

Recommendation XX: City of Madison should contract with ProTraining to provide their full training program for all officers. [President's Work Group action item 2]

Discussion: Police frequently come into contact with individuals with psychiatric disorders. These interactions can often prove challenging for officers, and sometimes can end in tragedy. Virtually all recent officer-involved shootings in Madison (12 of the last 13) have involved a person with a mental health issue or an intoxicated person. Outcomes can potentially be improved by training officers how best to interact with such individuals, and MPD currently provides officers with “specialized police response” training, which incorporates the equivalent of Crisis Intervention Team (CIT) training. However, existing CIT training, though valuable, has limited evidence of efficacy in changing the behavior of officers. Existing studies of CIT training show no reduction, following training, in use of force or frequency of injuries during encounters with people with mental illness. Nonetheless, despite the general lack of evidence of efficacy of CIT training in reducing use of force rates, it may help with diversions, attitudes, and other outcomes.

One alternative, which could supplement or be integrated with existing MPD programming for working with people with mental illness or substance abuse issues, is a research-informed training approach developed at the University of Alberta by Yasmeen Krameddine and Peter Silverstone. Following implementation in Edmonton (the initial test site), this training approach produced a significant reduction in overall use of force in mental health calls. In cases involving individuals with mental illness, a 41% decrease in physical use-of-force and a 26% decrease in weapons force was recorded following the training (though other initiatives were introduced in the Edmonton Police Services during this timeframe, so the training might not solely be responsible for the reduction in use of force with the mentally ill). In addition, following the training, there was a 41% increase in the recognition of mental health issues as a reason for a call, and an approximately 10% improvement in supervisor ratings concerning officer communication, de-escalation, and empathy with the public. This training is now furnished to law enforcement agencies by Yasmeen Krameddine (an employee of Yardstick, Inc.) as “ProTraining—Effective Mental Health Training for Police and Security Professionals,” with a website at <https://966.yssecure.com>.

This is a scenario-based training approach and has some similarities with CIT training, but there are key differences as well. The training is specifically focused on changing behaviors of officers and much less on attitudes toward mental illness. Rather than teaching to increase knowledge of the signs and symptoms of each type of mental illness, the training centers on the behaviors that are seen most frequently in police mental health interactions, teaching a step-by-step “how to” interact when subjects display certain behaviors and emotional states. The philosophy is that to change behavior of officers, the training must focus on behavior (as opposed to the common assumption that if attitudes toward mental illness are made more positive, then behavior will change accordingly). The amount of role-play time per trainee is also greater than conventional CIT training, and the training uses professional actors, particularly actors with lived experience with mental illness (who can accurately speak to how individuals with mental illness feel when officers interact with them). In addition, the approach is designed to utilize refresher training every three years (under the principle that training must be repeated to optimize effects on skills and memory retention), whereas conventional CIT training approaches do not generally make use of refresher trainings. Finally, the training was created with the help of an International Advisory Board of police officers, police educators, mental health professionals, academic researchers, adult educators, eLearning experts and individuals with lived experiences of

mental illness from seven countries (whereas CIT training materials are typically created by police departments, often in collaboration with organizations like NAMI or Journey Mental Health, and not based on evidence-based research).

A few examples of the tactics taught include: asking for a name to create a bond of trust, using sincere and nonjudgmental tones, using open-ended questions and not leading questions, being patient and waiting for a response, using nonthreatening body language, using nondominant body and facial expressions, head nodding and eye contact, intensive listening to be able to recognize and label emotions of others, listening to people and recognizing their viewpoint, preventative non-escalation techniques (e.g., explaining what you're going to do before you do it), what sorts of words to avoid, how to deflect insults, and how to apologize if a situation is escalated.

Action Item 2 of the report of the President's Work Group stated: "The Common Council directs the Ad Hoc Committee to investigate other possible supports for MPD officers interacting with EDPs. EDPs include individuals whose behavior is altered as a result of intoxication caused by drugs or alcohol. The President's Work Group would encourage further exploration into the types of training and ongoing training strategies that will improve interactions with EDPs. In particular, the President's Work Group would recommend a detailed analysis of ProTraining which is an evidence based practice proven to reduce overall use of physical force and the use of weapon force in police calls. The President's Work Group would recommend the Ad Hoc Committee undertake an evaluation of the feasibility of hiring social workers to work with officers to support interactions with EDPs."

The Ad Hoc Committee hosted a presentation by Yasmeeen Krameddine, and also obtained proposals on pricing for training of MPD. The full training would utilize six scenarios (with 12 actors and 6 community mental health professionals) to train 400 officers, training over 11 days (36 officers/day) for a cost of \$79,220. Moreover, MPD informed the Committee that the ProTraining model is not inconsistent with current MPD training and that it is open to implementing this training, if the City of Madison were to provide the requisite funding.

After careful review of this topic, the Ad Hoc Committee recommends that the City of Madison contract to obtain the full training program for all officers. The cost of this training is small relative to the human and financial costs of an officer-involved shooting. The Committee believes that all MPD officers should be trained directly by ProTraining, at least initially, rather than using a train the trainers approach. Direct training by ProTraining – learning directly from the professionals – would ensure fidelity. All officers would thus receive the same quality of training and message content, for the most effective outcome, rather than having information passed down and possibly lost in interpretation. MPD trainers could simultaneously be trained, to allow for in-house supplemental training (e.g. for new officers) and refresher training in the future.

The intent would be for this training to be provided in addition to existing MPD mental health and de-escalation training. There is much to commend in existing MPD mental health training, including the practice of integrating use of force and mental health crisis training scenarios.

In relation to President's Work Group action item 2, see also the Ad Hoc Committee recommendation that Madison implement a mobile crisis response unit based on the CAHOOTS model (see recommendation 64B).