

# Red, White, and Blue Program



## **The Red, White, and Blue Program at Sierra Tucson:**

A multi-disciplinary approach to treating first responders and veterans suffering from symptoms of post-traumatic stress.

Being exposed to scarring events and images can have long-lasting effects and can result in individuals suffering from post-traumatic stress that can quickly spiral into a disorder known as post-traumatic stress disorder or PTSD. War veterans, first responders, children, and those who have experienced physical or sexual assault, abuse, or a traumatic accident, disaster, or other serious events, understand that the effects of PTSD can overwhelmingly affect their lives and result in negative consequences for their physical and mental health. Moving beyond the debilitating symptoms of PTSD requires a dedication to treatment that addresses all facets of physical and mental health to help individuals reach beyond the trauma to live happier, healthier lives.

### **Background on PTSD**

While most Americans will never know post-traumatic stress, a segment of the population carries its debilitating effects around daily. Some traumatized individuals only experience short-term symptoms, and the majority do not develop ongoing post-traumatic stress. PTSD evolves when symptoms become chronic and last a month or longer, and begin to interfere with everyday living, or with an individual's relationships, and/or their ability to successfully attend and participate in school or work. According to the National Center for PTSD, about 7 or 8 out of every 100 people will experience post-traumatic stress disorder (PTSD) at some point in their lives.

While PTSD is most commonly thought to affect those in the military who witness firsthand military combat, there are a host of experiences and situations that create severe stress. The Diagnostic and Statistical Manual of Mental Disorders (DSM5) defines PTSD as "a psychological disorder that results from experiencing situations that lead to severe stress." Individuals who relive their traumatic experiences may have ongoing nightmares or flashbacks of traumatic experiences, preventing them from living their lives normally. Often, individuals suffering from PTSD isolate themselves from family members and friends and can suffer from other accompanying mental health struggles such as depression, substance abuse, and other co-occurring disorders.

### **How PTSD was named**

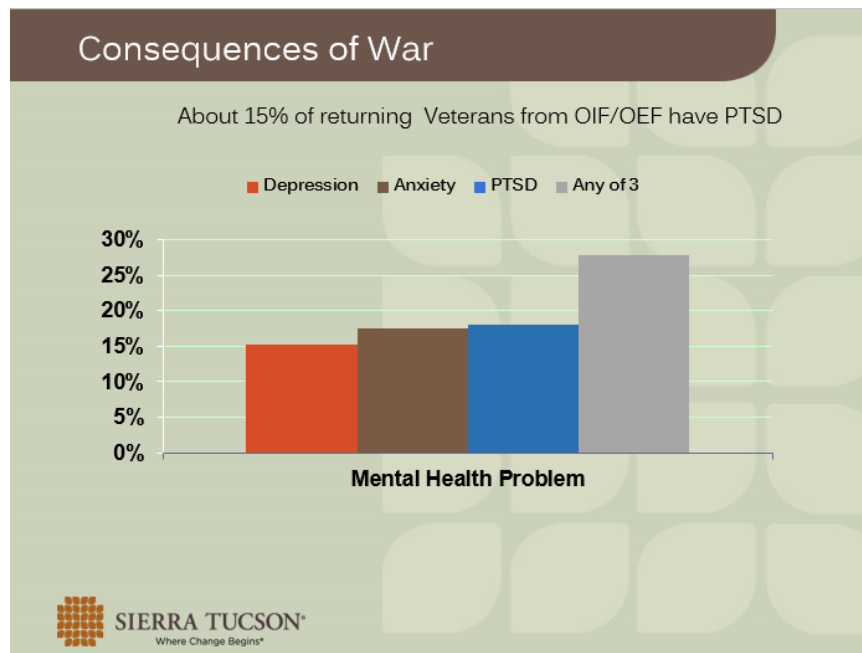
Previously referred to as "combat fatigue" or "shell shock," the term post-traumatic stress disorder (PTSD) was coined in the 1970s. In a study called the National Vietnam Veterans Readjustment Study, it was revealed that approximately 30% of those involved in the war had experienced a traumatic event at least once during the conflict. Soon the term became synonymous with observing returning soldiers who displayed a vulnerability to psychological issues. Today it refers to a diagnosis as a result of exposure to any traumatic event - not just war.

## Military Veterans and PTSD

In 2008, the first major study to comprehensively assess the current needs of returned service members from all branches of the military was conducted by the Rand Corporation. With special focus on those who served in Iraq and Afghanistan, it was concluded that PTSD and depression among returning members of the military is a major health crisis and that multiple barriers exist in preventing individuals from receiving the high-quality treatment they need. Post-traumatic stress disorder among veterans varies depending on which conflict a service member was involved. Approximately 15% of those who served in OEF (Operation Enduring Freedom) and OIF (Operation Iraqi Freedom) were noted to have PTSD.

Soldiers returning home after service suffering from PTSD may discover that the elation of being reunited with family and friends is often interrupted by their traumatic memories of active duty. Behavioral changes for returning soldiers manifest differently in everyone. Some families may not immediately notice changes, while for others, the changes are immediately noticeable. The occurrence of nightmares, experiencing panic attacks, and bouts of irritability and anger, can affect how individuals relate to others in the household and can be difficult for family members who may not know what to do.

For returning service members, they may feel that no one understands them and how they feel being back in civilian life. They may feel isolated and begin to withdraw from the family or social situations or begin to abuse substances. While family members often want to offer support, they may soon realize that it is beyond their own capacity to assist. Their focus to support may be better served by helping their veteran seek professional help and services specifically for PTSD.



*The research assessed exposure to several specific types of combat trauma. The most prevalent type of exposure was having a friend wounded or killed (50%). Other types of exposure included seeing dead or seriously injured noncombatants (45%), witnessing an accident resulting in serious injury or death (45%), smelling decomposing bodies (37%), being physically moved or knocked over by an explosion (23%), being injured not requiring hospitalization (23%), having a blow to the head (18%), being injured requiring hospitalization (11%), engaging in hand-to-hand combat (10%), witnessing brutality toward detainees or prisoners (5%), and being responsible for the death of a civilian (5%).*



## First Responders and PTSD

First responders – firefighters, paramedics, law enforcement officers, state troopers, SWAT teams – are the everyday heroes who don't hesitate to run toward danger. Whether responding to car accidents, fires, medical emergencies, shootings, and other frightening situations, their lives involve an exorbitant amount of stress and trauma.

While society tends to idolize them, it is often forgotten that first responders and public safety officials are also human and can absorb only so many traumatic events and scenes. While many know how to put up a good front and continue to perform their jobs with extraordinary dedication and competence, inside many are suffering. Research sponsored by the U.S. Department of Health & Human Services reveals that approximately 30% of first responders experience mental health disorders, including depression and post-traumatic stress disorder (PTSD). It is believed that the COVID-19 pandemic has only exacerbated the mental health concerns given the multiple stressors and demands that the health tragedy has brought with it.

A recent study published in the journal *Cognitive Behavior Therapy* uncovered findings that detailed the implications of the COVID-19 pandemic, publishing results that first responders reported higher alcohol use during the pandemic. In addition, many who worried about COVID-19, also reported having more anxiety, depression, and greater rates of post-traumatic stress disorder (PTSD) than the general public. First responders have also been found to have considerably higher levels of isolation and depression. Unfortunately, many are hesitant to seek help or receive mental health treatment. The reason is that achieving burnout is often equated to a sign of accomplishment. It is so common, in fact, for first responders to reject seeking help, that it has been called a “martyrdom complex,” where many feel that the stress and anxiety, and consequently the burnout they feel, is a sort of “badge of honor” that proves they did their job.

The toll of everyday trauma that first responders experience can reach a devastating breaking point milestone marked by any one of a number of ruinous circumstances including, a DUI, domestic violence, or an emotional breakdown. For example, the rate of divorce is 14-15% among police, sheriffs, and firefighters, and 22% among paramedics and EMTs.

Additionally, the nature of their jobs can create a reliance on poor nutrition choices and unhealthy lifestyle habits. Often the pattern is that a once physically-fit first responder may gradually decline into poor nutritional choices, which has a direct link on their mental and physical health resulting in obesity, heart disease, diabetes, strokes, depression, etc.

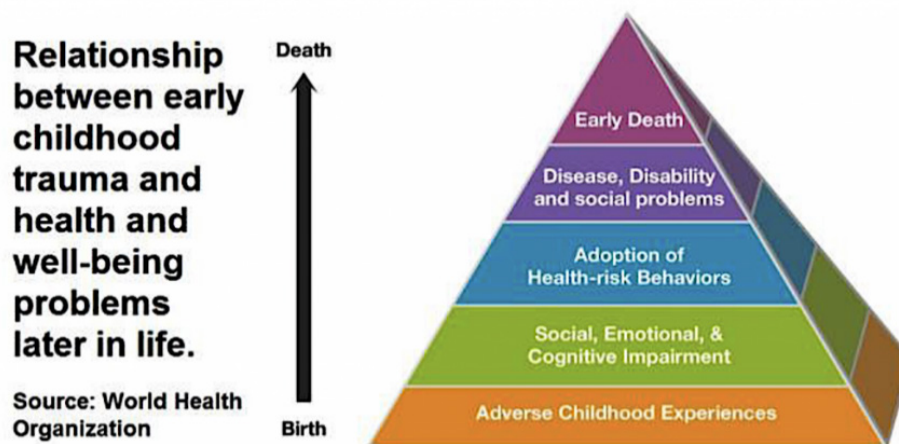


*photo credit: istock.com*

## Adverse Childhood Experiences and PTSD

Although both may be exposed to the same event, what triggers one person to develop PTSD while another does not? The answers may be due to the hidden scars of childhood trauma, also called developmental trauma. This form of trauma includes abuse and neglect and is one of the most important public health challenges in the United States. The vast majority of trauma begins in the home; about 80% of people responsible for child maltreatment are the children's own parents. Traumatic childhood experiences are not only extremely common but have a high impact on many different areas of functioning.

A landmark research project in mental health known as the ACE study (adverse childhood experiences) conducted through a partnership between the Centers for Disease Control (CDC) and Kaiser Permanente was conducted in the mid-1990s. It involved 17,300 adults in California who responded to a questionnaire about adverse childhood experiences such as direct or observed physical abuse, sexual abuse, and emotional abuse, in addition to having exposure to family alcohol abuse, witnessing their mothers being battered, and exposure to familial mental illness.



The findings uncovered that people who experienced four or more adverse childhood events had an increased risk for smoking, alcoholism, domestic violence, and drug abuse; an increased risk for depression and suicide attempts; poor self-rated health; a greater likelihood of sexually transmitted disease; challenges with physical inactivity, and severe obesity. Additionally, the more ACE experiences reported by individuals, the more likely they were to develop heart disease, cancer, stroke, diabetes, skeletal fractures, and liver disease. Repeated traumatization in children has significant effects on the development of the mind and the brain.

Research from 2018 documented the ACE relationship to PTSD and the long-term effects of experiencing traumatic events, known as complex trauma. According to the results of the study, there is an association between the age of trauma exposure and the likelihood for developing PTSD symptoms. Individuals who reported sexual abuse before the age of 12 were found to be at greater risk of having prominent depressive symptoms. Individuals who reported sexual abuse after the age of 12 were at greater risk of having severe PTSD symptoms.

## Why Consider Treatment for PTSD

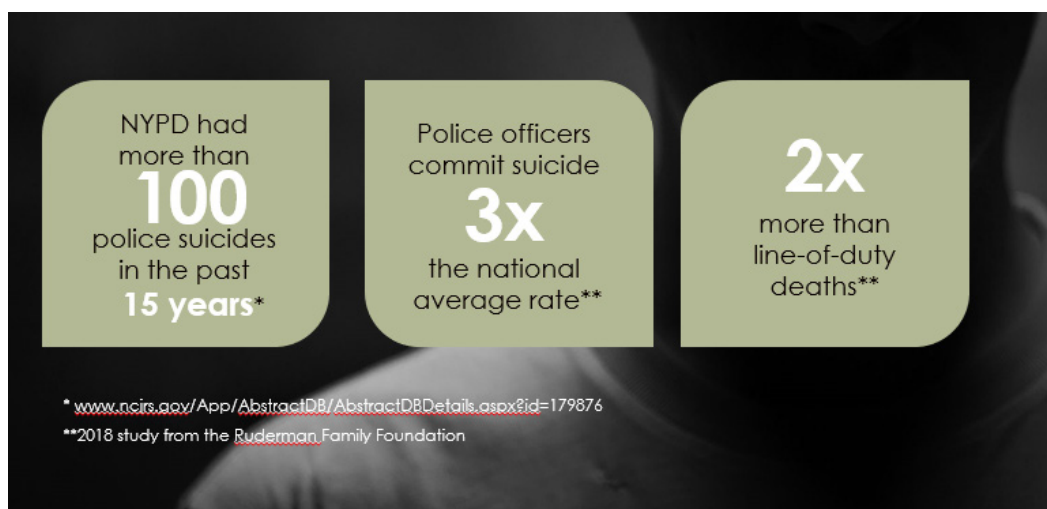
Living a life defined by PTSD is a life that is robbed of joy and hope. The immense emotional and physical suffering of PTSD victims is often overbearing. For some, they only see one way out. People living with PTSD have been found to exhibit a greater risk to attempt suicide. A 2014 study found that among people who have had a diagnosis of PTSD, approximately 27% had also attempted suicide. Another survey found that 24% of military personnel diagnosed with PTSD had experienced suicidal thinking within the past year.

Suicide is so prevalent among law enforcement officers and firefighters that the CDC found that these first responders are more likely to die by suicide than in the line of duty. Emergency Medical Services personnel are 1.39 times more likely to die by suicide than the general public.

Overall, men are more likely to die by suicide than women. For example, from 1999-2010, the average suicide rate among U.S. males was 19.4 out of every 100,000, compared to 4.9 out of every 100,000 females. The difference in suicide rates between men and women is also true among veterans.

The incapacitating symptoms of post-traumatic stress disorder can cause a great deal of strife in the lives of sufferers. Failing to get treatment for this condition can render a number of harmful consequences for an individual over time. And, because the symptoms of this mental illness may not become apparent until long after the initial trauma occurred, it is important to seek treatment as soon as an individual begins experiencing symptoms.

Those with PTSD may experience a decline in functioning in occupational settings; display emotional outbursts without an obvious trigger; restructure their lifestyle to avoid certain people, places, or things that are reminiscent of the trauma; or experience disrupted sleep patterns due to intrusive nightmares. Prolonged suffering can make a person more vulnerable to use and/or abuse of substances, as drugs and alcohol may offer a temporary reprieve from an individual's turmoil. Furthermore, a person with PTSD may begin to develop other mental health concerns or physical ailments. Seeking and receiving treatment for post-traumatic stress disorder is one of the best things that can be done to prevent the occurrence of the effects. Mental health treatment for PTSD and other concerns present in an individual's life can ultimately help them come to understand that there is hope for a life without the dismay and torment of this serious mental illness.





## The Red, White, and Blue Program at Sierra Tucson

Since 2017, Sierra Tucson has been offering a special program for military veterans and first responders affected by PTSD. The Red, White, and Blue Program is unlike any other program offered in the US. Individually focused and trauma-based, it provides an integrative, multi-pronged approach designed to address the complications that PTSD presents, which is often accompanied by major depressive disorder, trauma, addiction, and/or pain. Combined with the Sierra Tucson Model® of care, the program focuses on treating the whole person and the underlying concerns — not just the presenting symptoms. Once a diagnosis of PTSD has been confirmed, the Red, White, and Blue Team, comprised of experts ranging from pain specialists to trauma therapists, creates a comprehensive, evidence-based treatment plan designed to produce optimal outcomes.

Admitting individuals in the Red, White, and Blue Program begins with the same comprehensive psychosocial evaluation at admission that every new resident receives. The evaluation measures:

- Current status of depression
- Anxiety levels
- Mental health quality of life functioning
  - » Social
  - » Environmental
  - » Physical
  - » Emotional
- Quality of sleep
- Stress perception and management
- Existential status (do they believe that their life has meaning and purpose?)
- Pain Interference
- Attachment style
- Substance use risk



In addition, patients are assessed to see if they meet the criteria for a PTSD diagnosis which includes:

- Trauma (exposed to death, threatened death/injury/sexual violence, indirect exposure)
- Re-experiencing (intrusive thoughts, nightmares, flashbacks, triggers)
- Avoidance/Numbing
- Negative thoughts or feelings (poor recall, negative affect, isolation)
- Arousal and reactivity (hypervigilance, irritability, easily startled)
- Symptoms lasting for more than one month
- Symptoms causing functional impairment or distress
- Symptoms not due to medication or substance use

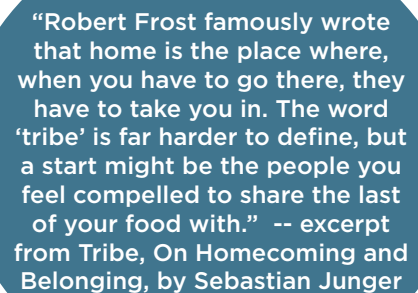
## Therapies

Combining the science and evidence-based treatments that have become Sierra Tucson's hallmark, the program delves beyond the participant's presenting symptoms of stress and trauma to identify and resolve the unique core issues that are symptomatic and associated with PTSD. The Red, White, and Blue Program weaves together a variety of evidence-based and integrative therapies to ensure that each program participant is provided with the type and level of treatment that is best suited to meet their unique needs.

Each first responder and military veteran who enrolls in the program comes with his/her own unique set of challenges. Consequently, it is understood that each individual will likely have a unique response to a given therapy. Therefore, the program is fully customized with a variety of evidence-based therapies led by Sierra Tucson's team of experts. The range of treatment modalities are designed to help unearth vital information, open essential pathways into his or her consciousness, and prepare each individual for the successful pursuit of lifelong recovery.

Sierra Tucson's staff develops individualized treatment plans that align with an individual's goals utilizing treatment modalities and specific therapies in conjunction with these evidence-based treatment protocols:

- Cognitive Behavioral Therapy
- Dialectical Behavior Therapy
- Individual Therapy
- Group Therapy
- Medically Assisted Treatment
- Nutritional Therapy
- Psychodrama
- Continuing Care
- 12-Step Facilitation
- Equine Therapy
- EMDR (Eye Movement Desensitization Reprocessing)
- Bio/Neurofeedback



“Robert Frost famously wrote that home is the place where, when you have to go there, they have to take you in. The word ‘tribe’ is far harder to define, but a start might be the people you feel compelled to share the last of your food with.” -- excerpt from *Tribes, On Homecoming and Belonging*, by Sebastian Junger

Residents benefit from integrative therapies, therapeutic recreational activities, experiential therapies, and a number of additional services, with the goal of meeting each individual's unique needs and skills set. By combining these different types of therapies, residents are afforded the opportunity to achieve a holistic, well-rounded, positive sense of self and all-encompassing wellness: physically, mentally, emotionally, socially, and spiritually. Additionally, the flexibility of the program may address issues like chronic pain, allowing program participants to work closely with pain experts to utilize physical therapy and body work programs such as acupuncture and massage. With cutting-edge therapeutic interventions created and combined with integrative therapies specifically customized for each individual, the likelihood of better treatment outcomes increases.

*“After experiencing the Red, White, & Blue Program at Sierra Tucson, I feel connected to the veterans and first responders I was there with. I experienced healing and growth both as an individual, and as part of a unit in the Red, White, & Blue Program. I found healing in EMDR with Maureen that had been plaguing me since the Gulf War. I discovered a medication balance with Dr. Reynolds that's been beyond reach for decades. I am so very grateful. I continue to communicate with, and lean on, a few of the veterans from RW&B and that was what I was hoping for. I got more than I was bargaining for from the Red, White, & Blue Program and Sierra Tucson and I am truly grateful.”*

**Ryan H., Gulf War Veteran**



## **Finding Your Tribe**

The Red, White, & Blue Program at Sierra Tucson begins with a foundation that assures participants that they have found their “tribe.” At Sierra Tucson the term “tribe” comes to have great meaning in that they are surrounded by “like” individuals who have had similar experiences that have contributed to their trauma. Individuals – especially those who are returning from military duty or who have bonded over the trauma of being a first responder – have a strong instinct to feel as though they belong with others who share a connection of purpose and understanding. Some say it is necessary for psychological survival. That is the premise of the Red, White, and Blue program, which is one of its distinguishing features that hasn’t been emulated elsewhere.

Program participants are led by a team of professionals – many of whom themselves have dealt with the overwhelming challenges of post-traumatic stress and fully understand the many facets of life that post-traumatic stress can disrupt. Additionally, the bond that forms with the other program participants creates “tribe moments” as they share the most intimate details of their trauma. The program is conducted with heart and compassion and without judgment.

By stressing the program’s safe and supportive environment, participants can let down their guard and allow themselves to become fully immersed in the integrative and experiential treatments specific to helping them. In that setting, recovery is targeted to the specific symptoms and causes that first responders and former soldiers are plagued by, and the results are often remarkable.

## **What is a Tribe?**

Sebastian Junger in his book “Tribe, On Homecoming and Belonging” explores the idea that there is much to be learned by tribal societies where there is a sense of loyalty, belonging, and the quest for meaning. For many returning combat veterans and for first responders who share the traumas inherent in their professions, there is a lack of tribe or kinship in the world outside their battalion and many find themselves missing those intimate bonds that their shared experiences created. Junger’s book is given to each participant of the Red, White, and Blue program.

The Red, White, and Blue program was inspired by the idea of belonging and having a tribe to count on. Bill Reynolds, PA-C, Director of Military and First Responder Trauma Recovery Program at Sierra Tucson, leads the Red, White, and Blue Program and understands this concept well, having served on active duty for 30 years. Retired from the military in 2012 as a Lieutenant Commander, he believes that isolation is part of the struggle for many. “One of the big things that we talk about here in the Red, White, and Blue program is finding your tribe because so many people are isolated before they come in here; they feel lost. They detach from whatever support they may have had. That is why the concept of ‘tribe’ is a big part of the team building through the program. The Red, White, and Blue program participants become their own tribe, but we also want to remind participants that they can find their own tribe outside of here, whether that’s through the VA support groups, or Alcoholics Anonymous, or a variety of other places. But just helping people realize that isolation doesn’t work is a big goal of the program. We’re taught in the military to ‘suck it up,’ ‘don’t whine,’ ‘don’t complain.’ So people often have a hard time asking for help. So that’s where the isolation comes in. A big part of treatment is reintegrating them into being around other people, which can be very healing. Just being around other people who ‘get it’ can help someone feel part of the tribe that helps them heal.”

## Measuring Success

Sierra Tucson is proud to practice Measurement-based Care, a standardized method that weaves in psychological and psychosocial assessments at various points during the treatment in order to analyze residents' psychological status and their degree of therapeutic progress. Through measurement-based care, participants of the Red, White, and Blue Program can rest assured that their treatment is being carefully planned, their progress continually monitored, their treatment plan adjusted as needed, and their aftercare charted to maintain a trajectory of success.

Sierra Tucson's research team conducted a 2021 pilot study on a small sample of the initial group of VA veterans that completed the program and completed the measurement-based care surveys. The preliminary outcomes have provided an early indication of the potential success of the program.

## Preliminary Outcomes

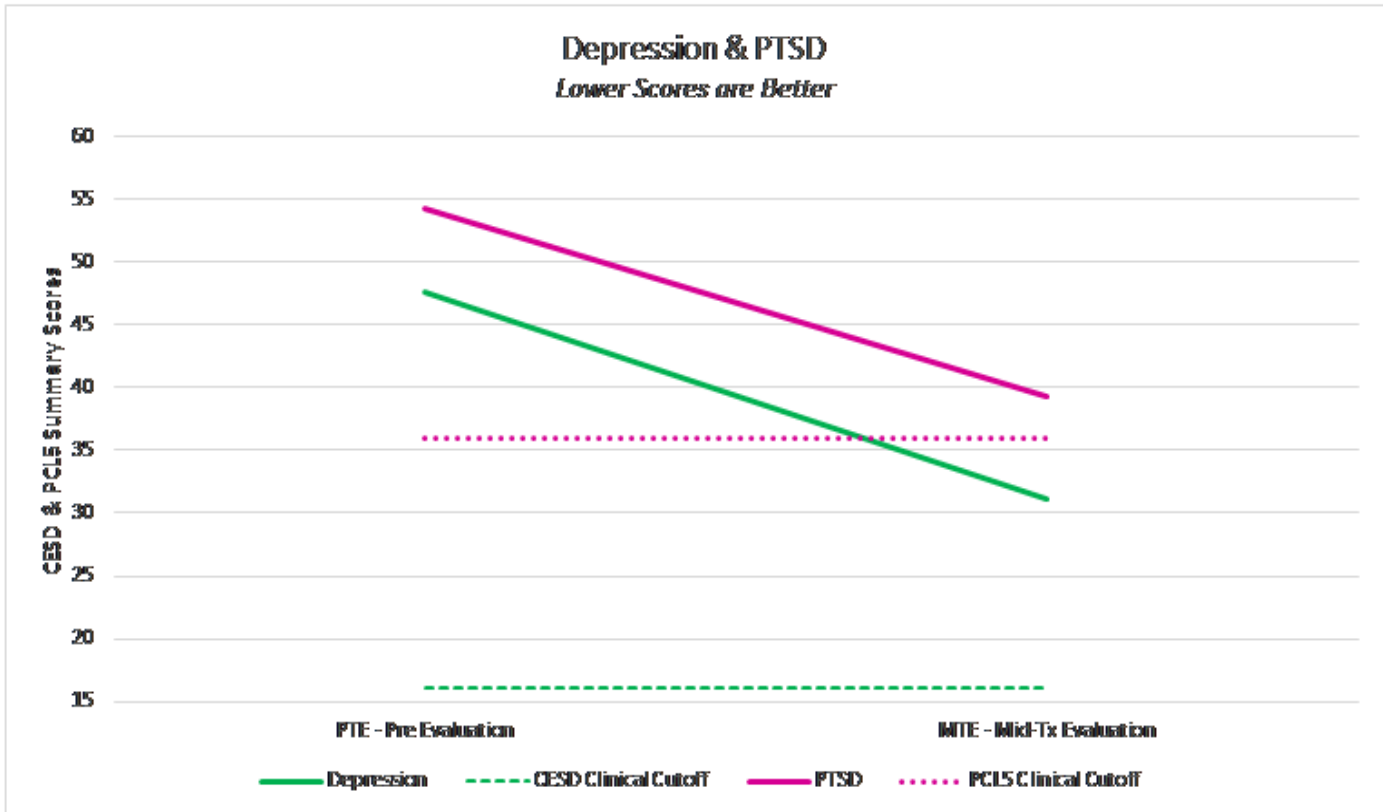
In the pilot study, which comprised 18 male and 6 female veterans, surveys were administered at admission and mid-treatment. Reported changes in mood, anxiety, and PTSD were found to be both clinically and statistically significant among the Red, White, and Blue residents. Change statistics, such as Effect Sizes and Reliable Change Indices, indicated that reported change in depression, anxiety, and PTSD over time was "large" and met criteria for "true" change, respectively. Parametric statistics, specifically paired-samples t-tests, revealed statistically significant outcomes for these domains as well (all p values were  $< 0.003$ ) of veterans who were admitted to Sierra Tucson during 2021. See the graph below for illustration. Some of the greatest observed changes in reported depression and PTSD symptoms among residents in the pilot study, were dysphoric mood, loss of interest or pleasure, hyper-arousal, and feeling worthless signifying notable improvement, ranging between 46% to 83%!

These data, although preliminary, are compelling and speak to the direct impact that an inpatient mental-health rehabilitation program, like Red, White, and Blue, has on the potential recovery and healing among veterans. Further application of measurement-based care outcomes, including discharge survey assessment and longitudinal methods through Connect365 are planned as part of the program to observe the sustainability of post-traumatic growth among this population. These data will not only support each individual with a mental health "report card" to quantify their therapeutic growth, but will also serve the betterment of Red, White, and Blue programming as a whole, so Sierra Tucson can continue to learn from the data to continuously improve mental health care services.



# Veterans' Health Administration & Sierra Tucson Resident Outcomes

Change over time graphs N=22



Depression	Pre	Mid	% Change		RCI	True Change?	Effect Size
CES-D	47.6	31.1	35%	<i>improvement</i>	8.57	Yes	3.43 <i>Large ES</i>
PCL5	54.3	39.3	28%	<i>improvement</i>	9.45	Yes	3.78 <i>Large ES</i>

**Table. Reported Depression Symptoms of paired samples t-test results, N=22**

	Time Reported		df	t value	Probability Significance
	Pre-Treatment Mean (STD)	Mid-Treatment Mean (STD)			
<b>Depression</b>					
	CES-D 47.59 (17.98)	31.14 (17.10)	21	3.42	p = 0.003
	PCL-5 54.27 (16.53)	39.27 (20.41)	21	3.78	p = 0.001



## A Case Study About “Joe”

*Read on to learn about Joe, a Red, White, and Blue program participant who sought help from Sierra Tucson suffering PTSD both from adverse childhood experiences and on-the-job trauma as a law enforcement officer. Inadequately treated for decades for his multitude of physical symptoms and PTSD, Joe finally experienced relief and healing with the Sierra Tucson Model of Care. Using a whole-person approach, the Sierra Tucson team took the time to work with Joe on his underlying trauma and his physical symptoms starting with understanding his history, completing a thorough physical examination, and conducting both psychological and psychosocial assessments to create his treatment plan. This case study exemplifies how treating the whole person and taking into consideration all the physical, mental, emotional and social aspects of an individual's struggle, along with Sierra Tucson's "Prescribing with Purpose" psychiatric medication management philosophy, can work in combination to help individuals struggling from PTSD in the Red, White, and Blue Program.*

Joe was a 60-year-old police officer, retired for several years, who was admitted to the Red, White, and Blue program in 2021. With a history of significant trauma, alcohol misuse, depression, and anxiety, he came to Sierra Tucson suffering from insomnia and struggling with alcohol abuse. After a 35-year career as a police officer, he felt lost and unsure of where his life was going. Overweight and constantly irritable, he was highly distressed and on top of all that, his marriage was in turmoil.

Joe not only had trauma from his 35-year career as a police officer, but also from growing up in an unsafe and chaotic environment. His father was physically and sexually abusive and his mother was indifferent and aloof and did nothing to protect Joe from his father's abuse. Joe stated that growing up in his house was so frightening that many times he chose to sleep on the front lawn when the weather was good during the spring and summertime. He stated that he had experienced so much childhood trauma that he found that his trauma from police work was almost “non-existent” in comparison. At the time of admission to Sierra Tucson, he endorsed motivation for sobriety and to “get his life back on track.”

Over the past 15-20 years, he had been prescribed a multitude of medications for his chronic insomnia. Upon digging into his medical history even further, it was discovered that he often did not receive a physical examination when he complained of his insomnia. Upon admission to Sierra Tucson, he received a thorough physical examination and it was discovered that he had chronic obstructive sleep apnea which had never been addressed. He also had uncontrolled high blood pressure, early-onset diabetes, and a host of other medical issues.

During his time at Sierra Tucson, he was fully engaged in his mental health treatment which included individual and group therapy to address his PTSD symptoms of hyperarousal, intrusive thoughts, and flashbacks. Although he did not have the time to delve into his post-traumatic stress symptoms from his career in law enforcement, being able to address the childhood trauma – sometimes referred to as the “fire in the basement” was significantly beneficial for him. He was able to identify his developmental trauma as a very strong contributor to his alcohol misuse in an effort to dampen his trauma symptomatology.

Addressing his sleep symptoms, he participated in a sleep study at Sierra Tucson and was prescribed a CPAP machine to assist with his insomnia. As a result, his sleep improved dramatically over the following weeks and he was able to considerably reduce his previously prescribed controlled medications. When he was discharged 30 days later, he had lost 15 lbs., was sleeping normally, had lowered his blood pressure and blood sugar, and felt significantly better physically.

## Aftercare and Connect365

Sharing life-scarring traumatic experiences with others during treatment can bring an unexpected but much-appreciated connection with others in the Red, White, and Blue Program. While participants may not enter the program expecting the additional benefit of establishing new relationships, many find that they naturally develop and grow during the 30-45-day duration of the program. For many, that bond remains strong even when treatment at Sierra Tucson concludes and they return home.

Returning home also means being prepared for life outside of Sierra Tucson. Treatment at Sierra Tucson begins with the idea of an after-care plan already in mind. This assures individuals that the treatment team is there to help them stay on the path of wellness and recovery long after they leave. For veterans referred to the program by the Veteran's Administration (VA), that may mean continued support through the VA's own therapists and psychiatrists. For other veterans and for first responder participants, they receive referrals to a Sierra Tucson network of professionals who work with them to support what they have learned in treatment.

Sierra Tucson believes that the first year of recovery sets the stage for long-term success. Like all those who receive residential treatment, the Red, White, and Blue Program participants also enjoy 365 days of connection and care through the Connect365 Program. The Connect365 Program offers participants the tools they need to continue to recover. Each Red, White, and Blue participant gains access to an effective and user-friendly app that keeps them connected and engaged, one day at a time. The Connect365 Program app helps guide individuals on their recovery journey by promoting responsibility, accountability, and connection.

In addition to the Connect365 Program app, a Recovery Coach will communicate with the individual on a weekly basis via phone, email, and/or secure chat. Detailed information, such as online posts and other confidential information as indicated by the participant, is shared only with the Recovery Coach. For 365 days after treatment, the Recovery Coach delivers personalized support and relapse prevention assistance at no additional cost.

### References

- The Rates of PTSD in Military Veterans (verywellmind.com)
- [https://www.rand.org/content/dam/rand/pubs/testimonies/2009/RAND\\_CT321.pdf](https://www.rand.org/content/dam/rand/pubs/testimonies/2009/RAND_CT321.pdf)
- <https://www.childhelp.org/child-abuse-statistics/>
- [https://www.ptsd.va.gov/understand/related/suicide\\_ptsd.asp](https://www.ptsd.va.gov/understand/related/suicide_ptsd.asp)
- <https://www.cdc.gov/violenceprevention/aces/about.html>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5479490/>
- <https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf>
- <https://www.wellandgood.com/first-responder-mental-health/>
- <https://digitalcommons.liberty.edu/cgi/viewcontent.cgi?article=1218&context=honors>
- [https://www.ptsd.va.gov/understand/related/suicide\\_ptsd.asp](https://www.ptsd.va.gov/understand/related/suicide_ptsd.asp)
- <https://www.verywellmind.com/ptsd-and-suicide-2797540>
- <https://www.sciencedirect.com/science/article/abs/pii/S0165032714001189?via%3Dihub>
- <https://health.usnews.com/conditions/mental-health/ptsd/articles/ptsd-veterans-statistics>

