

Crisis Intervention Team Training (CIT)

Training Scenarios



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March 2015*

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CIT Scenario Based Training

Law enforcement Officers are trained to quickly identify the nature of an encounter with an individual in terms of a threat potential. Once they have determined threat is not present or minimal, they next engage in the trained behavior to resolve the problem as quickly as possible.

CIT scenario-based training works by structuring training to mirror how the job of dealing with a nonthreatening /nonviolent mentally ill “customer” should be performed. In all cases, the consumer, an actor, will be prepared to act the part of a mentally ill person in crisis; however, at no time will the actor raise the threat potential to a level that provokes a threat overcoming response by the Officer. Yet, the actor will be instructed and trained to not to cooperate with the Officer unless and until the Officer demonstrates a level of empathy with the consumer-actor that the consumer-actor will interpret as sincere.

Each scenario is introduced via a realistic scenario that requires Officers to utilize a variety of skills learned in CIT training simultaneously. For example, one scenario might be officers simply calling to check on the safety of a mental health consumer in a home or office. In which case, the Officer will by his or her law enforcement training will want to routinely check into the consumer’s identity, problem and how to quickly remedy the problem, whatever it appears to be. However, the consumer-actor will also be portraying a person who is in special need from the Officer, that is –for him or her not to be threatening, overly officious in their duty to resolve

situational problems but especially for an Officer to provide an authentic assurance of safety and security for the consumer with de-escalation of the crisis. In which case, the two persons will be in a tension over whose needs will be satisfied first. The scenarios will reinforce with the Officer the need to “bend” with mental health consumers, who are behaving delusionally however, pose no threat of harm to the Officers.

In the CIT system, Officers will be expected to apply their knowledge to dialogue and de-escalate situations with the mentally ill who may be in a crisis by answer questions and using appropriate new skills, knowledge and understandings to role-play the conversation with a mental health consumer. The scenarios are all modeled after real situations that have taken place whereupon Officers and consumers have interacted. They are designed to engage an Officer and a Mental Health Consumer in mutually satisfying discourse that results in positive outcomes for each person.

Scenario Based Training

The scenarios are arranged in order of increasing complexity so that each one introduces new skills while building on what has already been learned. Officers who are not actually performing “scenario duty” will be in an audience in silent observance of Officers who are engaged. After learning to respond to simple scenarios, Officers will be asked to tackle increasing more complex situations whereupon more than one Consumer will be involved and-- all of which will be trained to misunderstand the officer’s intentions until the Officer convinces them of their sincerity to help not arrest.

The initial pace of a scenario-based training program is designed to be slow. The first few scenarios will likely take more time because the Officer(s) must learn much of new communication skills. The pace improves with each successive scenario as Officers become proficient with the basic skills. Eventually, the training becomes very fast-paced as Officers master the ability to quickly handle new scenarios.

A key class feature is the practical de-escalation role play exercises. Professionals and trained volunteers will help to facilitate the de-escalation training with real life scenarios taken from actual law enforcement encounters with citizens in mental health crisis. Role players will train Officers on the use of effective de-escalation techniques using basic through complex scenarios. After each scenario, a professional panel made up of a CIT officer(s), community mental health professional, and NAMI advocates will provide constructive feedback after each complex scenario, typically during the last day of class. Assisting with CIT de-escalation role play is an excellent way to be a part of the CIT training, and strengthen NAMI’s relationship with local law enforcement.

Role Playing and Exercises

Once trained, CIT officers will quickly recognize behaviors associated with a mental illness in order to keep themselves and others safer and to respond more effectively to persons in psychiatric distress. This specialized CIT training provides law enforcement with roll-play demonstrations of crisis de-escalation techniques and community resource information that will aide officers returning to duty more quickly. CIT is more than just training - it develops sensitivity, understanding and better communications with persons with a mental illness.

1. Included in this document are the specifications for seven CIT scenarios, which include a description of the physical scenario by way of its location, the number of actors necessary, a brief description of the mental illness and its affects.
 - a. These descriptions are intended to get the consumer-actors into the acting mood and situate an officer is as real of a situation as is possible.
 - i. Law Enforcement Officers are very used to scenario based training.
 - b. What it doesn't provide is any dialogue for the actor.
 - i. The actor-consumer is expected to react naturally to the Officer and respond *ad lib* accordingly to what the Officer will say and do.
 - c. Consumer-actors are expected to use their talents as they deem necessary, while understanding the disease they are depicting and the physical limitations in a scenario training environment to do so.
 - i. To the extent the physical surroundings can be made to conform the scenario description will likely enhance the scenario's authenticity.
2. Each scenario of the seven below has Specific and General "rewards" and "stings" the actor is expected to rely on when the actor discerns either favorable to de-escalation or unfavorable to de-escalation between them and the Officer.
 - a. Specific and general "rewards and stings" refer to approval or disapproval sub contexts in which the Officer either achieves or frustrates a rapport between the Officer and an actor-consumer in the scenario.
 - b. The expectation for all actors involved is to withhold information from the Officer unless and until they first satisfy the safety and security needs of the mental health consumer. This is the essence of de-escalation.
 - c. Withholding information from the Officer a "sting." This means, the Officer who is trained to resolve conflict will be expected to engage the consumer-actor in empathetic discourse to de-escalate the conflict. The actor-consumer will judge when this plateau is achieved, the actor-consumer should give out bits of information to the officer.

- i. In this case, refusing to give the Officer a person's name, address, phone number, significant other's location, name etc. is considered a "sting."
 - ii. Refusing to talk to the Officer in scenario is considered a "sting," therefore refusing telling the Officer "what is wrong" when asked is a "sting."
- d. Also, there are "rewards" for each scenario. If the consumer-actor detects in the discourse and/or manner of the Officer that makes a connection with the actor which resonates with a sincere empathetic touch, the actor should "reward" the Officer with information that will help the investigative efforts of the Officer.
 - i. The consumer-actor is expected to be very parsimonious (i.e. stingy) with the rewards to the Officers, especially in the beginning of the scenario.
 - ii. This means part of the actor's role is to be stubborn most of the time and never threatening to the Officer, who is trained to be patient and to find a way to de-escalate the actor's stubbornness through persuasiveness.

Scenarios for CIT Training

Scenario 1

Consumer: Male or female
Location: A conference room in an office building
Diagnosis: Anxiety Disorder, PTSD
Appearance: Disheveled dress and appearance, obvious marks from cutting on arms where skin is exposed
Props: Red ink or make-up to simulate blood; office supplies including scissors; picture
Medication: None obvious

DISPATCH CALL

Dispatcher receives a call from a man who says his employee has been “acting crazy” and they can’t get him to calm down and get back to work. They have him in a conference room but can’t get him to talk about what’s going on.

SCENARIO

You are sitting in a chair at a table or desk. There are papers and pens scattered about and you are toying with a pair of scissors. [*When asked by the officers to give them the scissors, you do so without struggle*]. You have obvious blood on your arms and other exposed skin from cutting. You are holding a picture of a man or woman in one of your hands.

Several co-workers are milling about. One is worried and keeps offering to help in an annoying and distracting manner; one is frustrated that all of this commotion is preventing him from getting his work done (you called the police); and another keeps suggesting to the officers that professional help is needed and questions if they know what they are doing. [The officers will likely attempt to clear the room...some of you protest and resist mildly. If you do leave, you are likely to come back in at least one time each out of curiosity/helpfulness].

You engage with the officers slowly and not in an animated way. You tell them that you are fine and that you do not need their assistance. You ask to be left alone. When they question you about the cuts, you say that you do not have any intention to kill yourself. **This is just a way that you relieve stress and anxiety.**

You have recently been left by your girlfriend/boyfriend of several years. This was an emotionally abusive relationship and you share with them that you have, in fact, spent several occasions living in a shelter during breakups. You have a history of other abusive and traumatic events, and your family does not support you and you are now concerned that you will lose your job. You are embarrassed that your co-workers now see you like this and you ask the officers to leave you with some dignity. Engage them in some negotiations in the process of how you will go with them when you get to that point.

When asked, you state that you have been diagnosed with an anxiety disorder and PTSD and that you had been taking medication at one time, but stopped because of unwanted sexual side effects. Relate this to loss of girlfriend/boyfriend and feeling of being a loser.

OVERALL AFFECT IS SUBDUED, QUIET, AND DELAYED IN PROCESSING.

Reasons to reward officers

1. You get a “real” moment from them in which they connect as a human being to your situation.
2. They ask a sensitive question (like about an illness, or services you receive, or medications) in a way that is not stereotypical, humiliating or stigmatizing.
3. If they calm you with limited, reasonable alternative choices in a critical situation.
4. They give you time and space to determine a response to a difficult question or direction.
5. If they demonstrate genuine interest in your history, family, supports or other ways in which you may be helped in this situation.
6. They offer to arrange to come back another time to check on you, or follow-up with a problem resolution (assuming the situation is safe for the time being).
7. After learning you are in treatment, if a phone contact with your doctor or therapist is offered.

Reasons to “sting” officers

1. They threaten you, rush the situation, or try to control you.
2. They state, “I know how you feel”.
3. Minimizing your pain or situation.
4. Making assumptions that you are diagnosed, treated, or on medications if you have not already offered that information.
5. If they ask multiple questions or rapid fire information at you without an opportunity to respond. This is particularly true if you are portraying someone who is depressed or paranoid.
6. If they ask “Why....?”
7. If it’s clear they are embarrassed or shocked by your behavior. Let them know you noticed, but don’t be too hard on them, they are learning too.

Your Behaviors as an Actor

- Anxious/fearful – cowering, and protective verbal lashing out is okay
- Agitated – you may fidget or rock, even when not engaged by the officers
- Hyper-vigilant – you will react strenuously (recoil) to physical touch

Scenario 2

Consumer: Two elderly males (or people)
Location: Senior citizen apartment complex; cluttered room
Diagnosis: Dementia
Appearance: Disheveled; both are in pajamas and bathrobes if possible
Props: “Box Dog biscuit” labeled food (i.e. cookies), food, knife, dirty dishes/glasses, family pictures, bathrobes
Medication: Effexor

DISPATCH CALL

Housing manager expresses concern about a resident that has not been down to dinner in the past few days. The manager has tried to enter the apartment to check on the residents, but has not been allowed in. He has heard shouting from within, but as far as he knows, only one person lives there—George. George’s wife, Gracie, used to live there, but she passed away 3 years ago. His children live out of town.

SCENARIO

Both men are seated in the room, which is messy and cluttered with empty food containers, dirty dishes, magazines, etc. George answers the door when the officers arrive and demands to see ID before allowing them to enter.

Upon entering, George immediately tells the officers that he is happy they are there as they need to get Charlie to move out right away. He showed up one day and wouldn’t leave, and when Gracie gets home she will be very upset that he’s there. George not only believes that Gracie is still alive, but also believes that it is the 1970’s, and he makes appropriate references (Ronald Reagan as president, etc.). He says that he has not been down to dinner lately because the food is terrible.

The officers will be allowed to remove the knife from the table with no resistance.

Charlie insists that, in fact, he is the one who lives in the apartment and that George needs to be removed. He claims that George wandered in one day, is crazy and fights with him all the time, and scares him. Charlie appears to be oriented to time and date and seems more coherent than George.

If asked, Charlie will leave the apartment with an officer in order to have a calmer environment. George will stay in the apartment and refuse to leave with officers because “Gracie will wonder what happened to me when she gets home.”

Eventually, George will also leave with the officers to seek treatment. He does so grudgingly. He admits to taking Effexor for depression, but often misplaces the bottle.

Specific Rewards

- Giving you time to think and answer
- Helping with physical comfort
- Listening instead of talking

Specific Stings

- Placating – treating you like an invalid – you may lash out verbally
- Rushing you or asking multiple questions – display frustration, anger, or increased confusion
- Trying to physically direct you without a request or asking permission. React with resistance or scolding.

Acting Behaviors

Anxious/agitated – you may pace, get up and down, or fidget with various items on the table. You may present significant anxiety about not knowing where Gracie is.

Confused – you may become angry or defensive if you don't understand a question or direction

Reasons to reward officers

1. You get a “real” moment from them in which they connect as a human being to your situation.
2. They ask a sensitive question (like about an illness, or services you receive, or medications) in a way that is not stereotypical, humiliating or stigmatizing.
3. If they calm you with limited, reasonable alternative choices in a critical situation.
4. They give you time and space to determine a response to a difficult question or direction.
5. If they demonstrate genuine interest in your history, family, supports or other ways in which you may be helped in this situation.
6. They offer to arrange to come back another time to check on you, or follow-up with a problem resolution (assuming the situation is safe for the time being).
7. After learning you are in treatment, if a phone contact with your doctor or therapist is offered.

General Reasons to “sting” officers

1. They threaten you, rush the situation, or try to control you.
2. They state, “I know how you feel”.
3. Minimizing your pain or situation.
4. Making assumptions that you are diagnosed, treated, or on medications if you have not already offered that information.

5. If they ask multiple questions or rapid fire information at you without an opportunity to respond. This is particularly true if you are portraying someone who is depressed or paranoid.
6. If they ask "Why....?"
7. If it's clear they are embarrassed or shocked by your behavior. Let them know you noticed, but don't be too hard on them, they are learning too.
8. If you are portraying a person experiencing a psychotic disorder and they go along with your bizarre delusional content.

Scenario 3

Consumer: Male or Female
Location: Darkened alleyway behind an apartment complex
Diagnosis: Paranoid schizophrenia; Post-Traumatic Stress Disorder
Appearance: Casual dress (jacket, appropriate to outdoors)
Props: Chair, tablet and pen, US flag, cooler, med bottle, business card
Medication: Risperdal, Xanax

DISPATCH CALL

A passerby reports a suspicious subject loitering in an alleyway.

SCENARIO

You are sitting in a lawn chair, intently writing in a tablet you have on your lap. You peer down the street frequently, then look all around, then write something else in the tablet. You are engaged in this activity when the officers arrive.

You are friendly to the officers and ask them if they are there to “check out this situation, too.” You state that you, too, are an officer and that you are working undercover to check out what been going on at an apartment down the alley. You tell the officers that their all people coming and going at all times, and that you have been recording their activities for a period of days. Offer them the notebook to look at, but then take it back quickly when you see something else that you must write down.

You encourage the officers to move on because they, in their uniforms, might blow your cover. You assure them that you have the situation under control, and that whenever you need to make a report, you call Chief Walsh at the Appleton Police Department. You produce one of his business cards from your shirt/jacket pocket as proof.

When asked, you admit to taking medication and pull the bottles out of your pocket. If asked, admit that you sometimes take the Xanax more frequently than directed because “being on stake out is stressful.”

If asked, you also tell the officers that you served in the US Army during the Viet Nam war, but that you don’t like to talk about it. You point out the flag draped over your chair as a symbol of your patriotism.

You eventually agree to leave with the officers and go talk to someone if they “connect” and are convincing.

Some Behaviors

- Psychosis
- Negative symptoms slow you down physically, mentally and restrict affective responses.

- Positive symptoms agitate, scare, animate and disinhibit you – you may pace, rock, elevate your voice, encroach physical space, etc.

PTSD

- Hyper-vigilance – over-react to any environmental stimulus (sound, light, etc.)
- Hypersensitivity to touch
- Do not allow close proximity – people need to keep their distance.

Specific Rewards

- Slowing down and taking time to sort out the chaos you present
- Getting down to your level – kneeling, sitting appropriately
- Remaining calm despite escalation and chaos
- Making a personal connection with you in some way.

Specific Stings

- Going along with your delusions/bizarre thoughts – draw them in further and don't let them off the hook easily.
- Getting in your space without permission – many people in the throes of psychosis are hypersensitive to touch and sound
- Reacting with laughter or shock at your weirdness – become terribly offended and scold profusely.
- Saying “I know how you feel” or something similar. There's no way they could.

General Reasons to Reward Officers

1. You get a “real” moment from them in which they connect as a human being to your situation.
2. They ask a sensitive question (like about an illness, or services you receive, or medications) in a way that is not stereotypical, humiliating or stigmatizing.
3. If they calm you with limited, reasonable alternative choices in a critical situation.
4. They give you time and space to determine a response to a difficult question or direction.
5. If they demonstrate genuine interest in your history, family, supports or other ways in which you may be helped in this situation.
6. They offer to arrange to come back another time to check on you, or follow-up with a problem resolution (assuming the situation is safe for the time being).
7. After learning you are in treatment, if a phone contact with your doctor or therapist is offered.

Reasons to “sting” officers

1. They threaten you, rush the situation, or try to control you.
2. They state, “I know how you feel”.
3. Minimizing your pain or situation.
4. Making assumptions that you are diagnosed, treated, or on medications if you have not already offered that information.
5. If they ask multiple questions or rapid fire information at you without an opportunity to respond. This is particularly true if you are portraying someone who is depressed or paranoid.
6. If they ask “Why....?”
7. If it’s clear they are embarrassed or shocked by your behavior. Let them know you noticed, but don’t be too hard on them, they are learning too.
8. If you are portraying a person experiencing a psychotic disorder and they go along with your bizarre delusional content.

Scenario 4

Consumer: Male (or Female acting the part of a Male)
Location: A friend's apartment, furniture overturned to form a barricade
Diagnosis: Post-traumatic Stress Disorder; Anxiety Disorder
Appearance: Disheveled dress and appearance, clearly lacking regular sleep.
Props: Items to indicate military background, involvement in combat operations
Medication: None obvious

DISPATCH CALL

Dispatcher receives a call from a person who says his/her friend showed up "acting crazy" so he/she left. Now he wants to go back to his apartment but is afraid the friend may hurt him/her.

SCENARIO

You are sitting in a chair behind a barricade of overturned furniture. There are several empty alcohol bottles or beer cans on the ground around you. You are holding items that remind you of your military service.

You engage with the officers immediately, though not in an animated way. You demonstrate psychomotor agitation (pacing, animated speech and hand gestures, loud tone of voice, etc.) upon their arrival and clearly do not trust them, as you do not recognize who they are – friend or foe. Your anxiety may wax and wane. If they pressure you, dissociation - flashbacks of violence and hardship may lead you to be unresponsive, to fear the officers briefly, to lash out verbally, etc.

You have recently been fired from your job, which caused you to lose your apartment because you couldn't pay for it. You had to stay in a men's shelter the last several nights and the experience of being homeless stirred up memories of your days the service with long patrols, harsh weather conditions, loneliness, etc.

When asked, you state that you have been diagnosed with PTSD and that you had been taking medication at one time, but stopped because of unwanted side effects and inability to cover the costs of therapy.

Deny the need for emergency room evaluation at first, and repeat that you are just fine, and that this has happened before in the past. State that the alcohol bottles were present when you got there, and that you have not been drinking that day.

Eventually you will agree to go with the officers to the emergency room for a checkup.

Behaviors

- Fearful pacing or posturing – taking a 45 degree angle
- Anger – you may yell directions to the officers to keep their distance, or state your distrust of them
- Distrust – don't accept anything at face value
- Hyper-vigilant/agitated – over-react to noise, touch, etc.

Specific Rewards

- Taking time, allowing you to process questions and relate the present circumstances to your misinterpretation.
- Listening instead of talking – allowing you to tell your tale
- Asking questions to understand
- Kindly asking to repeat if not understanding

Specific Stings

- Placating comments, minimizing your concerns – become more agitated
- Broaching physical space or touching you – recoil, or hide. Don't over-react physically to threaten an officer.
- Directing you behaviorally or threatening

General Reasons to reward officers

1. You get a “real” moment from them in which they connect as a human being to your situation.
2. They ask a sensitive question (like about an illness, or services you receive, or medications) in a way that is not stereotypical, humiliating or stigmatizing.
3. If they calm you with limited, reasonable alternative choices in a critical situation.
4. They give you time and space to determine a response to a difficult question or direction.
5. If they demonstrate genuine interest in your history, family, supports or other ways in which you may be helped in this situation.
6. They offer to arrange to come back another time to check on you, or follow-up with a problem resolution (assuming the situation is safe for the time being).
7. After learning you are in treatment, if a phone contact with your doctor or therapist is offered.

General Reasons to “sting” officers

1. They threaten you, rush the situation, or try to control you.
2. They state, "I know how you feel".
3. Minimizing your pain or situation.
4. Making assumptions that you are diagnosed, treated, or on medications if you have not already offered that information.
5. If they ask multiple questions or rapid fire information at you without an opportunity to respond. This is particularly true if you are portraying someone who is depressed or paranoid.
6. If they ask "Why....?"
7. If it's clear they are embarrassed or shocked by your behavior. Let them know you noticed, but don't be too hard on them, they are learning too.
8. If you are portraying a person experiencing a psychotic disorder and they go along with your bizarre delusional content.

Scenario 5

Consumer: 2 Actors Male and female (married couple)
Location: Their apartment, messy
Diagnosis: Paranoid schizophrenia (both)
Appearance: Disheveled dress and appearance, dirty clothes
Props: Med bottles, clutter, food, TV
Medication: Zyprexa, Haldol

DISPATCH CALL

Neighbors have called reporting shouting from married couple next door...this is a frequent thing. This time, it is more loud and sustained than usual.

SCENARIO

Both the husband and wife are disheveled and upset. The wife meets the officers at the door and urges them to come in and help her husband, who has been yelling at the TV. The TV is on, volume loud. The husband is sitting very close to the TV and occasionally yells at it, saying things like, "I already know that!" or "Stop telling me that!"

When the officers begin talking to the husband, he is initially angry and defensive, and he resists having the volume on the TV turned down as he must receive the messages. He eventually agrees to shut the TV off for a few minutes. Once he calms down, he tells the officers that he is glad that they are there, because his wife has not been taking her medication for a while and he is afraid that she may hurt him or herself. He points out the clutter and mess of the apartment and her disheveled appearance as proof that she is not doing well. He denies that there is anything wrong with him, and that she must have called them because of her confusion.

Meanwhile, the wife is pacing and muttering to herself. Her clothing is dirty and disheveled, and when she pushes the sleeves of her shirt up past her wrists, smeared blood from numerous cuts/scratches is visible. The wife tells you that she is afraid of her husband, who has not been taking his medication properly, but she dismisses your concern about her bloody arms and continually pulls her shirt down. She states that the cuts are self-inflicted, though she frequently states that she fears her husband. Her agitation and anxiety grow visibly, and eventually she picks up a medication bottle and takes a pill. When asked, she is not sure what medication she just took, or even if it is hers.

Each believes the other is sick and needs the assistance of the officers.

Eventually, both will agree to go to the emergency room for treatment, **believing that they are only going to support the other, who is the sick one.**

Acting Behaviors

- Negative symptoms slow you down physically, mentally and restrict affective responses.
- Positive symptoms agitate, scare, animate and disinhibit you – you may pace, rock, elevate your voice, encroach physical space, etc.

Specific Rewards

- Slowing down and taking time to sort out the chaos you present
- Getting down to your level – kneeling, sitting appropriately
- Remaining calm despite escalation and chaos

Specific Stings

- Going along with your delusions/bizarre thoughts – draw them in further and don't let them off the hook easily.
- Getting in your space without permission – many people in the throes of psychosis are hypersensitive to touch and sound
- Reacting with laughter or shock at your weirdness – become terribly offended and scold profusely.

Reasons to reward officers

1. You get a “real” moment from them in which they connect as a human being to your situation.
2. They ask a sensitive question (like about an illness, or services you receive, or medications) in a way that is not stereotypical, humiliating or stigmatizing.
3. If they calm you with limited, reasonable alternative choices in a critical situation.
4. They give you time and space to determine a response to a difficult question or direction.
5. If they demonstrate genuine interest in your history, family, supports or other ways in which you may be helped in this situation.
6. They offer to arrange to come back another time to check on you, or follow-up with a problem resolution (assuming the situation is safe for the time being).
7. After learning you are in treatment, if a phone contact with your doctor or therapist is offered.

Reasons to “sting” officers

1. They threaten you, rush the situation, or try to control you.
2. They state, “I know how you feel”.
3. Minimizing your pain or situation.

4. Making assumptions that you are diagnosed, treated, or on medications if you have not already offered that information.
5. If they ask multiple questions or rapid fire information at you without an opportunity to respond. This is particularly true if you are portraying someone who is depressed or paranoid.
6. If they ask “Why....?”
7. If it’s clear they are embarrassed or shocked by your behavior. Let them know you noticed, but don’t be too hard on them, they are learning too.
8. If you are portraying a person experiencing a psychotic disorder and they go along with your bizarre delusional content.

General Reasons to reward officers

1. You get a “real” moment from them in which they connect as a human being to your situation.
2. They ask a sensitive question (like about an illness, or services you receive, or medications) in a way that is not stereotypical, humiliating or stigmatizing.
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8. If you are portraying a person experiencing a psychotic disorder and they go along with your bizarre delusional content.

Scenario 6

Consumer: Middle-aged adult male or female.
Location: park area – picnic table or bench
Diagnosis: Major Depression
Appearance: generally normal, perhaps a bit disheveled
Props: None needed
Medication: None

DISPATCH CALL

An observer called concerned about a person at the park crying and obviously distraught over something.

SCENARIO

Build a back story you can remember and be consistent to avoid confusing the officers. Generally, your world has just fallen apart. You may have lost your job, home, or love of your life (or a combination of these). You may have experienced depression off and on over the years, and this is just “more of the same”. Either way, you are experiencing depression that has both contributed to your current situation (lower productivity got you fired, loss of job lead to inability to pay mortgage, being “down” all the time drove your love away), and is interfering with your current ability to function. You feel helpless to improve your situation and hopeless that it will ever improve.

This scene is exclusively a communication exercise for the officer. There is no set, and there are no props or cameras. Portray depression and let the officer work on communication.

Acting Behaviors

- Slow and measured motions
- Thought process and response is delayed – as much as 20 – 30 seconds
- Irritable and volatile emotionally though physical energy is limited. You can lash out verbally, but will not be able to do so physically.

Specific Rewards

- If officers slow down to give you time to process and answer
- Getting down to your level physically – sitting or kneeling near you
- Listening instead of talking - asking questions to understand
- Addressing your depression and potential suicidality directly and with tactfulness

Specific Stings

- Rushing you, or asking multiple questions before you answer

- Minimizing your concerns or stating it will be okay
- “I know how you feel”
- Leading questions – “You aren’t thinking of hurting yourself are you?”

General Reasons to reward officers

1. You get a “real” moment from them in which they connect as a human being to your situation.
2. They ask a sensitive question (like about an illness, or services you receive, or medications) in a way that is not stereotypical, humiliating or stigmatizing.
3. If they calm you with limited, reasonable alternative choices in a critical situation.
4. They give you time and space to determine a response to a difficult question or direction.
5. If they demonstrate genuine interest in your history, family, supports or other ways in which you may be helped in this situation.
6. They offer to arrange to come back another time to check on you, or follow-up with a problem resolution (assuming the situation is safe for the time being).
7. After learning you are in treatment, if a phone contact with your doctor or therapist is offered.

Reasons to “sting” officers

1. They threaten you, rush the situation, or try to control you.
2. They state, “I know how you feel”.
3. Minimizing your pain or situation.
4. Making assumptions that you are diagnosed, treated, or on medications if you have not already offered that information.
5. If they ask multiple questions or rapid fire information at you without an opportunity to respond. This is particularly true if you are portraying someone who is depressed or paranoid.
6. If they ask “Why....?”
7. If it’s clear they are embarrassed or shocked by your behavior. Let them know you noticed, but don’t be too hard on them, they are learning too.
8. If you are portraying a person experiencing a psychotic disorder and they go along with your bizarre delusional content.

Scenario 7

Consumer: Male or female and guest
Location: Apartment, messy and cluttered
Diagnosis: Bipolar Disorder - Manic phase, Narcissistic Personality Disorder. Followed by same scene in depressed phase
Appearance: Disheveled (outrageous hair style and clothing/jewelry if possible)
Props: Empty beer cans, clothing and clutter, med bottle
Medication: Depakote

DISPATCH CALL

Apartment manager calls to say that person is playing loud music and yelling. He has had complaints from other neighbors.

SCENARIO

You (Consumer) are pacing rapidly and shouting at your “guest” to leave. When the officers arrive, you immediately point to the other person and say “He/she’s the one you’re here for.” You tell the officers that you want him or her removed from your apartment immediately.

You are quite agitated and cannot keep to one topic of conversation for very long. Despite the officers’ attempts to keep you on topic, you change frequently, bringing up sexual issues, girlfriends/boyfriends (no need to discriminate actively), fights, etc. You constantly violate the officer’s boundaries by touching the patches on their uniforms and making comments about their personal appearance (not always positive). You use foul language throughout the scene.

You mention in conversation that you smoked some pot earlier in the day, and you are holding a beer can, so it’s obvious that you are drinking. You tell the officers that you are hosting a party later that day, so they will need to move along. If they successfully remove your “guest,” thank them profusely and congratulate them for having done their job.

If asked, you admit to taking medication, and you suddenly remember that you have not had any that day. You take a pill bottle out of your pocket and swallow a pill with a swig of “beer.” You admit that you often forget. If asked, you hand the bottle over to the officer.

If the officers ask about “your diagnoses,” you become insulted. You do not have “a diagnosis,” other than you are a really cool, fun guy/gal. You challenge them as to why they would ask that.

Eventually, you agree to go with the officers to the emergency room to be checked out because you acknowledge that drinking and taking pills together is not a good idea. However, you want them to promise to have you home in time for the party!

RESET = a few days later and you have cycled to depression. You are also experience the effects of using alcohol/drugs for the past few days and not taking your meds as prescribed. You blame the cops for messing up your chances for a relationship with the girl/guy who was there for the first part...she/he shows up during the encounter and you are very ashamed and humiliated, blaming them for “outing” you to him/her. In your depressed state, you blame these types of things for the reason you hate your meds and you consider just ending it all...perhaps by jumping off of a bridge? But not at that moment...save it for later!

Behaviors - Manic

- Psychomotor agitation – pace, get up and down, speak in animated fashion with your hands in motion, etc.
- Irritability regarding any controls they may attempt to impose
- Speech is rapid and “loose”, jumping from topic to topic – need not finish every thought before moving on
- Be ingratiating – you’re everybody’s favorite guy/gal – act the part.

Specific Rewards - Manic

- Listening without interrupting even when you are verbose
- Requesting clarification of unfinished or rapid thoughts
- “Coming along” with you and rolling with the pace of your thinking, having patience and summarizing after lots of information is exchanged

Specific Stings - Manic

- Any attempt at directing you to do something you don’t want to do before rapport is established.
- Interrupting – what you have to say is more important than what they have to say – scold them for their insolence
- Questioning the accuracy or authenticity of anything you say – how could they know about your important stuff?

Behaviors – Depressed

- “Psychomotor retardation” = slow movements, slow thought processes, limited response
- Response to questions may be delayed up to 20-30 seconds or result in confusion due to slowed thought processes.
- Irritability or agitation may result from being rushed or pressed too hard to perform
- Limited energy and low voice volume with simple vocabulary

Rewards – Depressed

- Giving you plenty of time, not rushing you
- Actions which make a “human connection”
- Reflecting on points you’ve made without judgment or attempting to “fix” a situation

Stings – Depressed

- Pressing you for answers or asking multiple questions before you respond
- Placating you or minimizing what you’re feeling
- Directing you to do things they haven’t earned the right to do by your own standards.
- Stating, “I know how you feel” or making similar assumptions

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