

November 18, 2011

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I. New checklist being tested to help cops respond to people with mental illness

Two law enforcement agencies have begun field testing a new screening form that may eventually lead to a better means for identifying people with severe mental illness who may be a danger to themselves or others.

The brief form, a checklist consisting of some 20 factors and/or indicators that are commonly associated with mental illness, was designed by Ron Hoffman, a former Toronto constable. After a career that also includes stints in corrections, probation services, and the courts system, Hoffman now is an instructor and coordinator of tactical communications and mental-health issues at the Ontario Police College, which provides basic and in-service training for 50 police services in that Canadian province.

"Street officers from the 2 pilot departments are carrying copies of the form with them on patrol," he explained to *Force Science News*. When they encounter subjects on complaint calls or during on-view contacts they believe may have a mental illness, "they will take whatever action they would normally take, such as delivering the subject to a hospital or to jail. But they will also complete the anonymous 'screener' form, marking those characteristics on it that pertain to that particular subject."

At the least, the form ultimately will provide a couple of important benefits, Hoffman foresees:

1. By referring to items they've checked on the form, "officers will be helped in articulating reasonable grounds for suspecting the presence of a mental disorder." Somewhat like a force continuum, "it can help an officer organize his observations and explain why a subject can be considered a risk to himself or others, in a language consistent with that used in the medical field," Hoffman says.

2. It is hoped that down the road "the form will help speed up the transfer of custody from police to hospital," Hoffman says. "That is, subjects displaying itemized characteristics of

severe mental disorder will more readily be admitted to hospitals for further observation and assessment."

In some smaller hospitals, he explains, "ER departments are often staffed by practitioners who don't always have a lot of training about mental disorders. So the form is a way to help inform these medical personnel, as well as officers."

As it is now, Hoffman says, calls involving mental subjects are often "very frustrating and very complex for officers. Using the common language of the form will keep the mental health system and the criminal justice system on the same page. Officers should be able clear these calls quicker while helping to see that the person with mental problems receives prompt access to mental-health services."

Long-term, Hoffman also hopes that meticulous, computerized analysis of the data collected will establish a connection between a particular combination of observable characteristics and a high risk of potentially dangerous behavior. This information could then be incorporated into police training to enhance the safety of officers and subjects alike.

Hoffman believes he needs a database compiled from at least 400 completed forms before he can produce a reliable statistical analysis. With about 200 sworn officers from 2 Canadian police services participating in the pilot, he guesses that number can be accumulated by sometime next winter, with the analysis completed in the spring of 2012.

The researcher will not publicly share the full contents of the form at this point, but he told *FSN* that the checklist includes items such as whether the subject:

- experiences hallucinations, such as hearing "voices"
- abuses illegal substances
- has violent thoughts
- is dressed inappropriately for the weather
- has a history of violent acts
- displays suicidal behavior
- has used weapons
- shows threatening behavior toward others.

"Criteria embedded in the form should reveal whether the subject has a severe mental disorder and whether he or she is a danger to self or others," Hoffman says. "It took many meetings to refine the entries to the point where they satisfied both health and police professionals."

In fashioning his concise screener, Hoffman drew from an 11-page itemized intake form that is mandated for all patients admitted to a psychiatric hospital in Ontario. That exhaustive itemization was abstracted from an analysis of 40,000 mental-health cases--"highly valid statistically but not practical to be shared with or used by police," Hoffman says.

After his pilot study Hoffman hopes to be able to prune his single-sheet evaluation list even more, to comprise only the most statistically relevant indicators that working cops need to identify in determining whether an individual is likely to be admitted for psychiatric observation. The end result, he explains, "will be applicable for law enforcement everywhere."

Hoffman, who holds a master's degree in psychology, intends that the findings from his research will be used in his dissertation for a PhD in Health Studies that he is pursuing at the University of Waterloo in Ontario.

As results are available, *FSN* will report further on this research.

Meantime, you can find a wealth of useful information about dealing with subjects who are mentally ill in a 55-page handbook that Hoffman has co-authored, called "Not Just Another Call...Police Response to People with Mental Illnesses: A Practical Guide for the Frontline Officer."

For that project, Hoffman not only consulted extensively with authorities on mental disorders but also conducted focus groups with mental patients themselves.

Among other questions, he asked the patients, "You're off your medication and feel yourself losing control...what could a law enforcement officer do to calm you down?" Their unique insights, along with professional guidance, were incorporated into the handbook, which can be downloaded free at: www.pmhl.ca/webpages/reports/Not_Just_Another_Call.pdf (you can also [click here](#) to download it.)

[Ron Hoffman can be emailed at: ron.hoffman@ontario.ca. Our thanks to his Ontario Police College colleague Chris Lawrence, a use-of-force authority and faculty member for the Force Science Analysis certification course, for alerting us to Hoffman's newest research project.]

II. What mentally ill subjects want cops to know

Also on the mental health front:

As part of an extensive training video on successfully communicating with difficult subjects, a Force Science Institute team led by executive director Dr. Bill Lewinski recently interviewed mental patients regarding their encounters with police in crisis situations.

What would these subjects most want officers to know about relating to them? the team asked. From the perspective of a person in emotional turmoil, what fundamental attitudes and behaviors by the police are most likely to defuse a volatile situation and keep it from escalating into violence?

Answers from half a dozen men and women with mental illnesses are included as part of a 112-minute instructional video on communication skills called "Communication and Persuasion," produced exclusively for the Metropolitan Police Federation of London, England, to assist in its training programs.

Each of the interviewees has experienced interactions with law enforcement during periods of extreme distress. Their consensus is that officers and subjects alike would benefit from LEOs embracing 3 core concepts when dealing with the mentally ill.

1. Understand Us. To establish effective communication, you need first of all to appreciate what the subject is going through and what hidden forces may be influencing his or her behavior. "It's very scary to be mentally ill," explains "Janey," a schizophrenic.

"Peter," a middle-aged man who has suffered "extreme mental health episodes" since he was 7, hears "external and internal voices," sometimes as many as 20 or 30, "all shouting in a melee together, talking about you, urging you to do something, or just being critical."

During manic events, "Liz," a bipolar subject, says she "flips into someone I don't know." She feels "very high, to the point of losing all inhibitions," perceives herself as "inappropriately confident," and doesn't "care what I say to people or what the repercussions are." Her head feels like it's "going to explode from so many rushing thoughts."

"Selena," a suicidal subject who once confronted police with a kitchen knife clutched in her hand, talks about "just wanting the pain to end." In her dark moments, the perception that life is not worth living has "complete control of me, coming from the pit of my stomach." Killing herself then seems an "appealing" way to get rid of overwhelming pain and anger and to "be calm once and for all."

In establishing dialog as a responder, once you have the subject's attention, some empathetic questioning may offer insights into the state of mind you're dealing with--how they see their crisis, and how they see you: "What are you experiencing? What's going on for you at this moment in time?"

2. Respect Us. Such questions can help convey the impression the subjects seem most to desire from the police: the sense that you "actually care" about them and what they are experiencing. "Devon," a paranoid schizophrenic who says he appreciates an "amiable attitude" by officers, elaborates:

"Treat us as human beings, as a person speaking to another person, with the emphasis on the *person* and finding how you can *help* that person. Listen to what we're saying."

Liz favorably recalls a female officer who "took me into her car and spoke to me like I was human, not like some sort of complete nut case. It was like a girly, girl-on-girl chat and made me feel really comfortable and relaxed."

By contrast, "Jordan," a young man with obsessive/compulsive disorder, was confronted by an insensitive officer while being treated at a medical facility for a drug overdose. "He didn't introduce himself and was very intimidating. He made me feel guilty for what I had done." That "got my back up," he says, and left him determined not to be compliant the next time he encounters police.

3. Calm Us. Telling a highly agitated subject to calm down "will be totally ineffective," Liz observes. To encourage communication and cooperation, you need to *model* calmness and control and to understand what's likely to be settling or disturbing to a mentally troubled individual.

For example, Liz was calmed by the friendly chat with the female officer, but then when the officer "put the siren on and started speeding off" to get Liz to a treatment facility, "it was the worst thing she could have done because I panicked and it set me off into mania again."

Likewise, arguing with a mental subject or trying to "correct" their delusions will also be counter-productive.

You're best off, the interviewees say, to remove or try to minimize stimulating distractions: gathering crowds, loud noises, flashing lights, fast traffic, etc. "If you can get me to a quiet place, it's much easier for me to work out what's going on," says Janey.

"If I'm hearing voices, I do hear people in the real world as well. But they're mixed in with the other voices, so if I can also see you and see your mouth it's really helpful in figuring out who's in the real world that I'm supposed to be talking to."

She and others speak of wanting "extra physical space" and of not wanting to be touched when they're in crisis. "When I'm not well," Janey says, "I find it very, very difficult to have anyone up near me and really disturbing being touched by anyone. I'm much less able to control lashing out than when I'm normal."

Calming and a projection of empathy are important factors in dispelling the predominant negative emotion mental subjects are likely to feel regarding the police: fear.

"A congenial approach will not work for every subject in every situation," Lewinski notes, "but unless immediate forceful control is necessary, an approach that emphasizes rapport-building and persuasion can lead to a satisfactory resolution without injury to either officers or mentally disturbed subjects."

The video was filmed and edited in London under the direction of Jane Sayers of Mojo Productions, who has worked on other Force Science projects. In addition to the subject interviews, the program covers techniques for reading people, active listening, building rapport, tactical questioning, persuasion, and preventing in-custody deaths. It will be used as a critical part of communications courses for law enforcement throughout the United Kingdom. Please note that copies of this video are not available outside the UK police system.

III. Valuable document helps explain TASER use & operation

"Judges and juries still seem to have problems understanding how TASERs work and why officers use them," writes less-lethal weapons expert Greg Meyer, former head of the LAPD academy and a Force Science advisor. Also "some officers have difficulty clearly articulating the basics."

To help clarify uncertainties and misconceptions, Meyer in a column for our strategic partner PoliceOne.com, has posted a copy of a valuable informational document he has developed over recent years for use in his reports and testimony as an expert witness.

In easy-to-comprehend layman's language, he describes in detail how TASERs operate, how they should be used, and why they are more effective than "many other use-of-force tools and tactics" in controlling combative subjects without major injury to officers or adversaries.

For the complete document, check out "TASER basics: What every judge and jury should know," at: [Click here](#) to read it.

IV. Force Science leader joins hostage-taking study in Italy

Dr. Bill Lewinski, executive director of the Force Science Institute, has joined a research project at the University of Padua in Italy that aims to identify the most effective

negotiating techniques to use in resolving hostage-taking by terrorists, pirates, and other modern-day offenders. Lewinski has studied the psychology of dealing with hostage-takers for more than 40 years.

As a prelude to the new study, which is being launched under auspices of the European Union and the United Nations, Lewinski later this month will deliver via Skype a 4-hour analysis of negotiating techniques to a special training course of Italian police officers, lawyers, and criminology experts. Graduates of the course will be awarded a "peacemaker" certificate, issued by the UN.

Lewinski's presentation will deal with how to establish the "true motive" of hostage-takers and "the relationship between this motive and the resolution of the incident." Included will be the types of questions negotiators need to ask to determine what persuasion techniques are most likely to be effective in getting hostages released, given an offender's psychological vulnerabilities.

Lewinski will then participate in extensive research to further refine these and other hostage-taking issues under the direction of Prof. Davide Bellomo, a faculty member at the university. Among the earliest universities in the world, Padua was founded as a school of law in 1222 and now has 65,000 students. It is renowned for its insightful research studies.