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You Are Not a Psychologist

But as ill equipped as you are to cope with the mentally ill, you often find yourself playing the role of therapist on the street.

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March 19, 2012 | by Dean Scoville - Also by this author

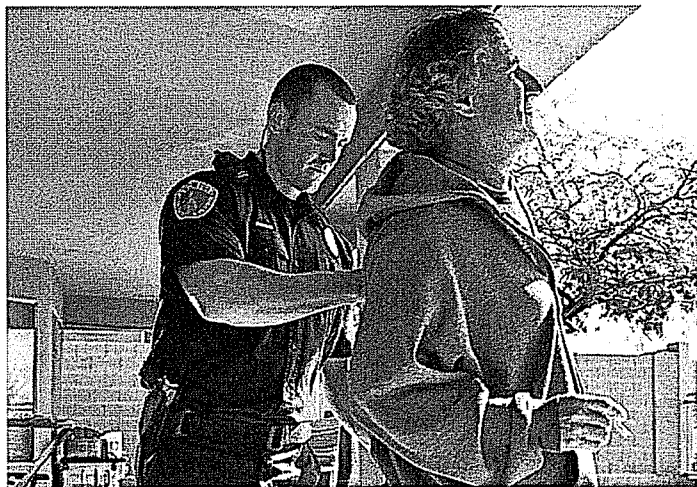


Photo: Mark W. Clark

Long deemed an amalgam of social worker and guidance counselor, the police officer has also been perceived to be something of a psychologist. The public has come to this belief because of the inordinate amount of experience most cops have dealing with human behavior.

But hard-earned insight into the vagaries of the human mind can only take the average officer so far. As the psychological impairments of those he or she comes into contact with become more acute, it's less likely that an officer will be successful dealing with them.

Officers are not mental health professionals. They can't dispense psychotropic medications to people in desperate need of them, so they are left to resort to their training, which primarily involves control and force.

All of this is to say that the public expects officers to cope with the mentally ill on the street, both protecting the disturbed and the public itself. But it sends officers into this role with very little training. Then it blames the officers for bad outcomes.

And the public has no inhibition at scrutinizing a cop's actions and assigning guilt for such bad outcomes. At worst, the ensuing backlash garners bad press, community resentment, litigation, and ruined careers. At best, it sparks an impetus for changes in professional practices. From the 1970s shooting of Eula Love by LAPD officers to last summer's ill-fated confrontation between Fullerton, Calif., officers and a homeless man, incidents involving law enforcement and psychologically compromised individuals have become headline news. And they have become all the more frequent.

7 Percent

The growing recognition of a need for change in dealing with the mentally ill stems, in part, from other controversies, as well. Individuals whose longstanding mental illnesses were better recognized than addressed have been responsible for the deaths of innocent strangers.



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Laura Wilcox and Kendra Webdale are the eponymous namesakes for laws specifying judicial power to commit or force treatment on severely mentally ill people who refuse care. Laura Wilcox was shot and killed by a man whose family's efforts to have him treated had been refused by him; Kendra Webdale was shoved into the path of a New York City subway by a man who'd been dismissed by local psychiatric facilities with little or no medication.

Unfortunately, such laws may be applicable only under certain conditions, where authorized, statutory compliance varies, as well. Some areas—Orange County, Calif., for example—have flat out taken "Laura's Law" off the table. And regardless of the laws and the impetus for them, a common denominator undercuts their prospects for success: money.

The lack of funding to address problems associated with the mentally ill predates even the sweeping changes instituted by President Ronald Reagan that ultimately saw a 40 percent drop in the number of beds in public mental hospitals. The lack of mental health treatment facilities pushed many men and women out onto the streets, a displacement that has often proved a mere layover for what would be their eventual home: a jail cell.

Studies indicate that in U.S. cities with populations greater than 100,000, nearly seven percent of all police contacts involve a person believed to have a mental illness. Studies have shown that officers in Memphis, Knoxville, and Birmingham are likely to have contact with a mentally ill individual about six times per month. The New York City Police Department responds to a call dispatched as involving a person with mental illness every six minutes.

Such are the reasons that courts have revolving dockets and custody facilities embrace a "we'll leave the light on" philosophy. It is part and parcel why Men's Central Jail in Los Angeles, Riker's Island Jail in New York City, and Chicago's Cook County Jail are the three largest "psychiatric facilities" in the United States. And of course, it's officers on the street who are taking these disturbed people into custody, sometimes with disastrous results.

New Approaches

Einstein postulated that insanity was doing the same thing over and over again and expecting different results. Such wisdom has not been lost on forward thinking law enforcement agencies such as the Memphis Police Department.

As far back as 1967, studies were conducted on police interactions with the mentally ill. By 1988, a Memphis Crisis Intervention Team (CIT) was implemented to provide a law enforcement-based crisis intervention training program. CIT programs bring law enforcement together with mental health care providers, mental health advocates, and government and judicial officials to allow first responders to respond safely and effectively to situations involving mentally ill.

Memphis CIT has served as the model for similar programs throughout the law enforcement community. In Memphis alone, injuries to individuals with mental illnesses caused by police decreased by nearly 40 percent; the deployment rate of TACT (SWAT) calls decreased by nearly 50 percent. Retired Memphis PD Major Sam Cochran, who helped start the program and continues to promote it, notes that there are now some 2,000 such teams across the country.

In the San Francisco area, new Bay Area Rapid Transit Police Chief Kenton Rainey says he understands the value of the CIT model. That understanding comes from experience. In his previous duty with the Ventura County (Calif.) Sheriff's Department, Rainey dealt with cadres of homeless individuals living in river beds within a flood control district between Oxnard and Ventura. Ordered to bulldoze the makeshift communities, his officers reported that homeless veterans in the area used booby traps to protect them from vagrants with mental illnesses.

"It was definitely an officer safety issue," notes Rainey. "Once I went to Memphis and looked at their CIT model, I was sold from that point on."

Given the inarguable success of CIT teams and their abilities to mitigate the loss of life, one would think dealing with the mentally ill would be a bigger priority for law enforcement.

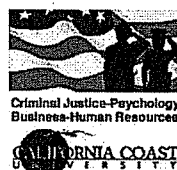
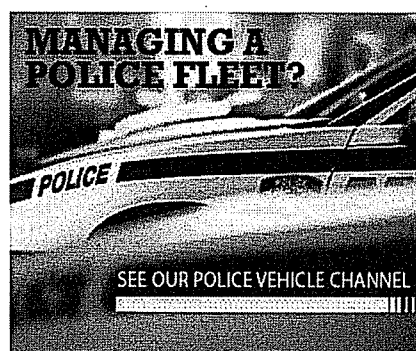
It isn't. And it's not because administrators are apathetic on the matter. Even though they recognize that increasingly their agencies have become de facto mental health services most chiefs and sheriffs are not happy about the matter or in a position to adequately address it.

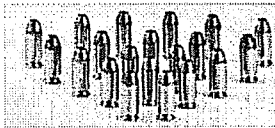
Discussing the incarceration of the mentally ill, Framingham, Mass., Deputy Police Chief Craig Davis told a WWLP reporter, "It's really not the appropriate response for these folks. They don't belong in a jail cell. It's just a waste of resources, there's nothing that ever comes as a result of it. The person isn't offered any treatment."

Certainly Virginia Beach County, Va., Sheriff Ken Stolle recognizes as much. Advised that city officials had voted to cut \$121,596 from the city's mental health budget, Stolle offered to divert an equivalent amount from his jail reserve fund to offset the mental health cuts. Stolle's explanation: "The money being cut would dramatically impact the people coming into my jail with mental illness.... This is money well spent, and it will decrease the money I'd spend housing them."

CONTINUED: You Are Not a Psychologist

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While Stolle's predicament is an unfortunate one, his experience could prove to be a valuable example for the heads of other law enforcement agencies facing similar challenges.

Patrol Response

Decisions of where to spend mental health response dollars are made way above street level. But it's street level officers who must cope with the ramifications of those decisions.

The establishment of more CIT units in more cities is imperative. But there are other things that can be done.

- Better Education of Patrol Level Personnel

As first responders, law enforcement officers are often the first and last lines in the battle against a soul's torment. Often, it is the mentally ill who have been victimized. So it makes sense for officers to have at least some basic understanding of the variety of mental disorders, both of a permanent and temporary nature (heat stroke, diabetic reactions, for example), and an ability to differentiate between colorfully non-conformist eccentrics and those inarguably in need of immediate psychiatric intervention.

Unfortunately, for many the dividing line between "mentals" and "confrontational jerks" is best illustrated by a cop's observation that "mentals can't control when they go off or who it is in front of. Jerks can." Officers need to recognize that the differing natures of mental illnesses—be it manic-depressive illness, schizophrenia, major depression, or severe anxiety—dictate differing protocols.

Officers are accustomed to tailoring their verbiage to situations, often in deference to how it will be looked upon later in court. Yet the gift of gab may never loom larger than when someone is hell-bent on hurting himself or someone else. That's when the need for considering one's words is at its most pressing and the stakes are never higher. A well-intentioned "You don't want to do this" to the wrong person may in fact escalate the incident, with the subject wanting to make it readily apparent that it is exactly what he wants to do.

A great emphasis needs to be placed on strategic and tactical considerations in dealing with the mentally ill.

The need for sworn officers to carefully consider the implications of engaging the mentally ill cannot be overstressed. Assessing the actions of Seattle officer Ian Birk following the fatal shooting of a homeless man with a knife known locally as "the Woodcarver," King County prosecutor Dan Satterberg declined to press charges but left no ambiguity as to Birk's precipitating role in what the Seattle PD's Firearms Review Board ultimately ruled an "unjustified" shooting.

"The officer seems to have made serious tactical errors that compounded the danger to others and himself," Satterberg said. "By his own actions, Officer Birk closed the distance between himself and the man with a knife." Birk resigned before he was fired.

The Seattle case serves as a cautionary parable for other officers to avoid exacerbating a situation instead of containing it. And there are others.

Ventura County, Calif., district attorney Michael D. Bradbury tendered a similar conclusion in evaluating the shooting death of Robert Jones Jr. by Oxnard Officer George Tamayo, although in that case the shooting was ruled justified.



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While Bradbury concluded that the veteran officer acted in self-defense since the officer feared for his colleagues' lives when Jones moved toward them from his bedroom closet with a kitchen knife, he made a point of asserting that officers could have dealt better with a depressed young man who needed medical treatment and was not a crime suspect.

Such shootings point out the need for officers to consider a variety of options when dealing with the mentally ill. Implicit therein is the recommendation that officers wait for health care professionals to respond; failing that, to be availed better trained themselves.

Taking a page from CIT-type training would help give officers empathy and a wider array of tools to deal with the mentally ill. For example, one of the CIT training methods used to help officers understand what it's like to be mentally ill is to have them don headsets through which aggressive voices are played while they try to perform simple tasks. Also, health care workers simulating real life scenarios mirroring field situations can pre-condition officers and immunize them to rhetoric that might otherwise be personalized when encountered in the field.

Sometimes the mere sight of a uniformed officer can heighten tensions. In certain situations wherein it is conducive to do so, telephonic contact of a emotionally compromised individual may be a prudent choice.

Desk personnel also need to be trained to communicate tactical concerns to field personnel prior to their arriving at calls involving the mentally ill. In the Oxnard case, the officers were not made aware of a warning from Jones' mother to a police dispatcher that her son disliked and distrusted police.

Implementing mandatory CIT training for all law enforcement personnel is hardly feasible, particularly when agencies must rely on outside psychology experts to facilitate courses.

"One way to incorporate CIT training is to introduce it to our FTO candidates," explains BART PD's Chief Rainey. The FTO program is a much smaller complement of personnel that actually receive that training on a yearly basis, and they are our best officers. These are the officers we want other officers to emulate, to model their careers after, so the program automatically gets more credibility. As the FTOs promote and become detectives and sergeants and other assignments throughout their careers they take that knowledge and background in crisis intervention training with them. It becomes more entrenched as part of our law enforcement culture and I think we have fostered better decision-making prospects for the future."

- *Employ a Variety of Documentation-Both to Defend One's Actions or inactions, and to Learn From*

For decades, police departments have had the peace of mind that could only be afforded in being the chroniclers of their adventures. But whereas the victor once wrote the history, there is a growing presence of other media recording it. No amount of white-washed revisionism will ever erase the images of what a cell phone camera has recorded.

- *Create a System of Tracking the Mentally Ill*

Better identification and tracking of the mentally ill is also suggested. Databases can track the nature of individuals' illnesses and the best protocol with which to address them. But Jessica Cruz of National Alliance on Mental Illness of California notes concerns about privacy and medical confidentiality. Voluntarily submitted information could be entered into databases that keep track of people whose psychological ideations are a matter of public concern. Volunteer civilian contacts can respond to deal with many non-violent offenders, freeing up sworn personnel to address other matters.

New court diversion programs should be developed to provide care and treatment for those charged with low-level crimes.

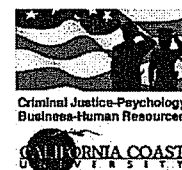
- *Take Greater Precautions in Processing the Mentally Ill*

Intake processing at custody facilities needs to better screen for mentally ill inmates and separate them accordingly.

"An officer educated to the signs and symptoms of mental illness can respond to a mentally ill person in a manner that will have a higher likelihood of a peaceful resolution than a resolution that involves force," says Sgt. Alex Behnen, a founding member of the Columbus, Ohio, CIT.

"A mentally ill person is not less of a human and deserves the same dignity that we would give any other citizen," he adds.

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prior to contacting the subject (if time permits). Having worked PERT for several years I can attest to its benefits. The 40-hour PERT academy is open to officers & dispatchers and is something I highly recommend to other officers. PERT aims to handle situations without using force if possible. When a use of force is unavoidable our agency turns to officers trained in Crisis Response Team (CRT) measures. These resources have resolved many situations peacefully or with minimal force having been applied. I recommend officers seek knowledge about mental illness even if their agency does not provide it. It could literally save a life, possibly your own.

DaveSAM25G @ 3/20/2012 9:14 PM

A very timely article indeed and much needed clarification on limitations through training. While things have progressed steadily in this area we still have not truly figured it all out the mind and emotions. I can say from the late 60's early 70's when then the academy western state taught this as "Handling abnormal people Part I & II. I read of this recent study also in Sheriff (NSA) here is a link to the article for educational purposes:

The Impact of Mental Illness on Law Enforcement Resources

survey data from a graduate thesis for the Naval Postgraduate School Center for Homeland Defense and Security

by

Michael C. Biasotti, M.A.

Chief of Police

New Windsor, New York

http://treatmentadvocacycenter.org/storage/documents/The_Impact_of_Mental_Illness_on_Law_Enforcement_Resources__TAC.pdf

Donald Turnbaugh @ 3/30/2012 7:54 AM

CIT is recognized in 40 states. CIT has been in Florida since 1997, where over 10,000 law enforcement officers have received the 40-hour training. CIT changes the face of mental illness in the community. CIT International, Inc. (www.citinternational.org) is the only organization devoted to the promotion of CIT nationwide. Join the movement!

Donald Turnbaugh, Board Member, CIT International

Michael Woody @ 3/31/2012 9:37 AM

Since 2000 Ohio has instituted the CIT Course in over 400 law enforcement agencies, training 5000 sworn officers to date and having a regular opportunity to go through this state-of-art, empathy building, officer safety, EDP safety learning experience in 77 of our 88 counties! And we think of CIT as more than just training as the "T" stands for TEAM. So, on a lot of departments they may put all officers through the course but only the ones best suited to handle these type of calls get them. This repetition is what makes this select group experts at handling these situations. Special people need and deserve special officers.

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