



Specialized Police-based Responses to People with Mental Illness: Effective Training Strategies

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Police Executive Research Forum

November 14, 2007



Law Enforcement / Mental Health Partnership Program

- Funded by the Bureau of Justice Assistance (BJA)
- Deliverables will include:
 - *Why a “Specialized Response”*
 - *Essential Elements of a Specialized Police-Based Response*
 - *Strategies for Effective Training*
 - *Tailoring Responses to Jurisdiction Circumstances*
 - Interactive database of program information
 - Policy brief on statewide implementation efforts



Training Initiative Foundations

This document is most suitable for agencies where a wide range of partners have already...

- committed to the collaborative process
- created a multidisciplinary “planning committee”
- finalized policies and procedures
- determined the number and type of law enforcement and mental health personnel that will be trained
- designated a “coordination group” to be responsible for day-to-day program activities



The Coordination Group

- Determines the length and frequency of training
- Develops the curriculum content
- Addresses training funding
- Oversees identifying and preparing trainers
- Selects training techniques



Strategies for Effective Training

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 meets 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 other less traditional police 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.



Project Advisors

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- **Officer Joan M. Logan**, Crisis Intervention Team Coordinator, *Montgomery County (Md.) Police Department*
- **Officer Kristen McGray**, *Houston (Tex.) Police Department*
- **Lieutenant Jan Olstad**, former Crisis Intervention Team Program Coordinator, *Albuquerque (N. Mex.) Police Department*
- **Dr. Risdon Slate**, Professor of Criminology, *Florida Southern College*, and consumer of mental health services
- **Officer Paul Ware**, Crisis Intervention Team Coordinator, *Portland (Oreg.) Police Bureau*
- **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*



Chapter One

IDENTIFYING TRAINERS

“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**



Challenges

- **Limited capacity or expertise within the police department needed to teach the range of topics.**
- **Inadequate pool of local experts who have experience training police officers.**
- **Lack of funding to coordinate training, including expenses related to contracting with trainers.**
- **Negative encounters—with law enforcement or mental health—may pose significant barriers to effective teaching.**



Effective Strategies

- Develop your in-house expertise to teach policing topics.
- Work with partners to identify trainers outside the law enforcement agency.
- Coordinate trainings with other area law enforcement agencies to share trainers and reduce overhead costs.
- Select trainers who have an appreciation for the specialized response program's goals, positive attitudes toward police, and experience with people with mental illnesses in the criminal justice system.
- Evaluate trainers to make programmatic decisions and provide specific feedback.



Chapter Two

PREPARING TO TEACH A LAW ENFORCEMENT AUDIENCE

“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



Challenges

- **Non-police trainers, or even police instructors who have little patrol experience, may not fully appreciate the unique challenges patrol officers face.**
- **Police participants may become frustrated or lose interest if the material is not clearly relevant or is presented in dry, medical terms.**
- **Patrol officers may have difficulty managing long, in-class lesson periods and relative inactivity typical of specialized training.**



Effective Strategies

- Connect non-police trainers with patrol officers and other police personnel to increase awareness of the law enforcement culture, the current realities of policing at the street level, and the complexity of these encounters for officers.
- Ensure that non-police trainers recognize and respect officers' safety concerns.
- Pose questions that prompt officers to consider their own experiences to stimulate discussion.
- Use language with which police officers are familiar.
- Offer frequent breaks and stagger the “inactive” sessions.



Chapter Three

ENHANCING SKILLS: THE ROLE PLAY EXERCISE

“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



Challenges

- **Agencies may be concerned that role plays will stray from the primary purpose of the training.**
- **Agencies may have concerns that role plays will result in unpredictable and potentially out-of-control behavior.**
- **Officers are often reluctant to participate in these activities.**



Effective Strategies

- **Identify role play facilitators.**
- **Ensure safety and avoid distractions.**
- **Keep the exercise focused on the primary goals of the training.**
- **Debrief officers after role plays are complete.**
- **Select role players who can enhance the reality of the scenario and provide consistency across trainings.**

Role play actor	Example	Advantages	General perceptions of limitations
Trained actors	<u>Akron (Ohio) CIT</u> : 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	<ul style="list-style-type: none"> - can play the same role repeatedly - trained to modify behavior based on positive and negative cues from responding officers 	<ul style="list-style-type: none"> - potentially unfamiliar with police procedures - limited perspective on living with mental illness
Police officers	<u>Memphis (Tenn.) CIT</u> : the training coordinator identifies veteran CIT officers who themselves have been through CIT training and are well suited to perform this function	<ul style="list-style-type: none"> - experienced officers who have been in many such incidents can recall the behavior of people with whom they came in contact - officers may feel more comfortable making mistakes in the presence of other officers 	<ul style="list-style-type: none"> - limited perspective on living with mental illness - lack training in modifying behavior positively or negatively based on cues from responding officers
Mental health professionals	<u>Montgomery County (Md.) CIT</u> : licensed staff therapists from the Mental Health Crisis Center act as people with mental illnesses in the role play; these therapists are frequently called to the scene by responding officers and are therefore familiar with police procedures	<ul style="list-style-type: none"> - highly familiar with signs and symptoms of mental illness - professional expertise helps focus the exercise and ensure that it covers core training topics 	<ul style="list-style-type: none"> - potentially unfamiliar with a range of police procedures - may be overly focused on evaluating officers’ understanding of clinical aspects of their performance
Consumers/ family members	<u>Baltimore City (Md.) CIT</u> : through the local NAMI affiliate, the program identifies volunteers; coordinators provide an orientation to role players, offering background on the training and program, as well tips and traps	<ul style="list-style-type: none"> - have direct personal involvement with living with mental illness, and may have had contact with law enforcement 	<ul style="list-style-type: none"> - 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



Chapter Four

INCREASING AWARENESS: SITE VISITS, TESTIMONIALS, AND SIMULATIONS

“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

- **Police officers may share some commonly-held misconceptions about people with mental illnesses.**
- **Officers may have become frustrated by past experiences with mental health providers.**
- **Planners want to avoid training activities they cannot control adequately.**
- **Experiential learning activities may not relate to training content and objectives in a clear way.**



Effective Strategies

- **Offer a window into what it is like to live with mental illness**
- **Provide opportunities for officers to meet with partners and problem solve difficulties.**
- **Structure experiential learning activities carefully to ensure they run smoothly.**
- **Debrief with officers following experiential learning activities to reinforce connections and use of information.**



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