

**MINUTES ~ October 5, 2016**  
**Community Support Network Partner Meeting**

3:30 to 5:00 pm ~ Gene Albaugh Community Room at the Madelyn Helling Library

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**Attending CSN Partners** – 25 attended (11 filled out evaluation forms) including Anne Odell, 211; Barb Smith, Adult Family Services Commission; Caitlin Jones, PiELL; Chris Dort, Attorney for VA disability claims; Donna Fry, Nevada County Public Health; Frank McClain, Community Member; Gary Brown, WHV & Emmanuel Episcopal Church; Joette Collier, Foothills Truckee Healthy Babies; Joyce Ash, Child Advocates of Nevada County/FTHB; Kristen McGrew, PARTNERS FRC/NCSOS & CSN-CAPC Board; Liz Pickell, FREED/TBI Specialist; Lourdes Vose, SNCS; Loydyne Lane, Parents' Resource Guide; Megan Murphy, VCSS; Michelle Montgomery, DVSAC; Ned Russell, Got 40?, CSN-CAPC Board; Pam Davinson, WHV; Sephra Engel, PARTNERS FRC; Susan Keever, Common Goals; Sylvia Pichitino, Sierra Forever Families; Tamaran Cook, Nevada County DSS; Tiffany Napierski, Community Member; Yvonne Turner, Community Member; Susan Sanford, CSN Coordinator.

**Welcome & Introductions** – Joyce Ash, Child Advocates of Nevada County and CSN-CAPC Board

**Meeting Minutes** – Accepted minutes from September meeting

**40 Developmental Assets** – Ned Russell of Got 40?

Developmental Asset #10 – Safety (details on last page of minutes)

**Meeting Focus**

**"The Effects of Combat Stress on Veterans and their Families"** ~ Presenter: Page Brown, Psy.D.

Dr. Brown is a clinical psychologist in Grass Valley who works with veterans and their families in private practice and in affiliation with Welcome Home Vets. Since 1997 she has worked under a contract she holds with the Veterans Administration, offering therapy to combat veterans experiencing Post-Traumatic Stress Disorder. Dr. Brown has worked with veterans of World War II, Korea, Vietnam, Granada, Desert Storm, as well as the wars in Iraq and Afghanistan.

**DR. PAGE BROWN (PAGE)** - Two sub-contractors work with Dr. Brown. Her VA contract is based on a 1979 law that provides free psychological services for readjustment counseling. Her contract is only for combat veterans, not other kinds of military trauma.

- Once someone has experienced trauma it's the lens through which they see the rest of the world. They've learned that the world isn't safe.
- Because contract was limited in scope, lots of people were falling through the cracks and that was the genesis of Welcome Home Vets (WHV)...to provide free counseling services for vets and their families.

**PAM DAVINSON (PAM)** – WHV Board Member – shared more info about founding of WHV by Dr. Brown and Mark Thielen, MFT. Gary Brown, founding Executive Director of WHV, provided skills, abilities, networking, and commitment to serve vets. More info on WHV website. <http://www.welcomehomevets.org/>

- Vets don't have trauma by themselves. Others in their lives, and the wider community, are very much impacted. WHV was able to get money from Behavioral Health for providing services to families. Also some money from Cal Vet program to make connections with other organizations in the community. Trauma is a

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CSN Vision Statement

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community issue...affects courts, hospitals, schools, etc. Vets need to be identified so services can be provided.

- There are quite a few vets organizations in county but not well connected to each other so not as easy to get services.
- Identify vets and family members who have successfully gone through treatment and other programs to be peer facilitators.
- How we can work together? Most important thing is to ask clients if they've served in the military. Ask clients if they have a family member who has served in the military. Family members need to know they are not alone, it's not their fault, and there are services available to them too. Children often act out a lot of the dysfunction they're experiencing in the home.
- WHV can always use volunteers. Funding is always needed. Always happy to partner with organizations to get funding.
- Always thank vets for their service.

**PAGE** - PTSD is nothing new – Homer, Shakespeare, and others have written about it. Its name has changed over time after different wars. Civil War – Soldier's heart. WWI – Shell shock. WWII – Combat fatigue. Viet Nam – Post-Traumatic Stress Disorder.

- PTSD became a bona fide diagnosis in 1980. It's considered an anxiety disorder and is sometimes defined as, "Anything horrifying or terrifying...Anything that occurs that is outside the range of normal human experience."
- PTSD begins at boot camp – military needs to take away individualism and create a team. The problem is, when you come home there's no debriefing to make you a civilian again
- Works well to have support groups that are a blend of vets from Viet Nam and more recent conflicts.

SOME SYMPTOMS OF PTSD - Children who are born into families that love them and want to protect them are let to believe that the world is safe. When you get into a traumatic situation such as combat, you learn that the world is not safe, and again, it becomes the lens through which you see the rest of the world.

- **hyper-vigilance** (a hallmark symptom of PTSD) – scanning the environment looking for a potential threat. In treatment, try to reduce to vigilance
- **avoidance of crowds** – too much stimulation – can't keep track of what's going on around them and it creates a sense of panic
- **exaggerated startle response** – if something gets through your "guard" - for example an unexpected tap on the shoulder
- **irritability and rage** – normal options for responding to threat are fight, flight, or flee...warriors will fight
- **aggressive driving** – features in the environment could be a threat (overpasses, road kill, fresh asphalt – could be bomb). Weaving through traffic can be a response to needing to be in the lead because others may be suicide bombers.
- **emotional numbing** – In response to horrors, Viet Nam vets would say, "It don't mean a thing" in order to carry on. Vets may never be able to turn emotions back on. When emotionally detached also physically numb – taste, touch, etc. Page asked one client who was very detached to pet horses and see what the hide felt like. She discovered that if vets get back in touch with physical sensations, they may also get in touch with emotions and they may not be ready.
- **mistrust of authority** – Not a technical symptom of PTSD, but comes up often...cops, bosses, angry at authority, angry at government for putting them in harm's way especially if they were drafted and do not believe cause was just.

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- Recent conflicts are multiple tours for many. Lots of vets want to go back because they trained together, deployed together, and they want to go back together. This is their family now. Pays much better than pumping gas. Vets miss the thrill, the sense of purpose, the excitement. When they come home they need to get into something exciting, e.g. motorcycles – thrilling and requires concentration. Other thrilling hobbies. The alternatives may be drunken bar fights, self-mutilation – cutting and burning so they can feel something. Many get lots of tattoos because they like feeling the pain.
- **sleep disturbance** – sleep is the enemy in a combat zone where they sleep lightly or not at all. Sleep deprivation affects judgment.
- **nightmares and night sweats** – Nightmares can last a lifetime.
- **difficulty concentrating** – all vets are entitled to GI bill. Many entered the service for education after. If they drop out they need to repay VA money they got from GI bill. If they have PTSD, it may be hard to concentrate, socialize, etc. May be good to wait a while, or take just a few courses at first.

**PAM** – Sierra College in Rocklin has a huge center to help vets succeed in school.

**PAGE** – Many Viet Nam vets were horribly treated in college after returned.

- **substance abuse** – many vets use in order to sleep, calm down, forget, socialize. Can lead to many issues – legal, relationships, health, etc.
- **survivor guilt** – not mentioned in the DSM, but very real – it’s really hard to work with – “someone else died doing my job (even though I was told to stand down), it should have been me” – Cognitively I know it wasn’t my fault, but if I get to a point (emotionally) that “it wasn’t my fault” then it makes it okay that the other person died and that’s not okay...can’t afford to let go of the guilt...that’s where group work is very helpful
- **panic attacks** – may have 1-2/week, 1/month

**SPECTRUM OF SEVERITY** – mild, moderate, severe. Psychogenic amnesia is extreme (and rare) manifestation of PTSD – extreme trauma that the brain just can’t process, usually a single incident. Sometimes therapists need to help people NOT remember if it would be too traumatic.

#### EFFECTS ON FAMILY

Walking on eggshells...you may never know what will trigger someone who has returned from deployment. There may be anger and sadness about the loss of intimacy in a relationship. The family has taken over chores the returned vet used to do. If the vet is sharing war stories with the kids, the research is showing that the kids are beginning to have their parent’s nightmares.

**VIDEO SEGMENT** – from HBO documentary called “Wartorn 1861-2010”

Segment is called “Billy’s Story” (apx. 10 minutes) and begins at apx. 53:50 into the program Available on Netflix. About PTSD from the Civil War to the present.

#### SOME Q&A

Q: What about convincing the VA that symptoms that come years later are service connected?

A: Usually PTSD diagnosis. Supporting letters that can include PTSD, some depression, substance abuse.

Q: Are there certain kinds of careers returning vets are drawn to?

A: Law enforcement, fire, risky things - if they are able to work at all. Some are unemployable. When people ask “what do you do” what then?

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Q: Have you come across anyone who's had a stroke or other neurological accident where the PTSD manifested, just came out?

A: Yes. It's called delayed onset. Someone can appear to be functioning quite well, then there's a triggering event.

**GARY BROWN (GARY)** – Worked with a WWII vet on end of life issues...his kids, in their 40s and 50s, had no idea what had happened to him in WWII. Vet shared story with Gary and said, "Don't tell my family." Sometimes therapists and clergy are the only ones who ever hear the stories. Families have no idea what vet is carrying inside. May be good judgment on the vet's part. Family may not be able to handle the horror of the stories.

#### **PAGE - MORE Q&A**

Q: Is there a support network for families?

A: Yes. Welcome Home Vets.

#### **SUICIDE**

When Page started working with vets in 1997 she was told that 58,000 had died in Viet Nam and 100,000 had committed suicide since. That was 19 years ago. With younger vets, the estimate is 22 suicides per day. Why? They feel like they don't fit in, ashamed of things they've done, physical pain, loss of family, loss of jobs, feeling like a failure. If people can get into treatment, the message is: treatment works.

#### **TRAUMATIC BRAIN INJURY**

Considered the signature wound of Iraq and Afghanistan. If mild enough, body recovers, but if multiple injuries, becomes a problem. May be some symptoms same as PTSD. Many people have both PTSD and TBI. Two things set TBI apart from PTSD – headaches and sensitivity to light.

#### **MILITARY SEXUAL TRAUMA**

This is a huge issue for both women and men. 1% of all military men are reporting being sexually assaulted. Many reasons people don't report. In 2007 there were 3,000 reported cases. It's getting better but it's still a huge number.

#### **LEGAL IMPLICATIONS**

- Among male combat vets of Viet Nam with current PTSD, apx 15% of all male combat vets of Viet Nam, nearly half have been arrested one or more times. At least 10% of all inmates are vets. There's a whole range of charges that are related to PTSD (assault, drugs, etc.)
- Throughout the country we now have Veterans Court which started in Buffalo, NY. If there's a nonviolent charge, that vet is paired with a mentor vet for a year. Mentor helps offender get to appointments, etc. If they don't re-offend, the charge is expunged. There is only an 8% recidivism rate.
- Nevada County is too small for a separate Veterans Court but we do have a Veterans Court built into the Mental Health Court. Judges and attorneys really good with vets – help them to get treatment instead of incarcerating whenever possible.
- In whatever line of work you do, when you encounter a veteran or veteran's family member: listen and don't judge. On intake forms ask: Did you ever serve in the military? Do you have a family member who ever served in the military?

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ADJUNCTIVE THERAPIES can be very helpful. For example: Transcendental Meditation, yoga, service dogs, equine therapy.

VA has increased staff and added billions of dollars to budget.

**GARY** – Does a series of 4 free classes through WHV. Doing once/quarter next year. Mostly for families, but the vets encouraged to come. No child care provided currently, but may do so in the future. Topics are:

1. Military culture and the warrior spirit
2. PTSD, TBI, and military-related psychological trauma
3. Alcohol, drugs, and codependency
4. Medications and PTSD

**PAGE** – It's not all doom and gloom – lots of black humor and the groups are very successful.

#### MORE Q&A

Q: What does military do now when people are discharged?

A: This is what I've heard over and over: Just before leaving Iraq, people are sequestered with their buddies, told that if they're having any problems, they'll keep them there (in Iraq) until they're okay. Then they ask "Anybody have a problem?" May take about three years for people to realize they may need help.

• There are programs to help with resume writing, etc, but not for emotional re-entry.

Q: Is there an official ID card that identifies someone as the spouse of a vet (Power of Attorney already in place)?

A: No. (Suggestion of a certified copy of marriage license from county where married.)

#### CONTACT INFO

- Dr. Page Brown ~ pbrown@oro.net
- Welcome Home Vets ~ 530-272-3300 ~ <http://www.welcomehomevets.org/>

#### **Network Announcements and Meeting Evaluation**

- Kristen McGrew – PARTNERS Family Resource Centers and CSN-CAPC Board – Read To Your Child Halloween Book Giveaway on Oct. 31 – some volunteers still needed
- Loydyne Lane – Parents' Resource Guide – currently voting is underway for Parents' Choice Awards for businesses and services that are family friendly – vote at [ParentsResourceGuide.info](http://ParentsResourceGuide.info). Vote by Dec. 1, 2016.
- Michelle Montgomery – DVSAAC – Fundraiser at Northridge Restaurant, Nevada City on Oct. 17

**Adjournment** – 4:59 pm – Next meeting: November 2, 2016, Gene Albaugh Community Room, at the Madelyn Helling Library.

***2016 CSN Partner Meeting Dates ~ January 6, February 3, March 2, April 6, May 4, June 1, July & August-hiatus, September 7, October 5, November 2, December-hiatus***

***2017 CSN Partner Meeting Dates ~ January 4, February 1, March 1, April 5, May 3, June 7, July & August-hiatus, September 6, October 4, November 1, December-hiatus***

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## Community Support Network of Nevada County Meeting Agreements

- Make decisions by consensus.
- Create an atmosphere of mutual respect that includes active listening and listening without judging.
- Start and end on time.
- Maintain a sense of humor and a positive attitude.
- Bring concerns to the whole group. Don't take them to the parking lot after the meeting.
- Set up the room in an inclusive way.
- Take responsibility for a task only if you have the time to accomplish it.
- Everyone is empowered to be a process observer and take ownership for the health of the meeting and is responsible for the health of the whole meeting.
- Be sensitive to others' need for more information. Make sure everyone understands.
- Be careful of injecting your self-interest and label it as such. Be able to layout your agency's interest and be open to other's interests.
- Meetings are meaningful and have a shared purpose.
- This is a living document and can be changed as needed.

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### **Developmental Asset #10 – Safety – October 5, 2016**

Young person feels safe at home, in school, and in the neighborhood.

Safety, both physically and emotionally, has to be the most important asset a child has at home. If not provided at home, it must be present somewhere, and with someone, for a child to thrive. Safety at school is essential for learning. Ideally, it will be present everywhere in the community.

- Everyone needs to notice children without many friends, and those not participating, avoiding school, or with unusual traits (in the most general meaning of the word) that might make them outcasts or targets of others.
- Parents and all school adults (teachers, bus drivers, board members, others) need a focus on a healthy school climate and be aware of and respond to all types of bullying and violence at school.
- All organizations (gov., social service agencies, businesses, teams, etc.) need to practice positive communication in the workplace (where bullying is not rare), to influence what happens outside of the workplace as well as inside.
- Parents need to be aware of what their children send and receive on the internet and what tools are available to help them.
- Personally, each of us can take responsibility for safety in our neighborhood, and be the someone providing safety for a child who doesn't feel it at home.

To learn more about the 40 Developmental Assets (Got40?), call 530-271-5617 or email [info@Got40.org](mailto:info@Got40.org) or [NedRussell@pacbell.net](mailto:NedRussell@pacbell.net).

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