

# THE BADGE AND THE BATTERED:

A Family Crisis Intervention Training  
Manual For Law Enforcement Agencies



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Training project between Saint Elizabeths Hospital  
Metropolitan Police Department, Washington, D.C.



# **THE BADGE AND THE BATTERED:**

**A Family Crisis Intervention  
Training Manual for  
Law Enforcement Agencies**

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NCJRS

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ACQUISITIONS

THIS TRAINING MANUAL IS DEDICATED TO  
MORTON BARD, Ph.D., WHO SET THE FOUNDATION  
FOR WORK SUCH AS OURS.

**THE FAMILY CRISIS INTERVENTION TRAINING PROGRAM DESCRIBED IN THIS MANUAL IS OFFERED AS A SAFE AND EFFECTIVE METHOD FOR INTERVENING OFFICERS TO BETTER HANDLE DOMESTIC DISTURBANCE CALLS, WHETHER OR NOT AN ARREST IS MADE. HOWEVER, THIS PROGRAM WAS NOT DEVELOPED, NOR IS IT INTENDED, TO DISCOURAGE OFFICERS FROM MAKING ARRESTS WHEN LAWFUL AND APPROPRIATE.**

This training project has been a joint venture between Saint Elizabeths Hospital (a federal mental health facility located in Washington, D.C.) and the Metropolitan Police Department, Washington, D.C.

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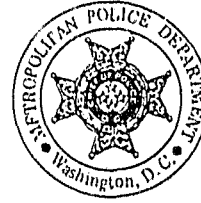
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Law Enforcement Agencies**

Edited by Dale Richard Buchanan and Officer Janet Hankins

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MAURICE T. TURNER, JR.  
CHIEF OF POLICE



As the chief administrator of the Metropolitan Police Department, I have emphasized training as a path toward a more effective delivery of police services. Our partnership with Saint Elizabeths Hospital in development of the curriculum for the crisis intervention training has reaffirmed my belief in effective training.

I am convinced that our officers are providing more sensitive intervention; and as a result, are more capable in handling family disturbances. The significant reduction in assaults on police officers is a direct result of this new competence.

The Metropolitan Police Department wishes to extend special thanks to Dr. William H. Dobbs, former superintendent of Saint Elizabeths Hospital, for his valuable contribution during the formative years of our project. Without his support, the high standard we have achieved would not have been possible.

Maurice T. Turner Jr.  
Chief of Police

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## Introduction

Officer Janet Lansing Hankins & Dale Richard Buchanan

**E**very agency, especially in the law enforcement field, has unique problems, capabilities, resources and goals that must be taken into consideration when implementing a new program. While we have found our program to be quite successful, we offer this publication only as a guideline so that other organizations may benefit from our experiences.

Additionally, we would like to make some specific points that we feel can influence the success of a family disturbance/crisis intervention program. They are:

Support for your program must flow from the top, through the ranks to the first line supervisors. A modified training program for the top levels of management provides an education process; however, all street level supervisors should receive the full training.

Responsibility for the program should not rest on only one or two people. Staff turnovers, promotions and policy changes can easily distract the direction of the program. Create a governing board that includes top police and hospital (or other agency) personnel and those individuals doing the actual work. The board should meet periodically to work out any problems between the agencies and to keep the program on target. Staffing is very important throughout the program. The individual who is best at developing your program might not make the best instructor or the best evaluator.

While this is a police program, personnel from outside agencies, such as community mental health centers or universities, should be invited to participate in the planning and implementation of the program. Once the broad organizational goals of your program have been set, community based agencies can provide a wealth of information and expertise that can be channeled into the type of training most effective for your agency.

As police officers are, by nature, resistant to change, experienced officers are more receptive to the training if they are taken out of the police environment. Attending the training at a non-police facility, such as a community mental health center or university classroom, in civilian

attire breaks down some of the barriers that officers place around themselves.

Evaluation procedures should be instituted early in the program. At a minimum, weekly evaluations from the officers should be obtained. Quarterly meetings of the instructional staff should be scheduled. The meetings will help to form a cohesive training staff, and the evaluations will help ensure that the training program is achieving its goals.

Publicizing the program both internally and externally sensitizes the officers to the new emphasis being put on an old problem and lets the community know that their police department is making improved efforts in addressing their needs.

An annual appreciation day for all faculty and volunteers gives renewed zeal (especially for volunteers) and promotes enthusiasm among the trainers. It is suggested that you sponsor a brief program, with certificates of appreciation and a luncheon with a brief speech from an important member of the community. There should be adequate time for socializing.

The authors believe that crisis intervention training can reap many benefits; not only in the area of family disturbance, but in the entire scope of law enforcement duties. As the role of the police officer evolves, police agencies must begin to focus training on those skills that will provide the officer with the tools necessary to deal with emotionally charged situations in the safest and most effective manner possible.

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## **Police Response to Family Violence**

**Officer Janet Hankins**

Officer Hankins has been involved in the area of police response to domestic violence since 1975. In this chapter she discusses why and how the Metropolitan Police Department's Family Disturbance Intervention Program was developed.

In 1978, a study was commissioned by the Chief of Police of the Metropolitan Police Department, Washington, D.C. (MPDC), to address the problem of family violence. This order came at a time when national public sentiment demanded a review of law enforcement's approach to a major and sensitive issue. Special interest groups continually accused police officers of being disinterested in domestic calls, implying that the predominantly male law enforcement agencies saw nothing wrong with a husband physically abusing his wife. Additionally, due to the high number of police officers injured while handling domestic disputes, police officers were further alleged to have avoided the "dangerous" call.

The initial reaction of the MPDC was that not only did our officers uphold their oath to protect the citizens of the District of Columbia, regardless of the relationship of the assailant to the victim; but as any police observer can attest, the more dangerous the call, the greater the interest of police officers responding. However, since the MPDC had no clear cut policy on handling family dispute calls and as there was no readily available information on the scope of the problem, a research study was deemed necessary.

The results of this study indicated the following:

- 1) available data indicated a significant proportion of homicides involved domestic relationships;
- 2) disturbance calls accounted for the third highest number of police deaths nation-wide (in 1981, it was the number one cause);
- 3) nationally, more police officers were injured when responding to disturbance calls than any other type of call (this remains true today); and
- 4) national attention to the problem of domestic assaults focused unfavorable criticism on police departments.

Based on the above conclusions, the MPDC instituted the Family Disturbance Intervention Program (FDIP) in January 1979. This program, which had the primary goals of reducing injury to our officers, providing better service to the citizens and collecting data on this particular type of service call, was designed to address three main areas: data gathering, referral and training.



Our data gathering was initially handled through the use of a specifically designed form that allowed for the opinions of the reporting officer as well as the facts. This form was considered cumbersome on the part of the street officer and compliance was low. Subsequently, this form has been abolished. A good deal of our information is now being captured through our computer assisted dispatching, and our standard reporting form is in the process of revision to allow for the inclusion of all pertinent data in every disturbance call, even if it is reported as an offense.

A network, consisting of both government and private non-profit organizations, was developed to provide appropriate referrals for the victims of domestic disturbances. Professional treatment of the root causes, in lieu of the band-aid approach during emotionally charged confrontations, was intended not only to assist the citizen, but also to reduce repeat calls for service.

As it was determined that the reluctance on the part of police officers in regard to family disturbance calls was due to their lack of knowledge and training rather than fear, a crisis intervention training course was to become a major portion of the FDIP. In an effort to fulfill its responsibility of providing its officers with the necessary tools to accomplish their tasks, the MPDC sought to develop the most effective and comprehensive training possible. Recognizing our limitations, Saint Elizabeths Hospital's (SEH) Psychodrama Section was approached for guidance and assistance.

As with any significant change within a police department, acceptance tends to be slow in coming, and the FDIP has been no exception. However, the crisis intervention training has been enthusiastically accepted by the majority of our officers. Many veteran officers have commented that this has been the most vital training they have received and only regret that it had not come earlier in their careers.

Periodic review of any program is essential in order for it to remain timely and effective. From its inception, a watchful eye has been kept on this relatively uncharted area of police intervention, with the goal of developing spin-off programs as the need becomes apparent.

It must be noted that the original study on family violence would not have been as accurate or as comprehensive without the sharing of knowledge and expertise with this author by Lydia Egan, who at the time was the coordinator of the Task Force on Abused Women, Women's Legal Defense Fund. Further, if it had not been for the insight of former Chief of Police, Burtell M. Jefferson, the support of Chief Maurice T. Turner Jr., the tenacity of Deputy Chief James P. Shugart and the ever continuing guidance from Dale Richard Buchanan, Chief of the Psychodrama Section, this innovative program and its success would not have been realized.

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## **The Evolution of a Program: The D.C. Metropolitan Police Family Crisis Intervention Training Project**

Monica L. Callahan, Ph.D.

The author provides the historical context in which the training was begun, and some of the key figures and features in the early days of our training program. It is important to note that several previous attempts at establishing a family crisis intervention program failed prior to the training program as described in this manual.

**T**he D.C. Metropolitan Police Family Crisis Intervention Training Project began with a painful realization. In the District of Columbia, as in other major cities throughout the country, a high percentage of assaults on police officers occur during so-called "family disturbance" calls. According to national statistics for 1976 (Federal Bureau of Investigation, 1977), these calls were the leading cause of police injuries and the third most frequent cause of police deaths. Family disturbances are often dreaded by officers for understandable reasons: in addition to the unpredictability of such disturbances, there are few standard police procedures pertaining to these situations, and many police training academies offer little if any training in the skills needed to handle them. Despite officers' reluctance to deal with family disturbances, they are frequently forced to by an increasing escalation of conflict, ending at times in tragedy.

In July 1978, the D.C. police department's (MPDC) Community Relations Division released a study (Lansing, 1978) of the department's effectiveness in handling domestic dispute calls with respect to officer safety and the needs of the community. While hampered by the unavailability of relevant statistical data, the report called attention to the high incidence of domestic violence in the District of Columbia and the resulting dangers to officers and citizens alike. Officers "are given little policy, guidance, or formal training beyond the basic steps of separating the combatants, defusing the immediate situation and returning to duty. This forces the individual officer to rely on his own personal experience, attitudes and prejudices in dealing with domestic disturbances. There is no reason to believe that police officers, as a group, possess special insight into this problem without receiving appropriate training" (p. 3). The report also pointed out the inadequacy of community resources, the lack of effective referral mechanisms, and the common image of police as insensitive, which discourages the reporting of domestic violence. The study concluded with a series of recommendations which were forwarded to the Chief of Police:

- 1) that the Department establish intensive crisis intervention training for recruits and experienced officers at all levels, to be provided by Saint Elizabeths Hospital;
- 2) that the Department establish procedures for collecting comprehensive data on domestic disputes; and
- 3) that the Department develop well-defined policy and procedures concerning domestic disturbance calls, including instructions for making appropriate referrals.

By the time of the above study, preliminary steps had already been taken by the D.C. Metropolitan Police Department to obtain training and consultation from a Division of Saint Elizabeths Hospital, the Area D Community Mental Health Center (Area D, CMHC). Twelve officers from the 6th and 7th Districts had completed a five-session course on "Crisis Intervention in the Family." And for nine weeks, a pilot "crisis center" was established at the 7th District Community Services office, where Area D, CMHC staff volunteers were available during evening hours to answer crisis calls, consult with officers, make referrals, and, if necessary, meet with persons in crisis (Gillem, 1978). In addition, one officer had attended a summer training program in the Psychodrama Section. These initial efforts met with limited success, due to the need for further groundwork, the short duration of the projects, and the sheer complexity of the problem. In addition, officers did not seem receptive to a strictly theoretical approach to training given the active nature of their work. It was concluded that there needed to be a larger scale effort involving several agencies and including an evaluation component, action-oriented training methods, and efforts to build better working relationships between the police and other agencies such as the Hospital.

The Community Relations Division study led the police department to request Saint Elizabeths Hospital's assistance in developing a training program in family crisis intervention for the entire police force. Upon consideration, the Hospital's administrators agreed that Saint Elizabeths had a clear responsibility to provide this vitally needed service. Superintendent Charles Meredith, M.D. turned over complete responsibility for the project to William H. Dobbs, M.D., then Director of the Hospital's Overholser Division of Training. He, in turn, contacted the Psychodrama Section, in light of its long history of conducting training with various law enforcement agencies (Buchanan, 1981). Monica L. Meerbaum (Callahan) from the psychodramatic staff, who was writing her doctoral dissertation on a psychodramatic model of police crisis intervention training (Meerbaum, 1981), agreed to coordinate the initial stages of planning and implementing the training program. She would be joined by Sergeant Patricia Alexander of the MPDC Training Division, who became co-coordinator of the project.

It was clear from the start that the program, to be optimally effective, needed to be a cooperative effort involving the exchange of knowledge and skills among trainers, administrators and participants. Furthermore, neither the police department nor Saint Elizabeths Hospital—nor any community agency, for that

matter—had the resources to conduct such a project alone. With these considerations in mind, a joint Curriculum and Evaluation Committee was set in motion, chaired by Ms. Meerbaum and including staff from the MPDC Training Division, a representative from community agencies dealing with family abuse, and Saint Elizabeths Hospital staff from a variety of disciplines—psychiatry, psychology, nursing, psychodrama, family therapy and social work. A research associate, Ms. Karen Zuspan, was given the responsibility of developing an evaluation plan, and a governing superstructure was established, known as the Joint SEH-Police Coordinating Group, which was to meet regularly throughout the duration of the project.

#### **Development of the Training Model**

In November 1978, the Curriculum and Evaluation Committee began exploring existing models of police family crisis intervention training through literature searches, correspondence with other police departments, and the observation of a four-day crisis intervention workshop for police recruits at the Woodburn Mental Health Center, sponsored by the Northern Virginia Criminal Justice Academy (Peltz, 1980). In addition, Ms. Meerbaum and Sgt. Alexander attended a course in crisis intervention conducted by retired police Lieutenant James H. Ahrens.

The project evaluator initiated a survey of all "master patrolmen" (experienced officers officially recognized for their superior performance) as a way of assessing officers' specific training needs (Zuspan, Meerbaum & Dobbs, 1979). The results of the survey were quite informative. According to the officers who responded (44 out of 88), the three most frequent incidents, on the average, were the general domestic disturbance, the physical abuse of wives/girlfriends, and situations involving alcoholics. Two of these incidents also ranked high in reported difficulty of management: the general domestic disturbance and the physical abuse of wives/girlfriends. When asked why such situations were difficult, officers gave the following reasons most frequently;

- (1) Unpredictability and the potential for violence,
- (2) The difficulty of communicating with people during crises,
- (3) The absence of specific guidelines,
- (4) Uncertainty as to what officers can and cannot do, and
- (5) The lack of time to follow up on an intervention.

When officers were asked what skills or resources would be helpful in coping with these situations, the most frequent suggestion was a list of agencies with phone numbers to facilitate referrals. Other responses included: courses in mental illness, a better understanding of different cultures, "do's" and "don't" in family crisis intervention, training in safety and awareness, communication skills for dealing with disturbed people, and ways of gaining citizen trust and confidence.

Based on the results of the survey, along with a review of other training programs, needs of the community, and existing resources, the Curriculum and Evaluation Committee developed the following set of overall program goals and more specific training goals:

*Overall Program Goals:*

- (1) To reduce the incidence of violence in domestic situations by improving police officers' awareness, knowledge, attitudes, confidence and skills in the area of family crisis intervention.
- (2) To promote the constructive resolution of domestic crisis situations and thereby prevent their recurrence.
- (3) To test the effectiveness of an intensive, 40-hour training workshop for experienced officers and recruits.

*Training Goals*

- (1) To introduce participants to crisis intervention techniques that can help make their work safer and more effective in reducing violence and repeat calls.
- (2) To introduce participants to ideas about crisis, stress, family systems and communication that relate to participants' work and can help them select effective approaches to family crisis and disturbance situations.
- (3) To teach things that officers might look for in these situations to prevent further violence, recognize crisis symptoms, select effective responses, and make effective referrals to appropriate community agencies.
- (4) To provide opportunities for participants to discuss with each other their ideas and approaches to family crisis and disturbance, the stress they face, and how they cope with it.
- (5) To provide opportunities for the exchange of ideas and approaches between police officers and mental health professionals pertaining to family crisis and disturbance situations.
- (6) To provide information about agencies to which officers may make referrals and to provide opportunities for interchange with personnel from these agencies.

It was decided that each training session would consist of one full week and that a series of five sessions would be conducted as a pilot project, with time between sessions to make changes in the curriculum based on evaluations by participants and trainers. Each training week was to consist of a programmed series of segments, termed "modules," concerning the following recommended topics:

- (1) Theoretical foundations—crisis intervention, family systems theory;
- (2) Safety precautions techniques;
- (3) Communication skills—listening, interviewing, reading nonverbal cues to emotion and impending action, self awareness;
- (4) Defusing techniques for de-escalating conflict;
- (5) Conflict management techniques—mediation, arbitration, negotiation;
- (6) Referral skills and resources;

- (7) Police department policy, requirements, and procedures for family disturbance situations and other family crises involving mental illness, child abuse, substance abuse;
- (8) Specific family crises—e.g. emergency psychiatric hospitalization, child abuse and neglect, spouse abuse;
- (9) Cultural issues and attitudes related to family crisis intervention; and
- (10) Coping with job stress, burnout, role conflict, strong emotions, areas of personal vulnerability.

The curriculum for the training week was designed with the following principles in mind:

- (1) The importance of action methods, such as role playing, as a way of maximizing learning and the application of what is learned to the work setting;
- (2) The effectiveness of utilizing a diversity of training techniques, including lectures, discussion, films, videotape feedback, and role playing;
- (3) The importance of maintaining a small group format, to maximize involvement and opportunities for active participation;
- (4) The need for flexibility, especially during the pilot project—e.g., tailoring modules to the particular composition and dynamics of different groups, as well as modifying the curriculum in response to evaluation results; and
- (5) The importance of establishing a sequence of modules that respects group development and dynamics—e.g., allowing for the development of officers' trust toward the trainers and toward each other, and building gradually toward more intensive forms of role playing and feedback.

Each week began with an orientation, including introductions, a discussion of officers' expectations, and a presentation of the program's objectives. Crisis theory was then introduced, along with the relevance and importance of family crisis intervention training. During the next few days, crisis intervention skills were presented in their natural sequence, using role playing to facilitate understanding and skill development. These modules were built around a series of films entitled *Officer Survival: An Approach to Conflict Management* (Harper and Row Media, 1976), which presented the basic crisis intervention skills in the context of day-to-day police work. The skills modules were interspersed with special topics relevant to the application of the skills. Toward the end of the week, two panels were held involving representatives of the agencies listed on the "Citizen's Referral Card," which officers were encouraged to give to citizens needing continued help beyond a crisis. The final module was designed to help officers integrate the concepts and skills covered during the week, focusing on actual family crisis situations they had encountered. The session ended with participants giving the trainers feedback and recommending ways to improve the program.

It was originally intended that the trainers conducting the various modules would function, as much as possible, as a team. However, since most of the trainers from Saint Elizabeths Hospital and community agencies were only able to contribute two to four hours a week, it was necessary to modify this plan. Continual efforts were made to maintain communication links among the trainers. Following each session, the faculty met to process the training week, review evaluation data, and make changes in preparation for the following session. Trainers were encouraged, whenever possible, to attend each others' modules as a way of coordinating the material presented. Since this was difficult for most of the faculty, the three trainers with near full-time availability attempted to serve as liaisons between the various faculty members. Staff training was offered through reading materials, on-site supervision, and participation in the police "ride-along" program (accompanying officers during their normal activities).

*The Initial Evaluation Plan and Preliminary Results* (Zuspan, Meerbaum & Dobbs, 1979).

Two short-term evaluation components were implemented during the pilot project. One of these was a questionnaire developed to provide immediate feedback to the trainers. Each module was rated for overall quality of presentation, clarity, practical usefulness, and the ability of the speaker(s) and/or film to stimulate discussion. Open-ended questions asking for comments, criticisms and suggestions were also included. This instrument was administered at the end of each day of training.

The other measure used written simulation to assess the likelihood of officers applying the skills taught during the program. Three family crisis situations were presented and officers were asked to write what they would do if faced with each situation. Responses were scored using a method developed and tested by Meerbaum (1978). This instrument was administered immediately prior to, immediately following, and three months following the training week. The three-month follow-up also included several open-ended questions about the training program and its usefulness to officers once they return to the field.

Plans were originally developed for a long-term evaluation of the pilot project and of future training groups. The program evaluator, together with representatives of the police department's training staff, decided to focus on five major, hoped-for outcomes of the training program:

- (1) fewer injuries to officers during family disturbance calls,
- (2) more positive responses to police intervention by disputants,
- (3) fewer recurrences of family disturbance calls to the same household,
- (4) increased referrals to appropriate agencies, and
- (5) improved follow-through by citizens on referrals made.

These outcomes were selected in light of the police department's commitment to promoting the safety of its officers and of citizens in general. It would be necessary to draw upon crime statistics, despite warnings in the literature about problems inherent in their use as indices of program effectiveness (Driscoll, Meyer, & Schanie; 1971). The major data source was to be the newly instituted PD 377

form, which officers were required to fill out following all family disturbance calls. Disputants' responses to police intervention were to be determined through personal interviews by staff from the MPDC Field Inspection Unit. The evaluation strategy was to restrict training to half of the city's police districts to begin with, until a significant percentage of their officers were trained. At that point, comparisons would be made between the "trained" and "untrained" control districts in terms of the projected outcomes. Unfortunately, this evaluation design proved impossible to implement, due to staff shortages, the complexity of initiating data collection procedures, and pressures from control districts that were eager to have their officers go through the training.

The questionnaire in which officers rated the various modules was quite useful to the trainers and program coordinators. Differences in ratings helped identify modules needing modification, modules with particular strengths, and characteristics of particular classes needing special consideration in formulating future modules and modular sequences.

In response to open-ended questions in the questionnaire, officers mentioned the films, discussions, and role playing most frequently as effective training methods. In response to a request for overall impressions, there were more positive than negative comments (16 versus 9) about the program. Suggested improvements included the expansion of the community agency panels and the acquisition of films portraying inner city settings.

A comparison of officers' scores on the written simulation instrument before and after training suggested that the program was successful in meeting at least some of its short-term learning objectives. Post-test scores were higher on the average than pre-test scores. More specifically, responses consisting of conducting a safety check for weapons and referring disputants to the appropriate agency were mentioned with much greater frequency on the post-test. In addition, recommendations for counseling, mediation, arbitration, and especially interviewing disputants separately, were given more often on the post-test than recommendations of arrest, forced entry or contact, threats of legal action, probing, chastising, or simply informing disputants of the complaint. The former set of responses had been deemed more effective in previous research (Meerbaum, 1981).

A less formal evaluation was conducted following the pilot project through meetings including the training staff and the community agency representatives. A series of specific recommendations were made (Zuspan, Meerbaum & Dobbs, 1979), and many of these were followed in planning for future sessions.

### **Postscript**

Although the initial evaluation thus far produced only limited data, the pilot project was considered a success overall. With minor modifications, the training program has continued to use the format and structure based upon our original evaluation. In August 1980, Jessica Scott Myers, M.A., took over the role as co-coordinator from Dr. Callahan; Sergeant Alexander continued as the MPDC's co-coordinator. Myers and Alexander describe the program in their chapter elsewhere in this volume.



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## Tips From Coordinators

Jessica S. Myers & Sergeant Patricia Alexander\*

Sgt. Alexander has been one of the co-coordinators and instructors of the program since its inception. Ms. Myers was a co-coordinator of the program from August 1980 until July 1983. They offer practical suggestions on how to make the training work and how to relate to the other instructors, officers and bureaucracy. They have developed a list of twenty key steps for successful implementation of family crisis intervention training, which is listed at the end of the article.

**“W**hat are you? One of those social workers?” Skeptically and sometimes scornfully, officers of the Metropolitan Police Department of the District of Columbia often ask these questions at the outset of their week-long training in family crisis intervention. Officers are action oriented and unenthusiastic about spending a week in the classroom, and are wary of academic theoreticians who have never walked a beat nor ridden in a patrol car. The typical police officer enters the training program with an attitude of resistance and skepticism that coordinators and all staff must immediately recognize, work with, and overcome. The officers in fact have a valid concern. They wonder how any person who has never responded to a family crisis call can tell them how to do their job.

Establishing rapport with the officers and gaining access to channels of effective communication may well be the most challenging aspect of running a successful family crisis intervention training program. Effective communication between officers and staff, as well as between coordinators and all agencies and personnel, is constantly challenging and an absolute requisite of skillfully running the program.

Our family crisis intervention training program involves twelve agencies, with the administration and coordination of the program jointly shared by SEH/MPDC. The program has always had two coordinators, one from Saint Elizabeths Hospital and one from the D.C. Metropolitan Police Department. These agencies, which include federal, district, private, public, and community associations are listed below.

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\* The program has always had two coordinators; one appointed by the Police Department and the other from the Psychodrama Section at Saint Elizabeths Hospital. Sgt. Alexander has served as the police department's coordinator of the program since its inception in 1979. There have been three persons who have represented SEH as the coordinator; they are Monica Meerbaum Callahan, Ph.D. (1979 to June 1980); Jessica S. Myers, M.A. (August 1980 through July 1983); and Milton S. Hawkins, A.C.S.W., who has served as the co-coordinator since July 1983.

*D.C. Agencies*

F A C T (Family Stress Services of D.C.) Hotline;  
D.C. Department of Human Services;  
Drug and Alcohol Abuse Administration;  
Family Stress Services of D.C.;  
Citizens' Complaint Center;  
D.C. Corporation Counsel;  
Child Protective Services;  
My Sister's Place;  
M.E.S.A. (Men Against Spouse Abuse);  
Employee Assistance Office;  
W.A.C.A.D.A. (Washington Area Council on Alcohol and Drug Abuse); and  
U.S. Department of Justice, Attorney General's Office.

Apart from direct weekly training, many persons who are vital to the program evaluate and research the program, dictate inter-agency policy and change, prepare staff for teaching and implementation, prepare reports, memos, forms, correspondence and so on. For the most part the latter group is made up of MPDC or SEH staff, the remainder being SEH volunteers from the community and student volunteers from local universities. Of course, most of these people devote a small portion of their time, a few hours a week to a day or two per month, to these activities; but the bulk of the completion of these tasks is done by the coordinators of the program and the research coordinator.

Evaluation and research of SEH/MPDC Family Crisis Intervention Training Program requires much more time and manpower than would ordinarily be required to coordinate this program. Time could be saved by less program evaluation. Two or three people could teach the classes/modules. However, by having two or three people training the officers, the expertise in subject matter is often lessened, and the recognition, empathy, and changes brought about by interaction with community agencies is lost or minimized.

At Saint Elizabeths Hospital, the Psychodrama Section assumes the largest share of responsibility for implementing the program; and at the Metropolitan Police Department of the District of Columbia, the Training Division takes most of this responsibility. But at both agencies many other divisions and persons give time, support, hours of work and personnel. The SEH/MPDC Family Crisis Intervention Training Program is an intra-agency as well as an inter-agency program.

A project that shares coordination between two large, diverse and complex agencies, involves other large and small agencies, and uses the services of numerous persons, directly or indirectly. Obviously this requires calm, creative and constant supervision and coordination.

Following are suggestions for the coordination of this program, which the coordinators believe increase the productivity of the program as well as facilitate a smoother implementation.

Effective communication, both verbal and written, is, of course, the first requisite. Methods used to communicate include memos, letters, evaluations,

reports, pertinent literature, program packets, agreements, schedules, goals, contracts, program plans and so on.

Meetings are also a constantly used method of communicating in the program. These meetings are held frequently, according to needs, and include all members and aspects of the program as needed. The Board of Directors decides major policy, contracts between agencies, approves research, forms, publications and public and inter-agency relations, and generally governs, supervises, and maintains the program. It meets two to three times a year.

#### *Board Members*

Chief Maurice T. Turner, Jr., MPDC;  
Inspector R.E. Crytzer, Director of Training Division, MPDC;  
Inspector Richard Pennington, Director of Community Relations Division,  
MPDC;  
Sgt. Patricia Alexander, Training Division, MPDC;  
Officer Janet M. Hankins, Community Relations Division, MPDC;  
William G. Prescott, M.D., Superintendent, SEH;  
Dale Richard Buchanan, M.S., Chief, Psychodrama Section, SEH;  
Milton S. Hawkins, A.C.S.W., Crisis Intervention Training Officer, SEH.

The program's module leaders and community panelists, who teach, train, and give information to the Metropolitan Police Department officers also meet two or three times a year. The co-coordinators and their assistants meet two to eight times a week to make joint decisions on every aspect of the program, from agreement on replacement of a module leader to requesting supplies. However, the key to effective and thorough communication lies in continued and frequent meetings beyond those listed above. These include: communicating with one or more persons for the goals or needs of preparing new volunteers; re-structuring a module; evaluating a teaching method; supervising trainees in the program; assessing, with staff, their perceptions and evaluations; or simply visiting and discussing frustrations and rewards, as well as showing appreciation for time and expertise given.

Also included in communication is the welcoming and introduction of module leaders, panelists, and visitors to the weekly program, and thanking them as they leave, as well as handing out any written communication as needed. It is especially important to define and to explain the goals and structure of the program to visitors and on occasion to all persons involved with the program.

Communication covers everything, from setting up a year's program to telephoning notice of a program cancellation due to a police emergency or snow emergency days.

Most important, communication is a two-way open systems approach. This means that the coordinators must listen constantly and be willing to be flexible and change according to the needs of the program and of all persons involved. It also means that information does not flow only directly up and down, but is open-ended in all directions to all concerned. For instance, module leaders see their evaluations by officers, as do other module leaders, coordinators, research staff, trainees and so on. Module leaders and panelists discuss their

expertise, tips and problems with other leaders and panelists. Memos, reports, evaluations and research findings are usually sent to all persons involved in the program. The more information dispersed to all concerned, the more easily the program is run and the goals met. This also establishes goodwill, support and cooperation.

The program, of course, primarily requires communication with officers of the Metropolitan Police Department and an understanding of their situation in the actual domestic disputes as encountered in the community. Therefore, all non-police participants in the program, especially module leaders and panelists, are encouraged to take "ride-alongs" with on-duty officers regularly and often. A ride-along consists of interested training staff riding with an officer on his or her eight hour tour of duty, preferably in a district that has an above average number of family crisis calls. On these ride-alongs, staff step into the officer's profession, experiencing the officer's job pace (from frantic speed to boring waits), multi-role demands (doctor, lawyer, negotiator, chaser, comforter, and so on), and emotions (the gamut from fear to pride). Staff learn that safety of officer and citizen must be the first goal of the program, that the officer's needs are truly special and that teaching techniques and skills must fit these needs. Staff also learn that officers are in a stressful, little appreciated profession, that officers are often "scapegoated" by others, and that, for the most part, officers are dedicated humans who care about citizens, the law, their fellow officers, and feel frustrated that they cannot accomplish more to better society.

More formal communication with officers includes having all officers evaluate all segments of the program, including persons involved in the program. Verbal and written complaints, suggestions, additions and compliments are encouraged, requested, and at times, required. Officers' views are seriously considered and effective changes are often made upon their direct and indirect feedback.

Through evaluations, module leaders and panelists redesign or modify their information and teaching techniques to the officers' specific needs. Methods are discussed for achieving the goals of the program from all verbal and written communication. For instance, a research study indicated that more focus on referral skills was needed. A constant exchange of information is imperative to keep the program running with few mishaps and to achieve its goals.

Good communication brings about the next requisite of the program, group decisions. One must be able to work well in a group situation. All changes, planning, scheduling, teaching techniques, content and policy must be made by two or more people. Tact, courtesy, empathy, good listening and contractual skills are required at all times.

An addition to the program in 1982 has brought about improved communication among officers and among officers and staff. This addition, called "warm-up", is included in the weekly program on Monday, Tuesday and Wednesday. The purpose of the warm-up, which closely resembles the warm-up phase of psychodrama, created by J.L. Moreno, M.D., is to prepare the officers to be more open to the more formal learning to follow. The fifteen-to-twenty-minute

format is free wheeling, and topics or discussion issues are brought up by the officers, with the focus being led by a coordinator or assistant. Questions on learning from the day before, disagreements on roles of officers, safety techniques, listing goals for that day, discussing coverage in the local paper of an incident concerning the Metropolitan Police Department that day, and other topics are talked about and at times role-played. Through this warm-up segment of the program, the officers become more friendly and open with each other. They become more interested in the content of the program, feel more confident in challenging and questioning module leaders, panelists, and others. They also become more specific in stating their needs (and ways to achieve them) concerning safety, communication, stress, ethics, cultural issues and attitudes, and a wide variety of other subjects that relate to working in a family crisis situation. Additionally, they are made aware that they are indeed a valued part of a two-way process that encourages role reversals between officers and instructors.

Thus, while the format of the training modules is structured, specific topics and issues are targeted to meet the individual training needs of each officer. In contrast to other family crisis intervention training programs, script role-plays are not used. Rather, spontaneous role-plays are developed from the specific concerns of the officers. In addition, the role-plays differ in that officers have an opportunity to play the role of the disputants. This role reversal sensitizes the officers to the disputants' perspective.

Supervision by coordinators also requires the ability to encourage attendance of instructors, to improve their evaluation scores, to increase their teaching skills with officers, and to understand their own needs as well as those of the officers.

Measurable reinforcement aids the coordinators in assisting those teaching and exchanging information with the officers. This is done with feedback communicated by evaluation scores seen by all persons, as well as thank you's, letters, and awards of appreciation, luncheons, and the officers' verbal and non-verbal feedback. It is important that the reinforcement be as immediate as possible.

Public relations, or "selling the program" also plays a key role in sustaining the program and communicating its goals to the community. This is done by the usual method of all media coverage, speaking before groups and having visitors from all relevant agencies attend the program. Also, a special series of two day programs were given to Captains and higher ranks in the Metropolitan Police Department to renew and increase their awareness of the program, to ensure reinforcement of the learning by administrators and supervisors to officers, and to increase administrators', managers' and officers' use of training and skills from the program on calls to family crisis situations.

Public relations should be conducted outside and within the program, and should include as many sources as possible. Communication that effectively benefits the goals of the program, the needs of the officers being trained, the multi-agencies and many persons involved in the program, as well as the citizen and the community, presented by a variety of methods, is constantly required. Awareness of the officer's professional situation and resistance to the program

must be taken into account and used constructively to lessen tension and increase learning and to maintain professional skills already possessed. The appreciation and reinforcement of module leaders and panelists must be expressed to assure dedicated and informed professionals remain a dependable, proud, and productive part of the training of officers.

### **SUMMARY**

Interwoven through all of these requirements for an efficient and productive coordination of the program is the desire by the coordinators to present a program that they feel is necessary for the safety and good will of officers and citizens, and that the training is effective in bringing about the goals of the program.

### **Tips In Capsule**

1. Listen carefully to ideas, suggestions, and complaints and act on them as quickly as possible.
2. Follow up written communication with a phone call to confirm material received and information known.
3. Schedule training week dates and meeting dates as far ahead as possible. Announce schedule changes immediately.
4. Have a system of back-ups for module leaders and panelists who are unable to attend a session due to illness, vacation, emergencies.
5. Allow time for coffee breaks in scheduling the program.
6. Be aware of the need for physical movement and hold training in areas that allow these needs to be met.
7. If possible, hold the program away from the officer's work environment to facilitate interaction, spontaneity, and an open exchange of thoughts.
8. Dress for officers should be civilian clothing. (See tip #7.)
9. Meet often with all persons involved with the program.
10. Constantly reaffirm the program's goals.
11. Make joint decisions, keep notes, and file all paperwork.
12. Include a "warm-up" each morning of the program, to allow officers to ask questions, gripe, compliment, suggest, and to finish any business that was not completed the day before (e.g., group cohesion and trust-building).
13. No issue should be avoided in the "warm-up" including resistance. Work with it and include the group in examining the issue.
14. Encourage an exchange of information between officers. They have valuable information to give to each other and to the staff.
15. Ride with on-duty officers often and encourage all concerned with the program to do the same. Vary the days of the week and the hourly shifts of

these ride-alongs, as well as districts and officers to obtain a broad view of the officers' work environment.

16. Decrease staff burn-out by ride-alongs with officers and by constant appreciation, recognition, and reinforcement from others.
17. Publicize the program to achieve goals and to receive support for officers to continue in the program and to implement what they have learned out in the community.
18. Give credit broadly, especially to the media. Don't forget or neglect anyone, all are deserving of credit and recognition as often as possible.
19. Build an esprit de corps and prestige of the program among staff and officers.
20. Be aware of the challenges and rewards and be secure in the knowledge that the program is vital for officers and citizens.



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## Curriculum<sup>1</sup>

Pati Chasnoff, A.C.S.W.

This article describes the basic goals of the training program and the training modules that were designed to fulfill these goals. Each of the instructors completed the curriculum summaries; thus this article is really a compilation of the efforts of all our instructors. Of particular interest to police departments are the attached summaries of each of the training modules.

**T**he curriculum for the Family Crisis Intervention Training Program was carefully developed to match the goals and objectives originally formulated by the program planning staff, the administrators of the District of Columbia Metropolitan Police Department, and Saint Elizabeths Hospital.

The formal goals for the D.C. police were to:

- 1) reduce injury to police officers responding to family disturbance calls;
- 2) provide an effective referral system for victims;
- 3) increase reporting and documentation;
- 4) reduce number of repeat calls; and
- 5) reduce number of intra-family assaults, homicides and related crimes.

The formal goals for Saint Elizabeths Hospital were:

- 1) to decrease the number of inappropriate referrals of mentally disturbed individuals to Central Admissions Service at Saint Elizabeths Hospital;
- 2) to increase officers' ability to intervene in crisis situations which, if unattended, could lead to admissions to Saint Elizabeths Hospital;
- 3) to develop a better working relationship between the D.C. police and Saint Elizabeths Hospital;
- 4) to provide the District police with the latest information and innovations in the care and handling of the mentally disturbed individual; and
- 5) to help reduce job related stress in the D.C. police.

It was decided that the best way to merge the above goals was through the family crisis intervention model. This model establishes the following five behaviors for training: 1) safety, 2) defusion, 3) communication, 4) resolution, and 5) referral. Each of these behaviors is cumulative and builds on the others. Thus, the first step in family crisis intervention is safety. The police are to do nothing else until they are certain that first they are safe and second that the

disputants are safe. They must also be certain that the situation remains safe. Modules such as self defense, skills practice and the family simulations provide information and practice toward this goal.

After step one, safety, is met, the police focus on step two, defusion. At this point, officers learn to calm the disputants. Modules, such as family dynamics, non-verbal communication and the film, "Defusing Conflict," help focus on this step.

Step three is communication. The police are to facilitate and encourage the disputants to talk to each other. This process can only begin once the situation is safe and the disputants are calm. The modules on communication and cultural attitudes provide skills useful in this step.

As with all the other steps, police can only help disputants to resolve their differences if the disputants are able to speak calmly. If the situation begins to escalate, the police must go back to an earlier step—defusion, communication or safety. Once these three steps are completed, the officers move to step four, resolution. The film, "Third Party Conflict Management," focuses here, and in all skills practice sessions officers have an opportunity to practice all five steps in family crisis intervention.

Step five is referral. If the disputants appear to need more help, if this appears to be a chronic rather than crisis problem, where can the disputants go for help? Community resource modules provide such information. In addition there are modules on alcoholism, drugs and the mentally disturbed individual. The modules provide both assessment and referral information.

Previous research (see Axelberd & Valle, 1977; Bahn, 1972; Barocas, 1972; Barocas & Katz, 1971; Bassin, Faltico, & Millet, 1972; Blumer & Housenfluck, 1974; Buchanan, 1981; Wallace & Schneiber, 1977; Weiner, 1974) documents well the effectiveness of providing police training within an action framework. Thus, most modules focus at least a portion of their attention on learning by doing. In addition, several modules allow for the trying out of behaviors and interventions within the safety of the training situation. Several skills practice modules are provided throughout the week. In addition, the family dynamics module and often the warm-ups are conducted using action methods.

As is natural, changes in curriculum occurred over time due to changes in personnel and officers' needs based on evaluations of the modules, and requests from officers and/or the department for additional areas of information. This program continues to evolve. Modules are frequently monitored and evaluated to ensure that both content and presentation meet the stated goals and objectives of the program. A weekly schedule and a list of modules used at the time of this publication are attached.

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**Weekly Schedule**

<b>MONDAY</b>		<b>TUESDAY</b>		<b>WEDNESDAY</b>		<b>THURSDAY</b>		<b>FRIDAY</b>	
0900-0930	Introduction	0900-0915	Questionnaires and Evaluations	0900-0915	Questionnaires and Evaluations	0900-0915	Questionnaires and Evaluations	0900-0915	Questionnaires and Evaluations
0930-1000	Pre Test and Questionnaires	0915-0930	Warm-Up	0915-0930	Warm-Up	0915-0930	Warm-Up	0915-1200	Drug Abuse
1000-1030	Orientation and Objectives	0930-1100	Families in Conflict	0930-1030	Mental Illness and Emergency Hospitalization	0930-1045	Cultural Issues and Attitudes	1200-1300	Lunch
1030-1045	Break	1100-1115	Break			1045-1100	Break	1300-1400	Non-Verbal Communication Skills Practice
1045-1115	Film "The Day Everything Went Wrong"	1115-1145	Film "Defusing Hostile Individuals"	1030-1045	Break	1100-1215	Family Abuse Panel	1400-1530	Family Disturbance Intervention: Skills Practice (Referral)
1115-1200	Family Disturbance Intervention: Skills Practice (Safety)	1145-1215	Family Disturbance Intervention: Skills Practice (Defusion)	1045-1115	Film "Problem Identification"	1215-1315	Lunch	1530-1545	Break
1200-1300	Lunch	1215-1315	Lunch	1115-1200	Family Disturbance Intervention: Skills Practice (Communication)	1315-1500	Alcoholism: A Family Perspective	1545-1600	Questionnaires and Evaluations
1300-1600	Stress and Police Work	1315-1500	Psychodrama Session on Family Crisis Intervention	1200-1300	Lunch	1500-1515	Break	1600-1730	Recommendations and Awards
1600-1615	Break	1500-1530	Break	1300-1400	Communication Skills: Problem Identification	1515-1730	Community Resource Panel		
1615-1645	Film "Approaching Potentially Explosive Conflicts"	1530-1730	Self Defense Techniques	1400-1500	Family Disturbance Intervention: Skills Practice (Resolution)				
1645-1730	Family Disturbance Intervention: Skills Practice (Safety)			1500-1530	Break				
				1530-1730	Self Defense Techniques				

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## Curriculum Summaries

**Module:** Introduction: Orientation and Objectives

**Instructor:** Sgt. Patricia Alexander, Sgt. Ernest Jefferson & Officer Les Porter.

**Time:** 1 hour (2-½-hour sessions)

**Attitudinal Goals:** 1) To create a feeling of openness to the week's program. 2) To develop an attitude of inquiry regarding the problem of family crisis intervention.

**Cognitive Goals:** 1) To present an overview of the week's program. 2) To highlight the history of the Metropolitan Family Crisis Intervention Training Program. 3) To introduce staff and trainees to each other.

**Behavioral Goals:** 1) To hear what expectations, hopes, objections trainees bring to the program. 2) Trainees will be able to identify primary staff. 3) Trainees receive handouts regarding stress, community resources and an outline of the week's program.

**Methodology:** Introduction of staff and trainees. During introductions, trainees are encouraged to tell what they've heard about the program, how they feel about coming, expectations, etc. History of the project and overview of the week are given.

**Cues:** A person's expectations are often self-fulfilling prophecies. By ascertaining the officers' preconceptions about the program, false impressions can be corrected immediately.

When the program is not held at the Police Academy, an orientation to the facility (parking, lunch, restrooms) is included.

## **Curriculum Summaries**

**Module:** Questionnaire and Evaluations

**Instructor:** Sgt. Patricia Alexander, Sgt. Ernest Jefferson & Officer Les Porter.

**Time:** 2 hours (5 separate sessions)

**Attitudinal Goals:** 1) To create an atmosphere of officer involvement in the program. 2) To promote an attitude of seriousness regarding the week's learning.

**Cognitive Goals:** 1) To start officers thinking about intervening in family crisis situations. 2) To provide a pre-test and post-test of officers' ability to describe appropriate interventions in family crisis situations. 3) To provide feedback to module leaders concerning the effectiveness of their training.

**Behavioral Goals:** 1) Officers will describe the way they would intervene in various family crisis situations. 2) Officers will rate each module for its effectiveness in training.

**Methodology:** Ask officers to describe their interventions in family crisis situations. Daily written evaluations concerning the effectiveness of the modules from the previously day are completed by each officer.

**Cues:** Officers should be encouraged to write summary comments about the modules as well as filling in the numerical scores.

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## Curriculum Summaries

**Module:** Training Films: "The Day Everything Went Wrong,"—"Approaching Potentially Explosive Conflicts," "Defusing Hostile Individuals," "Problem Identification," and "Conflict Resolution Strategies."

**Instructor:** Sgt, Patricia Alexander, Sgt. Ernest Jefferson & Officer Les Porter.

**Time:** 2¼ hours (4 separate films) plus 30 minutes (a 5th film\*)

**Attitudinal Goals:** 1) To facilitate discussion and awareness of officer safety. 2) To foster an awareness of the underlying causes of intra-family conflict. 3) To increase officers' awareness that their interventions in explosive situations can calm or inflame the situation.

**Cognitive Goals:** 1) Officers will develop a renewed awareness of how to safely handle potentially explosive situations. 2) Officers will learn to effective interventions for explosive situations.

**Behavioral Goals:** 1) Officers will demonstrate in later role plays an awareness of safety functions when they are confronted with family or other crisis situations. 2) Officers will be able to list several appropriate interventions for explosive situations. 3) Officers will be able to discuss concepts demonstrated in the film and respond to questions based on the film.

**Methodology:** Films are shown first, then the instructor opens a discussion about the ideas put forth in each particular film.

**Cues:**

\* This film is used to fill in when a module leader is absent.

NOTE: These films are available through Coronet/MTI Film and Video, Deerfield, Illinois

## **Curriculum Summaries**

**Module:** Family Disturbance Intervention: Skills Practice

**Instructor:** Sgt. Patricia Alexander, Sgt. Ernest Jefferson & Officer Les Porter.

**Time:** 5½ hours (4-45 minutes, 1-1 hour, 1-1½ hour sessions)

**Attitudinal Goals:** 1) To encourage officers to consider the different ways they relate to citizens based on sex, religious preference, family status, sexual preference, or use of addictive substances. 2) To increase officers' sensitivity to the feelings experienced by disputants during a family conflict situation.

**Cognitive Goals:** 1) Officers will increase their awareness of others' behaviors under stress. 2) Officers will identify roles they can take with others in stressful situations. 3) Officers will become more aware of non-verbal behavior, theirs and that of the citizens. They will identify the interplay between the two. 4) Officers will learn a variety of interventions for settling the phases of a family crisis situation. (They will learn several interventions appropriate to each phase—safety, defusing, communication, resolution and referral.)

**Behavioral Goals:** 1) Officers will demonstrate their awareness of safety concerns when entering a family crisis situation. 2) Officers will be able to state why a specific intervention works. 3) Officers will be able to identify a variety of intervention alternatives.

**Methodology:** Each session generally begins with a film or a lecture (i.e., safety, defusing, mediation, etc.) that stimulates an open discussion among participants of the class. Role play situations are set up by the participants themselves and acted out. This is followed by a brief critique and discussion of the role play.

The officers discuss different kinds of family crisis situations. They then select one situation to portray. They play all the roles: mother, father, child and intervening officers, etc. The scene is played out for a while before the intervening officers enter the situation. The scene is stopped periodically so that the officers may consider and explore alternatives and the officers playing disputant roles can clarify feelings and needs they experience in their roles.

**Cues:** Officers are often uncomfortable with taking on roles different from their usual male/female roles. Reminding them that the ability to take on a wide range



of roles is a strong sign of mental health often helps. Furthermore, knowing from their own experience how different citizens feel can help them to deal more effectively with these citizens.

The focus during this module is to create a positive learning environment. Different behaviors are not viewed as right or wrong, but as alternative responses—all of which will work sometimes, and sometimes not. Encourage the officers to have a variety of responses at their disposal, as this increases their safety and effectiveness. Build on what they know. Use their previous knowledge and expertise.

Officers enjoy taking the roles of citizens. At times “freezes,” role reversals, asides and so on are required to decrease the intensity of the action and to bring the focus back to the goals of the session.



*STEP 1: Officer safety is the number one priority.*

## **Curriculum Summaries**

**Module:** Stress and Police Work

**Instructor:** Victor E. Bibbins, Sr., Ph.D. or Anthony Lindsay, B.A., M.A.

**Time:** 3 hours

**Attitudinal Goals:** 1) To establish an awareness of the life factors that contribute to personal and professional stress. 2) To create a mode of optimism for coping with life stress.

**Cognitive Goals:** 1) To develop a conceptual overview of the physiological, psychological and sociological dynamics of stress. 2) To instill the idea that stress is a constant and necessary factor in life and that individuals can learn to handle their stress effectively.

**Behavioral Goals:** Officers will be able to identify resources and stress management techniques in personal and professional life situations.

**Methodology:** This training module is conducted through an experiential, didactic approach. Four 45 minutes periods are used. The first period involves lecture/discussion developing the cognitive goals. The second period is a small group exercise developing the attitudinal goals. The third period involves lecture/discussion developing the behavioral goals. The fourth period involves the viewing of the movie, "Your Own Worst Enemy," which summarizes the session. A discussion period follows.

**Cues:** The basic rationale of this holistic overview of understanding stress is to facilitate the development of self-awareness, self-control and self-realization. The bottom line of this training is to gain control over the stress in one's life space so that he/she can be more effective in helping those who have lost control of these elements in their lives and are involved in a crisis situation.

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## Curriculum Summaries

**Module:** Warm-ups

**Instructor:** Sgt. Ernest Jefferson & Officer Les Porter.

**Time:** 45 minutes ( 3 15-minute segments)

**Attitudinal Goals:** 1) To create an openness to new learning. 2) To tie together leftover thoughts, feelings, and/or questions from the previous day.

**Cognitive Goals:** To increase an exchange of thoughts, feelings and suggestions concerning any subject relevant to the program and police work. Group concerns and themes may be *briefly* mentioned and brought to awareness.

**Behavioral Goals:** 1) Officers will review learning from previous day. 2) Officers will identify and explore concerns and questions from previous day.

**Methodology:** An open discussion between officers and staff. When appropriate questions and/or concerns may be explored in action. Action methods may also be used to reinforce learning or to quickly reach a decision or analyze an issue.

**Cues:** Group concerns, resistance and themes of the officers when acknowledged, decrease anxiety and increase learning. These issues may be acknowledged and briefly discussed or worked on in action, however the goals of the program are the first priority and the warm-up session must close with a warm-up and contract to reach these goals.

## **Curriculum Summaries**

**Module:** Families in Conflict

**Instructor:** Milton S. Hawkins, A.C.S.W.

**Time:** 1½ hours

**Attitudinal Goals:** 1) To develop an awareness of and appreciation for the strengths and limitations of the family in contemporary urban society. 2) To help police officers recognize the impact of their own family socialization process in shaping their values and beliefs regarding resolution of family conflicts.

**Cognitive Goals:** 1) Know how to define and to apply selected family concepts, such as rules, roles, sub-systems and boundaries. 2) Identify and distinguish a family crisis as being a maturational crisis versus a situational crisis. 3) Understand how to differentiate between and implement the goal of short term crisis intervention from the goals of long term family therapy.

**Behavioral Goals:** 1) Officers will be able to 1) identify the appropriate family role and take that role in order to establish a constructive reciprocal relationship with a family disputant; and 2) apply crisis terminology to families in crisis.

**Methodology:** Instructor informs class that this session provides an orientation for comprehending motivations and reasons for understanding families in conflict. Family concepts and crisis concepts are introduced and discussed. Class participants are encouraged to relate these concepts to their own personal family socialization process as well as to normative and cultural definitions of the family unit. Family simulations are created among class members for the skills practice sessions that are held throughout the week.

**Cues:** Officers will rarely have an expectation for this module other than helping them to perform their job better. They will warm-up very quickly to digesting this information when asked to consider the rules created by their family and the roles they personally have now in their own families (e.g., father, mother, brother, sister, son, daughter, uncle, aunt, etc.) Recruit classes seem to know more about each other and feel more comfortable with self-disclosure about their family socialization process than do veteran officers.

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## Curriculum Summaries

**Module:** Psychodrama Session on Family Crisis Intervention

**Instructor:** Milton S. Hawkins, A.C.S.W. & Psychodrama Trainees.

**Time:** 1¼ hours

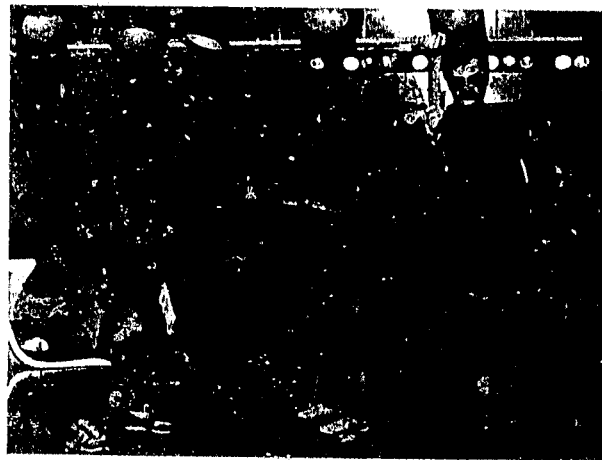
**Attitudinal Goals:** 1) To increase awareness of economic, racial, emotional, and life style factors that might lead to a family crisis. 2) To help officers appreciate the wide array of roles they can use in family crisis intervention.

**Cognitive Goals:** 1) Officers will be cognizant of some of the dynamics that lead to a family crisis. 2) Officers will become aware they they have a variety of behavioral and role options, rather than being locked into 1 or 2 intervention skills. 3) Officers will recognize the value of reciprocity of communication.

**Behavioral Goals:** 1) Officers will be able to define crisis. 2) Officers will intervene in action on stage and try a variety of roles and techniques to facilitate new skills and reinforce old ones around safety, defusing, communication, resolution and referral. 3) Officers will verbally share alternative techniques to increase safety, defusing, communication, resolution, and referral skills.

**Methodology:** Initial discussion focuses on family dynamics, crisis definitions, and the variety of roles a police officer plays. Two family crisis situations are then presented on stage by psychodrama trainees. In each situation, the role players first show the family history and dynamics that lead to the crisis. Two officers intervene and practice new skills and a variety of interventions. In closing, the officers receive sharing and feedback from the role players and other officers.

**Cues:** Confidentiality is often an issue, and contracts around these issues are important in the warm-up. Officers suggest that the presentations are more realistic when the role players are less "middle class." It is important to develop an attitude of learning and exploring options rather than competing and looking for the "right" answer.



*Psychodrama has been proven to be one of the most effective methods of teaching police officers crisis intervention.*

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## Curriculum Summaries

**Module:** Self Defense Techniques

**Instructor:** Sgt. William Pittman and Metropolitan Police Department Staff.

**Time:** 4 hours (2-2 hour sessions)

**Attitudinal Goals:** 1) To encourage open discussion of self defense techniques. 2) To increase officers' appreciation for effective use of self-defense techniques as a means of preventing injury.

**Cognitive Goals:** 1) Officers will be able to learn the elements that constitute the initial use of force. 2) Officers will discriminate between the force needed to control a crisis and the use of excessive force. 3) Officers will recognize the four element of disarming techniques.

**Behavioral Goals:** 1) The officer will demonstrate the positions of defensive stances. 2) The officer will demonstrate the defensive striking techniques with police baton. 3) The officer will demonstrate the ability to apply handcuffs on passive and on recalcitrant subjects. 4) The officer will demonstrate the effective application of circulative choking on violent recalcitrant subjects. (The officer will recognize the state of unconsciousness caused by choking techniques and apply effective first aid.)

**Methodology:** Class begins with verbal instruction of the recognized techniques for self defense. This is followed by demonstration by instructor with officers using instructional aids such as: plastic baton, handcuffs, toy guns, mats, etc. Officers then practice the techniques in pairs.

**Cues:** Numerous problems occur involving physical control of subjects during crisis intervention. Officers awareness of problem areas and prevention measures must constantly be emphasized during instruction.

## **Curriculum Summaries**

**Module:** Mental Illness & Emergency Hospitalization

**Instructor:** Delores Maynard, M.S.N.

**Time:** 1 hour

**Attitudinal Goals:** 1) To facilitate an open discussion about mental illness. 2) To foster an awareness of the mentally ill person as a human being with rights, responsibilities and feelings.

**Cognitive Goals:** 1) Officers will recognize importance of non-verbal behaviors in communicating with the mentally ill person. 2) Officers will become cognizant of the history of asylums and the trend toward deinstitutionalization. 3) Officers will become aware of their "authoritarian role" and how it effects the mentally disturbed. 4) Officers will know policies for involuntary emergency hospitalization.

**Behavioral Goals:** 1) Officers will know how to correctly complete the MH-4 (Request for Emergency Hospitalization). 2) Officers will be better able to use non-verbal behaviors in communicating with the mentally disturbed, e.g., proxemics. 3) Officers will be able to communicate with the mentally disturbed person using the mentally disturbed persons' own language system. 4) Officers will increase ability to effectively use the mental health delivery system.

**Methodology:** Session usually begins by informing officers of goals for session and asking if they have any other goals. Then there is an open discussion of mental illness (causes, cures, alternative approaches). Instructor presents some lecture materials and there is more discussion. At times, role playing has been used to demonstrate key issues.

**Cues:** Officers generally want to know "why" persons become mentally ill and how they are cured. They also want to know why Saint Elizabeths releases so many people that the police bring for admission. If the officers become frustrated because there are so "few" answers in the mental health field, it is sometimes helpful to remind them that there are just as "few" answers concerning criminality as there are for mental illness.



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## Curriculum Summaries

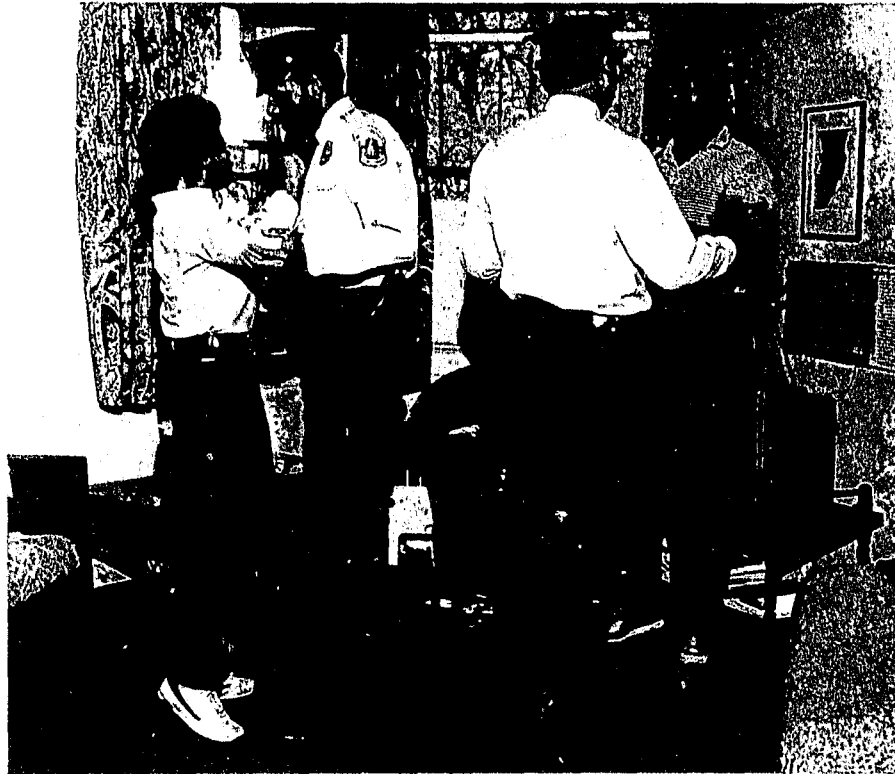
**Module:** Communication Skills: Problem Identification

**Instructor:** Sgt. Jefferson and Officer Porter.

**Time:** 1 hour

**Attitudinal Goals:** 1) To increase officers' awareness of the value in helping disputants tell their personal story in a safe, defused climate.

**Cognitive Goals:** 1) Officers will learn how to reduce disorganized thinking and confusion through a process of calm, organized information gathering.



*STEP 2: Defusion is essential to allow for safe intervention.*

**Behavioral Goals:** 1) Officers will be able to distinguish the precipitating event of a dispute from the underlying causes of a dispute. 2) Officers will be able to encourage verbal responses by utilizing interview skills, such as non-directive statements, silence, open-ended and closed questions, paraphrasing statements, as well as statements that clarify feelings and attitudes.

**Methodology:** A film will be shown first, then the instructors lead a discussion regarding the ideas illustrated in this film.

**Cues:** Participants usually identify with and become involved with the officer's lifestyle rather than the officer's behavioral skills in handling domestic disputes. Group members need to be refocused in discussing the skills that the officer demonstrated.



*STEP 3: Effective communication is necessary to understand the conflict.*

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## Curriculum Summaries

**Module:** Cultural Issues & Attitudes

**Instructor:** Ana Anders, M.S.W.

**Time:** 1¼ hours

**Attitudinal Goals:** 1) To facilitate open discussion about racial, sexual, economic and cultural issues. 2) To foster an awareness of individuals from other races and cultures as human beings with rights, responsibilities and feelings.

**Cognitive Goals:** 1) Officers will become aware of their own biases toward people from different racial groups, or with different sexual orientations, economic classes and toward people with emotional problems. 2) Officers will recognize differences in other races, sexes, cultures, as well as the mentally ill. 3) Officers will become aware of the different uses of non-verbal communication in non-English speaking populations.

**Behavioral Goals:** 1) Officers will be able to communicate with family members more effectively. 2) Officers will be able to use non-verbal communication more effectively with non-English speaking groups. 3) Officers will be able to work more effectively with persons of different racial, sexual, economic or ethnic groups.

**Methodology:** Sessions begin with a role playing episode that the officers believe is real. One individual begins to lead the session. A second person, of a different race and sex, gets into angry confrontation with the first person. The reactions of the officers is the starting place for an open discussion of officers' attitudes, biases and preconceptions of persons from different cultures, racial groups, sexual orientations.

**Cues:** Officers generally make a number of inferences about the role playing that frequently reflect pre-existing ideas about race and culture. They frequently talk about their difficulties when first entering the force, their discomfort with possibly having a female partner or a gay/lesbian partner, and their discomfort in trying to help someone who does not speak English. They frequently deny that they have difficulty handling stress, but readily admit that they know alcoholics on the force. It is helpful to remind them of the prevalence of mental

illness, alcoholism, and cultural and ethnic minorities in the general population. They will exchange ideas about ways of handling stress once they are prompted to discuss the ways in which they deal with the stress of work.



*STEP 4: Resolution occurs when the disputants agree on a solution.*

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## Curriculum Summaries

**Module:** Family Abuse Panel

**Instructor:** Representatives from: My Sister's Place—Deborah White; Child and Family Services Division, Family Services Administration, Commission on Social Services, DC Department of Human Services—Leslie Roberts; FACT\* Hotline Program, Family Stress Services of DC / DC Chapter, National Committee for Prevention of Child Abuse—Joan Cox Danzansky.

**Time:** 1¼ hours

**Attitudinal Goals:** 1) To increase officers' knowledge of child abuse and neglect, as a local and national problem; 2) To acquaint officers with the child protective system in the District of Columbia, legal responsibilities of law enforcement personnel, and the relationship of the Metropolitan Police Department to other agencies; 3) To assist officers in recognizing symptoms of abuse and neglect and the need for certain adequate referrals to the various agencies providing services; and 4) To increase officers' knowledge of public and private agencies providing services to families and children.

**Cognitive Goals:** 1) Officers will become familiar with each agency, the population it serves and the services it provides. 2) Officers will know the limitations of each agency. 3) Officers will recognize the importance of making referrals in family crisis situations.

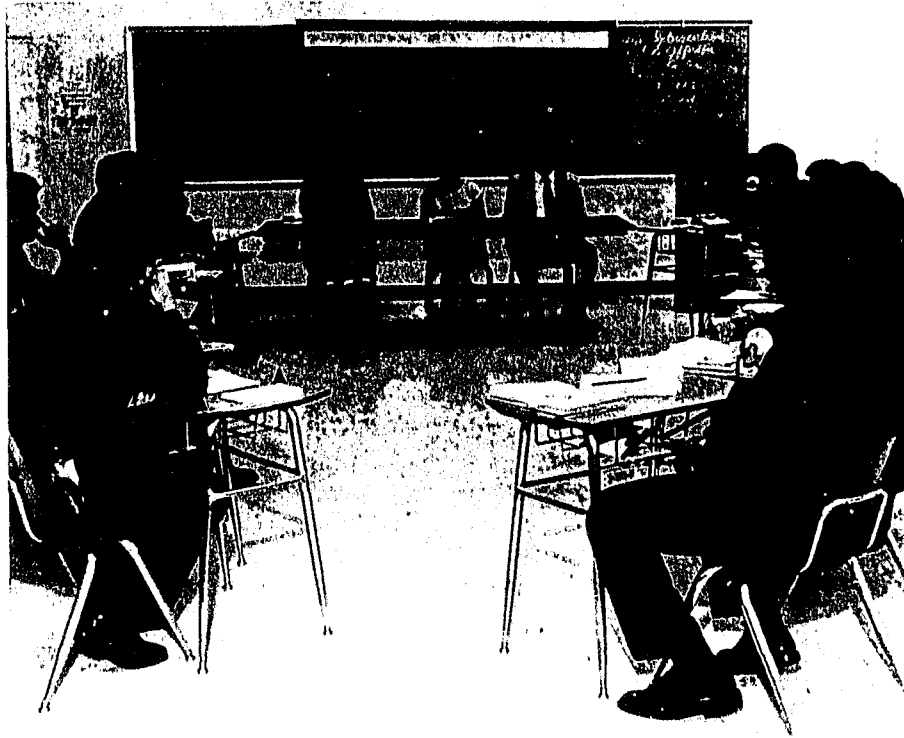
**Behavioral Goals:** 1) Officers will be able to describe the services provided by each agency. 2) Officers will know how to make referrals to each agency involved. 3) Officers will increase the number of referrals made to the community agencies.

**Methodology:** An open discussion providing a forum for officers and agency personnel to exchange information, questions, ideas. Agency personnel also explain the interrelationship between themselves and the police.

**Cues:** It is important to have a mix of public and private agencies that provide a variety of services (educational, preventive, and interventive) in child abuse and domestic violence situations. It is also important to understand the relationship between the two major D.C. government agencies: the Metropolitan Police Department, which, through its Youth Division, is involved in child abuse

investigations and missing children's issues; and the D.C. Department of Human Services, which, through its Child and Family Services Division, is involved in neglect investigations and provides a multitude of services for children and families in need.

The private agencies whose services are discussed include the following: My Sister's Place, providing housing, counseling and other services to battered women and their children; Family Stress Services of DC / DC Chapter, National Committee for Prevention of Child Abuse, providing a 24-hour crisis intervention/referral hotline, community education activities and advocacy on behalf of abused/neglected children.



*Representatives from community resource agencies explain the services they provide.*

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## Curriculum Summaries

**Module:** Alcoholism: A Family Perspective

**Instructor:** Milton S. Hawkins, A.C.S.W.

**Time:** 1¼ hours

**Attitudinal Goals:** 1) To become aware of the prevalence of alcoholism. 2) To develop an understanding of the consequences of alcohol abuse. 3) To become aware of officers' own drinking patterns. 4) To provide an arena for officers to discuss the problems they experience with drinking, either their own, their partner's, or other persons with whom they work.

**Cognitive Goals:** 1) To learn the signs of alcoholism. 2) To understand the etiology of alcoholism as a disease. 3) To learn the importance of referring problem drinkers and/or their family for treatment or to a supporting agency, such as A.A. or Al-anon.

**Behavioral Goals:** 1) To list the warning signs of alcoholism. 2) To be able to identify the agencies that provide services to alcoholics. 3) To make referrals to appropriate agencies for treatment or support when intervening in a family crisis. 4) To discuss the consequences of problem drinking on their own lives.

**Methodology:** Lecture and group discussion. Explore officers' present knowledge and misconceptions about alcoholism. Encourage them to find examples from their own experience, personally and professionally.

**Cues:** With a little encouragement, officers will openly discuss questions and concerns they have about family members and friends, as well as citizens who abuse or may abuse alcohol. This is encouraged.

## **Curriculum Summaries**

**Module:** Community Resource Panel

**Instructor:** Representatives from: Corporation Counsel/Citizens' Complaint Center: Eric Garrison, Lydia Curtis and Terri McCabe, Department of Human Services; Dr. June McCaren.

**Time:** 2¼ hours

**Attitudinal Goals:** 1) To increase officers' awareness of community resources for disputants in family crisis. 2) To increase officers' openness to making referrals when handling family crisis situations. 3) To provide a forum for officers and agency personnel to exchange ideas, frustrations, and perceptions; thus encouraging better work relationships.

**Cognitive Goals:** 1) Officers will become more familiar with each agency; the population it serves and the services it provides. 2) Officers will know the limitations of each agency. 3) Officers will recognize the importance of making referrals in family crisis situations.

**Behavioral Goals:** 1) Officers will be able to describe the services provided by each agency. 2) Officers will know how to make referrals to each agency. 3) Officers will increase the number of referrals they make to community agencies.

**Methodology:** An open discussion provides a forum for officers and agency personnel to exchange information, questions, ideas. Agency personnel also explain the interrelationship between themselves and the police.

**Cues:** Family crises arise from a variety of stress factors. It is helpful to have agencies that provide services focusing on these different stress factors. The representative from Department of Human Service discusses services provided by the District, such as help with housing, public assistance, or food. Citizens' Complaint Center provides mediation and arbitration to individuals (personal, legal, financial). Citizens may apply for civil protection through this agency. Corporation Counsel is the legal branch of the District government involved with misdemeanors.



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## Curriculum Summaries

**Module:** Drug Abuse (Substance Abuse)

**Instructor:** Domingos S. Lobo or Steven Benefield, Department of Human Services.

**Time:** 2¼ hours

**Attitudinal Goals:** 1) To develop an awareness of the extent of alcohol and drug abuse in the D.C. area. 2) To develop a sensitivity to drug abusers, viewing their drug use as an illness. 3) To facilitate an open discussion addressing points of particular interest to the group. 4) To enhance the officers' own understanding of their personal values as related to drug abuse situations.

**Cognitive Goals:** 1) To recognize the symptoms and effects produced by the wide variety of drugs of abuse. 2) To be able to differentiate between substance (drug) use, misuse and abuse. 3) To know the difference between physical and psychological addiction. 4) To know the cultural, social, moral, and legal perspectives on substance use, misuse and abuse and the ways in which the officers' own values effect the ways we handle drug-related situations. 5) To learn of area resources and support systems for substance abusers.

**Behavioral Goals:** 1) To be able to offer appropriate interventions in situations where one or more person(s) is under the influence of drugs. 2) To be able to direct the drug abuser to the appropriate area resource. 3) To be able to respond to the demands of the community to "clean up the drug problem."

**Methodology:** Information sharing via lecture and discussion; film presentation for reinforcement and further thought stimulation; and open question and answer period.

**Cues:** Common questions asked are: 1) How extensive is the substance abuse problem in D.C. as compared with other areas nationwide? 2) What preventive measures are being taken here and elsewhere? 3) What treatment resources are available in the D.C. area? 4) What to do (frustration) about constant community and political demands to stop the drug problem?

## **Curriculum Summaries**

**Module:** Non-Verbal Communication Skills Lecture

**Instructor:** Milton Hawkins, A.C.S.W.

**Time:** 1 hour

**Attitudinal Goals:** 1) To increase officers' awareness of the power of non-verbal communication. 2) To encourage officers' appreciation of the interrelationship between their non-verbals and those of persons they deal with.

**Cognitive Goals:** 1) Officers will learn a variety of ways in which people communicate non-verbally. 2) Officers will recognize the importance of the effect the non-verbals have upon others. 3) Officers will recognize that non-verbals differ for the emotionally ill and from culture to culture.

**Behavioral Goals:** 1) Officers will be able to list non-verbals that might cue danger to the officer or others. 2) Officers will be better able to identify another's non-verbals and hypothesize the meanings of these cues. 3) Officers will be able to state how their own non-verbals might elicit different emotions and behaviors from citizens. 4) Officers will be able to use their awareness of non-verbal communication effectively in simulated family crisis intervention.

**Methodology:** A discussion of the theories of non-verbal communication is followed by a discussion of possible users for this information. Officers enact family crisis scenes, observe one another's non-verbal communication and offer suggestions and observations.

**Cues:** Officers ask for more information on this subject and often ask for suggested books or readings on non-verbals. Officers are extremely skills in communication, awareness of surroundings and others' non-verbals. They expect advanced and sophisticated knowledge and techniques on this subject.



*STEP 5: Appropriate referral is essential to break the cycle of conflict.*

## **Curriculum Summaries**

**Module:** Recommendations and Awards

**Instructor:** Sgt. Patricia Alexander, Sgt. Ernest Jefferson & Officer Les Porter.

**Time:** 1½ hours

**Attitudinal Goals:** 1) To give officers the feeling of completion and accomplishment for the week.

**Cognitive Goals:** 1) Officers will identify for themselves areas of the program that were helpful and those that weren't. 2) Officers will recognize that they have completed a full program of training in family crisis intervention.

**Behavioral Goals:** 1) Officers will give oral recommendations and feedback to project staff. 2) Officers will receive graduation diplomas from the Metropolitan Police Department.

**Methodology:** An open discussion of the program and the week's training. Officers are encouraged to give both positive and negative feedback. Each officer then receives a diploma for completion of the training program.

**Cues:** The atmosphere should be kept friendly and informal to encourage feedback from lower ranked officers/recruits to their superiors.

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## **Understanding Stress Management**

### **A Module for the Family Disturbance Intervention Program**

Victor E. Bibbins, Ph.D.

The author highlights the stressful world of the police officer and the role of the Employee Assistance Program (EAP) in reducing stress among police officers. This module is included in the training because of the high level of stress among police officers and the program's belief that a "stressed" officer is unlikely to be able to deal with emotionally disturbing situations such as family crisis interventions. Perhaps the greatest danger to police officers in dealing with family crisis situations is the officer's being drawn into the family dispute due to his/her own emotional problems in dealing with their family of origin or their current family.

**W**e live in a time that may very well be characterized as the most exciting period in the history of the world! At the same time, it seems there are a multitude of things existing around us that have the propulsion of hurting and/or annihilating us. Having reached the advance stage of technological and intellectual development, mankind has at its disposal the ability to defend or destroy itself. This fixed equation of polarity, live or die, peace or war, friend or foe, that all must ultimately answer, frames the basis for examining and understanding one of life's constants; that is S T R E S S!

One hundred thirty-five minutes of the Family Disturbance Intervention Program (FDIP) is devoted to a module of training entitled "Understanding Stress Management." The focus of this particular training is to provide program participants with a holistic overview of the recognition, evaluation and management of stress. The goals and objectives being that of engendering personal and professional development within the dimensions of self awareness, self control and self realization.

The underlying rationale for this training, which is implemented through a didactic and an experiential format, is that, uncontrolled and/or unmanaged stress is often the key factor which precipitates crisis situations. Additionally, a law enforcement officer's ability to exercise the proper interventions to defuse crisis situations is, to a large extent, dependent on how well his/her stress is managed and/or under control. In other words, an essential skill for the law enforcement officer, who is frequently called upon in the course of their work to be a crisis intervention technician, is proper awareness, control and realiza-

tion of self. This is viewed not only as the foundation for properly handling family disturbances and many other types of calls, but it is also the basis for developing and maintaining a viable understanding of stress management.

Over the past 36 months, approximately 1,000 members of the Metropolitan Police Department (MPDC) received this stress training through FDIP. Most of those who participated were officers, however, some sergeants and higher officials were also involved. The instruction for this module of training was provided by the Director of the Metropolitan Police Department's Employee Assistance Program (EAP). The director of the EAP is primarily responsible for providing comprehensive counseling, referral and support, and mental and occupational health services to MPDC employees and their families who may have personal problems. The centralized goal being that of maintaining and/or improving the health, efficiency, effectiveness, and productivity of MPDC's work force. This is done by effectuating a genuine and inclusive perspective of employees' well being.

EAP's participation in the FDIP training appears to have emphatically rendered a highly significant role in the delivery of employee assistance services. Three distinct dimensions have ostensibly emerged as a result of this training. First, the training has served as an internal marketing mechanism for assisting employees and their families with problems. The most difficult aspect of any employee assistance operation is to get those who need help to seek it. This element perhaps assumes an even greater tenacity in the law enforcement community; in that, law enforcement personnel frequently internalize the imagery of the "tough guy who needs no help with his problems." The personal contact emanating from this training, particularly the small group interpersonal unfoldment exercises, seems to greatly facilitate impregnating the idea, that, "seeking help is not a sign of weakness, but rather a strength in knowing oneself." It has been estimated that 20 percent of the self referrals to the EAP have indicated that they sought help as a direct result of their and/or their co-workers' exposure to this training. This process has evolved in both a formal (people coming to the office), and an informal (people stopping EAP staff in various places outside the office to initiate seeking help). Moreover, it has been found that the officers who have been exposed to this training are more receptive to other training programs in which MPDC requires them to get involved such as; substance abuse, supervisory training and occupational health development.

The second dimension which is believed to have been generated from this training is that a considerable number of officers provided feedback to the EAP, to the effect that the information they received from "Understanding Stress Management" has prevented a number of problems in their lives by helping them to better cope with both personal and professional life concerns.

The third dimension appearing to have been obtained from this training is therapeutic intervention. A number of participants have reported that they were able to solve a number of their personal and professional problems by utilizing the knowledge they acquired from the stress management training. In essence, what many participants have shared is that they have changed or sought changes

for the betterment of their life styles; via the mental expansion they experienced in their awareness, control and realization of themselves.

It is clearly explained in the training that 180 minutes can only provide an overview of understanding stress management. Notwithstanding, it is believed that not only does this module of training facilitate the teaching and learning of many of the other skills in FDIP; but it is also viewed as a momentous augmentation to MPDC's employee assistance operations and services.

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## Results and Conclusions

Officer Janet Hankins & Dale Richard Buchanan

To date, 106 week-long training classes have been conducted and over 1900 officers have participated in the Family Crisis Intervention Training Program. To the best of our knowledge, this training program has been the most extensive of any in the United States. Based upon our program evaluation studies, we believe this program has met its goals of 1) decreasing assaults on police officers and 2) increasing family crisis intervention skills in police officers. Our belief is substantiated by a variety of evaluation studies that focused on various facets of the training. For an annotated bibliography of these studies, see the chapter on Evaluations of the SEH-MPDC Family Crisis Intervention Training. Some of those results are summarized below.

The earliest study conducted on the program was an evaluation of assault rates on trained versus untrained officers. As reported by Buchanan and Hankins (1979), there was a significant reduction in assaults on trained police officers both in responding to domestic disturbances and to all types of police calls. The authors speculated that this decrease in injuries to police officers occurred because officers trained in crisis intervention will better observe those situations and use force with more control and authority than untrained officers. Furthermore, an officer with a greater role repertoire and increased interpersonal skills will have greater options in coping with a crisis situation than will an officer who must rely upon authority and force alone.

In a study of 349 police student officers, Buchanan and Perry (1985) found that student officers' attitudes toward domestic disputes were significantly changed. Following training, student officers were more likely to view domestic disputes as legitimate police business, more likely to believe that their actions could influence families in crisis and more likely to understand that people in crisis both want, and will benefit from, assistance.

In a simulation evaluating the behavioral skills of 77 officers, Bandy, Buchanan and Pinto (1986) found that trained officers performed significantly better than untrained officers in their overall handling of the quarrel and in their ability to defuse the emotional intensity of the argument.

Community agencies (Buchanan and Hafeman, 1983) that have participated in our program have also found that officers are referring more clients to their agencies and they believe that officers are better trained in handling family disturbances.

Finally, our evaluation procedures have included two self-report forms used by the officers to evaluate the training. The first self-report questionnaire is given



at the end of the week-long training program. Officers evaluate the effectiveness of the training, the modules and the instructors. To date, the high quality ratings received by the first class has continued through to the latest class. This is not to say that every class, and that every module and instructor has received excellent ratings, but rather that these weekly evaluation tools have significantly shaped the character/content of the training program. When instructors have received poor ratings, they were counseled and, if necessary, replaced. When modules have been rated poorly they have been dropped, or when officers report a need for new types of training, they have been added. This feedback loop has been extremely important in assuring continuity of success. The second self report questionnaire is a post training evaluation collected between six months and one year after the officer has completed the training. Officers continue to report that the training significantly improved their abilities to handle domestic disputes. Furthermore, they report that the training has direct relevance to their actual street duties.

In conclusion, we believe that these studies demonstrate that family crisis intervention training is a valuable and crucial part of police training.

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## **Designing an Evaluation Program for a Family Crisis Intervention Training Program**

Dale Richard Buchanan

The author describes both the necessary components of an evaluation program and reasons for including evaluation in your training program. Various evaluation formats, including weekly evaluation reports, attitude scales, behavioral simulations and surveys are discussed.

**P**erhaps there are still some police departments that ask, "Why evaluation?" The simple answer is that management (within the police department, and externally such as the City Council, Citizen Advisory Boards, etc.), citizens and the officers themselves will want to know if the overall goals of the department and the specific goals related to domestic disturbances are being met. In addition, the direct costs (salaries for consultants and training staff, training materials) and indirect costs (time that officers are *not* at routine assignments, but are in class) associated with training programs mandate that we ask, "Are we getting what we pay for?"

Evaluation is an essential part of all training programs. At a minimum, the evaluation materials should include an on-going evaluation of the trainers, the trainees, and the expected outcomes of the training (e.g., decrease in assault rates, decrease in citizen complaints, increase in numbers of families referred to social service agencies, etc.) Evaluation of trainers is important to see if they are effective in communicating the knowledge and skills necessary for successful implementation of the program. Evaluation of trainees is essential in order to know what was learned, and which teaching methods were most effective. Examples of evaluation tools are included in the following sections.

### **Class Evaluations**

The easiest and most basic form of evaluation to implement is evaluations of the class by the trainees. Usually these are self-report items where trainees are asked to rate the effectiveness of the trainers, the training materials, relevance of the instruction to their job assignments and suggestions for improvement of training design. (A copy of our class evaluation form is included at the end of this article.) An initial evaluation by our trainees suggested that traditional self-defense classes be included in the family crisis intervention training program. Originally, it was thought that such training was provided by other components of the training department, but the officers felt that a refresher course was needed

that dealt specifically with emotionally disturbed individuals and family disturbances.

These class evaluations should be shared with all trainers in the program and can also serve as trainer evaluations. The supervisory personnel of your program may have a special rapport with a trainer that is *not* shared by the officers. Community agencies may assign to your training program personnel who are not considered quality trainers by your officers. Evaluations of the instructors will provide feedback as to how they are doing. In the history of our project, these weekly evaluations have been used to improve the training skills of trainers who did not have experience in instructing police officers. Most mental health professionals and college professors are not accustomed to speaking in plain, practical English. After reviewing class evaluations, many of our trainers have changed their approach to give the officers both what they want and what they can use. Without this feedback, these trainers might well have continued using their routine strategies to train officers who were not receptive to those teaching styles.

Class evaluations have also been used to "fire" politically sensitive individuals who quit after reviewing their evaluations. On the other hand, class evaluations were also used to persuade community agencies to retain trainers because their representative, and thus their program, was highly valued by police officers. Some of our most senior trainers are those individuals who have consistently received "excellent" ratings from the officers. These trainers report a feeling of satisfaction and importance that is reinforced by weekly evaluations commending them on their expertise.

Throughout the life of this project, the training class has been changed to meet the needs of the officers. Modules have been dropped, added and changed as a result of the comments made by officers on the weekly class evaluation forms. Sometimes the modules are changed as a result of differences in perceptions between the planners and the trainees. Originally, trainers felt that police officers should obtain some knowledge regarding family theorists and family therapy counseling. However, it soon became apparent that you can't teach police officers family therapy skills in a 40-hour course. In our original model there was also a greater emphasis on stress and "sensitivity training", (e.g., needs of minorities, sex, racial, ethnic, religious, and sexual orientation). However, since 1979, the police training academy has developed specific training courses on these topics and these modules no longer needed within the family crisis intervention training.

After seven years of weekly evaluations, it is quite clear what our police officers want and appreciate. Trainers should be warm and personable, able to spontaneously speak to and answer questions from the group, and they should be able to communicate with the officers on a personal and practical level. The majority of our officers are *not* interested in theoretical perspectives or philosophy, they are extremely motivated to learn practical ways of addressing family crisis situations. Our officers enjoy lectures that are lively, animated and provide concrete answers to real life situations. Officers prefer small group discussions where they can ask questions and receive practical answers to their ques-

tions. Officers are initially afraid of and tense in role playing situations; but after these sessions, many participants report that role playing is the preferred mode of learning. They enjoy variety. Our program combines physical exercise (self defense), movement (role playing) with lectures, films, and small group discussions.

It is essential not only to collect these weekly evaluations but to share them on a timely basis with the trainers. It is strongly advised that trainers meet on a regular basis to review class evaluations and to make needed improvements and changes.

#### **Follow-Up Surveys**

It is also an excellent idea to provide follow-up on trainees after they have completed the training. Our program used a follow-up survey that was given six months after training. To our surprise, we found that, by and large, officers felt even more highly about the class six months after its completion. They also provided us with examples of situations and skills that had not been addressed in the class, but which they felt to be necessary in intervening in family disturbances.

#### **Attitude Questionnaires**

For those training programs that are more ambitious, a relatively easy evaluation component is the use of a standardized attitude questionnaire. The use of attitude questionnaires can monitor whether primary attitudes toward families in conflict have changed as a result of the training program. Attitude questionnaires are also helpful in evaluating which, if any, of the attitudes have changed as a result of the training, and which, if any, subgroups of police officers are not being changed. For example, an initial attitude assessment indicated that white officers were feeling more confident about intervening in black family disputes, but the black police officers still felt white families would not accept their guidance. Changes in the program were implemented to bolster black officers' confidence in handling white family disturbances.

#### **Outcome Evaluations**

Provided that random assignment has been used in selection of officers to undergo training, a department can compare trained versus untrained officers in a variety of in-house statistics. Our project looked at assault rates for officers and found that trained officers had a significantly lower rate of assaults than untrained officers. Many departments also collect data on number of interventions to family disputants, referral of families in crisis to community agencies and other aggregate data that can be used to evaluate the effectiveness of the training.

#### **Behavioral Evaluations**

Without a doubt the most relevant and the hardest element to evaluate is the behavior of the officers. Family crisis training should change the behaviors of officers responding to family disturbances. A variety of ethical, legal,

economic, and experimental design issues have usually interfered with evaluators' efforts to measure actual job performance following training. However, modifications can be made. For example, our program has developed a skills checklist that must be completed for each police recruit before an individual can graduate from the training academy. The police recruit participates in a simulated domestic dispute and is evaluated on the basis of this form. (See Behavioral Skills Checklist in Appendix.)

While the form evaluates individual trainees, aggregate data also can suggest weaknesses and strengths in the program. For example a behavioral simulation conducted on some of the early graduates of the program indicated that officers were *not* referring disputants to community agencies. Consequently, instructors have increased emphasis on referral of disputants and the department has instituted a new police report form requiring that officers state the name of the agency to which the disputants were referred.

### **Summary**

Many of the evaluation activities mentioned above can be implemented by clerical personnel. Thus minimum financial support can produce great returns on program effectiveness that may later be useful in justifications for continued funding of your program. At several points, our training program was threatened by cutbacks from community agencies. Our evaluation data was extremely helpful in convincing these agencies that their continued participation was both appreciated and needed.

While police departments have not been known to welcome outsiders, there are many master's and doctoral level students who are looking for agencies in which to conduct their research. Most of these students would conduct their research without financial charge to the department and it is possible for the department to place restrictions on the dissemination of the findings and to review all program evaluation designs before implementation. It might also be possible to recruit an evaluator from a community agency or college who would work part-time or in exchange for other services.

Finally, the hiring of a program evaluator could add a wide range of evaluation activities, which may result in a more efficient use of training dollars and personnel.

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## **Annotated Bibliography of the SEH-MPDC Family Crisis Intervention Training Program**

Dale Richard Buchanan

Since the initiation of this training program, a series of evaluation studies have been conducted. Many of these studies were published and are available for review. An annotated list of those studies is listed below.

Bandy, C. & Buchanan, D.R. (1983.) *Summary evaluations of the SEH MPDC Family Disturbance Training Program*. Unpublished manuscript.

Police officers' opinions about a family crisis intervention training program were analyzed. Two hundred and sixty officers completed a questionnaire that asked officers to evaluate the effectiveness of various training techniques (role playing, lecture, film, etc.), the usefulness of various components of the training modules (stress in police work, alcoholism, family abuse, etc.), and the extent to which the training may have improved various aspects of an officer's handling of a typical domestic call. In general, the officers indicated that the training program has a beneficial effect on their performance in domestic disputes. However, veteran officers reported less benefit than did officers on the force for less than ten years. Although all topics included in the training program are considered useful by most officers, stress in police work was clearly their most important concern and the greatest felt need for training and information. A comparison with the evaluation of a previously published study was also made.

Bandy, C., Buchanan, D.R., & Pinto, C. (1986). Police performance in resolving family disputes: Evaluating the effectiveness of a training program. *Psychological Reports*, 58, 743-756.

A simulated domestic disturbance was used to examine the differences in skills between police officers, who had been trained in the use of family crisis techniques and untrained officers, in their interventions in successfully resolving and defusing domestic quarrels. The subjects were rated by expert police judges on their overall ability to intervene in domestic disputes, on seven global behavioral/psychological ratings of effectiveness, and on a 24-item behavioral scale. Trained officers performed significantly better than did untrained officers

in their overall handling of the simulated quarrel and in one of the global behavioral/psychological skills, the ability to defuse the emotional intensity of the argument. Implications for future research are given in terms of the importance of the tactic of defusing. It is also suggested that simulation exercises may be a useful method for police research when the actual event is not accessible to observation.

Buchanan, D.R. & Chasnoff, P. (1986). Family crisis intervention programs: What works and what doesn't. *Journal of Police Science and Administration*, 14, 161-168.

Since 1971, there has been a literal explosion of family crisis intervention training programs for police officers. Few of these programs have either completed extensive evaluation projects or published their training manuals, but many of them did evaluate their programs on the basis of one or two goals. Through a review of 44 programs, the authors contend that family crisis intervention training has proven most effective in increasing positive attitudes in police officers toward family disputants, increasing community awareness and appreciation of the role of law enforcement in family disputes. There is also some evidence to indicate that officers trained in family crisis intervention have better behavioral skills and sustain less assaults than officers not trained in family crisis intervention. The authors conclude that current research does indicate that family crisis intervention training is effective; but new research needs to be conducted that addresses the curriculum, staff, and teaching methodologies that constitute a "model" family crisis intervention program.

Buchanan, D.R. & Hafeman, W.M. (1983). *A community evaluation of D.C. Metropolitan Police Officers' skills in family crisis intervention*. Unpublished study.

A survey of community agencies was conducted to evaluate perceptions of police policy on family disputes, police officers' performance in resolving family disputes and referrals of families in trouble to community agencies. Agencies that were involved in the planning and implementation of the family crisis intervention program reported improved police/agency cooperation and an increase in their caseload of families in crisis via police referral. Agencies not involved in the program reported no change in either their perception of police policy or police officers, and no change in number of referrals provided by the police department. The report suggested incorporation of more community agencies into training programs.

Buchanan, D.R. & Hankins, J.M. (1983). Family disturbance intervention program. *FBI Law Enforcement Bulletin*, 52, 10-14.

This is the first published evaluation study conducted on the program. A comparison of assault rates on police officers (1979 to 1982) in domestic disturb-

ance calls and all police calls indicated a significant reduction in assaults on those officers trained in family crisis intervention. The authors speculated that officers trained in crisis intervention will better observe those situations and use force with more control and authority than untrained officers. Hypothetically, an officer with a greater role repertoire and increased interpersonal skills have greater options in coping with a crisis situation than an officer who must rely upon authority and force alone. Training in such areas as nonverbal communication and observation skills may also lead to an officer being more cognizant of subtle verbal and nonverbal cues that may be a prelude to the violent behavior. Consequently, the trained officer may be more alert, expecting violence, and thus better able to deal with aggression or attempted assaults by others.

Buchanan, D.R. & Perry, P.A. (1985). Attitudes of police recruits towards domestic disturbances: An evaluation of family crisis intervention training. *Journal of Criminal Justice*, 13, 561-572.

Police student officers' attitudes toward domestic disputes following family crisis intervention training are analyzed. A total of 359 student officers from 14 training classes participated in the study. The most dramatic improvement in attitudes was observed in officers' perceptions of disputants and in their perceptions of domestic disturbance calls. The study also investigated the attitudes of student officers toward organizational policy, training, and community relations. Student officers' attitudes significantly improved in 31 of 51 items ( $p < .05$ ). In general, the changes in attitudes demonstrated that the family crisis intervention training program did effect the attitudes of student officers in the predicted direction of change. Following training, student officers were more likely to view domestic disputes as legitimate police business and more likely to believe that their actions could influence families in crisis and that people in crisis both want, and will benefit from, assistance. It is concluded that crisis intervention training appears to be responsible for the change in officers' attitudes and that family crisis training should be included in the curriculums of police training academies.

Zuspan, K., Meerbaum, M. & Dobbs, W.H. (1979). *Report of the pilot project: D.C. Metropolitan Police crisis intervention training*. Unpublished study.

A report of the initial pilot program included an evaluation of the original curriculum, instructors and objectives of the course. This report served as the planning document for the implementation of the training program, including selection of modules, trainers and preliminary program evaluation methods. The authors report that a number of assumptions guided the original planning group, including: 1) the importance of action methods as a way of maximizing learning and facilitating transfer of what is learned to behavioral skills; 2) the effectiveness of utilizing a diversity of training techniques; 3) the importance of maintaining a small group format, in order to maximize officers' involvement and



opportunities for active participation in all aspects of training; 4) the need for flexibility, both between and within sessions; and 5) the importance of arranging modules in a sequence respecting group process.

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## **Biographical Summaries of Faculty**

### **METROPOLITAN POLICE DEPARTMENT OF THE DISTRICT OF COLUMBIA**

#### **Behavioral Sciences Unit:**

**Sgt. Patricia Alexander**, B.S. Social Sciences, currently enrolled in Master's Program in clinical community psychology, University of the District of Columbia, supervisor of the Behavioral Sciences Unit, MPDC Training Division. Co-coordinator of training for the Family Disturbance Intervention Training Program. Sgt. Alexander has been involved in the program since its inception in 1979 as an original planner and co-coordinator of the on-going training program.

**Sgt. Ernest E. Jefferson**, supervisor of the Behavioral Sciences Unit, MPDC Training Division. Co-coordinator of Training for the Family Disturbance Intervention Training Program. Sgt. Jefferson is a 17-year veteran of the Police Department, and is currently pursuing a degree in public administration from the University of the District of Columbia. Sgt. Jefferson has been involved with the program since 1984.

**Officer Leslie A. Porter**, certified instructor with the Metropolitan Police Department, assigned to the Behavioral Sciences Unit since 1984. Officer Porter is a 16-year veteran of the Police Department, and serves as a facilitator of student interaction. His degree is in meteorology.

#### **Community Relations Division**

**Officer Janet Lansing Hankins**, authored the study on family violence in 1978 that is the basis for the Department's ongoing Family Disturbance Intervention Program, and is currently the liaison officer for that program. Officer Hankins is a 13-year veteran of the Metropolitan Police Department.

### **SAINT ELIZABETHS HOSPITAL**

#### **Psychodrama Section:**

**Dale Richard Buchanan**, M.S. Director of Psychodrama Services at Saint Elizabeths Hospital. Mr. Buchanan received his Masters degree in criminology from Florida State University and is currently enrolled in the doctoral program in social psychology at George Washington University.

He is a certified trainer, educator and practitioner in psychodrama, sociometry and group psychotherapy. He is the author of numerous publications and has served on the governing boards of the American Society of Group Psychotherapy and Psychodrama and the American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy. He has been involved in the Family Crisis Intervention Training Program since its inception.

**Monica L. Meerbaum Callahan, Ph.D.** Certified trainer, educator and practitioner of psychodrama, sociometry and group psychotherapy, was employed as a staff member of the Psychodrama Section from 1977 to 1984. She has served on the Executive Council of the American Society of Group Psychotherapy and Psychodrama. She is a licensed clinical psychologist in private practice. She has a background in community mental health and wrote her doctoral dissertation (Vanderbilt University, 1980) on the evaluation of a psychodramatic model of police crisis intervention training. She served as co-coordinator of the SEH-D.C. Metropolitan Police Department Family Crisis Intervention Training Program during its original planning and pilot phase. She has also served as a consultant to the program.

**Pati Chasnoff, A.C.S.W.** Was employed as a psychodrama resident for two years in the Psychodrama Training Section at Saint Elizabeths Hospital. During this period she assisted the co-coordinators in implementation of the program and in her final year she also helped develop some of the materials that are included in this training manual. Previous to her employment at Saint Elizabeths Hospital she was on the training staff at the Moreno Institute in Beacon, New York. She has served on the governing board of the American Board of Examiners in Psychodrama, Sociometry and Group Psychotherapy.

**Milton Stewart Hawkins, A.C.S.W.** Has been co-coordinator for the training program since August 1983. He is a certified practitioner of psychodrama and is President of the local chapter of the American Society of Group Psychotherapy and Psychodrama. He also provides direct clinical psychodramatic therapy services to the criminally insane and newly admitted patients at Saint Elizabeths Hospital.

**Jessica Scott Myers, M.A.** Was co-coordinator for the Saint Elizabeths Hospital-D.C. Metropolitan Police Family Crisis Intervention Training Program from August 1980 until July 1983. She is now in private practice, specializing in applications of psychodrama, sociometry and group dynamics in the criminal justice field.

**David F. Swink, M.A.** Holds a B.A. and M.A. in psychology from East Carolina University. He is a certified trainer, educator and practitioner of psychodrama and is currently the Director of Training at the Psychodrama Section of Saint Elizabeths Hospital. He also serves on the executive council of the American Society of Group Psychotherapy and Psychodrama.

In addition, conducts a private practice in consultation and training in action methods. A number of training models developed by Mr. Swink and designed to teach hostage negotiations, interviewing and crisis intervention are currently being used by D.C. Metropolitan Police, F.B.I., Secret Service, State Department Security, and other law enforcement agencies.

## **MODULE LEADERS**

### **Community Resource Panel**

**Lydia Curtis, B.A., M.A.**, program coordinator, D.C. Mediation Service/Citizens' Complaint Center. She has been employed in this capacity for the past 14 months.

**Terri L. McCabe, B.A.**, psychology, program coordinator, D.C. Mediation Service/Citizens' Complaint Center. Lectures on the services offered by the Mediation Service and the Citizens' Complaint Center at the Police Academy. Presents police officers with information on the types of cases the Complaint Center is equipped to handle so that the police may more effectively serve the citizens of the District.

**June W. McCarron, Ph.D.** Chief, Office of Social Services Planning and Development, Commission on Social Services, Department of Human Services, discusses the various city-wide service programs available to District residents and where they may turn for information and service. She has been involved in the Community Resources Panel since 1983.

### **Cultural Issues**

**Ana Anders, M.S.W.**, Director of Hispanic Affairs and Virgin Island Services at Saint Elizabeths Hospital. Ana has distinguished herself through representation and participation in various community and national mental health associations. She serves as a member of the Advisory Committee to the D.C. Director of Mental Health, and is a member of the Board of Trustees of the Family and Child Services of Washington, D.C. In addition, she serves as a member of the International Committee of the American Red Cross. She has been teaching the module on Cultural Issues and Attitudes since 1979.

### **Drug Abuse**

**Domingos S. Lobo**, Narcotics Training Specialist, Department of Human Services, Alcohol and Drug Abuse Services Administration. Certified as a trainer through the National Institute on Drug Abuse. For the past 15 years, served as counselor, trainer and consultant to numerous public school systems, universities and public and private agencies; among them: Yale University School of Nursing, the State Department of Connecticut—Child and Youth Services, the Connecticut Mental Health Center, Gallaudet College

School for the Deaf, the School Without Walls, here in Northwest Washington, and for the last three years, the Saint Elizabeths Hospital-D.C. Metropolitan Police Family Crisis Intervention Training Program.

#### **Family Abuse Panel**

**Joan Cox Danzansky, B.A.**, Executive Director, Family Stress Services of the District of Columbia (F A C T \* Hotline Program; State Delegate Agency, National Parents Anonymous; D.C. Chapter, National Committee for Prevention of Child Abuse). Involved in the child abuse field since 1975, Joan and her agency, of which she is a founder, have received local and national recognition and awards for outstanding community service. She has served as a primary panelist for the Family Abuse Module since 1979.

**Leslie F. Roberts, B.S., M.S.W.**, Supervisor Protective Services, and has served with the Family Crisis Intervention Program since 1983.

**Deborah White**, a community outreach coordinator, with My Sister's Place. Ms. White has been involved with the Crisis Intervention Program since 1984. Ms. White began her service for the shelter in the capacity of women's advocate, and is now the primary contact person for public speaking engagements. Ms. White will receive her degree in Social Welfare this summer.

#### **Mental Illness & Emergency Hospitalization**

**Delores Maynard, M.S.N.**, Clinical Administrator, Emergency Psychiatric Service, Saint Elizabeths Hospital. Extensive experience in Hospital Administration/Management and Psychiatric/Mental Health Nursing (both within institutional settings and the Community). She has been teaching the module on Mental Illness and Emergency Hospitalization since 1983.

#### **Self-Defense**

**Officer Joseph Dodson**, certified instructor with the Metropolitan Police Department, has served the department for 15 years. Also, Officer Dodson is certified as an emergency medical technician, and water safety instructor.

**Officer Charmaine Howard**, certified instructor with the Metropolitan Police Department. Officer Howard is a 13-year veteran of the department, and has been certified as an emergency medical technician and vehicle skills instructor.

**Sgt. William Pittman**, supervisor of the Physical Skills Unit, Metropolitan Police Department. Sgt. Pittman is a 17-year veteran of the Department, and is a certified police physical fitness trainer, Aerobics Institute, Dallas, Texas, master physical fitness trainer, U.S. Army, Ft. Benjamin Harrison, Indiana; expert witness, "Use of Physical Force by Police Officers", District Court, Milwaukee, Wisconsin; and certified as an emergency medical technician.

### **Stress and Police Work**

**Victor E. Bibbons, Sr., Ph.D.**, Director, Employee Assistance Office, Metropolitan Police Department, District of Columbia, educational psychology, the University of Michigan. Professional specialization: interpersonal and organizational development.

**Anthony W. Lindsay, B.A., M.A.**, Human Resource Development, has been involved in crisis intervention since 1984. Mr. Lindsay is a certified instructor with the Metropolitan Police Department and the D.C. Public School system. As a member of the Department Employee's Assistance Program Staff, Mr. Lindsay currently serves as a treatment counselor.

Also included are the biographies of several distinguished individuals who, although no longer affiliated with the program, made significant contributions in either development/evaluation or instruction in the program.

**Carole L. Bandy, M.A.**, served as a research associate at Saint Elizabeths Hospital for a one-year period while working on her doctorate in social psychology at George Washington University. She completed several evaluation studies on the program.

**William H. Dobbs, M.D.**, former Superintendent, Saint Elizabeths Hospital, from 1979-1983, joined the staff at Saint Elizabeths Hospital in 1959 and served in various capacities including that as Director of Emergency Psychiatric Services, Director of the Division of Forensic Services, and Director of the Overholser Division of Training. He is a Board Certified Psychiatrist. He also developed the first formal training program in Group Psychotherapy at Duke University. He has retired and now divides his time equally between consultation to agencies, a private practice and fishing.

**Ava Echols, B.A., M.A.**, she was a research associate at Saint Elizabeths Hospital while enrolled in a master's degree program in clinical psychology at Howard University. She was involved in the evaluation of the weekly modules for approximately three years.

**E. Lydia Egan, M.S.W.**, formerly the clinical administrator of F A C T Hotline/Family Stress Services of D.C., trainer and clinical consultant for various community mental health and legal organizations. Ms. Egan's association with the Family Crisis Intervention Training Program began in 1979. She was one of the original planners and designed and conducted a module on domestic abuse. She participated in the community agency panel and in the program's first evaluation.

**Vallory G. Lathrop, D.N.Sc., F.A.A.N.**, Acting Deputy Director John F. Marr Clinical Division, Saint Elizabeths Hospital; Doctor of Nursing Science, the Catholic University of America, 1976; Certificate of Significant Achievement from American Psychiatric Association for designing and directing

an Intensive Treatment Unit for mentally ill offenders, 1979. Fellow, American Academy of Nursing, 1980. Vallory was one of our first instructors and taught a module on the emotionally disturbed for more than five years.

**Officer Larry Moss, B.A., M.Div.**, Coordinator, Police/Schools Youth Awareness Project, a life-skills curriculum in drugs/sex/crime in D.C. Public Schools. Administrator, 14th Street Inter-Agency Community Services Center. Larry organized and moderated the first panel in the program on government and non-profit community referral services for police with domestic disturbance cases. Trainer with program in 1979.

**Emma L. Nixon, R.N., M.S.N.**, Nurse Educator, Overholser Division of Training, Nursing Education Section. Served as an original planner of the program.

**Robert Randle, Ph.D., A.B.P.P.**, Clinical psychologist, Admissions, Dix Pavilion. Dr. Randle taught sections on non-verbal communication and working with the criminally insane.

---

## Acknowledgements

Saint Elizabeths Hospital and the Metropolitan Police Department of the District of Columbia would like to acknowledge all those people who made this project work. The names listed below represent only a portion of those individuals who devoted time to this project during the past eight years. We thank you.

### Saint Elizabeths Hospital

Lisa Pohlhaus Ahalt, L.C.S.W.	Cynthia Gayle, M.C. Judith Marian Glass, M.A.	Joseph R. Maiden, M.S.W.
Susan Allen, M.A.	Eva Gochman, Ph.D.	Susan Mann, M.S.S.W.
Kerry Altman, Ph.D.	Richard Golden	Madge Martin, A.C.S.W.
Claire Altschuler, M.S.W.	Vicky Goodman, M.S.W.	Delores Maynard, M.S.N.
Ana Anders, M.S.W.	Georgette R. Hardwick, M.A.	Dell Meriwether, M.S.W.
Angela Arzubiaga, B.A.	Milton Hawkins, M.A., A.C.S.W.	Charles Meredith, M.D.
Ron Ausbrook,	Holly Hickson-Laknahovr, M.A.	Judith A. Merritt, Ph.D.
Joel Badaines, Ph.D.	M. Katherine Hudgins, M.A.	James M. Miller, M.S.
Elizabeth Barrett, M.A.	Elizabeth H. Hunter	Mary Miller, NES, ODT
Ildi Batory, M.A.	Joyce Hyatt, M.S.W.	Mary L. Minner, M.S.
Dena Baumgartner, M.Ed.	Delphine Jackson	Paul Mitchell, M.S.W.
Diane Best, M.S.W.	Ernestine Johnson, A.C.S.W.	Robert A. Moreland, M.A.
Dennis Blair, M.S.W.	Vincent Jones, M.A.	William A. Moses, Ph.D.
Sarah Bond, B.A.	Guiliana Reed Keller, M.S.W.	Jessica Myers, M.A.
Dale Richard Buchanan, M.S.	Ronald Jack Klein, Ph.D.	Thomas E. Nash, M.A.
Monica M. Callahan, Ph.D.	Peter Kranz, Ph.D.	Timothy McGaughey, Ph.D.
Nora Callebs, M.S.W.	Christopher Kraus, M.T.S.	Maureen McGovern, A.C.S.W.
Laura Cearnal, M.S.N.	E. Kirby, M.D.	Darlia McPherson, M.S.N.
Pati Chasnoff, A.C.S.W.	Debra Felgen Langer	Guillermo Olivos, M.D.
Denise Cline, M.A.	Vallory Lathrop, D.N.Sc., F.A.A.N.	Joy Parker, M.A., R.N.
Alyce Smith Cooper, M.A., R.N.	William Lawson, M.D.	Neil M. Passariello, M.Ed.
Sylvia Davis, M.A.	Skipton Leonard, Ph.D.	Raymond Patterson, M.D.
Jeffery Dickert, Ph.D.	Nancy Jones Lewis, M.A.	Roger Peele, M.D.
William H. Dobbs, M.D.	John Lord, Ph.D.	Julia L. Peters, B.S.N.
Lillian M. Donnard, M.S.W.	Merry Macke, M.S.W.	Marcy Pollan, M.A.
Cynthia A. Eckard		Thomas J. Polley, Ph.D.
Barbara Lynn Eisenstadt, Ed.D.		William G. Prescott, M.D.
Ron Frazier		Eric J. Raldiris, M.S.
Katherine Gardner, M.A.		Robert Randle, Ph.D.
		Phil Scrofani, Ph.D.



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 Michael W. Smith, M.S.W.

Robert W. Smith, M.A.  
 Barry Spodak, M.S.W.  
 Karl Staven, B.A.  
 Marsha B. Stein, L.C.S.W.  
 Dan Sweeney, Ph.D.  
 David F. Swink, M.A.

Guy S. Taylor, Ph.D.  
 Linda Temple, B.A.  
 Mary Varfis  
 Patricia B. Wallace, M.Ed.  
 Allan G. Wickersty, Ph.D.  
 Karen Zuspan, M.A.

**Metropolitan Police Department**

Sgt. Patricia Alexander  
 Victor S. Bibbins, Sr.,  
 Ph.D.  
 Lt. George E. Bradford  
 Officer Rene Browett  
 Officer Michael Brown  
 Officer Margaret Carter  
 Assistant Chief Ronald D.  
 Cox  
 Officer Neil Cronin  
 Inspector Ronald Crytzer  
 Officer Joseph Dodson  
 Officer Laverne Epps  
 Lt. Daniel Faison  
 Officer John Feather, Jr.  
 Officer Jack Fetrow

Officer Gary W. Hankins  
 Officer Janet Lansing  
 Hankins  
 Officer Charmaine  
 Howard  
 Sgt. Ernest Jefferson  
 Detective Leon Lanier  
 Anthony Lindsay, B.A.,  
 M.A.  
 Detective Benjamin C.  
 Miller  
 Officer Larry Moss  
 Marlene R. Odoms  
 Inspector Richard  
 Pennington

Sgt. William Pittman  
 Officer Leslie A. Porter  
 Lt. Jerome Rollins  
 Deputy Chief James P.  
 Shugart  
 Officer Dennis Singleton  
 Officer Boyce Smith  
 Officer Regina T. Stitche  
 Sgt. William Stoneman  
 Officer Linda M. Tague  
 Officer Mike Thomas  
 Chief Maurice T. Turner,  
 Jr.  
 Detective Eric Witzig

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 Morton Bard, Ph.D.  
 Steve Benefield  
 James D. Butts, M.S.W.  
 Joan Cox Danzansky,  
 B.A.  
 Eric Garrison

Daniel Geller, Ph.D.  
 Susan Green, Ph.D.  
 Robert Holmstrom, Ph.D.  
 Domingos S. Lobo  
 June McCarron, Ph.D.  
 Lynn Offermann, Ph.D.  
 Cynthia Pinto, M.A.

Paul Poppen, Ph.D.  
 Edna Povich  
 Leslie F. Roberts, B.S.,  
 M.S.  
 Lydia Vargas-Egan  
 Evelyn Wallace  
 Deborah White

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# Behavioral Skills Checklist

\_\_\_\_\_ Date

## Approach

- \_\_\_\_\_ Did the officer wait on backup?
- \_\_\_\_\_ Did the officer park car away from scene?
- \_\_\_\_\_ Did the 1st officer advise the second officer of what he had observed prior to the second officer's arrival?
- \_\_\_\_\_ Did the officer use existing cover, trees, shrubs, houses, etc.?
- \_\_\_\_\_ Did the officer stand away from the door if possible?
- \_\_\_\_\_ Did the officer stop, look and listen at the door?
- \_\_\_\_\_ Did the officers discuss prior calls to the address?
- \_\_\_\_\_ Others/Interview Complainant?

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Safety-Entering

- \_\_\_\_\_ Did the officer separate the disputants?
- \_\_\_\_\_ Did the officer determine where each disputant was located?
- \_\_\_\_\_ Did the officer assess the disputants' body language?
- \_\_\_\_\_ Did the officer visually and/or physically frisk disputants?
- \_\_\_\_\_ Did the officer maintain eye contact with his/her partner?
- \_\_\_\_\_ Did the officer visually survey the scene for weapons?
- \_\_\_\_\_ Did the officer break the disputants' eye contact?
- \_\_\_\_\_ Did officer avoid placing him/herself in a vulnerable position?—  
Near stairways, windows, between disputants, gun exposed?

---

## **Behavioral Skills Checklist**

(Continued)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Defusion, Distraction**

\_\_\_\_\_ Did the officer use any defusing techniques?

\_\_\_\_\_ whistle

\_\_\_\_\_ gun

\_\_\_\_\_ notebook

\_\_\_\_\_ calm tone of voice

\_\_\_\_\_ asking favor

\_\_\_\_\_ use of humor

\_\_\_\_\_ switched sides

\_\_\_\_\_ had complainant sit down

\_\_\_\_\_ Other

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Did the officer allow the disputants to vent?

\_\_\_\_\_ Did the officer show concern without taking sides?

\_\_\_\_\_ Was the officer in control of his/her emotions?

\_\_\_\_\_ Did the officer identify the immediate problem?

\_\_\_\_\_ Did the officer identify the underlying problem?

\_\_\_\_\_ Did the officer allow each disputant to state what he or she perceived as the problem?

---

**Behavioral Skills Checklist**

(Continued)

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_\_ Did the officer use communication skills?
  - \_\_\_\_\_ open close-ended question?
  - \_\_\_\_\_ paraphrasing?
  - \_\_\_\_\_ listening responses?
  - \_\_\_\_\_ reflection of feeling?
- \_\_\_\_\_ Did the officer explain legal aspects of the situation?
- \_\_\_\_\_ Other

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Conflict Resolution**

- \_\_\_\_\_ Was the officer able to help the disputants reach a workable solution?
- \_\_\_\_\_ Was the officer able to mediate?
  - \_\_\_\_\_ negotiate?
  - \_\_\_\_\_ arbitrate?
  - \_\_\_\_\_ refer?

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**Behavioral Skills Checklist**

*(Continued)*

**Referral**

- \_\_\_\_\_ Was the officer able to identify the appropriate referral agency?
- \_\_\_\_\_ Did the officer explain to the disputant what services the agency provided?
- \_\_\_\_\_ Did the officer provide disputant with P.D. 378?
- \_\_\_\_\_ Did officer make P.D. 251?

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SITUATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Observer

---

## Weekly Evaluation

**MONDAY**

DATES OF SESSION: \_\_\_\_\_ TO \_\_\_\_\_

PLEASE RATE EACH MODULE ON THE FOLLOWING SCALE:

- 5 — rare, exceptional effort
- 4 — unusually good
- 3 — usual, expectable quality
- 2 — needs improvement
- 1 — poor, unacceptable

**1. ORIENTATION, EXPECTATIONS, OBJECTIVES**

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presenters to make their point clearly. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speakers to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

**2. FIRST FILM—"THE DAY EVERYTHING WENT WRONG"  
(SAFETY)**

- a. Overall *quality* of the film \_\_\_\_\_.
- b. *Clarity* of the film \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of film to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

## **Weekly Evaluation**

*(Continued)*

### **3. FAMILY DISTURBANCE INTERVENTION: SKILLS PRACTICE (SAFETY)**

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presenters to make their point clearly. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speakers to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

### **4. STRESS AND POLICE WORK:**

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presenter to make his point clearly. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speaker to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

### **5. SECOND FILM—"APPROACHING POTENTIALLY EXPLOSIVE CONFLICTS" (COMMUNICATION):**

- a. Overall *quality* of the film \_\_\_\_\_.
- b. *Clarity* of the film \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of film to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

**Weekly Evaluation**

(Continued)

**6. FAMILY DISTURBANCE INTERVENTION: SKILLS PRACTICE  
(SAFETY):**

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presentors to make their point clearly. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speakers to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:



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## Weekly Evaluation

(Continued)

**TUESDAY**

DATES OF SESSION: \_\_\_\_\_ TO \_\_\_\_\_

PLEASE RATE EACH MODULE ON THE FOLLOWING SCALE:

- 5 --- rare, exceptional effort
- 4 --- unusually good
- 3 --- usual, expectable quality
- 2 --- needs improvement
- 1 --- poor, unacceptable

### 1. WARM-UP:

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presenters to make his/her point clearly. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speaker(s) to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

### 2. FAMILIES IN CONFLICT:

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presenter to make his point clearly. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speaker to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

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**Weekly Evaluation***(Continued)***3. THIRD FILM—"DEFUSING HOSTILE INDIVIDUALS"  
(DEFUSION):**

- a. Overall *quality* of film \_\_\_\_\_.
- b. *Clarity* of the film \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of film to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

**4. FAMILY DISTURBANCE INTERVENTION: SKILLS PRACTICE  
(DEFUSION):**

- a. Overall *quality* of film \_\_\_\_\_.
- b. *Clarity* of the film \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of film to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

**5. PSYCHODRAMA SESSIONS ON FAMILY CRISIS INTERVENTION:**

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presenter to make his point clearly. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speaker to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

## **Weekly Evaluation**

*(Continued)*

### **6. SELF-DEFENSE:**

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presenters to make his point clearly. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speaker to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

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**Weekly Evaluation**

(Continued)

**WEDNESDAY**

DATES OF SESSION: \_\_\_\_\_ TO \_\_\_\_\_

PLEASE RATE EACH MODULE ON THE FOLLOWING SCALE:

- 5 — rare, exceptional effort
- 4 — unusually good
- 3 — usual, expectable quality
- 2 — needs improvement
- 1 — poor, unacceptable

**1. WARM-UP:**

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity:* Ability of presenter to make his point clearly. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speaker to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

**2. MENTAL ILLNESS & EMERGENCY HOSPITALIZATION:**

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity:* Ability of presenter to make her point clearly understood \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speaker to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

## **Weekly Evaluation**

*(Continued)*

### **3. FOURTH FILM--"PROBLEM IDENTIFICATION" (PROBLEM IDENTIFICATION & GOAL SETTING):**

- a. Overall *quality* film \_\_\_\_\_.
- b. *Clarity* of the film \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of film to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

### **4. FAMILY DISTURBANCE INTERVENTION: SKILLS PRACTICE (COMMUNICATION):**

- a. Overall *quality* film \_\_\_\_\_.
- b. *Clarity* of the film \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of film to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

### **5. COMMUNICATION (GROUP DISCUSSION):**

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presenter to make his point clearly understood. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speaker to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

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## Weekly Evaluation

(Continued)

### 6. FAMILY DISTURBANCE INTERVENTION: SKILLS PRACTICE (RESOLUTION):

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presenter to make his point clearly understood \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speaker to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

### 7. SELF-DEFENSE:

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presenter to make his point clearly. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speaker to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

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**Weekly Evaluation**

(Continued)

**THURSDAY**

DATES OF SESSION: \_\_\_\_\_ TO \_\_\_\_\_

PLEASE RATE EACH MODULE ON THE FOLLOWING SCALE:

- 5 — rare, exceptional effort
- 4 — unusually good
- 3 — usual, expectable quality
- 2 — needs improvement
- 1 — poor, unacceptable

**1. WARM UP:**

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presenter to make her point clearly. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speaker to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

**2. CULTURAL ISSUES & ATTITUDES:**

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presenter to make her point clearly. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speaker to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

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**Weekly Evaluation**

(Continued)

**3. FAMILY ABUSE PANEL—FAMILY STRESS SERVICES OF D.C., D.C. PROTECTIVE SERVICES AND MY SISTER'S PLACE:**

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presenters to make their point clearly. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speakers to stimulate discussion and questions \_\_\_\_\_.
- e. Comments: \_\_\_\_\_

**4. ALCOHOLISM: A FAMILY PERSPECTIVE:**

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presenter to make his point clearly. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speaker to stimulate discussion and questions \_\_\_\_\_.
- e. Comments: \_\_\_\_\_

**5. COMMUNITY RESOURCE PANEL—CITIZENS COMPLAINT CENTER/D.C. MEDIATION SERVICE AND DEPARTMENT OF HUMAN SERVICES:**

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of speaker(s) to make their point clearly. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speaker(s) to stimulate discussion and questions \_\_\_\_\_.
- e. Comments: \_\_\_\_\_



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## **Weekly Evaluation**

*(Continued)*

**FRIDAY**

DATES OF SESSION: \_\_\_\_\_ TO \_\_\_\_\_

PLEASE RATE EACH MODULE ON THE FOLLOWING SCALE:

- 5 — rare, exceptional effort
- 4 — unusually good
- 3 — usual, expectable quality
- 2 — needs improvement
- 1 — poor, unacceptable

### **1. DRUG ABUSE:**

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presenter to make his point clearly. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speaker to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

### **2. FIFTH FILM—CONFLICT RESOLUTION STRATEGIES (OPTIONAL):**

- a. Overall *quality* of the film \_\_\_\_\_.
- b. *Clarity* of the film \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of film to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

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## Weekly Evaluation

(Continued)

### 3. NON-VERBAL COMMUNICATION (LECTURE AND SKILLS PRACTICE):

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presenter to make his point clearly. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speaker to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:

### 4. FAMILY DISTURBANCE INTERVENTION: SKILLS PRACTICE (REFERRAL):

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presenter to make his point clearly. \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speaker to stimulate discussion and questions \_\_\_\_\_.
- e. Comments:



# Follow-up Survey

ID #: \_\_\_\_\_

Saint Elizabeths Hospital is collecting information on the Family Crisis Intervention Program in order to evaluate its effectiveness. All information completed on this form is confidential and no release of the data on individual officers will be provided to anyone. We thank you for your assistance in completing this form. If you have any questions concerning its use, please contact Dale Richard Buchanan at (202) 373-7219.

## SEH-D.C. METROPOLITAN POLICE FAMILY CRISIS INTERVENTION TRAINING PROGRAM EVALUATION SURVEY

Name: \_\_\_\_\_ Class #: \_\_\_\_\_  
 District: \_\_\_\_\_ Date: \_\_\_\_\_

### I. Personal Information

This information will be used collectively to compare responses of different categories of officers, e.g., do officers with two years on the force report different responses than officers with ten years on the force? If so, on what?

CIRCLE OR FILL IN THE BLANK:

<b>Sex:</b>	<b>Male</b>			<b>Female</b>	
<b>Education:</b>	High School Diploma or GED	2 yrs College	B.A. or B.S.	Graduate Study	Graduate Degree (Master's)
<b>Race:</b>	Black	White	Hispanic	Oriental	Other _____
<b>Age:</b>	_____	Round off age to nearest year.			
<b>Years on Force:</b>	_____	Round off to nearest year.			
<b>Position on Force:</b>	Officer	Master Sergeant Patrolman	Lt.	Captain	Inspector



**Follow-up—Survey**

(continued)

4. My general impression is that the other staff (hospital and community agencies) were:

Friendly	___	___	___	___	___	___	___	Unfriendly
Fair	___	___	___	___	___	___	___	Unfair
Relaxed	___	___	___	___	___	___	___	Tense
Lively	___	___	___	___	___	___	___	Dull
Informative	___	___	___	___	___	___	___	Uninformative

**III. Impression of the Training Program**

In this Section, we would like you to read the following statements and circle the rating that accurately reflects your opinion.

- 1 --- Strongly Agree
- 2 --- Agree
- 3 --- Neither Agree nor Disagree
- 4 --- Disagree
- 5 --- Strongly Disagree

1. The training program was helpful in increasing my skills in family crisis intervention. 1 2 3 4 5
2. The training program was not helpful in increasing my skills in intervening with the emotionally disturbed. 1 2 3 4 5
3. The training program was not helpful in increasing my skills in working with alcoholics and drug abusers. 1 2 3 4 5
4. The training program was helpful in increasing my skills in working with gay men and lesbian women. 1 2 3 4 5
5. The training program was not helpful in increasing my skills in working with persons from different cultures. 1 2 3 4 5
6. The training program was helpful in teaching me stress reduction techniques that I can use on the job. 1 2 3 4 5
7. The training program was helpful in teaching me self-defense techniques that I can use on the job. 1 2 3 4 5

**Follow-up—Survey***(continued)*

- 1 — Strongly Agree  
 2 — Agree  
 3 — Neither Agree nor Disagree  
 4 — Disagree  
 5 — Strongly Disagree
8. The training program was helpful in teaching me how to work with agitated and angry citizens. 1 2 3 4 5
9. The training program was helpful in teaching me about my non-verbal communication skills. 1 2 3 4 5
10. The training program was helpful in teaching me who is and who is not in need of emergency psychiatric hospitalization. 1 2 3 4 5
11. The training program was helpful in increasing my awareness of safety skills. 1 2 3 4 5
12. The training program was not helpful in increasing my skills in working with disturbance calls involving family abuse (child or spouse). 1 2 3 4 5
13. The training program was not helpful in increasing my knowledge of safety skills. 1 2 3 4 5
14. In general, I feel that the program did not help me to voice my concerns regarding crisis intervention. 1 2 3 4 5
15. In general, I feel that the program was helpful in speaking to my concerns about the role of the police officer. 1 2 3 4 5
16. In general, I feel that the faculty listened to my concerns regarding crisis intervention. 1 2 3 4 5
17. In general, I feel that the faculty gave me new information about how to work with people in crisis intervention situations. 1 2 3 4 5
18. In general, I feel that the community agency personnel supplied me with new skills (i.e., referral) in working with crisis intervention calls. 1 2 3 4 5
19. In general, I feel that the police officers should respond to family crisis intervention calls. 1 2 3 4 5

**Follow-up—Survey**

(continued)

**IV. Training Modules**

Now that you have completed the program and have had time to think about the training sessions, please rate each module on how effective you feel it is.

- 1 — Essential
- 2 — Moderately Needed
- 3 — Useful
- 4 — Not Useful
- 5 — Unnecessary
- N/A — Not Given in My Training Class

- |                                                           |                                                    |
|-----------------------------------------------------------|----------------------------------------------------|
| _____ Safety Skills                                       | _____ Communication Skills & Interviewing          |
| _____ Family Abuse                                        | _____ Personal & Professional Concerns of Officers |
| _____ Community Resources                                 | _____ Alcoholism                                   |
| _____ Referral Skills                                     | _____ Drug Abuse                                   |
| _____ Psychodrama Training for Family Crisis Intervention | _____ Cultural Issues & Attitudes                  |
| _____ Psychodrama Training for Skills Practice            | _____ Criminally Insane                            |
| _____ Mental Illness & Emergency Hospitalization          | _____ Stress & Police Work                         |
|                                                           | _____ Non-Verbal Communication                     |

Which teaching techniques worked best in increasing your knowledge of the subjects being taught? Please rate each teaching style.

- 1 — Extremely Effective
- 2 — Effective
- 3 — Satisfactory
- 4 — Minimally Satisfactory
- 5 — Unsatisfactory

- |                 |                   |                            |
|-----------------|-------------------|----------------------------|
| _____ Panels    | _____ Psychodrama | _____ Lecture              |
| _____ Role Play | _____ Films       | _____ Seminars/Discussions |



**Follow-up—Survey***(continued)***V. Overall Opinions**

Place an "X" on the line that best represents your belief.

- A. **Example:** How much better or worse do you feel that the staff of St. Elizabeths Hospital understands the difficulties officers have in responding to family crisis situations?

	X			
Much Better			No Change	Much Worse

1. How much better or worse do you feel you understand the nature of family crisis as a result of your training?

Much Better			No Change	Much Less
----------------	--	--	--------------	--------------

2. How much more or less welcome is your presence in the homes of disputants as a result of your training?

Much More			No Change	Much Less
--------------	--	--	--------------	--------------

3. How much more or less receptive do the disputants seem to be to what you have to say in family crisis intervention as a result of your training?

Much More			No Change	Much Less
--------------	--	--	--------------	--------------

4. How much more or less force have you found necessary to employ in handling family crisis as a result of your training?

Much More			No Change	Much Less
--------------	--	--	--------------	--------------

5. How much more or less effective are you in handling family crises as a result of your training?

Much More			No Opinion	Much Less
--------------	--	--	---------------	--------------

**Follow-up—Survey**

(continued)

6. What type of recommendation would you give fellow officers if they asked for your opinion concerning whether or not they should participate in the family crisis intervention training program?

Very High	No Opinion	Very Low
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7. How much better or worse do you feel that the Police Department understands the difficulties police officers encounter in family crisis situations?

Much Better	No Change	Much Worse
----------------	--------------	---------------

**VI. Overall Rating**

At the time you completed the class you were asked to give it a numerical rating. Now that you have had the opportunity to see if the training was relevant to your work in family crisis situations, please rate the class again.

- 5 — Rare, exceptional effort
- 4 — Unusually good
- 3 — Expectable quality
- 2 — Needs improvement
- 1 — Poor, unacceptable

Family Crisis Intervention Training Program:

- a. Overall *quality* of presentation \_\_\_\_\_.
- b. *Clarity*: Ability of presenters to make their point clearly understood \_\_\_\_\_.
- c. *Practical* usefulness \_\_\_\_\_.
- d. Ability of speakers to simulate discussion and questions \_\_\_\_\_.

## **Follow-up Survey**

*(continued)*

### **VII. Comments**

We would especially appreciate your written comments concerning the program. We will use these comments in revising and improving the program.

1. **HIGHLIGHTS** (Things that went well and should be continued: faculty, courses, teaching techniques, etc.)
  
2. **GRIPES** (Things that didn't work and should be dropped or changed: faculty, courses, teaching techniques, etc.)
  
3. **SUGGESTIONS FOR IMPROVEMENT** (Things that should be added: faculty, courses, teaching techniques, etc.)

Thank you for participating in the evaluation of this program. Your input will be carefully reviewed and incorporated into the overall program. If you desire copies of the program evaluation summary, please call the Psychodrama Section at (202) 373-7219.

# Attitude Questionnaire I

Date \_\_\_\_\_

Saint Elizabeths Hospital is collecting information on the Family Crisis Intervention Training Program in order to evaluate its effectiveness. All information completed on this form is confidential and no release of the data on individual officers will be provided to anyone. We thank you for your assistance in completing this form.

## I. Personal Information

This information will be used collectively to compare responses of different categories of officers, e.g., do officers with two years on the force report different responses than officers with ten years on the force? If so, on what?

CIRCLE OR FILL IN THE BLANK:

<b>Sex:</b>	<b>Male</b>			<b>Female</b>	
<b>Education:</b>	High School Diploma or GED	2 yrs College	B.A. or B.S.	Graduate Study	Graduate Degree (Master's)
<b>Race:</b>	Black	White	Hispanic	Oriental	Other _____
<b>Age:</b>	_____	Round off age to nearest year.			
<b>Years on Force:</b>	_____	Round off to nearest year.			
<b>Position on Force:</b>		Student Officer	Officer	Master Sgt. Patrolman	Other

\* For a published account of these attitude scales see Buchanan, D.R. & Perry, P.A. (1985). Attitudes of police recruits towards domestic disturbances: An evaluation of family crisis intervention training. *Journal of Criminal Justice*, 13, 561-572.

\*\* Questionnaires should be alternated during the training program. Questionnaire I is given as the pretest for class 1, while Questionnaire II is given as the post test for class 1. For class 2, Questionnaire II is given as the pretest while Questionnaire I is used as the post test.

\*\*\* This questionnaire evaluation is almost wholly based upon a questionnaire designed by Randolph, E.F.; Condon, R.J., Firmin, J.F. and Fulwiler, J. (1976). *New Orleans police department family crisis intervention experiment: Final evaluation*. New Orleans, LA: New Orleans Police Department.

**Attitude Questionnaire I***(Continued)*

Please read the following statements and circle the answer that most closely represents your opinion.

1. The family crisis intervention project, in your community, will help improve police-community relations *more* than reducing the amount of crime.  
strongly agree    agree    undecided    disagree    strongly disagree
2. The police sergeant who reprimanded an officer for spending 45 minutes on a family disturbance call was correct in his action.  
strongly agree    agree    undecided    disagree    strongly disagree
3. Mental health problems are of no concern to police until a crime is committed.  
strongly agree    agree    undecided    disagree    strongly disagree
4. The development of close, supportive relationships with social service agencies will be an easy task.  
strongly agree    agree    undecided    disagree    strongly disagree
5. The family crisis intervention project in your community will stand a greater chance of being successful if the chief of police and other top command staff are enthusiastic about the special training in behavioral science.  
strongly agree    agree    undecided    disagree    strongly disagree
6. Most police prefer lecture-type training and will be turned off by group discussions and role playing.  
strongly agree    agree    undecided    disagree    strongly disagree
7. The best thing to do if a fellow police officer makes cracks about family crisis intervention is to act as if you agree.  
strongly agree    agree    undecided    disagree    strongly disagree
8. The usual role of the policeman is one that leads naturally to his becoming involved as a third party in interpersonal conflicts.  
strongly agree    agree    undecided    disagree    strongly disagree

---

**Attitude Questionnaire I**

(Continued)

9. Training situations requiring the policeman to verbally defend his decisions in handling *simulated crisis events* are of little value.  
strongly agree    agree    undecided    disagree    strongly disagree
10. The black community will not accept white officers as family counselors.  
strongly agree    agree    undecided    disagree    strongly disagree
11. It is not consistent with sound police practice and perhaps illegal for a police officer to suggest remedies to the participants in a family disturbance.  
strongly agree    agree    undecided    disagree    strongly disagree
12. Most officers in your department will view an assignment to family crisis intervention training as a step toward promotion.  
strongly agree    agree    undecided    disagree    strongly disagree
13. Police could benefit from analyzing their actions in front of fellow officers much as professional football players do who discuss films of their practice sessions.  
strongly agree    agree    undecided    disagree    strongly disagree
14. The family crisis intervention trained officer will be better accepted by the community if he performs normal police duties as well as family crisis functions.  
strongly agree    agree    undecided    disagree    strongly disagree
15. A policeman with street experience doesn't need social science training to effectively handle violent or mentally upset people.  
strongly agree    agree    undecided    disagree    strongly disagree
16. Excessive drinking is usually the cause of most family disturbances.  
strongly agree    agree    undecided    disagree    strongly disagree
17. It is probably true that your fellow police officers will laugh at you when you tell them that special behavior science training will help to protect *them* at family disturbance calls.  
strongly agree    agree    undecided    disagree    strongly disagree

---

**Attitude Questionnaire I**

*(Continued)*

18. Most officers in the department will view training in crisis intervention as a waste of time.

strongly agree    agree    undecided    disagree    strongly disagree

19. Persons engaged in a hostile argument can always be quieted down by a threat of arrest.

strongly agree    agree    undecided    disagree    strongly disagree

20. Police are already too busy to begin providing crisis intervention and counseling services to people.

strongly agree    agree    undecided    disagree    strongly disagree

21. The police could probably prevent a lot of assaults and homicides if they were more effective in dealing with family difficulties.

strongly agree    agree    undecided    disagree    strongly disagree

22. The white community will not accept black officers as family crisis counselors.

strongly agree    agree    undecided    disagree    strongly disagree

## Attitude Questionnaire II

Saint Elizabeths Hospital is collecting information on the Family Crisis Intervention Program in order to evaluate its effectiveness. All information completed on this form is confidential and no release of the data on individual officers will be provided to anyone. We thank you for your assistance in completing this form.

### I. Personal Information

This information will be used collectively to compare responses of different categories of officers, e.g., do officers with two years on the force report different responses than officers with ten years on the force? If so, on what?

CIRCLE OR FILL IN THE BLANK:

<b>Sex:</b>	<b>Male</b>			<b>Female</b>	
<b>Education:</b>	High School Diploma or GED	2 yrs College	B.A. or B.S.	Graduate Study	Graduate Degree (Master's)
<b>Race:</b>	Black	White	Hispanic	Oriental	Other _____
<b>Age:</b>	_____	Round off age to nearest year.			
<b>Years on Force:</b>	_____	Round off to nearest year.			
<b>Position on Force:</b>		Student Officer	Officer	Master Sgt. Patrolman	Other

\* For a published account of these attitude scales see Buchanan, D.R. & Perry, P.A. (1985). Attitudes of police recruits towards domestic disturbances: An evaluation of family crisis intervention training. *Journal of Criminal Justice*, 13, 561-572.

\*\* Questionnaires should be alternated during the training program. Questionnaire I is given as the pretest for class 1, while Questionnaire II is given as the post test for class 1. For class 2, Questionnaire II is given as the pretest while Questionnaire I is used as the post test.

\*\*\* This evaluation is almost wholly based upon a questionnaire designed by Exton, J.P. (1974). *Family crisis intervention: Demonstration and evaluation of a program utilizing mental health paraprofessionals and law enforcement officers*. Ph.D. Dissertation. University of Florida.



**Attitude Questionnaire II***(Continued)*

For each statement below, decide whether or not you agree with the statement, and to what extent you agree or disagree. Use the scale below to select an answer. Then circle the number at the end of each statement that best expresses your feeling about the statement.

- 1 --- Strongly Agree  
 2 -- Agree  
 3 -- Undecided  
 4 --- Disagree  
 5 --- Strongly Disagree

1. Nearly every family disturbance call involving a family dispute carries with it the element of serious personal danger for the officer. 1 2 3 4 5
2. Even if special help is offered to a family involved in a family disturbance call, the police can still expect to have more trouble with them later. 1 2 3 4 5
3. In most cases, there really isn't much that can be done to help the kind of people who are usually involved in family disturbance calls. 1 2 3 4 5
4. Family disturbance calls provide excellent opportunities for the police officer to display his/her concern for helping people in trouble. 1 2 3 4 5
5. Family disturbance calls are serious police matters that other people should avoid. 1 2 3 4 5
6. Family disturbance calls are the least enjoyable assignments an officer can get. 1 2 3 4 5
7. Regardless of how tactful a police officer is, there is seldom very much he/she can do to bring about a positive outcome in a family dispute. 1 2 3 4 5
8. Family disturbance calls usually turn out to be more the job of a social worker than of a policeman. 1 2 3 4 5
9. Police officers should not even be required to investigate a family disturbance unless there is already evidence of an unlawful physical assault. 1 2 3 4 5

## Attitude Questionnaire II

(Continued)

10. Most families that are involved in family disturbance calls 1 2 3 4 5  
do not really want help with their problems.

Below are some pairs of adjectives which can be used to describe people or situations. Please use these scales to describe the PEOPLE INVOLVED IN family disturbance calls as you have observed and experienced them in line of duty.

If you believe these people are *completely like* the adjective at the left of the page, circle the number 1. If they are *completely like* the adjective at the right side of the page, circle the number 7. If they tend more toward the middle, circle one of the numbers which BEST DESCRIBES how you feel about people involved in family disturbance calls.

Cooperative	1	2	3	4	5	6	7	Uncooperative
Intelligent	1	2	3	4	5	6	7	Ignorant
Dangerous	1	2	3	4	5	6	7	Safe
Healthy	1	2	3	4	5	6	7	Sick
Passive	1	2	3	4	5	6	7	Active
Unpredictable	1	2	3	4	5	6	7	Predictable
Dirty	1	2	3	4	5	6	7	Clean
Sincere	1	2	3	4	5	6	7	Insincere
Open-Minded	1	2	3	4	5	6	7	Close-Minded
Superficial	1	2	3	4	5	6	7	Serious
Pleasant	1	2	3	4	5	6	7	Annoying
Helpless	1	2	3	4	5	6	7	Competent
Kind	1	2	3	4	5	6	7	Malicious
Lazy	1	2	3	4	5	6	7	Hard-Working
Resourceful	1	2	3	4	5	6	7	Unresourceful
Undependable	1	2	3	4	5	6	7	Trustworthy
Stubborn	1	2	3	4	5	6	7	Agreeable
Promising	1	2	3	4	5	6	7	Hopeless
Careful	1	2	3	4	5	6	7	Careless