Recruit Officer Course

Commonwealth of Massachusetts

Municipal Police Training Committee

Volume III: Patrol Procedures

Use of Force

Version: D2020

The Municipal Police Training Committee (MPTC), an agency of the Executive Office of Public Safety and Security (EOPSS), serves the Commonwealth by establishing training standards, oversight and policy guidance for policing professionals.

INSTRUCTOR LESSON

Title: Use of Force

Version: D2020

Course Purpose: Provide student officers with legal standards and general concepts for using force.

Learning Objectives: During this course, student officers will receive information and instruction on how to:

1. Identify U.S. Supreme Court and Commonwealth case laws that govern use of force by police.

2. Define the following terms:

    a. *force*
    b. *non-deadly force*
    c. *deadly force*
    d. *bodily harm*
    e. *serious bodily injury*

3. Identify specific underlying circumstances and factors that can increase the risk of unlawful resistance by suspects against police.

    a. investigation type
    b. suspect body language
    c. suspect communication
    d. suspect drug or alcohol influence

4. Identify and demonstrate how to apply the following MPTC use of force model guidelines:

    a. perceived threat
    b. suspect actions
    c. officer response

Classroom Hours: 6

Skill Development Hours: 0

Total Hours: 6

Instructional Methods:
Facilitation/Lecture
Open Discussion
Skill Development Activities

Required Materials:
Lesson manuscript and supporting visual aids
Desktop or laptop computer with audio
LCD projector or TV

Training Aids: Flip Chart/Dry Erase Board

Handouts: MPTC Use of Force Model

References:

"Documenting the Use of Force." FORCE Concepts. Angier, North Carolina. 2014.

"Use of Force: The Basic Curriculum." Massachusetts Municipal Police Training Committee. Randolph, MA. 2014.

Massachusetts District Court, Criminal Model Jury Instructions (Boston, MA: Massachusetts Trial Court Law Libraries, July 2016)

"Use of Force by Sworn Personnel: Policy No. 1.01." Massachusetts Chief of Police Association. 2016.

"Police Use of Force." National Institute of Justice – Office of Justice Programs. Available on-line at: https://www.nij.gov/topics/law-enforcement/officer-safety/use-of-force/Pages/welcome.aspx [January 2020]

"Police Use of Force in America." International Association of Chiefs of Police. 2001.

"Subject Control / Arrest Techniques." Salemburg, NC: North Carolina Justice Academy, 2015.

"Use of Force." Federal Law Enforcement Training Center. Glynco, GA: January 2006

"Use of Force Instructor Update." Randolph, MA: Massachusetts Municipal Police Training Committee, 2013.

Case References:

Commonwealth v. Adams, 416 Mass. 558. (1993).
Commonwealth v. Cataldo, 423 Mass. 318 (1996).
Commonwealth v. Katykhin, 59 Mass. App. Ct. 261 (2003).
Commonwealth v. Klein, 372 Mass. 823 (1977).
Commonwealth v. Moreira, 388 Mass. 596 (1983).
Graham v. Connor, 490 U.S. 386 (1989).
Julian v. Randazzo, 380 Mass. 391 (1980).
Scott v. Henrich, 39 F.3d. 912; 9th Circuit (1994).
Tennessee v. Garner, 471 U.S. 1 (1985).
Terry v. Ohio, 392 U.S. 1 (1968).

Author(s):

Jon Blum
Vice President
FORCE Concepts, Inc.
2016 - 2017

Legal Review:

Natashia Tidwell, JD
Alexandra Watson, JD
Shaun Donnelly, JD
Hogan Lovells (Boston Office)
August 2017

Revised By:

Charles DiChiara
Officer / MPTC Defensive Tactics Instructor
Waltham Police Department
February 2018

Steve Wohlgemuth
Trooper / MPTC Defensive Tactics Instructor
Massachusetts State Police
February 2018

Revised By:

Dwayne Fortest
MPTC Defensive Tactics Instructor
Plymouth County Sheriff's Department
February 2018

Charles DiChiara
Officer / MPTC Defensive Tactics Instructor
Waltham Police Department
June 2018

Shawn Barbale & DT Committee
Defensive Tactics State-Wide Coordinator
MPTC
January 2019

ROC State-Wide Coordinator
MPTC
January 2020

Instructor Notes

1. Recruit Officer Course (ROC) use of force training topics are delivered by multiple instructors across several disciplines. For best results, ROC use of force topics should be delivered in a specific order (see table below).

   At a minimum, "Use of Force" must be delivered first because it provides foundational concepts that apply to all ROC use of force topics in table below.

Order	Topic
1	Use of Force
2	Handcuffing & Restraints
3	Defensive Tactics
4	Oleoresin Spray (OC)
5	Baton
6	Handgun
7	Rifle

2. Delivering instructor(s) must have successfully completed specific train-the-trainer or other equivalent use of force certification courses determined by MPTC.

3. One or multiple instructors from any MPTC use of force discipline may deliver this lesson.

4. Instructors must be intimately familiar with fact patterns and circumstances for all case law references used in lesson because they provide real-life examples to promote student officer learning. Instructors are also encouraged to develop additional hypothetical scenarios.

5. The purpose of this lesson is to teach recruits foundational legal standards and concepts for using force. Because case law allows agency policy to be more restrictive, MPTC defers to employing agencies for providing recruits with additional use of force standards and guidance after graduation.

6. Instructors must use this "Instructor" manuscript to deliver topic. Instructor **NOTES** are inserted throughout to choreograph delivery and ensure content is presented as intended. Instructors should also use active learning methods. This includes, but is not limited to group discussions and exercises, peer demonstrations, and facilitation. Instructors are encouraged to share relevant media articles, videos and personal work experiences when appropriate.

7. Student officers must be provided with the “Student” manuscript. Student manuscripts can be distributed in print (hard copy) or electronic .pdf formats for viewing. Electronic formats are recommended and allows student officers to take full advantage of lesson resources. Student officers are tested on lesson manuscript content related to learning objectives. Therefore, supporting visual aids and handouts cannot be used as “stand-alone” materials when delivering this lesson.

8. “Version” numbers are used to identify the most current ROC lesson manuscripts, visual aids and handout materials. Version numbers are found on document covers and footers. Academy Directors must provide student officers with access to the most current ROC materials. Instructors must also possess the most current ROC materials for delivery. Current lesson manuscripts are available at MPTCtraining.com.

I. Introduction

SLIDE: "Use of Force" (opening)

SLIDE: "Instructor"; introduce self and credentials

SLIDE: "Use of Force"; Update slide statistics as they become available.

A. Opening Statement

Police rarely use force. According the U.S. Department of Justice, police answer more than 40 million calls for service annually. This includes traffic stops, criminal investigations and other face-to-face contacts with citizens. However, according to FBI LEOKA statistics, the number of police officers killed or injured has been increasing over recent years.

In 2017, 46 law enforcement officers were killed in the line of duty during felonious incidents. Forty-three (43) were male and 3 were female. Average officer age was 38 and average length of service was 11 years.

The goal of this lesson is to provide future Commonwealth police officers with foundational legal standards and general concepts when using force stop non-deadly and deadly offender resistance.

B. Learning Objectives

SLIDE: "Learning Objectives"; Emphasize to student officers that end-of-topic test questions for this lesson and final comprehensive exam are directly related to learning objectives.

Note: End-of-topic test questions for this lesson and final comprehensive exam are directly related to learning objectives.

C. Reasons

SLIDE: "Use of Force"

To minimize unnecessary injury to both police and offenders, officers must effectively stop unlawful resistance as quickly as possible. Because the use of force by police is a seizure under the 4th Amendment, officers must

strictly adhere to applicable legal standards, agency policy and procedural justice because that is ***Who We Are***.

II. Body

A. Definitions

NOTE: Single academy populations (e.g., State Police) may introduce agency use of force policies at this time.

1. ***Force***

SLIDE: "Force"; Use lesson contents to fully cover slide items and facilitate discussion with examples.

Definitions of *force* include the following:

- physical strength exerted upon an object or person
- exerting power to influence or control
- imposing something or someone

The International Association of Chiefs of Police (IACP) defines force as... *"the amount or effort required by police to compel compliance from an unwilling subject."*

Force is any action, with or without a weapon, used by offenders to resist and police to stop. For example, offenders use force to resist arrest, avoid apprehension or escape. Police use force to stop offender force as quickly as possible to avoid unnecessary injury or death.

SLIDE: "Julian v. Randazzo"

Under *Julian v. Randazzo* (380 Mass. 391; 1980), police may use force that is reasonably necessary to:

a) take someone into custody

b) overcome resistance to arrest

c) prevent an escape or recapture an escapee, or

d) protect officers and others from harm before, during, and after the arrest.

2. ***Non-Deadly Force***

SLIDE: "Non-Deadly Force"

"Non-deadly force is neither intended nor likely to cause serious bodily injury or death." *Commonwealth v. Cataldo*, 423 Mass. 318 (1996).

The Commonwealth standard for using non-deadly force is covered under *Commonwealth v. Klein* (372 Mass. 823; 1977). Police officers may use non-deadly force when:

a) The officer believes force is needed immediately to make a lawful arrest;

b) The officer makes known the purpose of the arrest or believes that it is otherwise known by the suspect or cannot reasonably be made known to the suspect; and

c) When the arrest is made under a warrant, the warrant is valid or believed to be valid by the officer.

3. ***Deadly Force***

SLIDE: "Deadly Force"

Deadly force is intended to, or will likely cause death, great bodily harm or serious bodily injury.

Under *Commonwealth v. Klein*, Massachusetts police officers may use deadly force when requirements above for non-deadly force are met and:

a) The arrest is for a felony;

b) The officer believes deadly force, if used, will not create a substantial risk of injury to innocent persons; and

c) The crime involves conduct including the use or threatened use of deadly force, or there is a substantial risk that the person to be arrested will cause death or serious bodily injury if his apprehension is delayed.

4. ***Injury***

SLIDE: "Definitions: Bodily Harm / Serious Injury"; Use lesson contents to fully cover slide items and facilitate discussion with examples.

Many tactics used by offenders to resist and police to stop rely on pain compliance. For example, the intent of a suspect's strike may be to cause the arresting officer enough pain to facilitate escape. Therefore, when force is used by suspects or police, injuries are common.

a) Bodily Harm: Injury does not pose or create a substantial risk of death, permanent disfigurement or significant loss or impairment.

b) Serious Bodily Injury: "An injury is serious if it results in a permanent disfigurement, loss or impairment of a bodily function, limb or organ or a substantial risk of death."[1]

B. Federal Case Law

The use of force by police is a seizure under the 4th Amendment. In *Terry v. Ohio*, the court ruled that taking a person into custody may require police to use *"*some degree of physical coercion*"* that ultimately limits or prevents freedom of movement.

1. *Graham v. Connor* (490 U.S. 386, 1989)

SLIDE 1: "Graham v. Connor"; instructors are encouraged to provide student officers with facts of case (e.g., force was used on a diabetic person police believed was drunk and possibly involved in a convenience store robbery)

In *Graham v. Connor* the court applied the 4th Amendment reasonableness standard to the use of force by police. Courts will examine the question of whether the officers' actions are "*objectively reasonable*" in light of the facts and circumstances confronting them, without regard to their underlying intent or motivation.

"The test of reasonableness under the 4th Amendment is not capable of a precise definition or mechanical application...Its proper application requires careful attention to the facts of each particular case, including the severity of the crime at issue, whether the suspect poses an immediate threat to the officer or others and whether or not he is actively resisting arrest or attempting to evade arrest by flight ...."

SLIDE 2: "Graham v. Connor"

"The reasonableness of a particular use of force must be judged from the perspective of a reasonable officer on the scene, rather than with the 20/20 vision of hindsight...The calculus of reasonableness must embody allowance for the fact that police officers are often forced to make split-second judgments - in circumstances that are tense, uncertain and rapidly evolving -about the amount of force that is necessary in a particular situation."

a) Totality of circumstances

SLIDE: "Totality of Circumstances"; Use lesson contents to fully cover slide items and facilitate discussion with examples.

When determining whether a particular use of force is *objectively reasonable* courts will consider the *totality of circumstances* from the perspective of a reasonable officer on the scene, including:

(1) **What was the type and severity of crime involved in the stop or arrest?**

(2) **Did the suspect pose an immediate threat to officers or others?**

(3) **Was the suspect actively resisting arrest or attempting to escape custody by flight?**

Note: Although the U.S. Supreme Court did not rank severity of crime, immediate threat, resistance or evading by flight in *Graham v. Connor*, immediacy of a threat is a critical factor for officers when using force.

b) Officer Perception

SLIDE 1: "Officer Perception"

The officer's unique individual perception on the scene is critical when deciding how much force to use. Officers must look at each situation or the *totality of the circumstances* and continually assess, plan, and act.

Objective reasonableness is not determined by any particular tactic or weapon used, but rather all surrounding circumstances that caused the officer to make the decision. This includes, but is not limited to the following factors:[2]

SLIDE 2: "Officer Perception"

(1) **Is the suspect capable of carrying out the action or threat.**

(2) **Is the suspect in a position to use his capabilities? Is threat posed by suspect *imminent*?**

(3) **Did suspect show intent by overt act, word or deed?**

The Commonwealth does not need to establish the defendant's behavior posed a substantial risk of bodily injury to the police officer or another. *Commonwealth v. Katykhin*, 59 Mass. App. Ct. 261 (2003)

SLIDE 3: "Officer Perception"

What one officer may perceive as a threat, another may not. Force used by officers to include tactic or weapon (e.g., OC vs. punch) may also be different.

Differences in individual officer perception and tactic / weapon choice do not automatically mean force used by one over another was unreasonable.

2. *Tennessee v. Garner* – Fleeing Felon (471 U.S. 1; 1985)

SLIDE: "*Tennessee v. Garner*"; Instructors are encouraged to provide student officers with case fact patterns and circumstances.

In *Tennessee v. Garner* the court ruled that police may use deadly force to stop a fleeing suspect from escaping IF:

a) the suspect threatens the officer with a weapon; **OR** there is probable cause to believe the suspect has committed a crime involving the infliction or threatened infliction of serious injury; **AND**

b) deadly force is necessary to prevent escape; **AND**

c) where feasible, some warning was given.

SLIDE: "Totality Triangle"

Continued on next page

C. Civil Liability

SLIDE: "Civil Liability"; Use lesson contents to fully cover slide items and facilitate discussion with examples.

NOTE: Civil liability (in general) for police was covered fully in Constitutional Law. Content herein serves to reinforce civil liability for use of force.

NOTE: Emphasize that the use of force by police is a seizure under the 4th Amendment and therefore a high civil liability area.

Under 42 U.S.C. § 1983, civil lawsuits can be filed against individual officers for violating a person's Constitutional rights. Review Constitutional Law lesson for more information on civil liability.

For example, officers who violate a person's 4th Amendment rights when using force risk being disciplined by his employing agency and held personally responsible for court-imposed damages awarded to the person whose rights were violated. Officers can also be charged criminally for violating a person's constitutional rights.

SLIDE: "Excessive Force"

Under *Commonwealth v. Moreira* (388 Mass. 596; 1983), where an arresting officer uses excessive force in his attempt to subdue the arrestee, however, the arrestee has the right to use such force as is reasonably necessary to repel such excessive force and such resistance will be considered self-defense.

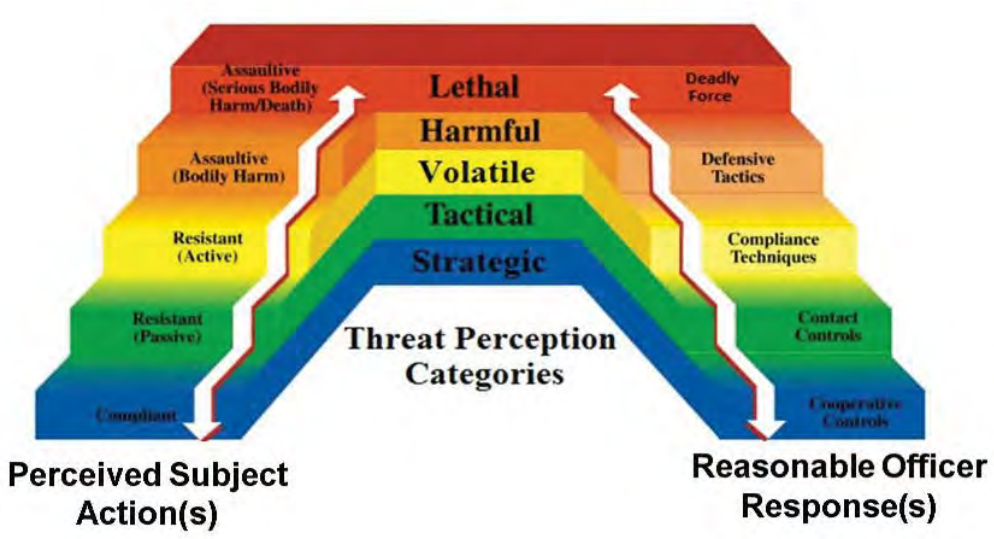
"Officers who witness unreasonable or excessive force have a duty to stop it."[3] For example, officers who are present at a scene, but do not actually use any force on a victim, may still be held liable for excessive force used by other officers. Officers responding as backup have an obligation to prevent excessive use from being used by other officers. *Commonwealth v. Adams,* 416 Mass. 558. (1993).

D. MPTC Use of Force Model[4]

MPTC's use of force model provides general guidelines and strategies for police officers.

Handout: MPTC Use of Force Model

SLIDE: "Handout – MPTC use of force model"



1. Threat Perception Catagories

SLIDE: "Threat Perception"; Use lesson contents to fully cover slide items and facilitate discussion with examples.

Officer perception of overall circumstances and threat presented.

- What was known by the officer on the scene?
- What was the type and severity of crime involved?
- Was the suspect an immediate threat to safety?

Continued on next page

a) Strategic

SLIDE: "Strategic"

The officer's baseline perception and occupationally accepted risks. He / She is aware of surroundings and employs basic safety strategies (e.g., distance, positioning).

b) Tactical

SLIDE: "Tactical"

There is perceptual increase in risk assessment with safety strategies deployed. Underlying circumstances and other factors indicate forthcoming interaction or enforcement action.

c) Volatile

SLIDE: "Volatile"

Threat potential is recognized by the officer. Level of danger and potential for bodily harm is increasing with action by police ongoing or certain.

d) Harmful

SLIDE: "Harmful"

Accelerated assessment of danger. Bodily harm to officers or others is ongoing or imminent.

e) Lethal

SLIDE: "Lethal"

Perceived threat of imminent risk of death or serious bodily injury to officer or third party.

2. Perceived Subject Actions

SLIDE: "Perceived Subject Actions"; overview of content covered on forthcoming slides.

Officer's perception of suspect's resistance and threat presented. Was the suspect actively resisting or attempting to evade arrest?

- suspect physical size
- suspect strength, skill level
- suspect body language
- suspect communication
- weapon possession / use by suspect
- suspect's influence of alcohol/drugs
- officer's prior knowledge of suspect

a) Compliant

SLIDE: "Compliant"

Suspect is fully cooperative offers no resistance. The majority of officer – suspect encounters are compliant.

b) Resistant (Passive)

SLIDE: "Resistant / Passive"

Suspect is uncooperative but does not make any overt physical action or body movement while resisting.

Examples of passive resistance?

NOTE: Provide student officers with examples of passive resistance. Instructors are encouraged to show videos of suspects using passive resistance.

c) Resistant (Active)

SLIDE: "Resistant / Active"

The suspect's resistance becomes more active in scope and intensity. Suspect intentionally uses overt physical action, physical strength or body movement to resist.

Examples of active resistance?

NOTE: Provide student officers with examples of active resistance. Instructors are encouraged to show videos of suspects using active resistance.

d) Assaultive - Bodily Harm

SLIDE: "Assaultive - Bodily Harm"

Officer attempts to gain lawful control are countered by active assault by suspect. The scope and severity of suspect's assault **would not** reasonably result in death or serious bodily harm to the officer or other person.

Examples of assaultive – bodily harm?

NOTE: Provide student officers with examples of assaultive bodily harm resistance. Instructors are encouraged to show videos of suspects using assaultive resistance.

e) Assaultive – Serious Bodily Injury / Death

SLIDE: "Assaultive – SBI or Death"

Suspect actions pose an *imminent* risk of death or serious bodily injury to officer or third party.

Examples of assaultive serious bodily injury / death resistance?

NOTE: Provide student officers with examples.

3. Reasonable Officer Response

SLIDE: "Officer Response"; overview of content covered on forthcoming slides.

The officer's response (or use of force) must be reasonable based on the totality of circumstances and his or her individual perceptions.

a) Cooperative Controls

SLIDE: "Cooperative Controls"

Most police encounters are positive and cooperative. Officers maintain or gain compliance using command presence, mutual respect, and effective communication skills. See Communication Skills lesson for more information.

b) Contact Controls

SLIDE: "Contact Controls"

Used by police to stop resistant (passive) suspect resistance. The officer must deploy tactical strategies to gain control through "hands on" techniques designed primarily to guide or direct the suspect. The primary force components include leverage, strategic stabilization & direction, etc.

c) Compliance Techniques

SLIDE: "Compliance Techniques"

Used by police to stop resistant (active) suspects. Officer may use non-weapon grabs, holds, pressure points and joint locks, non-deadly weapons (e.g., OC) or any combination as needed to stop suspect resistance as quickly as possible.

d) Defensive Tactics

SLIDE: "Defensive Tactics"

Used by police to stop assaultive/bodily harm suspect resistance. Officer may use non-deadly weapon and weaponless tactics, or any combination as needed to stop suspect resistance as quickly as possible.

e) Deadly Force

SLIDE: "Deadly Force"

Used by police to stop imminent death or serious injury. Officer may use deadly force to stop suspect resistance as quickly as possible.

SLIDE: "Suspect Actions vs. Officer Response"

Excessive force can occur if the officer's response is **HIGHER** than reasonable. Conversely, it can be unsafe if the officer's response is **LOWER** than reasonable.

SLIDE: "Discussion"; this facilitation exercise will take 30 minutes); present the following scenario to student officers.

You and your partner arrest a driver for O.U.I. After handcuffing the arrestee, he begins yelling, spitting and refuses to get into the patrol car. Joint locks and holds do not work. Out of frustration, your partner strikes the arrestee in the abdomen with a baton and says, "Now get the in the car and shut your fucking mouth or I'll do it again."

What will you do? Use SERVE to solve the problem.

NOTE: Provide student officers with 10-15 minutes to complete SERVE forms, then facilitate a discussion with emphasis on procedural justice and ethical decision making.

D. Force Factors

SLIDE: "Force Factors"; Overview of content covered on forthcoming slides.

A number of factors used to determine totality of circumstances and objective reasonableness.

1. Underlying circumstances

SLIDE: "Underlying Circumstances"

Underlying circumstances include specific duties being performed by officers. For example, according to annual FBI Law Enforcement Officer Killed and Assaulted (LEOKA) statistics, officers are more likely to be assaulted or killed during the following circumstances:

a) when making arrests

b) during motor vehicle stops

c) violent crimes in progress

d) domestic violence investigations

e) controlled substance investigations

f) by suspects under the influence of drugs or alcohol

g) by persons who are mentally ill or suicidal

2. Location Factors

SLIDE: "Location Factors"

Location can impact officer perceptions and decisions. This includes, but is not limited to the following:

a) Visibility (e.g., lighting; weather; etc.)

b) Ground/floor surface (e.g., elevated, uneven; slippery; etc.)

c) Distance between fixed or moving objects

d) Availability of traditional or non-traditional weapons

e) Presence of innocent third persons

f) Back-up availability

3. Suspect Factors

SLIDE: "Suspect Factors"

Suspect factors related to the use of force include, but are not limited to the following:

a) Nature of offense being committed or underlying circumstances

b) Age, height and weight

c) Drug or alcohol influence

Force is used more frequently by police to stop suspects under the influence of drugs or alcohol. Drug and alcohol influence can also diminish suspect capacity to feel pain needed for compliance.

d) Known criminal history or violence

e) Body language[5]

SLIDE: "Suspect Body Language"; Use lesson contents to fully cover slide items and facilitate discussion with examples. Instructors are encouraged to show videos of body language identified herein.

Some body language cues are unintentional physiological responses to stress that may indicate forthcoming resistance. They include, but are not limited to the following:

(1) Clenching: Suspect may clench fists or teeth, or present erratic finger movements.

(2) Unusual sweating: Sweating on palms, bridge of nose or profuse sweating during cold temperatures.

(3) Target glancing: Suspect repeatedly looks at officer's duty belt equipment and positioning.

(4) Scanning: Suspect repeatedly looks around, behind and away from officer. May indicate desire to find escape route or non-traditional weapon within location.

(5) Dressing-down: Suspect removes clothing, jewelry, glasses or other item that would impede ability to physically resist.

(6) Dressing-up: Suspect tightens belts, re-ties shoelaces, adjusts (e.g., pulls up pants) clothing in preparation to physically resist.

(7) Staring: Suspect intentionally stares directly at officer's face without looking away.

f) Communication[6]

SLIDE: "Suspect Communication"; Use lesson contents to fully cover slide items and facilitate discussion with examples. Instructors are encouraged to show videos of suspect communication identified herein.

Body language cues may come simultaneously with specific statements. Some suspects may also make statements that indicate imminent resistance.

(1) Direct threats: Overt warnings to officers (e.g., *"I am going to kick your ass."*)

(2) Repeated phrases: Suspect repeats the same question or statement. This may indicate suspect's mental focus is on preparing to resist and not communicating.

(3) Incoherent: Suspect mumbles, uses incomplete sentences, or presents sudden increase in word cadence (per seconds). This may indicate influence of drugs/alcohol or suspect's focus is on preparing to resist.

(4) Hate speech: Name calling, racist, sexist, or other profane language.

g) Skill level

SLIDE: "Suspect Skill Level"

Suspect skill level as demonstrated or perceived by officer. This includes but is not limited to the following:

- strength
- stamina
- performance

SLIDE: "[Question]"; facilitate discussion with recruits by asking the following question:

- ***"Is a person's "cauliflower ear" relevant to officer perception when deciding to use force?"***

Steer discussion toward officer perception "on the scene during rapidly evolving and highly stressful circumstances."

4. Officer Factors

SLIDE 1: "Officer Factors"

To use force effectively, officers must be physically and mentally prepared and use specific safety tactics.

a) Awareness (Self & Situational)

No two use of force events are identical. What works for one officer may not work for another. What worked during a previous use of force event may not the next time.

"During circumstances that are tense, uncertain and rapidly evolving,"[7] officers must recognize their own limitations, continuously re-evaluate the *totality of circumstances* while using force.

SLIDE 2: "Officer Factors"

(1) Mental and physical readiness

Officer health is directly related to decision making under stress. Officers must be physically and mentally prepared to use force.

NOTE: Facilitate discussion with recruits by asking: *"How does physical and mental preparedness correlate to use of force decision making?"*

(2) Threat recognition

Before an officer can see a threat, he or she must believe it exists. Threat recognition includes maintaining a safe distance, seeing body language, hearing statements, and identifying underlying circumstances consistent with danger.

(3) Confidence

Confidence in skill level and ability comes from a combination of practice, mental and physical preparedness.

NOTE: Facilitate discussion with recruits by asking: *"How is important is officer confidence when using force?"*

SLIDE 3: "Officer Factors"

(4) Use Back-up

Requesting and waiting for back-up to arrive before using force can be effective. The presence of multiple officers may discourage suspects from using force to resist.

(5) Disengage / Transition

If an officer is unable to gain a position of safety or advantage quickly, he or she must know when to disengage, escape or transition to another weapon.

Continued on next page

b) Stance

SLIDE: "Officer Stance"; Demonstrate correct officer stance to student officers.

An effective officer stance provides balance and leverage.

(1) feet shoulder width apart

(2) knees bent slightly

(3) strong leg and hip away (e.g., bladed)

(4) stand upright with back straight

(5) hands in front of body

c) Distance & Positioning

SLIDE: "Distance & Positioning"; Instructors are encouraged to show videos of officers using effective distance and positioning during use of force events.

Distance is proportional to officer reaction time. Officer position, in relation to the suspect, is critical for safety, maintaining tactical advantage and using force effectively.

For example, officers have less time to make decisions and use force effectively if suspect resisting is too close. Distance from suspect will vary according to location, officer perceptions and totality of circumstances.

SLIDE: "[positioning image]"; The following positions are used throughout other lesson topics.

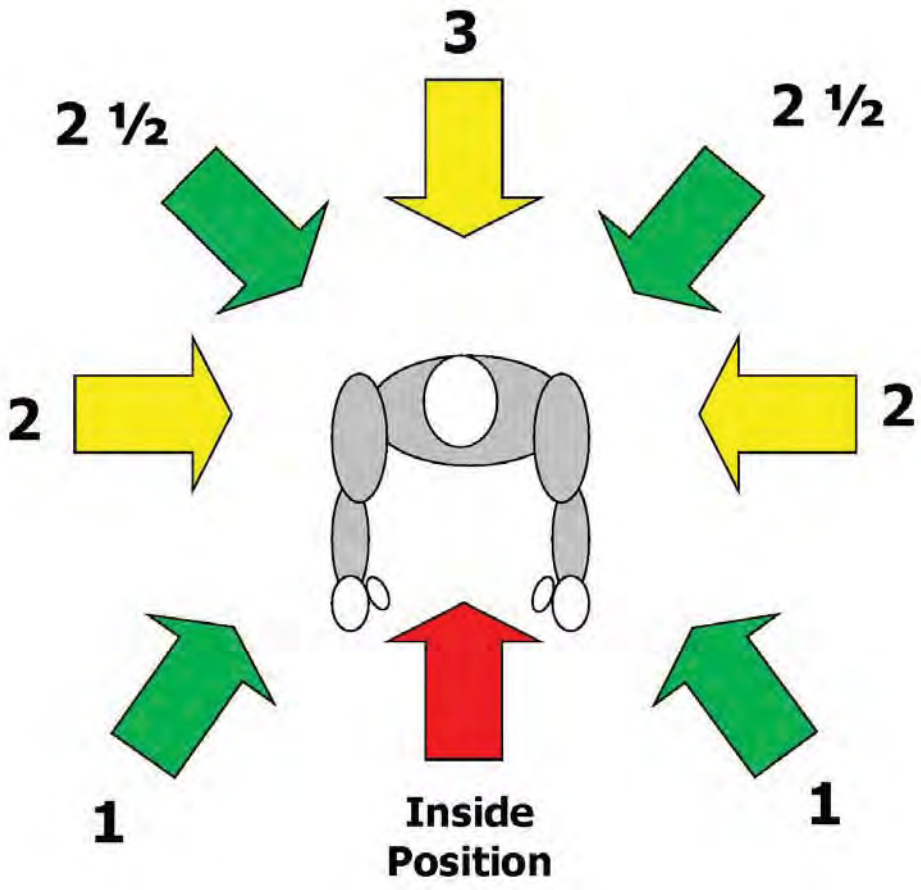
Officers should use the following positions of approach.

(1) **Keep away** and do not approach suspect from the "Inside Position." Suspects have greater leverage and can generate more power here.

(2) Approach from #1 position when in front of the suspect and be ready to move into 2½ position.

(3) Approach from or move into the 2½ position when attempting to handcuff a suspect.

(4) Avoid remaining inside positions 2 and 3 for any length of time. Suspects can generate power (i.e., 90° angle movement) and strike effectively when an officer is in positions 2 or 3.



d) Officer Communication

SLIDE: "Officer Communication"; Use lesson contents to fully cover slide items and facilitate discussion with examples. Instructors are encouraged to show videos of officers using effective communication during use of force events.

NOTE: Content below was fully covered in Communication Skills lesson with portions reinforced herein.

Effective officer communication is critical during any use of force event. Suspects who are willing to resist police are unpredictable, dangerous and less likely to reason, listen, or communicate effectively for a variety of reasons (e.g., drug or alcohol impairment; mental illness; event stress; etc.).

(1) General best practices

(a) Be direct and respectful.

- *"Sir, please step back."*
- *"Ma'am, please do not do [X]."*

(b) Give clear, concise and consistent instructions.

- *"Please stand still and face away from me."*
- *"Turn around and put your hands behind your back."*

(c) Announce intentions and consequences.

- *"You are under arrest for [X]"*
- *"Sir, if you do not stop [X], I will [X]."*

(d) Simplify instructions and increase volume when using force. Repeat instructions until suspect complies or resistance is stopped.

- *"Stop resisting!"*
- *"Do not move!"*
- *"Turn around, now!"*

Review Communications Skills lesson for more information.

(2) De-escalation techniques

NOTE: De-escalation was covered previously in Communication Skills and being reinforced herein.

De-escalation is using communication and conflict management skills. In some situations, police may be able to use de-escalation communication techniques to calm suspects and avoid (or minimize) using force.

Note: Time spent using de-escalation techniques can provide more time back-up to arrive.

Efficacy of any de-escalation technique is determined by totality of circumstances and may not always be practical or safe.

Emotionally hostile suspects try to dominate by yelling, insulting, provoking, and being unreasonable. Underlying reasons for hostility include but are not limited to fear (rational or irrational), mental illness, and alcohol or drug influence. Emotional hostility can also be a sign of forthcoming physical violence.

When interacting with emotionally hostile suspects, the priority for police is to ensure the safety of everyone involved. De-escalation best practices for officers include the following:

SLIDE: "De-Escalation Best Practices"; Instructors are encouraged to show video clips of officers using effective de-escalation techniques during use of force events.

(a) Keep a safe distance, contain, and avoid touching suspect until necessary.

(b) Request and wait for back-up to arrive when possible. Time spent using de-escalation techniques can provide more time back-up to arrive.

(c) Do not stand directly in front of or over emotionally hostile suspects. Use body language that is non-authoritative, open and confident.

(d) Maintain a consistent voice volume and cadence. Lowering voice volume can be an effective calming strategy.

(e) Use active listening and "I" statements (e.g., *"What I heard you say was [X]."*)

(f) Acknowledge emotions and feelings (e.g., *"What I heard is that you are angry because [X]"*), but do not use logic to explain them.

(g) Avoid accusatory statements (e.g., *"You should not have done [X]"; "You needed to do [X]."*).

(h) Do not address irrelevant, negative, or toxic statements (e.g., *"I don't have to put up with this! Why are all cops jerk-offs?*).

(i) Use and embrace silence.

Review Communication Skills lesson for more information on de-escalation best practices.

E. Reporting

SLIDE 1: "Reporting"

The use of force report must include a full explanation of the officer's perception on the scene to include the following details:

1. Officer task, investigation type and relevant underlying circumstances.

2. Location details include weather, visibility, distance between objects, levels, entrance and exit points, and presence of third parties.

3. Suspect details

   a) age, height, weight

   b) drug/alcohol use

   c) emotional state; mental illness

   d) body language and communication

   e) Full description of force used by suspect to resist.

4. Officer details

SLIDE 2: "Reporting"

   a) age, height, weight

   b) prior knowledge, training and experience with suspect, location or investigation type

   c) communication with suspect

   d) Legal standard for seizure (e.g., arrest warrant; probable cause; resisting arrest; etc.)

e) Full description of force used by officer. Include total number of tactics / weapons used and total number of times a single tactic / weapon was used.

5. Full description of injuries to both suspect and officer. Include, type, location and medical treatment received. Suspect injuries caused by officers when using force must be treated as soon as possible.

III. Conclusion

A. Summary

SLIDE: "Summary"

This lesson provided foundational legal standards and concepts when using force stop non-deadly and deadly suspect resistance.

- objective reasonableness
- totality of circumstances

Underlying circumstances and officer perceptions are key factors when deciding to use force.

B. Learning Objectives

SLIDE: "Learning Objectives"; Facilitate a targeted review of lesson using learning objective content; Emphasize to student officers that end-of-topic test questions for this lesson and final comprehensive exam are directly related to learning objectives.

Note: End-of-topic test questions for this lesson and final comprehensive exam are directly related to learning objectives.

C. Questions

SLIDE: "Questions"

Note: Student officers are encouraged to ask questions and seek clarification when needed about materials delivered in this lesson.

D. Closing Statement

SLIDE: "Closing Statement"

The use of force by police is a seizure under the 4th Amendment. Therefore, Commonwealth officers strictly adhere to relevant legal standards and procedural justice when using force because that is ***Who We Are.***

SLIDE: "MPTC Logo (end slide)"

End Notes

[1] Massachusetts District Court, *Criminal Model Jury Instructions* (Boston, MA: Massachusetts Trial Court Law Libraries, July 2016), Page 364.

[2] "Use of Force" (Glynco, GA: Federal Law Enforcement Training Center, January 2006), Page 19.

[3] "Use of Force Instructor Update" (Randolph, MA: Massachusetts Municipal Police Training Committee, 2013), Page 2.

[4] "MPTC Use of Force Instructor Update," Pages 3-10.

[5] "Subject Control/Arrest Techniques" (Salemburg, NC: North Carolina Justice Academy, 2015), Pages 23-24.

[6] Ibid., Pages 24-25

[7] *Graham v. Connor*, 490 U.S. 386 (1989).

Recruit Officer Course

Commonwealth of Massachusetts

Municipal Police Training Committee

Volume III: Patrol Procedures

Use of Force: Defensive Tactics

Version: D2020

The Municipal Police Training Committee (MPTC), an agency of the Executive Office of Public Safety and Security (EOPSS), serves the Commonwealth by establishing training standards, oversight and policy guidance for policing professionals.

INSTRUCTOR LESSON

Title: Use of Force: Defensive Tactics

Version: D2020

Course Purpose: Provide student officers with best practices for using defensive tactics to stop unlawful suspect resistance.

Learning Objectives: During this course, student officers will receive information and instruction on how to:

1. Identify and demonstrate how *gross, fine* and *complex* motor skills apply to defensive tactics.

2. Demonstrate best practices for the following:

   a. stance
   b. positioning
   c. movements

3. Demonstrate best practices for using the following defensive tactics:

   a. grabs and holds
   b. blocks
   c. strikes
   d. ground defense

4. Demonstrate best practices for maintaining control and possession of duty issued weapons.

5. Demonstrate best practices for defending against edged weapon attacks.

Instructional Hours: 40

Instructional Methods: Facilitation/Lecture
Open Discussion
Skill Development Activities

Required Materials:

Lesson manuscript and supporting visual aids
Desktop or laptop computer with audio
LCD projector or TV
Duty belt with equipment (per student)
Floor mats
Focus / strike pads (multiple sizes)
Training weapons (guns / knives)

Training Aids:

Flip Chart/Dry Erase Board

Handouts:

Use of Force Safety Guidelines
MPTC Use of Force Model
Defensive Tactics Performance Testing Forms

References:

"Defensive Tactics Program Module 2: Blocks." Massachusetts Municipal Police Training Committee. Randolph, MA. 2012.

"Defensive Tactics Program Module 3: Control & Restrain." Massachusetts Municipal Police Training Committee. Randolph, MA. 2012.

"Defensive Tactics Program Module 4: Disarming Techniques." Massachusetts Municipal Police Training Committee. Randolph, MA. 2012.

"Defensive Tactics Program Module 5: Distraction Techniques." Massachusetts Municipal Police Training Committee. Randolph, MA. 2012.

"Defensive Tactics Program Module 6: Edged Weapon Awareness." Massachusetts Municipal Police Training Committee. Randolph, MA. 2012.

"Defensive Tactics Program Module 7: Ground Defense." Massachusetts Municipal Police Training Committee. Randolph, MA. 2012.

"Defensive Tactics Program Module 9: Handgun Retention." Massachusetts Municipal Police Training Committee. Randolph, MA. 2012.

"Defensive Tactics Program Module 11: Personal Defense." Massachusetts Municipal Police Training Committee. Randolph, MA. 2012.

"Defensive Tactics Program Module 12: Empty Hand Impact Techniques." Massachusetts Municipal Police Training Committee. Randolph, MA. 2012.

"Use of Force: The Basic Curriculum." Massachusetts Municipal Police Training Committee. Randolph, MA. 2014.

Author(s):

Charles DiChiara
Officer / MPTC Defensive Tactics Instructor
Waltham Police Department
February 2018

Dwayne Forte
MPTC Defensive Tactics Instructor
Plymouth County Sheriff's Department
February 2018

Steve Wohlgemuth
Trooper / MPTC Defensive Tactics Instructor
Massachusetts State Police
February 2018

Revised By:

Charles DiChiara
Officer / MPTC Defensive Tactics Instructor
Waltham Police Department
June 2018

Shawn Barbale & DT Committee
Defensive Tactics State-Wide Coordinator
MPTC
January 2019

ROC State-Wide Coordinator
MPTC
January 2020

Instructor Notes

1. Delivering instructor(s) must have successfully completed specific train-the-trainer or other approved use of force certification courses determined by MPTC.

2. "Defensive Tactics" is one of several ROC use of force topics. For best results, use of force topics should be delivered in a specific order (see table below). At a minimum, "Use of Force" must be delivered first because it covers foundational legal, decision making and other topics found in subsequent lessons, including the MPTC model.

Order	Topic
1	Use of Force
2	Handcuffing & Restraints
3	**Defensive Tactics**
4	Oleoresin Spray (OC)
5	Baton
6	Handgun
7	Rifle

Instructors must explain how defensive tactic skills fit into the MPTC use of force model. Delivering instructors must also be familiar with content in the Handcuffing & Restraints lesson.

3. This lesson covers more than 30 individual techniques with multiple variations for each. Mastery of any single technique requires repetition and practice beyond basic training. This lesson is designed to help student officers identify techniques that work best for them according to skill level.

4. Required instructor to student ratio for all physical skills training is 1:10.

5. The entire lesson should be delivered in a single room, preferably one designated for skill development. Delivery of all content in a single room allows instructors to seamlessly cover manuscript text, show supporting visual aids, and demonstrate techniques with immediate transition into hands-on skill development by student officers.

6. To create a safe and realistic training environment, use the following precautions:

   a. Provide a safety briefing before each session. See “Use of Force Training Safety Guidelines.”

   b. Begin each session with “warm-up” and “stretching” activities.

   c. Student officers should wear ballistic vest and duty belt with equipment when practicing and during performance testing.

   d. Recommended skill development classroom should provide 50 square feet of space per student officer, including floor mats for static skill development exercises. Additional mats may be needed for full-contact and realistic skill scenarios.

   e. Use strike pads, floor mats, and other protective gear. All floor mats and pads must be cleaned using a 10:1 (water/bleach) solution after each use. Refer to OSHA requirements for more information.

   f. When practicing techniques, instruct persons playing the role of “suspect” to offer minimal physical resistance.

7. Instructors must demonstrate techniques from strong and support side perspectives to accommodate student officers with differing hand and leg dominance. Instructor demonstrations must be done using step-by-step methods outlined in lesson and in “real time.”

8. The MPTC Use of Force Model must be referenced throughout this lesson according to how each technique applies. Effective instructors are careful not impose or communicate their technique preference for any given use of force situation. This can create unrealistic expectations for student officers during training and on-the-job performance.

9. Student officers must be given time to practice each technique using step-by-step methods outlined in lesson. Instructors should display visual aids for student officers to reference while practicing. Practice begins using slow methodical movements to establish correct form. Gradually increase intensity and speed until technique is performed in “real time.”

10. To facilitate on-the-job decision making when using force, instructors are encouraged to combine multiple techniques for student officers to practice. For example, instructors may require student officers to transition from the (a) escort technique to a (b) strike before (3) handcuffing.

11. During performance testing, student officers must successfully demonstrate techniques taught using a smooth, fluid, and continuous motion without stopping at each step. Instructors are responsible for documenting student officer performance on forms provided with this lesson.

12. Instructors should use active learning methods to deliver content. This includes, but is not limited to group discussions and exercises, peer demonstrations, and facilitation. Instructors may also share *relevant* media articles, videos and personal work experiences when appropriate.

13. Instructors must use this "Instructor" manuscript to deliver topic. Instructor NOTES are inserted throughout to choreograph delivery and ensure content is presented as intended. Instructors should also use active learning methods. This includes, but is not limited to group discussions and exercises, peer demonstrations, and facilitation.

14. Student officers are tested on lesson manuscript content related to learning objectives. Therefore, supporting visual aids and handouts cannot be used as "stand-alone" materials when delivering this lesson.

15. "Version" numbers are used to identify the most current ROC lesson manuscripts, visual aids and handout materials. Version numbers are found on document covers and footers. Academy Directors must provide student officers with access to the most current ROC materials. Instructors must also possess the most current ROC materials for delivery. Current lesson manuscripts are available at MPTCtraining.com.

16. Instructors should be made aware of any pre-existing student officer medical conditions that may increase risk of injury or be exacerbated by physical activity (e.g. joint surgeries / replacements; asthma, etc.). Student officers must be instructed to report any injury sustained during use of force training. Instructors are required to document student injuries on designated MPTC forms.

17. MPTC requires recruit officers to participate in use of force training scenarios that provide as much "on-the-job" realism as possible. Scenarios are used to evaluate recruit officer **(1)** decision making under stress; and **(2)** ability to correctly demonstrate a given technique learned. Decision making includes using force that is:

- objectively reasonable according to officer perception
- the most effective under totality of circumstances
- the most effective given officer limitations and skill level

Training scenario safety and success requires a collaborative effort from Academy directors, instructors, role-players and student officers.

a) Academy Director

The Academy Director is responsible for ensuring all instructors, site locations, scenarios, and equipment are in compliance with MPTC standards. This includes having enough certified instructors on-site to administer training scenarios safely.

b) Instructors

The number one priority for instructors is safety – for recruits, role players and other instructors. Depending on scenario complexity, multiple instructors may be used.

(1) Training Officer in Charge (OIC)

An OIC may be used for training scenarios with increased safety risks or multiple locations. In general, the OIC has complete oversight and responsibility for the entire training scenario.

(2) Training Safety Officer (TSO)

A TSO is responsible for the safety of all recruit officers, other instructors, and role players in the scenario. This includes conducting safety briefings, equipment inspections and making certain no "live" or real weapons enter designated training areas.

There must be at least one TSO on site for any use of force training scenario. More than one TSO may be used when multiple scenarios are on-going at once.

(3) Evaluating Instructor(s)

Evaluating instructors are responsible for watching recruit officer performance and providing feedback. Evaluating instructors also ensure role players follow scenario scripts. In some cases, the TSO and evaluating instructor may be the same.

c) Role Players

Role players can include other instructors, non-police personnel, or carefully selected volunteers. Role players are prohibited from bringing any live ammunition, knives, or weapons into designated training areas.

Role players must follow instructor directions and scenario scripts. Role players must wear mandatory protective equipment identified by OIC or TSO.

d) Recruit Officers

Recruit officers are prohibited from bringing any live ammunition, knives, OC spray or weapon into designated training scenarios areas. Recruit officers must wear protective equipment identified by OIC or TSO.

18. Training scenario locations will be marked using “POLICE” line tape or posted signs. This is done to prevent authorized access and notify by-standers. A single entry and exit point for scenario participants is used to control access, conduct equipment inspections and ensure prohibited items do not enter training locations. A first aid kit must be readily available in all use of force training scenario locations.

19. Realistic training scenarios increase the risk of injury. Therefore, protective equipment may be required for instructors, recruit officers or role players. Injuries sustained during use of force training must be reported immediately to the Academy Director.

Type of protective equipment needed is determined by scenario parameters. In general, protective equipment is used to prevent injury to vital areas (e.g., head, face, eyes, throat, groin) and minimize injury to arms, hands, and legs. All protective equipment used during scenario training is approved by MPTC.

Protective equipment for use of force scenario training includes, but is not limited to the following:

- soft body armor
- floor mats / pads
- groin protection
- hearing protection
- head, face, & eye protection
- padded body suits (e.g., RedMan®)

Protective equipment will be inspected by both instructors and recruit officers for damage and proper functionality. Equipment compromised by damage or wear must be repaired or replaced before use. Certain protective equipment must be cleaned, sanitized and stored properly after use.

20. All training weapons and props must be examined by the TSO prior to use in any training scenario. Live ammunition and other “real” weapons are prohibited inside training area. TSO may use metal detectors to ensure no live ammunition or other weapon enters training area.

21. The TSO must conduct a “safety briefing” with all recruits, role players, and other instructors prior to any scenario training. In general, safety briefing includes, but is not limited to the following information:

    a) Protective equipment requirements.

    b) Participant conduct / behavior standards.

    c) Locations and procedures entering training areas.

    d) Specific guidelines for preventing injury (e.g., “Stop”; whistle; etc.)

    e) Prohibition of live ammunition and other “real” weapons inside training area.

    f) Specific instructions relevant to training scenario.

I. Introduction

SLIDE: "Defensive Tactics" (opening)

SLIDE: "Instructor"; introduce self and credentials

A. Opening Statement

SLIDE: "Defensive Tactics"

Police officers encounter a wide range of suspect resistance while investigating crimes and making arrests. Suspect resistance includes punching, kicking, grabbing, pulling, pushing and using weapons.

The goal of this lesson is to teach future Commonwealth police officers specific defensive tactics for stopping different types of suspect resistance as quickly as possible.

B. Learning Objectives

SLIDES (2): "Learning Objectives"; Emphasize to student officers that end-of-topic test questions for this lesson and final comprehensive exam are directly related to learning objectives.

Note: End-of-topic test questions for this lesson and final comprehensive exam are directly related to learning objectives.

II. Body

A. Defense Basics

SLIDE: "Defensive Tactics"

Defensive tactics include holds, blocks distractions and strikes. They are used by police to:

- disrupt suspect focus
- prevent unnecessary injury
- immobilize suspect movements
- temporarily stun or distract suspects
- gain distance and *time* to re-evaluate

To establish needed levels of proficiency while under stress, defensive tactics must be practiced properly and repeatedly throughout an officer's career. This lesson is designed to help student officers identify techniques that work best for them according to skill level.

1. Motor Skills

SLIDE: "Motor Skills"; Use lesson contents to fully cover slide items and facilitate discussion with examples.

Human motor skills are divided into *gross, fine* and *complex*.

a) *Gross motor skills* use large muscle groups and can be performed proficiently when heart rates exceed 120 BPM.

Effective defensive tactics use *gross* motor skills because they can be performed optimally under high degrees of physical and emotional stress. Running, grabbing, punching, and kicking are *gross* motor skills.

b) *Fine motor skills* use small muscle groups to perform tasks. *Fine* motor skill proficiency begins to deteriorate when heart rates exceed 120 BPM. Handcuffing is a *fine* motor skill.

Ongoing practice and repetition is needed perform *fine* motor skills proficiently under stress.

c) *Complex motor skills* combine physical and cognitive elements of eye-hand tracking and timing. *Complex* motor skill proficiency begins to deteriorate when heart rates exceed 100 BPM. Shooting a moving target is a *complex* motor skill.

Defensive tactics used by police include a combination, gross, fine and complex motor skills. Motor skills are perishable. To maintain needed levels of proficiency, officers must practice defensive tactics throughout their law enforcement career.

2. Stance

SLIDE: "Basic Stance"

Figure 1

A *basic* stance provides balance. See **Figure 1.**

- feet shoulder width apart
- knees bent slightly
- strong leg and hip away
- stand upright with back straight
- hands in front of body at waist level

A *defensive* stance (or high guard) is used to protect and block or deflect attacking suspects. See **Figure 2.**

Figure 2

SLIDE: "Defensive Stance"

- feet slightly wider than shoulder width
- more bend in the knees (than basic stance)
- hands up near face with elbows in near torso
- hands open or closed

3. Distance

SLIDE: "Distance"

"Distance is proportional to officer reaction time."[1] Officer position, in relation to the suspect, is critical for safety, maintaining a tactical advantage and using force effectively.

Distance from suspect will vary according to location, officer perceptions and *totality of circumstances*.

Officers have less time to make decisions and use force effectively if suspect resisting is too close. For example, a punch or kick may be less effective if too close or miss the target if too far away. If a person is too close, officers also have less time to make decisions and take action.

The recommended minimum reactionary distance is 4-6 feet and beyond a suspect's immediate lunge or grabbing area.

4. Positioning

SLIDE: "Positioning"; Use lesson contents and demonstrations to fully cover slide items.

Officer positioning in relation to the suspect is also critical. Use the following best practices for positioning.

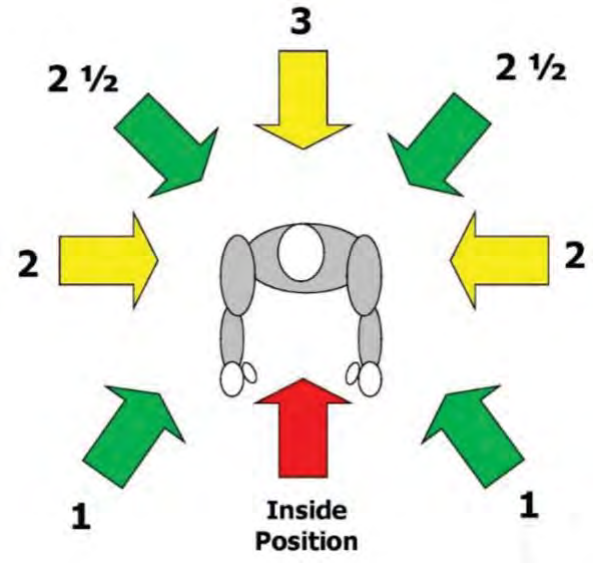
a) **Keep away** and do not approach suspect from the "Inside Position." Suspects have greater leverage and can generate more power here.

b) Approach from #1 position when in front of the suspect and be ready to move into 2½ position.

c) Approach from or move into the 2½ position when attempting to handcuff a suspect.

d) Avoid remaining inside positions 2 and 3 for any length of time. Suspects can generate power (i.e., 90° angle movement) and strike effectively when an officer is in positions 2 or 3.

SLIDE: "[positioning image]"



e) Contact & Cover

SLIDE: "Contact & Cover"; Use lesson contents and demonstrations to fully cover slide items.

Officer positioning is important for safety and maintaining tactical advantage when dealing with violent or hostile people in crisis.

Contact-and-Cover uses a triangulation technique when there are two officers and one person. Both officers must be able to see each other and the person without creating a potential cross fire situation.

Each role (i.e., "contact" or "cover") has specific tasks. If multiple people are on the scene, multiple teams of contact-and-cover officers may be needed.

Officers should communicate their role before approaching a person and be prepared to switch roles if needed.

(1) "Contact" officer tasks

SLIDE: "Contact Officer"

The primary officer responsible for conducting the investigation.

(a) maintains #1 position

(b) does all the talking; conducts interviews and takes notes

(c) conducts radio transmissions

(d) initiates all activities (e.g., frisks, arrest, etc.)

(e) gives directions to *cover* officer; may include hand signals

(2) "Cover" officer tasks

SLIDE: "Contact Officer"

Serves as "back-up" and is responsible for protecting the *contact* officer.

(a) maintains and adjusts triangulation position to prevent potential cross-fire with *contact* officer

(b) watches person's hand and body movements

(c) keeps other people away

(d) prevents escape

(e) follows *contact* officer instructions

NOTE: Demonstrate and provide EACH student officer with at least 30 minutes to practice contact and cover tactics. This can be done in small groups via peer demonstrations.

4. Movements

SLIDE: "Movements"; Use lesson contents to fully cover slide items and demonstrate each movement.

Many defensive tactics require officers to move using specific directions or methods, but while maintaining a balanced stance.

a) Shuffle Step: A shorter than normal step (gait) where foot slides or remains close to the floor while moving. Used to maintain balance while decreasing or increasing distance from someone or something. Shuffle steps can be *forward* or *rearward*.

(1) *Forward*: Step forward 6-10 inches with support foot while keeping weapon (e.g., handgun) side back, then step strong foot forward to establish balanced stance.

(2) *Rearward*: Step backward 6-10 inches with strong foot while keeping weapon (e.g., handgun) side back, then step backward with support foot to establish balanced stance.

b) Side Step: Used to maintain balance while moving laterally (left or right). Depending on desired direction, step 6-10 inches with strong or support foot to left or right, then step opposite foot in the same direction to establish balanced stance.

c) Pivot Step: One or more partial steps in any direction used to turn (i.e., rotate) away from or toward something or someone. A pivot can be *forward* or *rearward*.

(1) *Forward*: Pivot on the ball of front foot, then bring rear foot forward to establish balanced stance.

(2) *Rearward*: Pivot on the ball of rear foot, then bring front foot backward to establish balanced stance.

NOTE: Demonstrate and provide EACH student officer with at least 30 minutes to practice all movements. This can be done in large groups. Practice should begin slow to help student officer establish correct form. Increase intensity and speed until strike is practiced correctly in "real time." Instructors should fuse movement drills throughout practicing of techniques.

5. Officer Awareness (self & situational)

SLIDE: "Officer Awareness"; Use lesson contents to fully cover slide items and facilitate class discussion.

Officer ability to recognize his or her own capabilities, limitations and performance during a use of force event is critical. Officer self and situational awareness factors include the following:

a) Physical and mental preparedness. Officer health is directly related to performance and decision making under stress.

b) Threat recognition. Before an officer can see a threat, he or she must believe it exists. Maintaining a safe distance, seeing body language, hearing statements, and identifying underlying circumstances consistent with danger.

c) Communication. Officers must be clear, concise and consistent when communicating and using force. Officers should try and use *de-escalation* techniques when practical and safe.

Review Communication Skills and Use of Force lessons for best practices on officer communication and de-escalation.

e) Confidence. Comes from a combination of practice, mental and physical preparedness. Officers who lack confidence using a tactic are less likely to use it.

NOTE: Facilitate discussion with student officers by asking: *"How is officer confidence related to using a specific defensive tactic?* confidence leads to greater proficiency.

B. Grabs & Holds

SLIDE: "Grabs & Holds"; Facilitate discussion on how grabs and holds fit into the MPTC Use of Force model.

Holds and grabs are commonly used to isolate a specific body part during handcuffing, maintain leverage, or move a suspect from one location to another. Grabs and holds are *control* and *compliance* techniques used for *passive* and *active* suspect resistance.

Effective grabs and holds use a combination of gross and fine motor skills and must be done fluidly to be effective. Officer hand, arm and upper body strength are relevant factors for holds and grabs.

1. Best practices for holds and grabs

Effective grabs and holds use a combination of twisting, pulling and bending to force a target beyond its natural range of motion. This helps immobilize, gain leverage, disrupt balance or generate pain compliance.

a) Twisting: Twist in a clockwise or counter-clockwise motion. For example, twisting a wrist can force the person's shoulder down toward the ground.

b) Bending: Bend target beyond its natural range of motion. For example, bending a wrist down to generate pain.

c) Pulling: Pull target in the opposite direction. For example, pulling a suspect's arm behind his back to disrupt balance and gain leverage.

2. Escort **(Figure 3)**

SLIDE: "Escort"; Display slide for student officers to reference when practicing

For best results, steps listed below must be done fluidly using two hands.

STEP 1: Approach suspect from 2½ position using *shuffle step*.

STEP 2: Place palm of hand on back of the same suspect's hand (i.e., left to left; right to right) with thumb crossed at knuckle and twist.

STEP 3: Use opposite hand to grab suspect's elbow joint (thumb on top of elbow; fingers wrap around arm). Maintain firm grip with both hands to keep suspect's arm straight, immobilize and apply leverage.

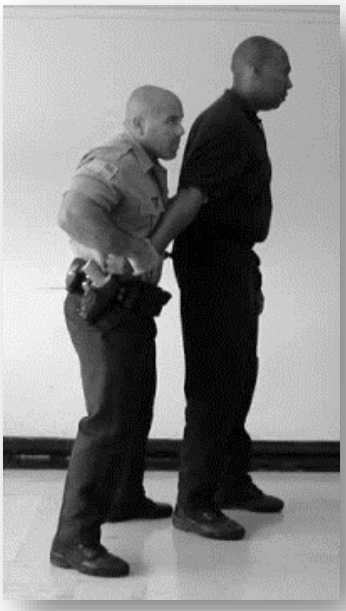


Figure 3

STEP 4: If suspect resists, turn hand grabbing wrist counter-clockwise (so thumb points toward officer), then pull suspect's arm across officer's body for additional leverage while still maintaining firm grip on suspect's elbow.

NOTE: Demonstrate "escort" technique. Provide EACH student officer with at least 30 minutes to practice including moving suspects from one location to another and handcuff transitioning. Practice should begin slow to help student officer

establish correct form. Increase intensity and speed until strike is practiced correctly in "real time."

Time permitting, demonstrate how to counter specific types of suspect resistance during "escort" (e.g., stiffens wrist, etc.). Student officers must successfully demonstrate "escort" during performance testing.

3. Front Wrist Lock **(Figure 4)**

SLIDE: "Front Wrist Lock"; Display slide for student officers to reference when practicing

In some cases, transition to front wrist lock may occur from *escort*. For best results, steps listed below must be done fluidly using two hands.

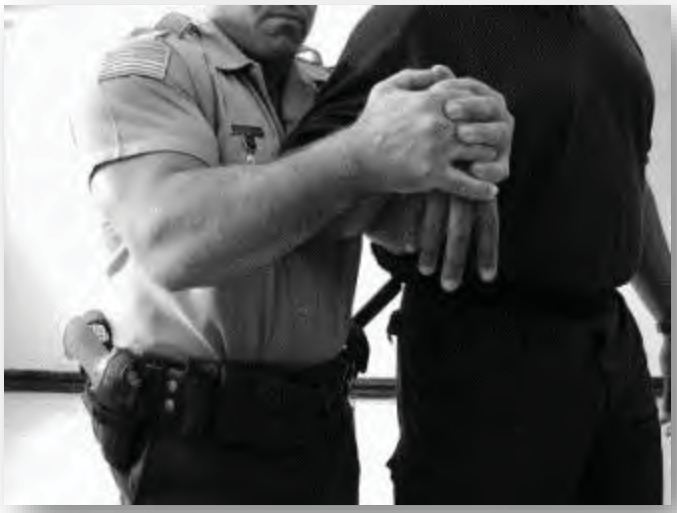


Figure 4

STEP 1: Approach suspect from 2½ position using *shuffle step*.

STEP 2: Simultaneously grab suspect at elbow/forearm and on top of hand (same arm). Apply pressure over suspect's knuckles to bend wrist / fingers downward.

STEP 3: Slide hand grabbing elbow/forearm between suspect's body and arm to overlap with hand bending suspect's wrist (both officer's hands are overlapping on top of suspect's knuckles and applying downward pressure).

STEP 4: Bring suspect's forearm parallel to ground with palm facing down. Use torso for leverage, apply counter pressure on elbow and maintain grip.

NOTE: Demonstrate "front wrist lock." Provide EACH student officer with at least 30 minutes to practice including moving suspects from one location to another and handcuff transitioning. Practice should begin slow to help student officer establish correct form. Increase intensity and speed until strike is practiced correctly in "real time."

Time permitting, demonstrate how to counter specific types of suspect resistance when using "front wrist lock." Student officers must successfully demonstrate the "front wrist lock" during performance testing.

4. Rear Wrist Lock **(Figure 5)**

SLIDE: "Rear Wrist Lock"; Display slide for student officers to reference when practicing

In some cases, transition to rear wrist lock may occur from *escort* or *front wrist lock*. For best results, steps listed below must be done fluidly using two hands.

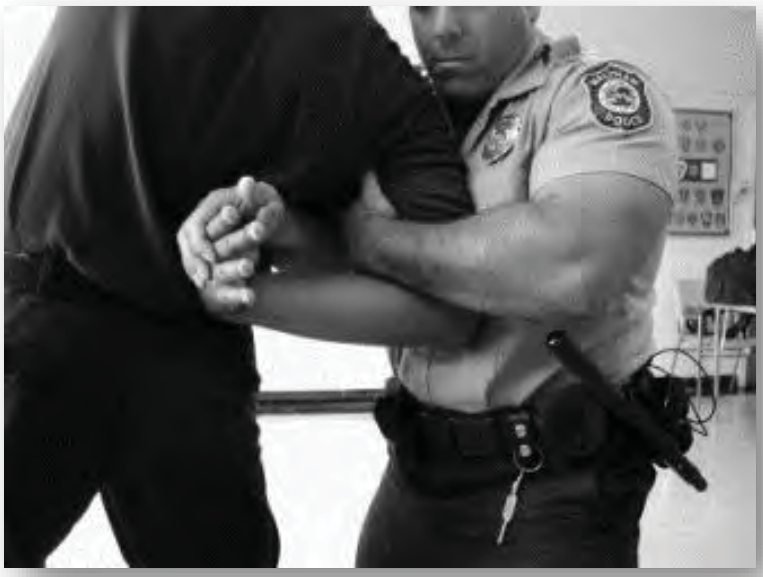


Figure 5

STEP 1: Approach suspect from 2½ position using *shuffle step.*

STEP 2: Simultaneously grab suspect at elbow and wrist (same arm).

STEP 3: Slide hand grabbing wrist down (fingers both facing same direction).

STEP 4: Pivot toward rear of suspect while sliding suspect's hand (one being held) to the small of his back. Officer's body should be at 2½ position and a 45-degree angle toward suspect.

STEP 5: Hand held in small of back is rotated so heel of officer's hand is on top of suspect's wrist.

STEP 6: Instruct suspect to put free hand on top of head and spread feet. Transition to handcuffing.

NOTE: Demonstrate "rear wrist lock." Provide EACH student officer with at least 30 minutes to practice "rear wrist lock" to include transitions to handcuffing. Practice should begin slow to help student officer establish correct form. Increase intensity and speed until strike is practiced correctly in "real time."

Time permitting, demonstrate how to counter specific types of suspect resistance when trying to apply "rear wrist lock." Student officers must successfully demonstrate "rear wrist lock" during performance testing.

Continued on next page

5. Armbar takedown **(Figure 6)**

SLIDE: "Armbar Takedown"; Display slide for student officers to reference when practicing

The armbar takedown isolates an arm, disrupts balance and forces suspects to the ground. For best results, steps listed below must be done fluidly. In some cases, transition to arm bar takedown may occur from *escort position*, *front wrist lock,* or *rear wrist lock* positions.

Figure 6

STEP 1: Approach suspect from 2½ position using *shuffle step*.

STEP 2: Use strong hand to grab closest wrist; pull wrist back and rotate clockwise.

STEP 3: Use support hand to grab elbow (same arm); thumb over elbow; straighten arm.

STEP 4: Change support hand hold on elbow by using lower forearm to create downward pressure on suspect's upper arm.

STEP 5: Rotate strong hand holding wrist clockwise. Keep suspect's arm straight and wrist pinned against officer's upper thigh, waist area or abdomen.

STEP 6: Take one step back with outside leg, rotate torso clockwise and use body weight with support hand as leverage to take suspect down. Give clear and concise instructions (e.g., *"Get down!"*).

Transition to kneeling or prone handcuffing positions.

NOTE: Demonstrate "armbar takedown." Provide EACH student officer with at least 30 minutes to practice including transitions to handcuffing. Practice should begin slow to help student officer establish correct form. Increase intensity and speed until strike is practiced correctly in "real time" using protective gear (i.e., floor mats).

Time permitting, demonstrate variations of "armbar takedown" to counter specific types of suspect resistance or circumstances. Student officers must successfully demonstrate the "armbar takedown" during performance testing.

Continued on next page

C. Blocks

SLIDE: "Blocks"; Facilitate discussion on how blocks fit into the MPTC Use of Force model.

Blocks use natural human instincts to deflect or stop an attack and generate distance. For example, when startled by danger, people naturally "flinch" and do the following:

- crouch slightly; and
- bring arms/hands up to protect head and face

Effective blocks combine natural human instincts to protect the head and face, but while moving toward danger to minimize attacker momentum. Therefore, it takes practice and mental conditioning to use a block effectively.

Blocks can be the first step to stopping *active* and *assaultive – bodily harm* suspect resistance.

1. Middle Block **(Figure 7)**

SLIDE: "Middle Block"; Display slide for student officers to reference when practicing

A forward block can be used when the officer is standing in front of an attacking suspect. For best results, do the following steps in one continuous and fluid motion.

Figure 7

STEP 1: Use a defensive stance. Widen stance with strong-leg back, hands up with palms facing out.

STEP 2: Lean/Step toward threat and use hands or forearms to block. Use forward momentum and forearms to strike suspect across the chest.

STEP 3: Give clear and concise instructions (e.g., *"Stop!"*; *"Get back!"*)

STEP 4: *Shuffle step* to increase distance, re-evaluate and transition.

NOTE: Demonstrate "middle block" to include various types of suspect resistance. Provide EACH student officer with at least 30 minutes to practice. Practice should begin slow to help student officer establish correct form. Increase intensity and speed until strike is practiced correctly in "real time" using safety equipment (pads). Student officers must successfully demonstrate "middle block" during performance testing.

2. High Block **(Figure 8)**

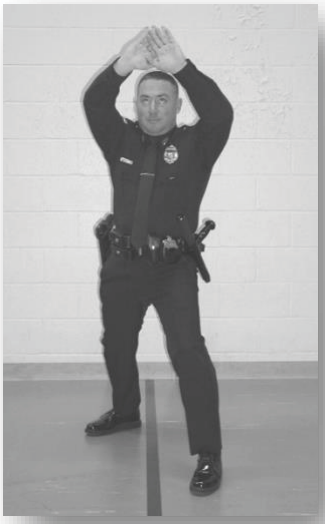


Figure 8

SLIDE: "High Block"; Display slide for student officers to reference when practicing

A high block can be used to protect officer's head and face from strikes coming from above. For example, an officer who is shorter or down on his or her knees. For best results, do the following steps in one continuous and fluid motion.

STEP 1: Widen stance with strong-leg back. Overlap hands above head with palms facing out or up.

STEP 2: Lean/Step toward threat and use hands or forearms to block. Simultaneously *side-step* or *pivot* for more blocking power.

STEP 3: Give clear and concise instructions (e.g., *"Stop!"*; *"Get back!"*).

STEP 4: *Shuffle step* to increase distance, re-evaluate and transition.

NOTE: Demonstrate "high block" to include various types of suspect resistance. Provide EACH student officer with at least 30 minutes to practice. Practice should begin slow to help student officer establish correct form. Increase intensity and speed until strike is practiced correctly in "real time" using safety equipment (pads). Student officers must successfully demonstrate "high block" during performance testing.

3. Side Block: strong & support side **(Figures 9A & 9B)**

SLIDE: "Side Block"; Display slide for student officers to reference when practicing

Side blocks can be used to protect officer from incoming left or right side strikes to head, torso, chest and shoulders. Officer may be standing or kneeling. For best results, do the following steps in one continuous and fluid motion.

STEP 1: Widen stance and overlap hands with palms facing out at face/shoulder level and elbows down.

STEP 2: Pivot [left or right] and both hands/forearms toward incoming strike to block. Simultaneously *side-step* for more blocking power.

STEP 3: Give clear and concise instructions (e.g., *"Stop!"*; *"Get back!"*).

STEP 4: *Shuffle step* to increase distance, re-evaluate and transition.

Figure 9A

Figure 9B

NOTE: Demonstrate "side block" (strong & support side) from standing and kneeling positions. Include various types of suspect resistance. Provide EACH student officer with at least 30 minutes to practice. Practice should begin slow to help student officer establish correct form. Increase intensity and speed until strike is practiced correctly in "real time" using safety equipment (pads). Student officers must successfully demonstrate" side block" during performance testing.

4. Low Block **(Figure 10)**.

SLIDE: "Low Block"; Display slide for student officers to reference when practicing

Figure 10

A low block can be used to protect officer's groin, abdomen and upper strikes coming from below. For example, a suspect who is kicking at the officer's groin. For best results, do the following steps in one continuous and fluid motion.

STEP 1: Widen stance and overlap hands just below waist level with palms facing ground.

STEP 2: Move both hands/forearms toward incoming strike to block. Simultaneously *side-step* or *pivot* for more blocking power.

STEP 3: Give clear and concise instructions (e.g., *"Stop!"*; *"Get back!"*)

STEP 4: *Shuffle step* to increase distance, re-evaluate and transition.

NOTE: Demonstrate "low block" to include variations of suspect resistance. Provide EACH student officer with at least 30 minutes to practice. Practice should begin slow to help student officer establish correct form. Increase intensity and speed until strike is practiced correctly in "real time" using safety equipment (pads). Student officers must successfully demonstrate "low block" during performance testing.

D. Strikes

SLIDE: "Strikes"; Use lesson contents to fully cover slide items and facilitate discussion about difference between strike vs. distraction technique.

Strikes include punches and kicks that use gross motor skills. Strikes are authorized to immediately and conclusively stop violent conduct. Strikes are also different from *distraction techniques*. A distraction technique is designed to shift an *active resistant* suspect's focus or disrupt his balance to gain control. Examples of distraction techniques include, but are not limited to triceps pinches and pressure points (e.g., Mandibular Angle).

Note: Intent and intensity are key differences between strikes and distraction techniques

The reasonableness of any strike is determined by the *totality of circumstances* and *officer perception*. This includes, but is not limited to the following:

- threat posed by suspect
- severity of crime involved
- suspect size, skill level and strength
- officer knowledge and experience with suspect

Strikes are not 100% effective 100% of the time. They can help officers gain needed distance and time for stopping *active* or *assaultive: bodily harm* resistance.

NOTE: Facilitate discussion on how strikes fit into the MPTC Use of Force model by asking the following questions:

- ***Could a suspect punch be deadly?***
- ***Under what circumstances should officers use strikes?***

Guide discussion toward legal standards of objective reasonableness, totality of circumstances and officer perception as outlined in Use of Force lesson.

1. Common strike targets

   a) arms & hands

      SLIDE: "Strike Targets"; identify each target location

      (1) back of the hand

      (2) inside of wrist

      (3) forearm

      (4) fingers and knuckles

      (5) *Radial nerve* in top of forearm near elbow.

      (6) *Median nerve* on the inside forearm, 3-4 inches down from the elbow joint.

   b) legs & feet

      (1) toes

      (2) shin

      (3) instep (just below shin)

      (4) *Common peroneal* nerve located in outer thigh just above knee.

      (5) *Femoral nerve* located in inner thigh just above the knee.

   c) shoulders & neck

      NOTE: Facilitate discussion on how strikes to brachial plexus and suprascapular nerve fit into the MPTC Use of Force model.

      (1) *Brachial plexus* origin located on side of neck, just below the ear.

(2) *Suprascapular nerve* located where trapezius and shoulder muscles meet.

d) Groin

NOTE: Facilitate discussion on how strikes to groin fit into the MPTC Use of Force model.

2. Hand/Arm strikes

SLIDE: "Hand / Arm Strikes"

Effective hand/arm strikes use *gross* motor skills (e.g., punch). In general, hand/arm strikes are delivered when the officer is standing and within arm's reach of suspects. Hand/arm strikes can also be delivered effectively from a kneeling position if needed.

a) Best practices for hand/arm strikes

(1) Use defensive stance.

(2) Generate power by rotating torso/hip and leaning slightly toward target.

(3) Transfer energy from body weight momentum into target with time on contact and strike "through the target."

Note: Time on contact with target creates fluid shock. "Snap" punches are less effective.

(4) Strike motion should be parallel with or downward toward target. Strikes thrown above the officer's shoulder height have less leverage and thus power.

(5) Avoid telegraphing strikes. The element of surprise can make strike more effective.

(6) Keep non-striking hand in front of body and at chest level or above for protection.

(7) Avoid striking hard targets likely to injure hand/arm (e.g., back of head; knee cap; shin;).

(8) Give clear and concise instructions when striking (e.g., *Stop!"; "Get Down!"*).

b) Straight punch **(Figure 11)**

SLIDE: "Straight Punch"; Display slide for student officers to reference when practicing

In general, straight punches use a closed fist to strike targets in front of the officer. Straight punches can be delivered using either hand (fist).

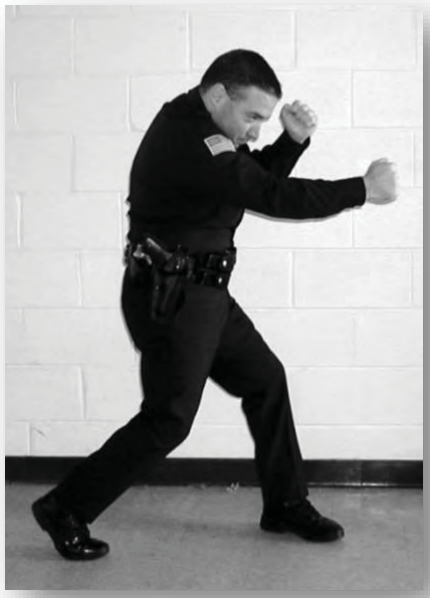


Figure 11

STEP 1: Use defensive stance. To make a stable fist, fold all four fingers into palm of hand and tuck thumb in front of index and middle fingers. Keep fist closed during punch.

Keep non-striking hand up in front of face for protection and to block.

STEP 2: Bring elbow back to chest and parallel with ground, then thrust fist outward toward target. Simultaneously rotate hips/torso and lean slightly into target to generate power.

Make contact with target using index and middle finger knuckles. Transfer energy from body weight momentum into target with time on contact and follow through.

Note: Straight punch motion is parallel with or slightly downward toward target. Punches thrown above shoulder height have less leverage and thus power. Targets that are too close may not allow officers to generate power.

STEP 3: Give clear and concise instructions (e.g., *Stop!"; "Get back!"*).

STEP 4: Shuffle step to increase distance, re-evaluate and transition.

NOTE: Demonstrate "straight punch" to include common targets. Provide EACH student officer with at least 30 minutes to practice. Practice should begin slow to help student officer establish correct form. Increase intensity and speed until strike is practiced correctly in "real time" using protective gear (i.e., strike pads). Student officers must successfully demonstrate "straight punch" during performance testing.

c) Elbow Strikes **(Figure 12)**

SLIDE: "Elbow Strike"; Display slide for student officers to reference when practicing

Figure 12

Elbow strikes can be delivered using either arm on targets in front of, behind or below the officer.

STEP 1: Use defensive stance. For front and rear elbow strikes, bend arm at elbow 90° with forearm across and in front of chest. While keeping arm bent at 90°, thrust elbow toward target. Rotate hips and shoulders to generate power.

For downward elbow strikes, bend arm at elbow 90° with forearm perpendicular to ground. While keeping arm bent at 90°, thrust elbow downward into target. Lower center of gravity (e.g., squat down) to generate power.
Keep non-striking hand/arm up in front of face for protection and to block.

STEP 2: Make contact with target using elbow and areas around elbow. Transfer energy from body weight momentum into target with time on contact.

STEP 3: Give clear and concise instructions (e.g., *Stop!"; "Get back!"*).

STEP 4: *Shuffle step* to gain distance, re-evaluate and transition.

NOTE: Demonstrate front, rear and downward elbow strikes (left and right arms) to include common targets. Provide EACH student officer with at least 30 minutes to practice. Practice should begin slow to help student officer establish correct form. Increase intensity and speed until strike is practiced correctly in "real time" using protective gear (i.e., strike pads). Student officers must successfully demonstrate elbow strikes during performance testing.

d) Edged fist strike

SLIDE: "Edge Fist Strike"; Display slide for student officers to reference when practicing

Edge (or hammer) fist strike can be delivered using either hand against suspects who are grabbing the officer (or equipment) or reaching out to grab the officer.

STEP 1: Use defensive stance and make a stable fist. Keep non-striking hand up in front of face for protection and to block.

STEP 2: Raise striking hand to eye level with thumb side up, then drive edge fist down into target. Fist remains closed during strike.

Simultaneously lower center of gravity (e.g., squat down) toward target to generate power. Make contact with target using bottom palm edge.

Transfer energy from body weight into target with time on contact and follow through.

Note: In general, less power is generated if target is higher than officer's chest level.

STEP 3: Give clear and concise instructions (e.g., *Stop!"; "Get down!"*).

STEP 4: Move to gain distance, re-evaluate and transition.

NOTE: Demonstrate "edged fist strike" (left and right hands) to include common targets. Provide EACH student officer with at least 30 minutes to practice. Practice should begin slow to help student officer establish correct form. Increase intensity and speed until strike is practiced correctly in "real time" using protective gear (i.e., strike pads). Student officers must successfully demonstrate "edge fist strike" during performance testing.

3. Leg/Foot strikes

SLIDE: "Leg/Foot Strikes"

Effective leg/foot strike use *gross* motor skills (e.g., kick) and are delivered while the officer is standing.

a) Best practices for delivering leg/foot strikes

(1) Use defensive stance and keep arms up to block.

(2) Transfer energy from body weight momentum into target with time on contact and follow through (i.e., kick "through" the target).

(3) Strike motion should be parallel with or downward toward target.

(4) Keep hands up for balance and protection when kicking.

(5) Avoid telegraphing strike. The element of surprise can make strike more effective.

(6) Give clear and concise instructions (e.g., *Stop!"; "Get Down!"*).

(7) After strike, regain balanced stance.

b) Knee Strike **(Figure 13)**

SLIDE: "Knee Strike"; Display slide for student officers to reference when practicing

Figure 13

Knee kicks can be delivered with either leg. They can be used for blocking and striking targets that are close, in front of the officer, and below waist level.

STEP 1: Use hip to thrust knee upward at 45° angle into target.

STEP 2: Make contact with target using front of knee. Effective targets are below the officer's waist and include the following:

- upper leg
- femoral nerve
- common peroneal

Transfer energy from body weight momentum into target with follow through and time on contact.

STEP 3: Give clear and concise instructions (e.g., *Stop!"; "Get back!"*).

STEP 4: Regain balance and move to re-evaluate.

NOTE: Demonstrate "knee strike" (left and right legs) to include common targets. Provide EACH student officer with at least 30 minutes to practice. Practice should begin slow to help student officer establish correct form. Increase intensity and speed until strike is

practiced correctly in "real time" using protective gear (i.e., strike pads). Student officers must successfully demonstrate "knee kick" during performance testing.

c) Front kick **(Figure 14)**

SLIDE: "Front Kick"; Display slide for student officers to reference when practicing

Front kicks are delivered with either foot on targets that are in front of the officer and below waist level.

STEP 1: Raise kicking leg as if delivering knee strike, then thrust lower leg/foot out into target.

Figure 14

STEP 2: Make contact with target using front sole of shoe, ball of foot, or heel. Effective front kick targets are below waist level and include the following:

- shin
- ankle
- calf muscle
- femoral nerve
- Achilles tendon
- common peroneal

Transfer energy from body weight momentum into target with follow through and time on contact.

STEP 3: Give clear and concise instructions (e.g., *Stop!"; "Get back!"*).

STEP 4: Regain balance and move to re-evaluate.

NOTE: Demonstrate "front kick" (left and right legs) to include common targets. Provide EACH student officer with at least 30 minutes to practice. Practice should begin slow to help student officer establish correct form. Increase intensity and speed until strike is practiced correctly in "real time" using protective gear

(i.e., strike pads). Student officers must successfully demonstrate "front kick" during performance testing.

d) Stomp kick

SLIDE: "Stomp Kick"; Display slide for student officers to reference when practicing

Stomp kicks are delivered with either foot on targets that are at ground level and in front or behind the officer. Can be effective if grabbed from behind by suspect or when officer position is compromised.

STEP 1: Bend knee to raise foot straight up 12-18" off ground, then thrust foot down onto target.

STEP 2: Make contact with target using heel or instep. Effective stomp kick targets are below knee level on the ground and include the following:

- toes
- shin
- instep
- calf muscle
- Achilles tendon

Note: Foot sole and heel can also be used to "scrape" target (e.g., shin; Achilles tendon).

Transfer energy from body weight momentum into target with follow through and time on contact.

STEP 3: Give clear and concise instructions (e.g., *Stop!"; "Get back!"*).

STEP 4: Regain balance and move to re-evaluate.

NOTE: Demonstrate "stomp kick" (left and right legs) to include common targets. Provide EACH student officer with at least 30 minutes to practice. Practice should begin slow to help student officer establish correct

form. Increase intensity and speed until strike is practiced correctly in "real time" using protective gear (i.e., strike pads). Student officers must successfully demonstrate "stomp kick" during performance testing.

4. Reporting strikes

SLIDE: "Reporting"

a) Full, detailed description of suspect resistance.

b) Type(s) and total number of strikes used to include targets.

c) Statements made by officer including number of times (e.g., *"Stop resisting!"*)

d) Suspect reaction to officer strikes (e.g., no effect; stopped resisting, etc.).

e) Injuries to both suspect and officer. Include, type, location and medical treatment received.

Review Use of Force lesson for additional reporting best practices.

Continued on next page

E. Ground Defense

SLIDE: "Ground Defense"; Use lesson contents to facilitate discussion on how ground defense fits into the MPTC Use of Force model.

Officers trip, are pushed and may suddenly find themselves down on the ground during use of force events. In general, being on the ground is dangerous and disadvantageous for officers. For example, equipment worn by police (e.g., vest; duty belt; etc.) already impacts officer balance and limits his or her flexibility when standing upright. Duty belt equipment limitations are magnified when officers are on the ground.

If on the ground, the primary goals for officers is to:

- protect themselves
- stand up as quickly as possible
- gain distance and time

1. General best practices for ground defense

   a) Fall safely to prevent injury.

   b) Use hands, forearms, and knees as foundations for leverage and standing.

   c) Use arms, hands or legs for self-protection and to block strikes.

   d) Use legs/feet to strike targets most likely to temporarily stun or generate pain.

2. Falling

   SLIDE: "Falling"; Use lesson contents to fully cover slide items and demonstrate.

   When falling onto the ground, additional weight from officer duty belt and placement of equipment increases risk of injury. For example, falling onto the portable radio, baton or handgun can

cause injury. Natural human instincts to brace fall impact (e.g., extend arms out) amplifies injury risk.

To fall safely and prevent injury, officers must be able to do the following:

- use body momentum and allow self to fall
- avoid human instincts to brace ineffectively
- distribute impact across multiple body parts

a) Rear Fall

SLIDE: "Rear Fall"; Display slide for student officers to reference when practicing

A rear fall technique is used when the officer loses his or her balance (e.g., trips, is pushed, etc.) while walking or moving backwards. Use the following steps to practice a rear fall.

STEP 1: Allow upper body to fall backward onto ground. Move arms out and away from body. Do not reach back with arm to brace fall.

STEP 2: Keep arms extended and chin tucked to chest to prevent back of head from striking ground.

STEP 3: Bend slightly at the waist and use fall momentum to "roll" across ground. Distribute fall impact from small of back to shoulders.

STEP 4: Slap ground with palms help distribute weight and exhale out.

NOTE: Demonstrate backward fall in 3 stages. Begin with (1) sitting on floor, (2) from squatting and (3) from standing position. Provide EACH student officer with at least 20 minutes to practice EACH stage. Floor mats must be used. To prevent injury, student officer duty belts should be removed when falling backward from standing position.

Practice should begin slow to help student officer establish correct form. Increase intensity and speed until technique is practiced correctly in "real time."

b) Stand Up

SLIDE: "Stand Up"; Display slide for student officers to reference when practicing

A primary goal for officers is to stand up as quickly as possible. Use the following steps to get off the ground.

STEP 1: Bring strong or bottom side arm closer to hip.

STEP 2: Plant support or top-side foot on ground near buttocks.

STEP 3: Plant strong or bottom side foot on ground near, or slightly behind other foot.

STEP 4: Stand using a backward motion (i.e., moving away from threat) while keeping support up for protection. Some officers may need to use support hand for balance to stand.

NOTE: Demonstrate stand-up and provide EACH student officer with at least 30 minutes to practice. Floor mats must be used. Practice should begin slow to help student officer establish correct form. Increase intensity and speed until technique is practiced correctly in "real time." To promote realism, student officers should be required to wear duty gear when standing up. Student officers must successfully demonstrate how to stand up from ground wearing duty gear during performance testing.

c) "Coiled Snake"

SLIDE: "Coiled Snake"; Display slide for student officers to reference when practicing

The "Coiled Snake" can be used when the suspect is standing over or moving in to attack an officer who is on the ground. Use the following steps for "Coiled Snake":

STEP 1: Position strong-side hip on ground (e.g., firearm will be under body).

STEP 2: Use strong hand, forearm, and leg as foundation and to rotate 360° while on ground. Keep feet toward suspect. Keep support hand up in front of face/head to protect and block incoming strikes.

Note: Officer can rotate from left to right sides as needed for greater mobility or draw firearm. Officers must be prepared to use and retain control of weapon while still on the ground.

STEP 3: Keep support leg 10-12" off ground and "cocked." Use support leg to strike targets that are low and close enough. Do not allow suspect to grab kicking foot.

STEP 4: Give clear instructions (e.g., *"Get back!"*)

STEP 5: Stand up, gain distance and re-evaluate.

NOTE: Demonstrate "Coiled Snake." Provide EACH student officer with at least 30 minutes to practice. Floor mats are required. Practice should begin slow to help student officer establish correct form. Increase intensity and speed until technique is practiced correctly in "real time." Add transitions from falling. Student officers must successfully demonstrate "Coiled Snake" during performance testing.

d) "Turtle on Back"

SLIDE: "Turtle on Back"; Display slide for student officers to reference when practicing

The "Turtle on Back" can be used when the suspect is standing over or moving in to attack an officer who is on the ground. Use the following steps for "Turtle on Back":

STEP 1: Plant forearms and palms on ground at angle away from body and below shoulder level. Use hands/arms to turn body 360°.

STEP 2: Bring legs up at shoulder width. Knees are bent or "cocked" for striking.

STEP 3: Use either leg/foot to strike targets that are low and close enough for an effective strike. Do not allow suspect grab kicking foot.

Use either hand to draw a weapon according to *totality of circumstances*. Officers must be prepared to use and retain control of weapon in close quarter situation.

STEP 4: Give clear instructions (e.g., *"Get back!"*)

STEP 5: Stand up, gain distance and re-evaluate.

NOTE: Demonstrate "Turtle on Back." Provide EACH student officer with at least 30 minutes to practice. Floor mats are required. Begin with slow step-by-step drills to help student officer establish correct form. Increase intensity and speed until practiced correctly in "real time." Add transitions from falling. Student officers must successfully demonstrate "Turtle on Back" during performance testing.

E. Weapon Retention

SLIDE 1: "Weapon Retention"; Facilitate discussion on how weapon retention fits into the MPTC Use of Force model.

Over the last decade, more than 10% of officers killed in the line of duty by firearms were shot with their own, or a partner's duty pistol."[2]

If a suspect intentionally attempts to take a police officer's firearm, it is reasonable for the officer to believe the firearm will be used against them.

SLIDE 2: "Weapon Retention"; Use lesson contents to fully cover slide items and facilitate discussion with examples.

1. General best practices for weapon retention

   a) Always maintain a minimum safe reactionary distance of 4-6' from potential threats. Increase distance as threat or danger level increases. More distance translates into more time to make a decision.

   b) Maintain a balanced stance, safe positioning, and keep weapon side away from actual or potential threats.

   c) Watch for suspect body language that may indicate a forthcoming attack.

   d) Be intimately familiar with weapon holster functionality.

   e) Use one or two hands to grab, cover and keep weapon inside the holster.

   f) Use body weight, momentum and strikes to create distance from suspect.

   g) Practice weapon retention techniques to maintain needed levels of proficiency.

2. Shielding

Training guns used for this section must be made from rubber, pliable plastic or other material not likely to cause injury. Real handguns cannot be used. Any training gun that appears to be "real life" must be clearly marked (e.g., blue tape) to ensure a "safe" training environment.

Shielding tactics are used to protect a holstered firearm from a suspect moving toward or reaching out to grab the weapon.

a) Elbow shielding

SLIDE: "Elbow Shielding"; Display slide for student officers to reference when practicing

STEP 1: Establish defensive stance.

STEP 2: Place strong side elbow over the weapon and keep support hand up in front of body/face.

STEP 3: *Shuffle step* to the rear while keeping weapon side away from suspect

STEP 4: Give clear instructions (e.g., *"Get back!"*)

NOTE: Demonstrate "elbow shielding." Provide EACH student officer with at least 30 minutes to practice technique. Begin with slow step-by-step drills to help student officer establish correct form. Increase intensity and speed until practiced correctly in "real time." Student officers must successfully demonstrate "elbow shielding" during performance testing.

Continued on next page

b) Strong-hand shielding

SLIDE: "Strong-Hand Shielding"; display slide for student officers to reference when practicing

STEP 1: Establish *defensive stance*

STEP 2: Use strong-hand to cover as much of the holstered weapon as possible. Keep support hand up in front of body/face

STEP 3: *Shuffle step* to the rear while keeping weapon side away from suspect

STEP 4: Give clear instructions (e.g., *"Get back!"*)

NOTE: Demonstrate "strong-hand shielding." Provide EACH student officer with at least 30 minutes to practice technique. Begin with slow step-by-step drills to help student officer establish correct form. Increase intensity and speed until practiced correctly in "real time." Student officers must successfully demonstrate "strong-hand" during performance testing.

c) Two-hand shielding

SLIDE: "Two-Hand Shielding"; Display slide for student officers to reference when practicing

STEP 1: Establish *defensive stance.*

STEP 2: Use strong hand to secure weapon in holster. Use support hand to reinforce strong-hand grip on weapon (e.g., place on top).

STEP 3: *Shuffle step* to the rear while keeping weapon side away from suspect.

STEP 4: Give clear instructions (e.g., *"Get back!"*)

NOTE: Demonstrate "two-hand shielding." Provide EACH student officer with at least 30 minutes to practice technique. Begin with slow step-by-step drills to help

student officer establish correct form. Increase intensity and speed until practiced correctly in "real time." Student officers must successfully demonstrate "two-hand shielding" during performance testing.

3. Handgun retention

SLIDE: "Handgun Retention – Key Tactics"

Handgun retention tactics are used when the suspect grabs onto the officer's holstered firearm. Key tactics for handgun retention include:

- Secure handgun in the holster
- Step to outside of attack
- Use a tactic to get suspect to release grip
- Use a follow-up tactic

a) Cross-grab from front

SLIDE: "Front Cross Grab"; Display slide for student officers to reference when practicing

Suspect reaches across front of officer's body to grab weapon in holster using one or both hands.

STEP 1: Use strong hand to trap suspect's hand(s) and keep weapon in holster.

STEP 2: Lower center of gravity and step toward suspect with support leg. Do not step back. Pivot to face suspect's arm being used to grab the weapon.

STEP 3: Use support-hand fist, elbow or forearm to strike suspect's wrist, top of hand, radial nerve, or other sensitive target within range. Officers can also use *front* and *stomp* kicks to strike targets. Keep holding weapon down with strong hand, driving toward and striking until suspect lets go of weapon.

STEP 4: Give clear instructions (e.g., *"Let go!"; "Get back!"*)

STEP 5: *Shuffle step* to gain distance, re-evaluate and transition.

NOTE: Demonstrate "front cross-grab" with suspect using 1 and 2 hands. Provide EACH student officer with at least 30 minutes to practice technique. Begin with slow step-by-step drills to help student officer establish correct form. Increase intensity and speed until practiced correctly in "real time." Student officers must successfully demonstrate "front cross-grab" during performance testing.

b) Same-side grab from front

SLIDE: "Same Side Grab from Front"; display slide for student officers to reference when practicing

Suspect reaches straight out and grabs officer's firearm in from same side using one or two hands.

STEP 1: Use strong hand to trap suspect's hand(s) and keep weapon in holster.

STEP 2: Lower center of gravity and side step with STRONG foot toward the suspect's arm(s) grabbing weapon.

STEP 3: Use support-hand fist, elbow or forearm to strike suspect's wrist, top of hand, radial nerve, or other sensitive target. Officers can also use *front* and *stomp* kicks to strike targets. Keep holding weapon down with strong hand, driving toward and striking until suspect lets go of weapon.

STEP 4: Give clear instructions (e.g., *"Let go!"; "Get back!"*)

STEP 5: *Shuffle step* to gain distance, re-evaluate and transition.

NOTE: Demonstrate "same-side grab from front" retention with suspect using 1 and 2 hands. Provide EACH student officer with at least 30 minutes to practice. Begin with slow step-by-step drills to help student officer establish correct form. Increase intensity and speed until practiced correctly in "real time." Student officers must successfully demonstrate "same-side grab from front" during skills performance testing.

c) Cross grab from rear

SLIDE: "Cross Grab from Rear"; Display slide for student officers to reference when practicing

While standing behind officer, suspect grabs firearm while reaching across the officer's back.

STEP 1: Use both hands to trap suspect's hand(s) and keep weapon in holster.

STEP 2: Lower center of gravity, step backward with SUPPORT leg into suspect, and rotate body counter-clockwise to pull away.

STEP 3: Give clear instructions (e.g., *"Let go!"; "Get back!"*)

STEP 4: *Shuffle step* to gain distance, re-evaluate and transition.

NOTE: Demonstrate "cross grab from rear" technique. Provide EACH student officer with at least 30 minutes to practice. Begin with slow step-by-step drills to help student officer establish correct form. Increase intensity and speed until practiced correctly in "real time." Student officers must successfully demonstrate "cross grab from rear" during performance testing.

d) Same side grab from rear

SLIDE: "Same Side Grab from Rear"; Display slide for student officers to reference when practicing

While standing behind officer, suspect reaches straight out and grabs officer's firearm from same side using one or two hands.

STEP 1: Use both hands to trap suspect's hand(s) and keep weapon in holster.

STEP 2: Lower center of gravity, step backward with STRONG leg into suspect, and rotate body clockwise to pull away.

STEP 3: Give clear instructions (e.g., *"Let go!"; "Get back!"*)

STEP 4: Shuffle step to gain distance, re-evaluate and transition.

NOTE: Demonstrate "same side grab from rear" technique. Provide EACH student officer with at least 30 minutes to practice. Begin with slow step-by-step drills to help student officer establish correct form. Increase intensity and speed until practiced correctly in "real time." Student officers must successfully demonstrate "same side grab from rear" during performance testing.

Continued on next page

e) Pin & Spin

SLIDE: "Pin & Spin"; Display slide for student officers to reference when practicing

Suspect grabs onto officer's firearm with both hands. "Pin & Spin" is designed primarily to counter suspect grabs from the rear (one or two-handed) but can be used effectively to defend against grabs from ANY direction.

STEP 1: Use both hands to trap suspect's hand(s) and keep weapon in holster.

STEP 2: Lower center of gravity, keep feet planted, and pivot on balls of feet slightly to turn weapon toward suspect.

STEP 3: Immediately pivot upper body, elbow and shoulders in the opposite direction with feet still planted. Repeat back and forth pivot until suspect releases grip.

STEP 4: Give clear instructions (e.g., *"Let go!"; "Get back!"*)

STEP 5: Shuffle step to gain distance, re-evaluate and transition.

NOTE: Demonstrate "Pin & Spin" technique. Provide EACH student officer with at least 30 minutes to practice. Begin with slow step-by-step drills to help student officer establish correct form. Increase intensity and speed until practiced correctly in "real time." Student officers must successfully demonstrate "Pin & Spin" during performance testing.

Continued on next page

F. Disarming

SLIDE: "Disarming"; Facilitate discussion on how disarming fits into the MPTC Use of Force model.

Officers may suddenly come face-to-face with an armed (i.e., firearm) suspect without warning or after having their duty firearm taken away during a close quarter encounter. Maintaining a safe distance and effective weapon shielding and retention techniques are key to preventing a disarming situation.

1. General best practices for disarming

Disarming techniques are considered a last resort when there is no obvious or immediate alternative available to officers. When feasible and practical, *de-escalation* strategies may be used to communicate. See Communication Skills and Use of Force lessons for more information on *de-escalation*.

When attempting to disarm, action is quicker than reaction. Officers must be decisive, move quickly and follow through when using disarming techniques.

SLIDE: "Disarming – Key Tactics"

General best practices for disarming include the following:

a) Distance from weapon must be within arm's reach.

b) Control weapon with firm grip using two hands.

c) Redirect muzzle away from body.

d) Drive toward and repeatedly strike suspect.

e) Forcefully strip weapon from suspect's hands.

2. Disarming from front

SLIDE: "Disarming from Front"; Display slide for student officers to reference when practicing

The following steps may be used to disarm a forward-facing suspect who is within arm's reach (< 20") and pointing a handgun directly at the officer's chest or head.

STEP 1: Face suspect directly. Raise arms up with palms out as if surrendering.

STEP 2: Identify hand used by suspect to control weapon trigger.

STEP 3: Using one fluid motion, side step toward hand controlling trigger and pivot upper body slightly beyond 90°.

STEP 4: Use forearm moving forward to strike suspect's lower arm or wrist and push weapon muzzle direction away from officer.

STEP 5: Use forward hand to grab top of weapon barrel or slide. Use opposite hand to grab underside of weapon barrel or slide. Both hands should be away from muzzle and grabbing weapon.

STEP 6: Option 1: Twist weapon muzzle toward suspect with barrel parallel to ground. Continue twisting weapon until suspect's grip is loosened, then strip it from his hands. Give clear instructions (e.g., *"Let go!"; "Get back!"*)

Option 2: Push weapon muzzle straight up into the air, then pull it straight down and back to strip it out of suspect's hands. Give clear instructions (e.g., *"Let go!"; "Get back!"*)

STEP 7: Shuffle step to create distance, re-evaluate and transition.

Training guns used for this section must be made from rubber, pliable plastic or other material not likely to cause injury. Real handguns cannot be used. Any training gun that appears to be "real life" must be clearly marked (e.g., blue tape) to ensure a "safe" training environment. To prevent hand injuries, instruct student officers posing as suspects to keep their fingers out of the trigger guard when practicing disarming techniques.

NOTE: Demonstrate "disarming from front" (left and right sides). Provide EACH student officer with at least 30 minutes to practice. Begin with slow step-by-step practice drills to help student officer establish correct form. Increase intensity and speed until practiced correctly in "real time." Student officers must successfully demonstrate disarming from front technique during performance testing.

G. Edged Weapon Defense

SLIDE: "Edged Weapon Defense"; Facilitate discussion on how edged weapon defense fits into the MPTC Use of Force model.

NOTE: This lesson covers hand-to-hand defense for edged weapons. Other tactics are covered in Baton lesson.

Edged weapons include traditional tools like knives and razor blades. However, suspects have used other objects as edged weapons against police. This includes screw drivers, hand saw, broken glass bottles, hypodermic needles or other sharp object capable of inflicting injury.

Force needed to stop an edged weapon attack is determined by the *totality of circumstances* and *officer perception*. This includes, but is not limited to the following:

- distance from suspect
- type of edge weapon used
- suspect size, skill level and strength

SLIDE: "Edged Weapon Defense – Key Tactics"; Use lesson contents to fully cover slide items.

1. General best practices for edged weapon defense

   a) Action is quicker than reaction. Officers must be decisive, move quickly and follow through when using tactics.

   b) Maintain balanced stance.

   c) Maintain a safe distance.

      The ability to maintain a safe distance from the suspect is critical when defending against edged weapons. Officers need ample distance to move out of the way or draw a weapon. Alternatives include using physical barriers to block suspects or unholstering a weapon in advance in preparation.

      If the suspect intentionally closes the distance, the officer must be prepared to stop the suspect as quickly as possible.

   d) Consider non-deadly tactics as a temporary measure to gain distance and time.

      For example, if using firearm may cause a greater threat to innocent third persons nearby, officers must be prepared to use other tactics.

Edged weapon training props used for practical exercises must be made of rubber, pliable plastic or other material not likely to cause injury. Real edged weapons cannot be used.

Training guns used by student officers must be made of rubber, pliable plastic or other material not likely to cause injury. Real handguns cannot be used. Any training gun that appears to be "real life" must be clearly marked (e.g., blue tape) to ensure a "safe" training environment.

Continued on next page

2. Jam – Control – Counter

SLIDE: "Jam – Control - Counter"; Display slide for student officers to reference when practicing

Used when officer CANNOT *side step* to outside when confronted by suspect with edged weapon.

STEP 1: Use defensive stance and bring both hands up in front of chest.

STEP 2: Jam attack by striking the suspect's shoulder connected to arm holding edged weapons.

STEP 3: Reach over and secure arm holding edged weapon between biceps and shoulder.

STEP 4: Use opposite arm/hand to strike suspect to counter attack.

STEP 5: *Shuffle step* to create distance, give instructions and transition.

NOTE: Demonstrate "Jam – Control – Counter" technique. Provide EACH student officer with at least 30 minutes to practice. Begin with slow step-by-step practice drills to help student officer establish correct form. Increase intensity and speed until practiced correctly in "real time." Student officers must successfully demonstrate technique during performance testing.

Continued on next page

H. Performance Skills Testing

SLIDE: "Performance Skills Testing"

NOTE: After student officers have been given allocated time to practice techniques, instructors must administer performance testing. Performance testing can occur throughout the delivery or at the end. Student officers must successfully demonstrate techniques taught using a smooth, fluid, and continuous motion without stopping at each step. Instructors are responsible for documenting student officer performance on forms provided with this lesson.

Student officers must successfully demonstrate the following defensive tactics using a smooth, fluid, and continuous.

Handouts: Defensive Tactics Performance Testing

1. Grabs & Holds
   a) Escort
   b) Front Wrist Lock
   c) Rear Wrist Lock
   d) Armbar Takedown
2. Blocks
   a) Middle Block
   b) High Block
   c) Side Block (strong & support sides)
   d) Low Block

3. Strikes

   a) Hand/Arm Strikes

      (1) Straight Punch

      (2) Elbow Strikes (front & rear)

      (3) Edged Fist Strike

   b) Foot/Leg Strikes

      (1) Knee Strike

      (2) Front Kick

      (3) Stomp Kick

4. Ground Defense

   a) Standing Up (from ground with duty gear on)

   b) "Coiled Snake"

   c) "Turtle on Back"

5. Weapon Retention

   a) Elbow Shielding

   b) Strong-Hand Shielding

   c) Two-Hand Shielding

   d) Cross Grab (front & rear)

   e) Same Side Grab (front & rear)

   f) "Pin & Spin"

6. Disarming

7. Edged Weapon Defense (Jam – Control - Counter)

III. Conclusion

A. Summary

SLIDE: "Summary"

Police officers encounter a wide range of suspect resistance while investigating crimes and making arrests. To stop non-deadly suspect resistance as quickly as possible, this lesson covered specific types of tactics used by police officers.

- blocks
- grabs/holds
- arm/hand & foot/leg strikes
- ground defense
- weapon retention
- disarming techniques

This lesson was designed to help student officers identify techniques that work best for them according to skill and confidence level.

B. Learning Objectives

SLIDE: "Learning Objectives"; Facilitate a targeted review of lesson using learning objective content; Emphasize to student officers that end-of-topic test questions for this lesson and final comprehensive exam are directly related to learning objectives.

Note: End-of-topic test questions for this lesson and final comprehensive exam are directly related to learning objectives.

C. Questions

SLIDE: "Questions"

Note: Student officers are encouraged to ask questions and seek clarification when needed about materials delivered in this lesson.

D. Closing Statement

SLIDE: "Closing Statement"

Police officers must be physically and mentally prepared to use force. To establish needed levels of proficiency while under stress, defensive tactics must be practiced properly and repeatedly throughout an officer's career.

SLIDE: "MPTC Logo (end slide)"

End Notes

1 Bruce Siddle, *PPCT Defensive Tactics Instructor Manual* (Belleville, IL: PPCT Management Systems, Inc., 2003), 2-29.

2 US Department of Justice, “Law Enforcement Officers Killed and Assaulted” (Washington, DC: US Department of Justice, Federal Bureau of Investigation, 2015).

Use of Force Safety Guidelines

Academy	Lead Instructor

I, _____ agree to the following safety guidelines during use of force training.

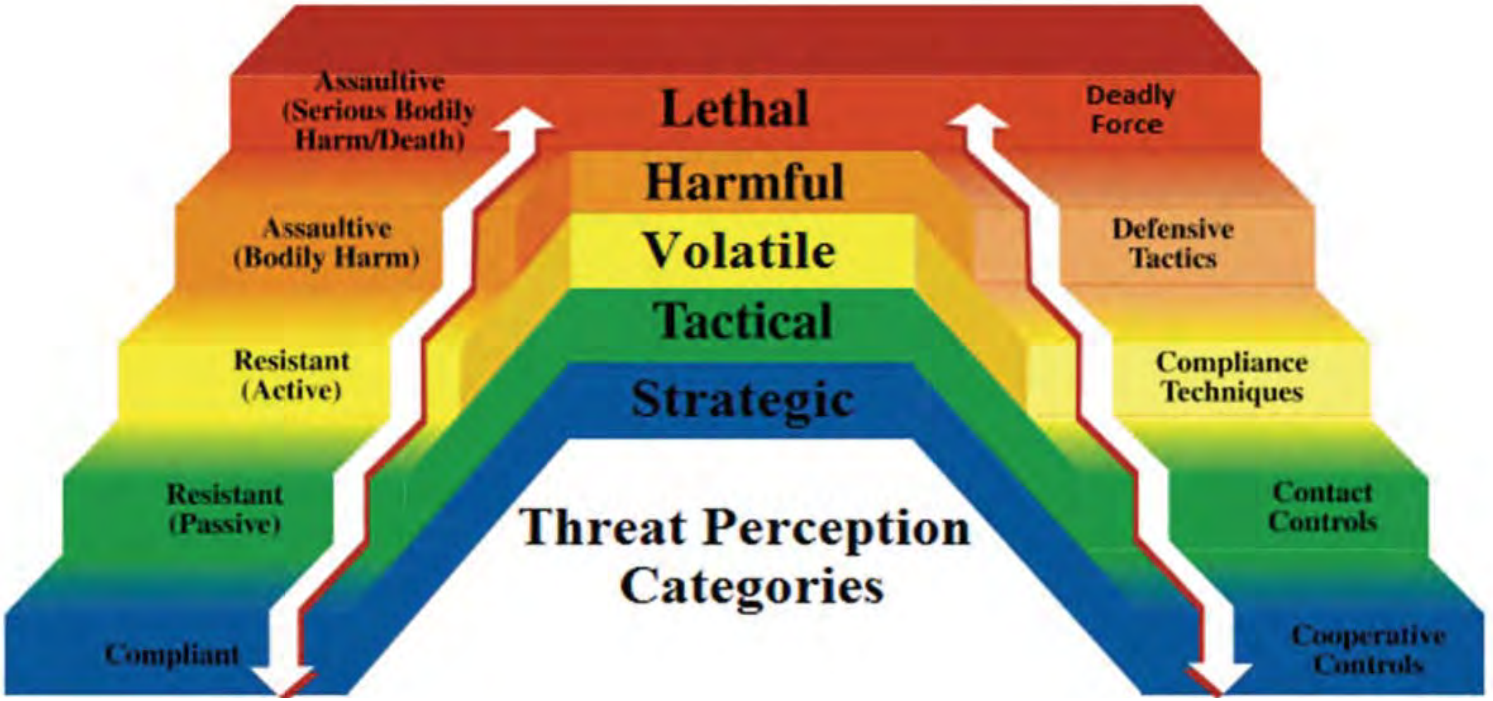
Initials	Safety Guidelines
	I will follow all training safety guidelines issued by instructor(s).
	To establish proficiency, I will practice use of force techniques slowly at first using step-by-step methods outlined in lesson manuscripts and as demonstrated by instructors.
	I will not practice or perform any use of force technique in “real time” or using “full effort” without specific instructor approval and direction.
	When practicing any use of force technique on a peer or other person, I will do so carefully and to avoid injury. I will use safety equipment as directed by instructor(s).
	When helping peers practice use of force techniques, I will not physically resist in ways likely to cause injury or impede his or her learning.
	I will listen for and follow specific audible safety precautions. The “safety word” for this class is: _____. When the “safety word” is announced (by anyone), all action must “Stop!”
	I am responsible for keeping the training area clear and free of tripping or falling hazards.
	I will remove any personal jewelry and non-essential accessories that may be damaged or cause unnecessary injury during use of force training.
	I do not have any pre-existing physical or psychological condition that may restrict participation in use of force training.
	I will notify the instructor of any injuries or changes in my physical condition, that occur prior to, during or after any use of force training.

_____/_____

SIGNATURE DATE

Distribution: Copy to student officer. Original to Academy Director.

MPTC Use of Force Model



Perceived Subject Action(s)

Reasonable Officer Response(s)

Defensive Tactics

Performance Testing

Student Officer Name | Date | Academy

Is this remedial testing: Yes / No

Student Officer must earn Satisfactory (S) rating on all techniques to pass.

Performance Testing	S	U
GRABS & HOLDS		
Escort		
Front Wrist Lock		
Rear Wrist Lock		
Armbar Takedown		
BLOCKS		
Middle Block		
High Block		
Side Block (strong & support sides)		
Low Block		
STRIKES		
Straight Punch (left & right hand)		
Elbow Strikes (front & rear)		
Edge Fist Strike (left & right hand)		
Knee Strike		
Front Kick		
Stomp Kick		

Instructor Name (print) | Date | Instructor Signature

Distribution: Copy to student officer. Original to Academy Director.

Defensive Tactics

Performance Testing

Student Officer Name | Date | Academy

Is this remedial testing: Yes / No

Student Officer must earn Satisfactory (S) rating on all techniques to pass.

Performance Testing	S	U
GROUND DEFENSE		
Standing Up		
"Coiled Snake"		
"Turtle on Back"		
WEAPON RETENTION		
Elbow Shielding		
Strong-Hand Shielding		
Two-Hand Shielding		
Cross-Grab (front & rear)		
Same Side Grab (front & rear)		
"Pin & Spin"		
DISARMING (from front)		
EDGED WEAPON DEFENSE		
Jam – Control - Counter		

Instructor Name (print) | Date | Instructor Signature

Distribution: Copy to student officer. Original to Academy Director.

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Instructor

- Name
- Title
- Agency
- Assignments & Credentials

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Defensive Tactics

- Police officers encounter a wide range of suspect resistance while investigating crimes and making arrests. Suspect resistance includes punching, kicking, grabbing, pulling, pushing and using weapons.
- The goal of this lesson is to teach future Commonwealth police officers specific defensive tactics for stopping different types of suspect resistance as quickly as possible.

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Learning Objectives

1. Identify and demonstrate how gross, fine and complex motor skills apply to defensive tactics.
2. Demonstrate best practices for *stance, positioning* and *movements*.
3. Demonstrate best practices for using the following defensive tactics.
   - grabs and holds
   - blocks
   - strikes
   - ground defense

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Learning Objectives

4. Demonstrate best practices for maintaining control and possession of duty issued weapons.
5. Demonstrate best practices for defending against edged weapon attacks.

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Defensive Tactics

- disrupt suspect focus
- prevent unnecessary injury
- immobilize suspect movements
- temporarily stun or distract suspects
- gain distance and time to re-evaluate

Must be practiced properly and repeatedly throughout an officer's career.

Identify techniques that work best for YOU according to skill level.

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Motor Skills

a) **Gross motor skills**

b) **Fine motor skills**

c) **Complex motor skills**

- Defensive tactics used by police include a combination, *gross, fine* and *complex* motor skills. Motor skills are perishable.
- To maintain needed levels of proficiency, officers must practice defensive tactics throughout their law enforcement career.

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Basic Stance

- feet shoulder width apart
- knees bent slightly
- strong leg and hip away
- stand upright with back straight
- hands in front of body

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Defensive Stance

- feet slightly wider than shoulder width
- more bend in the knees
- hands up near face with elbows in near torso
- hands open or closed

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Distance

- Distance is proportional to officer reaction *time*.
- Officer position, in relation to the suspect, is critical for safety, maintaining tactical advantage and using force effectively.
- Distance from suspect will vary according to location, *officer perceptions* and *totality of circumstances*.
- The recommended minimum reactionary distance is 4-6 feet and beyond a suspect's immediate lunge or grabbing area.

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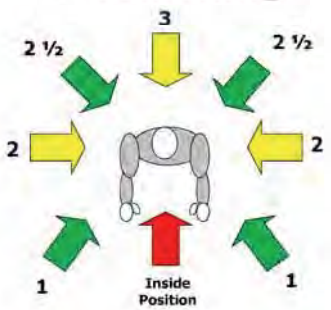
Positioning



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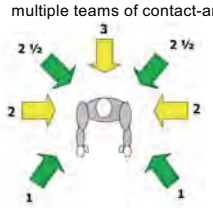
Contact & Cover

- A "triangulation" technique. Both officers must be able to see each other and the person without creating a potential cross fire situation.
- Each role has specific tasks. If multiple people are on the scene, multiple teams of contact-and-cover officers may be needed.



- Officers should communicate their role before approaching a person and be prepared to switch roles if needed.

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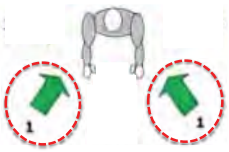
"Contact" Officer

Primary and responsible for conducting the investigation.

a) maintains **#1 position**

b) does all the talking; conducts interviews and takes notes



c) conducts radio transmissions

d) initiates all activities

e) gives directions to *cover* officer

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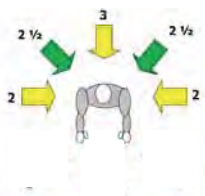
"Cover" Officer

Back-up and responsible for protecting the *contact* officer.

a) maintains and adjusts triangulation position to prevent potential cross-fire with *contact* officer



b) watches person's hand and body movements

c) keeps other people away

d) prevents escape

e) follows *contact* officer instructions

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Movements

a) Shuffle Step (front & rear)

b) Side Step (front & rear)

c) Pivot Step (front & rear)

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Officer Awareness

a) Physical and mental readiness

b) Threat recognition

c) Communication

d) Confidence

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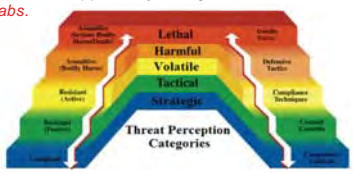
Grabs & Holds

- Isolate a specific body part, maintain leverage, or move a suspect from one location to another.
- Must be done fluidly using *twisting, pulling* or *bending.*
- Officer hand, arm and upper body strength are relevant factors for *holds and grabs.*



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Escort

STEP 1: Approach from 2½

STEP 2: Place palm of hand on back of the same suspect's hand with thumb crossed at knuckle and twist.

STEP 3: Use opposite hand to grab suspect's elbow joint (thumb on top of elbow; fingers wrap around arm). Maintain firm grip with both hands to keep suspect's arm straight, immobilize and apply leverage.

STEP 4: If suspect resists, turn hand grabbing wrist counter-clockwise (so thumb points toward officer), then pull suspect's arm across officer's body for additional leverage while still maintaining firm grip on suspect's elbow.

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Front Wrist Lock

STEP 1: Approach from 2½

STEP 2: Simultaneously grab suspect at elbow/forearm and on top of hand (same arm). Apply pressure over suspect's knuckles to bend wrist / fingers downward.

STEP 3: Slide hand grabbing elbow/forearm between suspect's body and arm to overlap with hand bending suspect's wrist (both officer's hands are overlapping on top of suspect's knuckles and applying downward pressure).

STEP 4: Bring suspect's forearm parallel to ground with palm facing down. Use torso for leverage, apply counter pressure on elbow and maintain grip.

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Rear Wrist Lock

STEP 1: Approach from 2½

STEP 2: Simultaneously grab suspect at elbow and wrist (same arm).

STEP 3: Slide hand grabbing wrist down (fingers facing same direction).

STEP 4: Pivot toward rear of suspect while sliding suspect's hand (one being held) to the small of his back.

STEP 5: Hand held in small of back is rotated so heel of officer's hand is on top of suspect's wrist.

STEP 6: Suspect free hand on top of head. Transition to handcuffing.

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Armbar Takedown

STEP 1: Approach from 2½

STEP 2: Use strong hand to grab closest wrist; pull back and rotate clockwise.

STEP 3: Use support hand to grab elbow (same arm); thumb over elbow; straighten arm.

STEP 4: Change support hand hold on elbow by using lower forearm to create downward pressure on suspect's upper arm.

STEP 5: Rotate strong hand holding wrist clockwise. Keep suspect's arm straight and wrist pinned against officer's upper thigh, waist area or abdomen.

STEP 6: Take one step back with outside leg, rotate torso clockwise and use body weight with support hand as leverage to take suspect down. Give instructions and transition to handcuffing.

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Blocks

- Combines natural human instincts to protect the head and face, but while moving toward danger to minimize attacker momentum.
- Practice and mental conditioning needed.

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Middle Block

STEP 1: Widen stance with strong-leg back, hands up with palms facing out.

STEP 2: Lean/Step toward threat and use hands or forearms to block. Use forward momentum and forearms to strike suspect across the chest.

STEP 3: Give instructions.

STEP 4: Increase distance, re-evaluate and transition.

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High Block

STEP 1: Widen stance with strong-leg back. Overlap hands above head with palms facing out or up.

STEP 2: Lean/Step toward threat and use hands or forearms to block. Simultaneously side-step or pivot for more blocking power.

STEP 3: Give instructions.

STEP 4: Increase distance, re-evaluate and transition.

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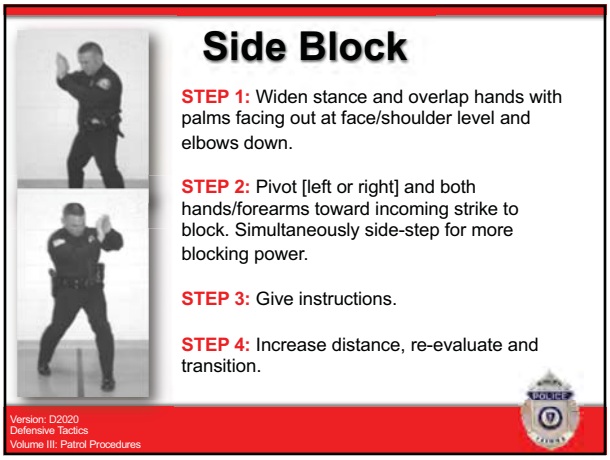

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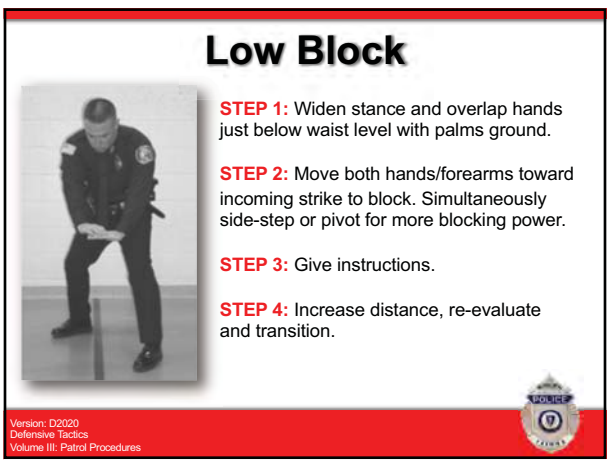

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Strike Targets

- back of the hand
- inside of wrist
- forearm
- fingers and knuckles
- radial nerve
- median nerve

- brachial plexus origin
- suprascapular nerve
- groin

- toes
- shin
- instep
- common peroneal
- femoral nerve

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Hand / Arm Strikes

1) Use defensive stance.
2) Generate power by rotating torso/hip and leaning slightly toward target.
3) Transfer energy from body weight momentum strike “through” the target.
4) Strike motion should be parallel with or downward toward target.
5) Keep non-striking hand up.
6) Avoid telegraphing strike.

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Straight Punch

STEP 1: Use defensive stance and make a stable fist. Keep non-striking hand up.

STEP 2: Bring elbow back to chest and parallel with ground, then thrust fist outward toward target. Simultaneously rotate hips/torso and lean slightly into target to generate power. Make contact with index and middle finger knuckles.

STEP 3: Give instructions.

STEP 4: Increase distance, re-evaluate and transition.

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Elbow Strike

STEP 1: For front and rear elbow strikes, bend arm at elbow 90° with forearm across and in front of chest. While keeping arm bent at 90°, thrust elbow toward target. Rotate hips and shoulders to generate power.

STEP 2: Make contact with target using elbow and areas around elbow. Transfer energy from body weight momentum into target with time on contact. .

STEP 3: Give instructions.

STEP 4: Increase distance, re-evaluate and transition.

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Edged Fist

STEP 1: Use defensive stance and make a stable fist. Keep non-striking hand up.

STEP 2: Raise striking hand to eye level with thumb side up, then drive edge fist down into target. Fist remains closed during strike. Lower center of gravity (e.g., squat down) toward target to generate power. Make contact with target using bottom palm edge.

STEP 3: Give instructions.

STEP 4: Increase distance, re-evaluate and transition.

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Leg / Foot Strikes

1) Use defensive stance and keep arms up to block.
2) Transfer energy from body weight momentum and kick "through" the target.
3) Strike motion should be parallel with or downward toward target.
4) Keep hands up for balance and protection when kicking.
5) Avoid telegraphing strike.

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Knee Strike

STEP 1: Use hip to thrust knee upward at 45° angle into target.

STEP 2: Make contact with target using front of knee. Effective targets are below the officer's waist.

STEP 3: Give instructions.

STEP 4: Regain balance and move to re-evaluate.

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Front Kick

STEP 1: Raise kicking leg as if delivering knee strike, then thrust lower leg/foot out into target.

STEP 2: Make contact with target using front sole of shoe, ball of foot, or heel.

STEP 3: Give instructions.

STEP 4: Regain balance and move to re-evaluate.

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Stomp Kick

STEP 1: Bend knee to raise foot straight up 12-18" off ground, then thrust foot down onto target.

STEP 2: Make contact with target using heel or instep. Effective stomp kick targets are below knee level on the ground.

STEP 3: Give instructions.

STEP 4: Regain balance and move to re-evaluate.

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Reporting

a) Full, detailed description of resistance.

b) Type and total number of strikes used to include targets.

c) Statements made by officer including number of times

d) Suspect reaction to officer strikes

e) Injuries to both suspect and officer. Include, type, location and medical treatment received.

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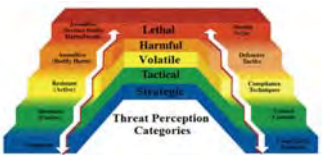
Ground Defense

- fall safely
- protect yourself on ground
- stand up as quickly as possible
- gain distance



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Falling

- use body momentum and allow self to fall
- avoid human instincts to brace ineffectively
- distribute impact across multiple body parts

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Rear Fall

STEP 1: Allow upper body to fall backward onto ground. Move arms out and away from body. Do not reach back with arm to brace fall.

STEP 2: Keep arms extended and chin tucked to chest to prevent back of head from striking ground.

STEP 3: Bend slightly at the waist and use fall momentum to "roll" across ground. Distribute fall impact from small of back to shoulders.

STEP 4: Slap ground with palms help distribute weight and exhale out.

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Stand Up

STEP 1: Bring strong or bottom side arm closer to hip.

STEP 2: Plant support or top-side foot on ground near buttocks.

STEP 3: Plant strong or bottom side foot on ground near, or slightly behind other foot.

STEP 4: Stand using a backward motion (i.e., moving away from threat) while keeping support up for protection.

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"Coiled Snake"

STEP 1: Position strong-side hip on ground.

STEP 2: Use strong hand, forearm, and leg as foundation and to rotate 360° while on ground. Keep feet toward suspect. Keep support hand up in front of face/head to protect and block incoming strikes.

STEP 3: Keep support leg 10-12" off ground and "cocked." Use support leg to strike targets that are low and close enough. Do not allow suspect to grab kicking foot.

STEP 4: Give clear instructions.

STEP 5: Stand up, gain distance and re-evaluate.

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"Turtle on Back"

STEP 1: Plant forearms and palms on ground at angle away from body and below shoulder level. Use hands/arms to turn body 360°.

STEP 2: Bring legs up at shoulder width. Knees are bent or "cocked" for striking.

STEP 3: Use either leg/foot to strike targets that are low and close enough for an effective strike. Do not allow suspect grab kicking foot.

STEP 4: Give clear instructions.

STEP 5: Stand up, gain distance and re-evaluate.

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Weapon Retention

- More than 10% of officers killed in the line of duty by firearms were shot with their own, or a partner's duty pistol.
- If a suspect intentionally attempts to take a police officer's firearm, is reasonable for the officer to believe the firearm will be used against them?

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Weapon Retention

a) Maintain a safe reactionary distance of 4-6' from potential threats.

b) Maintain a balanced stance, safe positioning, and keep weapon side away from actual or potential threats.

c) Watch for suspect body language.

d) Be intimately familiar with weapon holster functionality.

e) Use 1 or 2 hands to grab, cover and retain weapon inside holster.

f) Use body weight, momentum and distraction strikes to create distance from suspect.

g) Practice, practice, practice.

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Elbow Shielding

STEP 1: Establish defensive stance.

STEP 2: Place strong side elbow over the weapon and keep support hand up in front of body/face.

STEP 3: Shuffle step to the rear while keeping weapon side away from suspect.

STEP 4: Give clear instructions.

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Strong-Hand Shielding

STEP 1: Establish defensive stance.

STEP 2: Use strong-hand to cover as much of the holstered weapon as possible. Keep support hand up in front of body/face.

STEP 3: Shuffle step to the rear while keeping weapon side away from suspect.

STEP 4: Give clear instructions.

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Two-Hand Shielding

STEP 1: Establish defensive stance.

STEP 2: Use strong hand to secure weapon in holster. Use support hand to reinforce strong-hand grip on weapon (e.g., place on top).

STEP 3: Shuffle step to the rear while keeping weapon side away from suspect.

STEP 4: Give clear instructions.

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Handgun Retention

Key Tactics

- Secure handgun in the holster
- Step to outside of attack
- Use a tactic to get suspect to release grip
- Use a follow-up tactic

55

Cross-Grab From Front

STEP 1: Use strong hand to trap suspect's hand(s) and keep weapon in holster.

STEP 2: Lower center of gravity and step toward suspect with support leg. Do not step back. Pivot to face suspect's arm being used to grab the weapon.

STEP 3: Use support-hand fist, elbow or forearm to strike suspect's wrist, top of hand, radial nerve, or other sensitive target within range. Keep holding weapon down with strong hand, driving toward and striking until suspect lets go of weapon.

STEP 4: Give clear instructions.

STEP 5: Shuffle step to gain distance, re-evaluate and transition.

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Same Side Grab From Front

STEP 1: Use strong hand to trap suspect's hand(s) and keep weapon in holster.

STEP 2: Lower center of gravity and side step with STRONG foot toward the suspect's arm(s) grabbing weapon.

STEP 3: Use support-hand fist, elbow or forearm to strike suspect's wrist, top of hand, radial nerve, or other sensitive target. Keep holding weapon down with strong hand, driving toward and striking until suspect lets go of weapon.

STEP 4: Give clear instructions.

STEP 5: Shuffle step to gain distance, re-evaluate and transition.

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Cross-Grab From Rear

STEP 1: Use both hands to trap suspect's hand(s) and keep weapon in holster.

STEP 2: Lower center of gravity, step backward with SUPPORT leg into suspect, and rotate body counter-clockwise to pull away.

STEP 3: Give clear instructions.

STEP 4: Shuffle step to gain distance, re-evaluate and transition.

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Same Side Grab From Rear

STEP 1: Use both hands to trap suspect's hand(s) and keep weapon in holster.

STEP 2: Lower center of gravity, step backward with STRONG leg into suspect, and rotate body clockwise to pull away.

STEP 3: Give clear instructions.

STEP 4: Shuffle step to gain distance, re-evaluate and transition.

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"Pin & Spin"

STEP 1: Use both hands to trap suspect's hand(s) and keep weapon in holster.

STEP 2: Lower center of gravity, keep feet planted, and pivot on balls of feet slightly to turn weapon toward suspect.

STEP 3: Immediately pivot upper body, elbow and shoulders in the opposite direction with feet still planted. Repeat back and forth pivot until suspect releases grip.

STEP 4: Give clear instructions.

STEP 5: Shuffle step to gain distance, re-evaluate and transition.

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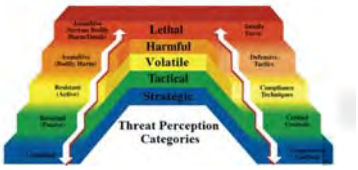
Disarming

- Considered a last resort when there is no obvious or immediate alternative available to officers.
- Action is quicker than reaction. Officers must be decisive, move quickly and follow through when using disarming techniques.



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Disarming

Key Tactics

a) Distance from weapon must be within arm's reach.

b) Control weapon with firm grip using two hands.

c) Redirect muzzle away from body.

d) Drive toward and repeatedly strike suspect.

e) Forcefully strip weapon from suspect's hands.

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Disarming (from front)

STEP 1: Face suspect directly. Raise arms up with palms out as if surrendering.

STEP 2: Identify hand used by suspect to control weapon trigger.

STEP 3: Using one fluid motion, side step toward hand controlling trigger and pivot upper body slightly beyond 90°.

STEP 4: Use forearm moving forward to strike suspect's lower arm or wrist and push weapon muzzle direction away from officer.

STEP 5: Use forward hand to grab top of weapon barrel or slide. Use opposite hand to grab underside of weapon barrel or slide.

STEP 6: Twist muzzle toward suspect and strip; OR push muzzle up, then pull back down to strip.

STEP 7: Shuffle step to create distance, re-evaluate and transition.

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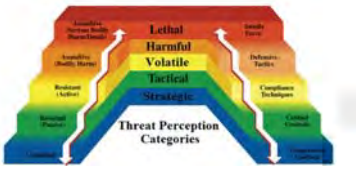
Edged Weapon Defense

Force needed to stop an edged weapon attack is determined by the totality of circumstances and officer perception.

- distance from suspect
- type of edge weapon used
- suspect size, skill level and strength



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Edged Weapon Defense

Key Tactics

a) Action is quicker than reaction.

b) Maintain balanced stance.

c) Maintain a safe distance.

d) Non-deadly force may be needed as a temporary measure to gain distance and time.

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Jam – Control - Counter

Used when officer CANNOT side step to outside when confronted by suspect with edged weapon.

STEP 1: Use defensive stance with both hands up in front of chest.

STEP 2: Jam attack by striking the suspect's shoulder connected to arm holding edged weapons.

STEP 3: Reach over and secure arm holding edged weapon between biceps and shoulder.

STEP 4: Use opposite arm/hand to strike suspect to counter attack.

STEP 5: Shuffle step to create distance, give instructions and transition.

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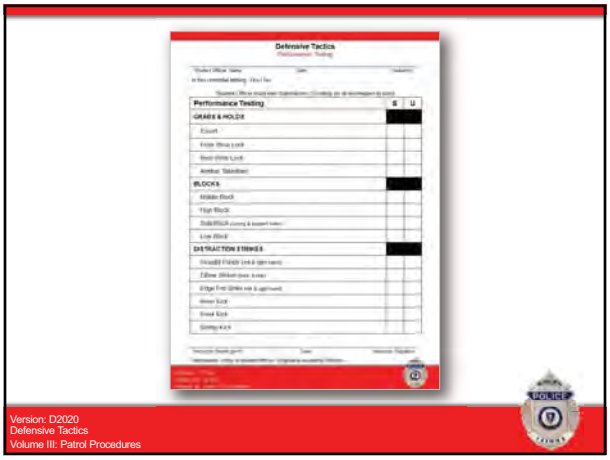

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Summary

Police officers encounter a wide range of suspect resistance while investigating crimes and making arrests. To stop non-deadly suspect resistance as quickly as possible, this lesson covered specific types of tactics used by police officers.

- blocks
- grabs/holds
- distraction strikes
- ground defense
- weapon retention
- disarming techniques

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Learning Objectives

1. Identify and demonstrate how gross, fine and complex motor skills apply to defensive tactics.
2. Demonstrate best practices for *stance, positioning* and *movements*.
3. Demonstrate best practices for using the following defensive tactics.
   - grabs and holds
   - blocks
   - strikes
   - ground defense

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Learning Objectives

4. Demonstrate best practices for maintaining control and possession of duty issued weapons.
5. Demonstrate best practices for defending against edged weapon attacks.

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Questions

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Closing Statement

- Police officers must be physically and mentally prepared to use force.
- To establish needed levels of proficiency while under stress, defensive tactics must be practiced properly and repeatedly throughout an officer's career.

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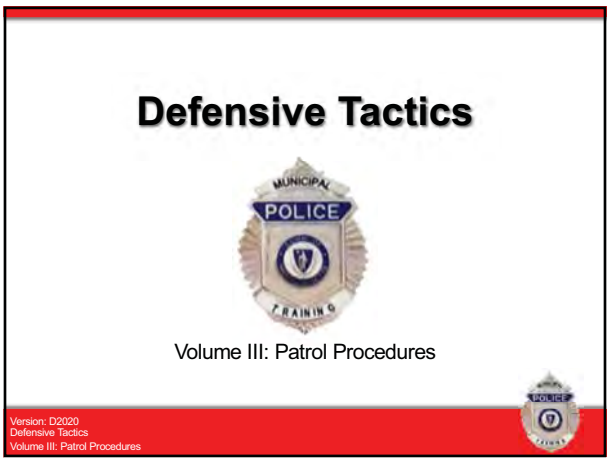

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Municipal Police Training Committee

Police Interaction to Persons with Mental Illness & Emotional Distress

Date Prepared:	**Subject:**	**Prepared By:**
7/31/2014	Police Interactions with Persons with Mental Illnesses & Emotional Distress	Dr. Deb Pinals - DMH, June Binney- NAMI- MA, Dori-Ann Ference - MPTC & Sgt. Mark St. Hillaire – Natick P.D.

Target Audience:	**Pre-required Student Training and/or experience (if any):**	**Method of Instruction:**	**Time Allotted: 3 hours**
Veteran Police Officers	Completed an ROC or Basic Reserve/Intermittent Training Program	Lecture	Classroom Hours: 3 Practical/range/scenario hours: 0 Continuing Education Credits:

Summary of Instructor Qualifications to teach the class: (100 word max.)	**Number of Instructors required and their duties: 1 police officer**
Must be a certified MPTC Police Response to Persons with Mental Illness Police officer Instructor with a current MPTC Instructor Certification Certificate or a C.I.T. or equivalent Police officer with extensive work and knowledge in the mental health community (and with approval by Dr. Pinals, Atty. Binney or D. Ference) **Must have attended the half day T/T Police Interactions with Persons with Mental Illnesses & Emotional Distress Course. New instructors to MPTC must attend the 6-day Instructor Development Program or have attended an equivalent**	

Materials:	**Audio Visual Needs:** (e.g. electronic devices)	**Additional Notes:**
Power Point Presentation, Medications Pocket Guide, How to Manage Trauma Handout, MBHP ESP Statewide Directory, Form AA-5 Section 12 Form, Norman Video	Computer with Power Point and projector	**Delivery options**: you can bring in a mental health clinician that is on “the certified list” to assist the police officer. **Delivery options**: a test bank is attached if a written exam is to be given

Police Interactions with Mental Illness & Emotional Distress

Instructional Goal:	Veteran Police officers will be provided with an overview of common types of disorders that affect behavior, best police response to calls involving persons with mental illnesses or emotional distress, verbal and non-verbal communication skills to de-escalate situations and instruction on how to complete new Section 12 paperwork,	
Objectives: At the conclusion of this training the officer will be able to	• Demonstrate their understanding of MGL Chapter 123, Section 12 • Properly fill out a Section 12 Application • Discuss Verbal and Non-verbal communication skills to safely de-escalate situations where an individual is in emotional distress • Discuss effective best police response to calls involving persons with a mental illness or in emotional distress • Explain Trauma, where it comes from, symptoms, and coping strategies	
Content/text:	Please begin the Content/text for this Lesson Plan on the following page.	
Testing Procedures:	Optional true/false multiple choice exam	
Electronic (DVD) copy:	**Process for Review:** Ongoing through SME's	**Bibliography References:** **National Council for Community Behavioral Healthcare** **Vision for Change.net** **California Commission on Peace Officers Standards & Training (Video)**

Municipal Police Training Committee

Police Interactions with Persons with Mental Illnesses Lesson Plan

I. Introduction

A. Instructor Introduction

1. Professional background

2. Go over what the next three hours are going to look like (housekeeping)

3. What are we going to learn?
   a. Demonstrate an understanding of MGL Chapter 123, Section 12
   b. Properly fill out a Section 12 Application
   c. Discuss Verbal and Non-Verbal communication skills to safely de-escalate situations where an individual is in emotional distress
   d. Discuss effective best police response to calls involving persons with a mental illness or in emotional distress

4. Persons with Mental Illnesses are People

   a. They are your brothers, sisters, mothers, fathers, grandparents

   b. They are your friends and neighbors

   c. They are your co-workers

   d. They are strangers

5. The point here is that they could be you, me, people we love.

6. Emotional Distress effects everyone at different levels and how we cope with it will differ

   a. Some people are able to handle emotional distress internally

   b. Some people handle emotional distress externally

   c. Some people cannot handle emotional distress without helpers

d. Some people cannot handle emotional distress without violence

e. And we can go on with the different ways that people handle emotional distress but it is important to realize it is handled different by everyone.

f. At times, police interaction or intervention will occur during this event of emotional distress

g. So just remember…The respect that is shown during today's interaction can help with tomorrow's

B. Why train Police Officers on Mental Illness?

1. Officers are often the first responders for persons experiencing a mental health crisis
   a. Shifting use of hospital based resources
      i. More effective medications
      ii. Belief that community based services would better serve people
      iii. In MA- Acute psychiatric care is given at private facilities while long term care is given at state hospitals

2. Training police officers on working with persons with mental illness and related disorders has been shown to reduce rates of officer injury during response to "mental disturbance" calls.
   a. After the introduction of **C**risis **I**ntervention **T**eams in Memphis, officer injuries sustained during mental disturbance calls dropped 80%

3. Police more likely to see persons with mental illness when those persons are in crisis

4. An understanding of mental illness will enhance skills of police officers and give them additional tools available to them

5. "Pay it forward"- good outcomes in one situation can help the officer and the respondent respond better in a future situation

6. Learn to space things out when possible-

   a. What do we mean by this?...

      S safety
      P patience
      A assess
      C communicate
      E empathy

R respect

C. When do Police Encounter Persons with Mental Disorders?

1. On routine patrol
2. Responding to calls for assistance
3. Searching for missing persons
4. Supporting a crime victim
5. Suicide calls
6. Interacting with homeless persons

II. **Types of Common Disorders that Affect Behavior**

A. Mental Disorders

1. There are Various types
2. There are Various signs and symptoms

B. Autism Spectrum Disorders

C. Neurological and Medical

1. Head injuries
2. Huntington's Disease
3. Dementia

CI. Substance Abuse

1. Intoxication
2. Withdrawal
3. Psychosis due to substance use (loss of touch with reality)

E. Mental Illness

1. Definition – A health condition characterized by alterations in thinking, mood, or behavior associated with distress and/or impaired functioning.

2. Causes

   a. Biological disorders in the brain
      i. genetic factors
      ii. neurotransmitter (chemicals in the brain) imbalance
      iii. Brain structure difference

   b. Social/environmental factors may contribute

3. Prevalence

   a. About 6% of American adults have a serious Mental Illness

4. General Facts

   a. Stigma attached to having a mental illness is a major problem and can prevent persons from seeking treatment

   b. Level of disability can range from mild impairment of normal functioning to complete dysfunction

   c. A basic understanding of mental illness can enhance an officer's response
      i. increased knowledge of when/where/how to get help
      ii. improved collaboration with mental health professionals
      iii. diverting persons with mental illness away from criminal justice when appropriate

   d. Medical problems, signs of substance use, and mental illness can look the same

   e. Persons with mental illness may be responding out of fear, desperation, or distorted thinking

   f. With treatment, most mental illnesses will improve, others may continue in a lesser form or with periods of remission

g. Officer responses in general should take into account listening, observation, pacing, and general communication skills. Diagnosis should be left to clinicians.

5. Mental Illness and Violence

a. Most violence is caused by persons without mental illness

b. A small percentage of persons with mental illness may be at increased risk for violence, especially when there is also substance use

c. Mental health professionals assess violence risk, but cannot reliably offer predictions of violence

d. People with mental health disorders are much more likely to be victims of crime than perpetrators of violence

e. Sometimes a combination of trauma, brain injury and or early difficulties with relationships and other factors can make people more prone to responding with irritability or aggression

F Major Diagnostic categories of Serous Mental Illness

1. Mood disorders

a. Bipolar
   i. I = mania + major depression
   ii. II = hypomania + major depression

b. A serious brain disorder that causes shifts in mood, energy, and functioning (1-2% of the population)

c. may present as Manic, Depressed, or Mixed

d. Episodes of mania and depression last from days to months, can change abruptly

e. Chronic condition, recurring episodes

f. Can be associated with increased risk of suicide

g. Can be associated with substance abuse

2. Depressive Disorders

   a. not typical “bad day” or feeling down

   b. Conditions can impact work and social function

   c. Affect 10 million adults in the U.S.

   d. With treatment, symptoms can improve over several weeks

   e. 50% of suicides are completed by people with depression

   f. 15% of depressed persons suicide – though not all suicides are completed by persons with depression

   g. Symptoms – Mania
      i. either elated or irritable mood
      ii. decreased sleep/appetite
      iii. rapid, pressured speech/racing thoughts
      iv. inflated self-esteem
      v. grandiose plans/ideas
      vi. distractibility
      vii. agitation
      viii. reckless behavior due to impaired judgment
         - Spending sprees, sexual promiscuity, binging substance use
      ix. suicidal/aggression

   h. Symptoms – Depression
      i. sad or irritable mood
      ii. physical health complaints
      iii. energy: slowing or agitation
      iv. change in sleep, appetite, energy, concentration
      v. worthless/hopeless, guilty
      vi. impaired thinking
      vii. lack of interest/pleasure in usual activities
      viii. tearfulness
      ix. preoccupation with death
      x. suicidality (aggression also possible)

3. Psychotic Disorders

   a. Schizophrenia

   b. Schizoaffective Disorder

c. Delusional Disorder

d. Psychosis Secondary to

- Medical condition
- Substance abuse

e. Psychotic Disorder: Symptoms
   i. loss of touch with reality
   ii. hallucinations (hearing voices, seeing things)
   iii. command hallucinations to do something, can sometimes be associated with violence
   iv. delusions (erroneous beliefs that are fixed and unwavering despite clear, contradictory evidence)
   v. disorganized thoughts and speech
   vi. bizarre behavior, i.e. appearance, gestures
   vii. lack of emotional expression, apathy
   viii. suicidality/aggression possible

f. Psychotic Disorder ; “Negative” Symptoms
   i. emotional “flatness” – face appears immobile and unresponsive, poor eye contact
   ii. lack of expression
   iii. speech is brief, lacks content
   iv. lack of motivation, excessive sleeping
   v. social withdrawal and isolation from others

g. Schizophrenia and other psychotic disorders
   i. onset usually in late teens to early 20’s
   ii. acute, chronic and residual phases, but illness is lifelong
   iii. relapses are common, especially if person stops their medicine
   iv. approximately 10-15% will suicide successfully, although many more attempt suicide

4. Post traumatic Stress Disorder

a.. Lasting and frightening thoughts and memories of traumatic event

b. Trauma may include incidents of childhood abuse, sexual abuse, rape, warfare, domestic abuse, or a single episode, such as a car crash or a major disaster

c. Symptoms include flashbacks, overwhelming anxiety during non-traumatic situations, intrusive thoughts of the event, efforts to avoid stimuli associated with the event, sleep difficulties, irritability, concentration problems, hyper vigilance

d. Trauma affects 60% of U.S. males and 50% of U.S. females : PTSD develops in 8% of those males and 20% of those females

5. Anxiety Disorders

a. Other types exist besides PTSD

b. Panic disorder-feeling of terror with physical symptoms

c.. Obsessive-compulsive disorder
   i. thoughts and fears leading to routines or rituals

d. Social anxiety- extreme fear and worry about everyday social situations

e. Hoarding
   i. 16 million Amercians hoard
   ii. difficulty or inability to discard or part with possessions
   III. active living areas are cluttered so much that their intended uses are compromised
   iv. difficulty managing daily activities, including procrastination and trouble making decisions
   v. shame or embarrassment
   vi. limited or no social interactions
   vii. can affect living conditions and present safety issues
   viii. base police response on
      - Level of risk the hoarding presents. Remember… you are mandated reporters for the children and elderly
      - Is the home in the process of being condemned
      - The reason the hoarding is occurring….secondary to mental illness, dementia
      - Call the Department of Health to investigate
      - If the person is elderly call the Executive Office of Elderly Affairs Protective Service Agency in your area to follow up.

6. Personality disorders

a. Personality is defined as a relatively stable and enduring set of characteristic behavioral and emotional traits

b. A Personality Disorder is a variant or an extreme set of characteristics that goes beyond the range found in most people

c. These inflexible traits cause either subjective distress or cause problems at work, school, or with social relationships.

d. Several Varieties

e. Antisocial Examples of Personality Traits
   i. 50-70% of prison population
   ii. engage in illegal or rule-breaking behavior
   iii. Trouble empathizing with victims at times

f. Borderline Examples of Personality Traits
   i. unstable relationships
   ii. low self-esteem
   iii. impulsive, self-damaging behavior
      - Self-injury/suicide attempt
      - Overdose
      - Substance abuse
   iv. fear of being alone
   v. intense mood swings with temper tantrums

III. General Guidance for Interactions with Persons with Mental Disorders

A. Diagnosis can help understand background, but communication techniques can also be generalized.

B. BASIC GUIDES

1. Be patient (mental processing may not be as clear)

2. Respect personal space

3. Avoid challenging delusions…focus on what you can agree on

4. Ally with their perspective without being insincere

5. Allow individual to ventilate but try to focus on real here and now issues

6. Use simple words, avoid slang words

7. Avoid power struggles where possible

8. Don’t personalize verbal abuse

9. Focus on the present

10. Calm reassurances for here and now without false promises

11. Give choice where possible to enhance mutual respect

12. Control your own reactions, remain calm, and model the behavior you wish to elicit

13. Officer reassurance about basic safety- remember a person may be experiencing a traumatic reaction

IV. **De-Escalation Skills**

A. De-escalation: Interactive process where the goal is to guide an individual to a calmer state of mind. De-escalation refers to establishing and maintaining control of a situation in order to increase the safety of all and to build rapport with a person in order to increase cooperation. De-escalation techniques can assist a police officer in interacting with persons with mental or cognitive or developmental disorders, however, de-escalation skills ***are not meant to counter a police officer's defensive tactical training***. The skills are meant to add to a police officer's skills as available options to the police officer.

B. De-escalation Techniques:

1. Approach the situation with a calm, level head

2. Patience and taking time, when possible, can diffuse the situation

3. Express empathy

   a. Empathy vs. Sympathy.
      i. Empathy is the ability to put yourself in another person's shoes
      ii. Sympathy is simply acknowledging another person's suffering

4. You can feel empathy towards a person's situation without agreeing with their actions or life choices

5. Listen non-judgmentally, and actively

6. Use simple reflections of the person's statements or feelings

7. Paraphrasing

8. Emotional Labeling

9. Match your verbal communication with your non-verbal cues, be aware of body language

10. Recognize that the person has the right to their own thoughts, feelings, and behavior and the person deserves respect

11. Use simple, concrete, and clear communication

12. Use "I" statements
    i. Tell the person, "What I am trying to do is make sure that you are safe and get the help you need."

13. Explain your actions

14. When attempting to obtain information:
    i. use open ended questions
    ii. allow the person to tell his or her tale
    iii. give the person time to speak

15. Avoid asking "Why"
    i. there may be no rational explanation for a person's behavior or feelings
    ii. puts a person on the defense, having to explain his/herself

16. Use calm, even tone of voice

17. Be consistent and predictable

18. Maintain an interview stance, with a slightly more relaxed posture, but in a position to protect yourself and take action while not appearing to be threatening, hostile or aggressive

19. Verbal Escalation Continuum: non-linear way of understanding behavior
    a. *Questioning*
        i. "What gives you the right?" "Who do you think you are?"
        ii. do not respond to the personal attack
        iii. rephrase and restate the request or command given
    b. *Refusal*
        i. non-adherence and light inability to rationalize. "I'm not listening to you anymore!" "I'm leaving!" I don't care if you're a cop, I don't have to do what you say!"
        ii. **Five word response rule** – A person's auditory processing abilities are impaired at this point so limit command or response to five words or less.
        iii. maintain safety, and follow protocol if a person refuses to comply with verbal commands

c. *Release*
   i. emotional outburst, loss of rationalization, high display of energy
   ii. all or nothing thinking, using words like always, never, everything

d. *Intimidation*
   i. verbal threats with physical gestures
   ii. non-verbal intimidation
      invades personal space, clenching fists, pointing fingers, fist pumping, lunging, rocking on heels, throwing objects, banging

20. Stages of Escalation

a. **Discuss Chart** (slide #49)- This chart explains the stages of escalation from what behaviors you will see from a person and what that person is feeling when they are displaying those behaviors. Process from feeling frustrated to becoming physically aggressive 5 stages Minor motor muscles (clenching fists, jaw tightening) Verbal Abuse/Verbal Threats THIS is where de-escalation techniques are most effective. Immediate goal is to buy enough time to allow the adrenaline rush to peak and come back down. This is accomplished using de-escalation skills that do not further provoke subject. If they say "give me space or I will punch you in the face," they are asking for an opportunity to calm themselves down. Better not to make it into a power struggle at this point. Major Motor Muscles (Using arms and legs, i.e. moving towards another person) Aggression (Hitting, kicking, etc.)
Exhaustion

Show Video Norman 1A (45 seconds) Man who is hearing voices begins kicking trash can.

Discussion: What signs and symptoms of mental illness did you observe?

How would you respond to this scenario as a police officer?

How would you respond to this situation if this man was your brother, father,

uncle?

Best response to a person who may be experiencing psychosis:

1. It is important to note that persons experiencing psychosis need medications in order to bring their thoughts and experiences back into reality. A police officer cannot “talk” someone out of a psychotic state.

2. Designate one officer who will talk to the person as a point person

3. Minimize distractions in the field

4. Use a calm tone of voice

5. Ask for the person’s first name

6. Maintain a safe distance
   a. Allow the individual enough personal space

   b. Give the person physical room to move around safely, allow the person to pace.

7. Tell the person that you are there to help them and not to harm them

   a. Repeat often

8. Re-focus the person on your voice, example, “stay here with me.”

9. Never agree with, question, or argue delusions or irrational beliefs

   a. Re-focus the person on the here and now

   b. Don’t be afraid to tell the person that what they are saying/doing is concerning you and that you wish to help them

10. Ask for identification, home address, and name of emergency contact or family member who can be contacted.

11. Ask the person about medications and medication compliance

12. Refer to or contact the person’s health provider if known

13. Refer to or contact medical services if appropriate

14. Use concrete language

15. Remain focused on the here and now

16. Allow the person to see the palms of your hands

17. Avoid direct and continuous eye contact

18. Be prepared to repeat statements or questions

    a. Maintain patience: it may take the individual a longer amount of time to process your statements and questions

19. Ask simple, clear statements/questions

    a. Ask one question at a time and wait for the person to respond to the question before asking another

    b. Give one instruction/command to a person at a time, and give the person time to respond to the instruction/command

YOU SHOULD BE 45 MINUTES INTO THE PRESENTATION AT THIS POINT
IT IS SUGGESTED THAT THIS IS WHEN YOU TAKE YOUR FIRST 15 MINUTE BREAK .

Show Video Norman 1B (6 minutes and 33 seconds) Police response to Norman and symptoms of psychosis

Discussion: What did you observe regarding police response?
What do you think was effective and what do you think was ineffective?

Answer: Verbal de-escalation skills led to no arrests and no trip to hospital, communication with mother allowed for positive ending. Officer Calbert used good de-escalation techniques. The other officer seemed rushed and wanted to bring Norman to ER.

Show Video Norman 2 (7 minutes and 47 seconds) Discussion regarding high utilizers of emergency services (people contacted multiple times) and the importance of being aware of these individuals and building rapport.

Discussion: Benefits of being proactive – staying in touch with persons with mental illness and their family members. In some cases, this produces a crisis plan before the person becomes escalated.

What de-escalation skills did you see being used by the officers called to the scene?

Although the de-escalation skills used by the officers helped the situation in that Norman eventually dropped the knife voluntarily, the officers still needed to draw their weapons and take Norman into custody.

EXERCISE: Hearing Voices

a. Exercise: Have four officers (volunteers) come to the front of the room and do the exercise. One person is the subject. Two of the volunteers are the "voices" and place themselves closely on either side of the subject and with a rolled up paper, they speak into it using the scripts, at the same time. Meanwhile the fourth volunteer is the police officer who is asking the subject questions at the same time as the "voices" are speaking. The subject must try to answer the officer's questions. Make sure that all four have an opportunity to be the subject. Then ask the volunteers what they thought, how they felt, etc. (See Classroom Exercise: Hearing Voices Scripts). Then ask class if anyone else would like to try exercise.

b. Discussion

YOU SHOULD BE 1 HOUR AND 45 MINUTES INTO THE PRESENTATION AT THIS POINT
IT IS SUGGESTED THAT THIS IS WHEN YOU SHOULD TAKE YOUR SECOND 15 MINUTE BREAK .

V. Recovery…

A. People get better!

1. Nurtures hope
2. Promotes achievement of individuals' goals and dreams
3. Aspires to self-regulation
4. Supports self-determination
5. Fosters dignity
6. Is person-centered
7. Emphasizes respect for self and others
8. Is strengths-based

9. Utilizes the principles of resiliency

10. Includes peer support

B. Caution about overly linking Mental Illness and Violence

1. Most violence is caused by persons without mental illness

2. A small percentage of persons with mental illness may be at increased risk for violence, especially when there is also substance use

3. But be careful about assumptions!

VI. Trauma

A. What is Trauma

1. Trauma occurs when a person is overwhelmed by events or circumstances and responds with intense fear, horror, and helplessness.

2. Extreme stress overwhelms the person's capacity to cope.

3. There is a direct correlation between trauma and physical health conditions such as diabetes, COPD, heart disease, cancer, and high blood pressure.

B. Trauma stems from

1. Childhood abuse or neglect

2. War and other forms of violence

3. Physical, emotional, or sexual abuse

4. Grief or loss

5. Accidents and natural disasters

6. Witnessing acts of violence

7. Cultural, intergenerational and historical trauma

8. Medical interventions

C. Other Disorders can be directly related to trauma exposure or individuals can suffer from co-occurring disorders.

1. Substance Misuse

2. Mood Disorders

3. Personality Disorders

4. Psychotic Disorders

CI. How common is trauma

1. 70% of adults in the U.S. have experienced some type of traumatic event at least once in their lives. That is 223.4 million people!

2. In public behavioral health, over 90% of clients have experienced trauma

3. Trauma is a risk factor in nearly all behavioral health and substance use disorders

4. In the United States, a woman is beaten every 15 seconds, a forcible rape occurs every 6 minutes.

5. More than 33% of youths exposed to community violence will experience Post Traumatic Stress Disorder, a very severe reaction to traumatic events.

6. Nearly all children who witness a parental homicide or sexual assault will develop Post traumatic Stress Disorder. Similarly, 90% of sexually abused children, 77% of children exposed to a school shooting, and 35% of urban youth exposed to community violence develop Post Traumatic Stress Disorder.

CII. Symptoms of Trauma Checklist

1. Headaches, backaches, stomachaches, etc.

2. Sudden sweating and/or heart palpitations

3. Changes in sleep patterns, appetite, interest in sex

4. Constipation or diarrhea

5. Easily startled by noises or unexpected touch

6. More susceptible to colds and illnesses

7. Increased use of alcohol or drugs and/or overeating

8. Fear, depression, anxiety

9. Outbursts of anger or rage

10. Emotional swings

11. Nightmares and flashbacks – re-experiencing the trauma

12. Tendency to isolate oneself or feelings of detachment

13. Difficulty trusting and/or feelings of betrayal

14. Self-blame, survivor guilt, or shame

15. Diminished interest in everyday activities

F. Incident of Trauma

1. Workplaces including criminal justice, mental health, and substance use treatment settings can also have a significant percentage of staff who have trauma histories

2. Therefore:
   a. Assume that every other person you are communicating with has a history of trauma.
   b. Interactions should always be guided by trauma recovery principles.

G. Challenges associated with Trauma

1. Distress tolerance

2. Self-calming

3. Ability to accurately recognize what is truly threatening

4. Interpretation of social situations

5. Forming and maintaining relationships

6. Waiting for the other shoe to drop

7. Anxiety

8. Attention, information processing, problem solving, memory

9. Substance use and misuse

H. What does this mean for officers?

1. Procedures for safety must still be followed

2. Awareness may help the interaction

3. Slow communication to help with information processing

4. Provide information where appropriate to help give person sense of “control”

5. Reminders to slow pace, breathe deeply when possible for all involved

I. Check your attitudes

1. The individual is not to blame for his or her serious mental illness

2. Symptoms are not “aimed” at you

3. Do not personalize them

4. Do not internalize negative comments

5. Command presence is not always the best approach – need to balance between command presence and an understanding engagement to the situation to move things in the right direction

J. Core Communication Skills

1. Empathic presence

2. Genuineness

3. Acceptance

4. Verbal communication

5. Non-verbal communication

6. “Active” listening

7. Understand that the individual is likely fearful and anxious

8. Be aware of surrounding noises, blasts, traffic due to noise sensitivity

9. Consider the possibility of avoiding surprise and giving clear statements of what is happening
   - "I'm going to back away, I am going to call the crisis team, who can come down and talk with you, we are going to put you in handcuffs for your protection…."

K. Helpful coping strategies if you have experienced trauma

1. Acknowledge that you have been through traumatic events

2. Connect with others, especially those who may have shared the stressful event or experienced other trauma

3. Exercise

4. Relax

5. Take up a hobby for a diversion

6. Maintain balanced diet and sleep cycle

7. Avoid over-using stimulants like caffeine, sugar or nicotine

8. Commit to something personally meaningful and important every day

9. Write about your experience for yourself or to share with others

10. How to talk to your doctor

    a. Make our doctor aware that you have experienced trauma, past or recent

    b. Help them understand what is helpful to you during office visits
       i. doctor asking permission to do a procedure
       ii. you staying clothed as possible
       iii. doctor explaining procedures thoroughly
       iv. having a supporter stay in the room with you

    c. Ask for referrals to therapy and behavioral health support

11. Ask your healthcare professional about treatments

L. People can and do recover from trauma

M. Balancing Respect, Recovery and Safety

1. In addition to what has been discussed, there are times when an individual must be brought for an evaluation

2. A section 12 evaluation is recognized by law as a vehicle to get someone to treatment

3. Police Officers should understand their local Emergency Services Provider who handles behavioral health emergencies for youth and adults

4. Still, when needed, an officer may be involved in a section 12…

VII. Massachusetts General Laws Chapter 123, Section 12

A. Commonly known as “Pink Paper”
1. The older, now unused forms were printed on three sheet carbon copy paper and the last sheet which would be placed in the person’s psychiatric medical record was pink, thus it is still referred to as “pink papering.”

B. What is section 12

1. The emergency restraint and hospitalization of persons posing risk of serious harm by reason of mental illness

C. Who can do a section 12

1. Physicians, qualified psychologists, qualified psychiatric nurses, mental health clinical specialists and licensed independent social workers OR in an emergency situation when none of these professionals are available, a police officer may restrain a person and apply for the hospitalization of that person if the police officer believes that the failure to hospitalize would create a “*likelihood of serious harm.”*

D. How do you measure what constitutes a “likelihood of serious harm”?

1. The person poses a substantial risk of physical harm to himself, as demonstrated by evidence of , threats of, or attempts at, suicide or serious bodily harm; or
2. The person poses a substantial risk of physical harm to other persons as demonstrated by evidence of homicidal or other violent behavior or evidence that others are placed in reasonable fear of violent behavior and serious physical harm to them; or

3. The person's judgment is so affected that he is unable to protect himself in the community (level of vulnerability) and that reasonable provision for his protection is not available in the community.

E. Examples of situations where a section 12 might be appropriate include **but are not limited to**

1. Threats of self-harm or attempted suicide

2. Physical assault, stalking behavior, threats to kill or inflict harm on another person, etc.

3. Impaired judgment due to mental illness such as inability to attend to essential daily needs (food, personal hygiene, clothing or shelter); careless use of stove or matches, neglect of medical condition, etc.

F. Emergency Situations § 12 (a) Restraint and Application by Police Officer

1. Review language of § 12 (a)

2. People qualified to sign a § 12 (a) include physicians, qualified psychologists, qualified psychiatric nurse mental health clinical specialist, or licensed independent clinical social worker and if those are not available, then a police officer is permitted to sign those forms.

3. The person signing the form must document on the form their **opinion** that failure to hospitalize a person would create a likelihood of serious harm by reason of mental illness

4. The § 12 (a) allows for the restraint and transportation of an individual and represents the application for hospitalization for a 3-day period

G. After evaluation on the § 12 (a), if the person needs hospitalization in a psychiatric facility, the person may be transported to that facility.

H. Admissions can be based on conditional voluntary or involuntary terms depending on circumstances. Aspects of these types of admissions will be reviewed.

I. Warrants of Apprehension: § 12 (e)

1. Any person may apply to a district or juvenile court for a 3-day commitment to a facility of a mentally ill person whom the failure to confine would cause a likelihood of serious harm

2. A warrant of apprehension issued pursuant to § 12 (e) is a judicially authorized arrest warrant

3. When the warrant of apprehension is received, police should make a good faith effort to locate the individual and serve and execute the warrant

J. Officer Liability in executing a section 12

1. Civil Damages under Mass. General Laws Chapter 123 § 22

2. Police Officers are immune from civil suit for damages for restraining, transporting, applying for the admission of or admitting any person to a facility if the officer follows procedure in accordance with § 12

   a. Temple v. Marlborough Div. Dist. Court Dept., 479 N.E. 2d 137 (1985). Absent allegation of any facts indicating that there is any wrongdoing in procedure leading to the temporary commitment, claims will likely be dismissed.

3. Showing of Probably Cause

   a. Ahern v. O'Donnell, 109 F.3d 809, 817 (1st Cir. 1997) In an emergency, if a police officer needs to restrain an individual and apply for hospitalization to prevent a likelihood of serious harm, Fourth Amendment standards require the police officer make this decision based on a showing of probable cause, i.e., circumstances warranting a reasonable belief that the person to be seized does have a mental health condition threatening serious harm to himself or others

4. Other relevant case law

   a. Graham v. Connor, 490 U.S. 386 (1989) All claims that law enforcement officials have used excessive force – deadly or not – in the course of an arrest, investigatory stop, or other "seizure" of a free citizen should be analyzed under the Fourth Amendment's "objective reasonableness" standard
      i. What is objective reasonableness? The Fourth Amendment "reasonableness" is whether the officers' actions are "objectively reasonable" bearing in mind the facts and circumstances, without respect to their underlying intent or motivation. The "reasonableness" of a particular use of force must be judged from the perspective of a reasonable officer on the scene, and must be weighed against the fact that police officers are often forced to make split-second decisions about the amount of force necessary in a particular situation.

b. McCabe v. Life-Line Ambulance Serv., Inc., 77F. 3d 540, 548-49 (1st Cir. 1996) A city policy that permits forcible, warrantless entry by police officers of a person's residence in order to effect an involuntary commitment pursuant to a properly executed "pink paper" does not violate the Fourth Amendment. Officers may affect the warrantless entry, provided:
   i. they have actual knowledge of the issuance of the pink paper
   ii. entry is of the residence of the subject of the pink paper
   iii. the pink paper was issued by a qualified physician, psychologist, psychiatric nurse mental health clinical specialist, or licensed independent social worker in an emergency situation and where the subject refused to consent to an examination.
   iv. the warrantless entry is made within a reasonable amount of time after the pink paper has been issued
      - If any of the above criteria are not met, and unless exigent circumstances are present, a warrant has to be obtained prior to forcible entry of a home to execute a pink paper

5. ***These are just a broad overview of key cases and do not cover every case and circumstance***.

Exercise: Practical Application of § 12 as performed by police officers in class. Use Norman as the subject that will be § 12 (You should have approximately 25 minutes left to do the exercise and remainder of the curriculum),

Review practical application with class.

K. Summation for Police Officers regarding section 12

1. In an emergency situation when you cannot wait for Emergency Service Providers (ESPs) to issue a section 12, police officers may restrain a person and apply for hospitalization (section 12 Report form side A) if failure to do so would create a likelihood of serious harm

2. Any sworn officer in Massachusetts can take this action under Chapter 123

3. The on-duty supervisor or O.I.C. should be notified immediately to follow up that all procedures were done properly

4. It is recommended that a pat frisk of the individual for safety reasons should be performed prior to transport; ***however, you must conform to your department's policy on the issue and/or consult with your department's legal advisor to make sure the legal advisor agrees with and supports the practice***.

True AMR-Story:

A 70+ year old woman was being picked up at Baystate Medical Center in Springfield by AMR. She had been Section 12 earlier in the day by Springfield Police. She was being transported to Charles River West in Chicopee for further evaluation. She appeared well adjusted to the situation, calm, and was not giving BMC staff or the AMR staff a hard time. She rode in the back of the ambulance with EMS only. She had a purse that she was clutching at all times. She would not let go of the purse. Upon arrival at the Chicopee facility, the admissions nurse asked the patient for the purse for inventory purposes. The little old lady refused to let go of the purse she was clutching. The nurse informed the woman that it was necessary that she inventory the purse of its contents and that the woman could either hand it over or she would take it from her forcibly. Again the little old lady refused to unclench her hold on the purse so the nurse pulled the purse from her. Inside the purse was found a loaded 9mm. The 70+ year old woman had this loaded weapon on her the entire time she was at BMC and during the ride to Charles River West in Chicopee. At any time she had the opportunity to use this loaded weapon.

5. All Section 12 patients should be transported by E.M.S. ambulance

   a. In situations when an individual needs to be handcuffed, during the "safe ride" to a facility for evaluation, the police officer is **required** to ride in the ambulance

   b. If soft restraints are applied, officer does not need to ride in ambulance

6. Be sure to state on the application the following

   a. State the reason for the restraint and any relevant information that may assist the admitting physician

   b. State behavior and symptoms you have observed

   c. Specify evidence of likelihood of serious harm

   d. Consult with the receiving facility: Emergency Room
      i. The reporting officer should share any and all pertinent information with the immediate attending physician or mental health to communicate first hand observations and what happened that preceded this action
      ii. This is suggested to assist these medical professionals first hand in addition to the Section 12 report

e. The police officer will write a Section 12 report (side A) and have it delivered immediately to the E.R. or facility (hand delivered or by fax)

f. This is to ensure the subject is medically evaluated before release

g. Remember that the police officer's Section 12 is an involuntary detainment but not "The Commitment". It provides the officer with the option to have the person brought for medical evaluation.

L. Voluntary Mental Health Hospital transports

1. It is suggested by DMH.

a. If the person voluntarily goes to the E.R. for an evaluation the police officer should immediately file a Section 12 report if the data supports a likelihood of serious harm or concern that the person will not remain and speak to the attending physicians or mental health clinician.

LI. Knowledge of local mental health resources and contacts can be a useful tool for police officers

1. MBHP ESP Statewide Directory

2. All police Department will have a list of resources available to them also.

IX. Medication Pocket card for Police officers

A. Hand out small pocket card with list of medications and explain use.

X. Summation

S safety
P patience
A assess
C communicate
E empathy
R respect

XI. Review of objectives.

XII. Questions

XIII. Optional: Administer Written Exam

104 CMR 33.00: DESIGNATION AND APPOINTMENT OF QUALIFIED MENTAL HEALTH PROFESSIONALS

Section

33.01: Legal Authority to Issue

The Department is authorized by M.G.L. c. 123, §§ 1 and 2 to promulgate regulations establishing qualifications for the designation and appointment of mental health professionals to perform certain responsibilities pursuant to the provisions of M.G.L. c. 123.

33.02: Authorization to Apply for Hospitalization Pursuant to M.G.L. c.123, § 12(a)

(1) The following persons may perform an examination and apply for hospitalization pursuant to M.G.L. c. 123, § 12(a):

(a) Physician. Any physician who is licensed pursuant to M.G.L. c. 112.

(b) Qualified Psychologist. Licensure pursuant to M.G.L. c. 112, §§ 118 through 129A is required to obtain and maintain status as a Qualified Psychologist.

(c) Qualified Psychiatric Nurse Mental Health Clinical Specialist. Licensure pursuant to M.G.L. c. 112, § 80B and authorization by the Board of Registration in Nursing to practice as a qualified psychiatric nurse mental health clinical specialist is required to obtain and maintain status as a Qualified Psychiatric Nurse Mental Health Clinical Specialist.

(d) Licensed Independent Clinical Social Worker (LICSW). A social worker who is licensed pursuant to M.G.L. c. 112, §§ 130 through 137.

(2) In an emergency, if a physician, Qualified Psychologist, Qualified Psychiatric Nurse Mental Health Clinical Specialist or an LICSW is not available, a police officer may apply for hospitalization pursuant to M.G.L. c. 123, § 12(a).

(3) Application for hospitalization pursuant to M.G.L. c. 123, § 12(a) shall be made upon such form as is prescribed by the Commissioner.

33.03: Designation of Physicians Pursuant to M.G.L. c. 123, § 12(b)

(1) Designated Physicians. A Designated Physician is a physician who satisfies the requirements established by 104 CMR 33.03(1)(b) for purposes of authorizing certain admissions pursuant to M.G.L. c. 123, § 12(b).

(a) A public or private facility which admits patients under M.G.L. c. 123, § 12 may designate a physician on its medical staff who meets the qualifications set forth in 104 CMR

33.03(1)(b) as a Designated Physician to authorize admissions to such facility for up to three days under M.G.L. c. 123, § 12(b).

(b) To be eligible for such designation under 104 CMR 33.03, a physician shall demonstrate an understanding of the legal and clinical requirements for hospitalization under M.G.L. c. 123, § 12(b), and

1. shall be certified or eligible to be certified by the American Board of Psychiatry and Neurology, or shall have had six months accredited residency training in psychiatry, or shall be enrolled in and working at an accredited psychiatry residency training site; and
2. shall be privileged to admit to the facility; and
3. shall be licensed to practice medicine under M.G.L. c. 112.

(c) Designations shall be made and renewed at such periods of time as may be established by the facility for such medical staff designations.

(d) Authorization for admission pursuant to M.G.L. c. 123, § 12(b) shall be made upon such form as is prescribed by the Commissioner.

(e) Where extenuating circumstances exist, the Commissioner may, after consultation with the Deputy Commissioner for Clinical and Professional Services, from time to time waive the qualification requirements set forth in 104 CMR 33.03(1)(b)1. Requests for waiver shall detail the circumstances justifying such waiver. If the Department grants a waiver, it shall

33.03: continued

attach such conditions regarding training, experience, supervision, and consultation that it deems necessary to safeguard the admission process pursuant to M.G.L. c. 123, § 12(b).

33.04: Designation of Psychiatrists, Psychologists and Other Clinicians Qualified to Conduct Certain Forensic and Other Court Ordered Examinations

(1) Definitions.

Assistant Commissioner. The Assistant Commissioner for Forensic Mental Health Services who has been appointed by the Commissioner as having primary responsibility for forensic mental health service delivery.

Candidate. A clinician accepted by the Assistant Commissioner as a trainee for certification in accordance with 104 CMR 33.04.

Certified Juvenile Court Clinician I (CJCC I). A clinician certified in accordance with 104 CMR 33.04 to conduct court ordered evaluations pursuant to M.G.L. c. 119 and M.G.L. c. 210; provided, however, that the Department of Youth Services (DYS) shall determine the necessary qualifications and certifications for clinicians conducting diagnostic studies on its behalf pursuant to M.G.L. c. 119, § 68A in DYS facilities.

Certified Juvenile Court Clinician II (CJCC II). A psychiatrist or psychologist certified in accordance with 104 CMR 33.04 to conduct court ordered examinations of:

(a) individuals younger than 21 years old before a Juvenile Court pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35; M.G.L. c. 119, or M.G.L. c. 210;

(b) individuals younger than 19 years old who require inpatient forensic evaluation at a Department of Mental Health facility ordered by a Juvenile, District, or Superior Court pursuant to M.G.L. c. 123, §§ 12(e), 15 through 18; and

(c) individuals younger than 17 years old ordered by the Superior Court pursuant to M.G.L. c. 123;

provided, however, that the DYS shall determine the necessary qualifications and certifications for clinicians conducting diagnostic studies on its behalf pursuant to M.G.L. c. 119, § 68A. A CJCC II may also be authorized by the Assistant Commissioner to conduct evaluations of individuals over the age of 21 years pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35 who are parties to, or witnesses in, Juvenile Court proceedings.

Certified Juvenile Court Clinician Mentor I (CJCC Mentor I). A clinician certified in accordance with 104 CMR 33.04 as a CJCC I who is appointed to train CJCC I Candidates.

Certified Juvenile Court Clinician Mentor II (CJCC Mentor II). A psychiatrist or psychologist certified in accordance with 104 CMR 33.04 as a CJCC II who is appointed to train CJCC II Candidates.

Certified Juvenile Court Clinician Training and Certification Committee (CJCC Committee). A

multidisciplinary committee appointed by the Assistant Commissioner to develop and implement a training and certification program for Juvenile Court Clinic evaluators employed by the Department of Mental Health or performing evaluations for the Juvenile Court under a contract with the Department of Mental Health. The CJCC Committee serves the Assistant Commissioner in a training, credentialing, and advisory capacity.

Department. Department of Mental Health.

Designated Forensic Professional (DFP). A Designated Forensic Psychiatrist or Psychologist.

Designated Forensic Professional Training and Certification Committee (DFP Committee). A multidisciplinary committee appointed by the Assistant Commissioner to develop and implement a training and certification program for psychologists and psychiatrists who, as part of their employment or training, are required to conduct court ordered evaluations pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35. The DFP Committee serves the Assistant Commissioner in a training, credentialing, and advisory capacity.

33.04: continued

Designated Forensic Psychiatrist. A psychiatrist designated pursuant to 104 CMR 33.04 to conduct examinations of persons 17 years of age or older or any persons before the District or Superior Court, pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35, and to prepare reports of such examinations.

Designated Forensic Psychologist. A psychologist designated pursuant to 104 CMR 33.04 to conduct examinations of persons 17 years of age or older or any persons before the District or Superior Court, pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35, and to prepare reports of such examinations.

Forensic Mental Health Supervisor. A forensic mental health professional appointed by the Assistant Commissioner to train and supervise DFPs, DFP Candidates and provisional DFPs and trainees as approved by the Assistant Commissioner.

(2) Qualifications for Conducting Examinations as a Designated Forensic Psychiatrist. A psychiatrist qualified to conduct examinations pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35 must:

(a) have received designation as a Designated Forensic Psychiatrist as provided in 104 CMR 33.04(4); or

(b) have been accepted by the Assistant Commissioner as a Designated Forensic Psychiatrist Candidate, as provided in 104 CMR 33.04(3) and be supervised by a Forensic Mental Health Supervisor appointed pursuant to 104 CMR 33.04(12); or

(c) be a psychiatry resident participating in a training program approved by the Assistant Commissioner.

(3) Candidacy for Designation as a Designated Forensic Psychiatrist.

(a) To be accepted as a Designated Forensic Psychiatrist Candidate, a psychiatrist must demonstrate to the satisfaction of the Assistant Commissioner that he or she:

1. is licensed to practice medicine under M.G.L. c. 112, § 2;
2. is either certified or eligible to be certified in psychiatry by the American Board of Psychiatry and Neurology, or has completed at least three years of postgraduate medical training, of which two years must be in an accredited psychiatric residency training program;
3. has letters attesting to his or her professional capabilities from at least two licensed mental health professionals familiar with his or her work; and
4. is or will be employed in a setting in which he or she will be performing evaluations pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35 or related forensic mental health work as determined by the Assistant Commissioner.

(b) Individuals accepted as Designated Forensic Psychiatrist Candidates will be assigned a Forensic Mental Health Supervisor by the Assistant Commissioner or designee, and shall, within two years of such acceptance successfully complete a training plan approved by the DFP Committee in conducting evaluations pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35. The DFP Committee may, for good cause, extend the period of time within which the training plan must be completed for up to an additional year. Subsequent

extensions beyond one year must be approved by the Assistant Commissioner.

(c) The Assistant Commissioner may, for good cause, deny a psychiatrist's application to become a Designated Forensic Psychiatrist Candidate.

(4) Requirements for Designation as a Designated Forensic Psychiatrist. In addition to meeting the requirements in 104 CMR 33.04(3)(a), a psychiatrist seeking designation as a Designated Forensic Psychiatrist must demonstrate to the satisfaction of the Assistant Commissioner that he or she:

(a) has successfully completed training approved by the Assistant Commissioner in conducting evaluations pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35, or has experience conducting such evaluations;

(b) has completed approved training visits to Bridgewater State Hospital, a Department adult inpatient facility, a Court Clinic, a county or State Correctional facility other than Bridgewater State Hospital, the Massachusetts Alcohol and Substance Abuse Center, and at least one other substance abuse treatment facility that accepts admissions pursuant to M.G.L. c. 123, § 35;

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(c) has completed at least two kinds of forensic reports of a quality acceptable to the Assistant Commissioner or designee;
(d) has successfully completed a written examination approved by the Assistant Commissioner assessing knowledge relevant to performing forensic evaluations pursuant to M.G.L. c. 123; and
(e) is or will be employed in a setting in which he or she will be performing evaluations pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35, or related forensic mental health work as determined by the Assistant Commissioner.

(5) Term of Designated Forensic Psychiatrist Designation; Renewal.
(a) Designated Forensic Psychiatrist designation shall be valid for three years, and shall be renewable for successive three year periods pursuant to 104 CMR 33.04(5)(b).
(b) No later than two months prior to the expiration of his or her designation, a Designated Forensic Psychiatrist who seeks to have his or her designation renewed shall demonstrate to the satisfaction of the Assistant Commissioner that he or she:
1. is licensed to practice medicine under M.G.L. c. 112, § 2;
2. is providing services at a level of quality acceptable to the Assistant Commissioner or designee, including making available for review copies of forensic mental health reports that he or she has completed in the capacity as a Designated Forensic Psychiatrist;
3. has participated in Department education activities relevant to forensic work during the previous three-year period;
4. has participated in all Department quality improvement programs required by the Assistant Commissioner;
5. has either conducted three court ordered evaluations pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35, or has performed commensurate forensic mental health work, as determined by the Assistant Commissioner, in the previous three-year period; and
6. continues to be employed in a setting in which he or she will be performing evaluations pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35, or commensurate forensic mental health work as determined by the Assistant Commissioner; provided, however, that the Assistant Commissioner may waive this requirement for one three-year renewal period at the clinician's request.

(6) Waiver of Requirements of DFP Designation for Psychiatrists. Psychiatrists who have extensive experience in forensic mental health work, who have met similar criteria for appointment as forensic psychiatrists in other states, who have completed a fellowship in forensic psychiatry, or who are certified in Forensic Psychiatry by the American Board of Psychiatry and Neurology, may apply for and, at the discretion of the Assistant Commissioner, be granted a waiver of the requirements established in 104 CMR 33.04(4) for designation as a Designated Forensic Psychiatrist. The Assistant Commissioner shall determine which of the requirements for Designated Forensic Psychiatrist designation may be waived on an individual basis.

(7) Qualifications for Conducting Examinations as a Designated Forensic Psychologist. A

psychologist qualified to conduct examinations pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35 must:

(a) have received designation as a Designated Forensic Psychologist as provided in 104 CMR 33.04(9); or

(b) have been accepted by the Assistant Commissioner as a Designated Forensic Psychologist Candidate, as provided in 104 CMR 33.04(8) and be supervised by a Forensic Mental Health Supervisor appointed pursuant to 104 CMR 33.04(12); or

(c) have been approved as a provisional Designated Forensic Psychologist Candidate pursuant to 104 CMR 33.04(8)(c); or

(d) be a postdoctoral psychology fellow who is participating in a forensic psychology postdoctoral training program approved by the Assistant Commissioner.

(8) Candidacy for Designation as a Designated Forensic Psychologist.

(a) To be accepted as a Designated Forensic Psychologist Candidate, a psychologist shall demonstrate to the satisfaction of the Assistant Commissioner that he or she:

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1. is licensed as a psychologist and certified as a Health Service Provider under M.G.L. c. 112, §§ 118 through 121;
2. has obtained under the supervision of a licensed mental health professional, during graduate training or beyond, at least:
   a. 2,000 hours of clinical experience in a setting with adult psychiatric patients with a mental illness as defined in 104 CMR 27.05(1): *General Admission Procedures*; or
   b. 1,000 hours of clinical experience in an inpatient psychiatric hospital which accepts adults with a mental illness as defined by 104 CMR 27.05(1); or
   c. demonstrable significant clinical experience working with adults with mental illness as approved by the Assistant Commissioner.
3. has letters attesting to his or her professional capabilities from at least two licensed mental health professionals familiar with his or her work; and
4. is or will be employed in a setting in which he or she will be performing evaluations pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35 or related forensic mental health work as determined by the Assistant Commissioner.

(b) Individuals accepted as Designated Forensic Psychologist Candidates will be assigned a Forensic Mental Health Supervisor by the Assistant Commissioner or designee, and shall, within two years of such acceptance, successfully complete a training plan approved by the DFP Committee for conducting evaluations pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35. The DFP Committee may, for good cause, extend the period of time within which the training plan must be completed for up to an additional year. Subsequent extensions beyond one year must be approved by the Assistant Commissioner.

(c) An individual who is not licensed in Massachusetts by the Board of Registration of Psychologists or certified as a Health Service Provider, but who has successfully completed a forensic psychology postdoctoral training program or has sufficient postdoctoral psychology experience, as approved by the Assistant Commissioner, may be accepted as a provisional Designated Forensic Psychologist Candidate. Requests for such approval shall include a proposed plan for obtaining his or her applicable license. The supervision of a provisional Designated Forensic Psychologist Candidate, as well as the approved time frame for this designation, will be determined by the Assistant Commissioner.

(d) The Assistant Commissioner may, for good cause, deny a psychologist's application to become a Designated Forensic Psychologist Candidate.

(9) Requirements for Designation as a Designated Forensic Psychologist. In addition to meeting the requirements in 104 CMR 33.04(8)(a), a clinician seeking designation as a Designated Forensic Psychologist must demonstrate to the satisfaction of the Assistant Commissioner that he or she:

(a) has successfully completed a training program approved by the Assistant Commissioner in conducting evaluations pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35, or has experience conducting such evaluations;

(b) has completed approved training visits to Bridgewater State Hospital, a Department adult inpatient facility, a Massachusetts Court Clinic, a county or State Correctional facility other than Bridgewater State Hospital, the Massachusetts Alcohol and Substance Abuse Center, and at least one other substance abuse treatment facility that accepts admissions

pursuant to M.G.L. c. 123, § 35;
(c) has completed at least two kinds of forensic reports of a quality acceptable to the Assistant Commissioner or designee;
(d) has successfully completed a written examination approved by the Assistant Commissioner assessing knowledge relevant to performing forensic evaluations pursuant to M.G.L. c. 123; and
(e) is or will be employed in a setting in which he or she will be performing evaluations pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35, or related forensic mental health work as determined by the Assistant Commissioner.

(10) Term of Designated Forensic Psychologist Designation; Renewal.
(a) Designated Forensic Psychologist designation shall be valid for three years, and shall be renewable for successive three-year periods pursuant to 104 CMR 33.04(10)(b).
(b) No later than two months prior to the expiration of his or her certification, a Designated Forensic Psychologist who seeks to have his or her certification renewed shall demonstrate to the satisfaction of the Assistant Commissioner that he or she:

33.04: continued

1. is licensed as a psychologist and certified as a Health Service Provider under M.G.L. c. 112, §§ 118 through 121;
2. is providing services at a level of quality acceptable to the Assistant Commissioner or designee including making available for review copies of forensic mental health reports that he or she has completed in the capacity as a Designated Forensic Psychologist;
3. has participated in Department education activities relevant to forensic work during the previous three-year period,
4. has participated in all Department quality improvement programs required by the Assistant Commissioner;
5. has either conducted three court ordered evaluations pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35, or has performed commensurate forensic mental health work, as determined by the Assistant Commissioner, in the previous three-year period; and
6. continues to be employed or is providing services in a setting in which he or she will be performing evaluations pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35, or commensurate forensic mental health work as determined by the Assistant Commissioner; provided, however, that the Assistant Commissioner may waive this requirement for one three-year renewal period at the clinician's request.

(11) Waiver of Requirements of DFP Designation for Psychologists. Psychologists who have extensive experience in forensic mental health work, who have met similar criteria for appointment as a forensic psychologist in other states, who have completed a postdoctoral fellowship in forensic psychology, or who are board certified in Forensic Psychology by the American Board of Professional Psychology, may apply for, and, in the discretion of the Assistant Commissioner, be granted a waiver of the requirements established in 104 CMR 33.04(9) for designation as a Designated Forensic Psychologist. The Assistant Commissioner will determine which requirements may be waived for Designated Forensic Psychologist designation on an individual basis.

(12) Forensic Mental Health Supervisor.

(a) A clinician who seeks appointment as a Forensic Mental Health Supervisor should apply to the Assistant Commissioner who, in consultation with the DFP Committee, shall determine whether the clinician is qualified for such appointment. Such determinations shall be made on the basis of the clinician's experience as a forensic evaluator and teacher, or other special contributions in forensic mental health work.

(b) An applicant for appointment as a Forensic Mental Health Supervisor shall be a DFP, unless, based on the applicant's other experience, this requirement is waived by the Assistant Commissioner.

(13) Qualifications for Conducting Examinations as a Certified Juvenile Court Clinician (CJCC). A clinician qualified to conduct evaluations before a Juvenile Court pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35; and M.G. L. c. 119, or M.G.L. c. 210 must:

(a) have satisfied the requirements for, and have received certification as a CJCC I as provided in 104 CMR 33.04(15); or

(b) have satisfied the requirements for, and have received certification as a CJCC II as provided in 104 CMR 33.04(16); or
(c) have been accepted by the Assistant Commissioner as a CJCC I or II Candidate, as provided in 104 CMR 33.04(14); or
(d) be a provisional Certified Juvenile Court Clinician Candidate approved pursuant to 104 CMR 33.04(14); or
(e) be a postdoctoral psychology fellow who is participating in a psychology postdoctoral training program approved by the Assistant Commissioner.

(14) Candidacy for Certification as a Certified Juvenile Court Clinician.
(a) To be accepted as a CJCC I Candidate, a clinician shall demonstrate to the satisfaction of the Assistant Commissioner that he or she:

33.04: continued

1. is currently licensed, as any of the following: a physician under M.G.L. c. 112, § 2; a psychologist and a Health Service Provider under M.G.L. c. 112, §§ 118 through 121; an independent clinical social worker licensed under M.G.L. c. 112, §§ 130 through137; a mental health counselor licensed under M.G.L. c. 112, §§ 163 through 165; a marriage and family therapist licensed under M.G.L. c. 112, §§ 163 through 165; or other licensed clinician at the discretion of the Assistant Commissioner; and

a. if a physician, is either certified or eligible to be certified in Child and Adolescent Psychiatry by the American Board of Psychiatry and Neurology, or has completed at least three years of postgraduate medical training in psychiatry, of which one year must be in an accredited child psychiatric residency training program; or

b. if a psychologist, or other qualified mental health professional, has 2,000 hours of experience in the evaluation and treatment of children and families in relation to the welfare of children cumulative from the beginning of graduate school training; or

c. if a licensed clinician currently in a training program approved by the Assistant Commissioner, has 1,000 hours of experience in the evaluation and treatment of children and families in relation to the welfare of children cumulative from the beginning of graduate school training; or

d. has demonstrable significant clinical experience in the evaluation and treatment of children and families in relation to the welfare of children cumulative from the beginning of graduate school training as approved by the Assistant Commissioner; and

e. has letters attesting to his or her professional capabilities from at least two licensed mental health professionals familiar with his or her work; and

f. is or will be employed or providing services in a setting in which he or she will be performing evaluations pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35; or M.G.L. c. 119 and M.G.L. c. 210 or related juvenile forensic mental health work as determined by the Assistant Commissioner.

2. An individual who is not licensed in Massachusetts as an independent clinical social worker licensed under M.G.L. c. 112, §§ 130 through 137; a mental health counselor licensed under M.G.L. c. 112, §§ 163 through 165; a marriage and family therapist licensed under M.G.L. c. 112, §§ 163 through 165; or other licensed clinician at the discretion of the Assistant Commissioner, but who has successfully completed sufficient clinical experience as approved by the Assistant Commissioner, may be accepted as a provisional CJCC I Candidate.

3. An individual who is not licensed in Massachusetts as required by the Board of Registration for Psychologists, but who has successfully completed a forensic psychology postdoctoral training program or has sufficient post-doctoral psychology experience as approved by the Assistant Commissioner, may be accepted as a provisional CJCC I Candidate.

(b) To be accepted as a CJCC II Candidate, a clinician shall demonstrate to the satisfaction of the Assistant Commissioner that he or she:

1. is currently licensed as either a physician under M.G.L. c. 112, § 2, or a psychologist licensed under M.G.L. c. 112, §§ 118 through 121; and

a. if a physician, is either certified or eligible to be certified in Child and Adolescent Psychiatry by the American Board of Psychiatry and Neurology, or has completed at

least three years of postgraduate medical training in psychiatry, of which one year must be in an accredited child psychiatric residency training program; or

b. if a psychologist, has 2,000 hours of experience in the evaluation and treatment of children and families in relation to the welfare of children cumulative from the time that marks the beginning of graduate school training; or

c. if a licensed clinician currently in a training program approved by the Assistant Commissioner, has 1,000 hours of experience in the evaluation and treatment of children and families in relation to the welfare of children cumulative from the beginning of graduate school training; or

d. has demonstrable significant clinical experience in the evaluation and treatment of children and families in relation to the welfare of children cumulative from the beginning of graduate school training as approved by the Assistant Commissioner; and

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e. has letters attesting to his or her professional capabilities from at least two licensed mental health professionals familiar with his or her work; and

f. is or will be employed or providing services in a setting in which he or she will be performing evaluations pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35; or M.G.L. c. 119 and M.G.L. c. 210 or related juvenile forensic mental health work as determined by the Assistant Commissioner.

2. An individual who is not licensed in Massachusetts as required by the Board of Registration for Psychologists, but who has successfully completed a forensic psychology postdoctoral training program or has sufficient postdoctoral psychology experience as approved by the Assistant Commissioner, may be accepted as a provisional CJCC II Candidate.

(c) Requests for approval as a provisional CJCC I or II Candidate shall include a proposed plan for obtaining applicable clinical licensure. The supervision and any needed additional training and mentoring of a provisional CJCC I and II Candidate, as well as the approved timeline for this designation, will be determined by the Assistant Commissioner.

(d) Clinicians accepted as CJCC I candidates will be assigned to a CJCC I Mentor and clinicians accepted as CJCC II candidates will be assigned to a CJCC II Mentor by the Assistant Commissioner or designee. The Mentor and the candidate will develop an individualized training plan to be completed within a specified period of time. Each such training plan shall be approved by the CJCC Committee. The CJCC Committee may, for good cause, extend the period of time within which the training plan must be completed for up to an additional year. Subsequent extensions beyond one year must be approved by the Assistant Commissioner.

(e) The Assistant Commissioner may, for good cause, deny a clinician's application to become a CJCC Candidate.

(f) In determining standards and procedures for qualifications for candidacy pursuant to 104 CMR 33.04(14), and for appointment as a CJCC pursuant to 104 CMR 33.04(15) and (16) the Assistant Commissioner, or his or her designee, shall consult with the Chief Justice of the Juvenile Court or his or her designee.

(15) Requirements for Certification as a CJCC I. In addition to meeting the requirements in 104 CMR 33.04(14)(a), a clinician seeking certification as a CJCC I must demonstrate to the satisfaction of the Assistant Commissioner that he or she:

(a) has successfully completed CJCC I training approved by the Assistant Commissioner in conducting evaluations pursuant to M.G.L. c. 119 and M.G.L. c. 210 or has experience conducting such evaluations;

(b) has completed at least three training visits relevant to the work of the Juvenile or District Court, such as, but not limited to the following: a facility or program of the Department of Youth Services; an inpatient unit or other facility to which juveniles are committed by the Juvenile or District Court for forensic mental health evaluations; an alternative or special education program whose students include youth who are or have been involved with the Juvenile or District Court; or a residential treatment program for youth whose population include youth who are or have been involved with the Juvenile or District Court and which is operated by or under contract with the Department, the Department of Children and Families, the Department of Youth Services or the Department of Public Health;

(c) has completed at least two kinds of forensic reports of a quality acceptable to the Assistant Commissioner or designee;

(d) has successfully completed a written examination approved by the Assistant Commissioner assessing knowledge relevant to performing forensic evaluations pursuant to M.G.L. c. 123, M.G.L. c. 119 and M.G.L. c. 210; and

(e) is or will be employed by the Department, or employed under a contract managed by the Department to provide services to the Juvenile Court as a CJCC I, or is performing commensurate forensic mental health work, as determined by the Assistant Commissioner.

(16) Requirements for Certification as a CJCC II. In addition to meeting the requirements in 104 CMR 33.04(14)(b), a psychiatrist or psychologist seeking certification as a CJCC II must demonstrate to the satisfaction of the Assistant Commissioner that he or she:

(a) has successfully completed a CJCC II training program approved by the Assistant Commissioner in conducting evaluations pursuant to M.G.L. c. 123, M.G.L. c. 119, and M.G.L. c. 210 or has experience conducting such evaluations;

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(b) has completed at least three training visits relevant to the work of the Juvenile or District Court, such as, but not limited to the following: a facility or program of the Department of Youth Services; an inpatient unit or other facility to which juveniles are committed by the Juvenile or District Court for forensic mental health evaluations; an alternative or special education program whose students include youth who are or have been involved with the Juvenile or District Court; or a residential treatment program for youth whose population include youth who are or have been involved with the Juvenile or District Court and which is operated by or under contract with the Department, the Department of Children and Families, the Department of Youth Services or the Department of Public Health;

(c) has completed at least two kinds of forensic reports of a quality acceptable to the Assistant Commissioner or designee;

(d) has successfully completed a written examination approved by the Assistant Commissioner assessing knowledge relevant to performing forensic evaluations pursuant to M.G.L. c. 123, M.G.L. c. 119, and M.G.L. c. 210; and

(e) is or will be employed by the Department, or employed under a contract managed by the Department, to provide services to the Juvenile Court as a CJCC II, or is performing commensurate mental health work, as determined by the Assistant Commissioner.

(17) CJCC Mentors.

(a) A clinician who seeks appointment as a CJCC Mentor should apply to the Assistant Commissioner who, in consultation with the CJCC Committee, shall determine whether the clinician is qualified for such appointment. Such determinations shall be made on the basis of the clinician's experience, including teaching or clinical work with children, families, and in juvenile forensic mental health.

(b) An applicant for appointment as a CJCC Mentor shall be a CJCC I or II, unless, based on the applicant's other experience, this requirement is waived by the Assistant Commissioner.

(18) Term of CJCC Certification; Renewal.

(a) CJCC I and CJCC II certification shall be valid for three years, and shall be renewable for successive three year periods pursuant to 104 CMR 33.04(18)(b).

(b) No later than two months prior to the expiration of his or her certification, a CJCC clinician who seeks to have his or her certification renewed shall demonstrate to the satisfaction of the Assistant Commissioner that he or she:

1. continues to hold the applicable Massachusetts clinical licensure;
2. is providing services at a level of quality acceptable to the Assistant Commissioner or designee including making available for review copies of forensic mental health reports that he or she has completed in the capacity as a CJCC I or CJCC II;
3. has participated in Department education activities relevant to juvenile forensic work during the previous three-year period;
4. has participated in all Department quality improvement programs required by the Assistant Commissioner;
5. has either conducted three court ordered evaluations pursuant to M.G.L. c. 123, §§ 12(e), 15 through 19, and 35, or M.G.L. c. 119, or M.G.L. c. 210, or has performed commensurate forensic mental health work, as determined by the Assistant

Commissioner, in the previous three-year period; and

6. continues to provide clinical services to the Juvenile Court, or if a CJCC II, to the Juvenile or District Court, as a Department employee or under a contract managed by the Department, or is performing commensurate mental health work, as determined by the Assistant Commissioner; provided, however, that the Assistant Commissioner may waive this requirement for one three-year renewal period at the clinician's request.

(19) Waiver of the Requirements for CJCC Certification. A qualified mental health professional may apply for, and at the discretion of the Assistant Commissioner, be granted, a waiver of the requirements established in 104 CMR 33.04(15) and (16) for CJCC certification if one or more of the following requirements is met:

(a) the clinician is a Designated Forensic Psychiatrist;

(b) the clinician is a Designated Forensic Psychologist who meets the hours of the child/family experience requirement as provided in 104 CMR 33.04(15) and (16);

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(c) the clinician is certified in Forensic Psychiatry by the American Board of Psychiatry and Neurology;
(d) the clinician is certified or eligible for certification in Child and Adolescent Psychiatry by the American Board of Psychiatry and Neurology;
(e) the clinician is board certified in Forensic Psychology by the American Board of Professional Psychology;
(f) the clinician has substantial experience in juvenile forensic practice;
(g) the clinician has met similar criteria for appointment as a juvenile forensic clinician in other states;
(h) the clinician has completed a postdoctoral fellowship in forensic psychology and meets the hours of the child/family experience requirement as provided in 104 CMR 33.04 (15) and (16); or
(i) the clinician is a diplomate of the American Board of Forensic Social Workers.

The Assistant Commissioner shall determine which of the requirements for CJCC certification may be waived on an individual basis.

(20) Appointment of Other Physicians and Psychologists for the Examination of Prisoners and Detainees.

(a) The Assistant Commissioner may appoint physicians and psychologists to examine persons who are incarcerated or otherwise confined in a place of detention as to whether they are in need of hospitalization at a facility or Bridgewater State Hospital, in accordance with M.G.L. c. 123, § 18.
(b) In appointing physicians and psychologists pursuant to 104 CMR 33.04(20)(a) the Assistant Commissioner or his or her designee shall consult with the Superintendent of Bridgewater State Hospital to:
1. develop ongoing standards for clinical screening of such persons and for liaison between the place of detention and the facility or Bridgewater State Hospital; and
2. ensure that physicians and psychologists appointed for this purpose are familiar with such standards, and practice in accordance with them.
(c) A physician seeking appointment for this purpose shall be licensed to practice medicine under M.G.L. c. 112 § 2, and must demonstrate to the satisfaction of the Assistant Commissioner that he or she:
1. is certified or eligible to be certified in psychiatry by the American Board of Psychiatry and Neurology; or
2. has had three years of training and experience in the examination and treatment of persons with mental illness as approved by the Assistant Commissioner.
(d) A psychologist appointed for this purpose shall have a doctoral degree; be licensed as a psychologist and certified as a Health Service Provider under M.G.L. c. 112, §§ 118 through 121; and must demonstrate to the satisfaction of the Assistant Commissioner that he or she has had three years experience in the examination and treatment of persons with mental illness as approved by the Assistant Commissioner.
(e) Physicians and psychologists may apply for, and at the discretion of the Assistant Commissioner, be granted a waiver of the requirements established in 104 CMR 33.04(20)(c) or (d).

(21) Termination of Candidacy; Denial or Revocation of a Certification, Designation, or Appointment.

(a) The Assistant Commissioner may terminate the candidacy of any person who is a candidate for designation as Designated Forensic Psychiatrist or a Designated Forensic Psychologist pursuant to 104 CMR 33.04(3) or (8), or certification as a CJCC I or CJCC II pursuant to 104 CMR 33.04(14) for good cause, which may include, but is not limited to, failure to successfully complete the applicable approved training for designation or certification or to meet the other requirements for designation or certification within such time for completion as the Assistant Commissioner may have authorized, or disciplinary action against the person by the applicable licensing authority. The termination of candidacy pursuant to 104 CMR 33.04(21) shall not be subject to appeal.

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(b) The Assistant Commissioner may revoke the designation or certification, or deny a request to renew the designation or certification of any person who has been designated as a Designated Forensic Psychiatrist or a Designated Forensic Psychologist, or certified as a CJCC I or CJCC II for good cause, which may include, but is not limited to, performance of work that is no longer at a level of quality acceptable to the Assistant Commissioner, or disciplinary action against the person by the applicable licensing authority.

(c) Written notice of the Assistant Commissioner's intent to terminate a person's candidacy for designation or certification, revoke a person's designation or certification, or deny a request to renew a person's designation or certification, stating in general terms the basis for the decision, shall be sent by certified mail to the last known address of the person at least ten calendar days prior to the effective date of the revocation or termination, as applicable.

(d) Any DFP or CJCC who is denied renewal, or who receives notice of revocation of DFP or CJCC designation or certification, may request a hearing before a hearing officer appointed by the Commissioner no later than 20 calendar days after receipt of notice of such denial or revocation. Said hearing shall be conducted in a manner consistent with M.G.L. c. 30A, and shall be governed by the informal fair hearing rules of the standard adjudicatory rules of practice and procedure at 801 CMR 1.02.

1. If such a hearing is requested, the Assistant Commissioner may suspend a denial or revocation pending the outcome of the hearing.
2. If a denial of renewal or revocation of designation or certification is not suspended pending the outcome of the hearing, or if the appeal concerns a denial of a requested designation or certification, the hearing shall commence within 30 calendar days of the effective date of the revocation, termination, or denial.
3. The burden of proof at any hearing held pursuant to 104 CMR 33.04(21) shall be on the appellant to establish that the decision of the Assistant Commissioner did not have a reasonable basis.
4. Within 20 days of the close of the hearing, the hearing officer shall prepare and submit to the Commissioner a recommended decision, which shall include a summary of evidence presented, the findings of fact, proposed conclusions of law, recommended decision, and reason(s) for the decision.
5. The findings of fact in the recommended decision shall be binding on the Commissioner. The Commissioner may modify the conclusions of law and decision where the conclusions or decision are: in excess of the agency's statutory authority or jurisdiction; based on an error of law; arbitrary, capricious, or an abuse of discretion; or otherwise not in accordance with law.
6. Within 15 days after receipt of the hearing officer's recommended decision, the Commissioner shall issue a decision which shall be the final decision of the Department.

(e) Designation as a Designated Physician with authority to admit to a particular facility is subject to revocation in accordance with the standards and procedures established for medical staff appointments for that facility.

(f) Appointment as a Forensic Mental Health Supervisor pursuant to 104 CMR 33.04(12), or as a CJCC I or II Mentor pursuant to 104 CMR 33.04(17), may be revoked at the discretion of the Assistant Commissioner. Revocation of an appointment as a Forensic Mental Health Supervisor or as a CJCC I or II Mentor is not subject to appeal.

(22) Certification, designation, or appointment under 104 CMR 33.04 applies only to evaluations conducted pursuant to M.G.L. c. 123, M.G.L. c. 119, and M.G.L. c. 210 as defined in this section. Certification, designation, or appointment under 104 CMR 33.04 does not grant the clinician licensure, accreditation, or credential other than the authority to conduct evaluations, examinations, or supervision in accordance with 104 CMR 33.04.

33.05: Denial or Revocation of a Designation or Appointment

(1) Any person designated pursuant to 104 CMR 33.04(2) or (3), who no longer meets the requirements to maintain his or her status, may have the designation or appointment revoked. Written notice of the Department's intent to revoke, stating in general terms the basis for the decision to revoke the designation or appointment, shall be posted by certified mail to the address of record of the person at least ten calendar days prior to the effective date of the revocation.

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(2) Any person who seeks a designation pursuant to 104 CMR 33.04(2) or (3) and is denied such designation or who receives such notice of revocation may request a hearing before a designee of the Commissioner no later than 20 calendar days after receipt of said notice. If such a hearing is requested, the designee may suspend a revocation pending the outcome of the hearing. If a revocation is not suspended pending the outcome of the hearing, or if the appeal concerns a denial of a requested designation, the hearing shall commence within 30 calendar days of the effective date of the revocation or denial. To the extent practicable, the Informal/Fair Hearing Rules established in 801 CMR 1.02, *et seq*. shall be used for such hearings. A decision to revoke a designation or to confirm a denial of a requested designation after hearing may be appealed to the Commissioner.

(3) Designation as a Designated Physician with authority to admit to a particular facility is subject to revocation in accordance with the standards and procedures established for medical staff appointments for that facility.

(4) Appointment as a Forensic Mental Health Supervisor pursuant to 104 CMR 33.04(4) and appointment as a physician for specified purposes pursuant to 104 CMR 33.04(5) may be revoked at the discretion of the Assistant Commissioner for Forensic Mental Health.

REGULATORY AUTHORITY

104 CMR 33.00: M.G.L. c. 123, §§ 1 and 2.

MBHP ESP STATEWIDE DIRECTORY

BOSTON

Area: Boston **24-hour access number: (800) 981-4357**

Centralized fax number: (617) 414-8306

ESP Provider: Boston Medical Center/Boston Emergency Services Team (B.E.S.T.)

ESP Director: Andrea Hall (617) 414-8307 andrea.hall@bmc.org

Mobile Crisis Intervention Manager: Tasha Kornell (617) 414-8379 Tasha.Kornell@bmc.org

Service Locations	Operating Hours	Cities/Towns in Area
BEST Community-Based Location 85 E. Newton Street Boston, MA 02118 (800) 981-4357 (617) 414-8336 Fax (617) 414-8333	**7 a.m. - 11 p.m. weekdays** **9 a.m. - 5 p.m. weekends**	Boston (Dorchester, South Boston, Roxbury, West Roxbury, Jamaica Plain, Mattapan, Roslindale, Hyde Park, Lower Mills), Brighton, Brookline, Charlestown, Chelsea, East Boston, Revere, and Winthrop
BEST Community-Based Location 25 Staniford Street Boston, MA 02114 (800) 981-4357 (617) 523-1529 Fax (617) 523-1207	**7 a.m. - 5 p.m. weekdays**	
BEST/Boston Medical Center 818 Harrison Ave Boston, MA 02118 (800) 981-4357 (617) 414-7612 Fax (617) 414-4209	**24/7**	
BEST/Mass General Hospital 55 Fruit Street Boston, MA 02114 (800) 981-4357 (617) 726-2994 Fax (617) 724-3727	**24/7**	
BEST Community Crisis Stabilization Program 85 E. Newton Street Boston, MA 02118 (800) 981-4357 (617) 371-3000 Fax (617) 414-8319	**24/7**	

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Updated 2/17/2014

MBHP ESP STATEWIDE DIRECTORY

METRO BOSTON

Area: Cambridge Somerville — 24-hour access number: (800) 981-4357

Provider: Boston Medical Center/Cambridge Somerville Emergency Services Team (C.S.E.S.T.)

ESP Director: Andrea Hall (617) 414-8307 andrea.hall@bmc.org Direct Fax: (617) 414-4769
Mobile Crisis Intervention Manager: Tasha Kornell (617) 414-8379 Tasha.Kornell@bmc.org

Service Locations	Operating Hours	Cities/Towns in Area
CSEST Community-Based Location 660 Broadway Somerville, MA 02145 (800) 981-4357 (617) 616-5111 Fax (617) 623-1817	**7 a.m. - 11 p.m. weekdays** **11 a.m. - 7 p.m. weekends**	Cambridge and Somerville
CSEST/Cambridge Hospital 1493 Cambridge Street Cambridge, MA 02139 (800) 981-4357 (617) 665-1560 Fax (617) 616-5410	**24/7**	
CSEST Community Crisis Stabilization Program 660 Broadway Somerville, MA 02145 (800) 981-4357 (617) 616-5472 Fax (617) 623-1817	**24/7**	

Area: Norwood — 24-hour access number: (800) 529-5077

ESP Provider: Riverside Community Care

ESP Director: Sue Keays (781) 769-8674 skeays@riversidecc.org
Mobile Crisis Intervention Manager: Chia Hsuan Wu (800) 529-5077 chiahsuanwu@riversidecc.org

Service Locations	Operating Hours	Cities/Towns in Area
Riverside Community-Based Location 190 Lenox Street Norwood, MA 02062 (800) 529-5077 (781) 769-8674 Fax (781) 440-0740	**8 a.m. - 8p.m.** **7 days/week**	Canton, Dedham, Dover, Foxboro, Medfield, Millis, Needham, Newton, Norfolk, Norwood, Plainville, Sharon, Walpole, Wellesley, Weston, Westwood, and Wrentham
Riverside Community-Based Location 15 Beacon Ave Norwood, MA 02062 (800) 529-5077 (781) 769-8674 Fax (781) 769-6072	**8 a.m. - 8p.m.** **7 days/week**	
Riverside Community Crisis Stabilization Program 15 Beacon Ave Norwood, MA 02062 (800) 529-5077 (781) 769-1342 Fax (781) 769-0197	**24/7**	

Area: South Shore — 24-hour access number: (800) 528-4890

ESP Provider: South Shore Mental Health (SSMH)

ESP Director: Pam Weissman (617) 774-6065 pweissma@ssmh.org
Mobile Crisis Intervention Manager: Jillian Shanahan (617) 774-6036 jshanaha@ssmh.org

Service Locations	Operating Hours	Cities/Towns in Area
SSMH Community-Based Location 460 Quincy Ave Quincy, MA 02169 (800) 528-4890 (617) 774-6036 Fax (617) 479-0356	**24/7**	Braintree, Cohasset, Hingham, Hull, Milton, Norwell, Quincy, Randolph, Scituate, and Weymouth
SSMH Community Crisis Stabilization Program 460 Quincy Ave Quincy, MA 02169 (800) 528-4890 (617) 774-6036 Fax (617) 479-0356	**24/7**	

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Updated 2/17/2014

MBHP ESP STATEWIDE DIRECTORY

WESTERN MASSACHUSETTS

Area: The Berkshires — 24-hour access number: (800) 252-0227

ESP Provider: The Brien Center for Mental Health and Substance Abuse

ESP Director: Christine Decker (413) 441-4511 cdeck@briencenter.org
Mobile Crisis Intervention Manager: Ashley Willock (413) 441-6023 lwilo@briencenter.org

Service Locations	Operating Hours	Cities/Towns in Area
The Brien Center Community-Based Location 34 Pomeroy Ave Pittsfield, MA 01201 (800) 252-0227 (413) 499-0412 Fax (413) 499-0995	**24/7**	Adams, Alford, Becket, Cheshire, Clarksburg, Dalton, Egremont, Florida, Great Barrington, Hancock, Hinsdale, Lanesboro, Lee, Lenox, Monroe, Monterey, Mount Washington, New Ashford, New Marlboro, North Adams, Otis, Peru, Pittsfield, Richmond, Sandisfield, Savoy, Sheffield, Stockbridge, Tyringham, Washington, West Stockbridge, Williamstown, and Windsor
The Brien Center Community-Based Location 510 North Street Pittsfield, MA 01201 (800) 252-0227 (413) 499-0412 Fax (413) 499-0995	**8 a.m. - 8p.m. 7 days/week**	
The Brien Center Community-Based Location 124 American Legion Drive North Adams, MA 01247 (800) 252-0227 (413) 664-4541 Fax (413) 662-3311	**9 a.m. - 5 p.m. weekdays**	
The Brien Center Community-Based Location 60 Cottage Street Great Barrington, MA 01230 (800) 252-0227 (413) 664-4541 Fax (413) 528-8187	**9 a.m. - 5 p.m. weekdays**	
The Brien Center Community Crisis Stabilization Program 34 Pomeroy Ave Pittsfield, MA 01201 (800) 252-0227 (413) 499-0412 Fax (413) 499-0995	**24/7**	

Area: Greenfield — 24-hour access number: (800) 562-0112

ESP Provider: Clinical & Support Options

ESP Director: Dan Sontag (413) 774-5411 dsontag@csoinc.org Fax: (413) 773-8429
Mobile Crisis Intervention Manager: Tanya Parker (413) 774-5411 tparker@csoinc.org

Service Locations	Operating Hours	Cities/Towns in Area
Clinical & Support Options Community-Based Location 140 High Street Greenfield, MA 01301 (800) 562-0112 (413) 774-5411 Fax (413) 773-8429	**24/7**	Ashfield, Athol, Bernardston, Buckland, Charlemont, Colrain, Conway, Deerfield, Erving, Gill, Greenfield, Hawley, Heath, Leverett, Leyden, Millers Falls, Montague, New Salem, Northfield, Orange, Petersham, Phillipston, Rowe, Royalston, Shelburne, Shutebury, Sunderland, Turners Falls, Warwick, Wendell, and Whately
Clinical & Support Options Community-Based Location 491 Main Street Athol, MA 01331 (800) 562-0112 (978) 249-9490 Fax (978) 249-3139	**8 a.m. - 8 p.m. weekdays**	
Clinical & Support Options Community Crisis Stabilization Program 140 High Street Greenfield, MA 01301 (800) 562-0112 (413) 772-0249 Fax (413) 773-8429	**24/7**	

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MBHP ESP STATEWIDE DIRECTORY

WESTERN MASSACHUSETTS (continued)

Area: Northampton — 24-hour access number: (800) 322-0424

ESP Provider: Clinical & Support Options

ESP Director: Sara Swartz (413) 586-3382, Ext. 3501 sswartz@csoinc.org
Mobile Crisis Intervention Manager: Amber Gahn (413) 586-5555 agahn@csoinc.org

Service Locations	Operating Hours	Cities/Towns in Area
Clinical & Support Options Community-Based Location 29 North Main Street Florence, MA 01062 (800) 322-0424 (413) 586-5555 Fax (413) 586-2723	**24/7**	Amherst, Chesterfield, Cumminton, Easthampton, Florence, Goshen, Hadley, Hatfield, Middlefield, Northampton, Pelham, Plainfield, Westhampton, Williamsburg, and Worthington
Clinical & Support Options Community Crisis Stabilization Program 29 North Main Street Florence, MA 01062 (800) 322-0424 (413) 586-2973 Fax (413) 582-6893	**24/7**	

Area: Southern Pioneer Valley — 24-hour access number: (800) 437-5922

ESP Provider: Behavioral Health Network

ESP Director: Meg Mastriana (413) 301-9352 meg.mastriana@bhninc.org
Mobile Crisis Intervention Manager: Kate Hildreth-Fortin (413) 301-9350 kate.hildreth@bhninc.org

Service Locations	Operating Hours	Cities/Towns in Area
Behavioral Health Network Community-Based Location 417 Liberty Street Springfield, MA 01104 (800) 437-5922 (413) 733-6661 Fax (413) 733-7841	**24/7**	Agawam, Belchertown, Blandford, Bondsville, Chester, Chicopee, East Longmeadow, Granby, Granville, Hampden, Holyoke, Huntington, Indian Orchard, Longmeadow, Ludlow, Monson, Montgomery, Palmer, Russell, South Hadley, Southampton, Southwick, Springfield, Thorndike, Three Rivers, Tolland, Ware, Westfield, West Springfield, and Wilbraham
Behavioral Health Network Community-Based Location **Carson Center** 77 Mill Street Westfield, MA 01085 (800) 437-5922 (413) 568-6386 Fax (413) 572-4144	**24/7**	
Behavioral Health Network Community Crisis Stabilization Program 417 Liberty Street Springfield, MA 01104 (800) 437-5922 (413) 733-6661 Fax (413) 733-7841	**24/7**	
Behavioral Health Network Community Crisis Stabilization Program **Carson Center** 77 Mill Street Westfield, MA 01085 (800) 437-5922 (413) 568-6386 Fax (413) 572-4144	**24/7**	
Behavioral Health Network Community Crisis Stabilization Program 40 Bobala Road Holyoke, MA 01104 (800) 437-5922 (413) 532-8016 Fax (413) 532-8205	**24/7**	

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MBHP ESP STATEWIDE DIRECTORY

CENTRAL MASSACHUSETTS

Area: Metro West — 24-hour access number: (800) 640-5432

ESP Provider: Advocates

ESP Director: Sarah Trongone (508) 661-2049 strongone@advocatesinc.org
Mobile Crisis Intervention Manager: Casey Taylor (781) 893-2003 ctaylor@advocatesinc.org
Mobile Crisis Intervention Manager: John DeRonck (508) 661-2043 jderonc@advocatesinc.org
Mobile Crisis Intervention Manager: Brian Lightsey (508) 808-8114 brian_lightsey@waysideyouth.org

Service Locations	Operating Hours	Cities/Towns in Area
Advocates Community-Based Location 354 Waverly Street Framingham, MA 01702 (800) 640-5432 (508) 872-3333 Fax (508) 875-2600	24/7	Acton, Ashland, Arlington, Bedford, Belmont, Boxborough, Burlington, Carlisle, Concord, Framingham, Holliston, Hopkinton, Hudson, Lexington, Lincoln, Littleton, Maynard, Marlborough, Natick, Northborough, Sherborn, Southborough, Stow, Sudbury, Waltham, Watertown, Wayland, Westborough, Wilmington, Winchester, and Woburn
Advocates Community-Based Location 28 Mill Street Marlboro, MA 01752 (800) 640-5432 (508) 786-1584 Fax (508) 786-1585	24/7	
Advocates Community-Based Location 675 Main Street Waltham, MA 02451 (800) 540-5806 (781) 893-2003 Fax (781) 647-0183	24/7	
Advocates Community Crisis Stabilization Program 28 Mill Street Marlboro, MA 01752 (800) 640-5432 (508) 786-1580	24/7	

Area: North County — 24-hour access number: (800) 977-5555

ESP Provider: Community HealthLink, Inc.

ESP Director: Karen Duby (978) 840-9301 kduby@communityhealthlink.org
Mobile Crisis Intervention Manager: Glenn Green (508) 373-7982 ggreen@communityhealthlink.org

Service Locations	Operating Hours	Cities/Towns in Area
Community HealthLink, Inc. Community-Based Location 40 Spruce Street Leominster, MA 01453 (800) 977-5555 (978) 534-6116 Fax (978) 537-4966	24/7	Ashburnham, Ashby, Ayer, Barre, Berlin, Bolton, Clinton, Fitchburg, Gardner, Groton, Hardwick, Harvard, Hubbardston, Lancaster, Leominster, Lunenburg, New Braintree, Oakham, Pepperell, Princeton, Rutland, Shirley, Sterling, Templeton, Townsend, Westminster, and Winchendon
Community HeatlhLink, Inc. Community Crisis Stabilization Program 40 Spruce Street Leominster, MA 01453 (800) 977-5555 (978) 534-6116 Fax (978) 534-3294	24/7	

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MBHP ESP STATEWIDE DIRECTORY

CENTRAL MASSACHUSETTS (continued)

Area: South County — 24-hour access number: (800) 294-4665

ESP Provider: Riverside Community Care

ESP Director: Deb Gardner (508) 634-3420 dgardner@riversidecc.org
Mobile Crisis Intervention Manager: Susan Butler-Moore (508) 765-3035 sbutler@harringtonhospital.org

Service Locations	Operating Hours	Cities/Towns in Area
Riverside Community-Based Location 32 Hamilton St. Milford, MA 01757 (800) 294-4665 (508) 634-3420 Fax (508) 422-9644	**24/7**	Bellingham, Blackstone, Brimfield, Brookfield, Charlton, Douglas, Dudley, East Brookfield, Franklin, Holland, Hopedale, Medway, Mendon, Milford, Millville, Northbridge, North Brookfield, Oxford, Southbridge, Sturbridge, Sutton, Upton, Uxbridge, Wales, Warren, Webster, and West Brookfield
Riverside Community-Based Location 206 Milford Street Upton, MA 01568 (800) 294-4665 (508) 529-7000 Fax (508) 529-7001	**8 a.m. - 5 p.m. weekdays**	
Riverside/Harrington Memorial Hospital 100 South Street Southbridge, MA 01550 (800) 294-4665 (508) 765-3035 Fax (508) 764-2434	**8 a.m. - 8 p.m.** **7 days/week**	
Riverside Community-Based Location **GB Wells Center** 29 Pine Street Southbridge, MA 01550 (800) 294-4665 (508) 765-9167 Fax (508) 764-2434	**To Be Announced**	
Riverside Community Crisis Stabiilization Program 32 Hamilton St. Milford, MA 01757 (800) 294-4665 (508) 634-3420 Fax (508) 422-9644	**24/7**	

Area: Worcester — 24-hour access number: (866) 549-2142

ESP Provider: Community Healthlink, Inc.

ESP Director: Bill Dwinnells (508) 373-7833 wdwinnells@communityhealthlink.org
Mobile Crisis Intervention Manager: Glenn Green (508) 373-7982 ggreen@communityhealthlink.org

Service Locations	Operating Hours	Cities/Towns in Area
Community HealthLink, Inc. Community-Based Location 72 Jaques Ave Thayer Building, 2nd floor Worcester, MA 01610 (866) 549-2142 (508) 860-1283 Fax (508) 856-1695	**24/7**	Auburn, Boylston, Grafton, Holden, Leicester, Milbury, Paxton, Shrewsbury, Spencer, West Boylston, and Worcester
UMASS Memorial Medical Center 55 Lake Avenue North Worcester, MA 01655 (866) 549-2142 (508) 334-3562 Fax (508) 856-1695	**24/7**	
Community HealthLink, Inc. Community Crisis Stabalization Program 72 Jaques Ave Thayer Building, 2nd floor Worcester, MA 01610 (866) 549-2142 (508) 860-1283 Fax (508) 856-1695	**24/7**	

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MBHP ESP STATEWIDE DIRECTORY

NORTHEASTERN MASSACHUSETTS

Area: North Essex — 24-hour access number: (866) 523-1216

ESP Provider: Northeast Behavioral Health

ESP Director: Colleen Babson (978) 744-1585 cbabson@nebhealth.org
Assistant ESP Director: Lenka Phelps (978) 521-7777 lphelps@nebhealth.org
Mobile Crisis Intervention Manager: Alicia Bolognese (978) 744-1585 abolognese@nebhealth.org
Mobile Crisis Intervention Manager: Haskell Brooks (978) 521-7777 hbrooks@nebhealth.org

Service Locations	Operating Hours	Cities/Towns in Area
NBH Community-Based Location 60 Merrimack Street Haverhill, MA 01830 (800) 281-3223 (978) 521-7777 Fax (978)521-7767	**8 a.m. - 8 p.m. M-Th** **8 a.m. - 5 p.m. Fri**	Amesbury, Beverly, Boxford, Danvers, Essex, Georgetown, Gloucester, Groveland, Hamilton, Haverhill, Ipswich, Manchester by the Sea, Marblehead, Merrimac, Middleton, Newbury, Newburyport, Peabody, Rockport, Rowley, Salem, Salisbury, Topsfield, Wenham, and West Newbury
NBH Community-Based Location 41 Mason Street, Unit #4 Salem, MA 01970 (866) 523-1216 (978) 744-1585 Fax (978) 744-1379	**24/7**	
NBH/Salem Hospital - North Shore Medical Center 81 Highland Avenue Salem, MA 01970 (866) 523-1216 (978) 354-4550 Fax (978) 745-9021	**24/7**	
NBH Community Crisis Stabilization program 41 Mason Street, Unit #4 Salem, MA 01970 (866) 523-1216 (978) 744-1585 Fax (978) 744-1379	**24/7**	

Area: Lawrence — 24-hour access number: (877) 255-1261

ESP Provider: Northeast Behavioral Health

ESP Director: Tom Draper (978) 620-1250 tdraper@nebhealth.org
Mobile Crisis Intervention Manager: Jose Rodriguez (978) 620-1250 jrodriguez@nebhealth.org

Service Locations	Operating Hours	Cities/Towns in Area
NBH Community-Based Location 12 Methuen St., 2nd Floor Lawrence, MA 01841 (877) 255-1261 (978)-620-1250 Fax (978) 682-9333	**8 a.m. - 12 a.m.** **7 days/week**	Andover, Lawrence, Methuen, and North Andover
NBH Community Crisis Stabilization Program 12 Methuen St., 2nd Floor Lawrence, MA 01841 (877) 255-1261 (978)-620-1250 Fax (978) 682-9333	**24/7**	

Area: Lowell — 24-hour access number: (800) 830-5177

ESP Provider: Northeast Behavioral Health

ESP Director: Angela Gautier (978) 322-5120 agautier@nebhealth.org
Mobile Crisis Intervention Manager: Daiana da Costa (978) 322-5105 ddacosta@nebhealth.org

Service Locations	Operating Hours	Cities/Towns in Area
NBH Community-Based Location 391 Varnum Ave Lowell, MA 01854 (800) 830-5177 (978) 322-5120 Fax (978) 322-5134	**8 a.m. - 8 p.m.** **7 days/week**	Billerica, Chelmsford, Dracut, Dunstable, Lowell, Tewksbury, Tyngsboro, and Westford
NBH Community Crisis Stabilization Program 391 Varnum Ave Lowell, MA 01854 (800) 830-5177 (978) 322-5120 Fax (978) 322-5134	**24/7**	

Updated 2/17/2014

MBHP ESP STATEWIDE DIRECTORY

NORTHEASTERN MASSACHUSETTS (continued)

Area: Tri-City **24-hour access number: (800) 988-1111**

ESP Provider: Eliot Community Services

ESP Director: James Cropper (781) 581-4422 jcropper@eliotchs.org
Mobile Crisis Intervention Manager: Donna Kausek (781) 581-4493 dkausek@eliotchs.org

Service Locations	Operating Hours	Cities/Towns in Area
Eliot Community-Based Location 95 Pleasant Street Lynn, MA 01901 (800) 988-1111 (781) 596-9222 Fax (781) 581-9876	**8 a.m. - 8 p.m. weekdays** **9 a.m. - 6 p.m. weekends**	Everett, Lynn, Lynnfield, Malden, Medford, Melrose, Nahant, North Reading, Reading, Saugus, Stoneham, Swampscott, and Wakefield
Eliot Community-Based Location 173 Chelsea Street Everett, MA 02149 (800) 988-1111 (781) 388-6220 Fax (781) 581-9876	**8 a.m. - 8 p.m. weekdays**	
Eliot Community Crisis Stabilization Program 95 Pleasant Street Lynn, MA 01901 (800) 988-1111 (781) 596-9222 Fax (781) 581-9876	**24/7**	

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MBHP ESP STATEWIDE DIRECTORY

SOUTHEASTERN MASSACHUSETTS

Area: Southern Coast — 24-hour access number: (877) 996-3154

ESP Provider: Child and Family Services of New Bedford

ESP Director: Rebecca Pye (508) 996-3154 rpye@cfservices.org
Mobile Crisis Intervention Manager: TBA

Service Locations	Operating Hours	Cities/Towns in Area
Child and Family Services Community-Based Location 543 North Street New Bedford, MA 02740 (877) 996-3154 (508) 996-3154 Fax (508) 991-8082	24/7	Acushnet, Carver, Dartmouth, Duxbury, Fairhaven, Halifax, Hanover, Hanson, Kingston, Marion, Marshfield, Mattapoisett, New Bedford, Pembroke, Plymouth, Plympton, Rochester, and Wareham
Child and Family Services Community-Based Location 118 Long Pond Rd, Suite 102 Plymouth, MA 02360 (877) 996-3154 (508) 747-8833 Fax (508) 747-8835	24/7	
Child and Family Services Community Crisis Stabilization Program 543 North Street New Bedford, MA 02740 (877) 996-3154 (508) 996-3154 Fax (508) 991-8082	24/7	

Area: Brockton — 24-hour access number: (877) 670-9957

ESP Provider: *Brockton Multi-Service Center

ESP Director: Mike Zwalsky (508) 897-2107 michael.zwalsky@state.ma.us
Mobile Crisis Intervention Manager: Vanessa Goodman (508) 897-2252 vanessa.goodman@massmail.state.ma.us
Mobile Crisis Intervention Director: Jennifer Paine (508) 977-3346 jennifer.paine@massmail.state.ma.us

Service Locations	Operating Hours	Cities/Towns in Area
Brockton Multi-Service Center Community-Based Location 165 Quincy Street Brockton, MA 02302 (877) 670-9957 (508) 897-2100 Fax (508) 586-5117	24/7	Abington, Avon, Bridgewater, Brockton, East Bridgewater, Easton, Holbrook, Rockland, Stoughton, West Bridgewater, and Whitman
Brockton Multi-Service Community Crisis Stabilization Program 165 Quincy Street Brockton, MA 02302 (877) 670-9957 (508) 897-2100 Fax (508) 586-5117	24/7	

Area: Cape Cod and The Islands — 24-hour access number: (800) 322-1356

ESP Provider: *Cape & Islands Emergency Services

ESP Director: Sarah Stanley (508) 564-9690 sarah.stanley@state.ma.us
Mobile Crisis Intervention Manager: Jean Calvert (774) 283-5233 jean.calvert@state.ma.us
Mobile Crisis Intervention Director: Jennifer Paine (508) 977-3346 jennifer.paine@massmail.state.ma.us

Service Locations	Operating Hours	Cities/Towns in Area
Cape Cod Community-Based Location 830 County Road Pocasset, MA 02559 (800) 322-1356 (508) 564-9690 Fax (508) 564-9699	24/7	Aquinnah, Barnstable, Bourne, Brewster, Chatham, Chilmark, Cotuit, Dennis, Eastham, Edgartown, Falmouth, Gay Head, Gosnold, Harwich, Hyannis, Mashpee, Nantucket, Oak Bluffs, Orleans, Osterville, Provincetown, Sandwich, Tisbury, Truro, Wellfleet, West Tisbury, Woods Hole, and Yarmouth
Cape Cod Community Crisis Stabilization Program **Vinfen** 270 Communication Way, Unit 1E Hyannis, MA 02601 (800) 322-1356 (508) 790-4094 Fax (508) 362-5647	24/7	

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MBHP ESP STATEWIDE DIRECTORY

SOUTHEASTERN MASSACHUSETTS (continued)

Area: Fall River — 24-hour access number: (877) 425-0048

ESP Provider: *Corrigan Mental Health Center

ESP Director: James Farrelly (508) 235-7251 james.farrelly@dmh.state.ma.us
Mobile Crisis Intervention Manager: Alexis Romanow (508) 235-7222 alexis.romanow@state.ma.us
Mobile Crisis Intervention Director: Jennifer Paine (508) 977-3346 jennifer.paine@massmail.state.ma.us

Service Locations	Operating Hours	Cities/Towns in Area
Corrigan Mental Health Center Community-Based Location 49 Hillside Street Fall River, MA 02720 (877) 425-0048 (508) 235-7277 Fax (508) 235-7345	**24/7**	Fall River, Freetown, Somerset, Swansea, and Westport

Area: Taunton/Attleboro — 24-hour access number: (800) 660-4300

ESP Provider: *Norton Emergency Services

ESP Director: Merleen Mills (508) 285-9400 merleen.mills@massmail.state.ma.us
Mobile Crisis Intervention Manager: Susan Gill-Hickey (800) 660-4300 susan.gill-hickey@massmail.state.ma.us
Mobile Crisis Intervention Director: Jennifer Paine (508) 977-3346 jennifer.paine@massmail.state.ma.us

Service Locations	Operating Hours	Cities/Towns in Area
Taunton/Attleboro Emergency Service Community-Based Location 108 West Main St., Bldg. #2 Norton, MA 02766 (800) 660-4300 (508) 285-9400 Fax (508) 285-6573	**24/7**	Attleboro, Berkley, Dighton, Lakeville, Mansfield, Middleborough, North Attleboro, Norton, Raynham, Rehoboth, Seekonk, and Taunton
Taunton/Attleboro Community Crisis Stabilization Program 108 West Main St., Bldg. #2 Norton, MA 02766 (800) 660-4300 (508) 285-9400 Fax (508) 285-6573	**24/7**	

*** DMH Operated ESP**

Every ESP provides behavioral health crisis assessment, intervention and stabilization services, 24 hours per day/7 days per week/365 days per year, through 4 service components: Mobile Crisis Intervention (MCI) services for youth, adult mobile services, ESP community based locations, and community crisis stabilization (CCS) services for ages 18 and over. The operating hours for the ESP community based locations and CCS programs are noted above. The operating hours for Mobile Crisis Intervention services for youth are 24 hours per day/7 days per week at any and all locations. The operating hours for adult mobile services are 24 hours per day/7 days per week: during this time period, mobile services will be available from 7 a.m. to 8 p.m. at any/all locations, and from 8 p.m. to 7 a.m. this service will be available in residential programs and hospital emergency departments.

All ESP service components and locations may be accessed through the ESP's toll free number. Where applicable, local numbers for specific locations have also been provided above. It is recommended that individuals and families call the ESP's toll free number first, so the ESP can help them access the most appropriate services. Please refer to www.masspartnership.com and click on "ESP" on the left side of the homepage for more information including updates to this directory.

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