

<p align="center">BALTIMORE POLICE DEPARTMENT – EDUCATION AND TRAINING SECTION</p> <p align="center">LESSON PLAN</p>	
<p>COURSE TITLE: Youth Interactions</p> <p>LESSON TITLE: Module 3 - Recognizing and Responding Effectively to Vulnerable Youth & Youth in Crisis</p>	
<p>New or Revised Course [X] New [] Revised</p> <p>Prepared By: Strategies for Youth and BPD Education and Training Staff Date: March 16, 2022</p> <p>Academic Director Approval: Gary Cordner Date:</p>	
<p>PARAMETERS</p>	<p>Lesson hours: 2 hours <input type="checkbox"/> Entry-level</p> <p>Class size: 30 students <input checked="" type="checkbox"/> Continuing Education</p> <p>Space needs: Classroom <input type="checkbox"/> Other</p>
<p>STUDENT/COURSE PREREQUISITES/QUALIFICATIONS (if any)</p> <p>Students should have completed Module 1: Youth Interactions Introduction and Module 2: Recognizing Features of Typical Adolescent Development</p>	
<p>LESSON HISTORY (previous versions, titles if applicable)</p> <p>None</p>	
<p>PERFORMANCE OBJECTIVES</p> <ol style="list-style-type: none"> 1. Through facilitated discussion and lecture, students will identify behavior health and developmental disabilities common for youth they interact with in Baltimore. 2. Given a case study and group activity, students will analyze youth behavior and determine how an officer should appropriately respond. 3. Through case study and facilitated discussions, students will identify typical behaviors associate with ADHD, Autism, Depression, Anxiety Disorders, Behavior Disorders and Mood Disorders, to the satisfaction of the facilitator. 	<p>ASSESSMENT TECHNIQUE</p> <ol style="list-style-type: none"> 1. Facilitated Discussion 2. Case Study and Group Activity 3. Case Study and Facilitated Discussion

COURSE DESCRIPTION

Students will understand that youth are different from adults in how they understand the world and respond to it. This first module demonstrates how understanding these differences will enhance officers' responses and make them more effective. By understanding these differences, everyone is safer and less likely to be hurt by escalation of incidents.

MPCTC OBJECTIVES (if applicable)

(Include all terminal objectives. Include supporting objectives if they help elaborate what needs to be covered in the lesson. Ensure that all terminal objectives mentioned here are also added to the "Facilitator Notes" column where they are addressed in the lesson.)

None

INSTRUCTOR MATERIALS

Chart Paper
Markers
Lesson Plan
PowerPoint

TECHNOLOGY/EQUIPMENT/SUPPLIES NEEDED

Computer
Smart Tv/Flat Screen
Projector

STUDENT HANDOUTS

6 copies of Appendix A – Case Study #1 Discussion Questions – *Left Side of the Room* – (yellow 1/2 sheet)
6 copies of Appendix A – Case Study #2 Discussion Questions – *Right Side of the Room* (blue 1/2 sheet)
6 copies of Appendix B – Case Study #2 Discussion Questions

METHODS/TECHNIQUES

Lecture
Case Study Analysis
Facilitated Discussion
Group Activities
Scenario

REFERENCES

1. American Psychological Association website, "Addressing Racial and Ethnic Disparities in Youth Mental Health"
<https://www.apa.org/pi/families/resources/disparities-mental-health2>.
2. Case Study #5 – CBS This Morning. Family of Autistic Teen Tackled By Cop Calls for Change. <https://youtu.be/kwwQvGj5xyE>. September 21, 2017.
3. Case Study #6 – WMAR2 News: Officer Harris Supporting Teen in Baltimore. <https://youtu.be/9bVYfNSbK4M>. December 6, 2019

4. National Institute of Mental Health study, as reported in the American Academy of Child and Adolescent Psychiatry (2010)
5. Strategies for Youth, Inc. 2022
6. Debbaudt, D. and Legacy, D. On Scene Autism Information Card. Debbaudt Legacy Productions. Port Saint Lucie, Florida – Waterford, Michigan. 2004.
7. “Mental Health By The Numbers.” National Alliance on Mental Illness website.
<https://www.nami.org/learn-more/mental-health-by-the-numbers>
8. “Suicide Prevention.” HELPGUIDEORG INTERNATIONAL website.
<https://www.helpguide.org/home-pages/suicide-prevention.htm>
9. “ODD: A Guide for Families by the American Academy of Child and Adolescent Psychiatry.” American Academy of Child & Adolescent Psychiatry website.
https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/odd/odd_resource_center_odd_guide.pdf
10. Can Traumatic Stress Alter the Brain? Understanding the Implications of Early Trauma on Brain Development and Learning. Carrion, Victor G. et al. Journal of Adolescent Health, Volume 51, Issue 2, S23 - S28
11. Criminalizing the Seriously Mentally Ill. (Torrey et al., 1992:iv)

GENERAL COMMENTS

Copies of handouts should be prepared in advance in a binder on a table group, with extra copies available at a table for resources in the classroom. Table groups will need access to several Post-It chart papers and markers. Have the PPT set up and check to make sure that the case studies embedded are playing. Links to the case studies are in the reference page (just in case).

Lesson Plan Checklist (Part 1)

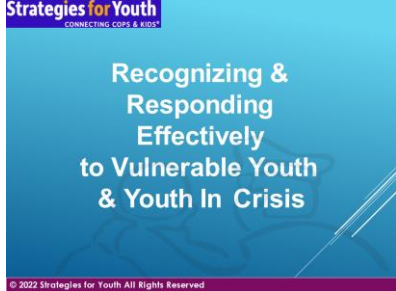
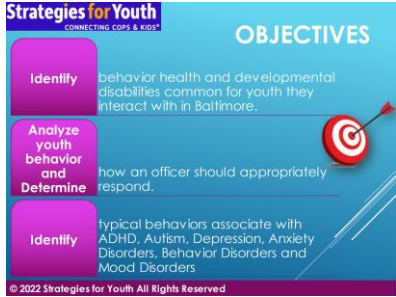
Format	Yes	No	N/A
1. All sections and boxes are completed.	X		
2. Performance objectives are properly worded and included in content.	X		
3. Assessment techniques are aligned with performance objectives.	X		
4. Copies of handouts and other instructional aids (if any) are included.	X		
5. References are appropriate and up-to-date.	X		
6. Instructions to facilitators are in the right-hand column.	X		
7. Content is in the left-hand column.	X		
8. Timing of instructional content and activities is specified.	X		
9. Instructional content and PowerPoint slides are consistent & properly aligned.	X		
10. Student engagement/adult learning techniques are included.	X		
a. Instructional content is not primarily lecture-based.	X		
b. Questions are posed regularly to engage students and ensure material is understood.	X		
c. Case studies, role-playing scenarios, and small group discussions are included where appropriate.	X		
11. Videos are incorporated.	X		
a. Video introductions set forth the basis for showing the video and key points are highlighted in advance for students.	X		
b. Videos underscore relevant training concepts.	X		
c. Videos do not contain crude or offensive language or actions that are gratuitous or unnecessary.	X		
d. Videos portray individuals of diverse demographics in a positive light.	X		
12. Meaningful review/closure is included.	X		
a. Important points are summarized at the end of lesson plan.	X		
b. Assessments are provided to test knowledge of concepts.	X		

Lesson Plan Checklist (Part 2)

Integration	Yes	No	N/A
13. Does the lesson incorporate BPD technology?	X		
14. Does the lesson plan integrate BPD policies?	X		
15. Does the lesson reinforce BPD mission, vision, and values?	X		
16. Does the lesson reinforce the Critical Decision-Making Model?			X
17. Does the lesson reinforce peer intervention (EPIC)?	X		
18. Does the lesson incorporate community policing principles?	X		
19. Does the lesson incorporate problem solving practices?	X		
20. Does the lesson incorporate procedural justice principles?			X
21. Does the lesson incorporate fair & impartial policing principles?	X		
22. Does the lesson reinforce de-escalation?	X		
23. Does the lesson reinforce using most effective, least intrusive options?			X
24. Does the lesson have external partners involved in the development of training?	X		
25. Does the lesson have external partners in the delivery of training?	X		
Subject Matter Expert: SFY Facilitators/Rena Kates	Date: 2-14-2022		
Curriculum Specialist: Danalee Potter	Date: 2-23-2022		
Reviewing Supervisor: Timothy Dixon	Date:		
Reviewing Commander: Major Loeffler	Date:		

COURSE TITLE: Youth Interactions

LESSON TITLE: Module 3: Recognizing and Responding Effectively to Vulnerable Youth & Youth in Crisis

PRESENTATION GUIDE	FACILITATOR NOTES
<p>1. ANTICIPATORY SET</p> <p>Slide 1</p> <p>ASK: What does the word “Vulnerable” mean to you?</p> <p>SAY: When we discuss “vulnerable youth” today, we will be referring to youth with mental and behavioral health disorders, developmental disabilities, learning disabilities and intellectual disabilities.</p> <p>SAY: Even though we are using the term “vulnerable,” it does not mean that the individuals we are discussing are necessarily weak or defenseless. It just means that they may not be able to fully advocate for themselves in certain situations. As a result, there may be special considerations to keep in mind when you encounter a youth who may have some of the disabilities we will discuss today.</p>	<p>Time: 10 minutes</p> <p>Slide 1</p>  <p>Possible Responses:</p> <ul style="list-style-type: none">• In need of care• In need of support/protection• Defenseless• Weak
<p>Slide 2</p> <p>SAY: During this module, we hope that all students will master the following objectives:</p> <ul style="list-style-type: none">• Identify behavior health and developmental disabilities common for youth you may encounter in Baltimore.• Be able to analyze youth behavior and determine how an officer should appropriately respond.• Be able to identify typical behaviors associate with ADHD, Autism, Depression, Anxiety Disorders, Behavior Disorders and Mood Disorders.	<p>Slide 2</p> 

SAY: The goal of this module is NOT to make officers psychologists or mental health counselors. Instead, we hope that if you walk away with a better understanding of how common mental health vulnerability is, how to recognize it, and how to respond without escalating, then you will have met the objectives.

Slide 3

SAY: Take a look at the following questions on the slide. In your groups, I'd like for you to discuss these questions and share with each other how you would answer them. I'll give you a few minutes. You may begin.

SAY: Ok, let's bring it back and share what you discussed in your groups.

ASK: Why is it an important part of your job to recognize behavioral health and developmental disabilities in the youth you interact with?

Slide 3



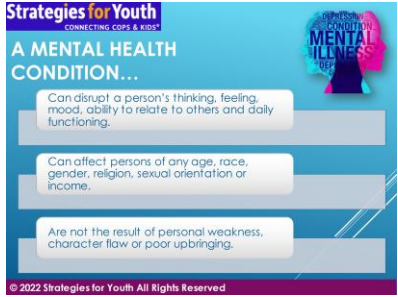

The facilitator should utilize the Management By Walking Around (MWBA) strategy to observe group discussions and take anecdotal notes.

After about 3-5 minutes

Desired Responses:

- So that you do not misinterpret actions
- So that you give youth with disabilities time and space to reply, understand, process, follow orders, explain their actions
- So that you can contact a supportive adult if needed
- Avoid unnecessary, and unreasonable use of force on youth with disabilities

NOTE: *List the students' responses to the question on*

<p>ASK: What behavioral health or developmental disabilities do you see the most in youth?</p> <p>SAY: I have listed your answers on chart paper so that we can reference them later on during this module.</p>	<p><i>chart paper – this will be referenced later in the module</i></p> <p>Possible Responses:</p> <ul style="list-style-type: none"> • ADHD • Behavioral disabilities • Anxiety • Depression
<p>II. INSTRUCTIONAL INPUT (CONTENT)</p> <p>Slide 4</p> <p>SAY: Some of us may have a lot of experience with kids who have disabilities, some of us might have no experience.</p> <p>Throughout our discussion during this module, you may hear the terms disability, compromise, disorder, condition, etc.</p> <p>The most important things we want you to keep in mind are that these conditions:</p> <ul style="list-style-type: none"> • Can disrupt a person’s thinking, feeling, mood, ability to relate to others and daily functioning • Can affect anyone • Are not the result of personal weakness, character flaw or poor upbringing? 	<p>Time: 100 minutes</p> <p>Slide 4</p>  <p>© 2022 Strategies for Youth All Rights Reserved</p>
<p>Slide 5</p> <p>SAY: Mental illness is much more common than most people think</p> <p>ASK: Would an officer be wrong to assume kids are dealing with some sort of mental health disability here in Baltimore?</p> <p>SAY: Four million children and adolescents suffer from a serious mental illness.</p> <p>Oftentimes, it easy to switch to a more “normal” approach than it is to try to catch up after a situation has escalated.</p>	<p>Slide 5</p>  <p>© 2022 Strategies for Youth All Rights Reserved</p> <p>Desired Response:</p> <ul style="list-style-type: none"> • No

Slide 6

SAY: According to the American Psychological Association, minority youth have unequal access to mental health services, and when they do get services, they aren't always quality, evidence-based programs.

Slide 6

Strategies for Youth
CONNECTING COPS & KIDS®



© 2022 Strategies for Youth All Rights Reserved

Slide 7

SAY: Many young people with mental health disabilities end up involved in the justice system.

That means that as law enforcement, you are dealing with them – remember the statistics... 75% of youth in detention have at least one diagnosable mental illness

EXPLAIN: When youth end up in the justice system, they are taken away from existing support systems, which can further harm their mental health. Some youth do not necessarily have “support systems” but rather a “perceived support system”. When youth end up in the justice system, they are taken away from what they know – whether it's a true support system or a perceived support system. Both of which can be damaging for overall mental health.

Slide 7

Strategies for Youth
CONNECTING COPS & KIDS®

RESPONSES TO YOUTH WITH BEHAVIORAL HEALTH DISABILITIES: DETENTION



"Our jails have once again become surrogate mental hospitals."

•Criminalizing the Seriously Mentally Ill (Torrey et al., 1992:iv)

65% of boys and 75% of girls in juvenile detention have at least one mental health diagnosis

•National Alliance on Mental Illness

© 2022 Strategies for Youth All Rights Reserved

Slide 8

SAY: Let's take a look back at the list of conditions we created earlier and compare them to the list shown on this slide.

ASK: Which of these conditions do you think is most common among youth nationally?

SAY: Most common-- Anxiety disorders, such as panic disorders and social phobia, were the most common conditions (31.9% of teens had such a disorder).

Slide 8

Strategies for Youth
CONNECTING COPS & KIDS®



Children's Mental Health Institute

WHAT HAVE YOU SEEN?

© 2022 Strategies for Youth All Rights Reserved

Refer back to the list you created with students on chart paper.

Possible Responses:

- All of them
- Autism
- Behavior Disorders
- ADHD

Second most common- Behavior disorders, including attention-deficit/hyperactivity disorder or ADHD (19.1%).

Then, mood disorders, such as Depression (14.3%).

And last, substance use disorders (11.4%).

Approximately 40% of participants with one type of disorder also meet criteria for another type of disorder at some point in their lives, the researchers said.

Source: National Institute of Mental Health study, as reported in the American Academy of Child and Adolescent Psychiatry (2010)

Slide 9

SAY: We are now going to show you a few different case studies of Law Enforcement Officers and Youth Interactions.

The case studies, which have been staged to demonstrate a particular vulnerability, will either show an interaction that “goes south” or a positive interaction. The case study may also present a youth talking about their disability.

As you view the two case studies, I want you to take note of what went well, what did not, and what you learned.

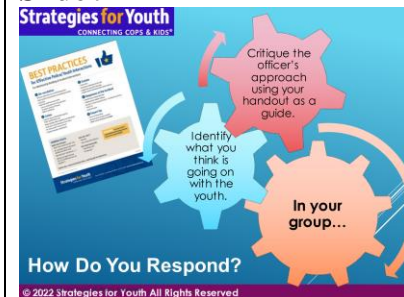
As you analyze each case study, review the Best Practices handout that you received during the last module.

We will then discuss the type of vulnerability being demonstrated.

SAY: Remember to always try to de-escalate when you’re working with vulnerable youth, or youth in crisis. Also, keep in mind:

- Do you need to diagnose? No
- Do you need to provide therapy? No
- Do you need to understand some of the impacts on behavior? Yes

Slide 9



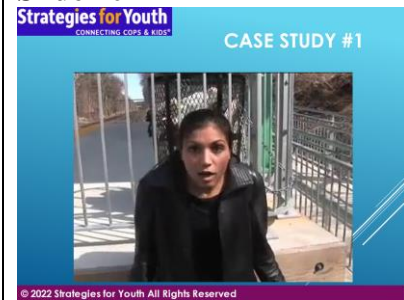
NOTE: *These are NOT questions for the students; it’s simply what the facilitator will reiterate*

Slide 10

SAY: The first case study is a call is for a young woman who is standing in an area that is closed to the public at a local train stop. The caller's main concern is trespass in a closed area."

Remember, as you view the case studies, I want you to take note of what went well? What didn't? What did you learn? As you analyze each case study, review the Best Practices handout that you received during the last module.

Slide 10



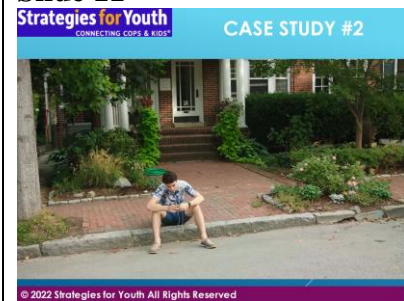
Hover over the image on the slide and click the "play" icon that appears on the bottom

Slide 11

SAY: Ok, this next case study re-enacts a situation where officer respond to a call for a family disturbance. The caller stated that a youth is sitting outside on the curb, and she overheard a disturbance in the house.

Remember, as you view the case study, I want you to take note of what went well, what didn't? What did you learn? As you analyze each case study, review the Best Practices handout that you received during the last module.

Slide 11



Slide 12

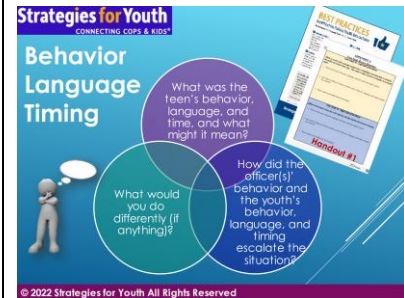
SAY: Now that you've seen both case studies, let's into two groups. The left side of the room will analyze the first case study, and the right side of the room will analyze the second case study. I've provided you with a handout where you can record your answers to the discussion questions.

In your groups, I want you to analyze the case study and answer the following questions:

- What was the teen's behavior, language, and time, and what might it mean?
- How did the officer(s)' behavior and the youth's behavior, language, and timing impact the situation, positively or negatively?
- Would you do anything differently?

SAY: I'll give you about 10 minutes to answer your questions. Remember to review the Best Practices handout you received earlier today.

Slide 12



Pass out copies of Appendix A – Case Study Discussion Questions to each group.

The facilitator should utilize the MBWA strategy to check in on groups, answer any questions posed, and provide prompts (as needed).

After about 10 minutes

SAY: Let's start with the left side of the room. You had to analyze the case study with the young woman.

ASK: Describe the teen's behavior, language, and timing and what it might mean.

ASK: How did the officer's behavior, language, and timing impact the situation?

ASK: Would you do anything differently?

SAY: Good analysis left side of the room! Let's now talk with the right side of the room. You had to analyze the case study with the boy on the curb.

ASK: Describe the teen's behavior, language, and timing and what it might mean.

ASK: How did the officer's behavior, language, and timing impact the situation?

Desired Responses:

- She did make eye contact
- She tried to move away

Desired Responses:

- He cut her off while she was speaking
- He raised his voice
- He rushed to get her to leave from where she was

Desired Responses:

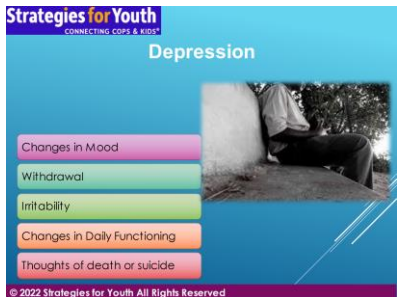
- Give her an opportunity to explain the situation
- Use wait-time when asking questions
- Acknowledge her feelings/emotions
- Ask if she needs help

Desired Responses:

- Defensive
- Quick to answer questions
- Stands up as if he's going to approach officer
- Seems angry

Desired Responses:

- Officers use "cover" and "contact" approach.
- When boy stands up, the officers are ready to respond physically, if necessary, but continue to use calming behavior, language and timing.
- Officer's use of his hands to de-escalate
- Officers switch off and remind of the use of

<p>ASK: Would you do anything differently?</p> <p>SAY: Both of these case studies showed youths who may have been experiencing depression. Depression can appear as irritability, especially in males. The actor in this case study was asked to behave like he had just been told his parents are divorcing 1 month before he is graduating and leaving for college.</p>	<p>distraction to move the youth out of the amygdala-driven response</p> <ul style="list-style-type: none"> • Officer asked the boy if he needs help <p>Possible Responses:</p> <ul style="list-style-type: none"> • Use additional wait time • Acknowledge the boy's feelings – "I hear that you're feeling...." • Restate what the boy says "
<p>Slide 13</p> <p>SAY: Depression may present differently in different people: withdrawal and sadness at one end, and irritability at the other end.</p> <p>Being aware of mental health needs does not require you to sacrifice safety. The officer in the second video did not compromise his safety when the boy launched up from the curb. Both the contact and the cover officers moved in and were prepared to go "hands-on" if needed.</p> <p>ASK: What are symptoms of depression?</p>	<p>Slide 13</p>  <p>Desired Responses:</p> <ul style="list-style-type: none"> • Sadness • Hopelessness • Irritation • Increased agitation and restlessness • Bouts of crying • Withdrawal – loss of interest • Changes in sleeping and eating • Presentation of guilt and hopelessness frequent crying, fatigue, and lack of energy lack of motivation • Difficulty concentrating

Slide 14

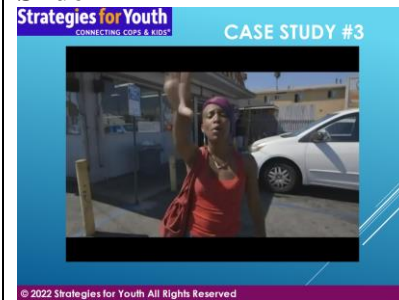
SAY: The following case study is from a jurisdiction in the Los Angeles area and shows an officer responding to a call from the store manager who reported that a young woman came into the store, wandered around, and left without buying anything. The caller says he saw the young woman put a liquor bottle in her large purse.

Because this case study does not align with BPD policy requirements regarding a consent search, we only want to focus on the interaction the officer had with the youth.

As you view the case study consider:

1. What you think is going on with the youth?
2. What the appropriate response is?
3. What did the officers do?
4. Was it effective?
5. Would you have dealt with the call differently?

Slide 14



Hover over the image on the slide and select the “play” icon to show the case study.

Note: If asked- yes, the officer could have arrested her and performed a search incident to arrest, based on PC from the store owner. However, keep focus to the Youth’s interaction with the officer.

Slide 15

SAY: Now that you’ve viewed the case study, I want you work with your table groups to analyze the officer’s interaction with the youth, and answer the following questions shown on the slide:

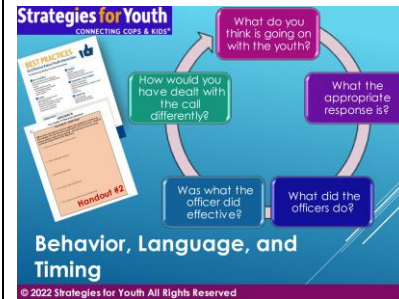
- What do you think is going on with the youth?
- What the appropriate response is?
- What did the officers do?
- Was what the officer did effective?
- How would you have dealt with the call differently?

SAY: I have provided you with a handout to record your responses. You’ll have about 5 minutes to work in your groups. Be prepared to discuss your responses with the class.

Ok, let’s come back together and review your answers to the questions.

ASK: What do you think is going on with the youth?


Slide 15



Pass out copies of Appendix B – Case Study #3 Discussion Questions to each table group

Possible Responses:

- Anxiety
- Behavior Disorder
- Alcoholism

	<ul style="list-style-type: none"> • They may overreact to minor events, which often displays as them being out of control. • Someone who is anxious has a loss of perspective, and loss of skills to strategize how to deal with the source of anxiety.
<p>Slide 19 SAY: So, let's discuss exactly what is Anxiety?</p> <p>Anxiety is the feeling of worry, apprehension, or dread that something bad is going to happen or that you can't cope with a situation. These feelings are occurring more days than not for at least 6 months about a number of events or activities.</p> <p>ASK: What are some physical reactions that happen when someone is anxious?</p> <p>SAY: Correct. It can also include behavior like avoiding what's causing the anxiety or wanting a lot of reassurance. Anxiety is a common and natural part of life. Everyone feels anxious sometimes. Some youth are anxious around the police, even without a disorder, and the strategies we're going to give you work in either situation.</p> <p>SAY: It's an evolutionary function, like pain, that alerts us to a danger, and it's not always helpful. Sometimes, anxiety persists about something that is not a real danger, which results in an uncomfortable feeling.</p> <p>If it disrupts functioning or causes significant persisting distress, it can impact a person's daily life and functions. We all know what anxiety looks like, but often, anxiety is masked, and we think it is something else.</p>	<p>Slide 19</p>  <p>DSM 5: Excessive anxiety and worry, occurring more days than not for at least 6 months about a number of events or activities.</p> <p>ANXIETY SYMPTOMS</p> <p>Possible Responses:</p> <ul style="list-style-type: none"> • Butterflies in the stomach • Tension • Shakiness • Nausea and sweatiness <p><i>Click to reveal desired responses on slide.</i></p>

Slide 20

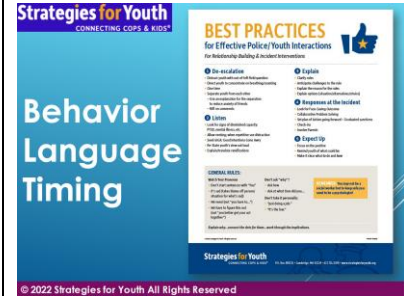
SAY: Take a look at the Best Practices resource that we gave you earlier. Look at the strategies and tips it provides you.

ASK: So, how do you deal with these anxious behavior?

SAY: When you're with a youth displaying anxiety, think aloud with the youth about courses of action and options.

Consider the situation, alternatives, and consequences.

Slide 20



Desired Responses:

- Deescalate
- Listen to what the youth is telling you
- Explain why you're there and what the rules/expectations are
- Consider how to appropriately respond to the incident
- Expect up

Slide 21

SAY: Take a look at the descriptions of typical ADHD behaviors on the slide.

ASK: Does anyone here being around or knowing someone who has ADHD? How might having ADHD impact a person's interactions with police?

SAY: Contrary to what you may have heard, ADHD is not just an excuse for "bad" behavior. It can have real impact on how youths interact with others. Let's learn about some common ADHD behaviors.

ASK: If a youth is acting this way when you interact with them or respond to a call, what is a common first thought officers might have?

SAY: Youth who appear fidgety, have the inability to meet your eyes, have trouble following directions, or appear distracted, are often seen as signs of guilt or deception. However, these are also signs of ADHD. So you need to

Slide 21



Call on volunteers to share. Allow for a brief, open discussion.

Desired Response:

- They're guilty
- Hiding something because they are agitated

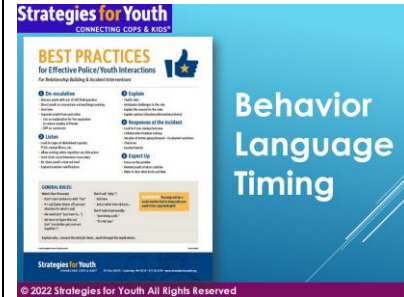
keep this in mind when interacting with the youth in Baltimore and you engage with them.

Slide 22

SAY: Based on the Best Practices handout, let's come up with strategies for how to appropriately interact with youth who may have ADHD.

ASK: What strategies would support an officer's efforts to effectively engage with Youth who may have ADHD?

Slide 22



Call on several volunteers to share their responses.

Desired Responses:

- Go slow, and repeat yourself if needed
- Give one direction at a time –the kid will probably only hear either the first or the last thing you said!
- Ask youth to repeat directions back to ensure understanding

Slide 23

ASK: What are some things that kids in Baltimore are exposed to that may lead them to experience PTSD?

Slide 23



Possible Responses:

- Poverty
- Abuse
- Absent Parents
- Family deaths related to shootings
- Homelessness
- Victims of violence
- Frequently hearing gun shots/violence

SAY: There is a lot of overlap between the PTSD and ADHD, which can make diagnosis confusing. Some similarities include:

- A lack of focus or zoning out is one way they appear similar. Someone with ADHD struggles to focus on tasks or instructions, while someone with PTSD may do the same while trying to block out intrusive thoughts or because of memory problems.
- Impulsive behaviors. ADHD causes impulsivity in most people diagnosed with it, but trauma can also cause a person to engage in risky behaviors.
- Social challenges. Both ADHD and PTSD can lead to social difficulties, such as troubled relationships and isolation.
- Hyperactivity and outbursts. Hyperactivity is characteristic of ADHD, which can look like emotional outbursts to onlookers. PTSD can trigger outbursts as well, including anger and aggression.

SAY: If you're dealing with a Youth who shows any of these behaviors, the Best Practices that we discussed will help you de-escalate the situation regardless of a potential diagnosis.

Slide 24

ASK: Does anyone know someone with autism?
What are some of the outward signs?

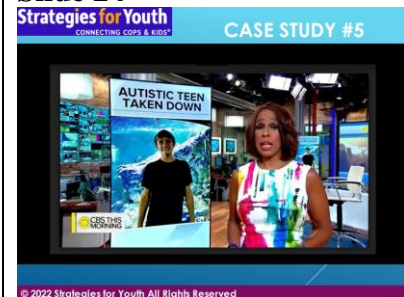
ASK: Does anyone know what "stimming" is?

SAY: Remember the eLearning that you signed for titled, *Intellectual and Developmental Disabilities* about behavioral issues, and one of the topics was "stimming"?

The case study you're about to see involves an officer's encounter with a Youth who is autistic. As you view the case study, consider how the officer's lack of ability to recognize a disability led to his escalating the encounter with the Youth unnecessarily.

ASK: What behaviors was the Youth displaying?

Slide 24



Response depends on participants

Look for acknowledgment or lack thereof

ASK: How did the officer respond?

ASK: How did the Youth react to the officer's actions?

SAY: Nationwide, Law Enforcement Officers have become much more aware of Autism in the last few years. The first time an officer sees these types of behaviors on the street, it may be hard to recognize them as autistic behaviors due to its similar appearance to some substance abuse symptoms.

Desired Responses:

- Stimming (*playing with string*)
- Backing away from the officer as he was approached

Desired Responses:

- Followed the youth as he backed away
- Grabbed his arm
- Placed him under arrest

Desired Responses:

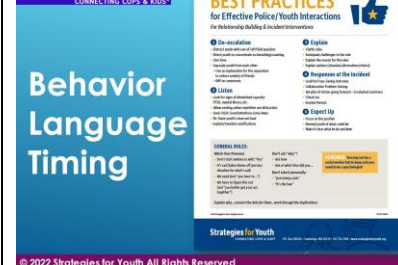
- Screamed
- Attempted to flee

Slide 25

ASK: Look back at your Best Practices handout, what can an officer do to make these a positive interaction?


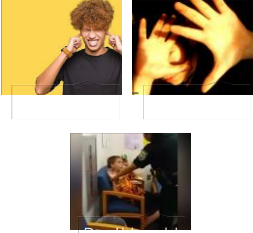

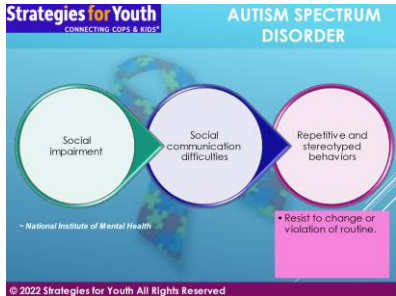
Slide 25

Strategies for Youth
CONNECTING COPS & KIDS®



Desired Responses:

- If the youth seem to have friends around or there are other kids that seem to know him/her, ask them if you should know anything or if they can help you talk to the youth.
- Allow more time for processing –if it feels

	<p>too slow, it's probably just right</p> <ul style="list-style-type: none"> • Notice and comment on concrete topics that the youth can connect to.
<p>Slide 26</p> <p>SAY: These children may be hypersensitive to certain senses, so officers should turn down their reactions and encourage talking. Lights and sirens frequently set off autistic children, so when responding to a call of a “suspicious youth”, consider the urgency of the call and whether you can arrive to that call without these turned on.</p>	<p>Slide 26</p>   <p>© 2022 Strategies for Youth All Rights Reserved</p>
<p>Slide 27</p> <p>ASK: What have you heard or what do you know about autism? Do you have any personal experiences?</p> <p>SAY: Autism Spectrum Disorder is a comprehensive diagnosis that includes lots of varying behaviors and symptoms. Some youth may display very subtle symptoms while others may be totally uncommunicative</p> <p>Take a look at the different categories displayed on the slide.</p> <p>SAY: First is social impairment. Many youths with autism struggle with social skills. They:</p> <ul style="list-style-type: none"> • Avoid eye contact • Prefer Isolation • Respond unusually to other's emotions <p>Some Youth with Autism have communication difficulties. Oftentimes, they</p> <ul style="list-style-type: none"> • Fail to recognize social cues • Use repetitive words and phrases 	<p>Slide 27</p>   <p>© 2022 Strategies for Youth All Rights Reserved</p> <p><i>Call on volunteers to share their current knowledge of Autism.</i></p>

- Use odd, out of place words

You may also encounter an autistic youth who displays repetitive and stereotyped behaviors such as:

- Rocking back and forth
- Smacking walls or themselves
- Flailing arms
- Cursing
- Roaming

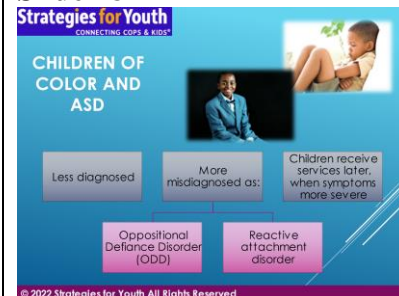
SAY: When interacting with Youth who display these behaviors, keep in mind that they are often resistant to change or violation of their normal routines.

Slide 28

SAY: Kids of color who have autism are at a high risk of being misdiagnosed, or are not diagnosed at all, so they're less likely to get early services.

Keep in mind; however, that some illness and disorders are more readily apparent than others. In fact, the only mental health disorder that is recognizable on sight is Down Syndrome; therefore, it may not be readily apparent that you're interacting with a youth with Autism when you first begin interacting with them. That's why it's helpful to notice the common signs when you can.

Slide 28



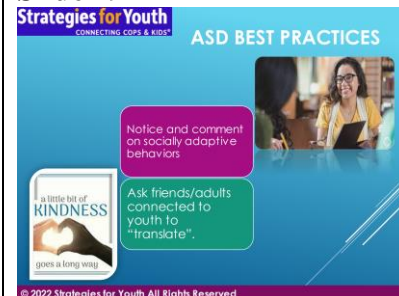
Slide 29

SAY: In addition to the Best Practices handout we shared with you, you may want to take extra steps with youth who you think may be on the spectrum.

For example, being very positive and commenting on appropriate behavior, being extra aware of the potential for bullying, and asking a youth's friends for help.

SAY: A little bit of kindness goes a long way.

Slide 29



Slide 30

SAY: Take a moment to think back to the case study regarding the interaction between the officer in Arizona and youth with autism. Using the handouts for reference, take a few minutes to talk with your table group regarding how you would handle this situation knowing what you know now about autism. Please discuss and answer the following questions:

1. How would you handle this situation?
2. What's the best course of action when you see odd behavior?
3. Would the way the officers here handled this, work for you?
4. How did the officer apply the Best Practices & BLT?

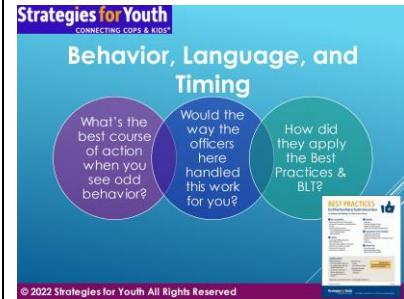
SAY: Ok, let's review what you discussed with your groups.

ASK: How would you handle this situation?

ASK: What's the best course of action when you see odd behavior?

ASK: Would the way the officers here handled this, work for you?

Slide 30



Give students a few minutes to discuss the questions together. Utilize the MBWA strategy to listen to conversations, provide prompts/cues, and clarify information as requested.

Possible Responses:

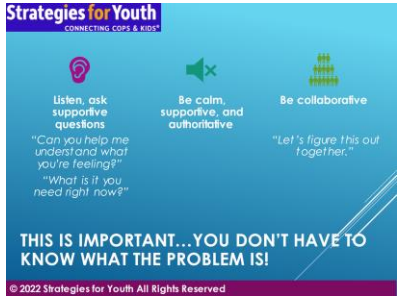

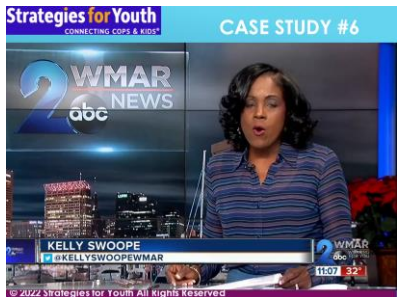
- Approach the youth in a calm manner
- Maintain comfortable distance
- Listen to youth's interactions
- Notice odd quirks / behaviors
- Ask the youth "why are you stimming"?


Possible Responses:

- Investigate more using BLT
- Try to interact more with the youth to see if you can identify his/her mental capacity

Possible Responses:

- *Look for a "no" response and ask students to elaborate*

<p>ASK: How did the officer apply the Best Practices & BLT?</p>	<p>Possible Responses:</p> <ul style="list-style-type: none"> • He didn't, which caused the youth to escalate the situation to go south
<p>III. REVIEW/EVALUATION/CLOSURE</p> <p>Slide 31</p> <p>SAY: It's important you understand that you don't have to know what the problem is. Simply going back to the basics is always a good fallback approach. Focus on being the calm, neutral, and caring adult.</p>	<p>Time: 10 minutes</p> <p>Slide 31</p> 
<p>Slide 32</p> <p>SAY: The BHS APP on your Departmental Phone provide officers with a wide range of resources that can assist you when responding to calls involving individuals with behavior or mental disabilities.</p> <p>Resources on this APP include:</p> <ul style="list-style-type: none"> • BCRI – Baltimore Crisis Response, Inc. • BCARS – Baltimore Child & Adolescent Response System • CRT – Crisis Response Team • LEAD – Law Enforcement Assisted Diversion • FAST – Forensic Alternative Services Team • Here 2 Help Hotline – Formerly CI&R Line • NAMI – National Alliance on Mental Illness 	<p>Slide 32</p> 
<p>Slide 33</p> <p>SAY: When you encounter youth with mental health disabilities, you have the power to make a difference, and many of you are already doing so.</p> <p>As you watch this case study about one of our officer's interacting with youth in Baltimore, think about whether you not you have ever had a call where a youth's behavior caused you to respond in a different way then you expected?</p> <p>Be prepared to share your answers.</p>	<p>Slide 33</p>  <p><i>To play the case study, hover over the image on the screen and select the 'play' icon that pops up.</i></p>

<p>SAY: If you're in patrol, I know you've encountered many different kinds of youth.</p> <p>ASK: Would anyone like to share a personal interaction they had with a youth?</p>	<p><i>Call on a few volunteers to share their personal stories.</i></p>
<p>Slide 34</p> <p>SAY: Let's take a moment to summarize and recap what we discussed during this portion of the module.</p> <p>Here are some things to look for when interacting with youth who may be suffering from a mental or behavioral disability:</p> <p>SAY: Youth who have ANXIETY or are ANXIOUS</p> <ul style="list-style-type: none"> tends to display aggression in order to counteract their feeling of powerlessness overreact to minor events, which often displays as them being out of control has a loss of perspective, and loss of skills to strategize how to deal with the source of anxiety <p>Youth with ADHD tend to:</p> <ul style="list-style-type: none"> appear fidgety have the inability to meet your eyes have trouble following directions appear distracted <p>Keep in mind that youth suffering from PTSD have similar behaviors as those with ADHD. For example, they display:</p> <ul style="list-style-type: none"> lack of focus or zoning out impulsive behaviors social challenges hyperactivity/outbursts <p>And finally, youth with AUTISM may:</p> <ul style="list-style-type: none"> avoid eye contact fail to recognize social cues Be flailing their arms and/or cursing 	<p>Slide 34</p> <p><i>Content on this slide is hidden. After each topic is reviewed, click the mouse to reveal the next section.</i></p>  <p><i>Click to reveal first box</i></p> <p><i>Click to reveal second box</i></p> <p><i>Click to reveal third box</i></p> <p><i>Click to reveal last box</i></p>

APPENDIX A

Case Studies #1 and #2 Discussion Questions

Case Study #1 - Left Side of the Room

There is a call is for a young woman who is standing in an area that is closed to the public at a local train stop. The caller's main concern is trespass in a closed area.

1. What was the teen's behavior, language, and time, and what might it mean?
2. How did the officer(s)' behavior, language, and timing impact the situation?
3. What would you do differently (if anything)?

Case Study #2 - Right Side of the Room

Officers encounter a teen boy who matches the description of a recent runaway.

1. What was the teen's behavior, language, and timing, and what might it mean?
2. How did the officer(s)' behavior, language, and timing impact the situation?
3. What would you do differently (if anything)?

Case Study #3 – Small Groups

Officers from a jurisdiction in the Los Angeles area respond to a call from the store manager who reported that a young woman came into the store, wandered around, and left without buying anything. The caller says he saw the young woman put a liquor bottle in her large purse.

1. What do you think is going on with the youth?
2. What is the appropriate response?
3. What did the officers do?
4. Was what the officer did effective?
5. Would you have dealt with the call differently? If so, how?

Officers from a jurisdiction in the Los Angeles area respond to a call from the store manager who reported that a young woman came into the store, wandered around, and left without buying anything. The caller says he saw the young woman put a liquor bottle in her large purse.

1. What do you think is going on with the youth?
2. What is the appropriate response?
3. What did the officers do?
4. Was what the officer did effective?
5. Would you have dealt with the call differently? If so, how?