For many years, I’ve driven on and off-duty in the St. Louis area. I can remember long periods of time not using my vehicle’s horn. Using it was so sporadic, that when I did, I wasn’t quite sure where it was on my steering wheel.

Those days are over. Now it seems like I am constantly honking at the car in front of me when the light turns green, and the driver is face-down, buried in the phone, oblivious to life, totally consumed in the moment. Social media and the need to communicate instantly have become ingrained in our world. We hear the text-alert or the ESPN theme jingle for an update, and our world comes to a complete stop. We have to know what’s going on, and we need to know right now.

In law enforcement, this can be a problem. Our profession demands complete concentration on our job. Most of us have been guilty of parking to check the computer or our phone for sports updates, Facebook posts and personal texts. All the while, failing to be aware of pedestrian or vehicle traffic in our midst.

Social media is both a blessing and a curse. It’s great to be able to obtain information instantly. There are many websites, blogs and opinion pages that can be beneficial to our profession and to our personal health and well-being. Unfortunately, there is a lot of negative, inflammatory and just-plain ridiculous content on the Internet.

Social media can affect our mental health? Absolutely.

Here are a few ways that it can affect our mental health, both good and bad.

- Social media is addictive. It relieves us from boredom. “Likes” and positive reinforcement from our posts can make it difficult for us to stop. We crave the attention.
- Social media makes us compare our lives to others. Others appear to have it made. This can lead us to think less of ourselves.
- Social media gives rise to unrealistic criticism. There is so much negative and grossly inaccurate information about law enforcement on the web. It can be deflating to our sense of purpose and lead to added stress.
- Social media often leads to multi-tasking. We have enough bells and whistles in our patrol vehicles without adding our phones to the mix. This added distraction is a significant safety risk.
- Social media enhances our connectivity. It can revive and preserve relationships, especially those that are out-of-town. It’s amazing how quickly we can locate long lost friends on the Internet.
- Social media can help with socialization. Those who are introverted can find ways to...
gain social skills by communicating online. The safety of being behind the computer screen gives the person comfort. (Of course this works negatively also.)

- Social media has become a valuable investigative tool in law enforcement. It’s amazing what the goofballs will post that leads to their arrest.

- Social media is a great way to communicate with your community. If your department is not using social media to communicate with your citizens, it’s missing a great way to easily convey its message.

Here are a few tips for being stress-free and safe online with social media:

1. **Know, and adhere to, your department and/or city social media policy.** If one does not exist, it’s time to persuade the powers that be to jump into the 21st century and adopt a policy.

2. **Attend social media training.** If you cannot find it locally, look online. Learn how to be proficient and aware of the world of social media.

3. **Learn the nuances of the privacy settings on your social media.** Law enforcement officers should be stricter with their settings for public viewing and sharing.

4. **When posting, be civil, respectful and professional.** Never post anything, at work or at home that could jeopardize your job in any way.

5. **Cell phone and computer use, while in the patrol car, should be left to police work only.** It’s a safety issue. Always be aware of your surroundings.

Social media is like many things in our life; watching football, eating pizza, drinking a cold bottle of Bud. Too much is not a good thing. If social media is consuming too much time in your daily life, please think seriously about cutting back. Try taking a “day off” from social media now and then. You may find that you enjoy the peace and quiet and the lack of urgency of the day.

Let’s all be safe out there!

Dan Fitzgerald, Chief of Police for the City of Brentwood, currently chairs the Street Talk Advisory Committee.
DO YOU KNOW:
IMPULSE CONTROL DISORDERS IN YOUTH

By Marla Liberman, PhD

One might imagine that a request to write 500 words on Impulse Control Disorders in children and adolescents would be a simple task for a clinical psychologist who has worked for over 25 years with youth diagnosed with serious mental disorders. My response: What is an “Impulse Control Disorder?”

Why the ambiguity? Disorders once considered to be “Impulse Control Disorders” such as Trichotillomania (Hair Pulling Disorder) and Excoriation (Skin Picking) have been re-categorized by the current Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) as “Obsessive-Compulsive and Related Disorders.”

The DSM-V has a Chapter titled Disruptive, Impulse-Control and Conduct Disorders. Among all the specific disorders discussed in this chapter, only Pyromania and Kleptomania include in their diagnostic criteria “tension” or “impulse.” Being “Old School,” I have had the understanding that Impulse Control Disorders (ICDs) share common core qualities:

1) repetitive or compulsive engagement in a behavior despite adverse consequences;
2) diminished control over the problematic behavior;
3) an appetitive urge or craving state prior to engagement in the problematic behavior; and
4) a hedonic quality during the performance of the problematic behavior

**Pyromania**, as a primary diagnosis, is quite rare and lifetime prevalence is not known. The disorder involves purposeful fire-setting on more than one occasion, tension or affective arousal before the act and pleasure, gratification or relief when committing or witnessing an act. Another criterion for the diagnosis is “fascination with, interest in, curiosity about or attraction to fire and its situational contexts.” Persons meeting criteria for the diagnosis are noted to be ‘watchers’ at fires in their neighborhoods, may set off false alarms…and may derive pleasure from institutions, equipment and personnel associated with fire. An important distinction between Pyromania and more “simple” fire-setting is that a person with Pyromania does not set a fire to express anger or vengeance, does not do it for monetary gain or to conceal a criminal activity. Fire-setting is a major problem in children and adolescents (over 40% of those arrested for arson offenses in the USA are younger than 18) yet Pyromania in childhood appears to be rare.”

Among the hundreds of youth I’ve seen treated for serious behavioral and emotional disturbances at Hawthorn Children’s Psychiatric Hospital, I do not know of one who had a primary diagnosis of Pyromania. Youth who were known to have set fires typically had behavioral and emotional control problems related to Conduct Disorder or were in desperate need of attention and success that previous attention-seeking acts did not achieve.

Similarly, at the hospital, we have seen children and youth who repeatedly steal, yet none (I know of) ever have been diagnosed with **Kleptomania** (which singularly would not be sufficient reason for hospitalizing a minor). Kleptomania is the result of repeated failure – despite efforts – to resist impulses to steal objects that are not needed for personal use or monetary value. The diagnosis further requires that there be increasing tension immediately before committing the theft and pleasure, gratification or relief when so doing. Importantly, the stealing is not committed to express anger or vengeance and is not in response to a delusion or hallucination. As with all the Disruptive, Impulse Control and Conduct Disorders, a criteria for diagnosis is that the condition is not better explained by alternate diagnoses. Age of onset is noted to be variable, but Kleptomania often begins in adolescence.

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Having amassed 600 words, I will conclude by highlighting the following.

Several psychiatric disorders or conditions have as a defining symptom **impulsivity**, which is being distinguished from “impulse control.” Very young children act “without thinking,” say whatever comes to mind, and act on impulses. Rearing a child successfully includes the child developing the ability and motivation to inhibit impulses, delay gratification, anticipate consequences of their actions and to care about the consequences of actions on themselves and others.

There are many biological, developmental, and social conditions of the child’s life that can negatively impact both the motivation and ability to inhibit impulses. It is not “impulsivity” that so characterizes the disorders grouped in Disruptive, Impulse Control and Conduct Disorders but “problems in self-control of emotions and behavior …that manifest in behaviors that violate the rights of others or bring the individual into significant conflict with societal norms or authority figures.”

Youth (and adults) with such disorders are not self-motivated to act differently. What was confounding for this writer, again being “old school,” was the belief that impulse control disorders were so labeled because persons could not resist impulses despite best efforts to do so.

Dr. Liberman is a Clinical Psychologist, working at Hawthorn Children’s Psychiatric Hospital and in private practice more than 20 years. Her diagnostic and treatment services for youth, adults, couples and families are enriched by the knowledge, skills, judgment and wisdom cultivated and honed through experience (10,000 hours—four times over). Clinical supervision of Pre-doctoral Psychology Interns helps keep her current. As a clinician, in addition to therapist and diagnostician, she may function as educator, consultant, coach and sometimes…cheerleader!

**DO YOU KNOW: IMPULSE CONTROL DISORDERS IN ADULTS**

By Connie Fisher, LCSW

In your work as a police officer, it’s no surprise that you will encounter people with impulse control disorders. Chances are though, you’ll also encounter people with these disorders in all areas of your life. This article not only describes impulse disorders, but offers some tips of how to help people in your life that you are particularly concerned about.

A good way to think about impulse control is to think of it as a continuum. On one end are people who over-control their impulses; on the other end are people who under-control their impulses. Throughout the mid-range are individuals who exhibit a healthy balance of control. They consider the consequences of acting on their impulses, then control them as needed to promote and sustain success in personal and family relationships, in the workplace, in public, etc.

Some measure of reasonable risk is involved in excitement, fun and spontaneity, all of which make life enjoyable. So for those who over-control their impulses, they can be left with a lack of creative expression, rewarding relationships and successful problem-solving strategies. Too much impulse control can make people feel restricted, bored and dull. The challenge of finding the right balance between over-controlled and under-controlled impulses is something everyone struggles with. We occasionally make mistakes in judgement and then have to correct our mistakes.

There are certain disorders that fall into the two ends of the con-
Disorders that Exhibit a Lack of Impulse Control

Intermittent Explosive Disorder
According to the DSM-V, a person with Intermittent Explosive Disorder has recurrent outbursts of uncontrolled aggression. The diagnosis also sets criteria for time spans and number of incidents that include destruction of property, assaults toward people or animals, and repeated verbal or physical aggression.

The magnitude of the aggression has to be out of proportion to the provocation, not pre-meditated, and distressful for the person. In the U.S., about 2.7% of the population will be diagnosed with this disorder. It’s more common in males, and most common in the 35 to 40 age range.

Tips:
- Encourage the person to take a deep breath and even offer to take a breath with him/her.
- Take a walk to wear off the rush of adrenaline and urge to act out.
- Set boundaries under which you can help the person, such as, “If you can stop yelling, then I can help you.”

Gambling Disorder
Gambling Disorder is defined as continuing to engage in persistent gambling activities despite the negative consequences, and must occur over a 12-month period. Some of the symptoms include:
- Gambling with increasing amounts of money over time
- Feeling restless and irritable when abstaining from gambling
- Repeatedly attempting to control gambling behavior
- Lying to conceal gambling activities
- Risking career or relationships for gambling

This disorder affects 1.5 million people in the United States, and is more common in men than women.

Tips:
- Give information about Gamblers Anonymous Groups. Anyone can call 1-855-222-5542 to find information about area support group meetings.
- Offer to attend an “open” meeting with the person.

Antisocial Personality Disorder
This disorder can be described as a pervasive pattern of disregard for and violation of the rights of others, occurring since the age of 15. General symptoms include:
- failure to conform to social norms with respect to lawful behavior
- deceitful, lying or conning behaviors
- impulsivity
- irritability
- aggression

People with this disorder typically have no regard for their or others’ safety, and lack a sense of remorse for their actions.

About 3% of men and less than 1% of women have this disorder. Conversely, more than 70% of people in forensic settings have this disorder.

Tips:
- Research suggests that prognosis for change is poor in this disorder – not much works.
- These people can behave if there is something they want, but don’t be fooled into believing they have changed.

Borderline Personality Disorder
The characteristics of Borderline Personality Disorder include:
- erratic moods
- intense anger
- impulsivity
- fear of abandonment
- lack of a stable sense of self
- self-harming behavior

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This is more often diagnosed in women than in men. They often have families that were not supportive and validating. Prognosis can be good if treatment is given at the onset.

**Tips:**
- Set boundaries with this person and stick with the boundaries.
- Don’t put up with behaviors you don’t like.
- People with this disorder tend to idealize and then criticize people in their lives. It is best if we don’t accept either evaluation of ourselves.

**Disorders that Exhibit Over-Control of Impulses**

**Avoidant Personality Disorder**
According to DSM-V, Avoidant Personality Disorder is characterized by:
- excessive shyness in intimate relationships
- fear of being ridiculed
- fear of being socially rejected or criticized
- feelings of inferiority

**Tips:**
- Help them go out in public by going with them so that they can find out how to tolerate the discomfort and to find out that their worst fears don’t happen.

**Obsessive-Compulsive Personality Disorder**
People with this personality disorder exhibit perfectionism and are inflexible in their behaviors. Their behaviors come from a sense of the right and wrong way of how life should be lived, and this sense pervades every aspect of their life.

(This disorder is not the same as and shouldn’t be confused with Obsessive-Compulsive Disorder [OCD], in which people feel compelled to perform compulsive behaviors in response to obsessive thoughts that they often know make no sense.)

People with Obsessive-Compulsive Personality Disorder experience symptoms such as:
- difficulty delegating to others
- rigidly held beliefs
- constricted emotions
- self-critical thoughts
- indecisive
- preoccupied with perfection, rules, details and duties

**Tips:**
- Challenge the perfection and rigidity.
- Refuse to accept or defend against criticism of yourself, especially the expectation to be perfect.

**The Big Take-away:**
- Take a break by breathing, thinking, walking or postponing the urge for 15 minutes.
- Urge surf – observe the urge to act impulsively as if you were surfing a wave. Notice when the urge peaks and when it subsides without acting on the urge.
- Get support. Find a support group. Listen to someone who knows how to overcome this impulse or seek counseling.

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As CIT continues to gain popularity around the country, Missouri finds itself in the nation’s CIT spotlight and at the head of the pack with expansion efforts. In January 2016, the St. Louis County Police Department agreed to provide the State Of Missouri with a more direct route toward achieving state-wide CIT expansion.

Sergeant Jeremy Romo, St. Louis County CIT Coordinator since 2013, was working to promote CIT in the eastern region of Missouri. The Missouri Department of Mental Health (DMH) noticed the growth and requested Sgt. Romo expand his efforts across the entire state. Under the direction of Dr. Richard Gowdy at DMH, Romo was appointed as the State CIT Coordinator. His expansion efforts are a proven successful platform facilitated by a respected leader in the industry.

With the assistance of a supportive and dedicated staff, Sgt. Romo hit the ground running! He is providing many Missouri Law Enforcement Agencies the direction needed to create CIT training and CIT officers in many cities and towns. This push for expansion also directed the St. Louis County Police Department CIT Unit to specifically view what the Missouri CIT package offered and where program enhancements were needed.

The vigorous spread of the CIT program presented many data collection and sharing issues. When the St. Louis County Police Department received a grant in October 2015 from the Bureau of Justice Assistance, a CIT Program Steering Committee was assembled. This committee is developing and testing a new CIT programming system, with the goal of adding a new reporting system to the Missouri Model. Following the structure of the grant, we are working toward replacing a system that is not shared, does not provide adequate data, and does not have the capacity to meet our growing needs. This added resource will allow all CIT counties in Missouri to communicate and share relevant information regarding individuals with lived experiences.

Also, until this spring, there was no state-wide standardized curriculum with clear training requirements. CIT Coordinators from around the state assembled in Jefferson City to equalize input, essen-

Missouri Crisis Intervention Team (CIT) Program Expansion Map
That’s a typical day in the life of a Police Officer. And don’t forget, on your days off, you have to take care of the bills, appointments, car, house, and more. Work and personal life stress seem constant. Why wouldn’t we try to get lost in something to take all the stress away?

There are several things we can get lost in to take away or reduce stress. Some ways are good and some, not so much. Some, however, can be both good and bad depending on how we use them. One in particular is getting lost in our electronic world.

The positive CIT energy created by this dedicated Missouri team is clearly illustrated in the maps below. The Missouri CIT Model is well received across the state. The growth rate of this program is only limited by the resources the state is able to allocate. As Missouri’s CIT success continues to spread, residents will realize officers are unified in training through a proven program to better serve and protect.

Officer Chris Koester joined the St. Louis County Police Department in 2010. While assigned to the Patrol Division, he worked out of the Central County Precinct. In 2015, he was reassigned to the Division of Special Operations as the Assistant CIT Coordinator and Crisis Negotiator for the department.
connected to more friends and family. For example, we post our good and not-so-good moods on Facebook. This offers a chance for friends and family to be there for us in our time of stress.

- For Police Officers especially, it can restore trust in humanity and allow a more positive view of our society.
- Using technology gives us a chance to learn a new hobby, skill or enhance a talent, all of which can reduce stress.
- Another effective use of technology to reduce stress is relaxation or meditation apps or videos. They offer easy access to hundreds of stress-reducing meditations that are easy to use.
- Using technology to stimulate the brain is an effective stress reducer. Examples include Sudoku, Lumosity or Cognito (see more about these at the end of the article).

As with all things, too much of a good thing can have negative consequences. How we use and perceive information on our devices can increase our stress. If we over-use our electronics, we run the risk of isolating ourselves or becoming overwhelmed. Over-escaping by listening to music or viewing videos in excess attributes to isolation, which in turn can cause poor health due to lack of exercise or activity.

- One of the most contradictive uses of electronics is multi-tasking. Unfortunately, the benefits of multi-tasking are a myth. It’s work-destroying, not work-enhancing. It splits our attention and our focus. The brain is rewarded for not staying on task, but rather for jumping to the next thing. This stimulation increases anxiety and impatience. It decreases the ability to focus, learn and remember.
- Being connected to social media can cause stress by how we perceive others and their lives compared to our own. If we view our lives as “less” than others, it can create a fear of “missing out”, jealousy that friends are “living better” than we are, that others are going on better vacations or living happier lives… all of which cause anxiety, stress and/or depression.
- Electronics can impact our sleep in negative ways. The light from electronics hampers the pineal gland from producing melatonin, a hormone that steadies our circadian rhythm, our 24-hour biological clock related to sleep. Technology tricks our brain into thinking it needs to stay awake, making it difficult to fall asleep. When our rhythm of sleep is disturbed, it can create several physical and mental disorders, including our ability to handle stress.

Our lives our stressful! The job of a Police Officer is even more stressful. Escape into your electronics; you deserve it! However, take a look at how you use your electronics. Are they used in healthy ways or are they contributing to your stress? When we are balanced, we are healthy. How do we know? Take an inventory. Here are a few questions to help you assess.

- How much electronic time do you have before work?
- Do you have any screen time during work?
- What about after work?
- How about before, during or after dinner?
- How about on weekends?

There’s little research on what is a “healthy” amount of electronics use in a day. However, if your answer totals more than four hours of non-work screen time, i.e., TV, cell phone or computer, it might be an unhealthy level. Another way to find out if we’re too attached to our electronics is to see how they affect us while using or not using them.

- Do you feel anxious or overwhelmed when seeing your email inbox?
- Do you feel anxious reading your texts or emails and wish you could read or type faster?
- Do you constantly check your email, Twitter, Facebook, etc. in fear of missing something?
- Do you feel anxious/bored if you are not connected?
- Do you feel behind on blogs because you are signed up for so many you can’t read them all?
- Is it hard to go a day without watching TV, checking texts/emails, gaming, blogging, etc.?

If you answer Yes to some or all, electronics could possibly be adding stress or worry to your life.

If there is an imbalance and you believe electronics are contributing to your daily stress, there are steps you can take to help you.

1. Begin to set boundaries for the time you use electronics. Schedule times in your day
where you don’t look at a screen. Find other productive things to fill that time. Perhaps meditation, reading (a real book) or a hobby.

2. When your notification sound goes off on your phone, pause or delay your response to look at it or respond.

3. Try setting a boundary on the amount of posting you do on social media sites. When checking emails, check one at a time and complete any task associated with it before moving to another email.

4. Set a day for “no electronics” and give yourself time for other important things in your life. With a few set “screen time” boundaries, we can reduce the added stress electronics can possibly produce.

After setting some healthy boundaries for your electronic use, here are a few web sites and apps to get you thinking about putting technology to work for you in a healthier way…

- Sudoku is an app version of the pen/paper puzzle; reduce stress and give your brain a different kind of workout.
- Lumosity uses games to help improve memory, attention, brain flexibility, speed of processing and problem-solving.
- Cognito uses creativity and a games approach to build memory, focus, speed, adaptability and reasoning.
- Developed by St. Louis University, Mindset helps build coping skills to manage stress.
- Calm has different categories and mechanisms to choose from to help reduce anxiety, increase relaxation, improve sleep, increase focus, and inspire happiness.
- Stress relief+ has relaxation music.
- YouTube has all kinds of meditation and relaxation videos; find what works best for you.

Craig Politte is a former Police Officer with nearly ten years of experience. In law enforcement, his duties included police officer, Field Training Officer, Narcotics Detective, Evidence Technician, Detective and Corporal. His current profession is a Licensed Professional Counselor, after having received a Bachelor of Arts in Psychology from Maryville University and a Master of Arts in Counselling from Missouri Baptist University. Craig’s specialty is providing therapy for children, adolescents, young adults and adults who experience Anxiety, Obsessive Compulsive Disorder, Depression, Grief and Loss, Trauma and Abuse and Computer/Electronic Addiction. He continues his work with First Responders by assisting them with the difficulties they face on the job and in their relationships.