Police Crisis Training: Introduction to the R-Model

Jillian K. Peterson & James A. Densley

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About The Violence Project

The Violence Project LLC provides consulting, research, evaluation, and training on criminal justice issues. We also provide white papers that provide analyses of pressing social or policy issues. Our aim is to reduce crime and violence in our communities. On behalf of cities, counties, states, federal agencies, private and non-profit organizations, we develop new programming, design and conduct evaluations, and analyze the effectiveness of programs and policies. Visit us at www.theviolenceproject.org.

About This Violence Project

From fall 2017 to spring 2018, The Violence Project partnered with the Minnetonka Police Department, led by Chief Scott Boerboom, to develop a new, evidence-based, crisis intervention training for law enforcement that would meet the new Minnesota Board of Peace Officer Standards and Training (POST) approved learning objectives in conflict management and mental health crisis response.

The goal was to develop a training that could be delivered in-house in one day, thus meeting the needs of small or mid-sized agencies that did not have the resources to support the popular 40-hour Crisis Intervention Team (CIT) training model. Rather than a one-size-fits all approach, the new training was to be tailored to the specific needs and resources of an individual agency.

The result of this unique partnership is The R-Model: Research-Respond-Refer—an 8-hour, trauma-informed crisis training that put the latest theory and research on mental health and crisis intervention into practice.
About the Authors

**Jillian K. Peterson** is Assistant Professor of Criminology and Criminal Justice at Hamline University. Jill launched her career as a special investigator in New York City, investigating the life histories of men facing the death penalty. Jill has a Master’s Degree in social ecology and a PhD in psychology and social behavior from the University of California, Irvine. She has led large-scale research studies on mental illness and crime, school shooting prevention strategies, and mass violence, which have received local, national, and international media attention. She is a sought-after trainer and speaker on issues related to mental illness and violence, trauma, cyber-violence, the development of crime and violence, and forensic psychology. Jill is trained in violence mediation, crisis intervention, de-escalation, and suicide prevention.

**James A. Densley** is Associate Professor of Criminal Justice at Metropolitan State University. Since completion of his PhD in sociology at the University of Oxford, Densley has quickly established himself as one of the world’s leading experts on street gangs and youth violence, and a prominent voice locally on issues of peace officer education and training. He is the author of the award-winning *How Gangs Work* (Palgrave Macmillan, 2013), and co-author of the textbook, *Minnesota’s Criminal Justice System* (Carolina academic Press, 2016). In addition, he has published more than 30 refereed articles and book chapters in leading social science outlets, and op-eds for CNN, The Sun, and The Wall Street Journal. His work has attracted local, national, and international media attention. James is a former middle school special education teacher.
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Problem Overview

Individuals with serious mental illness are over-represented in the criminal justice system. The largest mental health treatment center in Minnesota is the Hennepin County Jail, which treats 200-300 individuals on a given day (by comparison, the largest psychiatric hospital in Minnesota has 115 beds).

The rates of serious mental illness are 4-8 times higher in prison than in the general population. Individuals with mental illness are more likely to be victimized in prison, be sent to solitary, to serve their maximum sentence, and are more likely to return to custody than individuals without mental illness. Individuals with mental illness are also 16 times more likely to be killed by the police than individuals without mental illness.

Owing to deinstitutionalization that began in the 1960s and other factors, police are on the front lines of difficult mental health crisis calls, often with few options on hand for resolving them. In Minnetonka, for example, crisis calls were up 300% over the past few years. This training model was developed to give police the knowledge, resources, and strategies they need to effectively resolve crisis calls and connect individuals to long-term treatment.

Development of the R-Model

Development of the training protocol took place over six months and included the following:

- Review of protocols of all current crisis trainings
- Literature review of evidence-based de-escalation strategies
- Ride alongs with patrol officers and sergeants
- Interviews with local police chiefs
- Interviews with individuals who have experienced mental health crises and their family members
- Interviews with a community based advocacy group, a psychiatric intake unit, a mobile mental health crisis team, a county Assertive Community Treatment (ACT) team, and an outpatient clinic
- A review of all 2017 crisis calls for service and police reports at our partner agency
- Creation of a “decision tree” to help officers make referral decisions on crisis calls (Figure 1)

1 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5008459/
• Creation of business cards with local mental health resources for officers to hand out on crisis calls (Figure 2).

This was made possible, in part, by a grant from the Society for the Psychological Study of Social Issues (SPSSI).

Training Agenda

The overarching goal of the R-Model was to provide officers with training on crisis intervention and mental illness crises and conflict management that promoted safe practices and positive resolutions.

The eight-hour protocol includes:

• The psychology of mental illness — focused on behavioral cues, not specific diagnostic criteria;
• The sociology of mental illness — a cultural and historical look at why police are on the front lines of mental health care;
• Review of national and local data, including in-house data;
• Evidence-based verbal and nonverbal de-escalation techniques;
• First-hand account of experiencing crisis from an individual with serious mental illness;
• An examination of the impact of trauma - trauma among victims, among those in crisis, and officer wellness and trauma-informed policing;
• Specific community resources and how police can connect individuals with services, including mobile crisis teams, county services, and outpatient services with no fees;
• Focused discussion of best practices and innovative agency initiatives being tried nationally, from embedded social workers, follow-up visits, to technological solutions.

This training meets all of the new state-mandated training requirements in conflict management and mental health crisis response (Minnesota Statute 626.8469) and is being approved by POST to fulfill the new in-service learning objectives that begin July 1, 2018. See Appendix 1.
Figure 1. Minnetonka PD Decision Tree

- Do they want to go to the hospital voluntarily?
- Do they meet criteria for a transportation hold?
- Do they need to go to detox?
- Are they in a crisis that needs immediate attention?
  - COPE for adults: (612) 596-1223
  - Child Crisis for under 18: (612) 345-2233
- Do they need county services?
- Do they need outpatient counseling?
  - Call Front Door (612) 348-4111
  - ACT team, caseworker
  - Call Relate (952) 932-7277

Figure 2: Minnetonka PD Crisis Business Cards

Front

Back

COPE Crisis Line: 612-596-1223
Child Crisis Line (Under 18): 612-345-2233
Hennepin County Mental Health Services: 612-348-4111
Relate Counseling Center: 952-932-7277
Results in Minnetonka

Nearly 400 crisis call records were examined prior to the training. In 2017, police made an arrest in only 1% of crisis calls, hospitalized in 39% of calls, and walked away the majority of the time. After conducting interviews at a local psychiatric intake emergency unit, it was discovered that over 80% of individuals were not admitted to the hospital when they were sent there by police. Instead, they were turned back around into the community because they did not present a threat to self or others, thus did not meet criteria for an emergency hold. Most of the time, individuals that police sent to the hospital were back home within hours.

Sixty percent of addresses that had one crisis call, had another crisis call that same year. Several group homes in the area, designed to provide mental health treatment, were calling the police on a daily basis.

This training was piloted on over 70 officers and staff at the Minnetonka Police Department over three days, with a goal of reducing the number of repeat calls moving forward. Data was collected from officers both before and after the training was delivered.

The R-model significantly increased officer knowledge about treatment and resources, which in turn significantly increased positive feelings toward individuals with mental illness. One hundred percent of officers reported an improvement in their understanding of their options in the community.

Follow-up data in the form of surveys and focus groups will be collected at three-months after the training. One year after the training, all of the crisis call data will be reviewed from 2018 to see if the training had a long-term impact on the number and nature of calls.
Table 1. Officers’ comfort being around individuals with mental illness

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<th>Pre-Training</th>
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Table 2. Officer’s knowledge of community mental health resources

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<th>Pre-training</th>
<th>Post Training</th>
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Testimonials

“The material was spot-on and your delivery made the difference. It was very beneficial to have the two of you presenting on this topic – due to your background and experience compared to a law enforcement instructor. I have never seen this type of effort put into developing a meaningful class for our profession.” (LE Chief)

“Both instructors are very knowledgeable and talented educators. As a crisis/hostage negotiator, I may be biased, but I believe this training is the best training I have had in 25 years of policing. Keep up the fantastic work!” (LE Officer)

“The conversation regarding emotional trauma and how that affects people with mental illnesses was helpful.” (LE Officer)

“The best part was learning what resources had already been researched and can be used on calls. This can’t be done by the public or us without significant time taken, it is appreciated!” (LE Officer)

“Hearing from the instructor’s perspective as well as someone who suffers from a mental illness was helpful. I also like the fact that we were given other resources to assist us instead of just saying we have done something or handled a situation incorrectly.” (LE Officer)

“One of the best parts was that you could relate this training directly to our community…” (LE Officer)

The R-Model

The R-model training program includes one-day of one-site pre-work prior to the training. During this site visit, researchers complete the following:

- A meeting with the chief to understand the needs of the agency
- A ride along in the community (optional)
- Research into the mental health resources available in the community including mobile crisis teams, county services, and outpatient clinics

The training is taught by Ph.D. level psychologist and sociologist with over 30 years combined experience and who are celebrated experts in their fields.
Appendix 1: Learning Objectives

Upon completion of this course, the officer will be able to:

1. Demonstrate understanding of the challenges of mental illnesses to include:
   a) Describe the major and serious forms of mental illnesses and how to recognize associated symptoms and behaviors including substance use disorders and signs of suicidality.
   b) Discuss how psychiatric medications work, some of their possible side effects and why people don't always take their medications.
   c) Explain how some behaviors associated with mental illnesses may overlap with commonly observed criminal behavior.
   d) Discuss bias, fear, and misinformation that come from the stigma surrounding mental illnesses, and the importance of informed, fair, and impartial responses.

2. Demonstrate understanding of mental illness concerns specific to special populations to include:
   a) Discuss special considerations officers should be aware of and strategies that can be appropriate in mental health crisis situations involving veterans.
   b) Discuss how trauma can impact a person’s mental health. Recognize signs and symptoms of trauma, and explain or model approaches for interacting with someone who has experienced trauma.
   c) Discuss special considerations for recognizing and managing people experiencing a mental illness crisis with co-occurring substance use or abuse.
   d) Discuss how culture affects views and reactions to signs/behaviors associated with mental illnesses. Identify the benefits of culturally knowledgeable/sensitive responses including strategies for culturally responsive mental health crisis intervention.

3. Demonstrate understanding of mental health concerns of peace officers to include:
   a) Discuss how trauma exposure and stress may influence officer mental/physical health, decisions and behavior.
   b) Discuss or model strategies that support good mental health.
c) Discuss how to recognize when help is needed, barriers to seeking help, and how to access help.

4. Discuss practical strategies for managing situations involving a mental health crisis to include:

   a) Discuss and/or model verbal and non-verbal intervention techniques that officers can use to diffuse tension and reduce emotional intensity in situations involving someone experiencing a mental health crisis (i.e. rapport building, active listening, body language, voice).
   b) Identify and/or model effective suicide intervention strategies.
   c) Discuss peace officer duties to protect individuals in custody, warning signs of suicidality in custody, and practices for preventing suicide of individuals in custody.
   d) Explain how and when to take someone into custody including:

      a) the statutory elements for taking someone into custody for reasons of mental illness or developmental disability, chemical dependence, or “intoxication in public”,
      b) the information needed to determine if a peace officer hold is necessary and
      c) the criteria for a 72 hour hold.

5. Identify local resources officers can use during or after a mental health crises (e.g., mobile crisis teams, veterans services, outpatient services, homeless shelters, detox facilities, social services) and understand when and how to connect people with them.

6. Demonstrate understanding of how fair and impartial treatment of community members develops good will between police and all people, discourages conflict, and encourages cooperation to include:

   1. Discuss how mutual trust, respect and cooperation are promoted through:
      a) Treating people fairly and with dignity and respect,
      b) Giving people an opportunity to be heard during encounters with law enforcement,
      c) Making impartial decisions,
      d) Being transparent with actions and
      e) Being open to community involvement in problem solving.

   2. Discuss how fair, impartial treatment applies in a variety of police encounters with community members who are: victims, witnesses, by-standers, crime reporters or suspects.

7. Demonstrate understanding of the role of peace officers in conflict resolution to include:
8. Identify objective threat indicators that may call for taking immediate action to protect the safety of community members and officers.

   a) Discuss or demonstrate practices and tactics that protect the safety of community members and officers while attempting conflict resolution.
   b) Discuss the role peace officers play in fairly and objectively resolving conflict, in reducing tension, and in seeking ways to resolve conflict without use of force.
   c) Discuss how an officer’s thoughts, moods, fears, and attitudes can contribute to the escalation or de-escalation of situations.
   d) Discuss healthy ways to self-regulate emotions.
   e) Identify how frustration, fear and anger play a role in conflict, and how making people feel safe, respected, and heard aids in managing heightened emotions.

9. Identify and demonstrate skills and strategies for conflict management and resolution to include:

   a) Discuss problem solving strategies and barriers for dealing with individuals in conflict, e.g., reducing fears and tensions, instilling confidence, identifying needs and solutions and providing options.
   b) Identify communication tactics to promote peaceful dispute resolution. e.g., active listening, rapport building.
   c) Identify communication skills that promote peaceful dispute resolution. e.g., officer presence and demeanor (stance, facial expression, eye contact and proximity).
   d) Describe or demonstrate appropriate conflict resolution practices.

10. Manage conflict in dynamic circumstances to include:

   a) Identify objective threat indicators, such as rage or aggressive body language that may call for immediate action to protect the safety of community members and officers.
   b) Discuss or demonstrate the use of threat reduction tactics involving time, distance, cover and disengagement while, if feasible, attempting de-escalation.
   c) Demonstrate the use of emotional regulation and communication skills before, during and after a threatening incident.
   d) Practice decision making in conflict scenarios that may or may not require the use of force.
Appendix 2: Media Coverage of the R-Model

WEST METRO

How a Minnesota program could become the new standard in crisis intervention training

One-day class is designed to be more affordable and accessible.

By Miguel Otárola Star Tribune | SEPTEMBER 16, 2017 — 6:33PM

Minnetonka Police Chief Scott Boerboom and Prof. Jillian Peterson are excited by the pilot.

The next step in crisis intervention and de-escalation training for police officers could be a one-day course developed by a psychologist and a sociologist from Minnesota.

Both of them, criminal justice professors in the Twin Cities, say a problem of modern policing is that officers increasingly are the first point of contact for people suffering from mental health crises.

“Right now, the people treating mental illness in this country are police officers,” said Jillian Peterson, a professor at Hamline University in St. Paul. “Police officers are on the front lines of a lot of problems, and when something goes wrong, it’s big news.”

So Peterson and James Densley of Metropolitan State University are developing a single-day, in-house course to train officers how to respond to mental-health calls and tailored to each department.
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Future Violence Projects
One2One Mentoring curriculum
Comprehensive mass shooter database