When you see a senior in distress, there can be many factors involved. Is the person’s behavior erratic? Does the person have dementia?

Older adults are impacted by the conditions of aging. They are also targeted for abuse physically, mentally and financially—often by their own family. An officer has many things to sort out when addressing the older adult.

Look at the environment. If they have a cognitive deficit, they will filter the environment through their senses.

- Is it too loud? They may have a hearing loss or be bothered by something too loud.
- Is it too chaotic? If they have dementia, they will act out because chaos is too scary for them; they cannot process it.
- Is someone acting angry? People with dementia feel rather than process cognitively, so they will give back what they are sensing and experiencing. If the weather has been particularly cloudy and dark, they may experience “sundowning,” a condition in which they no longer process well cognitively and they act out. Sometimes they kick, hit or get aggressive.

Find a way to calm the person down by diffusing the situation. Take them for a walk away from the chaos; look directly into their eyes so they know you see them. Touch them in a friendly way as if you are trying to protect them.

Use a soothing voice. Turn up the light levels in the home.

Suggest that the family have them see a doctor to eliminate physical conditions that look like dementia, such as urinary tract infections, common in older adults.

Oftentimes they are dehydrated, especially if it is a hot day. Older adults are more susceptible to heat and cold extremes in a negative way. They are no longer able to sense their own thirst. If they have sleep apnea or are getting poor sleep for some reason, they can appear to not manage cognitively very well. Medications can impact brain function, and if they have recently changed a medication or are taking too many medications, it can impact brain function. Again, have a doctor eliminate physical causes of cognitive decline.

How does aging impact older adults? First, not everyone ages the same. Some are very youthful and active; others have multiple conditions and are sickly. Here are some of the changes that occur which can negatively affect individuals 60+.
A decrease in muscle mass as cells die and are not replaced causes balance and coordination issues.

There is a decrease in lung power.

Hearing loss is likely.

Visual acuity may change due to cataracts, macular degeneration, dry eyes, etc.

Reaction times slow down.

Muscular tightness makes their bodies stiffen so they are less flexible.

They may not be able to turn as easily or as far to see someone in their side view while driving.

They get tired more easily and may lose focus.

Medications they are taking may impact the way they think and process.

Many older adults are unwilling to let go of their ability to drive for fear of not being able to accomplish basic living needs like visiting the bank, grocery, drug store or getting their hair cut. It impacts their ability to live autonomously. Think of all the trips you make each day while living your life. The key is to plan ahead and find alternatives to help them make the transition, but still be able to accomplish activities of daily life.

Officers are often the first to find individuals who are getting lost in familiar territory, confused about who they are and where they are. Supporting the older adult and families in getting their lives back on track safely benefits the entire community and improves the elders’ quality of life.

Diane Keefe is a Geriatric Care Manager and Educator whose mission is to educate families on caring for aging parents. She wrote Blueprint for Care: A Practical Guide for Managing Care for Your Loved One and a workbook that helps in collecting the information families need when advocating for an aging adult through end of life. Ms. Keefe has developed training programs on driving, dementia and care. She hosted a radio program with more than 90 interviews on resources and services in the St. Louis area. Resource information can be found at her web site: caringforparentstogether.com
If the family is indicating that the older adult is experiencing mental decline, suggest that they take him/her to a geriatrician, neurologist or psychiatrist for cognitive evaluation. Here are some suggestions of organizations that might be a good starting place for a family who is struggling with a loved one’s decline.

- To get more assistance with issues of cognitive decline, introduce them to the Alzheimer’s Association (314-432-3422), which offers peer-to-peer counseling for individuals diagnosed with dementia, educational seminars for families and lists of resources.

- Memory Care Home Solutions (314-645-6247) also offers in-home training for caregivers who are caring for a family member with dementia. They provide in-home training on communication, dealing with difficult behaviors and how to make changes to the home to provide a safe and friendly environment to the person with dementia.

- The Parish Nurse Program offered by some churches provides nurses who make home visits and will manage care for a member of the church who is having problems.

- The Area Agency on Aging is a quasi-governmental organization that offers free services to help older adults navigate the journey of aging. They provide Meals On Wheels for homebound individuals, transportation through OATS (Older Adult Transportation Services), Senior Centers, adult day centers, educational/health screenings, care management, information & assistance, legal & tax assistance, and many more services.
  ᵃ City of St. Louis: 314-612-5918
  ᵃ Counties of St. Louis, St. Charles, Franklin and Jefferson: 636-207-0847
  ᵃ Warren County: 1-800-664-6338

- PACE (Program of All-inclusive Care for the Elderly) is a program for low-income individuals that provides all the services seniors need in one facility, and they are performed while attending an adult day program. Buses will pick up the senior and take him/her home. Suggest contacting PACE (314-771-5800) for an evaluation if the person doesn’t have a lot of financial resources.

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**Additional Resources**

APlaceForMom.com  866-344-8005  Helps seniors and families make informed decisions and feel less alone as they search for senior care and senior housing. Includes finding the right nursing home, dementia care or assisted living facility, researching Veteran's benefits, financing senior care and more. No charge for services.

VoyceSTL.org  314-918-8222  Cost-free services include Helpline, Resources for Caregivers, Ombudsman Program and more. Nominal fee for Consumer Resource Guide. This guide helps families identify and evaluate local long-term care facilities and be more informed about what to look for when choosing a facility. The guide also includes information about other options such as hospice, adult day care and respite care.
NEW TRAINING: VETERANS-FOCUSED CIT

By Sgt. Jeremy Romo

After many months of planning and coordination, we’re ready to announce the first Veterans CIT Training in the St. Louis area. The 3-day training will be held at Jefferson Barracks from Tuesday, November 4th to Thursday, November 6th. This specialized program was developed by representatives from the St. Louis Area CIT Councils (St. Louis City/County, St. Charles/Lincoln/Warren Counties, Jefferson County and Franklin County) and the St. Louis Veterans Administration. It’s based on a program from the Kansas City VA and the Mid-America CIT Council in the Kansas City, MO area.

Here are a few things to keep in mind if you’d like to attend.
- Attendees must have completed the 40-hour basic program.
- Attendance is limited to 120 officers.
- These 120 slots will be proportionately divided between the CIT Councils, based on the number of officers in each area that have completed the 40-hour training.
- Registration will be handled through the CIT Coordinating Council responsible for your area.

This training will include the following topics related to veterans:
- Battlemind
- Post-Traumatic Stress Disorder
- Traumatic Brain Injury
- Veterans and Suicide
- Resources for the Families of Veterans
- Domestic Violence and Veterans
- Military Sexual Trauma
- Homelessness
- Substance Abuse

If you have any questions about this training, contact the Chair of your Coordinating Council, or you can contact me at 314-615-7117 or jfromo@stlouisco.com.

CIT CORNER: NEW REPORTING SYSTEM

By Sgt. Jeremy Romo

Many thanks to the officers from St. Louis City, St. Louis County, Franklin County, Union, St. Peters, St. Charles County and Jefferson County who took provided input for the development of the new CIT Reporting Program. Using input from several law enforcement agencies, Integrated Health Network has created a Reporting Program that is a dramatic improvement over the current system, which is more than ten years old.

I’ve received quite a few questions about the new CIT reporting system, so I wanted to provide a brief update. Questions I’ve received include the following.

When will this new CIT reporting system be available?

Within the next month, we plan to start training representatives from participating departments who will then be responsible for training all CIT officers at their agency. This will be a gradual process that will take place over a period of time until every agency is using the system.

Will the CIT reports from the old system be entered into the new reporting system?

Currently, there is no plan to enter reports from the old system into the new one.

How secure is this new web-based CIT reporting system?

The new CIT reporting system is modeled after a HIPAA-compliant program currently being used by hospitals to record patient information. To access the CIT reporting system, the user will have to use a password. With the exception of a small number of individuals approved by the CIT coordinating councils, only law enforcement officers will have access to the system.

Will I be able to view CIT reports from other law enforcement agencies?

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Officers will be able to search the new CIT system and read reports from other agencies. However, changes to reports can only be made by the officer who entered the report and by the designated administrator from that law enforcement agency.

This new reporting program will benefit all police departments that participate in the CIT Program. Benefits of the new system include:

- All departments can access the system at no cost.
- Provides a more accurate picture of law enforcement contacts with consumers.
- Collects more data than the previous system. This data will provide a more accurate view of the positive impact law enforcement and the CIT program are having in the community.
- The new system is more user-friendly than the old reporting system.

Staying in touch with your department’s CIT Supervisor is the best way to know when your department is scheduled to receive training on the new system.

**TIPS FOR CAREGIVERS: 10 HABITS OF EXCEPTIONALLY HAPPY CAREGIVERS**

By Jennifer Wegerer

![Image of caregivers](Image courtesy of Volodymyr Balehal/123RF.com)

Well-rested, happy caregivers are crucial to the job. But the job is exhausting. So caregivers must balance caring for someone else and caring for themselves. Otherwise, they can burn out and even develop serious health problems.

Caregivers instinctively put a senior’s comfort and happiness above their own. But both are equally important. If caregivers sacrifice their own happiness for the sake of their job, they won’t be any good to the seniors they serve.

The American Medical Association describes the role of a caregiver as a potential “occupational hazard.” Caregivers face incredible stress and are at risk of psychological and physical problems. Side effects of caregiving include general burnout, self-neglect, depression, family conflicts and more.

**Happy Caregivers Care for Themselves**

A Place for Mom has collected a series of tips for caregivers. Among these, “Take care of yourself” is repeated in different forms throughout the list. To a caregiver, that could mean a walk, time to read, a massage or a day off, but taking care of yourself is essential and should become a regular part of the caregiver’s routine.

Here are ten habits happy caregivers practice to ensure health and wellness remain a priority.

1. **Nurture your mind and body.** Caregivers must replenish themselves physically and mentally. Joan Lunden started Camp Reveille as a getaway for women to spend time concentrating on their own well-being, which often goes neglected. Attendees can take part in exercise, educational and relaxation activities. In 2013, nearly 50% of the women who attended Camp Reveille were caregivers.

2. **Keep an eye on your health.** According to Nurture Your Soul™, 70% of caregivers become sick with some type of health issue. And 50% of caregivers die before the person to whom they’re providing care.

3. **Find support.** Take time each week to vent to friends or family members. It’s healthy. Some caregivers might even consider seeing a counselor they can rely on to help sort out frustrations.

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4. Eat healthy. A nutritious diet keeps energy levels up and health risks at bay. Seniors need to eat healthy too. So caregivers might think of preparing low-fat meals and snacks that incorporate a variety of fruits and vegetables, and enjoying them with the senior, as a part of the job. To save time, ask friends or family members for help with meals as needed.

5. Exercise. Stay physically active to reduce stress and improve mood. It’s the ideal way to ward off health issues and diseases that can put a caregiver’s job at risk.

6. Meditate. Consider activities that help you relax mentally. Yoga, meditation, deep breathing and music are examples of how to help a caregiver slow down and put things into perspective.

7. Set personal goals. A class, new hobby, a vacation, whatever the dream, caregivers should set and write down personal goals that remind them of what they want to achieve outside of their caregiving job.

8. Keep a journal. Writing down frustrations is a good way to let them go. A journal is also a good place to record what went well for the day. Those words can serve as inspiration the next morning.

9. Be grateful. Caring for a senior brings challenges and stress but also the opportunity to make someone else’s life easier and more enjoyable. It could be a last chance to spend time with a loved one who’s near the end.

10. Take a day off. Friends and family members (or part-time elder companions) should fill in for caregivers on a regular basis. That way they can focus on themselves and their goals. This time is for caregivers to do what they like to do, not to run errands for their job.

Happy caregivers practice good habits in self-care. And they see the benefits when it comes to caring for others. So do the seniors they care for each day.

Jennifer Wegerer is a writer and editor living in the Pacific Northwest. Originally from the Midwest, Jennifer graduated from the University of Illinois at Urbana-Champaign with a degree in English and later earned a Certificate in Project Management from Portland State University. She’s worked as a writer in the technical communications and marketing fields for over 15 years. Reprinted with permission from APlaceForMom.com.

IN THE LIMELIGHT: OFFICER CHAD CROSS

CIT-trained and former 4th District Officer Cross requested permission to respond to a potential suicide on the Eads Bridge as there were no CIT officers available in the 4th District.

He arrived and approached the East St. Louis officers, who were engaged in conversation with a distraught woman standing on the outer edge of the bridge. Without knowing the other officers’ degree of training, Cross joined the group. Within minutes, his training and communication skills took over. He established rapport with the female through unconventional means that this nominator had never seen before. Cross took off his gun belt, thereby removing the authoritative figure of his presence. In another unorthodox tactic for a bridge incident, he offered his hand in friendship, getting a handshake and building trust. When the woman said she was ready to “go now,” Cross placed his wallet on the ground next to his gun belt and offered comfort, stating he would be jumping into the river to save her. At that point, she looked back, focused on Cross and said, “You would do that for me?"

In that moment of distraction, an East St. Louis officer grabbed the woman in a bear hug. Other officers joined in to pull her to

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safety. Shortly thereafter, it was learned the subject was a man dressed in women's clothing, struggling with his sexual orientation. His personal issues were compounded by finances and unemployment, which were too much for him to bear. Although the incident occurred on the Illinois side of the bridge, Officer Cross allowed his crisis intervention training to override his police training. At great personal risk, he used various unconventional means to gain the trust and save the life of a person in dire mental distress.

MHA was pleased to honor Officer Cross and his fellow officers for their compassion and exemplary actions when assisting an individual in psychiatric crisis.

STREET TIPS: 5 THINGS NOT TO SAY TO A PERSON WHO IS GRIEVING

Whether at work or in personal relationships, it can sometimes be difficult to know what to say to someone who is grieving. You want to say something meaningful; you want to be helpful. This article (a reprint from Naomi Simson) offers suggestions of how to show you care, and how to avoid platitudes or shut down communication.

Grief can happen at the least expected moments. It might be a teenager who has had his or her young heart broken. It might be someone who has just been diagnosed with a life-threatening illness, someone who has lost an animal companion, someone going through a divorce – or who is grieving the death of a loved one.

Grief can take place anywhere, anytime and suddenly. We can be going along our merry way, then suddenly something happens and our world is taken from us. Most people have no idea what to say or how to support someone in grief. We slip into general statements such as, “Time will heal,” when right in that moment, time may seem like a strange notion for the person grieving.

When my sister’s husband died suddenly at the age of 38, and she was left to raise her 2, 4, 6 and 8-year-old children on her own; she confided in me a few weeks after his passing, “People miss him terribly and they try to say the right thing – but actually all they talk about is how sad they are – I find myself supporting them in their grief rather than the other way around.”

We all want to help, and by nature, fix it. Grief expert Doris Zagdanski, who has written several books on the subject including most recently “Stuck for Words” says we need to have conscious thoughts about what we say in the moments with persons who are grieving.

Five things people often say that are not constructive are:

“Time will heal; you’ve got to give it time.”

“I know how you feel, I lost someone dear to me recently.”

“At least she’s not suffering any more.”

“You’ve got to stay positive; she wouldn’t want you to be thinking like that.”

“She had 9 good innings.”

These are the clichés that most people use (or variations on the same theme) when trying to comfort a grieving person. Be honest; how many times have you told a friend who has recently split from a relationship “there are plenty of other fish in the sea”? From where they sit – the ocean is barren... because they only had eyes for one fish.

To be supportive of someone grieving is to give up the standard words and create a sense of relatedness. It is all about them and their experience of life - in that moment... not about you or what you have experienced in the past. In that moment, the grieving person believes no one else could possibly understand his/her pain.

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Grief is in the heart, not the head – all the logical statements that may well be “true” do nothing to acknowledge the pain being experienced.

So, what to do?
Be in his/her world. Listen with big ears and an open heart. Do not try to fix anything. Have empathy and reflect back what you hear from them. As you listen, things will pop into your head that will be relevant. But silence may work, too. It is important to dance in the conversation - be there for them, not for you.

Some words that could show empathy – if the conversation went that way:

“Yeah, you must miss her terribly.”

“Your world has been turned upside down.”
“IT must seem very scary.”
“It sounds like there are so many things to adjust to.”

In speaking with Doris, who has worked in this area for three decades, she said that being able to move people to a place where they are grateful for what they did have can get them on a path forward. Shifting people from loss to gratitude takes empathy, support and comfort.

In addition to the books Doris has written, she has a small book that might be of value 33 Things To Say When You Know Someone Who Is Grieving.

LAW IN ACTION: 2014 McATEEE AWARDS

Saving the life of man about to jump off the Eads Bridge.

Doggedly searching in frigid temperatures and snowy terrain for a scantily-clad woman who was running from the voices she heard in her head.

Recognizing that a man arrested for burglary needed mental health treatment more than jail time, then contacting an agency to provide it.

Coordinating with a local resource and out-of-state relatives to ensure a woman was reunited with family in a protected environment.

These are four examples of the patience, understanding and dedication shown by 19 officers who received the John J. McAtee Police Recognition Award on May 20. Nominated by their department or a mental health agency, their actions created a positive difference for someone in psychiatric crisis.

The award is named after the late Honorable John J. McAtee. His tenure as a judge strengthened his belief that individuals with mental illness deserve appropriate treatment rather than automatic incarceration, where the illness might not be properly addressed. Each year, the McAtee family continues to be engaged in their father’s tradition of honoring officers. This year, in addition to praising the awardees’ actions, Jim McAtee reflected on his father’s respect for law enforcement and tireless work as an advocate for persons with mental illness.

Jennifer M. Joyce, Circuit Attorney for the City of St. Louis, delivered the keynote address. Ms. Joyce expressed how, with more than 20 years of experience and interaction with law enforcement, she was still amazed by the heroism displayed by the awardees. She thanked the recipients for their service, hard work and compassion.

Judge David L. Dowd, serving as event chairperson for the seventh year, shared the honor of reading the officers’ scenarios with Pat McGonigle (KSDK News Channel 5), emcee for the event. Each officer was individually honored as his/her scenario was read and the award was presented to him/her by McAtee and Joyce.

“You help steer people to vital services. You help their families and loved ones in times of crisis.”

Jennifer M. Joyce

Click here to read the scenario for which each officer was recognized.
For a complete list of awardees, see page 9.
Bridgeton Police Department
Captain Richard Ganninger

Creve Coeur Police Department
Sgt. Jeff Chellis
Officer Bob Graeff
Sgt. Richard Wiginton

Missouri State Highway Patrol
Trooper Larry Turner

Olivette Police Department
Officer Jeremy Horton

Overland Police Department
Officer Thomas Atchison

St. John Police Department
Sgt. Tim Heimann

St. Louis County Police Department
Officer Marcial “Anthony” Amaro – South County
Officer James Borzillo – Jennings
Officer Matthew King – North County
Officer John Reddick – Affton Southwest
Sgt. Aaron Roediger – South County

St. Louis Metropolitan Police Department
Lt. Stephen Cheli
Officer Chad Cross
Officer Albert Recht

St. Peters Police Department
Sgt. Matthew Bargen

University City Police Department
Officer Thomas Carney

Warrenton Police Department
Officer Justin Pugh

2014 McAtee Police Recognition Awardees

Pat McGonigle
KSDK News Channel 5

Jennifer M. Joyce, Keynote Speaker
Circuit Attorney, City of St. Louis