

CIT Connections

A collaborative newsletter of the
Connecticut Alliance to Benefit Law Enforcement—www.cableweb.org and the
National Alliance on Mental Illness-Connecticut —www.namict.org

Caring for yourself and your peers in light of
the Newtown tragedy—Page 2

CIT on a college campus

By Officer Shane Dufresne, WCSU PD



Officer Shane Dufresne

In September 2009 I retired as a detective from the Waterbury Police Department, where I received CABLE's C.I.T. training in 2004. Immediately after my retirement I began working for the Western Connecticut State University Police Department. After noticing there were a lot of calls for service for students in some type of crisis, I met with Chief Neil McLaughlin and discussed with him the benefits of C.I.T. No other WCSU officers had C.I.T. training at this point.

The chief was impressed with the curriculum and in November 2011 the WCSU Police Department had it's first officers and dispatchers certified in C.I.T. One third of the department was certified in the week long training that was held at WCSU. That class had 84 attendees, the largest ever in CT. The department sent the next third for training November 12-16 at WCSU and plans to have the remaining officers and dispatchers certified at some point next year.

Working on a college campus, the officers regularly respond to calls for services for students in crisis. A lot of these students are away from home for an extended time for the first time, others are far from home including foreign exchange students and others from across the country. A lot of these students are under self-imposed or parental stresses to succeed. Couple that with the fact that college students are at the age when mental health issues are first diagnosed or begin to manifest themselves. College campuses are taking note that current generation of young people are also the most medicated and most diagnosed generation due to early intervention. Large numbers of students are already being treated for disorders when they start their college studies.

Fortunately for the WCSU PD, there is a mental health center on campus. Having professionals who are familiar with the students, and their histories, is a tremendous asset for both the students and PD. The University police department also has a close working relationship with the mental health specialists at Danbury Hospital for after-hours situations. These partnerships coupled with CIT trained officers and dispatchers will increase the likelihood of successful outcomes for the students while creating an inclusive and supportive learning environment.

Editor's note: To date, 10 state and private colleges and universities have requested CABLE's CIT training. More are scheduled to will come on board in 2013. NAMI-CT is also working with college and university students with its NAMI on Campus Program.

Upcoming Trainings

Hartford Region

April 22-26, 2013

Office of the Chief State's
Attorney, Rocky Hill

Eastern Region (tentative)

May 13-17, 2013

UConn, Storrs

Southwestern Region

June 10-14, 2013

Fairfield University

South Central Region

July 22-26, 2013

University of New Haven

Western Region

WCSU—TBD

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Helping the Helpers:

Important information for first responders



In the wake of the Newtown tragedy it is important that first responders and their peers share this information with each other...

When the chaos has subsided a first responder's main priority is to take care of him/herself.

What has happened in Newtown, CT leaves us all full of grief. No one can explain that hole you feel in your gut, the numbness and full range of emotions that follow such an unfathomable tragedy. While we concentrate our focus on the families that have suffered such a horrible loss, first responders often forget what this event is doing, or has done to them. If not addressed, the long term effects can be disastrous.

For those that were at the scene and saw the carnage, you had a job to do and you did it professionally. That "automatic pilot" serves you well at the time to focus on the tasks at hand. But when the "automatic pilot" shuts off, all those emotions that are held at bay can come flooding into your consciousness. Some first responders have claimed that when this happened, they felt like they were losing control.

Trauma is in the eye of the beholder.

Everyone reacts differently to trauma. Some may have a lot of symptoms; others may have a few or none. Everyone is unique. For those experiencing this, acute stress reactions may be alarming or upsetting at first. The thing to remember is that this is the body's normal response to an abnormal event. It is a physiological response the body has as a result of the adrenalin and stress hormones that flood through your body in times of immense stress.

For some first responders, images of the scene, sounds, smells and other sensory input may linger for a while and pop up when you least expect it. Nightmares, flashbacks, irritability, numbness, nausea, vomiting, diarrhea and a host of other reactions may affect some first responders. The effects may be mild, for others the effects may be more severe. Do not hesitate to see your doctor if you become concerned about yourself or someone else.

These symptoms may last for some time and gradually subside. If you have any recurring symptoms that last more than 30 days, you should contact your employee assistance provider or other mental health professional that has expertise in dealing with trauma.

Dr. Mark Lerner (from the American Academy of Experts on Traumatic Stress) describes the physiological, emotional, cognitive and behavioral responses to acute stress:

Emotional Responses during a traumatic event may include shock, in which the individual may present a highly anxious, active response or perhaps a seemingly stunned, emotionally-numb response. He may describe feeling as though he is "in a fog." He may exhibit denial, in which there is an inability to acknowledge the impact of the situation or perhaps, that the situation has occurred. He may evidence dissociation, in which he may seem dazed and apathetic, and he may express feelings of unreality. Other frequently observed acute emotional responses

may include panic, fear, intense feelings of aloneness, hopelessness, helplessness, emptiness, uncertainty, horror, terror, anger, hostility, irritability, depression, grief and feelings of guilt.

Cognitive Responses to traumatic exposure are often reflected in impaired concentration, confusion, disorientation, difficulty in making a decision, a short attention span, suggestibility, vulnerability, forgetfulness, self-blame, blaming others, lowered self-efficacy, thoughts of losing control, hypervigilance, and recurring intrusive thoughts of the traumatic event. For example, upon extrication of a survivor from an automobile accident, he may cognitively still “be in” the automobile “playing the tape” of the accident over and over in his mind.

Behavioral Responses in the face of a traumatic event may include withdrawal, “spacing-out,” non-communication, changes in speech patterns, regressive behaviors, erratic movements, impulsivity, a reluctance to abandon property, seemingly aimless walking, pacing, an inability to sit still, an exaggerated startle response and antisocial behaviors.

Physiological Responses may include rapid heartbeat, elevated blood pressure, difficulty breathing*, shock symptoms*, chest pains*, cardiac palpitations*, muscle tension and pains, fatigue, fainting, flushed face, pale appearance, chills, cold clammy skin, increased sweating, thirst, dizziness, vertigo, hyperventilation, headaches, grinding of teeth, twitches and gastrointestinal upset. ****SEEK MEDICAL ATTENTION IMMEDIATELY!***

While it can take time, a number of activities are essential in mitigating some of these symptoms:

- ◆ **Cardiovascular exercise** is a must to help regulate the stress hormones in your body. The adrenaline is running around your body with no place to go. Exercise will help to mitigate symptoms.
- ◆ **Watch your alcohol consumption.** Listen to other people if they become concerned about any alcohol abuse.
- ◆ **Talk to someone you trust,** take part in Critical Incident Stress defusings/debriefings with your colleagues, use your Employee Assistance provider or speak with clergy if you are seeking spiritual comfort.
- ◆ **Find balance** by spending quality time with family and friends. They are your best support mechanisms. Don’t turn them away. Share this information with them.

The Newtown incident and other traumatic events can have long-lasting effects on some first responders. Yet healing can take place. It just takes time. Some may feel ok now, but might begin to feel out of sorts a few weeks before the anniversary of the event. This is all normal. The keys are to acknowledge it, seek help if needed and to watch out for each other. It takes courage to seek help, but it will help you and those who care about you in the long-run.



Please contact CABLE for more information. (203) 848-0320 www.cableweb.org



The CT Alliance to Benefit Law Enforcement has been selected to host the
2013 CIT INTERNATIONAL CONFERENCE

OCTOBER 14, 15 & 16, 2013
Hartford Convention Center

Looking for volunteers!

If interested, complete and submit form to:
Officer Theresa Velez, Hartford Police Department
50 Jennings Road, Hartford, CT 06108
Cell: 860-424-7145; E-mail: velet001@hartford.gov

Circle all that apply

Van Drivers / Excursion leaders / Registration help/ Breakout moderators / On-site help / Miscellaneous

Food & Beverages provided

Times available:

Sunday: 7:00am-1:00pm / 1:00pm-5:00pm/ Volunteers for the pre-conference excursion- time TBD
Monday: 6:00am-Noon / Noon-6:00pm / 6pm-Midnight (Event volunteers)
Tuesday: 6:00am-Noon / Noon-6:00pm / 7:00pm till late evening (Group excursions)
Wednesday: 6:00am-Noon / Noon-6:00pm for NAMI-CT Statewide Conference

Print Name _____ Agency/Affiliate _____

Phone _____ E-Mail _____

Members of law enforcement agencies, NAMI-CT, Regional Mental Health Boards, DMHAS, DOC, CSSD and others
are invited to volunteer!