

How We Can Heal PTSD

BY DR. MIKE ROSMANN

Last week I explained how Post Traumatic Stress Disorder (PTSD) can develop. Reacting to a traumatic event with alarm is normal but when we overreact with alarm to any reminder or cue of the trauma to the degree that distress interferes with our daily lives, it's time to take corrective actions.

PTSD is fairly common for people involved in farming because farming is one of the most stressful occupations and many of the factors that affect success or failure are beyond our control. When I use the term "farming" I am also referring to ranching, working on a farm as a laborer and related jobs that involve the production of food, fiber and biofuel.

One of my first professional experiences with PTSD after completing training in clinical psychology involved helping a farmer who became emotionally paralyzed while undergoing farm foreclosure proceedings in court. He couldn't sleep; he was unable to go about his daily chores on the farm; he became numb and was hardly able to speak.

PTSD among soldiers who completed tours of duty in Iraq and/or Afghanistan is also common. Recent estimates range from 2.5% to 35% among U.S. Veterans returning stateside (Richardson, Frueh & Acierio, 2010; Curry, 2012). As might be expected, the prevalence of PTSD is positively correlated with the number of tours of duty and the number of exposures to fire-fights, bombs and other life threatening events.

Many returning U.S. Military who originated from rural areas find that access to care for PTSD is an added burden. Dr. Joel Kupersmith, M.D., Chief Research and Development Officer of the Department of Veteran Affairs, commented, "Providing comprehensive, high-quality health care to Veterans in rural areas is a challenge."

Of 5.6 million Veterans who received care from the VA in 2006, about 40% lived in rural areas. U.S. Military personnel tend to originate in greater numbers from states that are rural, with Alaska having the highest number of Military personnel on a per capita basis. States that comprise the High Plains, the Rocky Mountain region and portions of the Sun Belt tend to produce higher rates of Military personnel than the Northeast and Midwest regions.

Military recruits who originate from these areas usually are excellent soldiers. Their practical orientation to work and discipline, and their rural backgrounds, incline them to be familiar with guns and to possess outdoor survival skills. American Indians are especially likely to choose to serve in the Military.

But when these soldiers return home they often have limited access to the healthcare they need, especially behavioral health services. American Indians

especially lack treatment services.

Dr. Kupersmith indicated that the U.S. Department of Veterans Affairs is working to improve resources for all veterans who are dealing with PTSD and those who return to their rural locales.

Here are some PTSD resources for returning rural Military personnel. Helpful websites include these: www.raconline.org/topics/veterans/, and www.ruralhealth.va.gov/native/prgrams.asp. A 24/7 hotline is available at: 1 800 273-8255 (www.veteranscrisisline.net/).

PTSD seldom goes away on its own. The most effective help with PTSD is usually obtained from professionals and trained peer support counselors who understand the experiences of those struggling with PTSD.

There is considerable research with people who farm and with returning Military personnel with PTSD which indicates that understanding their culture and expectations is critical to providing effective services. "Having been there" offers credibility and bonding to those who are struggling with behaviors they can't

control. That is why most VA call centers and PTSD hotlines are staffed by Veterans. Similarly, the farm crisis hotlines/helplines with which AgriWellness, Inc. has been affiliated for many years are answered by persons with farm and ranch backgrounds, for the most part.

Some resources are underutilized. Sweats, Talking Circles and other Native American rituals can help Natives and persons who are not Indian. These rituals have been passed down for many generations because they provide confidential, safe, highly instructive opportunities for persons struggling with maladjusted behaviors. PTSD is a maladaptive response.

PTSD and farm crisis hotlines/helplines are another underutilized resource. The website, www.militaryyonesource.com, lists many types of assistance, including hotlines and helplines for Military families. Farmer friendly hotlines/helplines serve nine states currently. These hotlines/helplines are listed on the website: www.agriwellness.org. Click on "helplines." They can provide assistance to callers with Military as well as farm backgrounds.

If you know of additional credible resources for our rural friends and neighbors who are struggling with PTSD, please send them my way. I am glad to publicize them. And thanks a lot.

Dr. Rosmann farmed for 25 years and has been a licensed psychologist for 35 years. He lives with his wife on their farm near Harlan, IA. He can be contacted through the website: www.agbehavioralhealth.com/.

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Dr. Mike
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Visiting Hours

BY JEAN HUNHOFF

ASHHI Corporate Compliance Officer

This week, health care organizations across the country are promoting Healthcare Risk Management Week. The theme for this week, "Getting to Zero through the Power of One," emphasizes the American Society for Healthcare Risk Management's ongoing initiative to eliminate preventable serious safety events. This initiative will take a collective effort, but will succeed one person, one leader, one organization at a time.

As a Joint Commission (JC) accredited health care organization, patient safety is the foundation for the care that is delivered at Avera Sacred Heart Hospital. As an accredited organization Avera Sacred Heart Hospital is committed to improving safety for patients and residents in the health care organization.

The standards for performance are aimed at risk-reduction activities and intended to reduce the risk of adverse outcomes. Almost 50 percent of the JC standards are directly related to safety, addressing such issues as medication use, infection control, surgery and anesthesia, transfusions, restraint and seclusion, staffing and staff competence, fire safety, medical equipment, emergency management, and security. These standards address a number of programs; the response to adverse events when they occur; the prevention of accidental harm through the prospective analysis and redesign of vulnerable patient systems; and the organization's responsibility to tell a patient about the outcomes of the care provided to the patient - whether good or bad.

In July 2002, the JC approved its first set of National Patient Safety Goals with related specific requirements to improving the safety of patient care in health care organizations. All JC-accredited health care organizations are surveyed for the implementation of the goals and requirements (or acceptable alternatives) as appropriate to the services the organization provides. The goals and requirements are drawn from a "pool" of recommendations identified as evidence-based or consensus-based, cost-effective and practical. Each year, new recommendations are added to the pool.

The JC has approved one new National Patient Safety Goal for 2012 that focuses on catheter-associated urinary tract infections (CAUTI) for the hospital accreditation programs. Other safety practices include:

- Identifying patients correctly. Each time a patient receives medication or treatment, the provider uses at least two ways to identify the patient.

tify the patient.

- Strategies to prevent infections with the emphasis on hand washing by all providers who have contact with patients
- Accurate check of medications that a patient is on when they come into the health care institution
- Implementing a fall prevention program for our patients
- Instructing patients and families on how to report their concerns about safety
- Watching patients closely for changes in their health and respond quickly if they need help - rapid response teams
- Prevention of errors during surgery which includes marking the site for the surgery.

All of these goals are implemented at Avera Sacred Heart Hospital. Patient safety is number one. We encourage our patients and families to speak up if they have questions or concerns. Pay attention to the care you receive. Educate yourself about your illness. Learn about the medical tests you get and your treatment plan. Ask a trusted family member or friend to be your advocate. Know what medicines you take and why you take them. Participate in all decisions about your treatment. You are the center of the health care team.

MEDICAL SCHOLARSHIP WINNERS



SUBMITTED PHOTO

Four third-year medical students Kelly Delaney, North Sioux City; Catherine Mitchel, Burke; Jeb List, Yankton; and Chelsea Koepsell, Sioux Falls, were recipients of the 2012 Sanford School of Medicine of the University of South Dakota Medical Student Scholarships from Avera Sacred Heart Hospital and the Avera Sacred Heart Foundation. Presenting the \$5,000 scholarships were Dan Eisenbraun, Avera Sacred Heart Foundation Chair, and Lori Hansen, M.D., Dean of the Avera Sacred Heart Campus of the SSOM/USD. The scholarship criteria are based on interest in the geographic area, interest in primary and/or rural care and community activities. All four students will be part of the Yankton Ambulatory Program on the Avera Sacred Heart campus this year. Pictured above from left to right: Pictured Left to right: Dan Eisenbraun, Kelly Delaney, Catherine Mitchel, Jeb List, Chelsea Koepsell, Lori Hansen, MD, and Frani Kieffer, Director of the Avera Sacred Heart Foundation.

Free Collections Workshops For Museums, Libraries, Archives Set

PIERRE — Staff and volunteers at museums, libraries and archives in South Dakota and North Dakota are invited to attend free hands-on workshops on how to properly care for a variety of collections, such as textiles, books, art, furniture and photographs.

A workshop will be held at the Dakota Territorial Museum in Yankton Aug. 15-17.

Although the workshops are free, registration is required online at <http://dcciworkshops2012.eventbrite.com/> and closes one week prior to the start of each workshop.

"Attendees to the workshops will gain information on best practices to care for their collections and make connections with other similar institutions to build a much-needed network in the state," noted Chelle Somsen, state archivist for the South Dakota State Historical Society.

The workshops are hosted by the Dakota Collections Care Initiative (DCCI), a partnership between collections care professionals at museums, libraries and archives in South Dakota and North Dakota to improve collections care and emergency preparedness and response for the small and mid-sized collecting heritage institutions across the two states.

DCCI partners include the

South Dakota State Historical Society, the Association of South Dakota Museums, North Dakota Library Association, Plains Art Museum in Fargo, South Dakota State Library and State Historical Society of North Dakota. Terri Schindel, a conservator affiliated with the Museum Training Network, will lead the workshops.

More information is available at <http://history.sd.gov> or by calling (701) 355-4458.

SDHDA Seeks Applicants For Program Funding

South Dakota Housing Development Authority (SDHDA) is inviting developers to submit applications for its second round of funding for the HOME Investment Partnerships Program. The HOME program provides funds to developers and/or owners for acquisition, new construction, and rehabilitation of affordable housing.

An initial application round was held in February with six applications receiving HOME funds. SDHDA will have \$2,370,000 available during the second application cycle, of which \$450,000 is designated as CHDO set-aside. Applications must be received by 5 p.m. July 31. The HOME Program Allocation Plan and application form can be found on SDHDA's website at www.sdhda.org.

Call Joanne Heckenlaible at 605-773-5159 or email at joanne@sdhda.org with your HOME questions.

60th Anniversary Celebration



Mr. & Mrs. Daniel Wiebelhaus

Daniel and Mary Wiebelhaus will be celebrating their 60th wedding anniversary on Sunday, June 24, 2012. Their family is requesting a card shower in their honor.

Greetings may be sent to:

P.O. Box 118,
Fordyce, NE 68736.

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Becker - Kerr



Lisa Becker and Christopher John Kerr II are to be married June 22, 2012. Parents of the couple are Clinton and Dianne Becker of Fordyce, NE, and Chris and Sue Kerr of Yankton, SD. Lisa and Chris both are currently working at the Human Service Center in Yankton, SD. The couple currently reside in Yankton, SD.

40th Anniversary



Mr. & Mrs. Lewis Bainbridge

The children of Lewis and Charlene (Nelson) Bainbridge request a card shower for their parents 40th wedding anniversary. Lewis and Charlene were married June 24, 1972, at United Church of Christ in Yankton, South Dakota.

Greetings may be sent to:

Lewis and Charlene Bainbridge
26355 406th Ave.
Ethan, SD 57334