

## Good Cop, Sad Cop

Meet former King County Sheriff's Deputy Angela Holland. She was a great street cop with numerous commendations and a spotless record. But she was mildly bipolar, so they fired her.

by **Philip Dawdy**



Former King County Sheriff's Deputy Angela Holland. (Kevin P. Casey)

Perps must have done a double take when Deputy Angela Holland popped out of her patrol car. It was the usual white Crown Victoria with "Sheriff" in big green letters on the side, and perps know how hot the hood of a King County Sheriff's patrol car feels. But a 5-foot-6 cop with blue eyes and blond hair pulled back in a ponytail? That was different. So, too, was Holland's manner, as bright and perky as a corporate publicist. Of course, she could go from Deputy Friendly to Deputy Hard-Ass on a dime. She was a cop, after all.

Holland, 30, shape-shifted like that all the time while on patrol just south of the Seattle city line in the unincorporated parts of South Park and White Center, known to some as

"Rat City," as well as in a healthy slice of the unhealthy sides of Burien and SeaTac. There were a lot of rats in those parts. Gangsters of every ethnic stripe, crack dealers, meth heads, murderers, rapists, and folks gone crazy from drink and drugs, putting fists and guns to whoever was handy. Holland's job was to help keep all of that from getting out of control.

She had a way of doing it.

One night in 2002, she went with several deputies to collar a man in SeaTac. The man was a 6-foot-4 Samoan and had a good 200 pounds on Holland. Samoans are known for their ability to throw down harder than any other humans. This man had recently gotten out of the psych unit at Harborview Medical Center. One of the deputies wanted to use a Taser on the man, who was verbally combative. He was off his meds, out of control. Even his family feared him when he got this way. Holland stepped up to the man, with whom she'd dealt before, and said, "I give you respect. You owe me some."

The man allowed himself to be cuffed and, later, strapped into four-point restraints in the back of an ambulance. Incident resolved—without a scratch or electrical charge. "It was amazing," says a witness to the event, who requested

anonymity. Holland has a lot of cop friends out there, because she was smart, effective, and reliable. But they have to watch what they say now, because Holland had a secret, and now that it's out, her colleagues are at odds with the official line.

**Holland wasn't** hiding from an excessive-force charge or a bad shoot. In her career, she'd pulled her Glock and pointed it at another human some 50 times, typically during stops of stolen cars. Not once had she discharged it. She was regarded by other cops at Precinct 4 as a good cop and didn't have a major mark against her. But she was taking so many sick days that command noticed. What's up with Holland?

She wondered, too, and in police culture you don't want colleagues or the brass to wonder about you. You've got to look like you are always in control, a paragon of American virtue and cop tradition, even if something else is going on beneath the badge. Something was, and Holland kept it to herself for three and a half years.

Smart cops know you can only dodge trouble for so long, and she wasn't a dumb cop. So late last June, Holland tossed some paperwork in the sheriff's office internal mail to request time off because she had bipolar disorder and was under a doctor's care. Her doctor had made a change in her medication, and Holland needed to be able to take some extra days, as allowed under federal law, should the switch prove troublesome.

"I did the right thing, and I know it," she says.

Days later, on July 6, her gun and badge were taken away. She was fired last November after more than six years on the force. King County Sheriff Susan Rahr says she had to protect the public. But from what?



Policing isn't merely a job or career choice—it's a lifestyle, one that most people will never understand or appreciate. An accountant can always find another accounting job. But once a cop gets kicked from the force, there aren't many policing jobs available this side of mall security.

"July 6 changed my life forever," Holland says. She cried in the office of her boss when she handed over her badge and .40-caliber Glock. It was tough to accept. She'd never screwed up on the job. But there are deputies who have, in major ways, and they're still driving Crown Victorias around King County. The clear message to other King County deputies who have mental-health issues (and they are out there): Stay in the closet. Don't take steps to get healthy. For the 3 million of us Americans who are bipolar, it's a familiar implied message.

King County Sheriff Sue Rahr: "I am damned if I do and damned if I don't."  
(Kevin P. Casey)

You are wondering about the gun, of course. It's the first thing citizens notice about a cop. A Glock, the standard-issue service pistol on many police forces, can make both the innocent and guilty a little uneasy, just sitting there in the holster. Fifteen rounds in the clip, one in the chamber, all of them hollow points. The bullets come out at 900 feet per second, and cops are trained to take two shots at the center mass. The double tap, as it's called.

Cop, Glock, bipolar affective disorder—depression and mania. Those are things that don't belong together, right? You don't want a cop with mental illness working a beat or working a desk. That's got lawsuit, liability, and public safety problems written all over it. Aren't all bipolars freak jobs? Depressed one minute, flying off the handle the next? Some are, the majority are not.

**Holland first** knew that something wasn't completely right with her in late 2000. She'd been on the force two and a half years at that point. No longer an FNG, or fucking new guy. She'd been rated "OK+" on a psychological exam given upon entering the police academy in 1998, according to King County Sheriff's Office documents.

She wasn't supposed to be having problems of any kind. Holland was a cop, and cops don't have problems. She was married to a KCSO detective. They lived in North Tacoma in a bungalow. But something was going on. Some nights, she found herself unable to sleep. She sought help from a doctor. The doctor sent

her to a nurse practitioner, a registered nurse who is licensed to prescribe medication. The nurse and Holland both thought she was grappling with an anxiety disorder. The nurse prescribed antidepressants.

At one point in 2000, however, Holland had a panic attack in front of a KCSO sergeant. She was sent home on leave for four months.

Holland was later sent to Maria Root, a psychologist in private practice, for a fitness-for-duty evaluation. Root cleared her for duty, and Holland returned to work at Precinct 4 in the spring of 2001, according to KCSO documents. "No one said anything to my face," she says. "But I knew there were rumors saying I was on leave because I was crazy. I was so ashamed."

Soon after her return, a female deputy broke down sobbing in front of Holland in a precinct rest room. She confided in Holland that she was falling apart, losing control, and couldn't explain it. "You know, I really think you need to see a doctor," Holland said.

Meanwhile, Holland's marriage fell apart. She divorced in 2002 and moved to Seattle's Belltown neighborhood, an unusual address for a cop. She was unusual in other respects. She refused to work on the KCSO demonstration-management teams, because patrolling political protests with a baton went against her liberal politics. To this day, she has an anti-Bush bumper sticker on her personal car.

After the leave, ostensibly back to her usual self, Holland went back to patrolling the streets of Burien and SeaTac and, on occasion, White Center and South Park. It was therapeutic. With the gun and badge on, she was in control.

"She was passionate about her work, and she really knew her district," says a former colleague, a veteran KCSO deputy, who requested anonymity. "She knew where the trouble was and who the problems were. She worked well with the public."

Her patrol supervisor for 18 months in 2002 and 2003, Sgt. John Urqhardt, who is now KCSO's spokesperson, saw Holland similarly. "She was great to have working for me, dependable," says Urqhardt, who stresses that he speaks of his own experience with Holland and not for the department. Urqhardt says, too, that he never noticed anything that would have flagged Holland as having mental-health issues.

In 2003, Urqhardt recommended her for a position in Shoreline, running a storefront office—a common assignment to give a veteran cop a break from relentless action on the streets. She held that position until she was fired. "I was sorry to lose her."

But Holland still had that secret, though at that point she had no idea she was bipolar. She was written up by a KCSO captain for taking too many sick days. She didn't like taking sick days, but she felt she had no choice. "I couldn't work on two hours sleep," she said. She kept going through spells of insomnia, despite slamming Tylenol PM, and her mind raced. Holland wasn't suicidal, nor did she experience psychosis, but she knew something was up.

Whatever it was, it didn't interfere with her performance while in uniform. In fact, less than two weeks after she'd taken five sick days to contend with a tough spell in 2002, Holland and other deputies responded to a call one afternoon at Seahurst Elementary School in Burien. There was a man with a gun on the school grounds. The school was locked down while deputies captured the suspect and protected the schoolchildren.

Holland was given a commendation for her work that day.

It was not her first commendation. A few years before, she'd been awarded one for work during a tense standoff with a suicidal man who was armed with a gun. The situation ended with no shots fired. There were others, too. One commendation was from Norm Stamper, then chief of Seattle Police, in 1999 for work on a murder in South Seattle.

Holland was in control. But if she had gone to a superior and laid it out, maybe saying, "We've got a mental-health issue here, and no one can find the right diagnosis," no one could predict what might happen, because no one had ever been that honest before.

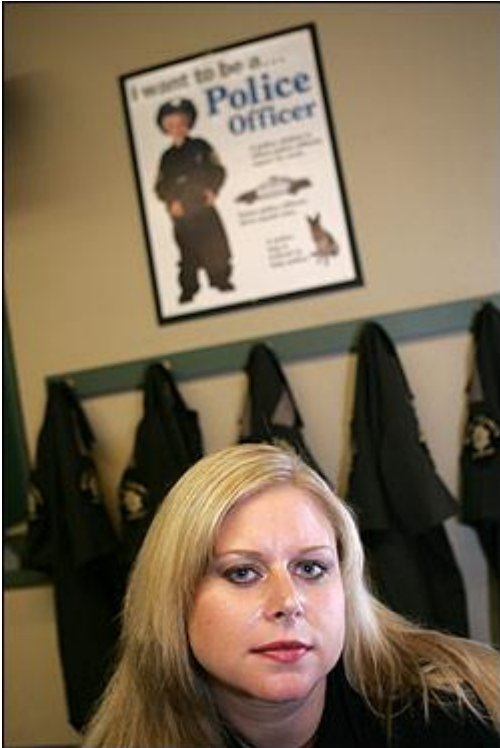
That's what Sgt. Eric Weaver used to worry about. He was a sergeant on the SWAT team for the Rochester (N.Y.) Police Department. Like Holland, he had a secret. "The most macho cop in Rochester was depressed," he says. Suicidally so, in his case. Seeking treatment in 1996, he was hospitalized, as he was another five times over the next few years.

Weaver's department took a different approach than what KCSO did with Holland. He was supported by the agency's top brass and returned to duty, although he kept his diagnosis hidden from other cops. In 2003, following the suicide of another Rochester officer, Weaver went public with his condition. He was embraced, literally, by colleagues.

He is troubled by King County's approach with Holland and the signal it sends to other cops. "They are basically saying, 'Don't treat yourself for it, then everything will be OK.' It seems to me that it's more dangerous to have someone with a gun and a Taser who's not getting treated." Suicide claims 300 police officers a year—a rate twice that of the general population in the U.S.

Some KCSO deputies are just as troubled. "I think it's total BS for them to do that to someone for being honest with a medical issue," says a veteran deputy who requested anonymity.

"Why did this happen?" says another. "She was well liked. There are a lot of people at the precinct who are upset about this. She was treated like a criminal."



Holland: "I was ashamed."  
(Kevin P. Casey)

**Bipolar disorder**, once more commonly known as manic-depression, is a medical problem. It is characterized, in the broadest sense, by inflated moods and crushing depression, a certain wildness, and a certain unpredictability. The consensus these days is that it is caused by an imbalance of brain chemistry. Some researchers estimate that bipolar disorder can be attributed 80 percent to genetic causes, although what genes on which chromosomes disrupt which brain receptors isn't clear.

After diagnosis and with appropriate medication and therapy, bipolar disorder can be treated. Most crucial is that the patient accept the diagnosis and learn how to manage it each day, or he or she will be lost.

Holland was formally diagnosed with bipolar disorder in 2003 by Marcia Kent, a psychiatrist in Seattle. But what can you do with that bit of news at the cop shop?

"I didn't want to tell anybody," she says. "I was ashamed. I was a functioning bipolar, and all the bipolars I knew about were crazy, running down the street naked, like the guy who shot Rich."

She refers to KCSO Deputy Richard Herzog, who was murdered in 2002 by Ronald Matthews, a bipolar who went psychotic after smoking crack. He got his hands on Herzog's gun. Found guilty of first-degree aggravated murder, Matthews is serving a life sentence.

No sheriff's office policy required Holland to report her condition to superiors. So she stayed silent.

Kent tried a number of medications for Holland. Tegretol, an antiseizure medication that is sometimes used on bipolars, made her hair fall out. Lithium, the old standby, proved ineffective at treating Holland's highs. She was still

having trouble sleeping, but again, Holland was not psychotic or suicidal, according to Kent.

"When I started taking lithium, I had big hopes of feeling normal," Holland says. "All it did was make me gain 30 pounds and gave me nothing but hypomania." Hypomania is a state of restlessness, insomnia, racing thoughts, and abnormal levels of energy.

Many bipolars, especially those new to the game, give up at that point. The meds aren't working and they feel sort of OK, so they get off them. That tactic often results in a patient winding up in a psych unit a year or so later and digging out from an even worse crisis.

Holland kept trying. Last spring, she and her doctor decided to switch to Lamictal, another antiseizure medication, and Seroquel. The latter is an "atypical" antipsychotic drug for treating the hallucinations that accompany schizophrenia. Atypicals are for bipolars now what Prozac was for depressives in 1990. Forget the spooky name. Atypicals work well when mood stabilizers like lithium and Depakote do not.

Both women agreed that Holland should file for a leave under the federal Family Medical Leave Act to ensure that her med switch went smoothly. Different people react differently to psychiatric medications, particularly when they begin a new regime. Among bipolars, some medications are notorious for inducing mania or hypomania or for causing too much sleep.

It was the right thing to do. Holland put the paperwork in the mail.

**KCSO's response** was to place her on administrative leave with pay. Her gun and badge were taken from her.

In August, Holland was sent for evaluation to Norman Mar, a psychologist. At the evaluation, Holland declined to sign a medical release granting access to her medical records. She did this on advice of the King County Police Officers Guild, the union that represents deputies and sergeants. Mar was unable to provide an opinion as to her fitness for duty, according to KCSO records.

Later in August, Holland was ordered to see Maria Root, the same psychologist who had found her fit for duty three years before. Root reported to KCSO that Holland should be placed on six months' leave and then re-evaluated, according to records.

The King County Sheriff's Office did not follow Root's advice. The department ordered Holland to see another doctor. In October, she met with Kathleen Decker, a Bellevue psychiatrist. Decker began the interview by demanding that Holland sign the medical release that would enable her to examine Holland's

medical records and consult with Kent, Holland's personal psychiatrist. She said Holland would be "terminated" if she failed to comply. Holland signed the document, adding the proviso that Decker was limited to one consultation with Kent about her psychological diagnosis. Holland says she sometimes discussed personal physical-health issues with Kent and didn't want Decker to see that information.

She and Decker had a 30- to 45-minute session, after which the doctor instructed her to take the Minnesota Multiphasic Personality Inventory, a widely used psychological test.

Decker never asked Holland about job performance, according to Holland. Neither did Decker contact Holland's doctor to see the medical records. "I never got a call or a letter from her," says Kent.

After the interview, Decker provided her evaluation to KCSO. Both Rahr and Denise Turner, chief of KCSO's technical services division, said during an interview with *Seattle Weekly* that Holland hadn't signed a medical release. Holland says she did.

"Dr. Kathleen P. Decker has provided information stating that your limitations are ongoing, your condition permanent, and that you are unable to return to work," wrote Capt. Mitzi Johanknecht of KCSO's technical services division in an Oct. 18, 2004, letter to Holland.

Holland requested a medical termination hearing. At the hearing, she presented KCSO with an evaluation from her own doctor, Kent, which stated that Holland was fit for duty.

"There are some people I would not go to bat for if they were carrying a gun," says Kent. "I took it very seriously that she carries a gun. I wouldn't make that recommendation for someone off meds and with poor insight into their illness, or with a history or pattern of aggression or anything that suggested she had poor judgment. But that was not Angie at all."

At the hearing, Turner told Holland how good she looked and stated that she knew of no disciplinary problems with Holland during her tenure as a deputy.

Johanknecht, also in attendance, said to Holland, "The doctor says you are taking anticonvulsants and antipsychotics." Her face, says Holland, had a look of horror on it.





Two days later, Turner informed Holland in a letter, "You are not fit for duty as a law enforcement deputy. . . . Thank you for your over six years of service to the King County Sheriff's Office."

For Holland, the entire process was demeaning and discouraging. Her union provided minimal help. It seemed to her as if every good thing she had done in her career had been overlooked and that her diagnosis of bipolar disorder and the scary-sounding meds she was taking had ruined any chance she had of making her own case to the department—that all the voodoo assumptions surrounding mental illness had prejudiced the department from the get-go.

Before her firing, an old patrol buddy called Holland. "How could this happen?" he asked her. "You were always so good."

Chief Turner: "You are not fit for duty."

(Kevin P. Casey)

"I was bipolar then, and I'm the same now," she says she told him. "He was shocked."

For her part, Rahr says, "I'm in a situation where I am damned if I do and damned if I don't." The sheriff says the department cannot ignore a psychiatric disability, because deputies "must rely on excellent judgment" and the consequences of a cop with such a disability making poor judgments are too great.

"We are talking about life-and-death decisions, not making widgets," Rahr says.

**Holland never** lost control on the streets, even before she was diagnosed, and the sheriff's department is willing to keep deputies with troubling records on the force. In 2003, KCSO detectives George Alvarez and James Keller, with Des Moines police officer Barron Baldwin, beat and pepper-sprayed an informant. Later, he was threatened with being tossed into the Green River, according to KCSO records. The three were charged with unlawful imprisonment and fourth-degree assault, but a criminal jury was unable to reach a verdict in the case last year. Alvarez and Keller's supervisor recommended that both be terminated for their actions, according to KCSO records. But that's not how things played out.

"It is my responsibility in this case to send a strong message to you, the entire department and the public," then-Sheriff Dave Reichert wrote Alvarez in July 2004. "Your conduct was very wrong, completely contrary to our core values and

the discipline imposed must send a very strong message to the department and to the community we serve. While the recommendation in this case was for termination, I have instead elected to impose a twenty day suspension, without pay." Reichert, in the letter, also encouraged Alvarez to "prove yourself deserving of a second chance." Keller also received a 20-day suspension without pay. Both were demoted to deputy.

Also remaining on the KCSO payroll is Deputy John Vanderwalker, who, during the WTO protests in 1999, pepper-sprayed two women, temporarily blinding them, and kicked a protester, an incident famously captured on video. Reichert fired him, but Vanderwalker was reinstated by a federal arbitrator.

"If you have extreme behaviors, we'll give you a second chance," says Jack Kitaeff, a police psychologist and assistant professor of forensic psychology at Marymount University in Virginia. "But if you seek out psychiatric assistance, look what that gets you."

The discrepancy mystifies cops. "I could understand firing her if she'd done something questionable," says a veteran KCSO deputy, who requested anonymity. "But her job performance wasn't affected. Everything was under control. I would've never guessed she was bipolar unless she'd told me." Says another deputy: "She had no acting out, nothing to make you think she was a risk. I think they treated her like shit."

One deputy, however, says that Holland did have a problem. She used the word "dude" too much early in her career.

Experts in police psychology have concerns about the process, as well.

"If her performance is up to snuff so far and colleagues never noticed anything strange, I would not recommend a suspension or firing," says Stephen Rubin, a police psychologist and professor of psychology at Whitman College in Walla Walla. "To make a very quick call on only one professional opinion in contradiction of other professionals and in contradiction of other colleagues seems to me a bit radical, a bit too quick. I hate to see a career end based on this."

Says John Nicoletti, a police psychologist in Denver and chair of the International Association of Chiefs of Police psychology section: "You have to look at what were the behaviors that were occurring" on the job.

It is unclear on what basis Decker found Holland unfit for duty. She did not return repeated requests for comment.

Sheriff Rahr, appointed to office last November after Reichert was elected to Congress, declined to discuss the specifics of Holland's firing. "We will rely on the judgment of the psychiatrist," Rahr says.

She says it is "very rare" for a deputy to be found unfit for duty. Most terminations at KCSO are for deputies fresh from the police academy who fail their field training.

In the instance of cops with medical issues, both psychological and physical, if a doctor finds that the deputy cannot expect to make a full recovery within six months, Rahr says, "We then move to medical termination."

I asked Holland why she could do well on the job, while having issues with bipolar after hours. "It's because of my training," she says. "When you are on the job, you are so focused on an incident that your training takes over. It's easy after that."

**As bipolar** disorder goes, Holland barely tips the scale. The disorder operates on a continuum. At one end are the mildest cases, where the sleep disturbances and racing thoughts reign—hypomania, in other words. People on this end of the scale almost never experience true manic episodes, although they are subject to bouts of depression. Cases like these often fall into two subcategories of the disorder called bipolar 2 and cyclothymia, which is to say these people are bipolar but are tapped for a lesser form of the illness, "bipolar lite," as some have dubbed it.

On the other end of the scale is bipolar 1, classic manic-depression. At its worst, it is an unholy trinity of psychotic and suicidal episodes and hospitalization. Holland isn't even close to that. She's never experienced psychosis or been suicidal, nor has she been hospitalized, according to her and Kent, her psychiatrist.

The typical story with bipolars who do something tragic, or suffer a tragedy, is that they were not getting treatment or were off their meds. Or they were adding hard drugs and binge drinking to the mix. Either way, they are not taking responsibility for their illness. Much of the American mind-set encourages such behavior. Mental illness is a weakness. Mental illness makes you suspect. If you admit that you are mentally ill, then you are weak and suspect. So bipolars, depressives, and schizophrenics often reject, or barely embrace, the very treatment that will keep them from being the problems we fear they can become.

There is a lot of evidence that dealing with bipolar disorder and other mental illnesses in an open and intelligent fashion makes sense. In 1977, Randy Revelle was a Seattle City Council member. He testified about City Light before a congressional subcommittee in Washington, D.C., then walked outside and experienced a psychotic episode. It was not a pretty sight for his family and

friends, as he had other episodes over the next few weeks. Revelle worried that his political career and life were over. But he sought treatment, was diagnosed as bipolar, and began taking lithium.

He was re-elected to Seattle City Council and, four years later, was elected King County executive. At the time, it was even more difficult than it is today for someone to openly admit they have a mental illness. But Revelle talked about it. At times, he did so very publicly.

In 28 years, he has not experienced any other psychotic episodes and continues to lead an active life in regional politics as a lobbyist for the Washington State Hospital Association. He was instrumental in getting a bill through the Legislature this year which bans the long-standing practice of health-insurance companies offering lesser benefits for mental-health treatment than they do for physical ailments. Gov. Christine Gregoire signed the bill into law on March 9.

Of Holland's firing, Revelle says, "That would've never happened if I were county exec."

Despite examples such as Revelle and Weaver, the Rochester, N.Y., cop diagnosed with depression, and the millions of other Americans who have mental illness but lead perfectly normal and productive lives, many Americans continue to think that we are freak jobs. In fact, 25 percent of Americans think that people with bipolar disorder are automatically dangerous, according to a 2002 poll by the Depression and Bipolar Support Alliance, a national advocacy group.

If such poisonous thinking continues, cops will continue to lose their jobs, even if they've done everything right.

**One evening** in March 2003, Holland and four other deputies pursued a man on International Boulevard in SeaTac. He'd just knocked over a bank branch in Normandy Park and had a string of warrants on his head for other bank jobs. It was 5 p.m. and the road was clogged with traffic. The robber, presumed armed, was driving a motorcycle, and when he got into the clear, he jumped on the throttle, deputies in hot pursuit and a sheriff's helicopter calling the chase from overhead.

At 188th Street South, traffic stopped the fleeing robber. A deputy ran his patrol car into the motorcycle, and the man ran east into the vast Doubletree Hotel complex. Holland and other deputies followed on foot. The suspect ran into the hotel's laundry plant.

"Get out, get out! Get out!" Holland remembers shouting at the shocked laundry employees, as she and the others hustled the workers to safety and then took up positions to corner the suspect. Needless to say, Holland had her Glock out.

"It was definitely unsafe," she says of the situation. "Not according to protocol. But we were supposed to protect people. We would have double-tapped his ass in a heartbeat if he'd come out with a weapon."

A sergeant called the deputies out of the laundry, ordering them to help set up a perimeter. The SWAT team was on the way. Outside, it was a big show, with every available unit from Tukwila, Des Moines, the county, and Seattle on the scene. Even the FBI was there. The robber would either come out on a gurney or with his hands in the air. When the SWAT team showed up, he surrendered.

"It's always a good thing," Rahr says of that incident, during which deputies like Holland protected the public and not a single shot was fired.

"Just another day at the office," Holland says. "And that's the point." With a touch of bipolar disorder, improperly diagnosed and insufficiently treated at that point, and unable to be open about her problem because of hidebound cop culture, still Holland was doing her job without screwing up.

Rahr says she has to take into account both public safety and potential liability for the department. "If an officer does something inappropriate, then we are liable," she says. But the fact is that Holland did her job, just as the half-dozen or more deputies known by colleagues—but not the department brass—to be taking antidepressants are doing their jobs every day without screwing up. Does Rahr know there are other deputies with psychiatric diagnoses?

"I wouldn't know," the sheriff says, adding it would only be an issue for the department if there were problems with performance or behavior on the job, or if the deputy reported his or her condition.

"I would love to fly out there and say, 'Enough! Enough! This isn't the 1950s,'" says Weaver, the Rochester sergeant. "If we are just looking at the suicide rate among police, what message are you sending that if you admit you have a mental-illness issue, then you lose your job?"

**Right now**, Holland has no job. She committed a crime of honesty. Many would regard what Holland did in coming out and coming clean as naive. She's not convinced that's entirely true. "It was the right thing to do as far as my condition is concerned," she says. "But it was the wrong thing because of ignorance in the department."

She was recently offered a job at the King County Jail, conditioned on passing a lie detector test and a psychological exam. When she took the lie detector test, the first question was, "Do you have a mental disorder?"

I recently asked Holland if there wasn't a bright side to her experience.

"There's no bright side," she says. "I'm going fucking broke. They totally screwed me."

Actually, there is a small bright side. Holland is rock-solid stable. She sleeps regular hours. If KCSO had followed the advice of Maria Root, the psychologist who recommended that she be placed on six months leave and then re-evaluated, Holland probably would have been declared fit for duty.

Strangely, for a large police department whose officers deal with mentally ill people on the street every day, KCSO has no crisis-intervention training program for deputies. CIT, as it's known, is in place at departments in Memphis, Miami, Houston, Portland, and Seattle, among others. It involves "de-escalation" techniques to keep encounters with mentally ill people from going badly, for the subject or the cop.

Last year, an SPD sergeant used CIT concepts to talk a suicidal man off of the Space Needle's halo.

It has doubtlessly also saved the lives of officers facing down mentally ill people with weapons. The training could prove useful, too, the next time a King County deputy encounters a psychotic, crack-smoking, bipolar man or woman running naked in the streets.

And it might just make good cop sense to have a deputy or two who know exactly what's going on with the bipolar subject, know what the monkey on that person's back feels like.

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What Do You Think?

"It'd be interesting to know how much latitude the citizens of King County would want us to grant in such a situation."

—King County Sheriff Susan Rahr in a *Seattle Weekly* interview

You tell the sheriff: Was firing Deputy Angela Holland the right thing to do or the wrong thing?

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