

EXECUTIVE SUMMARY:

TEMPO: Police Interactions

A report towards improving interactions between police and people living with mental health problems

Terry Coleman, MOM, PhD
Dorothy Cotton, PhD, C. Psych.
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Mental Health
Commission
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Commission de
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du Canada

EXECUTIVE SUMMARY:

A SYNOPSIS OF FACTS AND FINDINGS

It is increasingly apparent that interactions between police and people with mental illnesses constitute an ongoing challenge for police agencies. Data from a variety of sources indicate that such interactions are, if anything, reported more frequently than five to seven years ago. Lack of resources for services, treatments, and supports for people living with mental health problems and illnesses and the presence of stigmatizing attitudes and behaviours among the public continues to lead to the expectation of a police response when persons are in crisis.

Arising from fatality inquiries and coroners' inquests and within the police community itself, there continues to be a focus on providing appropriate and sufficient education for police, not only so that they might recognize and understand mental illness, but also so that they might respond appropriately and empathically, employ de-escalation techniques as needed, avoid undue use of force, and attempt to connect people with mental illnesses with community agencies and services.

Based on responses to a comprehensive survey, Canadian police organizations at the basic training/academy³ level appear to be doing a reasonable job of providing the foundations for successful interactions between police and people with mental illnesses. Curricula increasingly tend to be multi-faceted using a variety of teaching methods (lectures, videos, online resources, role playing and scenarios, simulation, and written resources). Virtually all police academies included a firm grounding in the more academic aspects of understanding mental illness. They covered signs and symptoms of mental illness, assessment of suicide risk, basic communication strategies, essentials of mental health law, and intervention strategies. Most also include, at least to some degree, a discussion of societal attitudes and biases about mental illness and its accompanying stigma. The majority of police academies provide this education not only in a formal didactic fashion but also through scenario training and simulations.

However, there are still notable gaps. Most notable is the common failure to include people with mental illnesses in the development and delivery of curricula. The research literature about attitude change strongly supports the value of direct interactions with people with mental illnesses in order to change attitudes and, therefore, change behaviours.

To a lesser extent, police academies some still do not include mental health professionals in the development or delivery of curricula. The failure to include mental health professionals has, in some cases, led to the production of curriculum which is inaccurate or outdated. However, it also denies new officers the opportunity to become familiar with their mental health counterparts and begin to develop working alliances with mental health agencies.

Given the reasonably strong preparatory training that police officers receive during basic training, the trend with in-service education has been to focus more on development of skills and behaviours as opposed to knowledge and factual information about mental illness. There is an increased tendency for verbal de-escalation techniques and other communication skills to be emphasized, including an increased emphasis during use-of-force training. However, unfortunately, it is not uniformly the case that non-physical interventions are included in use-of-force training. Interestingly, in one province (BC), there is a move to revise the way in which use-of-force training has been taught, to the extent that the criteria and selection of use-of-force trainers will be altered to ensure that a balanced perspective, including an emphasis on the less aggressive means of intervention, will be emphasised.

The amount of in-service education is variable from one organization to another. A few require mandatory requalification training in this area, whereas many others do not. The interval of mandatory re-training can vary from one to several years, and the amount of education and training can vary from a single hour up to 12 to 18 hours. Again, it was found that people with mental illnesses are typically not included during the design and delivery of in-service education.

The above mentioned changes in the Canadian situation have occurred much in parallel to those in other jurisdictions including Ireland, Australia, Sweden, and the United States. In all cases, the trend seems to be toward more inclusive training; this includes not only factual information about mental disorders but also experiential learning to address attitudes and bias, and scenario or role-based learning to emphasize skill acquisition. Nevertheless, it is not clear in the context of understanding and addressing mental illness that police organizations, overall, have well-

³ Some police learning institutions are called an academy and some are called a college. This report uses academy to include both.

integrated and effective initiatives to create a stigma-free police environment.

Perhaps the most noticeable change, when comparing the findings of the 2014 study with the 2008 and 2010 studies, is the increased attention to the necessity to prepare police personnel to de-escalate and defuse crisis situations whenever possible. While this is apparent in several police agencies and police academies, arguably, the Crisis

Intervention and De-escalation (CID) training in BC is one of the most advanced and promising programs.

After considering the findings of the literature review, review of police learning programs including those from Canada, the United States, the United Kingdom, and Australia, and directly communicating with a variety of police and mental health professionals, the following key recommendations⁴ have been formulated to better prepare police personnel for contact with persons with a mental illness.

Recommendation 1: A Framework for Learning Design and Delivery

That notwithstanding the many important elements of police/mental health learning design and delivery, the overriding theme should be a focus on:

- anti-stigma education to challenge the attitudinal barriers that lead to discriminatory action;
- the de-escalation/defusing interactions with people with mental illness (PMI) by means of effective verbal and non-verbal communications; and,
- ethical decision making, human rights protection and social responsibility.

Recommendation 2: The Learning Spectrum

That, at a minimum, the objectives of the *Learning Spectrum*⁵ necessary to prepare police personnel with regard to police/pmi encounters are:

TO UNDERSTAND⁶: the importance of adherence to the fundamentals of contemporary policing, such as:

- a client focus;
 - procedural justice;
 - relationship building;
 - an outcome focus; and,
 - a multi-agency approach.
- the role of police personnel in encounters with PMI; and
 - the role of mental health professionals, family and community supports in police encounters with PMI, consistent with a *systems approach*.

TO UNDERSTAND:

- the symptoms such as hallucinations, delusions, paranoia, thought disorder, mood disturbances, intellectual impairments, memory problems, disinhibition, behavioral disturbances and other signs and symptoms that might accompany major mental illnesses and related problems;⁷
- knowledge about mental illness sufficient to make an assessment about the influence that mental illness might be having on a person's behaviour and ability to comprehend and respond to the requests or instructions of police personnel; and,
- the interplay between culture, race, gender, and other person-specific characteristics that affect the experience of mental illness.

TO UNDERSTAND:

- the importance of fostering effective police/mental health agency relationships;
- the importance of information-sharing protocols between police and mental health agencies;
- local mental health legislation sufficient to take appropriate action when necessary;
- other relevant legislation, including that which defines privacy rights and human rights;
- the function of local mental health agencies and options and where/how to call for consultation and/or assistance and/or to make referral(s); and,
- police organizational policies and procedures relevant to police/PMI encounters.

TO UNDERSTAND:

- how to apply effective communication skills and de-escalation techniques for defusing and calming situations involving PMI;
- how to determine whether it is likely that the PMI is capable of understanding and responding to the directions given by police personnel; and
- that the standard police procedures and practices, which might typically disarm a non-mentally ill person, stabilize the situation or lead to co-operation, might have the opposite effect on a person experiencing a mental health crisis.

⁴ Various issues have been raised throughout the report that deserve attention and action, this section brings together those considered to be the key recommendations of the study.

⁵ The Learning Spectrum is applicable to all Police/PMI learning including basic training and in-service training.

⁶ Note: the term understand is used broadly to reflect not only a factual or academic knowledge of the subject matter but also the ability to operationalize and perform the tasks associated with that understanding.

⁷ As was noted earlier, there should be focus on signs and symptoms of mental health issues rather than of classification systems and diagnoses.

TO UNDERSTAND:

- the relationship between mental illness and dangerousness; and,
- be able to reasonably accurately assess suicide risk and how to contain the situation and/or when to intervene accordingly.

TO UNDERSTAND:

- how to appropriately adjust decision making regarding when to apprehend, when to arrest, when to divert/refer, and/or when to seek additional input;
- how to apply problem solving in the police/mental health environment; and,
- how to apply ethical decision making.

Recommendation 3: *Selection of Trainers/Facilitators/Instructors*

TO UNDERSTAND:

- a. That carefully selected trainers/facilitators/instructors have subject matter expertise and experience as well as training in how to facilitate/instruct adult learners;
- b. That use-of-force trainers be carefully selected, trained, certified and monitored to ensure all use-of-force training is well balanced between verbal communications/de-escalation skills and technical use-of-force skills; and
- c. That police organizations with a structured police/pmi response model include members of those response groups as trainers/facilitators/instructors of police/mental health learning.

Recommendation 4: *Competency-Based Human Resource Management*

TO UNDERSTAND:

- a. That police/mental health learning for police personnel in preparation for interactions with people with a mental illness is based on the appropriate competency profile required for police personnel in this role; and
- b. That the development of technical and behavioral competencies with regard to verbal communication, interpersonal, conflict resolution/mediation and de-escalation techniques, ethical decision-making (all of which are required for successful police/pmi contact) be integrated and reinforced across the police personnel learning spectrum.

Recommendation 5: *A Stigma-free Police Environment*

TO UNDERSTAND:

- a. That police leaders ensure contemporary stigma-free policies are in place in the workplace to guide police/mental health education and training as well as operations;

- b. That the provincial and national chiefs of police associations work with the Mental Health Commission of Canada as well as mental health organizations such as CMHA and the Schizophrenia Society of Canada (SSC) to develop a framework for an anti-stigma program for delivery to police personnel; and
- c. That the anti-stigma program is a key component of police basic education and training and reinforced during subsequent in-service education and training.

Recommendation 6: *Attitudes of Police Personnel*

TO UNDERSTAND:

- a. That education for police personnel includes a focus on why and how interactions with PMI are 'real' police work.

Recommendation 7: *De-escalation and Use-of-Force Education and Training*

TO UNDERSTAND:

- a. That the police use-of-force training be reviewed by police academies and police agencies to ensure that ample time is dedicated to understanding, learning and practicing how to resolve situations without the use-of-force;
- b. That, while recognizing the importance of technical competence with regard to use-of-force techniques, that all use-of-force training be modified to include and emphasize knowledge about mental illness and symptoms of mental illness, verbal communications, interpersonal skills and the practice of de-escalation techniques.
- c. That de-escalation, defusing and calming techniques be subject of requalification training at least every three years; and
- d. That learning related to de-escalation, defusing and calming be structured such that police personnel must successfully complete (pass) the requisite education and learning and, further, that the failure to pass will require successful retraining prior to operational re-deployment.

Recommendation 8: *The 'Right' Learning for the 'Right' Personnel*

TO UNDERSTAND:

- a. That although the extant literature does not provide strong evidence with which to confidently implement 'evidence-based' learning, police leaders, police policy analysts, and police educators stay abreast of research and evaluation developments and modify policies and learning curricula accordingly in a timely manner; and,
- b. That police organizations actively partner with universities and researchers to study the outcome in the operational environment of the learning delivered with regard to police/PMI contact.

Recommendation 9:

Design and Delivery of Police Learning

- a. That police learning be designed and delivered by a combination of police personnel, adult educators, mental health professionals, mental health advocacy organizations and people living with a mental illness. Further, that those who participate in the design and delivery of learning are, whenever practical, from the local jurisdiction;
- b. That all learning with regard to police policies, practices and police/pmi interactions be client focused and embrace the principles of procedural justice;
- c. That police agencies as well as police academies include a competency-based and problem-based learning (PBL) approach for police/pmi interactions similar to that used by the RCMP Academy;
- d. That those responsible for curriculum development for basic training as well as in-service education and training should consider the TEMPO 2014 framework as a gap analysis tool against which to assess their own curriculum. By identifying the gaps and weaknesses, curriculum designers can not only work to fill those gaps but also be able to communicate the strengths and gaps to the police agencies which eventually employ their graduates;
- e. That police academies which provide education and training for more than one police agency or more than one police jurisdiction maintain clear communication with the receiving agencies/detachments in order for both parties to be aware of what is, or is not, covered in training in the various locations;
- f. That while police organizations might consider communication skills and verbal de-escalation techniques are best covered in curricula other than the use-of-force module, given what is known about the generalization of learning, particularly early on in the career of police personnel, it is imperative that substantial emphasis is placed on NON-physical interventions, and specific reference to assumptions about mental illness and dangerousness be included in all use-of-force training;
- g. That although there is no clear answer to the question: how much training is enough?, those agencies whose specific and identifiable basic training in this area seems to be less than 10 hours should re-examine their curriculum to ensure it is consistent with general practice across Canada;
- h. That police academies whose training is all, or nearly all, lecture-based should examine ways in which student learning might be enhanced by use adult learning methods such as simulations, scenarios and other experiential learning, as well as use of multi-media and online resources;

- i. That because evaluation of learning remains weak at both the basic training and the in-service education and training levels, police/mental health learning programs should include a behavioral assessment of student competencies, and require successful completion in order to graduate from the respective police academy; and
- j. That given the close ties between attitudes, stigma and behaviour, all police academies should ensure that these issues, as well as beliefs about the relationship between mental illness and dangerousness, are included and integrated in the basic training curriculum.

Recommendation 10:

Evidence-based Learning

- a. That national and provincial police associations work with the appropriate agencies/organisations to generate and retain data suitable to assist with a better understanding of the scope and frequency of police/pmi interactions as well as aid the evaluation of police/pmi response models and police/mental health learning; and
- b. That Canadian police agencies and/or Canadian policing associations work with scholars to further explore the knowledge gaps by means of research including that identified during the present study.

Recommendation 11:

Provincial Policing Standards

- a. That provincial governments establish policing standards that include provision for mandatory basic and periodic police/pmi training qualification/requalification for police personnel; and
- b. That subject to the successful testing of the Certified Use of Force Instructor Course (CUFIC) in BC, that a similar, if not the same, process become a police standard across Canada for use-of-force instructors.

Recommendation 12:

Strategies, Policies, and Standards

- a. That police agencies develop the appropriate policies, strategies and procedures with regard to police/pmi contacts that in turn guide the design and delivery of required learning; and
- b. That the design and delivery of police/pmi learning be based on an organisational strategy that emphasises the need, whenever practical, to de-escalate/defuse a crisis situation by means of effective verbal and non-verbal communications.

Recommendation 13:

Knowledge Sharing and Dissemination

- a. That, at a local level, police agencies maintain an up-to-date and readily accessible resource 'library;' and
- b. That, considering it appears there is substantial redundancy across police services in the development and use of learning materials, police services work cooperatively to develop an inventory of materials and programs which are widely available to other police services.

Recommendation 14:

Integrated Learning

- a. That police leaders as well as directors/managers of police colleges/academies integrate the development of behavioral competencies required for interactions with vulnerable persons, such as verbal communication, de-escalation techniques, patience and relationship building, across police learning programs.

Recommendation 15:

Consumer Driven Learning

- a. That as evidence continues to become available about the experiences of PMI with police interactions and the advice they might offer to police agencies, that this be integrated into learning curricula; and
- b. That police agencies consult and/or formally survey their local consumers, consumer groups and advocates and integrate local issues, concerns and feedback into their local education and training.

This study found that the TEMPO framework established in 2010 was, overall, sound. Some adjustments were deemed necessary and are reflected in the TEMPO 2014 framework below. It is important to note that **TEMPO** is not a training tool per se but an umbrella approach that police organizations can use as a framework to assess their own progress in training, to identify gaps in their existing learning programs, and to use as an aspirational document to create appropriate new learning programs. It is intended to assist police agencies to make a positive difference and contribute to public safety in regard to police interactions with persons with a mental illness.

Recommendation 16:

Learning Framework-TEMPO 2014

That Canadian police agencies be encouraged, in collaboration with their local mental health professionals, to adopt a multi-module learning delivery model-Training and Education about Mentalhealth for Police Organizations (TEMPO)-to address the learning necessary to prepare police personnel for encounters with persons with a mental illness (PMI).

TEMPO 100:

The focus of learning at the **TEMPO 100** level is to ensure that police first responders have sufficient knowledge and skills to be able to manage and resolve the types of encounters that police personnel have on a regular basis and to know when to seek additional support or, when available, more skilled intervention.

TEMPO 101: Police Basic Training

This module for 'new police officers/police cadets' in police college/academy should cover the entire recommended **Learning Spectrum**. (It is estimated this module would be approximately 35-40 hours in order to deliver an effective integrated program). Students will also receive reinforcement of some of the subject matter, such as verbal communication skills, during their use-of-force training (Refer to **TEMPO 500**).

TEMPO 102: Lateral-Hire Police Officers

A blended learning⁸ module for lateral-hire police officers who have not previously received the comprehensive police/mental health learning such as found in **TEMPO 101**. (It is estimated this module would be approximately 15 hours in order to deliver an effective integrated program). The purpose being that these officers will then be able to operate at the same level of understanding as those who received this education during standard basic training-TEMPO 101. This module should cover the entire recommended **Learning Spectrum**.

TEMPO 103: Police Personnel/Support Staff

A one to two-day blended learning module for personnel such as communication centre dispatchers, call-takers and supervisors, as well as 'front desk' personnel and victims services workers. The module should cover the recommended **Learning Spectrum**.

TEMPO 104: Offender Transport/Prisoner Care Personnel

A one-day module covering the learning objectives of the recommended Learning Spectrum for personnel responsible for prisoners. A particular emphasis should be placed on symptoms of mental illnesses and suicide awareness in the context of working with both young and adult offenders.

TEMPO 200:

The **TEMPO 200** level learning assumes a pre-existing basic level of competence, and builds on it, but is still focused primarily on the police first responder. It is intended to address periodic refresher and/or the periodic requalification of previously taught information and an update on new developments.

⁸ Blended learning in this report refers to a combination of on-line and classroom and/or 'hands on' scenario-based learning.

TEMPO 201: Continuing Education (In-Service Training) for Police First Responders

A minimum one-day module for:

- police officers who did not receive the police/pmi training during their basic training; and
- refresher/requalification training approximately every three years for each first responder police officer.

TEMPO 202: Field Training Officers/Officer Coaches and newly promoted Supervisors

This two-day module is intended for two target groups:

- designated FTOs/Officer Coaches to enable them to re-enforce the learning their 'new' police officers experienced in basic training; and
- newly promoted supervisors (corporals/sergeants).

TEMPO 300:

The 300 level learning is for police personnel in specialized assignments that require either a more in depth and higher level of skill and knowledge, or a more focused understanding compared to the first responder.

TEMPO 301: Specialized Assignments

A learning module for personnel such as police crisis negotiators, incident commanders, firearms/use-of-force instructors, ERT/SWAT commanders and search and rescue managers. (It is estimated this module would be approximately 40 hours in order to deliver an effective integrated program).

TEMPO 400:

The **TEMPO 400** level is learning for specialist officers who will be providing expert or consultative services with regard to Police/PMI contact.

TEMPO 401: Advanced learning for police personnel assigned to a joint police/mental health response team and/or for police specialists with regard to mental health response.

This intensive module should cover the entire recommended **Learning Spectrum**. (It is estimated this module would be approximately 40 hours in order to deliver an effective integrated program). The module should also include proficiency in reporting observations both verbally and in writing. It should also include, in addition to the formal learning, workplace learning in the form of a minimum of four job-shadow shifts with their police/mental health response team, if their police agency has one, and a minimum of four job-shadow shifts with a mental health facility.

TEMPO 500:

Learning Module to be inserted into Use-of-Force 'training'

It seems that police officers might be spending too little time and energy at the front end of the use-of-force continuum before progressing to physical contact. This one-day module to be delivered by trained and certified police personnel is intended to be integrated into what has traditionally been stand-alone use-of-force 'training.' It should complement and reinforce the learning of all other **TEMPO** modules. While it should cover the learning objectives of the recommended **Learning Spectrum**, particular emphasis, and thus reinforcement, should be placed on:

- an understanding of symptoms such as hallucinations, delusions, paranoia, thought disorder, mood disturbances, intellectual impairments, memory problems, dis-inhibition, behavioral disturbances and other signs and symptoms that may accompany major mental illnesses and related problems;
- knowing about mental illness sufficient to make an assessment about how much control the subject is likely to have of their behavior;
- verbal and non-verbal communication skills and de-escalation techniques for defusing and calming situations involving PMI;
- whether it is likely that the PMI is capable of understanding and responding to the directions given by police;
- knowing that the standard police procedures, which might typically disarm a non-mentally ill person, stabilize the situation or lead to co-operation, might have the opposite effect on a person who experiencing a mental health crisis;
- having an understanding of the relationship between mental illness and dangerousness;
- being able to reasonably accurately assess suicide risk and know how to contain the situation and/or when to intervene accordingly;
- knowing how to apply problem-solving in the police/mental health environment; and
- knowing how to apply ethical decision-making and to exercise of police discretion.

CALGARY OFFICE
Suite 320, 110 Quarry Park Blvd SE
Calgary, AB T2C 3G3

Tel: 403-255-5808
Fax: 403-385-4044

www.mentalhealthcommission.ca

OTTAWA OFFICE
Suite 600, 100 Sparks Street
Ottawa, ON K1P 5B7

Tel: 613-683-3755
Fax: 613-798-2989



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