HANCOCK COUNTY
CRISIS INTERVENTION TRAINING POST-TEST

1. What is the CIT paradox?

How we teach it: By taking a less physical, less authoritative, less controlling, less confrontational approach, an officer usually has more authority and more control over the person in a psychiatric crisis.

Answer: Some response that recognizes that the "command and control" approach needs to be adjusted in special pops encounters and the adjusted approach is one relying more heavily on IPC (interpersonal communication) skills.

2. In which phase of the EAR model are you trying to establish rapport and build trust?

How we teach it: Each special pops encounter has three phases that an officer should use their skill set to accomplish. The phases of the EAR model (Engage/Assess/Resolve) each have their own goal.

Answer: Engagement

3. Why are patience, empathy, and vigilance taught as the de-escalation mindset?

How we teach it: Special population calls are often medical encounters and this mindset sets the tone for the rest of the encounter, including their interpersonal skills (communication skills) and how the officer is perceived.

Answer: Some response that has the officer say that this is the mindset that is needed to calm someone in a special pops crisis. Patience because these types of encounters take time, empathy because it absorbs tension, and vigilance because of the unpredictable nature of some of these encounters. Extra-credit if they mention that special pops encounters are often medical encounters where displaying patience and empathy not only calms the person but helps you get the needed information from them (move to the assessment phase).

4. What are three examples of how you can express empathy within a special populations encounter?

Answer: Many answers that relate to their choice of de-escalation skills or words.

Examples: Let the person know you are there to help; Ask their name and use it often; Reflect back for them their situation (I can see why that would make you frightened, or, I would be angry too if someone said/did that to me); Tell the person you are concerned about them/their situation; Ask directly how you can help them; Let them know that you can start the process of getting help right now; Let them know you know that there is stigma with mental illness and it is a very brave thing to get help.

5. What is the purpose of the LOSS model?

How we teach it: There is an emphasis in the training for officers to view special populations encounters as medical encounters that have diminished capacity as their common thread. Most special populations issues (dementia, autism, mental illness) are considered a loss of health. The LOSS model describes how diminished capacity can "look" to an officer in a street encounter. This allows officers to quickly recognize the type of encounter they are facing and match their de-escalation skills to the situation. While there is a range of human emotions and behaviors, when someone is in crisis, the LOSS model suggests only four dominant ways someone will express their emotion. Behavior and words will cluster together to create an encounter where the persons is either expressing sadness, anger, nervousness, or confusion

Answer: To help officers recognize a special populations encounter and how they will engage, assess and resolve the situation based on the dominant emotion that is being expressed.

6. List three observable characteristics of a special population's encounters.

How we teach it- the LOSS model

Answer: Any behaviors that are taught as part of the Loss Model:
Loss of Reality: Delusions/false beliefs; seeing things, hearing things, confusion, vacant state

Loss of Hope- sadness, despair, hopelessness, crying , despondency

Loss of Perception- nervous behavior, panicky, anxious, very fast talking, flighty/unconnected ideas,

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Loss of Control- pacing, yelling, screaming, balled fists, flushed cheeks, assuming a boxer's stance

7. How should you de-escalate someone who is having a visual hallucination (seeing things) or a delusion (a false belief)?

    a. Ignore their hallucination and get them to calm down
    b. Persuade them that their hallucinations are not real
    c. Ask them what they are experiencing, reflect how it must feel for them, and try and focus their attention on issues of safety
    d. Tell them that you also see what they are seeing to calm them

8. What are at least three factors that are linked to unpredictability among those with severe mental illness?
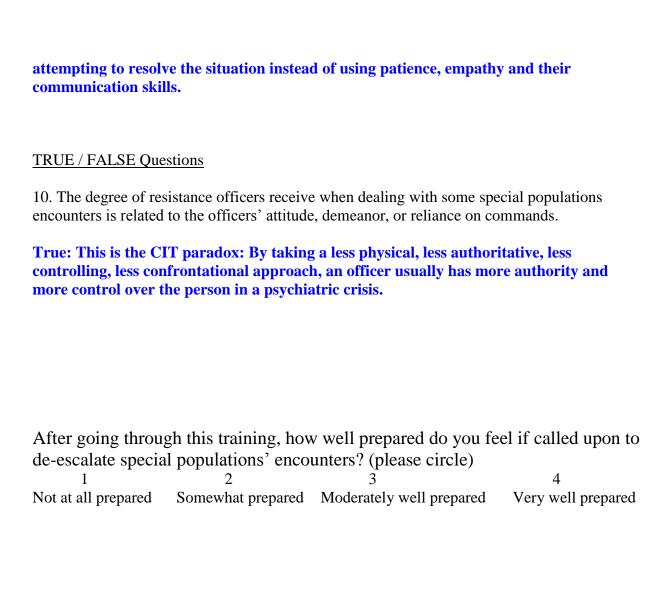
How we teach: Individuals with mental illness are no more dangerous than the general population and in fact, are more often victims of crime. However, research by Torrey and others have identified several factors that CORRELATE (not cause) with dangerousness.

Answer: Of those factors that correlate to dangerousness, officers should be very mindful of encounters with individuals with severe mental illness that ALSO include these factors:

- **Male under 50**
- **Not currently in treatment**
- **Substance abuse or under the influence of other drugs at the time of the encounter**
- **Active psychosis (delusions, paranoia, hearing/seeing things)**
- **Anagnosia- the person does not believe they have an illness**

9. What is stigma and how can it affect your encounters with individuals with mental illness?

How we teach: The attitude of some police officers that responding to situations involving special populations encounters is not 'real' police work seems to at least partially be connected to stigma with regard to mental illness, as well as officers' not fully understanding this brain disorder. This stigma can influence the approach officers take with such encounters either making them too soft if their stigma is related to pitying the person or too authoritative.

Answer: Stigma literally means "label." In the context of special populations training, stigma is an extremely strong negative label or undesirable quality. Stigma can cause officers to be less vigilant or conversely, officers will resort to force more quickly

attempting to resolve the situation instead of using patience, empathy and their communication skills.

TRUE / FALSE Questions

10. The degree of resistance officers receive when dealing with some special populations encounters is related to the officers' attitude, demeanor, or reliance on commands.

True: This is the CIT paradox: By taking a less physical, less authoritative, less controlling, less confrontational approach, an officer usually has more authority and more control over the person in a psychiatric crisis.

After going through this training, how well prepared do you feel if called upon to de-escalate special populations' encounters? (please circle)

1	2	3	4
Not at all prepared	Somewhat prepared	Moderately well prepared	Very well prepared

_____

Name