OREGON CIT NEWSLETTER

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Wallowa CIT Adds Emphasis On Officer Wellness

BY BRANDON MILLER, WALLOWA VALLEY CENTER FOR WELLNESS

This year, the Wallowa County CIT Steering Committee decided to put additional emphasis on officer wellness, which was obtained by utilizing a whole day discussing wellness concepts, identifying barriers to seeking help, and accessing culturally competent therapists who have lived-experience as first responders. While there were many contributing factors to create



this emphasis, some of the primary reasons were based on the growing understanding of trauma exposure, especially as first responders, and the impact that has over time on our health and well-being. Our county suffered high rates of suicide attempts and completions over the past year, including a law enforcement officer. We recognized that this issue of wellness must be talked about and information must get to our first responders. The message that there is hope, and help is available.

When working on the organization of the week, our whole steering committee agreed that officer wellness must be a focus. Without officer wellness, it would be challenging for an officer to deploy de-escalation techniques taught in CIT. The healthier an officer is mentally and physically, the better they will manage crisis situations, and will more likely have improved outcomes for officer safety and the safety of the public.

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Wallowa CIT Officer Wellness Emphasis (cont.)

In Wallowa County, we are lucky to have outstanding teams of Law Enforcement. From the County Sheriff and Enterprise Police Chief, to their deputies and officers, these men and women are dedicated to achieving the best outcomes for all. Our Sheriff and Chief are very supportive of the CIT program, and also of their officers being provided with tools and skills needed to help others and ensure their departments stay as mentally fit as they are proficient in defensive tactics. We work hard to source speakers who either have experience working as a first responder, or who have worked extensively with first responders, as this helps to ensure that their presentations are well-received by those who participate in the trainings. It is critical that the presenter is aware of the first responder culture as these topics are presented, and help to align the culture with the soft skills we are training on.

We did our officer wellness focus day mid-week. This day started off with a 'Suicide by Cop' presentation from our Chief of Police, where there was equal focus on how the subject impacted him and how he addressed it, and also on the event itself. Chief McQuead shared his personal experience, and then spent time talking about the impact this event had on him, his peers and his family. He then turned the focus onto the treatment he received through EMDR and the significant benefit it provided him. We then shifted to a presentation by a clinician on EMDR, how it works, and how to access this type of treatment. In the afternoon, we had a presentation on wellness, barriers to treatment, and the importance of wellness. The day ended with a clinician providing practical movement-oriented treatment to reduce stress and anxiety through dance and yoga. The majority of the participants joined in the dancing, movement and yoga, which provided the group an idea of what these activities are like and the benefit they can provide. At the end of the following day, we had a clinician come in and provide an optional group EMDR session, which got great feedback.

To end the day, we had an optional BBQ that was held on-site and was for CIT participants, and any first responder in Wallowa County, to attend. Those who stayed expressed that they enjoyed the time to network, engage with other first responders and found it to be a great way to conclude the day after the wellness presentations.

We felt both grateful for and encouraged by the overall positive feedback. Many participants appreciated the wellness day specifically, as well as the layout of trainings and the strong presenter list we had this year.



Language Impacts Stigma and Relationships

ARTICLE PUBLISHED ON SCIENCE DAILY WEBSITE

"emphasize
the person
rather than
the
disability"

In a first-of-its-kind study, researchers found that participants showed less tolerance toward people who were referred to as "the mentally ill" when compared to those referred to as "people with mental illness."

For example, participants were more likely to agree with the statement "the mentally ill should be isolated from the community" than the almost identical statement "people with mental illnesses should be isolated from the community." These results were found among college students and non-student adults -- and even professional counselors who took part in the study.

The findings suggest that language choice should not be viewed just as an issue of "political correctness," said Darcy Haag Granello, co-author of the study and professor of educational studies at The Ohio State University.

"This isn't just about saying the right thing for appearances," she said. "The language we use has real effects on our levels of tolerance for people with mental illness."

Granello conducted the study with Todd Gibbs, a graduate student in educational studies at Ohio State. Their results appear in the January 2016 issue of The Journal of Counseling and Development.

The push to change how society refers to people with mental illness began in the 1990s when several professional publications proposed the use of what they called "person-first" language when talking about people with disabilities or chronic conditions.

"Person-first language is a way to honor the personhood of an individual by separating their identity from any disability or diagnosis he or she might have," Gibbs said.

"When you say 'people with a mental illness,' you are emphasizing that they aren't defined solely by their disability. But when you talk about 'the mentally ill' the disability is the entire definition of the person," he said.

Read the entire article at the <u>science daily website</u>



We Honor Our Veterans!













The CITCOE Team

GOBHI







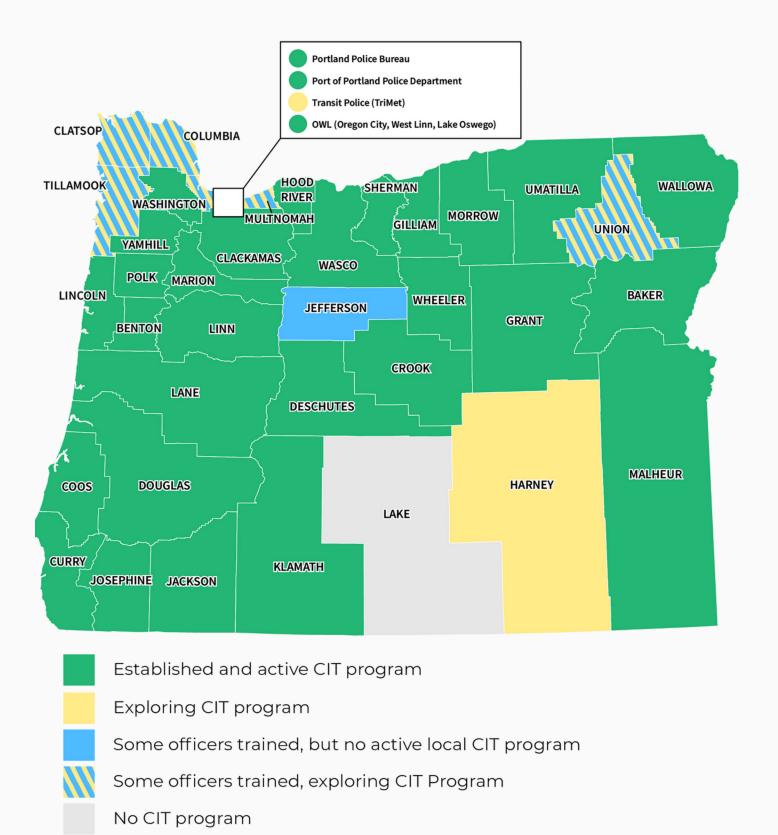
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Status Map For CIT Programs in Oregon



OCBHJI PODCAST: Substance Use: Challenges & Hope in Navigating Recovery

PRODUCED BY THE OREGON CENTER ON BEHAVIORAL HEALTH AND JUSTICE INTEGRATIOIN

Michelle Brandsma, MS CADC III QMHP-C, Greater Oregon Behavioral Health, Inc. Substance Use Disorder/Trauma Informed Care Manager discusses:

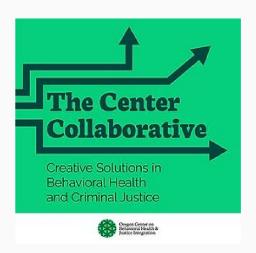
- Naloxone distribution program and how it saves lives by reversing narcotic overdoses (e.g., fentanyl or heroin)
- Reducing the stigma of addiction
- Medication Assisted Treatment as a medical intervention supporting the therapeutic intervention
- Using peers to enhance engagement, build hope, and meet people where they are; and
- The need for holistic treatment

For more information about the intersection between criminal justice and behavioral health in Oregon, please reach out to us through our website at http://www.facebook.com/OCBHJI/. We'd love to hear from you.

You can access this and other PODCAST productions of the OCBHJI by <u>clicking here</u> or scanning the QR code below.



Notice to listeners: https://www.ocbhji.org//podcast-notice





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The Oregon CIT Newsletter staff need your help!

The Oregon CIT Newsletter is a quarterly publication of the Oregon CIT Center of Excellence. This publication is intended for CIT Coordinators, stakeholders and those interested in crisis response programs and behavioral health training for criminal justice professionals and behavioral health professionals working with or within the criminal justice system.

In an effort to keep this newsletter fresh and relevant and to ensure it continues to address matters of interest to supporters of CIT, we need your help. If you have suggestions for articles or subject matter that you believe would be a benefit to proponents of CIT, you can email your suggestions or comments regarding this publication to kevin.rau@dpsst.oregon.gov.





