To: Shannon Pullen
Chair, Behavioral Health Unit Advisory Committee (BHUAC)

Captain Mike Marshman
Portland Police Bureau, Compliance Coordinator

From: Lieutenant Tashia Hager

Portland Police Bureau, Behavioral Health Unit

On: December 21st, 2015

Re: Response to BHUAC Recommendations from October 2015 Meeting

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**October 2015 Committee Votes and Recommendations**

The BHUAC voted and approved to recommend the following topics be covered in the Trauma Informed Care class of the upcoming ECIT Training:

o Highlight link between the ACE Study and adult behavior and make connection between the ACE Study and police work

o Highlight hypervigilance issues

o Discuss universal triggers

o Add a resiliency survey

o Add a personal reflection component that is strength-based: what do officers do already?

***RESPONSE: The BHU concurs and updated the Trauma Informed Care class to reflect the above items. This was noted in the class lesson plan (excerpts below) and discussed with the class instructor.***

**Adverse Childhood Experiences (ACEs)**

**Adverse childhood experience is a phrase used to describe abuse, violence and distressed family environments of children under the age of eighteen. ACEs include physical, sexual and emotional abuse; separated, divorced and/or incarcerated parents; and intimate partner violence.**

**ACEs has a strong relationship to mental, behavioral, physical outcomes to include early criminal behavior, mental illness, substance abuse, prostitution, suicide, and physical diseases (diabetes, heart disease).**

**When trauma occurs in a very young child, there are significant and lasting changes in their brain development. As a result, the child's understanding of what is normal becomes distorted**

**Past experiences, motives, contexts, or suggestions prepare people to perceive in a certain way. Children with a high ACEs score live more readily in a hypervigilant state that endures into adulthood. (connection to police interactions)**

**Chronic exposure to violence and trauma can result in changes in brain functioning:**

**<u>Reactions to trauma</u>: Biological, Emotional, Psychological**

- **Hypervigilance, Bio-reactivity**
- **Exaggerated startle response**
- **Problems with concentration/memory**
- **Sleep disturbance**
- **Re-experiencing or reactivity to event**
- **Emotional Dysregulation**
  - **Depression, Anger, Irritability, Aggression**
- **Dissociative symptoms: depersonalization, de-realization**
- **Loss of Safety**
- **Typically engender fear, helplessness, and a sense of worthlessness.**
- **Inability to detect or respond to danger cues**

**<u>Trigger</u> is a reminder of past traumatizing events which can cause uneasiness, feelings of fear, and/or anger. Usually sensory focused (color, language, noises, smells, food, seasons, etc). The thinking brain automatically shuts off in the face of triggers. The response is as if there is a current danger. Past and present danger become confused. Triggers can be universal (reaction to yelling for example) or unique to the individual's experience.**

**Resilience. Ability to mitigate impacts of trauma. How a person responds to trauma often depends on what kinds of internal and external resources they have to cope. Trauma affects individuals differently; resilience is a factor.**
**Instructor's note. Handout and review the resilience survey**

**Personal reflection- What do you already do that works for self-management?**
***Some possible responses that students can recognize and build on:***

- **Recognize you are bringing your history to the situation too.**
- **Knowing your vulnerabilities. "Why does this situation get to me?"**
- **Know your emotional triggers and develop coping strategies.**

- **Understand you may not realize what is surfacing. Trust your partners.**
- **Centering- Keeping control over you and role model proper behavior.**
- **Circular breathing – keep calm among chaos.**
- **Use time as a tactic.**
- **Avoid “righteously” angry.**