Questions Asked During the Live Webinar Broadcast on 9/24/13

Q: Could the spoken/unspoken "Illusion of safe zones" idea, help contribute to veterans' decreased ability to "come down" when they return home after being in combat?
A: Safety certainly is a concern of the veteran. However, the hyperarousal issues are very significant.

Q: Any special considerations or recommendations for Hispanic and Latino veterans?
A: Cultural issues should be considered, such as level of acculturation. Machismo can exacerbate the lack of sharing relative to personal concerns.

Q: Would you not think it to be prudent to provide these "healing services" to military persons prior to their first deployment? For example the "Helplessness in face of suffering" example I heard about how civilians in combat areas are used as shields and/or bait and many veterans suffer this because it's unheard of to them and new. Just a thought.
A: I am a strong proponent of providing Pre Deployment educational and clinical services as well Post Deployment services.

Q: Just a short commentary: It is not only during the war. Some people for example has been overseas working as volunteers for development, health for non-profit agencies like CARE, Save the Children, International Medical Corps, World Vision, that had been in some war or conflict situations in Africa, Asia and other places, that are affected with PTSD. Police personnel, firefighters, crime victims also can have PSTD. Also diplomatic personnel in embassies, with United Nations Development Program, have been during chaotic and terrible circumstances abroad, and they suffer from PTSD.
A: Certainly civilians in environments that are traumatic in nature can experience PTSD. There are many such cases with first responders. Also, gang members are evidencing similar conditions.