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TRAINING & CONSULTING SERVICES
DISASTER PREPARATION AND CRITICAL INCIDENT RESPONSE

PATROL OFFICER INTERVENTION CHECKLIST

This intervention checklist is intended to help support officers in exploring their options when it comes to mitigating risks to the individual and the community. They are divided into Low/Moderate and Elevated/Critical to assist in matching the type of intervention with the perceived level of risk. It should be noted that the Low/Moderate interventions would also be useful for those in an elevated or critical level of risk as they stabilize from the initial crisis.

Low/Moderate Interventions

Mental Health/At-Risk Supports

- ❑ K–12/College: Referral to school BIT or threat assessment team
- ❑ K–12/College: Referral to school-based mental health outpatient services
- ❑ K–12: Referral to school-based special education IEP services
- ❑ Referral to outpatient mental health and job-based employee assistance program
- ❑ Referral to online or distance-based therapy services

Social Supports

- ❑ Identify and strengthen supports from family (significant others, spouses, and children).
- ❑ Peer Support:
  - ❑ Groups at local middle school, high school, or college
  - ❑ Clubs and organizations
  - ❑ Online gaming friends
  - ❑ Internet support groups
  - ❑ Dance or band team
  - ❑ Game nights, Dungeons & Dragons, and video game nights
- ❑ Houses of Worship:
  - ❑ Youth groups
  - ❑ Choir programs
  - ❑ Art or music lessons
  - ❑ Study programs on religious issues and social justice
- ❑ Athletics and Working Out:
  - ❑ Local or school recreational departments
  - ❑ Sports teams
  - ❑ Martial arts programs (many offer reduced cost and scholarships)
- ❑ Community Services:
  - ❑ Big Brother/Big Sister Program
  - ❑ Animal shelter
  - ❑ Homeless shelter
  - ❑ Nursing home, hospice, or assisted living
  - ❑ Food bank
  - ❑ Political or Social justice organizations, non-violent outlets

Elevated/Critical Interventions

- ❑ Assessment at local emergency room or community mental health center
- ❑ Social services referral through department of mental health, protective services, or department of youth services

- ❑ Ongoing monitoring by law enforcement and/or additional agencies
- ❑ Keep the subject informed and aware, as much as possible, to reduce fear of the unknown. For example:
  - ❑ If headed to jail/holding, what are the policies about dress, food, smoking, strip searches, and the kind of people who will be in lockup?
  - ❑ If headed to hospital, what are the polices on smoking, food access, and clothing? Perhaps have a discussion about being with a chronic, older population if the subject is younger and this is their first admission.
  - ❑ If headed to an emergency department, what are the polices about medical clearance, and blood draw, and what is the relative busyness of the department?
- ❑ Consult with local fusion center, ATAP (www.atapworldwide.org), or NaBITA (www.nabita.org) for outside, expert insight on threat assessment and management.
  - ❑ In threat to other scenario, consider issuing a warning to target or making contact with threat assessment team at school/college.
  - ❑ In threat to other scenario:
    - ❑ Offer supper to potential target (cell phone, direct call number, and handout material).
    - ❑ Offer support to family in distress.
    - ❑ Consider larger Clery Act (educational SROs) or community notification.
  - ❑ Basic Support Needs:
    - ❑ Facilitate access to clothing, opportunity for shower, hygiene items or sanitary materials for women.
    - ❑ Help organize transportation to and from hospital.
    - ❑ Allow for a phone call or offer to call the subject's friend/family to inform them what is happening.
    - ❑ Take steps to notify the appropriate parking services for the subject's vehicle if it is going to be left behind.
    - ❑ Offer a chance for food and drink. Consider taking a moment to let them smoke/vape, as many locked units ban this.

Assess Obstacles to Interventions

- ❑ Cost (or Wait List) for Mental Health Services:
  - ❑ Referral to sliding scale agency
  - ❑ Local agency and business support through donations
  - ❑ Discuss possibility of groups if there is a long wait list
- ❑ Transportation Challenges:
  - ❑ Ride share credits or bus/transportation credit
  - ❑ Trade services with friend for a ride
- ❑ Stigma to Care:
  - ❑ Help the person understand getting help is normal and not something to of which to be ashamed.
  - ❑ Share a personal story (reasonable and with focus on appropriate boundaries) about someone who accessed care and it went well.
  - ❑ Make a parallel to working out at the gym. Therapy can be seen as working out for your mind.
- ❑ Family/Peer Support:
  - ❑ Address family concerns with seeking care and the potential stigma.
  - ❑ Encourage a "take a village" approach that provides multiple supports to improve the net of intervention.

Dangerousness and violence, from an individual is difficult, if not impossible, to accurately predict. Information in this assessment should not be seen as legal or psychological advice or as a guarantee, or offer any assurance that violence will be prevented. It should be seen as a strucuted way to organize a risk assessment that is used in conjunction with interviews, intellegence gathering, and consultation to develop a mitgation plan.

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