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C.I.T. NEWSLETTER

Out Of The Blue

Inside this issue:

MID-AMERICA CRISIS INTERVENTION TEAM LAW ENFORCEMENT

Out of the Blue

Trending Topic: STIGMA

What is Stigma?

Written by Marlenia Cunningham, MSW, LCSW
Recovery Based Social Worker

Stigma is generally perceived as a mark of disgrace and/or disapproval that leads to social disadvantages and self-neglect by persons who live with medical and or mental health disorders. 1 in 5 Americans live with mental disorders and nearly two-thirds of all people have a diagnosable mental illness for which they will not seek treatment.

Because stigma will often perpetuate problems of mental illness, persons diagnosed with mental illness and their family members will encounter law enforcement officers as first responders to manage related dynamics. Law enforcement officers' providing emergency responses to these families should seek to provide these families with the most tangible information and tools to reduce stigma immediately.

An estimated 26.2 % of Americans ages 18 and older– about 1 in 5 adults-suffer from a diagnosable mental disorder in a given year.

Stigma is often associated with beliefs that behaviors such as violence or incompetence are linked to certain mental health disorders and leads those dealing with mental health symptoms to internalize fear, shame, and guilt, which may result in feelings of inadequacy.

These stigma related emotions can be lessened when law enforcement officers respond using recovery based strategies to combat the associated stigma. This can be done using "Person First" language which avoids perceived and subconscious dehumanization of those experiencing mental health symptoms. This simply means using sentence structures that names the person first and the condition second. For example, it is dehumanizing to identify a person as a "schizophrenic" instead respectfully identifying the person by name first and then describing the symptomatic disease facts and potential strengths for the individual's recovery.

Officers using Person First language use a deeper level of empathy and see individuals with mental illness just like themselves only with difficult circumstances or challenges. The goal is to build a connection to help this person move forward in recovery.

It is fundamental to look at the strengths of individuals and use First Person language as a means of transforming related perceptions. Transformational and First Person language requires that we explore the potential of that person for long-term recovery in the moment as we experience them.

"Person First" language means using sentence structures that names the ***person first*** and the ***condition second.***

The impact of law enforcement officers using these specific strategies: First Person and Transformational Language combined with knowing the facts and educating others demystifies both the internal and social stigma that Individuals and families addressing mental illness endure.

Law enforcement officers should precondition themselves to explore their initial thought process and ensure each individual assessment reflects the potential and/or strength of an individual and how he/she could be when they have reached full recovery and to further ensure the individual learns to reject internal stigma and the related beliefs they have acquiesced.

Stigma is painful, it hurts and affects each person's self-esteem and limits their personal growth. It is a barrier to individual recovery and social recovery. It lends itself to discrimination and prejudice, causes isolation and relational distrust.

If we can eliminate the stigma we can increase the help and understanding that people with mental illness are willing to obtain. Being a part of the solution is to work towards eliminating stigma.

Out of the Blue

A Soldier's Struggle with Stigma

Written by Seth Kastle

I was in denial for a long time, almost a decade, that who I was, was different than who I used to be. I was in denial that the problems I was facing were because of PTSD. Even after I sought treatment I think I still was in denial for a while. I had just gotten to the point that if I didn't do something, if I didn't make a change I was going to be single. I was going to lose everything that I had in my life that was good. My wife would be gone, my daughter with her. The anger, the drinking, it finally became too much for her. I thought everything was fine, I was handling life, it was everyone else that was screwed up. I was living in the rabbit hole, I was living with the demons, when you're in that place you can't see reality. You can't see there is anything else, only the hatred and fire inside you.

I was horrified about the stigma attached with treatment, I was horrified at even the thought of others even knowing this was something I was struggling with. I hid the fact I was in treatment from everyone that I could, which was almost everyone. I didn't want the Army to know, I didn't want my friends or family to know. Even after the journey through treatment and coming out on the other side (as much as you can) it's still hard to admit to. I suppose after you publish a book about it it's kind of hard to deny at this point. The night before I launched my book I had to sit down and make about half a dozen phone calls to friends that I respected, men that had been with me overseas, some that I met through other aspects of my military career and come clean. There was no denying this now, I didn't want men I respected to read something on Facebook like this without at least a conversation. So here's the shocker…every single person I talked to that night was supportive. There was no telling me handle my life better, telling me I was less of a soldier or a man because of this. It was another big step in the journey that felt good.

There is a journey associated with PTSD, but it's not one that has a final destination. It is simply a matter of moving forward. The thing to understand about treatment is that it doesn't make this go away. PTSD isn't something that you can go get "cured" of. This is something that is going to be with you for the rest of your life. Treatment though does make you able to manage it. PTSD requires intentional management is every aspect of your life. Even after treatment, you are still going to have bad days, but when you aren't already at the bottom of the barrel they are easier to handle. This journey requires daily maintenance on your part. Whatever it is that you need to do to release the pressure valve, find it, it's different for everyone. Whatever it is for you, you have to do it. This is what will keep you out of the red.

"It can get better, I promise"

Treatment can look a lot of different ways, you have to find the one that works for you. When I started I went to group therapy. Because of my work schedule the only groups I could attend were almost completely full of Vietnam veterans. This was fine except those men were 30 years ahead of me in the reintegration process. They were at a different point in life. They were past dealing with babies at home and the BS that you go through in the early years of your career. Every once in a while a OEF/OIF vet would come to the group and it was extremely helpful because we were on the same page. He was dealing with more or less the same issues I was. I ended up leaving the group and going to a Vet Center. These are facilities run by the VA that offer free one on one counseling by walk in or appointment. Many metropolitan areas have these facilities. This is what really made the difference for me in my treatment journey-this is what worked for me. To seek out treatment you don't have to go to the VA for group therapy, to your college help center, or to a privatized provider, but you do have to find what works for you. It could simply be talking to your brothers and sisters that were there with you overseas. That's one great part about the military, service members are gifted with a support network that they will have for the rest of their lives. Whatever it is that works for you, seek it out, and don't stop looking until you find it.

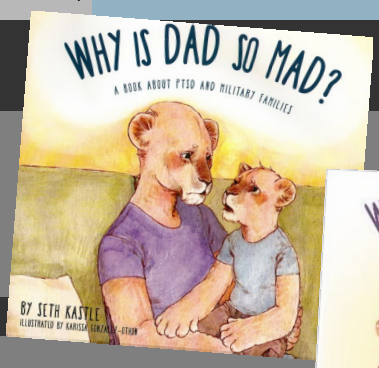
If you don't take care of yourself you can't take care of others (i.e. your family), you can't take care of your career, or anything else that you care about. It can get better, I promise, *but it's not going to magically happen.* You have to take that painful first step, you have to decide that you want to get better. This has to be your journey, it can't be someone else's. If you are unhappy, if you are struggling, talk to someone. Take the first step-without taking this step, nothing is going to change. Making the decision to seek out treatment was probably the hardest step I have taken on this journey. Because of that decision though, literally every piece of my life is better. Take the step, if you know your buddy is struggling talk to him/her, we are all in this fight together.

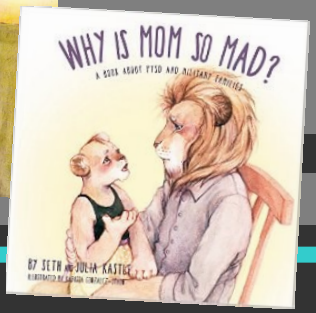
"Making the decision to seek out treatment was probably the hardest step I have taken on this journey"

Take care of yourself and each other.

Seth

Seth Kastle is the Author of the children's book Why is Dad So Mad? and the upcoming Why is Mom So Mad?. Both of these books were written in order to assist military families who are struggling with PTSD. Seth retired after a 16 year military career as a Company First Sergeant. Kastle resides with his wife and daughters in Kansas where he is a Professor of Leadership Studies at Fort Hays State University.





Out of the Blue

STIGMA

"Forget about it!"

"Suck it Up!!!"

"Don't think about it!"

Written by Captain Darren Ivey
Captain of KCPD's CIT Program

"What, are you some kind of wuss?" These are the words that first responders hear from the time they enter the Academy until the time they retire. These are the words of a culture that are prematurely killing its members.

When I first decided to become a Police Officer it was because I TRULY wanted to help people and I knew I could in this job. What I didn't know at the time, but have since found out through ACEs (Adverse Childhood Experiences) questionnaires that are being completed by officers during our CIT trainings, is that a large percentage of the first responders have high ACES (4 or more). What this has explained to us pretty quickly is that a lot of first responders have childhood experiences that they are bringing to the job as an adult. It also helps explain why it is that they want to help others so much……so others won't have to experience what they did.

So you can now picture the problem. First responders, many of which have high ACES, are then exposed to traumatic situations day in and day out. They are seeing more horrific things in one work week than most others will see in a lifetime. Add to that a culture that says "Don't ask for help; it will cost you your job" and you can see why it is that we suffer higher than normal rates of heart disease; diabetes, substance abuse; Domestic Violence; and a suicide every 18-24 hours (depending on what source you believe).

First responders go into their line of work knowing that traumatic experiences will probably occur for them during their career and they mentally start to prepare for it the minute they start the academy. What they don't prepare you for and what is really taking a toll on us is the Secondary Trauma that we are exposed to on a daily basis. I refer to this as "death by a thousand cuts." It sneaks up on you and you never see it coming. Before long you suffer from compassion fatigue and burn out; you start using maladaptive behaviors as a

coping mechanism; you start distancing yourself from friends and families and finally become so isolated that you feel the only way to stop the pain is to kill yourself. All of these issues are compounded by the historical perspective of "not seeking available help."

The good news is that it doesn't have to be that way anymore. We are teaching our people that it is OK to ask for help; actually it is EXPECTED that you will ask for help. We are making it safer now to do just that. We have to help eliminate the stigma and teach our people about becoming resilient and give them ways to do so. We have to teach them simple ways, that they can do anywhere, to get from an amygdala activated stress response back to a clear thinking prefrontal cortex response. We can accomplish that just by making them aware of the brain science and how simple breathing exercise can help. When we talk about resilience, we spend a lot of time on the importance of being well rounded; having plenty of internal and external resources at the ready to help lessen the effects of Trauma/Secondary trauma.

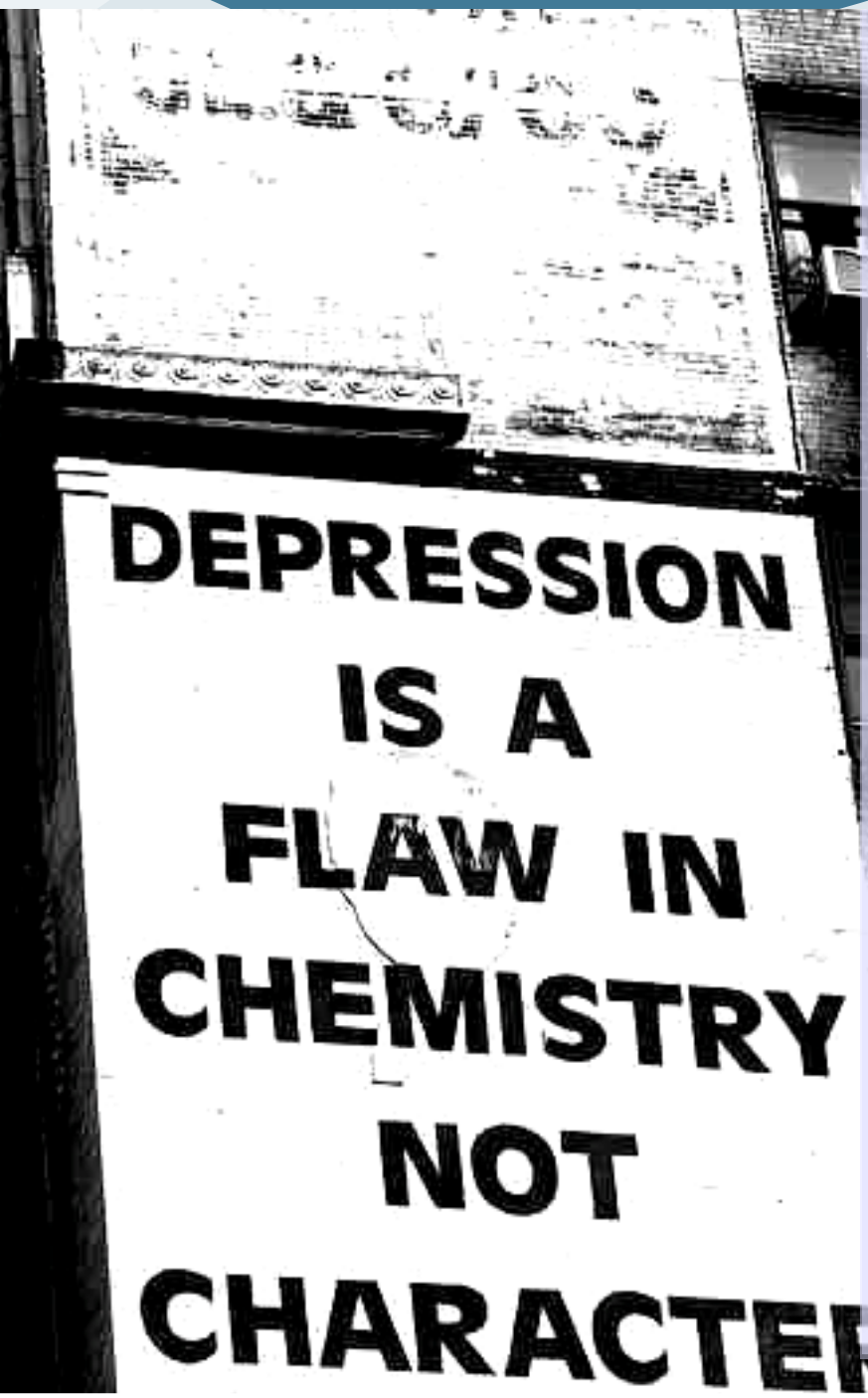
In our 4 hour course: Building Resilience: Surviving Secondary Trauma we tackle all of these issues and give simple resilience building activities that first responders can easily adapt into their lives and hopefully eliminate the stigma attached to feeling the effects of trauma.

What I have found in my experience is that the first responder world is just aching for this information. We have opened a whole new dialogue around being mentally and emotionally healthy which is lessening the stigma of asking for help. What I always tell people is this: "Do you really want a first responder to come to your house to help you and your family during a crisis situation when that person is not emotionally/mentally healthy themselves?"

For a schedule of upcoming 'Building Resilience: Surviving Secondary Trauma' classes, please contact Captain Ivey at: CIT@KCPD.org

Out of the Blue

BOLO



"He's EDP..." "He's a schizophrenic..." "He's bi-polar..." I've heard all of these statements when officers are dealing with Emotionally Disturbed Persons (EDPs). While none of these statements are meant to be offensive, they can be! When dealing with individuals in crisis, people exhibit a range of behaviors, feelings and emotions. We may observe emotions and behaviors and they may even tell us how they are feeling but what we do not see is how our words affect that person. These phrases may not sound bad to another officer because as cops, we have our own language. We want/need to get the information out as quickly as possible. The part about this, is the term EDP is yet another label this individual now has. They are already in crisis for whatever the reason may be and usually if we are labeling them EDP, they've already been diagnosed with a mental illness. The same holds true for diagnosis. We will say an individual is "diagnosed with depression or anxiety" but if their diagnosis is bi-polar disorder or schizophrenia, people say "he's bi-polar or he's a schizophrenic." This may be accurate but in front of the individual we are labeling them as their diagnosis. Individuals are not their diagnosis. They are a person with a mental illness. Individuals may have an altered sense of reality but they haven't lost all of reality. Things people say could still very well be understood and potentially serve as a catalyst to escalate a situation. *Making small changes in the way we not only talk to individuals but how we talk in front of them, can make a huge difference.*

-PO Ashley McCunniff, KCPD CIT Squad

2 minutes of self care

Self-Care is so important, especially to those who work in a "helping profession". Even though we are often short on time, there are quick activities that can make a big difference.

A few to consider:

- -Take a few deep breathes
- -Doodle
- -Do some stretches
- -Acknowledge one of your accomplishments

Kansas City VA Resources

Kansas City VA Medical Center:
816-861-4700

Bereavement Counseling 1-202-461-6530

1-800-War-Vets (927-8387)

Crisis hotline 1-800-273-8255 press 1

http://www.ptsd.va.gov/

Substance Abuse Outpatient Program (STOP)

Customized treatment plans include evidenced based individual counseling, group therapy and group education. Veterans may choose any combination of services including intensive outpatient services. To access outpatient substance use disorder treatment, veterans should present to the SUD orientation group on either Mondays at 1pm or Thursdays at 9am. Orientation group is located at KCVA, 9th floor, check-in room 300.

Substance Abuse Residential Rehabilitation Treatment Program (SARRTP)

SARRTP is a customized residential recovery treatment program. The average stay in SARRTP is 21 days. SARRTP utilizes several evidence based approaches to recovery including 12-step, Cognitive Behavioral Therapy, Motivational Interviewing and Mindfulness. Individual services include individual and family therapy as well as psychiatry services, case management and social work services. Screenings for SARRTP are provided Monday-Friday from 8-4 in room 300 on the 9th floor.

The Kansas City Vet Center

The Kansas City Vet Center is located at 4800 Main St., Suite 107 Kansas City, Missouri. The vet center serves combat veterans and their families. Services include readjustment counseling, community education outreach, brokering of services with community agencies and provided a key access link between the veteran and other services in the US Department of Veterans Affairs. The vet center can be reached at 816-753-1866.

Inpatient Mental Health

Acute psychiatric services are provided in a safe and comfortable environment for stabilization. Veterans are typically admitted when experiencing suicidal or homicidal ideation. The average length of stay is typically 3-5 days. Detox services are also provided. Eligibility for admission is determined by a physician.

Leavenworth Domiciliary

The Leavenworth Domiciliary program offers a 202 residential treatment program addressing a variety of issues including homelessness, chronic health issues and chronic and persistent mental illness. The program length varies depending on the Veteran's needs. To schedule an interview, contact Michael Thomas at 913-240-8027.

Post-traumatic Stress Disorder Clinical Team (PCT)

The PCT provides specialized clinical services for the treatment of PTSD. Evidenced based individual, group or couples therapy as well as psychiatry services are offered. The PCT is located in the Honor Annex at 4251 Northern Ave, Kansas City, MO 64133. Veterans are referred to the PCT by a KCVA employee.

Outpatient Mental Health

The Behavioral Health clinic services include individual, couples or family therapy, group therapy, social work services and psychiatry services. Veterans interested in psychiatry services may call to schedule an appointment or may walk-in to the MHC Monday through Friday from 8-4:30. Evidenced based psychotherapy is offered to include but not limited to: Cognitive Behavioral Therapy for Depression (CBT-D), Acceptance and Commitment Therapy for Depression (ACT), Interpersonal Therapy for Depression (IPT), Cognitive Behavioral Therapy for Insomnia (CBT-I), Prolonged Exposure Therapy for PTSD, Cognitive Processing Therapy for PTSD (CPT) , Cognitive Behavioral Therapy for PTSD, Cojoint Therapy for PTSD (family therapy), Behavioral Family Therapy (BFT), Military Sexual Trauma counseling, and Quit Tobacco counseling.

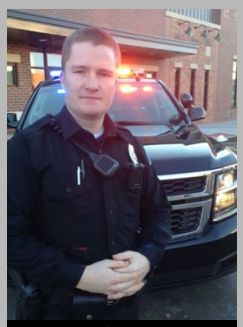
In The Spotlight:

AGENCY SPOTLIGHT

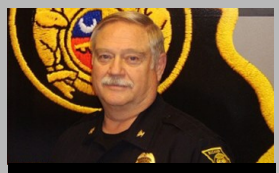
By Michelle Asby

Buckner Police Department

The Buckner Police Department recently became members of the Crisis Intervention Team of officers. Officer Brad Wright completed the CIT training program and is now leading initiatives within the department to bring additional resources to the Buckner community. Officer Brad Wright and Community Mental Health Liaison, Michelle Asby of Comprehensive Mental Health Services in Independence, have been partnering on outreach visits to residents in Buckner and connecting citizens to mental health services and support. Officer Brad Wright has been dutiful in building the CIT/CMHL partnership and is not only knowledgeable about mental health issues, but believes in the importance of agency partnerships to provide crucial resources and support to consumers in his community. Quoting Chief Mike Buffalow, "I remember back when the CIT concept was first introduced to the deputies of my department and the degree of skepticism expressed by some. But since those early days, CIT trained officers have validated those concepts and at the same time, provided an invaluable service to both their departments and the community the serve. Today, more than ever before, the benefits of having CIT trained law enforcement members, from the largest to the smallest of departments, cannot be over emphasized. For us, Officer Brad Wright has put forth a tremendous effort in bringing this program to Buckner, and his efforts have already returned dividends within our community. Our goal is have all of our police officers receive CIT training." Buckner Missouri is home to 3,072 citizens protected by their own police department, and operated by their Mayor and Board of Alderman.



Officer Brad Wright



Chief Mike Buffalow

AGENCY SPOTLIGHT

By Sgt. Ken Landes

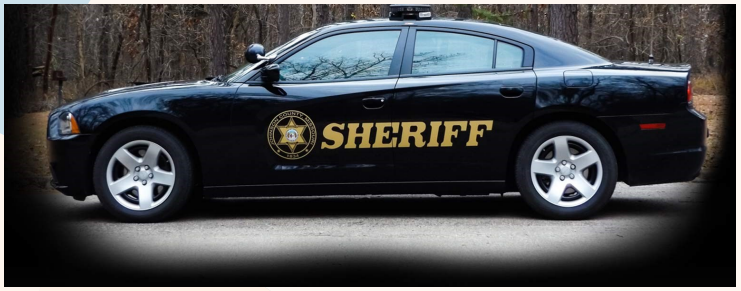
Johnson County Sheriff's Department

With the election of Sheriff Scott Munsterman, the Johnson County Missouri Sheriff's Office welcomed a new leader and a new sense of direction back in 2015. The Sheriff's Office is dedicated to being a professional and proactive agency.

One quickly addressed issue by Sheriff Munsterman was the agency's response to mental health crises. It can be especially difficult to provide appropriate resources and effectively handle mental health issues in rural communities. The Johnson County Sheriff's Office chose to adopt the C.I.T. program. The adoption of C.I.T. has reinforced the agency's proactive approach to community issues and the results have been very promising.

Since the programs initiation in early 2015, we are proud to say that we now have many C.I.T. trained deputies. In addition, we have developed some strong working relationships with area agencies and mental health care providers. With help from the local Community Mental Health Liaison Dawn Morris, these deputies have developed a C.I.T. reporting form and a process for referring mental health consumers to available resources.

Working relationships with Johnson County agencies has grown stronger and has lead to the start of the Johnson County MO CIT Council. This core C.I.T. council includes representatives from the Johnson County Sheriff's Office, Warrensburg Police Department, University of Central Missouri Public Safety, Pathways Community Health, University of Central Missouri Counseling Center, Western Missouri Medical Center and the Johnson County Ambulance District. The group is expanding to include other agencies to better meet the needs of consumers in Johnson County and by working together we continue to be an example of professional cooperation for rural counties.



Out of the Blue

UPCOMING EVENTS

FACES OF STIGMA...

These familiar faces in society have been touched with mental illness, and share their personal insight on how we can make changes regarding our attitude, voice, and outward actions regarding mental illness.

"I use to think the worst thing in life would be to end up alone. The worst thing in life is to end up with people who make you feel all alone." Robin Williams Actor/Comedian

"It's hard to be a friend to someone who is depressed, but it is the kindest, most noblest, and best thing you will ever do."

Stephen Fry, Comedian

"Mentally ill frighten and embarrass us And so, we marginalize the people who most need our acceptance. What mental health needs is more sunlight, more candor, more unashamed conversation" Glenn Close, Actor

CIT PICNIC 2016

Swope Park, KCMO

CIT PICNIC 2016 will take place on September 23rd, 2017 at the Swope Park Pavilion. If you are interested in volunteering please contact Aric Anderson at 816-581-0679.

CIT STATE CONFERENCE March 28, 2017

Holiday Inn Expo Center, Columbia, MO

The pre-conference and networking event will be held on March 27, 2017

CIT Training Calendar

CIT Youth	**CIT Veterans**
7/18-7/21 @KCPD Academy	10/17-10/19 @KCPD Academy
CIT BASIC	**CIT Telecommunications**
9/12-9/16 @KCPD Academy	11/07-11/09 @KCPD Academy
12/5-12/9 @KCPD Academy	

To enroll in CIT trainings please contact:

Cpl. Tracy Wade:

twade@sheriffclayco.com

816-407-3714

Trainings are first come first serve and do fill up fast.

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Out of the Blue

LIAISON LOOKOUT

Words are **POWERFUL**.

Words can ~~**HURT**~~.

Words can ~~**DAMAGE**~~.

Words can ~~**LABEL**~~.

Words can **HELP**.

Words can **ENGAGE**.

Words can **ENCOURGE**.

Words are **POWERFUL**.

FIGHT MENTAL HEALTH STIGMA

Language is incredibly important in the healing process. When engaging and speaking with any person with or without mental illness remembering what we say to someone can be the difference as a person feeling encouraged and proud to treatment and continuing healing, or discouragement, stigmatized, and unworthy . Think before you speak. Is it **TRUTHFUL**? Is it **HELPFUL**? Is it **INSPIRING**? Is it **NECESSARY**? Is it **KIND**?

Community Mental Health Liaisons are law enforcements direct connection to a community mental health center. See list below for your area and CMHL:

Peggy Gorenflo MSW
Platte/Clay/Ray County
Tri-Country Mental Health
816.977.6638

Heather Umbach MS
South Jackson County
Rediscover Mental Health
816.347.3008

Erica Benson MS, LPC
Jackson County
Truman Medical Center
816.289.9172

Cheryl D. Reed MSW, LCSW
Jackson County
Swope Health Services
816.304.1440

Michelle Asby LMSW
Eastern Jackson County
Comprehensive Mental Health Services
816.254.3652
ext 1006

Dawn Morris MS, LPC
Lafayette/Cass/Johnson
Pathways Community Healthcare
660.441.8046

The Community Mental Health Liaisons believe that through education and understanding mental illness you will drastically reduce stigma in your everyday conversations. STAMP OUT STIGMA is a national organization whose mission is to reduce stigma by understanding mental illness and changing the attitude you put out into society. Please consider joining this movement by taking the pledge at:

www.stampoutstigma.com/pledge

Words are Powerful...

- Conditions and disorders should not be capitalized. For example, major depression, unless used in a headline, should be lowercase. The lesson here is to remember a person's mental illness is just one part of their whole self.
- Reduce labeling whenever possible. People should never be referred to as schizophrenics," "alcoholics," "anorexics," etc. **People have disorders; they do not become a disorder**. Instead, use such phrases as "People with schizophrenia" or "individuals who have anorexia."
- Do not describe an individual as mentally ill. Avoid descriptions that connote pity, such as afflicted with, suffers from or victim of. Do not use derogatory terms, such as insane, crazy/crazed, nuts or deranged.

MACIT SPRING ROUNDUP

U.S. Senator Roy Blunt recently paid a visit to the Kansas City Police Department's CIT Squad to learn about Mental Health issues effecting the police and CIT Officers. While visiting, he also rode-along with the Squad to see them in action.

CIT on the front page of the Kansas City Star!

The CIT – Telecommunications committee received the **Certificate of Appreciation** from the **Kansas City Missouri Police Department** for meritorious services rendered to the Kansas City Missouri Police Department for work in developing and implementing the CIT class for communicators (dispatchers, call takers and their supervisors).