

Crisis Intervention

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

MENTAL ILLNESS AWARENESS FOR FIELD TRAINING OFFICERS

I. WELCOME

A. Overview and purpose of course.

1. Complete all required paperwork.
2. Instructors introduce self and provide information on objectives for the course and material that will be covered.

II. ROLES OF A FIELD TRAINING OFFICER

A. Students learn about roles of a Field Training Officer related to instructing trainees on how recognize and respond to persons with Mental Illness, Development Disabilities, Substance Use Disorders, and Co-occurring disorders.

1. Role model
2. Trainer
3. Evaluator
4. Supervisor
5. Advisor
6. Students discuss approach to training, expectations of trainees, and importance of developing flexibility when dealing with a diverse array of citizens/presenting circumstances.

III. IMPLICATIONS FOR LAW ENFORCEMENT

A. Students learn about the importance of effectively interacting with MI individuals while performing duties.

1. Students provided with information regarding SB 29, LASD Field Operations Directive, and additional mandates related to interacting with MI individuals.
2. Instructor led discussion regarding use of specific techniques and strategies when dealing with disabled individuals, and the value of clearly articulating/documenting interventions.
3. Students discuss career survival and potential consequences of not dealing with MI individuals effectively.

IV. DEFINITION OF MENTAL ILLNESS (MI)

A. Students learn about the general characteristics and factors that contribute to MI.

1. Students provided with information on characteristics of MI.

2. Students provided with information on the factors that contribute to MI.
3. Instructor led discussion.

V. DEVISING A PLAN

- A. Students become aware of planning and how to gather information regarding potentially MI subjects.
 1. Instructor led discussion regarding the importance of officer safety when dealing with rapidly evolving situations involving MI individuals.
 2. Students provided with lines of questioning to have dispatcher ask the informant/victim on the line, if not provided. Importance of detailed information discussed.
 3. Students provided with information on identifying behavioral characteristics of MI at the scene of a call (handout).

I. IDENTIFYING AND RESPONDING TO MENTAL ILLNESS (MI)

- A. Students gain knowledge of signs and symptoms common to each of the four categories of MI through instructor-provided information, a video clip learning activity, and a group exercise.
 1. Students provided with information on signs/symptoms in each category:
 - 1) Elevated/Depressed/Anxious
 - 2) Making Sense/Not Making Sense
 - 3) Agitated/Aggressive
 - 4) Suicidal/Self-Injurious
 2. Learning Activity: Students will observe video clips and visual examples of individuals meeting criteria for each category, including a clip of MI symptoms from a first-person POV. Following each clip, instructors will query students on recognition of signs and symptoms.
 3. Group exercise: (Case vignettes) Students break into small groups and discuss previous calls for service involving MI individuals. Instructors require students to provide: How the initial call comes out; 2) Observations of the individual; 3) Surrounding environment; 4) Involvement of others; 5) Status of back-up; 6) Availability of less-lethal options. Students will present case, discuss potential category of MI represented, and discuss strategies and techniques used in an attempted to de-escalate incident.
- A. Students learn about the sequence of universal considerations for interacting with individuals in aforementioned categories. Instructors provide students with information on the recommended techniques and strategies for effectively engaging disabled individuals.
 1. **Window of Opportunity**-Upon initial contact with a MI individual, there may be a short period of time (20 seconds to <2 minutes) that may allow for use of recommended strategies and techniques. Recognizing the window is critical to a positive outcome.
 2. **Reduce External Stimuli**-Because the person may already be responding to internal stimuli (hearing voices), loud radio chatter/noise or talking may add to confusion. Control the environment. Remove unnecessary parties and potentially dangerous articles from area.
 3. **Presence/Visibility**-Reduce visible personnel presence so person doesn't feel cornered or threatened. Try to maintain a degree of space. Crowding or boxing in may heighten paranoia or fear. Also, have back-up when possible (Show of force principle).

4. **Preparing for Use of Force**-Gearing up to make contact may send a threatening or mixed message that can create paranoia, confusion, fear.
5. and physically and become more responsive.
6. **Identifying One Partner to Speak**-Helps limit the amount of stimuli person has to focus on (i.e., one voice vs. two or three). Speak in simple, short sentences.
7. **Posture**- Indicates approachability, openness, and willingness to engage.
8. **Vocal Pattern**- To assist individual in hearing, understanding, and attending to your questions/commands, match patterns of vocal tone, volume and speed.
9. **Rapport**- Offer first name. Empathize with their experience. Indicate a willingness to help. Makes MI individual feel comfortable and understood so important information can be gathered. If MI individual remains unresponsive, switch.
10. **Slow Things Down**-Remember, time is on your side. If you can slow down the pace of the encounter, the individual will likely begin to de-escalate emotionally **Predictability**- Watch sudden movements. If possible, provide information on what you're about to do; (i.e., "Now I'm going to search you and your belongings").
11. **Engage**-Use non-verbal communication (i.e., posture, facial expression, eye communication) and active listening skills to connect (i.e., asking open-ended questions).
12. **Provide A Sense of Safety**-Provide clear reassurance that you're there to help and not harm them. Communicate your intentions clearly and slowly. Never threaten.
13. **Asking About Person, Place, Time, Situation (Oriented x4)**-Do they know who they are, where they are presently, what hour/time of day it is, and the context of what's occurring?
14. **Focus**- Attempt to have the individual stay with you. Keep individual oriented to the present by using the word "now." Redirect if necessary.
15. **Resisting vs. Difficulty Hearing/Understanding**-Gauge if they're responding to something other than your voice and non-verbal communication. Are they exhibiting the "thousand-yard stare", or orienting themselves in another direction? They may have difficulty separating you from their internal experience. This can look like resisting.

I. DEVELOPMENTAL DISABILITIES (DD)

A. Students learn about characteristics and factors that contribute to DD.

1. Students provided with general information related to DD.
2. Students provided with information on signs/symptoms of Intellectual Disability (including Down Syndrome), and Autism Spectrum Disorder.

I. SUBSTANCE USE DISORDERS/CO-OCCURRING DISORDERS

A. Students learn about characteristics and factors that contribute to Substance Abuse Disorders.

1. Students provided with general information related to Substance Use, Abuse, and Dependence.
2. Instructor led discussion.

A. Students learn about characteristics of Co-occurring Disorders.

1. Students provided with general information about Co-occurring Disorders.
2. Students provided with information regarding the relationship between substance abuse and MI.
3. Instructor led discussion.

I. UNDERSTANDING CULTURAL IMPLICATIONS

- A. Group exercise: Students break into small groups and discuss how perceptions of MI, substance abuse, and developmental disabilities vary by culture. Instructors require students to provide: 1) An example of how MI, substance use, or DD is perceived in any culture other than “American” society; 2) How the perception(s) may impact the individual dealing with the disability.

II. LIFE EXPERIENCE OF INDIVIDUALS WITH DISABILITIES

- A. Students learn about the symptoms, daily living experiences (including those with Law Enforcement), and recovery of individuals dealing with MI (Stigma reduction strategy).
 1. Learning Activity: Students will observe autobiographical video clips of individuals living with MI. Clips will address daily living, symptom management, treatment, and previous successful/unsuccessful encounters with law enforcement (Stigma reduction strategy).
 2. Students discuss thoughts and perceptions regarding people with disabilities and substance use disorders (Stigma reduction strategy).
 3. Instructor led discussion regarding available local and county resources for MI individuals and individuals with disabilities. Emphasis placed on **Recognizing, Responding, and Referring (3 R's)** when dealing with MI individuals (Stigma reduction strategy).

I. CONCLUSION

- A. Course summary and wrap up.
 1. Class Q and A and discussion regarding learning objectives and information presented.
 2. Instructor's closing comments and provision of additional resources.
 3. Complete course evaluations.
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