One might think that it takes a degree in computer science, engineering, or forensic technology to become a cop these days. But in reality, the traits that made good street cops 50 years ago are the same ones that make a good street cop today.

If you were forced to name only one trait that is going to keep you safe on the street, it would have to be the ability to be able to think on your feet, right?

Above all else, the ability to think on your feet in the ever-changing environment in which we work in is the most valuable trait we have.

Training
It doesn’t matter how big you are, how strong you are, or how smart you are; you have to be able to adapt and think through the fluid situations in which we find ourselves. This allows us to react quicker, which we all know is very important. Training, especially force-on-force training, can help you be more prepared to handle various situations, allowing you to think more clearly under stressful situations.

Training also allows you to be able to handle stress better, both during the moment and afterwards. Having less stress during an incident allows you to think more clearly as to what your next move, or step, will be.

This is especially true of force-on-force training that puts officers through various situations. You get to have the experience of having been there before in training, and will know what your options are out on the street.

Studies have been conducted on officers who went through force-on-force training versus those who did not. The officers who went through the training said that time seemed to “slow down” for them during a crisis, while those who didn’t go through the training said that time “sped up.”

Think about that for a minute. Is it easier to make life-or-death decisions when time seemed to be speeding up, or when time seemed to be slowing down? Obviously, when time seemed to be slowing down; having time on our side is a good thing, even if it’s just the perception of time. The better equipped you are to handle stress during an incident, the better you’ll be able to cope with the stress after the incident.

Courage
Courage is right there at the top of the list too. It doesn’t matter how big or small you are, the toughest street cops out there are the ones with the biggest balls (so to speak).

And that has nothing to do with gender. I had the pleasure of working with some female MPs when I was in the Army in the late 1970s. They would knock a guy twice their size off of his feet before he even knew what hit him, sometimes before this rookie MP even knew what was going on. Not because they had something to prove, but because they knew what had to be done and they weren’t afraid to do it. Hesitation can get an unprepared street cop hurt, or worse, killed.
AT YOUR SERVICE:
Veterans Treatment Court

By Matt Miller, LCSW

Editor’s Note: This is the second of two editions focusing on Veterans. Articles will discuss challenges returning Veterans face, offer practical information and tips for successful interactions, and identify ways to connect Veterans or their family members to helpful information and resources. We hope you can use this information in your work or share it with veterans you encounter.

As more Veterans return from Operation Iraqi Freedom/Operation New Dawn (OIF/OND) and Operation Enduring Freedom (OEF), we are becoming more aware of the nexus between behavioral health issues and justice involvement. Out of 2.5 million service members deployed to these conflicts, one in five has symptoms of a mental health disorder or cognitive impairment, and one in six has a substance use disorder.

Veterans are less likely to be incarcerated than the general population, but a majority of Veterans who are in jail or prison have a substance use or mental health disorder; many have both.

Recognizing that incarceration is not the ideal treatment environment for these disorders, the concept of Veterans Treatment Courts (VTC) was established in 2008. Five years later, the country is closing in on 200 established VTCs, with more being planned.

A New Concept for Criminal Courts

A Veterans Treatment Court (VTC) is an alternative criminal court that emphasizes treatment over incarceration when it is likely that a substance use or mental health disorder played a role in the criminal actions of a Veteran. While individual VTCs differ from one another in some ways, there are characteristics common to all.

- Participants are linked to treatment resources, and their participation is mandated and monitored for compliance.
- They are expected to remain on the docket throughout a majority of their treatment course, often participating on their docket for 18 months or longer.
- During that period, participants are required to make regular appearances at status hearings, which may be weekly, biweekly, or monthly.
- VTC participants will also usually be required to submit to regular and/or random drug screenings, and they must remain in regular contact with court supervision between hearings.

VTCs entail a huge commitment of time and effort for participants!

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That doesn’t mean you can’t be scared, because fear is a good thing - it’s Mother Nature’s way of telling you the poop is about to hit the paddles. Courage is the ability to overcome your fear and work through it.

Courage also allows you to be a more aggressive street cop. You can hide in the bushes and do your best to avoid work, or you can have the courage to go out there and make those drug interdiction stops or field interviews in dangerous neighborhoods - the choice is yours.

Having courage also gives you confidence: in your abilities as an officer, in your proficiency with your equipment, and in your department’s support.

**Honor**

What about honor? That’s pretty important too, right? This is an honorable profession and you need to act accordingly. Honor is about integrity, loyalty, honesty, and having pride in your profession and department. Sure, we all bellyache from time to time. That’s what cops do. But take pride in the fact that not everyone can be a law enforcement officer.

You had to take a written test, pass a physical and psychological exam, take a PT test, and undergo a rigorous background check and for what? Bad pay and lousy hours, right? But would you trade it for a 9-to-5 desk job selling insurance? Take pride in the fact that not everyone can do what you do, or be who you are. You are among the few, the elite. People have put their trust in you.

Are there bad apples out there in our profession? Unfortunately, as long as there have been cops there have been crooked ones, but they are far and few between. Why else would the news media sensationalize it so much? It makes the nightly news because bad cops are a rare occurrence.

**Family**

Family is very important to being a good street cop, both your immediate family and your extended family of brother and sister law enforcement officers. Like it or not, for better or for worse, just like your real family, we are all brothers and sisters in this fight against evil.

You may not like the person sitting next to you at roll call, but remember the bigger picture: we’re the sheep dogs, and the flock is depending on us to go into harm’s way and do dangerous things on their behalf. Put the petty differences aside for the greater good.

Your immediate family is also vital to being a good street cop. Having family grounds you; it humbles you. It doesn’t matter if you ran into a burning building to save someone while at work — no matter what happened at work, it’s not as important as what’s going on at home.

The kid’s grades, who hit a home run in the game, or the stressful day your spouse had: all take precedence over anything you may have done at work today.

Sometimes it’s difficult to leave home at home and work at work, but you have to try. It’s the only way to keep the crazies at work from interfering with the harmony at home.

**Faith**

Last, but not least, is faith. Whatever your faith is doesn’t matter, as long as you understand there is a higher power.

Having faith humbles you; it grounds you; it will help you through difficult times; it keeps you from getting an “us versus them” mentality. Remember, it’s not the sheepdogs against everyone else; it’s the sheepdogs protecting each other, and the flock, from the wolves in our society.

I’m sure we could come up with a hundred other traits that make a good street cop, but for now, take these few words of wisdom and be safe out there.

Michael T. Rayburn has more than 30 years of experience in the law enforcement field, and is an internationally recognized expert in the areas of Vehicle Stops, Officer Safety, and Firearms Tactics and Training. Rayburn is an adjunct instructor at the Smith & Wesson Academy, has written numerous articles for various police magazines and Law Enforcement-related websites, and is the author of four books, *Advanced Vehicle Stop Tactics*, *Advanced Patrol Tactics*, *Combat Gunfighting*, and *Combat Shotgun*.

This article is reprinted with permission from *PoliceOne.com*. 
In the Limelight acknowledges 19 individuals who recently received awards at two local CIT Dinners. Active and retired officers, a dispatcher, departmental administrators and a university professor were recognized for their actions as a CIT officer or for their contributions to the success of CIT.

At the 4th Annual CIT Dinner for St. Charles, Warren and Lincoln Counties, the following were honored.

**CIT Commendation**
- Sgt. Jeff Cook – O’Fallon
- Officer Karen Meiser – St. Charles
- Officer Brian Panus – St. Peters
- Dispatcher James Herr – Lake St. Louis

**CIT Outstanding Service**
- Officer Jeff LaPorte – Lake St. Louis
- Officer Mark Wehrli – St. Charles
- Lt. Dale Dothage – Wentzville

**Ryan Kendall Award**

**Sgt. Barry Armfield**, Retired, St. Louis County, was recognized by both CIT programs for his years of outstanding dedication and assistance that have contributed to the success of numerous local, regional and statewide CIT programs.

At the 9th Annual CIT Dinner for St. Louis County, awards were presented to the following recipients.

**Gollubske Award**
- Officer Jody Franey – St. Louis County
- Officer John Schweitzer, Ret. – St. Louis County

**CIT Commendation**
- Officer Kim Beckmann – Chesterfield
- Officer Mark Caswell – Chesterfield
- Officer Brandon Feazel – St. Louis County
- Cpl. David Laughlin – Town & Country
- Officer Kevin Minor – St. Louis County
- Officer Laura Obermeyer – Chesterfield
- Sgt. James Schrand – St. Louis County

**Carrie Ellis-Kalten, Ph.D.**, and psychology professor at Maryville University, was named Mental Health Professional of the Year. In addition to her years of work on the Training Committee, she has been responsible for delivering numerous training blocks of instruction, as well as recruiting additional speakers for highly specialized training topics.

**Congratulations and Thank You!**

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*Images: John Schweitzer, Jody Franey, Lt. Col. Jon Belmar joins awardees r-l: Kim Beckman, Kevin Minor, Laura Obermeyer, Mark Caswell, James Schrand, Brandon Feazel, David Laughlin, Barry Armfield, James Herr, Brian Panus, Jeff Cook, Michael Hoefle, Mike Wehrli, Karen Meiser, Jeff LaPorte; not pictured, Dale Dothage*
Individuals and families often tell staff and volunteers at the NAMI-St. Louis office about the challenges they face when trying to access appropriate mental health care in the community. In talking with these callers to our HELPline or participants in our education classes or support groups, we know access to mental health care is a problem. This is especially true when the person does not have insurance and/or does not qualify for Medicaid at this particular time. The problem stems from years of cuts to general revenue in Missouri’s budget for the Department of Mental Health. The services funded through that department struggled to continue to serve as the “safety net” for those who did not have Medicaid or private insurance. Now the only safety net is Medicaid.

Officers are often first responders to acute psychiatric crises in their communities. Because of this, law enforcement plays a critical role in helping people with mental illness access mental health care. Below is information on how Medicaid Expansion will impact access to mental health care, as well as the ability of law enforcement to help people access appropriate mental health care.

**Impact on Access to Inpatient Mental Health Care**

The most important impact on access to inpatient mental health care will occur if Medicaid is not expanded in Missouri. If Medicaid is not expanded, access to psychiatric inpatient beds for people in mental health crisis will decrease, reducing an already limited number of acute care beds in Missouri.

Under the Affordable Care Act, federal funds to hospitals that serve people without insurance will be significantly cut. If people without insurance remain uninsured (Medicaid is not expanded), some hospitals will not be able to cover the costs of psychiatric inpatient care and the number of beds will be decreased significantly. There is also the likelihood that some hospitals will close, particularly those in rural areas.

**Impact on Access to Outpatient Mental Health Care**

If Medicaid is expanded, nearly 50,000 newly eligible Missourians would have access to public mental health and addiction services. Many will be young adults, between the ages of 18 and 30, with a developing mental illness such as schizophrenia or bipolar disorder. At this time, Missouri’s public mental health system does not serve this group of individuals well because they typically are uninsured and have no means to pay for treatment.

**Implications for Law Enforcement Officers**

If Medicaid is not expanded,
- The number of psychiatric inpatient beds in Missouri will be reduced and some hospitals may close, particularly in rural counties and cities.
- Police will have longer drives to other cities in Missouri to help consumers access psychiatric inpatient beds.
- Officers will spend more time with individuals in mental health crisis in emergency departments.

On the other hand, if Medicaid is expanded,
- Thousands of people with mental illness will become insured.
- Hospitals will not be forced to decrease inpatient psychiatric beds.
- Law enforcement will not have to work as hard or as long to locate psychiatric inpatient beds.
- People with mental illness discharged from hospitals will have greater continuity of care when they return to the community.
- Law enforcement will experience reduced recidivism because people will be able to access outpatient mental health care.

Jacqueline Lukitsch has worked for NAMI St. Louis since 2003. She was the 2007 recipient of the “Advocate of the Year” Award from the National Crisis Intervention Team. For more info, she can be reached at: 314-775-1600 or jackie@namistl.org.
As law enforcement officers, we are seeing an increasing number of veterans with serious mental health issues and substance abuse problems, which often leads to homelessness. As CIT officers, we know these three problems are much related. In addition, interaction with troubled veterans can be dangerous for officers. Many officers are veterans, and those of us who are not, have a tremendous appreciation for the sacrifices that veterans make. The question becomes, “How can the law enforcement community better serve veterans and their families?”

One of the benefits of traveling to Columbia every other month and attending the Missouri CT Council meetings is sharing information between law enforcement agencies from around the state. Early in 2013, a representative from the Kansas City area CIT program discussed plans for holding their first, 3-day POST-certified Veterans CIT training. The training was being developed in partnership with the local Veterans Administration (VA), with a focus on mental health, substance abuse and homelessness. I had the good fortune to be able to attend this training this past November, and it was one of the best CIT trainings I’ve attended.

Do you know that more Operation Iraqi Freedom and Operation Enduring Freedom veterans have died from suicide than from combat? I went to the training, feeling I had a sound understanding of the issues, and hoping to learn some new information to add to my knowledge level. As it turns out, I left the training with a much broader understanding of the complex issues veterans face when they return home. I felt better equipped on how to direct them to the appropriate resources they need and deserve.

Fortunately for officers on the eastern side of the state, our brothers and sisters from Kansas City have given all the training material to us, and we’ve already started adapting it for the St. Louis area.

Here’s a sample of what you can expect to learn if you attend the St. Louis Area Veterans CIT Training in 2014.

- Post-Traumatic Stress Disorder
- Traumatic Brain Injury
- Understanding Battle Mind
- Effects of combat on domestic violence
- Panel discussion/Q&A with Veterans and family members
- Sexual trauma
- Substance abuse
- Post-deployment Homelessness
- Legal issues and Veterans Treatment Courts

Street Talk will keep you posted about the upcoming Veterans training. You can also check with your CIT Supervisor or contact me at JFRomo@stlouisco.com for more details.

Sgt. Jeremy Romo is the CIT Coordinator for St. Louis County. He has been with St. Louis County Police Department since 1999, serving in various precincts and in the Tactical Operations Unit. Jeremy also serves on the Street Talk Advisory Committee.
This Street Tips column follows up on two veterans-related articles from the October 2013 edition: Understanding the Warrior, which overviewed the types and effects of combat stress, and Communicating with Veterans in Crisis, which offered basic verbal intervention skills.

This edition’s column looks at suicide risk factors and potential barriers to treatment. The communication strategies expand on the tips in the previous edition to focus even more on response to veterans who are potentially suicidal.

**Risk Indicators for Suicide**

Although there is no “profile” for suicidal intent, there are risk indicators:

- Depression
- Previous suicide attempt
- Physical illness (*May be exacerbated by serious combat injuries*)
- Family history of mental illness
- Family history of suicide
- Family history of violence
- Substance abuse
- Adverse life events in combination with substance abuse

- Exposure to suicidal behavior of others
- Announcement of suicidal intent
- Real or perceived isolation (*Being away from the combat ‘family’ or not fitting in with the real family upon return from combat*)
- Recent or threatened loss of a loved one (*Relationship problems which are exacerbated by deployments*)
- Recent or threatened loss of social support systems (*Loss or separation from the combat family*)
- Recent or threatened loss of financial or social status (*Loss of rank, position or responsibility*)
- Barriers to treatment including stigma and military culture

**Barriers to Treatment**

- Stigma of seeking mental health assistance
- Fear of losing leadership position
- Fear of delaying start of military leave
- Fear of being “non-deployable”
- Fear of appearing weak
- Fear of admitting “defeat”
- Too “tired” to do anything
- Real or perceived lack of treatment options

If a person answers ‘no’ to the question of suicidal intent, it may present a more troubling scenario for law enforcement. The negotiator must follow-up with a statement of concern that lets the person know he can trust the negotiator: “I hear what you are saying, but the fear and sadness in your voice concerns me and when someone sounds as discouraged as you, it leads me to believe you are at least considering suicide.”

Assess the risk and immediacy of suicidal intent. As with any crisis incident, the crisis negotiation team must pursue information about events leading up to the incident and details about the potential suicide subject. Everything we learn helps in understanding risk and suicidal intent and contributes toward a more deliberate negotiation strategy.

Comply with simple requests. If a person wants a cigarette to help calm and focus his thoughts, it is probably in the best interest of law enforcement to comply. Unlike negotiation strategy with a...
hostage taker or a barricaded subject, there isn’t much to be gained by “bargaining” with the suicidal person. It doesn’t hurt to consider trade-offs that improve rapport or make the environment safer, but we don’t want to stall progress while we wait to see what we can get in exchange.

Focus on “here and now.” Remember: it is the job of the negotiation team to solve the most immediate problem of the potential suicide. We are there to save a life TODAY. Negotiators are not equipped to solve the bigger psychological problems that have taken a lifetime and a combat deployment to evolve into the crisis of “here and now.”

Offer realistic alternatives. Sometimes the best way for a person to break through a suicidal crisis is to see an alternative that allows him/her to take some corrective action of his/her own. It may take someone showing him/her the possibility of a realistic alternative to break the inertia of despair. Be careful to not force an idea or an alternative while cognitive thinking is still too restrictive. The person may feel overwhelmed by ideas that are too much to consider.

Deb McMahon, a retired veteran of the U.S. Army, has served for the last 13 years as a crisis negotiation consultant and law enforcement trainer.

Visit www.crisisnegotiation.us for more information on Crisis Negotiation and Peer Support Training Programs.

NEGOTIATION CONSIDERATIONS

Here are some basic veteran-focused considerations to try to keep in mind when assisting a veteran in crisis who is at risk for suicide.

Do not:
- be afraid to ask the person directly if he/she intends to commit suicide
- be afraid to ask about their combat experience
- compare your own combat experience to theirs
- lie to the suicidal person unless it is absolutely necessary to preserve life
- underestimate the danger of a suicidal person to others, including his rescuers
- argue over the small stuff
- do things to raise the person’s anxiety level
- get involved in discussions about abstract concepts like politics, theology or war

You can expect:
- a slow start to communication and rapport
- truthful responses to questions, even if they are slow coming
- moral, religious, or guilt-oriented strategies to be ineffective

Be alert to:
- the effect of sudden or unexplained noises
- impulsive behavior
- verbal or behavioral cues that indicate suicidal intent
- sudden improvement in mood or affect

What may work:
- remaining calm in spite of what you hear
- being respectful
- constant reassurances that you are there to help
- instilling doubt in their commitment to suicide
- stalling, or putting off the suicidal act until tomorrow
- offering the possibility of hope versus a solution to the problem
- allowing them to save face
- asking first, then being direct
A court team comprises several members. In addition to a judge or commissioner, the team may include a probation officer, a prosecutor and/or defense counsel, and a court coordinator. The team also typically includes a Veterans Justice Outreach Specialist, which is a VA mental health clinician who serves as a liaison to the court. Treatment personnel from Vet Centers and other entities may also be part of the team. One special and very important component in a VTC team is the Veteran Mentor team. Mentors are usually Veterans - often with personal experience in treatment and the justice system - who volunteer their time to VTC participants. By listening and sharing their own experiences with court participants, Mentors provide support and guidance for solving problems.

Unlike a conventional criminal court, VTCs are usually non-adversarial; the prosecution and defense do not argue their cases and hope to win a verdict. Rather, the entire court team collaborates toward participants’ recoveries. That’s why participants are not called “defendants” in these courts. They do not have to defend themselves, but instead are expected to participate in the team goal of recovery.

Veterans agree to participate in a VTC voluntarily. They must authorize their treatment providers to share all confidential treatment information with the court. In some cases, Veterans may be required to enter a guilty plea to their charges in order to participate in a VTC. Some Veterans may not qualify to participate in a VTC. Examples of this can include behaviors deemed too violent to allow the Veteran to remain in the community or the person may not have any treatment needs. In some courts, Veterans who are not eligible for VA health care may not be allowed onto the docket.

Shaping Recovery Behaviors

When VTC participants stray from their treatment plans or their recoveries, they are subject to sanctions from the court. These may include essay assignments, community service or very short jail sanctions. Ultimately, participants who demonstrate unwillingness or inability to comply with the court’s orders may be terminated from the docket and returned to their original criminal court.

On the other hand, participants who adhere to their treatment plans and demonstrate progress in recovery receive incentives to continue their good work. Incentives can range from small tangible rewards like snacks or movie tickets to large rewards like reduced reporting requirements or advancements in phases of court participation. The goal of incentives and sanctions is to shape successful recovery behavior in participants. It is virtually guaranteed that participants will experience both - they are part of the process.

The ultimate incentive for all participants is graduation from the court. When Veterans progress through the court’s requirements and are ready to continue their recoveries without the court’s persuasion, they are able to graduate. This is usually marked with a formal recognition or celebration, and it concludes the Veteran’s obligations to the court. At this point, the Veteran’s charges may be either dropped altogether or severely reduced in recognition of the hard work he or she has done.

What Sets Vet Courts Apart?

A few key differences set Veterans Treatment Courts apart from other treatment courts. With a common bond of military service history, Veterans in these courts embrace the philosophy of “Leave no Veteran behind.” They will go to great lengths to support each other’s recoveries, and each participant often feels a sense of accountability to his/her peers that provides extra incentive to work a good recovery.
Another key difference is the Mentor Programs. VTC mentors provide a level of peer support not usually found in other treatment courts, and they are typically available at court hearings and outside of the court. Their conversations with participants are kept confidential from the rest of the court team, so participants can discuss problems with mentors that they might hesitate to bring up in court.

Finally, most VTC participants are eligible for VA health care, and are linked to that care by the VJO Specialist. Behavioral health services are therefore free for most participants, whereas in other treatment courts participants usually have to pay considerable fees for their treatment. Furthermore, participants remain eligible for VA care after they graduate from the court and therefore are more likely to continue accessing the ongoing treatment and recovery support they need.

Goals and Efficacy
Veterans Treatment Courts improve outcomes for Veterans by helping them recover from mental health and substance use disorders, and they reduce the chances of repeated criminal behaviors associated with those disorders. An additional benefit is that these programs cost considerably less than extended incarceration.

Because VTCs are a new concept, the data demonstrating their effectiveness is still being gathered. However, Drug Courts have been operating since 1989, and the evidence shows they provide better outcomes for participants and their communities than incarceration. The key differences in the design of VTCs make it likely that they will prove to be even more effective than Drug Courts.

The Local Scene
The St. Louis metro area currently has four Veterans Treatment Courts; all are in state judicial circuits:
- St. Louis City – Missouri 22nd Circuit
- St. Charles County – Missouri 11th Circuit
- Madison County – Illinois 3rd Circuit
- St. Clair County – Illinois 20th Circuit

There are a number of other VTCs around Missouri as well, and more will be established in the next few years. The proliferation of these courts means that, now more than ever, law enforcement officers’ interventions with Veterans will lead to those Veterans getting the help they need.

Resources on Veterans Treatment Courts
- Leading national organization for research, training and advocacy  www.justiceforvets.org
- List of Veterans Justice Outreach Specialists at all VA facilities  www.va.gov/homeless/vjo.asp

Matt Miller is the Veterans Justice Outreach Specialist for the St. Louis VA Health System, and is a Licensed Clinical Social Worker in Missouri. For more information in a non-emergency situation, Matt can be contacted at 314-652-4100, Ext. 55371.

RESOURCES TO ASSIST VETERANS

As police officers, you might encounter Veterans in a variety of circumstances, each with varying degrees of urgency. Below are phone numbers to have on hand for quick reference.

- Life or death situation: EMS and/or Hospital Emergency Room
- Acute emergency and/or “after hours” crisis lines:
  - 1-800-273-TALK; use “Veterans” option in automated system
  - Behavioral Health Response (BHR) at 314-469-6644