



## SLIDE 18.1 TITLE SLIDE

### SCENARIO-BASED SKILLS TRAINING – VERBAL DE-ESCALATION SCENARIOS

**Time:** 540 minutes

**Slides:** 4

**Purpose:** This module provides the opportunity for participants to practice their verbal de-escalation skills and receive constructive feedback.

**Instructor:**

It is recommended that this module be co-taught by an officer with experience in crisis response, a mental health professional, and an IDD professional from your community who is familiar with the content taught in the prior modules. People with behavioral health conditions and disabilities are also key participants – they can both coach and serve as role players in the scenarios.

**Learning Objectives:**

Upon completing this module, participants should be able to:

1. Apply newly acquired skills in interactive role-play situations to solidify de-escalation techniques; and
2. Integrate verbal de-escalation skills and strategies with police department officer safety procedures.

**Activities:** (Available at the back of this guide and with the additional Trainer’s Materials for this module)

- Role Plays: One-on-One Scenarios

**Additional Materials:** (Available at the back of this guide and with the additional Trainer’s Materials for this module.)

- Role-Player Instructions – Tip Sheet
- Role Play Feedback Observation List

## Practicing Scenarios



- Managing encounters with people in behavioral health and/or IDD-related crisis
- Importance of communication skills in these situations
- Content warning

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## SLIDE 18.2 MODULE OVERVIEW



**Trainer Note:** Explain that the class will be participating in scenarios during this module that will give them the opportunity to practice the skills learned throughout the week. Remind participants to keep their own mental health and emotional well-being in mind as the scenarios progress. If at any time they need to step out of the room, they should feel free to do so. It is recommended that support be available for participants should they need to step away from the training room due to triggering content.



## Scenario Training



- Each person will have a chance to practice a scenario using their communication skills and de-escalation strategies
- Feedback will be provided for learning purposes

### REMEMBER:

- We are in a classroom, so space needs to be taken into consideration
- No weapons allowed in scenarios

## MODULE 18.3 SCENARIO TRAINING



**Trainer Note:** Highlight each point on the slide in preparation for the scenario-based training. Cover the content presented below.

### Scenario Safety and Environment Considerations:

- As an instructor, your highest priority during scenario training is to make the training environment as safe as possible.
- Inform officers on the first day of this course that they will be participating in scenario training. Decide whether you prefer them to wear their uniforms and full-duty belts on the scenario days or their regular duty clothes instead of the full uniform; communicate that clearly.
- Clearly state that **weapons are not allowed in the scenarios**. Be sure officers lock up their weapons in their assigned secure storage spaces or have a lock box present on scenario days to secure all weapons. Designate a safety officer to ensure all weapons are secure before beginning scenarios.
- Be sure you conduct scenarios in a well-lit and appropriate space; keep safety at top of your mind when designing the scenarios in the space you are using.
- Be mindful of the number of people in the class and the number of people participating in the scenarios. Again, safety is paramount.
- Some departments have found it most effective to hire professional actors to participate in the scenarios. People with behavioral health conditions and/or developmental disabilities can be professional actors or participate in acting classes/troupes. It is recommended that you engage with actors who have lived experience with behavioral health conditions and disabilities to participate in these scenarios. You may reach out to NAMI and your local chapter of The Arc (if available) to identify these actors.



If actors with lived experiences with behavioral health conditions and developmental disabilities are not available, consider contacting qualified local actors or local university acting students. Actors should be trained and skilled in demonstrating realistic behavioral health and IDD crisis symptoms, behaviors, or characteristics. Also, actors should be familiar with what is taught in the scenario-based skills training (de-escalation) modules.

- Please note, several scenarios require more than one person due to needing family members, neighbors, complainants, etc. In this case, you may use class participants as needed, along with any additional role players. Also, note that some role players will participate in more than one scenario or will need to play multiple parts.

### **Scenario Set-Up and Facilitation:**

There are many ways to conduct scenarios. The model described below is one that has been used widely and effectively for training in crisis response and intervention. With a large class, some agencies split officers into groups and hold several scenarios at the same time. In this model, officers rotate to different rooms to participate in different scenarios. To do this, there need to be enough instructors in each room to facilitate the scenarios and skill practice – at a minimum, one law enforcement instructor and one mental health/disability instructor.

### **Instructions to Class Participants:**

1. Explain that the scenario training process is meant to be a positive experience with feedback to help them master the skills.
2. Participants are to use the verbal de-escalation skills they have learned about in class and to draw from what they learned about mental health conditions, substance use/co-occurring conditions, IDD, suicide, legal considerations, local resources, and interacting with individuals with lived experience and families, etc.
3. Explain the critical elements that you will be looking for:
  - The Four Plays: The Four Plays slide can be on the screen during scenario training if needed. Regardless, remind participants what the Four Plays are: **(1)** Introducing themselves, **(2)** Getting the person's name, **(3)** Identifying the person's emotions (reflection), and **(4)** Summarizing or restatement.
  - Calm, self-confident entrance and presence
  - Calm, even voice tone
  - Showing empathy, respect
  - Use of active listening techniques
  - Genuineness
  - Reassuring, hopeful in resolution
  - Keeping the person safe
  - Repetition and simple requests



4. Explain that there will be a team of two to three people—including a clinician with experience with mental health and/or IDD and a law enforcement officer—who will assist with scenario training and feedback.
5. Have participants count off so that you have groups of 3 people (in some situations you may have 4 people in one group). Or you can ask for volunteers in groupings of 3 people at a time.
6. Explain how scenarios will work:
  - There will be a primary facilitator who will be “The Coach.”
  - Participants will be called to participate in the scenario by their group.
  - The Coach will read the scenario to the class.
  - Start Scenario – One participant will engage with the scenario at a time.
  - If the participant is stuck, they can ask for a time-out and get coaching or if the Coach sees they are stuck, the Coach can initiate a time-out and give suggestions.
  - These scenarios should NOT escalate to a point where officers feel they need to use a “hands-on” response. If at any time in the scenario, an officer feels they are at a point where they “need” to go hands-on, they can call a time-out for the scenario. The Coach should take this opportunity to discuss with the officer why they felt the “need” to apply a hands-on approach.
  - The Coach will tap the person out when they have been successful in demonstrating verbal skills, de-escalation strategies, and moving toward resolution.
  - The next participant will then come in to engage in the scenario.
  - The scenario starts over each time a new participant enters the scene.
  - After all the participants in the group have completed the scenario then the coach begins the feedback process.
7. Remind the participants that this is a classroom, so space is limited, and this may impact their ability to maintain a safe distance. Remind the class we know they understand officer safety as they have received ample training in that. This class is about verbal de-escalation so we will be focusing on that.
8. Emphasize that, throughout the role-play scenarios, officers must be respectful of people with behavioral health conditions and IDD, especially when officers or others are involved in acting like they have these types of conditions and disabilities as part of the role-play scenarios. It is preferable, whenever possible, for people with disabilities to be the actors with disabilities in the scenarios. It can be easy for scenarios to become comical when fellow officers are acting like they have a behavioral health condition or disability. The Coach needs to have a plan for how to address this if or when this occurs.



**Role Player Instructions** are provided as a Tip Sheet at the back of this guide and in the additional Trainer’s Materials for the module.

**Feedback Process:**

Explain that the feedback process is not focused on “good” or “bad” – which can be perceived as judgmental. The focus is on the “effectiveness of the skills.” Did the officer use their knowledge, skills, and strategies “effectively”?

It is suggested that you use a panel format to provide feedback with at least one law enforcement facilitator and one mental health/disability facilitator on the panel. You may also designate a master instructor who can interject after the panel’s feedback, but only if the panelists miss something important about the participant’s skills. The feedback panel can use the **Role Play Feedback Observation List** found in the back of this guide and within the additional Trainer’s Materials for this module to guide their evaluation (*remember the scenarios will be run three times each before the feedback phase begins so taking notes will be important*). Additionally, to keep the class engaged you can add an additional option (if time permits) by letting the class know they may be called upon at some point to provide feedback.

1. The Coach asks each evaluator: (rotate who goes first: If the law enforcement evaluator goes first, have the mental health facilitator lead off in the next scenario.
  - a. “What do you think worked well?”
  - b. “If the person could do it over, what would you suggest they do differently?”
2. The Coach may solicit comments from the class if time permits.
3. The Coach ends with the participant and asks them what they heard from the evaluators that they did well. Leave feedback on a positive note for the group.
4. The next group will do their scenario and the process is repeated until all the participants have done at least one scenario.
5. Depending on time and class size, each participant may be asked to do a second scenario.
6. It is the job of the Coach to reinforce the positive feedback and highlight key learning points.



**Module Wrap-Up**

**Questions?**

This curriculum was created through support by Grant No. 2020-NT-BX-K001 awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office for Victims of Crime, and the SMART Office. Points of view or opinions in this document are those of the authors and do not necessarily reflect the official positions or policies of the U.S. Department of Justice.

## SLIDE 18.4 MODULE WRAP-UP



**Trainer Note:** Use this as an opportunity for the participants to ask questions.

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## MODULE 18. VERBAL DE-ESCALATION SCENARIOS

### Role Player Instructions – Tip Sheet

Although role-playing can be fun remember that as a Role Player you are considered a trainer. You are helping the officers learn effective verbal de-escalation skills and strategies. Specific instructions regarding your role in the scenario will be provided separately. Still, there are several overall tips that you should consider as you are preparing for and presenting in the training:

- Become familiar with your scenario
- Review the symptoms or behaviors that you will “act” out
- Practice “acting” these symptoms or behaviors
- Stay in character as best possible
- Do not make it too easy, but also do not make it too hard
- As a Role Player you are looking for the Verbal De-escalation skills used
- Begin to work with the participant when you hear or see the following:
  - They have asked and gotten your name
  - They are not threatening
  - They have a calm, even voice tone
  - They are showing a genuine caring
  - They are showing empathy and respect
  - They are being repetitious
  - They are using restatement and reflection – they are identifying your feelings and can summarize what you are saying
  - Their body posture is not intimidating
  - They are listening
  - They are not cutting you off or interrupting
  - They make you feel safe
- If there is a weapon (not real) of any kind incorporated into the scenario, please put it down when an officer asks or commands you to do so. You can pause one time to say your weapon is keeping you safe. After that, put it down.
- Watch the Coach periodically for instructions on whether to stay in character or start cooperating with the participant

**REMEMBER: AS A ROLE-PLAYER YOU ARE AN INSTRUCTOR – NOT AN ACTOR**



## MODULE 18. VERBAL DE-ESCALATION SCENARIOS

### Role Play Feedback Observation List – Things to Look for During Scenarios

#### Use of Communication Skills

Active listening – Open-ended questions, restatement, reflection, summary

Body language – tone, presence, attention, distance

Empathy – listen, validate, positive reinforcement

#### Use of Strategies

##### Strategies:

- Slow things down
- Test compliance
- Provide structure
- Gather information
- Give choices

##### The “Four Plays”

- Give your name
- Get their name
- Identify emotion
- Provide summary

#### Effective Demonstration of Skills and Strategies – Participants must have...

- Introduced self and got the person’s name
- Used non-threatening body language
- Used a calm, even voice tone
- Appeared genuine and caring
- Showed empathy and respect
- Repeated statements or questions as needed
- Demonstrated listening skills
- Did not interrupt
- Was reassuring, creating a sense of safety
- Used restatement, reflection, and summarizing – they identified feelings and could summarize what was being said
- Used methods of communication that promoted the person’s preference or made it easy to understand what they are saying
- Offered resolutions after building rapport

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## MODULE 18. VERBAL DE-ESCALATION SCENARIOS

### Role Play Scenarios

Fourteen scenarios have been prepared to allow participants to practice their verbal de-escalation skills when responding to behavioral health- and/or IDD-related crisis situations. Each of these scenarios is presented below.

**The primary goals and objectives of participants in these scenarios remain consistent.**

**Participants should:**

- ✓ Introduce themselves, get the person's name, identify the person's emotions (reflection), and summarize the person's statements;
- ✓ Keep the person safe, themselves, and others safe;
- ✓ Help the person *feel* safe;
- ✓ Demonstrate a calm, confident entrance and presence in the scenario;
- ✓ Use a calm, even voice tone;
- ✓ Show empathy and respect;
- ✓ Use active listening; ask open-ended questions, be attentive, and provide minimal encouragers;
- ✓ Be genuine;
- ✓ Be reassuring and hopeful in the resolution;
- ✓ Repeat questions and ask simple requests;
- ✓ Speak directly to the person;
- ✓ Pay attention to body language – both their own and that of the person they are responding to;
- ✓ Avoid an aggressive stance and/or voice tone;
- ✓ Slow things down, take their time;
- ✓ Be patient;
- ✓ Set appropriate limits; and
- ✓ Offer choice, when able.



## Scenario # 1

<b>Name</b>	<b>Adolescent Experiencing Depression</b>
<b>Dispatch</b>	Dispatched to a disturbance at a home involving the family’s teenager (son/daughter). The officer is advised that the youth is in the house throwing things around, cursing, and threatening to kill themselves. The parent called and is terribly upset explaining that they need help immediately.
<b>Role Player Briefing</b>	<p><b>Parent:</b> You tell the officer that the youth’s other parent died last year in a car accident. Since that time, the youth has been experiencing several challenges, most likely in response to this traumatic event. The youth is 14 years old, doing poorly in school, getting into fights, and getting suspended. The youth often says they are sick to try to get out of going to school. You have taken them to the doctor, who prescribed medication for depression, but they won’t take them.</p> <p><b>Youth:</b> You were just suspended for being accused of cheating on a test and then cursing at the teacher. You are pacing, cursing, telling everyone that you are going kill whoever comes near you and then you will kill yourself because “things just don’t matter anymore.” You tell the officer there is nothing they can do and to go away unless they want to kill you. You are pacing a lot; you also get quiet sometimes and don’t answer questions, then you get frustrated, telling the officer, “No one understands, no one likes me, and I am picked on at school.” You also state: “I just want to go be with my (mom/dad).”</p>
<b>Role(s)</b>	(1) Single parent (2) Youth experiencing depression
<b>Props Needed</b>	None



## Scenario # 2

<b>Name</b>	<b>Person Experiencing Homelessness Who Has Schizophrenia</b>
<b>Dispatch</b>	Dispatched to a disturbance where many people experiencing homelessness live. The officer is informed that one individual is complaining that someone stole something. No further information is available.
<b>Role Player Briefing</b>	<p>You are living in an unsheltered area with many people experiencing homelessness. You have no money and are currently taking medication for schizophrenia. If the officer asks you about medication, just say, "I take medication to calm down so I can sleep."</p> <p>Without getting too excited, act very distraught, because someone has taken your food and you want it returned. You may say something like "I was really looking forward to eating (food item) and now they are gone!" You are highly agitated and distrustful of others in the area as someone took your food. Your main concern at the moment is getting your food back.</p>
<b>Role(s)</b>	(1) Individual experiencing homelessness and living with schizophrenia
<b>Props Needed</b>	Clothing and items to give the appearance of a person experiencing homelessness



## Scenario # 3

<b>Name</b>	<b>Person with Autism at a Playground</b>
<b>Dispatch</b>	A dispatcher receives a call from a concerned citizen. The citizen reports there is a person in their thirties acting strangely at the playground where many young children are playing. Officers arrive on the scene to find the person playing on playground equipment.
<b>Role Player Briefing</b>	<p><b>Person with autism</b> - When officers approach, start to make a clicking sound with your tongue repeatedly and continue to play on playground equipment. When officers ask your name, don't reply, and keep playing. As the officers continue to ask your name and move closer to you, become agitated, flailing your arms, and screaming. (If the officer moves back, slow down your agitation/if the officer does not move back, continue to become more upset.)</p> <p><b>Neighbor of the person with autism</b> - let the scenario play out and then come in to check on your neighbor. Let the officers know that the person has autism and frequently visits the park to play on the swing. Tell them that the person with autism has always interacted appropriately with children and that he tends to avoid other people, including children, altogether.</p>
<b>Role(s)</b>	<p>(1) Person with autism</p> <p>(2) Neighbor of person with autism</p>
<b>Props Needed</b>	None



## Scenario # 4

<b>Name</b>	<b>Person with Bipolar Disorder</b>
<b>Dispatch</b>	Dispatched to a busy intersection where a person is in the street yelling at cars passing by. (Provide a description to officers that matches the role player).
<b>Role Player Briefing</b>	<p>Pace around, swing your bag, and make statements to vehicles passing by: “Don’t you know who I am? If you did, you would stop for me; I am very important; I know lots of important people, and they would be upset you didn’t stop. I have the answers to staying young and everyone wants that. I know the mix of the right ingredients and all you want to do is ignore me. You will be sorry one day.”</p> <p>When the officer approaches you, you talk about being important and having the secret to staying young. You talk about all the famous people you have sold your products to and how you are in demand by politicians and other world leaders so they can stay young.</p> <p>Continue to talk fast and ask a variety of questions which may seem unconnected, i.e., “Are you married?”, “How long have you lived here?”, “Do you want to buy my product?”, “You like me, don’t you?”, and, “You think I am young and cute – well that just shows how much my product works.”</p> <p>Eventually, you can acknowledge to the officer that you take medication to help your mood. You claim however that the medication makes it difficult for you to have the energy to sell your product, so you stopped taking your medication. You have been off the meds for three weeks, and you think you are doing fine.</p>
<b>Role(s)</b>	(1) Person with bipolar disorder
<b>Props Needed</b>	Some type of handbag or duffle bag



## Scenario # 5

<b>Name</b>	<b>Person with Both Schizophrenia and an Intellectual Disability</b>
<b>Dispatch</b>	<p>Dispatched to a person who lives in a third-floor apartment building in a high-crime area of the city. The complainant is reporting that at approximately 2 am, two people came into their apartment and would not let them go back to sleep. The complainant has no idea who these people are or how they got into the apartment. The caller says they are afraid of these people and want the police to get rid of them. The officer is informed that there have been numerous calls to this location regarding similar complaints.</p> <p>Upon arrival: The apartment door is slightly ajar. You and your backup knock and ask to come in.</p>
<b>Role Player Briefing</b>	You have schizophrenia and experience delusions and auditory hallucinations. You also have an intellectual disability and have a tough time understanding the officer's questions and instructions. You just want the problem to go away. You are pacing and quite agitated when the officers arrive. You are experiencing paranoia and are sure that there are others trying to hurt you. There are some pill bottles on the floor.
<b>Role(s)</b>	(1) Person with both schizophrenia and intellectual disability
<b>Props Needed</b>	Several pill bottles



## Scenario # 6

<b>Name</b>	<b>Veteran with Post-Traumatic Stress Disorder (PTSD) in a Park</b>
<b>Dispatch</b>	<p>A two-officer unit is dispatched to an affluent neighborhood park for a report from the neighbors stating they do not recognize this person from their neighborhood, and the person is acting a little strange because, at times, they will pace and mumble. The person is dressed nicely but looks disheveled. They are wearing a ball cap with a military logo. When you arrive, you find the person sitting on a park bench.</p> <p>Upon arrival: you approach the person and notice a couple of beer cans on the ground. The neighbors tell you they have not seen this person before and would like them gone from their neighborhood, stating “This is where your kids play; you don’t want a stranger in your park, and they should not be drinking out here.”</p>
<b>Role Player Briefing</b>	<p>You are a Veteran, and you have PTSD. You have been having nightmares and flashbacks lately. You have been drinking beer but are not intoxicated. You are despondent from losing your job because you were too tired to make it in regularly due to lack of sleep. You do not think life is worth living. You and your spouse are arguing a lot, you don’t know how you will make ends meet, and the pain of the memories seems too much to handle.</p> <p>Sit on the bench with your head down and mumble passively, “It is not worth it anymore,” “I don’t know what to do,” “No one cares,” “The VA doesn’t care, the government screwed me, and I shouldn’t be here, my buddies should,” “Why did they have to die?” Look down until the officer asks you to look up. If the officer doesn’t ask this, keep looking down.</p> <p>At some point, get up and start pacing, slowly becoming more agitated - “I can’t live like this anymore.” You tell the officer, “I served in Iraq – 2 tours, I was in the army (or whatever branch your props signify); my buddies and I were hit by a roadside bomb, and many didn’t make it out. It should have been me. Since coming back, I have had a tough time keeping jobs. I don’t sleep well, lots of nightmares and flashbacks. I get services at the VA, but it seems like they just want to push pills. They don’t seem to understand me.”</p> <p>You have been married for five years, and your spouse complains a lot because they want you to go out places with them, but you don’t want to go anywhere because you are afraid to. You are afraid people will attack and hurt you or your spouse. Make some absolute statements like, “Nobody cares” and “All cops just want to take people to jail!” You have a weapon but not on you – it is in your vehicle, and you share that with the officer if they ask.</p>
<b>Role(s)</b>	<p>(1) Veteran with PTSD  (2) Neighbor(s) in the park</p>
<b>Props Needed</b>	Empty beer cans and hat or clothes with military insignia



## Scenario # 7

<b>Name</b>	<b>Person with an Intellectual/Developmental Disability</b>
<b>Dispatch</b>	Dispatch receives a call from a bystander about a distraught person on the street. The bystander relays that they saw a person crying and very distraught. When trying to help, the bystander is unable to obtain any information from the person and says they think the person has a speech impairment or some type of issue going on with them, since they are not responding to questions in a coherent way. The caller thinks the person might be dangerous and is worried about their own safety. The caller uses inappropriate language when describing the person to dispatch (for example, they are acting “crazy” or seem “stupid”).
<b>Role Player Briefing</b>	<p><b>Complainant:</b> You have had no prior experience talking to people with disabilities and you suspect something is “off” about the person. You want an officer to come as soon as possible so you can leave quickly. You tell dispatch that you are in a hurry and can’t stay and that you’re worried this person might do something dangerous. When the officer arrives, they ask you questions about the situation. You respond that this is how the person was when you saw them and you don’t know why they are so upset, but they said something about a bike. You tell the officer you were afraid the person was going to become violent or that the person is “scary”, so you called the police. You may say something like “people like this shouldn’t be left alone on the streets without supervision.”</p> <p><b>Person with IDD:</b> You were riding your bike when you stopped at an intersection and a person you never met before began to chat with you. The person seemed very nice at first and acted like they wanted to get to know you. They finally asked if they could try your bike and you didn’t know how to say “no,” so you let them. You thought you may be able to make a new friend, and those can be hard to come by. Then, out of nowhere, the person took off on your bike. You are severely distraught because you love your bike, and your only mode of transportation was taken from you, and you are sure your parents will be angry with you and not let you get a new one.</p> <p>When the officer arrives, you are visibly shaken, upset, and pacing back and forth while making sounds incoherently. You are by yourself on the sidewalk or street. You have a backpack on with your ID inside, which you can show if asked. If you are communicated with appropriately and patiently, you calm down and begin to answer questions. You use either very simple language or you may use a lot of language, but not necessarily correctly. You may exhibit stimming behavior that becomes more extreme when you are upset. Stimming may include hand-flapping, closing your eyes, grimacing, or rubbing your face or hands. Your level of anguish may seem extreme for your age.</p>
<b>Role(s)</b>	(1) Person with IDD (2) Complainant
<b>Props Needed</b>	Bike helmet, riding gear (gloves, shorts, etc.), backpack containing identification



## Scenario # 8

<b>Name</b>	<b>Person with Schizophrenia</b>
<b>Dispatch</b>	A parent calls 911 regarding their adult child who is locked in their room. Officers are dispatched to a house with a 32-year-old person who has locked themselves in their room and won't come out. The parents are very concerned because their adult child has been isolated for days and refuses to take their medications. Upon arrival, speak to the parents to get information as to the problem.
<b>Role Player Briefing</b>	<p><b>Parent(s)</b> – Your child will not come out of their room, has not taken their medication for two weeks, and you are very concerned. Tell the police you hear strange noises coming from the room and talking. When you try to coax them out, they get loud and don't make sense. Explain to police that your child has been diagnosed with paranoid schizophrenia and this cycle happens about three times a year. Tell police there are no weapons in the room.</p> <p><b>Person with schizophrenia</b> - You are telling everyone to leave you alone. You believe everyone is part of a conspiracy to hurt you and poison the water. You believe your parents have been poisoning your food. You go on to talk about the terrorists in the neighborhood and how someone needs to arrest them or blow them up. You talk about the messages you receive from the streetlights and how you know people are watching through your window at night. At some point, you open the door slightly, but you don't want the officers to come in initially. You talk through the crack in the door.</p>
<b>Role(s)</b>	(1) Parent (2) Person with schizophrenia
<b>Props Needed</b>	Door/barrier (or similar item) for person to stay behind to feel safe. Water bottles (optional)



## Scenario # 9

<b>Name</b>	<b>Person with Bipolar Disorder (both mania and depression) at Their Home</b>
<b>Dispatch</b>	Dispatched to a residence to check the welfare of a person. Caller reports they are concerned about their friend who recently broke up with their fiancé and they seem to be getting worse. Upon arrival, you will meet initially with the caller.
<b>Role Player Briefing</b>	<p><b>Caller</b> – Advise the officer: “They just don’t seem right, sometimes they just look lost, just staring into space. Today, I was checking on them, and they became angry, accusing me of planting untruths on Facebook and saying that I am the cause of their life problems.” The officer instructs the caller to remain outside while they go in and talk with the friend.</p> <p><i>After the officer has started talking with your friend, attempt to come into the room to see what’s going on and express to their friend that they are concerned and that maybe it was for the best the relationship ended – that sometimes God works in mysterious ways.</i></p> <p><b>Person with bipolar disorder</b> - There are two bottles of pills near where you are sitting. If the officer attempts to move the bottles, grab the bottles, and become hostile at the officer’s invasion of your privacy and a violation of your constitutional rights (this should be a repeated expression of frustration). You talk to the officers but are somewhat evasive while suggesting that your problems are your problems and that you will deal with the consequences if forced to act. Continue to be evasive and avoid directly explaining what your issues are and become a little agitated while talking about how your fiancé cheated on you. Continue to remain upset and go off on a tangent about how men are no good, and that they only care about themselves. After a few minutes, you get despondent and say, “It’s not worth living anymore.” <i>As the officer continues to explore this call, the role player with bipolar disorder opens up a little more when the officer expresses sensitive de-escalation skills.</i></p> <p><b>Fiancé</b> - <i>Come in after some time passes wanting to know what’s going on – that he received a text from their ex that didn’t make sense. Both parties attempt to talk to each other – but the role player with bipolar disorder becomes agitated and wants everyone to just leave.</i></p>
<b>Role(s)</b>	(1) Caller (2) Person with bipolar disorder (3) Fiancé
<b>Props Needed</b>	Pill bottles



## Scenario # 10

<b>Name</b>	<b>Person with a Substance Use Disorder Who is Actively Suicidal</b>
<b>Dispatch</b>	You're sent to an intoxicated person on the roof of a five-story apartment building. The caller is a resident of the building who states they do not know this person. The caller is no longer on the scene but is concerned because the person is sitting on the edge of the roof with a beer and looks like they may jump.
<b>Role Player Briefing</b>	While sitting in a chair on the roof's edge, drinking a beer, you aggressively yell at the officers to back up when they first make contact. You are somewhat belligerent to the officers, but more so in just wanting them to leave you alone. When the officer asks what is going on, explain to them that your ex is threatening to get full custody of your children. You were served with court papers earlier today because your child had an injury from a fall off the swing. Your ex-spouse believes that you intentionally injured the child. You are temporarily unemployed and believe life is not worth living without your children. This is how you ended up on the tallest building you could find.
<b>Role(s)</b>	(1) Person with a substance use disorder who is considering suicide
<b>Props Needed</b>	Beer cans Displaying a visual effect/picture of a roof's edge projected on a screen behind the role player can add to the scene (optional)



## Scenario # 11 (Corrections Officer)

<b>Name</b>	<b>Person with a Developmental Disability in a Local Correctional Facility Refusing to Shower</b>
<b>Dispatch</b>	Supervisor requests an officer check on an inmate who is refusing to shower
<b>Role Player Briefing</b>	You have a developmental disability. You often use stimming behaviors to self-regulate your emotions when you are experiencing sensory overload (e.g., rocking back and forth, tapping feet or fingers, saying repetitive sounds or words). You are currently in jail awaiting a court appearance on charges (make up an appropriate low-level crime relative to your state/governing body). You get upset when officers ask you to shower, and you refuse to do so. Stay verbally combative while using your stimming behavior to try to calm yourself but allow the officer to pull out of you the reasons why you do not want to take a shower. Reasons may include a lack of knowledge of how to shower, fear of breaking your usual shower routine (staying in a routine is important to you), not wanting others to see you, not being able to stim easily while showering, or being afraid you cannot stop stimming and others would see.
<b>Role(s)</b>	(1) Person with a developmental disability in a correctional facility
<b>Props Needed</b>	Laying three tables on their sides and connecting them to form a U-shape can simulate jail cell walls.  If you have an inmate jumpsuit, you can have the role player wear that.  Advise the participant and officer to simulate that the cell has bars on the opening side of the U-shape, you can use painters' tape on the floor to simulate a cell too if you choose.



## Scenario # 12

<b>Name</b>	<b>Missing Teenager (or Youth) with Autism and Cerebral Palsy</b>
<b>Dispatch</b>	Dispatch receives a call from two very concerned parents that their teenager, who is 14 years old, wandered off during a family outing and has been missing for over 4 hours. The parents inform the 911 operator that their child has autism and has wandered off in the past, but that the youth had never been missing for more than an hour, and that they are worried. The parents provide a description of what the youth is wearing. Dispatch relays to the officers that the youth has autism and notes what the youth is wearing (have this description match what the role player is wearing).
<b>Role Player Briefing</b>	<p><b>Youth with autism</b> - Within 30 minutes of searching the area where you went missing, officers come across you wandering aimlessly near a lake, and ask a series of questions. You are non-responsive to the officers, appear to be afraid and agitated, and are standing near the water. As the officers ask more questions, you become more agitated.</p> <p>Officers will likely want to move you away from the water and get you home. Stay near the water, and if the officers demonstrate the skills and strategies they learned by slowing things down, repeating questions slowly, having patience, and displaying non-threatening behavior, then gesture about writing as a form of communication. See if the officers can pick up on this and comply with helping you communicate in the form that works best for you.</p>
<b>Role(s)</b>	(1) 14-year-old with cerebral palsy and intellectual disability
<b>Props Needed</b>	Park/lake photo displayed on the screen



## Scenario # 13

<b>Name</b>	<b>Distressed/Suicidal Person with a Knife</b>
<b>Dispatch</b>	Dispatched to check on the welfare of a person in distress who is sitting on the ground against a building in the park. The person appears to be holding a knife.
<b>Role Player Briefing</b>	<p><b>Distressed person holding knife</b> – You are exhausted from life and very upset at yourself. You feel like a failure. You have been out of work due to a back injury for over a year now. Your back is not getting better, and your prescribed pain medication has run out. You have started to seek other forms of pain management outside of the medical field (heroin/pills) and feel completely hopeless because of this. You feel that suicide is the only way to stop your pain. You have no other family that will talk to you anymore.</p> <p>Remain seated on the ground holding the knife (you can stand up, but don't advance towards the officers; remain stationary). When officers approach you, tell them to stay back and not come closer to you or you'll make them shoot you. Only engage the officers in conversation and start to de-escalate if they use The Four Plays and try to connect with you. If they notice and make mention of the props (team/military shirt/hat) cooperate with them eventually. If they continue to just say "drop the knife, drop the knife, drop the knife" continue to be agitated and tell them to shoot you.</p>
<b>Role(s)</b>	(1) Distressed person
<b>Props Needed</b>	<p>Red knife, red guns, the person with the knife should wear some type of clothing or have some type of prop that the officers hopefully identify and attempt to use that to connect with the person (i.e., favorite team or military hat/shirt, stuffed animal), something the officers can use to "find the hook".</p> <p><b>SAFETY IS OF THE UTMOST IMPORTANCE. REMEMBER TO BE CERTAIN THAT NO LIVE FIREARMS OR KNIVES ARE ON ANY PERSONS DURING THIS OR ANY OF THE SCENARIOS</b></p>



## Scenario # 14 (Dispatcher)

<b>Name</b>	<b>Distressed/Suicidal Caller Standing on a Bridge</b>
<b>Dispatch</b>	This scenario can be completed using cell phones – one for the dispatcher and one for the role player in another room. The dispatcher should answer the call as they would any 911 call coming in. For example – “911 what is your emergency”, “911 – do you need police, fire, ambulance, or mental health”.
<b>Role Player Briefing</b>	<p><b>Distressed/suicidal caller standing on a bridge (if asked where you are, use a bridge within your area):</b> You are very distraught over the thoughts you are having and your current situation. You have lost hope and feel like a failure. The company you worked for went out of business and you have been out of work for over a year. The bank has taken your house and as soon as they find your car, they will be taking that too. You have been living in your car for about 6 months now. You often come to this bridge to reflect on things, but you feel different today. Today you’re feeling like life may not be worth living anymore. You have no other family that will talk to you anymore. You have a dog that is older and in poor health and you worry about it often and wonder who will take care of it. You do not really want to jump off the bridge, but you are not seeing any other option right now.</p> <p>Tell the dispatcher not to send any police to the bridge and if they do you will jump. You only want to talk on the phone right now, no police.</p> <p>Only engage the dispatcher in conversation and start to de-escalate if they use the “four plays” and try to connect with you.</p>
<b>Role(s)</b>	(1) Suicidal caller standing on a bridge
<b>Props Needed</b>	<p>Cell phones (one to simulate the 911 line and one for the caller to use from another room)</p> <p><b>NOTE: Place the cell used by 911 on speaker so the rest of the participants can listen to the call</b></p> <p>Sound effects – street noises playing in the background can draw more reality into this scenario. Platforms such as YouTube have many videos/sounds (search “street sounds”) that you can play in the background while the caller is talking to the dispatcher. You may need an additional phone/streaming device to do this.</p>