-veteran-suicides-daily/.

wounds of war. VETS has supported over 1,000 U.S. Special Operations Forces (SOF) veterans and veteran spouses to access psychedelic-assisted therapy (PAT) treatment abroad, paired with preparation and integration coaching, through our “Foundational Healing Grants” Program.

HF 2906 represents an important step toward establishing a regulated framework for psilocybin-assisted therapy in Minnesota. The legislation would create a state-supervised psilocybin therapeutic use program for adults with qualifying medical conditions, while establishing safeguards and protections for registered patients, facilitators, and health care practitioners. Passage of HF 2906 would position Minnesota as a national leader in responsible psychedelic policy, building on the momentum of other states that are advancing evidence-based approaches to mental health treatment and therapeutic innovation.

HF 2906 does not legalize or broadly decriminalize psilocybin. Instead, it takes a responsible, evidence-based approach by establishing a regulated therapeutic use program for adults with qualifying medical conditions under state oversight. The legislation would create a framework that includes health screenings, registered facilitators, and safeguards for patients and practitioners, helping ensure that access occurs in a controlled and therapeutic setting. By advancing a carefully regulated program, Minnesota has the opportunity to join a growing number of states exploring innovative approaches to mental health care while prioritizing patient safety and responsible oversight.

With bipartisan support, states across the nation are recognizing the need to act urgently, and Minnesota has a unique opportunity to continue leading by example with a comprehensive, forward-thinking approach. By enacting this legislation, the North Star State will not only honor its commitment to those who have served but also set a precedent for responsible, research-driven policymaking that could save countless lives.

Thank you for your leadership and commitment to our nation’s heroes. VETS stands ready to assist in any way possible to support the successful implementation of this vital initiative.

Respectfully,

Logan Davidson

Logan Davidson
Legislative Director

 info@vetsolutions.org

 [veteransolutions](https://www.instagram.com/veteransolutions)

 [vetsolutions.org](https://www.vetsolutions.org)



March 4, 2026

Minnesota House Health Finance and Policy Committee

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Representative Robert Bierman, Co-Chair
Representative Danny Nadeau, Co-Vice Chair
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Representative Kristin Bahner
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Representative Joe Schomacker
Representative Scott Van Binsbergen
Representative Natalie Zeleznikar

120 State Capitol
75 Rev. Dr. Martin Luther King Jr. Blvd.
St. Paul, Minnesota 55155

Re: Written Testimony - HF2906 Psilocybin

Dear Co-Chairs, Vice Chairs, and Distinguished Members of the Health Finance and Policy Committee:

My name is Matthew J. Stiehm, Ed.D., M.A., M.S. LPCC., I am a Minnesota licensed mental health professional, criminal justice educator, police practices professional(expert) and retired peace officer. I have provided police services in Minnesota, California, and Nebraska, and have served as a police officer shortly after the Rodney King Riots, working through September 11th, Minneapolis Riots of 2020, Beergate and many other significant events over the past 25 years. Please let this demonstrate to the committee that I have an expertise and understanding of the world of law enforcement, a world where the Taser went to an uncommon weapons platform, where VHS/BETA recording devices were in police cars, to now body worn cameras are common place. Now I have been getting an understanding on mental health issues, which impact society as well as law enforcement. While all mental issues are important to address traumatic ones, like PTSD, Major Depression, and ASD are impacting more people than anyone realizes. I have include an appendix C which provides more information related to my ability to provide an opinion on this matter.

I respectfully submit this written testimony for your consideration regarding policies that affect the delivery of behavioral health services within Minnesota and their intersection with public safety systems to include both the professionals (law enforcement officers) who work in the industry and those that are on the other side who engage the law enforcement industry. Moreover, people, those of the human kind! Specifically, as it relates to House File 2906 establishing a psilocybin therapeutic programs for patients or other words Minnesotans. I fear that the State of Minnesota is already embattled with a mental health crisis, a crisis that we are losing. This crisis started with the shutting down of the state hospitals, criminalizing mental health, and then creating a system that fosters stigma, and shame based approaches as opposed to evidence based therapeutic ones to heal people, or mitigate mental health. Most recently this crisis is broadcast across various channels to include social media, and traditional media. Regardless of thoughts or political ideology related to the events, these events have caused significant trauma. With the advent of the 24hrs media cycle, and social media environment, what once was isolated events are impacting more and more people.

For the committee's information there are approximately 141 Clinic Trials being monitored by the Federal Government using the Boolean search terms of "psychedelics" compared to the 952 studies that are connected with PTSD, major depression, and trauma. I have attached a recent review of literature, as well as all the clinical trials from the federal government. Appendices A and B. This should demonstrate how serious the conditions are, these do not necessarily include all the other research conducted where there is no intersection of medicine, mental health, and protocolled therapy.

Through my clinical practice, academic work, and consulting activities, I routinely work with individuals involved in the criminal justice system as well as professionals serving in law enforcement, corrections, probation, and other public safety roles. I have worked with Level I, II and III sex offenders, and others who have been convicted of crimes. What is common these people are in environments involve repeated exposure to trauma, operational stress, and complex decision-making under pressure. Access to evidence-informed behavioral health services is essential not only for the well-being of these people but also for maintaining effective and accountable public safety institutions. Psychedelic therapies isn't getting stoned, it is a medically controlled environment.

The shared lived experiences demonstrate that these professionals, and citizens deal with cause immense hardships, these hardships are not always visible. These hardships are impacting those within the territorial boundaries of Minnesota. First responders, and citizens alike are dealing with traumatic situations, that is causing mental anguish and pain. I

implore the Minnesota House Health Finance and Policy Committee address this mental health crisis by providing another resource, this approach/resources is moreover an evidence based remedy. The committee must understand that the paradigm of the 50's to 60's psychedelic culture is an outdated modality, and not grounded in the reality of what therapeutic intervention looks like in modern times. Those seeking psychedelic therapeutic treatment are doing so within a control environment. This is akin to going to a doctors office for a procedure, a dentist's office to get teeth pulled, or currently those seeking Ketamine therapy.

Psychedelic compounds—including psilocybin have a long and documented history of human use in cultural, ceremonial, and healing contexts. In modern psychiatry, the first major wave of clinical research emerged in the 1950s through the early 1970s, when researchers investigated LSD and related compounds for conditions such as depression, anxiety, alcoholism, and obsessive-compulsive symptoms. During this early era, federally supported research in the United States contributed to a growing body of clinical observations and preliminary therapeutic protocols (Nichols & Walter, 2020; Nutt & Carhart-Harris, 2020). However, this research trajectory ended abruptly as psychedelics became associated with unregulated recreational use and the social upheavals of the 1960s.

International and domestic policy changes most notably the 1971 UN Convention and subsequent U.S. scheduling decisions placed psilocybin and similar compounds into the most restrictive legal category, effectively halting legitimate scientific research for decades (Nutt & Carhart-Harris, 2020). The result was a prolonged “research hiatus,” during which key medical questions about dosing, mechanisms, safety, and therapeutic standards could not be explored at scale (Lowe et al., 2021).

Beginning in the early 2000s, credible clinical research programs restarted under modern ethical and methodological standards. A pivotal milestone was early clinical work examining psilocybin-assisted therapy for severe distress and anxiety in patients facing life-threatening illness, demonstrating durable improvements in mood, well-being, and existential distress when psilocybin was administered in a structured psychotherapeutic setting (Nutt & Carhart-Harris, 2020; Lowe et al., 2021). Subsequent neuroscience and neuroimaging studies strengthened scientific understanding by showing reliable effects on large-scale brain networks especially those involved in rigid self referential thinking and emotional regulation providing plausible mechanisms for antidepressant and antianxiety outcomes (Nutt & Carhart-Harris, 2020).

As evidence accumulated, federal regulators took formal notice. The U.S. Food and Drug Administration granted “Breakthrough Therapy” designation to psilocybin-assisted therapy for treatment-resistant depression (2018) and to MDMA-assisted psychotherapy for PTSD, signaling that early results warranted accelerated development under strict research controls (Nutt & Carhart-Harris, 2020; Krediet et al., 2020). In parallel, the number of registered clinical trials expanded markedly, reflecting increased institutional investment, improved standardization, and growing interest in translating research into regulated medical practice.

While psilocybin remains a controlled substance, the regulatory environment is evolving. Several jurisdictions have developed tightly regulated pathways that allow limited medical access in defined circumstances, typically through clinical trials or special access programs for treatment-resistant conditions (Rosenblat et al., 2022). Both North American and European regulators have established clearer research pathways, and late-stage trials are ongoing to evaluate safety and efficacy using rigorous clinical endpoints. This convergence—stronger evidence, clearer regulatory pathways, and rising public health need—has created unprecedented momentum toward a regulated, medically supervised model rather than an unregulated or recreational one (Rosenblat et al., 2022; Reiff et al., 2020).

Psilocybin is a naturally occurring compound found in certain mushroom species and is converted in the body into psilocin, which crosses the blood brain barrier and primarily interacts with serotonin receptors especially the 5-HT_{2A} receptor (Daniel & Haberman, 2017; Tabaac et al., 2024). This receptor activity is concentrated in cortical brain regions associated with emotion regulation, rigid thought patterns, and self referential processing systems that often become “stuck” in chronic depression and anxiety.

At the brain-network level, research consistently shows psilocybin temporarily reduces overactivity and rigid coherence within the default mode network, while increasing overall connectivity and flexibility across networks changes that correlate with clinically meaningful shifts in perspective and reduced symptom burden (Muthukumaraswamy et al., 2013; Barrett et al., 2020). A leading framework suggests psilocybin may open a time limited “window” of increased neuroplasticity meaning the brain becomes more capable of forming new connections and updating entrenched emotional and cognitive patterns especially when paired with structured psychotherapy (Calder & Hasler, 2022; Jones, 2025).

The strongest evidence base to date centers on treatment-resistant depression and serious illness-related anxiety/distress. Treatment resistant depression (TRD). Early studies showed rapid and substantial symptom reduction following one or two supervised psilocybin sessions with therapeutic preparation and integration, with effects sometimes persisting for months (Carhart-Harris et al., 2016). Larger phase trials have supported dose-dependent benefit particularly at higher therapeutic doses though results are not uniform, and continued rigorous trials are essential (Goodwin et al., 2022; Tabaac et al., 2024). Importantly, emerging data indicate psilocybin may be administered safely even when some patients continue SSRI medications, potentially reducing the need for antidepressant withdrawal in certain protocols—an issue of practical clinical relevance (Goodwin et al., 2023).

End-of-life distress and cancer related anxiety/depression. Controlled studies have repeatedly shown significant reductions in existential distress, anxiety, and depression among patients with life threatening illness, with durable improvements in meaning, acceptance, and quality of life that often exceed what is typically seen with conventional anxiolytics alone (Rosenblat et al., 2022; Nutt & Carhart-Harris, 2020).

Additional developing research explores psilocybin assisted therapy for major depression, anxiety symptoms, substance use disorders, and other conditions. However, many of these areas remain preliminary and should be characterized as emerging rather than established indications (Reiff et al., 2020).

Modern protocols emphasize that psilocybin is not simply a pill—it is a supervised clinical intervention with three core phases: (1) careful screening and assessment, (2) structured preparation, (3) a monitored dosing session, and (4) integration therapy afterward to convert the acute experience into sustained behavioral change (Nutt & Carhart-Harris, 2020). Outcomes are strongly influenced by “set and setting,” meaning the individual’s psychological readiness and the safety and quality of the clinical environment (Haijen et al., 2018; Cavarra et al., 2022). This is a central policy point: the safety profile documented in the literature is tied to controlled medical administration, trained support, and exclusion of higher-risk patients.

In controlled clinical settings, psilocybin has generally demonstrated a favorable safety profile with most adverse effects being time limited and manageable (e.g., transient nausea, headache, temporary anxiety during onset) (Tabaac et al., 2024). Serious adverse events are uncommon in published clinical trials under structured protocols; nevertheless, clinical programs rely on strict screening to exclude individuals at elevated risk (e.g., psychotic disorders, uncontrolled cardiovascular conditions, or acute suicidality) and on trained monitoring to manage challenging experiences during sessions (Nutt & Carhart-Harris, 2020). The policy implication is straightforward: the safest pathway is a regulated medical model with defined eligibility, clinical oversight, and accountability not informal access.

Despite promise, psilocybin research faces real limitations that policymakers should weigh carefully. Blinding is difficult because subjective effects are obvious, which can inflate expectancy effects; many studies are still relatively small; and psychotherapy protocols vary across sites, complicating “apples to apples” comparisons (Ledwos et al., 2022; Elk & Fried, 2023). Translation to real world care also raises practical questions: workforce training, clinic infrastructure, reimbursement, and equitable access are not solved problems. The time required for preparation, monitored dosing, and integration can be substantial, creating cost and access barriers without thoughtful implementation design (Mikellides & Kyriazis, 2025). Additionally, trial participants to date have often been demographically narrow, reinforcing the need for research and implementation that is inclusive and culturally competent (George et al., 2019).

Taken together, and based literature, and the aforementioned evidence supports a cautious but constructive approach: psilocybin assisted therapy appears to offer a novel, potentially high impact intervention for select, high-need populations particularly treatment-resistant depression and serious illness related distress—when delivered in a tightly controlled, medically supervised framework. At the same time, the science supports continued rigor, standardization, and safeguards to ensure patient safety, prevent misuse, and promote equitable access as the field moves from research toward possible regulated clinical use (Reiff et al., 2020).

Keeping the aforementioned in mind Minnesota communities are also experiencing growing demand for mental health services related to trauma exposure, anxiety disorders, depression, substance use disorders, and co-occurring behavioral health conditions. These mental health needs are increasingly intersecting with other public systems, including courts, schools, and correctional institutions. When appropriate mental health resources are available, individuals are significantly more likely to stabilize, comply with legal and treatment obligations, and reintegrate into their families and communities successfully.

Conversely, gaps in behavioral health access often contribute to system strain across multiple sectors. Courts experience increased case complexity, correctional systems absorb individuals whose needs are primarily clinical, and families struggle to obtain appropriate care. Addressing these issues requires thoughtful legislative policy that strengthens the behavioral health workforce, supports evidence-based treatment approaches, and removes structural barriers that limit access to services.

I respectfully encourage the committee to continue supporting policies that strengthen Minnesota’s behavioral health infrastructure, improve access to qualified mental health providers, and recognize the unique needs of populations that experience elevated trauma exposure, including first responders and justice-involved individuals.

Thank you for your service to the State of Minnesota and for your consideration of this testimony. I would welcome the opportunity to provide additional information or answer any questions that may assist the committee in its deliberations.

Respectfully submitted,

Dr. Matthew J. Stiehm

Dr. Matthew J. Stiehm, Ed.D., M.A., M.S.
Licensed Professional Clinical Counselor (MN License #5472)
Mental Health Consultant | Criminal Justice Educator
Owner Minnesota Blue Line Therapy

Appendix A. References related to inset academic written work
Appendix B. Studies related to psychedelics
Appendix C. Studies related to PTSD/Trauma/Depression
Appendix D. Executive Summary of Dr. Matthew J. Stiehm

Appendix A.

1. Alhajry, K. N., Sukairi, Z. M., Lajami, H. A., Ibrahim, S. A. B. A., Alanazi, N. O., Alsafwani, E. A., Albishi, A. S. H., Alomi, N. N., Al-Hamad, Z. A. A., & Alrowaly, A. M. A. (2024). Psychedelic-assisted therapy: The emerging role of the psychiatric-mental health nurse. *Saudi Journal of Medicine and Public Health*. <https://doi.org/10.64483/jmph-116>
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45. Two quick fixes you should make before final submission
46. The “M., L., A., S...” citation is not APA-valid as written because the author field appears corrupted/abbreviated. If you paste the actual author names from the PDF/webpage (or send the link), I'll correct it perfectly.
47. A few items may be missing volume(issue), page range, which APA expects when available. If you want, I can “complete” these by pulling the full metadata from each DOI—but I'd need permission to web-check them (fast + accurate).
48. If you want this in a ready-to-paste References page with hanging indent formatting (Word-style), tell me and I'll output it in that layout.

Appendix B.
Study Title

1. A Study of Psychedelics in Healthy Older Adults With Low Well-being
2. Psilocybin-Assisted Psychotherapy for the Treatment of Severe Alcohol Use Disorder
3. Mindfulness-based Psilocybin Therapy for PTSD
4. Investigation to Understand and Optimize Psilocybin
5. Neurobehavioral Mechanisms of Psilocybin-assisted Treatment for AUD
6. Antidepressant Response of DMT Masked With Propofol
7. Psilocybin for Treatment of OCD-2
8. Psilocybin-Assisted Therapy for Treatment-Resistant Depression in Bipolar II Disorder
9. Pharmacokinetics of Didehydro-LSD (DDH-LSD) Compared With LSD
10. A Randomized Neuroimaging Trial of Psilocybin in Depression
11. Computer Game, Qualitative, and MEG/EEG Assessment of Serotonergic Psychedelics
12. Psilocybin or Ketamine for Alcohol Use Disorder: An Active Comparator Trial
13. Subjective Experience Following Psilocybin
14. The ENHANCE Study: taVNS and Psilocybin
15. Investigation of Psychedelic Effects in Psychoactive Substances
16. The RECAP2 Study: Midazolam and Psilocybin
17. Treatment With Psilocybin for Chronic Neuropathic Pain and Depression (TRANSCEND)
18. Open-Label Psilocybin Study in Transdiagnostic Population
19. A Mechanistic Study to Assess a Single Dose of CYB003 in Participants With Depression and Anxiety
20. MDMA for Co-occurring PTSD and OUD After Childbirth
21. Imaging the Effects of Serotonin 2A Receptor Modulation on Synaptic Density in Treatment-resistant Depression (SYNVEST)
22. The Acute Effects of Psilocybin on Cognition, Memory, and Brain Function
23. Mindfulness-assisted Psychedelic Therapy
24. Effects of Repeated Psilocybin Dosing in OCD
25. Psilocybin-Assisted Therapy in Treatment-Resistant Depression
26. Psychedelic Healing: Adjunct Therapy Harnessing Opened Malleability
27. Psilocybin for Methamphetamine Addiction
28. Safety and Psychological Effects of Psilocybin and D-Serine Formulation in Healthy Volunteers
29. Digital Intervention for Psychedelic Preparation (DIPP): Comparing Meditation and Music-Based Programs
30. "A Study of a Deuterated Psilocin Analog (CYB003) in Humans With Major Depressive Disorder"
31. A Study of a N, N-dimethyltryptamine (DMT) Analog (CYB004) in Participants With Generalized Anxiety Disorder (GAD)
32. Role of the Serotonin 2A Receptor in Psilocybin-induced Altered States of Consciousness
33. Psilocybin-Assisted Therapy for Physician Well-Being and Burnout
34. Adjunctive Effects of Psilocybin and a Formulation of Buprenorphine
35. Ketamine-Assisted Recovery for Methamphetamine Use Disorder & HIV
36. MDMA-assisted Prolonged Exposure Therapy for Comorbid Alcohol Use Disorder and Post-traumatic Stress Disorder
37. Study of the Safety and Feasibility of Psilocybin in Adults With Methamphetamine Use Disorder
38. Safety and Preliminary Efficacy of Organic Whole Psilocybin-Containing Mushrooms to Treat Patients Suffering From PTSD
39. ELE-101 Safety & Tolerability Study in Healthy Participants and Patients With Depression
40. Does Psilocybin Require Psychedelic Effects to Treat Depression?
41. Psilocybin-assisted Therapy for Alcohol Use Disorder
42. The Impact of Psilocybin on Pain in Fibromyalgia Patients
43. Lysergic Acid Diethylamide (LSD) as Treatment for Cluster Headache
44. Feasibility, Clinical Effects, and Safety of Psilocybin-assisted Psychotherapy for Treatment-resistant OCD
45. Comparing the Effects of Psilocin and Psilocybin in Healthy Adults
46. Psilocybin Therapy for Depression in Bipolar II Disorder
47. Psilocybin-facilitated Treatment for Cocaine Use
48. Pilot Trial of Visual Healing[®] in Psilocybin-assisted Therapy for Alcohol Use Disorder
49. Effects of Hallucinogens and Other Drugs on Mood and Performance
50. Antidepressant Effects of Ayahuasca: a Randomized Placebo Controlled Trial in Treatment Resistant Depression
51. Psychological, Physiological, Endocrine, and Pharmacokinetic Effects of LSD in a Controlled Study
52. Pilot Study: Effects of Psilocybin on Behavior, Psychology and Brain Function in Long-term Meditators
53. Role of Serotonin in Acute and Subacute MDMA Effects
54. Psilocybin rTMS for Treatment Resistant Depression
55. Psilocybin-Assisted Therapy for Intergenerational Trauma
56. Microdosing LSD in Women With Premenstrual Disorders
57. MDMA-Assisted Therapy for Mental Healthcare Providers
58. Ketamine-assisted Integrative Treatment for Veterans With Chronic Low Back Pain and Comorbid Depression
59. Examining 3,4-methylenedioxymethamphetamine (MDMA) Effects on Psychological, Relational and Hyperarousal-Related Neural Reactivity Mechanisms in Veterans With PTSD and Moral Injury
60. Evaluating the Role of Psilocybin Monitors in Psilocybin Therapy for Treatment Resistant Depression
61. Investigating the Interaction of Psilocybin and Context of Its Administration in Healthy Volunteers
62. Psilocybin-Assisted Psychotherapy for Treatment-Resistant Depression: Comparing One Versus Two Doses of Psilocybin
63. Psilocybin Microdosing on Cognition, Mood and Quality of Life
64. Phase III Long-term Extension Trial to Assess Safety and Efficacy of CYB003 in MDD (EXTEND)
65. Acute Effects of Intravenous 5-MeO-DMT in Healthy Participants
66. Psilocybin to Treat Depression in Spinal Cord Injury
67. Music as an Adjunct to Ketamine Therapy for Chronic Pain
68. LSD Occupancy of the Serotonin 2A Receptor in the Human Brain
69. Pragmatic Trial of Psilocybin Therapy in Palliative Care
70. Ketamine-Enhanced Therapy for Individuals With Alcohol Use Disorder and Depression: A Pilot Study (KET-DUAL)

71. Resting-state Imaging and Chronic Consumption of Non-Nutritive Sweeteners
72. A Study of a Deuterated Psilocin Analog (CYB003) in Humans With Major Depressive Disorder
73. Neurobiological Effects of Psilocybin in Treatment Resistant Bipolar Depression
74. Psilocybin for Hospitalized Patients with Treatment-resistant Depression
75. Psilocybin for Depression in People With Mild Cognitive Impairment or Early Alzheimer's Disease
76. Psilocybin for Major Depressive Disorder (MDD)
77. State-Funded Trial Assessing Recovery and Long-Term Impact of Guided Psilocybin for Healing Trauma
78. Esketamine With or Without Integration Therapy for Treatment-Resistant Depression
79. Psilocybe Cubensis Mushrooms With or Without Fluoxetine for Refractory Depression: a Phase 2a Pilot Randomized Clinical Trial (COGUNILA)
80. PsiloIMAGINE: A Psychedelic-augmented Mental Imagery-based Intervention for Young People With Self-harm
81. Standardized Natural Psilocybin-assisted Psychotherapy for Tapering of Opioid Medication
82. Safety, Tolerability, and Preliminary Efficacy of Psilocybin Oral Solution in Adults With Generalized Anxiety Disorder
83. Direct Comparison of Altered States of Consciousness Induced by LSD, Psilocybin, and DMT in Healthy Participants
84. The Potential Therapeutic Effects of Psychedelic, N, N-dimethyltryptamine (DMT), on Alcohol Use Disorder (AUD)
85. Psilocybin for the Treatment of Veterans With Post-Traumatic Stress Disorder
86. Effect of Psychedelic VR-augmented Therapy on Patients With Clinical Depression
87. Drug Effects on Mood and Behavior - Expectancy
88. Psilocybin With Psychological Support (Psi-PS) for Military Veterans and First Responders With Co-occurring PTSD & Alcohol Use Disorder (AUD)
89. Ketamine to Treat Patients With Post-comatose Disorders of Consciousness
90. Psilocybin-Enhanced Psychotherapy for Methamphetamine Use Disorder
91. Psychedelic Virtual Reality
92. Neural and Physiological Correlates of Psychedelic Sub-states
93. Retrospective Observational Study of Intensity Effects in Psychedelic-assisted Treatment
94. A Second Psilocybin Group Therapy for the Treatment of Cancer-Related Anxiety in Partial Responders With Metastatic Cancer
95. Does Serotonin System Stimulation Increase Pro-social Behavior? - A Comparative Pharmacological Neuroscientific Study in Healthy Humans
96. Psychedelic-assisted Group Program for First Responders
97. Social Anxiety MDMA-Assisted Therapy Investigation
98. Effect of Psilocybin Only and Psilocybin Assisted Cognitive Behavioral Therapy in the Management of Major Depressive Disorder and Associated Metabolic, Immune, Inflammatory, Neuroplasticity and Electrical Activity Markers
99. Effect of Ketanserin, Olanzapine, and Lorazepam After LSD Administration on the Acute Response to LSD in Healthy Subjects
100. Low-Income Group Psilocybin Assisted Therapy for Depression
101. The Safety and Efficacy of Psilocybin in Patients With Treatment-resistant Depression and Chronic Suicidal Ideation
102. Effects of Psilocybin in Post-Treatment Lyme Disease
103. Efficacy of Sublingual 5-MeO-DMT for Reducing Anxiety and Depression in MCI
104. Safety, Tolerability, and Efficacy of Sublingual Microdoses of 5-MeO-DMT for Depression and Anxiety
105. Consciousness, Psilocybin, and Well-Being
106. Microdosing Psychedelics to Improve Mood
107. Psilocybin in Alcohol Use Disorder With Comorbid Depression
108. Salivary Oxytocin as a Biomarker in Psychedelic Assisted Psychotherapy
109. Efficacy and Safety of Psilocybin in Treatment-Resistant Major Depression
110. PAPER: PAP + MBSR for Front-line Healthcare Provider COVID-19 Related Burnout
111. Psilocybin in Adults With and Without Autism Spectrum Disorder
112. Efficacy of Psilocybin in OCD: a Double-Blind, Placebo-Controlled Study.
113. Psilocybin for Treatment of Alcohol Use Disorder: a Feasibility Study
114. Frontline Clinician Psilocybin Study
115. Psilocybin-assisted Therapy for Phantom Limb Pain
116. Effects of SERT Inhibition on the Subjective Response to LSD in Healthy Subjects
117. A Study of a Psilocybin Analog (CYB003) in Healthy Participants With and Without Major Depressive Disorder
118. Psilocybin for Treatment of Obsessive Compulsive Disorder
119. Safety and Efficacy of Low Dose MM120 for ADHD Proof of Concept Trial
120. Mindfulness and Psychedelics
121. Clinical and Mechanistic Effects of Psilocybin in Alcohol Addicted Patients
122. Pharmacokinetics, Safety, and Tolerability of Intramuscular 5-MeO-DMT in Healthy Volunteers
123. An Evaluation of Psilocybin's Effect on Cardiac Repolarization and the Effect of Food on Psilocybin's Pharmacokinetics
124. Psychedelics and Wellness Study (PAWS)
125. Psilocybin for Treatment-Resistant Depression
126. Safety and Tolerability of DMT in Healthy Adults
127. IM and IV SPL026 Drug Product in Healthy Participants
128. Role of the Serotonin 5-HT_{2A} Receptor in Mescaline-induced Altered States of Consciousness
129. Perceptions of MDMA-Assisted Therapy Among Veterans With PTSD
130. Precision Functional Brain Mapping in Psilocybin
131. SPL026 (DMT Fumarate) in Healthy Subjects and MDD Patients
132. Study of Psilocybin Enhanced Group Psychotherapy in Patients With Cancer
133. A Study of Psilocybin for Major Depressive Disorder (MDD)
134. Evaluation of Psilocybin in Anorexia Nervosa: Safety and Efficacy
135. Prophylactic Effects of Psilocybin on Chronic Cluster Headache
136. Exploring Medically Perceived Benefits, Use and Interest in Psychedelics and Cannabinoids

137. Entheogen Resurgence
138. Naturalistic Study of Microdosing With Psilocybin
139. Psilocybin vs Escitalopram for Major Depressive Disorder: Comparative Mechanisms
140. Effects of Psilocybin on Behavior, Psychology and Brain Function in Long-term Meditators
141. Psilocybin Cancer Anxiety Study

Appendix C.
Studies Boolean Search- PTSD/Trauma and Major Depression

Study Title

- 1.
2. Blended Trauma-Focused Cognitive Behavioral Therapy With Compassion
3. Increasing Treatment Access in Trauma Exposed Children: Developing an Adapted Step One Intervention (Pilot)
4. Increasing Treatment Access in Trauma Exposed Children: Developing an Adapted Step One Intervention (RCT)
5. Validation of French PHQ-4 and PC-PTSD-5 Screening Scales
6. Exercise Intervention in Children Living in a Container City
7. Behavioral Health Collaborative Care Model in Post-ICU Clinic Family Pilot
8. Effect of Aquatic Therapy and Subsequent Training on Veterans With PTSD
9. Behavioral Health Collaborative Care Model in an ICU Recovery Clinic
10. PACE Versus PE for CPTSD (PACE Trial)
11. The BEAR Program for Women With Trauma Who Have Suicidal Thoughts
12. Treatment for Psychogenic Nonepileptic Seizures and Post-traumatic Stress Disorder Using Prolonged Exposure Therapy (PE) or Psychoeducation for PNES
13. Enhancing Operational Readiness With Digital Self-Managed Cognitive Behavioral Therapy for Insomnia (CBTI)
14. Psilocybin-Assisted Randomized Therapy
15. The Coma Family Program (COMA-F): A Resilience Program for Caregivers of Patients With Severe Acute Brain Injury
16. To Investigate the Change of Brain and Autonomic Function From Different Protocols of Repeated Transcranial Magnetic Stimulation Therapy for Patients With Post-traumatic Stress Disorder Comorbid Major Depressive Disorder
17. Stepped-Care for Suicidal Youth and Children
18. Building Ukraine's Strength in PTSD Treatment and Research
19. Existential Distress in Advanced Cancer: Comparing a Short-term Psychodynamic Psychotherapy (ORPHYS) to Treatment as Usual (TAU)
20. Psychosocial Factors and Efficacy of Remote Cognitive Remediation for Post-Traumatic Stress Disorder
21. Feasibility of Group-Based Metacognitive Therapy for PTSD
22. MDMA-Assisted Massed Exposure Therapy for PTSD
23. Transcranial Alternating Current Stimulation (tACS) for the Treatment of Anxiety in Veterans: An Open-Label Pilot Study
24. Deaf CBT-TS to Reduce Suicide Risk
25. REVEAL Study - Diagnostic Testing for PTSD Using the Senseye Diagnostic Tool
26. Photo-experiencing and Reflective Listening (PEARL) to Promote Healing Engagement for Survivors of Violence
27. Transparent Communication to Improve Mental Wellbeing and Attitude Towards Reintegration
28. Resolving Early Life Stress: Psychotherapy Outcomes and Neurobiology in Complex Depression
29. Self-Help Cognitive Processing Therapy (CPT)/Women Veterans Network (WoVeN) Study
30. Targeted Accelerated TMS for Post-Traumatic Stress Disorder
31. Randomized Controlled Trial of a Family-focused Intervention for Caregivers and Young Adolescents (Phase 3 of FLOURISH)
32. Being Safe, Healthy, And Positively Empowered (BSHAPE) Intervention Study
33. Psilocybin Intervention for Veterans Overcoming Treatment-Resistant Depression
34. Integrated PTSD and Chronic Pain Treatment
35. Phase 1 Pilot of a Pragmatic Trial of EAET for Veterans With Chronic Pain
36. Recovery Through Inhibitory Learning, Self-Efficacy Building, Problem Solving, and Community Building
37. Neuropsychiatric Outcomes and Disrupted Sleep Following Acquired Brain Injury
38. Adaptation of the STAIR-NT for First Responders
39. Effects of EMDR on Psychological Symptoms and EEG Findings in Trauma-Exposed Individuals
40. OBS-QoR-10 in Patients With and Without Postpartum Hemorrhage
41. Recovering Sleep After Trauma
42. Adaptation of the ECCLORE Program for Patients With Addictive and Traumatic Problems
43. Accelerated Neuromodulation for Concurrent Post-Traumatic Stress Disorder (PTSD) & Chronic Pain in Veterans
44. Vagal Approaches on Long COVID-19
45. Adaptive Decision-making And Personalized Treatment for PTSD (ADAPT-PTSD)
46. Yoga and Female Concussion
47. Long-Term Outcomes and Post-Intensive Care Syndrome: Investigating the Associations Between Metabolic Signatures and Physical Functioning in Critically Ill Patients
48. Rapid Acceleration Process for Intensive Treatment of PTSD in 5 Days
49. Brief Videos Delivered by Text Messages as a Public Health Intervention for PTSD in Youth
50. Retrospective Observational Study of Intensity Effects in Psychedelic-assisted Treatment
51. Symptom Exacerbation Following Mental Imagery in Patients With Persistent Post-Concussive Symptoms
52. Progressive Muscle Relaxation Training in Post-traumatic Stress Disorder in Disasters
53. Laughie Prescription on the Well-being, Happiness, and Posttraumatic Stress Level of Nursing Students Affected by the Earthquake
54. Arts-based Social Prescribing for Mental Health
55. Mpata Yathu Trial for Young Women in Zambia
56. The Family Foundations Trial
57. Implementing a Therapy for Complex Trauma in French-Speaking Settings
58. Telehealth for Sleep Apnea: Effectiveness, Implementation, and Cost in the Military Health System
59. An Exploration of Sleep Disturbance and Outcomes in TBI (SLEEP-TBI)
60. A Pilot Study to Examine the Efficacy of Internet-Delivered Skills Training in Affective and Interpersonal Regulation (i-STAIR) for Individuals With Adverse Childhood Experiences and Subsyndromal Depression
61. School-Based Intervention to Enhance Resilience and Stress Coping in Rural Chinese Adolescents
62. Project STRONGER: Stepped Care for Opioid Use Disorder Treatment Engagement and Recovery
63. Neuromodulation + Prolonged Exposure Therapy: Evaluation of a Technology-Enhanced, Integrated Treatment for Pain and PTSD

64. The Effectiveness of a Brief Early Intervention of Acute Stress Syndrome Stabilization Protocol for Victims of Sexual Violence (ASSYST-SV).
65. AI-assisted GNW on Adolescent Emotional Distress
66. Mindfulness-based Psilocybin Therapy for PTSD
67. Solomiya App - CBT-based Self-help Intervention
68. Exploring Efficacy of Multi-Mode Cognitive Processing Therapy (CPT) for PTSD
69. Remote Mindfulness Training Following Early Life Adversity 2
70. Efficacy of Cervical Sympathetic Blocks for PTSD
71. Testing the Insomnia Coach Mobile App With Veterans With Insomnia and PTSD
72. Recovery in Telling Life Stories
73. Feasibility and Acceptability of an Evidence-Informed Virtual Intervention to Reduce Perceptions of Injustice Following Work Injury
74. Randomized Controlled Trial of Treatment to Optimize Heart Rate Variability for Persistent Post-Concussion Symptoms
75. Accelerated Treatment for Co-occurring Insomnia, Nightmares, and PTSD
76. Potential Benefits of Sonic Augmentation Technology in Music
77. Building Healthy Eating and Self-Esteem Together for University Students
78. Cognitive Processing Therapy (CPT) for Perinatal Posttraumatic Stress Disorder (PTSD)
79. Accelerated TMS for Seizure-Type Functional Neurologic Disorders
80. Transauricular Vagus Nerve Stimulation for Chronic Whiplash Associated Disorders
81. Child-Parent Psychotherapy After the 2023 Kahramanmaraş Earthquake
82. Treatment of Complex Post-traumatic Stress Disorder Among Displaced People in Switzerland and Germany
83. Walk With Me (WWM) for Perinatal Grief
84. Neuropathic Pain Intervention With tDCS in Brazilian Military Personnel (NeuBRAIN Trial)
85. EMDR 2.0 Group Therapy for PTSD, Depression, and Anxiety in Earthquake Survivors
86. Multifaceted Intervention to Restore Resilience and Overcome Risk
87. Psilocybin and Methylenedioxymethamphetamine (MDMA) for Post-traumatic Stress Disorder (PTSD)
88. Psilocybin for Chronic Pelvic Pain (CPP) in Women: A Pilot Feasibility Study
89. Bridging Affect Consciousness, Mentalization and Trauma- Exploring an Integrative Treatment Approach for Personality Disorder (PD).
90. Examining the Effectiveness of Asynchronous Versus Synchronous Yoga for Veterans With Chronic Pain
91. Metacognitive Therapy vs Unified Protocol for Patients With Comorbid Anxiety Disorders
92. A Pilot Study on Animal-Assisted Intervention in Correctional Settings
93. Weyera Mental Health Pilot Intervention
94. Multiphase Optimization Strategy (MOST) for Treating Pediatric Post-traumatic Stress Disorder (PTSD)
95. Shared Decision Making in PTSD Treatment
96. Preventing Maternal Mood, Anxiety, and Trauma Symptoms After Cesarean Delivery
97. Assessment of Cancer-related Post-traumatic Stress in Patients and Caregivers in the Year Following Diagnosis, and Identification of Their Expectations of Personalized Support - CANDYSTRESS
98. BXCL501 After Stress to Increase Recovery Success
99. Suicide Preventive Psychosocial Treatment for Youths
100. Effectiveness, Implementation, and Cost of Cognitive Processing Therapy in Prisons
101. Recovery Finance: Financial Health and Mental Health After Incarceration
102. Ketamine for Pain, Opioid Use, and Mental Health in Orthopedic Trauma Patients
103. Psilocybin-Assisted Therapy for Sexual Assault-Related PTSD
104. Positive Processes and Transition to Health - Single-Session (PATH-SS)
105. Prospective Cohort of People Starting Treatment for Tuberculosis Disease in France (FrenchTB)
106. Yoga Nidra for Insomnia and Posttraumatic Stress Symptoms
107. Parental Well-being After Childbirth in Switzerland
108. Psilocybin-assisted Therapy for Post-Traumatic Stress Disorder in Survivors of Intimate Partner Violence
109. Adjustment Disorders in the US Military: Disease Trajectories and ADN-20-Mil Validation
110. Pilot Neurobehavioral Therapy for Functional Neurological Disorder
111. Behavioral Treatment of Insomnia in Active-Duty Service Members With Traumatic Brain Injury
112. Families Left Behind
113. Evaluation of Early Administration of Levetiracetam in the Prevention and Treatment of Encephalopathy in Septic Shock: Randomized, Double-blind, Placebo-controlled Trial
114. Effectiveness of Informational and Educational Tools to Improve the Experience of Relatives of ICU Patients. RELIEF, a Platform Trial
115. Multi-component Family Intervention to Lower Depression and Address Intimate Partner Violence in Nepal
116. Morphine or Ketamine for Analgesia
117. Optimizing HIV Pre-exposure Prophylaxis (PrEP) Among Women Who Use Drugs in Tanzania
118. Culturally Adapted i-CBT for Farsi/Dari Speaking Migrants
119. Short-Term Recall and Reprocess Therapy for Post Traumatic Stress Disorder (PTSD)
120. Assess the Utility of a Speech-based Machine Learning Algorithm to Predict Treatment Response to Psychiatric Interventions
121. Acceptance and Commitment Therapy Integrated Vestibular Rehabilitation (ACTIVE) RCT
122. Study of the Effectiveness of VRET Combined With tDCS in the Treatment of PTSD in Ukrainian Veterans and Civilians
123. LHC-CIDI-5 in Hong Kong
124. Evaluation of a Trauma-Informed Partner Violence Intervention Program
125. Combining Esketamine and Prolonged Exposure Treatment for PTSD (Post Traumatic Stress Disorder)
126. Mental Health, Intellectual and Neurodevelopmental Disorder Detection With Artificial Intelligence Models
127. Behavioral Health Technician Delivered Written Exposure Therapy
128. Multi-level Child Mental Health Interventions in Azerbaijan
129. Identification With the Aggressor (IWA)
130. A Study of a Novel EEG Neurofeedback System for PTSD Treatment
131. EMDR vs. CBT for PTSD

132. Patient Engagement in PTSD Treatment (PEP)
133. Developing and Testing a Trauma-Informed Exercise Intervention for Women Veterans With Histories of Sexual Violence
134. Advanced Wireless Augmented Reality-Enhanced Exposure Therapy for Posttraumatic Stress Disorder
135. Pivotal Trial of SAT-014 for Trauma and Stressor-Related Disorder Symptoms
136. A Multifaceted Intervention Strategy for Relatives of End-of-life Patients in the Emergency Department
137. Trans STAIR: Implementing an Evidence Based Trauma Treatment With Community Led PrEP Navigation
138. The Role of Executive Functioning in Complex Post-Traumatic Stress Disorder Among Female Survivors of Intimate Partner Violence
139. Depressive Symptoms After Cardiac Surgery
140. A Mobile Health Intervention to Improve Psychosocial Functioning in Veterans With Posttraumatic Stress Disorder and Depression Symptoms
141. Virtual Reality and Post Traumatic Stress
142. e-CBT DTx for Post Traumatic Headaches in Adults With History of TBI
143. Treatment of U.S. Veterans With Mild Traumatic Brain Injury With Hyperbaric Oxygen Therapy
144. Effects of Parent-Adolescent Joint Interventions for Adolescents with Adverse Childhood Experiences
145. CBT vs. Supportive Texts for PTSD & Hazardous Drinking (Project Better Study 2)
146. Clinician Supported Mobile App to Reduce Mental Health Symptoms Among World Trade Center Responders in Florida
147. Mindful Self-Compassion to Address PTSD and Substance Use in Unhoused Women
148. Digital Solutions to Reduce Maternal Morbidity and Mortality in Pregnant Refugee Women
149. Evaluating the Efficacy and Safety of PROSOMNIA Sleep Therapy in Patients With Sleep Deprivation and Chronic Insomnia
150. ICU-VR Prior to ICU Admission
151. Prevention/Reduction of ASRs and PTSD to Sustain Civilian Performance With Sublingual Cyclobenzaprine HCl (TNX-102 SL)
152. Improving Mental Health in Forcibly Displaced Populations
153. Family Oriented Mindfulness Informed Legal Education (FAMiLE) Programme for Parent or Carers Affected by Incarceration and Improving Parenting in Nigeria
154. Computer Game, Qualitative, and MEG/EEG Assessment of Serotonergic Psychedelics
155. UK Prevalence of Mental Health After SCI
156. Effects of Parent-Adolescent Joint Interventions for Adolescents With Adverse Childhood Experiences
157. The Efficacy of an Exercise Program and a Yoga Program in Mitigating Stress and Improving Mental Health Among Employees
158. Treatment of Persisting Symptoms After Concussion With Psilocybin Assisted Therapy
159. Ketamine, SGB and Combination Treatment for TBI
160. Trauma Screening/Referral and Interpersonal Violence Prevention for Women with Substance Use Disorders
161. Early Support After Exposure to Trauma
162. Accelerated Image-Guided Robotically Delivered Transcranial Magnetic Stimulation for Combat PTSD
163. Problem Management Plus Mindfulness-informed Legal Education for Addressing Gender-based Violence and Improving Parenting
164. HVIP Outcomes and Stakeholder Insights
165. Neck-specific Exercises Effectively Improves Whiplash-associated Disorders.
166. Atomoxetine and Executive Function in PTSD
167. Intervention Evaluation WEH (Women Who Have Experienced Homelessness)
168. Written Exposure Therapy to Improve Recovery Among Sexual Assault Survivors
169. Family-Focused Adolescent & Lifelong Health Promotion Optimization Trial
170. Integrated Case Management for Burns Care in Pakistan
171. Body-oriented Psychotherapy for Individuals With a History of Child Maltreatment and Trauma-related Symptoms
172. Evaluating Interventions for Intimate Partner Violence Use in Washington State
173. The APS Phenotyping Study
174. Altitudes: A Digital Intervention to Support Caregivers
175. Internet-delivered Trauma-focused Cognitive-behavioral Therapy as an Early Intervention After Sexual Trauma
176. Post-Intensive Care Transitional Care, Rehabilitation, and Family-Support
177. Development Of a Virtual Stress Inoculation Training (SIT) Platform and Mobile Health App
178. Resilience Among Trauma Survivors
179. i-CBT and IV Ketamine for Suicidality in Treatment-Resistant Depression: A Randomized, Midazolam-Controlled Clinical Trial
180. Internet-based Treatment for Depression
181. EMDR vs. CBT in the Treatment of Inpatients With Obesity and Binge Eating Disorder: the EMDRCA Study.
182. Theories of Working Memory and Consolidation/REConsolidation in the Process of Resorption of Post-traumatic Symptoms.
183. Complex-Posttraumatic Stress Disorder in Urban Egypt: Pilot Testing of a Culturally-adapted Evidence-Based Treatment Manual and Development of a Culture-specific Diagnostic
184. Cannabidiol After Multi-Trauma for Pain and Opioid Therapy
185. Open-Label Psilocybin Study in Transdiagnostic Population
186. MamaConecta: Digital Tool for Maternal Mental Health
187. Clinical Trial to Preliminarily Assess the Safety and Feasibility of SAT-014, a Software for Alleviating Symptoms of Trauma and Stress-related Disorders
188. Intergenerational Study of War-Affected Youth
189. Transdiagnostic Behavior Therapy Vs TAU for Adjustment Disorder Following Traumatic Event Exposure
190. Written Exposure Therapy for Nurses
191. Comparative Effectiveness of Intervention in Multi-level Hospitals for Acute Traumatic Brain Injury (Metric-TBI)
192. The Effect of Outpatient Ketamine Infusion on Chronic Neuropathic Pain and PTSD
193. Sillexan in the Treatment Of Posttraumatic Stress Disorder Trial
194. Remotely Supervised tDCS+ for Complex Attention in mTBI (Cognetric)
195. A Study of Psilocybin for PTSD

- 196.EASE-SOT Pilot Study
- 197.Biopsychosocial Effectiveness of Exercise Trainings in Earthquake Survivors With Post-Traumatic Stress Disorder
- 198.A Comparative Effectiveness Study of PTSD Treatments Among Sexual and Gender Minority Populations
- 199.Emotion and Symptom-Focused Engagement (EASE) for Caregivers
- 200.Pediatric and Caregiver Traumatic Stress Intervention (PACTS)
- 201.Psychotrauma Prevention Algorithm : Randomized, Controlled Pilot Study
- 202.Trauma-Informed Goal Management Training for Individuals With Post-traumatic Stress Disorder (PTSD)
- 203.MDMA-Assisted Psychotherapy for Treatment Resistant PTSD in Adolescents
- 204.Adapting Treatment Delivery to Improve Retention in Evidence-Based PTSD Treatment
- 205.Quetiapine to Reduce Post Concussive Syndrome After Mild Traumatic Brain Injury (mTBI)
- 206.Survivor Mom Companion Comparison Study
- 207.Condensed Digital Prolonged Exposure for Individuals Treated Within Somatic Trauma Care.
- 208.Schema Therapy for Treatment-resistant Anxiety Disorders
- 209.The Relationship Between Internet-use Behavior and Mental Health in Youth
- 210.Testing a Transdiagnostic TMS Treatment Target
- 211.Feasibility Study of the Self-Care Immediate Stabilization Procedure (ISP) After a Traumatic Experience
- 212.Targeted Plasticity Therapy for PTSD
- 213.Hybrid Type 1 Randomized Pilot Trial of a Peer-led Family and Social Strengthening Group Intervention for Refugee Families
- 214.Treating Common Mental Disorders in Women in Mozambique by Addressing Intimate Partner Violence in Couples
- 215.REWRITALIZE Your Recovery - Evaluation of a Creative Writing Group Intervention
- 216.Pschoeducation, Relaxation, Problem Solving, Activation, Cognitive Coping Therapy for Adolescents and Youth in HIV Care
- 217.Financial Incentives for Veteran Therapy Completion
- 218.Feasibility and the Effects of Mindfulness-Based Stress Reduction (MBSR) on College Students
- 219.Ketamine Treatment for PTSD and MDD in TBI
- 220.CIH Stepped Care for Co-occurring Chronic Pain and PTSD
- 221.Women Focused Encounters for Resilience Independence Strength and Eudaimonia
- 222.EMDR Versus Imagery Rescripting for Trauma-Related Intrusions
- 223.An Evaluation of the Safety and Efficacy of Methylone for the Treatment of PTSD
- 224.Trauma BPE Prolonged Exposure Therapy for Injured Individuals Admitted to a Level I Trauma Center
- 225.Optimizing and Advancing SBIRT in Schools
- 226.Group CA-CBT Intervention to Reduce Psychological Distress of Earthquake Survivors
- 227.Efficacy of Internet-delivered Trauma-focused CBT for Young People With PTSD
- 228.Effect of Ketamine and Etomidate During RSI on Long Term Outcomes
- 229.Validating a Brief Screening Tool With Biomarkers for Prediction of Chronic Post Traumatic Neck Pain
- 230.Type I Hybrid Effectiveness-Implementation Trial of Primary Care Brief Mindfulness Training for Veterans
- 231.Evaluation of Psilocybin-Assisted Psychotherapy in Treating Severe Depression in Patients With PTSD
- 232.Ultrasonic Neuromodulation for Treatment of PTSD
- 233.The Feasibility of Cognitive Process Therapy in Earthquake-affected Population With Mental Health Problems in Türkiye
- 234.CRISOL Mente: A Multilevel Community Intervention to Reduce Mental Health Disparities Among Latinos
- 235.tAN for PTSD and OUD in Buprenorphine Therapy
- 236.MDMA-assisted Massed Prolonged Exposure for PTSD
- 237.Pilot Study of Neurofeedback for Photosensitivity in Mild Traumatic Brain Injury
- 238.Gerofit and Cognition
- 239.The Effectiveness of Pharmacopuncture on Psychological Stress
- 240.Positive Processes and Transition to Health (PATH)
- 241.Feasibility and Efficacy of Individual SH+ Intervention
- 242.Enhancing PTSD Treatment Outcomes by Improving Patient-Provider Communication
- 243.Father-Focused Intervention for Reducing Family Violence and Symptoms in Children
- 244.RIVER At Home Ketamine Protocols
- 245.Ultrasound-Guided Percutaneous Cryoneurolysis to Treat Pain Following Thoracic Trauma
- 246.Long-Term Opioid Therapy in Chronic Non-Cancer Pain: Risks and Benefits
- 247.HMP for Addictions Study
- 248.Intensive Multi-Couple Therapy for PTSD Versus Relationship Education in Military Couples
- 249.MDMA-Assisted CBCT for PTSD vs CBCT RCT
- 250.Feasibility and Preliminary Effects of a Spiritual Care Strategy on Psychological Disorders in Critically Ill Patients
- 251.Moderators and Mediators (M & M Trial) of Psychosocial Treatments of Chronic Pain
- 252.CBITS - Treat Trauma in Child Welfare
- 253.Self-Management Interventions After an ICD Shock
- 254.Promoting Positive Emotional Functioning in Police and Military Populations
- 255.Cognitive-Behavioral Therapy for Children With Nightmares
- 256.Peer-led Trauma Therapy for Re-entry
- 257.Supporting Trans Affirmation, Relationships, and Sex, Phase 3
- 258.The Effect of Aquatic Physiotherapy on Veterans Suffering From PTSD - a 40-week Pilotproject
- 259.Sympathetic Activity in Post-injury Outcomes: Impact on Sleep and cardiovascular Health Investigation
- 260.Diagnostic Accuracy of the Stepped Screening Protocol and Its Screening Tools in the Perinatal Period.
- 261.An Efficient Treatment for Posttraumatic Injury for Firefighters
- 262.Consequences of Obstetric Anal Sphincter Injuries on Maternal Psychology and Relationship Experience
- 263.Psychiatric Orders in Psychoanalytic Treatment of ASD
- 264.Open Trial of Trauma-focused Psychodynamic Psychotherapy for People Living With HIV and PTSD
- 265.First-In-Human (FIH), Single Ascending Dose (SAD) Study of FluoroEthylNorMemantine (FENM)
- 266.Early Digital, Analyte and Neurologic Biomarkers of Acute and Chronic Brain Injury and Recovery in CQT Instructors

267. Complex-Posttraumatic Stress Disorder - Cultural Adaptation of a Therapeutic Manual and Development of a Culture-specific Diagnostic Module for Refugee Populations in Switzerland (Pilot Trial)
268. Alpha-Amino-3-Hydroxy-5-Methyl-4- Isoxazole Propionic Acid Receptor Components of the Anti-Depressant Ketamine Response
269. Reconsolidation Blockade of Intrusive Trauma- and Cocaine-related Memories
270. Multi-site, Longitudinal Trial Evaluating the Efficacy, Mechanisms, and Moderators of Service Dogs for Military Veterans With PTSD
271. Feasibility and Acceptability of a Novel Cognitive Behavioral Skills Mobile App for Pregnant and Postpartum Individuals
272. Impact of Community-Based Biofeedback Program on Drug Use and Mental Health Among People Experiencing Homelessness
273. Open-Label Dose-Ranging Study of Oral SM-001 in Healthy Adults
274. Effect of Baclofen to Prevent Post-Traumatic Stress Disorder
275. Intervention for Virologic Suppression in Youth
276. Trauma-Focused Intervention With Women Experiencing Homelessness
277. Concussion Treatment in Older Adults
278. A Trauma-Informed Intervention for Positive Youth Development and Teacher Wellness in Rural Montana Year 2
279. Impact of Mental Health and Cognitive Disorders on Quality of Life in Severe Covid-19 Survivors
280. MDMA-assisted Cognitive Processing Therapy Versus Cognitive Processing Therapy for Veterans With Severe Posttraumatic Stress Disorder
281. Problem-Solving Training for Concussion
282. Effectiveness of Digital Cognitive Behavioral Therapy for Insomnia in Frontline Health Care Workers (The HCW-CBTi Study)
283. RESILIENT : A Self-Managed Online Platform for Victims of Sexual Assault
284. Testing the Effectiveness of a Therapist-Assisted Self-Management Program for Veterans Who Finished PTSD Therapy
285. Non-Inferiority Trial of TrIGR for PTSD
286. The Impact of AMPA Receptor Blockade on Ketamine's Anti-Suicidal Effects
287. Efficacy of Virtual Warrior Renew Therapy for Veterans Who Experienced Military Sexual Trauma
288. The Role of Social Determinants in Cardiovascular Health and Vascular Function
289. Investigating a Novel Sensory-based Program for Veterans With PTSD
290. The COMA Family Program: A Skills-Based Resiliency Program for Caregivers of Patients With Severe Acute Brain Injuries
291. Blended Treatment for PTSD: A New Format of Computer-Assisted Trauma-Focused Cognitive Behavioral Therapy
292. A Study to Assess the Use of Methylone in the Treatment of PTSD
293. Stepping Together for Children After Trauma, Norway
294. Enhancing Week-long Psychological Treatment for PTSD With Ketamine
295. Alexithymia Intervention for Suicide
296. Feasibility and ML Training Investigation of the Senseye DT for Diagnosis of Adults with PTSD
297. MDMA-assisted Prolonged Exposure Therapy for Comorbid Alcohol Use Disorder and Post-traumatic Stress Disorder
298. Preventing the Development of Chronic Pain: Treating PTSD at Acute Pain Onset
299. Prevalence of Post-traumatic Stress Disorder and Trauma Symptoms in a General Population Sample
300. 4FM Acceptance Training as the New Form of cPTSD-focused Treatment Based on Existential Analysis
301. Cognitive Processing Therapy in Syrian Women Exposed to IPV
302. Prostaglandins Versus Trans-cervical Balloon for Induction of Labor in Fetal Growth Restriction (PROBIN)
303. Novel Intervention for Chronic Complex TBI in OEF/OIF/OND Veterans
304. The Effects of Stress & Irregular Shift Hours on First Responders
305. Study of Ondansetron in the Prevention of Sleep Syncope: The Ninth Prevention of Syncope Trial (POST9)
306. Interest of a Short Early Psychological Care in Women With Miscarriage
307. Perinatal Mental Health for Refugee Women
308. App-based Psychosocial Intervention to Enhance Quality of Life in Arabic-speaking Refugees Residing in Switzerland
309. A Precision Medicine Approach to Target Engagement for Emotion Regulation
310. Pranayama for Posttraumatic Stress Disorder
311. Reexamining Her Cardiovascular Risk - Ottawa Women's Longitudinal Cohort Study
312. Virtual Reality Intervention for Patients Undergoing BMT
313. Reducing Psychological Barriers to PrEP Persistence Among Pregnant and Postpartum Women in Cape Town, South Africa
314. Building Emotional Self-Awareness Teletherapy (BEST)
315. Children to Adults Mental and Psychosomatic Health Study (CAMPS)
316. Brief Internet-delivered CBT After ACS
317. Identification of the Clinical Specificities of Complex Posttraumatic Stress Disorder
318. Eye Movement Desensitisation and Reprocessing (EMDR) to Improve Mental Health Following Intensive Care Admission
319. A Clinical Trial of Interventions to Support Family Surrogates of Critically Ill Patients
320. Examining the Effectiveness of EAL
321. Project QueST 2023: Queer Survivors of Trauma
322. Ketamine Safety and Tolerability in Psychiatric Inpatient Care (KetGD)
323. Mindfulness in Post Acute Sequelae of SARS-CoV-2 Infection (PASC) Dysautonomia
324. Written Exposure Therapy for PTSD in a Virtual, Group-based Format
325. Efficacy of a Multi-level School Intervention for LGBTQ Youth
326. Evaluating Supplementing Residential Substance Use Treatment With Written Exposure Therapy for Veterans With Post Traumatic Stress Disorder (PTSD) and Substance Use Disorders (SUD)
327. An Augmented Training Program for Preventing Post-Traumatic Stress Injuries Among Diverse Public Safety Personnel
328. Risk and Resiliency Factors in the RCMP: A Prospective Investigation
329. Autonomic Modulation Training for Police Exposed to Post-Traumatic Stress Injuries
330. Long-term Quality of Life and Prognostic Factors in Severe COVID-19 Patients and Their Relatives
331. Acceptability and Feasibility of Cognitive Behavioral Therapy for Treatment-Seeking (CBT-TS) With Deaf Individuals
332. Remote Mindfulness Training Following Early Life Adversity
333. TF-CBT for Long-term PTSD, Major Depressive Disorder and Anxiety Disorders in Victims of Terrorism
334. Interned-delivered Intervention Based on Acceptance Principles

335. Affirmative Psychotherapy for Sexual Minority Women's Mental and Behavioral Health
336. Testing a Scalable Model of Care to Improve Patients Access to Mental Health Services After Traumatic Injury
337. Exercise Reset for Concussion in a Military Environment
338. The Efficacy and Safety of Sandbag Self Walking-MSAT on Acute Low Back Pain
339. Evaluation of Effectiveness and Safety of Korean Herbal Medicine for Post-accident Syndromes After Acute Phase
340. Peculiarities of Pain in Patients With Gunshot Wounds Depending on the Localization of the Wound at the Stages of Treatment
341. Early Psychological Intervention After Rape
342. Clinical Study of Biomarkers of Stress Resilience: Role of ELK1 and GPR56
343. Effectiveness of Therapeutic Tactics of Analgesia in Patients With Gunshot and Mine-explosive Wounds at the Stages of Treatment
344. The Influence of Therapeutic Tactics of Analgesia on the Long-term Results of Pain Treatment in Patients With Gunshot and Mine-explosive Wounds
345. The Influence of the Results of Surgical Treatment in Patients With Gunshot and Mine-explosive Wounds on the Formation of Chronic Pain
346. The Influence of the Volume of Injuries and Surgical Operations on the Results of Pain Treatment in Patients With Gunshot and Mine-explosive Wounds at the Stages of Treatment
347. The Concept of Pain Treatment in Patients With Gunshot and Mine-explosive Wounds and to Develop an Algorithm for Analgesia at the Stages of Treatment
348. Peculiarities of Pain in Patients With Mine-explosive Wounds Depending on the Localization of the Wound at the Stages of Treatment
349. Peer Intervention to Improve Access Among Rural Women Veterans With Psychological Distress and Unmet Social Needs
350. Effects of Stellate Ganglion Block and Superior Cervical Ganglion Block on Sleep and Recovery
351. Improving Family Members' Experience in the ICU
352. Testing Adaptive Interventions to Improve Posttraumatic Stress Disorder Treatment Outcomes in Federally Qualified Health Centers
353. Multi-session fMRI-Neurofeedback in PTSD
354. Ultrasound-Guided Percutaneous Cryoneurolysis to Treat Postoperative Pain After Mastectomy
355. Planned Mode of Delivery After Caesarean: a Comparative Prospective National Population-based Cohort Study
356. Evaluation of a Male-specific Psychotherapeutic Program for Major Depressive Disorders
357. PTSD Treatment for Incarcerated Men and Women: WPP
358. Evaluating Implementation and Impact of PeerOnCall, a Mobile Health Approach to Peer Support for Canadian Public Safety Personnel
359. rTMS for Military TBI-related Depression
360. PTSD Clinical Team Research Clinic (PCT Research Clinic)
361. Psychological Impact of Medical Evacuations on Families of Patients Admitted to Intensive Care Unit for Severe COVID-19
362. EMDR Therapy in Young Children, a Double-blinded Randomized Controlled Trial
363. Study To Evaluate The Efficacy And Safety Of Balovaptan In Adults With Post-Traumatic Stress Disorder (PTSD)
364. STAIR for Trauma and Emotion Dysregulation
365. Phase II Trial of Nu-V3 Non-Invasive Nerve Stimulation Device for Chronic Pain, Anxiety, Depression, Sleeplessness
366. Effects of Stellate Ganglion Block in Post-traumatic Stress Disorder
367. Addressing Intimate Partner Violence, Mental Health, and HIV in Antenatal Care
368. Written Exposure Therapy to Improve Lives After Stress Exposure
369. Post-stroke Psychosocial Recovery
370. Preventing Parental Opioid and/or Methamphetamine Addiction Within DHS-Involved Families: PRE-FAIR
371. Using Mobile Technology to Address the Trauma Mental Health Treatment Gap
372. CBT Texts for PTSD & Hazardous Drinking (Project Better)
373. COVID-19 and Mental Health in Eure
374. Treating Nightmares in Posttraumatic Stress Disorder With Clonidine and Doxazosin
375. The Pitt Center for Emergency Responder Wellness
376. Efficacy of a Brief Intervention to Improve Sexual and Gender Minorities' Mental Health: Randomized Controlled Trial.
377. Trajectories of Resilience and Bariatric Surgery Outcomes
378. Nu-V3 Non-Invasive Nerve Stimulation Device Trial for Chronic Pain, Anxiety, Depression, Sleeplessness
379. ACT for Methamphetamine Use Disorder in Women and Gender Non-Conforming Individuals
380. Perioperative Longitudinal Study of Complications and Long-term Outcomes
381. Neuropsychological Sequelae and Long COVID-19 Fatigue
382. Cognitive Processing Therapy (CPT) Memory Support (MS) Study
383. Ketamine and Epigenetic Aging
384. Family Support Intervention in Intensive Care Units
385. Sustaining Remission From PTSD Using Tuned Vibroacoustic Stimulation (TVS) Following MDMA-Assisted Psychotherapy
386. Couple's Retreats for Posttraumatic Stress Disorder
387. Safety and Efficacy of Cannabidiol (CBD) for Symptoms of PTSD in Adults
388. Clinical Phenotypes in Persons With Hip Osteoarthritis and Prognostic Factors for Outcome After Total Hip Arthroplasty
389. A Clinical Trial of PRAX-114 in Participants With Post-Traumatic Stress Disorder
390. Transcranial Direct Current Stimulation Treatment for Warriors Experiencing Chronic Pain
391. "OnCall": Implementation Study of M-Health for Canadian Public Safety Personnel
392. An Open Label Pilot Study of IV Brexanolone for the Treatment of Post-Traumatic Stress Disorder
393. Transdiagnostic Versus Diagnosis-specific Cognitive-behavioral Therapy
394. Investigating the Therapeutic Effects of Psilocybin in Treatment-Resistant Post-Traumatic Stress Disorder
395. ERP to Improve Functioning in Veterans With OCD
396. TMS vs Conventional Therapy for the Treatment of Functional Neurological Non Epileptic Seizure Disorder
397. Impact of Post-ARDS Covid-19 Sedation on Persistent Neuroinflammation
398. Focused Ultrasound Amygdala Neuromodulation

399. Bio-Experiential Spaces for Mental Health in Healthworkers
400. Efficacy of a Transdiagnostic Guided Internet-Delivered Intervention for Emotional, Trauma and Stress-Related Disorders.
401. Using the Multiphase Optimization Strategy to Adapt Cognitive Processing Therapy
402. Exercise in Adults with Post-Acute Sequelae of SARS-CoV-2 (COVID-19) Infection Study
403. Biological Markers for Post-Traumatic Stress Disorder
404. Trauma Intervention to Optimize PrEP Among Women Who Inject Drugs
405. Psychological Trauma and Resilience After Critical Illness
406. A Trial to Assess the Effects of Prazosin or Propranolol on Blood Pressure in the Presence of Brexpiprazole/Sertraline
407. A Telemedicine Brief Mindfulness Intervention in Post-COVID-19
408. Long-term Impact in Intensive Care Survivors of Coronavirus Disease (COVID-19)
409. Eye Movement Desensitization and Reprocessing (EMDR) for Police Personnel
410. Frontline Clinician Psilocybin Study
411. Study of Atomoxetine in the Prevention of Vasovagal Syncope
412. The Attachment, Regulation and Competency (ARC) Framework
413. Exploring the Role of Online Discussion Forums in Internet-Delivered Therapy for Canadian Public Safety Personnel
414. Is Invasive ICU-treatment Associated With Mental Illness?
415. Enhancing Prolonged Exposure With Cannabidiol to Treat Posttraumatic Stress Disorder
416. The Canadian COVID-19 Prospective Cohort Study
417. Development of a Health Promotion Nursing Intervention for Post-traumatic Stress Women Based on Swanson's Theory of Caring
418. ALTO-100 in MDD and/or PTSD
419. Assessment of the Effects of Early Proprioceptive Stimulations in Patients With Severe Traumatic Brain Injury
420. Symptom-Targeted Approach to Rehabilitation for Concussion
421. Evaluation of Trauma Center-Based Intervention for Adolescent Traumatic Injury Survivors
422. Psychological Support for Intensive Care Nurses During the COVID-19 Pandemic: The PROACTIVE Feasibility Trial
423. Online Transdiagnostic Intervention for Emotional Disorders and Stress-related Disorders
424. COVID-19 Respiratory Outcomes Registry
425. A Phase 2 Open-Label Treatment Development Study of MDMA-Assisted Cognitive Processing Therapy (CPT) for Posttraumatic Stress Disorder (PTSD)
426. The Efficacy of a Physical Activity Counselling Intervention on Mental Health in Firefighters
427. Gaze-Contingent Music Reward Treatment for PTSD
428. A Couples' Intervention Protocol for PTSD
429. Improving Mental Health Following Early PREGnancy Loss Using a Brief Cognitive Task
430. Prevention of Mental Health Problems Among Persons Without Personal Housing in the Context of the COVID-19 Epidemic
431. Cognitive Processing Therapy for Syrian Patients With PTSD
432. Feasibility Study of a Group Intervention for Youth Wellbeing
433. Consulting After Combat: Interviewing Veterans to Develop a Therapy to Restore Functioning and Reintegration After Moral Injury Events
434. Long-term Neurocognitive and Psychiatric Consequences in Severe COVID-19 Survivors.
435. Telemedicine Optimized Burn Intervention
436. Feasibility Study for Abused Chinese Immigrant Women
437. Evaluation of an Adapted ACT Group for Stroke & Brain Injury Survivors
438. A Brief GAMEplay Intervention for NHS ICU Staff Affected by COVID-19 Trauma (GAINS Study)
439. A Multimodal Parent-focused Intervention for Vulnerable Populations in the Bronx
440. Effectiveness of a Nursing Intervention for Nurses Have Experienced Trauma: a Study Based on Swanson's Caring Theory
441. Treatment of Pediatric Post-traumatic Stress Disorder With Memory Reactivation Under the Influence of Propranolol
442. Online Mental Health Program for Female College Students
443. Toolkit for Optimal Recovery After Orthopedic Injury
444. A Comparison of Prolonged Exposure Therapy, Pharmacotherapy, and Their Combination for PTSD
445. Evaluation of the PE Coach Mobile Application Among Veterans With PTSD
446. RESTORE in Patients Who Had COVID-19 and Close Others
447. A Phase 2b Study of BNC210 Tablet Formulation in Adults With Post-Traumatic Stress Disorder (PTSD)
448. A Mobile Health Solution for Homework During CBT
449. Efficacy of Traumatic Memory Modification Using Memory Reconsolidation and Propranolol Among Adolescents With PTSD
450. Integrated Supportive and Palliative Care for Older Adults in the ICU
451. Development of Mental Health Outcomes Following the 2020 Petrinja Earthquake
452. Theta Burst Stimulation for Headaches After Traumatic Brain Injury
453. Repurposing Low-Dose Clonidine for PTSD in Veterans
454. Further Development and Initial Testing of RESTORE in Frontline Workers
455. A Trial of Neurofeedback as an Adjunctive Treatment for Youth in Outpatient Mental Health Settings
456. Acupuncture and Mindfulness Based Stress Reduction for Wellness
457. Mental Health of Professionals Working in Pediatric Intensive Care Units During the COVID-19 Pandemic
458. Recovering Damaged Cells for Sequelae Caused by COVID-19, SARS-CoV-2
459. Psychosocial and Economic Impacts of Narrative Exposure Therapy for Violence Survivors in Eastern DRC
460. Intervention Through EMDR and CBT With Women Victim of Childhood Sexual Abuse. A Randomized Controlled Trial.
461. RESILIENT - An Online Multidimensional Treatment to Promote Resilience After a Disaster: Randomized Controlled Trial Protocol
462. Unhide® Project: A Digital Health Platform to Collect Lifestyle Data for Brain Inflammation Research
463. Study of the Difference Between Anorexia Nervosa with a History of Psychological Trauma and Classical Anorexia Nervosa on the Neurocognitive and Neurophysiological Factors
464. Hot Water Immersion Therapy for Mental Health
465. Combined Ketamine and eCBT Intervention for PTSD

466. Couple HOPES (Helping Overcome PTSD and Enhance Satisfaction)

467. RESTORE Trial: A Pilot RCT of Enhanced Skills Training in Affective and Interpersonal Regulation (ESTAIR) for Veterans With CPTSD

468. Safe Mothers, Safe Children Initiative

469. Evaluation of the Psychosocial Impact on Health Professionals Exposed During COVID 19 Coronavirus Pandemic

470. Development and Initial Testing of a Couple-Based Intervention to Optimize Suicide and Self-Injury Treatment: COMPASS (Connecting, Overcoming, and Moving Past Suicide and Self-Injury)

471. Effects of Contact Restrictions During the COVID-19 Pandemic on Newborns and Their Parents

472. Testing FIRST in Youth Outpatient Psychotherapy

473. Integrated Intervention Post-Sexual Assault

474. Physical Exercise for Treatment of Depression and Anxiety - RCT

475. Antidepressant Response in Older Adults With Comorbid PTSD and MDD

476. Cognitive Behavioural Therapy for Complicated Grief Reactions in Old Age

477. The Impact of the COVID-19 (SARS-CoV-2 Disease) on Psychopathology

478. Positive Processes and Transition to Health

479. The Effect of Neuropathic Pain in Patients With Combat-related Extremity Injury

480. Mechanistic Interventions and Neuroscience of Dissociation

481. Brief, High-dose rTMS for Depression

482. Auricular Acupuncture as an add-on Treatment for Symptoms of Anxiety

483. Compassion Meditation vs. Health Education for Veterans

484. Increasing Treatment Efficacy Using SMART Methods for Personalizing Care

485. ProTEin Provision in Critical Illness

486. Competitive Revision for CLARO: Collaboration Leading to Addiction Treatment and Recovery From Other Stresses

487. General Psychological Distress, PTSD, and Co-Morbidities in Healthcare Workers Consequent to COVID-19

488. PEER Interactive to Inform the Prescription of Medications

489. Finding Wellness in the Pandemic

490. Mindfulness-based Intervention to Address PTSD in Trauma-exposed, Homeless Women

491. Sequenced Treatment Effectiveness for Posttraumatic Stress

492. Transdiagnostic Treatment Personalization

493. Stellate Ganglion Blockade to Reduce Cardiac Anxiety and PTSD Symptoms in Cardiac Arrest Survivors

494. Assessment of Sleep Disturbance as a Biomarker of Disease Activity in a Military Population With Posttraumatic Stress Disorder

495. Psychotherapy for PTSD Among Veterans Also Receiving Drug or Alcohol Treatment

496. Early Intervention Following Sexual Assault

497. Health care workers exposed to COVID-19

498. Treatment of Post-concussion Syndrome With TMS: Using fNIRS as a Biomarker of Response

499. Collaboration Leading to Addiction Treatment and Recovery From Other Stresses

500. COVID-Impact "Psychological IMPACT of Covid-19 on AP-HP Staff"

501. MIND/COVID-19: Mental Health Impact and Needs Associated With COVID-19: a Comprehensive National Evaluation in Spain

502. Assessing Inflammatory and Behavioral Pathways Linking PTSD to Increased Asthma Morbidity in WTC Workers

503. Predictive Elements of Trauma and Its After-effects: Importance of the Quality of Neurobiological Response to Stress

504. The Effects of Perioperative Painting Art Therapy (LOMA® Solution Centered Art Therapy) in Surgical Patients

505. MISSION-CJ for Justice-Involved Homeless Veterans

506. Impact of Perceived Control on Operational Strain: a Study of COVID-19 Pandemic Caregivers and Military Personnel on Operational Missions

507. Safety Aid Reduction Treatment for PTSD Among Veterans

508. Psychological Impact of COVID-19 Outbreak on Caregivers

509. Cognitive Behavioral Therapy to Improve Work and Wellness in Veterans With Mental Illness

510. A Randomized Controlled Trial of Coaching Into Care With VA-CRAFT to Promote Veteran Engagement in PTSD Care

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512. Stress Induced by the COVID-19 Pandemic and Nonconfinement: Study of Anxiety Factors and Potential Effects on Immunity.

513. Stress Related Disorders in Family Members of COVID-19 Patients Admitted to the ICU

514. Prevalence of the Traumatic Events in Women With Fibromyalgia

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516. Psychological Impact of Admission With Covid-19 During the SARS-CoV-2 Pandemic: Naturalistic Cohort Study With a Digital Intervention

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518. Positive Suggestions Via MP3 Messages

519. Psychotherapy (Accelerated Resolution Therapy) for Cancer Related Trauma and Distress

520. CO-PARENT: COVID-19 - Parent Action in Response to Emotions and Needs for Treatment

521. The Effects of Light Therapy to Treat Cancer-related Side Effects

522. A Case Formulation Approach to Cognitive Processing Therapy

523. Consequences of the QUARANTINE Relating to the Covid-19 Epidemic on the Mental Health of the Patients Followed in Psychiatry

524. Psychological Impact of COVID-19 Quarantine and Worsening of Cardiovascular Risk in the French General Population

525. Primary Care Intervention for PTSD in Ethiopia

526. Nitrous Oxide for PTSD

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529. The Feasibility and Examination of the Effects of Floatation-based REST on a Community Sample With PTSD

530. Patient Recovery From Heart Surgery During the Covid-19 Pandemic

531. Global Mental Health of Urban Mothers

532. Psychological Burden in ICU Survivors of Severe COVID-19 Pneumonia, Their Relatives and Their Healthcare Providers

533. Killing Pain - Use of Analgesic, Sedative and Anxiolytic Medication and the Development of Psychiatric Illness in Adolescents

534. Intensive Care Unit (ICU) Diary Project

535. Trauma Informed Treatment Algorithms for Novel Outcomes

536. Regulation of Amygdala Via Neurofeedback in PTSD After Childhood Sexual Abuse

537. Comparing Individual Therapies for Veterans With Depression, PTSD, and Panic Disorder

538. MIO-CPP to Improve the Well-being, Permanency, and Safety Outcomes for Young Children at Risk of or in Out-of-home Placement in Philadelphia and Bucks Counties, and Affected by Maternal Substance Use

539. Building Resilience In Caregivers of Trauma Survivors

540. Evaluation of a Tai Chi Resilience Training Program on Objective and Subjective Measures of Post Traumatic Stress Disorder Severity

541. Brief Peer Supported webSTAIR Compared to Enhanced Wait List

542. Mindfulness-Based Relapse Prevention for Opioid and Alcohol Use Disorders

543. Optimizing Psychosocial Treatment of Interstitial Cystitis/Bladder Pain Syndrome

544. Helping Families Pilot of a Family Resilience Program for Families Experiencing Homelessness

545. Group Therapy for Fibromyalgia: the Effectiveness of Mindfulness -Based VS Cognitive-behavioral Therapy

546. MDMA-Assisted Psychotherapy in Veterans With Combat-Related, Refractory PTSD

547. Interactive Decision Aid for Men Diagnosed With Prostate Cancer

548. Investigating the Use of Goal Management Therapy in Improving Cognitive Functioning in Public Safety Personnel With PTSD

549. The Effect of Intravenous Ketamine on Non Suicidal Self Injuries.

550. Management of Chronic Pain and PTSD in Gulf War Veterans With tDCS+Prolonged Exposure

551. Improved Self-management for Patients on Ventricular Assist Device (VAD)

552. Photobiomodulation to Improve Cognition in TBI, With fMRI

553. Problems that participant may be experiencing in everyday life.

554. Couple HOPES (Helping Overcome PTSD and Enhance Satisfaction)

555. Cognitive Processing Therapy (CPT) for Posttraumatic Stress Disorder and Borderline Personality Disorder (PTSD-BPD)

556. Optimizing Duration of Therapist-guided Internet-delivered Cognitive Behaviour Therapy

557. Chart Review of Patients Undergoing Ketamine Infusions

558. Transcranial Magnetic Stimulation to Improve Functioning in Veterans With PTSD

559. WakËyÅjÅ<yeÅ%a (Little Holy One)

560. Exercise Training to Improve PTSD Symptoms and Health in Older Veterans

561. Simple Cognitive Task After Trauma EKUT RCT

562. Predicting SSRI Efficacy in Veterans With PTSD

563. RCT Investigating EMDR for Suicidal Ideation

564. Emotional and Social Impact on the Relatives of Hospitalized Children for Severe Trauma

565. Adapting Personality-Targeted Interventions for Reducing Substance Misuse and Related Outcomes in Youth in Youth Protection Services

566. One-day Life Skills Workshop for Veterans With TBI, Pain, and Psychopathology: Evaluating Efficacy and Mechanism of Change

567. Decision Aid Feasibility Trial for Families of Critically Ill Stroke Patients

568. Better Sleep in Psychiatric Care - Depression, Anxiety and PTSD

569. Ketamine for Acute Pain Management After Trauma

570. Group-based Mindfulness for Chronic Pain in the Primary Care Setting

571. Examining Changes in Microbiota Over the Course of PTSD Treatment

572. Prolonged Exposure Therapy for PTSD and Opioid Use Disorder

573. It's WeWomen Plus Intervention for Health, Safety and Empowerment

574. Augmentation of EMDR With tDCS in the Treatment of Fibromyalgia

575. Therapeutic Termination of Pregnancy and Psychiatric Implications

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578. RRT for PTSD Symptoms in Survivors of Sexual Violence

579. POST Facilitation for Community Dwelling Older Adults (POST-RCT)

580. Targeted Plasticity Therapy for Posttraumatic Stress Disorder

581. Physical Activity Intervention for Trauma Afflicted Refugees

582. Safety and Efficacy of NYX-783 in Subjects With Post-Traumatic Stress Disorder

583. The Experiences of Children and Caregivers Given PICU Storybooks

584. Feasibility of a Multi-Level School Intervention for LGBTQ Youth

585. Psychedelics and Wellness Study (PAWS)

586. Online and Mobile Mindfulness Intervention to Reduce Distress

587. Repeated Ketamine Infusions for Comorbid PTSD and MDD in Veterans

588. Exercising With Anxiety: Can Cognitive Behavioural Techniques Help People With Anxiety-related Disorders Exercise More?

589. Efficacy of Eye Movement Desensitization & Reprocessing Versus Cognitive Behavioral Therapy in Post-Traumatic Stress and Depressive Disorders

590. Remotely Supervised tDCS for Persistent Post-traumatic Headache

591. Neural and Behavioral Sequelae of Blast-Related Traumatic Brain Injury

592. Leveraging Implementation Science to Increase Access to Trauma Treatment for Incarcerated Drug Users

593. Creating Resilient Workplaces Study

594. Administration of Prazosin to Prevent PTSD in Adult Women After Sexual Assault

595. The Effect of Solution-focused Group Therapy for Pain Management in Patients With Spinal Cord Injury

596. Comparing Group Therapies for Veterans With Depression and PTSD

597. Low Intensity Family Support for Refugees in an LMIC

598.Understanding Trauma Nightmares Using In-Home Measurement
599.Neuroendocrine Risk for PTSD in Women
600.RCT Comparing EMDR and CBT for Treatment of Resistant Depression
601.Eye Movement Desensitization and Reprocessing vs Supportive Expressive Dynamic Psychotherapy for Childbirth Trauma
602.AWARE Intervention: Feasibility and Efficacy Trial at Three University Health Services Centers
603.Therapeutic Moderators of Therapist-assisted Internet-delivered Cognitive Behavior Therapy
604.Ketamine Infusion Therapy for the Treatment of PTSD in Paramedics
605.Outcomes Mandate National Integration With Cannabis as Medicine
606.Effectiveness of Combining Behavioral and Pharmacologic Therapy for Complex Insomnia in Veterans With PTSD
607.Online PTSD Treatment for Young People and Carers - Case Series
608.Multi-site Confirmatory Efficacy Treatment Trial of Combat-related PTSD
609.The Weaving Healthy Families Program
610.Primary-Care Based Mindfulness Intervention
611.Transdiagnostic Treatment for Anxiety Disorders in Two Cities of MÃ©xico
612.Implementing Psychosocial Interventions to Syrian Refugee Women Who Are Exposed to Psychological Trauma
613.Preventing Vulnerable Child Syndrome in the NICU With Cognitive Behavioral Therapy (PreVNT Trial)
614.Biopsychosocial Effect of Service Dog Training on Post-traumatic Stress (PTS) and Post Concussive Symptoms
615.Self Defining Memories in Women Victims of Intimate Partner Violence.
616.Floatation-REST (Reduced Environmental Stimulation Therapy) for Anxiety and Depression
617.Evaluation of an Intensive Inpatient Psychotherapy Treatment for Severely and Early Traumatized Children (MOSES)
618.G.R.I.T. - Goal-directed Resilience Intervention Training
619.Evaluating Chronic Pain Self-Management Support with an Opioid De-prescribing Intervention
620.Mindfulness-Based Relapse Prevention for Methadone Maintenance
621.MAPLES Pilot Study for Low Mood in ABI
622.Train Your Brain: Neurofeedback Intervention for PTSD
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629.Scaling-up Psychological Interventions With Syrian Refugees in Switzerland
630.A Pilot Evaluation of the Insomnia Coach Mobile App
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633.Sexual Dysfunction in Gynecologic Oncology Patients
634.Neurosteroids for PTSD in Veterans
635.IPT-A for Adolescents With PTSD Symptoms
636.Peer Online Motivational Interviewing for Sexual and Gender Minority Male Survivors
637.Clinical Characteristics and Pathophysiology of Post-Traumatic Headache
638.Stress, Sex, and the Generalization of Fear
639.Dialectical Behavioral Therapy in High Risk Orthopaedic Trauma Patients
640.Body Therapy for War Veterans With Post Traumatic Stress Disorder (PTSD)
641.Somatic Symptom and Related Disorders: A Treatment Group and Mixed-Methods Investigation
642.Terrorist Attack - Continuity of Care
643.Combined Treatment of Prolonged Exposure and Pramipexole for Posttraumatic Stress Disorder and Depression
644.A Novel Posttraumatic Stress Disorder Treatment for Veterans With Moral Injury
645.Enhanced Problem-Solving Training
646.Music-instruction Intervention for Treatment of Post-traumatic Stress Disorder
647.Post-Traumatic Stress Disorder Focused Psychodynamic Psychotherapy
648.The Effects of MDMA on Prefrontal and Amygdala Activation in PTSD.
649.rTMS for Emotional Difficulties in Veterans
650.Yoga/Pranayama for Posttraumatic Stress Disorder
651.Health and Quality of Life Among Resettled Syrians in Norway
652.Childhood Maltreatment, Traumatic Experiences and Stress-associated Parameters in Schizophrenia Spectrum Disorders
653.Psychological Impact in a Relative, Following the Announcement of the Death of a Loved One After Cardiac Arrest and the Early Request for Organ Donation
654.Implementing PTSD Treatment in FQHCs for Michigan Medicaid Enrollees
655.Trauma Informed Prevention for Substance Use and Risky Sex
656.Chaplain Family Project Trial
657.Network Dysregulation Among Individuals With Comorbid Tinnitus and PTSD
658.Assessment and Treatment of Cognitive Functioning Deficits in Veterans With PTSD
659.Building Resiliency in Patients Admitted to the Neuroscience Intensive Care Unit and Their Caregivers
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661.An Online CBT, Mindfulness Meditation & Yoga (CBT-MY) Intervention for Posttraumatic Stress Disorder
662.National Adaptive Trial for PTSD Related Insomnia
663.Pathophysiological Mechanism Behind Prolonged Whiplash Associated Disorders
664.EMDR in Psychiatric Inpatients With Severe Mental Disorder
665.The BSHAPE Intervention Program for Safety and Health of Survivors of Cumulative Trauma
666.Neurotechnology Following Traumatic Brain Injury
667.Exercise Maintenance in Chronic Pain and PTSD
668.Suvorexant: A Dual Orexin Receptor Antagonist for Treating Sleep Disturbance in Posttraumatic Stress
669.Outcomes After Spinal Cord Injury (OASIS)
670.Predictive Factors of PTSD in Adults Admitted to an Emergency Service

671.Youth FORWARD Phase 1 YRI and EPP Study
672.Mission Reconnect-Veterans and Their Partners to Manage Pain and PTSD (MR)
673.Implementation of Self Help Plus in Adult Syrian Refugees in Turkey (RE-DEFINE)
674.Improving Function Through Primary Care Treatment of Posttraumatic Stress Disorder (PTSD)
675.Brain Function After Cardiac Arrest (Measured With FMRI and Cognitive Tests)
676.Self Help Plus for Asylum Seekers and Refugees in Europe
677.The Effects of MBSR on Patients With TBI and Chronic Insomnia
678.Youth FORWARD Phase 2 YRI and EPP Study
679.Sleep Impairments in Refugees Diagnosed With PTSD
680.Optimizing Treatment Response in VA Specialized Intensive/Inpatient PTSD Programs
681.SKY vs. HEP in PTSD
682.fMRI-neuronavigated rTMS Treatment for Symptoms of Depression Associated With Concussive TBI in the Military Population
683.The Use of a Novel Peer Education Program for Improving PTSD Treatment Engagement Among Veterans
684.Simple Cognitive Task After Trauma
685.Yoga and Physical Activity for Veterans
686.Trauma-focused Group Music and Imagery With Traumatized Women
687.Neurosteroids in PTSD - Biomarkers to Therapeutics
688.A Randomized Control Trial Treating Depression With Yoga and Coherent Breathing Versus Walking in Veterans
689.Peer Social Support During In Vivo Exposure for PTSD
690.Periooperative Research Into Memory: Cognitive Outcome Following Major Burns
691.SMART-DAPPER: Leveraging the Depression And Primary-care Partnership for Effectiveness-implementation Research Project
692.Evaluation of Stress Sensitivity and Hyperemotivity in Epilepsy Compared to and a Group of Healthy Volunteers
693.Connecting Women to Care: Home-based Psychotherapy for Women With MST Living in Rural Areas
694.Estradiol-mediated Neural Plasticity as Potential Mediator of Neurofeedback Treatment Change for Traumatized Women
695.Deep Brain Stimulation for Treatment Refractory PTSD
696.Women's Ischemia TRIal to Reduce Events In Non-ObstruCTive CAD
697.Shortened Prolonged Exposure Therapy for Chronic PTSD in Taiwanese Adults
698.Internet-based Self-help for Negative Life Events
699.Alpha-Amino-3-Hydroxy-5-Methyl-4- Isoxazole Propionic Acid Receptor Components of the Anti-Depressant Ketamine Response, Pilot Trial
700.Childhood Trauma in Schizophrenia: Exploration of Links Between Gene Expression, Cerebral Morphology and Symptomatology
701.Comorbid Mental Disease and Heart Disease in Men
702.Grief and Communication Family Intervention
703.PTSD After ICU Survival - Caring for Patients With Traumatic Stress Sequelae Following Intensive Medical Care
704.Mindfulness Training in U.S. Army Cohorts
705.Improving Quality of Care in Child Mental Health Service Settings
706.RCT: Fentanyl Plus Ketamine Versus Fentanyl Alone for Acute Burn Pain
707.The weWomen and ourCircle Intervention for Immigrant, Refugee and Indigenous Women
708.Guanfacine Extended Release and Mindfulness Skills Therapy
709.Care Outcomes for Chiropractic Outpatient Veterans
710.Transcranial Electrical Stimulation for mTBI
711.Building and Sustaining Interventions for Children: Task-sharing Mental Health Care in Low-resource Settings
712.PRIME: Cognitive Outcome Following Major Burns
713.A Self-Management Program for Completers of Trauma-Focused Therapy for PTSD
714.Myasthenia Gravis and Psyche
715.Online Therapy for Posttraumatic Stress Symptoms in WTC Responders and Survivors
716.The Modular Protocol for Mental Health (MPMH)
717.Treating Cancer-Related Fatigue Through Systematic Light Exposure (Light for Fatigue Study)
718.McLean and Genomind Prospective Study
719.Accelerated TMS to a Novel Brain Target in MDD and PTSD
720.Procedures for Sample Acquisition and Distribution for The Human Brain Collection Core
721.Effectiveness and Acceptability of Stellate Ganglion Block for Posttraumatic Stress Disorder Symptoms - Effectiveness
722.Examining the Effects of Reduced Environmental Stimulation on Anxiety
723.Cognitive-behavioral Therapy for Treatment of Post-traumatic Stress Disorder and Related Problems
724.CBT for Anxiety Sensitivity vs. Disorder-specific CBT: An RCT
725.Periooperative Endothelial Dysfunction in Patients Undergoing Major Acute Abdominal Surgery
726.Low Dose Naltrexone for Chronic Pain From Arthritis
727.NET for SGBV Survivors in Eastern DR Congo
728.Use of Adipose-Derived Stem/Stromal Cells in Concussion and Traumatic Brain Injuries
729.Development of a Patient Centered Mental Health Intervention for Recent Veterans
730.Yoga Online Feasibility to Reduce PTSD
731.Child Characteristics, Neuromarkers, and Intervention Components Impacting Treatment Outcome: CCT, TF-CBT, TAU
732.Home-Based, Online, Mindfulness and Cognitive Training for Soldiers and Veterans With TBI
733.Evaluation of Web-Based CBT for Women Veterans With PTSD
734.The Treatment of Depression With Yoga and Walking
735.Building Resilience After Childhood Emergencies (BRACE)
736.Equine Assisted Activities on PTSD, Quality of Life and Functioning in Veterans With PTSD: An ICF Approach (THRICF)
737.MDMA-Assisted Cognitive-Behavioral Conjoint Therapy (CBCT) in Dyads in Which 1 Member Has Chronic PTSD
738.Behavioral Activation + Cognitive Processing Therapy for PTSD and Comorbid MDD
739.Acupuncture for Mild Traumatic Brain Injuryi%SA Functional Magnetic Resonance Imaging Study

740. Image-guided, Robotically Delivered Transcranial Magnetic Stimulation Treatment for Combat-Related Post-Traumatic Stress Disorder

741. Vortioxetine for the Treatment of Major Depression and Co-morbidities After Traumatic Brain Injury (TBI)

742. Mental Health Screenings in Adolescents With Type I Diabetes

743. To Evaluate the Efficacy of EEG-guided Magnetic Resonant Therapy in War Veterans With Posttraumatic Stress Disorder

744. Pilot Study of the Safety and Efficacy of Four Different Potencies of Smoked Marijuana in 76 Veterans With PTSD

745. Rehabilitation Enhanced by Partial Arterial Inflow Restrictions

746. Study to Promote Innovation in Rural Integrated Telepsychiatry

747. Imaging SV2A in Mood Disorders

748. Examination of Glutamate and mGluR5 in Psychiatric Disorders

749. Intensive 7-day Treatment for PTSD Combining Ketamine With Exposure Therapy

750. Cognitive-Behavioral Conjoint Therapy (CBCT) Project

751. Study of Nerve Repair and Reconstruction Associated With Major Extremity Trauma

752. Implementing a Blended Care Model That Integrates Mental Healthcare and Primary Care Using Telemedicine and Care Management for Patients With Depression or Alcohol Use Disorder in Small Primary Care Clinics

753. Mobile Mindfulness to Improve Psychological Distress After Critical Illness

754. EEG Guidance of Anesthesia (ENGAGES-CANADA)

755. An RCT of a Primary Care-Based PTSD Intervention: Clinician-Supported PTSD Coach

756. Integrated Treatment for Posttraumatic Stress Disorder and Substance Abuse in Young Adults

757. Tapering Off Antidepressants

758. Take Charge of Burn Pain

759. Establishing Efficacy of a Functional-Restoration Based CAM Pain Management Program in Post-9/11 Veterans

760. A Policy Relevant US Trauma Care System Pragmatic Trial for PTSD and Comorbidity

761. CAP-Ketamine for Antidepressant Resistant PTSD

762. Vortioxetine for Posttraumatic Stress Disorder

763. Caring Touch as a Bodily Anchor for Patients After Sustaining a Motor Vehicle Accident

764. An Integrated-Delivery-of-Care Approach to Improve Patient Outcomes, Safety, Well-Being After Orthopaedic Trauma

765. Ketamine Infusions for PTSD and Treatment-Resistant Depression

766. Neurofeedback Therapeutic Intervention For Post-Traumatic Stress Disorder Patients Compared To Treatment As Usual

767. Transdiagnostic Treatment for Early Stage Mental Health Problems in Youth

768. Stepped Care for Children After Trauma: Optimizing Treatment

769. Trauma Informed Guilt Reduction Therapy

770. Decreasing Youth Involvement in Violence in Burundi

771. Prevention of Intrusive Memories and Posttraumatic Stress Symptoms After Emergency Cesarean Section

772. Cognitive Training Program for Individuals With Depression and Post-Traumatic Stress Disorder

773. Initial Severity and Antidepressant Efficacy for Anxiety Disorders: an Individual Patient Data Meta-analysis

774. Transcranial Magnetic Stimulation (TMS) to Treat mTBI and PTSD

775. Cranial Electrotherapy Stimulation (CES) Therapy

776. PTSD Coach App Evaluation

777. The Canadian Depression Research and Intervention Network (CDRIN) Maritimes Registry

778. Open Label Extension Safety and Efficacy Study of TNX-102 SL Tablets in Military Related PTSD and Related Conditions

779. Innovative Delivery of Evidence Based Psychotherapy to Women With Military Sexual Trauma

780. Supported Employment in Patient Aligned Care Teams

781. To Test the Potential Efficacy of Repeated Intranasal Administration of Ketamine as a Treatment for PTSD

782. Ketamine as a Treatment for Post-Traumatic Stress Disorder (PTSD)

783. Cognitively Augmented Behavioral Activation for Veterans With Comorbid TBI/PTSD

784. The Effect of Traumatic Childbirth on the Incidence of PTSD and Other Major Postpartum Psychopathology

785. Repetitive Transcranial Magnetic Stimulation (rTMS) for the Treatment of Depression & Other Neuropsychiatric Symptoms After Traumatic Brain Injury (TBI)

786. A Randomized, Double-Blind Study of Placebo vs. Ketamine For Use During Dressing Changes in Critically Ill Burn Patients

787. A Comparative Effectiveness Trial of Optimal Patient-Centered Care

788. rTMS for PTSD Comorbid With Major Depressive Disorder

789. Trial to Evaluate Efficacy of Magnetic Resonant Therapy (MRT) in PTSD

790. Cognitive Training for Mood and Anxiety Disorders

791. Adjunctive Brief Behavioral Treatment of Insomnia (BBTI) for Sleep Intervention (SI)

792. Evaluation of a Interdisciplinary Pain Program Among Patients With Chronic Pain and Frequent Emergency Department Visits

793. A Study on the Efficacy of Virtual Reality Exposure Therapy (VRET) for Survivors of Childhood Sexual Abuse and War Related Trauma

794. Mind-Body Intervention for Veterans With PTSD

795. Preventing Post-Operative Delirium in Patients Undergoing a Pneumonectomy, Esophagectomy or Thoracotomy

796. CENTER-TBI: Collaborative European NeuroTrauma Effectiveness Research in TBI

797. Exposure, Relaxation, & Rescripting Therapy-Child

798. Whole Body Hyperthermia Registry Study

799. Study Testing if Fast or Slow rTMS is Better for the Treatment of Posttraumatic Stress Disorder (PTSD)

800. Safety Study of Riluzole to Treat Post-traumatic Stress Disorder (PTSD)

801. rTMS to Improve Cognitive Function in TBI

802. Iwankapiya-Healing: Historical Trauma Practice and Group IPT for American Indians

803. Ketamine Alcohol (in Treatment-Resistant Depression)

804. A Safety and Efficacy Study of NNZ-2566 in Patients With Mild Traumatic Brain Injury (mTBI)

805. Prevention of PTSD III: Neurocognitive Training of Emotional Regulation

806. A Simple Cognitive Task to Reduce the Build-Up of Flashbacks After a Road Traffic Accident

807. Can Service Dogs Improve Activity and Quality of Life in Veterans With PTSD?

808. Prospective Cohort Study of Accelerated Resolution Therapy (ART) for Treatment of Military Psychological Trauma
809. Increasing Engagement in Evidence-Based PTSD Therapy for Primary Care Veterans
810. Mind-Body Rehabilitative Program for Veterans With mTBI (Mild Traumatic Brain Injury)
811. Loving-Kindness Meditation for PTSD
812. Randomized, Double-blind, Controlled of MDMA-assisted Psychotherapy in 12 Subjects With PTSD
813. A Randomized Controlled Trial of Metacognitive Therapy and EMDR for Posttraumatic Stress Disorder
814. Improving Functions in MTBI Patients With Headache by rTMS
815. Transdiagnostic Psychotherapy for Veterans With Mood and Anxiety Disorders
816. Comparative Effectiveness Research in Veterans With PTSD
817. Iloperidone for Symptoms of Arousal in Post Traumatic Stress Disorder (PTSD)
818. Improving Activity and Quality of Life Following Orthopaedic Trauma: The Trauma Collaborative Care Study (TCCS)
819. Neurosteroids as Novel Therapeutic Agents for Chronic Pain in OEF/OIF Veterans
820. Ifenprodil Tartrate Treatment of Adolescents With Post-traumatic Stress Disorder: a Double-blind, Placebo-controlled Trial
821. Get Moving and Get Well - Pilot Study
822. Analyzing Female Trauma Exposed Responses to a Medication
823. rTMS in the Treatment of PTSD
824. Effects of Early Abuse on Adult Intimate Relationships
825. Study in Intensive Care Follow-up Programme in Improving Long-term Outcomes of ICU Survivors
826. Dose-Response Study of MDMA-assisted Psychotherapy in People With PTSD
827. Improving Pain Management and Long Term Outcomes Following High Energy Orthopedic Trauma (Pain Study)
828. Exposure, Relaxation, & Rescripting Therapy-Child
829. Adoption-specific Treatment Prevention Pilot Trial
830. Managing Sleep Symptoms and Modifying Mechanisms of Traumatic Stress
831. Novel Therapeutics in Posttraumatic Stress Disorder (PTSD): A Randomized Clinical Trial of Mifepristone
832. NET in Iranian Women Suffering From Post Traumatic Stress Symptoms
833. A Study of Dog Adoption in Veterans With Posttraumatic Stress Disorder (PTSD)
834. The Congestive Heart Failure Adherence Redesign Trial
835. PET Imaging of mGluR5 With Drug Challenge
836. Randomized, Double-blind, Placebo-Controlled Pilot Study of MDMA-assisted Therapy for PTSD
837. Phase I: At-Home Support for Rural Women Using Group Video Calling
838. Rivastigmine Patch in Veterans With Cognitive Impairment Following TBI
839. CBT vs RTW Intervention for Patients With Common Subclinical Mental Illness in Primary Care
840. A Pilot Study of Deep Brain Stimulation of the Amygdala for Treatment-Refractory Combat Post-Traumatic Stress Disorder
841. I-S and CGI-I) change from week 0
842. Family-Based Treatment for Parental Substance Abuse and Child Maltreatment
843. Broad-spectrum Cognitive Remediation: Effects of a Brain Plasticity-based Program in Mild Traumatic Brain Injury
844. The Need for Rehabilitation and the Connection With Attachment Styles Among Patients With Gynaecological Cancer
845. CBT Versus a Return to Work Intervention for Patients With Common Mental Illness in Primary Care
846. A Randomized, Placebo-Controlled Trial of Stellate Ganglion Block in the Treatment of Post Traumatic Stress Disorder
847. Randomized Control Trial on Trauma Focused CBT in Zambia
848. Coherence Training for Military Personnel
849. Stress Resilience Training System
850. Bringing What Works to Youth in Corrections: A Trauma Intervention
851. Pilot Study of Behavioral Activation for Prolonged Grief
852. Brain Training to Enhance Frontal Lobe Reasoning
853. Meditation Interventions for Treatment of PTSD in Veterans
854. Efficacy of Pain Neuropsychology Education in Combination With Psychologic Inoculation in Chronic Whiplash
855. PTSD (PostTraumatic Stress Disorder) Services for Veterans With SMI (Severe Mental Illness)
856. A Multisite Randomized Controlled Trial of Mindfulness Meditation Therapy for PTSD
857. Tramadol Extended-Release (ER) for Posttraumatic Stress Disorder (PTSD)
858. Computerized Tailored Intervention for Behavioral Sequelae of PTSD in Veterans
859. Mantram Repetition Meditation for Veterans With PTSD
860. Delivery of Self Training and Education for Stressful Situations-Telephone Version
861. Evaluation of Generalization Paradigm Patterns Among Different Psychiatric Disorders
862. Delivery of Self Training and Education for Stressful Situations-Primary Care Version
863. Long-term Consequences of Bereavement in Children, Adolescents and Young Adults
864. Rapamycin as a Means of Interference With Reconsolidation of Posttraumatic Stress Disorder-related Traumatic Memory
865. Cognitive REmediation After Trauma Exposure Trial = CREATE Trial
866. CONcussion Treatment After Combat Trauma (CONTACT)
867. The Influence of the Menstrual Cycle on Lithium and Sertraline Blood Levels
868. Intervention Effectiveness in Improving Psychosocial and Economic Well-being of Sexual Violence Survivors in DRC
869. Nurse-family Partnership (NFP) Curriculum Study
870. Cognitive Behavioral Therapy (CBT) for PTSD in Veterans With Co-Occurring SUDs
871. Ganaxolone in Posttraumatic Stress Disorder (PTSD)
872. Integrated Treatment of OEF/OIF Veterans With PTSD & Substance Use Disorders
873. Neuroactive Steroids and Traumatic Brain Injury (TBI) in OEF/OIF Veterans
874. Trigeminal Nerve Stimulation for Post Traumatic Stress Disorder (PTSD) and Depression
875. Dental Status of Patients With Severe Mental Illness
876. Advanced MRI In Acute Military TBI
877. Study of Quality of Life in Freeman-Sheldon Syndrome and Related Conditions
878. Structural and Functional Neuroimaging Studies of Combat Veterans
879. Sedation Influence on Delirium and Post-traumatic Stress-disorder as a Result of Hospitalization in Intensive Care

880. Long-term Outcome and Lung Capacity in Survivors of ARDS Due to Influenza A (H1N1) v2009 The RESPIFLU Study

881. Effects of Escitalopram on Autonomic Reactivity in Post Traumatic Stress Disorder

882. Improving Quality-of-life and Depressive Symptoms of Combat Veterans Via Internet-based Intervention

883. Guitars for Vets: Evaluating Psychological Outcome of a Novel Music Therapy

884. Efficacy of a Brief Nightmare Treatment for Veterans

885. Study Comparing Three Doses of MDMA Along With Therapy in Veterans With Posttraumatic Stress Disorder

886. Repetitive Transcranial Magnetic Stimulation With Or Without Traumatic Stimuli in Post Traumatic Stress Disorder (PTSD)

887. Combined Mirtazapine and SSRI Treatment of PTSD: A Placebo-Controlled Trial

888. Innovative Service Delivery for Secondary Prevention of PTSD

889. Effects of Rapid-Resisted Exercise and Bright Light Therapy on Ambulatory Adults With Traumatic Brain Injury

890. AcuSleep in Mild Traumatic Brain Injury (TBI)

891. Combination Treatment for Posttraumatic Stress Disorder (PTSD) After the World Trade Center (WTC) Attack

892. Project SERVE: Post Deployment Functioning

893. Prolonged Exposure (PE) for Post Traumatic Stress Disorder (PTSD): Telemedicine Versus In Person

894. Treating PTSD in Patients With Borderline Personality Disorder

895. FOCUS-CI: A Preventive Intervention With Children and Families of the Combat Injured

896. Prolonged Exposure for Post Traumatic Stress Disorder (PTSD) With/Without Yohimbine

897. National Guard Outreach and Linkage to Treatment

898. Evaluation of GSK561679 in Women With Post-Traumatic Stress Disorder

899. Mission Connect Mild Traumatic Brain Injury (TBI) Integrated Clinical Protocol

900. Orvepitant (GW823296) in Adult Post Traumatic Stress Disorder

901. Adjunctive Pregnenolone in Post-Traumatic Stress Disorder (PTSD) and Depression in Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) Veterans

902. Virtual Reality (VR) Therapy for Post-Traumatic Stress Disorder (PTSD)

903. Preventing Long Term Psychiatric Disability Among Those With Major Burn Injuries

904. A Trial of Group Psychotherapy for Veterans and Military Personnel With Post Traumatic Stress Disorder (PTSD)

905. Photobiomodulation to Alter Cerebral Blood Flow and to Affect the Emotional Status of Patients With Major Depression

906. Intervention for Veterans With Depression, Substance Disorder, and Trauma

907. Psychophysiological Predictors of Post-deployment Mental Health Outcomes

908. Cognitive Training to Enhance VA Work Program Outcomes

909. Behavioral Activation for PTSD/Depression Treatment in OIF/OEF Veterans

910. Advanced MRI in Blast-related TBI

911. Team Based Initiative Support

912. Effects of Duloxetine on Fear Conditioning in Posttraumatic Stress Disorder (PTSD)

913. Ketamine as a Rapid Treatment for Post-traumatic Stress Disorder (PTSD)

914. Use of Electroconvulsive Therapy (ECT) in Chronic, Severe, Treatment Resistant Posttraumatic Stress Disorder

915. Effectiveness of Three Different Psychotherapies for Chronic Post-Traumatic Stress Disorder

916. Placebo Controlled Clinical Trial Using Topiramate To Treat Posttraumatic Stress Disorder (PTSD) Patients.

917. Cranial Electrotherapy Stimulation in Burned Patients

918. Bright Light: An Adjunct Treatment for Combat Posttraumatic Stress Disorder (PTSD)

919. Quetiapine in Co-Morbid Depressive and Anxiety Disorders

920. Effectiveness of Propranolol For Treating People With Post-Traumatic Stress Disorder

921. Veterans Telemedicine Outreach for PTSD Services

922. Omega-3 Fatty Acids and Post Traumatic Stress Disorder (PTSD)

923. Virtual Reality & D-cycloserine (DCS) for Posttraumatic Stress Disorder (PTSD)

924. Adjunctive Pregnenolone in Veterans With Mild TBI

925. Secondary Prevention With Paroxetine vs. Placebo in Subthreshold Posttraumatic Stress Disorder (PTSD)

926. Treatment of Older Veterans With Chronic Posttraumatic Stress Disorder

927. Cooperative Studies Program #563 - Prazosin and Combat Trauma PTSD

928. Cognitive Behavioral Treatment for Post-Traumatic Stress Disorder in People With Additional Serious Mental Illnesses

929. Aripiprazole Augmentation of Antidepressants in PTSD

930. Exposure Therapy for Chronic PTSD: Efficacy and Mechanisms

931. Regional Anesthesia Military Battlefield Pain Outcomes Study

932. Neuroimmunological Model of Traumatic Memory

933. Treatment for Veterans With Military Sexual Trauma

934. Safety and Efficacy of Cognitive Behavior Therapy for People With Post-traumatic Stress and Cardiovascular Illness

935. Group Intervention for Interpersonal Trauma

936. Naltrexone & SSRI in Alcoholics With Depression/PTSD

937. The Impact of Vocational Rehabilitation on Mentally III Veterans

938. Acupuncture for the Treatment of Posttraumatic Stress Among Military Personnel

939. Quetiapine Augmentation for Treatment-resistant PTSD

940. P4 (Pregabalin for Peripheral Posttraumatic Pain)

941. fMRI in Posttraumatic Stress Disorder (PTSD) During Working Memory Updating

942. Comparison of Two Psychotherapy Treatments for Depressed Women With a History of Sexual Abuse

943. Fibromyalgia in Men Suffering From PTSD

944. Geodon (Ziprasidone) for Posttraumatic Stress Disorder

945. Short Course Glucocorticoid Treatment for PTSD

946. Treatments for Psychogenic Nonepileptic Seizures (NES)

947. Comparison of Two Treatments for Post-Traumatic Stress Disorder

948. Expanding and Testing VA Collaborative Care Models for Depression

949. Integrating Clinical Practice Guidelines for Smoking Cessation Into Mental Health Care for Veterans With Posttraumatic Stress Disorder

950. Cognitive Behavioral Treatments for Post-traumatic Stress Disorder (PTSD) Sleep Disturbance

- 951. Telephone Care as a Substitute for Routine Psychiatric Medication
- 952. Evaluation Study of TIDES Depression Care Quality Improvement Intervention
- 953. Effects of Hydrocortisone in Patients With Post-Traumatic Stress Disorder
- 954. Brain Chemical Receptor Effects in Patients With Panic Disorder and Post-Traumatic Stress Disorder
- 955. Brain Function in Mentally Ill Adolescents

Appendix D.
Biography of Witness

Dr. Stiehm received an Educational Doctorate from Argosy University, where the focus of his research was campus safety and security. Dr. Stiehm's research focused on the less transit population of faculty, and their individual perceptions of safety/security as opposed to the transitional student population, which rotates every 9-12 months at least. Out of his research Dr. Stiehm has published articles and has been interviewed on topics related to campus safety, security and law enforcement. Dr. Stiehm holds a Masters of Art's from Saint Mary's University in Psychological Services and Counseling, which was conferred in the Spring of 2023. Dr. Stiehm as of 03.01.2026 is a Minnesota Board of Behavioral Health Licensed Professional Clinical Counselor. Carrying an active LPCC Licensed 5427.

Prior to his graduation Dr. Stiehm spent time at Prairie Center treatment as an intern, working in a residential treatment facility. Dr. Stiehm also has a Master's Degree of Criminal Justice from Central Missouri State University, and a Bachelor's of Science from Wayne State College, Nebraska. Dr. Stiehm has additionally attended and received a CLS designation from the Americans for the Effectiveness of Law Enforcement a non-profit organization that focuses on the legal aspect of use of force. I have served as a police officer in three states (CA, MN and NE), and I keep current on law enforcement trends. I review Policeone, Officer.com, Law Officer Magazine, FBI Bulletin and other magazines to maintain relevancy in law enforcement trends. I additionally attended regular law enforcement trainings to keep my skills current. Dr. Stiehm currently holds an valid/active Minnesota Peace Officer License and retired from service from the Clearbrook Police Department in July 2024. Dr. Stiehm has received a LPCC license from the Minnesota Board of Behavioral Health.

Dr. Stiehm sees all manner of clients to include those who are on felon and misdemeanor probation, and parole. Dr. Stiehm is one of a handful of therapist with Nystrom and Associates that works with Sex Offenders, and Criminals. Since starting working at Nystrom and Associates Dr. Stiehm has had approximately 400+ clients come through his office door, and of those he is reviewing records to determine the amount of those who are connected in some capacity to a court matter (child protection/adult protection/civil commitment or criminal) to determine the percentage of clients that sees, as well as to have a statistical understand of those clients, diagnosis, and dispositions. Of the estimated 400+ clients, Dr. Stiehm (I) would estimate he has completed approximately 80% of the diagnostic assessments on the clients mentioned above.

Dr. Stiehm is an advocate for mental health for that and of law enforcement officers. Dr. Stiehm started a boutique mental therapy firm that works specifically with those working in law enforcement/criminal justice and corrections. The firm Minnesota Blue Line Therapy is the third criminal justice related business Dr. Stiehm has started with the expressed interest of support those within the first responder community. Dr. Stiehm is listed on Pearson Assessments website as being able to get Level A, B and C assessments. Dr. Stiehm has gone through extensive research in the following juvenile areas; Mental Health as it relates to Probation Officers, Foundational Juvenile Mental Health Issues with Technology, Placement Issues and complete issues related to probation.

Dr. Stiehm also keeps research into police related mental health issues using search terms using the following Boolean terms PTSD + Police, Police + PTSD + Treatment, Police + Substance Use, and Police + Suicide within the academic realms finding around 180 publications. Dr. Stiehm has conducted research using Clinical Trials the government research site, finding around 300 related studies under Drugs, Behavioral, Medical Device, and Other techniques measured, and monitored by the federal government, and the FDA and other trials. As part of his experiences with Minnesota Blue Line Therapy - he will be speaking on the following topics with the Justice Clearing House - Recorded Webinar Release Date: Monday, June 29: [Understanding Moral Injury, Depression, and Cops](#), Recorded Webinar Release Date: Monday, Aug 24: [Understanding PTSD and Officers](#), Live Webinar: Thurs, Oct 22, 3p ET: [Anxiety and Force: The Consequences, Realities and Aftermath](#).

Since being employed by Nystrom and Associates, now Sagent Behavioral Health, Dr. Stiehm has attended over 200 hrs of professional development commonly referred to as continuing education in areas related to therapy, law enforcement, criminal justice, threat assessment, and various other programs in 2025. Some of those programs have been through Sagent Behavioral Health, and others have been on his own accord, and expense to round out his pro-licensed professional education. Specifically and more pointily Dr. Stiehm has attended the following; What Makes Narcissistic Personalities Disorders and Their Partners Hard to Diagnose, Internal Family Systems, Powerful Gottman Method Couples Training, Basic Accelerated Resolution Therapy, Prolonged Exposure Therapy, Motivational Interviewing, MACH-II Challenges in Assessing Complex Teens, Anxiety Disorders Look-Alikes: Understanding Symptoms of Anxiety, as We head Back to School, Master Differential Diagnosis with the DSM5 TR A Symptoms Based Approaching, Working with Clients in Family Court what you Need to Know, Clarifying the Confusing Truth About BPD and Depression, DBT Skills for non DBT Therapists, ACT Therapy Activating Psychological Flexibility, and other local level CEU's.

Dr. Stiehm has served as a police officer in three states (CA, MN and NE), he keeps current on law enforcement trends he conducted an 8-month study with Columbia Heights Police Department (MN) on Community Policing. Dr. Stiehm and the CHPD published the study and wrote an article that was accepted into the International Association of Chiefs of Police Magazine. Dr. Stiehm was a former a member of ILEETA. Dr. Stiehm recently exited full time law enforcement working as Police Officer for the White Earth Tribal Police on the White Earth Indian Reservation. As part of that full time work, he was the lead trainer for the agency in Use of Force classroom, and hands on tactics (except firearms). Dr. Stiehm retired as after working part time for Clearbrook Police Department and formally retired from the agency in July 2024. Dr. Stiehm has worked full time as an Adult Protection Investigator assigned to Hennepin County Department of Social Services working during the transition of Minnesota State Statutes on Adult Protection Laws.

Dr. Stiehm had an internship with PrairieCare Residential which dealt with youths 10-18 who are dealing with a variety of clinical diagnosis to include PTSD, anxiety, depression, self injury and self harm. Dr. Stiehm currently works full time at Nystrom Counseling in Minnesota. In his position there he works with PTSD, Anxiety Disorders, Depression, and a host of other disorders. Dr. Stiehm completed a Prolonged Exposure Therapy Training taught under the model at the University of Pennsylvania Center for Treatment and Study of Anxiety. Dr. Stiehm has also attended and received training in Basic Accelerated Resolution Therapy. Dr. Stiehm has also attended Motivational Interviewing, Clarifying the Confusing Truth about BPD and Depression, Working with Clients in Family Court, DBT for Non-DBT Clinical Professionals.

Dr. Stiehm was a full time law enforcement program coordinator at a Minnesota Professional Peace Officer Education Provider. Dr. Stiehm also works part-time as a small town police officer in Northern Minnesota. Dr. Stiehm over sees curriculum development, recruitment, retention of faculty, and students. Dr. Stiehm keeps current on all trends pertaining to the Minnesota Peace Officer Standards and Training Board learning objectives. In the capacity as a full time coordinator he has regular contact with law enforcement professionals, across Minnesota, the mid-west and the United States. Dr. Stiehm has presented in front of the Minnesota on at least three different occasion on various

topics related to law enforcement training, accreditation and the creation of a law enforcement academic component. Dr. Stiehm in his capacity as the Law Enforcement Coordinator has provided for, and coordinated approximately 66 professionals development (law enforcement trainings) to be held on the campus where is full time employed. In calendar years 2017, through 2023, Dr. Stiehm has attended an approximate total of 2231 hours of law enforcement training, professional development and continuing education, this amount does not include the aforementioned approximately 200 hours.

Dr. Stiehm has instructed police officers and other professionals in the areas of; peace officer rights, child abuse, use of force, leadership and interviewing for continuing education credit. He is recognized as a subject matter expert in tribal law enforcement where he focused on the disparity of Native American Officers versus Non-Native Officers serving tribal land; he also focused on general training issues in Indian Country Law Enforcement. Dr. Stiehm is also a recognized authority in use of force, corrections use of force, general police practices, training trends, and other standards. Dr. Stiehm has served as a police practices expert with local (MN) based law firms. Dr. Stiehm has also been retained in Iowa, South Dakota, North Dakota, Indiana and New York to provide "expert" opinions for use of force in federal court. Dr. Stiehm has additionally provided reports in Kentucky. Dr. Stiehm also provided support to Saint Paul Union and Officer Matt Gorans termination. Dr. Stiehm also has submitted reports to federal court for various police use of force cases. Dr. Stiehm has reviewed cases for; also consulted on campus 1st Amendment/Protest Issues surrounding Palestine, corrections use of force, practices and protocol. Dr. Stiehm keeps up on issues facing the Minneapolis Police Department, and law enforcement trends impacting Minnesota. Dr. Stiehm provided the voice for Minnesota Law Enforcement for KSTP Channel Five for an hour-long session on Pattern and Practice related to Use of Force and City of Minneapolis. Dr. Stiehm spends his free time conducting research proactively into the Derek Chauvin use of force incident/event, mental issues and law enforcement, and overall law enforcement trends surrounding modern policing. In the coming 2026 year Dr. Stiehm will be presenting at the AELE Conference on Jail and Prisoner Operational and Legal Issues. Additionally Dr. Stiehm will be presenting in Appleton Wisconsin on the topic of Mental Health for a Courts Security Conference hosted by Fox Valley Technical College. For those interested in virtual sessions Dr. Stiehm will be doing at least three sessions with Justice Clearing House.

Dr. Stiehm has spoken at various conferences within the past two years purely addressing mental health issues, specifically the Minnesota Counseling Association Conference, the Minnesota Association of Marriage and Family Therapists Conference, on topics related to therapist working with first responders. Dr. Stiehm also has presented webinars on Anxiety for the Justice Clearing House where over 1000+ people signed up for the session (virtual/recorded), Dr. Stiehm also spoke at the Fraternal Order of Police Wellness Conference, and was invited to speak at the Minnesota Emergency Management Conference in the fall of 2025.

To maintain professional competency within the past 12 months Dr. Stiehm has joined the following professional associations; Minnesota Psychological Association as an Associate Member, American Association of Suicidology, Minnesota Association of Criminal Defense Attorneys Assoc. of Family and Conciliation Courts - Member Assoc. of Family - Conciliation Courts MN Chapter -Member, American Probation and Parole Association - Individual Member, Minnesota Juvenile Officers Association - Member, Minnesota Association of County Probation Officers - Member, Minnesota Corrections Association Member - Member, International Society of Accelerated Resolution Therapy - member, Minnesota Association of Marriage and Family Therapists- Associate Member, and Minnesota Counseling Association - Member. I was a member of ILEETA, I have been an Associate Member of the IACP, Police Executive Research Forum Subscribing Member and former supporting Member of the MN Chiefs Association, and FBI LEEDA. Dr. Stiehm has sat as an advisory board member of the Clergy Center. Dr. Stiehm has been a member of Midwest Criminal Justice Association, Minnesota INFRAGard, and other organizations which support professional growth.

Dr. Stiehm related to use of force training has attended and received instructor certification from the following; Axon Taser Instructor Certification, SPEAR Level II, Blue Shield Tactical Patrol Knife Course, Controlled FORCE Level I and II, LOCK-Up, ASP Handcuff/Batons, ASP Integrated Use of Force Instructor Class, PepperBall Use of Force Instructor, NLETC Use of Force Certifications, SABRE Use of Force Instructor, LOCKUP Managing, and Tracking Use of Force, FLETC Active Shooter Instructor Training Program, SPEAR LEVEL I, Pressure Point and Control Tactics, Minneapolis Community College Use of Force Instructor, RAD-Systems, FLETC Use of Force Instructor Program (16hrs), and AELE Lethal and Less Lethal Training Programs. Which resulted in Certified Litigation Specialist through AELE. Dr. Stiehm also recently attended the Federal Bureau of Investigations basic crisis negotiators course in Cottage Grove, Minnesota. Dr. Stiehm was part of a small cadre of officers from around the region that were allowed to attend. Dr. Stiehm attended the 80hrs FLETC Use of Force Instructor Training Program in September 2022 in Pierre, South Dakota.

Dr. Stiehm also has worked as an adjunct instructor for the Federal Law Enforcement Training Center out of Glynco, Georgia. Dr. Stiehm also held the distinction of holding the professional credentials CLS through AELE, he has attended numerous other force training programs. Dr. Stiehm has consulted with LAAW International on the use of force, body worn camera and other related model policies. Dr. Stiehm routinely provides feedback to this policy group on use of force model policies. Dr. Stiehm can be found on LinkedIn.com. Dr. Stiehm has authored articles in POLICEONE, CORRECTIONSONE, Law Officer Magazine, ILEETA Journal, and the IACP Magazine. Dr. Stiehm was a contract instructor with Blue Shield Tactical in the topics of Corrections Use of Force and Management, and 21st Century Use of Force Investigations. Dr. Stiehm self publishes articles on LinkedIn on a variety of topics. Dr. Stiehm spoke at the 2025 Fraternal Order of Police Wellness Summit on Anxiety. Dr. Stiehm has submitted courses to a variety of professional conferences on mental health to include the COPS Conference, and IACP.

Dr. Stiehm created, operated, coordinated, and funded the Minnesota Law Enforcement Wellness Summit in November 2024 and November 2025, planning for November 2026. Coordinating 3 national level keynote speakers, and 10 other plenary speakers on the topics related to mental health. Dr. Stiehm marketed the conference to all Minnesota law enforcement officer(s), agencies, and various therapists through a nine month period leading up to the event. Dr. Stiehm ran the budget, and was able to increase review, create sponsorships, as well a bring in a total sales of 16,000.00, and 3000.00 of marketing sponsorships. Dr. Stiehm also was able to get the entire training through each of the various licensing boards for continuing education credit. Dr. Stiehm related to the conference conducted a research project that is pending publication. Dr. Stiehm is hoping to have this be a yearly conference, he is currently in the planning process for 2025. The 2025 Minnesota Law Enforcement Wellness Summit has (1) keynote, and 9 other break out speakers/and guest lectures. Dr. Stiehm was able to get an increase of 20% enrollments from last year, as well as getting more sponsor. Dr. Stiehm is already planning for the conference 2026 year.

Historically Dr. Stiehm presented to the Park Law Enforcement Association on Use of Force, and also has presented at the College and University Police Investigators Conferences on Use of Force which is held in Washington D.C. Dr. Stiehm presented at the International Association of Campus Law Enforcement Administrators on the Implications of Force on a College Campus. As is specifically relates to ECW/ECD/Tasers - Dr. Stiehm has attended numerous hours of training hosted by AELE, Force Science, and Taser International on the weapons platform, and use. To include best practices, and preferred practices. Dr. Stiehm reviews ECD.info on a regular basis and is in contact with officials at Axon (Taser) International on updates related to the weapons system. Dr. Stiehm conducts regular academic, and scholar searches on projects/reports that deal with ECW's. Dr. Stiehm has even taken a five second Taser deployment as part of his instructor training. Dr. Stiehm was one of two people whom volunteer for this exposure at his instructor level training.

Dr. Stiehm was also interviewed at the 2012 ILEETA Conference by Sgt. Betsy Bartner Smith on the topic of Child Abuse Investigation which was made available on November 21st, 2012 on the Policeone Academy page. He also authored a companion piece which was published on Policone.com. Dr. Stiehm is currently an expert contributor for Policeone. He has had an article with IACLEA Journal on Use of Force by Non-Sworn Personnel. Dr. Stiehm also wrote an article dealing with use of force by non-sworn park law enforcement agents which was published on two different websites. He also serves as a Co-Editor and contributor for the Journal of Law Enforcement. Dr. Stiehm had a featured article in the ILEETA Journal on Police Use of Force and Minnesota's looking at best practices. Additionally, he is working on a second article for ILEETA on the topic of Tasers and appropriate application of the weapons system. As well as a variety of articles, and personal research relating to police practices, and use of force. He currently moderates two different professional groups on LinkedIn.com the first is the Minnesota Law Enforcement Network and the second is Law Enforcement Experts.

Dr. Stiehm has sent his dissertation which deals with Campus Safety and Security to Secretary of Education Arne Duncan, Minnesota Office of Higher Education Larry Pogemiller, and Wisconsin Governor Scott Walker for review to help make decisions on issues impacting campus safety and security. Dr. Stiehm was interviewed by Policeone.com at the 2013 ILEETA Conference for Campus Security Use of Force, and review of complex child abuse cases using the Jerry Sandusky case as a case study. Dr. Stiehm was interviewed at the 2014 ILEETA Conference on Mentoring, Leadership, Use of Force Reporting, Campus Law Enforcement and Federal Oversight. Dr. Stiehm also was interviewed at the 2015 ILEETA Conference for Policeone on a variety of topics to include police use of force as a result of the high profile incident that have occurred in the past year. Dr. Stiehm in 2015 also taught approximately 50 Officers at the St. Louis County Police Academy in the wake of police accountability issues relating to use of force.

Most notably and recently related to law enforcement/criminal justice training and education Dr. Stiehm has presented at the IACLEA International Conference, Montreal (2014), American Correctional Conference, (2009), International Law Enforcement Educators and Trainers Conference (2009, 2011 and 2012), MN IACLEA Conference (2011), and the International Association of Chiefs of Police (2011). He has also presented at local conferences to include the Minnesota Career College Association (2008, 2010, and 2011), and a local conference of the Park Law Enforcement Association sponsored by Three Rivers Park District Police Department. Dr. Stiehm is planning to speak at the FRALLC - Law Enforcement Risk Management Conference (2017), on Tasers and Use of Force. Dr. Stiehm was also invited to the United State Department of Justice Sentinel Events Initiative - Stakeholder Meeting - June 2017. As part of his contract experience with Blue Shield Tactical Dr. Stiehm has traveled to Oklahoma, Texas and Kansas to train correction officers on the use of force, and conducting investigations into the use of force.

Dr. Stiehm has provided written reports to the United States District Courts with courtrooms in Indianapolis, Minneapolis, New York, and North Dakota in support of civil actions for police use of force. Dr. Stiehm also provided support to the St. Paul Police Federation in support of an officer's employment action against the city of St. Paul. Dr. Stiehm is conducting his own research into MN Use of Force policies, and correctional officers use of force. Dr. Stiehm also conducted research into the mental health of law enforcement officers in preparation for the 2024 Minnesota Law Enforcement Wellness Summit. Dr. Stiehm has provided written reports for other federal civil rights cases where Taser (ECD/ECW) was the primary weapons system used in the excessive force allegation/claim before the court. Dr. Stiehm has submitted the following documents as an police practices profession (aka Rule 26 Expert or consulting expert).