

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: November 30th, 2015

Re: Response to BHUAC Recommendations from September 2015 Meeting

September 2015 Committee Votes and Recommendations

- The BHUAC voted and approved to recommend that the topics of Self-knowledge, Self-Management and Self-Care are included as part of the content in the Trauma Informed Care class of the upcoming ECIT Training in November.

RESPONSE: The BHU concurs and added Self-Knowledge and Self-Management/Care as a component of the Trauma Informed Care class. This was noted in the lesson plan (excerpt below) and discussed with the class instructor.

Self-awareness/Self-Management

A police officer is usually the first criminal justice official a person interacts with and often sets the tone for the entire criminal justice system experience.

Professionalism-what you do can make a significant difference in the outcome of the event.

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.

It's not personal unless you make it so.

Resources. PPB Employee Assistance Program and Peer Support.

- The BHUAC voted and approved to recommend that the upcoming ECIT training include information on how mental health presents in different age groups.

RESPONSE: The BHU concurs and added information on how mental health presents in different age groups, specifically in the elderly as discussed in the meeting, as a component of the Mental Status Observations class. This was noted in the lesson plan (excerpt below) and discussed with the class instructor.

Elderly population

- Higher risk of orientation and memory issues in the elderly due to dementia and complicating medical problems.
 - Increased medical problems may create medication interactions.
 - Sensory loss
 - Feelings of isolation, depression
 - Increased paranoia
- The BHUAC voted and approved to recommend that one of the scenario formats for the upcoming ECIT training include someone with a mental health and developmental disability.

RESPONSE: The BHU concurs and added a person with an intellectual disability and psychotic disorder to Scenario #5, Mental Health Facility Response. Officers responding to this exercise scenario were given this information by the facility staff role player as noted in the scenario excerpt below.

Scenario # 5: Mental Health Facility Response

Three ECIT Officers are dispatched to a known residential mental health facility that is not a secure facility but access is controlled by staff. The caller is a staff member reporting a resident that has an intellectual disability (low IQ) and a diagnosed psychotic disorder is out of control and causing damage to the facility. The resident is not supposed to go outside the facility after 6:00pm. The resident became angry when staff would not let him/her out of the facility. He/She is extremely upset, yelling and cursing at staff and throwing things around the facility common area. No one has been injured but other residents are becoming agitated due to his/her behavior. He/She is diagnosed with paranoid schizophrenia. Staff wants assistance in restoring order in the facility.