



CDP Research Update -- July 6, 2017

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- The incorporation of emotion-regulation skills into couple- and family-based treatments for post-traumatic stress disorder.
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- Demographic and clinical characteristics of treatment seeking women with full and subthreshold PTSD and concurrent cannabis and cocaine use disorders.
- Insomnia moderates the association between alcohol use and consequences among young adult veterans.
- The incorporation of emotion-regulation skills into couple- and family-based treatments for post-traumatic stress disorder.

- Examining the Relationship Between Parent and Child Psychopathology in Treatment-Seeking Veterans.
- Subjective Cohesion as Stress Buffer Among Civilians Working With the Military in Iraq and Afghanistan.
- Links of Interest

<http://onlinelibrary.wiley.com/doi/10.1002/jts.22202/full>

Cognitive Emotion Regulation Strategies Associated With the DSM-5 Posttraumatic Stress Disorder Criteria.

Kaczurkin, A. N., Zang, Y., Gay, N. G., Peterson, A. L., Yarvis, J. S., Borah, E. V., Dondanville, K. A., Hembree, E. A., Litz, B. T., Mintz, J., Young-McCaughan, S., Foa, E. B. and The STRONG STAR Consortium

Journal of Traumatic Stress
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DOI: 10.1002/jts.22202

Maladaptive cognitive emotion regulation strategies have been proposed to contribute to the maintenance of posttraumatic stress disorder (PTSD). Prior work has focused on the relationship between these strategies and PTSD as a whole, rather than on how they are related to each PTSD symptom cluster. The purpose of the current study was to determine whether cognitive emotion regulation strategies are predictive of certain PTSD symptom clusters under the Diagnostic and Statistical Manual of Mental Disorders 5th ed. (DSM-5; American Psychiatric Association, 2013) criteria (intrusive thoughts, avoidance, negative alterations in cognitions and mood, and hyperarousal). Participants included 365 treatment-seeking, active-duty military personnel with PTSD. The negative alterations in cognitions and mood cluster were associated with dysfunctional cognitions: greater negative cognitions about the self, negative cognitions about the world, and self-blame, as well as catastrophizing ($r = .519$). The negative alterations in cognitions and mood cluster did not show a strong relationship with blaming others, possibly due to the complex nature of self- and other-blame in this primarily deployment-related PTSD sample. Finally, the intrusive thoughts cluster was associated with catastrophizing ($r = .211$), suggesting an association between frequent intrusive memories and excessively negative interpretation of those memories.

<https://mmrjournal.biomedcentral.com/articles/10.1186/s40779-017-0130-9>

The incorporation of emotion-regulation skills into couple- and family-based treatments for post-traumatic stress disorder.

Deborah A. Perlick, Frederic J. Sautter, Julia J. Becker-Cretu, Danielle Schultz, Savannah C. Grier, Alexander V. Libin, Manon Maitland Schladen and Shirley M. Glynn

Military Medical Research

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Post-traumatic stress disorder (PTSD) is a disabling, potentially chronic disorder that is characterized by re-experience and hyperarousal symptoms as well as the avoidance of trauma-related stimuli. The distress experienced by many veterans of the Vietnam War and their partners prompted a strong interest in developing conjoint interventions that could both alleviate the core symptoms of PTSD and strengthen family bonds. We review the evolution of and evidence base for conjoint PTSD treatments from the Vietnam era through the post-911 era. Our review is particularly focused on the use of treatment strategies that are designed to address the emotions that are generated by the core symptoms of the disorder to reduce their adverse impact on veterans, their partners and the relationship. We present a rationale and evidence to support the direct incorporation of emotion-regulation skills training into conjoint interventions for PTSD. We begin by reviewing emerging evidence suggesting that high levels of emotion dysregulation are characteristic of and predict the severity of both PTSD symptoms and the level of interpersonal/marital difficulties reported by veterans with PTSD and their family members. In doing so, we present a compelling rationale for the inclusion of formal skills training in emotional regulation in couple-/family-based PTSD treatments. We further argue that increased exposure to trauma-related memories and emotions in treatments based on learning theory requires veterans and their partners to learn to manage the uncomfortable emotions that they previously avoided. Conjoint treatments that were developed in the last 30 years all acknowledge the importance of emotions in PTSD but vary widely in their relative emphasis on helping participants to acquire strategies to modulate them compared to other therapeutic tasks such as learning about the disorder or disclosing the trauma to a loved one. We conclude our review by describing two recent innovative treatments for PTSD that incorporate a special emphasis on emotion-regulation skills training in the dyadic context: structured approach therapy (SAT) and multi-family group for military couples (MFG-MC). Although

the incorporation of emotion-regulation skills into conjoint PTSD therapies appears promising, replication and comparison to cognitive-behavioral approaches is needed to refine our understanding of which symptoms and veterans might be more responsive to one approach versus others.

<https://www.karger.com/Article/Abstract/470846>

The Effects of an Internet-Based Imagery Rehearsal Intervention: A Randomized Controlled Trial.

Gieselmann A., Böckermann M., Sorbi M., Pietrowsky R.

Psychotherapy and Psychosomatics
2017, Vol.86, No. 4; 231-240
<https://doi.org/10.1159/000470846>

Background:

Nightmares are extremely dysphoric dreams, which are prevalent and associated with psychological strain. This study investigated (a) the efficacy of an internet-based imagery rehearsal therapy (IRT), (b) the role of imagery rescription, and (c) the role of guidance during internet-based IRT.

Methods:

A total of 127 patients suffering from mainly idiopathic nightmares were randomly assigned to 1 of 2 IRT internet-based groups (guided IRT; unguided IRT) or to 1 of 2 active control groups (frequency control group; narrative control group).

Results:

IRT was more effective than a nightmare frequency control condition with respect to nightmare frequency and nightmare distress. Compared to the narrative control group, IRT was only superior in improving nightmare distress but not in nightmare frequency because the narrative control group also improved regarding nightmare frequency. Guidance by a nightmare coach did not affect efficacy, compliance, or dropout.

Conclusion:

Internet-based IRT seems to be an effective treatment even when offered with minimal guidance by a nightmare coach. Describing the nightmare narrative in detail already decreased nightmare frequency. However, with regard to inducing decreases in

nightmare frequency and nightmare distress, IRT was superior to the narrative control group. The results are discussed with reference to the mastery hypothesis.

<https://www.ncbi.nlm.nih.gov/pubmed/28657698>

Prim Care Companion CNS Disord. 2017 Jun 22;19(3). doi: 10.4088/PCC.17m02118.

Mental and Physical Health Conditions in US Combat Veterans: Results From the National Health and Resilience in Veterans Study.

Thomas MM, Harpaz-Rotem I, Tsai J, Southwick SM, Pietrzak RH

OBJECTIVE:

To identify sociodemographic and military characteristics of combat-exposed and non-combat-exposed veterans in the United States and to compare rates of mental and physical health conditions in these populations.

METHODS:

Data were analyzed from the National Health and Resilience in Veterans Study (NHRVS), a contemporary, nationally representative survey of 1,480 US veterans conducted September-October 2013. Poststratification weights were applied to analyses to permit generalizability of results to the US veteran population. Outcomes measured included lifetime and current psychiatric disorders and physical health conditions.

RESULTS:

A total 38% of US veterans reported being exposed to combat. Compared to noncombat veterans, combat veterans were younger, had greater household income, and served a greater number of years in the military; were more likely to be male, to have served in the Marine Corps, and to use the Veterans Affairs Healthcare System as their main source of health care; and reported a greater number of lifetime potentially traumatic events. After adjustment for these sociodemographic and military differences, combat veterans were more than 3 times as likely as noncombat veterans to screen positive for lifetime posttraumatic stress disorder (PTSD) and more than twice as likely for current PTSD and had 82% greater odds of screening positive for current generalized anxiety disorder. After additionally controlling for lifetime diagnoses of PTSD and depression, alcohol or drug use disorder, and nicotine dependence, combat veterans had 68% greater odds of having attempted suicide and 85% and 38% greater

odds of being diagnosed with a stroke and chronic pain, respectively. Younger combat veterans were more likely than older combat veterans to screen positive for lifetime (30.6% vs 10.1%) and current PTSD (19.2% vs 4.9%) and suicidal ideation (18.6% vs 6.9%) and to have been diagnosed with migraine headaches (12.8% vs 2.1%), while older combat veterans were more likely than younger combat veterans to report having been diagnosed with heart disease (19.2% vs 2.6%) and heart attack (13.9% vs 2.5%).

CONCLUSIONS:

Compared to noncombat veterans in the United States, combat veterans have elevated rates of PTSD, suicide attempt, stroke, and chronic pain independent of other sociodemographic, military, and mental health factors. Younger combat veterans have elevated rates of PTSD, suicidal ideation, and migraine headaches, while older combat veterans have elevated rates of heart disease and heart attack. These results characterize the population-based burden of mental and physical health conditions in combat veterans. They further underscore the importance of age- and condition-sensitive screening, monitoring, and treatment efforts in this population.

<https://www.ncbi.nlm.nih.gov/pubmed/28040826>

Soc Psychiatry Psychiatr Epidemiol. 2017 Mar;52(3):341-352. doi: 10.1007/s00127-016-1321-5. Epub 2016 Dec 31.

Consequences of PTSD for the work and family quality of life of female and male U.S. Afghanistan and Iraq War veterans.

Vogt D, Smith BN, Fox AB, Amoroso T, Taverna E, Schnurr PP

PURPOSE:

Although it is well established that combat-related PTSD can lead to reduced quality of life, less is known about the relative effect of PTSD on different aspects of former service members' post-military readjustment. Moreover, research on female veterans' reintegration experiences is limited. This study aimed to document the work and family quality of life of post-9/11 male and female veterans and evaluate the gender-specific impact of PTSD on veterans' work and family outcomes.

METHODS:

A national sample of 524 post-9/11 veterans completed mailed surveys as part of a

longitudinal study. Descriptive and regression-based analyses were gender-stratified and weighted to enhance representativeness to the larger population.

RESULTS:

With a few notable exceptions, the majority of post-9/11 U.S. veterans reported high work and family quality of life. PTSD was not associated with either employment or relationship status; however, it did predict poorer work and family functioning and satisfaction for both men and women, with the most consistent negative effects on intimate relationships. Several gender differences were found, primarily with respect to work experiences.

CONCLUSIONS:

Although most post-9/11 veterans appear to be doing well in both their work and family lives, results support the need for interventions that can mitigate the negative effect of PTSD and other associated mental health conditions on several aspects of work and family quality of life. Findings contribute to research suggesting both similarities and differences in the post-military readjustment of male and female post-9/11 veterans and underscore the need for additional consideration of the unique work-related challenges women experience following military service.

<https://www.ncbi.nlm.nih.gov/pubmed/27739175>

Pain Pract. 2017 Apr;17(4):546-553. doi: 10.1111/papr.12503. Epub 2016 Oct 14.

Stellate Ganglion Block in the Treatment of Post-traumatic Stress Disorder: A Review of Historical and Recent Literature.

Summers MR, Nevin RL

Concerns over the rising prevalence of post-traumatic stress disorder (PTSD), particularly among military service members returning from combat, and over barriers that hinder individuals from seeking out or adhering to standard therapies have contributed to interest in alternative therapies for the disorder. A novel alternative therapy for PTSD-stellate ganglion block (SGB)-may be considered lacking in formal evidence of efficacy despite having shown considerable promise. This review of the recent and historical literature related to SGB finds evidence of substantial beneficial psychiatric effects and substantiates that this fast-acting, somatic treatment may provide

positive results for patients with PTSD and may reduce barriers to therapy, particularly among military populations. © 2016 World Institute of Pain.

<http://onlinelibrary.wiley.com/doi/10.1002/mpr.1570/full>

The Post-Deployment Mental Health (PDMH) study and repository: A multi-site study of US Afghanistan and Iraq era veterans.

Mira Brancu, H. Ryan Wagner, Rajendra A. Morey, Jean C. Beckham, Patrick S. Calhoun, Larry A. Tupler, Christine E. Marx, Katherine H. Taber, Robin A. Hurley, Jared Rowland, Scott D. McDonald, Jeffrey M. Hoerle, Scott D. Moore, Harold S. Kudler, Richard D. Weiner, VA Mid-Atlantic MIRECC Workgroup and John A. Fairbank

International Journal of Methods in Psychiatric Research

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DOI: 10.1002/mpr.1570

The United States (US) Department of Veterans Affairs (VA) Mid-Atlantic Mental Illness Research, Education, and Clinical Center (MIRECC) Post-Deployment Mental Health (PDMH) multi-site study examines post-deployment mental health in US military Afghanistan/Iraq-era veterans. The study includes the comprehensive behavioral health characterization of over 3600 study participants and the genetic, metabolomic, neurocognitive, and neuroimaging data for many of the participants. The study design also incorporates an infrastructure for a data repository to re-contact participants for follow-up studies. The overwhelming majority (94%) of participants consented to be re-contacted for future studies, and our recently completed feasibility study indicates that 73–83% of these participants could be reached successfully for enrollment into longitudinal follow-up investigations. Longitudinal concurrent cohort follow-up studies will be conducted (5–10+ years post-baseline) to examine predictors of illness chronicity, resilience, recovery, functional outcome, and other variables, and will include neuroimaging, genetic/epigenetic, serum biomarker, and neurocognitive studies, among others. To date, the PDMH study has generated more than 35 publications from the baseline data and the repository has been leveraged in over 20 publications from follow-up studies drawing from this cohort. Limitations that may affect data collection for a longitudinal follow-up study are also presented.

<https://www.ncbi.nlm.nih.gov/pubmed/28650191>

J Pers Soc Psychol. 2017 Jun 26. doi: 10.1037/pspp0000152. [Epub ahead of print]

Perceived Problem-Solving Deficits and Suicidal Ideation: Evidence for the Explanatory Roles of Thwarted Belongingness and Perceived Burdensomeness in Five Samples.

Chu C, Walker KL, Stanley IH, Hirsch JK, Greenberg JH, Rudd MD, Joiner TE.

Perceived social problem-solving deficits are associated with suicide risk; however, little research has examined the mechanisms underlying this relationship. The interpersonal theory of suicide proposes 2 mechanisms in the pathogenesis of suicidal desire: intractable feelings of thwarted belongingness (TB) and perceived burdensomeness (PB). This study tested whether TB and PB serve as explanatory links in the relationship between perceived social problem-solving (SPS) deficits and suicidal thoughts and behaviors cross-sectionally and longitudinally. The specificity of TB and PB was evaluated by testing depression as a rival mediator. Self-report measures of perceived SPS deficits, TB, PB, suicidal ideation, and depression were administered in 5 adult samples: 336 and 105 undergraduates from 2 universities, 53 homeless individuals, 222 primary care patients, and 329 military members. Bias-corrected bootstrap mediation and meta-analyses were conducted to examine the magnitude of the direct and indirect effects, and the proposed mediation paths were tested using zero-inflated negative binomial regressions. Cross-sectionally, TB and PB were significant parallel mediators of the relationship between perceived SPS deficits and ideation, beyond depression. Longitudinally and beyond depression, in 1 study, both TB and PB emerged as significant explanatory factors, and in the other, only PB was a significant mediator. Findings supported the specificity of TB and PB: Depression and SPS deficits were not significant mediators. The relationship between perceived SPS deficits and ideation was explained by interpersonal theory variables, particularly PB. Findings support a novel application of the interpersonal theory, and bolster a growing compendium of literature implicating perceived SPS deficits in suicide risk. (PsycINFO Database Record (c) 2017 APA, all rights reserved).

[http://www.journalofsubstanceabusetreatment.com/article/S0740-5472\(17\)30009-0/fulltext](http://www.journalofsubstanceabusetreatment.com/article/S0740-5472(17)30009-0/fulltext)

Demographic and clinical characteristics of treatment seeking women with full and subthreshold PTSD and concurrent cannabis and cocaine use disorders.

Lesia M. Ruglass, Alina Shevorykin, Christina Brezing, Mei-Chen Hu, Denise A. Hien

Journal of Substance Abuse Treatment

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While the detrimental effects of concurrent substance use disorders (SUDs) are now being well documented, very few studies have examined this comorbidity among women with posttraumatic stress disorder (PTSD). Data for these analyses were derived from the “Women and Trauma” study conducted within the National Drug Abuse Treatment Clinical Trials Network. Women with full or subthreshold PTSD and co-occurring cannabis use disorder (CUD) and cocaine use disorder (COD; N = 99) were compared to their counterparts with co-occurring CUD only (N = 26) and co-occurring COD only (N = 161) on rates of trauma exposure, psychiatric disorders, psychosocial problems, and other substance use utilizing a set of multivariate logistic regressions. In models adjusted for age and race/ethnicity, women with PTSD and COD only were significantly older than their counterparts with CUD only and concurrent CUD + COD. Relative to those with CUD only, women with concurrent CUD + COD had higher odds of adult sexual assault. Relative to those with COD only, women with concurrent CUD + COD had higher odds of alcohol use disorder in the past 12 months. Finally, relative to those with CUD only, women with COD only had higher odds of ever being arrested/convicted and adult sexual assault. The higher rates of adult sexual assault and alcohol use disorder among those with concurrent CUD + COD suggest the need for trauma-informed approaches that can respond to the needs of this dually-diagnosed population. Moreover, the causal link between repeated traumatic stress exposure and polysubstance use requires further examination.

<http://www.sciencedirect.com/science/article/pii/S0306460317302423>

Insomnia moderates the association between alcohol use and consequences among young adult veterans.

Mary Beth Miller, Angelo M. DiBello, Kate B. Carey, Eric R. Pedersen

Addictive Behaviors

Available online 1 July 2017

<https://doi.org/10.1016/j.addbeh.2017.06.020>

Objective

Symptoms of insomnia and heavy alcohol use tend to co-occur among military and veteran samples. The current study examined insomnia as a moderator of the association between alcohol use and related consequences among young adult veterans in an effort to extend and replicate findings observed in samples of civilian young adults.

Method

Young adult veterans (N = 622; 83% male; age M = 29.0, SD = 3.4) reporting alcohol use in the past year completed measures of insomnia severity, alcohol use, and alcohol-related consequences as part of a larger intervention trial. Participants were classified as screening 'positive' (n = 383, 62%) or 'negative' (n = 239, 38%) for insomnia using the Insomnia Severity Index. Hierarchical regression was used to examine the interaction between drinking quantity and insomnia on alcohol-related consequences. Predictor and outcome variables were measured concurrently.

Results

Both a greater number of drinks per week and a positive insomnia screen were associated with more alcohol-related consequences. Drinks per week and insomnia screen interacted to predict alcohol-related consequences, such that the effect of drinking on alcohol-related consequences was stronger in the context of a positive versus negative insomnia screen.

Conclusion

Drinking is associated with more alcohol-related consequences in the presence of clinically significant insomnia symptoms. These findings replicate those documented in civilian young adults and indicate that insomnia may be an appropriate target for alcohol prevention and intervention efforts among young adult veterans.

The incorporation of emotion-regulation skills into couple- and family-based treatments for post-traumatic stress disorder.

Deborah A. Perlick, Frederic J. Sautter, Julia J. Becker-Cretu, Danielle Schultz, Savannah C. Grier, Alexander V. Libin, Manon Maitland Schladen and Shirley M. Glynn

Military Medical Research

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Post-traumatic stress disorder (PTSD) is a disabling, potentially chronic disorder that is characterized by re-experience and hyperarousal symptoms as well as the avoidance of trauma-related stimuli. The distress experienced by many veterans of the Vietnam War and their partners prompted a strong interest in developing conjoint interventions that could both alleviate the core symptoms of PTSD and strengthen family bonds. We review the evolution of and evidence base for conjoint PTSD treatments from the Vietnam era through the post-911 era. Our review is particularly focused on the use of treatment strategies that are designed to address the emotions that are generated by the core symptoms of the disorder to reduce their adverse impact on veterans, their partners and the relationship. We present a rationale and evidence to support the direct incorporation of emotion-regulation skills training into conjoint interventions for PTSD. We begin by reviewing emerging evidence suggesting that high levels of emotion dysregulation are characteristic of and predict the severity of both PTSD symptoms and the level of interpersonal/marital difficulties reported by veterans with PTSD and their family members. In doing so, we present a compelling rationale for the inclusion of formal skills training in emotional regulation in couple-/family-based PTSD treatments. We further argue that increased exposure to trauma-related memories and emotions in treatments based on learning theory requires veterans and their partners to learn to manage the uncomfortable emotions that they previously avoided. Conjoint treatments that were developed in the last 30 years all acknowledge the importance of emotions in PTSD but vary widely in their relative emphasis on helping participants to acquire strategies to modulate them compared to other therapeutic tasks such as learning about the disorder or disclosing the trauma to a loved one. We conclude our review by describing two recent innovative treatments for PTSD that incorporate a special emphasis on emotion-regulation skills training in the dyadic context: structured approach therapy (SAT) and multi-family group for military couples (MFG-MC). Although the incorporation of emotion-regulation skills into conjoint PTSD therapies appears promising, replication and comparison to cognitive-behavioral approaches is needed to

refine our understanding of which symptoms and veterans might be more responsive to one approach versus others.

<https://www.ncbi.nlm.nih.gov/pubmed/28660407>

Child Psychiatry Hum Dev. 2017 Jun 28. doi: 10.1007/s10578-017-0743-y. [Epub ahead of print]

Examining the Relationship Between Parent and Child Psychopathology in Treatment-Seeking Veterans.

Zalta AK, Bui E, Karnik NS, Held P, Laifer LM, Sager JC, Zou D, Rauch PK, Simon NM, Pollack MH, Ohye B

This study aimed to examine: (1) the relationship between parental psychopathology and child psychopathology in military families and (2) parenting sense of competence as a mediator of the relationship between veteran psychopathology and child psychopathology. As part of their standard clinical evaluations, 215 treatment-seeking veterans who reported having a child between the ages of 4 and 17 were assessed for psychopathology (posttraumatic stress disorder, depression, anxiety, and stress), their sense of competence as a parent, and their child's psychopathology (internalizing, externalizing, and attentional symptoms). A path analysis model examining parenting sense of competence as a mediator of the relationship between veteran psychopathology and child psychopathology showed significant indirect effects of veteran depression on all child psychopathology outcomes via parenting sense of competence. Parental sense of competence may be a critical mechanism linking veteran depression and child psychopathology, and may therefore be an important target for intervention.

<http://journals.sagepub.com/doi/abs/10.1177/0095327X17707203>

Subjective Cohesion as Stress Buffer Among Civilians Working With the Military in Iraq and Afghanistan.

Alex Bierman, Ryan Kelty

Armed Forces & Society

Article first published online: June 29, 2017

DOI: <https://doi.org/10.1177/0095327X17707203>

Recent research shows that civilians who work with the military in war zones are often exposed to life-threatening situations that can create psychological distress. In this study, we examine whether cohesion buffers the relationship between threat and psychological distress. Using a probability sample of civilians working with the U.S. Army in Iraq and Afghanistan, we find that cohesion buffers the relationship between threat and both internalizing and externalizing forms of emotional distress, but does so nonlinearly, with buffering observed at moderate but not high levels of cohesion. This research shows that cohesion may be an important resource for the mental health of civilians working in war zones but also supports sociological theory positing that the utility of social resources for individual well-being may be obviated in tightly integrative social contexts.

Links of Interest

How A Forward-Looking Approach To Gender Will Make The Marines Stronger

<http://taskandpurpose.com/not-just-women-forward-looking-approach-gender-will-make-marines-stronger/>

UNT study finds cognitive therapy helps soldiers with insomnia

<http://ntdaily.com/unt-study-finds-cognitive-therapy-helps-soldiers-with-insomnia/>

When Trauma Won't Quit: Understanding Complex Posttraumatic Stress

<http://www.goodtherapy.org/blog/when-trauma-wont-quit-understanding-complex-posttraumatic-stress-0628175>

Myrtle Beach veterans struggling with PTSD find relief swimming with big fish

http://www.postandcourier.com/news/myrtle-beach-veterans-struggling-with-ptsd-find-relief-swimming-with/article_0e231b86-5c24-11e7-85cc-f350e38fb585.html

From Breaking Point to Unbreakable Bond: A Story of PTSD Recovery

<http://afterdeployment.dcoe.mil/blogs/expert/from-breaking-point-to-unbreakable-bond-a-story-of-ptsd-recovery>

Electric Brain Stimulation No Better Than Meds For Depression: Study
https://medlineplus.gov/news/fullstory_166920.html

Risky Behavior Triggers Vicious Cycle for Vets With PTSD
https://medlineplus.gov/news/fullstory_166852.html

Poor Sleep May Worsen Suicidal Thoughts
https://medlineplus.gov/news/fullstory_166928.html

More than half of all opioid prescriptions go to people with mental illness
<https://www.sciencedaily.com/releases/2017/06/170627105452.htm>

The secret connection between anxiety, sleep
<https://www.sciencedaily.com/releases/2017/07/170701081720.htm>

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