This article, the second in a series on stress, looks at the relationship between stress and anger.

All of us deal with anger in different ways and there are different things that set off our fuse. Running late, traffic back-ups, whining and complaining, your neighbor’s dog barking, and the proverbial memo from the boss, are all triggers that can instantly send us into a raging, out-of-control tirade. Why do these same things roll off the backs of others? Why do some people appear to have their emotions in check? Getting to that point takes work, but like anything else, the more you practice, the better it will get.

Some people feel that venting your anger is healthy, however, flying into a rage will more likely damage relationships, impair your thinking, get in the way of your success, and have an overall negative impact on your life.

Everyone has different warning signs that they are getting angry. Sweating, breathing faster, headaches, tensing of the shoulders are a few of the signs. What triggers your anger will be different from others. You may get angry because you want something to happen that has not. Maybe someone has frustrated you and they are not letting you get what you want. You are mad at these people and want them to be punished.

Why do we get angry at work? A difficult boss, office politics, inadequate resources, insufficient training, and poor communication are hot button items that all of us deal with at times.

Why is anger so counterproductive? You alienate people when you’re angry. They tune you out and will no longer respect you. Your anger carries over to others, both at work and at home. Expressing your anger in a negative way will make you feel worse and lead to more frustration. Anger will set a poor example to your coworkers or family members. In today’s social media-driven world, an angry outburst on the street can go viral in seconds, causing trouble for you and your agency in the blink of an eye.

Once you’re aware of the warning signs of your anger, you can use different ways to deal with it in a positive way:
- Take some deep breaths. Breathe deeply from the abdomen.
- Exercise. A quick walk away from the situation, or better yet, a long walk or workout can make a difference.
The St. Louis Regional Psychiatric Stabilization Center (PSC) opened in September 2011 and began providing acute psychiatric hospital services in the space formerly used by Metropolitan St. Louis Psychiatric Center. The Center now operates 25 beds.

The Missouri Department of Mental Health (DMH) and the St. Louis Regional Health Commission provided substantial funding to start PSC. A public-private partnership between BJC Healthcare, SSM Health Care and DMH now provides the ongoing funds to help subsidize this non-profit hospital. PSC has provided psychiatric hospital care for more than 600 people since it opened!

Most people hospitalized at PSC were first seen in an ER at a local hospital, then transferred to PSC if the hospital did not have an available bed in its psychiatric unit. PSC does not have an Emergency Room and cannot hold and provide treatment to anyone while they wait for a psychiatric hospital bed to become available. As of December 2012, PSC has been able to directly admit some patients without going to the ER…but only if the PSC has an available bed.

Persons in the community who are experiencing a mental health crisis can be admitted directly to PSC without going to a hospital Emergency Room, but they should always call ahead for a screening appointment. Urgent screening appointments are available 24/7 and with only 15-minutes of notice…but only if PSC has an available bed.

If someone shows up at PSC in crisis without calling for a screening appointment and no bed is available, PSC staff must call 911 to transport them to a hospital Emergency Room if they need an inpatient psychiatric admission. When there is no open bed, PSC prefers to direct the consumer directly to the nearest Emergency Room.

**AT YOUR SERVICE:**

**Psychiatric Stabilization Center**

The Missouri Department of Mental Health (DMH) and the St. Louis Regional Health Commission provided substantial funding to start PSC. A public-private partnership between BJC Healthcare, SSM Health Care and DMH now provides the ongoing funds to help subsidize this non-profit hospital. PSC has provided psychiatric hospital care for more than 600 people since it opened!

Most people hospitalized at PSC were first seen in an ER at a local hospital, then transferred to PSC if the hospital did not have an available bed in its psychiatric unit. PSC does not have an Emergency Room and cannot hold and provide treatment to anyone while they wait for a psychiatric hospital bed to become available. As of December 2012, PSC has been able to directly admit some patients without going to the ER…but only if the PSC has an available bed.

**Here’s how it works**

When responding to a 911 call, the City of St. Louis Fire Department ambulances can transport a person in a mental health crisis to PSC if they appear to be medically stable, but the EMT must call first to determine if a bed is available. If no bed is available, they must transport the person to the nearest hospital Emergency Room, since PSC cannot provide treatment while a patient waits for a bed.

Persons in the community who are experiencing a mental health crisis can be admitted directly to PSC without going to a hospital Emergency Room, but they should always call ahead for a screening appointment. Urgent screening appointments are available 24/7 and with only 15-minutes of notice…but only if PSC has an available bed.

If someone shows up at PSC in crisis without calling for a screening appointment and no bed is available, PSC staff must call 911 to transport them to a hospital Emergency Room if they need an inpatient psychiatric admission. When there is no open bed, PSC prefers to direct the consumer directly to the nearest Emergency Room.

**To check bed availability or schedule an urgent screening appointment, call PSC’s House Supervisor 24/7 at 314-932-7110 x147.**

John Eiler, President of the St. Louis Regional Psychiatric Stabilization Center, provided information for this article.
The Fall 2012 edition of Street Talk brought you the first in a series of articles about stress in the law enforcement profession. The article presented an overview of stress and a good outline for taking control of a stressful life. This follow-up piece expands on one source of stress that was mentioned last time: “two hours of quiet, followed by one minute of mayhem.” Specifically this segment will discuss the “one minute of mayhem,” meaning Critical Incidents.

What is a “critical incident” and what makes it more stressful than anything else? A critical incident in this context is an event that is so powerful to experience that it is likely to cause a greatly increased emotional response. Examples of this include incidents involving:

- catastrophic injuries
- fatalities
- multi-casualty calls, and
- especially those calls that involve the death of a child or a line-of-duty death of one of our first responders

Of such incidents this past year, including three apparent murder/suicides involving children. It is not unusual for police to witness traumatic situations on the job, but these more “critical” incidents can produce intense emotions, even in a veteran officer.

Psychological and emotional response to a critical incident can vary greatly from person to person, even among those who responded to the same incident. Reactions might range from having little or no noticeable reaction at all to the point that their ability to function is severely reduced temporarily. A person’s reaction can depend on a variety of factors, such as their personality, past experiences, and any similarity or connection they may have to the victim/s. For example, if the responding officer to a child death scene has a child similar in age, it would not be unusual for them to be more affected than an officer with no children.

Symptoms of critical incident stress vary widely and can include any of the following:

**Physical**
- fatigue
- headaches
- upset digestive system
- chest pain

**Emotional**
- guilt
- fear
- irritability
- anxiety
- depression
- anger
- nightmares/flashbacks

**Cognitive**
- lack of concentration
- temporary loss of memory
- uncertainty
- difficulty making decisions

**Behavioral**
- sleep more/less
- eat more/less
- withdrawal
- increased use of alcohol
- family problems
- decrease in job performance

Manifestation of these symptoms or reactions may change over time. The symptoms may occur immediately or may come later, after the initial crisis has subsided. During the actual event, it is not unusual for officers to function on “auto pilot,” then experience stress reactions as time passes and the situation begins to lessen. **A key point to remember is that all of these symptoms can be considered “normal” reactions to a very “abnormal” situation.** Experiencing these symptoms does not indicate that a person has a psychological “problem.”

Cont. on page 4
One Minute of Mayhem  Cont. from page 3

Increased stress reactions can happen to anyone. Police officers tend to be John Wayne types, often believing they should show no emotion or admit anything bothers them. They often hold feelings inside and have an “I don’t want to talk about it” attitude. This is not healthy.

What to do?
Communication can be a key component to relieving the symptoms of critical incident stress. Co-workers who have experienced that “one minute of mayhem” are a first-line support system for each other. They need to stay in touch with each other and “check in” from time to time. Ask others how they are doing, then listen. Letting someone talk about how a situation affected them can be very helpful. Many agencies request a specific type of intervention from a Critical Incident Stress Team after a serious incident to help facilitate the communication process among their officers and provide education on stress reactions so the officers are not surprised by their own stress symptoms. This communication can also help officers recognize that they are not alone and others may have similar reactions.

After a major incident, it is beneficial to try to maintain a "normal" lifestyle. This is not the time to make sudden life or career decisions such as quitting your job or moving. It is a good time to take good physical care of yourself. Critical incident stress can result in chemical reactions in your body. Exercise and healthy eating habits can help balance those chemical reactions.

Symptoms of critical incident stress may last from a few days to a few weeks, after which they should diminish. Longer lasting symptoms may suggest that more help is needed. Officers should be encouraged to speak with a counselor or clergy to discuss their specific situation. What is important to remember is that despite some of the reactions described earlier, these symptoms generally subside with time and life can return to “normal”…whatever that is for a police officer.

Mike Laws is Chief of Police of the Overland Police Department and President of the Critical Incident Stress Management Association of Greater St. Louis.

When Stress Turns To Anger  Cont. from page 1

- Give yourself more time. Leave a little early. Get up 10 minutes earlier.
- Put yourself in a quiet place. Music, with headphones, is perfect.
- Try to relate to the situation.

Give yourself a quick reality check:
1. How important is this in the big picture?
2. Is it really worth getting angry about it?
3. Is it worth ruining my day?
4. Is my response appropriate to the situation?
5. Is there anything I can do about it?

Many years ago, someone told me to never get angry about situations I could not control: the weather, traffic, requests from authority, and many of the other things that make us angry. It is a complete waste of time and energy to get mad about something you cannot control.

Think about what really makes you mad. Awareness of those situations is key. Develop a strategy for dealing with it. Practice, practice, practice. Eventually you will develop a positive habit for coping with your anger. Your stress will be lightened. You will be happier, as will everyone around you. As with anything, if you find it difficult to deal with your anger on your own terms, seek help from a friend or family member, or from a professional.

Major Dan Fitzgerald is the Assistant Chief of Police for Brentwood. He currently chairs the Street Talk Advisory Committee.
Congratulations to the five officers and one civilian who were honored in September 2012 at the St. Charles, Warren and Lincoln County Crisis Intervention Team annual dinner.

Officer Keith Lewis
O'Fallon

Officer Lewis, along with other officers, responded to a residential group home to assist an individual who has developmental disabilities. At the time, the resident was extremely distraught, angry, breaking things in the home and had cut herself with broken glass.

When officers arrived, the woman was bleeding heavily and walking away from the residence. With help from fellow officers, Lewis formed a moving perimeter, while also trying to de-escalate the woman’s emotional state. Officer Lewis negotiated with her for several minutes, building rapport and gaining her trust. She was then taken into custody and transported to an emergency mental health facility to receive treatment.

Officer Lewis returned to the group home to try to rectify the aggravating circumstance that caused the incident. When he learned she had earlier been assaulted by another aggressive resident, he followed up with the caregivers and started the process to have her moved to a more suitable facility.

Officer Lewis eagerly accepts his role as a CIT Officer and has a very positive and empathic approach. He always goes above and beyond what is expected of him to ensure the safety of the subject involved.

Officer Brian Bresnahan and Officer Jason Taylor
St. Peters

Officers Taylor and Bresnahan responded to a call of a mother leaving a suicide note at her residence telling her daughter goodbye. Information from the family and the subject’s phone service provider was not sufficient to locate the woman, so the officers extended their search. Eventually her car was located in a hotel parking lot in St. Charles. The officers were able to make contact with the subject, but she refused to exit the locked room. As communication continued, her speech quickly deteriorated and it became evident she was possibly in medical distress.

Bresnahan, Taylor and two St. Charles officers forced entry into the room, and the woman was immediately transported to an emergency mental health facility. It was later determined that the woman had taken more than 50 prescription sedatives. Because of their professional conduct, compassion and empathy for this individual, this woman is alive today.

Officer Rachel Croce
St. Charles

St. Charles Police Department received a phone call from individuals in Florida, stating a family member in St. Charles had contacted them and indicated she wanted to commit suicide. Officer Croce went to the apartment and found an intoxicated female who was visibly upset and who refused to admit intention of killing herself. Officer Croce then spoke directly to a family member to confirm that the subject had threatened to consume an entire bottle of prescription pills. In this conversation, Croce also learned the woman had an extensive history of suicide attempts and was uncooperative with law enforcement in the past. Officer Croce’s empathic approach built rapport with the subject and gained her trust, which resulted in a successful transport to emergency mental health services.

At the facility, Croce completed a thorough affidavit, documenting the subject’s history rather than just this single incident, all in an attempt to ensure this subject received the necessary and immediate treatment she needed.

Officer Jeff Thompson
Lake Saint Louis

Officer Thompson eagerly accepts and excels in his role as a CIT officer, demonstrating a very positive and empathic approach. Because of Thompson’s positive...
Q. What is the difference between Autism and Asperger’s Syndrome?

A. These two conditions are commonly referred to as Autism Spectrum Disorders (ASD). Both diagnoses share the same basic characteristics including:

- difficulty understanding and using appropriate social skills and communication
- various repetitive behaviors
- a restricted range of interests

Q. What behaviors might be a clue I’m talking with someone who has one of these disorders?

A. Some red flags that may indicate you are encountering someone with an ASD include:

- lack of eye contact
- the individual may invade your personal space
- limited range of emotions
- sensory issues including:
  - attraction to or an aversion to lights, shiny objects, certain noises
  - aversion to touch
  - repetitive behaviors that can include rocking, spinning, jumping, making vocal noises, hand/finger flapping, etc.

They will have difficulty communicating, including being non-verbal, having limited speech, or having difficulty answering questions or having a conversation. Most people with ASD have little or no awareness of danger and they are typically upset by changes in their routine.

People with Asperger Syndrome have symptoms that are often less obvious to most people and initially may appear to have no disability. However, the longer you interact with the person, the more obvious the characteristics become.

Even though these individuals are typically highly intelligent and have good speech and language abilities, you might notice some irregularities.

- Persons with Asperger Syndrome typically are very literal, not understanding sarcasm or humor.
- Their conversation often revolves around their favorite topics. They may be overly talkative or they may not respond to questions at all or give unreliable answers. They may answer, “yes,” “no,” or “I don’t know” to every question.
- Many are rule-bound to one set of rules and will state the rules in a logical way. Often these individuals can be seen as argumentative, opinionated or rude because they cannot see someone else’s perspective other than their own. They are often very honest, to the point of being blunt and not tactful.
- They also have difficulty predicting other people’s reactions to them.

In The Limelight
Cont. from page 5

and reassuring demeanor, he is regularly called upon by his peers to assist on CIT calls. On numerous occasions, Thompson has helped individuals who were experiencing homicidal and/or suicidal thoughts. In every case, he has made a positive impact on that person’s life by helping them receive the treatment they need.

He always goes above and beyond what is expected of him, remaining on scene for as long as it takes to ensure the safety of the subject involved. His positive and professional attitude is a true testimony to the CIT mission and his personal commitment to the CIT Program.

(Civilian) Taylor Dooley

Taylor has fought hard over the last year to turn all the negatives in her life into positive learning experiences. In 2012, she shared those experiences many times by speaking with officers at CIT trainings in St. Charles and St. Louis Counties. She speaks openly about her personal battle with mental illness as a young child and through her adolescence. Taylor shares her most heartfelt, private feelings and experiences in the hope of giving CIT officers an edge in dealing with young people in crisis.

Each of you are making a positive difference in the lives of persons with mental illness. Thank You!

Check out the Street Tips column for tips about interacting with persons who have an Autism Spectrum Disorder.
Numerous factors can impact your interaction with someone who has an Autism Spectrum Disorder (ASD), and no two situations are the same. Perhaps you often encounter the same individual with ASD in your community or in the school setting. Or you might be called to an incident where you have no previous knowledge of the person in distress. Hopefully, the situation allows you to slow things down a bit. Here are tips to help reduce your frustration and make the interaction as positive as possible for everyone.

- Use clear, specific, direct phrases. State exactly what you want them to do, e.g., “Stand up” or “Walk to the car.”

- Give them time to process what you’ve said. They may have a delayed response time of 5 to 10 seconds.

- Limit the amount you talk to them. It’s hard for them to process too much verbal information when in a stressful situation.

- Be as literal as possible. Don’t use sarcasm or nicknames and avoid expressions such as, “You think it’s cool?” or “What’s up your sleeve?”

- Avoid asking vague questions. Use concrete and specific language.

- Talk in a calm manner. Talking loudly will probably upset them more.

- Model what you want them to do. For example, take a deep breath, display calm or relaxed body language, show them where/what you want them to go/do. It’s important to remember that most people with ASD are very visual learners.

- Predict what you are going to do and what is going to happen for them. They will not figure this out on their own.

- Don’t expect them to look at you. If you want to know if they are paying attention, tell them to look at you and accept a quick glance.

- If possible, avoid touching the person. If you need to touch them, let them know where you are going to touch them and why before you do.

- Consider using visual strategies such as sign language or pictures to help with communication.

- If the person is visibly upset, maintain a safe distance and talk as little as possible. Allow them to calm down on their own.

- Evaluate for injury. They may not ask for help or indicate they are hurt.

- If possible, turn off lights and sirens, remove canine partners or other sensory stimulation.

This edition’s Q&A and Street Tips columns were provided by:

Jennifer Haughey has a degree in special education and has worked with people with Autism Spectrum Disorders for 23 years. She is the Community Education Specialist at Life Skills/TouchPoint Autism Services.

Aaron Likens is the author of the book Finding Kansas and is the Autism Ambassador for Life Skills/TouchPoint Autism Services. Aaron was diagnosed with Asperger Syndrome at the age of 20 and speaks to audiences throughout the U.S. about his life on the spectrum.

Ann Schad is a licensed clinical social worker and has worked for Life Skills/TouchPoint Autism Services for 21 years where she is currently an Assessment Specialist and Family Navigator.
If you're a parent with money worries, life can be pretty tough. You might need time to earn extra money, work on your finances or just unwind from a draining, demanding day. But your kids still need your attention, and they may have worries of their own. How can you parent well when times are tough? Consider some steps that can support your family and preserve your own health and well-being.

**Limit kids' exposure to worries.** Try not to talk too much about your own fears when the kids are listening, and consider turning off the TV news. You may think your 5-year-old tunes out adult topics, but he may hear just enough to spark his active imagination.

**Share honestly but appropriately.** Secrets can be scary. You certainly don't want to overwhelm your child with information, but it's probably best to share some of your family's financial situation. Take a reassuring approach by pointing out any areas you know are stable, such as staying in the same school despite any other changes.

**Economize in a way that's clear and fair.** If you need to scale back on your children's after-school activities, letting them pick from a few options may decrease their disappointment. You might also consider less-expensive options at local community centers and libraries too. And don't forget to show kids that you're cutting back on some of your own “extras” as well.

**Keep predictability high.** Kids like routine. Make sure your child's includes exercise to burn off energy, soothing nighttime activities and, above all, some special time with you. Children crave attention, and if they're not getting it in positive ways they may get it by acting out.

**Let kids contribute.** Even little kids can help around the house to ease your load. They also can donate old clothes or toys to a local shelter. Helping out builds self-esteem and a child's sense of effectiveness in the world.

**Take a breather.** Let's face it: Raising kids can be a ton of work. If you feel that your stress is affecting your ability to be kind and gentle, go off somewhere to regain your composure. Don't let your kids feel it's their fault you're having a bad moment.

**Set aside “me” time.** You're probably working hard at work and then working hard at home. If you don't refuel somehow, you're going to run out of steam. Get enough rest, squeeze in a little fun, and maybe take just 10 minutes to connect with friends. Learn more about some simple ways to take care of yourself and boost your emotional strength at [www.LiveYourLifeWell.org](http://www.LiveYourLifeWell.org).

**Get professional help if you need it.** If you're having trouble parenting—or dealing with any of your other day-to-day responsibilities—a mental health professional can help you learn new coping skills. Some sources for finding therapists include your primary care doctor, clergy member or Mental Health America affiliate. If your child is showing signs of stress like trouble sleeping, headaches, or acting sullen or angry, you also can talk with a school psychologist or guidance counselor.

*This article provided by the national office of Mental Health America.*

*Image courtesy of photostock at FreeDigitalPhotos.net*