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Latavis Porter

Integrated Trauma Treatment Presentation

TRMA 840, Dr. Whitney Buckles

Slide 2

Ice Breaker

What does Post Traumatic Stress Disorder means to you?

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Purpose/ Objective of this Presentation

The Integrated Trauma Treatment Presentation involves you putting together the empirical approaches from class with your current counseling theoretical orientation to present your existing working model for treating clients with PTSD.

The purpose of this study is to evaluate and define psychosocial conditions and psychological symptoms associated with PTSD and combat-related PTSD.

In order to reach military veterans involved in war who experience CombatRelated PTSD, we must outline an eclectic-integrative whole health model approach based on empathy, compassion, care, and hope.

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To review innovative and integrative empirical practices for addressing combat-related PTSD, such as EMDR and psychotherapy.

Discussion of current practices to address combat-related post-traumatic stress disorder to ensure that individuals' health needs are met in conjunction with mental health services, psychotherapy and emerging treatment approaches in the emergency situations.

Combat-Related PTSD can be treated using Christian worldview aspects of empirical practices.

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What is POST-TRAUMATIC STRESS DISORDER (PTSD)

A mental health condition triggered by a terrifying event, either experiencing it or witnessing it, is called post-traumatic stress disorder (PTSD).

PTSD is a serious psychiatric condition that occurs when you are exposed to real or threatened injuries, deaths and sexual assaults.

PTSD is linked to functional and cognitive impairment. Early diagnosis and treatment are important for minimizing the long-term outcomes associated with PTSD.

References

Mann SK, Marwaha R. Posttraumatic Stress Disorder. [Updated 2022 Feb 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK559129/>

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What is POST-TRAUMATIC STRESS DISORDER (PTSD) - Continued

PTSD is common after the traumatic event and is one of the serious health problems associated with comorbidity, functional impairment, and increased mortality with suicidal ideas and attempts.

There's a significant impairment in your ability to function socially, at work, and in other areas. But PTSD and acute stress disorder have a lot of symptoms in common.

A patient must have symptoms for more than one month before being diagnosed with PTSD.

References

Mann SK, Marwaha R. Posttraumatic Stress Disorder. [Updated 2022 Feb 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK559129/>

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Photo
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Development of PTSD

A large number of factors are linked to the development of posttraumatic stress disorder in individuals.

Traumatic events include serious threats or physical injuries, near death experiences, combat-related trauma, sexual assault, interpersonal conflicts, child abuse and medical illness.

Patients with chronic PTSD are unable to recover from the trauma due to a maladaptive response.

References

Mann SK, Marwaha R. Posttraumatic Stress Disorder. [Updated 2022 Feb 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK559129/>

Slide 9 (Add Reference)

Development of PTSD - Events

surviving a natural disaster, such as flooding, earthquakes or pandemics, such as the coronavirus pandemic.

traumatic childbirth as a mother, or as a partner witnessing a traumatic birth.

losing someone close to you in particularly upsetting circumstances.

being sectioned or getting treatment in a mental health ward.

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Symptoms of PTSD

PTSD is diagnosed by a group of symptoms that occur after exposure to a major stressor.

Post-traumatic stress disorder is classified into twenty symptoms within four clusters: intrusion, active avoidance, negative alterations in cognition and mood, as well as marked alterations in arousal and reactivity.

The significant medical, social and financial problems, as well as the risks of PTSD, are a significant burden on nations and individuals. All people who care for patients suffering from this disease or traumatic exposure should be aware of these problems and risks.

References

Miao XR, Chen QB, Wei K, Tao KM, Lu ZJ. Posttraumatic stress disorder: from diagnosis to prevention. *Mil Med Res*. 2018 Sep 28;5(1):32. doi: 10.1186/s40779-018-0179-0. PMID: 30261912; PMCID: PMC6161419.

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Symptoms of PTSD - Continued

Intrusive memories

Post-traumatic stress disorder (PTSD) is characterised by intrusive memories of a traumatic event.

Involuntary, emotional mental imagery-based impressions that intrude into mind are called intrusive memories.

Recurring distressing memories of the event

Flashbacks or reliving the trauma as if it were happening again

Upsetting dreams or nightmares

Severe emotional distress or physical reactions to anything that reminds you of the event

References

Iyadurai L, Visser RM, Lau-Zhu A, Porcheret K, Horsch A, Holmes EA, James EL. Intrusive memories of trauma: A target for research bridging cognitive science and its clinical application. *Clin Psychol Rev.* 2019 Apr;69:67-82. doi: 10.1016/j.cpr.2018.08.005. Epub 2018 Aug 23. PMID: 30293686; PMCID: PMC6475651.

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Symptoms of PTSD - Continued

Avoidance

PTSD symptoms include avoiding conversations about the traumatic event, avoiding people or places that remind you of the event, and avoiding thoughts or feelings about the event.

People with PTSD tend to avoid trauma-related stimuli, but it's not clear if they have a general tendency to avoid other things too.

Trying to avoid thinking or talking about the event

Avoiding locations, activities or people that remind you of the trauma

Leaving a situation because we have unexplained feelings of anxiety or discomfort

References

Sheynin J, Shind C, Radell M, Ebanks-Williams Y, Gilbertson MW, Beck KD, Myers CE. Greater avoidance behavior in individuals with posttraumatic stress disorder symptoms. *Stress*. 2017 May;20(3):285-293. doi: 10.1080/10253890.2017.1309523. Epub 2017 Apr 16. PMID: 28322068; PMCID: PMC5490437.

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Symptoms of PTSD - Continued

Negative changes in thinking and mood

Inability to remember an important aspect (typically due to dissociative amnesia)

Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (for example, “I am bad,” “No one can be trusted,” “The world is completely dangerous”)

Persistent, distorted cognitions about the cause or consequences that lead to self blame or the blame of others

Persistent negative emotional state (for example, fear, horror, anger, guilt, shame)

Noticeably diminished interest or participation in important activities

Feelings of detachment or estrangement from others

Persistent inability to experience positive emotions (for example, happiness, satisfaction, love)

References

Bisson JI, Cosgrove S, Lewis C, Robert NP. Post-traumatic stress disorder. *BMJ*. 2015 Nov 26;351:h6161. doi: 10.1136/bmj.h6161. PMID: 26611143; PMCID: PMC4663500.

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Symptoms of PTSD - Continued

Alterations in arousal and reactivity

Irritable behaviour and angry outbursts (with little or no provocation)

Reckless or self destructive behaviour

Hypervigilance

Exaggerated startle response

Problems with concentration

Sleep disturbance

Being easily startled or frightened

Always being on guard for danger

Drinking too much, getting into fights, drugs or other destructive behavior

Overwhelming guilt or shame

References

Bryant RA. Post-traumatic stress disorder: a state-of-the-art review of evidence and challenges. *World Psychiatry*. 2019 Oct;18(3):259-269. doi: 10.1002/wps.20656. PMID: 31496089; PMCID: PMC6732680.

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Risk Factors of PTSD

PTSD is more common in women, and this is due to biological and psychological factors such as

Gender

childhood adversity

pre-existing mental illness

low socio-economic status

lower education

lack of social support.

The severity of the trauma and the nature of the trauma are also accountable while determining the risk factors for PTSD.

References

Mann SK, Marwaha R. Posttraumatic Stress Disorder. [Updated 2022 Feb 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK559129/>

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Most Common Events leading to PTSD

Combat exposure.

Childhood physical abuse.

Sexual violence.

Physical assault.

Being threatened with a weapon.

An accident.

References

Lancaster CL, Teeters JB, Gros DF, Back SE. Posttraumatic Stress Disorder: Overview of Evidence-Based Assessment and Treatment. *J Clin Med*. 2017 Nov 22;5(11):105. doi: 10.3390/jcm5110105. PMID: 27879650; PMCID: PMC5126802.

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Prevalence of PTSD

The prevalence of traumatic events in individuals' lives ranges from 61% to 80%.

Posttraumatic stress disorder occurs in approximately 5% to 10% of the population and is higher in women than in men after the trauma.

The prevalence of post-traumatic stress disorder (PTSD) in national samples of the general adult population in the United States is 6.1 to 9.2 percent.

References

Spottswood M, Davydow DS, Huang H. The Prevalence of Posttraumatic Stress Disorder in Primary Care: A Systematic Review. *Harv Rev Psychiatry*. 2017 Jul/Aug;25(4):159-169. doi: 10.1097/HRP.000000000000136. PMID: 28557811; PMCID: PMC5498253.

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Statics of PTSD

Graph or Chart

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PTSD (Combat-Related)

Traumatic injuries have existed since humans began waging war on one another.

When soldiers respond to the call to serve, they are exposed to the horror of war, to death, to deprivation, to extremes of the environment, and perhaps the most psychologically harmful of all, to the perfidy of men in war.

PTSD is one of the unseen wounds that may be inflicted on them by exposure to innumerable stressors.

References

Goetter EM, Hoepfner SS, Khan AJ, Charney ME, Wieman S, Venners MR, Avallone KM, Rauch SAM, Simon NM. Combat-Related Posttraumatic Stress Disorder and Comorbid Major Depression in U.S. Veterans: The Role of Deployment Cycle Adversity and Social Support. *J Trauma Stress*. 2020 Jun;33(3):276-284. doi: 10.1002/jts.22496. Epub 2020 Mar 26. PMID: 32216142; PMCID: PMC7995446.

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Combat-related PTSD relates to those involved in military and trauma. 12% and 30% of war fighters returning from deployment experience combat-related PTSD.

Despite the negative consequences associated with combat-related PTSD, less than half of war fighters report symptoms.

PTSD rates for returning soldiers vary widely across wars and eras. Research shows that many veterans served in Iraq and Afghanistan suffer from PTSD.

About half a million U.S. troops who served in Iraq and Afghanistan have been diagnosed with PTSD

Combat veterans aren't taught how to relax. They're used to operating in fight or flight mode.

References

Reisman M. PTSD Treatment for Veterans: What's Working, What's New, and What's Next. P T. 2017 Oct;41(10):623-634. PMID: 27757001; PMCID: PMC5047000.

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Combat - Related PTSD - Continued

PTSD usually occurs after people have been exposed to a variety of traumas, such as rape, abuse, natural disasters, racism, and physical assault.

PTSD caused by combat is a different type of PTSD, which includes not only the exposure to war-related events and the interaction of training and psychological preparation for war, but also the exposure to war-related events.

PTSD rates ranged from 13.5% to 20% to 30% in deployed and non-deployed veterans.

People are taught to operate with a heightened level of physiological arousal in combat.

References

Reisman M. PTSD Treatment for Veterans: What's Working, What's New, and What's Next. *P T*. 2017 Oct;41(10):623-634. PMID: 27757001; PMCID: PMC5047000.

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Complexity PTSD and the Military

Complex PTSD is a condition where you experience some symptoms of PTSD along with some additional symptoms, such as

difficulty controlling your emotions

feeling very angry

distrustful towards the world

References

Letica-Crepulja M, Stevanović A, Protuđer M, Grahovac Juretić T, Rebić J, Frančišković T. Complex PTSD among treatment-seeking veterans with PTSD. *Eur J Psychotraumatol*. 2020 Feb 26;11(1):1716593. doi: 10.1080/20008198.2020.1716593. PMID: 32166005; PMCID: PMC7054953.

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Complex PTSD and the Military - Continued

When we're faced with danger, our brains release stress hormones that activate the fight-or-flight response.

When a person is traumatized for a long time, stress hormones change the structure of the hippocampus, which is responsible for memories, and stimulate an over-activation of the amygdala, which is responsible for emotions.

This can lead to flashbacks and nightmares, because the person is unable to place the memory in his appropriate sequence in the events of life.

Without training on how to deal with the emotions they felt during wartime, war veterans have to find other ways to cope, which can lead to drug and alcohol abuse, depression, and suicide.

References

Letica-Crepulja M, Stevanović A, Protuđer M, Grahovac Juretić T, Rebić J, Frančičković T. Complex PTSD among treatment-seeking veterans with PTSD. *Eur J Psychotraumatol*. 2020 Feb 26;11(1):1716593. doi: 10.1080/20008198.2020.1716593. PMID: 32166005; PMCID: PMC7054953.

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Barriers to Complex PTSD

beliefs that discouraged seeking mental health treatment

concerns about the ability of the health care system to meet a patient's needs

lack of knowledge about PTSD

treatment access

trauma-related avoidance.

References

Giourou E, Skokou M, Andrew SP, Alexopoulou K, Gourzis P, Jelastopulu E. Complex posttraumatic stress disorder: The need to consolidate a distinct clinical syndrome or to reevaluate features of psychiatric disorders following interpersonal trauma? *World J Psychiatry*. 2018 Mar 22;8(1):12-19. doi: 10.5498/wjp.v8.i1.12. PMID: 29568727; PMCID: PMC5862650.

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Contributions to PTSD

Living through dangerous events and traumas

Getting hurt

Seeing another person hurt, or seeing a dead body

Childhood trauma

Feeling horror, helplessness, or extreme fear

Having little or no social support after the event

Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home

Having a history of mental illness or substance abuse

References

Howie H, Rijal CM, Ressler KJ. A review of epigenetic contributions to post-traumatic stress disorder. *Dialogues Clin Neurosci*. 2019 Dec;21(4):417-428. doi: 10.31887/DCNS.2019.21.4/kressler. PMID: 31949409; PMCID: PMC6952751.

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INNOVATIVE AND INTEGRATIVE EMPIRICAL PRACTICES FOR COMBAT RELATED PTSD

Cognitive Behavioral Therapy (Traditionally used)

Eye Movement Desensitization and Reprocessing (Traditionally used)

Neurofeedback (Emerging) •

Art Therapy (Emerging)

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Cognitive Behavioral Therapy

Cognitive behavioral therapy (CBT) is a common type of structured talk therapy that helps people become aware of inaccurate or negative thinking, so they can see challenging situations more clearly and react more effectively to them.

CBT is a useful tool to address emotional challenges. For example, it may help you:

Manage symptoms of mental illness

Learn techniques for coping with stressful life situations

Identify ways to manage emotions

Resolve relationship conflicts and learn better ways to communicate

Cope with grief or loss

Overcome emotional trauma related to abuse or violence

Cope with a medical illness

Manage chronic physical symptoms

Depression

Anxiety disorders

PTSD

Sleep disorders

Eating disorders

Obsessive-compulsive disorder (OCD)

Substance use disorders

Sexual disorders

References

Chand SP, Kuckel DP, Huecker MR. Cognitive Behavior Therapy. [Updated 2022 May 29]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK470241/>

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Cognitive Behavioral Therapy and Combat Related PTSD

Therapists use a variety of techniques to improve patients' function and reduce their symptoms.

CBT therapists encourage patients to look at their thinking patterns and assumptions to identify unhelpful patterns in thoughts, such as overgeneralizing bad outcomes, negative thinking that reduces positive thinking, and always expecting catastrophic outcomes, to create more balanced and effective thinking patterns.

The techniques are intended to help the person reconceptualize their understanding of traumatic experiences.

Trauma narratives and reminders can be used to reduce avoidance and improve the patient's ability to cope. The goal is to help the patient feel in control, confident, and predictable, and to reduce the patient's tendency to avoid.

References

Watkins LE, Sprang KR, Rothbaum BO. Treating PTSD: A Review of Evidence-Based Psychotherapy Interventions. *Front Behav Neurosci*. 2018 Nov 2;12:258. doi: 10.3389/fnbeh.2018.00258. PMID: 30450043; PMCID: PMC6224348.

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Eye Movement Desensitization and Reprocessing

Valiente-Gómez et al. (2017) found that EMDR therapy is effective for treating trauma including such negative life experiences.

Treatment of unprocessed memories of negative experiences has a significant impact on the medical community, as they seem to be the basis for numerous clinical symptoms.

EMDR helps people change the way they feel about traumatic experiences.

The way EMDR reduces the effect of memories is by addressing the memory itself, and how it affects a person's ability to cope with memories.

References

Valiente-Gómez A, Moreno-Alcázar A, Treen D, Cedrón C, Colom F, Pérez V, Amann BL. EMDR beyond PTSD: A Systematic Literature Review. *Front Psychol.* 2017 Sep 26;8:1668. doi: 10.3389/fpsyg.2017.01668. PMID: 29018388; PMCID: PMC5623122.

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Neurofeedback

Neurofeedback has been used in the past to treat symptoms of depression, anxiety and affective disorders, and is also considered an alternative to medications.

To identify any dysregulation of the central nervous system of the veteran that contributes to psychopathologies, the process of observing electroencephalographic frequencies is required.

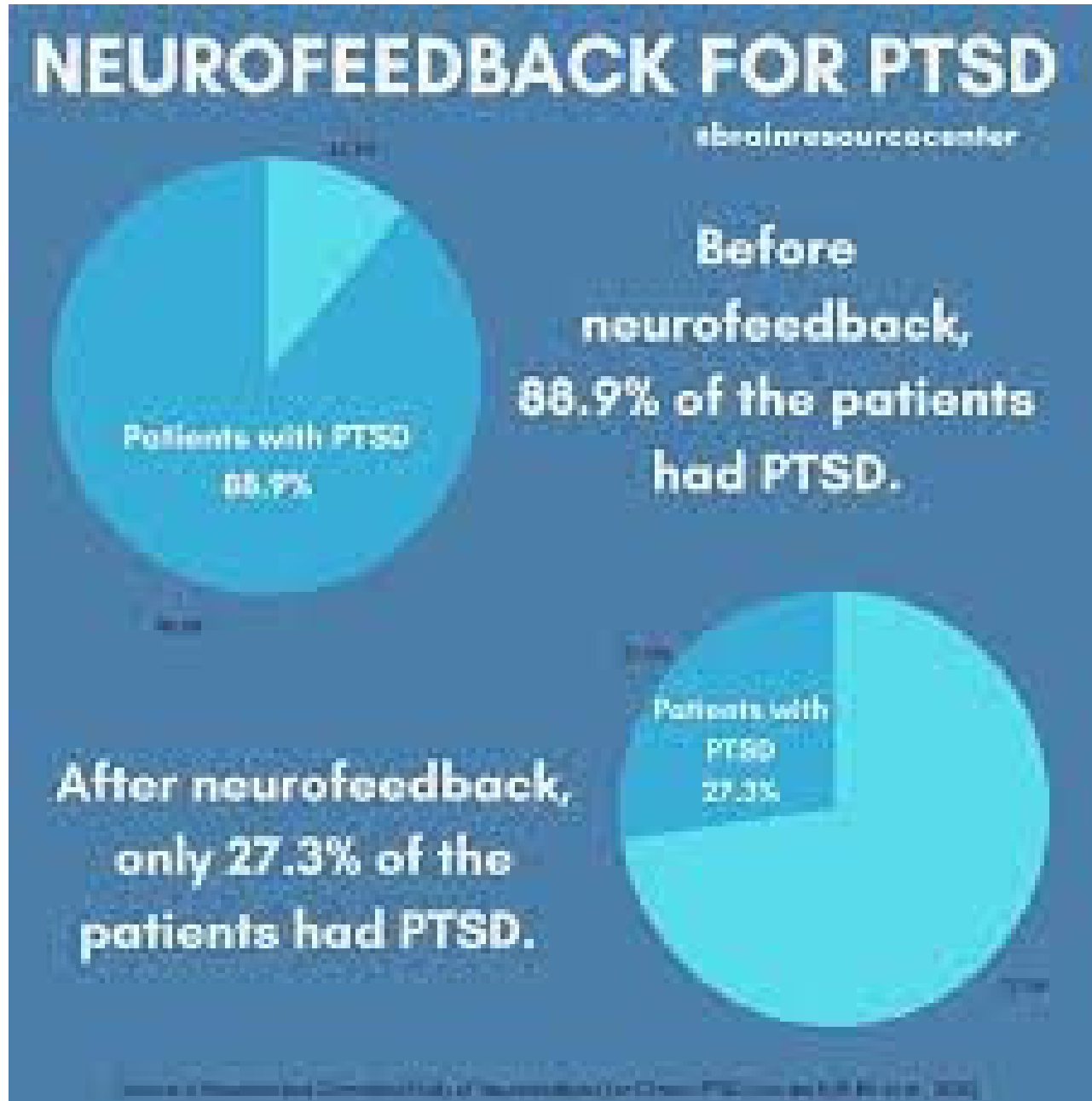
Neurofeedback therapy aims to change the way the brain responds to certain stimuli. It is often used as a treatment for attention-deficit/hyperactivity disorder (ADHD).

It's also used to treat epilepsy, anxiety, depression, and insomnia, among other things.

References

Orndorff-Plunkett F, Singh F, Aragón OR, Pineda JA. Assessing the Effectiveness of Neurofeedback Training in the Context of Clinical and Social Neuroscience. *Brain Sci.* 2017 Aug 7;7(8):95. doi: 10.3390/brainsci7080095. PMID: 28783134; PMCID: PMC5575615.

Neurofeedback and PTSD



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Art Therapy

Art therapy is a mental health profession that uses art-making and creative activities to help people improve their lives.

Art therapy is used to help patients with serious illnesses cope with their symptoms and stress of their condition.

Art therapy is being used more and more as an alternative treatment for these patient populations. The results are encouraging, but we don't have much good evidence.

Art therapy has been shown to improve quality of life, coping mechanisms, and mental well-being in patients with serious illness.

References

Iguina MM, Kashan S. Art Therapy. [Updated 2021 Sep 2]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK549771/>

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Art Therapy and PTSD

Art helps people process traumatic events in a new way for post-traumatic stress disorder recovery.

When words fail, art provides an outlet. Every step of the therapy process involves art with a trained art therapist.

Drawing or words can be important in the recovery from traumatic stress.

Art therapy can help treat depression and anxiety, even some phobias.

Art is a great way to express emotions without words, to process complex feelings, and to find relief.

Art therapy was found to be useful for trauma and patients reported that it helped them relax, externalize memories and emotions into artworks, feel less intrusive thoughts about traumatic experiences, and feel more confident about the future.

References

Schouten KA MATH, van Hooren S PhD, Knipscheer JW PhD, Kleber RJ PhD, Hutschemaekers GJM PhD. Trauma-Focused Art Therapy in the Treatment of Posttraumatic Stress Disorder: A Pilot Study. *J Trauma Dissociation*. 2019 Jan-Feb;20(1):114-130. doi: 10.1080/15299732.2018.1502712. Epub 2018 Aug 15. PMID: 30111254.

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Christian Worldview and PTSD

Spirituality can be a protective factor for veterans involved in the fight and after the battle.

Some survivors find their faith helpful in recovery, others find it a source of suffering, and others still let go of their faith. We need to develop a more complex theory of religion if we want to understand trauma.

A key component analysis of positive and negative religious coping, religious comfort and strain, and prayer functions identified two dimensions: seeking spiritual support and religious strain, which were positively related to post-traumatic growth and post-traumatic symptoms.

References

Leo D, Izadikhah Z, Fein EC, Forooshani SA. The Effect of Trauma on Religious Beliefs: A Structured Literature Review and Meta-Analysis. *Trauma Violence Abuse*. 2021 Jan;22(1):161-175. doi: 10.1177/1524838019834076. Epub 2019 Mar 12. PMID: 30862254.

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Christian Worldview and PTSD - Continued

People coping with a variety of stressful and traumatic experiences have been shown to use religiousness and spirituality as important and commonly used resources.

Although religiousness and spirituality are distinct concepts, religiousness is often described as a system of beliefs that exists in a larger context, while spirituality is often described as the subjective experiences of a higher power or transcendence.

Helping individuals to learn how to release negative associations with trauma. To heal through God, the first step is Truth. People who have been traumatized never want to feel that way again. They protect themselves by keeping their security high.

People who have been through traumatic events have reported feeling alienated from God. Traumatic events can lead to spiritual growth when one's beliefs are not challenged.

Since military service often involves threats of danger and death, as well as participation in acts that may violate moral beliefs, it may be particularly important for soldiers to rely on their religious and spirituality to deal with these experiences.

References

Park CL, Smith PH, Lee SY, Mazure CM, McKee SA, Hoff R. Positive and Negative Religious/Spiritual Coping and Combat Exposure as Predictors of Posttraumatic Stress and Perceived Growth in Iraq and Afghanistan Veterans. *Psycholog Relig Spiritual*. 2017;9(1):13-20. doi: 10.1037/rel0000086. PMID: 28217246; PMCID: PMC5310632.

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Combat-Related PTSD and Christianity

Many veterans have problems with their mental and spiritual health. Veterans continue to have low completion rates, and their treatments aren't effective.

Religious or secular spirituality is part of adjunctive or additional treatment methods for the treatment of post-traumatic stress disorder (PTSD) and is particularly relevant to the combat of trauma.

People who are religious may turn to their higher power following a traumatic event to help them cope, make meaning, and manage past traumatic events in an adaptive manner.

Helping veterans overcome their trauma, loss of faith, negative spiritual coping, guilt, and lack of forgiveness can include helping them test their faith again by overcoming beliefs in the face of trauma, loss of faith, negative spiritual coping, guilt, and lack of forgiveness.

Empower veterans to discover GOD'S LOVE and be strengthened by this process.

References

Rogers RL. Religiosity and veteran mental health compared with non-veterans. *Occup Med (Lond)*. 2020 Sep 9;70(6):421-426. doi: 10.1093/occmed/kqaa124. PMID: 32740664.

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Dealing with Combat Stress

Attend to your health.

Rest.

Reach out for help.

Military OneSource peer consultants

Practice relaxation techniques

Continue Therapy

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Conclusion

PTSD is usually more severe and requires working with a mental health professional.

A common reaction to demanding and traumatic experiences is to combat stress.

Soldiers usually get back to normal after a while, if they just follow some strategies and take some time to heal.

Tips for Combat related stress and veterens

Help a veteran to seek mental health treatment

Educate others and raise awareness about PTSD

Encourage veterans to join a support group

Seek help and treatment from the VA and other military resources

Find healthy ways to socialize and collaborate with veterans

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References

Bisson JI, Cosgrove S, Lewis C, Robert NP. Post-traumatic stress disorder. *BMJ*. 2015 Nov 26;351:h6161. doi: 10.1136/bmj.h6161. PMID: 26611143; PMCID: PMC4663500.

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Mann SK, Marwaha R. Posttraumatic Stress Disorder. [Updated 2022 Feb 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK559129/>

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Park CL, Smith PH, Lee SY, Mazure CM, McKee SA, Hoff R. Positive and Negative Religious/Spiritual Coping and Combat Exposure as Predictors of Posttraumatic Stress and Perceived Growth in Iraq and Afghanistan Veterans. *Psycholog Relig Spiritual.* 2017;9(1):13-20. doi: 10.1037/rel0000086. PMID: 28217246; PMCID: PMC5310632.

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