

THE INSIDER

NORTHWESTERN CRISIS INTERVENTION TEAM

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WHY MEDICAL CLEARANCE ?

OFFICERS TRAINED TO DATE:	
WINCHESTER	6
REGIONAL JAIL	4
PAGE COUNTY	4
WARREN COUNTY	3
SHENANDOAH CO.	2
CLARKE CO.	1
NWCSB	8
TOTAL	32
TRAINERS	3

As recently as a few years ago, the common practice during a TDO admission was that a client would only require a trip to an emergency room for medical clearance under three circumstances. First, if the client had a documented serious medical condition that had either exacerbated in severity or had gone untreated, they would be required to be screened in the ER. Secondly, if the client was elderly a medical screening would be required. Thirdly, if a person had ingested substances, either legal or illegal, a medical clearance would often be advised before the person would be considered for psychiatric admission. As we are all aware, however, times have certainly changed and it seems that almost every admission, at least for adults, requires a medical clearance before the admitting psychiatric facility will even consider admission, whether the person is seemingly healthy or not. Because the medical screening process is typically very costly, both in terms of financial cost as well as cost in staff time (for both the CSB and law enforcement), it is understandable to question why this heightened need for medical clearance has occurred. There are many answers to this question. First of all, our aging and geriatric population in the Shenandoah Valley, as it is all across our country, is growing at a very rapid rate. As the "Baby Boomers" progress into their elder years, we see a dramatic rise in cases of Alzheimer's Dementia and delirium (often caused by medical conditions or medications). These individuals, in addition to their psychiatric symptoms, often experience

very serious medical symptoms concurrently. If left unchecked, these individuals may experience a medical emergency during either their transport to a psychiatric facility or at the psychiatric facility itself. It should be noted that most psychiatric facilities are not equipped or staffed to handle any type of serious medical condition. Also, recent data indicates that 18% of patients who are admitted to a hospital with a diagnosis of delirium actually die during that admission. Another reason why psychiatric facilities require medical clearances is that, frankly, many of the individuals that we see in the midst of a psychiatric emergency have not been taking very good care of themselves and, in many cases, have been seriously neglecting their basic needs. In some situations, this could be obviously serious, as in the case of a person who, due to psychosis, has stopped taking critical medications such as Insulin. In other situations, the danger may be less obvious but no less serious. During the summer months, we often see psychiatrically-impaired individuals who spend a great deal of time out in the sun. In some cases, their electrolytes may be out of balance as a result, which could put them at serious risk. Also, in some cases, the person may have some unknown medical condition that is creating symptoms that, on the surface, appear to be psychiatric. What may appear as depression or psychosis may actually be symptoms of a minor stroke or head injury. Without medical clearance, this person may end up on a psychiatric unit being

treated with psychiatric medications, while their medical condition progresses unchecked. As we all know, drugs and alcohol are a huge problem in our region. People seem to be taking more different and exotic drugs, often in greater dosages, with each passing year. Unless we know what drugs are in a person's system, they may develop severe medical conditions, including cardiac arrest, while being transported to a facility by law enforcement. Finally, it should be noted that we live in a very litigious society where lawsuits, particularly toward entities such as hospitals and law enforcement agencies, have become commonplace. On June 19th of this year, at a hospital in Brooklyn, NY, a 49yr old woman collapsed on the floor of a waiting room in a psychiatric facility while awaiting admission to the unit. Security camera footage observed her lying facedown for over an hour before someone checked on her. By that time, she was dead. While there are certainly some very serious procedural problems at this facility, this case garnered a great deal of much-deserved national media attention. It also highlighted even more so the need to have an individual checked medically prior to admission. In light of this case and, unfortunately, many others like it across the country, it is expected that we will continue to see the need for medical clearance increase over time.

- Dennis Vaughn, M.A.

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TASERS VS MENTALLY ILL



Florida CIT Officer

“WHEN SEARCHED BY ER STAFF HE HAD A LARGE POCKET KNIFE AND A SMALL HAND GUN.”

Advocates for the mentally ill are questioning police officers’ use of taser guns on suspects with mental problems. A taser is an electroshock weapon that uses electro-muscular disruption technology to cause neuromuscular incapacitation and strong muscle contractions through the involuntary stimulation of both the sensory nerves and the motor nerves. A taser fires two small dart-like electrodes, connected to the main unit by conductive wire and propelled by small compressed nitrogen charges similar to some air guns or paintball marker propellants. The air cartridge contains a pair of electrodes and propellant for a single shot that is replaced

after each use. There are a number of cartridges designated by range, with the maximum of 35 ft. Taser guns are not considered firearms by the U.S. government and they can be carried (concealed or open) without a permit in 43 states. Tasers were introduced as less-lethal weapons to be used by the police to subdue fleeing, belligerent, or potentially dangerous subjects, often when what they considered more lethal weapon would have been used. The use of tasers has become controversial following instances of taser use which have resulted in injury or death. “Using a taser is easy,” advocates of the mentally ill stated, “there is no waiting, no

need to be patient with someone who may not understand orders”. Mental health advocates are concerned that the taser has represented a step backwards in how police deal with the mentally ill. Does using the taser become an easy way of dealing with people who fail to follow officers’ orders while, “in the fog of their mental confusion?” Crisis Intervention Training is a critical part of our approach to the mentally ill. Making officers aware of the necessity to use the minimum force necessary is the goal of all Crisis Intervention Training.

- Carol A. Schott

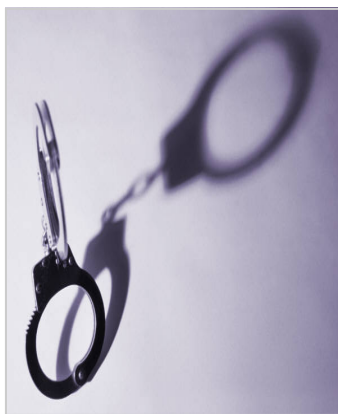
SAFETY FOR ALL

Safety is the number one issue for everyone involved in the ECO / T D O process (Emergency Custody Order/ Temporary Detention Order). When an ECO/TDO is served, an individual is taken into custody by law enforcement. This means there is a need to use restraints (handcuffs). The consumer has not broken the law criminally, but there is concern that they pose a danger to themselves, others, or are unable to care for themselves/recognize dangerous situations. Three examples are: (1) 81yr old male picked up on an ECO and taken to the hospital. He was not cuffed or searched. When searched by ER staff he had a large pocket knife and a small hand gun. When asked why, he

said to “kill the Nazi’s.” (2) 64yr old female picked up on an ECO taken to the ER. She was cuffed, but not searched. Upon arrival to the ER it was discovered that she had a box cutter and a pair of tin snips in her pockets. She was there because it was thought she might be suicidal. (3) 25yr old female picked up on an ECO, brought to the ER, not in cuffs with the officer waiting in the hall. The officer was called away from the room by dispatch; the consumer left the room and drank a bottle of cleaning fluid in a suicide attempt. Often law enforcement have not restrained an individual due to family/friends request and/or because they do not feel the individual poses a threat. When someone is ex-

periencing a mental health crisis there is always that element of unpredictability. Emotions are running high, thoughts are racing, adrenaline is flowing, an individual may be calm one minute and out of control the next minute. It is necessary for all those involved to remain as safe as possible in a controlled supportive environment. Those of you that feel searching and cuffing an individual is demeaning, may be right. However, this keeps them safe, keeps you safe, keeps law enforcement safe, and keeps medical staff safe. It is not done as a punishment, but as a tool to keep everyone SAFE.

-Ramona Dobbs



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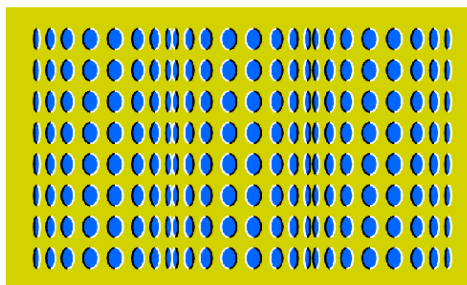
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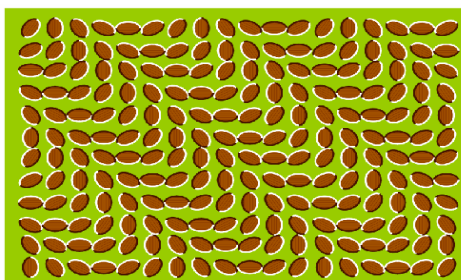
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CONSUMER STORY

Clinicians often hear about the hardships of family members of the seriously mentally ill, but some have a hard time really imagining what it must be like. I have first hand knowledge. My father suffers from psychosis, he was untreated and abusing alcohol and valium during my childhood. I grew up in a small community in Virginia during the 60s and 70s. Unlike the present day police, social services, etc. were out of sight out of mind. Families dealt with their issues on their own or ignored them. Mine fit nicely into the second category until I was in my 20s. At that time my sister had the magistrate issue an Emergency Custody Order on my father for threatening to kill my mother with a rifle. He was detained and sent to Tucker Pavilion. He was placed on Navane for his symptoms of paranoia and delusions. Growing up I never knew what to expect. My father could seem fine one minute and in a rage the next. He

had a lot of delusions regarding my mother's fidelity, and these would cause him to escalate to violence. If my mother came home five minutes late from work, it was because she must have stopped along the way and had sex with someone. If she closed the Venetian blinds in an upward direction, she was signaling her lover to come to the house. My mother was usually accompanied by us, and she never showed any indication that she wanted any man - including my father. When he became violent it would usually be directed at my mother unless we (the children) interfered in his eyes. One night when I was 10 years old, my parents were arguing in the kitchen because my father was accusing her of an affair. I tried not to hear the screaming by covering my ears with a pillow, but it kept getting louder. Suddenly I heard a different noise. It was the sound of a gun being cocked. I sprang out of bed along with my sisters and ran into the

kitchen in time to see my father holding the gun to the back of my mother's head. When we begged him to stop he turned the gun on us. Luckily, he decided to put down the gun and left the house. We were all awakened early the next morning by my apologetic father that promised that he would never do that again. Of course he went into another rage that night as well. I was always torn between wanting to be away from home and being afraid to be away. I never knew if my father would be calm or violent. I feared for my family's safety as well as my own. I made the decision that I would have to leave in order to keep myself sane. I graduated from high school a year early and moved 100 miles away from home. I realized very quickly that I was not prepared to deal with life on my own. I had spent my whole life trying to anticipate my father's moods and actions. I had spent no time having authentic

friendships or realistic goals for my life. I had made no decisions other than what was related to my father. My story is not unique. There are many people who start life in a turbulent household where one or more family members are struggling with mental illness and/or substance abuse. It is my hope that this will help other to understand how it affects families especially the children.

- Anonymous

