

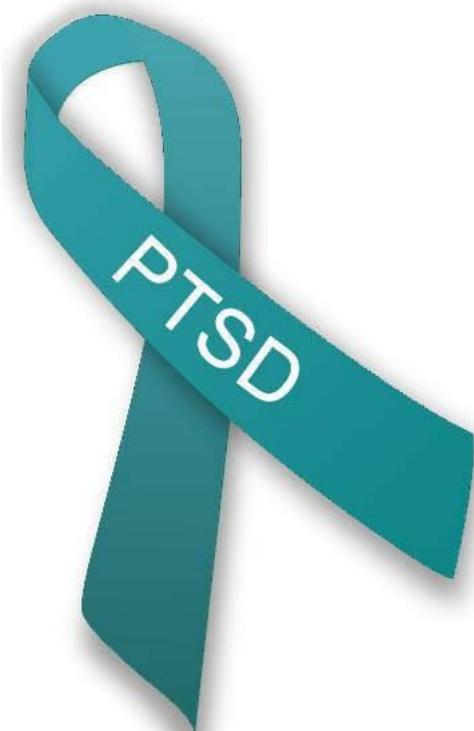
LIFELINE

YOUR CONNECTION TO CURRENT MEDICAL RESOURCES

Post Traumatic Stress Disorder

VOLUME 24

FALL 2015



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A PUBLICATION
OF THE HEALTH CONCERNS
COMMITTEE

AN AD HOC COMMITTEE OF RASD,
A DIVISION OF SCLA
and NYLA

INTRODUCTION

This bibliography on Post Traumatic Stress Disorder, compiled by the Health Concerns Committee of the Reference and Adult Services Division of the Suffolk County Library Association, is designed to act as a reference tool and a collection development guide. It presents an annotated, selective list of items in this subject area suitable for purchase by public and academic libraries. Most of the materials have publication dates within the past three years. All titles were selected by the committee. An attempt was made to cover all types of materials, including periodicals, adult, children and young adult books, databases, films, organizations, Internet sites, and hotlines.

The Health Concerns Committee was formed in January 1989. Its purpose is to explore and exchange information about health-related resources on topics of interest to public, school, academic, and special library patrons. Its objectives are to produce an annual bibliography and arrange an annual program as part of the RASD workshops. All librarians in Suffolk County are encouraged to join the committee.

Rona Dressler
Health Concerns Committee

Books

Dreazen, Yoci. *The Invisible Front: Love and Loss in an Era of Endless War*. New York: Crown, 2014. 306p. 9780385347839.

The Invisible Front is the story of how one family tries to set aside their grief and find purpose in almost unimaginable loss as they work to change how the Army treats those with PTSD and to erase the stigma that prevents suicidal troops from getting the help they need before making the darkest of choices.

Harris, Shilo. *Steel Will: My Journey Through Hell to Become the Man I Was Meant to Be*. Grand Rapids, MI: Baker Books, 2014. 265p. 9780801016554.

The incredible memoir of a soldier who survived an IED explosion, spent 48 days in a coma, underwent 50 skin graft surgeries, and battled PTSD to emerge with a renewed confidence in the goodness of God and a deeper love for the wife who stood beside him through it all.

Hermann, Judith Lewis. *Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror*. New York: Basic Books, 2015. 326p. 9780465061716.

The author brings a new level of understanding to a set of problems usually considered individually. Herman draws on her own cutting-edge research in domestic violence as well as on the vast literature of combat veterans and victims of political terror, to show the parallels between private terrors such as rape and public traumas such as terrorism.

McClelland, Mac. *Irritable Hearts: A PTSD Love Story*. New York: Flatiron Books, 2015. 308p. 9781250052896.

Human rights reporter is plagued by waking terrors, violent fantasies, and crippling emotional breakdowns after reporting on the earthquake in Haiti in 2010. McClelland discovers she is far from alone: while we frequently associate PTSD with wartime combat, it is more often caused by other manner of trauma. She begins to probe the depths of her illness, exploring our culture's history with PTSD, delving into the latest research by the country's top scientists and therapists.

Matsakis, Aphrodite. *Loving Someone with PTSD: A Practical Guide to Understanding and Connecting With Your Partner After Trauma*. Oakland, CA: New Harbinger Publications, 2014. 240p. 9781608827862.

One of the few books written for those living with someone suffering from PTSD, the author presents concrete skills and strategies for the partners of those living with PTSD.

Miller, Rick. *The IRest Program for Healing PTSD*. Oakland: New Harbinger Publications, 2015. 205p. 9781626250246.

Clinical psychologist and yoga scholar Rick Miller offers a ten step yoga program which includes deep meditation techniques in this book to help PTSD sufferers overcome some of the common symptoms of the disorder.

Morris, David J. *The Evil Hours: A Biography of Post-Traumatic Stress Disorder*. Boston: Houghton Mifflin Harcourt, 2015. 338p. 9780544086616.

War correspondent, former Marine, and PTSD sufferer himself — David Morris has written the essential account of this illness. Through interviews with individuals living with PTSD, forays into the scientific, literary, and cultural history of the illness, and memoir, Morris crafts a moving work that will speak not only to those with the condition and to their loved ones, but also to all of us struggling to make sense of an anxious and uncertain time.

Nickerson, Mark, I. *The Wounds Within: A Veteran, a PTSD Therapist and a Nation Unprepared*. New York: Skyhorse Publishing, 2015. 216p. 9781632204196.

Follows the iconic case of Marine Lance Corporal Jeff Lucey, who deployed early in the Iraq War, battled PTSD after returning home, and set his family on a decade-long campaign to reform the Veterans Affairs system and end the stigma around military-related mental health issues.

Rendon, Jim. *Upside: The New Science of Post Traumatic Growth*. New York: Simon and Schuster, 2015. 269p. 9781476761633.

While many survivors suffer long-term emotional damage from PTSD, over the last several decades psychologists have discovered that with the right circumstances and proper support, survivors can actually emerge from their trauma stronger, more focused and with a new and clear vision for the future.

Rodriguez, Daniel. *Rise: A Soldier, A Dream and A Promise Kept*. Boston: Houghton Mifflin Harcourt, 2014. 236p. 9780544365605.

This tells the story of a young soldier who fought his way out of the darkness of PTSD to earn a spot on the Clemson football team.

Rosenthal, Michele. *Heal Your PTSD: Dynamic Strategies That Work*. Berkley: Conari Press, 2015. 226p. 9781573246378.

This workbook provides an interesting and lay-friendly approach to the basic process of healing PTSD. It advocates self-help measures and self-empowerment as tools to emotional health.

Rosenthal, Michele. *Your Life After Trauma: Powerful Practices to Reclaim Your Identity*. New York: WW. Norton and Company, 2015. 283p. 9780393709001.

Michele Rosenthal, a professional coach who specializes in helping trauma victims rebuild their lives, struggled with the effects of medically-induced post-traumatic stress disorder for over 25 years before reaching a full recovery. In this book, she applies her personal experience and professional wisdom to offer readers an invaluable roadmap to overcoming their own trauma.

Tick, Edward, Ph.D. *Warrior's Return: Restoring the Soul After War*. Boulder Colorado: Sounds True, 2014. 299p. 9781622032006.

In spite of billions spent on psychological care and reintegration programs, when soldiers return many face an epidemic of combat-related conditions such as PTSD. Dr. Edward Tick presents a powerful case for changing the way we welcome our veterans back from service - a vision and a path for transforming the wounds of war into sources of wisdom, honor, and growth.

Vitelli, Romeo. *The Everything Guide to Overcoming PTSD: Simple Effective Techniques for Healing and Recovery*. Avon, Massachusetts: Adams Media, 2014. 303p. 9781440574627.

This guide provides supportive advice and treatment techniques for those diagnosed with PTSD.

Williams, Kayla. *Plenty of Time When We Get Home: Love and Recovery in the Aftermath of War*. New York: WW Norton and Company, 2014. 252p. 9780393239362.

This autobiography documents the author's marriage to a fellow Iraq War veteran, describing the impact of his brain injury on their relationship, their shared efforts to overcome post-traumatic stress, and the lack of support for veterans.

Van der Kolk, Bessel, A. *The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma*. New York: Viking, 2014. 443p. 9780676785933.

Renowned trauma expert Bessel Van der Kolk reveals how traumatic stress rearranges the brain's wiring and shows how these areas can be reactivated through neuro feedback, mindfulness, yoga and other therapies.

Periodicals

Beil, Laura. "Emotional Wounds: For Some Children, the Effects of a Disaster Reach Deeper than Anticipated". *Science News*. 186:12 (December 13, 2014) 22-25.

Such traumatic events as the Oklahoma City bombing, school shootings, and natural disasters can result in PTSD for child survivors. The severity of the symptoms vary according to the child's pre-disaster mental health, parents' emotional consistency, depth of dose of exposure, and whether or not he/she was close to someone who died. A list of post-traumatic stress symptoms, based upon age, is provided.

Beil, Laura. "Who Killed Chris Kyle?" *Men's Health*, 28:10 (December 2013) 160.

An award-winning health and science journalist describes the circumstances which led veteran Eddie Routh to murder ex-Navy SEAL Chris Kyle and his friend as they tried to help him overcome his post traumatic stress disorder. Beil examines Routh's childhood, his life as a Marine, and his family's attempts at getting him help for post traumatic stress disorder. She examines the limitations of the Veterans' Administration, including their backlog of cases and discusses its culpability. This article earned The American Society of Journalists and Authors annual award for "Reporting on a significant topic."

"Can You Get PTSD from a Virtual Experience?" *Popular Science*. 285:4 (October 2014) 78-79.

Probably not, but psychiatrist Albert "Skip" Rizzo has used virtual-reality (VR) environments to help patients with PTSD relive controlled versions of traumatic events in order to move past them. Work such as this has been done since the mid-1990s, with people suffering traumatic events from the 9/11 attacks, Afghanistan and Iraq wars, and more.

Colman, Allison. "Recreational Therapy: Helping Soldiers Cope with PTSD". *Parks & Recreation*. 50:6 (June 2015) 14-15.

In reference to a U.S. Census Bureau report detailing the prevalence of PTSD among the military, this article reviews how the armed forces are using recreational therapy to help their members cope with PTSD. Some of the outreach programs include Semper Fit (Marine Corps) and the U.S. Army's American Art Therapy Program.

Conniff, Richard. "Fearless: Will Scientists Soon Be Able to Erase Our Most Traumatic Memories?" *Smithsonian* (May 2014) 14.

Results from a study with mice at MIT point towards the possibility of modifying traumatic memories through the use of fear extinction therapy combined with a drug, HDAC inhibitor.

Cormier, Zoe. "Is Ecstasy an Answer? The First Clinical Trial in Canada is Underway to Test Whether the Party Drug Could Be Part of a Treatment for those with PTSD". *Maclean's*. 128:28 (July 20, 2015) 39-42.

Standard talk therapy works for only 75% of PTSD victims coping with flashbacks, nightmares, and high stress levels. Administration of MDMA (Ecstasy) during therapy already has been tried in small studies in Switzerland, Israel, and the United States. Now, a Canadian clinical trial is underway. The troubles that researchers had in gaining government approval and the drug's physiological effects are discussed.

Crocker, Ruth. "Being There". *Public Management*. 96:7 (August 2014) 26-28.

In the workplace, unrecognized and untreated PTSD can cause physical and emotional health problems and strain on interpersonal relationships. Appropriate ways to respond to the PTSD sufferer include: recognize that each person reacts differently to disasters and traumatic events; avoid telling the person what he/she should be feeling, thinking or doing; listen with unconditional regard if the person shares a past experience; reassure that you respect his/her privacy; avoid patronizing behavior; and acquaint yourself with professionals who treat PTSD and be prepared to make a recommendation of one to the sufferer.

Dawson-Cook, Susan. "Post-Traumatic Stress Disorder and Exercise". *American Fitness*. 33:2 (March-April 2015) 48-50.

This article notes that post traumatic stress disorder is an anxiety disorder resulting from military combat duty, or from family suicide, natural disaster, accident, or life-threatening illness. Most effective forms of activity for treatment are of low to moderate intensity: yoga, Qigong, low-intensity aerobics, and pranayama breathing techniques. Veterans' administration hospitals and several university recreation centers and health clubs now offer fitness programs to meet veterans' needs, which include quiet, low-stress surroundings and a trainer who is supportive but not aggressive.

Dreazen, Yochi. "Tour of Duty". *Foreign Policy*. 208 (September/October 2014) 52-59.

Former U.S. Army Staff Sergeant Ty Carter, winner of a Medal of Honor, is also a sufferer of post traumatic stress disorder caused by combat in Afghanistan. Here we find out about Carter's experiences with PTSD, how he tried to treat it first with alcohol and then with therapy. We also learn about the frequency of PTSD among the military and police forces and the stigma mental illness places on its victims.

Fennessy, Christine. "Running Back from Hell Normally". *Runner's World*. 49:3 (March 2014) 66-117.

Mark Powers, Ph.D. studied the effects of exercise on PTSD symptoms; comparing exercise with therapy sessions with therapy alone. A brain protein called brain-derived neurotrophic factor, or BDNF, helps the brain adapt to stressors and repair itself. It is also involved with learning and memory. It has been found that people with depression, anxiety, and PTSD have low levels of the protein. Exercise might boost levels of BDNF. After the 12-week study ended, the

exercise plus group had higher BDNF blood levels and lessened symptoms compared to the therapy only group.

“Findings from Naval Health Research Center in Women’s Health Research Reported (Posttraumatic Stress Disorder after Combat Zone Deployment Among Navy and Marine Corps Men and Women)”. *Women’s Health Weekly*. (July 17, 2014) 113.

A summary of a report from the Naval Health Research Center was published. It states that “relative to men, women in this sample had a similar probability of screening positive for PTSD following deployment”. Also, “deployment to a combat zone does not affect women differently from men”.

Greenspan, Farrel, Moretzstohn, Andreia G. and Peter H. Silvestra “What Treatments Are Available for Childhood Sexual Abuse, and How Do They Compare?” *International Journal of Advances in Psychology*. 2:4 (November 2013) 232.

Childhood sexual abuse (CSA) is estimated to occur in 15-20% females and 8-10% males and can result in a variety of psychiatric disorders, most commonly post traumatic stress disorder (approximately 36%). Therapies used include cognitive behavioral therapy (CBT), trauma-focused CBT, eye movement desensitization and reprocessing (EMDR), play therapy, art therapy and pet therapy. Regarding the benefits of individual vs. group therapy, a study found both to be effective but the latter better in improving self-concept. The researchers from the University of Alberta in Canada conclude that evidence does not point to any specific therapy as being more effective than any other but that some therapy is better than none. They point to the need for further study to better determine the optimal therapy for various ages, genders and types of CSA.

Iozzio, Corinne. “Virtually Revolutionary”. *Scientific American*. 311:4 (October 2014) 26. The advent of the Oculus Rift virtual-reality headset, costing an economical \$350, as opposed to the laboratory version system for \$2000, has enabled psychiatrist Albert “Skip” Rizzo of University of Southern California to continue and increase his work of treating victims of combat PTSD with virtual-reality.

Jacobson, Roni. “The Persistence of Memory”. *Scientific American*. 312:4 (April 2015) 14-16. Neurobiologist David Glanzman has conducted research suggesting that memories may reside inside brain cells and speculates on its implications for treating PTSD. The use of the drug propranolol, electrical stimulation or therapy blocks the process of memory reconsolidation,

Kane, Ed. “K9s for Warriors: Saving the Lives of Veterans with PTSD: Program Pairs Service Dogs with Combat-Scarred Soldiers who Are Battling to Return to Normal Life as Civilians”. *DVM News Magazine*. (May 2015) 40.

The article describes the K9s for Warriors program, created in 2011 and based in Florida. The purpose is to provide service dogs for veterans suffering from PTSD. It details how the dogs are selected and trained. Recently, legislation was

introduced in Congress that proposes the establishment of five VA facilities to contract with local dog organizations in training service dogs.

Kasinof, Laura. "Women, War and PTSD. Are Female Warriors More Likely to be Traumatized by Combat?" *Washington Monthly*. 4:5 (November-December 2013) 18.

With the recent lifting of the ban against women in combat, freelance journalist Laura Kasinof, previously working with The New York Times, discusses how some women may experience war and homecoming differently than men. These women may require different types of support than was previously provided to men. As of the date of this article, there is no definitive study on the subject. Using stories of returning female veterans, the author makes a strong case for further study and examination.

Kheirbek, Mazen A. and Rene Hen. "Neurons Anxiety". *Scientific American*. 311:1 (July 2014) 62-67.

Brain research is being conducted that might help PTSD victims modify their painful memories. The brain is able to distinguish events and situations from one another through pattern separation, occurring in the dentate gyrus of the brain. Production of new neurons promotes lessening of anxiety.

Lahoz, Colet. "Posttraumatic Stress Disorder (PTSD) Responds Well to Acupuncture and Herbal Medicine". *Townsend Letter*. 377 (December 2014) 70.

The author, a registered nurse and practitioner of holistic medicine and acupuncture, treated a patient with severe PTSD. With regularly scheduled visits for acupuncture, and administration of some herbal medicines, the patient was able to come off the fifteen pharmaceutical drugs he was taking. His PTSD symptoms were reduced.

Lopez, Oscar. "Prison Officers Need Help, but They Won't Ask for it; In a Constant State of Fight or Flight, Corrections Officers Suffer High Rates of Mental Health Problems". *Newsweek Global*. 162:22 (June 6, 2014) 1-7.

The article states that corrections officers suffer PTSD at rates comparable to those individuals in armed services, and includes symptoms of substance abuse and suicide. The author says that training on how to handle stress isn't given but should be.

Main, Douglas. "It's a Gas, Gas, Gas". *Newsweek Global*. 163:10 (September 12, 2014) 42-43.

A study co-authored by Professor Edward Meloni demonstrates the use of the noble gas xenon in the treatment of PTSD. The study, using rats, shows that xenon gas interferes with the re-encoding of the "fear memory or the emotional component of it". The researchers plan to test xenon's effect on memory reconsolidation in people within a year, however not yet on PTSD patients.

Main, Douglas. “Xenon Gas Could Erase Traumatic Memories; Xenon Gas, already Used in Humans as an Anesthetic, Might Be Able to Treat PTSD More Effectively than Drugs.” *Newsweek Global*. 163:10 (September 12, 2014).

A new study reveals that xenon, a noble gas used as an anesthetic for humans, can be used to treat those people suffering from PTSD. It works by disrupting the process by which traumatic memories and/or the fear that accompanies them are re-encoded. The study was conducted on rats; tests on humans will be done in the future.

McMillan, Kelley. “The Agony and the Ecstasy.” *Marie Claire*. 22:9 (September 2015) 384-389.

The article describes the treatment of 54 women, ranging in ages from 23 to 66, who were suffering from PTSD due to combat, rape, physical and sexual torture, and more. They underwent MDMA-assisted clinical psychotherapy sessions. Researchers believe MDMA’s effects on the amygdala and prefrontal cortex allow the patients to understand their trauma without being overwhelmed by negative emotions. Then, patients undergo memory reconsolidation, in which memories are changed when they are reactivated and updated with new information.

McNaught, Jason. “Progress – Without the Side Effects: Offering Soldiers with PTSD a New Approach to Mental Health”. *Esprit de Corps*. 22:5 (June 2015) 55.

Canadian soldiers who suffer from PTSD after service in Afghanistan are being treated by Jonathan Downar, MD with a procedure called repetitive Transcranial Magnetic Stimulation, or rTMS for short. With this, brief magnetic field pulses are applied to specific parts of the brain that have been affected by mental trauma.

Meiling, Brittany. “Medical Community Finding Some Success in Treating PTSD: Variety of Treatments Used to Deal with the Disorder”. *San Diego Business Journal*. 35:42 (October 20, 2014) 15.

Sonya Norman, research psychologist at the VA Healthcare System in San Diego, reports that many of the studies underway there include determining the effectiveness of videoconferencing therapy sessions, cognitive processing therapy, prolonged exposure therapy, and virtual reality therapy.

Moir, Matt. “Evolution of an Illness: How Shell Shock in the Great War has Changed over the Past Century, and is now Treated as Post-Traumatic Stress “. *Esprit de Corps*. 22:3 (April 2015) 39.

PTSD has existed under several different names throughout the millennia. In 1980, The American Psychiatric Association included PTSD in its Diagnostic and Statistical Manual of Mental Disorders. The Canadian Mental Health Association also recognizes PTSD as a mental illness, the second most common disability for Canadian soldiers who served in Afghanistan.

Murtha, Lisa. "Peace Be with You". *Cincinnati Magazine*. 48:4 (January 2015) 77.

Discusses the two methods commonly used in treating PTSD. One is prolonged exposure therapy, which combines reimagining the trauma in the office with in-vivo exposures. The other therapy is cognitive processing, where the cognitions the person has created due to the trauma are questioned.

"New Findings Reported from University of Michigan Describe Advances in Post-Traumatic Stress Disorders (Posttraumatic Stress Disorder, Smoking, and Cortisol in a Community Sample of Pregnant Women)". *Women's Health Weekly*. (September 18, 2014) 186.

The prevalence of PTSD in the United States is higher among pregnant women than in women generally. It is associated with difficult birth outcomes as a result of physiological and behavioral changes, such as those caused by smoking. The study recommends that smoking cessation programs be offered to pregnant women.

Romm, Cari. "Changing Memories to Treat PTSD". *Nationaljournal.com*. (August 28, 2014).

Discusses an article recently published in the journal *Biological Psychiatry* that reviewed several studies using memory reconsolidation to treat PTSD. To achieve this, the old memory is called to mind, modified with the help of drugs or behavioral interventions, and then restored with new information incorporated.

Sanders, Laura. "Bad Memories Fade with a Short Jolt: Research Illustrates Vulnerability of Brain's Information Storage". *Science News*. 185:4 (February 8, 2014) 10.

Electroconvulsive therapy may help fade bad memories in the brain through a process called reconsolidation. This can be used in treatment of PTSD and other anxiety disorders.

"Screen Therapy". *Atlanta*. 54:4 (August 2014) 22.

Barbara Rothbaum, the director of Emory University's Trauma and Anxiety Recovery Program is interviewed. She describes the treatment of PTSD at their center, comparing the traditional method with one using virtual reality techniques. Use of virtual reality enables reduction of the number of talk therapy sessions.

Scutti, Susan. "The Body Keeps Score". *Newsweek*. 165:2 (July 10, 2015) 50-51.

This is a review of the long-term effects of PTSD on the survivors of the 2001 Air Transat Flight 236 landing in the Azores, Portugal. One of the survivors, Margaret McKinnon, associate professor of psychiatry and neuroscience at McMaster University, conducted two studies, part of which involved survivors reliving the incident by viewing a video recreation while in an MRI scanner. It was suggested that trauma changes the way an individual views the world; also, how you see the world to begin with may make you more or less predisposed to PTSD, should you undergo a traumatic experience.

Sebastian, Junger. "The Never-Ending War: The Bonds of Battle." *Vanity Fair*. 57:6 (June 2015) 106.

The author claims that PTSD is a "natural response to danger, it's almost unavoidable in the short term and mostly self-correcting in the long term". However, a 2007 study states that people who already have psychological issues, either inherited or developed because of abuse in childhood, are more likely to suffer from PTSD. Also according to a 2000 study, if you have an educational deficit, are female, have a low I.Q., or were abused as a child, you are more likely to suffer from PTSD.

Shimer Bowers, Elizabeth. "My Life Was Worth Fighting For". *Prevention*. 67:7 (July 2015) 56-58.

Nurse Cherissa Jackson suffered from PTSD after returning from her tour of duty in Iraq and Afghanistan. On the recommendation of her psychologist, who also prescribed medication, Jackson restarted her physical training and running routine. She eventually was able to get off her medication. She now works with Veterans Affairs to encourage other PTSD sufferers to continue with their physical training.

Shulevitz, Judith. "This Is the Science of Survival". *New Republic*. 245:19 (November 24, 2014) 86-95.

The stress of traumatic experience can result in PTSD in the victims and be continued in their children. Based on studies by psychologist Rachel Yehuda and others, the article explores whether PTSD symptoms in the children of victims is a result of genetic change or upbringing. Victims of the Cambodian War and the Holocaust, and their descendants, are given as examples.

Specter, Michael. "Partial Recall". *New Yorker*. 90:13 (May 19, 2014) 38.

A history of studies done on how memories are stored in the brain, especially how emotional memories are formed in the brain and how they can be modified (reconsolidation) to relieve symptoms of PTSD.

"Surviving Post-Traumatic Stress: Resources for PTSD". *EMSWorld.com*. (November 2014).

A list of resources/contacts for those with PTSD; presented during a panel discussion at the EMS World Expo.

Taylor Fleming, Anne. "The Good Soldier". *Los Angeles Magazine*. 59:8 (August 2014) 84-88.

The article describes the experiences of former U.S. Navy Seal Mikal Vega, a victim of PTSD from his combat experiences in Iraq. At first treated with painkillers and psychoactive drugs for his neck injury and still suffering from physical and psychological pain, Vega turned to kundalini, a group of yoga disciplines, acupuncture and meditation.

- Tedesco, Laura. "The Invisible Wound of War". *Men's Health*. 30:3 (April 2015) 87.
Erectile dysfunction can be a symptom of PTSD. While the Veterans Administration usually treats this with a prescription for Viagra, this may be suitable only for physical genital injuries. A better method of treatment is couples therapy.
- Thompson, Mark. "A Troubled Marine's Final Fight". *Time*. 183:5 (February 10, 2014) 36.
Presents the story of Marine Sergeant David Linley, who suffered from PTSD as a result of combat served in Iraq. At home, after abusing alcohol, he engaged in a shootout with the police and was captured. He was not found insane, is serving 16 years in prison yet is receiving very little psychiatric therapy while there. There are many other incarcerated PTSD sufferers in the U.S.
- Thompson, Mark. "Unlocking the Secrets of PTSD". *Time*. 185:12 (April 6, 2015) 40-43.
Neuropathologist Dr. Ann McKee is in charge of establishing the Veterans Administration's Leahy-Friedman National PTSD Brain Bank. The bank will allow research groups to obtain samples to be used to understand PTSD, caused both by combat and non-combat situations, and to develop treatments. The article also discusses the impact that untreated PTSD has on families of sufferers.
- Tucker, Patrick. "How Genes Could Predict Who Will Get PTSD". *Nationaljournal.com*. (August 13, 2014)
A review of a study with rats demonstrating that gene expression may show which individuals are predisposed to PTSD. This is followed by a review of experimental work with soldiers in Israel who, if they are predisposed to PTSD, are treated with Cortisol pills.
- Tucker, Patrick. "The Military Is Building Brain Chips to Treat PTSD". *Nationaljournal.com*. (May 29, 2014)
DARPA is working with research companies to create a cybernetic implant with electrodes extending into the brain, within the next five years. This might be used to treat symptoms of PTSD, anxiety, and depression.
- White, Christine Cissy. "The Value of Mental Pictures: how One Woman Fights PTSD with Guided Imagery". *Spirituality & Health Magazine*. 17:6 (November-December 2014) 26.
The author describes how she copes with symptoms of PTSD using guided meditation and imagery, and gives a list of sources that others can use.
- Yeager, Ashley. "Memories of Fear Shift in the Brain: Newfound Neural Circuit May Shed Light on Anxiety Disorders". *Science News*. 187:4 (February 21, 2015) 12.
Two recent and separate scientific studies using rodents found that a memory can be on temporary hold in one part of the brain and later released to a completely different spot. Neurons in the brain's frontal lobe retrieve fear memories from the amygdala; this may lead to further study on treating PTSD and other anxiety disorders.

Youngsmith, Barron. “Breathe in, Breathe out, and Forget”. *Foreign Policy*. 210 (January/February 2015) 27.

A study authored by Edward Meloni from the McLean psychiatric hospital reports that the use of xenon gas lessens fear and other negative emotions associated with remembering past traumatic events in rats. It may be of use in treating PTSD in humans.

NEWSPAPERS

“Experts Dispute Linking of PTSD to Violence”. *Chicago Tribune* (April 4, 2014) 10.

Mental health experts said that there is no definitive link between PTSD sufferers and violent shootings. “There is a misconception with PTSD that a symptom is anger and violence”, states Dr. Henry Croft, a San Antonio based psychiatrist and author of the PTSD help book, “I Always Sit with My Back to the Wall.” Incidents where shootings have occurred on Army bases and other military sites increase the stigma associated with PTSD. PTSD is an anxiety disorder that can develop after exposure to a life-threatening event. Symptoms include flashbacks, depression, anxiety, social avoidance, being easily startled, and having trouble sleeping or concentrate

Grey, Phillip. “Is There an Answer for PTSD?” *Leaf Chronicle* (Apr 5, 2015).

This article explains a treatment used for PTSD that has proven to be effective for many sufferers. EMDR, or eye movement desensitization and reprocessing, has been backed by the American Psychiatric Association, the World Health Organization and the Departments of Defense and Veterans Affairs. This therapy has been found to be most effective when used in conjunction with other conventional forms of therapy. EMDR procedure consists of hand movements the patient has to follow, while answering questions and then integrating the memory of a bad experience in a healthy manner, so when they recall the event, they are no longer living it. The professional must lay the groundwork for the treatment plan and ask the right questions at the correct point for the procedure to work. The ability to be able to think, analyze and feel at the same time begins to happen. While this therapy does not work for everyone, if it does work, it works well.

Leiby, Richard. “Brain Zapping: Veterans Say Experimental PTSD Treatment Has Changed Their Lives”. *The Washington Post* (January 12, 2015).

MRT, or magnetic resonance therapy, is a procedure that pulses energy from magnetic coils into the brains’ cortex. Also called brain zapping, this FDA approved procedure has helped autistic children as well as individuals suffering from major depression. It realigns and synchronizes the firing of neurons in each patient’s brain, depending on the condition they are suffering from. A brain initiative is now in place to harness private, academic and federal research along

the lines of the Human Genome Project, this time using experts in physics and medicine to focus on the brain's nearly 100 billion neurons and 100 trillion connections – the circuitry that governs thought, learning and behavior.

Manalastas, Ruby. "Dealing With Insomnia if You Have PTSD". *Pacific Daily News*. (February 5, 2014).

Difficulty falling asleep, or insomnia is very common in people suffering from PTSD. According to the National Center for PTSD, people with PTSD have sleep problems because they may be on "alert", which is the need to check their family, and their surroundings at night to make sure no one is in danger. They may have excessive worry or negative thoughts; they may abuse drugs or alcohol, and they may suffer from bad dreams or nightmares. PTSD sufferers often have other medical problems which may impede restful sleep. Ways to improve sleep include dark rooms, avoiding alcohol, tobacco, spicy foods, chocolate and caffeine; exercise, controlling noise level and some sort of sleep pattern consistency.

Ochs, Ridgely. "Study Sees PTSD Link to Illness." *Newsday* (September 15, 2014) A2.

Responders to the World Trade Center attacks who have post-traumatic stress disorder are twice as likely to develop respiratory diseases compared with those without PTSD, according to a study of thousands of responders. The Stony Brook Medicine 's World Trade Center Health Program will receive \$4 million in grants for the studies from the National Institute of Occupational Safety and Health, including 2 million to continue research looking at the link between genetic changes, PTSD and respiratory illnesses.

"One in Four Stroke Victims Gets PTSD". *Newsday* (June 30, 2013) A45.

Post – traumatic stress disorder is not just a problem for military veterans, sexual assault survivors and other crime victims. It also plagues many stroke victims, according to new research published in the journal PLOS One. This new research developed from a growing awareness that medical traumas can lead to PTSD.

Osby, Liv. "Fireworks Can Rekindle Vets Trauma". *The Greenville News* (July 4, 2015) 5.

Fireworks can be a big problem for combat veterans, especially those who suffer from PTSD. The noise of the fireworks, sights and smells can trigger combat related memories of IED blasts or incoming missiles or bombs. Dr. Rebecca Wagner, a neuro-psychologist with Roger C. Peace Rehabilitation Hospital in Greenville said that up to 20% of combat veterans who served in Iraq or Afghanistan develop PTSD. It is important for family and friends to realize that the firework display is often not an enjoyable experience for the vet, and in many cases, it is best to avoid the situation.

Phillips, Michael M. "War Veterans Try Yoga, Hiking, Horseback Riding to Treat PTSD; Pressure Builds on the Department of Veterans Affairs to Expand Range of Treatments Beyond Drugs and Talk Therapy." *Wall Street Journal* (September 12, 2014) 1410537293.

Both veterans and alternative medicine advocates are pressuring the Department Of Veteran Affairs to expand the range of treatments for those who cannot find

relief in the standard regimen of drugs and talk therapy. The VA is wary of treatments whose value and safety have not been proven in large scale scientific studies. They do not want to be seen as carelessly experimenting on troubled veterans. Some types of alternative and complimentary treatments have been studied in the civilian population for PTSD related to car crashes, sexual assaults, death of loved ones and other traumas. One of the most highly touted is eye movement desensitization and reprocessing or EMDR. Other promising new therapies are based on mindfulness, the idea of feeling present in the moment and accepting one's feelings. While organizations such as the Wounded Warrior Project endorse only treatments with the VA seal of approval, there are many other alternative medicine advocates lobbying the VA, the US military and Congress to do more and to do it faster.

Shroder, Tom. "Can Psychedelic Trips Cure PTSD and other Maladies?" *The Washington Post* (November 18, 2014).

Pilot studies and clinical trials of LSD, psilocybin, ketamine and MDMA have shown that the drugs, often in combination with talk therapy, can be given safely under medical supervision and may help people dealing with opiate and tobacco addiction, alcoholism, anxiety, depression and post-traumatic stress disorder. Rick Doblin, founder and director of the nonprofit Multidisciplinary Association for Psychedelic Studies found those psychedelics interact with serotonin receptors in the brain and produce decreased activity which seems to impact the over activity of the brain with PTSD.

NEWSLETTERS

Anxiety & Depression Insights

Anxiety and Depression Association of America

<http://www.multibriefs.com/briefs/adaaorg/ADAAORG091515.php>

A bi-weekly newsletter that covers a range of topics related to anxiety and depression and includes information about post-traumatic stress syndrome. This publication is geared for anxiety and depression scientists, clinicians and researchers. Free.

Camp Hope Newsletter

PTSD Foundation of America

<http://ptsdusa.org/news-events/newsletters/>

This monthly newsletter is dedicated to getting help to veterans and their families affected by PTSD. The newsletter offers articles and highlights the organization's events. Free.

Clinician's Trauma Update

U.S. Department of Veteran's Affairs - National Center for PTSD, Executive Division

<http://www.ptsd.va.gov/professional/newsletters/ctu-online.asp>

This newsletter is published six times per year and is intended to keep all professionals up-to-date with the latest in trauma research. It includes brief updates on the latest clinically relevant research. Content on treatment and assessment is emphasized. Publications on other topics are included if the content has significant clinical implications. Free.

Let's Talk

Federal Occupational Health

<http://www.foh.hhs.gov/library/letstalk.html>

This monthly newsletter focuses on integrated health, wellness, and work/life balance. It includes special features including information on PTSD. Free.

PTSD Research Quarterly

U.S. Department of Veteran's Affairs - The National Center for PTSD

<http://www.ptsd.va.gov/professional/newsletters/ptsd-rq.asp>

Published 4 times per year this newsletter contains articles written by guest experts on a specific topic related to PTSD. A featured article section offers abstracts and article citations. Free.

Traumatic Stress Points Newsletter

International Society for Traumatic Stress Studies

<http://www.istss.org>

This online newsletter shares news, opinions about traumatic stress, highlights ISTSS and affiliate societies' activities and offers informational resources and feature articles of interest to the field. Published bi-monthly in February, April, June, August, October and December. Access is free for members of International Society of Traumatic Stress Studies.

SOCIAL MEDIA

Intrepid Fallen Heroes Fund:

The Intrepid Fallen Heroes Fund is a leader in supporting the men and women of the Armed Forces and their families.

Facebook: <https://www.facebook.com/IntrepidFallenHeroesFund>

Twitter: <https://twitter.com/IntrepidHeroes>

Youtube: <https://www.youtube.com/user/IntrepidFallenHeroes>

NAMI has a bunch of resources:

<http://www2.nami.org/template.cfm?section=PTSD>

<http://ptsdusa.org/get-help/warrior-groups/>

<http://www.fearlessnation4ptsd.org>

National Center for PTSD- U.S. Department of Veterans Affairs:

Facebook: <https://www.facebook.com/VAPTSD>

Twitter: https://twitter.com/VA_PTSD_Info

YouTube: <https://www.youtube.com/playlist?list=PL8FBF506DEC670ADF>

NIMH Twitter on PTSD: <http://www.nimh.nih.gov/news/science-news/2013/nimh-twitter-chat-on-post-traumatic-stress-disorder.shtml>

PTSD Foundation of America:

Mission: To combat Post Traumatic Stress

Bring healing to our military community (Active duty, Reserves and National Guard, veterans, and their families) through pastoral counseling, and peer mentoring, both on an individual basis, and in group settings.

Raise awareness of the increasing needs of the military community through public events, media outlets, social media, service organizations, and churches.

Networking government agencies, service organizations, churches and private sector businesses into a united "Corps of Compassion", to bring their combined resources together to meet the needs of the military community on a personal and individual/family level.

Facebook: <https://www.facebook.com/ptsdusa>

Google+: <https://plus.google.com/101310527861449026011/about>

Twitter: <https://twitter.com/ptsdusa>

YouTube: https://www.youtube.com/channel/UCogH0MsTDzqV8_yJ9a0-1Tw

PTSD United:

PTSD United, Inc. is a 501(c)3 non-profit organization dedicated to providing help, support and resources for sufferers of PTSD, their friends and family, and anyone else interested in learning more about Post Traumatic Stress Disorder.

Blog: <http://www.ptsdunited.org/blog/>

Facebook: <https://www.facebook.com/ptsdunited>

Google+: <https://plus.google.com/116802218242874941694/videos>

Twitter: <https://twitter.com/ptsdunited>

9-1-1 Veterans Inc.: 9-1-1 Veterans is a small non-profit organization dedicated to assisting Long Island's veterans.

<http://www.9-1-1Veterans.org/>

Facebook: <https://www.facebook.com/911Veterans>

Twitter: https://twitter.com/911_Veterans

Wives of PTSD Vets: For not only wives, but husbands, parents, children, siblings, friends, and all loved ones of vets and military members living with PTSD.

Facebook: <https://www.facebook.com/WivesofPTSDVets>

Twitter: <https://twitter.com/WivesofPTSDVets>

Wounded Warrior Project: Its mission is to raise awareness and enlist the public's aid for the needs of injured service members.

Facebook: <https://www.facebook.com/wwp>

Twitter: <https://twitter.com/wwp>

The number of veterans returning from Iraq and Afghanistan with some kind of traumatic brain injury is increasing daily, and has wide ranging effects including physical disfigurement, social stigma, emotional distress, and post-traumatic stress disorder (PTSD). In *Combat-Related Traumatic Brain Injury and PTSD*, authors Cheryl Lawhorne and Don Philpott offer guidance for the returning veteran, from treatment options, to diagnostic criteria and techniques, to resources for rehabilitation and support.

Wounded Warrior Project: Its mission is to raise awareness and enlist the public's aid for the needs of injured service members.

Facebook: <https://www.facebook.com/wwp>

Twitter: <https://twitter.com/wwp>

DVD

Free the mind. (2014) Length: 80 minutes. New York, NY: Alive Mind Cinema. 9786315616907. \$29.99.

Profiles the work of psychologist Richard Davidson, who found that it is possible to rewire the brain through meditation and mental training exercises. The film explores the intersection between modern neuroscience and ancient contemplative practices, as well as deeper questions about the nature of consciousness and how it manifests in the brain and body.

AUDIOBOOKS

Grossman, Dave. *On Combat*. United States: Hachette Audio, 2013. 9781619694538. 11 sound discs. \$29.99.

Lt. Col. Dave Grossman looks at what happens to the human body under the stresses of deadly battle—the impact on the nervous system, heart, breathing, visual and auditory perception, and memory. He also presents new and exciting research as to how to train the mind to become inoculated to stress, fear and even pain.

Herman, Judith Lewis. *Trauma and Recovery*. Old Saybrook, CT: Tantor Audio, 2011. 9781452634845. 11 sound discs. \$83.99.

Judith Herman brings a level of psychological understanding to a set of problems usually considered individually in this examination of such issues as domestic violence, political terror, and rape.

Highstein, Max. *Healing Imagery for PTSD*. Solon,OH: Findaway World,2014. 9781467665094. 1 audio media player. \$45.95.

This guided imagery program, with gentle narration and soothing background music, offers the opportunity to heal painful memories without reliving them in a way that's safe, comfortable, and effective.

Hoge, Charles W. *Once a Warrior Always a Warrior*. Old Saybrook,CT: Tantor Audio, 2012. 9781452607542. 9 sound discs. \$39.99.

Dr. Hoge reaches out to veterans and their families, helping family members to gain greater understanding of ways they can help their loved ones navigate the "PTSD paradox" while also helping veterans cope with combat stress and PTSD through a set of specific skills.

Lerner, Mark D. *It's OK Not to be OK During a Challenging Life Experience*. Melville, NY: M. Lerner, 2007. 0977281817. 1 sound disc. \$25.00.

Comprises three sessions: Understanding your experience, practical strategies to ease your pain, and Crises and opportunities.

DOWNLOADABLES

Hoge, Charles W. *Once a Warrior Always a Warrior*. Lanham: GPP Life, 2010. 9780762796199. Adobe EPub ebook.

Dr. Hoge reaches out to veterans and their families, helping family members to gain greater understanding of ways they can help their loved ones navigate the "PTSD paradox" while also helping veterans cope with combat stress and PTSD through a set of specific skills.

GOVERNMENT ORGANIZATIONS

American Psychological Association

750 First Street, NE

Washington, DC 20002-4242

Telephone: (800) 374-2721

Related Telephone: (202) 336-5500

URL: <http://www.apa.org/index.aspx>

Our mission is to advance the creation, communication and application of psychological knowledge to benefit society and improve people's lives. We do this by: encouraging the development and application of psychology in the broadest manner, promoting research in psychology, the improvement of research methods and conditions and the application of research findings, improving the qualifications and usefulness of psychologists by establishing high standards of

ethics, conduct, education and achievement, and increasing and disseminating psychological knowledge through meetings, professional contacts, reports, papers, discussions and publications.

Centers for Disease Control and Prevention: Public Health Genomics: PTSD

1600 Clifton Rd.

Atlanta, GA 30333 USA

Telephone: (800) 232-4636

Email: genetics@cdc.gov

URL: <http://www.cdc.gov/genomics/public/features/PTSD.htm>

The CDC Office of Public Health Genomics provides timely and credible information for the effective and responsible translation of genomics research into population health benefits.

Defense Suicide Prevention Office

URL: <http://www.suicideoutreach.org/index.htm>

Established in November 2011, the Defense Suicide Prevention Office (DSPO) is part of the Department of Defense's Office of the Under Secretary of Defense for Personnel and Readiness. DSPO oversees all strategic development, implementation, centralization, standardization, communication and evaluation of DoD suicide and risk reduction programs, policies and surveillance activities. To reduce the impact of suicide on Service members and their families, DSPO uses a range of approaches related to policy, research, communications, law and behavioral health. DSPO works with the Army, Navy, Air Force, Marine Corps, Coast Guard and National Guard Bureau to support our Service members and strengthen a resilient and ready force. DSPO strives to help foster a climate that encourages Service members to seek help for their behavioral health issues.

National Institutes of Health: National Library of Medicine: Medline Plus

URL: <http://www.nlm.nih.gov/medlineplus/posttraumaticstressdisorder.html>

MedlinePlus is the National Institutes of Health's Web site for patients and their families and friends. Produced by the National Library of Medicine, the world's largest medical library, it brings you information about diseases, conditions, and wellness issues in language you can understand. MedlinePlus offers reliable, up-to-date health information, anytime, anywhere, for free. You can use MedlinePlus to learn about the latest treatments, look up information on a drug or supplement, find out the meanings of words, or view medical videos or illustrations. You can also get links to the latest medical research on your topic or find out about clinical trials on a disease or condition.

National Institute of Mental Health: PTSD

6001 Executive Boulevard

Rockville, MD 20852

Telephone: (866) 615-6464 (toll-free)

Related Telephones: (301) 443-8431 (TTY) or (866) 415-8051 (TTY toll-free)

Email: NIMHinfo@mail.nih.gov

Fax: (301) 443-4279

URL: <http://www.nimh.nih.gov/index.shtml>

The mission of NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure. For the Institute to continue fulfilling this vital public health mission, it must foster innovative thinking and ensure that a full array of novel scientific perspectives are used to further discovery in the evolving science of brain, behavior, and experience. In this way, breakthroughs in science can become breakthroughs for all people with mental illnesses.

Real Warriors Campaign

2345 Crystal Drive,

Crystal Park 4, Suite 120

Arlington, Virginia 22202

Telephone: (866) 966-1020

Email: resources@dcooutreach.org

URL: <http://realwarriors.net/>

The Real Warriors Campaign is a multimedia public awareness campaign designed to encourage help-seeking behavior among service members, veterans and military families coping with invisible wounds. Launched by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) in 2009, the campaign is an integral part of the Defense Department's overall effort to encourage warriors and families to seek appropriate care and support for psychological health concerns. To reach the broadest audience possible, the campaign features a variety of strategies including outreach and partnerships, print materials, media outreach, an interactive website, mobile website and social media. The campaign features stories of real service members who reached out for psychological support or care with successful outcomes, including learning coping skills, maintaining their security clearance and continuing to succeed in their military or civilian careers. These Real Warriors are proving through example that reaching out is a sign of strength that benefits the entire military community. In addition, the campaign encourages use of the DCoE Outreach Center, a 24/7 call center staffed by health resource consultants to provide confidential answers, tools, tips and resources about psychological health and traumatic brain injury.

Substance Abuse and Mental Health Services Administration (SAMHSA)

1 Choke Cherry Road

Rockville, MD 20857

Telephones: (877) 726-4727 or (800) 487-4889 (TDD)

Related Telephones: Suicide Prevention Lifeline (800) 273-8255 or (800) 799-4889 (TTY)

URL: <http://www.samhsa.gov/>

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's

mission is to reduce the impact of substance abuse and mental illness on America's communities.

U.S. Department of Health and Human Services: Mental Health

200 Independence Avenue, S.W.

Washington, D.C. 20201

URL: <http://www.mentalhealth.gov/index.html>

MentalHealth.gov provides one-stop access to U.S. government mental health and mental health problems information. MentalHealth.gov aims to educate and guide: The general public, Health and emergency preparedness professionals, Policy makers, Government and business leaders, School systems and Local communities.

U.S. Department of Veterans Affairs: National Center for PTSD

100 West Main St.

Babylon, NY 11702

Telephone: (631) 661-3930

Related Telephone: (877) 927-8387

Fax: (631) 660-3871

URL: <http://www.ptsd.va.gov/>

The mission of the National Center for PTSD is to advance the clinical care and social welfare of America's Veterans and others who have experienced trauma, or who suffer from PTSD, through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders.

Veterans Crisis Hotline

Response of Suffolk County (Local community-based service)

Stony Brook, NY 11790

Telephone: (631) 751-7620

Fax: (631) 751-7420

URL: <http://www.veteranscrisisline.net/>

The caring responders at the Veterans Crisis Line are specially trained and experienced in helping Veterans of all ages and circumstances. Some of the responders are Veterans themselves and understand what Veterans and their families and friends have been through and the challenges Veterans of all ages and service eras face. In 2011, the National Veterans Suicide Prevention Hotline was renamed the Veterans Crisis Line to encourage Veterans and their families and friends to make the call. People who know a Veteran best may be the first to recognize emotional distress and reach out for support when issues reach a crisis point — and well before a Veteran is at risk of suicide.

GOVERNMENT PUBLICATIONS

Lawhorne, Cheryl, and Don Philpott. *Combat-related Traumatic Brain Injury and PTSD : A Resource and Recovery Guide*. Lanham, MD : Government Institutes, 2010.

The number of veterans returning from Iraq and Afghanistan with some kind of traumatic brain injury is increasing daily, and has wide ranging effects including physical disfigurement, social stigma, emotional distress, and post-traumatic stress disorder (PTSD). In *Combat-Related Traumatic Brain Injury and PTSD*, authors Cheryl Lawhorne and Don Philpott offer guidance for the returning veteran, from treatment options, to diagnostic criteria and techniques, to resources for rehabilitation and support.

Vasterling, Jennifer J., Bryant, and Richard A. Terence M. Keane, ed. *PTSD and Mild Traumatic Brain Injury*. New York: Guilford Press, 2012.

Posttraumatic stress disorder (PTSD) and mild traumatic brain injury (mTBI) can each cause significant functional impairment -- and these "invisible injuries" frequently co-occur. Events that lead to traumatic brain injury are often also psychologically traumatic. This authoritative volume brings together leading experts in PTSD and mTBI to explore the nature, consequences, and management of these interacting conditions. Presenting cutting-edge research and clinical practices, the book meets a growing need among mental health practitioners in both civilian and military contexts. The volume focuses on the complexities of caring for patients with comorbid PTSD and mTBI, whether caused by war-zone experiences, motor vehicle accidents, domestic violence or other interpersonal assaults, or sports concussions. Contributors examine the biological and psychosocial mechanisms underlying both disorders as well as potential ways they may affect each other. Commonly associated problems that may further complicate recovery -- chronic pain and substance abuse -- are also discussed in detail. Reviewing empirically based best practices in assessment and treatment, chapters offer recommendations for tailoring interventions to different patients' needs. Important topics include how to deal with dilemmas in evaluation and what treatment strategies work best for addressing overlapping symptoms. The book also considers ways to improve the structure and cost-effectiveness of providing care in this challenging area. Throughout, scientific controversies and unanswered questions are highlighted and promising directions for future research identified. Synthesizing knowledge from multiple disciplines, this is an essential reference for mental health practitioners and trauma specialists -- including neuropsychologists, clinical psychologists, psychiatrists, and social workers -- as well as graduate students and trainees.

GOVERNMENT RESOURCES

Abram, Karen M. "PTSD, Trauma, and Comorbid Psychiatric Disorders in Detained Youth". Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. (2013).

<http://permanent.access.gpo.gov/gpo58453/>

This bulletin examines the results of the Northwestern Juvenile Project—a prospective longitudinal study of youth detained at the Cook County Juvenile Temporary Detention Center in Chicago, IL. The authors discuss their findings on the prevalence of trauma and posttraumatic stress disorder (PTSD) among juvenile detainees and PTSD’s tendency to co-occur with other psychiatric disorders.

“An Examination of Veteran Access to Traditional and Alternative Forms of Mental Health Therapy”. The United States Congress House Committee on Veterans' Affairs. Subcommittee on Health. (2015).

<http://www.gpo.gov/fdsys/pkg/CHRG-113hrg86728/pdf/CHRG-113hrg86728.pdf>

Testimony from providers and organizations about the steps that still need to be taken by others around the country to improve the provision of mental health care to our veterans in need using both traditional and, where appropriate, alternative therapies.

Bass, Elizabeth. “The Veterans Health Administration's treatment of PTSD and traumatic brain injury”. The Congress of the United States Congressional Budget Office (2012).

<http://permanent.access.gpo.gov/gpo18872/02-09-PTSD.pdf>

In response to a request from the Ranking Member of the House Committee on Veterans’ Affairs, this Congressional Budget Office (CBO) study examines the following: The clinical care that the Veterans Health Administration (VHA), the health care system within the Department of Veterans Affairs, provides for recent combat veterans; VHA’s coordination with the Department of Defense for the care of service members returning from Iraq and Afghanistan; the prevalence of PTSD and TBI among veterans of those conflicts and the occurrence of those conditions among recent combat veterans using VHA’s services; and the costs to VHA of providing care to recent combat veterans for those conditions.

Gist, Richard. “Proposed Key Elements of a Critical Incident Intervention Program for Reducing the Effects of Potentially Traumatic Exposure on Train Crews to Grade Crossing and Trespasser Incidents: Final Report”.

http://permanent.access.gpo.gov/gpo48011/Critical%20Incident%20Intervention%20Program_FINAL.pdf

Exposure of railway employees, particularly locomotive engineers and conductors, to prototypical PTEs is well established. Paramount among these are incursion events involving vehicular accidents at grade crossings and pedestrian incursions onto railroad right of way (sometimes as a method of suicide). Regulatory efforts and other safety measures have effected a significant decrease in the frequency of accidents, but there has been an increase in both injury and fatality rates. Injuries sustained are often gruesome. Operators and conductors must often tend to the injured and secure the scene, which compounds proximity and duration of exposure to the traumatic event. This article discusses models for Critical Incident Stress Programs.

Grosse, Susan J. "Children and Post-traumatic Stress Disorder [electronic resource]: What Classroom Teachers Should Know ". Washington, D.C.: ERIC Clearinghouse on Teaching and Teacher Education; Greensboro, NC: ERIC Clearinghouse on Counseling and Student Services, (2001).

http://permanent.access.gpo.gov/websites/eric.ed.gov/ERIC_Digests/ed460122.htm

School children may be exposed to trauma in their personal lives or, increasingly, at school. Classroom teachers can help prepare children to cope with trauma by understanding the nature of trauma, teaching children skills for responding to an emergency, and learning how to mitigate the after-effects of trauma.

"Mental Health: Bridging the Gap Between Care and Compensation for Veterans." Hearing before the Committee on Veterans' Affairs, U.S. House of Representatives, One Hundred Twelfth Congress, first session. (2011).

<http://www.gpo.gov/fdsys/pkg/CHRG-111hrg67193/pdf/CHRG-111hrg67193.pdf>

With the advent of the recovery model as central to the treatment of mental health and disorders, the current system fails to support and may even create disincentives to recovery. This hearing looks into the fundamental question of whether disabled veterans are moving forward to lead full and productive lives, and for veterans who don't seek VA care, why they do not. Also discussed was the problems of disincentives to recovery, quality of care at the VA, reasons to seek care elsewhere, and effectiveness of treatment.

"National Research Action Plan: Responding to the Executive Order Improving Access to Mental Health Services for Veterans, Service Members, and Military Families". Department of Defense, Department of Veterans Affairs, Department of Health and Human Services, Department of Education. (2012).

http://permanent.access.gpo.gov/gpo39546/nrap_for_eo_on_mental_health_august_2

On August 31, 2012, President Obama issued an Executive Order directing the Departments of Defense (DoD), Veterans Affairs (VA), Health and Human Services (HHS), and Education to develop a National Research Action Plan (NRAP) on posttraumatic stress disorder (PTSD), other mental health conditions, and Traumatic Brain Injury (TBI) "to improve the coordination of agency research into these conditions and reduce the number of affected men and women through better prevention, diagnosis, and treatment." In this NRAP, the agencies outline coordinated research efforts to accelerate discovery of the causes and mechanisms underlying PTSD, TBI, and other co-occurring outcomes like suicide, depression, and substance abuse disorders. It describes research to rapidly translate what is learned into new effective prevention strategies and clinical innovations.

"The Nexus between Engaged in Combat with the Enemy and Post-traumatic Stress Disorder in an Era of Changing Warfare Tactics". Hearing before the Subcommittee on Disability Assistance and Memorial Affairs of the Committee on Veterans' Affairs, U.S. House of Representatives, One Hundred Eleventh Congress, first session. (2009).

<http://www.gpo.gov/fdsys/pkg/CHRG-111hrg48423/pdf/CHRG-111hrg48423.pdf>

The subject of this hearing was both retrospective and prospective in order to understand Title 38, section 1154, looking both backward to the original intent of Congress and forward to defining it in an era of modern warfare tactics and counterinsurgency. 1776. By the end of the Civil War, Congress recognized, “every soldier who was disabled while in service of the Republic, either by wounds, broken limbs, accidental injuries, or was broken down in the service by the exposure and hardships incident to camp life and field duty is entitled to an invalid pension.” It was believed that those exposures and hardships led to a malaise which is now known as PTSD.

“Quick Facts [electronic resource]: Traumatic Brain Injury (TBI), Post-traumatic Stress Disorder (PTSD)”. Washington, D.C: U.S. Dept. of Defense, Force Health Protection & Readiness. (2007).

http://fhp.osd.mil/pdhrainfo/media/TBI_and_PTSD_Quick_Facts.pdf

This article provides quick facts on symptoms of traumatic brain injury and PTSD.

“Redeployment Health Guide: A Service Member's Guide to Deployment-related Stress Problems”. U.S. Army Center for Health Promotion & Preventive Medicine, http://permanent.access.gpo.gov/gpo25768/72_Deployment_Related_Stress.pdf

This brochure is intended to help you understand some of the more serious deployment-related stress problems. It will also give you some general guidance on where you can go to get assistance if you think that you may be experiencing any of these problems.

“The Relationships between Military Sexual Assault, Post-traumatic Stress Disorder and Suicide, and on Department of Defense and Department of Veterans Affairs Medical Treatment and Management of Victims of Sexual Trauma”. Hearing before the Subcommittee on Personnel of the Committee on Armed Services, United States Senate, One Hundred Thirteenth Congress, second session (February 26, 2014.)

<http://www.gpo.gov/fdsys/pkg/CHRG-113shrg91318/pdf/CHRG-113shrg91318.pdf>

The subcommittee met to receive testimony about the relationship between military sexual assault, post-traumatic stress disorder (PTSD) and suicides, and the Department of Defense (DOD) and Department of Veterans Affairs (VA) medical treatment and management of victims of sexual trauma.

“Returning from the War Zone: A Guide for Military Personnel”. U.S. Department of Veterans Affairs. Dept. of Veterans Affairs, National Center for Post-Traumatic Stress Disorder (2010).

<http://permanent.access.gpo.gov/gpo539/SMGuide.pdf>

A guide for military personnel. Questions discussed are: What common reactions should you expect following the trauma of war? What experiences are you likely to encounter on the home front? How can you positively cope with the transition? What are signs that you or your war buddies might need some outside assistance? Where can you go for assistance?

“Trauma-informed Care for Women Veterans Experiencing Homelessness [electronic resource]: A Guide for Service Providers”. Washington, D.C.: U.S. Dept. of Labor, Women's Bureau. (2011).

<http://permanent.access.gpo.gov/gpo10833/WBTraumaGuide2011.pdf>

This was commissioned by the U.S. Department of Labor (DOL) Women’s Bureau (WB) as one of its many efforts to help women veterans who are experiencing homelessness find jobs and successfully reintegrate back to civilian life. This document is an outcome of a two-phase Women’s Bureau project that included coordination of listening sessions with women veterans experiencing homelessness and the subsequent development of quality resources for the community-based organizations that serve them.

“Understanding PTSD”. U.S. Department of Veterans Affairs, National Center for PTSD. (2010).

<http://permanent.access.gpo.gov/gpo33188/booklet.pdf>

This booklet will help you understand what PTSD is. You’ll learn how to get help for yourself, a friend, or a family member. It includes stories from people who have gotten help for their PTSD and have returned to their normal lives, activities, and relationships. “VA programs for veterans with post-traumatic stress disorder (PTSD)”. Washington, D.C.: U.S. Department of Veteran Affairs, Office of Public Affairs, Media Relations, (2002).

<http://permanent.access.gpo.gov/lps49073/>

Fact sheet discussing the number of veterans treated for PTSD since WWI, and description of facilities offering treatment.

Whetzel, Melanie. “Accommodating service members and veterans with post-traumatic stress disorder”. Morgantown, WV: U.S. Dept. of Labor, Office of Disability Employment Policy, Job Accommodation Network. (2011).

<http://permanent.access.gpo.gov/gpo12759/PTSDVetsA&CSeries.pdf>

The Job Accommodation Network’s Occupation and Industry Series is designed to help employers determine effective accommodations for their employees with disabilities and comply with title I of the Americans with Disabilities Act (ADA). Each publication in the series addresses a specific occupation or industry and provides information about that occupation or industry, ADA issues, accommodation ideas, and resources for additional

AGENCIES & ASSOCIATIONS

United States Federal Government:

National Center for Children Exposed to Violence (NCCEV)
Yale University Child Study Center 230 South Frontage Road
New Haven, CT 06520-7900
Toll-free: 1-877-496-2238
Telephone: 203-785-7047
FAX: 203-785-4608
E-mail: nccev@info.med.yale.edu

URL: <http://www.nccev.org>

The National Center for Children Exposed to Violence (NCCEV) works to increase the capacity of individuals and communities to reduce the incidence and impact of violence on children and families; to train and support the professionals who provide intervention and treatment to children and families affected by violence; and to increase professional and public awareness of the effects of violence on children, families, communities, and society. NCCEV is a resource center for anyone seeking information about the effects of violence on children and the initiatives designed to address this problem.

National Center for Posttraumatic Stress Disorder (NCPTSD)/

U.S. Department of Veterans Affairs

(116D) VA Medical Center 215 N. Main Street

White River Junction, VT 05009

Telephone: 802-296-5132

If you need immediate assistance, call 911 or 1-800-273-TALK/8255, press 1.

E-mail: ncptsd@va.gov

URL: <http://www.ptsd.va.gov/>

The National Center for PTSD is a program of the U.S. Department of Veterans Affairs. The Center has 7 Divisions across the country and carries out a broad range of activities in research, education, and training on traumatic stress and PTSD. Advancing science and promoting understanding of traumatic stress, the NCPTSD works to understand, prevent, diagnose, and treat PTSD in veterans and others following exposure to traumatic stress. NCPTSD cooperates with other agencies and organizations concerned with the impact of traumatic events on mental health.

The National Institute of Mental Health (NIMH)

Science Writing, Press & Dissemination Branch

6001 Executive Boulevard

Room 8184, MSC 9663

Bethesda, MD 20892-9663

Phone: 301-443-4513 or

1-866-615-NIMH (6464) toll-free

TTY: 301-443-8431

TTY: 866-415-8051 toll-free

FAX: 301-443-4279

E-mail: nimhinfo@nih.gov

URL: <http://www.nimh.nih.gov>

Related URLs: <https://findtreatment.samhsa.gov/locator/home>

A component of the National Institutes of Health, the NIMH seeks to reduce the burden of mental illness and behavioral disorders through research on the mind, brain, and behavior. NIMH provides a wide range of information based on that research. Publications are available through the NIMH Web site or by calling the NIMH information center for information and to order publications.

Anxiety and Depression Association of America (ADAA)

8701 Georgia Ave., Suite #412

Silver Spring, MD 20910

Telephone: 240.485.1001

E-mail: information@adaa.org

URL: www.adaa.org

Anxiety Disorders Association of America (ADAA), a nonprofit organization, was founded in 1980. The Association is dedicated to the prevention, treatment, and cure of anxiety and mood disorders, OCD, and PTSD. ADAA serves as a national clearinghouse for information on resources and referrals and helps in the exchange of information and ideas on phobia and related anxiety disorders treatment. The organization answers inquiries, provides reference services, provides information on research in progress, and conducts an annual national conference with workshops.

U.S. Department of Health & Human Services (HHS)

200 Independence Avenue, S.W.

Washington, D.C. 20201

Toll Free: 1-877-696-6775

URL: www.hhs.gov

Related URLs: <http://www.mentalhealth.gov/what-to-look-for/anxiety-disorders/ptsd/>

It is the mission of the U.S. Department of Health & Human Services (HHS) to enhance and protect the health and well-being of all Americans. We fulfill that mission by providing for effective health and human services and fostering advances in medicine, public health, and social services. HHS administers more than 100 programs across its operating divisions among those the Office of Women's Health (OWE Helpline: 800-994-9662) and the Substance Abuse and Mental Health Services Administration (SAMHSA)

<http://www.omh.ny.gov/omhweb/contact/>

New York State:

Mental Health Association in New York State (MHANYS)

194 WASHINGTON AVE. SUITE 415

ALBANY, NY 12210

Telephone: 518-434-0439

Fax: 518-427-8676

Email: info@mhanys.org

URL: www.mhanys.org

MHANYS has been involved in numerous projects that share the common theme of educating the public about mental illness and reducing the stigma of the illness. Such projects include the Parents with Psychiatric Disabilities Initiative (PWPD), The Empowerment Project, Families Together, Parent Support Network, the Community Mental Health Promotion Project, the Community Business Outreach Program, Self Help Clearinghouse, Medicare Part D Project, the Mental Health

Information Center, Building Connections: Sexual Assault and Mental Health Project, and the Health Care Enhancement Project.

Suffolk County & Nassau County:

Town of Brookhaven Veterans Services

Brookhaven Town Hall (3rd Floor)

1 Independence Hill

Farmingville, NY 11738

Telephone: 631-451-6574 (Call to make appointment with Veteran's Service Officer)

URL: <http://www.brookhaven.org/Departments/HousingandHumanServices/VeteransServices.aspx>

This office serves our veterans by gathering and providing information of benefits provided by the VA, State, County and local governments. This includes, but not limited to matters pertaining to educational training, employment, health and medical services.

Mental Health Association of Nassau County

Veterans Health Alliance of Long Island (VHALI)

Long Island Veterans Center of Babylon

116 W Main Street

Babylon, NY 11702

Telephone: 631-661-3930

URL: www.vetcenter.va.gov

Provides war trauma psychotherapy, family counseling, alcohol and drug counseling, marital, sexual harassment and bereavement counseling. Eligibility based on military service during war or hostile actions. Has irregular hours to accommodate working veterans. All services are provided free.

TREATMENT CENTERS

Below, you will find selected useful web-based interfaces and databases to help patients and their families and caregivers make informed decisions about evidence-based treatment modalities and services to treat post-traumatic stress disorder.

Agency for Healthcare Research and Quality (AHRQ)

(<http://www.ahrq.gov/>)

This website provides the latest research in evidence-based medicine and evidence-based practice in the areas of diagnosis, treatment, patient care, and care planning.

National Center for Biotechnology Information (NCBI) of the National Library of Medicine (NLM)

(<http://www.ncbi.nlm.nih.gov/guide/>)

The portal to NCBI's tools, downloads, resources, and databases to search for genomic and biomedical information.

For example,

PubMed for research articles: (<http://www.ncbi.nlm.nih.gov/pubmed>)

Bookshelf: (<http://www.ncbi.nlm.nih.gov/books>)

Medical subject headings: (MeSH) (<http://www.ncbi.nlm.nih.gov/mesh>)

National Library of Medicine (NLM)

(<http://www.clinicaltrials.gov/>)

ClinicalTrials.gov is “a registry and results database of publicly and privately supported clinical studies of human participants conducted around the world.”

Below, you will find selected treatment centers that provide clinical services, research and treatment programs, and specialized services to help treat those who have been diagnosed with post-traumatic stress disorder.

United States Federal Government. National Institutes of Health. National Institute of Mental Health (NIMH):

NIMH Anxiety Disorder Clinic

NIH

Clinical Center Building 10

4th Floor, Outpatient Clinic

Bethesda, MD 20892-1368

Telephone: (301) 496-4871

URL: (<http://www.nimh.nih.gov/health/trials/index.shtml>)

Metropolitan New York Region:

Columbia University Medical Center:

Center for the Study of Trauma and Resilience

New York State Psychiatric Institute

1051 Riverside Drive, Room 3200

New York, NY 10032

Staff: Dr. Yuval Neria, Ph.D, Director of Trauma and PTSD Program, Associate Professor of Clinical Psychology, Columbia University, College of Physicians and Surgeons

Telephone: (646) 774-8104

E-mail: ny126@columbia.edu

URL: (<http://www.columbiapsychiatry.org/researchclinics/center-trauma-resilience>)

According to its website, “The Trauma and PTSD Program in the Anxiety Disorders Clinic at the Department of Psychiatry of Columbia University and at the New York Psychiatric Institute is committed to improving the lives of people affected by trauma and bereavement. Clinicians, research scientists, and staff uphold our mission by:

- Conducting clinical studies to improve the effects of new treatments for individuals with post-traumatic stress disorder (PTSD), prolonged grief, and other trauma-related disorders;
- Advancing the study of individual and group response to extreme traumatic events including disasters, terrorism, and war;
- Fostering state-of-the-art research of the psychobiological underpinnings of trauma-related disorders and resilience.”

The PTSD Research Treatment and Program (CUPTSD) is located at:

Columbia University Medical Center
 New York State Psychiatric Institute
 3rd Floor, Room 3200
 105 Riverside Drive
 New York, NY 10032

Staff: Dr. Yuval Neria, PhD, Professor of Medical Psychology, Research Scientist, New York State Psychiatric Institute

Contact Program Coordinator for current research studies and treatment programs:

Mikael Rubin

Telephone: (646) 774-8104

URL: (<http://columbiapsychiatry.org/ptsd>)

Contact Information for The PTSD Research Treatment Program:

Columbia University/NYSPI

Anxiety Disorders Clinic

1051 Riverside Drive, Unit #69

New York, NY 10032

Contact Person: Mikael Rubin, Program Coordinator

Telephone: (646) 774-8104

URL: (<http://columbiatrauma.org>)

According to its website, “The CUPTSD is committed to improving the lives of trauma exposed populations via translation research and innovative treatments.” Its objectives include “developing neuro-science-informed treatments for PTSD;” and advancing research of extreme traumatic events including disasters, terrorism, and wars.”

Hopeful Dawn Foundation

67 Holly Hill Lane

Greenwich, CT 06830

Telephone: (646) 701-0076

E-mail: info@hopefuldawnfoundation.org

URLS: (<http://hopefuldawnfoundation.org/>);

(<http://hopefuldawnfoundation.org/collaboration>)

According to its website,

-- “The Hopeful Dawn Foundation, Columbia University, and Tel Aviv University have partnered to advance research, treatment, and insight into Trauma and Post-Traumatic Stress Disorder.”

-- “The purpose of the Hopeful Dawn Foundation is to establish international centers for the research, treatment and prevention of PTSD in affiliation with major universities and health care providers. Hopeful Dawn Foundation through these alliances will focus on education concerning trauma related disorders for patients, professionals and policy makers.”

-- The Hopeful Dawn Foundation is “dedicated to creating centers around the world to facilitate research, prevention and treatment of war veterans and other young adults who suffer from trauma, severe Post-Traumatic Stress Disorder and other related psychiatric disorders.”

Mount Sinai School of Medicine:

Icahn School of Medicine at Mount Sinai

Mood and Anxiety Disorders Program (MAP): PTSD Research

Atran Berg Laboratory Building

Floor E Level

1428 Madison Avenue

New York, NY 10024

Contact Person: Sarah Horn to participate in clinical trials for MAP or to learn about eligibility to participate in PTSD clinical trials

E-mail: sarah.horn@mssm.edu

Telephone: (212) 241-7910

Contact information for the Laboratory Building:

Telephone: (212) 241-7906

Fax: (212) 241-3354

URL: (<http://icahn.mssm.edu>) Type “ptsd” (without the quotes) in the search box to get to the following URL:

(<http://icahn.mssm.edu/research/programs/mood-and-anxiety-disorders-program/ptsd-research>)

The Mood and Anxiety Disorders Program (MAP) “is researching a range of new treatments for post-traumatic stress disorder (PTSD). ... “Studies include research into finding novel uses for current medications such as ketamine (an FDA-approved anesthetic) and developing new drugs.”

North Shore-LIJ Health System:

The Zucker Hillside Psychotherapy Center

Zucker Hillside Hospital

Long Island Jewish Medical Center

75-59 263rd Street

Glen Oaks, NY 11004

Contact Person: Anita Amancini, LCSW, Director of Business Development

Telephone: (718) 470-8250

URL: (<https://www.northshorelij.com>)

Audience: Military personnel, veterans, non-veterans, and their families

As a psychiatric hospital, Zucker Hillside Hospital specializes in behavioral health and provides specialized inpatient and outpatient treatment and rehabilitation services and programs to treat psychiatric illnesses, such as anxiety

disorders. According to the website, The Zucker Hillside Psychotherapy Center “is a specialized clinic designed to provide ongoing, dynamically-oriented psychotherapy treatments to patients with specific needs.”

Mildred and Frank Feinberg Division of the Unified Behavioral Health Center for Military Veterans and Their Families

132 E. Main Street, 1st Floor

Bay Shore, NY 11706

Telephone (631) 647-2430

URL: (<https://www.northshorelij.com>)

Call to find out if your insurance is accepted

Audience: Adults, couples and families, children, and adolescence

Founded in 2012, The Unified Behavioral Health Center for Military Veterans and Their Families is “the first-of-its-kind collaborative effort between the North Shore-LIJ Health System and the Northport VA Medical Center to evaluate and treat military personnel and their family members.” ... A “team of professionals work together to provide the best possible treatment of issues common to military family such as post-traumatic stress disorder (PTSD).”... “Services include coordinated care with the VA.”

Rosen Family Wellness Center

400 Community Drive, 1st Floor

Manhasset, NY 11030

Telephone: (516) 562-3260

E-mail: rosencenter@nshs.edu

Hours of operation: Monday-Friday, 8AM-9PM; Closed on Saturdays and Sundays

Audience: Individuals, couples, families, children, and adolescents

According to its website, “The Florence and Robert A. Rosen Family Wellness Center is dedicated to enhancing the well-being of law enforcement and military personnel and their families living on Long Island and in the NY metropolitan region. ... Health personnel specialize in behavioral psychiatry and psychological trauma which include evidence-based cognitive behavioral conjoin therapy for post-traumatic stress disorder.”

Stony Brook School of Medicine:

Stony Brook University Hospital

Department of Psychiatry

Adult Outpatient Services

101 Nicolls Road

Stony Brook, NY 11794

Telephone numbers:

Appointment for Outpatient Psychiatric Clinical Services: (631) 444-2570;

Psychiatric Emergency (Psychiatric ER): (631) 444-6050;

Hospital: (631) 689-8333

Contact information to address correspondence for research opportunities:

Stony Brook School of Medicine

Department of Psychiatry
HSC, Level T-10, Room 020
Stony Brook, NY 11794-8101

URL: (http://medicine.stonybrookmedicine.edu/psychiatry/pc/adult_outpatient)

The Clinic provides treatments for all major disorders including post-traumatic stress disorder. According to its website, the Outpatient Psychiatry Department at University Hospital “offers a wide range of services and treatment modalities” and “performs complete psychiatric evaluations and consultations on individuals ages 18 and older as well as follow-up treatments in a variety of therapeutic approaches.” ... “All treatments are supervised by highly experienced board certified psychiatrists.”

BLOGS and LISTSERVES

Anxiety and Depression Association of America

<http://www.adaa.org/blog>

Recently launched blog with posts about resources, medications, etc.

National Alliance on Mental Illness

<http://blog.nami.org/search?q=ptsd&max-results=20&by-date=true>

Entries raising awareness about daily life with PTSD.

PsychCentral Top PTSD Blogs

<http://psychcentral.com/blog/archives/2015/01/29/top-ptsd-blogs-of-2014/>

Annual list of top PTSD blogs selected by PsychCentral “because they contain links and strategies specifically for people with PTSD in its various forms.”

VAntage Point: Official Blog of the U.S. Department of Veteran Affairs

<http://www.blogs.va.gov/VAntage/?s=ptsd>

Entries about treatments, veteran stories, research and education, and more.