

The CIT Regional Conference is pleased to welcome the following presentations. The conference agenda will be posted soon. This list will be updated as all abstracts are completed.

An Evidence Based Mental Health Training Approach
Peter Silverstone MD, FRCPC

Professor, Department of Psychiatry
Adjunct Professor, School of Business
University of Alberta
Edmonton, Alberta, T6G 2B7

You may be asking yourself, what can I do while I wait for funding for CIT training? How can I train all of my officers right now? How can I continuously provide refresher training to my members? Dr. Peter Silverstone and researchers from the University of Alberta, Canada, have developed a three unit mental health training system based on a novel program created to advance the mental health training of police officers. This program has led to positive outcomes that may surprise you.

Traumatic Brain Injury: What Clients Want Their Clinicians to Know
By Carla-Jo Whitson, MSW, CBIS
Brain Injury Alliance of Washington

The purposes of this workshop are:

1. To raise awareness of Traumatic Brain Injury and its impact on the quality of your clients' lives
2. To recognize the symptoms of a Traumatic Brain Injury
3. To learn what tools and therapies are useful in treating Traumatic Brain Injuries
4. To discover what resources and services are available to your clients and you

What you will come away with from this workshop are:

- Awareness of the impact that Brain Injury including Traumatic Brain Injury, which is the second largest disability in our country, has on your clients' lives
- Knowledge of the symptoms of a Traumatic brain Injury
- Knowledge of tools and therapies to help your clients who have experienced Traumatic Brain Injuries improve the quality of their lives
- List of services and resources that are available for survivors of Acquired Brain Injury and Traumatic Brain Injury, their families and their support teams

Crisis Diversion - Crisis Solution: An Alternative to Incarceration and Hospitalization. Getting Started Building Solutions in Your Community
Susan Schoeld, King County Mental Health Crisis Diversion Program Manager
Kathy Ryan, Downtown Emergency Services Center Program Manager

Attendees will learn about implementing crisis diversion programs: lessons learned, challenges, progress/quality improvements, coordination with affiliated stakeholders,

etc. in order to assist in determining ability, resources and supports needed to implement similar programs in their communities. The model will be King County's Crisis Solutions Center, which is made up of three separate but connected programs: the Mobile Crisis Team, Crisis Diversion Facility, and Crisis Diversion Interim Services) at one location. Additionally, this presentation will review coordination efforts between mental health, law enforcement, and criminal justice entities to help establish eligibility and guidelines for implementation.

ELDERS IN CRISIS: UNIQUE ISSUES, CHALLENGES AND RESOURCES

Presenter: Terri Haaga, LICSW, GMHS, Geriatric Regional Assessment Team (GRAT)
Lead Clinician

Presentation Description: This presentation will look at the unique issues of working with the elderly in crisis. There are unique issues and challenges that face the elder in crisis as well as those who come in contact with them. The workshop format will include a combination of lecture, small group discussion, videos, and plenty of time for questions.

1. Brief discussion of dementia and cognitive impairment, medical issues and delirium, indicators of crisis in older adults, social issues unique to the elder such as grief and loss, isolation, medical issues and financial issues and how these affect their ability to function in the community.
2. Two case examples from law enforcement will be used to delve into the specific issues; the presenting problem to law enforcement will be discussed, how the mental health system was able to engage with the client and what community resources were utilized to help stabilize the crisis.
3. Discussion of what resources within a community can be used to support law enforcement. King County will be used as a model for services.

Expanding a Crisis Intervention program into a multi-layered response

Lt. Tashia Hager, Portland Police Bureau, BHU

Sgt. Christopher Burley, Portland Police Bureau, BHU

Officer, Amy Bruner-Dehnert, Portland Police Bureau, BHU

A significant rise in mental health calls coupled with a Department of Justice investigation in 2012 prompted the Portland Police Bureau to seek a unique resolution by developing a Behavioral Health Unit (BHU). A police-based crisis intervention program is more than a reaction in the moment of crisis and includes multiple layers of response from initial contact through follow-up support to ensure connection to appropriate community care. The BHU is a specialized unit that has the capability of developing a coordinated response between law enforcement, the criminal justice system and the behavioral health system to address the spectrum of behavioral health crises that may be due to addictions, severe and persistent mental illness, or dual diagnosis/co-occurring disorders. The BHU provides multiple layers to link people to services to resolve a behavioral health crisis, connect a person to the proper community

resources, and reduce the frequency of negative police contact. This presentation will provide information on the core elements of the BHU programs;

- The Enhanced Crisis Intervention Team (ECIT), a group of volunteer officers trained to provide immediate response to mental health crisis calls.
- Behavioral Health Response Team (BHRT) that pair a police officer and a licensed mental health clinician to provide follow up based on referrals from patrol officers.
- A Service Coordination Team (SCT) that provides treatment resources and supportive housing opportunities to chronic offenders in order to address their addiction and the root causes of criminality.

Negotiating with the Unexpected - Law Enforcement Personnel

Sandra Terhune-Bickler, Ph.D.

Retired Santa Monica Police Department Sergeant; Past California POST Instructor

This is an interactive Power Point presentation of multiple case studies involving law enforcement responding to situations of “unexpected” personnel (co-worker / relative of co-workers / law enforcement personnel) in crisis situations. The element of the “unexpected encounter” makes this a very interactive, thought provoking presentation. Issues about jurisdiction, who should negotiate, tactical issues, officer safety (both mental and physical) are discussed. The presentation transitions into related topics and review of “Suicide by Cop” (yes, even by cops), law enforcement suicide, and suicide warning signs, as well as how to maintain our mental health when law enforcement personnel are involved in these types of incidents.

When a Person is Suicidal and Commit the Act: Maintaining Negotiator Mental and Physical Health

Sandra Terhune-Bickler, Ph.D.

This is an interactive Power Point presentation of multiple case studies involving law enforcement responding to situations of suicidal subjects who ultimately complete the act, often in the presence of law enforcement personnel. The emotional effects on negotiators (or first responding officers/deputies) are discussed. Officer safety and body language is discussed extensively when analyzing video clips of suicidal subjects and their interaction with law enforcement personnel. The presentation transitions into related topics and an informal study questioning the common practices of crisis negotiator commanders on strategies and tactics. The findings of my doctoral dissertation, “That was not Supposed to Happen: Responses to Incidents that Resulted in Suicide” is discussed. The importance of providing mental health services and Peer Support in the aftermath of these events is addressed.

Crisis Intervention for Veterans

Josh Penner, Core Values Consulting, Retired USMC

I provide a one-hour CIT for Veterans piece about 10/year throughout the CJTC CIT program. This is an expanded version of the 1 hour piece. In all of the workshops the

goal is to cover Culture, Trauma, and provide some solid action items/tools for LEO's and First responders. The two hour version allows for significant expansion of audience participation and engagement. This will be very similar to the workshop that Kitsap County LEO's went through in March of 2014.

The workshop will start with a piece on Culture, then segway into trauma. It will end with trauma informed care and answers. There's quite a bit of audience engagement in this workshop.

Individuals with Borderline Personality Disorder in Crisis: Identification and Management of Borderline Personality Disorder and other dramatic and manipulative personality types.

Renee Balodis-Cox

Behavioral Health and Crisis Consulting

Snapshot of how and why one gets a personality disorder. How folks with BPD present when in crisis. How you can identify signs early on (without needing to be a diagnostic expert). Then moving into management of their different behaviors: Suicidality, manipulation, exaggeration and drama.

How to best verbally communicate with them to keep yourself safe from harm (including liability) and to de-escalate their behaviors. (This will include the difference between 'normal' de-escalation techniques and the ones to use when dealing with someone with a personality disorder.)

Army OneSource Best Practices Integrating Military & First Responder Communities-2015

Angela Traina, State Community Support Coordinator WA/OR, Army OneSource

The presentation is focused on the Veteran/Military population with our up to date data resource center that will really give the participants a great look at what their areas of service look like. It's a real eye opener when the audience can see actual data for their county level engagement of Military/Family issues. I also have data on what the trends within the military look like as far as family advocacy, child services, assault numbers; then making the link with community partners. After this workshop, participants will have a better understanding of:

- The unique needs of the Military population
- Engaging with Army OneSource
- Effective strategies for collaborating with Military agencies
- Outreach tactics to reach the Military population

Mad, Sad, Glad for CIT/HNT

Shannon Meyer, Ph. D. FBI – Seattle

- This presentation will cover how crisis intervention team training can be applied to hostage negotiation settings.
- Mental disorders will be discussed within a simplified, real world law enforcement framework.
- Ms. Meyer will outline guidelines for working with barricaded or hostage taking suspects who are mentally ill, suicidal, or criminally oriented (sociopaths).

Interviewing Youths Who've Witnessed Violent Crimes

Patti Toth, WSCJTC Child Abuse Training Program Manager

Former Prosecuting Attorney

Since children are often important witnesses to violent crimes, it is important for first responders to know when they should be talked to at the scene, what resources may be available to assist in doing so, and the basic research-based child interview techniques that will help to elicit accurate information from the child, while minimizing negative impacts. Objectives of this presentation include helping first responders to:

- Recognize when to interview a child at the scene
- Be aware of resources available to assist with child interviews
- Be introduced to basic best-practice interviewing techniques that will:
 - Maximize reliable info
 - Minimize trauma

Motivational Interviewing Introductory Workshop

Margaret Soukup, MA works for Mental Health Chemical Abuse and Dependency Division (MHCADSD) as the King County Science to Service/Workforce Development Manager and the Project Director for Seattle-King County Reclaiming Futures

This introductory workshop provides an overview of the spirit, principles, and skills used in Motivational Interviewing (MI). We will review Change Talk, Sustain Talk and Ambivalence, as related to supporting people in person change. Participants will engage in an interactive exercise to practice the skills to give information in a MI consistent way.

Learning objectives:

- Learn about the theory, spirit and strategies of Motivational Interviewing
- Explore how Motivational Interviewing may fit into your work
- Understand how Motivational Interviewing may improve engagement, enhance motivation and decrease resistance
- Practice how to give information within the Motivational Interviewing framework

Bullying, Cyberbullying, & Social Media

Mike Donlin

School Safety Center

After a brief review of definitions for 'bullying', 'harassment', and 'intimidation', this interactive session will look more closely at the phenomenon of cyberbullying. Participants will compare traditional bricks-and-mortar bullying with cyberbullying. They will also consider both their own and youth understandings of what it means to be 'tech savvy.'

This will lead into discussions around issues surrounding cyberbullying – and other tech-related behaviors – as they impact schools. Participants will look at policies and procedures, related legal issues, and best practices.

Finally, within the context of bullying, trolling and other negative actions, there will be a discussion of student uses of personal technologies and emergency situations and responses.

The session will allow time for a lot of questions and discussion; participants will also receive several supporting materials and a list of additional resources.

Avoiding the Crisis of an Infant Death Due to Unsafe Sleep

Deborah Robinson, Director of Sudden Unexplained Infant Death Investigations (SUIDI)

Patricia Toth, WA State Criminal Justice Training Commission

Excited Delirium

Oregon Instructor

Hate Crimes Case Studies (different cases involving individuals with mental illness)

Presented by Sean Tepfer, Law Enforcement Coordinator & Community Outreach Specialist, US Attorney's Office for the Western District of Washington

Mr. Tepfer will provide a case review where a victim tried to report a crime to law enforcement while she was in crisis and was unsuccessful. It later came out that she was a victim of both forced labor trafficking and rape. He will also discuss additional cases and their outcomes with potential additional instructor the Western District of Washington Prosecutor.

Epilepsy, Seizures & Suicide Risk

Presented by Epilepsy Foundation Northwest

- Clearly define the differences between epilepsy and seizures
- Identify the causes of epilepsy and who is affected by epilepsy
- Describes what happens during a seizure including the symptoms and possible triggers of a seizure

- Teach individuals how to respond to an individual who is having a seizure including first aid for seizures, potentially dangerous responses to seizures, when to call 911 or emergency medical services
- Define how epilepsy is diagnosed and what information doctors need to know about an individual's seizures
- Identify the treatment goals of epilepsy, what factors influence the decision to treat and the types of treatment available
- To explain each type of treatment available including medication, surgery, vagus nerve stimulation, ketogenic diet, other treatments
- Illustration of the impact of epilepsy on family, women, seniors, infants and children, and teens and young adults.
- Use of seizure magnets, seizure dogs, and other available supports.
- Suicide risk with those with Epilepsy or seizure disorders.

Suicide by Cop
Oregon Instructor

Crisis Cycle for Law Enforcement
Oregon Instructor

CIT Force Options Training Program Overview
Sgt. Don Gulla, CIT-King CO Program Coordinator, WSCJTC – King CO SO

This session is designed to provide training to law enforcement professionals to use appropriate Force Options when dealing with someone in mental health crisis. Options will include resource options and full spectrum Force Options to include isolate and contain, avoid engaging, de-escalation tactics, physical control tactics, less lethal and deadly force.

Treating Psychological Trauma in Custody
Sharon Rederford, ARNP
Public Health—Seattle & King County

Michael Stanfill, PhD
Public Health—Seattle & King County
University of Washington School of Public Health
Wellness Integrated Services, PLLC

Jails have become a default holding place for the mentally ill. Recent studies show that 2.5 million people who are mentally ill are incarcerated, in course making correctional settings the de facto mental health treatment agency in many jurisdictions. Treating the mentally in jail is difficult at best as the environment, politicization of setting and availability of trained resources are often limited and lacking.

While a large number of those incarcerated with mental illness are diagnosed with depression and anxiety, there are a growing number of patients that meet the DSM-V criteria for Post-Traumatic Stress Disorder (PTSD). Usually these patients come to the clinic complaining of depression, anxiety, anger, nightmares, sleep difficulties and intrusive thoughts. After receiving psychiatric medications to address these symptoms, there is often a report of minimal relief and feeling the same or worse. However, there are more evidenced-based treatments for resolving PTSD symptomology. Cognitive processing therapy (CPT) is successfully used by the US Military for returning war veterans and maintains a strong evidence-base for first-line intervention. This intervention allows participants to examine associations between thoughts and feelings, in relationship to their trauma histories, and develops insight into how these interactions affect their destructive behaviors. Additionally, CPT often leads to diminished depression and anxiety symptoms as secondary relief.

King County Jail Health Services currently treats PTSD via CPT in a group format at the Maleng Regional Justice Center (MRJC). Patients receiving psychiatric treatment at MRJC are chosen based on meeting the DSM-5 criteria for PTSD, a willingness to change disruptive behaviors, ability to reflect on their trauma history, and an ability to work in a group. To date, four cohorts completed a 12-week semi-structured treatment program. Symptoms are monitored with well-established psychometrically sound instruments (i.e. PCL-C; BDI-2) at pre, mid and post intervention. Results are discussed as well as implications for individual and institutional impact.