



THE TEAM NEWS

Official Voice of Crisis Intervention Team International

FALL 2009



More than 900 from across US attend CIT National Conference

*By Donald Turnbaugh
Board Member, CIT International*

The scene at the national CIT conference in Atlanta reminded one of a cross between an AARP seminar and a Bowflex distributors' convention. Parents, consumers, and providers in their 50s, 60s, and 70s mingled with officers, deputies, and troopers in their 20s, 30s, all there for the same reason.

Participants had more than 50 workshops to choose from, making selection difficult as every presentation had something to offer. The choices ranged from communicating to suicide to diversion to decriminalization, and covered juveniles to veterans.

Georgia Governor Sonny Perdue was the kickoff speaker, describing the conference as "a collaboration of professionals." He said that CIT put "public safety officers and the intersection of the mentally ill and criminal behavior." He said CIT was "good for the state," and closed by thanking conference participants for "being compassionate."

B. J. Walker, head of the Georgia Department of Human Resources, said that CIT has "changed law enforcement's face." She added she is glad to see that law enforcement officers are now "partners with families and communities."

Keynote speaker emphasizes the art of listening

Keynote speaker Xavier Amador, PhD, a clinical psychologist and noted author, focused on using Motivational Interviewing strategies to communicate with individuals experiencing a psychiatric crisis. Amador's approach emphasizes LEAP: Listen. Empathize. Agree. Partner.



Amador reminded the audience that in 1955, 500,000 persons with mental illness were hospitalized. By 1995, the number has dwindled to 70,000.

He said 50 percent of people with mental illnesses do not believe they are ill. This lack of insight and non-compliance is known as *anosognosia*. Despite a lack of insight about their illness, individuals in a psychiatric crisis will tell people what they want to hear in an effort to get out of a hospital or jail.

Crisis responders need to remember that families are frightened, angry and frustrated. Amador said. He advised conference participants to "stop confronting and start listening."

Eric Hipple, a former quarterback for the Detroit Lions and league MVP, told two compelling stories. First, he described the loss of his 15-years-old son to suicide. Second was his own story of bailing out of a car going 60-mph when he became overwhelmed by fear of an impending meeting.

At the Awards Banquet, CIT founder Sam Cochran reminded the audience of some of the key aspects of CIT: thinking outside the box; more than just training; leadership and ownership; passion and peace; and, responsibility and accountability.

In its 20th Anniversary year, CIT has arrived. The more than 900 people attending the conference were from all points of the compass. States represented were: Georgia, Tennessee, Florida, Ohio, Arizona, Illinois, Utah, Kentucky, Texas, Oklahoma, Louisiana, Maryland, New York, California, Oregon, New Jersey, Washington, Iowa, Virginia, Kansas, Massachusetts, Alaska, Maine, Pennsylvania, Colorado, Michigan, Connecticut, West Virginia, and Indiana.

Now, there are over a 1,000 programs in 39 states, Canada, Australia, and Sweden.

Memories of this conference will linger for some time. Its power was best summed-up by a parent's comment: "I know when I die a CIT officer will be there to take care of my son when in crisis."

Deputy used CIT training to defuse real-life crisis with troubled vet

By Deputy K. Leah Stephens
St. Lucie County (Florida) Sheriff's Office



Editor's note: The following first-person account was received shortly after Deputy Stephens attended the national CIT Conference

I do not even know how to begin to thank you for your session on *Improving Police Encounters with Returning Veterans* at the CIT Conference in Atlanta.

I had been home just over a week, and was confronted by a Marine veteran (Operation Iraqi Freedom) with PTSD. It was a textbook situation. "Our" vet had the same reactions and experiences as the vet in the training video, whose crisis was triggered by a trunk slamming shut. As a result, I was able to immediately recognize and identify his symptoms, and the situation did not escalate.

The training saved us from having to go hands on, because I was able to reach out to him with the verbal skills I learned in your class. In fact, because of that video and scenario where the veteran had the handgun, I was able to ask the right question and that question was, "Do you have any weapons?"

He looked me straight in the eye and began to weep and asked me to take the weapon for safekeeping until he felt he was ready to have it back. What a heart-wrenching sight to have this honorable Marine hand over his weapon to me.

I reassured him over and over that there were people who cared and I had had the pleasure of meeting a few of them in Atlanta. I gave him and his wife the Veteran Suicide phone number that I put in my contacts during your class/session. I pray that he will make the call. On Monday, I will contact the VA in my area and have them follow-up.

I spoke with "Matthew" today (December 6, 2008) and he sounded a little more hopeful. He was appreciative of the phone call from the director of the local VA office, who offered him vocational training so he can get a better job that is more suitable for him. He also called his AA sponsor and is talking to him on a daily basis. He wants to go to the support groups, but he said he cannot afford to take time off from work.

Sadly, he is far from better, but he is hopeful. I will continue to check on him from time to time to remind him we care. You know better than me that there is a fine line between help and harassment. Looking back, I believe if we had not interceded that day, "Matthew" would not be here today. I again give the credit to my CIT Training.

January 26 Update: The veteran and family are doing OK. Everyday is a struggle, but he says but he feels at least someone cares and that helps him keep things in perspective.

I hope that by sharing my story, others will be encouraged to look beyond the external. I just don't understand why so many in the law enforcement community have a hard time understanding and adapting to CIT.

Article showcases value of CIT training in aiding vets in crisis

The value of CIT training in helping U.S. veterans battle their mental wounds was chronicled recently in article appearing in both the *Orlando (FL) Sentinel* and the *Miami Herald*.

The article by Sentinel reporter Darryl E. Owens describes how Orlando and Daytona Beach area law enforcement officials are beefing up crisis intervention training with an eye to getting help for troubled veterans instead of putting them in jail.

Finding ways to deal effectively with veterans in crisis is an ongoing issue. A 2008 RAND Corp. study found nearly 20 percent of returning troops, about 300,000, have PTSD or major depression. Yet only slightly more than half have sought treatment.

Experts say it's not uncommon for that to lead to run-ins with the law that start over something trivial but have the potential to turn tragic, Owens reported.

The article spotlighted the Orange County, FL Sheriff's Office CIT training program and its partnership with local provider, Lakeside Alternatives. It also gave an overview of CIT training and its history—describing some of the CIT classroom training.

CIT International board member Michele Saunders is quoted in the article, explaining that keeping vets out of the justice system is an important payoff of crisis intervention training.

Also featured in the article was the CIT training program undertaken by Act Corp., a Daytona Beach community mental-health center. The agency has trained 468 police officers and community leaders in Volusia and Flagler counties, including 157 this past year.

Clinical skills are critical to assessing risk of suicide

*The following is excerpted from the report, *Suicide Prevention Efforts for Individuals with Serious Mental Illness*, prepared by the National Association of State Mental Health Program Directors, March 2008. The full report can be found at: www.nasmhpd.org.*

Individuals with serious mental illness constitute about 8% of the U.S. population, but account for several times that proportion of the 32,000 suicides that occur each year in the country. For people with virtually every category of serious mental illness (SMI), suicide is a leading cause of death.

Inadequate assessment of suicide risk and insufficient access to effective treatments are major contributing factors. Still, a large majority of those with SMI neither attempt nor die by suicide and predicting those who will presents a daunting clinical challenge.

Absent foolproof methods to predict suicidal behavior, mental health professionals must rely on clinical skills and judgment to identify, accurately assess, and manage the care of those at heightened risk for suicide.



Suicide attempts and deaths by suicide send ripples through the U.S. economy, costing up to \$25 billion per year. However, the cost cannot be measured solely in dollars. One must also factor in the emotional toll extracted from attempt survivors and the family members and friends who are so deeply affected by both attempted and completed suicides.

Stigmatizing reactions add to the burdens survivors already bear, often intensifying isolation and secrecy. The complicated grief that can accompany surviving a loved one's suicide may itself elevate the risk for suicide.

People with serious mental illnesses who have previously attempted suicide advocate for a more robust and supportive system of care. They also seek opportunities to share their personal experiences with others facing similar situations and find relief when they do.

Survivors of a loved one's suicide seek greater access to survivor support groups for all who are bereaved by suicide—places where they can connect with others who are experiencing similar grief.

In the days and weeks prior to their suicides, those who die by their own hand commonly had sought services from an array of community-level service providers.

Consequently, telephone crisis services, emergency departments, inpatient and outpatient mental health services, and primary care settings all hold the potential of significantly reducing the toll of suicide by improving internal practices and inter-agency collaboration.

These improvements must include training staff to deliver the various effective treatments that have been shown to reduce attempts and completed suicides in those with mental illnesses.

Such evidence-based treatments must be combined with more comprehensive risk management strategies, including reducing access to lethal means such as firearms and pharmaceuticals.

Delivering effective care through integrated delivery systems is key to achieving meaningful reductions in suicidal behaviors by people with SMI. These improved delivery systems should be complemented by initiatives to reduce stigma and increase understanding and support for individuals with mental illness.

San Antonio police fields specialized mental health unit

Spurred by the tasing two years ago of a man with schizophrenia, the San Antonio Police Department has launched a Mental Health Police Detail, a two-officer unit that seeks to avoid such outcomes and improve how police interact with people with mental illness.

The detail coordinates with mental health professionals and has been active since early December 2008. The special unit is in addition to the department's other initiatives, including crisis intervention training.

Considered local exemplars in crisis intervention, Officers William Kasberg and Earnest Stevens work the detail together, according to a January 14 article in the *San Antonio Express-News*. Officers who encounter people with mental illnesses are trained to call on the pair, who show up with a licensed professional counselor.

"We de-escalate and calm and separate people who do not need to be there," Kasberg said. The health care services counselor then assesses the situation and determines if the patient should be taken to a private hospital, an outpatient clinic or some other destination

Assistant Police Chief Harry Griffin, who oversees the new detail, said the officers also seek to identify and treat those he called "high utilizers" —mentally ill residents who repeatedly call 911.

"They know the resources," he said. "They know who to call, know how to get services quickly."

You can read the complete news article at: http://www.mysanantonio.com/news/Police_unit_strives_to_avoid_force.html

Police chiefs recognize Georgia CIT

The Georgia Bureau of Investigation (GBI) recently received the Civil Rights Award from the International Association of Chiefs of Police (IACP) for its leadership in developing a statewide Crisis Intervention Team (CIT) program in partnership with NAMI Georgia and other law enforcement organizations.

The Civil Rights Award recognizes outstanding law enforcement achievements in protecting civil and human rights. The award underscores a fact too often overlooked: that law enforcement professionals are among the primary guarantors of civil, human, and constitutional rights in democratic societies.

Since 2004, more than 2,000 Georgia law enforcement officers from 150 agencies have received the 40 hours of specialized training.

CIT protects the rights of people with mental illness and other brain disorders who are in crisis by training officers in techniques to deescalate the crisis and, in many cases, to refer the individuals for treatment instead of arresting and incarcerating them.

Congratulations GBI and NAMI Georgia!

CIT International Board

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Members of the CIT International Board of Directors post for their official photo during Atlanta conference. From left, they are: Sgt. Ron Runo, Dr. Randy Dupont, Sgt. William Lange, Lt. Jeff Murphy, Jim Dailey, Joe Mucenski, Major Sam Cochran (retired), Director Vernon Keenan, Michele Saunders, Lt. Mike Woody (retired), Nora Lott-Haynes and Donald Turnbaugh

A Message from the President

I hope that as one of CIT International's close to 200 members (and growing) you enjoy this newsletter. It's coming out a little later than we would have liked but be patient with us please – we're new at this! Speaking of members, we could use your help in recruiting new ones. So, if you know of someone or an organization that could benefit from belonging to CIT International encourage them to go to our website at www.citinternational.org and get an application or fill out the form in this newsletter and send it in. I have received numerous communications from our members wanting to know when the next Convention will be. We are in the process now of looking at proposals from interested parties and will be making a selection within the next month. The next convention will be in 2010. If you have ideas as to what you think should be included in our convention please let us know; after all, this is your organization and now is the time to help steer us in the right direction! Send your ideas to michael.s.woody@earthlink.net

Yours Truly,

Michael S. Woody

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