

SLIDE 2.1 TITLE SLIDE

PERCEPTIONS AND ATTITUDES ON BEHAVIORAL HEALTH & DISABILITIES

Time: 70 minutes

Slides: 21

Purpose: This module provides the opportunity for participants to consider common perceptions and attitudes related to people with behavioral health conditions (including mental health and substance use disorders) and disabilities and consider how those perceptions and attitudes may impact their interactions with these individuals. It presents information on the development of perceptions and attitudes and how they might be changed. It also introduces the topic of disability and highlights core values for officers to consider in their responses to people who experience a crisis in the community. In sum, the purpose of this module is to encourage participants to think about the diverse communities they respond to and interact with and emphasize the need for an open, understanding mind to best support these communities through crisis response.

Instructor:

This module should be co-taught by a sworn law enforcement officer, mental health lead and/or disability lead, especially those with lived experience. The instructors need to have knowledge of this subject matter, the role of bias in human behavior, and have experience with crisis response. They should be a seasoned trainer, have a sound understanding of the community, and understand law enforcement culture. The instructors must be skilled at engagement with law enforcement participants.

Learning Objectives:

Upon completing this module, participants should be able to:

1. Discuss commonly held beliefs that people may have toward people with behavioral health conditions and developmental disabilities;
2. Explain where perceptions and attitudes come from and how they can perpetuate stigma and discrimination;
3. Explain how to adapt perceptions and attitudes to promote effective crisis response; and
4. Describe SAMHSA's Recovery Values and the Developmental Disability Community's Values and Culture.



Activities:

- Use of pictures to identify perceptions and attitudes toward people with behavioral health conditions and disabilities (≈ 15 minutes)
- Video Activity: “Not Special Needs” (1:32)
https://www.youtube.com/watch?v=rsjnHCZOfg8&ab_channel=DulceLopez

Additional Materials:

- None

KEY MESSAGE FOR TRAINER(S) – When teaching this module, take care to present the material in such a way that it does not come across as “accusatory” or “blaming” to the participants in the room. It will be important to let participants examine their own perceptions, attitudes, and behaviors through the teaching platform. One helpful strategy can be to discuss the role society plays in creating stigma and stereotypes, which can in turn influence personal biases.

A NOTE ON LANGUAGE – Although the term “mental health disability” will be used in this module when referring to mental health and its relevance to the Americans with Disabilities Act (ADA), the term “mental health conditions” is preferred when discussing officers’ responses to individuals in crisis more generally.

Mental health conditions include a wide range of conditions that can affect mood, thinking, and/or behavior. This term is more inclusive than “mental illness,” “mental health disorders,” or “mental health disabilities” because individuals living with mental health conditions may not necessarily be diagnosed with a mental illness, disorder, or disability.

For more guidance on language, see the Bureau of Justice Assistance’s [Style Guide for Using the Sequential Intercept Model: Behavioral Health and Intellectual and Developmental Disability Considerations](#).

Module Overview

- Perceptions and Attitudes
- Understanding Disability
- Principles of Recovery
- Disability Community Values and Culture

SLIDE 2.2 MODULE OVERVIEW



Trainer Note: Use this slide to briefly introduce the topics that will be covered in this module. Use the content note below to support this discussion. Highlight the importance of this module to people with lived experience and how the participants will have opportunities to engage with people who live with mental health conditions, substance use disorders, and/or intellectual and developmental disabilities (IDD) as the week progresses.



Content Note: The purpose of this module is to encourage participants to think about the diverse populations they interact with. This module is designed to have participants examine common perceptions and attitudes related to people with behavioral health conditions and disabilities and consider how those perceptions and attitudes may impact their interactions with these individuals.

Individuals with behavioral health conditions and disabilities often have multiple marginalized identities, including being people of color, LGBTQIA+, immigrants and refugees, older adults, etc. It is important to consider how these many different identities may impact effective crisis response. This module will review recovery values and disability community values that are foundational for effective crisis response.

Research shows that increasing officers' knowledge and awareness of behavioral health conditions and disabilities can reduce the stigma associated with these conditions and disabilities, increase officer empathy towards individuals with experiences with behavioral health conditions and/or disabilities, and enhance officer confidence in their ability to respond to crisis situations.

Source: Center for Police Research and Policy, 2021, *Assessing the Impact of Crisis Intervention Teams: A Review of Research*, retrieved from https://www.informedpoliceresponses.com/files/ugd/313296_14ca1e6710bb4d6daa88bacb127da069.pdf.



SLIDE 2.3 WHAT DO PEOPLE SAY OR THINK?

KEY MESSAGE FOR TRAINER: During the exercise, expect a combination of politically (in)correct, stereotypical, and/or negative and derogatory words, all of which are okay.



Trainer Note: Open the module with the activity below. The purpose of this activity is to identify common words that people may use when they think about or describe people with mental health conditions, substance use disorders, and/or disabilities. This activity is setting the stage to talk about common perceptions that may impact interactions with others.



Activity: This is a class activity designed to elicit different words people use to describe specific populations. **Time:** Approx. 15 minutes.

During this activity, participants will look at a series of pictures of people with different behavioral health conditions and disabilities who are also diverse by race/ethnicity, gender identity, age, and other characteristics. Prior to the activity, hang five easel sheets on the wall. Ask for a volunteer to come up and let them know you want them to write words on the easel sheets that the participants share during the activity.

Let participants know you will show them a series of pictures and you want them to tell you one or two words that they think others may say or think about the people or a person. As the class is sharing their words, make sure the volunteer captures them on the easel sheets. There will be one easel sheet for each slide that is shown.

Mental Health Conditions



[Slide 2.4] Ask participants to share one or two words about people living with mental health conditions.

Substance Use Disorders



[Slide 2.5] Ask participants to share one or two words about people living with substance use disorders.

Intellectual Disabilities



[Slide 2.6] Ask participants to share one or two words about people with intellectual disabilities.

Mobility Disabilities



[Slide 2.7] Ask participants to share one or two words about people with mobility disabilities.



[Slide 2.8] Ask participants to share one or two words about people who are blind.



After each of the slides has been shown, ask the class to notice the types of words used to describe or think about the different populations. Ask the class why they think this is. Point out that some people may have derogatory or negative perceptions of people with certain kinds of conditions and disabilities when compared to others. Note that for individuals with other marginalized identities, the chance of experiencing bias and discrimination is greatly increased.



To end this activity, ask participants to look at the words generated on each chart and make suggestions for how people with that condition or disability might prefer to be thought of.



Before moving on to the next slide, ask participants what feedback they have heard about police officers and how they have been stereotyped. The key point is that no one wants to be stereotyped, and that includes officers and people with behavioral health conditions and disabilities.

Perceptions and Attitudes –
What are they and where do they come from?



SLIDE 2.9 PERCEPTIONS AND ATTITUDES – WHAT ARE THEY AND WHERE DO THEY COME FROM?

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Trainer Note: Read the title of this slide and pause. Then go to the next slide.



Perceptions and Attitudes – What are they?



- **Perception** – use of the mind or senses to comprehend or understand our surroundings
- **Attitude** – an actual feeling or way of thinking about something or someone based on a perception
 - Positive
 - Negative

**There is a link between our perceptions/attitudes
and our everyday behavior**

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SLIDE 2.10 PERCEPTIONS AND ATTITUDES – WHAT ARE THEY?



Trainer Note: Go over the bullets on the slide. Use the content note to support this discussion. The purpose of this slide is to provide a foundation for participants on what a perception is, what an attitude is, and how they can connect to their behavior.

Tie the definitions of perceptions and attitudes back to the activity. Point out that negative or derogatory words used to describe our perceptions of different groups of people can often translate into negative attitudes towards those groups.



Content Note: Perception is an individual's use of their mind or their senses to comprehend or understand their surroundings. An attitude is an individual's feeling or way of thinking about something or someone that is informed by their perceptions. Research finds that, in many cases, there is a link between our perceptions and attitudes and our everyday behavior.

Source: Kendra Cherry, 2022, "Attitude in Psychology: Definition, Formation, Changes," *Verywell Mind*, retrieved from <https://www.verywellmind.com/attitudes-how-they-form-change-shape-behavior-2795897>.

Perceptions and Attitudes – Where do they come from?

“Attitude is the link between perception and behavior”

- Our culture
- Ethnicity
- Family
- Friends
- Community
- Knowledge (education)
- Religion
- Experience
- Media/Social Media
- Politics
- Workplace
- Other places?

Q&A

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SLIDE 2.11 PERCEPTIONS AND ATTITUDES – WHERE DO THEY COME FROM?

T N **Trainer Note:** This is an animated slide. When the slide first appears the text on the left-hand side of the slide will not. Engage the class in a discussion on where they believe perceptions and attitudes come from. Ask the class to give examples. After this discussion, click for the rest of the slide to show. Highlight that **experience** is a significant influence on perceptions and attitudes that can impact behavior. Use the content note below to support this point. Following this general discussion, ask participants the question below.

Q&A **What things in our society create or perpetuate negative perceptions, biases, and stereotypes about people with mental health conditions, substance use disorders, and/or IDD? Where do participants think perceptions and attitudes about people with mental health conditions, substance use disorders, and/or disabilities come from?**

C N Our perceptions and attitudes are shaped in many ways from many different places. However, experiences are often a primary “gateway” to shaping our perceptions and attitudes. The different ways experiences can shape an individual’s perceptions and attitudes are good for officers to think about as they consider the type, frequency, and nature of their own experiences while working in law enforcement.

Examples of Experiencing Affecting Perceptions and Attitudes:

Member of the Public – “If I have several ‘bad’ or ‘uncomfortable’ experiences with people experiencing homelessness, people living with mental health conditions, or people who have an IDD, then my ‘negative’ experiences will affect my perceptions of and attitudes toward those people.”



Law Enforcement Officer: “If I have to spend an entire shift in a hospital emergency room waiting for a mental health evaluation for the person I found in crisis, it is hard not to lump the person together with the problem of the system.”

Person with a Condition and/or Disability: “If I have had a negative encounter with the police as a person with a behavioral health condition and/or disability, I might be fearful when I see a law enforcement officer, even if they are wanting to help me.”



Prejudice, Stigma, Discrimination



- It can be common to judge or be wary of behaviors that we do not understand
- Words matter. They can support or humiliate/devalue people

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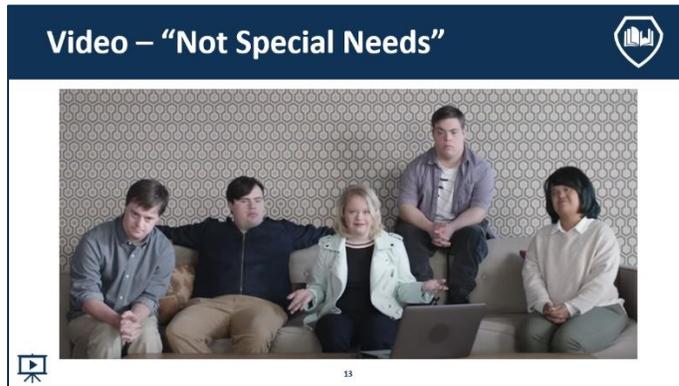
SLIDE 2.12 PREJUDICE, STIGMA, DISCRIMINATION



Trainer Note: Cover the points on the slide. Emphasize that some people may evaluate, judge, or stigmatize behaviors they do not understand. It is easy for people to fear or be frustrated by persons with mental health conditions and substance use disorders because they see them as “dangerous” or as “choosing their behaviors.” Likewise, it is easy for people to “feel sorry for” those with IDD.

Encourage participants to consider that people who feel stigmatized due to their behavioral health condition or disability often don’t seek treatment, services, or assistance for fear of being judged or seen as different. Crisis response and intervention programs can help to change community and officer perceptions of people living with behavioral health conditions and/or disabilities. This shift can lead to positive system changes, including more empathic responses to people who experience a crisis and investment in services and supports for people with behavioral health conditions and/or intellectual and developmental disabilities.

Emphasize that when officers are open to learning more about people with behavioral health conditions and/or intellectual and developmental disabilities, they play an important leadership role in reducing prejudice, stigma, and discrimination.



SLIDE 2.13
VIDEO –
“NOT SPECIAL NEEDS”



Video Activity: Show the video “Not Special Needs” (1:32) to provide an example of the impact and implications of the words we use when talking about people with behavioral health conditions and/or intellectual and developmental disabilities.

https://www.youtube.com/watch?v=rsinHCZOfg8&ab_channel=DulceLopez

This video provides a commentary on the phrase “special needs” when talking about people with developmental disabilities, specifically Down Syndrome. It highlights that people with disabilities have basic human needs like those people without disabilities—education, jobs, opportunities, friends, and love. Their needs are not “special.”

The Importance of Awareness



Who is living with a mental health condition, substance use disorder, and/or IDD?

Q&A

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**SLIDE 2.14
THE IMPORTANCE OF
AWARENESS**

T N **Trainer Note:** Emphasize that being aware of our own perceptions of people with behavioral health conditions and intellectual and developmental disabilities can play an important role in our interactions with these individuals. Use the questions below to lead a discussion on the importance of being aware of our own perceptions.

Following this discussion, highlight the value of learning more about mental health conditions, substance use disorders, and intellectual and developmental disabilities to help inform our perceptions of people living with these conditions and disabilities. Note that the Crisis Response and Intervention Training is designed to support this education.

Q&A Ask participants why being aware of one's own perceptions and attitudes is important for law enforcement officers when responding to a person with a mental health condition, substance use disorder, and/or intellectual and developmental disability.

Ask for examples of how they have experienced a change in their own perceptions after interacting with someone with behavioral health conditions and/or disabilities.

C N **Content Note:** Responding to crisis situations involving a person with a mental health condition, substance use disorder, and/or intellectual and developmental disability often requires a higher level of both internal and external awareness by an officer. This awareness can help officers respond more effectively to the needs of the individual in crisis and to better ensure the safety of everyone involved. Further, demonstrating awareness and understanding to the person you are responding to can enhance communication and build trust and rapport, which are vital during crisis situations to either de-escalate or avoid escalating the situation.



Changing Perceptions and Attitudes



- Acknowledging our biases about others
- Being willing to understand people different from you
- Learning about our differences, but more so learning about what makes us similar and human
- Applying knowledge and understanding when providing a response to a crisis

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SLIDE 2.15 CHANGING PERCEPTIONS AND ATTITUDES

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Trainer Note: Review the bullets on the slide. Use the content note below to support this discussion.

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Content Note: The first step to changing perceptions and attitudes is to be willing to acknowledge the biases, preconceived notions, and stereotypes we all have. If you find yourself engaged in negative thoughts or making negative comments about others, be willing to pause and ask where this is coming from. Be willing to also challenge yourself to look at a person or situation with a more open, empathic mind—one without judgment.

Work to accept that all the people we interact with, including people with behavioral health conditions and disabilities, are different. Being different or acting differently does not make them good or bad. Ask yourself: Why I am uncomfortable with another’s behavior or appearance? What assumptions could I be making? How can I challenge my assumptions?

Take time to learn about the person without judgment to help remove any misperceptions you may have developed. For example, you may have a misperception that a person with a mental health condition is “crazy.” This perception may lead you to have a negative attitude toward people with mental health conditions, which can affect how you act toward them. When responding to a crisis situation, these attitudes may lead you to have little patience and an unwillingness to truly listen to the person in crisis. You may rush the outcome which could escalate the situation. Likewise, you may have a misperception that people with IDD are incapable of making decisions for themselves, providing credible information, or standing up for themselves and what they believe in, and you may then have an automatic attitude of pitying them. Again, this can impact how you treat them.



To overcome these perceptions, be willing to see more of the similarities that you have with others—as people with strengths, dreams, goals, and ideas, who have needs, want to belong and be accepted, and have the capacity to be kind and caring. We are all humans first.

Think about your expectations of people with behavioral health conditions and/or intellectual and developmental disabilities. If you don't understand their condition, illness, or disability, you may have an expectation that they will respond to you as someone without a behavioral health condition or disability. When they do not respond in the way that you expect, this can lead you to become frustrated and exercise even more authority and control, resulting in an escalation of the situation.

Lastly, as you go through this training and learn about the different conditions and disabilities that impact people living with a mental health condition, substance use disorder, and/or intellectual and developmental disability, you will be able to take this knowledge and understanding and apply it to your crisis response. You will have a greater capacity for empathy, which will help you build rapport with the individual. This rapport will allow you to gather better information to facilitate a resolution that can hopefully connect the person with community services and support, rather than end up in the criminal justice system.

As officers, your willingness to develop greater awareness, knowledge, and understanding towards people with behavioral health conditions and intellectual and developmental disabilities and to apply it to your responses to crisis situations or potential crisis situations is what makes you a leader within your entire agency.

Understanding Disability

- Disability is not a static concept
- No two people with the same disability are the same
- The **Americans with Disabilities Act** describes disability to be any condition that substantially limits one or more major life activities

Q&A

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SLIDE 2.16 UNDERSTANDING DISABILITY



Trainer Note: This is an animated slide. When the slide first appears, the text on the right-hand side will not. Ask participants the question below.



Ask participants: What is a disability?

After several answers have been given, prompt the slide to show the remainder of the text. Discuss the points on the slide. Use the content note below to support your discussion of the points. Let participants know that the Americans with Disabilities Act (ADA) will be discussed in more detail later in the week when legal considerations for crisis response and intervention are reviewed.



Content Note: Different definitions of disability exist. Some definitions are found in laws, others come from clinical and research worlds, and others are created by those who have disabilities. Disability is also not a static concept—how society and others think about disability changes over time. People with disabilities may even change their understanding of their own disabilities over time.

No two people with the same disability are the same. In other words, **if you've met one person with a disability, you've met one person with a disability.** The disability community is incredibly diverse and often thinks about disabilities and various diagnoses differently. Some people with disabilities view their disability positively, even though society may hold less favorable views.



The **Americans with Disabilities Act** (ADA) describes disability as a physical or mental impairment or a history of such an impairment (or regarded to be an impairment) that substantially limits one or more major life activities.

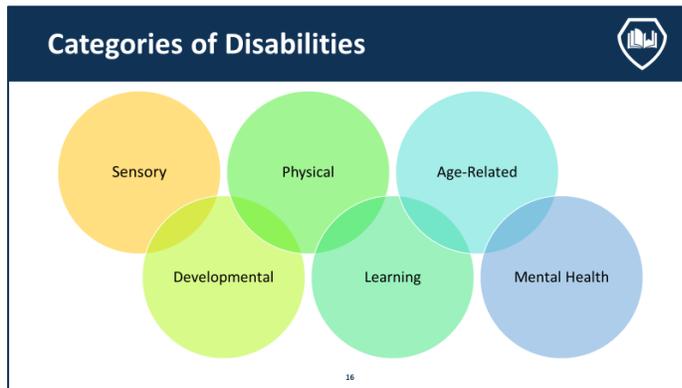
Major life activities include caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. They also include the operation of major bodily functions like the immune system, digestive system, bowels, bladder, neurological functioning, brain functioning, respiratory system, circulatory (blood) system, and reproductive functions. These activities are grouped together into the term Activities of Daily Living (ADL). If a major life activity is “substantially limited,” it is limited compared to how most people without disabilities perform the activity.

A NOTE ON LANGUAGE: Based on the ADA’s description of disability, mental health conditions can be considered a disability. When referring to the ADA and disability in a legal/policy context, the use of the term “mental health disabilities” may be appropriate. In other contexts, the use of the term “mental health conditions” is preferred.

Sources:

ADA National Network, n.d., “Mental Health Conditions in the Workplace and the ADA,” accessed October 23, 2022, <https://adata.org/factsheet/health>.

Regulations to Implement the Equal Employment Provisions of the Americans with Disabilities Act, 29 CFR §1630.2 (2016), <https://www.govinfo.gov/content/pkg/CFR-2016-title29-vol4/xml/CFR-2016-title29-vol4-part1630.xml>.



SLIDE 2.17 CATEGORIES OF DISABILITIES



Trainer Note: Discuss the categories of disabilities. Use the content note below to support this discussion. Highlight that these categories show the diversity of the disability community. Emphasize that a person may have more than one disability. Note that the CRIT focuses on mental health conditions, substance use disorders, and intellectual and developmental disabilities.

This slide and its content appear in a later module focused on intellectual and developmental disabilities, so you may keep the discussion of this slide brief.



Content Note: The disability community is incredibly diverse. In addition to disabilities that may impact different aspects of a person's life, people with disabilities often have other marginalized identities such as being Black, Indigenous, people of color (BIPOC), LGBTQIA+, older adults, immigrants, refugees, etc. The causes of disability are also diverse. Some disabilities are the result of natural phenomena, such as aging, illness, or genetic variation. Others result from how a person develops early in life. Others result from life experiences, including injury and trauma.

While it may be helpful for officers to understand different types or categories of disabilities, people with disabilities often have more than one disability. For example, it is common for individuals with some types of developmental disabilities to also have physical disabilities. Some disabilities can also be temporary, lasting less than a year.

Respectful Language

- Describe the person, not the disability or illness: "Person living with..."
- Avoid offensive language
 - "Cripple," "suffering from," "crazy," "handicapped," the "R" word
- Learn from advocates about respectful language
- When in doubt, ask the person



SLIDE 2.18 RESPECTFUL LANGUAGE



Trainer Note: Emphasize that using respectful language when talking about people with behavioral health conditions and/or intellectual and developmental disabilities can help to reduce prejudice, stigma, and discrimination towards these people.

Engage the class in a discussion about using respectful language when encountering a person with a behavioral health condition or intellectual and developmental disability. Review the examples of offensive language on the slide and tie it back to the exercise at the beginning of this module.



Content Note: The "R" Word should be emphasized for discussion. The "R" word means retardation. Federal law established in 2010 removes the terms "mental retardation" and "mentally retarded" from federal health, education, and labor policy and replaces them with people-first language: For example, "individual with an intellectual disability" and "intellectual disability."

Knowing how people with disabilities may think about their disabilities can help officers more effectively communicate with them and create more understanding for why an individual may not wish to use certain services. Be willing to learn from those with lived experience and their loved ones as to how they would like to be referred to. Generally, people-first language is most respectful. However, it is typically best to use the same language as the person or community.

Source: The Arc of the United States, <https://thearc.org/our-initiatives/criminal-justice/>.

Principles of Recovery

Hope
Choice
Respect
Abolish Stigma
Person-First Language
Celebrate Diversity
Recovery is Possible

Q&A

**SLIDE 2.19
PRINCIPLES OF RECOVERY**

T N **Trainer Note:** Highlight each value on the slide using the content below as a reference point. Emphasize that these principles were developed by the Substance Abuse and Mental Health Services Administration (SAMHSA) and are most often used when talking about people with behavioral health conditions (mental health, substance use). These principles are important to remember when responding to individuals experiencing a crisis in the community.

Participants may already hold to these principles. Still, trainers should be prepared throughout the training week to:

1. Politely, but firmly, reinforce the principles;
2. Take a firm stance against any kind of stigma. This includes talking about people with mental health conditions, substance use disorders, intellectual and developmental disabilities, and co-occurring conditions in disparaging ways; and
3. Point out and correct any stigmatizing language used by class participants in a respectful way. Emphasize it’s about progress, not perfection.

Give a brief explanation about why aligning with these principles of recovery when responding to a crisis is important for building trust and respect and eliminating stigma. Emphasize that a person’s mental health condition, substance use disorder, or intellectual and developmental disability does not define who they are.

Q&A **Ask the group if anyone sees the omission of an important principle that should be added. Ask the group for examples of demonstrating these principles during a crisis call.**



Content Note: Each community will have its own values and language/terminology. The following principles were created to help reduce the stigma surrounding mental health conditions, substance use disorders, and criminal justice involvement.

1. **Hope** means having an attitude that you can resolve an interaction with a person with a behavioral health condition or disability in a way that keeps everyone safe. Hope is necessary and can be instilled in ourselves and in all the people we communicate with.
2. **Choice** should be offered to the individual you are responding to. Offering choice can help empower a person.
3. **Respect** highlights the importance of compassion and concern for people with mental health conditions, substance use disorders, and/or intellectual and developmental disabilities, as well as for our colleagues both within and outside of our own teams and organizations.
4. **“Person first”** language helps to communicate respect. For example,
 - People living with a mental health condition (not “the mentally ill”)
 - People with schizophrenia (not “schizophrenics”)
 - People with substance use disorders (not “substance abusers” or “addicts”)
 - People with a disability (not “disabled people”)

Some people with disabilities may prefer something different, and that preference should be respected. For example:

- Deaf people (not “people who are deaf”)
 - Autistic people (not “people with autism”)
5. **Diversity** should be celebrated. People with disabilities are often members of other communities; they may be people of color or LGBTQIA+.
 6. For mental health conditions and substance use disorders, it is believed that **Recovery is Possible**. The word recovery can mean several different things such as recovering from an exacerbation of symptoms, recovering from the overwhelming emotions of a crisis, recovering from using substances, etc. SAMHSA’s definition of recovery is “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential” (SAMSHA, 2012, p. 3).

Source: Substance Abuse and Mental Health Services Administration (SAMHSA), 2012, *SAMHSA’s Working Definition of Recovery: 10 Guiding Principles of Recovery*, Rockville, MD: Substance Abuse and Mental Health Services Administration, retrieved from <https://store.samhsa.gov/sites/default/files/d7/priv/pep12-recdef.pdf>.

Disability Culture and Community

- The disability community is a **community**; it has its own culture, language, and customs.
- Disability is often considered an identity by those with disabilities—something to be celebrated about who they are.

SLIDE 2.20 DISABILITY CULTURE AND COMMUNITY



Trainer Note: Present the points on the slide, using the content note below to support this discussion. Engage participants in a conversation about disability culture and disability pride using the questions below.



Ask participants if they are familiar with disability culture, perhaps through personal experience. What have they noticed about the language used? Ask participants to think about what makes up their own identity and which aspects they're most proud of.



Content Note: Those who are new to the disability community often don't realize what a diverse and vibrant community it is or that it comes with its own culture, language, and customs. Of course, there are also many subcultures within the disability community, often related to categories of disabilities.

Some people are also surprised to learn about disability pride—that many individuals with disabilities understand their disability as a positive part of their identity. In this way, the emphasis in disability culture is not on recovery, but on creating universal support in society so that all people can feel seen, welcomed, valued, and safe. When officers understand this, they can avoid making assumptions about a person with a disability and explore effective ways to communicate, including respectful language. Asking a person how they would like their disability to be referred to is important—officers should not assume that everyone will use the same language to describe their disability, and some people may not wish to refer to their disability at all.



SLIDE 2.21 MODULE WRAP-UP



Trainer Note: End this module with the following information:

This week you are going to learn about many different behavioral health conditions and intellectual and developmental disabilities and what individuals with these conditions and disabilities may need when experiencing distress, a crisis, or a potential crisis. You will also learn that a person may have more than one condition or disability—that is, a “co-occurring” condition. For example, a person may have a mental health condition and a substance use disorder, a person may experience more than one mental health condition such as depression and anxiety, or a person with an intellectual or developmental disability may also have a mental health condition and/or substance use disorder.

This training is designed to increase your awareness and knowledge about the signs, symptoms, behaviors, and characteristics of the various conditions and disabilities that may be present when you respond to someone who is in distress or experiencing a crisis. You may also be called when someone has a concern for another person’s well-being, or even when a person finds another person’s behavior unusual or disturbing. Increased knowledge and awareness can help you respond to these calls more effectively and keep everyone safe. It can also help you to connect a person to community treatment, services, and supports that they want and need, diverting them away from the criminal justice system.

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