

Crisis intervention training comes to Clatsop County

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Clatsop County was the fourth stop; the institute already has been to Lincoln, Union and Linn counties and will complete eight more trainings this year. The Oregon Office of Rural Health also gave Providence Seaside Hospital a \$50,000 grant to be a facilitator of the approximately 24-hour event. The grant primarily covered the up-staffing required for officers to attend without leaving their agencies unmanned.

'Sad, Mad, Bad'

The goal of the training, Performance Leadership Institute president April Lee said, was to bring together "all the partners," or anyone who may be involved in responding to a scenario with a subject suffering a mental health crisis, and brief them on how to adequately engage the situation. The purpose was not to qualify officers to diagnose and treat mental illnesses but rather to make them more comfortable identifying subjects with various mental disorders or experiencing mental crises and handling those situations using de-escalation techniques.

To aid them with that practice, Molly Wells, manager of inpatient psychiatric services for St. Charles Health System, and Capt. Cory Darling, of the Bend Police Department, presented a simplified assessment model called "Sad, Mad, Bad," written by law enforcement negotiators. For the purposes of the model, the "mad" designation labels individuals who are psychotic, delusional or have some other

serious disorder that is manifesting through inappropriate social behavior, often because the subject is not taking their medications; "sad" identifies those who are coping with bipolar disorder, depression, anxiety or suicidal tendencies and not necessarily committing a crime; and "bad" is the definition to refer to individuals committing crimes on their own volition, although they might be suffering narcissism or a personality disorder. Often subjects' actions or behaviors can overlap two categories, Wells said.

The model is a tool for simplifying the mental health crises officers encounter, so they can quickly and efficiently assess and contain the situation and ensure people receive the help they need.

"You won't be expected to be a mental health professional out in the community," Wells said, adding officers don't need a diagnosis to establish a relationship.

The model gave trainees insight into what, for each category, the subjects' realities, emotions and interactions likely would be. For instance, people from the "sad" category often have a reality that is dark, unchanging and negative; they often feel anguish, hopelessness and isolation; and their interactions may be flat or resistant. Officers were instructed to personalize contact, address suicide, remove risks and reinforce positive actions when they come in contact with people they identify in the "sad" category.

In general, when responding to a call, officers were encouraged to remember a few things: officer safety is always No. 1; take time when it is



Part of the three-day Crisis Intervention Training, presented by the Performance Leadership Institute, involved officers from local law enforcement going through a number of simulated scenarios featuring subjects undergoing mental health crises or exhibiting personality disorders.

safe to do so; secure the scene; monitor their own mental state; and leave prejudices and predispositions behind.

Putting it into practice

The training came to a conclusion June 5 when the officers were put through a series of simulated scenarios to practice the assessment and de-escalation techniques they had learned. Improvisational actors from Brody Theater in Portland played the roles of subjects displaying symptoms of various personality and mental disorders, including depression, schizophrenia, narcissism, borderline personality disorder, post-traumatic

stress disorder and others. The actors, who were hired by the institute, were educated in what their behavior should be to correspond with their designated disorder to provide the officers a more authentic experience.

"It gives them a real sense of being on a real call," Lee said.

Staff monitored each scenario as trainees cycled through so they could give critiques and suggestions after the exercises were completed. Officers' responses — the way they carried themselves, the questions they asked and the things they focused on — could vary greatly, even when dealing with the exact same subject.

A long-term solution

Providence was involved as a partner for the training because it has a vested interest in addressing mental health issues in the area. The health group and other partners, such as Columbia Memorial Hospital, Clatsop County and Greater Oregon Behavioral Healthcare, hope to be operating a residential crisis respite center in Warrenton by this or next year. The idea was the result of a recent collaboration.

"It's everyone coming together to figure out, 'How can we better deal with these patients?'" said Janiece Zauner, chief nursing officer at Providence Seaside Hospital. Many of them, she added, are

getting passed around without getting the services and support they need.

Respite centers, Lee said, are an option many counties are considering as a solution to the problem of what officers should do when they encounter someone exhibiting signs of acute mental crisis and hospitalization or prison are not needed or warranted.

Currently, protocol is for officers to bring people to hospital emergency rooms and then wait with them to be cleared, which ties up resources in undesirable ways and often doesn't result in the subjects getting proper, personal help, Lee said. Agencies are looking, instead, at how "to get the person to the right place quickly," she added.

Zauner agreed Providence's emergency room is not the optimal — and sometimes the worst — place for someone undergoing intense psychiatric issues to be brought after an incident.

"We take people who just aren't coping and put them in the worst scenario for them," she said. The noise, activity and chaos often aggravate the problem, she explained.

This cycle is nearly a daily occurrence and likely will be more frequent during summer months when the local population increases, she said. Many times, officers and the hospital are engaging with repeat subjects.

As an alternative to a prolonged hospital stay, prison or being pre-maturely released, the respite center will be a specialized place where people voluntarily can go for treatment and other services.

Seaside Police Log

May 22

6:37 a.m., 400 block of North Prom: Officer checked on a male subject that caller reported looked confused and might need medical attention. He refused medical, answered all the right questions for officer and agreed to move on.

7:48 a.m., Northbound on U.S. Highway 101: Person came into PD to report driving complaint. Officer contacted subject and was advised it was a mutual driving complaint regarding tailgating. Subject was warned.

11:48 p.m., 1500 block of North Holladay Drive: Caller reported fireworks going off for a few hours. Officers were tied up on priority calls. All was quiet when the area was checked.

May 23

12:01 a.m., Broadway and Roosevelt Drive: 911 caller reporting kids in bike lane for car wash causing traffic concerns. Officer contacted kids and advised of complaint.

3:44 p.m., 1800 block of South Prom: Caller reported possible burglary. Upon officer arrival and check of residence, it was

determined that no burglary had taken place.

3:47 p.m., 700 block of 14th Street: Officer responded to ongoing neighborhood disturbance. Officer advised subjects that if he was called to location again, they would be cited for disorderly conduct.

9:03 p.m., Prom and Lewis and Clark Way: Officer responded to report of disturbance in the bushes. Upon officer arrival, subjects were gone.

May 24

2:01 a.m., 10th Street and Holladay Drive: Subject arrested for driving under the influence of intoxicants.

2:57 a.m., the Prom: Caller reported a group of teenagers on the swings yelling and screaming. Officers checked the area and were unable to locate subjects mentioned.

May 25

7:04 a.m., 200 block of South Holladay drive: Subject called 911 stating his child was stuck in a mail receptacle. His child was located and was fine; child was no in mail receptacle. Male is

having mental episode.

10:49 a.m., Avenue Q and Roosevelt Drive: Report of a male walking down the street with a gun slung over his shoulder. Was not acting aggressively. She just thought it was concerning. Officers searched the area, unable to locate.

1:53 p.m., 1000 block of South

Irvine Street: Officer responded to report of a man with a knife near community gardens. Delay due to priority calls. Upon Officer arrival, subject was unable to be located.

4:04 p.m., South Columbia Street: Officers responded to report of skateboarders in traffic. Upon officer arrival, skateboard-

ers could not be located.

4:08 p.m., Officers responded to 911 call reporting a male walking with gun. Upon officer arrival, man was unable to be located.

May 26

3:16 a.m., 1000 block of 12th Avenue: Report from an alarm

company of an alarm with human voice. Officers checked the building it was secure. Responsible arrived. Building was fine.

7:03 a.m., South Holladay Drive: Caller reported man yelling and screaming at cars. Officers responded and advised of disorderly conduct.

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