EXHIBIT A
Cleveland Division of Police
Legal and Policy Update Training

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ADAMHS Board
2018
To review typical dispositions for mental health citizens

* Voluntary Transport to a Hospital - Role of Police
* Involuntary Transport to a Hospital - Emergency Certificate and Assisted Outpatient Treatment
* Arrest-Specialty Docket Programs with Cuyahoga Common Pleas and Cleveland Municipal Court
* Juvenile Court Specialty Dockets and Programs
* Client Rights
Typical Dispositions for Resolving a Crisis

- De-escalate and refer
- Voluntary transport to hospital or crisis center
- Involuntary transport to hospital or crisis center (i.e., emergency custody)
- Arrest
De-escalate and refer

* Appropriate when...
  - No laws have been broken or offense falls within the discretion allowed by your agency.
  - The crisis the individual is facing is not emergent enough to require immediate treatment and the individual responds to de-escalation techniques.
  - Refer to an appropriate agency using District Resource Cards.
Typical Dispositions for Resolving a Crisis

**Voluntary transport to hospital or crisis center**

* Appropriate when…
  – No laws have been broken or the offense falls within the discretion allowed by your agency
  – There are appropriate community resources available
  – You have the person’s consent and you believe the person would benefit from treatment
  – Involuntary transport (i.e., “pink slip”) criteria have not been met and there is no safety plan in place
Mental illness is defined as a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgement, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life.”
Typical Dispositions for Resolving a Crisis

Involuntary transport to hospital or crisis center

* "Mentally ill person subject to court order" means a mentally ill person who, because of the person’s illness, meets one of the following criteria
Involuntary transport to hospital or crisis center (cont.)

* Represents a substantial risk of physical harm to self as manifested by evidence of threats of, or attempts at, suicide or serious self-inflicted bodily harm

* Represents a substantial risk of physical harm to others as manifested by evidence of recent homicidal or other violent behavior, evidence of recent threats that place another in reasonable fear of violent behavior and serious physical harm, or other evidence of present dangerousness
Involuntary transport to hospital or crisis center (cont.)

* Represents a substantial or immediate risk of serious physical impairment or injury to self as manifested by evidence that the person is unable to provide for and is not providing for, the person’s basic physical needs because of the person’s mental illness and that appropriate provision for those needs cannot be made immediately available in the community

* Would benefit from treatment for the person’s mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person
Involuntary transport to hospital or crisis center (cont.)

* Would benefit from treatment as manifested by evidence of behavior that indicates all of the following

  – The person is unlikely to survive safely in the community without supervision, based on a clinical determination

  – The person has a history of lack of compliance with treatment for mental illness and one of the following applies:
Involuntary transport to hospital or crisis center (cont.)

* At least twice within the 36 months prior to the filing of an affidavit seeking court-ordered treatment of the person under R.C. 5122.111, the lack of compliance has been a significant factor in necessitating hospitalization in a hospital or receipt of services in a forensic or other mental health unit of a correctional facility, provided that the 36 month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the 36 month period.
Involuntary transport to hospital or crisis center (cont.)

* Within the 48 months prior to the filing of an affidavit seeking court-ordered treatment of the person under R.C. 5122.111, the lack of compliance resulted in one or more acts of serious violent behavior toward self or others or threats of, or attempts at, serious physical harm to self or others, provided that the 48 month period shall be extended by the length of any hospitalization or incarceration of the person that occurred within the 48 month period.
Typical Dispositions for Resolving a Crisis

Involuntary transport to hospital or crisis center (cont.)

* The person, as a result of the person’s mental illness, is unlikely to voluntarily participate in necessary treatment

* In view of the person’s treatment history and current behavior, the person is in need of treatment in order to prevent a relapse or deterioration that would be likely to result in substantial risk of serious harm to the person or others
Arrest

* This should not always be your first option

* Appropriate when…
  - There is an arrest able offense and you statutorily must make the arrest
  - There is an arrest able offense and the individual’s behavior is not driven by mental illness.
Cleveland Municipal Court: Specialty Dockets

* Community Court: Judge Suzan Sweeney
* Drug Court: Lauren C. Moore
* Human Trafficking Docket: Judge Marilyn B. Cassidy
* Mental Health Docket: Judge Emmanuella Groves
Cuyahoga County Juvenile Court: Treatment Services

- Cognitive Behavioral Therapy Center (CBT)
- Functional Family Therapy (FFT)
- Multi-Systemic Therapy
- Behavioral Health Juvenile Justice (BHJJ)
- Mental Health Treatment – (Applewood)
Cuyahoga County Juvenile Court: Specialty Dockets

- Mental Health Court
- Family Drug Court
- The Re-entry Court
AOT Second District Case

- Call to Second District-Officer in Charge
  - MH Worker dropping off an Probate Order to Convey for MT
  - Document did not indicate any behavioral concerns, reasons to convey nor other identifying information
  - OIC and Officers were unfamiliar with program and paperwork.
  - OIC contacted CIT Coordinator, as well spoke with other officers about the form and the process-no one was aware of the form and or document
  - Contacted the agency who indicated that the client was Hispanic, did not speak English
  - Worker indicated that client was non compliant with treatment and needed to be taken to a hospital.
1. What are the safety concerns for the officer?
2. What do the officers know about Assisted Outpatient Treatment?
3. What are some of the remedies for this case?
Assisted Outpatient Commitment

* Ability for Probate Court to court order persons diagnosed with severe and persistent mental illness into outpatient treatment.
* Modifies the four criteria that a mentally ill person must meet to be subject to court order to include persons who would benefit from the treatment as manifested by evidence of behavior that indicates all of the following
The person is unlikely to survive safely in the community without supervision, based on a clinical determination,

the person has a history of lack of compliance with treatment for mental illness and certain conditions apply,

the person, as a result of the person’s mental illness, is unlikely to voluntarily participate in necessary treatment, and

in view of the person’s treatment history and current behavior, the person is in need of treatment in order to prevent a relapse or deterioration that would be likely to result in substantial risk of serious harm to the person or others; the bill states that an individual who meets only these new criteria is not subject to hospitalization.
The Cuyahoga County Assisted Outpatient Treatment (AOT) program is a program of Frontline Services.

Goal of the program is to:

1) Reduce the incidence and duration of inpatient hospitalization;
2) Reduce the incidence of homelessness;
3) Reduction in interaction with the criminal justice system.
Assisted Outpatient Commitment

Population Served:

* Clients identified as having a severe and persistent mental illness i.e. schizophrenia, schizoaffective disorder and or bipolar disorder.

* Clients with the above diagnosis who have do not respond well to traditional mental health treatment i.e. case management and medication monitoring.

* These clients present with a history of noncompliance with treatment, increased need for crisis services and often coming under the attention of law enforcement.

* These clients must meet the criteria for Civil Commitment under the ORC 5122. 02 and subject to civil commitment through Cuyahoga County Probate Court to the ADAMHS Board.
Order to Convey is identified for AOT clients when they have refused or are considered unsafe to be transported by Frontline team staff.

Order to Convey will be disseminated through the Clerk of Courts office for Cleveland Division of Police.

Frontline staff will be available on the scene as well as by telephone for consult with law enforcement agencies.

All clients are to be transported to St. Vincent Charity Hospital.

Legally the same in force as a Probate Warrant and should be handled using the same protocols.
Ferreri diagnosed with Attention Deficit Disorder in 1999.
Did not show up for scheduled appointment nor call to cancel.
Dr. attempted to reach client by phone. Phone disconnected.
Dr. completed an Emergency Certificate-felt that Ferreri was a substantial risk of physical harm to herself and others.
Strongsville Case: The Officers

- Strongsville officers entered through the back door.
- Ferreri refused to go with officers.
- Officers used ‘escort position’ to walk Ferreri to the car, during which Ferreri alleged her knee was injured.
- Ferreri was taken by officers to the hospital-Metro.
Hospitalized for three days.

Ferreri sued the City of Strongsville and the Police Officers, stating that the manner in which she seized was Violation of her Fourth Amendment rights.

She sued the officers for Use of Excessive Force and the City for Failure to Train.

Strongsville won the case-officers were exonerated.
1. Was this an appropriate use of the pink slip?
2. What were the questions you might have about the process?
3. What are the client rights concerns?
4. What are the officers concerns?
The Application for Emergency Admission form (i.e., pink slip), provided by the Ohio Mental Health and Addiction Services, must contain facts which describe specific actions, incidents, or events. The facts provide evidence that a person engaged in conduct which forms the basis for a finding of probable cause to believe that he/she may have a mental illness and is in need of court-ordered hospitalization.
Emergency Hospitalization Certificate: Completing the Form

* Start by listing how you became aware of the person and the situation
* Then, list the information gained during the Engage phase
  * What you observed
  * Facts that were provided to you by the person or others
It is essential that you articulate not just what happened, but how what happened caused you to believe that the person may be a mentally ill person subject to hospitalization, and what caused you to believe that he/she represented a substantial risk of physical harm to himself/herself or others if allowed to remain at liberty pending examination.

Close by stating, “Based on what has been listed, I believe this person is subject to emergency admission.”
Ohio Revised Code: Client Rights

- Right to be treated with dignity and respect
- Right to be informed of one’s condition
- Right to current written individualized service plan
- Right to consent to or refuse services, treatment or therapy
- Right to have access to one’s own psychiatric, medical or treatment records
- Right to participate in any appropriate and available service
- Right to confidentiality of communications and of all personally identifying information
- Right to be informed in advance of reasons for discontinuance of service
Summary and Questions
Title of Lesson: Legal and Policy Update

Assigned Course Number: TBD

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Carole Ballard, LISW
ADAMS Board

Approving Authority: Pending

Overview:

Legal and Policy Update Training is a two-hour module which will be presented as part of a four-hour Crisis Intervention training program. Legal and Policy Update will cover the following major elements:

- Dispositions for resolving a crisis and when they are appropriate, and to note special populations, including youth, that require age-appropriate response.
- Specialty Court Dockets of the Cuyahoga County Common Pleas Court and Cuyahoga County Juvenile Court
- Assisted Outpatient Treatment Program and the AOT Order to Convey.
- Strongsville v. Ferreri legal case as it relates to the pink slip.
- Completion and use of the pink slip.
- Questions and Answers about the newly implemented crisis intervention policies

Course Goal:

The goal of the Legal and Policy Update Training is to provide participants with more in-depth knowledge of CIT Policy elements and an update on new mental health and substance abuse programs and resources.

Course Objectives:

Upon completion of the Officer Legal and Policy Update participants will be able to demonstrate knowledge of the following:

1. Use of appropriate crisis resolution dispositions and understanding of special populations.
2. Awareness of the AOT Program and accompanying forms.
3. Completion and use of the Emergency Hospitalization Application (pink slip)
Cleveland Division of Police

*Legal and Policy Update*

**Methodology:**

Participants will be taught by instructors from the Cleveland Division of Police and the ADAMHS Board. The instructors will facilitate extensive class discussion to increase participant interest and involvement as a key instructional component. A PowerPoint presentation will serve as an instructional aid and will include short video examples as well as an outline of basic points.

**Target Audience:**

All members of the Cleveland Division of Police.

**Class Size:** TBD

**Evaluation Process:**

Participants will complete a post-test which will examine acquisition of key points. Participants will be required to answer at least 70% correct.

**Logistical Information:** Site: TBD

**Training Equipment:**

- Computer, projectors, screen and speakers
- Power point presentation (electronic)
- Power point presentation (handout)
- Post-test (handout)

**Staffing Requirements:**

Instructors: One Law Enforcement Instructor

**Training Summary:**

All assigned participants will arrive at the assigned time and go to designated facility. Participants will receive an overview of the training, performance and learning objectives, and an introduction to the material.
Cleveland Division of Police  
Legal and Policy Update

Slide 1: Title Page -  
Legal and Policy Update Training  

Slide 2: Goals  

Discussion:  
What parts of the new CIT Policy do you feel need more clarification?  

Prompts: We have heard that there are questions about the pink slip and some officers have expressed that they need clarification about which individuals should go to the hospital and why we are giving referrals to people, which is something we haven’t done in the past. We will also talk about AOT – Assisted Outpatient Treatment.

Review Course Topics:  
- Dispositions noting special populations that require age-appropriate response.  
- Cuyahoga County Common Pleas Court and Cuyahoga County Juvenile Court.  
- Assisted Outpatient Treatment Order to Convey.  
- Completion and use of the pink slip (including the Strongsville case).  
- Questions and Answers about the newly implemented crisis intervention policies.

Key Point:  
Answer any questions about the new CIT policies that were implemented in January 2018.
Slide 3: Dispositions for Resolving a Crisis

Review Dispositions: De-escalate and refer.

- Voluntary transport.
- Involuntary transport.
- Arrest.

Key Point:
This is self-explanatory but has not been explained to officers in this coherent of a fashion.

Slide 4: Dispositions for Resolving a Crisis

De-escalation

Emphasize:

- De-escalation and referral are appropriate for the lowest level of crisis call, usually for an individual overwhelmed by in their life.
  NOTE that age–appropriate communication and de-escalation should be used for minors as well as individuals who are not a harm to themselves or others.
- Provide a referral so the individuals have the option to get mental health services if problems reoccur.

Key Point:
Emphasize de-escalation/referral are appropriate for the lowest level of crisis.
Slide 5: Dispositions for Resolving a Crisis
Voluntary Transportation

- Voluntary transport to hospital/crisis center may be an opportunity for *Diversion*.
- Think about what level of crime has been committed, if any.
- Think about what level of mental health care the individual needs.
- A voluntary transport is less traumatizing, always preferable to an involuntary transport.

Discussion:
What strategies are available to convince the individual to get help voluntarily?

Key Point:
Consider transport options (per GPO). Are there other options available if the individual is anxious about transport in a police car? EMS? Family member?

Slide 6: Definition of a Mental Illness – 00:15

Read:

- O.R.C. definition of mental illness – emphasis on the word “substantial.”

Key Point:
Ask if this definition is clear or if there are questions on anything in the definition that needs additional clarification.
Slide 7: Dispositions for Resolving a Crisis  
Involuntary Transportation

Discussion:

Start by asking the officers “When does an individual need involuntary transport for mental health treatment?”

Slide 8: Dispositions for Resolving a Crisis  
Involuntary Transportation

Review:

- The two options on this slide are what police officers are generally going to use to justify a “pink slip” and involuntary transport.
- Ask the question “Substantial risk of harm to self or others, what does that mean to you?” How may this be different if it involves a minor?
- Group Discussion of risk standard, with officers providing examples of appropriate and inappropriate use of this standard.

Key Point:

Be confident officers understand the meaning of “substantial risk to self or others.”
Slide 9: Dispositions for Resolving a Crisis
Involuntary Transportation

Review Standards of Involuntary Commitment:

- Immediate risk of serious physical injury.
- Would benefit from treatment.

Key Points:

- These determinations are generally things that a psychiatrist/psychologist may be considering in issuing a pink slip and may be information not available to the officer making a decision on an involuntary transport.
- There have been a lot of questions regarding doctors issuing pink slips and that we are going to discuss further by reviewing a lawsuit involving a pink slip and subsequent hospitalization of an individual.

Slide 10: Dispositions for Resolving a Crisis
Involuntary Transportation

Review Standards of Involuntary Commitment:

- Benefit from treatment defined
- History of lack of compliance

Slide 11: Dispositions for Resolving a Crisis
Involuntary Transportation

Review Standards of Involuntary Commitment:

- Lack of compliance defined
Slide 12: Dispositions for Resolving a Crisis
Involuntary Transportation

Review Standards of Involuntary Commitment:

- Lack of compliance resulting in acts of serious violent behavior towards self or others.

Slide 13: Dispositions for Resolving a Crisis
Involuntary Transportation – 00:30

Review Standards of Involuntary Commitment:

- Not likely to participate in necessary outpatient treatment and likely to relapse and present a risk of harm to self or others.

Slide 14: Dispositions for Resolving a Crisis
Arrest

Review:

- Arrest
  1. What is the person’s level of mental illness/impairment?
  2. Is Diversion to Mental Health services possible or appropriate?
- If a minor, is there a responsible parent or guardian there to assist?
- Note: Some individuals may need mental health services prior to booking, even if an arrest is indicated.

Key Point: Arrest should not be the first option.
Cleveland Division of Police
Legal and Policy Update

Slide 15: Common Pleas Court: Specialty Courts

Distribute:

- Handout #1 (Specialty Court Info)

Review:

- Cuyahoga Specialty Court Dockets
  Drug Court, Recovery/Drug Court, Veterans Court, Community Court

- Note: Handout contains contact phone numbers for courts if officers need access.

Key Point:

Explain how these courts may help officers do their jobs and why it is important for officers to be aware of these Specialty Courts.

Slide 16: Common Pleas Court: Specialty Courts

Review:

- Cleveland Municipal Court: Specialty Dockets
  Community Court, Drug Court, Trafficking Docket, Mental Health Docket

Slide 17: Common Pleas Court: Specialty Courts

Review:

- Cognitive Behavioral Therapy Center (CBT)
- Functional Family Therapy (FFT)
- Multi-Systemic Therapy
- Behavioral Health Juvenile Justice (BHJJ)
- Mental Health Treatment
**Cleveland Division of Police**  
*Legal and Policy Update*

**Slide 18: Assisted Outpatient Treatment**

**Distribute:**

- Handout #2 (AOT Form, Informational Sheet)

**Review:**

- Circumstances involved in the AOT case to illustrate the problems that occur within Mental Health/Police communication and solutions to this problem.

**Key Points:**

Intended to promote discussion and improve officers’ knowledge of the AOT Order to Convey Form.

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**Slide 19: Assisted Outpatient Treatment – 08:50**

**Discussion:**

- Use the three questions on the slide to stimulate discussion about the AOT Program and get officers to think about what program is, how it affects them, and how we can change the conversation with mental health to increase our effectiveness, safety, and service to the community.

**Key Points:**

This is a good point to re-iterate the functions of the CIT Coordinator, that a simple phone call or email can bring about change and that we now have a line of communication open with the mental health service community that we have not had in the past.
Cleveland Division of Police
Legal and Policy Update

Slide 20: Assisted Outpatient Treatment - Court

Review:

- Allows Probate Court to order persons with mental illness into outpatient treatment.
- Assisted Outpatient Treatment Process criteria

Slide 21: Assisted Outpatient Treatment Defined

Review:

- Assisted Outpatient Treatment Process criteria

Key Points:

1. Individuals are supervised by Probate Court.
2. The treatment is Outpatient, the individuals are in the community.
3. Not necessarily a one-time event, like Probate Warrant, can be multiple Orders to Convey.

Slide 22: Assisted Outpatient Treatment Program

Review: Criteria, ask the officers if there are any questions.

Explain:

- Addresses the needs of individuals who are not linked to a Mental Health Agency.
- Monitored by Frontline staff under supervision of the Probate Court.
- Subject to an AOT Order to Convey

Key Points:

These individuals are frequently non-compliant with meds and with appointments and are resistant to treatment. This process involves individuals whose mental health care tends to be only addressed in regular trips to a psychiatric ER, usually after contact with the police.
Slide 23: Assisted Outpatient Treatment

Population Served

- Clients identified as having a severe and persistent mental illness
- Clients who do not respond well to traditional mental health treatment.
- Clients present with a history of noncompliance with treatment.
- Clients must meet the criteria for Civil Commitment under the ORC 5122. 02.

Slide 24: Assisted Outpatient Treatment

AOT Order to Convey

- For AOT clients when they have refused or are considered unsafe to be transported by Frontline team staff.
- Disseminated through the Clerk of Courts office for Cleveland Division of Police.
- Frontline staff will be available on the scene.
- Clients are transported to St. Vincent Hospital.
- Legally the same in force as a Probate Warrant.

Slide 25: Assisted Outpatient Treatment

AOT Order to Convey Form

Review:

- Sample AOT Order to Convey Form
Cleveland Division of Police
Legal and Policy Update

**Slide 26: Strongsville Case – 01:15**

*Overview:*

Ferreri v. City of Strongsville is a recent lawsuit that illustrates the legal issues surrounding the serving of a third-party pink slip by police officers. There are several issues with the pink slip in this case that should have alerted officers to problems with the pink slip including:

*Key Points:*

- Diagnosis of female was Attention Deficit Disorder, a somewhat unusual for a pink slip.
- The pink slip was issued because of a missed appointment. The Pink Slip was not issued based on an examination, as it should be.
- Female’s behavior, although somewhat strange, was not obviously psychotic or dangerous, to justify an involuntary transport.
- Not stated why the doctor thought the female was a risk to herself or others.

**Slide 27: Strongsville Case: The Officers**

*Review: case details from slide.*

**Slide 28: Strongsville Case: Outcome**

*Discussion:*

- Did the officers’ actions in this case fall within CDP Policy?

  Note: There is limited information on the case, but the de-escalation and the amount of force used seemed to influence the Ferreri decision.

*Key Points:*

Discuss de-escalation and Use of Force in relation to this case and application of pink slip.
**Issue:**

The officers were not granted qualified immunity as acting within the scope of their duties. They won the case on the merits. The Judge opined that, if they had been serving a Probate Warrant, they would have had qualified immunity. Obviously, the Judge in Ferreri applied a higher level of scrutiny where the officers were acting upon a pink slip completed by a third party (even though that third party was a doctor).

**Considerations:**

Ferreri is a lower court decision that seems to invite officers to second guess a medical professional. However, the controlling case law in the 6th Circuit is an appellate court case called Ziegler v. Aukerman, 512 F.3d 777 (6th Cir. 2008). Ziegler provides that officers should be able to rely on a medical certificate to provide probable cause for a mental health seizure.

**Conclusion:**

The take away from these two cases is that officers should be able to rely on a *properly* completed pink slip to provide probable cause for a mental health seizure. Therefore, officers should review the pink slip with a critical eye and if officers have reason to believe the pink slip is problematic, they should call a supervisor.

**Key Points:**

Emphasize how de-escalation and the reasonable use of force are always potentially subject to judicial review if a complaint is made, even where a pink slip is properly completed and there is no question that probable cause exists.
Overview:

- Use the following four points individually as part of a larger discussion of what is an appropriate pink slip from a third party and what level of scrutiny is required of officers when officers are executing a pink slip.

1. Is the person completing the slip qualified to do so? (MD, Psychologist, LE Officer?)
2. Did the person completing the slip examine the individual in question?
3. Are you seeing any of the language, behaviors, symptoms described in the pink slip, and if not, could there be a reason why you are not?

Note: Remind officers that a showing of probable cause in the mental health seizure context does not require the officer to observe the dangerous behavior. It is enough that a reasonable person in the officer’s position would believe it is probable that the individual is a danger to self or others. (Monday v. Oullette, 118 F.3d 1099 (6th Cir. 1997))

Key Points:

A properly completed pink slip provides officers with enough information to form the basis for probable cause, but if there are questionable elements relating to the pink slip, call a supervisor for further guidance.
Cleveland Division of Police
Legal and Policy Update

Slide 31: Emergency Hospitalization Guide

Distribute:

- **Handout #3 – Emergency Hospitalization Guide**

Explain:

- The handout is a legal and practical guide to both Emergency Hospitalization Certificate (Pink Slip) and Probate Warrants.

Review:

- This slide describes the information that must be contained in the Emergency Hospitalization Certificate for it to be legally legitimate.
- This is the 2-page form. There is a blank in the handout, make copies of if you are having trouble finding them at hospitals.
- The “good pink slip” and “bad pink slip” and have officers describe what is positive or problematic with the two slips.

Key Points:

Encourage officers to take the guide with them and read through as it can provide some legal clarity.
Slide 32: Emergency Hospitalization – 01:40
Completing the Form

Background:

- These two slides describe how to complete the pink slip and what information should be included to create probable cause for the hospitalization.

Slide 33: Emergency Hospitalization Form

Key Point:

It is important to distinguish things that you directly observed vs. information received from other sources.
Slide 34: Ohio Rev. Code, Clients Rights – 01:50

Informational:

- Client rights for those receiving mental health treatment from Mental Health Service Providers as defined in the O.R.C.

- Right to be/to
  - Treated with dignity and respect,
  - Informed of one’s condition,
  - Have a written individualized service plan
  - Consent to or refuse services, treatment or therapy,
  - Access to one’s own psychiatric, medical or treatment records,
  - Participate in any appropriate and available service,
  - Confidentiality of communications and of all personally identifying information,
  - Be informed in advance of reasons for discontinuance of service.

Key Point:

This is informational, as many people accessing these services are unsure about their rights.

Slide 35: Questions
Cleveland Division of Police: Officer Health and Wellness

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ADAMHS Board
2018
Goals:

- To learn about the definition of trauma and its effects on law enforcement officers.
- To learn about the signs and symptoms of post traumatic stress disorder on law enforcement officers.
- To learn about how to recognize symptoms of stress and when outside help is needed.
- To learn about resources for help within the Cleveland Division of Police and the community.
Police Work and its Challenges

- Police work is often stressful and officers are likely to experience or witness violence and death.

- These stresses can have a big impact on officers’ physical and mental well-being, and can accumulate over the course of their career.

- Many officers struggle with alcohol abuse, depression, suicidal thoughts, posttraumatic stress disorder and other challenges.
Police Work and its Challenges

- The occupational fatality rate for law enforcement is three to five times greater than the national average for the working population.

- The officers who protect us must also be protected—against incapacitating physical, mental, and emotional health problems as well as against the hazards of their job.
Police Work and its Challenges

- According to data collected from Badge of Life.com, in 2016 108 officers took their lives in the United States.
- This number represents a 14% increase since 2012.
- The data collected from Badge of Life.com indicates that one officer completed suicide every 81 hours across the country during this same time period.
- For every one police suicide, almost 1,000 officers continue to work while suffering the painful symptoms of Post Traumatic Stress Disorder (PTSD)
Trauma: An Officer’s Story
An Officer’s Story Group Discussion

- What were the signs and symptoms of distress described by the officer?
- How did those symptoms interfere with the officer at home? At work?
- What role does “stigma regarding an officer having potential mental health issues” impact his ability to seek professional help?
Definition of Trauma

- Experiences that cause intense physical and psychological stress reactions.
- Caused by a single event or multiple events.
- A set of circumstances that is experienced as emotional harmful or threatening and
- Has lasting adverse effects on the individual’s physical, emotional or social well being.
Officer Trauma Group Discussion

- How often have you been told that “this is just part of the job?”
- How did that make you feel?
- What incidents and or situations have you witnessed that are considered an “unbearable trauma” i.e. a situation that “hits too close to home?”
Three E’s of Trauma

1. Event
2. Experience
3. Effect
Three E’s of Trauma: Event

- The event includes the actual or extreme threat of physical or psychological harm (i.e. natural disasters, violence, etc.) or severe, life threatening neglect for a child and others.

- These events may include a single occurrence or repeatedly over time.
Event: Officer Group Discussion

- Identify the potential effects that you have heard about in the news across the country in the last year that could be viewed as a traumatic “event” for police officers.
Three E’s of Trauma: Experience

- A particular event may be experienced as traumatic for one individual and not another.
- How the officer labels, assigns meaning to, and is disrupted physically and psychologically by an event will contribute to whether or not it is experienced as traumatic.
Experience: Officer Group Discussion

▶ Discuss why officers assign some traumatic events as an overwhelming experience and others do not?

▶ Does the size of the community, crime rate, location or other dynamics play a role in the officer’s perception of a traumatic experience i.e. policing in Chicago in 2017 that reported over 800 murders?
Three E’s of Trauma: Effect

- This is a critical component of trauma.
- Adverse effects may occur immediately or may have a delayed onset.
- The duration of the effects can be short or long term.
- The officer may not recognize the connection between the traumatic events and its effects.
Three E’s of Trauma: Effects

Behavioral Effects of Trauma

- Stress
- Anger
- Physical distress
- Feeling vulnerable
- Considering a career change
- Seeing the world as more dangerous
- General distrust
Discuss how the effects of trauma could impact the officer in his personal life.
Post Traumatic Stress Disorder
Post Traumatic Stress Disorder (PTSD) Group Discussion

- How many of you know someone that suffers from PTSD?

- What are the signs and symptoms?
Post Traumatic Stress Disorder: 1st Video
PTSD Video Group Discussion

- What words did the officer use to describe PTSD?
Post Traumatic Stress Disorder (PTSD)

- PTSD can result from a single horrific event, or it can be cumulative — repeated exposure to a variety of horrible scenes and circumstances over the course of a long career.
- Cumulative PTSD can be even more dangerous than PTSD caused from a single traumatic event.
- Cumulative PTSD is more likely to go unnoticed and untreated.
Post Traumatic Stress Disorder (PTSD): Prevalence Rate

According to Psychology Today-June 26, 2017:

► There are approximately 900,000 sworn officers in the United States.

► According to some studies -19% of them may have PTSD.

► Other studies suggest that approximately 34% suffer symptoms associated with PTSD but do not meet the standards for the full diagnosis.
Post Traumatic Stress Disorder (PTSD): Signs and Symptoms

- Cannot think clearly.
- Maybe hypervigilant,
- May have a short fuse,
- May not be sleeping well because of nightmares,
- Might be policing in a reckless manner,
- Constantly triggered by reminders of the event,
- May be self-medicating, or making such great efforts to avoid a similar situation that he isn't doing the job properly.
Post Traumatic Stress Disorder (PTSD)

- The consequences of not dealing with the disorder can be explosive, to the officer, the officer’s family and potentially, people on the street.
- “There's a risk to society. Because these police officers are, are highly stressed out. And now you're probably off the chart [with] flashbacks coming.”
The Solution: Removing Stigma

Talk openly about mental health. Making the conversation about mental health normal and routine goes a long way toward erasing stigma.

- Police have a high degree of contact with the mentally ill yet many still see themselves as out of their element in this setting.

- Police are often uncomfortable with direct contact or prefer to see themselves as strictly crime fighters.

- Familiarize yourself by joining in the conversation and becoming fluent in the language of mental health care.
Law Enforcement Mental Health and Wellness Act of 2017

- *The Law Enforcement Mental Health and Wellness Act of 2017* would direct the Department of Justice, Department of Defense, and the Department of Veterans Affairs to develop resources to equip local law enforcement agencies to address mental health challenges faced by officers.

- The bill would also make grants available to initiate peer mentoring pilot programs, develop training for mental health providers specific to law enforcement mental health needs, and support law enforcement officers by studying the effectiveness of crisis hotlines and annual mental health checks.

- The bill was signed into law on January 10, 2018
Ohio Resources for Help

Ohio ASSIST
Aiding Safety Services with Incident Survival Techniques

Providing post-critical incident aftercare for Ohio's Safety Service personnel.

- Ohio ASSIST is a three-day program that provides counseling, peer support, and education for Ohio's Safety Services personnel, their families, and co-workers.
CDP: Employee Assistance Unit (EAU)

EAU is currently made up of 5 officers.
- Confidentially is our number one priority.
- EAU has been established to provide accessible guidance and support of Police Officers and their families.
- The main goal is to maintain and/or restore employees to their optimum level of functioning.
- We provide free, confidential and short term counseling support.
- All levels of the EAU are voluntary.
The power of peer support in Police Departments

A peer support program can enable a police department to actively work to prevent and treat the crippling after-effects of trauma.
Emotional Survival for Law Enforcement: A Guide for Officers and their Families
Online Mental Health Screening

- The online screening program is an education initiative of Screening for Mental Health, Inc. (SMH), and all screenings are informational, not diagnostic.

- The online screenings, like the paper and pencil screenings held on SMH national screening days, are conducted anonymously and diagnoses and treatment recommendations are not provided.

- Click this link to access the screening program: http://www.mentalhealthscreening.org/screening/ADAMHSCC
Officer Group Discussion

- What tips and strategies have you used to stay healthy and focused?
- What has worked for you and what has not worked?
Officer Health and Wellness Tips

- Get regular exercise
- Rest and relaxation
- Nutrition and hydration
- Wellness Checks
Closing Thoughts

- Being a police officer is not an easy job in the 21st century, each and every one of you in this class today represent the a proud career of honor, dignity and bravery, that most of us can not imagine. Stay safe both physically and mentally.

THANK YOU
Title of Lesson: Officer Health and Wellness

Assigned Course Number: TBD

Authors: Carole Ballard, LISW
         ADAMS Board
         Captain James Purcell
         Cleveland Division of Police

Approving Authority: Pending

Overview:

Officer Wellness Overview is a two-hour module which will be presented as part of a four-hour Crisis Intervention training program. Officer Wellness will cover the following major elements:

- Trauma and its effects on law enforcement officers.
- Signs and symptoms of posttraumatic stress disorder.
- Strategies for self-regulation and calming.
- Resources when help is needed.

Course Goal:

The goal of the Officer Wellness overview is to provide participants with basic knowledge and awareness to identify stress and its impact on officer wellness.

Course Objectives:

Upon completion of the Officer Wellness Overview participants will be able to demonstrate knowledge of the following:

1. Impact of Emotional Stress on the Officer.
2. Strategies for Stress Management.
Cleveland Division of Police

Officer Health and Wellness Overview

Methodology:
Participants will be taught by instructors from the Cleveland Division of Police and the ADAMHS Board. The instructors will facilitate extensive class discussion to increase participant interest and involvement as a key instructional component. A PowerPoint presentation will serve as an instructional aid and will include short video examples as well as an outline of basic points.

Target Audience:
All members of the Cleveland Division of Police.

Class Size:  TBD

Evaluation Process:
Participants will complete a post-test which will examine acquisition of key points. Participants will be required to answer at least 70% correct.

Logistical Information:  Site: TBD

Training Equipment:
- Computer, projectors, screen and speakers
- Power point presentation (electronic)
- Power point presentation (handout)
- Post-test (handout)

Staffing Requirements:
Instructors: One Law Enforcement, One Mental Health

Training Summary:
All assigned participants will arrive at the assigned time and go to designated facility. Participants will receive an overview of the training, performance and learning objectives, and an introduction to the material.
Slide 1: Introduction of the presenters

Slide 2: Title page

Discussion:

Why is it important to talk about officer health and wellness?

Key Points:

- Introduce how this topic was chosen. In the poll conducted after first in-service training, Officer Wellness was officers’ most frequent response.
- Indicate officer health and wellness topics are often requested due to the nature of law enforcements work.
- Officers need information and resources to address the issues that impact at a personal level in order to perform to the best of their ability.
Slide 3: Goals

Review Course Topics:

1. Trauma and its effects on law enforcement officers.
2. Signs and symptoms of posttraumatic stress disorder.
4. Resources when help is needed.

Key Points:

- Indicate that the course will cover basic information in the two-hour session.
- Additional information is available at the CDP Employment Assistance Unit.

Slide 4: Police Work and its Challenges

Introduction:

Police work exposes officers to a side of life most only know about through movies and news reports.

Key Points:

- Stress plays a large role in office turnover, productivity level, mood and attention span.
- Sometimes officers and others exposed to high levels of stress may turn to various unhealthy coping methods such as alcohol abuse and drugs.
- It is not uncommon for officers to eventually struggle with mental health related concerns, and challenges in their personal relationships given the nature of the work.
Slide 5: Police Work and its Challenges

Most professions have some level of occupational hazard, such as people working in construction tend to perform manual labor that eventually leads to medical issues.

Key points:
- Police work occupational hazards have been well documented.
- Departments across the country are always seeking methods for addressing officer wellness needs.

Slide 6: Police Work and its Challenge – 00:10
-Badge of Life Data

Basic Statistics:
- This slide provides basic statistics from Badge of Life data regarding occupational hazards of police work.
- The rate of suicide by officers has been the most widely publicized by the media.
- The rate of family violence higher than the general population.

Key Points:
- Departments provide data on a voluntary basis.
- Data provides us with information to create solutions to decrease the occupational hazards from police work.
- We often forget the officers have personal lives that contribute to the level of stress which in turn impact the officer’s ability to cope on the job.
Slide 7: Video: An Officer’s Story

Play Video:

Watch the video of a police officer from Ohio discussing post-traumatic stress.

Slide 8: An Officer’s Story Discussion - 00:20

Discussion:

What were the signs and symptoms of distress described by the officer?

Note: Possible responses include the inability to sleep, memories of the child’s death and concern from his spouse.

What role does stigma regarding an officer having potential mental health issues impact his ability to seek help?

Note: Possible answers include being perceived as weak, unable to cope, personal belief about people with mental illness and the inability to work.

Key points:

- The officer encourages others to seek out help and learn more about PTSD.
- The differences between positive stress, chronic stress and toxic stress.
- With the appropriate help and support, an officer could remain employed and vital to the force.
Slide 9: Definition of Trauma – 00:25

*Emphasize:*

Trauma could be one event like the death of a child and or accumulative. Trauma feels different to everyone. All trauma is not the same.

*Key points:*

- Trauma is not the end of a person’s career.
- Trauma can be viewed differently depending upon a person’s experiences and religion.
- Note impact on health conditions in adulthood.

Slide 10: Officer Trauma Discussion – 00:40

*Discussion:*

How often have you been told that “this is just part of the job?” How did that make you feel?

What incidents and or situations have you witnessed that hit too close to home?

*Key Points:*

- Officers are often told to toughen up, stay focused, you will get over it - but is that true?
- Sometimes the numbing from so much exposure can change our demeanor and attitude.
- Challenging incidents like witnessing a child’s death can create the nightmares.
- Strength comes from recognizing trauma and related triggers to reduce the impact on thinking and behavior. Note that resilience and growth that can come through adversity.
- Officers may feel reluctant to talk about these issues for fear of losing their job or getting soft.
- Note: Additional time may be needed.
Cleveland Division of Police

*Officer Health and Wellness Overview*

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### Slide 11: Title Page

**Three E’s of Trauma**

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### Slide 12: Three E’s of Trauma – Event

**Definition:**

SAMSHA Federal Trauma Program.

**Key Points:**

- The traumatic event can be anything that threatens the wellbeing of others either as an individual and or group.
- Trauma events can be based on a single occurrence or repeated events.

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### Slide 13: Event-Officer Discussion

**Discussion:**

What events are likely to be traumatic?

*Note:* Officers may also talk about the potential officer “ambush” by citizens or school shootings.

**Key Points:**

- These events are even more traumatic because the officer must continue to work during the event and not “feel the pain.”
- Events are more challenging to overcome due to the ongoing media exposure.
Slide 14: Three E’s of Trauma: Experience

**Definition:**

The interpretation of the experience is unique to the individual. The interpretation is not viewed as a weakness for the officer but one that may impact their view of the incident.

**Key Points:**

- An officer may be a parent and find it difficult to intervene in situations with abused and neglected children.
- The officer may feel drawn to the event or may want to distance themselves because it is viewed as “too close to home”.

Slide 15: Experience: Officer Discussion

**Discussion:**

Why do officers assign some events as traumatic and others do not?

Does the size of the community, crime rate, location or other similar issues play a role in the officer’s perception of a traumatic experience?

**Key Point:**

- The experience for the officer may be associated with themes related to growing up and their personal lives.
Slide 16: Three E’s of Trauma: Effect

Definition:
An officer may not feel the effect for several days later. The duration of the effects felt by the officer could be short or long term. An officer may experience the effect watching a movie that may serve as a reminder of what happened.

Key points:
- The effect of a traumatic event often leaves a lifelong impression of a person.
- It can shape how we view things, make decisions and behave.

Slide 17: Three E’s of Trauma: Behavioral Effects

Potential behavioral and attitudinal effects after experiencing trauma can include anger, physical distress and feelings of vulnerability,

Key Points:
- The effects could be different for each person.
- Could be complicated by existing emotional issues such as being a caregiver.

Slide 18: Effects: Officer Discussion – 00:50
Break to Follow

Discussion:
How could the effects of trauma impact an officer’s personal life?

Note: Possible responses could include: drinking more, staying away from home, no longer enjoying activities with friends and family; problems with sleep and or appetite.

Key Point:
- This could be a lengthy discussion. Officers may give personal examples.
Slide 19: Title Page
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Post Traumatic Stress Disorder

Slide 20: PTSD Discussion

Discussion:

How many of you know someone that suffers from PTSD? Friend, coworker, veteran?

What are the signs and symptoms of PTSD?

Note: Possible answers include irritability, inability to sleep, staying away from family and friends, mood swings.

How do these symptoms impact an officer’s performance on the job?

Note: Possible responses include self-isolation, being argumentative and hypersensitivity.

Key Point:

- Look for officers provide examples and begin to identify the impact of PTSD.

Slide 21: Post Traumatic Stress Disorder: Video Female Officer Story

Play Video:

Watch video of officer’s description of being shot and the slow recovery process.
Slide 22: PTSD Video Group Discussion

What words did the officer use to describe PTSD?

Note: Possible answers include isolation, angry, overwhelmed, ashamed, nervous and the inability to focus.

Slide 23: Post Traumatic Stress Disorder - 01:15

Definition:

- PTSD is associated with witnessing and or experiencing trauma.
- PTSD is trauma to the brain at a psychological level.

Key Points:

- The officer described PTSD as the aftermath of a traumatic experience of getting shot. She stated that the experience would always be with her but not control her.
- Note that officer wellness includes stress reduction and preventative strategies, not just for those with PTSD.

Slide 24: PTSD Prevalence Rate

This slide provides the prevalence rate of the diagnosis of PTSD among police officers.

- Estimates of up to 19% is based upon voluntary reporting. There could be more officers who suffer from PTSD, but it has not been reported.
- Officers could have symptoms of PTSD but have never been diagnosed or meet the standards for a full diagnosis.
Slide 25: PTSD Signs and Symptoms – 01:30

**Signs and symptoms:**
Hypervigilant, “short fuse”, Nightmares, Reminders of the Event

**Discussion:**
Are there other symptoms that we did not identify?
Are these signs and symptoms the same or different for a veteran or a victim of crime?

**Key Points:**
- The signs and symptoms may be unique to the trauma the person experienced.
- A veteran could be triggered by fireworks. A rape victim could be triggered by parking garages or closed spaces.

Slide 26: PTSD – 01:40

**Impact:**
- Productivity at work and problems in relationships could impact the officer.
- The public has often raised concerns about stability. However, it is much like other professionals such as doctors and lawyers suffering from the effects of trauma.

**Key Point:**
- Without adequate treatment to address PTSD, officers may have a difficult time functioning in the community.
Slide 27: Removing the Stigma – 01:45

- Stigma is defined as “a mark of disgrace associated with a particular circumstance.”
- Having a mental health problem continues to be viewed as a red flag in most professions.
- Mental health is often viewed as a weakness or character flaw by the public.

Key Points:

- Stigma is slowly changing with the disclosure from celebrities and high-profile individuals like Kevin Love from the Cleveland Cavaliers.
  
  His statement several months ago sums it up for most people: “everybody’s got something.”

- Within the law enforcement community removing the stigma of mental health could help officers get the help they need in order to keep their jobs.

Slide 28: Title Page

Resources for Help
Cleveland Division of Police

Officer Health and Wellness Overview

Slide 29: Law Enforcement Mental Health and Wellness Act of 2017

- The Federal government and law enforcement departments around the country are recognizing the need to increase support for officer health and wellness.
- Peer Mentoring programs within law enforcement departments are becoming more common.
- The development of law enforcement crisis hotlines like those available for veterans are also identified as part of this funding.

Slide 30: Ohio Assist Program

- Ohio has been recognized as being a leader in providing support and interventions for law enforcement officers throughout the state.
- Ohio Assist Program coordinates training throughout the state to inform officers about this resource.
- This is a great resource that can be utilized by families of the officer as well.

Slide 31: CDP Employee Assistance Program

- The Cleveland Division of Police operates the Employee Assistance Program.
- This program provides a variety of support and resources for law enforcement officers.
- The office is staffed by officers from the division who have a special passion for providing peer support to their fellow officers.
- The staff are available to talk with officers at any given day or time, they are trained to listen, and support followed by linking the officer to resources when applicable.
- Please contact Sgt. Melissa Dawson.
Slide 32: Peer Support Programs

Discussion:

How often have you reached out to a peer and or a peer has reached out to you to talk about personal issues?

Note: Possible responses—no one knows the work of police except police. Most of our day is spent with fellow police officers—relationships are close and confidential. Police have a unique work environment unlike other professionals given the level of trauma, violence and challenges.

Key Points:

- Peer support is growing model of treatment in behavioral health.
- Peers can offer perspective that the public may not understand.
- Peers can be a link to services that a structured EAP model cannot provide.
- Peers can also be a safe place for the officer.

Slide 33: Reading Materials

Emotional Guide for Law Enforcement

- Reading about topics associated with officer wellness can also be a great source of information and ideas.
- Many of the stories offered by the officers offer a unique perspective to let you know that you as an officer are not alone in your thoughts and feelings.
- Sometimes it feels as if you are the only one thinking in this manner when in fact others have gone through or are going through the same feelings.
- Stories of hope and survival helps the officer in their own recovery.
Slide 34: On-line Screening Programs

- Online screenings for a variety of behavioral health issues is another resource for officers.
- There is a broad variety of online screening on the internet so browse for those where you feel comfortable.

Key Point:
If after taking an online screening you feel you need additional support, contact your local EAU and or EAP program for further discussion.

Slide 35: Officer Discussion on Staying Healthy

Discussion:
What tips and strategies have you used to stay healthy and focused?

Note: Possible responses could include: exercise, being with family, calling a friend, less part time jobs, eating better, and sleeping better.

What has worked for you and what has not worked?

Note: Possible responses like drinking, complaining, eating, calling off from work.

Key Points:

- Some of these responses could help with officer wellness because it can reduce stress and help a person stay focused on the tasks at hand.
- Talk more about why those strategies have not worked and what might work better.
Slide 36: Officer Health and Wellness Tips

Discussion:
How do you get your exercise in?
What do others do to rest and relax?
What makes taking care of yourself challenging?

Key Points:
- Regular exercise and movement.
- Carving time in the evening to walk or play with the kids.
- Exercise does not always involve going to the gym. The key is keep moving!
- Moving more can help with concentration and address potential risk factors.
- Rest and relaxation-this is often hard to do.
- Breathing, meditation strategies, stress reduction and focus building techniques.
- Nutrition and hydration: Take the time to cook at home when you can.
- Monitor your use of alcohol.
- Stay hydrated, get in as much water as you can.
- Wellness checks: participate in department wellness checks. See your doctor the first time when a problem occurs.
- Know your numbers-blood pressure, cholesterol, weight and body mass index. Knowing these numbers will help you monitor your health.

Slide 37: Closing Thoughts

Capture the statement from the slide in your own words.

Handouts:
- Law Enforcement Organization Near Miss Flyer,
- Executive summary: Law Enforcement Officer Safety Toolkit,
- Executive summary: Improving Law Enforcement Resilience,
- Flyers: Cleveland Division of Police EAU.
Cleveland Division of Police

Officer Health and Wellness Overview