

Learning from *Armstrong*: Preparing Officers for Interaction with Persons with Mental Illness

Ron Bruno

Ken Wallentine

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About Lexipol

- We help law enforcement agencies **reduce liability** and effectively **manage their policy content**
- 150+ state-specific policies and daily training
- Automatic policy updates
- Easy-to-use, web-based platform and mobile app
- Used by more than **2,400** public safety agencies in **28 states**

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Presenters



Ron Bruno

Director

CTS Services

CIT Utah, Inc.

2nd Vice President

CIT International



Chief Ken Wallentine

Director

Utah Attorney General
Training Center

Senior Legal Advisor, Lexipol

Managing the Risks of Force

- Police frequently encounter persons with mental illness in “tense, uncertain and rapidly evolving circumstances”
- Qualified immunity often stops the use of force lawsuit
- Emerging legal theories and shifts in courts’ views of force on mentally ill persons



The ADA and Police Use of Force

- *San Francisco v. Sheehan*
- Could the ADA ever apply to the officer on the street?
 - If so, must we train officers to “accommodate” a mental illness when dealing with a possibly mentally ill person?
- Ducking the question leaves it open for another day, maybe in your agency

Courts Looking More Closely

- *Armstrong v. Village of Pinehurst*
- Mentally ill subject stopped taking medication
- He left the ER and began to eat grass and wander in traffic
- Wrapped his arms around a post
- ECD used 5 times
- Armstrong died at the scene

Armstrong's Policy Prescriptions

- Primary message: Teach officers to reasonably assess the need for force (and how to report it)
- Consider factors beyond the *Graham v. Connor* three-factor test
 - Subject's mental state, officer/subject factors, availability of other options, risk *and* foreseeable consequences of escape, need for immediate control, potential of injury



What training should our officers have?



De-escalation Training



PUBLIC AGENCY TRAINING COUNCIL



Instructional Topics

CIT Academy

- In-Depth Instruction on Mental Health Didactics
 - Severe, persistent, mental illness
 - Mood and thought disorders
 - Youth and adolescence mental health issues
 - Cognitive disorders
 - PTSD
 - Suicide
 - Substance abuse and co-occurring disorders
 - Psychopharmacology
- Legal Issues
 - Civil commitment laws
 - Liability issues
 - Policies and procedures
 - Dispositions
- De-escalation Training
 - Skills and tactics
 - Scenario-based training
- Site Visits / Consumer Interaction
 - Treatment centers, ER
 - Emergency crisis unit
 - Psychiatric hospital
 - Community services and supports

Instructional Topics

De-escalation Course

- Introduction to Mental Health Didactics
 - Major psychiatric disorders
 - Personality disorders
 - Cognitive disabilities
 - Substance use
 - Treatment
- De-escalation Training
 - Skills and tactics
 - Scenario-based training

De-escalation Training

What instruction should be included?

- Instruction to develop the ability to identify **signs, symptoms and presentations** that will allow the officer to understand that they may be dealing with an illness and not just noncompliance.

Signs, Symptoms and Presentations

- Sign
 - Something an officer can see or sense
- Symptom
 - A sensation someone is feeling that is relayed to the officer
- Presentation
 - Overall condition of the situation

De-escalation Training

What instruction should be included?

- Instruction to allow the officer to understand the **reduction in the effectiveness** of their trained tactics.

Reduction in Effectiveness of Trained Tactics

- An understanding of what a person in a crisis is experiencing that causes the reduction in effectiveness
- Possible mindset of a person in crisis
- The importance of maintaining safety, including officer safety, by slowing things down and utilizing all de-escalation skills before escalating force

De-escalation Training

What instruction should be included?

- Instruction to provide the officer **skills to attempt to de-escalate** an emotionally charged situation prior to escalating the use of force

De-escalation Skills

- Active Listening
- Voice Control
- Body Language
- Positioning

Questions?

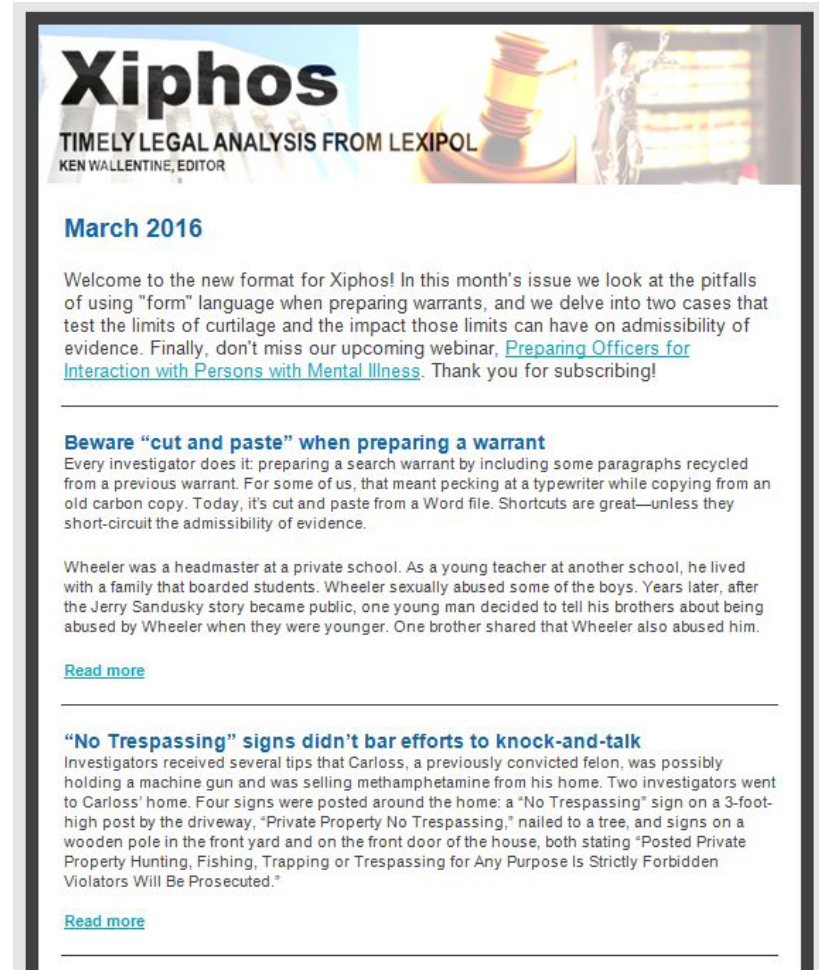


Xiphos

- Edited by Chief Ken Wallentine, Lexipol Senior Legal Advisor
- Provides monthly updates on the most recent court decisions
- Read by thousands of officers and public safety leaders

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The image shows a preview of the Xiphos newsletter for March 2016. The header features the title 'Xiphos' in a large, bold, blue font, with the subtitle 'TIMELY LEGAL ANALYSIS FROM LEXIPOL' and 'KEN WALLENTINE, EDITOR' below it. The background of the header includes a gavel and a person in a courtroom. The main content area is white with a black border. It starts with the date 'March 2016' in blue. The first paragraph is a welcome message: 'Welcome to the new format for Xiphos! In this month's issue we look at the pitfalls of using "form" language when preparing warrants, and we delve into two cases that test the limits of curtilage and the impact those limits can have on admissibility of evidence. Finally, don't miss our upcoming webinar, [Preparing Officers for Interaction with Persons with Mental Illness](#). Thank you for subscribing!'. Below this is a section titled 'Beware "cut and paste" when preparing a warrant' in blue. The text explains that investigators often recycle paragraphs from previous warrants, which is problematic. It then discusses a case involving a headmaster who sexually abused students. A 'Read more' link is provided. The next section is titled '"No Trespassing" signs didn't bar efforts to knock-and-talk' in blue. The text describes a case where investigators found 'No Trespassing' signs around a home, but they were not sufficient to bar a search. A 'Read more' link is also provided here.

For More Information

www.lexipol.com/mental-illness-webinar

- Sample Crisis Intervention Incidents Policy
- Daily Training Bulletin focused on the Armstrong case
- Presentation slides

Questions?

Shannon Pieper, Director of Marketing Communications
949/276-9938 • spieper@lexipol.com