SAN DIEGO COUNTY REGIONAL DE-ESCALATION AND CRISIS MANAGEMENT EXPANDED OUTLINE

CHULA VISTA POLICE DEPARTMENT

CCN: 3840-21153-19 (8 HOURS)

	0800 - 0810 Welcome and Course Goals. 0810 - 0835 Relationship Between Mental Health & Officer Safety 0835 - 1115 **Pre-Engagement** Laws and Core Concepts of De-Escalation, Exploration of a Critical Decision Making Model, Time/Distance, Officer Safety, 5 A's, PATROL, Resources/PERT 1115 - 1215 Lunch 1215 - 1330 **Engagement** Crisis Management through Communication, Mental Health, Stigma, Excited/Substance Intoxication Delirium, and Documentation 1330 - 1430 **After the Call** Officer Wellness, Emotional Intelligence and Stigma 1430 - 1645 **Interactive Scenarios** Mental Health and Crisis Intervention, Roleplay and Interactive Practical De-escalation Application Concepts Training 1645 -1700 Training Debrief

SECTION ONE

- Administration of Post-test
- Participant Sign-In Sheet

Welcome, Goals of Course, Relationship Between Mental Health and Officer Safety

The purpose of San Diego County De-Escalation and Crisis Management Training is designed to provide deeper insight and enhanced training to promote de-escalation techniques, crisis management and controlling options while keeping our community, officers and person with whom we are interacting safe by utilizing best practices to minimize the chance of injury to all. This de-escalation and interpersonal communication training includes tactical methods that use time, distance, cover, and concealment, to avoid escalating situations that may lead to violence.

This course includes and discusses the key concepts of de-escalation per POST, including defining de-escalation, core concepts of de-escalation, areas of peace officer performance where de-escalation concepts may assist, exploration of a critical decision-making model, time, officer safety, and documentation.

This 8-hour class is designed to be mobile and be taken directly to the regional agencies and delivered at their respective departments using the MILO Mobile Situational Awareness Training System.

For the purpose of this course, De-Escalation is taking action or communicating verbally or non-verbally during an encounter in an attempt to stabilize the situation and reduce the immediacy of the threat so that more time, options, and resources can be called upon to resolve the situation without the use of higher level control techniques with the overall objective of bringing the situation to a successful resolution. De-escalation may include the use of such techniques as command presence, advisements, warnings, verbal persuasion. This de-escalation and interpersonal communication training includes tactical methods that use time, distance, cover, and concealment in the attempt to de-escalation that will not put the safety of the community or the officers in jeopardy.

For the purpose of this course, Crisis Intervention deals with a person in crisis, which is defined as a person whose level of distress or mental health symptoms has exceeded the person's internal ability to manage his/her behavior or emotions. A crisis can be precipitated by any number of things, including an increase in the symptoms of mental illness despite treatment compliance; non-compliance with treatment, including a failure to take prescribed medications appropriately; or any other circumstance or event that causes the person to engage in erratic, disruptive or dangerous behavior that may be accompanied by impaired judgment.

For the purpose of this course, Force Options are the choices available to peace officers to overcome resistance, effect arrest, prevent escape, or gain control of the situation. These regional agency-approved options include, but are not limited to, pain compliance techniques, control holds, takedowns, carotid restraint, chemical agents, conducted energy weapons, restraint devices, impact weapons, kinetic energy weapons, and firearms.

While there is no way to anticipate every conceivable situation or exceptional circumstance officers face or specify the exact amount or type of reasonable force to be applied in any

situation, each officer is expected to make such decisions in a professional, reasonable, impartial, and safe manner.
The California legislature noted that individuals with physical, mental health, developmental, or intellectual disabilities are significantly more likely to experience greater levels of physical force during police interactions, as their disability may affect their ability to understand or comply with commands from peace officers. It is estimated that individuals with disabilities are involved in between one-third and one-half of all fatal encounters with law enforcement.

This training incorporates the most current information and contemporary professional judgment to provide a framework of critical issues and suggested practices from which participating agencies can supplement their own use-of-force policies.

13519.10. (a) (1) The California Peace Officers Standards of Training (POST) Commission recommends the implementation of courses of instruction for the regular and periodic training of law enforcement officers in the use of force. The guidelines and course of instruction shall stress that the use of force by law enforcement personnel is of important concern to the community and law enforcement and that law enforcement should safeguard life, dignity, and liberty of all persons, without prejudice to anyone.

The San Diego Regional Law Enforcement Community recognizes and respects the value of all human life, having this as its highest priority. It is the policy and practice of this Region to train its law enforcement personnel in the use of the safest, most humane restraint procedures and force options currently available.

SECTION TWO

Relationship Between Mental Health and Officer Safety
Mental Health and Officer Involved Shootings

1. San Diego County Case Study Analysis of Cases Reviewed by the San Diego County District Attorney's Office
    a. Year 1993 – Year 2012
    b. Drugs and/or mental health issues were very common in the subjects.
    c. Either some evidence of drug use and/or mental health concerns was present in 81% of the cases (290 of 358 total).
    d. Sixty-six percent (242) of the subjects had drugs in their systems, including many with multiple substances in their system (18 subjects being under the influence of three or more drugs).
    e. There was a total number of 346 drugs (including alcohol) found in the systems of the 242 subjects.
    f. Methamphetamine/amphetamine was by far the predominant drug connected to the officer-involved shootings.
    g. Subjects are mostly male, age 18-32, and have mental issues and/or were under the influence of drugs, with methamphetamine/amphetamine being the most common.
    h. The large majority of shootings did not involve less than lethal force prior to the shooting.
    i. In 19% (67) of the incidents, the subject made statements or behaved in a way that was considered "suicide-by-cop" (meaning it appeared clear the subject wanted police to shoot him or her).
    j. Immediately prior to the OIS, some officers used a less than lethal (LTL) option in an attempt to subdue the subject.

k. In 80% of the cases (286), no LTL force was used prior to the shooting.
l. Nearly two-thirds of the incidents occurred within three minutes or less of arrival on scene with many almost immediately.
m. A firearm was the most common (40%) type of weapon the subject possessed.
n. Patrol (uniformed) officers are most at-risk for becoming involved in a shooting, and more than half the time, it was in response to a radio call.

2. Journal of Forensic Science
    a. 25% of all OIS involve Suicide by Cop subjects.
    b. 80% of subjects were armed with a weapon.
    c. 60% of subjects had a loaded functional firearm.
    d. 48% fired at officers
3. FBI Behavioral Sciences Unit Study
    a. Year 1991 - 2000.
    b. 62 offenders who killed a police officer also committed suicide during the same event.
    c. Clear nexus between suicidal / homicidal behaviors.
4. Suicide by Cop Indicators (Force Science Institute)
    a. Subject often initiates police response (behavior or 911 call).
    b. Claims to have committed or about to commit a violent injurious act.
    c. Claims to possess a weapon.
    d. Stages scene to entice police approach.
    e. Launches a 'Blitz' attack at police to force a response

SECTION THREE - PRE-ENGAGEMENT

Laws, Core Concepts of De-Escalation, Exploration of a Critical Decision-Making Model, Time/Distance, Officer Safety, 5 A's, PATROL, Resources/PERT

Section Two will Explore the Following Areas:

- Laws
- Core concepts of de-escalation
- Reality vs Perception
- Information Collection
- Threat and Risk Assessment
- Consideration of Options
- Planning
- Action and Reassessment
- Respect for Human Life and Dignity

Laws

- The U.S. Supreme Court in Graham v. Connor, 490 U.S. 386 (1989), acknowledged that the "reasonableness" test in analyzing the use of force is "not capable of precise definition or mechanical application." For that reason, in determining whether an officer's use of force is reasonable in a particular case, it is necessary to evaluate the facts and circumstances confronting the officer at the time that force was used. All of the surrounding circumstances will be considered, including whether the subject posed an imminent threat to the safety of the officer or others, the severity of the crime at issue, and whether the suspect actively resisted arrest or attempted to flee.

- Penal Code 834a “If a person has knowledge, or by the exercise of reasonable care, should have knowledge, that he/she is being arrested by a peace officer, it is the duty of the such person to refrain from using force or any weapon to resist such arrest.”

- Penal Code Section 835a authorizes an officer to use *necessary* (2019 yr. SB 230) force to make a lawful arrest, prevent an escape, or to overcome resistance. Officers are not required to retreat or desist from their efforts by reason of resistance or threatened resistance of the person being arrested. A peace officer who makes or attempts to make an arrest need not retreat or desist from his/her efforts by reason of resistance or threatened resistance on the part of the person being arrested; nor shall an officer be deemed the aggressor or lose his/her right to self-defense by the use of reasonable force to effect the arrest, prevent escape or to overcome resistance (Penal Code§ 835a).

- Mental Health Laws
    - §5150 - When you have probable cause to believe that a person is, as a result of a mental health disorder, a danger to himself/herself, a danger to others, or gravely disabled, you are empowered to detain the person for a safe and orderly transport to an LPS (Lanterman-Petris-Short Act) facility for a mental health assessment.
    - §5151 - Psychiatric assessment conducted by a licensed behavioral health professional at an LPS facility to determine if the person you transported requires psychiatric detention (§5150).
    - §5152 - The actual hospital admission and up to 72-hour “hold” determined as a result of the
    - §5150.05 – Discuss the importance of obtaining (if available) and incorporating credible third-party information during §5150 determination process.
        - Voluntary versus Involuntary status
            - Defend why it is inappropriate to transfer someone to a hospital on a “voluntary” basis if they meet §5150 criteria for detention.

Core Concepts of De-Escalation

Law enforcement is guided by the overarching principle of reverence for human life in all investigative, enforcement, and other contacts between law enforcement and members of the public. When law enforcement is called upon to detain or arrest an individual who is uncooperative, is actively resisting, may attempt to flee, poses a danger to others, or poses a danger to him or herself, they should, if feasible, consider tactics and techniques that may persuade the individual to voluntarily comply or may mitigate the need to use a higher level of force to resolve the situation safely.

Some situations require an immediate response, while other situations allow officers/deputies the opportunity to communicate with the individual, refine tactical plans, and, if necessary, call for additional resources. The actions of first responders will be weighed against the information known, the seriousness and gravity of the situation, the individual’s actions and, when feasible, efforts to de-escalate the situation.

Core Concept of de-escalation:

- Self-control
- Effective communication
- Scene assessment and management
- Force Options
- Time

Reality vs Perception

1. Reality vs Perception (*Force Science Institute*)
    a. Use of any physical force compared to all police/ public interactions
        i. 99.70% of police/public interactions result in no force.
        ii. 0.30% of police/public interactions result in force. (<1/2%)
    b. Use of any physical force compared to all arrests
        i. 98.50% of all arrests result in no physical force.
        ii. 1.50% of all arrests result in any physical force.
    c. Frequency of deadly force compared to all arrests.
        i. 0.003 % (Three thousandths of a percent) of all arrests results in deadly force.
2. Current Perception Paradigm: Society's perception of police
    a. Police need De-escalation Training because:
    b. Police are "heavy handed".
    c. Police don't know how to talk to people.
    d. "Us" vs. "Them".
    e. Police are quick to use force.
    f. Police "talk down" to people.
    g. Police are arrogant/non-empathetic.
    h. De-escalation is a new concept in law enforcement
    i. False perception because LE has been practicing de-escalation from the onset.
3. Training Paradigm Shift
    a. From Lawful to Necessary
    b. Does not mean force will not be required when the concept demands it.
    c. Sometimes officers need to quickly and decisively intervene with force in order to prevent a situation from escalating.
    d. Enhanced training in de-escalation and the use of less-lethal tools may reduce the need for officers to use deadly force, save lives, and improve public trust and confidence in law enforcement, while reducing the likelihood of injury to the public and increasing officer safety.

Define De-Escalation

- De-escalation is the process of using strategies and techniques intended to decrease the intensity of the situation.
- "De-escalation" refers to a range of integrated strategies and tactics used by officers to lower the intensity of potentially volatile situations with the aim to reduce the necessity or level of force required for successful resolution while ensuring officer and public safety is optimized." *Force Science Institute*

Areas of Peace Officer Performance Where De-Escalation May Assist:

The principles of de-escalation can provide effective tools during contacts with the public and result in improved decision-making, reduction in situational intensity, and outcomes with greater voluntary compliance.

- De-escalation concepts may assist an officer in:
    - Gaining voluntary compliance
    - Defusing a situation
    - Mitigating unintended consequences
    - Officer and public safety
    - Police legitimacy

De-Escalation, Crisis Management and Control Options utilizes all available resources to include:

- De-Escalation Techniques
- Tactical Communications
- Tactics
- Less-lethal Options
- Tools on the belt
- K-9
- Tactical withdrawal
- Physical Coercion/ Control Techniques
- Crisis Management and Control Options enhances proper tactics/ officer safety.
    - The outcome does not reward reckless or dangerous tactics.
    - Often improper tactics result in the escalation of a situation or the application of deadly control techniques

Dispatch/Communication Unit

- Discuss the Role of Dispatch
- Explain the relationship of “dispatch priming” and “emotional intelligence.”
- Explain the importance of being able to communicate with dispatch to clarify the important factors prior to arriving on scene

Any officer/deputy faced with an individual who appears to be in crisis, if feasible, develop a plan prior to taking action. The plan should include but not limited to:

1. Prior or current violent behavior
2. Current factors driving this crisis
3. Prior police contacts and what has helped
4. Triggers
5. Current mental health diagnosis
6. History of mental health
7. Current substance use
8. History of substance use
9. Current medications
10. Additional officers/deputies
11. Sufficient resources
12. PERT
    a. If the situation allows and the individual does not pose an immediate threat to officers, the public, or he/she, de-escalation techniques may allow officers/deputies the opportunity to communicate with the individual, refine tactical plans, and contact other resources as needed. Contact the Psychiatric Emergency Response Team (PERT) if the person is suspected of suffering from a mental illness. *Note, the PERT teams are not negotiators. The PERT clinician may be able to provide the officer/deputy mental health information involving the individual.*
        i. PERT provides emergency assessment and referral for individuals with mental illness who come to the attention of law enforcement through phone calls from community members or in-field law enforcement request for emergency assistance.
        ii. PERT pairs licensed mental health clinicians with uniformed law enforcement officers/deputies. Clinicians work out of individual law enforcement divisions and respond in the field with their law enforcement

partners. The PERT team evaluates the situation, assesses the individual's mental health condition and needs, and, if appropriate, transports individual to a hospital or other treatment center, or refers them to a community-based resource or treatment facility

iii. PERT Referral Form

13. CNT/ENT
14. Less lethal options
15. Etc.

FIVE A's

- **Assessment** – Constantly occurring
  - Identify what the threat is?
  - What weapons are involved?
  - What are their capabilities?
  - What is their motivation?
  - What are our capabilities?
  - What crime do we have, if any?
  - Is this a mental health crisis?
- **Assemble**
  - Ask for resources
  - Know your capabilities and limitations
  - Other officers (more officers can reframe subject mindset. They may perceive the situation to be non-winnable.
  - Resources may include: less lethal, PERT, K9, etc.
  - Format a plan
- **Anticipate**
- **Announcement**
  - Communicating with everyone involved in the plan
- **Act**

PATROL

An individual acting in a strange and/or violent manner often results in a police response. If the individual is in a mental health or substance use crisis, use the Tactical De-escalation Techniques: **PATROL**

1. **P**lanning
   a. Use dispatched information and knowledge to develop initial response.
   b. Adapt plan as additional information becomes available.
   c. Coordinate the approach
2. **A**ssessment
   a. Suspect non-compliant, if so why?
   b. Deliberate – Resisting or attempting to escape
   c. Inability to comprehend (Physical, Mental, or other impairments
3. **T**ime
   a. Distance
   b. Time allows tactics to be developed and refined
   c. Time allows for communication and for resources to be called
   d. Effects on the decision-making process
4. **R**edeployment and/or Containment
   a. Control the situation by adjusting positioning

b. Change tactics as necessary
c. Redeployment should not give suspect any advantage

5. **O**ther Resources
    a. Call for assistance as needed
    b. Additional officers/resources
    c. K-9
    d. Less lethal
    e. Arrest team
    f. SWAT/SED
    g. ENT/CNT
    h. PERT
    i. Face to face
    j. Bullhorn
    k. Cell phone
    l. Etc.
6. **L**ines of Communication
    a. Maintain communication with suspect, witnesses and family

SECTION FOUR - ENGAGEMENT

On Scene - Effective On-Scene Crisis Management through Communication Skills, Excited/Substance Intoxication Delirium and Documentation

Some situations require an immediate response, while other situations allow officers/deputies the opportunity to communicate with the individual, refine tactical plans, and, if necessary, call for additional resources. The actions of first responders will be weighed against the information known, the seriousness and gravity of the situation, the individual's actions and, when feasible, efforts to de-escalate the situation.

Excited/Intoxication Delirium

Excited Delirium, also referred to as Agitated Delirium, is a medical emergency characterized by an acute onset of extreme agitation and bizarre and/or combative behavior. This medical emergency is often associated with a number of underlying factors such as controlled substances, or mental illness. A person in a state of Excited Delirium is at an increased risk of sudden death.

Persons in a state of delirium may present a serious threat to the public, to officers, and to themselves. Officers should be familiar with signs and symptoms of this condition when determining the best tactical response. This Bulletin provides guidelines for addressing these challenges as part of the Department's overarching principle of reverence for human life.

Recognition of Signs/Symptoms:

Officers are not trained to diagnose medical conditions but should become familiar with the signs, symptoms, and behaviors of a person in a state of Excited Delirium. The state of Excited Delirium is recognized as a medical emergency and an ambulance shall be requested as soon as practicable.

Individuals in a state of Excited/Substance Intoxication Delirium may exhibit extreme agitation and a combination of the following signs, symptoms, and behaviors:

- Extremely violent/aggressive behavior
- Disrobing in public/nakedness

- Unresponsiveness to police presence
- Excessive strength (out of proportion)
- High tolerance to pain
- Constant or near constant physical activity
- Attracted to bright lights/loud sounds
- Attracted to/destructive of glass/reflective objects
- Rapid breathing
- Profuse sweating
- Keening (unintelligible animal-like noises)

When an individual exhibits signs of delirium, paramedics shall be requested as soon as practicable, so paramedic personnel can assess the individual and provide the needed emergency medical treatment

Documentation

- 5150 Detention Form – Application for Assessment
    - Detainment Advisement
    - LPS Facility
    - Person's condition brought to the law enforcement's attention
    - What causes you to believe the person is danger to self/others or gravely disabled
    - Notifications:
        - Weapons
        - Crime, pending charges

<u>SECTION FIVE – AFTER the CALL</u>
Officer Wellness/Emotional Intelligence

- Statistics
    - Every 44 hours a LEO commits suicide
    - 22 active duty and veterans commit suicide each day
    - Studies show the suicide statistics do not differ with size of agency
    - Top Five reasons for suicide in LE
    - Ongoing marital/family issues
    - Culture of law enforcement
    - Critical incident triggered trauma
    - Cumulative stress/trauma
    - Major depression
- Self-care
    - Holmes Rahe Life Stress Survey
    - Over 150 points
    - Over 300 points
    - Adverse Childhood Experiences (ACE)
    - Ripple Effects of Trauma
- Explain how you maintain wellness.
    - Healthy support system
    - Create balance between work and personal life
    - Stress reduction takes practice
    - Self-awareness
    - Exercise, diet and rest

    - Financial health
    - Annual physical and dental check ups
- When do you get in your peer's business?
    - Behavior changes?
    - Attitude changes?
    - Reactions in the field on calls?
    - Coming to work under the influence?
- Stigma
    - Suffering in silence
    - Compare officer acceptance of seeking mental health services when you started your law enforcement career versus today
    - Provide a response to the following: *"Any officer that has a highly distressful reaction or is traumatized by a field incident probably should not be in law enforcement."*
    - Confidentiality
    - Breaking the silence by destroying current culture where LEOs cannot admit they need help
- Resources
    - Describe your departments wellness program regarding how to access services, fees involved, and confidentiality
    - Psychologist or other licensed mental health professional
    - Chaplains and Peer Support
    - EAP
    - Asher Model
    - Safe Call Now
    - Others?

SECTION SIX – INTERACTIVE SCENARIOS

Mental Health, Stigma and Crisis Management, Interactive Practical De-escalation Concepts using the Force Option and Situational Awareness, Roleplays and Interactive Exercise

A. Mental Health

Depression

Definition: Depression is a common mood disorder. A condition that has mental and physical symptoms that can interfere with an individual's ability to function day to day.

Symptoms may include, but are not limited to:

- Isolation
- Sadness, inactivity, and self-negative talk
- Feelings of guilt, hopelessness, helplessness, or pessimism
- Loss/increased appetite
- Fatigue, decreased energy
- Loss of motivation/interest in activities
- Crying spells
- Chronic pain
- Decreased/increased sleep
- Restlessness or irritability
- Difficulty concentrating or making decisions
- Thoughts of death (including gestures, attempts or threats of suicide, such as "Things/people would be better off without me

Bi-Polar
Definition: Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day to day tasks.
Symptoms may include, but are not limited to:

People having a manic episode may:

- Feel very "up," "high," or elated
- Increased energy/activity levels
- Feel "jumpy" or "wired"
- Trouble sleeping
- Talk really fast about a lot of different things/Highly distracted
- Agitated, irritable, or "touchy"
- Feel like their thoughts are going very fast
- Think they can do a lot of things at once
- Engaged in high-risk behaviors such as excessive shopping/gambling, or have mul sexual partners or not practicing save sex

People having a depressive episode may:

- Feel very sad, down, empty, or hopeless
- Very little energy
- Decreased activity levels
- Trouble sleeping- too little or too much
- Feel like they can't enjoy anything
- Feel worried and empty
- Trouble concentrating
- Forgetful
- Eat too much or too little
- Feel tired or "slowed down"
- Thoughts of death (including gestures, attempts or threats of suicide, such as "Things/people would be better off without me.")

Schizophrenia
Definition: Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. People with schizophrenia may seem as though they have lost touch with reality.

Symptoms may include, but are not limited to:

- bizarre delusional thinking
- hallucinations
- incoherent, disconnected thoughts, and speech
- expression of irrational fear
- deteriorated self-care
- poor reasoning
- strange and erratic behaviors
- trouble focusing or paying attention
- limited verbal or facial expressions

Post-Traumatic Stress Disorder (also known as Post-Traumatic Stress Injury)
Definition: Post-traumatic Stress Disorder (PTSD) is an anxiety disorder that can develop after exposure to a traumatic event or in which grave physical harm occurred or was threatened to the individual or someone close to them. These events may be cumulative over a person's lifetime or career.

These events may include, but not limited to:

- combat or military exposure
- Adult/child sexual, physical/verbal abuse
- terrorist attacks
- serious accidents, such as a car wreck
- natural disasters, such as a fire, tornado, hurricane, flood, or earthquake

Symptoms may include but not limited to:

- Recurring memories or nightmares of event (flashbacks)
- Sleeplessness
- Loss of interest/numbness
- Anger or irritability
- Hypervigilance or on guard
- Startled response
- Survivor's guilt
- Isolation
- Self-medication using drugs/alcohol

Stigma

- Discuss the meaning of stigma (e.g., a mark of disgrace or shame associated with a particular circumstance, quality, or person) and contributors:
    - Media and Hollywood depictions
    - Cultural implications
    - Societal views
    - Your personal views on mental illness and your attitude about your law enforcement department's psychological services program
- Elaborate about the consequences of stigmatization (e.g., social isolation, a barrier to seeking help, fear, mistrust, prejudice and discrimination)
- Describe the perspective of stigma and view of law enforcement response of consumers living with severe and persistent mental illness and their family members/supports

B. OPTION ONE - Interactive Practical De-escalation Concepts using the Force Option and Situational Awareness
Interactive exercise on de-escalation concepts and the legal issues involving the use of force, including current legislation impacting California law enforcement. The training includes on-scene assessment, emergency response, overview of a crisis response involving mental illness, substance use, and/or homelessness.

Major learning activity is to enhance skill set. This activity is designed to provide students the opportunity to demonstrate officer safety while effectively interacting with a person in crisis and the reporting party. This experiential learning will occur via a small group exercise of a field scenario and will identify 1) a reporting party and 2) a person in distress experiencing a crisis. Instructors will monitor/evaluate for officer safety while a mental health professional monitors/evaluates for active listening and de-escalation communication skills.

The instructors will evaluate the participants on:

- Radio communication
- Officer safety
- Active listening and de-escalation communication skills with the reporting
- party and person in crisis.

B. OPTION TWO - Situational Awareness Training System – Officer Safety Promotes Situation Awareness and Tactical Positioning

The simulation training prepares the students for the stress of a real emergency, whether it's a straight-forward crisis intervention or a disaster scenario.

The simulator - This activity is designed to provide students the opportunity to demonstrate officer safety while simultaneously identify crisis situations and effectively interact using active listening and de-escalation skills. This experiential learning will occur in a dual officer response (contact and cover) video scenario. Instructors will monitor/evaluate for officer safety while a mental health professional monitors/evaluates for communication skills related to the identification and response to the crisis presentation. The instructors will evaluate the participants on:

- Radio communication
- Officer safety
- Active listening and de-escalation communication skills with the reporting party and person in crisis.

C. Roleplays and Interactive Scenarios

The role play training prepares the students for the stress of a real emergency.
The Role Play - This activity is designed to provide students the opportunity to demonstrate officer safety while simultaneously identify crisis situations and effectively interact using active listening and de-escalation skills. This experiential learning will occur in a dual officer response (contact and cover) scenario. Instructors will monitor/evaluate for officer safety while a mental health professional monitors/evaluates for communication skills related to the identification and response to the crisis presentation. The instructors will evaluate the participants on:

- Radio communication
- Officer safety
- Active listening and de-escalation communication skills with the reporting party and person in crisis.

SECTION SEVEN

Training Debrief

1. Discussion of personal learning takeaways
2. Administration of Post-test
3. Course Evaluations
4. Participant Sign-out