



BAUMUN'24 IAAP Study Guide

Reysi Kurtaran
Lukas Kılınç
Rana Ece Alper

Committee Board Member
Committee Board Member
Academic Assistant

BAUMUN'24 | 3 - 5 MAY
#WelcomeToBosphorus

Table of Content



1. Letter from the Secretary-General
2. Letter from the Board Members
3. Introduction to the Committee: IAAP (International Association of Applied Psychology)
4. Introduction to Agenda Item: PTSD and Reintegrating Veterans Into Society
5. Understanding Post Traumatic Stress Disorder (PTSD)
 - a. Definition, Common Symptoms and Diagnosing Criteria
6. Veterans and PTSD
 - a. Challenges that Veterans face with PTSD
 - b. Psychosocial Factors to PTSD
 - c. Socioeconomic Implications on Veterans
 - d. Case Study 1: Case of M40
 - e. Case Study 2 – Sue & Dave’s Journey in Returning to Civilian Life as Veterans
7. Considerations in PTSD and Veteran Reintegrations
 - a. Cultural Differences
 - b. Stigma Towards Veterans
8. Current Approaches to PTSD Treatment
 - a. Psychotherapy and Counseling
 - b. Medications and Pharmacological Developments
 - c. Innovative Therapeutic Models
9. Questions to be Addressed
10. Further Readings
11. Bibliography

Letter from the Secretary General



Dear Participants,

On behalf of the Secretariat and the entire Organization Team, it is my honor to extend a warm welcome to you all for the BAUMUN'24. As Secretary-General, I am thrilled to see intelligent, driven people from diverse organizations come together to have fruitful discussions and diplomatic engagements.

You will have the chance to participate in inspiring debates, negotiation sessions, and social events during the conference. There is no doubt that the diverse range of experiences and perspectives that each delegate brings to the table will enhance the success and energy of this conference.

Our dedicated team has put in endless hours to make sure that every detail of the conference is well thought out to give every participant a fulfilling and unforgettable experience. Through our committees and social events, we hope to establish an atmosphere that promotes friendship, teamwork, and a profound understanding of the UN's principles.

I invite you to approach each session of this intellectual experience with an open mind, a cooperative spirit, and a dedication to finding common ground. Your enthusiastic and active participation is what will make this conference a success, and I do not doubt that your efforts will make it something remarkable.

Once again, welcome back to the BAUMUN'24 and Welcome Back to Bosphorus. May your time here be filled with meaningful discussions, lasting connections, and a sense of accomplishment as we work together to empower tomorrow.

Sincerely,

İlgim Mina ABAT

Secretary-General of BAUMUN'24

BAUMUN'24 | 3 - 5 MAY

#WelcomeToBosphorus



Letter from the Chairboard

Most Esteemed Participants,

Firstly, it is our utmost pleasure to give you a warm welcome to IAAP, the International Association of Applied Psychology. We are Lukas Kılınç from Marmara University with a bachelor's degree in Political Science and Public Administration; and Reysi Kurtaran from Bahçeşehir University with double bachelor's degrees in Sociology and Psychology, and we are pleased to serve you as the Board Members in this committee.

Our agenda item, PTSD and Reintegrating Veterans Into Society, and the committee itself, the International Association of Psychology, is very crucial committee for us because this committee is where the field of psychology meets with the global societal agendas. With three people who have a background in psychology, we tried to do our best to give you a very beneficial guide to feed your interests in the field. Our expectations from you in this committee are to address the importance of cooperation, develop research initiatives, and challenge diverse differences by drawing attention to mental health.

Lastly, we want to express our special thanks to our Academic Assistant, Rana Ece Alper for her excellent and countless contributions, and we send our infinite gratitude to our honorable Secretary-General, Ilgim Mina Abat, her Deputy-Secretaries General, Mehmet Polat and Ümit Berke Tosunoğlu, and the Executive Academic Assistant, Barış Yavaş for their hard work and offering this chance to us.

Our initial hope is that you will have fun, teaching, and an unforgettable three days in the most amazing event of the year! If you have any further questions, please do not hesitate to contact us before, during, and after the conference.

reysikurtaran@hotmail.com

lukahp123@gmail.com

Once again, Welcome to Bosphorus!

Sincerely,

Reysi Kurtaran and Lukas Kılınç

BAUMUN'24 | 3 - 5 MAY

#WelcomeToBosphorus



Introduction to the Committee: IAAP (International Association of Applied Psychology)

The International Association of Applied Psychology is the oldest and largest international association of individual members and affiliate international associations, founded in 1920. Its central mission is to improve applied psychology as a science and profession and to help applied psychologists worldwide stay connected with one another (IAAP, n.d.). It also plays a role in the United Nations as a non-governmental organization (NGO), authorized by the United Nations Economic and Social Council (ECOSOC) and with the Department of Global Communications (DGC). In the United Nations, one of IAAP's primary missions is to contribute to and start projects and partnerships that promote the objectives of the United Nations, its branches, and various stakeholders and actors; that intersect with the field of applied psychology; that support divisional tasks and goals; and that enhance the well-being of populations. Not limited to this, one of its mission statements also introduces its mission to successfully address global issues and generate ideas about where the expertise of IAAP members can be implemented, it is necessary to communicate and bring to the UN and its affiliated organizations, as well as various stakeholders and actors, discussions, studies, projects, and information pertaining to the science and practice of applied psychology and the UN NGO IAAP team (IAAP, n.d.).

Introduction to Agenda Item: PTSD and Reintegrating Veterans Into Society

The origin of Posttraumatic Stress Disorder holds on to combat backgrounds. In 1952, the DSM-I introduced "gross stress reaction", which shares very common characteristics that PTSD has in the modern day. Currently, PTSD is linked to a variety of historical wartime diagnoses, including traumatic war neurosis, battle fatigue, shell shock, stress syndrome, railway spine, and soldier's heart. Although the symptoms go back to more ancient roots, the conditions and experiences of American military veterans of the Vietnam War had an important effect on the inclusion of PTSD in the DSM-III. As a matter of fact, a great majority of published research on PTSD has been derived from studies conducted on Vietnam War veterans. (Wikipedia Contributors, 2024). DSM the abbreviation of Diagnostic and Statistical Manual of Mental Disorders, is a handbook that is universally accepted, and used by healthcare professionals to accurately diagnose mental health conditions.



Its last edition was published in 2013 and its most updated version is DSM-V, which stands for the fifth edition and this edition has been used by professionals ever since. ,

PTSD is not a disease that is specialized for the veterans, anyone can be diagnosed under the diagnosing criteria of the disorder. However, this committee focuses on how veterans are related to PTSD and how their integration into society can be ensured in their society, also on a global level. Although taking care of veterans after a war, especially after an atmosphere is full of combat and violence, is a very important issue in today's world, it is one of the most overlooked topics in most of the societies that have entered the war(s) in recent centuries or for those who are protecting their country from outside conflicts and giving endless sacrifices. Since PTSD is a condition that affects many areas of life and most of the main functioning of the human brain and human mobility, this disorder often results in the individual withdrawing from society. That is why, creating opportunities and encouraging new ways, and new policies to reintegrate the veterans who are struggling to go back to the real world and live as a civilian.

Understanding Post Traumatic Stress Disorder (PTSD)

Definition, Common Symptoms and Diagnosing Criteria

PTSD, also known as Posttraumatic Stress Disorder, is a disorder that could arise from experiencing or witnessing anything that makes one feel afraid, terrified, or helpless causing them to think that their well-being or bodily integrity is in danger (APA Dictionary of Psychology, n.d.). It is often misconceptualized as a mental illness, but actually, it is not. PTSD is a psychological injury that the individual faces with the effect of the trauma in a long-term timeline. As a famous saying indicates, “Bruises fade, but the memories last forever”. The symptoms of PTSD fade through time, but they often recognize similar patterns in such events and may respond in a way that a normal person would consider as “abnormal”. According to the last and fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, which is abbreviated and commonly known as DSM-V, Traumatic stress disorders are divided mainly into two, Acute Stress Disorder (ASD) and Posttraumatic Stress Disorder (PTSD). ASD is defined as presenting symptoms of PTSD often resulting in functional impairment after a highly traumatic event.



The symptoms show itself for the first 30 days following the event. Those who continue to show symptoms for more than 30 days, and these symptoms begin to distort the individuals' social, occupational, or other important areas of functioning daily life, are diagnosed with PTSD. However, it should not be forgotten that trauma is not an event, it is a response. Therefore, not everyone shows the same reactions, at the same time, and the same rate.

The most common symptoms of PTSD is often described as:

1. Irritable/aggressive behavior
2. Self-destructive/reckless behavior
3. Hypervigilance
4. Exaggerated startle response,
5. Problems in concentration
6. Sleep disturbance
7. Recurrent dreams/nightmares
8. Avoiding activities/places that recall the traumatic event
- 9.

The full diagnosis is not met until at least six months after the trauma(s), although onset of symptoms may occur immediately. The diagnosing criteria for PTSD in compliance with DSM-V are listed below:

1. Criterion A: Stressor – The person should be directly exposed to the traumatic event(s). It can be indirect in cases of learning that the traumatic event(s) occurred to a close family member or close friend.
2. Criterion B: Intrusion Symptoms – Presence of recurrent, distressing memories of the traumatic event(s) involuntarily. Dissociative reactions (e.g.: flashbacks) or marked physiological reactions to cues that bear a resemblance to the traumatic event(s).
3. Criterion C: Avoidance – Persistent effortful avoidance of distressing trauma-related stimuli after the event. The person avoids trauma-related thoughts or feelings and trauma-related external reminders such as people, places, activities, objects, etc.
4. Criterion D: Negative Alterations in Cognition and in Mood – Negative alterations in cognition and mood that began or worsened after the traumatic event. Inability to recall the event, persistent distorted blaming on self and others, minimized interest or motivation in activities and feeling alienated.
5. Criterion E: Alterations in Arousal and Reactivity – Trauma-related alterations in arousal and reactivity began or worsened after the traumatic event.

More detailed explanations of the criteria and more specifications are in the reading of the National Library for Medicine which is located in the “Further Readings” section.



Veterans and PTSD

Challenges that Veterans face with PTSD

As stated above, the symptoms of PTSD consist of criteria such as irritable/aggressive behavior, self-destructive/reckless behavior, hypervigilance, exaggerated startle response, problems in concentration, sleep disturbance, recurrent dreams/nightmares, and avoiding activities/places that recall the traumatic event. Studies have also found that veterans usually have problems such as anger, aggression, and lack of intimacy between spouses.

To be more specific, we can list the issues veterans with PTSD have as reintegration into civilian life, nurturing personal relationships, employment and financial stability, and coping with stigma and misconceptions.

Reintegration into civilian life is not easy for veterans considering the fact that they experience hypervigilance, a constant state of being highly alerted and feeling overwhelmed and exhausted because of it, and emotional detachment, which is a situation of disconnecting from other people's emotions. Veterans also struggle with nurturing personal relationships because they can easily be irritated, have difficulty trusting others, and can experience emotional numbness. These can easily harm their relationships with friends, family members, and romantic partners. In order to overcome these relational problems, it's essential to develop open communication and be understanding and patient with them.

It's not easy to be employed and create financial stability for them either since they show symptoms such as having difficulty concentrating, staying organized, and maintaining a consistent work schedule, causing them to have problems maintaining and securing stable employment, which results in financial instability.

Unfortunately, they usually face stigmas and misconceptions that they have to cope with. This makes it challenging for them to seek help and support because these stigmas and misconceptions cause feelings of isolation and shame.

It's also worth mentioning the loss of sleep quality of veterans after returning from military service. Poor sleep quality is an important symptom of PTSD and is associated with mTBI. Studies have also shown that this situation increases the severity of symptoms.

The occurrence of the illness PTSD in veterans also affects the people that are around them, specifically their spouses, studies say. Resulting in significant costs of physical, mental, and social damages for both veterans and their family members; PTSD can have unpredictable, destructive, and irreparable consequences and outcomes for veterans, their family members, and the community.



Psychosocial Factors to PTSD

Experiencing traumatic events such as combat and life-threatening events on the battlefield or being involved in a traumatic environment contributes to PTSD as a psychosocial effect on veterans. In their ordinary life, we can observe a high amount of anxiety and stress disorder problems or heavy depression as a result of their situation. Besides that, their transitioning process from military life to civilian life can be challenging. It can be seen that life troubles and interpersonal challenges will be triggering veterans more than they could affect ordinary citizens. Such as finding a job or financial problems will reveal a reason to get triggered by PTSD factors.

With the possible incoming depressive and anxiety disorders related to the (un)diagnosed PTSD, the veteran may develop immobilized and mobilized survival mechanisms. Immobilized mechanisms result in despair, loneliness, and feeling unhopeful about the future. One of the most common immobilized survival mechanisms is **depersonalization**. This condition results in the patient detaching from reality and experiencing dream-like visions of the world and self, making them separated from the reality of the world. Thus, their integration into society after combat trauma results in veterans to struggle in getting employed in daily jobs, socialize with the outside world, and communicate. They also experience depressive symptoms such as **anhedonia**, which is the inability to feel pleasure from any kind of activity, even from the things that the individual loved to do before. They often feel emotionally numb, and they individually cut their relationships. On the other hand, mobilized survival mechanisms make the person more anxious and always alarmed for any circumstance. The individual often shows hypervigilant movements, has recurrent dreams, and shows self-destructive and irritability, aggressive behavior towards self and their surroundings, and severe impulsivity.

Survivor guilt is the most important objective that psychological approaches are concerned with. After surviving from combat or witnessing a traumatic event such as losing a brother in arms, will be revealed as survivor guilt to the veteran. Veterans are living mostly with this regret and we can observe an enormous level of depression effects on individuals. Questioning and blaming himself/herself for being alive from that traumatic event. They feel guilt, shame, and moral injury about that destructive and emotional harm in their mind and psychology.

Whatever event led to this phenomenon can be handled similarly. Despite a high prevalence among traumatized groups, few models have been developed to guide treatment. Treatments for individuals who have not directly witnessed trauma need further investigation.



Cognitive behavioral therapy can be used because it targets the equity theory of survivor guilt, which suggests that people prefer fair and deserving outcomes. In addition to medication for symptoms, cognitive behavioral therapy (CBT) appears useful in addressing distorted thinking patterns associated with guilt. Trauma-focused CBT and eye movement desensitization have also shown promising results for those suffering from it. Survivor guilt is a problematic symptom to treat and requires further investigation. CBT helps with victim guilt by focusing on the patient's thoughts and focuses on changing the patient's patterns of shame or self-blame. Practicing gratitude may also help with cognitive distortions.

Socioeconomic Implications on Veterans

Socioeconomic implications of current events are the eventual effects or results that those events have on the socioeconomic situation. Certain problems of psychological stability can directly affect the individual's professional life as well as personal life. Besides the main struggles of personal life, one of the most important aspects that veterans should have after their services is their professional life which contains their socioeconomic status.

First of all, financial instability is one of the main obstacles for veterans which has been caused by unemployment. Even though in particular circumstances veterans could find a job, the effects of PTSD they struggle with can be revealed in their work environments. This situation may cause them to be fired or to have difficulties due to their inability to adapt to the work environment. Veterans who become unemployed due to such situations may become homeless or live in a below-average financial situation due to their inability to maintain a household or manage family relationships. Individuals who may be deprived of support due to the complexity of support programs specific to veterans (which are not valid in all countries) may have difficulty accessing health systems due to economic difficulties. They may have difficulty in carrying out insurance and legal transactions.



Case Study 1: Case of M40

The subject of the study is a 37-year-old male, referred to as M40, who served in Iraq in active combat and was honorably discharged from the United States Marine Corps after he sustained knee and shoulder wounds in combat. M40 works for a major national retailer, is married, has two kids, and takes classes. As a Marine for almost nine years, he served in the initial ground invasion of Baghdad in 2003.

Since he was suffering from the symptoms of PTSD, M40 has received outpatient treatment for his situation.

M40 indicated that, like many other returning troops, he had no idea what his future held in terms of his career or way of life, saying, "I had no idea of what I was going to do or how I was going to fit in or live in the general populous." He also said "My son didn't even know who I was." referring to this uncertainty extending to core values, such as family. M40 tried to create a similar environment to the combat area because of the feeling of the absence of it. For example, he rode motorcycles with fellow soldiers at speeds.

M40 got into a cohort-based transition educational program designed to minimize stigmatization and traditional psychological interventions and foster resilience through coping skill training.

Case Study 2 – Sue & Dave’s Journey in Returning to Civilian Life as Veterans

Sue is a Navy veteran who served in the Royal Australian Navy for many years. In a football game, she suddenly had a panic attack and these attacks continued for a long time. After seeing her General Practitioner, she was directed to a psychologist. She was diagnosed with panic disorder and also agoraphobia, which is the phobia of public and crowded spheres, then her GP prescribed her medications in addition to the therapy. At the reported time, she stated that she was a long way from "cured", but she was healing and she also asserted that she did not feel alarmed and hyperventilated all the time.

Dave is an Indigenous Vietnam War veteran, who served in the Navy for so many years. After the war, Dave moved to Sydney to have a more calm life, to be far away from the crowdedness and the chaos of city life. He had severe injuries in his knee during the service, making him struggle to walk. He struggled with alcoholism after his diving accident in Vung Tau, and he says that this was his coping mechanism to avoid his trauma of nearly drowning.



Now, he is taking therapy sessions regularly and gives advice and helps people in forums for those who are black and in Defence as a volunteer, also built his own business in property maintenance, but he had to give up because of the knee injuries. Finally, he asserted that he never really got out of the soldier mindset, but this made his children to be able to be defiant and have a hard shell towards people. In addition to this, he never broke contact with his veteran friends and encouraged them to seek help outside.

Considerations in PTSD and Veteran Reintegrations

Cultural Differences

Cultural differences must be acknowledged and addressed when talking about PTSD and veteran reintegration since they have a big impact on how people experience and deal with trauma and how they reintegrate into society.

As posttraumatic stress disorder (PTSD) is a consequence of traumatic experiences, it is natural to assume that PTSD should exist and be the key psychiatric condition among people exposed to trauma. Although empirical support for the validity of the PTSD construct is found in many cultural groups, it cannot be automatically assumed for every cultural group.

Cultural beliefs may influence an individual's meanings of trauma and his or her attempts to come to terms with trauma memories in helpful and unhelpful ways. The meanings linked to PTSD show cultural variations: in individualistic cultures appraisals about a vulnerable or inadequate self are common; in collectivistic cultures appraisals about social functioning or evaluation by others. Cultural beliefs may also influence the reactions of significant others and the community and can thus facilitate or impede recovery from trauma. Collectivism and developed family structures, which can be seen in Asian and many Eastern cultures, play important roles in integrating veterans into society. However, the stigma and discrimination we observe in Eastern cultures is much higher than in other cultures. If a veteran does not feel comfortable talking about his psychological problems and even receives therapy services related to these problems, it may be prejudged by society. A very general percentage can be observed much better, especially in small communities that live close to their culture. In addition to these approaches.

BAUMUN'24 | 3 - 5 MAY

#WelcomeToBosphorus



The United States and many European countries tend to prioritize individualism and may have more developed mental health systems. Veterans in these cultures have access to a variety of resources and treatments for PTSD, including therapy, medication, and support groups.

However, mental health stigma may still exist, although to a lesser extent than in some Eastern cultures.

Stigma Towards Veterans

Stigmas are beliefs and actions that surround characteristics of an individual that are potentially negative, like mental health disorders, and can be discouraging to that individual. There are many situations in which stigma may arise. These various settings may consist of;

Self-stigma thoughts about oneself—can make someone feel embarrassed or insecure when they seek mental health treatment.

Anticipated stigma is the sensation that bias or unfavorable stereotyping may cause you to be treated differently in the future.

Public stigma is a collective of unfavorable attitudes that may cause members of the group with mental health issues to face pervasive discrimination.

Stigma is often prevalent in the military, where independence and strength are highly regarded. Service members could believe that they have to solve issues all by themselves when they come up. However, the service member or veteran may experience helplessness, hopelessness, and guilt if they are unable to resolve these problems on their own. These kinds of issues might arise from the particular stressful situations that come with being in the military. These stigmas associated with mental health may be unintentionally reinforced by the military's emphasis on toughness and strength. Service men and women are afraid to seek out mental health services as a result of the combination of stigma and military culture.

Current Approaches to PTSD Treatment

Psychotherapy and Counseling

Posttraumatic Stress Disorder often triggers other disorders considering mental health such as major depressive disorder or general anxiety disorder. Especially in the case of veterans, they may reject getting help in the first place or even reject social interaction, internalize everything and they eventually become more introverted. Therefore, it can be said that they may feel hopeless and dissociated and they sometimes even never see themselves getting back to their old selves. To lessen the effects, veterans may receive psychological help through talking to a professional, getting sessions with a psychologist who is clinically trained about traumas would be the best option in this subheading. Psychotherapy is a collaborative treatment in which psychologists and the client work through the problems with talking and using other measures. Psychologists use practices that have been verified by science in psychotherapy to support clients in establishing better, more productive behaviors. Individuals may resolve their struggles through a variety of psychotherapy strategies, such as cognitive-behavioral, interpersonal, and other talk therapies (American Psychological Association, 2023). It also enables the individual to explore their thoughts, emotions, and behaviors; catch the perspectives they missed, and cope while focusing on their well-being and mental health.

The most common ways to apply psychotherapy are;

1. **Cognitive Behavioral Therapy (CBT):** Focuses on challenging and changing cognitive disturbances and regulating the self and emotions of the individual. It is a talk-based therapy which is a combination of cognitive and behavioral theory. It is commonly used to treat depression and anxiety disorders and it is one of the most used techniques in psychotherapy.
2. **Interpersonal Therapy (IPT):** Aims to improve one's relationships and social interactions, and the ways to communicate with one another. It focuses on the relationships of the clients' social environment, resolves their conflicts, and works on the interpersonal functioning of the individual and symptomatic recovery.
3. **Psychodynamic Therapy:** Targets to reach the unconscious thoughts of the clients, by having insight into past conflicts and experiences and associating them with today's problems that the client tries to overcome. This type of psychotherapy is not commonly preferred because it is expensive and takes a very long amount of time; however, it is a very effective technique for treating especially stress disorders related to past trauma(s).

Counseling is when a person listens to someone, usually a counselor, who listens to the client well and gives advice related to the problems. It is more of “being a guide” to the client and giving more practical solutions, instead of having a more structured procedure with a psychotherapist. The best counseling services while reintegrating the veterans into the society can be listed as:

1. **Grief Counseling:** Reinforce the individuals to cope with the loss of their loved ones, counselor helps and navigates them to a healthier way to feel the grieving process.
2. **Stress Management Counseling:** Shows diverse ways to manage stress in various fields of life. Especially in treating stress disorders, getting extra counseling for stress management can be effective in overcoming the symptoms faster and make the individual learn how to fight higher levels of stress in triggering situations.
3. **Marriage Counseling:** Focuses on resolving couples’ conflicts, and lack of communication, and enhancing a better relationship in their romantic relationships.
4. **Substance Abuse Counseling:** Obliges the individual who is battling with addiction to substances such as drugs, stimulants, and alcohol. Veterans and generally individuals who suffer from a trauma that they cannot overcome their pain are more likely to engage in substance abuse. Consequently, this type of counseling can be directed and increased in the treatment of PTSD.

Medications and Pharmacological Developments

Sometimes psychotherapy and counseling aren’t enough to decrease the severe symptoms of PTSD caused in the veterans. In cases where verbal communication with a psychologist professional isn’t sufficient, psychologists often direct the client to a psychiatrist, because they are able to prescribe medications in order to decrease the symptoms on the cognitive level, and that makes the reintegration process faster under the influence of these medications. Two types of antidepressants are usually prescribed for the client, SSRIs, and SNRIs, but it is up to the client’s health conditions and medical past when it comes to which one is more correct to prescribe.

SSRI (Selective Serotonin Reuptake Inhibitors), as known as a kind of antidepressant, are used to increase the serotonin levels in the brain. These medications block the reuptake of serotonin into neurons. SSRIs are often used to treat disorders that disrupt social and personal life such as depression, anxiety and other behavioral disorders.



SNRIs (Serotonin and Norepinephrine Reuptake Inhibitors), also known as another type of antidepressant, are very effective in the treatment, mostly easing the symptoms of depression and chronic aches. They block the reuptake of the transmission of serotonin and norepinephrine hormones. However, high doses of SNRIs may affect the patient by making them feel euphoric, having panic attacks, high blood pressure and hyperactive behaviors.

Innovative Therapeutic Models

Virtual Reality Exposure Therapy (VRET) is a structured psychotherapy immersion paradigm that uses multisensory VR to enhance the patient's experience involvement during treatment sessions. It is an effective solution for PTSD symptoms across a diverse population, including combat staff members after military trauma. Trauma-related sensory aspects such as visual representations, noises, and even olfactory (smelling) signals may inhibit avoidance, supporting PTSD patients in overcoming suppressed emotions and dread. VRET trauma-relevant characteristics can reduce avoidance by improving emotional and sensory engagement (owing to multisensory activation) and decreasing the likelihood of unpleasant neural activation (López-Ojeda, & Hurley, 2022). Reger et al. published findings from a pilot research on the efficacy of VRE for treating PTSD in active-duty soldiers. Soldiers receiving VRET immersion therapies showed a statistically significant reduction in PTSD symptoms (2011).

The Stellate Ganglion Block (SGB) is one of the most promising new treatment models for PTSD. This procedure includes injecting a substance into the nerve bundle that transmits fight or flight impulses to the body. SGB has been demonstrated to effectively reduce PTSD symptoms such as anxiety, despair, and hyperarousal. A 2017 randomly assigned controlled experiment discovered that SGB dramatically reduced PTSD symptoms in veterans (Rynfield, 2023).



Questions to be Addressed

- What other NGOs or other kinds of organizations can be established or encouraged?
- What are some new ways to integrate veterans into society without crossing ethical boundaries?
- In what ways can stereotypes towards veterans be diminished among societies?
- What can be new ways to empower veterans to integrate into society?
- How can studies about PTSD after combat trauma be distributed or encouraged in other countries?
- Considering the possibility that they may fear being stigmatized, how can veterans be more encouraged to seek help?
- What are some ways for veterans' families to be more informed so that they can deal with intimate relationships better?
- What other solutions can be found to diminish the gender inequality trauma or sexual traumas in the military?

Further Readings

- Friedman, M.J., Resick, P.A., Bryant, R.A., Strain, J., Horowitz, M., Spiegel, D. (2011). Classification of Trauma and Stressor-Related Disorders in DSM-5. *Depression and Anxiety*. 28, pp. 737-749.
- National Library of Medicine (n.d.). *Exhibit 1.3-4, DSM-5 Diagnostic Criteria for PTSD - Trauma-Informed Care in Behavioral Health Services - NCBI Bookshelf*.
https://www.ncbi.nlm.nih.gov/books/NBK207191/box/part1_ch3.box16/

Bibliography

- APA Dictionary of Psychology. (n.d.). <https://dictionary.apa.org/posttraumatic-stress-disorder>
- American Psychological Association (2023). Understanding psychotherapy and how it works. <https://www.apa.org/topics/psychotherapy/understanding>
- International Association of Applied Psychology. (n.d.). IAAP: About IAAP. <https://iaapsy.org/about/>
- Wikipedia contributors. (2024, March 9). Post-traumatic stress disorder. Wikipedia. https://en.wikipedia.org/wiki/Post-traumatic_stress_disorder#History
- Health.com. (n.d.). Understanding Hypervigilance: Symptoms, Causes, and More. <https://www.health.com/hypervigilance-7095960#:~:text=Hypervigilance%20is%20a%20chronic%20state,disorders%2C%20like%20anxiety%20and%20PTSD.>
- Healthline. (n.d.). Emotional Detachment: Symptoms, Causes, and Treatment. <https://www.healthline.com/health/mental-health/emotional-detachment#What-is-emotional-detachment?>
- Veteran Rehab. (n.d.). Challenges Faced by Veterans with PTSD. <https://veteranrehab.org/resources/challenges-faced-by-veterans-with-ptsd/>
- National Center for Biotechnology Information. (n.d.). A Longitudinal Study of PTSD in Disaster Volunteers. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10004675/>
- National Center for Biotechnology Information. (n.d.). Posttraumatic Stress Disorder and Quality of Life: Extending the Impact of Combat Exposure. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10882771/>
- <https://neuro.psychiatryonline.org/doi/10.1176/appi.neuropsych.21100244>
- Reger, G.M., Holloway, K.M., Candy, C. et al. (2011). Effectiveness of virtual reality exposure therapy for active duty soldiers in a military mental health clinic. *J Trauma Stress* 24: pp. 93–96.
- López-Ojeda, W., & Hurley, R. A. (2022). Extended Reality Technologies: Expanding therapeutic Approaches for PTSD. *Journal of Neuropsychiatry and Clinical Neurosciences*, 34(1), A4-5. <https://doi.org/10.1176/appi.neuropsych.21100244>
- Rynfield, R. (2023). What is the New Treatment for PTSD? <https://www.sabinorecovery.com/what-is-the-new-treatment-for-ptsd/#:~:text=One%20of%20the%20most%20exciting,anxiety%2C%20depression%2C%20and%20hyperarousal.>