

For SROs, Educators & Administrators

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SROs Share How Mental Health TRAINING

Helps Divert Youth from the Justice System

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So many young people today experience trauma and other mental health issues. As part of their “counselor” role, School Resource Officers (SROs) must be equipped to recognize the signs of mental illness, and how to respond to these youth. When SROs understand mental illness and crises, and make referrals to mental health and

other community providers, they are engaged in a fundamental strategy to keep youth healthy, in school, and out of justice involvement.

It is well documented that many children experience a mental disorder. As the training manual for Youth Mental Health First Aid USA notes: Up to 1 in 5 children in the U.S. experience a mental disorder in any given year. These problems impact the way children learn, behave, and handle their emotions. Research also indicates that trauma can have negative and lasting effects on how youth develop. One of the largest investigations to examine the link between childhood maltreatment and problems later in life—the Adverse Childhood Experiences (ACE) Study—has identified how experiences such as abuse or neglect, substance abuse in the home, and exposure to violent neighborhoods, are associated with negative outcomes throughout life.

Law enforcement officers have found mental health, Crisis Intervention Team (CIT), and related training to be very useful tools to supplement their duty belt. As Carl Crumbacker, instructor at the Eastern Shore Criminal Justice Academy at Wor-Wic Community College in Salisbury, MD, puts it, “Young people today are suffering from problems that we did not. We have to take care of them, work in partnership with mental health and other providers, and take our youth through the stages they need.”

How Mental Health Training Benefits SROs

Many SRO programs have supported their counselor/mentor role with training in how to recognize and respond to a variety of mental health and related issues. SROs and SRO supervisors convey how mental health training has the benefits of:

MENTAL HEALTH DISORDERS START EARLY

MEDIAN AGE OF ONSET*



ONSET OF ALL LIFETIME MENTAL HEALTH DISORDERS⁴

50%
BY AGE 14



75%
BY AGE 24





Increasing awareness of resources in the community

Lt. Cindy Wood of the Henrico County (VA) Police Department trains SROs in CIT training, noting that: “The most important part of the training is that officers learn about the resources they can call upon. This helps them to come up with a plan for the student and family to work with mental health providers, thereby providing an alternative to incarceration.”

Sgt. David Osterquist, of the Sioux Falls, SD Police Department, was an SRO for 8 years. When he became a supervisor in 2006 he started CIT training, requiring all SROs to take the 40-hour CIT course, plus the adolescent CIT module. He says that, “One of the greatest values of CIT training is helping the SROs learn about the resources that exist in the community.”

Providing better insights into youth

Sgt. Jessica Murphy, Ed.D., is a Youth Mental Health First Aid and CIT trainer in Wicomico County, MD, who supervises SROs. Sgt. Murphy believes that when officers are trained to understand the mental health issues of students they are in a better position to look at underlying circumstances to see that behavior like throwing a chair might be a manifestation of a disability or mental health issue. She points out how SROs, working in tandem with school administrators, were able to use this approach to help bring down

school-based law enforcement referrals of students to juvenile services from 532 in school year 2011-12 to 332 in 2014-15.

Henrico County’s Lt. Wood adds that, “because of their training, officers are better able to recognize the signs and symptoms of a possible mental health issue (like sleeping or eating disorders, and anxiety) that may stem from bullying or from trauma experienced at home or in the neighborhood.”

Enabling better referrals for youth and their families

Officer Scott Barfield of the Renton (WA) Police Department, worked for 13 years serving youth involved with gangs, and their families. Because of his relationship with gang members and their families, Officer Barfield was able to connect youth and their relatives to family therapy. These referrals helped youth; they also helped teach adult caregivers how to parent a youth involved with gangs. The police department sees this as an example of providing helpful outreach, leveraging local resources, and showing how law enforcement can divert youth from the justice system in positive ways.

Officer Caisee Sandusky, SRO from the Minot (ND) Police Department, highly recommends mental health training, noting that “an alarming amount of youth in the justice system have mental health problems. When I’m dealing with those students

who have an underlying mental health issue I try many other referrals and interventions before I have to put the youth into the criminal justice system.”

Helping the SRO be a resource to school staff, parents, and others

But mental health training is not just useful for dealing with students. As SRO Ronald Porupsky of the Pleasant Hills (PA) Police Department points out: “The more knowledge SROs have about students with certain mental illnesses or developmental disabilities, the better we can be a resource to the students and the faculty. Mental health training can also be very useful when dealing with parents that may have mental illnesses and dependency issues.” Officer Porupsky adds that his CIT training has helped him become a member of the school’s SAP (Student Assistance Program) team: “Being on this team is just another way to be a resource to the school an officer is serving. It humanizes us and shows that the officer cares about the students’ well-being.”

Chief Steven Zipperman of the Los Angeles (CA) School Police Department notes that “specialized training helps SROs to work better with the mental health staff of the school to conduct threat assessments.”

When SROs are trained along with school staff they become a more valuable part of the school team. Sgt. Osterquist from Sioux Falls adds that, “SROs cannot go wrong in getting the same training that their counterparts in school get.”

Aiding in understanding officer wellness

Yet another value of mental health training is pointed out by former SRO and now Detective Brandee Casias of the Salt Lake City (UT) Police Department, who also serves as director of the Utah CIT statewide program. She explains that police agencies realize that officers also need to be taught about self care, including how to identify if they have Post-traumatic Stress Disorder (PTSD), or trauma-related flashbacks. She

says, “This training teaches officers that we are not exempt from a mental health illness, teaches empathy, and teaches officers how to take care of themselves.”

Where SROs Can Get Mental Health Training

Law enforcement departments—often in partnership with mental health agencies—are employing a variety of approaches to get their SROs trained. Law enforcement agencies are finding ways to tap into the existing capacities available to their community by teaming with justice, mental health, and education partners at the local, state, and national level. Such training is available from a variety of sources, including:



- Mental Health First Aid offers different training courses, including those for adults working with youth, and public safety professionals. Contact <http://www.mental-healthfirstaid.org/> to find courses near your community.
- The National Alliance on Mental Illness (NAMI) has published a CIT manual for police, schools, mental health professionals, and others to help build local programs. Contact your state and local chapters of NAMI, which often offer training for SROs and others.
- The National Center for Mental Health and Juvenile Justice offers specialized training for SROs, for CIT Officers, and juvenile justice professionals.
- Other national organizations, such as Strategies for Youth, and the Suicide Prevention Resource Center provide training and resources officers can use.
- NASRO and state SRO associations also provide training modules on juvenile mental health. NASRO’s basic course





now includes a module on how to deal with students exposed to trauma.

- State mental health departments, often in partnership with state juvenile corrections agencies, often provide training for justice personnel.
- Local schools offer trainings, which can be attended by SROs, such as suicide prevention training, which some states require of school employees.
- Law enforcement training academies and local departments are also sources of training on mental health issues. For example, Montgomery County, MD coordinates cross-agency efforts between the police department and county health and human service agencies, including the crisis center, to offer extensive mental health training to officers and jail employees. SROs are required to attend CIT training to learn about appropriate responses, as well as county resources that are available to youth in crisis.

Officer Scott Davis of Montgomery County, MD (a former SRO and CIT Officer of the Year in 2014) sums it up well: “The benefits of CIT and mental health training are huge. It’s advantageous to everyone. Officers are definitely saving lives every day. And by using mental health train-

ing, we are getting youth the help they need and keeping them out of the justice system.”

John Rosiak is a safe schools expert, trainer, and facilitator who has worked in a variety of education positions for over 30 years. He has worked with SROs since the mid-1980s. Please share how your SRO program uses mental health training with john@rosiakassociates.com.



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