



**Allegheny County Coalition for Recovery  
Committee for Recovery Dialogues (CRD)  
Trialogue  
March 8, 2018  
Jewish Community Center of Greater Pittsburgh, Squirrel Hill**

**Participants – City of Pittsburgh Zone 4 police (5 participants), service providers (6 participants), persons in recovery (four participants)**

**Facilitators – Sarah Goldstein, Dr. Wes Sowers  
Notes – Charlene Saner**

**Guide:**

PO – Police comments

SR – Persons in recovery, service recipients' comments

SP – Service provider comments

·Sarah Goldstein opened by explaining the goal of Allegheny County Coalition for Recovery (ACCR) and the guidelines and principles for the discussion.

·Wes Sowers gave the history of CRD and explained what the dialogues strive to accomplish.

·Participants then introduced themselves and explained their roles.

·Discussion begins.

**Question: What are your experiences with interactions between police officers and people in crisis?**

SP: People can become violent making it necessary to call the police.

SP: There was an incident at People's Oakland (wellness center/psych/social rehab facility) in which a client was distressed and volatile and the police were called. It took police over 20 minutes to arrive. That was not good.

PO: I will personally research that particular incident, as 20 minutes is not a normal response time. Contacting the University of Pittsburgh Police is an option.

SR: If I'm upset, I get more upset if the police or anyone else tries to calm me down.

SP: The police have responded differently in different incidents. Some were good interactions, some were not.

PO: We try to offer options. We try to question the person who the call is about.

SR: Sometimes police argue with people in crisis.

SR: Being brought in as a patient at WPIC (Western Psychiatric Institute & Clinic) I was initially very upset. Then I calmed down. Meanwhile, someone called WPIC security. They upset me all over again.

SP: It's a judgment call.

SR: Even if people have a relationship with the police, it's hard for them to know what to do when the situation gets worse.

SR: It seems like calling the police can make the situation worse.

Question: **What is helpful to keep a situation from getting worse?**

PO: Sometimes an officer already has a rapport with a person in crisis, which is helpful. It would be great if this was the situation all of the time.

PO: We don't want to make things worse. Some officers are just better in those situations than others. Some officers have limited training. Some go beyond and volunteer to take CIT (Crisis Intervention Team) training.

PO: We do the best we can to not escalate the situation.

SR: Sometimes just letting us calm ourselves down.

Question: **What are some of the assumptions made when police are called to a crisis situation?**

PO: That we are there to arrest someone or take them to WPIC. We want to speak with the person who is the subject of the call, not to the person who called 911. We try to quickly garner information and evaluate the situation. It's few and far between that persons are arrested.

SP: Individual crisis plans and internal training should be used before calling the police. "I'm not a big police advocate, but now I understand more. I see my own bias. I will train myself to be more balanced."

PO: Our goal is not to arrest someone. We try to come with a calm demeanor. We don't want to make the situation worse.

SR: Sometimes in crisis we don't articulate what we need. Someone in advance needs to know what to do.

Question: **How respectful are your interactions; is respect a part of your encounter?**

SR: I feel respected in my interactions with staff at People's Oakland.

PO: I come from a family with behavioral health issues. I personally understand and so I try to be respectful of others.

SR: Police came to my home because of a noise complaint. I was very respectful to the officers and they were respectful toward me. I treated them as I wanted to be treated.

PO: All parties should be encouraged to respect each other.

Question: **How do we create an atmosphere of respect?**

- SR: Set an example. Letting the police know your vulnerabilities creates a connection/respect. The uniform puts police on a pedestal. People should be respected as individuals, not as police, teachers, etc.
- PO: A lot of times we're on edge when going to a home because we are concerned for all parties' safety. Small communication breaks barriers.
- SP: It depends on how information is presented. For example, in a situation where a client was in crisis, I told the police "he's not doing well" instead of "he's spitting at me". Phrasing matters.
- PO: Calls for help go from 911 operator to dispatcher to us. Sometimes things get lost in translation through all of that passing of information. That's why we speak with the person who the call is about directly. Calls are triaged, so wording is important.
- PO: It's up to the person whether they end up going to WPIC or jail. We would rather take a person to WPIC so they can avoid going to jail. A person's mental health proceeds jail, although criminal charges may come later.
- PO: I encountered an incident in which the person was extremely combative and tried to throw someone. We had to arrest the person, but their case went through Mental Health Court.
- PO: If the situation is not immediate, we try to talk. Sometimes we only have seconds to figure out what to do. Every situation is different.

**Question: What role does fear play in these encounters?**

- PO: If you know a person has a violent history, you must take care of yourself. You do feel some fear.
- SR: The media stigmatizes mental illness and presents it as something that should be feared. People in the community may be more likely to call the police if they know a person has mental illness.
- PO: The media stigmatizes police too and negatively stereotypes us.
- PO: Some fear is good; it can make a person vigilant but some let it cloud their judgement.
- PO: Mental health calls get prioritized so more police show up. That may be scary but it's for safety reasons.
- SR: A lot of police react to fear due to stigma.
- SR: I know people who have dealt with police who were unfair. That's scary.
- PO: Not all cops are bad. There are bad people in every profession but bad cops make it hard for all of us.
- SR: Suburban police seem to be mean and stigmatize. Pittsburgh police handle situations better.
- PO: Many small police departments don't have many crisis calls. They are more apprehensive because they don't have the volume of crisis calls that Pittsburgh police do. Many don't have resources for trainings like CIT.

**Question: How can clinicians help mediate these encounters to make things easier?**

- PO: The expansion of CIT training. Helping to provide Mental Health First Aid, etc.
- PO: This type of discussion helps them understand.

PO: They may not know the full situation. For example, Police Zone 4 covers 15 miles and police encounter crisis situations on every shift. For example, one of our officers saw three DOA's (dead on arrival) in just one shift.

Question: **How does substance use change the scenario?**

PO: It makes doing our job harder. It's all about safety for everyone.

PO: We have a short time to evaluate situations to tell if it's a drug-related incident, mental illness, both or something else.

PO: Paramedics need to be called in. This causes funding issues.

Question: **Do you think having drug & alcohol training/experience helps?**

PO: Yes. We have training through a procedural justice program that includes implicit bias training. There are biases against black neighborhoods largely due to the crack epidemic and was seen as criminal. But now, the opioid epidemic is largely in white neighborhoods it's seen as a medical problem.

Question: **Are clinicians trained to be in touch with their own biases?**

PR: Supervision is a place where issues like biasness can be addressed. Bias against people who use drugs can cross public safety lines. For example, there are people who think why should Narcan be used on someone who will continue to use drugs anyway?

SR: Some case managers show bias against people who have mental illness.

PO: There are biases against drug users because many people that believe that addiction is a choice. As officers we try not to judge. Using drugs is a choice the first time someone uses, but the chemical reaction, the addiction, is not a choice.

PR: The wide availability of Narcan in places like libraries make people use drugs more because they know they can be 'saved'.

Question: **What can we do to not feel so traumatized?**

SR: Trust the staff more at clinics, etc.

SR: Understand that the police want to help us and not hurt us. Remember what we heard today.

PO: Continue trainings.

**End of questions. Feedback from participants about the discussion:**

·I've heard good perspectives today.

·As an officer, I know now to ask a person, "Do you want to be left alone for a while?"

·It's important to approach situations without judgement.

·The police seem to be effective without letting their biases overtake their judgement.

·This discussion helped me see the police point of view.

·The honesty of the police is appreciated.

·All parties can make crisis situations better.

·This conversation was important to have; made things clearer.

·That all of us have gotten together for this discussion shows our commitment to better engagement with the police.