

# THE INSIDER

## NORTHWESTERN CRISIS INTERVENTION TEAM

VOLUME 1, ISSUE 2

NEWSLETTER DATE  
MAY 2008

### OFFICERS TRAINED TO DATE:

Winchester	6
Regional Jail	4
Page County	4
Warren County	3
Shenandoah Co.	2
Clarke Co.	1
<u>NWCSB</u>	<u>8</u>
<b>TOTAL</b>	<b>32</b>
Trainers	3

### CAPTAIN CINDY BAILEY TALKS

The Shenandoah County Sheriff's Office has two deputies who attended the CIT training. I have received positive feedback regarding this training and we feel it has improved Law Enforcement interaction with persons with mental illness. The Sheriff's Office is committed to working closely with the CSB in providing the best services we can to our citizens. We share many concerns that are experienced throughout Virginia, such as the availability of hospital beds for consumers, time constraints placed on ECO's and TDO's, to name a few. When I was asked to write an article and put my thoughts to paper, one concern really jumped out at me. I think a twenty-four hour community-based facility would better serve our citizens in Shen-

andoah County. This would provide better transition of individuals from hospitals to the community. It would provide a continued or long-term support system. It can provide opportunities to develop skills or educational needs. It would be a safe place consumers can go prior to or during a crisis episode. And last but not least, a community-base program could improve treatment compliance and reduce rate of psychiatric hospitalizations. The cost for such a program is minimal compared to how we now respond to consumers in crisis. In Criminal Justice as in the Mental Health field, repeat offenders/consumers eventually feel they don't need medication or they may dislike the side effects of the medications. If a person, after hospitalization is left without the opportu-

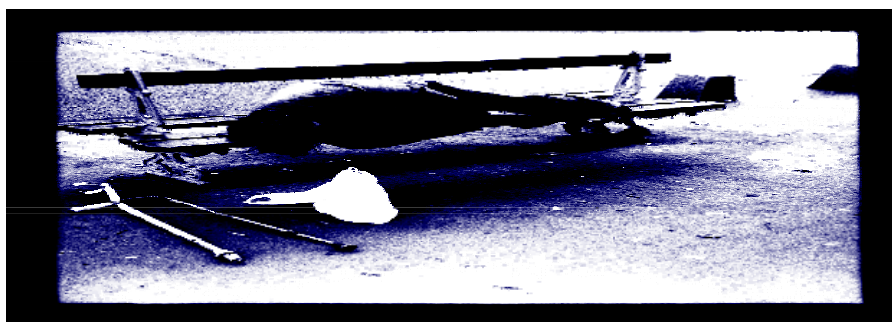
nity of services that a community-base facility could provide, they are more likely to become repeat consumers in crises. As families and friends of the Virginia Tech tragedy and legislators debate the merits of gun control, who is leading the charge for mental health reform? Granted it is easier for legislators to propose bills for political interest then it is to procure funding for additional mental health services. If citizens only knew that Virginia is one of the lowest states in America in expenditure for mental health.

— Captain Cindy Bailey  
Shenandoah Co. Jail



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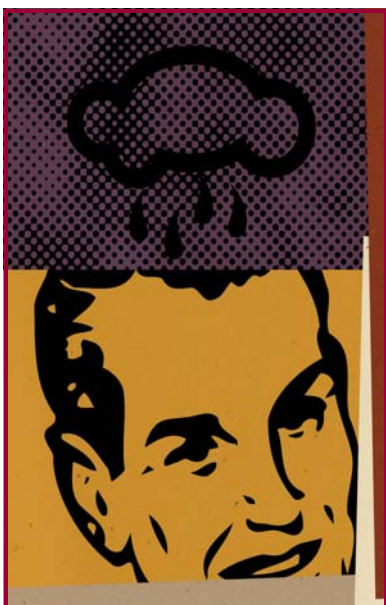
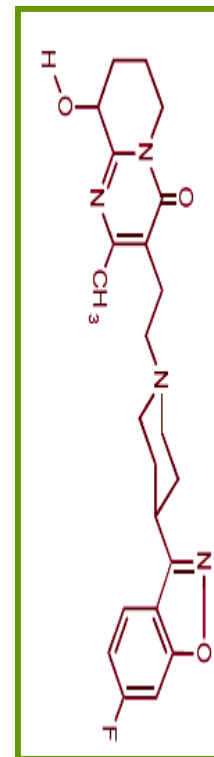


Invega (Paliperidone) is an oral atypical antipsychotic drug that has been shown to treat the symptoms of schizophrenia. Atypical drugs like Risperdal, Zyprexa, Abilify, Clozapine are a newer class of drugs developed in the 1980s. Atypicals can help to control the positive and negative symptoms of schizophrenia; positive symptoms: delusions, hallucinations, agitation, paranoia, impulsiveness, disorganized thinking, uncontrolled hostility/excitement; negative symptoms: social withdrawal, apathy, lack of drive/

initiative, less emotional responses, and less ability to have and experience pleasure. Invega is prescribed as a once a day dosing in the morning as it is extended released over 24 hours. As the capsule shaped tablet passes through the body, it releases the medication at a constant rate through 2 small holes in the shell. The pill leaves the body in the bowel movement, so it isn't unusual to see it in the stool. The tablet should not be crushed, divided, or chewed. Invega can be taken with or without food. It is available in 3mg, 6 mg, and 9mg strengths. In 6 week clinical trials, patients did experience some of the following side effects: restlessness, stiffness, and tremors; wt gain was minimal. Reports also mentioned

increased sensitivity to heat, dizziness/fainting, elevated blood sugars and in some cases seizures. Invega is not for every person who suffers with schizophrenia and should be used cautiously with patients who have past or current cardiac and seizure problems. Any of the antipsychotic medications can cause rare but fatal side effect, NMS (neuroleptic malignant syndrome). The person develops a fever, stiff muscles, shaking, sweating, changes in pulse and blood pressure, muscle pain and weakness. Seek immediate treatment and if left untreated, death can occur.

Aljune Lee RN,C



“TAKE CARE OF YOURSELF...DEATH NOTIFICATIONS ARE NOT EASY.”

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## DEATH NOTIFICATIONS

Delivering a death notification to bereaved families is never easy. Consider asking a neighbor or a friend to be present. Always make it to the parent or nearest adult next of kin. Ask to come in. Sit down. Ask them to sit down. Use the victim's name (“Are you the parents of \_\_”) Deliver the message simply, directly, and compassionately. Be straight forward. Your sample script could include: “I'm afraid I have some very bad news”. Then pause so they can prepare. “John has been involved in a car accident and he has died”. Pause again. “I am so sorry”. This delivery ex-

presses feelings rather than facts, which may not always be completely known. Always use the words “dead” or “died” and the victim's name. Do not blame the victim for what happened, even if he or she was at fault. Death notifications often cause an intense physical reaction. Be prepared to obtain medical assistance if required. Pay attention to your own reactions as well. Answer all questions honestly. Remember that the next of kin may not remember all of what you have told them. If you can, offer to make further notification calls for them. Then give them a list

of who you called. If only one parent is present, offer to call the other parent, or even accompany that parent to notify the other parent. If identification of the body is necessary, help arrange for transportation to the morgue. Let them know what they may encounter at the morgue. Do not leave the person alone after delivering the notice. Arrange for someone to come, and wait until they arrive before leaving. Then take care of yourself. Death notifications are not easy.

Mark Gleason, COO

NWCSB

## NORTHWESTERN REGIONAL CIT TASKFORCE

### CLARKE COUNTY

Sheriff Tony Roper                      Sgt. Alvin Fletner

### FREDRICK COUNTY

Sheriff Robert Williamson              Captain Snoots

Lieutenant Singhas

### PAGE COUNTY

Lt. Robert Marshal                      Captain Ike Good

Cpl. David Atkins                      Dep. Melissa Breeden

Annette Weaver, RN

### WARREN COUNTY

Captain Steve Barr                      Dep. Jennifer Laney

Dep. Tim Tharpe                      Susanne Neeb, RN

### SHENANDOAH COUNTY

Captain Cindy Bailey                      Sgt Bill Collins

Dep. Scott Bailey                      Sandra Alger, LPN

### WINCHESTER CITY

Captain Kevin Vann                      Cpl. Frank Myrtle

Cpl. Greg Voorhees                      Off. John Blake

Off. Daniel Clarke                      Off. Lisa Hyde

Off. Jon Dixon

### REGIONAL JAIL

Sgt. Pamela Walker                      Sgt. Marvin Bowers

Sgt. Roseanna Carroll                      Sgt. George Bell

### COMMUNITY

Tim Koyné -                      Winchester City Counsel

Public Defender

Kevin Young -                      Winchester Medical Ctr

Monica Martin -                      Chief Magistrate

Brooke Taylor -                      NAMI, President of

Winchester Chapter

Connie Nutter -                      NAMI, Family To Family

Christy Cacciapaglia -                      Western State

Cindy                      Western State

Dr. Phillip Pate -                      Psychologist

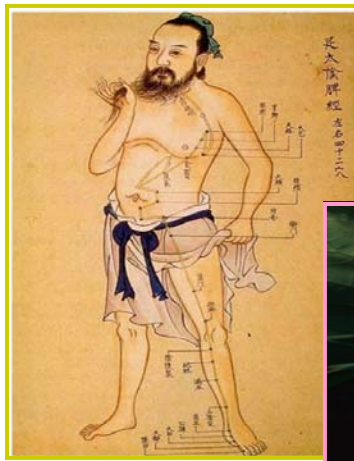
### NWCSB

Mark Gleason, COO                      Nicole G Wilee, MA

Carol Schott                      Tiffany Ashland, MSW

Dr. Gary Wake                      Dennis Vaughn, MA

Ramona Dobbs                      Christi Hartman, LCSW



## ACUPUNCTURE-DETOX

Acu-detox is a 5 point auricular acupuncture procedure that is increasingly being used by drug and alcohol treatment providers as an aid in detoxifying from drugs and alcohol. It is adapted from Ancient Chinese healing art of acupuncture which addresses mind, body and spirit, each of which is affected by the use of mind altering substances. While not necessarily acupuncturists, practitioners must be trained in the NADA protocol of acu-detox. Five tiny, sterile needles are inserted in specific points of each ear to activate the body's healing processes. The first point is the Sympathetic, which corresponds to the autonomic nervous system, the fight or flight response. This point impacts the powerful stress that the body and mind experience during detoxification. Stimulation of this point can help relieve anxiety and mediate the automatic stress response. The second point, the Shen Men, also called the "Spirit Gate", helps to reduce anxiety and nervousness and balance the mood. The third, the Kidney point, is believed to be the source of yin and yan energy, or Chi, and is the life force in Ancient Chinese medicine. Stimulating this point can help relieve fear and anguish associated with detoxing, bringing calm and peace. The Liver point controls the flow of Chi, which stabilizes mood swings, and moderates anger and depression. The final point, the Lung, balances the life force to promote courage, honor and relaxation, and reduces grief and sadness. The Kidney, Liver, and Lungs are all organs of detoxification and stimulation facilitates the body's healing. NWCSB offers Acu-Detox as a free service twice a week at the Warren Clinic in Front Royal. Hours are 6pm to 8pm Tues. and Thurs. and is open to the public. No appointment needed. Allow 40mins. for a full acu-detox consult.

"ADAPTED  
FROM THE  
ANCIENT  
CHINESE  
HEALING ART OF  
ACUPUNCTURE..  
..ADDRESSES  
MIND, BODY,  
AND SPIRIT..."

Stelleda Pitcock, ADS

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## CIT SKILLS IN ACTION

Recently I had the pleasure of working with Officer Lisa Hyde at the Winchester Police Department, and was grateful for her proficient use of CIT techniques. I arrived at the WPD to prescreen an individual who has become very familiar to both Crisis Services and law enforcement. This client has a long history of both substance abuse and chronic mental illness. He has been known to be volatile, uncooperative, aggressive and most notably – unpre- of intoxication and/or state of can be very difficult. When I pared myself for another chal- with this troubled individual. To calm and cooperative. He was Officer Hyde, who was also threatening body language. It body position, eye contact and genuinely listening to the client. attitude and treated the client needed to vent, and Officer relevant questions and provided de-escalated the client and en- prescreening process. The CIT techniques used by Officer Hyde helped facilitate a safe and secure environment for both the client and the Crisis Services Therapist. Additionally, Officer Hyde established positive rapport and gained the trust of an individual we may likely encounter again. Through honest, respectful, positive interaction, she helped the client access much needed services and ultimately offered him hope. Many thanks to Officer Hyde!



dictable – depending on his level withdrawal. Needless to say, he arrived at the WPD, I had pre- lencing, frustrating interaction my surprise the client was seated, engaged in conversation with seated and facing him with non- was evident by Officer Hyde's reflective statements that she was She exhibited a caring, sincere with dignity. This client clearly Hyde patiently listened, asked honest answers. She successfully couraged his cooperation in the

Tiffani Ashland, MSW

## POST-TRAUMATIC STRESS DISORDER

PTSD is an anxiety disorder that develops after a person experiences a serious event that threatens harm or death. It can also develop from “learning about an unex- pected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate” (DSM IV- TR). PTSD became an official diagnosis in the early 1980's. Before that, specifically veterans were stated to have “shell shock.” With many veterans coming back from Iraq, we hear more about PTSD and how it has affected our troops in the Middle East and when they

return states wide. Tragi- cally, people's traumatic ex- periences can range from school shootings, survivors of concentration camps,



rape, physical, or sexual abuse and many other horrific events. Symptoms could include recurring flashbacks, of the event, that are intrusive; nightmares;

angry outbursts; or avoiding thoughts, places, and/or feelings that remind one of the event. Many trauma survi- vors develop different de- fenses, to cope, such as de- personalization, disassocia- tion, and dere- alization.



These can lead the individual to have little to no feelings or feeling fragmented.

Many victims, such as sexual abuse survi- vors, will turn their feelings inward and begin to feel that they hurt everyone around them or feel that they are the

cause of their own and oth- ers misfortune. According to the National Institute on Mental Health, 7.7 million people nationwide suffer with PTSD. There are many effective and successful treatments for this disorder. It can be treated with some medications, along with indi- vidual and group psycho- therapy. If you would like more information on PTSD you can go to the National Institute on Mental Health at [www.nimh.nih.gov](http://www.nimh.nih.gov) or the National Center for Post Traumatic Stress Disorder at [www.ncptsd.va.gov](http://www.ncptsd.va.gov).

Aaron Clark, MSW