Paul - Okay we are on the recording. Roberta if want to go ahead and find out who is on the call if you like.

Roberta – Sure, today we are going to do an overview of post traumatic stress disorder (PTSD) and so I would be interested to know who all is there and if you have any of your clients who have those systems or are diagnosed with that.

Hi this is Corinna from CalAgrAbility. We don’t currently have any consumers with PTSD but we do, we are learning more about it, and we just want to be able to help out consumers in the future if they do have PTSD.

Roberta - Great thanks.

Hi this is Kirk with the AgrAbility in Virginia and we do have one young client who probably has PTSD related to childhood trauma so we are just going to learn more and more. Thank you.

Roberta – okay thanks.

My name is Doug Chandler and I’m from Central Coast Center for Independent Living and right now I’m working on a project to build capacity for providing services to people with traumatic brain injury and a lot of crossover with that and PTSD, I have also have contacts with people in the past with the VA so I’ve work with a number of people with PTSD.

Roberta – very good, thank you.

My name is Crystal Watson Heiser, and I’m on the same project as Doug Chandler.

Roberta - Okay.

[name] I’m also with Central Coast Center for Independent Living and I oversee the Independent Living program in Montreal County. I’ve worked with consumers with PTSD in the past, not lately, but I have in the past and they were veterans.

Roberta – okay interesting, thanks. Anybody else there?

Yes, this is Martha from CalAgrAbility and I know Corinna was just on a minute ago but and we have had people in the past with PTSD and I think was before her time. We are also looking and getting more and more veterans contacting us. So that’s of interest as well.

Roberta – great thank you.

This is Randy Weigle from Wyoming. And I’m just wanted to learn more about it.

Roberta – Hi Randy.

Mary Fick-Monteith, Wyoming AgrAbility.

Roberta – thank you. Anybody else there?

Paul – think that’s all we got right now.

Roberta – okay, and Paul.

Well I come this from a perspective of um, I have a psychotherapy background and as a masters and psyc nursing, and then a PhD in nursing, so I see this kind of holistically in terms of meds and put that together with what you see as the person and so forth so hopefully, I am learning some stuff myself looking back at this and some new statistics so what I plan to do is share a little bit of overview about what it is, how it develops, what are some of the key symptoms that you have to deal with and some ways to deal with that and look for some help. And I found a couple of websites along the way, one of them which is in California, which is kind of interesting.

[bell]

So, oh hello somebody just joining?

Yes, Bob here from Colorado.

Roberta - Hi Bob, how are you?

This is Roberta Schweitzer and we are just getting started here, so I just finished introducing. Okay, I guess we’ll go ahead,

Hello?

Paul - I think that was something else?

Roberta – oh okay, sounded like somebody’s phone going off. So what I was doing in general was thinking about PTSD as something that very much relates to AgrAbility and all these areas of the clients and consumers that you have because of the nature of having some having some disability if they’ve been thru an injury or accident in any way of course, would have a potential for that to develop from that in itself. Then alone the whole new addition of the wars, and since post 911 and so for, with all the veterans that we have going back and returning and over and over and over, so there is a lot higher risk than I think there used to be.

So those are some things to think about as a background and before we start that, we are dealing with a traumatic situation, whether it’s an accident, or a war, seeing someone killed or being shot or whatever, you are always dealing with acute crisis, and theoretically if you deal with that person appropriately within the first 2 to 4 to maybe 6 weeks and are able to address what’s going on with them, then that should really limit the about of pts that comes later. And so the way I look at it in the literature, acute is a normal reaction, and when it passes that 6 weeks mark approximately, it becomes a pathological reaction, and that’s where you to get into problems. So the first thing to do you if have a farmer or a client who has just had an accident of any kind or has maybe has just come back from unemployment, if you see them that soon, you want them to be able to share about that in a healthy normal way and let them know their reaction is normal. Now, if you don’t have the leisure, pleasure or ability to meet them that soon, then you’re run into the pts if they haven’t had other good coping mechanisms. So, what is PTSD, it’s an anxiety disorder and it’s officially diagnosis in that big book that ASM4 that they call it, that psychiatrists and psychologists and nurses, and so forth, and it’s a traumatic event and something that really horrible or scary or awful that happens that they’ve seen or been a part of. You can have of course tornados, drought, sexual abuse, domestic violence, all kinds of things, as well as war, tornados, things like that. So it’s a wide range a cluster of symptoms that happens. And when that’s happening you are really aware your life or others are in jeopardy. So there is danger and you can’t control what’s going on because those are some key elements that go with it, that lack of control, feeling helpless and in danger. So as I said, terrorist attacks, such as 911 really started that in this country, I think we all felt that, accidents, farm accidents, goes in the category too. So after the event you feel which normally you would feel scared, confused, angry, upset, and just very shaken by what’s happened. So again, if there is help that they can receive right away, that can kind of resolve, can come into perspective and they can integrate it into their life experience and doesn’t happened that fast but at least you can deal with it and hit it head on. If it’s been a longer time, of course, that’s when we run into problems.

I’m gonna go ahead and jump into some issues about veterans and war and just a little bit about that, I was fascinated with what I learned. And what we are gonna get is people who come back from the Gulf Wars, Afghanistan, or one of the new ones that out there and have been back and forth several times, so not have they not only dealt with the first event they probably have later ones that have gone on too which is the problem they haven’t dealt with it at all. So it can show up months or years later, even if they look fine right away. So one thing to do if you are meeting with someone and you don’t know them is find out, have they had a traumatic event whether it’s war, or an accident, or whatever it is, find out right away, when that was, how long ago it was, how they’ve done since then, how they’ve dealt with that. Let’s see, where’s my little numbers I’m gonna share with you. By the way, they do send veterans back into war if they have mild or moderate signs of PTSD, which I thought was fascinating that’s like asking for trouble if you ask me but interesting. When they screen people they find 2/3’s, they find quite a few are experiencing symptoms when they come back, but 2/3’s of them do not receive any treatment. So that’s another interesting fact. As of 2006, and that’s several years ago there were like 40,000 veterans being treated for post traumatic.

Now why is that important to farmers is another whole piece that talks about, I think 64% of the veterans that come back are rural, are from a rural environment, and that’s significant because they say a lot of the young adults 18-24 have actually come from the farm area because there is no employment or lack of employment. So your gonna get people who first of all didn’t have a job and now are coming home and still don’t have a job which is another added factor that goes into it.

Another little interesting fact. They’ve had pts for a long time, and it was called different things. First it was called Soldiers Heart in the Civil War, and then Shell Shock, which some of us have all heard of, Combat Fatigue in WWII, and it was in the 1980’s when they started using that term pts so that’s kind of a interesting fact that they have changed.

PTS that were talking about has to do with feeling that threat and not being able to, then later they started having symptoms, and those symptoms are part of that cluster that you find in that psyche diagnosis book. And some of those symptoms relate to unwanted remembering or re-experiencing stimuli. That’s a very big one. And all Thomas(?) survivors they have those memories and they surface in dreams, there are several films out now that portray that where they’ve gone thru 911 or whatever, they can’t sleep, they may lose their family, maybe a divorce, just because of the insomnia and lack of sleep and they start fighting and all kinds of flashbacks are happening from that event so they are trying to keep it away but it comes back in their sleep. And so the nightmares and they are very distressing and there can be lots of physical reactions, like your heart palpitates and your breathing fast, shaking, sweating, so the whole consolation of things that goes with that re-experiencing stimuli. And that’s one of the most difficult I think. Then there is arousal and that one has to do with our basic fiber flight responses (?) that we have as human beings, and as you know in the old days we would have to stand our ground and get eaten as animals or by the early animals in cave time or fight as hard as we could. And so that same kind of old reaction comes on as the result of the trauma and so people can be very angry, or irritable, or have a lot of rage, others kind of withdraw and go into themselves, there is something called hyper-vigilance, which is being very aware all the time, on the lookout for danger, so whenever they hear a noise, and this is a classic, like a backfire on a car, it will remind him of a gun, or bomb going off. So that’s a very common one. Sitting down I mentioned a little bit ago, it’s a numbing they try and stop those emotions from coming out, because they are so frightful and scary they haven’t dealt with and so in their mind they are getting bigger and bigger and scarier and scarier instead of going away. As a result, they are unable like open to any emotions, positive as well as negative so it’s a numbing that they are doing, and that has a lot to do with some of the alcohol and drug use you might find, that comes with this. Then another is active avoidance of thoughts and viewings, so not wanting to talk to people about what happened, converse or see films or doing anything that reminds them of that. That would certainly limit your life. You can’t enjoy yourself because you are trying to kinda protect all the time. Another reaction would be depression, that’s very common to go with it. And you start feeling hopeless, you’re feeling in the moment of a war whatever, you’re feeling hopeless and that just continues. And as you know the more helpless and hopeless you feel the more depressed you get, your self-esteem goes way down. And another problem that can come with this is suicide. Another area to the self-blame and guilt. A lot of times this happens in war this happens of course, they say my buddy died, I should have died, why didn’t I die too. Or in an accident on the farm the same thing can happen, I should have died, my son lived. I actually once knew a farmer, whose son was killed, and he lived and that was a very difficult situation for him to deal with. Guilt and shame. And of course all these things take a toll on the family, relationships, and friends, makes it very difficult to react, be in a relationship. And so a lot of the stress not only with the person, but the people around them. Secondary you can have physical symptoms that come out. And it could be stress related symptoms, headaches, pain, nausea, vomiting, all that kind of stuff. And so it all kinda gets mixed into a big ugly picture that you are faced with when you have someone coming home to you. They are doing a lot more now in terms of thinking about this at the VA, which is good to see. They have several websites, and if you haven’t seen them you’ll see them in a little bit. But again, the thing is to pick it up sooner and it will intervene and hopefully can stop short circuit this, so it’s not so devastating. There was a study in ’03 they did about stresses, facing people in combat, and course ones who have more combat stresses ended up having, surprise more pts and mental health problems. Interestingly enough, the Iraq war was worse because of the exposure to all the dead bodies. And that’s how they phrase it in this study, when they were involved, it was a bloody war where they actually shot at people, they were shot at, all those things were documented that like 95% of those folks end up with PTSD. Versus the Afghanistan war where a lot of their friends that were involved with that, was less direct contact, had direct contact as so there was 39% of them that dealt with seeing a dead body, few more being shot at, but not nearly to the degree of Iraq. So you can also find out when they were in the service and that will make a difference on what kind of experiences they may have had. Of course some things that would make it worse would be longer deployment, the more severe combat exposure, where they are actually out front in the killing, physical injury, and somebody mentioned traumatic brain injury, you can certainly have them together, pts and traumatic brain injury and so that just adds that much more to the physical and emotional symptoms. People that are lower ranked they found have less control when they are in the service and so they would have more possibility of experiencing this. Those that have less social support, who are not married, or if they already have family problems, females too is the other group, and Hispanics that would have more problems usually with this kind of experiences. So lots of differences that we’re finding in the wars now that we look back. Vietnam, the rates are higher now than they were found in the Vietnam veterans is higher than the non Vietnam veterans, although it was fairly low, the diagnosis of PTSD. It’s slowly increased to the Persian Gulf War, and the Iran and the Afghanistan, so I think that counts for number one, being more aware of it, and number two trying to do screening and defining people (which is not number four). There is a new study that was done on the Iraq veterans are fairly new I guess, in the last couple of years on returning service members and they found that 6% had PTSD, 27% showed gains of alcohol use, and 6% in addition to the had PTSD and alcohol use. And remember we talked about the numbing that’s one of the biggest ways that that happens. In Afghanistan there were 11% that reported using meds, and 10% family therapy, 51% were involved in debriefings, and that is a good sign I think that they are doing those. So what it all means is they are receiving some notice and some care but not nearly enough, because once they leave the services are always that easy to access. Let’s stop there for a second, do you have any questions about anything in general or specific? I’m trying to paint a picture I guess of what goes on.

Hi this is Odelia from ???, you mentioned about women and Latinos. What do they attribute that to?

Roberta – You know there is no specific reason why that is and the literature I’ve seen, I didn’t look into great detail though, but I really don’t know. Now I know that women, always there is that issue about that hormonal shift, and when you’re talking about stress you’re talking about quartazole, which is the hormone which often deals with the stress and that maybe a piece for women, but I don’t know if it’s genetically some kind of a predisposition to feeling emotions, I really don’t know. That would be a really good thing to do some more research on.

Odelia – Thank you.

Roberta this is Bob in Colorado. This is very good. I appreciate what you are sharing with us. My question has to do with, at least I don’t know about other states, but here in our state, by the time we run into these guys that have PTSD, whether they’re vets or whether they’re farmers and ranchers, its more than 6 weeks, its been a while, and they can in our state can be reticence to talk about any kind of emotions much less these very traumatic ones and all. So if we assume, and I would in our case, that most of the people that we see who have gone through a very traumatic event, both husbands and wives, they probably do have some of these symptoms, and I have been suspecting this for some time, especially among some of the people I see. What can we as mostly lay people not knowing a whole about the steps that clinicians take, what can we do at this later stage, maybe they’ve had it for 6 weeks or 6 years, what can we do at this point that can help?

Roberta – Okay I’m glad you asked that because that’s kind of the next piece I was gonna share about. That is a really important piece. As far as what do to, actually I just found out, Paul know about it, I’ve applied to go to this mental health first aid program and hopefully will have some real concise guidelines that we can share for this kind of stuff so that you as a lay person would be able to identify things right away and pull them out and send them somewhere and do whatever, but until that point where I go to that conference this fall, the first thing you would want to do with somebody is not necessarily ask about the experience itself but if they had it, is of course number one, have you had a traumatic experience or been in a really difficult crisis or where you have been physically threatened or whatever, or an accident. And number two would be to do some assessing right there. And the first thing you always assess for is suicide. And so you might run into somebody who is just set up with all this and if they haven’t found a better way to cope, they may just say “I can’t deal with this anymore”. Now, it’s a horrible thing to do, men do have a higher rate of suicide than women, and having trauma can increase that risk of suicide so that’s certainly something to very much ask about. You won’t give somebody the idea if you ask about it, if they’ve thought about, they will probably tell you. Have you ever thought about hurting yourself of do you feel unsafe, or have you ever felt suicidal, you can ask from that, and then you would have a real direct action to take and that is to just get them in touch with someone to call and if there’s nothing else there is talk-lines on the phone, you can call the VA in the town your at, if there’s a doctor, anything like that is a real good start and we’re talking like we’re doing first aid management here. So that would be the very first thing. Now if you have known the person for a while and that’s not a problem, thats important to rule out at first. Another thing to look at right away is, are they having a problem abusing alcohol or drugs? That’s a really big one because if they are doing that, not only have they continuing to mask what’s going on but of course will have addition problems, and would have to deal with that down the road, and that could be dangerous and life threatening too. So it’s like the ABC’s of airway breathing in cardiac, for mental health things to think about, what are the most dangerous to rule out or to address in your mind, and you can ask them too how much alcohol do you use, are you using any medications over the counter or prescribed, just to find that kind of thing out. Because that will be invaluable information if you need to call somebody and that’s something certainly to be dealt with along with lots of other things that’s a very big one too. Unfortunately, you know what they used to give somebody if they were very anxious, what’s the first thing they give them? It’s like valium or benzodiazepine drug, and that’s really frequently a mistake, especially if they repeat it over and over because that just adds to the problem. And they start depending on that instead of actually dealing with what’s going on. Now as far as treatment overall, there is some really interesting information on that in the literature and from what I’ve seen too, one of the biggest things that people want to do is medicate all the time, they think it will help everything, and what they found is it really doesn’t do the best job, it’s not the best thing you can do. Medication can be helpful in conjunction with other therapies. That’s what I want to spend a little time on now because it’s not just as simple as give them a pill and it will be all better. All it does is delay it or move it to a later date when you’ll have to deal with it at sometime. So things that are the most helpful are what you can use to start with the meds right now. You can use what they call SSRI’s (Selective Serotonin Reuptake Inhibitors), all those fancy things, and those have to do with drugs that you use for depression of all things, so they found that drugs that are most helpful often are ones if they have to use some would come from that group or the TCA tricyclic antidepressants. Now you have probably heard of one of these before, these are things like the Prozac, Zoloft, and Paxil, and the TCA’s are like Pamelor, Elavil, Tofranil, they can be helpful but they also have lots, and lots of side effects. So that’s not something you just want to see people eating like candy either. What really helps the most is pairing a medication if you need it, with some kind of a coping skill training or cognitive therapy and those are a wonderful addition that they didn’t used to do and the nice thing is that you as a person working with them can reinforce their using these skills. Coping skills are things we all need to know but in this case they don’t know how to cope with it so you have to basically have to do psychotherapy as they call it, so you’re dealing with symptoms like anxiety, so when you get anxious, when you have PTSD and your talking to your client, what do you do? One of the things you do is teach them relaxation and imaginary, again it doesn’t sound very fancy, but it sure does work. So when they are in a calmer state they learn the skills that they need to bring back those skills when they are anxious or upset or in the middle of a flashback, they can kind of come back to this ground of the relaxation and imagery. And there are trained people who do that, I mean anybody can really do some of that one their own, but it’s good to have a teacher to learn that at first. And they give you tapes or whatever and you listen to those and you work with them and kind of help yourself inside yourself relax as you listen to those, and then you recall those sensations when your under stress. So it takes a while to learn that but once you learn it, it’s like riding a bike, you remember it, you use it, and it becomes more and more helpful to you. So it’s a very positive thing that doesn’t take a lot of side effects like meds or whatever. Another is cognitive behavior therapy or they call it cognitive processing therapy (CBT or CPT) and that’s a very popular treatment right now. So while they are maybe having meds or having some meds while they are calm, you’re interacting with them and talking to them as a therapist about what they’re experiencing and what they’re thinking, and that’s the key. If they wake up with a horrible nightmare and get very anxious, they think “Oh my god, I’m gonna die, I’m gonna die, I can’t stop this” and so they start intervening by saying, “Well, now let’s stop a minute and think, where are you, are you at home, or are you in the battlefield?” And get them to say, I’m here, I’m safe at home, I have my family with me”, and you literally walk them through different ways of thinking about and reframing the situation they are in so that they see they are safe, there is help and support around them, and that they can cope with this. And it’s not magic, it just take repetition and getting the right message to be programmed in so to speak so that they are replacing those scary and negative messages with messages that are more helpful and positive for their coping. And it is amazing how that can be effective. Doesn’t sound like much, but it is very powerful. But you have to take time to learn it, and want to do that in order to make it work. Usually if someone is in a lot of suffering or pain they are willing to try this and that’s a real bonus. Now hopefully they have started to cut down on, if they’re on benzos or anything, they have gotten rid of those, or start cutting those down, because again that masks your feelings and you want them to deal with those, that’s the key, you don’t want them to hide. Now you might not be the one whose trained to bring all that out, but like I said you certainly can reinforce that they’re doing cognitive behavior therapy, you can certainly help them reinforce that, how’s it going with your therapy practice, and are you doing your imagery and relaxation, or whatever they are suppose to be doing, and that’s very powerful. Another interesting thing that has come up along those lines, you look on this website, the PTSD website, google that in, you’ll run into National Center for PTSD and it’s part of the VA.gov site. And they have done a really amazingly good job of putting together lots of information so some of what I’ve talked about today has come from there, and there is more I haven’t even touched on, but it give you a really good overview. It has a section for clients, for veterans, families, and for researchers, so you can look at some of the information as see what they have to say. But what I came across wasn’t just today or yesterday, a couple of months ago, this PTSD coach it’s called, you know a lot of people of smartphones now, I have an android, I’m sure a lot of you have those too, but they have created some apps that you can download onto your phone and this is one of those that fits within that cognitive behavior therapy, or relaxation therapy, it’s a daily thing that you kind of go into and you load it down, it has all kinds of questions for you to address, like, what are you thinking right now, access your level of stress and anxiety, one of the things I can do to manage my symptoms, and where can I get support, and when do I need it now? It asks you these questions, program it in, it is kind of a neat tool to help the person kind of think it through myself, and it also gives him all kinds of information about what is PTSD, how does it develop, how long does it last, all that kind of stuff. So I really recommend you take a look at that, and like I say it does take a little work. I was gonna do it myself just to try it out but you have to take some time to program it all in, so I wasn’t real keen on spending an hour to do that, but it looks like it could be a really powerful tool. As a reminder if you’re out there by yourself somewhere, out in the boonies, to kind of help coach you along through skills that you have already been learning. I wouldn’t just hand it to somebody and say use this, but it would certainly be a nice tool to support what else is going on.

Paul – Now is that available for download on the website for download?

Roberta – It sure is, if you go to that National Center for PTSD its right on the website.

Paul – That’s [www.ptsd.va.gov](http://www.ptsd.va.gov)

Roberta – Yep that’s it. And then /publics/pages/ptsd coach, I don’t know if that will even work just telling you how to go through the site.

Paul – ptsd coach is the name of the?

Roberta – yeah. PTSD coach. So that can be something really useful. And again in the rural areas where there aren’t too many people around all the time, that might be a real positive. Like I said, I would not want somebody to sit there and do it by themselves but I would want somebody to help them program it in if I could, if they were seeing a therapist or a doctor or something. So that’s certainly I think a neat little tool that I never even heard of before even that must have just come out in the last year or so. Other things that cognitive thinking are negative thoughts, you want to get rid of negative thoughts, replace them with positive. Again, if you have a TBI the brain injury to be able to use some of these same skills for the PTSD and TBI, it kind of overlaps if you are kind of able to work with them that way. So that’s kind of a neat thing. So relationships, the other thing is, you might need family counseling, because who knows who far this has gone, or how the family is doing as a whole, that’s sure something to look at, is how the family is functioning, are they able to be supportive of one another, that kind of thing. Oh, another whole area, it’s a big one, is sleep. Insomnia of course is every nightmare all the time, you know you certainly ought to be able to sleep, so that’s a major, plus the treatment too. There are some new things out on that actually. Oh first I wanted to tell you, there is a VA in Connecticut that’s actually trying a new kind of therapy, it’s actually an old therapy, but its new for this, it’s called Logo Therapy, fancy name, but it has to do with, I don’t know if you remember Frankel that did the work on the holocaust survivors way back when, that was certainly a traumatic crisis, and he did the therapy that dealt with finding meaning in your life. So instead of just changing thoughts he goes beyond that, think about what do you want in your future, what are the strengths you have, what gives you meaning in your life, what do you want to leave for your legacy for your kids, for your family, so that sounds to me like that’s something really useful as well, especially I’m thinking about people that live on farms and have family farms and want to keep the legacy going or whatever kinds of things. So I just wanted to mention that, that’s in the Connecticut VA Hospital. They are having some good luck with that. It’s not everywhere yet, so the hopelessness I think would something really important that it would hit that, and the sense of guilt that they might have of surviving, so there’s a lot that would go with that. Let’s see, I mentioned the anger and irritability and all of that. If they are trying to work, whether they are working on a farm or working other people close by in a factory or office or wherever, that certainly has to do with relationships, right? And those maybe difficult because they are unable to modulate their feelings, may become irritable, and difficult, and so all that can decrease job satisfaction or job employment actually, to get fired when they are not appropriate in the work place. So that’s another good reason why you would want to do some kinds of these treatments and therapies. I was gonna talk to you about, there is a therapy again that they use for the nightmares. That’s where I started. And what they do, and I’ve heard of this before, not in terms of post traumatic, where is someone is having a nightmare, and this I think would work for anybody, is that person when they wake up, immediately have them stop right then and change the ending of the dream. So close your eyes again, go back into the dream, and change the ending. So if someone is going to get killed maybe in this dream you would see yourself rescuing them or seeing everyone getting away safely. Again, that sounds kind of weird, but if you’re in a therapy or counseling context that can be a real helpful tool that you can learn, and again you just can’t do it overnight but you would have to work at that for a while. So I think when you see this, a lot of this is retooling with new skills, or adding skills to your armament that you have for coping, and in order to deal with this very traumatic situation. And so it’s nothing that can happen overnight. Meds would help for a short term again, but not the long term solution. Other kinds of therapies, I think I hit most of them that are commonly used. Oh by the way, that is Imagery Behavior Therapy, that’s what that’s called, when you interrupt the dream and change the ending. I have sources for all this that I can share if you’re interested in more of them. Again cognitive behavior therapy is being the most common that is used. The VA actually has a guide, if you look again at that website, if you move around it further, it is quite large, they talk about the major treatments being dealing with psycho education, managing anxiety, and then they also talk about exposure therapy in addition to cognitive therapy. That therapy, I’m kind of surprised that that’s one that is more popular and more well used, but really what it does, it’s kind of like when you have a fear if an object you present that object, that image, and you help that person to learn how to decrease the anxiety when they see the image. So again that takes very specialized therapy training and wouldn’t be something you would be doing on your own, but can be very helpful. It’s like depairing it with a stimulus that gets you upset. So your able to cope with it by using relaxation techniques. So a lot of this does take some work to undo. That’s why the longer you go with this, the more pathological the coping skills are, the more work you have to do, and probably the more miserable the person is which is the whole point, you don’t want that to happen.

As I said earlier, there are so many more rural folks than there have been who are going into battle situations and/or have had farm accidents that we really need to think about and identify them early and when they’re not identified early, get them into treatment as soon as possible. The group I was talking about in California. Have you heard of that group? Farmer Veteran Coalition Group?

Paul-Yes, actually we’re partnering with them now.

Roberta-Very interesting. Actually Paul, I’ve talked to a few people awhile ago about horticulture therapy and I think it’s kind of interesting that they’re whole thing is working with that. They look like a very interesting group. They’re really helping people get into farming if they weren’t and help give them new skills when they need them and have a job bank clearing house. Is that kind of what it is Paul?

Paul-Well, actually, California’s been working with them longer than we have so they may have some more input than I do. I know we’re working with them in terms of trying to get some of their farmers to come to our workshop in November and working on some other initiatives. Does anyone from California have any thoughts on what they’ve been doing with them?

Martha Stiles-This is Martha. I can’t address anything they’ve been doing specifically on PTSD, but I do know that this past year they have been doing some job fairs that drew a lot of agencies and honestly I think that helped put a lot of peoples’ minds at ease because even if there weren’t jobs now, at least someone is helping them to try to find some.

Roberta-It looks like it’s kind of a proactive group and that they have put it together nicely. You can look up Farmer Veteran Coalition online and find out if there is a way to work with them.

Paul-Right, they’re doing some fellowships with farmers. I know there is a blueberry farmer in Florida that may be coming to the NTW who has PTSD and is using this blueberry farm as a therapy tool for other veterans to come and work and work through some of their PTSD issues as well as other disabilities in a safe environment.

Roberta-That’s great. So there are some programs out there that are very creative. I saw one that takes farmers out for the weekend to do fishing and hunting and things. So they’re out in nature. So that’s an actual “experience” thing you can do, not necessarily a job, but an experience where you can get out in nature.

Support groups are very good too. Don’t forget about those. I meant to mention those. Getting together at the VA Center or something that gets these veterans together with PTSD or something like that that helps them support one another and learn new coping skills is a really helpful thing.

Before I run out of time here, where to get help: Again, if someone is suicidal, the first thing you do is dial 911 and go from there or get them in contact with someone or take them to a hospital. Otherwise, if they’re a veteran, I would certainly connect into the VA. There was a site under the National Center where you can actually look for the closest treatment for PTSD. And actually it looks like for Lafayette, IN there’s a hospital in Danville, IL and one in Indianapolis, IN that has treatment available so that may be something as a place to start at least where you could get some kind of support by someone who is a therapist or at least someone who you could bring into our situation or our community who could come out and do a program or some kind of connection. This information is on the same site we have been talking about: The National Center for Post Traumatic Stress Disorder, [www.ptsd.va.gov](http://www.ptsd.va.gov). The information is under Public, Where to Get Help. It’s loaded with great ideas and information whether you’re a veteran or not. The other thing they talk about in here is after you’ve connected them with it to talk about self-care and treatment that’s something I think we forget about too much. So the best way to reduce stress and start feeling good and healthy is basically eating healthy, making time for exercise, and for pleasure such as fishing trips so you’re not just torturing yourself all the time. Again, that is so common, but people need to take time for some self-care to alleviate stress in general, not just PTSD. Also families need to be taking care of themselves also because it’s also very stressful for them too.

Any other questions from anybody or anything anyone would like to add from their experiences?

Man A-I have one think I’d like to mention and that is, when I did work with veterans, I found that a lot of them wanted to go to a rural environment. You mentioned that a lot of them wanted to go to or get back to a farming or rural area, but I think also that a lot of them just want to move out of the city and into a rural area, especially the Vietnam veterans that I have worked with.

Roberta-That’s amazing. You know nature is very healing and if it’s allowed to operate along with other positive factors like therapies, I think that could be real positive. Even if you take a fishing trip out of the city and into the country, but moving there is a whole other level. Were they able to find employment and work?

Man A-Sometimes. It depends on if you can find the right place and the right environment.

Paul-I know that when we’ve talked to the VA they indicate that they are supportive not only of veterans going into farming for employment, but also for therapy. With AgrAbility we’re talking to them about how AgrAbility can work with them not only helping with the employment, but in terms of tying it to the therapeutic process.

Roberta-That’s a great idea. Well, I’m just thinking of a group I’ve been to as a breast cancer survivor called Casting for Coverage that is nationally sponsored. Every spring, they take groups of women who have had breast cancer on a fishing trip. So I learned how to fly fish a couple years ago. It was a wonderful weekend. They had support groups, they had information. That’s something we should get set up, Paul. It was nurturing it was healing, it was positive, and it was information packed. It was a network of people that you would know. Something like that can be really good, even in the short term.

Crystal-Here in California, we had an organization from Oakland do a presentation on swords for plowshares with the idea being that the history behind that organization was that in previous eras following war, a veteran came back and they put them on the farm as a healing way to transition them back into society. That’s the basis of that organization here in California so I thought that was very interesting. We have also seen a lot of equine therapy with horses and the veterans going very because it’s hard to get them to sit in an office and talk about issues, but you can talk to them while they’re riding or combing a horse and they never miss an appointment which you can’t always say about a regular office. So I think there are innovative ways that help address PTSD because they may not always respond to going to an office. So I think that’s a good point to make.

Roberta-That’s a great example. The more programs like that that we can bring into the home. Even if we don’t have people that know how to do things in one area, you can bring people in to teach you how to do them and then start classes in them.

Man A-A local training program where they have a larger farm that they break into smaller plots has people come and farm one acre for a certain type of organic vegetable. That seemed to be another way to get people out into nature and out of the city and be able to work their way through things in a way where you can’t afford to buy a farm, but you might be able to have a training where you learn how to farm.

Roberta-That’s a great idea too or even just growing a little garden in your own lot. Even in an apartment you can do a potted garden, so yeah, that’s a great idea. One of the reasons that rural folks are resilient is because you are given the resilience from nature and you’re able to hang in there over time. I think a lot of times when someone comes back with all of these war memories that we really need to re-engage them in that and get back to the roots.

Paul-Yeah, that’s some excellent information. We’re almost at the end of our time. I just wanted to follow up with some things before we finish. First, I just want to thank Roberta for sharing some really good information that I think has some potential for application with our clients whether they’re veterans or not. I think we see some of these issues to one degree or another and I think some of the things you mentioned would be valuable for that. Another thing I mentioned earlier is that we want some topics for future COI calls. No one had any suggestions at that time, but as Roberta mentioned earlier, she is going to a train the trainer class on mental health first aid where she can go out and train others in regards to an early intervention in regard to mental health in terms of what are the first steps, how do you identify someone with mental health issues. We can use the next call in October as a time for Roberta to present the information before she gives the presentation at the NTW if that would work for you, Roberta.

Roberta-That would be fine. I also think it would be interesting to hear more about these programs that people are talking about that use nature and farming to heal and animals and things would be fascinating too.

Paul-Yes, we can look into those too.

Crystal-Paul, apparently there are maybe a series of the mental health first aid classes that are happening because in our county in California, the county health people are offering two two-day classes that some of our staff are attending.

Roberta-Great. It may be the same thing because it ends up being a 12-hour program that you deliver so 2 days would probably be it. It started in Australia and has come to the States and is winding its way around the US.

Paul-Any other questions for Roberta before we hang up today?

None

It’s been a pleasure to talk to everyone today. We are recording the call if anyone would like to request a copy. There are a number of resources we can get out if anyone is interested. Just let us know. Paul’s email is jonesp@purdue.edu

Thanks again everyone. Talk to you in a couple months.