ProTraining
MENTAL HEALTH AWARENESS

Dr. Yasmeen Krameddine
September 7, 2017

Agenda:

Committee Members,

I appreciate you making time to speak with me today and would like to make our time as productive as possible. Today in my presentation I will be speaking on four things:

1. ProTraining, how we came to be and what we have developed
2. Research behind de-escalation training
3. Questions
4. Next Steps

Included in the pages of this document are the following things I will discuss in my presentation:

a. PowerPoint slides
b. The Expert Report on De-escalation I wrote for the Ministry of Ontario

Other information that may be useful that I will speak about today:

Accessing Free Demo:

- Go to www.protraining.com
- Click "create an account"
- Fill in the form
- On the middle of the page click "Start my training"
- Click Demo

View our video explaining our Unit 2 in-person training here:
https://www.youtube.com/watch?v=-ErvAE3ffkk

I look forward to speaking with you and wish you a safe day.

Sincerely,

Yasmeen Krameddine

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ProTraining
MENTAL HEALTH AWARENESS

Online & In-person De-escalation Training for Law Enforcement Officers

Dr. Yasmeen Krameddine
University of Alberta
ProTraining

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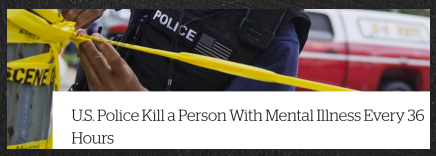
De-escalation Training

Training police to have the best possible outcomes when interacting with those who are in distress



U.S. Police Kill a Person With Mental Illness Every 36 Hours

News | Sport | Comment | Culture | Business | Money | Life & style

News › Australia news

Almost half of people shot dead by Australian police were mentally ill

Report says 44 out of 105 fatal shootings in the past 22 years were of people with mental illness

Nick Evershed and Oliver Laughland
theguardian.com, Thursday 30 May 2013 08.58 BST

37–50% fatally shot by police had a mental health problem (Canada, UK, Australia & USA)

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De-escalation Training

University of Alberta – 5 Year Study

- Department of Psychiatry in collaboration with local Police Service
- 19 training days, 663 officers
- 16 professional actors
- 6 realistic & reproducible hands-on scenarios
- Active listening, verbal/non-verbal communication techniques, de-escalation
- Unique actor reactions & feedback

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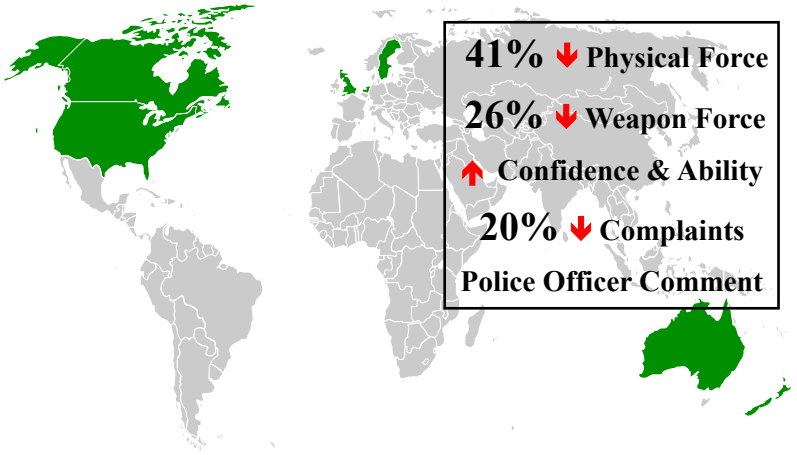
De-escalation Training



41% ↓ **Physical Force**

26% ↓ **Weapon Force**

↑ **Confidence & Ability**

20% ↓ **Complaints**

Police Officer Comment

Krameddine et.al, 2013

Silverstone et.al, 2013

Krameddine & Silverstone, 2015 (over **22 ,000** views)

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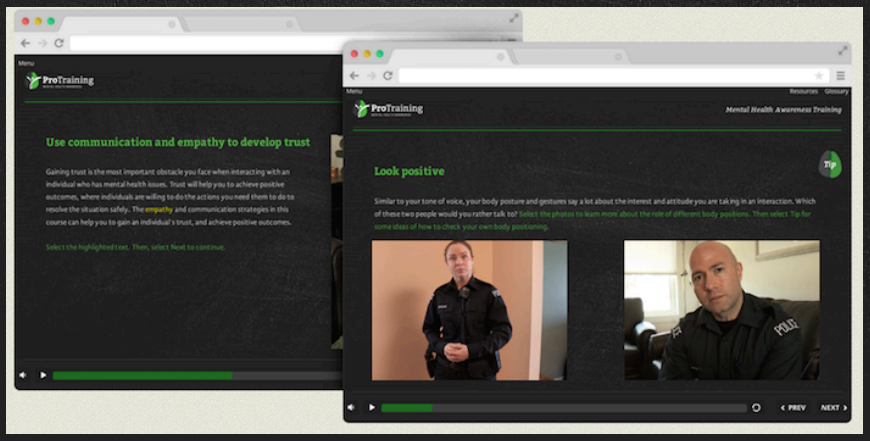
De-escalation Training

Unit 1- Demo
www.protraining.com



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De-escalation Training

Awards

Brandon Hall GROUP
HCM EXCELLENCE AWARDS
GOLD
EXCELLENCE IN LEARNING
2016

CNIE RCIÉ
Canadian Network for Innovation in Education
Réseau canadien pour l'innovation en éducation

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De-escalation Training

Current Organizations Implementing Unit 1

Winnipeg Police Service
Waterloo Police Service
Bathurst Police Service
Peterborough Lakefield Community Police Service
Kawartha Lakes Police Service

University of Alberta
MacEwan University
University of Saskatchewan
University of Guelph
University of Toronto
York University
Training Inc.
Vancouver Park Ranger

Disability Adult Transit YEG
Go Transit

Maskwacis Ambulance Authority
Government of Canada– Department of Finance

Paradise Valley Police
Sweetwater County Sheriffs
Boulder County Sheriffs
Rhode Island University
Fairbanks Police Department
University of Oregon

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https://www.youtube.com/watch?v=-ErvAE3ffkk

De-escalation Training

Unit 2: In-Person Interactive Mental Health Training

Edmonton Police Service
Winnipeg Police Service
Waterloo Police Service
University of Alberta
MacEwan University
University of Saskatchewan
York University

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De-escalation Training

Unit 2: CUSTOM In-Person Interactive Mental Health Training

Bus Operators

Currently Creating training for:

- Customer Service Workers
- Paramedics

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De-escalation Training

"Our members are demonstrating an increase in confidence and efficiency in responding to mental health "calls for assistance". They have seen the effectiveness of an empathic, compassionate, and knowledgeable approach to providing assistance."

Sgt. Stewart Cuzner
University of Saskatchewan

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De-escalation Training

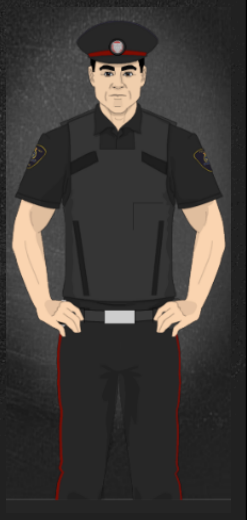
Customizable Resiliency Training

Online & In-person Training

Sworn

Leaders

Non-Sworn



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De-escalation Training

Recommendations * See Document

1 All officers receive live action scenario based de-escalation training.

2. The individuals used to portray escalated individual are actors that can give effective feedback.

3. Refresher training can be either in-person or online, and occurs at least every 3 years

4. De-escalation training should be incorporated into all in-person training.

5. All training must be evidence based

6. Following de-escalation training it is important to train police in stress reduction techniques so officers can recall de-escalation techniques taught while under pressure

7. Resilience training

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Questions?

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Dr. Yasmeen Krameddine
June 2, 2017

Expert Report for the Ministry of Community Safety and Correctional Services
De-escalation Training: Scientific Review and Recommendations
Dr. Yasmeen Krameddine

What is De-escalation?

De-escalation is defined as using specific techniques to decrease or prevent the escalation of conflict. Specifically, these techniques include Verbal and Nonverbal Communication skills, the portrayal of Empathy, Preventative and Non-escalation techniques, Using the Environment to your advantage, and getting the individual in touch with longer term supports, so instances do not repeat. These techniques are described in Table 1.

Table 1 - De-escalation Techniques in Regards to Policing

Verbal communication skills: • Introduce yourself and ask for the individual's name • Use a sincere and non-judgemental tone of voice • Use open-ended questions and avoid leading questions • Being patient, waiting for a response before asking another question • Giving an individual a reason to cooperate, informing them of what their options and consequences are (limit setting if an individual is uncooperative) • Since individuals tend to escalate when they are in crisis, and crisis is a feeling of lack of control, by increasing an individual's control, we can empower them by giving them control through choice
Non-verbal communication skills: • Non-threatening body language: looking positive, having calm and attentive facial expressions • Non-dominant body expressions by keeping hands at the side (and not on your gun – if no major threat), and by meeting the individual at their physical level • While listening use head nodding and eye contact to show you are paying attention
Empathy: • Attentive listening so that you can recognize and label emotions of others • By understanding one's point of view and emotions, you will be better able to understand what an individual needs to de-escalate
Prevention/Non-escalation techniques: • Explain why you are going to do an action before you do it • Avoid escalating phrases like "relax, calm down, listen," or telling someone they are wrong • Deflect insults • Willingness to apologize if the situation is escalated
Environmental techniques: • Using distance & cover • Use time to your advantage by waiting for extra supports
Long term supports: • Putting the person you interact with in touch with long-term supports so that the instance does not re-occur

What are evidence-based practices?
Many police training programs and policies are built on assumptions and opinions of members. Thousands of dollars are spent every year on training police officers, and it is very imperative to make sure training is cost effective, creating positive lasting improvements. Judgments of program 'success' are often based on the subjective opinions of police officers about the program, or by garnering positive evaluations of the training program one day after training takes place with no further follow-up. Alternately, many others do not evaluate outcomes of training, proclaiming that by simply completing training they have met expectations of their management, regardless of whether training adds or removes value from officer outcomes.

Evidence-based practices are ones that use current scientific evidence in making decisions about how to treat a patient (medical), or in our case, how to train an officer. Evidence-based practices for policing is defined as a research approach that evaluates policies and programs through scientific analysis to determine "what works" (Sherman, 2013). The main goals of de-escalation training are to decrease physical force, weapon force, injuries, and fatalities, so that both police and those they interact with can stay safe. The evaluation of training requires measurements taken both before and after training, preferably 3 months or more after training so we can determine long-term changes. After scientific analysis, the organization can assess if instance rates have decreased significantly. If they have, we can state that the training is evidence based. If not, we can modify the training and re-evaluate it.

You can tell if training is an evidence based program by searching for publications about the training that show statistically significant positive changes. These publications should be peer reviewed with high internal and external validity, using measures of high reliability. When determining if a program is evidence-based, it would be best to stay away from a magazine or online article that has no references and to view a peer-reviewed clinical articles from reputable sources instead.

What de-escalation training exists? Are they evidence-based?
There is limited research and evidence behind the majority of de-escalation training programs. To date, I am aware of 4 de-escalation training programs that exist, one of which is my own.

1. **ProTraining's De-escalation Program – Evidence Based**

My program is based on 5 years of scientific research out of the University of Alberta, Department of Psychiatry working with the local police organization. The training program was a one-day live scenario training that ran over 19 days. Training was mandatory for all active patrol officers beginning with a one-hour pre-briefing session followed by six hours of scenario-based role-play. In total, 663 officers were trained, and actors were employed to portray individuals with mental illness in six realistic scenarios. To capture the realism of police calls, scenarios were developed alongside police training staff and mental health professionals. Officers were asked to safely interact with escalated individuals using specific de-escalation, communication and empathizing strategies taught in the pre-briefing session. Each officer had a total of 60 minutes of individual live scenario role-play

throughout the day. Additionally, officers were asked to find a solution and verbalize what their solution was at the end of the scenario. Feedback was given after every scenario by a supervising officer, a mental health professional, as well as two actors (one acting, and the other observing police behaviour during the interaction). Feedback focused on police verbal and non-verbal behaviours with an emphasis on communication strategies, empathy and de-escalation techniques along with feedback about how the officer's behaviour emotionally affected the actor they were interacting with (Silverstone, Krameddine, DeMarco, & Hassel, 2013).

Training outcomes were evaluated 6 months after training with the multiple measures of follow-up (Krameddine, DeMarco, Hassel, & Silverstone, 2013). We found:

- 41% decrease in physical force
- 26% decrease in weapon force
- 23% increase in officer confidence
- 19% increase in efficiency (officers found solutions to calls more quickly by knowing about appropriate resources and referrals).
- Statistically significant increases in officer behaviour in communication skills, de-escalation techniques, and empathy. To determine this, supervising officers rated officer behaviour 1 month before and 6 months after training in all of these components.

To date, our training is the only evidence-based and cost-effective program that I know of to be publically reported. In addition to our in-person training, we have developed an interactive online de-escalation program using scenario-based video. This program is 90-120 minutes and can work as a refresher program, or as a program for members to take before they take their in-person session. Our online program was created from the evidence-based findings of our in-person research in addition to the feedback from our International Advisory Board of members from Canada, USA, UK, Netherlands, Sweden, Australia, and New Zealand. It is a newer program, and we are currently in the process of doing post-training measurements to determine training effectiveness.

2. Crisis Intervention Team (CIT) Training

CIT training is a 40-hour program that focuses on training officers about mental health and interactions. Each program usually focuses on the same premise; however, each CIT session is different depending on which organization is offering it. Included in CIT training are lectures on mental health disorders, onsite visits to hospitals, and an 8-hour de-escalation component. In the 8-hour component, 4 hours are lecture based, and 4 hours are based on scenario role-play. Since classes can be large, every officer can practice their skills for 4 minutes. After their 4 minutes, they have the opportunity for 1-2 minutes of feedback from all observing members (30-50 officers). There have been findings post-training of decreases in force and improvements in efficiency; however they showed no significant differences when comparing individuals that did not take training to those that did (Compton et al., 2014b). Although CIT training has existed since 1988, evaluation and publications are limited in numbers, with most publications finding no behavioural differences post-training (Taheri, 2016). Many CIT programs find improvements in

attitudes, stigma, and knowledge, post-training (Bonfine, Ritter, & Munetz, 2014; Compton et al., 2014a; Ellis, 2014; Hansson & Markström, 2014; Hatfield, 2014) , however, the change of attitudes does not signify a change in behaviours and can not be included in the category of training that contributes to lasting changes behaviourally.

3. Police Executive Research Forum (PERF) Training

PERF created a 40-hour "Integrating Communications, Assessment, and Tactics" (ICAT) training focusing on de-escalation. Although this group formed an advisory board of expert opinions, the training that has been created has not been scientifically evaluated for program effectiveness, and PERF has no plans in the future to evaluate the training they have created. Although this training sounds promising, it is not evidence based.

4. Crisis Intervention and De-escalation Training (CID)

The province of British Columbia has created an online (3.5 hrs.) and in-person (7 hrs.) de-escalation program. Although this program has been mandated for all officers in BC, there has been no scientific evaluation of program effectiveness and is therefore not evidence-based. There are no plans for CID training to be evaluated.

Currently, the only evidence-based de-escalation training program publically stated to exist is the ProTraining in-person de-escalation training. Also the online ProTraining de-escalation program is in the process of being evaluated, with the goal of having another evidence-based program in the near future.

Recommendations

From my experience and research, I offer the following recommendations for police training and policy surrounding de-escalation:

Recommendation #1: All officers receive live action scenario based de-escalation training.

In-person training is important and valuable. It creates a realistic environment that is intellectually and emotionally stimulating. Although there is limited research conducted on police training, comparing lecture training versus live action, the medical field has studied this more extensively. The medical and policing fields are similar in that they both have 2 distinct characteristics: they are life-saving, and they both are under time pressures. A recent meta-analysis of effective training states that actors are effective in training (Williams & Song, 2016). Most studies in this article show that having actors are better than lecture training.

From research findings, in-person training should last 6 hours with 60 minutes of individual live-action practice (Krameddine et al., 2013).

Recommendation #2: The individuals used to portray escalated individual are actors that can give effective feedback.

In addition to having actors, a critical component of training is in the feedback. Research shows that actors that gave feedback improved behaviour of those trained, compared to

actors that did not give feedback (Moulton et al., 2009). It is crucial to train your actors to give non-judgemental feedback focusing entirely on how the officer made them feel, leaving safety and use-of-force feedback for the facilitating officer to address.

In understanding that the risk of hiring actors is that it can be extremely expensive. Because of this many organizations have police that are actors for their scenario-based role-play. Although there exists no evidence in the policing context, the medical field has studied the use of employees and have compared them to actors (i.e. simulated patients) in the medical context. In regards to which is better, the research is scarce and shows mixed findings. Bornais et al., in 2003, showed that practice with actors resulted in better performance compared to practice on colleagues and Nestel, Mobley, Hunt, & Eppich, in 2014, found that when actors are employees (especially junior), it can have a negative impact on training. The employees who were participating were worried an "underperforming image" of them would be portrayed and remembered. On the other hand, there are two studies that show there are no differences between actors and colleagues (Mounsey, Bovbjerg, White, & Gazewood, 2006; Papadakis et al., 2010).

Through my experience, my recommendation would be that using actors is favourable over colleagues. As mentioned above, the actors have an arm's length relationship with officers, are better able to give effective feedback, and portray the character with high quality and experience. Police actors should only be used if they are highly skilled actors that are comfortable and confident in giving effective feedback to other officers. They must not be in fear of getting in trouble or stepping on someone's toes. Also, detailed feedback is important, and a simple "that was good" will not suffice. If organizations feel their police actors are comfortable enough to give honest feedback to colleagues, in addition to having some acting background, then there is limited risk to using police actors. However, if organizations believe there is a slight chance this is an issue, I would recommend using actors that do not know the officers they are interacting with. The key ingredient is the ability to practice skills and receive effective feedback.

Recommendation #3: Refresher training can be either in-person or online, and occurs at least every 3 years

This recommendation has been created with the understanding that time is valuable and limited with increasing amounts of training needed in every organization. Training is suggested to be refreshed at least every 3 years because of the evidence available describing a decrease in memory and skill retention after this time period (Avisar, Shiyovich, Aharonson-Daniel, & Nesher, 2013; Grześkowiak et al., 2006; McKenna & Glendon, 1985; Nicol, Carr, Cleary, & Celenza, 2011). The length of the refresher must be at least 90-120 minutes (adults can follow with minimal attention lapses) with a quick break every 20 minutes since attention spans are re-set every 20 minutes (Cornish & Dukette, 2009).

Although I recommend training every 3 years in regards to de-escalation specifically, I do believe that training can happen more regularly. Because of this, I have recommended #4.

Recommendation #4: De-escalation training should be incorporated into all in-person training.

Since de-escalation can be used in many contexts I believe including it in recruit training, mental health training, use-of-force training, etc. would be of benefit to all members. It is important to incorporate scenarios in use-of-force training that can be de-escalated and do not end in force, in addition to ones that can since more times often than not, police go into use-of-force training believing they will not have to de-escalate. Alternately, police go into de-escalation and mental health training, believing they will not need to use force. I believe if all opportunities are given for every scenario, officer's bias towards specific training will not occur and it will be more relatable to real life.

Recommendation #5: All training must be evidence based

As described above, de-escalation training that is not evidence based is a waste of financial resources. Currently, the ProTraining de-escalation program is the only evidence-based program.

If police groups already have de-escalation program that have not been evaluated there is an opportunity to tag-team with a local university to help evaluate the training that has been developed. To better understand the evaluative process and data measures see (Krameddine & Silverstone, 2015). If you decide to go the route of evaluating current training, it is imperative that the results are published in an open source resource, so officers in other organizations have an easy time accessing the materials.

Recommendation #6: Following de-escalation training it is important to train police in stress reduction techniques so officers can recall de-escalation techniques taught while under pressure

By teaching police stress reduction techniques, they can begin to control their physiological responses to stressful stimuli before they enter a call. If stress levels are kept low, officers have better memory recollection and can think of de-escalation techniques taught (Roozendaal, McEwen, & Chattarji, 2009). Physiological biofeedback responses can be analyzed by monitoring an officer's heart beat during a stressful scenario. Officers can then understand what triggered them and how stressed they were at the time, and how to control their stressful response (Andersen, Papazoglou, Arnetz, & Collins, 2015).

Conclusion

To continue to keep police and those they interact with safe, evidence-based live-action de-escalation training with refresher training every three years is necessary. Training should be available to prepare officers for their encounters with the public. By doing so, organizations will show support and investment in their officers, the most valuable resource available to them.

Biography

Yasmeen Krameddine has a Ph.D. in Psychiatry from the University of Alberta. She has been working in the field of mental health and de-escalation training for the last 7 years. Her passion is in the mental health field where she has been proactively working on many projects to make police interactions a safe one. At the University of Alberta through a spin-off group called ProTraining, she focuses her research on creating training to prevent violent encounters in police interactions. She has created a scientifically based 3-unit training system (1-Online training, 2- Scenario Role-play 3- Advanced Crisis Negotiation) with the goal of reaching International Police groups to create safer communities. Additionally, minimizing trauma from negative interactions can prevent Post Traumatic Stress Disorders in officers. She is currently working with the Winnipeg Police Service to create an evidence-based program to reduce mental health issues and increase resilience in their service.

Yasmeen has created training for Police Officers, University Security as well as Bus Operators. She enjoys learning and keeping up to date on research and is a part of the Canadian Society of Evidence-Based Policing, the Canadian Association of Police Governance, in addition to contributing to the development of the Law Enforcement and Public Health Conference (LEPH) in Amsterdam (2016 & 2018), and the International Association of Law and Mental Health Congress (IALMH) in Prague (2017).

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