

<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: Trauma Informed Response and De-Escalation</p>		
<p>New or Revised Course [X] New [] Revised</p> <p>Prepared By: Renee Angelo-Mauk Date: October 20, 2021</p> <p>Academic Director Approval: Director Gary Cordner Date:</p>		
PARAMETERS	<p>Lesson hours: 1 hour 30 minutes</p> <p>Class size: 30 students</p> <p>Space needs: Classroom</p>	<p><input type="checkbox"/> Entry-level</p> <p><input checked="" type="checkbox"/> Continuing Education</p> <p><input type="checkbox"/> Other</p>
<p>STUDENT/COURSE PREREQUISITES/QUALIFICATIONS (if any)</p> <p>Module 1 -Introduction</p>		
<p>LESSON HISTORY (previous versions, titles if applicable)</p> <p>None: New Lesson</p>		
<p>PERFORMANCE OBJECTIVES</p> <ol style="list-style-type: none"> Given a case study, students will identify how the brain develops, how trauma impacts the brains' development, and what strategies to use when interacting with someone who has experienced traumatic incidents to the satisfaction of the facilitator. Through facilitated discussion and a group mind mapping activity, students will list and explain ways to build rapport with Youth to the satisfaction of the facilitator. 		<p>ASSESSMENT TECHNIQUE</p> <ol style="list-style-type: none"> Case Study Facilitated Discussion and Mind Mapping

<p>3. Given a facilitated discussion, students will identify how the stages of development for youth and adolescents affects how they communicate and react in different situations to the satisfaction of the facilitator.</p> <p>4. Through facilitated discussion, case study and a Developmental Assets quiz, students will differentiate the different types of traumas that Youth experience in Baltimore to the satisfaction of the facilitator.</p>	<p>3. Facilitated Discussion</p> <p>4. Facilitated Discussion, Case Study, and Quiz</p>
COURSE DESCRIPTION	
MPCTC OBJECTIVES (if applicable) <i>(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.)</i>	
INSTRUCTOR MATERIALS	
Chart Paper Markers	
TECHNOLOGY/EQUIPMENT/SUPPLIES NEEDED	
Computer Smart TV/Screen Projector Speakers <ul style="list-style-type: none"> - YouTube case study “Removed” part 1 - YouTube case study “Explaining the brain to children and adolescents” - Computer with projector for Power Point and video case studies Internet access	
STUDENT HANDOUTS	
30 copies – Search Institute 40 Developmental Assets worksheet (all ages) 30 copies – Appendix A Slide 11 – Youth Responses/Interactions in the Courtroom	
METHODS/TECHNIQUES	
Case Study	

Facilitated Discussion
Mind Mapping
Quiz

REFERENCES

Case Study 1: <https://www.youtube.com/watch?v=py8deTlxNco>

Case Study 2: <https://www.wbalv.com/743d3bbd-fe9c-42b4-87f6-19d186da75c3>

GENERAL COMMENTS

This lesson plan should be taught by a subject matter expert ideally with an LCSW-C or LCPC license. An LMSW or LGPC can conduct the training provided they have at least 5 years of experience working with children and families, a BCARS staff member and a Baltimore Police Department co-facilitator. If a BCARS facilitator is not available, a behavioral health professional/subject matter expert should serve as the co-facilitator with a member of the Baltimore Police Department's Education & Training Section staff.

Lesson Plan Checklist (Part 1)

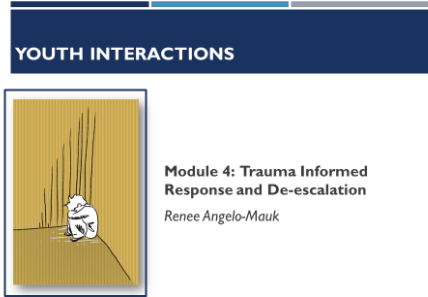
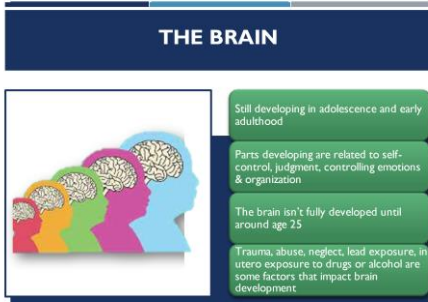
Format	Yes	No	N/A
1. All sections and boxes are completed.			
2. Performance objectives are properly worded and included in content.			
3. Assessment techniques are aligned with performance objectives.			
4. Copies of handouts and other instructional aids (if any) are included.			
5. References are appropriate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

Lesson Plan Checklist (Part 2)

Integration	Yes	No	N/A
13. Does the lesson incorporate BPD technology?			
14. Does the lesson plan integrate BPD policies?			
15. Does the lesson reinforce BPD mission, vision, and values?			
16. Does the lesson reinforce the Critical Decision Making Model?			
17. Does the lesson reinforce peer intervention (EPIC)?			
18. Does the lesson incorporate community policing principles?			
19. Does the lesson incorporate problem solving practices?			
20. Does the lesson incorporate procedural justice principles?			
21. Does the lesson incorporate fair & impartial policing principles?			
22. Does the lesson reinforce de-escalation?			
23. Does the lesson reinforce using most effective, least intrusive options?			
24. Does the lesson have external partners involved in the development of training?			
25. Does the lesson have external partners in the delivery of training?			
Subject Matter Expert: Renee Angelo-Mauk	Date: August 27, 2021		
Curriculum Specialist: Danalee Potter	Date: August 30, 2021		
Reviewing Supervisor: Fabienne Dorceus	Date:		
Reviewing Commander: Lt. Jodie McFadden	Date:		

COURSE TITLE: Youth Interactions

LESSON TITLE: Child Adolescent Development & Trauma

PRESENTATION GUIDE	FACILITATOR NOTES
<p>I. ANTICIPATORY SET</p> <p>Slide 1:</p>	<p>Time: 15 minutes</p> <p>Slide 1:</p> <div></div> <p><i>The facilitator should briefly introduce themselves and provide students with a summary of their background and experience as it relates to the lesson topic</i></p>
<p>SAY: We'll begin by reviewing some concepts regarding brain development of children and adolescents that have been addressed in previous trainings.</p> <p>The brain is still developing in adolescence and early adulthood and the parts that are developing are related to self-control, judgment, controlling emotions & organization. Recent studies are showing that the brain isn't fully developed until around age 25.</p> <p>Trauma, abuse, neglect, lead exposure, in utero exposure to drugs or alcohol – these are just some of the factors that impact brain development particularly in young children.</p>	<div></div>

What is Trauma Informed Policing, and why is it important?

<https://www.vera.org/research/trauma-informed-policing>

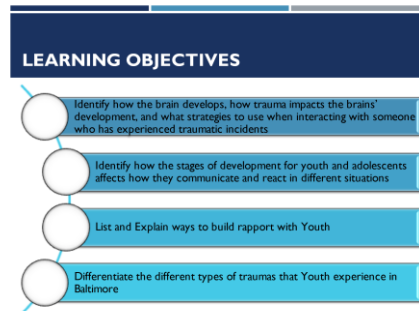
SAY: By understanding what trauma is, and what a Youth may be going through, it will improve your interactions with Youth to make them safer and more effective.



SAY: Let's review today's objectives.

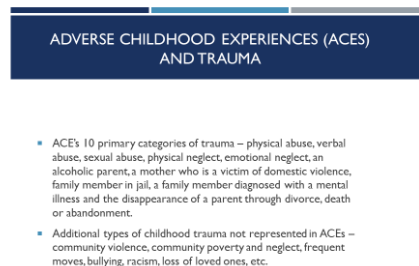
Today we will:

- Differentiate the different types of traumas that Youth experience in Baltimore
- Identify how trauma impacts the brains' development, and what strategies to use when interacting with someone who has experienced traumatic incidents
- List and Explain ways to build rapport with Youth



SAY: Who here has heard of ACES?

Adverse Childhood Experiences, or ACEs which represents 10 of the most common types of childhood trauma. It's important to be familiar with these when working with children because the way that potentially traumatic events are handled can have an impact on how traumatized the child is by the incident. I say potentially traumatic events because everyone processes trauma differently. Children can experience the exact same trauma and their response to it will be different for each child. Some children may act out, some will become withdrawn and avoid reminders of the trauma while others may appear to be ok initially only to have trauma symptoms surface at a later time. In addition to the traditional ACEs there are things like community violence, community poverty and neglect, frequent moves, bullying, racism, loss of loved ones,



etc. that all have the potential to be traumatic experiences.

Ask:

Who can guess what percent of kids in Baltimore have experienced at least one ACE?

Answer:

56%

Ask:

Who can guess what percent of kids in Baltimore have experienced at least two ACEs?

Answer:

30%

The effects of ACES go beyond just childhood


For Youth, trauma can lead to problems in all areas of their life. Unintended pregnancy, STDs, drug and alcohol abuse. It can also lead to problems in school and issues getting and keeping a job.

It can also affect people for the rest of their lives in terms of ongoing health problems, and even lead to early death.

ADVERSE CHILDHOOD EXPERIENCES (ACES)

The initial phase of the ACE Study was conducted at Kaiser Permanente from 1995 to 1997. More than 17,000 participants completed a standardized physical examination. No further participants will be enrolled, but medical status of the baseline participants are continuing to be tracked.



	 <p>THE ACES PYRAMID How ACEs influence health and well-being throughout life</p> <p>WHAT DOES AN ACES SCORE MEAN?</p> <p>The number of ACEs was strongly associated with adulthood high-risk health behaviors such as smoking, alcohol and drug abuse, promiscuity, and severe obesity, and correlated with ill-health including depression, heart disease, chronic pain, lung disease, and shortened lifespan.</p>
<p>SAY: Consider the connection with trauma and relation to police. The odds are that the children you will come to interact with will have experienced trauma.</p>	 <p>YOUTH TRAUMA</p> <p>Youth who experience trauma-related difficulties are at an increased risk of coming into contact with police officers, particularly if they live in neighborhoods with violence (these neighborhoods tend to have a larger police presence)</p>
<p>SAY: Take a look at this case study that speaks directly to the trauma our Baltimore Youth experience daily. As you listen, pay close attention to the statistical data it references.</p> <p>ASK: What surprised you from this case study?</p> <p>SAY: The video referenced some astounding data related to Baltimore Youth. According to the</p>	 <p>CASE STUDY 2</p> <p>NOTE: To play the case study, click on the image on the slide. It will take you to a hyperlinked WBAL webpage. Scroll down the page and select the video to play it.</p> <p>STOP the case study at the 1-minute 15-second mark</p> <p>Call on a few volunteers to share their responses</p>

Baltimore Child Abuse Center, 34.2% of children under 17 and under in Baltimore have experienced extreme economic hardship. 13.2% of city youth have been a victim of or witness to neighborhood violence.

SAY: Secondary traumatic stress (STS) refers to a set of psychological symptoms that mimic post-traumatic stress disorder but is acquired through exposure to persons suffering the effects of trauma. Secondary traumatic stress can have ongoing and long term effects on those who deal with individuals experiencing trauma. Your profession puts you at risk of secondary trauma.

Officers, teachers, therapists, social workers often experience STS due to their engagement with children and adults who have experienced trauma. STS/Vicarious Trauma can change a person's belief system or world views. For example, a counselor who works with victims of domestic abuse may start to believe that healthy relationships are impossible.

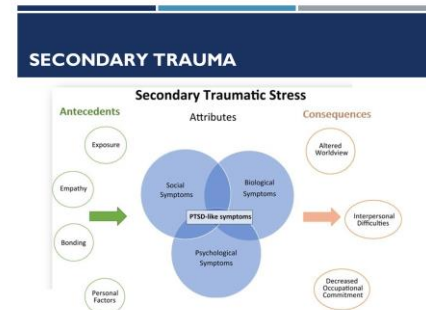
ASK: Do you feel this is true to your experience?

SAY: We must disrupt the cycle of trauma by managing our own symptoms of secondary trauma.

ASK: Which actions are practical for your lifestyle that you can keep secondary trauma at bay? (discuss)

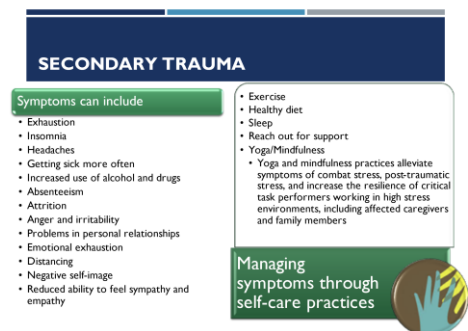
What happens to the brain when a Youth has experienced trauma?

SAY: Let's take a look at the following case study regarding the effects of trauma on brain development. This case study will help you identify the answers to



Call on a few volunteers to share their responses

Slide 20:



Call on a few volunteers to share their responses

(Parts 1 and 2):

This slide has 2 parts...the second part (questions) is hidden by an animation and will be revealed for

the questions we just discussed. As you view the case study, consider those questions and be prepared to discuss them in your groups afterwards.

ASK: What if you were never taught how to regulate your emotions? What if your caretaker suffers from mental illness and that is what you have seen? What if you haven't developed the verbal skills to be able to "say" what the problem is?

SAY: At your table groups, discuss these three questions together and be prepared to share your answers. I'll give you about 3-5 minutes to discuss. You may begin.

the group activity.

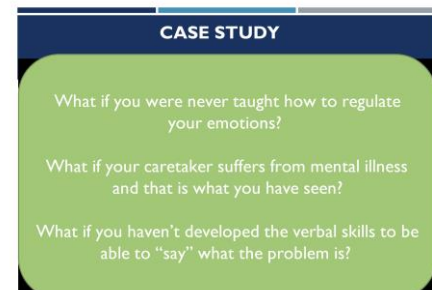
Part 1:



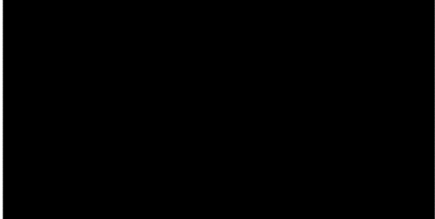
To play the case study, select the "play" icon shown over the image.

NOTE: *Reveal the questions by clicking on the mouse to reveal the animation*

Part 2:



The facilitator should utilize the Management By Walking Around Strategy to listen to group discussions, answer any questions posed, and provide prompts to guide their thinking.

<p>SAY: Ok, please share what your group discussed. Let's start with the first question.</p> <p>ASK: What if you were never taught how to regulate your emotions?</p> <p>ASK: What if your caretaker suffers from mental illness and that is what you have seen?</p> <p>ASK: What if you haven't developed the verbal skills to be able to "say" what the problem is?</p>	<p>Desired Responses: You will have trouble regulating your own emotions!</p> <p>Desired Responses: You will think that is "normal" behavior</p> <p>Desired Responses: You may "act out" and engage in problem solving that is unproductive.</p>
<p>Say: As you watch this case study, think about how trauma could affect the way that this young person perceives the police officer approaching her:</p> <p>Ask: How do you see the "upstairs" and "downstairs" concept of the brain at play here?</p> <p>Was the officer successful in de-escalating the situation? Why not?</p> <p>What could the officer have done better?</p> <p>Say: Let's see that again, with those suggestions:</p>	 <p>Desired Responses: She overreacts to the officer reaching out to touch her, even though there's no threat.</p> <p>She's not thinking logically, her instincts are taking over.</p> <p>No, she didn't trust him and didn't comply with his instructions</p> <p>Listened to her, kept his distance, kept calm</p>

Ask:

What was better this time?

Explain this in the concept of “upstairs” and “downstairs” brain



Desired response:

The officer was able to gain compliance because she trusted him and he stayed calm as well.

By calming her down, she was able to think logically and realize that the officer was just there to keep her safe.

SAY: Youth have different levels of stress tolerance and may experience trauma differently. Because the way that potentially traumatic events are handled can have an impact on how traumatized the child is by the incident. I say potentially traumatic events because everyone processes trauma differently.

Children can experience the exact same trauma and their response to it will be different for each child.

ASK: What are some ways children may react to trauma?

SAY: Some children may act out, some will become withdrawn and avoid reminders of the trauma, while others may appear to be ok initially only to have trauma symptoms surface at a later time

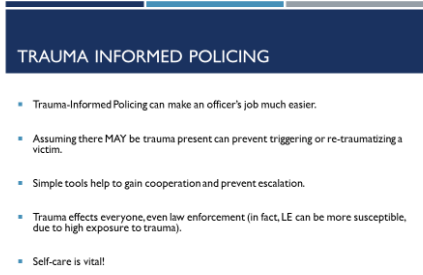
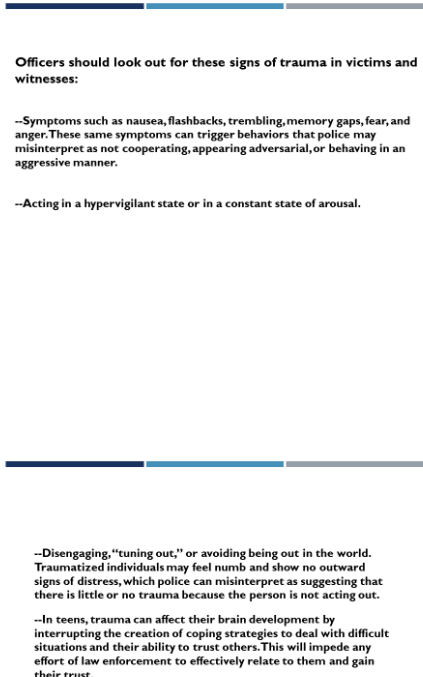
Traumatized youth tend to be hypervigilant and hypersensitive to perceived threats, and they may overreact, even violently. Consider this when

STRESS TOLERANCE & TOXIC STRESS



Desired Responses:

- Act out
- Be withdrawn
- Appear “ok”, but really not
- Overreact to minute situations

<p>observing youth behavior in the potentially traumatic situations you may find them in.</p> <p>Ask: Did you see “overreaction” in that video?</p> <p>What was the right way for the officer to address it?</p>	<p>Desired response: Yes. She said “stop hitting me” when he barely touched her.</p> <p>Give her space and stop touching her unnecessarily.</p>
<p>Instructor: Now we’re going to discuss how this informs your job as police, and how you can use this information to have safer and more productive interactions.</p>	 <p>TRAUMA INFORMED POLICING</p> <ul style="list-style-type: none"> ▪ Trauma-Informed Policing can make an officer's job much easier. ▪ Assuming there MAY be trauma present can prevent triggering or re-traumatizing a victim. ▪ Simple tools help to gain cooperation and prevent escalation. ▪ Trauma affects everyone, even law enforcement (in fact, LE can be more susceptible, due to high exposure to trauma). ▪ Self-care is vital!
<p>Ask: How do you know if a person is traumatized? Here are some physical signs to look out for:</p> <p>Ask: Given what you know about teenage brain development, how do you think that trauma may uniquely affect the teen brain?</p>	 <p>Officers should look out for these signs of trauma in victims and witnesses:</p> <p>--Symptoms such as nausea, flashbacks, trembling, memory gaps, fear, and anger. These same symptoms can trigger behaviors that police may misinterpret as not cooperating, appearing adversarial, or behaving in an aggressive manner.</p> <p>--Acting in a hypervigilant state or in a constant state of arousal.</p> <p>--Disengaging, “tuning out,” or avoiding being out in the world. Traumatized individuals may feel numb and show no outward signs of distress, which police can misinterpret as suggesting that there is little or no trauma because the person is not acting out.</p> <p>--In teens, trauma can affect their brain development by interrupting the creation of coping strategies to deal with difficult situations and their ability to trust others. This will impede any effort of law enforcement to effectively relate to them and gain their trust.</p>

Say:

Realizing that a youth's response to a confrontation may be informed by their experiences is important in understanding their actions.

TRAUMA-INFORMED CARE (TIC) PROVIDES A NEW MODEL UNDER WHICH THE BASIC PREMISE FOR ORGANIZING SERVICES IS TRANSFORMED



Ask: Does telling a person to “calm down” ever work?

Usually it just makes the person angrier.

Active listening can be helpful in these situations, although it does take time.

Taking the time to allow the Youth to speak their mind can be really helpful in building rapport and trust.

(Note: need to talk to command staff about getting buy-in for spending more patrol time on these calls, was mentioned by Sgt. Smith during his training that people were on board with this already).

EVEN A MOMENT OR TWO MAKES ALL THE DIFFERENCE

- Officers should allow-if possible-the traumatized person to vent about his or her feelings and then reflect back on those feelings.
- Listen attentively with a non-judgmental demeanor.
- Approach victims by asking, "What has happened to you?" instead of "What is wrong with you?"

(Nero.org building trust through trauma-informed policing)



This may seem like a lot of work up front. But it really can make your life easier in the long term.

HOW DOES TRAUMA-INFORMED PRACTICE HELP MAKE POLICE WORK EASIER?

Safety	Choice	Collaboration	Trustworthiness	Empowerment
Ensuring physical and emotional safety	Individual has choice and control	Meaning, relevance with the individual and sharing power	Task clarity, consistency, and transparent boundaries	Providing empowerment and self-building
Common areas are welcoming and promote the individual's rights and responsibilities	Individuals are provided a clear and understandable message about their rights and responsibilities	Individuals are provided a significant role in planning and evaluating services	Respectful and professional boundaries are maintained	Providing an atmosphere that allows individuals to feel safe and secure and affords with them and every service in the agency

- You are **more likely** to get cooperation from citizen.
- You are **less likely** to escalate the citizen.
- You are **less likely** to add trauma to someone who may already have experienced it, leading to better future outcomes with the same citizen.

Ask: Who here has had to go back to the same house more than once before?

<p>What makes these interactions particularly difficult?</p> <p>What can make them easier?</p>	<p>Complicated family dynamics, emotions are high, takes a long time</p> <p>Having trust so that when you respond, you will get compliance faster and because you know the history already.</p>
<p>“Mom is in there with a knife cutting herself”</p> <p>What did the officer do that was successful in de-escalating the interaction?</p> <p>What are the effects of the interaction on the daughter?</p> <p>Could this be traumatizing?</p> <p>How did the officer minimize it?</p>	<div data-bbox="985 617 1412 911"> <p>CASE STUDY</p>  <p>https://www.youtube.com/watch?v=KMLUp46LXbC&feature=youtu.be</p> </div> <p>Answers: He took his time Addressed her by her name Remained calm</p>
<p>This video shows two different approaches to a Youth who appears to be on the autism spectrum. How do you know? Speech appears to be impaired</p> <p>Officers appear to know him, say that they’re going to take his medicine.</p>	<div data-bbox="985 1457 1412 1709"> <p>CASE STUDY</p>  <p>https://www.youtube.com/watch?v=XiPhoXudG-I&feature=youtu.be</p> </div>

<p>Ask: What are the differences between the two officers' approaches?</p> <p>Ask: What happens after the second officer starts talking to him?</p> <p>And then when the first officer returns, what happens?</p>	<p>Desired Response: Officer 1- calm, sits him down, builds rapport and seems to calm him down.</p> <p>Officer 2- then the second officer comes in, and demands: "You ARE going to go to the hospital, You HAVE to go You've done this TOO many times"</p> <p>Youth gets agitated</p> <p>Youth calms down and complies First officer: take your medicine, and we will put the handcuffs away, and avoid all of this.</p>
<p>ASK: What is de-escalation?</p> <p>Prompt remaining answers from slide if participants don't mention them in their answers</p> <p>ASK: How can you apply principles from defense tactics to de-escalating behavioral health crises?</p> <p>Answer: Distance + Cover = Time</p>	<div data-bbox="995 951 1412 1018"> WHAT IS DE-ESCALATION? </div> <ul style="list-style-type: none"> ■ Attempting to reduce the intensity ■ prevent conflicts from escalating ■ intervene in situations that have already reached a crisis level ■ Ascertain what tactic will help the person de-escalate ■ Get the person to the next step <ul style="list-style-type: none"> * calmed down enough for you to complete the call * to current treatment provider or family member * Emergency Petition if needed (last resort) <div data-bbox="995 1404 1412 1474"> TACTICAL VS. BEHAVIORAL HEALTH </div> <ul style="list-style-type: none"> ■ What have you learned about de-escalation and tactical communication in ICAT? ■ DISTANCE ■ Plus ■ COVER ■ Equals ■ TIME
<p>ASK:</p>	

How would you define a crisis?

If a parent calls you because her 12 year old child won't go to school, is that a crisis?

Of if a 12 year old is upset because her mom took away her phone? She lashed out at mom, and mom called you.

Answer:

If the person thinks it's a crisis, it's a crisis! Even if it seems minimal to you, to the person experiencing the event, it is a crisis, and it needs to be treated as such.

ASK:

We talked about intellectual and behavioral health disabilities. How can these lead to a crisis?

Answer:

These issues can inhibit rational responses.

Many ACES factors can also lead to agitation, in addition to medical issues.

Here are some strategies that can help.

WHAT IS A CRISIS?

- Person's ability to cope is exceeded (where else have we used this definition in this training?)
- Emotional reaction and subsequent behavior make the situation a crisis, not the facts of the situation.
- *If a person feels he or she is in crisis, He or she is in crisis.*

WHAT MAY LEAD TO A CRISIS?

- Psychosocial
- Mental health issue
- Medical/biological issue

OTHER FACTORS THAT MAY LEAD TO AGITATION

- Medical issue (i.e., neurological changes)
- Medication changes/instability
- Substance use/substance withdrawal
- Family conflict
- Acute stressor
- Traumatic loss
- Trauma trigger/re-experiencing

Active listening and rapport building are extremely important in these types of situations.

Diffusing emotions (going from upstairs to downstairs brain, refer back to video) is essential for allowing the Youth to think rationally.

Figuring out how to solve the problem and offering practical solutions can be very calming and helpful to a Youth in a behavioral crisis.

ENGAGEMENT, RAPPORT BUILDING

- Introduce self, state purpose
- Provide Structure (Reduce external stimuli)
- Allow for venting without interrupting.
- Convey genuine empathy by gaining understanding of the subject's situation.
- Recognize & Acknowledge crisis
- Address Relevant Questions
- Provide short, direct answers
- Provide legitimate support

INFORMATION GATHERING AND PROBLEM IDENTIFICATION

- Diffuse emotions before moving to problem-solving.
- Have patience
- Ask open-ended questions – questions that stimulate the subject to talk. –What, Where, How, When
- Ask one question at a time
- Clarify and Reframe problem
- Validate feelings and concerns
- Make appropriate concessions.

RESOLUTION/PROBLEM SOLVE

- Play yourself down and ask for their help
- Ask Client how they would like to resolve situation
- Ask about natural Resources. Remind of resilience
- Reinforce calm behavior
- Reframe cooperation as a show of strength and intelligence
- Offer Resources

YOUTH DE-ESCALATION STRATEGIES

SAY:

Our body language communicates as much, if not more, than our words.

Instructor: tap foot, look annoyed, look at watch.

Ask: what is my body language communicating to you?

Answer: that I'm bored and don't want to be here!

Youths are very sensitive to body language, so make sure that you are communicating in a way that de-escalates.

For example, give the Youth space- as we showed in the video, crowding the Youth and touching (even if just a pat on the shoulder) can be seen as threatening

Ask: When you're mad, how do you feel when someone tells you to CALM DOWN?

Answer: Not calm! Giving the youth the chance to vent can be enormously helpful.

So can accurately labeling their feelings "it sounds like you're really angry!" They'll tell you if you're wrong! If you summarize, it can make them feel heard.

Make sure you tell them what is happening, to the extent you can. Kids need predictability and that's helpful in de-escalating.

SAY: Many youths have trouble trusting authority. Don't make promises you can't keep, as that will immediately destroy whatever trust you've built up.

BODY LANGUAGE / PHYSICAL SPACE

- Non threatening stance – open but not vulnerable
- Remove distractions, upsetting influences
- Be conscious of concealed hands.
- Be sensitive to personal space/comfort zone
- Avoid too close, too fast, too soon.
- Eye contact – not constant, brief to show concern
- Movement – not sudden, announce actions when possible
- Limit interaction to just the contact officer

VERBAL

- Keep them talking/focused in the here and now
- Commands – Brief, Slow, only as loud as needed, Repeat as needed
- Model desired voice tone
- Restate important thoughts, feelings. Accurately label emotions
- Acknowledge their delusions/hallucinations and feelings are real to them
- Don't interrupt, correct mistakes, give advice, or tell your own story
- Use positive reinforcement
- Tell person in advance of what you're planning to do and why, or ask permission before doing something to assist
- Summarize Periodically
- *Silence is Golden*

Even if you want something to be true, don't paint an overly rosy picture of the situation, because that just sets up the youth for major disappointment.

Respect goes a long way in these types of interactions.

SAY: How do you feel when someone is "overly helpful"? It's almost rude at that point! Or when someone speaks to you really slowly, to the point where they must think you're unintelligent. You don't want to go too much in either direction.

The way you talk to youths today is the way they'll remember police in the future. So try to model calm and build rapport, and manage your own emotions at the scene as well.

SAY: Resiliency research has shifted us to this question, "Why do many young people do well despite the negative environment in which they live- the risk factors they have to face?"

Much of this research is based on longitudinal studies that have followed groups of individuals over years from childhood to adulthood.

Resiliency helps young people develop positively, even despite the worst circumstances. Higher levels of resiliency typically lead to more positive youth

ATTITUDE/APPROACH

- Attitude – Calm, Interested, Firm, Patient, Reassuring, Respectful, Truthful
- Honesty – Promise only what you can deliver
- Respect
- Avoid rushing – Slow things down
- Ignore rather than argue
- Set limits if necessary
- Know yourself; what makes you uncomfortable and how you might convey your feelings.
- Put your pride aside.

FINDING THE BALANCE

NOT HELPFUL	HELPFUL	NOT HELPFUL
Annoyed	Calm, polite	Overly solicitous, which can appear condescending and insincere
Rushed	Even pace	Slow pace, which can seem as though you think they are unintelligent
Having to help but not wanting to	Genuinely wanting to help	Pretending to be sincere
Inattentive	Interested, attentive	Overly friendly and animated
Muttering, talking under your breath	Clear enunciation	Excessive enunciation, as though talking to a child

REMEMBER:


- You are the lever
- YOUR ACTIONS COUNT
- They contribute to the outcome, and may in fact determine the outcome
- Your biggest tool and asset is building rapport with the subject at the scene.
- Your actions model:
 - Calm
 - Persistence in the face of difficulty
 - Respect for someone else's suffering

YOUTH RESILIENCY



Helps young people develop positively, even despite the worst circumstances.
Higher levels of resiliency = more positive youth outcomes.



<p>outcomes. However, where we may be able to have an impact are the developmental assets in a child's life that help them grow.</p> <p>SAY: Take a moment to review the 40 Developmental Assets for some examples. Remember when you were that age and mark an X by which assets you had in your life.</p> <p>ASK: How did these assets help you succeed? (discuss)</p> <p>ASK: Do you see the youth in the community with more or less assets than you had?</p> <p>ASK: How might that affect their development?</p>	<p><i>Pass out Appendix A - Developmental Assets Worksheet and give students time to review it.</i></p> <p><i>Call on a few volunteers to share their responses</i></p> <p>Desired Response: Less</p> <p>Desired Response:</p>
<p>SAY: I hope you have gained additional insight regarding how trauma impacts our Youth here in Baltimore and can use the strategies provided to build a good rapport with them.</p>	

APPENDIX A

Developmental Assets Activity



40 Developmental Assets® for Middle Childhood (ages 8-12)

Search Institute® has identified the following building blocks of healthy development—known as Developmental Assets®—that help young people grow up healthy, caring, and responsible.

External Assets	Support	<ol style="list-style-type: none"> 1. Family support—Family life provides high levels of love and support. 2. Positive family communication—Parent(s) and child communicate positively. Child feels comfortable seeking advice and counsel from parent(s). 3. Other adult relationships—Child receives support from adults other than her or his parent(s). 4. Caring neighborhood—Child experiences caring neighbors. 5. Caring school climate—Relationships with teachers and peers provide a caring, encouraging environment. 6. Parent involvement in schooling—Parent(s) are actively involved in helping the child succeed in school.
	Empowerment	<ol style="list-style-type: none"> 7. Community values youth—Child feels valued and appreciated by adults in the community. 8. Children as resources—Child is included in decisions at home and in the community. 9. Service to others—Child has opportunities to help others in the community. 10. Safety—Child feels safe at home, at school, and in his or her neighborhood.
	Boundaries & Expectations	<ol style="list-style-type: none"> 11. Family boundaries—Family has clear and consistent rules and consequences and monitors the child's whereabouts. 12. School boundaries—School provides clear rules and consequences. 13. Neighborhood boundaries—Neighbors take responsibility for monitoring the child's behavior. 14. Adult role models—Parent(s) and other adults in the child's family, as well as nonfamily adults, model positive, responsible behavior. 15. Positive peer influence—Child's closest friends model positive, responsible behavior. 16. High expectations—Parent(s) and teachers expect the child to do her or his best at school and in other activities.
	Constructive Use of Time	<ol style="list-style-type: none"> 17. Creative activities—Child participates in music, art, drama, or creative writing two or more times per week. 18. Child programs—Child participates two or more times per week in cocurricular school activities or structured community programs for children. 19. Religious community—Child attends religious programs or services one or more times per week. 20. Time at home—Child spends some time most days both in high-quality interaction with parents and doing things at home other than watching TV or playing video games.
Internal Assets	Commitment to Learning	<ol style="list-style-type: none"> 21. Achievement Motivation—Child is motivated and strives to do well in school. 22. Learning Engagement—Child is responsive, attentive, and actively engaged in learning at school and enjoys participating in learning activities outside of school. 23. Homework—Child usually hands in homework on time. 24. Bonding to school—Child cares about teachers and other adults at school. 25. Reading for Pleasure—Child enjoys and engages in reading for fun most days of the week.
	Positive Values	<ol style="list-style-type: none"> 26. Caring—Parent(s) tell the child it is important to help other people. 27. Equality and social justice—Parent(s) tell the child it is important to speak up for equal rights for all people. 28. Integrity—Parent(s) tell the child it is important to stand up for one's beliefs. 29. Honesty—Parent(s) tell the child it is important to tell the truth. 30. Responsibility—Parent(s) tell the child it is important to accept personal responsibility for behavior. 31. Healthy Lifestyle—Parent(s) tell the child it is important to have good health habits and an understanding of healthy sexuality.
	Social Competencies	<ol style="list-style-type: none"> 32. Planning and decision making—Child thinks about decisions and is usually happy with results of her or his decisions. 33. Interpersonal Competence—Child cares about and is affected by other people's feelings, enjoys making friends, and, when frustrated or angry, tries to calm her- or himself. 34. Cultural Competence—Child knows and is comfortable with people of different racial, ethnic, and cultural backgrounds and with her or his own cultural identity. 35. Resistance skills—Child can stay away from people who are likely to get her or him in trouble and is able to say no to doing wrong or dangerous things. 36. Peaceful conflict resolution—Child seeks to resolve conflict nonviolently.
	Positive Identity	<ol style="list-style-type: none"> 37. Personal power—Child feels he or she has some influence over things that happen in her or his life. 38. Self-esteem—Child likes and is proud to be the person that he or she is. 39. Sense of purpose—Child sometimes thinks about what life means and whether there is a purpose for her or his life. 40. Positive view of personal future—Child is optimistic about her or his personal future.