

## Active Listening Skills

Active pauses – consciously create a pause or void through the use of silence to encourage the person to think or

Active responses – the speaker expresses how they feel when the person says or does

Active listening – listening to you when

# Improving Responses to People with Mental Illnesses

## Strategies for Effective Law Enforcement Training



**BJA** Bureau of Justice Assistance

**JUSTICE CENTER**  
THE COUNCIL OF STATE GOVERNMENTS

# Improving Responses to People with Mental Illnesses

## *Strategies for Effective Law Enforcement Training*

A report prepared by the  
Council of State Governments Justice Center  
in partnership with the Police Executive Research Forum  
for the  
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- Dr. Richard James, Professor, *University of Memphis*
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- Dr. Risdon Slate, Professor of Criminology, *Florida Southern College*, and consumer of mental health services
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1. For the individuals listed here, titles and agency affiliations reflect the positions they held at the time of their involvement with the project.

- Officer Frank Webb, Crisis Intervention Team Coordinator, *Houston (Tex.) Police Department*
- Lieutenant Michael Woody (retired), Law Enforcement Liaison, *Ohio Criminal Justice Coordinating Center of Excellence*

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# Introduction

**In recent years**, law enforcement agencies across the country increasingly have collaborated with community partners to design and implement specialized responses to people with mental illnesses. These agencies work closely with mental health practitioners, people with mental illnesses and their family members, representatives of social service agencies, and others who share their goal of improving the outcomes of encounters with people who have mental illnesses. Their *specialized law enforcement–based response programs* position officers to safely manage these complex encounters and provide a compassionate response that prioritizes treatment over incarceration when

## **What Are Specialized Law Enforcement–Based Response Programs?**

This guide uses the term “specialized law enforcement–based response” to describe programs that meet three criteria: (1) they enhance traditional law enforcement roles in order to provide a new set of response options for frontline personnel that are tailored to the needs of people with mental illnesses; (2) when appropriate, they establish a link for these individuals to services in the community; and (3) they are based in law enforcement agencies with strong collaborative ties to mental health partners, other criminal justice agencies, and community members.

This term includes both the crisis intervention team (CIT) model and the law enforcement–mental health co-responder model. Originating in the Memphis (Tenn.) Police Department (and often called the Memphis Model), the CIT model calls for training and deployment of self-selected officers to provide a first response to the majority of incidents involving people with mental illnesses. This model is designed to de-escalate tensions at the scene and to reduce the need for use of force during these types of encounters.

The co-responder model was developed in Los Angeles County and implemented soon after in San Diego (Calif.). Leaders in those jurisdictions were concerned that they were unable to link people with mental illnesses to appropriate services or provide other effective and efficient responses. Specifically, they found that limitations on officers’ time and lack of awareness about both community mental health resources and the characteristics of individuals who need access to those services were significant problems. The resulting model pairs specially trained officers with mental health professionals to provide a joint, secondary response to the scene.



appropriate. While variation exists among agencies with these programs, they share a common feature: officers who respond to incidents involving a person with a mental illness receive extensive training for this role.

Training enables law enforcement personnel to perform duties required for an effective response. With training, responders better understand mental illnesses and the impact of those illnesses on individuals, families, and communities. They are also better prepared to identify signs and symptoms of mental illnesses; utilize a range of stabilization and de-escalation techniques; and act in full awareness of disposition options, community resources, and legal issues, all of which vary by jurisdiction. Supervisory and support personnel (such as midlevel managers, field training officers, call takers, and dispatchers) also receive training that enables them to assist responders and facilitate the specialized program's operations.

While experts agree that training is a core feature of a specialized response program, they also caution that it presents complex challenges. As many practitioners experienced in these law enforcement programs know, training must do more than *inform* its participants—it must also *transform* them. To perform effectively in their new role, officers need to acquire a greater understanding of issues and systems with which they may have little familiarity; with this base, they must also master new skills that will enable them to make safe and appropriate decisions during difficult and often tense field encounters.

*“One of my CIT officers was proud of her ability to calm a person in crisis in her patrol car by turning the radio to an easy listening station. We don’t teach that specific tactic, but the CIT training nurtures a level of performance in the field that brings about a change in the culture of police.”*

— MAJOR SAM COCHRAN  
CIT Coordinator, Memphis (Tenn.)  
Police Department

## Training: An Essential Element of a Specialized Response

Training is one of 10 “essential elements” of any specialized law enforcement–based response program, according to a consensus of experts whose recommendations are captured in the report *Improving Responses to People with Mental Illnesses: The Essential Elements of a Specialized Law Enforcement–Based Program* (a publication provided with support by the Bureau of Justice Assistance). Reflecting agreement among a broad range of policymakers, practitioners, advocates, and researchers who work on these issues, the *Essential Elements* report states, “All law enforcement personnel who respond to incidents in which an individual’s mental illness appears to be a factor receive training to prepare for these encounters; those in specialized assignments receive more comprehensive training. Dispatchers, call takers, and other individuals in a support role receive training tailored to their needs.”

To learn more and download a copy of the report, visit [www.consensusproject.org/issue-areas/law-enforcement](http://www.consensusproject.org/issue-areas/law-enforcement).

Many jurisdictions currently implementing specialized response programs are finding that developing an effective training program is an iterative, time-consuming process that requires patience, commitment, and cooperation among partners. This guide is meant to facilitate this process by sharing lessons from the field, while recognizing that agencies may need to tailor successful strategies from another jurisdiction to meet their unique needs. Personnel who are planning training for a specialized response program can learn much from the experiences of those who have already overcome significant challenges.

## About This Report

This training resource guide is written for law enforcement personnel and staff at other agencies who are planning a training initiative that will support a crisis intervention team, co-response, or other type of specialized law enforcement–based response program, as well as for individuals looking to enhance an existing training initiative. The guide reviews common challenges experienced by several jurisdictions that have developed training for officers encountering people with mental illnesses, and synthesizes the key lessons they learned that could be of benefit to others. To describe these challenges and identify effective strategies for addressing them, the authors conducted field surveys, phone interviews, focus groups, and an analysis of the existing literature on law enforcement training.<sup>2</sup>

The guide will be most useful to stakeholders in jurisdictions that are in the process of developing a training program or want to enhance an existing training effort; the authors hope readers will find it a helpful companion to any training curriculum.<sup>3</sup> It considers questions such as which individuals would be most appropriate serving as trainers for this type of effort, how these trainers can be identified, what preparation trainers require, what techniques are most effective, and how planners can achieve maximum impact through these techniques. It is not a “how-to” guide for crafting individual curriculum modules; rather, it provides direction on how to overcome specific challenges that will likely come up during the development or improvement process of most training efforts. In other words, the discussion here focuses less on *which* topics should be taught and more on *how* they can be taught most effectively.<sup>4</sup> Several resources (see appendix C: Curriculum Resource List) are available to assist communities in the critical step of identifying and tailoring curriculum content to address specific jurisdiction characteristics (e.g., mental health laws, mental health resources, and law enforcement policies). The process of customizing training to local and

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2. See the acknowledgments for a list of experts interviewed for this guide.

3. Throughout this document, the term “stakeholders” is used to describe the diverse group of individuals affected by law enforcement encounters with people with mental illnesses, such as criminal justice and mental health professionals; numerous other service providers, including substance abuse treatment counselors and housing professionals; people with mental illnesses and their loved ones; crime victims; and other community representatives.

4. For a list of potential training topics for coordinators who are in the early stages of curriculum development to consider, see appendix B: Suggested Training Topics.

regional needs, as well as decision making related to the duration and frequency of training, and how to pay for instruction, should be handled by a multidisciplinary committee tasked with creating a training plan that best prepares officers to provide specialized responses.

This guide to training strategies will be most useful for jurisdictions in which a solid foundation for training is in place—in other words, when the following steps have been taken:<sup>5</sup>

- Relevant organization and agency leaders, as well as other individuals involved in law enforcement encounters with people with mental illnesses, are committed to working together to develop a collaborative response.<sup>6</sup>
- These leaders have formed a multidisciplinary planning committee to discuss all issues related to program planning, including training.
- The planning committee has analyzed their community’s problems and available resources to inform the specialized program’s policies and practices, which form the basis of the training content.
- The planning committee has determined whether some or all personnel in the law enforcement department should be trained and whether trained officers should respond alone or in combination with mental health providers.
- Agency leaders serving on the planning committee have designated appropriate staff to compose a working group (called a coordination group in this document) responsible for the day-to-day management of personnel training and other program responsibilities.<sup>7</sup> The coordination group, which serves as the administrative body for the training initiative, has determined the length and frequency of training, developed the curriculum, and made key recommendations, such as how to finance training.

The coordination group—members of which are called coordinators throughout this guide—will also oversee identifying and preparing trainers and selecting training techniques. More than any of the other individuals involved in a specialized law enforcement–based response to people with mental illnesses, coordinators are perhaps the group most likely to benefit from the recommendations provided in this guide.

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5. The steps outlined here for creating a collaborative foundation for designing and implementing a training initiative are culled from *Improving Responses to People with Mental Illnesses: Essential Elements of a Specialized Law Enforcement–Based Program*, available at [www.consensusproject.org/downloads/le-essentialelements.pdf](http://www.consensusproject.org/downloads/le-essentialelements.pdf).

6. In addition to the lead law enforcement agency, partners should include mental health service providers and consumers, their family members and loved ones, and advocates. Based on the nature of the problem in the community, additional partners might include other area law enforcement professionals; health and substance abuse treatment providers, housing officials, and other service providers; hospital and emergency room administrators; crime victims; other criminal justice personnel such as prosecutors and jail administrators; elected officials; state, local, and private funders; and select community representatives.

7. In some jurisdictions the planning committee and the coordination group may be the same—particularly in those with small agencies, in rural areas, or with limited resources.

## Who's Who in the Training Initiative

A training initiative to improve the law enforcement response to people with mental illnesses involves experts from a variety of disciplines who serve a range of functions. To differentiate among the various roles in the training initiative, this guide uses the following terminology:

- **Coordinators**—Representatives of the law enforcement agency and other stakeholder groups who plan and oversee the training initiative. (Training coordinators often also oversee other administrative aspects in a specialized response program.) Responsibilities include identifying and preparing trainers, designing the curriculum, selecting training techniques, and managing logistics.
- **Trainers**—Content experts who provide classroom instruction. Trainers can be officers who teach policing functions, mental health professionals who discuss mental health-related topics, other justice or health professionals who explain related legal concerns or substance abuse issues, or community members who describe what it's like to live with a mental illness. (See chapter 1 for an overview of trainers and training topics.)
- **Role Players**—Individuals who perform in the role of a person with a mental illness or another individual who may be involved in the law enforcement encounter during the role play exercise. Role players can come from a variety of backgrounds: they may be professional actors, law enforcement officers, mental health professionals, or consumers.<sup>8</sup> (See chapter 3 for more on the role player's responsibilities and considerations for finding role players.)
- **Facilitators**—Individuals with experience in law enforcement responses to people with mental illnesses who provide instructions and lead debriefing conversations during the role play exercise and other experiential learning activities. (See chapter 3 for more on the role of the facilitator.)
- **Participants**—Law enforcement officers and other appropriate support personnel who receive training to improve their response to people with mental illnesses. (Because the primary focus of this guide is improving law enforcement responses to people with mental illnesses, recipients of cross-training other than law enforcement officials—that is, mental health professionals, consumers, and other stakeholders—are not included in this category.)

These roles are not mutually exclusive: the coordinator may also serve as trainer; the facilitator as role player; or the coordinator as trainer, facilitator, and role player. The authors of this guide use specific terms to distinguish among these different functions, while recognizing that multiple functions may be within a single person's responsibility.

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<sup>8</sup> In the mental health system, "consumer" is the term most frequently applied to a person who has received mental health services. The term is sometimes used more generically to refer to anyone who has a diagnosis of a mental illness.

## Looking Ahead

This document is organized into two parts, as outlined below.

### Part One: Effective Trainers

#### *Chapter 1 – Identifying Trainers*

Provides strategies for recruiting and selecting the most effective trainers.

#### *Chapter 2 – Preparing to Teach a Law Enforcement Audience*

Discusses important approaches to teaching content related to mental illness that meet the unique needs of law enforcement personnel and is sensitive to the policing culture.

### Part Two: Effective Training Techniques

#### *Chapter 3 – Enhancing Skills: The Role Play Exercise*

Provides guidance on how to use role play exercises effectively, including helping officers to master essential de-escalation techniques.

#### *Chapter 4 – Increasing Awareness: Site Visits, Testimonials, and Simulations*

Illustrates how less traditional law enforcement training options can help officers better appreciate both the difficulties faced by people with mental illnesses and their family members, and the way mental health treatments and supports are provided in their community.

Each chapter lists a set of challenges that jurisdictions have faced in implementing a training initiative, followed by recommendations for and discussions of how they can be addressed.

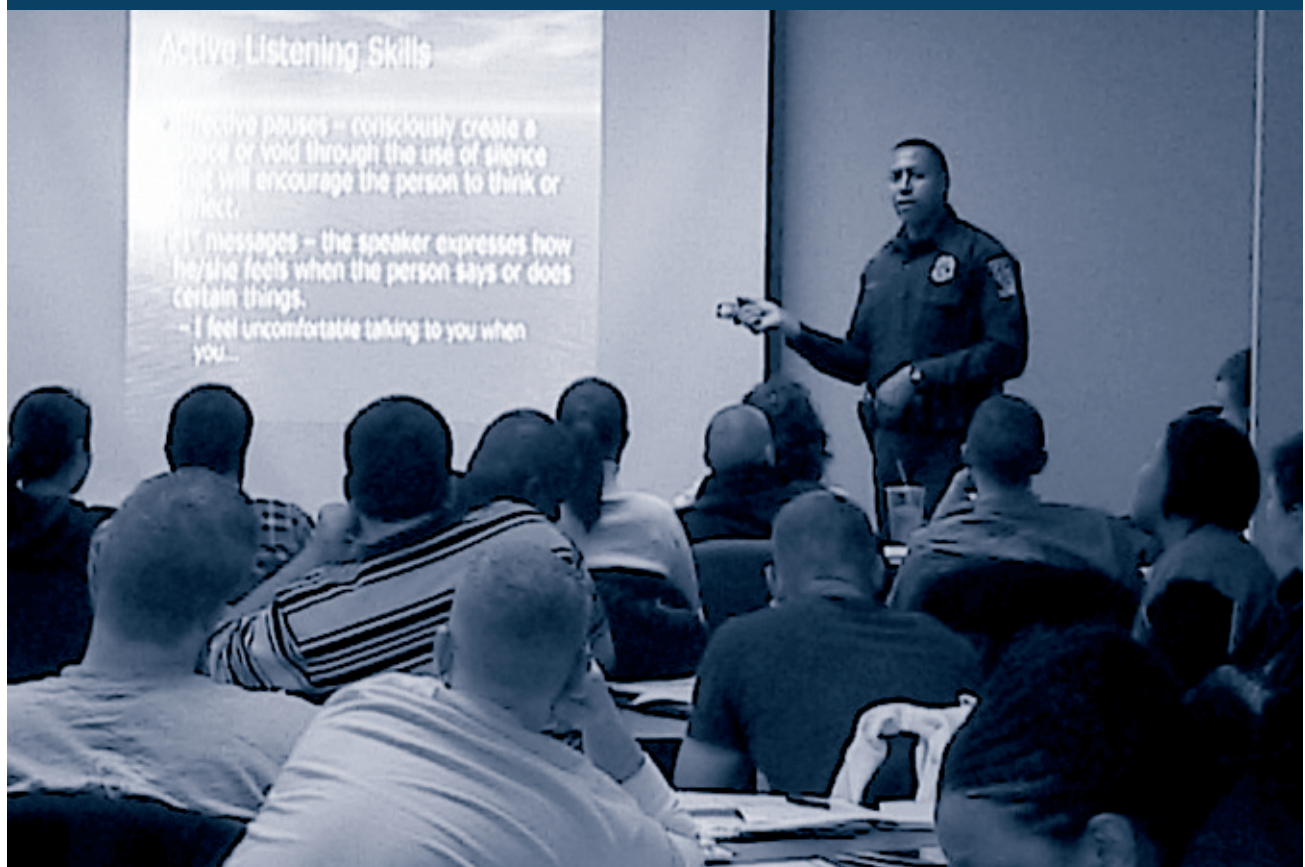
To ensure that this guide is grounded in practical approaches, it includes experts' words of advice, examples of programs illustrating key themes, and references to supplemental resources.<sup>9</sup> Excerpts from the *Essential Elements* report referenced above are also included to draw the connection between training and key policies and practices that can improve how law enforcement responds to people with mental illnesses.

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9. Agency representatives interviewed for this guide are quoted throughout the text. These experts represent the various disciplines and perspectives found within the advisory group referred to in the acknowledgments and within the complete advisory board in appendix A.

# Part One

## Effective Trainers



# Chapter One

## Identifying Trainers

**Officers who provide the first response** to people with mental illnesses require a broad understanding of relevant issues and a range of skills to perform the unique responsibilities of their assignment. This training should be taught by experts whom officers will find credible. The following sections discuss challenges planners and coordinators often experience

### Broad Topics, Broad Expertise

Training for law enforcement officers on effective responses to people with mental illnesses must draw on a diverse range of expertise and perspectives to cover a broad range of topics, from recognizing signs of mental illness to understanding the state's emergency evaluation laws. Many of these topics may be better taught by experts from disciplines other than law enforcement. Trainers from the following categories can be helpful in presenting particular topics:<sup>10</sup>

- **Law enforcement trainers** can provide instruction on all matters related to first response and other policing functions, including officer safety, scene stabilization and de-escalation skills, the need for a specialized response, procedures for transporting an individual to a mental health facility, and the relevance of other agency policies and procedures.
- **Mental health practitioners** can teach officers to identify signs and symptoms of mental illness and provide information about disposition options and community resources—including advising officers about a drop-off facility's policies and admissions criteria (for example, its hours of operation, whether it accepts individuals with co-occurring substance use disorders, and limitations on capacity).
- **Consumers and family members** can provide a face and a voice for people struggling with mental illnesses. They can convey to officers the impact of mental illness on individuals, families, and communities. They are also uniquely qualified to promote a compassionate response from officers who often see people with mental illnesses only when these individuals are in crisis.
- **Other criminal justice and health professionals**—such as mental health court team members, jail administrators, and emergency room administrators—can present relevant legal issues, their interactions with law enforcement, and discuss how the high numbers of people with mental illnesses affect their system.

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**10.** The involvement of particular trainers will largely be determined by the topics selected, the means for presenting them, and the need for more specialized training for individuals who will primarily respond to these calls for service. For example, a department may decide to use an online training resource for ensuring that all officers have a baseline understanding of the signs and symptoms of mental illness but then also bring in mental health professionals to help guide interactive group training sessions for advanced instruction for CIT officers or others acting in a specialized response assignment.

when identifying and selecting trainers most appropriate for this initiative and then offer various strategies that have been successful in overcoming these challenges.

## Challenges

- Few law enforcement agencies or their training programs will have the internal capacity or expertise to teach the entire range of topics that first responders require when working with people with mental illnesses. Agency training planners or coordinators may also lack familiarity with qualified experts in the community who can adapt material to a law enforcement audience.
- Not all communities will have an adequate pool of local experts who can provide aspects of this training to officers. Planners or coordinators may have additional difficulty identifying outside instructors with expertise in any of the relevant topic areas who have observed a significant number of law enforcement encounters with people with mental illnesses or are familiar with policing culture, policies, and the everyday demands officers face.
- Some agencies will lack the funds to coordinate a training initiative, including expenses related to contracting with trainers.
- Trainers who have had negative encounters—whether from the law enforcement or mental health perspective—may find that those experiences color their presentations and pose significant barriers to effective teaching, even if the instructors are motivated to help improve law enforcement interactions.

## Effective Strategies

### ► Develop in-house expertise to teach law enforcement topics.

If a law enforcement agency is at the beginning stages of implementing a specialized response program, it is unlikely to have personnel prepared to teach policing strategies that are unique to encounters with people with mental illnesses. Relying on outside experts to train all specialized responders or sending all officers to train in other jurisdictions can be costly and may not be as efficient as developing in-house expertise—particularly if this requires significant travel out of the region.

A train-the-trainer course that includes a large number of trainers—either from within the agency or along with trainers from nearby agencies—is an ideal way to develop a pool of law enforcement training experts. This course can be taught as a one-time offering by outside experts. Alternatively, an agency can identify officers to serve as training coordinators and send them to another jurisdiction with an active specialized response program



and ongoing trainings.<sup>11</sup> When they visit another community's program, law enforcement training coordinators should ask questions about its development, collect materials, and develop expertise on the topic. Many agencies have sent officers to jurisdictions with long-established and prominent specialized response programs (such as Memphis, Tenn.; Akron, Ohio; and Albuquerque, N.Mex.). Some states—including Colorado, Georgia, Illinois, Ohio, and Utah—have established train-the-trainer centers that offer instruction to all agencies in that state.<sup>12</sup> These officers then tailor and supplement the training they have received to reflect the unique needs and resources of their own community.

*“One of the tougher parts of the training is teaching officers to take a different approach to handling someone who is mentally ill. It is best to have a respected law enforcement officer discuss that portion.”*

— **DR. RISDON SLATE**  
Professor of Criminology,  
Florida Southern College,  
and consumer of mental  
health services

Because the officer, or group of officers, who teaches law enforcement topics will likely become the agency's primary source of authority on this topic, the individual(s) should have significant experience in patrol and should be respected throughout the agency and community. In many communities, these officers will coordinate the specialized response program and training, represent the agency on the planning committee, and even chair that committee.

### ► Work with partners to identify trainers outside the law enforcement agency.

Law enforcement coordinators might not know who would be a good fit to teach modules such as recognizing symptoms of mental illness and strategies for officers to use when mental illness appears to be a factor in the call for service. Training coordinators will need to reach out to respected community partners—especially groups and individuals representing mental health professionals, consumers, and family members—to collaborate on identifying trainers or facilitators.

Members of the training coordination group from diverse disciplines and perspectives should identify individuals who can speak with authority about particular topics. Representatives from mental health agencies can tap their staffs' networks and consult with the local mental health board or relevant faculty at nearby universities for recommendations. Coordinators can also contact nearby jurisdictions to learn whom they have used as trainers. Advocacy organizations, such as NAMI (National Alliance on Mental Illness)

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11. To search for programs with training initiatives in your area, see the Criminal Justice/Mental Health Information Network, available at [www.cjmh-infonet.org](http://www.cjmh-infonet.org) and coordinated by the CSG Justice Center.

12. To learn more about the efforts of the Colorado Regional Community Policing Institute, see [www.dcj.state.co.us/crcpi/CIT.htm](http://www.dcj.state.co.us/crcpi/CIT.htm); the Georgia Bureau of Investigation, see [www.state.ga.us/gbi/CIT/index.html](http://www.state.ga.us/gbi/CIT/index.html); the Illinois Law Enforcement Training and Standards Board, see [www.ptb.state.il.us/training/training\\_main.htm](http://www.ptb.state.il.us/training/training_main.htm); the Ohio Criminal Justice Coordinating Center of Excellence, see [www.neoucom.edu/CJCOE](http://www.neoucom.edu/CJCOE); and the Salt Lake City Police Department, see [www.slcpd.com/insideslcpd/statewidecit.html](http://www.slcpd.com/insideslcpd/statewidecit.html).

## Essential Element: Collaborative Planning and Implementation

### Excerpt from the Essential Elements report

“Organizations and individuals representing a wide range of disciplines and perspectives and with a strong interest in improving law enforcement encounters with people with mental illnesses work together in one or more groups to determine the response program’s characteristics and guide implementation efforts.”

### Application to specialized training

The coordination group brings together the lead law enforcement agency, mental health service providers and mental health consumers, family members and loved ones, advocates, and other relevant group representatives. It creates a forum for collaborative planning for the training initiative.

and Mental Health America (MHA), both of which have local affiliates nationwide, or local mental health clinicians can help identify consumers and family members to participate in question-and-answer panels or other aspects of training.<sup>13</sup> Coordinators can also approach psychiatrists, who can ask their clients if they are interested in participating in such an initiative and, if so, for permission to pass along their contact information to the coordination group.

Training coordinators can then select trainers from the pool of nominees. Even in communities where the ultimate decision about who will teach is made by the lead law enforcement agency, this process makes use of the expertise of partners to identify highly qualified trainers from a broad range of disciplines.

### ► Coordinate trainings with other area law enforcement agencies to share trainers and reduce overhead costs.

The cost associated with training can be significant. Although partner agencies and community members will often volunteer time or services to help reduce expenses that would otherwise be charged to the law enforcement agency, some costs are inevitable. Law enforcement agencies must often pay overtime both for officers receiving training and for other officers who cover their assignments. Preparing materials, renting space and equipment, and paying for meals are just some of the other potential expenses. If a community has to bring in outside experts, their travel and contractor fees can also contribute to a significant budget strain.

Coordinators may consider conducting training along with other law enforcement agencies in the region to share trainer(s) as well as associated

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13. NAMI, a grassroots mental health advocacy organization, has local affiliates in all 50 states. To identify a NAMI affiliate in or near your community, visit [www.nami.org/Template.cfm?section=your\\_local\\_NAMI](http://www.nami.org/Template.cfm?section=your_local_NAMI). To find an MHA affiliate, visit [www.nmha.org/go/searchMHA](http://www.nmha.org/go/searchMHA). (MHA was formerly known as the National Mental Health Association or NMHA.)

expenses. A host agency will generally coordinate the training, and neighboring agencies will send personnel and offset costs with contributions—either in-kind or in the form of registration fees. This model works particularly well in rural or other areas in which multiple law enforcement agencies work together to provide a specialized response across several jurisdictions that share a single mental health treatment facility.

Coordinators can work to identify nearby jurisdictions that already conduct regular training sessions on specialized responses and ask if places can be reserved for their personnel. If none are known, coordinators can visit the Criminal Justice/Mental Health Information Network, which is coordinated by the CSG Justice Center and available at [www.cjmh-infonet.org](http://www.cjmh-infonet.org). This online network allows users to search for program profiles by state, and provides contact information for each program entry.<sup>14</sup>

- ▶ **Select trainers who have an appreciation for the specialized response program’s goals, positive attitudes toward law enforcement, and experience with people with mental illnesses involved with the criminal justice system.**

Training will be less effective when trainers’ past experiences or orientation prompts them to make negative statements about the law enforcement agency or people with mental illnesses.

Some or all members of the coordination group should interview potential trainers to ensure that the instructors’ reasons for participating do not run counter to the program’s objectives and would not limit their contributions or credibility. Although it may not be practical to conduct a rigorous application process for all potential trainers, it is important that coordinators are aware of trainers’ attitudes and level of commitment.

When the coordinating group selects family members and consumers to participate in the training, these individuals must be familiar with interactions with law enforcement and have moved beyond any negative outcomes of those encounters. When the agency identifies sworn officers to assist in training as facilitators or in other functions, coordinators should ensure these officers have had sufficient practical experience encountering people with mental illnesses or dealing with crisis situations and likewise are prepared to contribute in a constructive, positive manner.

*“You must be careful to select consumers who have gotten past blaming the police for what happened and can remove themselves from the past. They must be at a point in their recovery to talk openly about their experiences in a way that will benefit the police.”*

— **DR. RISDON SLATE**  
Professor of Criminology,  
Florida Southern College,  
and consumer of mental  
health services

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14. To find out which local jurisdictions are providing CIT training, see the CIT National Organization website, available at [www.cit.memphis.edu/cno.html](http://www.cit.memphis.edu/cno.html). Information on local CIT efforts can supplement information on co-response and other potential program models.

- ▶ Evaluate trainers to make programmatic decisions and provide specific feedback.

To ensure that trainers are providing core substantive information in a manner that promotes successful learning, coordinators should monitor performance in the classroom. Evaluation can be conducted in a number of ways: coordinators can provide students with evaluation forms, debrief some or all officers informally after the training, or observe trainers in action. This information can be used to determine whether to retain a particular trainer, to provide feedback to enhance performance, or to broaden the search for future trainers.

### Looking Ahead

Identifying qualified experts to teach the various topics in a curriculum that covers law enforcement responses to people with mental illnesses is one key step in a series of important efforts to develop effective training. Many experts on mental health–related topics will not have extensive experience working with law enforcement professionals. Law enforcement experts from outside the community may be familiar with the culture but unfamiliar with important community characteristics. The next chapter discusses ways to prepare the spectrum of trainers to coach law enforcement officers on improved responses, while recognizing factors unique to a specific law enforcement agency and jurisdiction.

## Chapter Two

# Preparing to Teach a Law Enforcement Audience

**Law enforcement officers** may have concerns about their safety during encounters with people with mental illnesses, their ability to control these situations, and their lack of experience performing nontraditional policing functions. To address these concerns, coordinators and trainers—particularly non-law enforcement personnel—must understand and recognize the realities of what officers encounter on the street and the demands put on them to respond to calls quickly and resolve situations safely. Many communities offer train-the-trainers sessions to educate coordinators and trainers from other disciplines on the challenges in and opportunities for training this audience. These sessions emphasize core themes about the policing culture and describe proven techniques for training law enforcement professionals in mental health topics.

This chapter discusses challenges that can arise when coordinators and trainers have not been adequately prepared. It then offers strategies that others have found useful in improving the impact of their efforts. Though most of the strategies are directed at people without law enforcement backgrounds, they are instructive for all coordinators who are looking to maximize the impact of training on responses to people with mental illnesses.

### Challenges

- Some officers may feel that non-law enforcement coordinators and trainers, or even law enforcement instructors who have little patrol experience, do not fully appreciate the unique issues street personnel face. Some participants may also believe that people from other disciplines blame law enforcement for any bad outcomes in encounters involving people with mental illnesses.
- Officers may have little or no background in mental health issues and may find it difficult to translate tremendously complex information into concrete actions and procedures. As a result, participants may become frustrated or lose interest if the material is not clearly relevant or is presented in dry, medical terms.
- As with many professions that serve the community as first responders, patrol officers receiving classroom training have to adjust from operating at a fast pace with regular direct engagement with others and a great deal of discretion in their daily routines to long periods of instruction and relative

inactivity. This is particularly true for those receiving advanced training in mental health issues, which typically consists of 40 hours of instruction—much of which occurs in a classroom.

- Trainers from outside the community may not be familiar with its resources, relevant laws, and other local factors; similarly, some trainers or coordinators from the community may not be familiar with all the local supports and other important information that is unique to the jurisdiction. Without this knowledge, instructors may recommend practices or approaches that cannot be supported by the community.

## Effective Strategies

### ► Involve experienced law enforcement personnel in many aspects of the training.

Trainers' understanding of policing, particularly street operations, is vital: if participants do not find trainers to be credible, they are less likely to accept the training and implement the practices learned. An important way to ensure that training reflects an awareness of law enforcement culture, policies, procedures, and real-life demands on the street is to involve experienced law enforcement personnel in many aspects of the training.

The law enforcement agency can identify personnel to facilitate the training—whether a single officer or several trained personnel. The officer(s) who go through prior training—either in train-the-trainer sessions or by observing training in more experienced jurisdictions—can assume this role. These officers should be responsible for leading all modules related to policing functions, introducing speakers, tying mental health content to experiences first responders are likely to face, managing the role plays, and answering questions.

Other experienced officers can also be involved in supporting roles. They can explain the importance of this training in the field, provide assistance as role players, and offer personal stories about family members or others who have mental illnesses and are at greater risk of encounters with law enforcement. Some communities pair an officer with a mental health clinician for particular modules, such as identifying symptoms of mental illness. In this arrangement, psychologists or psychiatrists join experienced law enforcement responders in the presentation on crisis de-escalation: the mental health professional describes symptoms of mental illness, and the law enforcement responder discusses specific techniques for de-escalating related behaviors.

*“These programs must be police-driven, and as such, there must be a strong police presence in the training.”*

— **OFFICER FRANK WEBB**  
CIT Coordinator, Houston (Tex.)  
Police Department

- ▶ **Connect non-law enforcement coordinators and trainers with patrol officers and other policing personnel to increase their awareness of the law enforcement culture, the current realities of policing at the street level, and the complexity of these encounters for officers.**

Content experts from outside the law enforcement agency may not have extensive personal experience with law enforcement encounters with people with mental illnesses. These experts may lack familiarity with the policing culture, policies, procedures, and real-life demands on the street. Similarly, if a sworn law enforcement trainer has not been on patrol for many years, or has had only a brief experience in that assignment, participants may be wary of accepting the new roles, approaches, and responsibilities put forth in training.

Non-law enforcement coordinators and trainers can improve their understanding of the demands, priorities, and concerns of the officers in the training by increasing contact with street officers before training; for these coordinators and trainers, this could involve participating in cross-training opportunities. Ride-alongs provide an excellent opportunity for all coordinators and trainers to observe the current pressures on first responders, as well as to develop relationships with particular officers. To help these individuals become more familiar with procedures, some agencies also arrange site visits to the department for non-law enforcement personnel.

*“Instructors should ride with an officer for a shift to gain a better understanding of the nature of police work. When this happens, it has been our experience that lesson plans change and become more [relevant] to an officer’s workload.”*

— **LIEUTENANT MICHAEL WOODY (RETIRED)**

Law Enforcement Liaison, Ohio  
Criminal Justice Coordinating  
Center of Excellence

- ▶ **Establish a shared commitment to addressing the problem.**

Non-law enforcement coordinators and trainers should emphasize the commitment they share with law enforcement to improve officers’ encounters involving people with mental illnesses. When stakeholders acknowledge they have come together to solve a shared problem, the focus of the training is shifted away from assigning blame and squarely directed at how service providers, consumers, family members, and officers can support one another in reducing calls for service and handling encounters effectively.

*“Family members can provide officers with specific suggestions on how to enlist them in efforts to de-escalate the crisis situation.”*

— **MS. KATE FARINHOLT**

Executive Director, NAMI-  
Metropolitan Baltimore, Inc.

Coordinators should ensure that non-law enforcement trainers are fully briefed on the need to have their remarks help build bridges rather than widen gaps. Coordinators and trainers alike should describe their own positive experiences with law enforcement, and the impact those experiences have had on them personally and professionally. The focus of this discussion should be

on what officers *can do*, not on what they *should have done*. Mental health trainers, for example, can be instructed to point out several steps officers can take that would help their clients when in crisis or examples of successful interactions and their impact.

To underscore common goals, coordinators and trainers should articulate why improving outcomes of law enforcement encounters with people with mental illnesses is important to them. Mental health professionals can list available community supports and services, and provide specific recommendations to help law enforcement officers refer people to these community-based providers more efficiently.

Even law enforcement coordinators and trainers benefit from sharing with the group their commitment to improving responses to people with mental illnesses. They can communicate personal reasons why they believe an improved law enforcement response is needed, perhaps drawing on their concern for a family or community member with a mental illness who they worry is at risk of encounters with officers. They can state from a practical standpoint why enhanced responses can reduce calls for service and provide better outcomes for all involved.

### ► Recognize and respect officers' safety concerns.

Coordinators and trainers must be aware that officers' first priority is safety—the safety of the public, the person involved in an encounter, themselves, and their fellow officers. They should highlight how specialized training helps protect all those involved in an incident. Non-law enforcement coordinators and trainers should be particularly sensitive to this issue: if they ask officers to do anything that is contrary to their efforts to ensure safety, their credibility will be lost. This does not mean that instructors should exaggerate the dangers of these encounters. They can use data from the participating agencies or other departments to demonstrate how force is rarely needed in the vast majority of these encounters and to dispel the myth that people with mental illnesses are prone to violence.

*"All [negativity] does is make the officers more suspicious of the program."*

— **LIEUTENANT MICHAEL WOODY (RETIRED)**

Law Enforcement Liaison, Ohio  
Criminal Justice Coordinating  
Center of Excellence

*"We coach our instructors to 'teach for success.' They do this by telling stories of successful officer encounters and by focusing on how the police can help. For example, we ask instructors to identify two specific things the police can do to help their clients."*

— **LIEUTENANT JAN OLSTAD**

former CIT Program Coordinator,  
Albuquerque (N. Mex.) Police  
Department

*"We should market this program as an officer safety program. Although there are many program objectives (such as jail diversion), our primary objective is officer and consumer safety."*

— **OFFICER FRANK WEBB**

CIT Coordinator, Houston (Tex.)  
Police Department



► Use training techniques that engage officers.

Research suggests that adults learn best when challenged to learn from their own experiences in a self-guided environment. Training for specialized responses should include hands-on, interactive activities—referred to in this publication as experiential learning—and prepare experts to moderate these activities.

Experiential learning techniques require extensive planning—both conceptually and logistically—to ensure that officers' experiences are positive and productive. Coordinators should learn about these different techniques and support experts who have a role in implementing them.

*"If you listen to me lecture, you will get 2 percent of the information; if you take notes, you will remember 5 percent; but if it's hands-on, [you] will never forget it."*

— LIEUTENANT MICHAEL WOODY (RETIRED)

Law Enforcement Liaison, Ohio  
Criminal Justice Coordinating  
Center of Excellence

► Pose questions that prompt officers to consider their own experiences in order to stimulate discussion.

To encourage officers to participate in the discussion, coordinators and trainers should pose questions that engage the law enforcement audience by

## Experiential Learning and Training Techniques

Educators often use the term “experiential learning” to refer to structured activities designed to enable students to learn through experience. In law enforcement training to improve responses to people with mental illnesses, coordinators have found several techniques particularly effective in enabling experiential learning.

**Role plays**—Exercises providing officers individualized practice to help acquire and reinforce new skills in de-escalation and crisis intervention in a classroom environment that simulates real-world conditions (discussed in chapter 3).

**Site visits**—Travel to facilities where participants can observe and meet with practitioners and patients at inpatient treatment facilities, community-based crisis centers, and consumer support programs (discussed in chapter 4).

**Consumer and family member testimonials**—Presentations in which one or more individuals with mental illness or their family members discuss their personal experience living with a mental illness, providing an opportunity for officers to ask questions (discussed in chapter 4).

**Simulation exercises**—Learning through the use of multimedia devices that mimic various symptoms of mental illnesses. The most common simulation tool for mental illness symptoms is the *Hearing Voices That Are Distressing* program, which exposes trainees to the effects of continuous and often unpleasant voices (discussed in chapter 4).

calling upon officers' practical experiences and knowledge. For example, they may ask:

- What types of calls frustrate you?
- Are there calls that have not been handled as well as they could have been?
- What types of calls have you dealt with that had poor outcomes?
- What calls have you handled in which you felt you needed better options?
- What are your success stories? What has gone well?

*"The key to an effective class is involvement—if the officers are talking, you know they are involved. To get them talking, instructors must ask the right questions."*

— **OFFICER JOAN LOGAN**  
CIT Coordinator, Montgomery County (Md.) Police Department

► **Use language with which officers are familiar.**

When discussing mental illnesses, coordinators and trainers from medical and mental health professions and people with mental illnesses and their family members should avoid overusing clinical terminology or diagnoses. Instead, content should be presented in clear terms and focus on behaviors that officers are likely to observe. Similarly, coordinators and trainers should avoid presenting too much information or detail that is not directly relevant to a law enforcement officer. Some communities also provide instructors with appropriate law enforcement terminology, such as the code for calls in which a person's mental illness appears to be a factor.

*"I have seen clinicians get bogged down in specific diagnoses and lose the officers' attention. The main thing is to present the [symptoms of] major diagnoses so officers know when they need to get the person to a clinician."*

— **DR. RISDON SLATE**  
Professor of Criminology, Florida Southern College, and consumer of mental health services

► **Offer frequent breaks, and stagger the "inactive" sessions.**

For some topics, a more traditional, lecture-style instruction will be necessary. Coordinators should schedule short breaks throughout these lessons—as many as 10 minutes of break time for every hour of material taught. Coordinators should also structure the agenda to stagger these types of sessions across the training program.

► **Ensure that trainers are familiar with community resources, characteristics, local limitations on law enforcement authority, and other factors unique to the jurisdiction.**

Provide trainers with a "community service inventory" that includes information about what mental health supports and services are available in the community, how and when law enforcement can access these services and what treatments or supports they offer to which client groups. Coordinators can develop written materials that summarize this important background

information, provide trainers with opportunities to visit facilities and meet with relevant stakeholders, or do a combination of these. They can also work with trainers to adapt general materials and content to the needs of the agencies represented at the training. Information on any legal authorities that govern law enforcement's involvement should also be included.

### Looking Ahead

Specialized training should energize officers to improve their responses to people with mental illnesses. High-quality, well-prepared trainers are essential to any program's success. Equally important, the training must engage its participants with hands-on lessons that provide an opportunity to practice new skills. The upcoming chapters discuss strategies for successfully implementing four common and effective experiential learning techniques.

# Part Two

## Effective Training Techniques



# Chapter Three

## Enhancing Skills: The Role Play Exercise

**Responding effectively to calls** involving people with mental illnesses often requires that officers take a nonaggressive posture and not rush toward a resolution that can escalate the situation. To address the needs of people with mental illnesses, officers may have to learn new strategies that depart from their recruit training, which generally emphasizes the need to take control of a situation and address the call quickly.

One of the key objectives for specialized law enforcement response training programs is to enhance officers' de-escalation and crisis intervention skills by providing structured opportunities to practice those skills. Experts agree that role play exercises are an indispensable part of a training initiative that focuses on improving responses to people with mental illnesses. This technique, used for many existing law enforcement training topics from academy to in-service training, helps officers acquire and practice the strategies that form the foundation of an effective response.

*"Officers are usually trained to be aggressive and physically commanding, but these are proven to be the worst techniques to use in most encounters with a person who is mentally ill."*

— **OFFICER FRANK WEBB**  
CIT Coordinator, Houston (Tex.)  
Police Department

### Essential Element: Stabilization, Observation, and Disposition

#### Excerpt from the Essential Elements report

"Specialized law enforcement responders [must] de-escalate and observe the nature of incidents in which mental illness may be a factor using tactics focused on safety. Drawing on their understanding and knowledge of relevant laws and available resources, officers [should] then determine the appropriate disposition."

#### Application to specialized training

Specialized training provides officers with the ability to identify signs and symptoms of mental illness and employ a range of stabilization and de-escalation skills (among other techniques). Role plays are a critical tool that allows officers to practice and retain these skills in a structured and safe learning environment, where they can receive constructive feedback before applying the skills in the field.

## Challenges

- Because role plays are based on performances in which individuals acting out parts (role players) adapt their behavior based on participating officers' actions, they involve a certain amount of improvisation. Some agencies may be concerned that role plays will stray from the primary purpose of the training.
- Effective role plays must mimic real-life situations, which can often be volatile. Agencies may have concerns that role plays will result in unpredictable and potentially out-of-control behavior.
- Some officers may be wary about the amount of attention they will receive when their peers are observing their participation in the exercise.

## Effective Strategies

### ► Identify facilitators.

Strong facilitation is integral to ensuring that role play exercises reinforce acceptable techniques in the core training topics and keep the session on track. Many communities include several facilitators: law enforcement personnel who can critique policing techniques (for example, some communities use field training officers as facilitators) and clinicians who can advise officers on identifying symptoms of mental illness. The law enforcement facilitator can also coordinate the overall training on behalf of the law enforcement agency (which includes representing the agency in the coordinating group) and can provide training in de-escalation skills.

Facilitators help set the tone and pace, and they can stop the role play (call a “time-out”) to offer advice or forestall actions that seem to be leading toward unproductive or unsafe resolutions. They lead debriefing discussions and guide individuals who are role playing to ensure that their performances are most effective. A facilitator may also serve as the role player in the exercise, although some coordinators prefer to keep these functions separate to enable the facilitator to concentrate his or her efforts on that critical role.

*“If the facilitator doesn't like what the actor or officer is doing, he or she takes a time-out. The officer may be too authoritative or is stuck using the same tactic repeatedly. The facilitator can point out additional strategies or propose ideas for how to proceed.”*

— **LIEUTENANT JAN OLSTAD**  
former CIT Program Coordinator,  
Albuquerque (N. Mex.) Police  
Department

### ► Ensure safety and avoid distractions.

Departments may be wary of using role play exercises because they are time-consuming and sometimes unscripted or unpredictable. Strong facilitation helps keep the role play focused and productive and can minimize these

concerns. Experts also reiterate the importance of avoiding anything that may make the role play unsafe or divert it from the topic.

For this reason, coordinators should carefully consider whether to include weapons in the scene. Some experts feel that weapons present a significant distraction from the focus on assessing mental illness and can even result in injuries to role players if the situation would warrant a tactical response from officers. Other experts believe that realism is of the utmost importance and include stage weapons to fully prepare officers for what they may encounter. In spite of these differences of opinion, experts do agree that *hidden* weapons should never be included, and that facilitators must be quick to call a time-out if the exercise appears to be potentially unsafe for anyone involved.

Involving other complex factors in the scenario, such as domestic violence, can also be distracting. These additional factors sometimes require different sets of skills and approaches and can interfere with the primary focus on improving how to assess and de-escalate behaviors that seem to stem from a mental illness. Coordinators should carefully consider which simulated scenarios will best address the primary goal of the training.

► **Schedule role plays so they follow important training topics.**

As an exercise designed to draw on newly acquired information and skills, the role play should come toward the end of the curriculum, so that officers can use all they have learned. In particular, officers can apply their acquired ability to recognize signs and symptoms of mental illness and then determine how to address behaviors and make disposition decisions. To enhance these skills, coordinators can instruct role play actors to present different behaviors described earlier in the curriculum. Based on their observations, officers can then use de-escalation skills and determine an appropriate outcome for the person (for example, arrest, referral, or emergency evaluation). Afterward, the facilitator can ask participants to describe what behaviors indicated that mental illness might have been a factor in the incident and why they made their decisions for resolving the encounter as they did.

*"The key to role plays is to not let them get out of hand and to never hide weapons. Once you throw a hidden gun into the scenario all bets are off."*

— **OFFICER JOAN LOGAN**  
CIT Coordinator, Montgomery County (Md.) Police Department

*"[Role play] is really the test to see what the officers have learned throughout the training as well as a way to practice learned skills."*

— **LIEUTENANT MICHAEL WOODY (RETIRED)**  
Law Enforcement Liaison, Ohio Criminal Justice Coordinating Center of Excellence

► **Keep the exercise focused on the primary goals of the training.**

To enhance the quality of the role play, the facilitator should make clear to officers what the specific goals are to help them learn how to collect information to determine whether mental illness could be a factor in the

situation, to resolve the incident safely, and (if appropriate) to initiate a process for connecting the person with voluntary treatment. Some communities' training coordinators emphasize role play goals before the exercise using handouts; some even refer to goals during the exercise by calling time-outs and offering verbal guidance.

Some communities have found that using a script is also a useful way to reinforce consistent themes and to ensure that role players stay "on message." Scripts or scenario descriptions should set the stage by providing information on the characters and location; for example, officers may be told that a family member is in another room and should be taken into account in the officers' response. These scripts are generally drawn from actual incidents involving officers and people with mental illnesses, which ensures their practicality and increases the credibility of the technique.

### ► **Debrief officers after role plays are complete.**

Coordinators and facilitators should develop a process for debriefing all participating officers following the exercise. This evaluation will help officers reflect on the successes and failures the group experienced. The law enforcement facilitator should lead the debriefing to focus on the lessons learned about de-escalation techniques and maintaining safety; some communities also invite role players and mental health practitioners to provide their observations. The debriefing is another opportunity to draw connections between the role plays and other content in the training (such as cultural sensitivity and legal issues).

*"In Baltimore City's training, a police training officer provides a short debriefing immediately after individual role plays. When all role plays are complete, the officers meet for a more in-depth debriefing. At the larger debriefing, role players and training officers can discuss negatives and positives overall, without naming names."*

— **MS. KATE FARINHOLT**  
Executive Director, NAMI-Metropolitan Baltimore, Inc.

### ► **Provide sufficient opportunity for each officer to participate.**

Because of the importance of role plays, enough time should be allotted so that each officer has an opportunity to engage in the activity and receive focused, one-on-one feedback. Groups should be kept to a manageable size so that each officer can spend a minimum of 10 to 15 minutes practicing de-escalation skills.

In some communities, the exercise involves only one officer (not including role players and the facilitator); in others, one officer is initially involved in the exercise, and others are cycled in until the facilitator determines that the simulated situation has been effectively resolved. Other communities use "contact and cover" scenarios, in which one officer engages the individual who appears to have a mental illness while another provides backup; each officer has a turn in both roles. Generally, officers sit in a circle surrounding the officer(s) participating in the exercise. The facilitator provides general observations to ensure that these officers learn from their peers' training.



► **Encourage officers to get the most out of the exercise.**

As with any class setting, some participants may be less eager than others to receive individualized attention and scrutiny in front of their peers. Facilitators can offset participants' reticence by emphasizing the exercise's importance and its usefulness as the best way for officers to ensure their preparedness in future encounters with people with mental illnesses. When providing feedback, facilitators should offer encouraging and constructive comments and never embarrass individual officers. Facilitators should also urge officers to pay close attention when their peers are the subject of the activity.

*"Once even the most resistant officer goes through this phase of training, he or she will give it the highest praise of all."*

— **LIEUTENANT MICHAEL WOODY (RETIRED)**

Law Enforcement Liaison, Ohio  
Criminal Justice Coordinating  
Center of Excellence

► **Select role players who can enhance the reality of the scenario and provide consistency across trainings.**

The success of a role play exercise largely depends on the person who is representing the person with a mental illness. This individual must be able to portray real-life situations convincingly and react to the officer in a way that either positively or negatively reinforces the officer's behavior during the scenario. For example, if an officer is standing with his or her arms crossed, the person playing an individual with a mental illness should escalate the crisis behavior to negatively reinforce that behavior. Alternatively, if the officer talks in a soft voice and maintains a proper distance, the person in the role of the individual with a mental illness should respond positively by de-escalating his or her crisis behavior.

This sensitivity requires extensive expertise and experience on the part of the role player. In spite of the critical role of these actors, no consensus exists regarding who should be called upon to fill this position. To a large degree, the variations that communities report are based on local circumstances and available resources. In some communities, professional actors who specialize in clinical scenarios are available. Most, however, do not have this resource, or the money to pay for it, and instead may use other law enforcement officers (including the role play facilitator), mental health professionals, consumers, or others as role play actors. While community resources will often determine the program's role player options, planners and coordinators should nonetheless be aware of the strengths and weaknesses of different types of role players and prepare them extensively for their parts. (The chart on page 27 describes advantages and perceived limitations of different types of role players.) In addition to coaching role players on adapting their performance based on an officer's

*"We don't use consumers in role plays because I see this as another opportunity to nurture the CIT officers. When we use CIT officers in the role plays it instills in them a way to nurture their program and have ownership over it."*

— **MAJOR SAM COCHRAN**

CIT Coordinator, Memphis (Tenn.)  
Police Department

## Role Players

Communities have explored different options for role play actors. The table below identifies the four most common types of role players, communities in which they provide this role, and commonly perceived strengths and weaknesses as role players.<sup>15</sup>

Role play actor	Example	Advantages	General perceptions of limitations
<b>Trained actors<sup>16</sup></b>	<b>Akron (Ohio) CIT:</b> The program uses “standardized patient actors” from the Northeast Ohio University College of Medicine. These actors are typically used to train new doctors in role plays during their residencies.	Can play the same role repeatedly  Trained to modify behavior based on positive and negative cues from responding officers	Potentially unfamiliar with law enforcement procedures  Limited perspective on living with mental illness
<b>Law enforcement officers</b>	<b>Memphis (Tenn.) CIT:</b> The training coordinator identifies veteran CIT officers who themselves have been through CIT training and are well suited to perform this function.	Experienced officers who have been in many such incidents can recall the behavior of people with whom they came in contact  May feel more comfortable making mistakes in the presence of other officers	Limited perspective on living with mental illness  May lack training in modifying behavior positively or negatively based on cues from responding officers
<b>Mental health professionals</b>	<b>Montgomery County (Md.) CIT:</b> Licensed staff therapists from the Mental Health Crisis Center role play people with mental illnesses. These therapists are frequently called to the scene by responding officers and are therefore familiar with law enforcement procedures.	Highly familiar with signs and symptoms of mental illness  Uses professional expertise to help focus the exercise and ensure that it covers core training topics	Potentially unfamiliar with a range of law enforcement procedures  May be overly focused on evaluating officers’ understanding of clinical aspects of their performance
<b>Consumers/ family members</b>	<b>Chicago (Ill.) CIT:</b> The program uses actors who themselves have a mental illness to play the parts of family members and consumers. These actors are part of the Thresholds Theatre Arts Project. <sup>17</sup>	Have direct personal involvement with mental illness  May have had contact with law enforcement	Involvement can provoke a negative response that can be a catalyst for a setback in recovery  Officers may be less comfortable in a training environment with real-life consequences

15. General perceptions of limitations of different types of role play actors were collected from interviews with practitioners, trainers, and other sources and do not necessarily reflect the views of the agencies listed.

16. The Crisis Company provides professional role play services to law enforcement agencies with CIT programs. The Crisis Company employs professional actors who are trained to accurately portray adults and children in crisis and/or with mood, thought, or personality disorders. Information about this organization is available at [www.crisiscompany.com](http://www.crisiscompany.com).

17. For more information on this project, see [www.thresholds.org](http://www.thresholds.org).

mannerisms and approach, facilitators must instruct them to never touch the officer during the role play, as officers who are trained to respond forcefully to such contact may react accordingly.

*“We think people who work in the crisis field who know what mental illness looks like should be playing the key role of consumer and family members.”*

— **MS. KATE FARINHOLT**  
Executive Director, NAMI-  
Metropolitan Baltimore, Inc.

## Looking Ahead

In addition to equipping officers with new skills, specialized training should provide them with a broader perspective on mental illness. This information will prove instrumental for officers when de-escalating incidents involving a person with a mental illness and determining and implementing an appropriate disposition to the incident. The following chapter discusses how training can provide officers with a window into living with mental illness, as well as when and how to gain better access to a mental health system that can provide long-term alternatives and reduce calls for service.

# Chapter Four

## Increasing Awareness: Site Visits, Testimonials, and Simulations

**Training for specialized law enforcement–based** response programs must improve officers’ understanding of mental illness and its impact on individuals and their families, offer strategies for connecting people to mental health services when appropriate, and promote an appreciation for how service provision works. Several experiential learning activities can help accomplish these goals. Cross-training opportunities, such as site visits, ensure that officers are briefed on mental health resources, their limitations, and the criteria for accessing them. (In return, law enforcement agencies can provide opportunities for mental health professionals to visit their departments, participate in the training program, and ride along with officers.) Consumer and family member testimonial panels can dispel misconceptions officers may have about people with mental illnesses and provide officers with broader perspectives than those based on isolated negative encounters. Simulation exercises allow officers to experience brief auditory or visual hallucinations and to understand the ways they impact daily functioning.

*“This training contains a large amount of subject matter and participants can get overloaded with the information. The best way to reinforce the material is to do it or see it. People learn differently, and if you are going to reach everybody in that room, you need to go on site visits.”*

— **OFFICER JOAN LOGAN**  
CIT Coordinator, Montgomery  
County (Md.) Police Department

### Challenges

- Law enforcement officers often reflect the community from which they come. As such, they can be expected to share some of the commonly held misconceptions about people with mental illnesses.
- Officers may feel that staff at the mental health facilities (hospitals, crisis centers, or other services agencies) to which they have brought people with mental illnesses in the past were unresponsive or didn’t take their share of the responsibility for the problem. Unaware of, or unhappy with, the facility’s criteria for admission or issues of capacity, officers may be frustrated by past experiences.
- Coordinators may be nervous about experiential learning activities because, like role plays, they are unpredictable—especially when bringing together groups from different disciplines and backgrounds.

- Coordinators may also be concerned that the self-guided lessons that compose experiential learning activities relate to earlier content and the overall objectives for the training, especially when the learning strategies encourage individuals to learn through their own observations and perceptions.

## Effective Strategies

### ► Provide opportunities to learn about living with mental illness.

One of the primary goals of the training program is to dispel myths about people with mental illnesses and thereby foster more informed responses among officers. It is important to build empathy for consumers who are at risk of encounters with law enforcement personnel and to understand their challenges, as well as the stigmas associated with their illnesses. Site visits, consumer and family member testimonials, and simulations can help achieve these objectives.

#### Site Visits

Coordinators can schedule visits to crisis stabilization units, emergency rooms, inpatient facilities, and drop-in centers to encourage officers to engage with and learn from people with mental illnesses in a controlled environment. These visits present an opportunity for officers to make a stronger connection with mental health professionals and other service providers. Coordinators and trainers can also help officers visit facilities with individuals whose mental illnesses are in more acute phases, or select facilities—such as social clubs or drop-in centers—primarily used by people with mental illnesses living more independently in the community.

*“We meet with consumers at the local clubhouse. The intent of these meetings is not just to hear stories; the intent is to see the human side of mental illness and the human side of policing. This exchange is a great learning experience because we usually see people when they are at their worst. When we meet at the clubhouse, we see a diversity of people who have [an] illness and the diversity of their lives.”*

— **MAJOR SAM COCHRAN**  
CIT Coordinator, Memphis (Tenn.)  
Police Department

#### Testimonials

Most training coordinators feel that consumer and family member involvement is an essential part of the initiative and lends faces to the statistics and incident reports. Because law enforcement personnel often see people with mental illnesses when they are in crisis, it is important for officers to hear from consumers who are doing well or working to rebuild their lives. When officers meet consumers in these circumstances, they come to appreciate that mental illness can affect anyone. Hearing success stories,

*“The consumer does more to change attitudes than anything we do.”*

— **OFFICER FRANK WEBB**  
CIT Coordinator, Houston (Tex.)  
Police Department

particularly from people who have had encounters with law enforcement, also helps officers understand just how much their responses can affect the lives of people with mental illnesses—both positively and negatively.

### Simulations

Exercises in which officers experience some of the sensations or symptoms of particular mental illnesses can be very effective in building empathy for people with mental illnesses and in increasing officers' understanding of their unique difficulties. A common tool for this exercise is the *Hearing Voices That Are Distressing* program, in which participants listen to audiotapes of unsettling voices while conducting cognitive tasks and daily activities (such as making a purchase in a store, conducting an employment interview, completing puzzles) at different training stations coordinated by staff who are instructed to act indifferent to participants' problems.<sup>18</sup> Providing realistic challenges during the exercise helps officers develop empathy toward people with mental illnesses. A similar tool used by some communities is the *Virtual Hallucinations* program, in which a virtual reality apparatus allows students to experience both auditory and visual hallucinations.<sup>19</sup>

Of the agencies and professionals interviewed for this guide, several reported that these for-purchase products—which also include suggested curricula—were effective at generating feelings that people with mental illnesses experience by raising officers' stress levels and reducing their control. They also noted, however, that this experience can be intense and some participants may even have emotional or physical reactions to the exercise.<sup>20</sup> To be effective, the activities officers perform while participating in the exercise must be relevant to the experiences a person who hears voices would have, and these experiences can be emotionally difficult. Coordinators may want to inform their decision about the use of this technique by talking to other agencies that have successfully employed these products or asking to test them before general use.

*“Our officers will tell us how important Hearing Voices That Are Distressing was; many say it was a life-changing event.”*

— **OFFICER JOAN LOGAN**  
CIT Coordinator, Montgomery County (Md.) Police Department

*“When we do a site visit to the psychiatric emergency services, officers learn about what the nurses and doctors do and how they can help. The psychiatric staff then ask officers how they can help the police.”*

— **LIEUTENANT JAN OLSTAD**  
former CIT Program Coordinator,  
Albuquerque (N. Mex.) Police Department

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18. At this writing, this program is available at a cost of \$500 through the National Empowerment Center. Information about the Center is available at [www.power2u.org](http://www.power2u.org).

19. The *Virtual Hallucinations* program was created by Janssen Pharmaceutica. For more information on the program, see “The Sights and Sounds of Schizophrenia,” National Public Radio (NPR) web site, posted August 29, 2002, and available at [www.npr.org/programs/atc/features/2002/aug/schizophrenia](http://www.npr.org/programs/atc/features/2002/aug/schizophrenia).

20. To learn more about one agency's experience using the *Virtual Hallucinations* program, see Tom Alex, “Virtual Reality Machine Gives Police Hallucinations,” *Des Moines Register*, March 22, 2006, available online at [www.desmoinesregister.com/apps/pbcs.dll/article?AID=/20060322/NEWS01/603220343/1002](http://www.desmoinesregister.com/apps/pbcs.dll/article?AID=/20060322/NEWS01/603220343/1002), accessed March 28, 2007.

## Prioritizing Site Visits

Some coordinators choose not to include site visits to inpatient facilities in the training program; they may feel that officers have sufficient opportunities to interact with people with mental illnesses through panel discussions, and that travel issues, i.e., time, distance, and costs, make these visits too difficult to arrange. Others feel that on-site experiences provide an important forum for officers to observe both mental health professionals and consumers in an environment that is critical to the success of the specialized response. There is agreement that, to the extent possible, site visits should be included in the curriculum because they provide a unique cluster of learning possibilities—seeing firsthand how the facility functions and meeting with clinicians and consumers.

### ► Provide networking opportunities.

Specialized training should help officers to access mental health resources, as well as to develop important relationships that can support improved responses to people with mental illnesses in the future. Site visits and testimonials can play a significant role in advancing these objectives.

#### Site Visits

Site visits can provide officers with the opportunity to meet informally with a diverse group of mental health professionals (such as psychiatrists, crisis workers, and intake staff) as well as consumers. Positive, cooperative relationships between first response officers and mental health professionals are essential to the program's success. Planned visits provide a chance for

*“Officers need to understand how to engage people at these facilities more efficiently. When officers go to the facility as part of training, there is no crisis of the moment and they can learn about the procedures that typically go on behind closed doors.”*

— DR. RISDON SLATE  
Professor of Criminology, Florida Southern College, and consumer of mental health services

## Essential Element: Transportation and Custodial Transfer

### Excerpt from the Essential Elements report

“Law enforcement responders [should] transport and transfer custody of the person with a mental illness in a safe and sensitive manner that supports the individual's efficient access to mental health services and the officers' timely return to duty.”

### Application to specialized training

Site visits can play a part in overcoming barriers law enforcement personnel face in connecting an individual with mental illness to treatment (such as the time it takes to transfer custody to a mental health professional) by fostering cooperative relationships between visiting officers and the mental health professionals on site.

mental health and law enforcement professionals to talk when they are not in the midst of resolving a call for service involving someone in crisis. These visits can be structured to encourage officers and mental health practitioners to exchange information about one another's roles, limitations, and pressures. Site visits also give officers a clearer picture of how a mental health facility operates and, just as important, what criteria the facility uses for admitting people with mental illnesses. For example, an officer may have been frustrated in the past because he or she was turned away when trying to bring in an individual with a mental illness who was under the influence of a narcotic; during a trip to a facility, the officer has a chance to talk with clinicians who can explain the facility's policy and the reasons behind it. Similarly, officers can inform professionals from the mental health field on the limits of law enforcement authority and the circumstances under which they address these calls for service.

### Testimonials

Panels also provide officers with firsthand information from consumers and family members about how to improve responses. The former can recommend practical strategies for how officers can manage crises based on their personal experiences, and the latter can recommend how to obtain important information from loved ones and people at the scene.

#### ► Coordinate these activities closely to ensure they run smoothly.

Like role plays, these activities are less structured than lecture-style training activities. Because of the sensitive nature of the issues being discussed, it is critical that coordinators plan them thoroughly and thoughtfully.

### Site Visits

Officers and individuals with mental illnesses may at first be uncomfortable encountering one another in a clinical setting; some consumers, in fact, may even recognize specific officers from prior encounters on the streets. Law enforcement coordinators should encourage participating officers to ask questions to help them respond more successfully to people with mental illnesses. Mental health practitioners should also encourage their clients to be candid and emphasize that there will be no negative consequences for their speaking out.

*"We meet with consumers in small groups at the short-term state hospital, and we use a facilitator to guide the discussion. The facilitator's job is to get the nervous consumers to talk with the nervous police officers."*

— MAJOR SAM COCHRAN  
CIT Coordinator, Memphis (Tenn.)  
Police Department

### Testimonials

Advocates for people with mental illnesses who serve on the training coordination group are in a good position to organize consumer and family



member discussion panels (and to identify compelling speakers). Many NAMI affiliates are trained to provide *In Our Own Voice*, NAMI’s national training module on living with mental illness.<sup>21</sup> The program typically includes two presenters who speak for several minutes on each of five sequential topics, from “In Dark Days” to “Coping.” Presenters offer positive stories and helpful strategies and then answer questions after each segment. Supplemental materials include a training manual, a program description, and core objectives. These presenters may also be able to offer specific suggestions to help officers better interact with consumers and family members and handle crisis situations more effectively.

### *Simulations*

Because of the intense nature of the simulation exercise, agencies that decide to use this technique should schedule it for the end of the day to provide officers with time to process the experience. Coordinators may also want to continue the discussion about this exercise during a morning session or roll call the following day to address any residual or emerging questions or concerns officers may have.

#### ► **Debrief with officers after experiential learning activities.**

Experiential learning will be more effective if officers have an opportunity to reflect on their experiences and learn from their peers’ experiences. This is particularly important with simulation exercises.

### *Simulations*

For as long as an hour after the activities have been completed, facilitators should direct questions at participants to help them identify the methods used to cope with the voices they heard while trying to complete cognitive tasks. Some communities initiate the debriefing with questions meant to prompt officers to think about the sense of disorientation and confusion they experienced during the activity.

In adapting simulation materials for a law enforcement audience, training experts note that debriefing questions should focus on perceptions and experiences rather than on feelings. For example, questions like “Did you go on an elevator with other people?” and “Did you have a harder time concentrating in one activity than another?” are more likely to generate dialogue than questions such as “How did it feel to live with

*“We ask the officers how they dealt with the voices. Some tell us they tried to tune [the voices] out, some say that they whistled . . . This is another way to demonstrate different coping techniques.”*

— **MS. KATE FARINHOLT**  
Executive Director, NAMI-  
Metropolitan Baltimore, Inc.

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21. For more information on NAMI’s *In Our Own Voice* program, see [www.nami.org/template.cfm?section=In\\_Our\\_Own\\_Voice](http://www.nami.org/template.cfm?section=In_Our_Own_Voice). To find the nearest NAMI affiliate, see [www.nami.org/Template.cfm?section=your\\_local\\_NAMI](http://www.nami.org/Template.cfm?section=your_local_NAMI).

mental illness during this exercise?” Debriefing also provides an opportunity for people who operated the different activity stations to talk about how participants performed during the exercise. In addition to helping participants reflect on the experience of the program, the debriefing should provide an opportunity for officers to articulate how this experience might change their approach to someone who is having hallucinations. Facilitators should look to tie this discussion to training on recognizing behaviors, developing communication strategies, and de-escalating situations.



# Conclusion

**No single document can capture** the full range of innovative strategies jurisdictions have explored to overcome challenges in training to improve law enforcement responses to people with mental illnesses. This publication attempts to highlight some common and promising approaches while recognizing that adaptations will be necessary. By focusing on the challenges and strategies specific to training law enforcement officers to respond effectively to people with mental illnesses, this guide necessarily excludes more general lessons learned from other types of training for law enforcement professionals. As such, coordinators and trainers should consider this guide a starting point and should consult with colleagues—both those with general training experience within their agency and those who have conducted training on law enforcement responses to people with mental illnesses in other agencies—to explore strategies more fully.

As a guide to training on effective law enforcement responses to people with mental illnesses, much of this discussion focuses on collaboration with mental health professionals, consumers, and other stakeholders—whether by cross-training, pairing trainers from different disciplines, or using appropriate language. But like other community policing initiatives, this effort cannot succeed without the commitment of top law enforcement leadership and champions throughout the department. A message from the chief executive on the value of the program and the partners to the agency can energize participants, trainers, and coordinators, and enrich partnerships at the core of an effective response. Strong leadership and commitment across all ranks and in all support positions within an agency are essential to improving how law enforcement will interact with people with mental illnesses—and it all begins with unwavering support for effective training.



# Appendix A:

## Advisory Board Members

**This document is part of a series** of resources for law enforcement practitioners and their community partners that the Bureau of Justice Assistance (BJA), U.S. Department of Justice, is developing as part of the Law Enforcement/Mental Health Partnership Program. The *Improving Responses to People with Mental Illnesses* series comprises a collection of resources, built to complement *The Essential Elements of a Specialized Law Enforcement–Based Program*, which includes descriptions of methods used to tailor the jurisdiction’s law enforcement response to the unique needs of the community and an online database—the Criminal Justice/Mental Health Information Network—that includes information on local law enforcement responses to people with mental illnesses. Staff are also completing a concise research guide that will detail related research findings and their implications for the field. This project is coordinated by the Council of State Governments Justice Center with guidance from the Police Executive Research Forum. An advisory board, listed alphabetically below, has guided the scope and direction of this series as a whole.<sup>22</sup>

- Mr. Stephen Baron, Director, *District of Columbia Department of Mental Health*
- Ms. Lesley Buchan, Program Director, Community Services Division, *National Association of Counties*
- Major Sam Cochran, Crisis Intervention Team Coordinator, *Memphis (Tenn.) Police Department*
- Dr. Steven M. Edwards, Senior Policy Advisor for Law Enforcement, *Bureau of Justice Assistance, U.S. Department of Justice*
- Mr. Leon Evans, Executive Director, *Bexar County (Tex.) Jail Diversion Program*
- Deputy Chief Del Fisher, *Arlington (Tex.) Police Department*
- Ms. Elaine Goodman, Former Coordinator, *NAMI New Jersey Law Enforcement Education Program*
- Mr. Ron Honberg, Director of Legal Affairs, *NAMI*

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22. The titles and agency affiliations included here reflect the positions the advisory board members held at the time of their involvement with the project.

- Ms. Linda Keys, Director of Clinical Services, *Mental Health Center of Dane County (Wis.), Inc.*
- Mr. Adam Kirkman, Project Associate, *GAINS TAPA Center for Jail Diversion*
- Commander Barbara Lewis, *Orange County (Fla.) Sheriff's Office*
- Chief Stefan LoBuglio, *Montgomery County (Md.) Pre-Release and Re-Entry Services Division*
- Officer Joan M. Logan, Crisis Intervention Team Coordinator, *Montgomery County (Md.) Police Department*
- Mr. Loel Meckel, Assistant Director, Division of Forensic Services, *Connecticut Department of Mental Health and Addiction Services*
- Ms. LaVerne Miller, Director, *Howie the Harp Peer Advocacy Center*
- Chief Richard Myers, *Appleton (Wis.) Police Department*
- Ms. Ruby Qazilbash, Senior Policy Advisor for Substance Abuse and Mental Health, *Bureau of Justice Assistance, U.S. Department of Justice*
- Ms. Rebecca Rose, Policy Advisor, *Bureau of Justice Assistance, U.S. Department of Justice*
- Ms. Michele Saunders, Executive Director, *Florida Partners in Crisis*
- Sergeant Rick Schnell, *San Diego (Calif.) Police Department*
- Ms. Bonnie Sultan, CIT Technical Assistance Center Coordinator, *NAMI*
- Dr. Bruce Taylor, Director of Research, *Police Executive Research Forum*
- Representative John Tholl, Vice-Chair, Criminal Justice and Public Safety Committee, *New Hampshire House of Representatives*
- Lieutenant Richard Wall, *Los Angeles (Calif.) Police Department*
- Lieutenant Michael Woody (ret.), Law Enforcement Liaison, *Ohio Criminal Justice Coordinating Center of Excellence*

# Appendix B:

## Suggested Training Topics

*Strategies for Effective Training* is meant to supplement and enhance a training curriculum for improving law enforcement responses to people with mental illnesses. This list of suggested training topics provides an overview and orientation for coordinators who are in the early stages of curriculum development. In communities with active training initiatives and curricula, this list can serve as a curriculum redesign checklist.

This list is a starting point only and represents the more commonly used categories. It is not meant as a comprehensive inventory of potential topics. Through their multidisciplinary training planning committee, coordinators can use this list to prioritize and identify areas to further research. Coordinators may decide to add to or subtract from this list, depending on their community's needs and interests.

Authors of this guide compiled this list based on a comprehensive review of existing curricula and input from experts. A first draft of suggested training topics was developed by a panel of law enforcement experts convened by the Law Enforcement Advisory Board to the Criminal Justice/Mental Health Consensus Project (for more information, including the names of these advisors, see [http://consensusproject.org/the\\_report/toc/law-enforcement-advisory-board](http://consensusproject.org/the_report/toc/law-enforcement-advisory-board)). Topics were further discussed with some of the advisors to this document (listed in the acknowledgments at the front of this guide).

To learn more about any of these topics, readers can refer to the curricula resource list in appendix C. Readers are also encouraged to reach out to their local partners for clarifications on topics in their area of expertise.

### A. Understanding Mental Illnesses

1. People with mental illnesses
  - a. Major challenges
  - b. Barriers to effective mental health treatments and supports
2. Understanding what is considered a mental illness
  - a. Specific mental illnesses
  - b. Common medications and side effects
  - c. Co-occurring disorders
3. Understanding what are not mental illnesses
  - a. Differences between mental illnesses and developmental disabilities
  - b. Differences between mental illnesses and neurological disorders (e.g., epilepsy, Alzheimer's disease, Tourette's syndrome, and autism)



4. Attitudes about mental illnesses (e.g., misconceptions, discrimination, and stigma)
5. Mental illnesses and cultural and gender differences

## **B. Statutory Authorities Governing Law Enforcement Responses**

1. Federal laws
  - a. Rehabilitation Act (1973)
  - b. Civil Rights Act (1983)
  - c. Americans with Disabilities Act (1990)
2. State and local statutes
  - a. Review of specific state statutes/local ordinances
  - b. Civil liability of law enforcement officers
3. Limits of information sharing
  - a. Confidentiality of medical information
4. Law enforcement report writing

## **C. Law Enforcement Response to Calls for Service**

1. On-scene assessment
  - a. Signs and symptoms of mental illnesses: verbal and behavioral cues
  - b. Medical or situational causes of crisis behavior
  - c. De-escalation techniques/communication skills
  - d. Suicide prevention and managing other high-risk situations
  - e. Victim/witness assistance
2. Response options
  - a. Noncustodial law enforcement options
    - i. Counseling, release, and referral
    - ii. Linking people to appropriate treatments and supports
    - iii. Local hospital-based psychiatric and substance abuse services
    - iv. Mobile crisis teams
  - b. Custodial law enforcement options
    - i. Involuntary emergency evaluation and civil criteria
    - ii. Arresting a suspect with a mental illness
    - iii. Custodial transport
3. Law enforcement lockup
  - a. Interviewing
  - b. Suicide screening
  - c. Medications management

## D. Community Policing/Problem Solving

1. Partnerships
  - a. Mental health care providers
  - b. NAMI and other mental health advocacy organizations
  - c. Other criminal justice officials
  - d. Substance abuse treatment providers
  - e. Housing providers
2. Problem solving
  - a. Using the SARA model (Scanning, Analysis, Response and Assessment)

## E. Use of Force

1. Hostage /barricaded suspect
2. Officer safety
3. Suicide-by-cop

# Appendix C:

## Curriculum Resource List

**As jurisdictions across the country** implement specialized law enforcement–based responses to people with mental illnesses, information and resources available to assist other communities initiating training processes greatly increase. This section describes several high-quality training curricula (starting with most recent releases) that authors of this report reviewed in the course of identifying effective training strategies. Readers may find these resources useful as they are compiling their own curricula. Authors do not consider this list an exhaustive inventory, but rather illustrative of different approaches. Readers can use this list as a starting point, or for comparison purposes, in designing their own training materials.

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**AUTHOR:** Larry Thompson, Editor

**TITLE:** *A Toolkit and Resource Guide for Behavioral Healthcare Communities*, 2nd ed.

**DATE:** 2007

**PUBLICATION INFORMATION:** University of South Florida, Louis de la Parte Florida Mental Health Institute, Department of Mental Health Law and Policy

**AVAILABILITY:** Contact Dr. Larry Thompson, [thompson@fmhi.usf.edu](mailto:thompson@fmhi.usf.edu)

**COST:** No fee

The Louis de la Parte Florida Mental Health Institute supports law enforcement agencies and their communities by providing tools and information for officer training on responding to encounters with people with mental illnesses. Modules in this resource guide are intended to assist communities in developing training for crisis intervention teams. Modules provide instruction on crisis intervention techniques, the Baker Act, recognizing signs and symptoms of mental illnesses, and evaluating suicide risk; sections also offer considerations for role plays and other teaching methods.

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**AUTHOR:** Montgomery County (Md.) Police Department

**TITLE:** *Crisis Intervention Team Training*

**DATE:** 2006

**PUBLICATION INFORMATION:** Montgomery County Police Department

**AVAILABILITY:** Contact Officer Joan M. Logan, 2350 Research Boulevard, Rockville, MD 20850, [joan.logan@montgomerycountymd.gov](mailto:joan.logan@montgomerycountymd.gov), 240-773-5057

**COST:** No fee

The Montgomery County (Md.) Police Department created a CIT program in 2000, which is coordinated by Officer Joan Logan at this writing, the primary author of this curriculum. Several hundred police officers and other public safety personnel have received training based on this curriculum. The training consists of 40 hours of both classroom and practical exercises focusing on identifying, assessing, interviewing, and safely addressing people with mental illnesses, brain injuries, or developmental disabilities.

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**AUTHOR:** New York State Division of Criminal Justice Services, Office of Public Safety; and Office of Mental Health, Division of Forensic Services

**TITLE:** *The Police–Mental Health Recruit Trainer’s Manual*

**DATE:** 2006

**PUBLICATION INFORMATION:** New York State Office of Mental Health, Division of Forensic Services

**AVAILABILITY:** <http://www.omh.state.ny.us/omhweb/forensic/police.htm>

**COST:** Small fee

New York’s Office of Public Safety and Division of Forensic Services designed the Police–Mental Health Coordination Project as a two-day mental health training curriculum for recruit-level police officers. The training program is designed to enable officers to identify signs and symptoms of “emotional disturbances,” understand their causes, better appreciate the experience of living with a mental illness, utilize the state’s Mental Hygiene Law to make effective assessments and interventions, and appropriately document their actions. Role play is a critical component of this training. The agencies also prepared a one-day in-service curriculum entitled “Responding to Situations Involving Emotionally Disturbed People,” which contains more advanced content regarding types of mental illnesses, suicide assessment and intervention strategies, and methods for responding to people with acute symptoms of a mental illness.

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**AUTHOR:** Florida Regional Community Policing Institute

**TITLE:** *Managing Encounters with the Mentally Ill*

**DATE:** 2005

**PUBLICATION INFORMATION:** Florida Regional Community Policing Institute, St. Petersburg Junior College, St. Petersburg, Florida

**AVAILABILITY:** <http://cop.spcollege.edu/cop/training/mental.htm>

**COST:** Free download

This 16-hour, two-day curriculum focuses on practical solutions and interventions for community police officers to assess and manage encounters with individuals with mental illnesses. It includes interactive activities designed to promote proactive management of situations in which individuals require assistance, crisis de-escalation, or transportation to a mental health facility. Course content is presented without psychological, medical, or diagnostic terminology, and is intended to provide straightforward information that reduces misunderstanding and stigmatization of people with mental illnesses.

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**AUTHOR:** Police Executive Research Forum

**TITLE:** *Police Response to People with Mental Illnesses*

**DATE:** 1997

**PUBLICATION INFORMATION:** Washington, D.C.: U.S. Department of Justice, Disability Rights Section

**AVAILABILITY:** <http://www.policeforum.org/perf/store.asp>

**COST:** Small fee

*Police Response to People with Mental Illnesses* is a training curriculum and model policy with modules on the Americans with Disabilities Act, types of mental illnesses, treatment options, voluntary and involuntary commitment, psychiatric evaluations, and other issues or situations that police may encounter. These modules can be used either separately or together. The curriculum offers techniques and model practices for police officers to deal with a variety of situations, from talking to a person who is experiencing delusions to transporting a person to a mental health facility for evaluation.

**The Bureau of Justice Assistance**, Office of Justice Programs, U.S. Department of Justice, provides leadership training, technical assistance, and information to local, state, and tribal criminal justice agencies to make America's communities safer. Read more at [www.ojp.usdoj.gov/BJA/](http://www.ojp.usdoj.gov/BJA/).

**The Council of State Governments (CSG) Justice Center** is a national nonprofit organization serving policymakers at the local, state, and federal levels from all branches of government. The CSG Justice Center provides practical, nonpartisan advice and consensus-driven strategies, informed by available evidence, to increase public safety and strengthen communities. Read more at [www.justicecenter.csg.org](http://www.justicecenter.csg.org).

The Criminal Justice/Mental Health Consensus Project is an unprecedented national effort coordinated by the CSG Justice Center to improve responses to people with mental illnesses who become involved in, or are at risk of involvement in, the criminal justice system. Read more at [www.consensusproject.org](http://www.consensusproject.org).

**The Police Executive Research Forum (PERF)** is a national membership organization of progressive police executives from the largest city, county, and state law enforcement agencies. PERF is dedicated to improving policing and advancing professionalism through research and involvement in public policy debate. Read more at [www.policeforum.org](http://www.policeforum.org).

# Notes

# Notes



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