A Comparison Between the Effects of the One-hour and Twelve-hour Massachusetts Municipal Basic Recruit Officer Course Mental Health Training on Officer’s De-Escalation Skills, Self-Efficacy, and Stigmatizing Attitudes

John Young, M.A.
Massachusetts School of Professional Psychology

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Acknowledgements

It's time to move out when Mom says,

No TV until you finish your dissertation!
Why Train Police Officers on Mental Health Issues?

- Video on delirium with extreme agitation

Credit:
Appleton
Police
Department
Police Interactions with Persons with Mental Illness

- Reuland and Margolis (2003) estimated that between 7 and 10% of calls per shift were classified as responding to persons with mental illness.

- New York City receives an emergency call from an emotionally disturbed person every 7.3 minutes and responds to approximately 150,000 of such calls each year (Waldman, 2004).

- In 2009, the Boston Police Department received 20,000 calls for emotionally disturbed persons.
Example- Zac

- “There are myriad ways the police visit could have gone wrong. However, it did not because a police officer was willing to do whatever she had to, to make a scared and worried young man feel better, and she did”
  - Laura Pagliano
Example- Kelly Thomas

- Thomas was allegedly beaten to death by police officers in Fullerton, California in 2011.
Massachusetts Recruit Training: Pre-2013

- 4-Hour “People with Special Needs” Curriculum which included information on:
  - Mental Illness
  - Seizures and Epilepsy
  - HIV/AIDS
  - People with Hearing Loss
  - People with Alzheimer’s Disease

- 2012 Task Force Training Practices Investigation:
  - Lowest funding to train municipal officers
  - Recommendation to create “state of the art curriculum for approaching emotional disturbance calls and working with ESPs”
The Updated Curriculum
Existing Specialized Trainings

No need to re-create the wheel

- Crisis Intervention Team (CIT) Training
  - 40 hour specialized training for veteran officers
  - Values partnership with local treatment providers

- Mental Health First Aid (MHFA) Training
  - 12-hour interactive training designed for members of the general public
  - Specialized public safety version for police officers, probation officers, correctional officers, other public safety personnel.
12-Hour Mental Health Recruit Officer Training
Interactive Exercises
Research Questions

➢ Does the twelve-hour training produce greater effects on officers’ de-escalation abilities, self-efficacy, and stigmatizing attitudes than the one-hour training?

➢ When compared to CIT and MHFA efficacy research, does the twelve-hour training produce significant changes of de-escalation skills, self-efficacy, and reduce stigma?
Research Variables

- **De-escalation Skills**
  - An interactive process where the goal is to guide an individual into a calmer state of mind
  - Establish and maintain control of a situation in order to increase the safety of all

- **Self-Efficacy**
  - A person’s belief in his or her capabilities to successfully perform tasks in particular situations (Bandura, 1977)
  - Averill’s (1982) explanation of sense of being in control: Behavioral or Cognitive

- **Stigmatizing Attitudes (Social Distance)**
  - The degrees of understanding and intimacy found in personal and social relations (Park, 1924)
  - Public holds negative views toward mental illness
Research Measures

- Used with permission from Broussard et al. (2011)

- Scenario about David, who appears to be exhibiting symptoms of psychosis

- Behavioral Outcomes Scale (BOS)
  - Saying to David, “The CIA is not trying to harm you.”

- Self-Efficacy Scale (SES)
  - How confident would you feel interacting with someone like David?

- Adapted Social Distance Scale (ASDS)
  - Six months from now, when David is not in crisis, how willing would you be to have him marry into your family?
Research Procedures

- Archival Group obtained through the MPTC for the One-Hour training
  - 131 total participants from three separate recruit classes
  - Questionnaires given pre- and post- training

- Research Group (twelve-hour training)
  - 124 total participants from four separate recruit classes
  - Questionnaires given pre- and post- training
Demographic Results (Total Sample)

- Avg. Age: 28
- Avg. Education: 14.8 years, 48% completed bachelor’s
- 90% male sample
- 95% Caucasian
- Officers represented 13/14 total counties in Mass.
- Previous Experience:
  - 52% knew someone in mental health treatment
  - 40% took a college course on mental illness
  - 42% regular contact with depression, 29% regular contact with bipolar disorder, 32% didn’t have regular contact.
  - 49% officers reported previous professional encounters
Research Results

- The twelve-hour training did not result in significantly greater differences in De-Escalation or Stigmatizing Attitudes.

- The one-hour training and twelve-hour training both:
  - Increased De-Escalation abilities
  - Decreased Stigmatizing Attitudes

- Participants with post-high school education had significantly higher de-escalation abilities

- Participants who had more personal or professional contact with persons with mental illness showed significantly lower stigmatizing attitudes
Research Results

- The twelve-hour training resulted in significantly greater increases in self-efficacy than the one-hour training.
- Twelve-hour training produced similar results at the CIT and MHFA research.

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<th>Variables</th>
<th>One-Hour Sample</th>
<th>Twelve-Hour Sample</th>
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<tbody>
<tr>
<td>n</td>
<td>n= 131 officers</td>
<td>n= 124 officers</td>
</tr>
<tr>
<td>Pre</td>
<td>Post</td>
<td>Difference</td>
</tr>
<tr>
<td>Pre</td>
<td>Post</td>
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<tr>
<td>BOS (Total)</td>
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<td>SES (Total)</td>
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<tr>
<td>SDS (Total)</td>
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Comparison of Differences in Groups for Research Variables
Okay, What Does That Mean?

- Oh No! Lack of difference in changes in De-Escalation Skills and Stigmatizing Attitudes
  - Statistically different groups at the start

- De-escalation: One-hour group had higher education level
- Stigma: Twelve-Hour training participants had higher level of stigma at beginning; potential Hawthorne effect and demand characteristics
Self-Efficacy

- Two groups were similar to start
- Twelve-hour training produced greater increases in confidence in one’s ability
- Averill’s sense of being in control is Relevant to officers
  - Low Self-Efficacy: behavioral control
  - High Self-Efficacy: cognitive control

- Higher confidence may be less likely to be nervous or anxious
  - Higher levels of anxiety may lead to negative effects
    - Attention to detail
    - Ineffective and inefficient scanning and search strategies
    - Complex fine motor skills
Research Limitations

- Research sample was not randomly selected
- Different groups at pre-training levels
- Training differences
  - Different instructors
  - Place within overall academy training
- Scenario utilized (psychosis)
Future Research

- Further research focusing on academy level training
  - Replicate study with similar samples
    - Stabilize curriculum instructors and times within overall academy
    - Use different scenario

- MHFA: Knowledge of mental illness as variable

- Measure effects of military experience

- Longitudinal study!!!!!
Implications

- Better preparing officers to respond to persons with mental illness out of the academy

- Greater Self-Efficacy leads to less anxious officers

- First step of three step training development process
  - Recruits, veteran officers, chiefs of police

- Efficient use of additional training time and resources?

- Going from last in the nation to being on the forefront of recruit training on mental illness

- Goal is to reduce injuries of all involved while diverting persons to treatment if appropriate
Thank you.