EXHIBIT Y

Crisis Intervention Team Role Plays

ADAMHS Board

March 2019

Instructions for the Group

- **Class Set Up and Evaluation:** Officers will observe and respond as a group. Officers will review each of the objectives and be prepared to discuss the officers' performance. The instructors will assist the class with the feedback.
- **Overall Goal for Role Plays:** Goal is to bring an experiential component in order to engage the officers with the material that was just covered and assess the officers' ability to apply the material in an event which might be encountered while on patrol duty.

Loss Model: Scenario #1-“Loss of Reality” with Andre and his mom, Sofia.

Goal:

In the overview of Adults with Mental Illness, signs and symptoms for persons experiencing of schizophrenia were presented. This corresponds to the Loss Model of De-escalation’s Loss of Reality. The Loss of Reality profile describes the following: person may be frightened, confused, and have difficulty concentrating or communicating. The person may appear to be experiencing delusions or hallucinations.

Key Points to Consider

- Medical issues-Are there potential medical issues that might explain the behavior?
- Are there any injuries?
- Safety issues-Are there weapons involved in the situation? Are there potential safety issues for anyone?
- Role of others involved in the role play-Do others escalate and or deescalate the situation? How did the officer address this?
- Officers comfort and ability to relate to the situation-How was the officer's demeanor? How did he relate to mom and Andre? Did the officer demonstrate a sense of control and comfort in addressing the situation?

Loss Model: Scenario #1-“Loss of Reality” with Andre and his mom, Sofia.

Objective: The officer should:

1-Avoid validating or denying the existence of what the person is experiencing.

2-Address the person’s delusions by acknowledging how the person’s view of situation must make them feel.

3-Reduce the fear and confusion and get the person to voluntarily comply with requests.

4-Assess if the person is experiencing command voices and demonstrate an ability to interact with people who are experiencing auditory hallucinations.

Loss Model: Scenario #2-“Loss of Perspective” with Dwayne, Uncle John and the officer

Goal:

In the overview of PostTraumatic Stress Disorders, we talked about signs and symptoms for people suffering from PTSD which include signs like being anxious, worried, or nervous, which can escalate to feeling panicked. Physical symptoms can include trembling, shaking, chest pain, and or discomfort. The person may seem overly energetic or be displaying extreme highs and lows during the encounter. The person may be socially isolated and have difficulty staying focused

Loss Model: Scenario #2-“Loss of Perspective” with Dwayne, Uncle John and the officer

Objective: The officer should:

1-To demonstrate how to bring person’s energy down.

2-To demonstrate how to calm the person’s anxiety through empathy and patience; often time using a soft and calm tone encourages individuals to mirror your tone.

Loss Model: Scenario #3-“Loss of Perspective” Brian

Goal:

In the overview of Alcohol, Drugs and Criminal Justice, we covered signs and symptoms for persons who had an opioid addiction. Many people who suffer from drug and alcohol addiction may also have a co occurring mental illness. The profile for Loss of Perspective describes the following: person may appear anxious, worried or nervous, which escalate when feeling panicked. Physical symptoms include trembling, shaking, chest pain and or discomfort. Sometimes this person may appear overly energetic or displaying extreme highs or lows (ie mood swings) during the encounter.

Loss Model: Scenario #3-“Loss of Perspective” Brian

Objective: The officer should:

1-Bring the person’s energy down through the de escalation process.

2-Calm the person’s anxiety through empathy and patience through the use of a soft tone.

3-Get the person focused on the problem at hand and help create resolution to the situation

Loss Model: Scenario 4-“Loss of Hope” with Amanda

Goal:

In the overview of Question, Persuade and Refer, we talked about the importance of recognizing the signs and symptoms for people who might be suicidal in order to help them seek treatment. Recognizing the warning signs can include the following: talking about not being around, giving possessions away, seeking ways to hurt themselves, etc. We also talked about the challenge when attempting to persuade someone to get treatment.

Loss Model: Scenario 4-“Loss of Hope” with Amanda

Objective: The officer should:

1-Instill a sense of hope with the person

2-Demonstrate empathy and active listening skills

3-Persuade the person to seek help

Loss Model: Scenario #5-“Loss of Hope” Unique

Goal:

- In the overview of Question, Persuade and Refer related to engaging the LGBT community, we talked about the high incidence among this population for symptoms of depression and suicidal thoughts. The profile for Loss of Hope include the following: the person may be emotional, very withdrawn, fatigued, feeling overwhelmed, crying, in despair or presenting suicidal talk or gestures. He/she may have strong feelings of being helpless, hopeless, and worthlessness. They may have also experienced a recent loss.

Loss Model: Scenario #5-“Loss of Hope” Unique

Objective: The officer should:

1-To instill hope through the encounter in order to persuade the person to get hope.

2-To provide a listening ear to help the person talk instead of act on their impulses.

3-To be prepared to talk with the person about past or current thoughts and or attempts of suicide.

Loss Model: Scenario #7-“Loss of Control”

Goal:

In the overview of Youth and Adolescents with Mental Health Issues, we talked about how the signs and symptoms of mental health issues can be confused with how children development. Children often demonstrate characteristics of the loss model of control: impulse control issues, aggression, angry, irritable or hostile. They sometimes can present themselves as a victim or feel that they have not been listened to. They can also be manipulative and destructive.

Loss Model: Scenario #7-“Loss of Control”

Objective: The officer should:

1-To remain professional; do not take what is said personally.

2-Be aware of signs of pending escalation such as clenched fists, pacing, or flushed cheeks, which may indicate the potential for violence.

3-Attempt to calm the person by letting him/her vent and use active listening skills.

4-Attempt to establish trust and try to identify the source of the person’s anger.

Loss Model: Scenario 38 Loss of Control-Georgia

- **Goal:** In the overview of Elderly Adults, we talked about how the signs and symptoms of aging population can be a mixture of mental health issues along with medical. Elderly adults often demonstrate characteristics of the loss model of control: impulse control issues, aggression, angry, irritable or hostile. They sometimes can present themselves as a victim or feel that they have not been listened to. They can also be manipulative and destructive.

Loss Model: Scenario 38 Loss of Control-Georgia

Objective: The officer should:

- 1-To remain professional; do not take what is said personally.
- 2-Be aware of signs of pending escalation such as clenched fists, pacing, or flushed cheeks, which may indicate the potential for violence.
- 3-Attempt to calm the person by letting him/her vent and use active listening skills.
- 4-Attempt to establish trust and try to identify the source of the person's anger.

Loss Model: Scenario #1-"Loss of Reality" with Andre and his mom, Sofia.

Class Set Up and Evaluation: Officers will observe and respond as a group. Officers will review each of the objectives and be prepared to discuss the officers' performance. The instructors will assist the class with the feedback.

Overall Goal for Role Plays: Goal is to bring an experiential component in order to engage the officers with the material that was just covered and assess the officers' ability to apply the material in an event which might be encountered while on patrol duty.

Goal: In the overview of Adults with Mental Illness, signs and symptoms for persons experiencing of schizophrenia were presented. This corresponds to the Loss Model of De-escalation's Loss of Reality. The Loss of Reality profile describes the following: person may be frightened, confused, and have difficulty concentrating or communicating. The person may appear to be experiencing delusions or hallucinations.

Objective: The officer should:

1-Avoid validating or denying the existence of what the person is experiencing.

2-Address the person's delusions by acknowledging how the person's view of situation must make them feel.

3-Reduce the fear and confusion and get the person to voluntarily comply with requests.

4-Assess if the person is experiencing command voices and demonstrate an ability to interact with people who are experiencing auditory hallucinations.

Props and Role Description:

Andre, a son who is experiencing mental illness, and Sofia, his mother. They are in the living room. André, age 19 lives with Sofia, his mother who is a single parent. Mom works two jobs just to send Andre to school. Andre is a first semester student at Kent State. Andre lived on campus at Kent State but was inconsistent in his communication with mom on how he was doing. Mom tried to talk with people at Kent State about her son when she did not hear from him but felt she received limited support. Andre came home during the school week and looked like he was out of it. He was mumbling to himself and started breaking up the furniture. Andre has never been to counseling or demonstrated mental health issues in high school. Sofia and Andre live in the home. He has never been violent and has had no involvement with police. Andre does not have a weapon. Andre does not take drugs nor alcohol as reported by mom.

Dispatch Information:

Mom called 911 and said; "Andre is acting like he has lost his mind." Mom states that he is tearing up her furniture and yelling throughout the house. He has been up all night. Mom states that she cannot get him to calm down. André has not been violent toward mom. Police have never been to the home in the past. Andre, according to mom, does not have a weapon.

Observable Characteristics:

Sofia is hysterical and worried about her son. He is yelling at the top of her voice trying to get Andre to calm down. Mom is crying because Andre is not responding to her. Mom is questioning Andre about why he broke up the furniture and why he is not at Kent State. Mom is getting angry with Andre because he is not answering her questions.

Andre is mute and stares at mom. He looks angry but frightened at the same time. Andre keeps looking into the outlets and windows at home. He is trying to pile the furniture and other items to block the windows and outlets. Andre is yelling obscenities at the windows and talking about people trying get into the house.

Notes to the Actors:

Andre is in the throes of schizophrenia. He is hearing voices and reacts suddenly at times, looking around him to see if someone is there. Andre is fearful that someone is after him, so he begins to break furniture and piles it by the window and outlets to keep the voices out. Andre is overwhelmed by his mother's anger and behavior. He is mumbling to himself but not responding directly to her. Andre cannot talk to mom because he is anxious about keeping the voices out of the home by piling the furniture. Mom is confused and upset, but able to communicate with the officers.

Anticipated Outcomes:

Officer tells Sofia that he thinks that Andre is having psychiatric problems. Officer will tell mom why he believes this.

Officer will recommend transport to the nearest psychiatric emergency room, St. Vincent Charity Hospital, to mom and Andre.

Officer will talk with Andre to let him know the decision and why. Officer will tell Andre and mom what to expect at the hospital.

Key Points to Consider: group discussion.

- Medical issues-Are there potential medical issues that might explain Andre's behavior? Is Andre and or his mother, Sofia injured?

- Safety issues-Are there weapons involved in the situation? Are there potential safety issues for mom and or the officer?

- Role of others involved in the role play-Does mom escalate and or deescalate the situation? How did the officer address mom?

- Officer's comfort and ability to relate to the situation-How was the officer's demeanor? How did he relate to mom and Andre? Did the officer demonstrate a sense of control and comfort in addressing the situation?

- Are there other questions you would have asked or things you would do differently?

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Loss Model: Loss of Perspective" with Dwayne, Uncle John and the officer

Class Set Up and Evaluation: Officers will observe and respond as a group. Officers will review each of the objectives and be prepared to discuss the officers' performance. The instructors will assist the class with the feedback.

Overall Goal for Role Plays: Goal is to bring an experiential component in order to engage the officers with the material that was just covered and assess the officers' ability to apply the material in an event which might be encountered while on patrol duty.

Goal: In the overview of PostTraumatic Stress Disorders, we talked about signs and symptoms for people suffering from PTSD which include signs like being anxious, worried, or nervous, which can escalate to feeling panicked. Physical symptoms can include trembling, shaking, chest pain, and or discomfort. The person may seem overly energetic or be displaying extreme highs and lows during the encounter. The person may be socially isolated and have difficulty staying focused.

Objective: The officer should:

1-To demonstrate how to bring person's energy down.

2-To demonstrate how to calm the person's anxiety through empathy and patience; often time using a soft and calm tone encourages individuals to mirror your tone.

Props and Role Description:

Dwayne, age 35 is the nephew to Uncle John. Dwayne is homeless and frequently stays at Uncle John's house. Dwayne had been in the army following high school but was dishonorably discharged due to mental health problems. Dwayne has never been able to keep a job and lives with relatives from time to time. Dwayne drinks alcohol when he can get it and is a chronic smoker. Dwayne gets services from Murtis Taylor and has a case manager. He has a history of being disruptive at Murtis Taylor and often accuses them of "taking his money". Dwayne feels like no one likes him especially people at the agency. They look at him funny and he believes that they call the police on him all the time. Dwayne feels like his family does not understand him. He is quite anxious at times and is easily triggered by loud sounds. He is always angry and displays a lot of mood swings.

Uncle John is 72 years old and lives alone. Is a retired fireman for the City of Cleveland. Has tried over the years to help Dwayne but just can't seem to get himself together. Uncle John is a lecturer and often likes to tell Dwayne stories to live by. Uncle John has always been a safe place for Dwayne because he too is a veteran. Uncle John feels that Dwayne is not right in the head and eventually is going to get hurt out here if he does not get some help. Uncle John is concerned about Dwayne's increase in anxiety-he is easily provoked, yells at the mailman, is not friendly to people who come to the house to see Uncle John. Uncle John called police because Dwayne threatened a neighbor for no reason.

Dispatch Information:

Uncle called 911 and said; " My nephew is not right in the head, he went off on my neighbor for no reason". He is "easily spooked and has not been right since he was in the service". He is pacing and smoking up a storm. He makes me nervous. He has had contact with police in the past because he is homeless and always arguing with someone.

Observable Characteristics:

Dwayne is suffers from Post Traumatic Stress Disorder. He has never been in treatment but was diagnosed while in the army. Dwayne is hyperviligilent and always checking doors and windows. He lives in a chronic state of fear. He has no patience with people and is often demanding and hard to get along

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Loss Model: Scenario #2-"Loss of Perspective" Brian

Class Set Up: Officers will observe and respond in a group set up. Officers will review each of the objectives and be prepared to respond how the officer performed. The instructors will assist the class with the feedback.

Overall Goal for Role Plays: Goal is to bring an experiential component in order to engage the officers with the material that was just covered and assess the officers' ability to apply the material in an event which might be encountered while on patrol duty.

Goal: In the overview of Alcohol, Drugs and Criminal Justice, we covered signs and symptoms for persons who had an opioid addiction. Many people who suffer from drug and alcohol addiction may also have a co occurring mental illness. The profile for Loss of Perspective describes the following: person may appear anxious, worried or nervous, which escalate when feeling panicked. Physical symptoms include trembling, shaking, chest pain and or discomfort. Sometimes this person may appear overly energetic or displaying extreme highs or lows (ie mood swings) during the encounter.

Objective: The officer should:

1-Bring the person's energy down through the de escalation process.

2-Calm the person's anxiety through empathy and patience through the use of a soft tone.

3-Get the person focused on the problem at hand and help create resolution to the situation.

Props and Role Description:

Two people: Brian age 30 and Robert his dad age 66. Robert and Brian are at the grandmother's home. Grandmother is out of town. Dad drove to the grandmother's home. Brian is in the living room. He was talking rapidly, seemed excited to see dad but started yelling and crying at him to leave when dad questioned him. Grandmother is out of town and Brian took the keys from the dad's house. Brian has a history of lying and stealing from relatives. Dad has a history of bailing him out. Dad is aware of Brian's drug use but feels like he needs more time to turn it around. Dad is a widow and has been since Brian was 12. Brian is his only child and dad has paid for Brian's care, treatment, housing, cars, etc. all of his life.

Brian is 30 years old and use to getting his way. He is always getting in trouble with family members who make excuses for his behavior because his mother died of cancer. Brian has been in mental health and substance abuse treatment on and off for years. He never follows through. Brian has burned his bridges with other family members. Brian has a diagnosis of anxiety and alcoholism. Brian has overdosed in the past and has had police involvement.

Dispatch Information.

Dad calls 911. Said his son called him from the grandmother's home. Had the key to the grandmother's home while she was out of town. Sounded "high" on the phone and said he drank some beer and wanted a ride home. Dad said Brian is a known alcoholic and probably did more than what he is saying.

Brian suffers from mental health issues and is non compliant with treatment. Brian is highly emotional and crying. Father does not know what to do. Brian is known to police for past psychiatric transports, no weapons reported and Brian and Father are at the home.

Observable Characteristics:

Brian is crying and sobbing on the living room couch. He is worried about his inability to sleep and thought the grandmother might have some "pills" or something to help calm his nerves. Did not mean to break the door when trying to get in even though he had the key. Brian is yelling about "his life being a mess" and no one understands him. Brian feels like his dad does not understand him and not supportive. Brian is afraid of being in trouble, racing around the house to fix the door. Grandmother's alarm to the house is going off and Brian is trying to stop it. Brian is overwhelmed and just needs "something like pills or a drink" to calm his nerves.

Notes to the Actor:

Brian is talking fast, racing thoughts and crying. He is pacing throughout the house looking for duck tape to fix the door. When dad arrives, they get into an argument with voices raised. Brian begins crying into the pillows, curled up on the couch saying no one understands him. Dad is saying he can fix the door but he is tired of cleaning up after him. Brian complains about not sleeping and being worried about his lack of a life, no accomplishments because his dad keeps pushing him. Brian denies looking for pills in the home but later confesses to his intentions.

Anticipated Outcome:

Officer talks with Dad and Brian together in order decrease the tension and stop the argument.

Officer indicates that Brian is not under arrest but obviously is upset.

Officer indicates that Brian is not suicidal.

Brian indicates to the officer that he will go back to Laurelwood. He has an appointment scheduled.

Dad indicates that he will take Brian to Laurelwood himself today.

Brian and dad agree on the plan. Officer confirms and contacts Laurelwood to let them know that Brian is on his way. Officer agrees for dad to transport but will follow until they are at the hospital.

Key Points to Consider: This is a group discussion.

- Medical issues-Are there potential medical issues that might explain Brian's behavior?
- Safety issues-Are there weapons involved in the situation? Are there potential safety issues for any one in the house?
- Are there legal issues-Brian broke the grandmother's door.
- Role of others involved in the role play-Does dad's presence escalate and or deescalate the situation? How did the officer address dad?
- Officer's comfort and ability to relate to the situation-How was the Officer's demeanor? How did he relate to dad and Brian? Did the officer demonstrate a sense of control and comfort in addressing the situation?
- Are there other questions you would have asked or things you would do differently?

Tuesday Scenario: Loss of Hope-Marie

Class Set Ups and Evaluation: Officers will observe and respond as a group. Officers will review each of the objectives and be prepared to discuss the officers' performance. The instructors will assist the class with the feedback.

Overall Goal for Role Plays: Goal is to bring an experiential component in order to engage the officers with the material that was just covered and assess the officers' ability to apply the material in an event which might be encountered while on patrol duty.

Goal:
In the overview of Question, Persuade and Refer related to suicide prevention, we talked about the high incidence among this population for symptoms of depression and suicidal thoughts. The profile for Loss of Hope include the following: the person may be emotional, very withdrawn, fatigued, feeling overwhelmed, crying, in despair or presenting suicidal talk or gestures. He/she may have strong feelings of being helpless, hopeless, and worthlessness. They may have also experienced a recent loss.

Objective: The officer should:
1-To instill hope through the encounter in order to persuade the person to get hope.
2-To provide a listening ear to help the person talk instead of act on their impulses.
3-To be prepared to talk with the person about past or current thoughts and or attempts of suicide

Props and Role Description:

Marie just turned 50 years old and works for the county animal shelter. She has been an employee for 30 years and near retirement. She has been divorced for several years. Has had some difficulty on the job with peers and supervisors. Some complain that she is moody and irritable. Subject to crying spells when supervisors comment on her work. Does not interact with many people. Can be rude to the public and mean.

John is the supervisor for the county animal shelter. Feels that Marie is getting worse with her mood swings. Has seen writings on her desk blotter related to feeling suicidal like "I want to die". John recently attended a mandatory training on suicide prevention and wonders if Marie has the classic signs of being suicidal. John met with Marie after a complaint from a customer on the phone. He asked Marie if she was feeling suicidal and she screamed, "yes" and slammed out of the office to her desk. John decided to call the police.

Dispatch Information:
John called 911 and said Marie, a supervisee is "suicidal". He told the dispatcher that Marie was throwing things in the cubical and screaming for people to leave her alone. John is afraid to send her home.

Observable Characteristics:
Marie is 50 years old. Has been having estranged relationship with her adult children and been divorced for years. Marie has low energy, thinks about what life would be like if she was dead. She feels worthless and confused. Has no one to talk to at home or work. Everyone avoids contact at work and look at her strangely. She has been writing suicide notes and looked up ways to kill herself on the internet at work.

Notes to the Actor:
Marie is suicidal but has never been in counseling before. Does not have specific plans on how to end her life. Is worried about retirement, money and loss of relationship with ex spouse and children. Feels like there is nothing to look forward to in the future.

Anticipated Outcome:
Officer to talk with the supervisor to gather data on the crisis.

Officer to de escalate Marie by instilling hope through treatment.

Officer to talk with Marie about the need to be evaluated due to her suicidal thoughts.

Officer to consider Emergency Admission for hospital evaluation in order to transport Marie to the psychiatric emergency room.

Officer to talk with Marie about transport to the emergency room.

Loss Model: Scenario-"Loss of Hope" Unique

Class Set Up: Officers will observe and respond in a group set up. Officers will review each of the objectives and be prepared to respond how the officer performed. The instructors will assist the class with the feedback.

Overall Goal for Role Plays: Goal is to bring an experiential component in order to engage the officers with the material that was just covered and assess the officers' ability to apply the material in an event which might be encountered while on patrol duty.

Goal:

In the overview of Question, Persuade and Refer related to engaging the LGBT community, we talked about the high incidence among this population for symptoms of depression and suicidal thoughts. The profile for Loss of Hope include the following: the person may be emotional, very withdrawn, fatigued, feeling overwhelmed, crying, in despair or presenting suicidal talk or gestures. He/she may have strong feelings of being helpless, hopeless, and worthlessness. They may have also experienced a recent loss.

Objective: The officer should:

1-To instill hope through the encounter in order to persuade the person to get hope.

2-To provide a listening ear to help the person talk instead of act on their impulses.

3-To be prepared to talk with the person about past or current thoughts and or attempts of suicide.

Props and Role Description:

Three people: Unique is 30 years old and has been working at Mc Donald's for the past few months. Unique is a male but relates as a female. Unique is feeling very depressed following a stressful exchange with the customer when questioned about his/her identity. Unique became upset and ran to the back of the restaurant and threw herself/himself into the dumpster. Unique began crying and said that "she was trash and hoped the garbage man would pick her up and throw her away". Unique was causing a bit of a scene because the manager came out and tried to talk with her.

David is the manager and came out to talk with Unique. He ordered her out of the dumpster and told her to go back to work. Unique refused and got into an argument with David. David became frustrated and returned to the restaurant. The manager called police.

Angie, is the co worker at the restaurant. She does not like Unique and said, "here we go again with the drama queen". She came outside the restaurant and made these remarks to the manager who told her to go back inside.

Dispatch Information:

David, the manager of Mc Donald's called police. David indicated that an employee, Unique was having a "melt down" and perhaps a psychiatric crisis. Caller indicated Unique was threatening suicide by wanting "to be taken out and thrown in the landfill as trash". Unique was causing a scene and needs help.

Observable Characteristics:

Unique is about 25 years old and has struggled with his identity beginning in his teenage years and beyond. Unique has been arrested several times for prostitution. She has few friends and limited support from her family. Unique is depressed and has been hospitalized in the past. She has made suicidal threats and gestures-cutting of throat. She can not see the future. Does not like how she is viewed and treated by others. Unique is sitting in the dumpster and refuses to get out.

Notes to the Actor:

Unique shows the signs of depression. She is tearful and has little hope for her life. Unique is crying and talking about wanting to die. She wants to be taken out with the trash and destroyed. Unique talks about having nothing to look forward to. The loss of other LBGT peers due to suicide and homicide. The fear of being different and the social isolation.

Anticipated Outcome:

Officer to talk with the manager to gather data on the crisis.

Officer to de escalate Unique by instilling hope through treatment.

Officer to talk with Unique about the need to be evaluated due to her suicidal thoughts.

Officer to write the pink slip in order to transport Unique to the psychiatric emergency room.

Officer to talk with Unique about transport to the emergency room.

Key Points to Consider: This is a group discussion.

- Medical issues-Are there potential medical issues that might explain Unique's behavior?
- Safety issues-Are there weapons involved in the situation? Are there potential safety issues for any one in the restaurant?
- Are there legal issues- Unique is causing a public disturbance.
- Role of others involved in the role play-Does the manager and Angie, the co worker presence escalate and or deescalate the situation? How did the officer address dad?
- Officer's comfort and ability to relate to the situation-How was the Officer's demeanor? How did he relate to the staff and Unique? Did the officer demonstrate a sense of control and comfort in addressing the situation?
- Are there other questions you would have asked or things you would do differently?

Loss Model: Scenario #7-“Loss of Control”

Goal:

In the overview of Youth and Adolescents with Mental Health Issues, we talked about how the signs and symptoms of mental health issues can be confused with how children development. Children often demonstrate characteristics of the loss model of control: impulse control issues, aggression, angry, irritable or hostile. They sometimes can present themselves as a victim or feel that they have not been listened to. They can also be manipulative and destructive.

Objective:

The officer should:

1-To remain professional; do not take what is said personally.

2-Be aware of signs of pending escalation such as clenched fists, pacing, or flushed cheeks, which may indicate the potential for violence.

3-Attempt to calm the person by letting him/her vent and use active listening skills.

4-Attempt to establish trust and try to identify the source of the person’s anger.

Loss Model: Scenario-"Loss of Control"

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2-Be aware of signs of pending escalation such as clenched fists, pacing, or flushed cheeks, which may indicate the potential for violence.

3-Attempt to calm the person by letting him/her vent and use active listening skills.

4-Attempt to establish trust and try to identify the source of the person's anger.

Props and Role Description:

Mother, Sheila age 55. Sheila is a single parent and has four children. She works two jobs and is raising the family with other relatives in her aunt's home. Sheila has had some legal issues ie bankruptcy that forced her to move in with her aunt. The family has had difficulty making ends meet and there is a constant bickering among the children, aunt and mom. Mom has had to call the police on her oldest son, John who is now in jail. Mom use to have a drinking problem but now goes to AA meetings.

Kayden is 14 years old and has severe behavior problems at home, school and community. He was diagnosed as ADHD but not in active treatment. He has been in and out of behavioral programs at school but things seem to be getting worse. Kayden is causing problems at the local recreation center and mom was called to the scene. Mom and Kayden get into a big argument about his behavior.

Dispatch Information:

Call from the community recreation center regarding a dispute at the recreation center between mom and son, Kayden age 14. Mom and Kayden are cussing each other out in front of the rec center. No report of weapons but staff did indicate that Kayden pushed his mother.

Observable Characteristics:

Mom confronts Kayden in front of the rec center. She begins yelling at him about being kicked out of the rec center. Kayden was supposed to be at school but is at the rec center. Rec center called mom because Kayden was disruptive, throwing the basketball in a fit of rage at other kids, tearing up the basketball

net and not following directives. Rec staff called mom-they know the family and asked him to leave. He will not leave their front steps-kicking signage, grass, etc.

Notes to the Actors:

Kayden is diagnosed as ADHD and has severe behavioral problems at school. He is pacing, cussing up a storm, kicking walls and throwing things. He is angry all the time. He does not like living with the aunt and sharing a room. Mom is always on his back. Hates school, hates police-had run ins with the school resource officers. Yelling at mom and tells her to go home.

Anticipated Outcomes:

- Officer is to gain control of the situation be separating mom and son.
- Officer is to talk with Kayden about his anger.
- Officer is to talk with mom regarding treatment history.
- Officer is to talk with mom about community resources.

Key Points to Consider: group discussion.

- Medical issues-Are there potential medical issues that might explain behavior?

- Safety issues-Are there weapons involved in the situation? Are there potential safety issues for mom and or the officer?

- Role of others involved in the role play-Does mom escalate and or deescalate the situation? How did the officer address mom?

- Officer's comfort and ability to relate to the situation-How was the officer's demeanor? How did he relate to mom and Andre? Did the officer demonstrate a sense of control and comfort in addressing the situation?
- Are there other questions you would have asked or things you would do differently?

Thursday Scenario: Loss of Reality Georgia at the Home with Neighbor

Class Set Up and Evaluation: Officers will observe and respond as a group. Officers will review each of the objectives and be prepared to discuss the officers' performance. The instructors will assist the class with the feedback.

Overall Goal for Role Plays: Goal is to bring an experiential component in order to engage the officers with the material that was just covered and assess the officers' ability to apply the material in an event which might be encountered while on patrol duty.

Goal: In the overview of Elderly Adults, we talked about how the signs and symptoms of aging population can be a mixture of mental health issues along with medical. Elderly adults often demonstrate characteristics of the loss model of control: impulse control issues, aggression, angry, irritable or hostile. They sometimes can present themselves as a victim or feel that they have not been listened to. They can also be manipulative and destructive.

Objective: The officer should:

1-To remain professional; do not take what is said personally.

2-Be aware of signs of pending escalation such as clenched fists, pacing, or flushed cheeks, which may indicate the potential for violence.

3-Attempt to calm the person by letting him/her vent and use active listening skills.

4-Attempt to establish trust and try to identify the source of the person's anger.

Props and Role Description:

Georgia is 80 years old and lives alone. Her husband has been dead for 20 years. Georgia is in poor health-has diabetes, hard of hearing and stays to herself. Lately she has not been seen outside. Trash not being picked up. Mail has been piling up. Georgia has a daughter who lives across town. Daughter has tried to call mom and unable to reach her. Last time she spoke with mom, she sounded like she had been drinking. Georgia had been an alcoholic in the past.

Dispatch Information:

Call from daughter for a well being check on her mother, Georgia. Georgia is not answering the phone, neighbors reported mom walking up and down the street at night. Trash piling up along with mail. Georgia sounded like she had been drinking the last time the daughter spoke with her.

Observable Characteristics:

Georgia has not been taking care of herself. Is delusional and confused. Unable to understand and respond to questions. Appears drunk but is having problems with diabetes. Is loud and challenging the officer. Demands to know why he is bothering her.

Notes to the Actors:

Georgia is having a problem with her diabetes. Low blood sugar. Is confused and overwhelmed by the officer's questions. Does not remember things well. Phone has been ringing from her daughter but has not responded. Has not followed up with treatment.

Anticipated Outcomes:

- Officer is to assess medical issues.
- Officer is to assess safety issues.
- Officer is to coordinate transport to a medical facility.
- Officer is to communicate with daughter.

Key Points to Consider: group discussion.

- Medical issues-Are there potential medical issues that might explain behavior?

- Safety issues-Are there weapons involved in the situation? Are there potential safety issues for mom and or the officer?

- Role of others involved in the role play-Does mom escalate and or deescalate the situation? How did the officer address mom?

- Officer's comfort and ability to relate to the situation-How was the officer's demeanor? How did he relate to mom and Andre? Did the officer demonstrate a sense of control and comfort in addressing the situation?
- Are there other questions you would have asked or things you would do differently?