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Evaluating the Value of Reflective Journaling in Training Municipal Police Recruits in British Columbia to Promote Successful Interactions with Mental Health Consumers

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Abstract

The skills required by police officers are becoming more multifarious in conjunction with ever-shifting societal environments and conditions. One such example is the increase of mental health consumer-police interactions and the subsequent media and social attention they receive. Therefore, it is necessary to examine the training municipal police recruits receive in British Columbia in the context of their interactions with mental health consumers in order to promote successful and positive resolution of such interactions.

This research was designed as a phenomenological study to explore the experiences of municipal police recruits at the British Columbia Police Academy by looking for qualitative data on how prepared police recruits feel when interacting with mental health consumers during the academy's Block 2 field training. The data analysis followed the mechanics of learning through reflective journaling as the analysis examined the data for patterns and themes related to Atkins and Murphy's (1993), Scanlan and Chernomas' (1997), and Thorpe's (2004) three stages of reflective learning. This research also followed an inductive approach in determining whether or not the recruits felt that these reflective assessments aided them by encouraging self-guided reflective learning.

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Introduction

Background

Police and Mental Health Consumer interactions in Canada

Due in part to an increase in media attention and high profile police shootings of Mental Health Consumers (MHC), it has become increasingly evident that there is greater need for changes and improvements in how police officers deal with people with mental illnesses in crises. Generally, it is the police who respond first to ‘urgent situations involving persons with mental illness’ (Lamb, Weinberger, and Gross, 2004: 111; Compton and Kotwicky, 2007: 34). There are a large number of mentally ill people who come into contact with police (Wilson-Bates, 2008: 11-12; Cotton and Coleman, 2010). Since this is the case, police officers need to adapt and advance their training tactics in order to stop the cycle of arrest and release without treatment. With a significant number of calls to police in Vancouver involving a MHC (Wilson-Bates, 2008), it is imperative the training of municipal police officers in British Columbia be evaluated.

Before exploring the specific organizational framework in which this specific research will take place, we will consider the relevant context of police-MHC interactions as well as the Crisis Intervention Training (CIT) police officers receive, with particular focus on municipal police recruit training in Canada and British Columbia. For the sake of consistency, it is necessary to address the relevant terminology. Throughout the literature, the terms “PwMI/PMI” (Person with Mental Illness) (Wells and Schafer, 2008; Cotton and Coleman, 2010) or “the mentally ill” (Wilson-Bates, 2008; Ritter, Teller,

Munetz, and Bonfine, 2010), are used to represent individuals suffering from mental illness; however, for the context of this research, the term Mental Health Consumer (MHC) will be used as it is currently the term applied to these individuals in the province of British Columbia. Additionally, the term CIT is here applied to a Police Based Specialized Police Response, also known as Crisis Intervention Teams (CIT) where police officers receive special training in dealing with people with mental health issues (Hails and Borum, 2003: 54; Compton and Kotwicki, 2007: 35). This model is the most popular because incidents are resolved quickly as police officers are better able to de-escalate situations without endangering others (Slate and Johnson, 2008: 96; Cotton and Coleman, 2010; Wells and Schafer, 2006; Hanafi, Bahora, Demir, and Compton, 2008; Ritter et al, 2010).

Wilson-Bates (2008) considered causation of increased police/MHC interactions and saw de-institutionalization and ineffective community health care as the most significant causative factors. Her report outlines what the Vancouver Police Department (VPD) is doing to improve such MHC interactions, which account for half of all calls VPD attends. Wilson-Bates (2008) primarily focuses on how there is inadequate mental health support in the community for MHCs following de-institutionalization.

While this document provides a Vancouver context to the frequency of potentially volatile interactions between police and mental health consumers, it presents a certain bias. Wilson-Bates is a member of the VPD, for whom the report was produced. This could possibly account for the disproportional blame assigned to mental health professionals versus the police. In this context, though, it is important to address a

police organization's view on the subject. However, while Wilson-Bates (2008: 2) states that 'patrol members in the VPD receive adequate training to manage the current reality that up to 49% of all calls they attend in which contact with an individual is made involves a mentally ill person', one has to wonder if *adequate* is good enough.

Considering this context, the current research has two positive results for recruits: strengthening recruit confidence, preparation, and cognitive skills which directly relate to the second: positive outcomes of police MHC interactions. This research aims to address two questions:

1. Does the level of training in Block 1 for municipal police recruits in British Columbia result in a sufficient level of recruit confidence, preparation, and cognition to deal with the increasing prevalence of MHC/police interactions in British Columbia when they proceed to Block 2?
2. Regardless of whether or not the results of question 1 are positive or negative, can the introduction of an assignment (within provincial governmental constraints) based on reflective journaling *enhance* recruit learning, resulting in improved police interactions with MHCs?

Crisis Intervention Team Training: Connection to this study

As previously identified, the number of police-MHC interactions have increased exponentially; to address this increased likelihood of police having to engage mental health consumers, police training academies have introduced Crisis Intervention Team (CIT) training, which enables police recruits and currently serving officers to further

develop communication and de-escalation skills. A brief discussion of CIT is necessary to delineate how CIT skills can aid police in approaching interactions with MHCs and how reflective journaling may aid police recruits in their crisis intervention skill development.

Wells and Schafer's (2008) research regarding police perceptions to MHCs and the benefits of specialized training posits that CIT training will 'enhanc[e] training for officers, as well as formaliz[e] and improve[e] collaborative relationships between local police, mental health service providers, consumers, and advocates' (Wells and Schafer, 2008: 582). Officers reported positive feelings toward CIT training, increasing confidence, better communication, patience, and a better ability to respond to these interactions. While Wells and Schafer (2008) recognize the results cannot be generalized, this research addressed the issues of officer perceptions of their duties when interacting with a MHC.

A uniform application of CIT training includes a 40-hour training session consisting of lectures on identifying symptoms of mental illness, recommendations of how to approach MHCs, and de-escalation techniques. Pedagogically, role-play scenarios where participants can practice implementing what they have learned are used to enhance training (Hanafi et al, 2008; Wilson-Bates, 2008; Cotton and Coleman, 2010; Wells and Schafer, 2008; McLean and Marshall, 2010). This training is 'designed to alter attitudes about persons with mental illness and to provide officers with skills to more effectively deal with encounters involving mental illness' (Ritter et al, 2010: 134). A modified CIT training, Crisis Intervention and De-escalation (CID) has been

implemented at the Justice Institute of British Columbia (JIBC) and applied to the municipal police recruits trained at the JIBC's Police Academy (Cotton and Coleman, 2010).

Like Wells and Schafer (2008), Hanafi, Bahora, Demir, and Compton (2008) measured the value of CIT training in increasing officer knowledge of MHCs and issues related to these individuals. They valued that this training can increase ability in identifying symptoms of mental illness and exhibiting greater understanding, patience, and empathy, all of which resulted in decreased arrests and increased appropriate treatment for MHCs.

Training at the British Columbia Police Academy

In the BCPA, it was observed by the researcher that police recruits appeared to lack confidence in their abilities when dealing with people experiencing a mental health crisis. This observation raised questions regarding the training police recruits receive at the Police Academy. This training is expansive as it reflects the numerous responsibilities that all police officers have to perform within their duties (JIBC, 2010); however, because police officers in British Columbia deal with a high-number of MHCs on regular basis (Wilson-Bates, 2007; Cotton and Coleman, 2010), it is questionable as to whether there should be increased training targeting positively handling MHC interactions.

Police recruit training at the Justice Institute is divided into three blocks: Block 1 includes 3 weeks of in-class instruction with some scenarios applying taught theory;

Block 2 is field experience which spans between 13 and 17 weeks (depending on scheduling). During this time, recruits are supervised by a field trainer at the recruit's home department. Block 3 consists of another 8 weeks of classroom instruction and scenario practice (JIBC, 2010; Wilson-Bates, 2008; Linda Stewart, personal communication, 07 June 2011). All of the training is set out and regulated by Police Services, which 'is responsible for superintending policing and law enforcement functions in British Columbia' (Ministry of Public Safety and Solicitor General, 2011).

Recruits receive a 3-hour lecture from a mental health representative from a local police department in the first eight weeks of Block 1. Within the last few weeks of their Block 1 training, recruits then have a simulation day where two out of the ten simulations reflect a mental health crisis (Linda Stewart, personal communication, May 30, 2011); while there is the recurring theme of mental health issues throughout the training, these sessions represent the totality of the Block 1 instruction directly relating to their future encounters with MHCs. An evaluation is necessary of the preliminary training done within Block 1 and the level of confidence recruits feel about their abilities going into Block 2, which was a formative aim of this research.

The skills gained or expanded upon by police officers, after they have received CIT training, can and do aid in promoting positive resolutions of interactions between the police and MHCs according to the research presented above. However, as noted, recruits at the BCPA do not receive this training before they proceed to their Block 2 field training; consequently, they are not able to apply those fundamental skills while under the guidance of a trainer: where they are being observed, evaluated, and receive

immediate feedback. Therefore, this research aims to determine if requiring reflective journaling assessments can aid recruit learners while they are conducting their field training. The hope is that these assessments will provide a foundation for recruits who can refer to their documented assessments once they receive their CIT/CID training at the BCPA in Block 3. By having already performed reflection and analyses, the recruits can then recall these interactions: how they felt; what they did; and the outcomes to their advanced CIT/CID training.

Literature Review

A study of literature relevant to this study will cover two main areas: firstly, an examination of how police recruits are currently being trained in Canada with regards to Crisis Intervention Team training; and secondly in laying a theoretical framework for this study and its data analysis, it is necessary to discuss how experiential learning theory manifested through reflective journaling has the potential to enhance police recruit learning and skill development.

Policing learning and training in a Canadian context

The literature to be examined will provide a broad context of the problem of increasing police-Mental Health Consumer (MHC) interactions. This review will also focus on the way in which Crisis Intervention Team (CIT) training can help police positively address this problem both on a Canadian scale to how the training is addressed locally at the British Columbia Police Academy (BCPA).

The first area of focus includes a discussion of a report published by the Vancouver Police Department (Wilson-Bates, 2007) considering causal factors of why

there has been an increase in police-MHC interactions over the past decades. This is critical to address as it creates a pragmatic framework in which to discuss the necessity of improved and expanded training for police officers in order to assist them in dealing effectively with MHCs to maximize the safe resolution of incidents from which MHCs can receive appropriate assistance.

Wilson-Bates (2008) considered causation of increased police/MHC interactions and saw deinstitutionalization and ineffective community health care as the most significant causative factors. Her report outlines what the VPD is doing to improve such MHC interactions, which account for half of all calls VPD attends. Wilson-Bates (2008) primarily focuses on how there is inadequate mental health support in the community for MHCs.

The Wilson-Bates (2007) report also presents how the VPD are addressing the needs of the local MHC community relating to the training Vancouver officers receive both in the Police Academy and updates they receive to their training once they have been on the force for a period of time. This report does pose some issues as Wilson-Bates is herself a member of the VPD, for whom the report was produced. This could possibly account for the disproportional blame assigned to mental health professionals versus the police. In this context, though, it is important to address a police organization's view on the subject.

When examining the training provided relating to Mental Health Consumers (MHCs) and CIT at the Police Academy at the Justice Institute of British Columbia (BCPA), it is necessary to question the sufficiency of this training. VPD, the largest

municipal police force in British Columbia, claims that their patrol members 'receive adequate training to manage the current reality' that a large proportion of all calls in which VPD officers are involved relate to people with mental illnesses (Wilson-Bates, 2008: 2).

Wells and Schafer (2008) explain why stigmatism on the part of police officers exists which can hinder safe, successful resolution of such interactions. They have also conducted research on how Crisis Intervention Team (CIT) training can actually alter these negative perceptions and 'enhanc[e] training for officers, as well as formaliz[e] and improve[e] collaborative relationships between local police, mental health service providers, consumers, and advocates' (Wells and Schafer, 2008: 582) thus increasing the potential for safe resolution as well as how MHCs can receive the support they require.

Furthermore, Hanafi, Bahora, Demir, and Compton (2008) contributed to this research using a focus group of police officers who assessed the effectiveness of CIT training. Like Wells and Schafer (2008), Hanafi et al (2008) measured the value of CIT training in increasing officer knowledge of MHCs and issues related to these individuals. They valued that this training can increase their ability in identifying symptoms of mental illness and exhibiting greater understanding, patience, and empathy, all of which resulted in decreased arrests and increased appropriate treatment for MHCs.

A report produced in July 2010 on behalf of the Canadian Alliance on Mental Illness and Mental Health (Cotton and Coleman, 2010) assesses police academies within Canada and their CIT training. By examining relevant literature on the value of

CIT training and the related training at each academy, Cotton and Coleman (2010) provide a very comprehensive look at the breadth of mental health-related training available to police officers across Canada. This document differs from Wilson-Bates (2008) by not only putting the responsibility on mental health community professionals; it emphasizes a partnership between the police and these professionals, thus sharing the onus of improving interactions between MHCs and police. Cotton and Coleman (2008) set forth a new training scheme: Training and Education about Mental Illness for Police Officers (TEMPO); a structure that is, in the authors' opinions, flexible and can be adapted to any sized jurisdiction and an appropriate variation of CIT training.

While there are a number of differences in the application of CIT/CID training, the increase in training throughout police academies in Canada indicates that policing and governmental agencies are addressing the rise in challenging interactions between mental health consumers and police officers. While these set CIT/CID curricula provide added instruction on how police officers can positively interact with MHCs, applying experiential learning educational methods, such as journaling, can be universally applied throughout training to reinforce reflective and critical analysis skills which hopefully will stay with recruits throughout their careers. The following section of the literature review will discuss the aims and benefits of both experiential learning and journaling.

Theoretical Framework

Experiential Learning

JIBC's institutional mandate of achieving 'Educational excellence [through applying] experiential learning informed by theory, research and professional practice (JIBC, n.d.) supports the process of learning through experiential learning. This means that on an institutional level, instructors are encouraged to apply learning tools such as scenarios and role-plays to provide students with a learning environment that mimics the realities of the careers of which they are entering. An examination of experiential learning theory and its practical applications then relates to reflective learning; as students experience these real-life learning situations, it is important for them to progress through a cycle of reflection in order to reinforce the material being instructed. One such way to guide the students through the reflective process is by assigning journaling assessments, which require learners to look more deeply at what they are learning as well as allowing the learning to have more participation in their individual learning processes.

Students have traditionally experienced a learning environment in which an instructor relays information through lecture, and the students are expected to retain and apply that information in *one* way which is correct. However, through numerous studies (Ethridge and Branscomb, 2009; Roberts, 2006; Hedin, 2010; Gosen and Washbush, 2004), it is evident that this is not the most effective educational method when it comes to retention and application to real-life situations because education and experience must exist together (Ethridge and Branscomb, 2009), the result of which was experiential learning theory. David Kolb as cited by Ethridge and Branscomb (2009:

400) defines experiential learning theory as a 'process by whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience.' Adding to this, Roberts (2006: 17) explains that effective learning must involve 'active participation, during the learning period'.

To exemplify the effectiveness of experiential learning in a policing context, Miller and Braswell (1986) used case studies with police officers in criminal justice courses. The researchers found that while case studies can be universally applied to many fields of study, they are additionally beneficial to police recruits because the lesson becomes more student-centred where the student 'evaluates the situation, recognizes, and applies ... theories learned in the academic context; [the student] attempts to develop a workable course of action or solution to the problem' (Miller and Braswell, 1986:10). Police officers will experience a number of situations where there is no formula because these interactions include people, who in essence are individuals and unique. This is directly applicable when considering interactions between the police and mental health consumers. All MHCs will have a different set of symptoms or characteristics; additionally, there will be distinguishing catalysts or triggers that will aggravate the behavior (Canadian Mental Health Association, n.d.).

Also, each officer, because they too are unique, will not respond to situations in the same way. As identified previously, police officers may have biased perceptions that can affect their behaviour towards MHCs (Wells and Schafer, 2008; Hanafi et al, 2008;

Compton, Bahora, Watson, and Oliva, 2008; McLean and Marshall, 2010). Therefore, there is not a unitary answer or step to execute to result a positive outcome every time.

However, while this field instruction is essential for holistic training, most often what occurs is that recruits mimic or are told what to do by their trainers rather than deciding upon their own courses of action. Because experiential learning theory is flexible and student-centred/determined, the student will learn by self-assessing and evaluating what they have done against what they have learned in the academy (Miller and Braswell, 1986; Hedin, 2010). Through documenting their experiences in a journal-like fashion, recruits will see the results of their cognitive thought processes, occurring directly from concrete experiences (Ethridge and Branscomb, 2009). Furthermore, Ethridge and Branscomb (2009: 402) assert that 'reflection [is] essential for ... adult students' processing of information. Students reported that if they had only had direct experience, their learning would not have been complete. They needed time to process what they had learned.'

In comparing the experiential model to problem-solving learning and inquiry based learning, Roberts (2006) points out that there is no direct stage of evaluation with learning as there is with the latter two models. However, he notes that as this a cyclical process, an independent evaluation stage is extraneous because evaluation occurs when the theories are tested by application in the next experience or, in the case of this research, police interaction with a MHC. However, in the case of this research, there will be a formal evaluation stage at the end of Part A and for Part B in order to give the students a sense of completion and evolution.

The self-assessments to be explained when discussing methodology will be effective in enhancing police recruit training without needing to add classroom time, which is important because the in-class curriculum is controlled by the Police Services Branch of the province of BC (Ministry of Public Safety and Solicitor General, 2011) who have budgeted the maximum time available for each course according to an established curriculum. As a result, any supplements to curriculum, such as the one proposed here, will have to be out-of-class assessments.

Reflective Journaling

As discussed earlier, CIT/CID training is one method of better preparing police officers in approaching MHC interactions. However, this concentrated training is only one way of enhancing police officer training. The use of reflective journals throughout academy training will aid recruits in developing critical analysis and reflection skills that can be universally applied to all courses or topics of study, but also to all interactions with the public as they proceed through their careers. Much of the literature on the use of reflective journaling in practical training is concentrated on the field of nursing; Scanlan and Chernomas (1997: 1138) explain how reflection applied not just to nursing but also to other professions ‘...facilitates understanding of the self within the dimensions of practice and encourages critical thinking skills in the student.’ Furthermore, Thorpe (2004: 328) defines reflective learning journals as ‘written documents that students create as they think about various concepts, events, or interactions over a period of time for the purposes of gaining insight into self-awareness and learning’. Therefore, as police training is also necessarily experiential in focus, these sources are highly applicable to the current study.

These studies vary in their focus; however, all to some degree stem their ideas from Schön (1983/1991; 1987) and Mezirow (1981); in actuality, each of the studies chosen build upon the concepts of the preceding studies, yet each also adds to the discussion of reflection through journaling, often by adapting the terminology. The chosen studies, and the subsequent discussion of, will primarily focus on the topic of reflective stages as that is the foundation of this study.

Many studies have been conducted on the use of journaling to promote reflection in the field of nursing (Atkins and Murphy, 1993; Boud, 1991; Scanlan and Chernomas, 1997); however, one challenge in comparing these studies is that none have a consistent definition of “reflection”. The consequence of this is that it is difficult to compare the outcomes of the studies to arrive at a definitive depiction of whether or not the use of reflection in adult learning can facilitate higher cognitive learning. If everyone measures something differently, one cannot identify generalizable results (Atkins and Murphy, 1993; Boud, 1991; Scanlan and Chernomas, 1997; Thorpe, 2004).

Atkins and Murphy’s (1993) work provides a useful contextual discussion of setting a universal definition of what reflection to enhance learning entails. As multiple authors vary in defining the characteristics of reflection, Atkins and Murphy impart the necessity of crafting a definition in order to construct a framework upon which to base this study. Also importantly, Atkins and Murphy (1993) identify three stages through which one can reflect on an event, primarily building upon the works of Schön (1987; 1983/1991) and Mezirow (1981). Additionally, they identify the personal skills required by the learner to make reflection possible. However, it is the stages of reflective learning that hold significance to this discussion.

Key to Atkins and Murphy's (1993) discussion of the literature and defining of reflection is that they recognize that while definitions, characteristics, and stages vary within the literature, these differences are essentially terminological: authors discuss the same principles and merely call them different things or alter them slightly. However, as proposed by Atkins and Murphy (1993), there are recognizable standard characteristics including that of the "self"; that the result of reflection includes a transformation of ideas or amending prior knowledge based on further experience (although some authors state that neither of these two characteristics are necessary (Jarvis, 1992)); awareness and critical analysis are also imperative characteristics of reflection.

Atkins and Murphy (1993: 1188) discuss the relevance of Schön (1983/1991) and 'the importance of reflection as a key learning tool in professional education'. Atkins and Murphy (1993) build upon the ideas presented by Schön (1983/1991) who proposed that in each situation, the professional must apply reflection to promote learning both in that situation as well as in later events. As each situation has complex variables, no one theory can be applied universally in resolving and coping with the situation to arrive at a positive resolution.

Both Schön (1993/1991) and Atkins and Murphy (1993) identify two phases of reflection: reflection-in-action and reflection-on-action; the first occurs while the event is in process; the second, once the event has concluded, the learner is able to look back upon the event, considering all factors and actions (holistically) to reflect. Reflection-in-action leads to the direct responses and behaviours applied by the learner in response to the stimuli within the event.

Ultimately, Atkins and Murphy (1993) identify three stages of reflection. The first is that the learner will experience feelings incurred because what he or she knows to be true is in fact, not completely applicable or successful to a given situation. This discomfort then leads to the second stage of critically analyzing what about that prior knowledge, in the context of that specific event, made that prior knowledge ineffective. This may include analyzing stimuli; resulting behavior(s); and assessments of why and what about their responding behaviours were unsuccessful. The third stage is a culmination of the prior two: developing a new view on what was previously known or a “perspective transformation”.

However, the challenge to the reflective process is that not all learners are interested in or motivated to apply self-reflection (Atkins and Murphy, 1993: 1190). Indeed, many individuals do not consciously possess the personal skills that are required to effect reflection. These include the ability to be self-aware, descriptive, critically analytical, synthesizing, and evaluative. While these skills are not relative to the analysis and discussion of the data, they were foundational in the design of the assessments.

Self-awareness is essential because, if an individual is unwilling to engage with his or her emotional responses to situations, no reflective learning can take place. In Part A of the assessments [Appendix 3], recruits were asked to describe their levels of stress, frustration, and confusion. The hope was that they would identify those negative emotions and connect them to avoiding or repeating the actions, which caused those emotions, in the future.

Identifying and recounting details are components of the second necessary skill for reflection: description, according to Atkins and Murphy (1993). By accurately accounting all relevant details of an interaction, the learner can process holistically what has transpired: stimuli and responses in relation to the emotions experienced through self-awareness. With regards to the current research, the first question of the Part A assessments asked the recruits to document the overall picture of what transpired in the event.

Critical analysis is the third skill required, which allows the learner to identify how any prior knowledge positively or negatively contributed to his or her actions during the interaction. From this, the learner is able to identify possible alternatives to their actions as is encouraged in questions two and three of the Part A assessments, which asked the recruits to explain the motivation for their actions and how they knew what to do. The culmination of the three listed skills applied in a dialectic process of assimilation to arrive at a 'changed conceptual perspective' (Atkins and Murphy, 1993: 1189). The fifth assessment of this research guides the recruit learner to look back at the interactions holistically and assess any "evolution" they experienced in the way they interacted with MHCs.

The final skill given by Atkins and Murphy (1993) is the evaluation or the ability to assess the value or significance of not only pre-existing knowledge but also the process of reflection and the outcome of a new perspective. Part B of the assessments directly asked the recruits to identify what aspects of their Block 1 training aided them during these interactions.

Through Atkins and Murphy's (1993: 1190) discussion of the skills required to successfully learn through self-reflection, the authors conclude 'that sufficient attention needs to be given to the development of these crucial skills in order to develop relative abilities'. However, for the purposes of this study, the essential stages required for reflective learning are awareness of the self and how it is situated in an event; critical analysis (before, during, or following an event); and finally, a resulting 'changed conceptual perspective' (Atkins and Murphy, 1993: 1189). It is these three stages, which will be mirrored in a discussion of Scanlan and Chernomas' (1997) work.

Scanlan and Chernomas' (1997) work presents two significant contributions to the discussion and presentation of the data pertaining to the current study. Firstly, the authors apply the three stages of reflective learning (awareness, critical analysis, learning) as outlined by Atkins and Murphy (1993) to commonly held preconceptions regarding reflective learning and journaling. Secondly, through the discussion of these preconceptions, the authors provide detailed recommendations of ways in which educators can increase and improve their use of journaling as a learning tool.

As identified by Scanlan and Chernomas (1997: 1138), some instructors are not familiar with the use of reflective strategies because there may not have been "formal" reflective practices (other than debriefing) in place, so 'their understanding of reflection is likely to be based on their experiences with students and their reading of the literature rather than their own conscious experiences with reflection'. Just as within any profession, educators need to apply their own reflection to develop their own instructional abilities and techniques. Scanlan and Chernomas (1997: 1138) note that reflection can be useful 'if we realize the meaning and impact of reflection on our

personal and professional development' and use reflection as a deliberate educational tool.

Consistent with other sources, Scanlan and Chernomas (1997: 1139) base their discussion of reflection on the characteristics outlined by Schön (1983; 1987) by stating that 'Schön has made a major contribution to the literature describing the importance of reflection in the development of professional knowledge and expertise'. Additionally, Scanlan and Chernomas (1997) explain that Schön's key contribution to the field includes his distinction of "reflection-in-action" and "reflection-on-action". Not only do Scanlan and Chernomas (1997) use Schön (1987) as a foundation to their study, they have also expanded upon Atkins and Murphy's (1993) first stage of reflection (awareness) in that not all learner experiences will inspire negative feelings which then prompt discomfort. They also note that positive emotions could inspire further desire in the learner to apply reflection, which will be exemplified upon analysis of the data resulting from this study. Regardless of the emotion being positive or negative, Scanlan and Chernomas (1997: 1139) support Atkins and Murphy's (1993) belief that 'Awareness is the cornerstone of reflection. Without awareness, reflection cannot occur'.

Scanlan and Chernomas (1997) also concur with Atkins and Murphy's (1993) views on their proposed latter stages of reflection: critical analysis and arriving at a new point of view. However, Scanlan and Chernomas (1997) provide an alternative explanation to the third stage because they propose the process of synthesis and evaluation may not always result in a new perspective; sometimes individuals may go through the process of reflection (awareness, synthesis, evaluation) but determine that

the shown behaviours or application of base knowledge is accurate: no change in perspective emerges. Scanlan and Chernomas (1997: 1139) propose in this case, learning still occurs because of the critical reflection on what is known; it confirms prior knowledge instead of inspiring the attaining of new knowledge, reflecting the cyclical process of reflective learning. The important thing is that critical analysis and evaluation have occurred.

As a way of presenting their findings, Scanlan and Chernomas (1997: 1140-41) first raise five assumptions and beliefs of reflection and journaling as a learning tool; they critique each, resulting in recommendations for developing skills for professional educators. The first assumption is people generally apply reflection in their daily lives. The authors support this; however, they also recognize that although individuals may do this, they are mostly likely not conscious they are doing this. The difference in application of reflection in professional education is it is a *formal* process which 'refer[s] to an awareness of thoughts or feelings that are critically analysed through conscious efforts of the individual and, as a result, a new way of thinking about the phenomenon' (Scanlan and Chernomas, 1997: 1140). The important element is it is a *conscious* process; if an individual is unaware, they cannot proceed through the reflective learning cycle as they are less engaged with their feelings on the event than someone who is consciously accessing those emotions.

The second preconception addressed by Scanlan and Chernomas (1997: 1140) is the universal usefulness of reflection to enhance learning. The authors provide evidence to support this claim but also further the discussion by exploring the difficulties with practicing reflection. One issue is it is often difficult for students to remember all

aspects of the learning event; thus, they may miss reflecting upon critical elements. However, as cited by Scanlan and Chernomas (1997), Newel (1992) suggests that this is of lesser importance; the act of reflecting is what is essential in developing professional skills, not reflecting on every detail. Contrary to this, Scanlan and Chernomas (1997: 1140) believe it *is* important to record information accurately as 'people are known to deceive themselves at times'. With regards to police recruits, they are required, in all interactions, to record details of the event in their duty notebooks thereby reducing the potential for missing details.

However, in the discussion portion of this paper, it will be proposed that although details are recorded, they may not be reflected upon regardless of when the reflection occurred in relation to the event. The recruit may not have engaged in the reflective process to the same degree, despite having the details of the event recorded in their notebooks, thus supporting Newel's (1992) claim that the details are less significant. What could be the significant factor in this lack of reflection is the disconnect between awareness of emotions, which Atkins and Murphy (1993) state is a prerequisite for reflective learning.

Fostering reflective skills in students to advance learning is the third assumption Scanlan and Chernomas (1997: 1140) present. While the authors posit there is only anecdotal evidence to support this point, they do believe this to be true but note that as reflection is learner-guided, the instructor cannot guide or even guarantee what exact learning will occur. The learner decides what is important and focuses on these aspects of the event. In terms of this research, the assessments were designed to include suggested questions, prompting students' reflections. However, as the questions were

only suggestions, the participants decided which questions to answer (focusing their own learning), and confirming Scanlan and Chernomas' (1997) view, the researcher could not control the output.

The fourth pre-assumption presented by Scanlan and Chernomas (1997: 1140) addresses if learners who are “taught” to apply reflection in their learning processes will apply those reflective skills when they practice their careers in the future, just as they would do with any skill they are trained. While it cannot be argued that this is the desired result, Scanlan and Chernomas (1997) suggest there is little evidence of this in the literature, and more empirical study is required. Ultimately, this is what this study has set out to reinforce: to have police recruits, while still in the academy and under direct supervision, apply reflection skills in order to enhance their learning.

Scanlan and Chernomas' (1997: 1141) final belief is that by educators applying reflection to their own professional skill development, they are better able to guide learners in applying those same skills. Just as with any learner and professional, an educator should pursue professional development in order to become a better learning resource for students. ‘Therefore, as educators we need to practice reflection in a planned and systematic manner’ Scanlan and Chernomas (1997: 1141). Scanlan and Chernomas (1997) relate their discussion of the five preconceptions of reflection to make four categories of recommendations for educators to increase their familiarity with reflection and journaling in order to encourage them to use the process of reflection in their instruction.

Scanlan and Chernomas' (1997) article provides a significant foundational context for this study as they comprehensively examine how reflection and journaling benefits learners. By providing assumptions people hold about learning by reflection then addressing each, the reader gains a perspective on how journaling can be a useful learning tool in specific circumstances. Very importantly, Scanlan and Chernomas (1997) also recommend methods in which the educator can improve his or her own reflective practices as educators. These are of particular relevance to this study by first determining which of these reflective practices are being applied in the BCPA and allows for recommendations to foster reflection for students and instructors, applying JIBC's mandate of experiential learning.

The final source to be examined is Thorpe's (2004) work, which builds on the three stages of reflection proposed by Atkins and Murphy (1993) and Scanlan and Chernomas (1997). Thorpe's (2004) study is significant to the current research because although she has looked at the use of journaling in nursing training, she reinforces the assignment of journals to promote reflective learning as a tool universal to all fields of education. Thorpe's study varies slightly from earlier works because she approached her discussion by using an integrated model of both the three stages and the three levels of reflection, which show the depth to which reflection was evident within her study. However, it is the descriptors Thorpe (2004) provides in explaining the three stages that are particularly relevant to the current study. Thorpe (2004) provides recommendations that parallel those of Scanlan and Chernomas (1997) and supports the findings and recommendations provided in this thesis.

While Thorpe (2004) discusses the use of journals to enhance learning in the context of nursing studies, the learning models she presents can be applied to police trainers and recruits and other professional training because, in essence, all 'Educators begin the process of assisting aspiring professionals to learn how to learn' (Thorpe, 2004: 327); regardless of the field in which the training is delivered, all learners need to participate in and help guide their individual learning processes in order to tailor their learning to make it more meaningful. Additionally, although Thorpe (2004) focusses on nursing training, an instructor in any field can promote learning through having students reflect on past or current experiences and potential consequences of their actions in order to justify the actions the learners decide to take.

In explaining the significance of reflective learning in the development of critical thinking skills and the promotion of active learning, Thorpe (2004) juxtaposes Scanlan and Chernomas' (1997) model of the three *stages* of reflection: awareness; critical analysis; and new perspective with the three *levels* (non-reflectors; reflectors; and critical reflectors) put forward by Wong, Loke, Wong, Tse, Kan, and Kember (1997) and Kember, Jones, Loke, McKay, Sinclair, Tse et al (2000). Thorpe used the three stages to provide a structure for her study in order to identify the existence of reflection in the journals; however, the application of the three levels provided more detail in terms of what kinds of reflection emerged through the journals.

While it is significant to examine the degree reflection has occurred in the reflective journals associated with the current study, it is firstly important to identify whether or not reflection has occurred. As the researcher was attempting to identify if the assessment journals would inspire reflective and critical thinking in police recruits,

the analysis model used was that of the three stages of reflection presented by Scanlan and Chernomas (1997) and replicated as part of Thorpe's (2004) study. Thorpe (2004: 339) confirms this usefulness in stating that this model 'is an excellent way of encouraging sound effort in reflection in journal entries'. Additionally, Thorpe (2004: 339) recognizes that 'The three stages were deemed to be manageable...' which is noteworthy in the context of the current study. Due to the parameters of this thesis and the significant amount of data produced by the five assessments [Appendix 3], the researcher found this model to be most appropriate to conduct the analysis.

Thorpe (2004) has effectively shown the usefulness of applying the three levels of reflection: non-reflectors; reflectors; and critical reflections; however, it is her application of the three stages of reflection as derived from Scanlan and Chernomas (1997) that is of particular significance to the current study. In providing clear descriptors of each of the three stages, the researcher was able to concretely apply these stages in analyzing the data resulting from these reflective journals. Further examination of Thorpe's (2004) study will be discussed in the methodology applied to this study as well as consideration of her recommendations when addressing that section of this thesis.

Based on Schön (1983/1991), the stages of reflection have been continually applied by academics evaluating the use of reflective journaling as an educational tool. Atkins and Murphy (1993) concentrated Schön's stages to three: awareness; critical analysis of feelings and knowledge; and arriving at a new perspective. Atkins and Murphy added to the discussion of reflective journaling by identifying the skills necessary required for reflection to take place. Scanlan and Chernomas (1997)

continued their examination of the three stages proposed by Atkins and Murphy (1993) and confirmed their applicability in the context of their study. Scanlan and Chernomas (1997) contributed further to the discussion by providing detailed recommendations of how instructors can use reflection and journaling to enhance not only the educational experience for the learners but also use reflection to enhance their teaching skills. Finally, Thorpe (2004) contributed to the discussion of the benefits of reflective journaling by applying the three stages of learning as presented by Atkins and Murphy (1993) and Scanlan and Chernomas (1997) in conjunction with the three levels of learning; this merged model allowed Thorpe (2004) to not only identify the existence of reflection but also to what degree it occurred. Thorpe's (2004) examination was highly beneficial to the current study as she provided further detail, which simplified the previous explanations that aided the researcher in the data analysis. Also of significance to the current research, Thorpe (2004) provided a number of recommendations of how instructors can implement reflective journaling in their lessons and activities to augment practical learning.

Methodology

Generally, it is the police who respond first to 'urgent situations involving persons with mental illness' (Lamb et al, 2004: 111; Compton & Kotwicki, 2007: 34). As there are a large number of mental health consumers who come into contact with police (Wilson-Bates, 2008: 11-12; Cotton and Coleman, 2010), it is important to examine police recruit perceptions of how well they are dealing with and responding to these interactions, how prepared they feel they are, and how they feel they could improve with future interactions. Therefore, this research evaluates the participants' experiences in dealing with MHCs in their field practicum; their sense of preparation for dealing with these incidents; and self-identification of further learning needs. With the support of Recruit and Advanced Programs at the British Columbia Police Academy (BCPA), a graded assessment was developed for police recruits to be applied during their Block 2 training. An explanation of the methodology for this study will include a description of why qualitative data was preferred, the organizational setting in which the study was conducted and who provided the data. It will also address potential ethical concerns, the research instrument itself, how the data was analyzed, and consideration of the possible limitations of the assessments.

Qualitative Data

The basis for the proposed research is a problem-solving approach, which involves identifying a practical, real-life problem and proceed through applying what has been learned and when addressing the problem (University of Leicester, Department of Criminology, 2009/10:). The *problem* to be addressed by this research is the increasing

(municipal) police/mental health consumer interactions in British Columbia (Wilson-Bates, 2008; Cotton and Coleman, 2010). Additionally, it is important to look at the training police recruits receive while at the Police Academy, JIBC.

While this research was technically primary, because it was designed by the researcher as part of a curriculum development project, the content analysis was secondary since the assessment was first and continually used as a learning tool for instructors in the BCPA, who then forwarded the anonymized data packages to the researcher.

The researcher amassed the data and conducted a qualitative analysis of the content. Many see quantitative data to be more reliable and valid (Gilbert, 2008); however, Lösen (2008) explains that qualitative data has indisputable value in its own right. More specifically, Scriven (as cited in Lösen, 2008) explains that qualitative data is valuable, and Lösen (2008) also provides an example of where qualitative data was extracted from career training research to assess the program's success.

A second benefit of pursuing qualitative data is that it allows for a deeper descriptive analysis which cannot be achieved through quantitative data (Lösen, 2008). In this research, quantitative data gathered through Likert scales could measure relative levels of success of CIT training through officer responses to changing views and increased knowledge and confidence (Wells and Schafer, 2006). However, in order to evaluate curricula and amend it where applicable, it is necessary to have qualitative data in order to example what exactly needs to be changed or if the curricula does meet the learner needs. Hanafi et al (2008: 428) used this qualitative approach to 'understand,

not to make generalizations in a statistical sense....' Through focus groups, the authors were better able to understand the subtle depths which surveys cannot convey. Another benefit of this type of research, claimed by Hanafi et al (2008) is that the participants were able to interact with each other and gain added meaning from shared experiences. The research adds 'richness through personal narratives, rather than generalizability' (Hanafi et al, 2008: 428); it thereby addresses that while this research may not be universally applicable, it can enhance understanding of how police recruits interact with mental health consumers in order to improve their training if necessary.

For these reasons, gathering qualitative data was preferred for this research over quantitative or even a mixed methods approach. While applying multiple methods of data collection is useful in gaining a holistic picture of the issue to be studied (Gilbert, 2008), because detailed responses are sought, qualitative data is preferred. This research will show through an assessment where recruits chronicle their interactions with mental health consumers and then reflect upon the experiences and learning transformations (Ethridge and Branscomb, 2009) results showing that recruits will apply cognitive thought processes in their learning as well as more critical thinking in future interactions with MHCs.

Organizational Setting

In the BCPA, it was observed by the researcher that police recruits were not confident in their abilities when dealing with people experiencing a mental health crisis. This observation raised questions regarding the training police recruits receive at the Police Academy. This training reflects the numerous responsibilities that all police

officers have to perform within their duties (JIBC, 2010); however, because police officers in British Columbia deal with a high-number of MHCs on a regular basis (Wilson-Bates, 2007; Cotton and Coleman, 2010), it is questionable as to whether or not there is ample training in positively handling MHC interactions. Due to the abundance of material requiring coverage in the recruit training, only a certain number of hours (3) have been allotted to MCH-police interaction preparation in Block 1. As a result, any supplements to curriculum, such as the one proposed here, will have to be out-of-class assessments.

In Block 2, recruits leave the academy for a field training component of their training. While this field instruction is essential for holistic training, most often what occurs is that recruits mimic or are told what to do by their trainers rather than deciding upon their own courses of action. By applying an assessment based on experiential learning theory, which is flexible and student-centred/determined, the student will learn by self-assessing and evaluating what they have done against what they have learned in the academy. Through documenting their experiences in a journal-like fashion, recruits will see the results of their cognitive thought processes, occurring directly from concrete experiences.

Sample Population

A convenience sample was drawn from Class 136 of the BCPA, consisting of municipal police recruits from Vancouver, Abbotsford, New Westminster, West Vancouver, Victoria, Delta, and Saanich police departments, based on their availability

during the research project. While these assessments were a mandatory, graded component of their Investigation and Patrol training, Class 136 was presented with an information letter and consent form [Appendix 2] to authorize the researcher to use their responses as the basis for this research. Allowing their responses to be submitted for this study was optional, and the recruits were assured there would be no negative consequences if they opted to not participate; additionally, a lack of participation had no correlation to their grades on the assessments. Recruits were also assured they were permitted to withdraw their participation consent at any time, and their data would be excluded from the data pool. BCPA program staff distributed the information letters, collected the consent forms, and correlated the complete data packages, forwarding the anonymized assessment packages to the researcher.

Of the twenty-four recruits in Class 136, twenty two signed the consent form, making their responses available to the researcher. However, of these twenty two, two individuals did not complete one or more of the assessments and were consequently removed from that data pool as they were incomplete packages. From the remaining twenty packages, twelve were randomly selected to provide the data. Twelve were chosen because the researcher felt that examining more than half of the completed packages would adequately indicate the existence of reflection in the assessments. Additionally, due to the number of assessments (five in total) and the number of sections in each [see Appendix 3], it was determined that twelve packages would produce a suitable amount of data to meet the parameters of this dissertation.

Ethical Considerations

The researcher received ethical approval from both the University of Leicester as well as the Ethical Review Committee of the Justice Institute of British Columbia before conducting this research. In this process, a number of ethical issues were considered and addressed.

The first ethical concern related to the voluntary participation in this study and the relation to these graded assessments as part of their recruit training. As outlined in the information/consent letter [Appendix 2], recruits would not be penalized (in terms of their grades) if they chose not to participate in this research; they would still need to complete the assessments as part of their course assignments. The assessments were graded immediately upon submission via Blackboard and compiled by a BCPA staff member. Once all recruit assessments were submitted and graded, this staff member correlated those packages to the consent forms: grades were assigned before staff checked to see who had or had not consented to participate; therefore, there was no risk of either conscious or sub-conscious bias when grading.

The second necessary ethical consideration outlined in the consent letter [Appendix 2] advised that data presented in the assessments may have resulted in a recruit disclosing actions that appeared to the researcher to be contrary to the British Columbia Police Act or the Criminal Code of Canada and require the researcher to act upon this information. Upon signing the consent letter, the participants acknowledged their awareness of and acceptance of this. Fortunately, no such cases arose from the data packages.

Thirdly, recruits could have experienced a feeling of vulnerability as they were students in a program, and their class supervisor and instructors would see their responses on the assessments. However, as these were already mandatory, graded assessments, this was not relative to participation in this study. Additionally, as outlined in the information letter [Appendix 2], this was mitigated through authorizing consent once they had the process of completing the assessments clearly outlined to them: these assessments were a tool to enhance their learning and would be examined on the level of reflection evident. Also, it was emphasized to recruits that they had the opportunity to withdraw their participation at any time.

Research Instrument

This study consisted of municipal police recruits at the British Columbia Police Academy (BCPA) completing five series of questions in order to journal their interactions with mental health consumers (MHCs) while recruits are in Block 2 (the field training component) of their academy training. Appendix A depicts the police recruits progressing through their three blocks of training at the BCPA; both the first and the third are conducted at JIBC, and the second takes place in the field under the supervision of a field trainer.

While doing their field training, the recruits interacted with MHCs and completed Part A: four assessments regarding those interactions (A1-4). Following completion of those assessments, the recruits completed Part B: a reflective assessment (RA). Each assessment was to be completed on subsequent days (post individual interactions) to provide the recruits an opportunity to reflect on each

interaction. Both Part A and B assessments were available via Blackboard while the recruits were in their Block 2 field training. Recruits were able to save their work then come back to complete it. Ethridge and Branscomb (2008) shared that in their research, some adult students wished they could review previously submitted answers in order to track their evolution or 'transformations that were a result of [their] lessons' (405).

Therefore, the research for this study was applied through Blackboard which, depending on configurations, can allow the students to review their answers. However, once the assessments were submitted, recruits were not able change their responses. Part B was an opportunity for the recruits to address any changes.

The proposed assessment was structured as an open format with minimal guiding questions provided (with the exception of the final assessment: Part B) in order to avoid any leading questions on the part of the researcher. Because they are open, the questions cannot reflect any judgment which could provoke defensiveness on the part of the recruits (Miller and Braswell, 1986). The aim is for the recruits to self-assess their courses of action and to deduce better ways of dealing with similar situations.

To complete Part A, municipal police recruits, from various police departments throughout the province chronicled their first six interactions with MHCs when they completed Block 2 of their training. Each of these responses required the completion of three components:

1. Describe your interaction with the mental health consumer.
2. Describe your actions and emotions.
3. Describe what you learned from the interaction.

Guiding points were given for each and included identifying symptoms, escalation/de-escalation, recruit levels of stress or frustration, confidence level, what they would do differently next time, and if there is anything they want to practice or learn. Each interaction assessment assessed the training received at the Police Academy; additionally through analysis of the six complete assessments and fostered increased learning. The final component: Part B was one reflection looking back on those interactions as well as assessing their own learning. This section in particular addresses two of the research goals: Is the training in Block 1 adequate? Were recruits able to learn anything through reflecting on these experiences? Part B also required recruits to reflect whether or not there had been a transformation in awareness level and personal characteristics, such as increased patience and empathy (Wells and Schafer, 2006; McLean and Marshall, 2010; Cotton and Coleman, 2010).

These assessments provided qualitative data on police recruit perceptions of their interactions with MHCs, and the reflective assessment provided information on whether or not the act of self-evaluation and journaling aided the recruits in improving their learning experiences.

Analytical Framework

This research was designed to be a phenomenological survey to explore the experiences of municipal police recruits by looking for qualitative data on how police recruits feel about their interactions with MHCs as well as the training they received at the BCPA. The data analysis followed the mechanics of Atkins and Murphy's (1993) and Scanlan and Chernomas' (1997) reflective process models as well as a portion of

Thorpe's (2004) merged model as the analysis inductively examined if patterns and themes (regarding what the recruits experienced, how the recruits felt about their experiences with MHCs and their corresponding actions, and what skills they feel they need to develop further) emerged from their responses. The research also followed an inductive approach in determining whether or not the recruits felt that this reflective assessment aided them in identifying their skill strengths, what they felt less confident about, and what they needed to improve on. Again, this occurred by identifying commonalities or patterns in the responses. Both in identifying the existence of reflection and in examining the perceived usefulness of these assessments, Thorpe's (2004: 334) descriptors based on Atkins and Murphy's (1993) reflective process model will be applied to the data [lower portion of Figure 2].

Upon examination of related studies, it was determined that following the models of the three stages of reflection presented by Atkins and Murphy (1993) and Scanlan and Chernomas (1997) as well as part of Thorpe's (2004) merged model would effectively determine if reflection was present in the twelve data packages. Although with slight variations in terminology, the three stages include:

1. Awareness
2. Critical analysis/reflection
3. New perspective.

While Atkins and Murphy (1993: 1990) provide a diagram showing learner progression through the three stages of reflection [Figure 1], Thorpe (2004: 334) expands on this by adding the three levels of reflection [Figure 2].

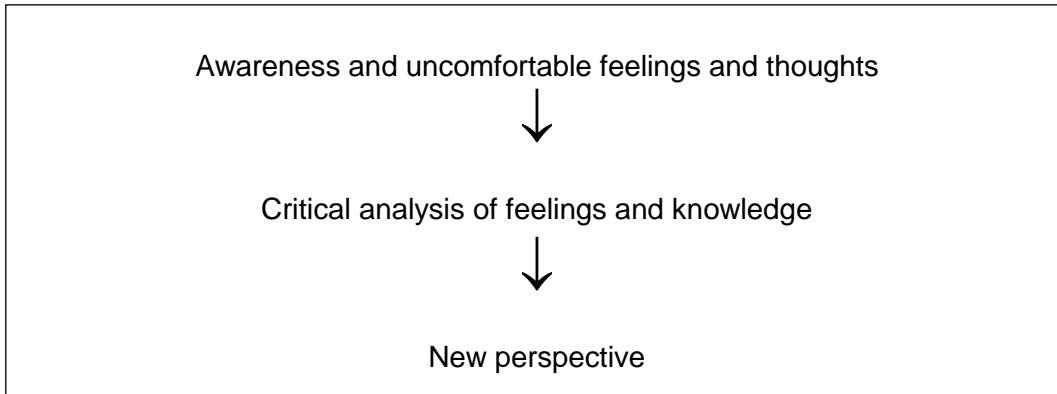


Figure 1

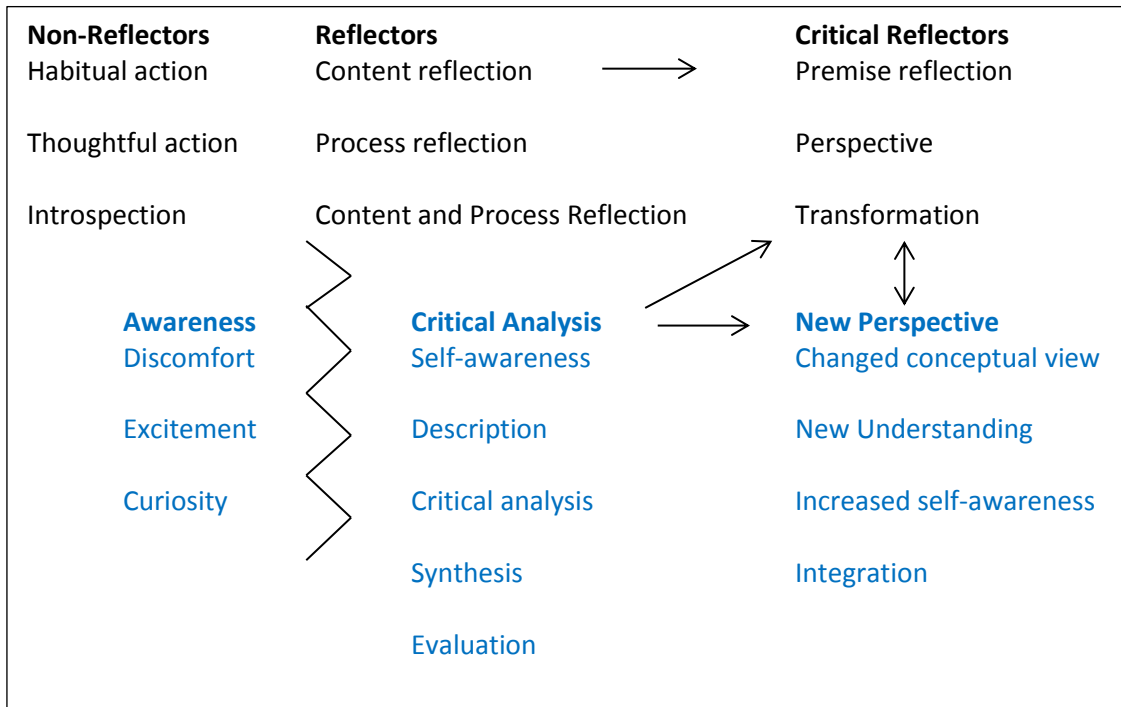


Figure 2

To carry out the content analysis, a number of points were identified by applying Atkins and Murphy’s (1993: 1990) model and the bottom portion of Thorpe’s (2004: 334) figure (identified in blue). These were determined to be most appropriate for exploring the existence of reflective learning in these assessments as this is something that needs to be identified first before examining the level to which reflection occurs (top portion of Thorpe’s model) and is most appropriate considering the parameters of this dissertation. The data was searched for sentences or phrases representing the

descriptors of each of the three stage categories: identification of emotions; description of events; questioning/analyzing what occurred; and if new perspectives emerged.

Assessment Limitations

Due to the widespread topical application of experiential learning theory (Roberts, 2006; Hedin, 2010; Gosen and Washbush, 2004), there are differences in what each researcher or application aims to achieve. Therefore, Gosen and Washbush (2004) posit that a problem with experiential learning processes is that they cannot be effectively evaluated because 'a concentrated group with common conceptual concerns does not exist' (276) and therefore cannot produce an effective and universally applicable evaluations for effectiveness.

Gosen and Washbush (2004: 278) also state that it is imperative that any evidence produced 'should present proof that it measures what it is supposed to measure'. In the context of this research, this means that the research itself will measure if the training police recruits receive regarding interactions with MHCs at the BCPA prior to Block 2 is effective in itself. This will come from the qualitative responses produced by the recruits when describing what they did and how they knew to do what they did (Part A: Question 2). Also, the application of Thorpe's (2004: 334) descriptors of the three stages of reflection show whether or not reflection did occur.

Another potential challenge that Gosen and Washbush (2004) posit is that graded assessments such as this may not motivate students to apply a deeper level of self-reflection. However, grades can be an effective motivator for the recruits because

they are highly competitive with each other as there are awards given at the end of their training. Additionally, the recruits completing this assessment are actually considered to be “on-the-job”; their grades can be accessed by their police departments and may be viewed to reflect upon their work ethic; therefore, it is believed that the recruits will apply significant effort and depth to the assessment because it is connected to their professional reputations. Conversely, professional reputation can also have a potential risk associated with it. It is recognized that the recruits may complete the assessment how they *should* as opposed to what they truly feel in order to please their instructors who are either currently servicing or retired police officers. However, especially at the start of their careers, recruits are not jaded but rather are very eager and motivated to improve themselves. Consequently, one hopes that the recruits will take on this assessment for the value of the self-reflection and training enhancement. Considering these factors in terms of this assessment, the grades will not have a negative impact on what the students produce in their responses, but they will also give the recruit an idea of how much introspection he/she has applied.

Additionally, while Boud (2001) purports that journaling aids in the learning process, he also suggests that using mandatory, graded journals submitted to instructors can actually hinder learning. As instructors are reading the journals, learners may be apprehensive about including their true actions or feelings as it may impact their professional reputation in that they are identifying possible weaknesses in skills. ‘Students therefore are interested in portraying themselves in the best light possible’ (Boud, 2001: 16) and may not be completely transparent in their journaling. Prior to this study, recruits were informed that they would not be graded on how “rightly” they acted

but rather on the level of reflection and sharing of the experience. From the results (to be discussed later in this paper) of the assessments, this does not appear to be a significant issue as the respondents were quite open about their mistakes and apprehensions.

Miller and Braswell (1986) mention that in applying experiential learning to police recruits, a problem with the influence of training officers may appear. It is possible that the attitudes and behaviours of field training officers can potentially influence recruits in that these recruits may not be acting on their own according to what they have already learned but rather doing what they were told to do and taking on the potential biases of the field trainers. However, this research can counter this because the recruits will need to reflect upon this in addressing why they did what they did and why they performed the actions they did in Part B of the assessment.

Conclusion

As previously shown, due to socio-political factors such as de-institutionalization, there are more people suffering from mental illness on the streets and not receiving the help they need (Wilson-Bates, 2008; Lamb et al, 2004; Compton and Kotwicky, 2007). Because of this, there has also been an increase in police-mental health consumer interactions, which pose safety threats for both the police and the MHCs (Slate and Johnson, 2008; Cotton and Coleman, 2010). Unfortunately, many of these interactions have fatal consequences drawing societal and media attention on evaluating and improving the training police officers receive regarding interactions MHCs (McLean and Marshall, 2010).

The literature presented in this work has identified how through CIT/CID training, police training agencies in Canada are addressing providing police recruits with adequate and appropriate training to properly and positively address interactions with MHCs. However, this training is compartmentalized. While the theme of MHC-police interactions permeates all areas of BCPA training, it needs to be examined how much of this training is recognized and absorbed by the recruits. Reflective journal assignments are a way of maintaining and monitoring those cognitive learning processes.

Therefore, the purposes of this study are twofold. Firstly, by identifying examples recruit confidence and preparation levels from their own perspective, it can be determined how sufficient the Block 1 training they receive at the BCPA is in addressing the complexities of increased MHC-police interactions. Secondly, following JIBC's mandate of applying experiential educational techniques, such as reflective journaling, the application of journaling can aid the police recruits and staff in identifying and following potential learning issues; additionally, it is possible to see the evolution of cognitive learning recruits experience.

Results and Findings¹

In this section, the results of the reflective journaling assessments completed are introduced. This chapter has been divided into two parts, which correspond to the two types of assessments: Part A shares the qualitative results of the reflective journals based directly on the four police-mental health consumer interactions. Part B shows the qualitative results of the final reflective assessment. Qualitative examples of reflective thought categorized according to Thorpe's (2004) and Scanlan and Chernomas' (1997) three stages of reflective learning have been provided in Appendix 4.

Part A Assessments (1-4)

The qualitative findings presented in this part are divided into three sections which parallel the three stages of reflection identified by Thorpe (2004). These stages include identifying the presence of awareness; critical analysis; and new perspective. Guiding questions were provided for each section of the assessments; however, these were only suggestions, and not all of the respondents answered these questions. Each section will include a sampling of the responses corresponding to the stages of reflection.

Awareness

Identifying awareness in the reflective journals is the first stage of confirming the initial processes of reflective learning. Without awareness, the latter stages of reflection

¹ All quotes are taken directly from the respondent assessments. Any grammar and spelling mistakes are as written by the respondents.

cannot occur because there has been no recognition of the emotions of discomfort, excitement, or curiosity that would impel the learner to proceed to the next stage of critical analysis. It is significant to note that in Part II of the first four assessments, the recruits were asked to describe their actions and emotions, including their levels of stress and/or frustration. Additionally, in Part III of the same assessments, they were asked to identify what they were confused by; what they would want to learn and practice in the future; and how confident they were during the interaction.

Awareness in relation to negative emotions or curiosity was something the respondents did not often identify in their responses. The most common emotion noted were that of discomfort or frustration. Additionally, the responses which showed awareness at the first stage were most often presented by the same, few individuals. The data produced shows there were actually few examples of merely identifying or acknowledging awareness without connection to the second stage of critical awareness.

With regards to the expression of emotional awareness, those who showed awareness at the first stage most often indicated they experienced negative emotions. The following examples were chosen because they demonstrated the identification of emotional awareness, but the respondent did not indicate there was further processing in relation to the emotion. For example, in the first part of Assessment 1, Respondent 4 noted, 'I honestly did not know what to do. I was in shock, and I felt bad'; however, he/she did not elaborate on the cause or significance of feeling those emotions. Respondent 6 [provides another example by stating, 'I left this interaction with a bad feeling in my stomach.' As with Respondent 4, this individual provided no explanation or

development of connections between why he/she felt this way and what happened. While the respondent may have made such connections, there was no overt description, and the researcher avoided making presumptions of what the respondent may have meant.

These two examples represent the few representations of the respondents applying the first stage of learning through reflection: indicating awareness through the identification with emotions. As mentioned, most of the examples of showing awareness are at the second or third stage where the respondent has applied other, more critical descriptors.

Critical Analysis

Critical analysis is the second stage of reflection. This categorization includes differing levels of analysis beginning with first establishing self-awareness and recognizing relative positioning of the self within the situation then describing what is occurring or what the learner is experiencing. It may also include higher levels of cognitive processing to include critically analyzing, synthesizing, and evaluating their responses and actions. Each of the three parts of the first four assessments required an element of description of the event.

Part I asked the recruit to describe the factual elements of the interaction, including how they were able to identify the subject as a mental health consumer. This question was asked to aid recruits in synthesizing the material previously taught to them at the BCPA, as well as their own experiences, with the interaction at hand. The guiding

questions in Part II probed the recruit's actions in response to the subject's behaviours with explanation of why that action was taken and what was done to escalate or de-escalate the situation. Both of these would show the recruit's accessing of prior knowledge but would have them move beyond merely recognizing: they exhibited the transference of critical analysis to deciding which actions were suitable to apply in response to stimuli. Part III then continued the descriptive process by having the recruits evaluate their positions in relation to what they had previously learned and what they feel they need to do or learn in the future.

Nearly all of the respondents appeared to have begun their reflective learning at the second stage: critical analysis. Often the responses applied one descriptor from within this stage; however, frequently, the respondents illustrated combinations of two or more of the descriptors, which strengthens the identification of the responses corresponding to this stage.

Self-awareness

The data showed there were some instances of the respondents identifying themselves or having self-awareness within the situation as opposed to merely identifying emotions, which would be a Stage 1 characteristic. For example, Respondent 2 identified 'The most stress I had was the first contact as I wasn't [sic] sure what the Subject's state of mind would be.' If this were an example of Stage 1 discomfort, the respondent would have said, 'I was stressed.' However, in this case, the respondent showed that he/she recognized emotions present due to the situation. A second example provided by Respondent 5 shows that the respondent again

experienced discomfort as 'It is challenging to work with the 'irrational' side of mental health consumers.' A Stage 1 response would be 'It is challenging to work with MHCs.' With the addition of the 'irrational' descriptor, the respondent demonstrated that he/she recognized there are times when MHCs are rational and less difficult to deal with.

The data illustrated more evidence of self-awareness in conjunction with other Stage 2 descriptions. By examining for multiple descriptors, the researcher was able to more clearly identify examples of self-awareness at the second stage as opposed to simple identification of first-stage awareness. This was due to the fact that the descriptor emotions, such as discomfort or frustration, were coupled with other critical analysis categories included at this stage. Upon examination of the data, numerous examples of descriptor overlap were evident, ranging from blending with one other descriptor to applying all within the Stage 2 descriptors.

An example where the respondent showed self-awareness along with critical analysis from Respondent 20, who explained, 'I felt like I had to dance around a bit with my wording to ensure she did not get ramped up and try to do something that would either harm her or put myself or my partner in danger.' This demonstrates that the respondent was aware of how his/her actions had potential consequences for those involved in the interaction. Respondent 19 provided another example of self-awareness and critical analysis with, 'During the times when he was angry, I just remained calm and let him vent without trying to interject too much. However, I also had a firm voice to let him know that he doesn't need to yell and use profanity.' This shows the respondent recognizing how his/her behaviour could affect the subject and escalate the situation.

However, Respondent 19 also applied synthesis in identifying with training, which is the use of a 'firm voice' in maintaining control of a situation.

Respondent 16 provided an example of recognizing self-awareness as well as critical analysis, synthesis of both individuals' actions, and evaluation of both behaviours. The recruit stated:

I took her delayed responses to mean that she was trying to think up the answer on the spot and being deceptive. I was quite frustrated by this and became more aggressive in my questioning of her. I was having a difficult time determining if the way she was responding was due to the fact she was lying, had some sort of mental disorder, or there was a combination of the two.

A second example of advanced Stage 2-descriptor application was demonstrated by Respondent 15, who stated:

At first I did not feel frustrated [sic], but after we went around in circles a few times, I was tired of saying and hearing the same thing. I had to find another way to help things become clear for her.

These examples show the respondents have applied significant reflection upon the incident and identified how they felt in response to the subjects' actions. However, it cannot be identified as a Stage 3 response as there are no verbalized indications that something was learned and that the respondent would behave differently in the future.

A final example of a response beginning with self-awareness then indicating critical analysis, synthesis, and evaluation is where the respondent clearly identified how he/she felt in the situation, but the individual also processed the situation to a higher degree by reflecting on how they interacted together as well as synthesizing the experience to previous knowledge. Respondent 6 illustrated,

I quietly and calmly approached the female as she was laying on the stretcher. Based on previous experiences with mental health consumers I found this to be the most effective approach. I ensured we had privacy due to the nature of our conversation. When I spoke to her I tried to express myself in a non-accusatory manner. Instead I focused on empathy and concern for her situation. The questions I asked her were very direct and relevant to my assessment of her under the Mental Health Act. I found she was responsive to this approach.

This example proves to demonstrate a significant and holistic reflection upon the interaction, yet it does not show advanced Stage 3 reflection, as there is no clear indication of learning in relation to future experiences, only learning during the interaction.

Description

Examples of description were identified; however, as the guiding questions prompted general description, it was more difficult for the researcher to perceive isolated examples of description related to the second stage of reflective learning. However, the respondents did provide some examples of how description showed the respondent's perception of the subject involved, but they do not illuminate the reader as to what the result of these perceptions were.

Respondent 2 provided a negative perception of the subject involved: 'I remember looking at the driver's side rearview mirror and seeing a pair of huge, wild eyes looking out from a body hunched over (think Golem)'. Conversely, Respondent 6 stated, 'Speaking to him face to face I found him to be kind-hearted, intelligent and articulate. He was grateful we assisted him.' The second example still shows description but in a positive light. Another example provided by Respondent 1 states:

I observed [the subject]; he had cuts up and down his arms in a grid formation that he admitted were self inflicted. He seemed disconnected, his responses were delayed and he was having a hard time comprehending what was going on although he remained compliant through his entire interaction with police, EHS, and hospital staff.

This statement exemplifies how high-level detail provides situational context from which the reader detects the respondent's perception of the subject and the situation.

Nevertheless, there is no further obvious thought of why this was the case or what the significance was.

Most of the responses provided show a combination of description and critical analysis, self-awareness, synthesis, and evaluation. The descriptive elements provide a basis from which critical thinking emerges: the description provides a contextual explanation of what was learned. At their most basic, some responses reflect only one stage descriptor following the description, but others demonstrate a multi-application of the descriptors categorized within the critical analysis stage.

For example, in stating, 'As I listened to the despair and hopelessness she felt and her decision to deliberately end her life, I felt very saddened by her frame of mind.' Respondent 6 demonstrated description leading to an identification of self-awareness and emotions within the context of the interaction. Respondent 5 provided examples of description followed by synthesis.

My partner and I listened to her story and, while not encouraging her mistaken belief that she was pregnant, we did not dismiss her point of view. We remained calm and took the time to hear her story. This helped deescalate the situation and allowed us to gain her compliance, even when we told her that she was going to be arrested.

By first describing, Respondent 5 had a basis from which to base his/her synthesis.

A final example of description followed by critical analysis and self-awareness Respondent 12 provided states, 'I walked towards his house with the door open and the strong smell of cat litter and garbage was immediately apparent. I entered the house and was shocked at the filthy conditions this man lived in.' In this case, the order of the Stage 2 descriptors differs from previous examples which show the respondent first proceeding through self-awareness then progressing through the descriptors representing higher critical analysis.

Critical Analysis, Synthesis, Evaluation

As the majority of the data produced demonstrated a blend of the more advanced Stage 2 descriptors: critical analysis, synthesis, and evaluation, the results will be presented as such. The following examples are all provided to illustrate the advanced application of the critical analysis higher-level Stage 2 descriptors.

In the first example, Respondent 15 provided an example of first identifying self-awareness then critically analyzing what needed to be done in the situation in relation to previous experiences. In stating,

Having quite a bit of experience dealing with MHC on my block 2 I felt confident that I could elicit the information I needed out of him. I knew that I needed to practice patience but also realize that I may not be dealing with a true allegation.

Respondent 15 exhibited not only a significant application of the Stage 2 descriptors: self-awareness, critical analysis and evaluation, he/she also showed a great deal of

synthesis in tying his/her decision making process back to what has been learned through experience. This indicates significant cognitive processing.

The second example illustrates Respondent 20 practiced critical analysis, synthesis, and evaluation of his or her actions before performing them by stating, 'I thought out what I was going to say before I said. There were some things that I did not say as I felt that those words may potentially have escalated the situation.' It is evident that this respondent applied critical thinking and reflection before proceeding with acting in response to the stimuli. He/she recognized that the chosen actions could have negative consequences to the interaction's outcome.

The third example is slightly different from the previous two. It reflects a high degree of critical analysis, synthesis, and evaluation; however, the wording provided creates a more of a negative tone. Respondent 2 stated,

When I attempted to empathize with her situation she would become stand-offish and start talking about what an intrusion our presence was. Eventually I switched to speaking with her in a manner that shut down her belligerent [sic] behaviour and was able to finally get her to admit that she was having suicidal thoughts that she might act on.

While negative, it does demonstrate that Respondent 2 applied Stage 2 critical analysis descriptors in that he/she adjusted his/her behaviour in response to the subject's behavioural output. If the respondent had also elaborated on what they had learned in the past motivated him/her to respond in a more authoritarian manner, he/she would have applied a Stage 3 descriptor, showing even more elevated reflective thinking.

Finally, Respondent 16 provided an example of advanced-Stage 2 reflection by stating:

When I was first speaking with the complainant, there were two things I should have taken into account. The first is that she was clearly not answering my questions fully and/or truthfully, and the second is that she was clearly not of sound mind. I chose to ignore the second thing and focus on the fact that I thought she was lying. Ultimately, it didn't make that much of a difference to the outcome of the scenario, but had I been more cognizant to treat her as an MHC, I would have gotten better answers from the very beginning.

This example illustrates the extent to which reflection acts as a learning tool. This respondent identifies self-awareness through recognizing that his/her actions could have led to a different outcome in the situation. Additionally, language such as 'I chose to ignore...' indicates that the respondent realized the negative connotations of his/her actions. Furthermore, Respondent 16 showed critical analysis of the subject's behaviours as well as synthesis and evaluation of his/her own actions. If the respondent has progressed a step further in explaining explicitly what he/she would have done differently in the future, this would also have been categorized as Stage 3 reflection.

New Perspective

Arriving at a new perspective is the ultimate aim of having learners complete reflective journals. This stage includes the potential of the learner changing their views of what they knew to be true; arriving at a new understanding of what they know or do not know; having a greater understanding of self; and an integration of any number of influencing factors, knowledge, decisions, experiences. As this is the third stage or reflective learning, the respondent has progressed through a dialectical process of

questioning their positioning in what they have experienced and learned; they would then reconcile either a new positioning or maintain the old, but with having gone through the evaluation process before deciding to preserve continuity. While the wording of none of the suggested questions, either in the Part A or Part B assessments, points directly to this stage of reflection, the journals were examined for the four descriptors above with the hope that the respondents arrived at this stage through their own reflective learning experience.

Changed Conceptual View, New Understanding, Increased Self-Awareness, Integration

The indication of changed conceptual views, new understanding, increased self-awareness, and integration demonstrates that a respondent has proceeded to the third stage of reflective learning. He/she has therefore gone through a process of a shift in what was believed before to what is believed now. The data presented in this section will illustrate a connection between the four-Stage 3 descriptors as opposed to identifying them individually because changes in conceptual views and new understanding are very similar: the learner has questioned what he/she knew and has arrived at a new conclusion, often through the emergence of a new self-awareness and integration of concepts. Although as noted in the literature review, this conclusion does not have to be a new view: it can be an affirmation of one previously held but which has been critically analyzed before becoming the “new” view (Scanlan and Chernomas, 1997).

This first example provided by Respondent 14 shows a connection between what was previously thought and the realization that this was not always the case, or a new understanding. Respondent 14 stated:

I always expected that the mental health consumers that I would deal with would be so overtly sick that they would be easy to spot. In the future I will go into every situation with an open mind realizing that everyone has the potential to have some mental health issues and their economic status does not protect them from having mental health issues.

This respondent also presents an example of what he/she would do differently in the future; he/she additionally demonstrates the recognition of a societal issue and his/her potential impact in future situations, showing an increased self-awareness.

A further example of integration of the Stage 3 descriptors was taken from the assessments provided by Respondent 22 who stated, 'I felt that I needed to establish new grounds to section her based on what has changed since she was released from the hospital.' This statement was directly followed by:

I learned from the Emergency Mental Health team that it is very important to take suicidal remarks, by someone demonstrating these types of symptoms, very seriously. Although it may seem like someone with this type of borderline personality disorder is just attempting to get attention, you can never be sure when they may take it one step too far.

The first statement shows the respondent was able to integrate knowledge of what needed to be done based upon a previous incident. Subsequently, Respondent 22 demonstrated advanced reflection by directly indicating new understanding and a changed conceptual view contrary to previous bias.

A final example of advanced-Stage 3 reflective learning was demonstrated by Respondent 16 who provided us with a number of examples exhibiting consistent application of a combination of all of the Stage 3 descriptors. The following examples were taken from this respondent's Assessment 2, Part III response and have been separated in order to analysis them. Firstly, the respondent stated, 'This interaction was like the polar opposite of the previous sec 28 apprehension I did with a schizophrenic person.' This statement is significant because it demonstrates the individual accessing and attempting to apply what had been learned from the previous interaction. Within the same response, Respondent 16 added,

Quite honestly, that threw me off. The daughter seemed like a very normal person who was just going through a rough time, and that's not the sort of thing I was expecting for a sec 28. I had it in my head that every sec 28 would be someone who was completely psychotic. I made up my mind that she was clearly at risk for harming herself, but I didn't go the extra step towards telling her she didn't have a choice and had to see a doctor. I knew that was the right thing to do, but I was hesitant because she didn't fit the bill of what I thought every sec 28 would be.

In this instance, the respondent recognized that his/her existing perceptions were not actually accurate, demonstrating a new understanding and a changed conceptual view of a societal issue through increased self-awareness.

Respondent 16 also provided multiple examples of integrative reflection as he/she noted, 'Overall, the situation went pretty well. The only thing I would do differently is that I would be more assertive in taking that next step to actually apprehend the daughter.' Additionally presented in this response was 'Now that I have seen the two different sides of MHC people, I will be better prepared for the next interaction.' Both examples demonstrate the respondent has learned from the

experience and will behave differently in future interactions. This learning is the aim for which these reflective assessments were designed.

Part B Assessments

This section introduces the qualitative findings of the fifth reflective assessment, which required recruits to holistically reflect upon the four previous interactions and their corresponding assessments. As the reflective assessments were designed to inspire advanced-Stage 3 reflection, there were few examples of Stage 1 and 2 descriptors. Therefore, this analysis will focus on the Stage 3 reflectors of changed conceptual view; new understanding, increased self-awareness, and integration. The respondent contributions chosen for this analysis demonstrated primarily Stage 3 descriptors; the first two analyses are presented addressing two complete examples from the reflective assessment. Additionally, these assessments were examined for direct responses to the posed research questions.

Respondent 22

Throughout the five assessments, Respondent 22 showed a significant level of higher-stage reflection. However, the fifth assessment in particular demonstrated Stage 3 descriptors to a compelling degree. Moreover, in this one assessment, Respondent 22 provided examples of each of the four Stage 3 descriptors.

Respondent 22 first provided an example of changed conceptual view in stating:

I had a great deal of experiences with Mental Health Consumers in my block II training as almost every call I went to had some mental health aspect within it. It was also noted that the majority of these consumers are

very good at functioning in daily life with these issues. I was most surprised with how open many suicidal people are to speaking about their suicidal thoughts and plans.

In this instance, identification of how many calls police attend are in some way connected to MHCs; the number of MHCs being able to function in society; and how certain individuals are open to communicating about their mental illnesses shows that Respondent 22 proceeded to Stage 3 reflection by reassessing many of his/her preconceptions regarding mental health consumers.

This respondent was able to demonstrate another example of a changed conceptual view through stating, 'At times I also felt it frustrating how little resources were available to people who clearly have mental health issues and that need support, but cannot receive it due to overcrowding in the regions mental health facilities.' Respondent 22 was able to place the challenging interactions he/she experienced in Block 2 within a greater societal context.

Respondent 22 also demonstrated new understanding by stating, 'I felt that having a strong knowledge of the entire Mental Health Act (not just Section 28), certain disorders, and community resources is and will be very important for having a strong career.' This example is also significant because it shows that this respondent also integrated what they had learned in Block 1 of their training at the BCPA with what occurred during the interaction. Respondent 22 further demonstrated integration with current skills and future training as he/she noted, 'I am looking forward to getting my CID training as I think it will be very beneficial to assessing and speaking with people with mental health issues.'

Overall, Respondent 22 provided examples demonstrating multiple descriptors of the third stage of reflection, illustrating that he/she has holistically experienced arriving at a new perspective in learning.

Respondent 2

Respondent 2 also provided a number of examples demonstrating Stage 3 descriptors through completing the fifth reflective assessment. This respondent in particular provided many statements, which showed increased self-awareness, integration, a changed conceptual view, and new understanding.

In the first example, Respondent 2 demonstrated he/she had reached Stage 3 through stating, 'It was eye opening to see how mundane a s28 [sic] apprehension can be. Sometimes it involved coaxing and cajoling someone, sometimes it involved being decisive and insistent and one time it was as simple as walking up to the person and them asking for help right away.' Here, it is evident that the respondent increased his/her self-awareness in explaining how he/she felt during the interactions. Also, this individual demonstrated integration between what occurred during the different interactions, recognizing the need to vary techniques applied depending on the situation.

Another instance where Respondent 2 showed increased self-awareness and integrative reflection is when he/she observed 'I think I am good at having awareness of a person's motivations and am able to perceive a situation from their perspective. I need to improve on making that fit into a Police context (i.e. completing my duties even if they create conflict with the person). Again, the respondent identified connections

between his/her own behaviours and how they would apply to situations involving MHCs. Adding to this, Respondent 2 also noted the need for further practice and improvement in addressing these interactions.

Connected to the recognition of the need for further skill development, Respondent 2 also mentioned,

I am excited and intimidated by MHC interactions. They have occupied so much of the negative media attention of policing lately that the stakes are clearly high. I am hopeful that our training will continue to evolve to reflect the dynamic nature of these interactions and I hope that there will be better understanding from the public as to how difficult these situations are.

This example, not only demonstrates increased self-awareness in the context of interacting with MHCs, but it also shows that the respondent acquired a new understanding and produced a changed conceptual view in that he/she connected professional responsibilities within a broader social context, where a police officer faces a great deal of public scrutiny. He/she has also integrated an understanding of public perceptions with the complexity of MHC-police interactions.

Finally, Respondent 2 showed further increased self-awareness, a new understanding, and integration through stating:

I became more comfortable in my ability to read the person I was dealing with. To be confident in my instinct, work to verifying it and be decisive in acting once that was done. There will be circumstances where action needs to be taken sooner or the person's behaviour needs to be stopped immediately. I need to be prepared to change gears when my preferred approach does not fit the situation or is unsuccessful.

Here, the respondent recognized his/her advancements in skill development.

Respondent 2 also demonstrated that he/she will continually proceed through the stages of reflection in developing those professional skills depending on the requirements of each situation.

Connections to Research Question 1

In examining the data to address how confident recruits feel when they leave the BCPA after Block 1 to continue their training in the field, it was evident that the majority of the respondents acknowledged how significantly the training aided them in Block 2. Additionally, recognizing this connection to their training demonstrates the respondents achieving Stage 3 integration.

In his/her fifth reflective assessment, Respondent 22 stated:

The most important thing that I took from my Block 1 training was knowledge of the Mental Health Act and the powers granted by the act. There was not a lot that could prepare me for actually dealing with these people; however, it helped me feel much more confident when I knew my grounds for apprehension and how to formulate my questions to properly assess someone using those grounds.

This example clearly illustrates new understanding and the integration of learning in connection to the Legal Studies training the respondent received in Block 1 at the BCPA, which gave the recruit the confidence and knowledge necessary in addressing MHC-police interactions.

Respondent 2 provided a similar response in describing increased self-awareness and the integration and relevance of Block 1 training. This respondent's comment differs from the previous in that this respondent illustrated the usefulness of

Block 1 training by discussing learning tools applied by the instructors. Respondent 2 stated,

Block I training gave me an awareness and sensitivity to what MHC interactions might be like and what the considerations were for Police in those interactions. Putting these types of interactions in my head in advance allowed me to cope with the suddenness [sic] of being presented with an MHC.

A final example given by Respondent 16 showed increased self-awareness, new understanding, and integrated reflection on both training in specific subjects as well as elaboration on the benefits of the types of training and practice applied at the academy. Firstly, Respondent 16 described, as Respondent 22 did, how the Block 1 Legal Studies training in relation to Section 28 of the Criminal Code of Canada guides police officers in their interactions with MHCs. He/she exemplified this by stating, 'Without that, I wouldn't [sic] really have much on which to base my decisions for how to deal with these people. It was made clear to us in Block I that in order to apprehend someone, they have to be a person of an apparent mental disorder and they have to be at risk of harming themselves or others.' Through this example, it is evident the respondent applied integration of their actions with what they had learned.

Further elaborating on the significance of Block 1, Respondent 16 described the positive application of role-playing and scenarios as instructional techniques and integrated that knowledge with how he/she interacted with MHCs in Block 2. As part of the scenarios, this respondent described a situation where the actor had recently changed his/her medication used for treating a mental illness. The respondent then demonstrated integrative reflection by stating, 'In the scenario, I failed to ask the

questions that would have given me this information. I learned from that mistake and when I have been dealing with MHCs throughout Block II, I have been asking about their medication.' Additionally, Respondent 16 concludes his/her fifth assessment by reiterating that:

I think that the scenario training we did with actors in Block I was extremely useful. It's one thing to discuss how to go about dealing with a given situation, but it's something else entirely to role play that scenario [sic].

These examples are only a few providing accounts of the significance of Block 1 training. Through application of Stage 3 descriptors of increased self-awareness, new understanding, and integration, each of these examples demonstrates that the respondents progressed to Stage 3 reflection making connections and arriving at a new perspective of the significance of their Block 1 BCPA instruction. Additionally, by making specific references to instructed subjects at the BCPA as well as types of activities used, the responses provided by the recruits demonstrate that they feel adequately prepared for interacting with mental health consumers when they proceed to their Block 2 field training.

Connections to Research Question 2

In contrast to the numerous examples responding to Research Question 1, only two respondents demonstrated a new understanding by directly outlining how they believed the assigned reflective journals helped them learn.

Respondent 6 provided an example of how he/she felt these reflective assessments led to a new understanding and integrated with their training and new

perspectives gained. He/she stated, 'I appreciate the importance mental health is given in the JIBC curriculum. Working with mental health consumers is a significant challenge and the more time we are given for self reflection and training, the better we will be able to effectively assist and empower this segment of society.' This was supported by Respondent 16, who recognized that

... not all learning happens in the moment. A lot of things can take some time to sink in, but the more you think about something, the more you will learn from it. I have found that writing these self assessments after each MHA contact has been really useful. Sitting down and writing about my experience has forced me to think about it in a very critical way. Picking apart all these scenarios and interactions is very helpful. If we were to do self assessments after simulation training, I think that we would learn even more.

While only two of the respondents integrated the completion of these assessments with aiding in their learning processes, evidence of the usefulness of encouraging reflection through journaling does exist within the data.

Conclusion

The majority of the assessments provided by the twelve respondents showed significant application of Stage 2 and 3 descriptors demonstrating reflective learning. However, as the data produced is derived from a small sample population, the responses only provide a relative representation of Class 136 recruits' personal perceptions of BCPA training and examples of reflective learning. They are not intended to be generalizable or to represent all police recruits at the BCPA.

Discussion

This section provides a summary of the findings presented in the previous section. They are then related to the research questions posed in the introduction. The first aim was to identify the degree to which the municipal police recruits of Class 136 experienced confidence and preparation during their Block 1 training in dealing with mental health consumers. The second research objective was to determine if reflective journaling assessment would aid police recruits in developing their cognitive reflective learning skills as proposed by Atkins and Murphy (1993), Scanlan and Chernomas (1997), and Thorpe (2004). This section is divided into three categories; the first will include a review of the results and findings presented in the previous chapter, subdivided into Part A and Part B Assessments. The second and third sections include recommendations followed by areas for future study.

Part A Assessments (1-4)

The first four reflective journal assessments were sectioned into three parts, each eliciting responses to suggested questions. The first sub-part asked the recruits to describe what occurred in the incident; the second prompted reflection on respondent emotions and actions; and finally, the third guided the recruits to describe what they had learned from the interaction.

Comparing the three parts of each of the four assessments showed that generally, the respondents progressed from Stage 1 and 2 reflective learning to

demonstrating a combination of Stage 2 and 3 in the later assessments. While some of the responses in the third and fourth assessments showed that learning at the lower stages still did occur, the data showed more application of reflective learning by demonstrating the higher-Stage 2 descriptors of critical analysis, synthesis, and evaluation. Additionally, these often were identified to exist in conjunction with the Stage 3 descriptors illustrating learning a new perspective through a changed conceptual view, new understanding, increased self-awareness, and integration.

With regards to the length of the assessments, two trends were identified. Firstly, the first two assessments tended to be shorter in length with fewer examples of Stage 2 or 3 descriptors. However, beginning with completion of the third assessment, a shift in length and degree of reflection became evident through examination of the data. This could possibly be due to the act of practicing reflection and becoming more comfortable with it. Additionally, the respondents naturally increased their learning from the Block 2 experiences and would have more knowledge from which to draw upon and compare. Additionally, an interesting consideration is that those respondents who showed greater amounts of critical analysis and new perspectives also proved to provide the lengthiest reflective journal contributions.

The data shows a number of individuals completed the assessments consistently applying and demonstrating a significant degree of reflective learning throughout each of the five assessments. While some of the respondents showed primarily second-stage reflection in each of the assessments, the majority demonstrated predominance in applying Stage 3 descriptors throughout the latter assessments.

Part B Assessment

While the assessments discussed in Part A exhibited Stage 1 and 2 descriptors blended with those from Stage 3, the fifth reflective assessment primarily produced responses fitting wholly into the Stage 3 category. This may have been because the respondents were required to reflect back on those four previous assessments and their prior training by answering all of the presented questions, which were created to naturally evoke responses fitting into Stage 3, supporting the views of Atkins and Murphy (1993), Scanlan and Chernomas (1997), and Thorpe (2004).

This final assessment also provided examples demonstrating a greater depth in description and elaboration in comparison to the Part A Assessments. Again, the questions given were mandatory and aimed at inspiring the recruits to examine more fully their actions and emotions during the interactions; this would naturally correlate to the level of detail produced. As well, as mentioned in the discussion of the Part A Assessments, by this stage, the recruits were more familiar with the process of reflective journaling, which allowed a level of comfort with applying critical thinking to their interactions with MHCs. In relation to grading, Gosen and Washbush (2004) argue that graded assessments would not produce a greater level of self-reflection or demonstrated detail; however, the length and application of primarily Stage 3 descriptors directly challenges this opinion. However, these assessments were assigned a higher value than the individual interaction assessments. This in itself could motivate the respondent to attribute more significance to their responses but produce ungenue reflective responses, correlating to the risks of graded assessments posed by Boud (2001).

It is necessary to address the concerns posited by Miller and Braswell (1986) with regards to the influence of training officers during field training. The data did show the significance recruits placed upon debriefing with their trainers as aiding in the learning process. However, there were no obvious indications that the reflective learning the respondents experienced was solely based upon the influence of their field trainers. In actuality, through debriefing and guidance, the trainers supplemented the reflective learning process, which the recruits then continued in their reflective assessments.

It is significant to note that the mandatory questions in this assessment did not ask the respondents to consider the usefulness of these reflective journaling activities. However, two of the respondents did add supplemental comments discussing how they felt these assessments prompted individual learning. They also noted that they would like to have more of these activities throughout their training at the BCPA.

Conclusion

Based on the responses from all five reflective journaling assessments, each of the posed research questions have been assessed below.

Q1:

Does the level of training in Block 1 for municipal police recruits in British Columbia result in a sufficient level of recruit confidence, preparation, and cognition to deal with the increasing prevalence of MHC/police interactions in British Columbia when they proceed to Block 2?

Although the majority of the respondents recognized that Block 1 training provided them with understanding of the legal basis in which they would conduct these

interactions, others recognized that learning would also come through experience. The respondents also stated that the scenarios, simulations, and role-plays allowed them an opportunity to apply and test what they had learned; the subsequent critiques also acted as a learning tool. On the whole, the respondents produced a significant amount of data demonstrating that they do indeed feel the training fosters their confidence and preparation levels.

Q2

Regardless of whether or not the results of question 1 are positive or negative, can the introduction of an assignment (within provincial governmental constraints) based on reflective journaling *enhance* recruit learning, resulting in improved police interactions with MHCs?

The majority of the Stage 3 descriptors: changed conceptual view, new perspective, increased self-awareness, and integration were demonstrated primarily in the third or fourth reflective assessments. While it was not overtly expressed in the any of the respondent's first four journals, analysis of the responses categorized according to the stages and their descriptors shows an elevation in cognitive processing. It is not clear why many of the third and fourth journals indicate third-stage reflection; however, one possibility is that through completely these reflective journal assessments, the recruit respondents developed their reflective and critical thinking skills. This correlated to the posed research question of whether or not these assessments could benefit police recruit learners; the data does indicate evidence of this.

Recommendations

Before it is possible to encourage reflective learning and more specifically to do so through journaling, it is first necessary to inform and convince instructors on the usefulness of such assignments. In connection to Scanlan and Chernomas' (1997) belief in the significance of instructors also applying reflection to their own professional development, it is necessary to discuss the context of the instructors at the BCPA. The instructors at JIBC, especially in the BCPA, are subject matter experts (SMEs) who readily increase their knowledge in their areas of expertise; however, they may have less experience with alternative educational theories. As an institutional mandate, JIBC is currently implementing an initiative of faculty reviews to promote educational standards and ensure the students receive the highest quality instruction possible. The reviewers are expected to have foundational knowledge of educational theories and curriculum design to provide comprehensive faculty reviews. The result of this could be an opportunity for reviewers to inform instructors of how reflection could be used to enhance their lessons. In fact, the review process itself guides the instructor through the reflection cycle: they are given the review form in advance and encouraged to familiarize themselves with the points, motivating instructors to reflect upon their teaching skills; following the lesson, the instructors and reviewers will discuss any relevant points – again leading to reflection. At this time, the reviewer may also provide suggestions on different techniques that instructors may not have been aware of.

Firstly, Scanlan and Chernomas (1997: 1141) state 'It is essential that ... educators think about how to make more conscious intuitive and unconscious knowing

and meaning of [their] activities either in the classroom or in the [field] setting'. They also mention it is important for instructors to use journaling to practice their own reflective skills. Encouragingly, this practice is one that has been fostered in the BCPA as instructors were given journals to promote reflection on their lessons. However, the researcher is unsure of to what degree these journals are continually used and the contents discussed.

The authors also suggest that self-reflection could be fostered in instructors through annual performance reviews as the instructor will need to look back at their lessons and consider opportunities for improvements. Challenges in implementation, however, make this problematic with regards to time and scheduling as instructors are very busy with their teaching responsibilities, especially when there are multiple recruit classes in progress at one time. Regular reviews would also allow instructors to self-identify areas in which they would like to receive further training.

A second recommendation category provided by Scanlan and Chernomas (1997: 1142) focuses on the premise of collaborative reflection and coaching as '[c]oming together to discuss teaching creates opportunities to share our experiences with others'. Each individual may have a different perspective of an event based on their personal experience(s). As mentioned earlier, JIBC's mandated instructional use of experiential learning and faculty reviews provide opportunities for this to occur.

Thirdly, collaboration between instructors and students must exist in order for instructors to gain insight into learners' needs. To accomplish this, Scanlan and Chernomas (1997) suggest that instructors need to put aside traditional student-teacher

dynamics of the teacher as “expert” and instead create more of a balance of power where the student is able to contribute to how material and lessons are delivered. The significance of this is instructors need to model behaviours that practitioners need to replicate when interacting with clients. In the context of the BCPA, this may prove challenging as a hierarchical para-military culture predominates through an academy environment. On the final day of training prior to graduation, the Program Director of Recruit and Advanced Training conducts a debrief session with the recruits.

Finally, with conducting these reflective assessments while recruits are early in their skill development, it is the hope that they will continue to apply reflection throughout the remainder of their training as well as in their careers. Therefore, as demonstrated by two of the respondents and a review of the literature, it would be useful to increase the application of journaling activities to promote self-guide learning and reflection for the recruits of BCPA. By instituting feedback sessions throughout Blocks 1 and 3, recruits would have the opportunity to discuss the content of their reflective journals, provide feedback, and have some of their recommendations applied while they are still at the academy.

Further Study

Now that it is evident that these reflective journaling assessments do indeed show the presence and application of reflection by the municipal police recruits of Class 136, applying Thorpe’s (2004: 334) descriptors of the three levels of reflection would show to what degree this reflection occurs. This would aid in determining if the structure

of these assessments is suitable and adequate, more specifically if the number of assessments is appropriate, for fostering reflective learning through journaling.

As mentioned previously, the fifth assessment did not include a question eliciting respondent views on the completion of these journals to aid their learning. It would be interesting to determine how more recruits would describe their perceptions of reflective journaling if there were a topic, such as ‘the impact of these assessments on your learning’ included in future assignments.

Finally, to add depth to and elaboration on the responses provided, it would be interesting to explore the possible contribution interviews could provide for an analysis such as this. It may prove valuable to conduct interviews with the recruits to allow them an opportunity to elaborate on their contributions. While it is recognized this was not possible due to confidentiality considerations with this research, these interviews would provide more depth and would allow the researcher to categorize the reflective learning stages more easily.

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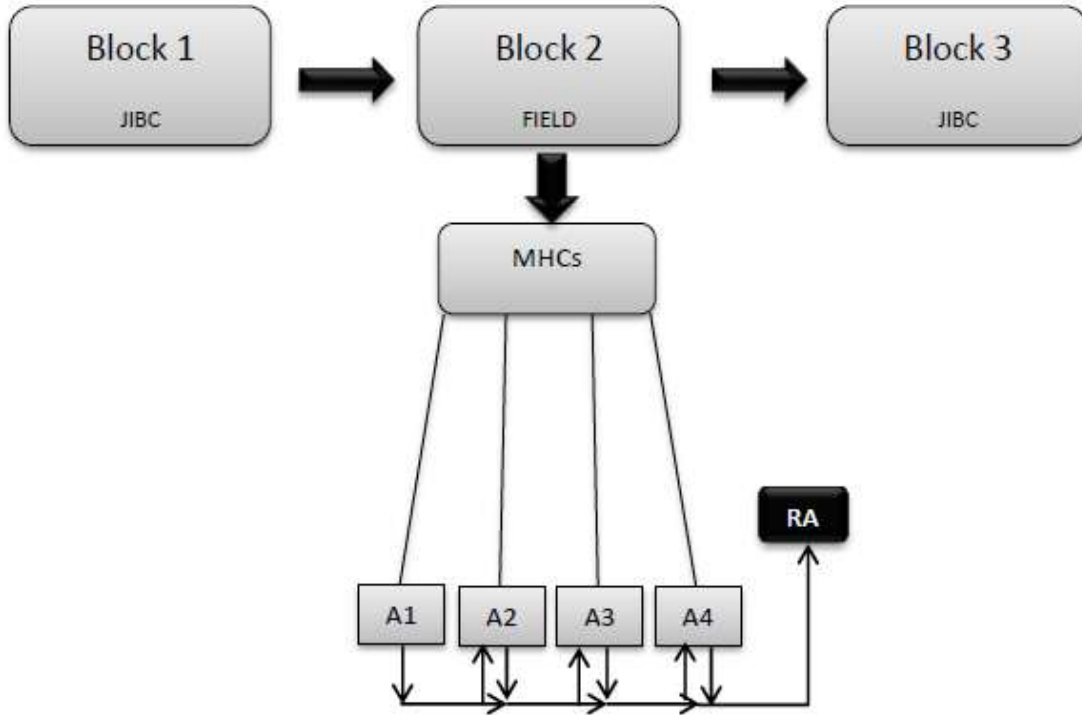
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Appendix 1

Research Design Diagram



Appendix 2

Page 1 of 4

Informed Consent Letter for Participants



Evaluating the Value of Experiential Learning through Journaling in Training Municipal Police Recruits in British Columbia to Effectively Address the Needs of Mental Health Consumers (MHCs)

Researcher: Tara Horkoff

Contact Information: 604.528.5552
604.727.5570 (cell)
thorkoff@jibc.ca
Office: A361

Dear Class 136 Recruit:

Thank you for considering participating in my research project: '**Evaluating the Value of Experiential Learning through Journaling in Training Municipal Police Recruits in British Columbia to Effectively Address the Needs of Mental Health Consumers**'. I would like to take this opportunity to tell you more about the nature of the project, who I am and why I am undertaking this research, and how you were selected for the project. I would also like to inform you about how the data you supply will be used and the protections of your privacy and confidentiality that are in place.

What is the project for?

Due in part to an increase in media attention and high profile police shootings of Mental Health Consumers (MHCs), it has become increasingly evident that there is greater need for changes and improvements made in how police officers deal with people with mental illnesses in crises within the community. Generally, it is the police who respond first to urgent situations involving persons with mental illness.

Since this is the case, police officers need to adapt and advance their training tactics in order to stop the cycle of arrest and release without treatment. With a significant number of calls to police in British Columbia involving an MHC, it is imperative the training of municipal police officers in British Columbia be evaluated and, if necessary, amended.

The results of the project will help researchers evaluate if the self-assessments are effective in enhancing police recruit training without needing to add classroom time, which is important because the in-class curriculum is controlled by the Police Services Branch of the province of BC who have budgeted the maximum time available for each course according to an established curriculum. As a result, any supplements to curriculum, such as the one proposed here, will have to be out-of-class assessments.

How you were selected?

With the support of Don Walden, Program Director, Recruit and Advanced Programs at the Police Academy, JIBC, a graded assessment has been developed for police recruits to be applied during your Block 2 of training. This study consists of municipal police recruits at the British Columbia Police Academy (BCPA) completing four series of questions in order to journal your interactions with mental health consumers (MHCs) while recruits are in Block 2 (the field training component) of your academy training.

Class 136 was chosen to have the opportunity to participate due to the timeline allotted to the researcher to complete this project and subsequent dissertation. From those of you that agree to participate in the research, ten packages will be randomly selected to provide the data. The remaining assessments (not instructor originals) produced by consenting participants will be discarded and destroyed by the researcher.

Your role in completing the project

These assessments are a mandatory component of your Investigation and Patrol Block 2 package and participating in this research will not take any more of your time. Allowing your responses to be submitted for this study is **optional**.

The assessments are divided into two parts and will take approximately 15-20 minutes to complete each assessment.

Part A:

- Four assessments submitted on subsequent days asking you to reflect on an incident involving an MHC, including details on:
 - The incident
 - Your actions
 - How you felt
 - Anything you would do differently

Part B:

- To be completed following the four assessments in Part A
- Allows you an opportunity to reflect on:
 - The overall process of journaling
 - The interactions as a whole
 - Outlining how your Block 1 training assisted you (if so) in your interactions.

Instructions will be provided at the start of each assessment and are the same for the first four assessments. Different instructions (as outlined above) will be provided for the Part B assessment.

Who is doing the survey?

The researcher, Tara Horkoff, is currently an instructor with the Law Enforcement Studies Diploma Program at the JIBC and is also completing a Master's of Science in Criminology and Criminal Justice through the University of Leicester, UK.

Obtaining Informed consent

Your participation in the project/survey is entirely voluntary, and you are free to withdraw from the project at any point. If you are uncertain or uncomfortable about any aspect of your participation, please contact the researcher, Tara Horkoff, listed at the top of this letter to discuss your concerns or request clarification on any aspect of the study.

You will also have the opportunity to review to review the data analysis. Additionally, if at any time you decide that you no longer want to participate in the research project, you will be permitted to withdraw from the study at any time without penalty, and all of your contributions will be withdrawn from the data pool and destroyed.

There will be **no negative consequences** if you choose not to participate; additionally, a lack of participation will not affect your grades on the assessments.

Protecting your confidentiality

Any information you supply to use will be treated confidentially.

If you sign the consent box at the end of this letter and after the completion of both Part A and Part B, JIBC program staff (an Investigation and Patrol instructor (I & P)) will anonymize your package and forward the assessments to the researcher. If you choose to not participate, the researcher will never see your assessments. Again, there will not be any consequences if you choose not to participate in the project.

If you do elect to participate, your assessments will be stored in a locked filing cabinet in the researcher's office for a period of two years then destroyed once that period has elapsed. No one other than the I & P instructor and the researcher will ever have access to the assessments.

In all of the assessments, you will be asked **not** to include any names of those that you interact with, nor should you include the file numbers in order to ensure the privacy and anonymity of those with whom you interact.

If you have any questions about the ethical conduct of the survey please contact the JIBC Ethics Review Committee at AppliedResearch@jibc.ca or Don Walden, Program Director, Recruit and Advanced Programs at the Police Academy at dwalden@jibc.ca or 604.528.5580.

Thank you very much for taking the time to learn about this project and possibly participating.

With best wishes,



If you would like to participate, please print and sign your name and include the date in the box below.

Research Participation Consent

I hereby authorize Tara Horkoff (researcher) to use my assessments on my interactions with Mental Health Consumers (as part of my Block 2 package) for the purposes of this research project only.

Name (printed): _____

Signature: _____

Date: _____

Appendix 3

Part A: Mental Health Contact (Assessment 1)

Instructions

This series of self-assessments will act as a pre-cursor to the Crisis Intervention and De-escalation training you will receive in Block III at the Police Academy.

Your grade will reflect the level of effort and self-evaluation you do in completing each assessment.

Submit EACH assessment once it is completed then move to the next assessment – EACH MUST BE SUBMITTED ON SUBSEQUENT DAYS: only one can be completed in a 24-hour period).

You will need to complete FOUR separate assessments regarding the FIRST FOUR interactions you have with Mental Health Consumers in your BLOCK II training. The fourth assessment includes a self-reflection regarding your overall contact with Mental Health Consumers. All must be submitted on or before the first day of Block III.

- Grading: Total: 55
- Each assessment: 10
- Self-reflection: 15

Mental Health Contact (Points: 10)

Use this assessment to document your contact with a mental health consumer in Block II. You will need to complete each assessment on subsequent occasions: you CANNOT submit more than one assessment in one 24-hour period. There are three (3) parts to this marked assessment.

Part I. Describe your interaction with the Mental Health consumer

Some things you can write about in this section include

- symptoms
- precipitating events
- subject behavior, actions, mood etc.
- your ability to recognize the subject as a MHC

Part II. Describe your actions and emotions

Some things you can write about in this section include

- your response(s)
- why you responded as you did
- escalation or de-escalation
- your levels of stress/ frustration

Part III. Describe what you learned from the interaction

Some things you can write about in this section include

- how you knew what to do
- anything you:
 - were confused by
 - want to learn
 - want to practice
 - would do differently next time
 - feel you did well/ were confident with

Mental Health Contact (Assessment 2)

Mental Health Contact (Points: 10)

Use this assessment to document your contact with a mental health consumer in Block II. You will need to complete each assessment on subsequent occasions: you CANNOT submit more than one assessment in one 24-hour period. There are three (3) parts to this marked assessment.

Part I. Describe your interaction with the Mental Health consumer

Some things you can write about in this section include

- symptoms
- precipitating events
- subject behavior, actions, mood etc.
- your ability to recognize the subject as a MHC

Part II. Describe your actions and emotions

Some things you can write about in this section include

- your response(s)
- why you responded as you did
- escalation or de-escalation
- your levels of stress/ frustration

Part III. Describe what you learned from the interaction

Some things you can write about in this section include

- how you knew what to do
- anything you:
 - were confused by
 - want to learn
 - want to practice
 - would do differently next time
 - feel you did well/ were confident with

Mental Health Contact (Assessment 3)

Mental Health Contact (Points: 10)

Use this assessment to document your contact with a mental health consumer in Block II. You will need to complete each assessment on subsequent occasions: you CANNOT submit more than one assessment in one 24-hour period. There are three (3) parts to this marked assessment.

Part I. Describe your interaction with the Mental Health consumer

Some things you can write about in this section include

- symptoms
- precipitating events
- subject behavior, actions, mood etc.
- your ability to recognize the subject as a MHC

Part II. Describe your actions and emotions

Some things you can write about in this section include

- your response(s)
- why you responded as you did
- escalation or de-escalation
- your levels of stress/ frustration

Part III. Describe what you learned from the interaction

Some things you can write about in this section include

- how you knew what to do
- anything you:
 - were confused by
 - want to learn
 - want to practice
 - would do differently next time
 - feel you did well/ were confident with

Mental Health Contact (Assessment 4)

Mental Health Contact (Points: 10)

Use this assessment to document your contact with a mental health consumer in Block II. You will need to complete each assessment on subsequent occasions: you CANNOT

submit more than one assessment in one 24-hour period. There are three (3) parts to this marked assessment.

Part I. Describe your interaction with the Mental Health consumer

Some things you can write about in this section include

- symptoms
- precipitating events
- subject behavior, actions, mood etc.
- your ability to recognize the subject as a MHC

Part II. Describe your actions and emotions

Some things you can write about in this section include

- your response(s)
- why you responded as you did
- escalation or de-escalation
- your levels of stress/ frustration

Part III. Describe what you learned from the interaction

Some things you can write about in this section include

- how you knew what to do
- anything you:
 - were confused by
 - want to learn
 - want to practice
 - would do differently next time
 - feel you did well/ were confident with

Part B: Mental Health Contact Reflection

Complete this marked written assessment at the conclusion of Block II training after you have documented four (4) previous contacts with mental health consumers.

In this marked assessment you **MUST** reflect on:

- your experiences with Mental Health Consumers in Block II
- how your Block I training helped prepare you
- any changes or evolution in how you interacted with MHCs
- areas/issues that you feel you need more work on in order to be more effective
- areas/issues with which you feel confident in your abilities knowledge
- any other points you would like to mention

Appendix 4

Data Table

Respondent	Assessment #/Section	Stage #	Descriptor	Respondent Comments	Researcher Comments
4	1-II	2	Critical analysis	maybe she could move her bed into the other bedroom and get some candles to try and take over the smell that she smelt.	Showed problem solving
	1-II		Evaluation	I responded the way I did because there was nothing police could really do.	
	1-II		Synthesis	She was not a harm to herself or others and was not having any thoughts of suicide or thoughts of hurting someone else	Applying legal studies content
	1-III			I knew from the JIBC to make sure she was not going to harm herself or others and that she had not thought about doing either of the above	
	1-III			I also knew to ask if she was on any medications and if so which ones.	
	1-III	1	Discomfort	I honestly did not know what to do.	
	1-III	3	Integration	I would not do anything differently next time for this situation, I felt the overall encounter went very well and had I acted differently towards her (as if she was mental) it would have then gone side ways	
4	2-II	1	Discomfort	I was in shock... I felt bad... I could never imagine...	
	2-II	2	Description	My response was as if a mother was talking to her child. I kept telling her that she could not treat her mother that way and that being only 10 years old, it was her mother that made the decisions for her. I told her numerous times that if her mom wants to her to do something then she should do it, as most children do.	Begins to understand why the
			Synthesis	The reason she went from calm to	

				angry and started throwing things again was because she did not like being told what to do. When all three of us police officers told her she had to clean up the mess and we would watch her, she did not like that.	subject responded the way she did
	2-II	2	Synthesis/evaluation	I responded the way I did because thats how I was treated when I was 10 years old	Justifies actions
	2-III	3	*new understanding (attempted but completed?)	Next time I think I would act in the same manner, I would probably give the girl more space and if she did not like being watched while picking up the damage she had done I would probably move around the corner	Conflicting ideas here – says would not change but recognizes it did not work
4	3-II	2	Synthesis	He was not taken to RCH under Section 28, as he wanted to voluntarily go and did not readily have a plan to harm himself.	Applying legal studies content
		2	Self-awareness	I was not stressed or frustrated about the situation	
	3-III	3	Increased self-awareness	I knew what to do because I had been to a couple of calls like this prior	
		3	New understanding	I learned that just because some people do not like to admit they have a problem, others do.	
		3	Increased self-awareness	I felt I did well as I talked the entire time and none of the other officers added anything at the beginning, middle or end.	Recognized confirmation of proper behaviour because no one else interjected
4	4-I	2	Critical analysis	I recognized her as an MHA when she told me that she cannot be left alone because she will kill herself.	
	4-II	2	Synthesis	She was not happy that I put her in handcuffs. She said to me that she would go voluntarily and I explained kindly that when she tried to lock herself in her room when we were there, that it took	Rationalization

				away her privilege of going voluntarily.	
	4-III	3	Increased self-awareness	I knew what to do from previous calls and I knew that exact things to find out...	
	4-III	1	Curiosity	I was actually shocked when she opened up to me in the hospital and filled me in on her past.	
			Frustration	I was a little irritated...	
4	5	3	Integration	Block I training helped me prepare for my interactions with MHCs because I knew what to ask and what signs to look for.	
			Integration	The scenarios we did; both effective communication day and the simulation day were extremely helpful. Especially if we got something wrong and were corrected on it because it stuck more in our head.	
		3	Increased self-awareness	At the moment I cannot think of any ways I would change my interactions with MHCs. So far I have done a good job at it, so I have been told	Confirmation by others
		3	Increased self-awareness	I could use more work on further explaining Section 28.	
		2	evaluation	overall I feel my experience greatly improved from the beginning of block II to the end	
Respondent	Assessment #/Section	Stage #	Descriptor	Respondent Comments	Researcher Comments
14	1-I	2	Self- awareness	At first I was not able to recognize that this person needed as a mental health consumer	
		2	Critical analysis	At first I thought she was just a little confused but it turns out she was decently sick.	Some judgement
	1-II	2	synthesis	I attempted to de-escalate by listening to her thoroughly and asking her questions	
		1	discomfort	I think I was thrown off by her being a professional and looking rather normal.	
		3	New	I always expected that the mental	

			understanding	health consumers that I would deal with would be so overtly sick that they would be easy to spot.	
		3	Changed conceptual view/ integration	In the future I will go into every situation with an open mind realizing that everyone has the potential to have some mental health issues and their economic status does not protect them from having mental health issues.	
14	2-I	3	Integration	This particular interaction was a little more obvious that I was dealing with someone with some more severe and blatant mental health issues.	*Related this episode to previous one
		2	Critical analysis	I knew when I started talking to her that this could go very bad if handled wrong.	
	2-II	2	Self-awareness	I wanted to de-escalate her by listening to her full story.	
		2	Evaluation	One of the main things that I tried which ended up getting her more upset was trying to talk with her in private.	
	2-III	2	Evaluation	I think even though the situation seemed trivial when I arrived it was still good that I listened to her whole story	
14	3-I	2	Critical analysis	it was clear immediately that he needed some special care.	
	3-II	2	Evaluation	Even though I was quite certain that he did not have bugs eating his insides I never told him that. In his mind he was in extreme pain and these bugs were very real to him. The last thing I wanted to do was to question what he believed to be an undeniable truth. That would not have helped the situation out at all. If I started to question his perception of reality he may have started to get agitated toward me and I might just make the problem worse.	
	3-III	3	Increased self-awareness	I do not have the expertise to diagnose even though it would be much easier to have a little more	

				medical training.	
		3	Integration/ Increased self-awareness	There is no need to escalate things more than they naturally would be and I don't want to be the kind of officer who does that.	
14	4-I	2	Critical analysis	At this point we knew that we were going to have to section him but he was sitting and we did not want to get him even more upset by making him stand and putting cuffs on him.	
	4-II	2	synthesis	I was trying to find a line of conversation that would put him at ease.	
		2	Self-awareness/ synthesis	My frustration was more to do with his situation.	
	4-III	2	Critical analysis	He showed some interests and I wanted to try and build a connection and so I worked with his interests.	
14	5	3	New understanding/ Changed conceptual view	I had no idea how many of our interactions would be with mental health consumers. There has to be a better for our society to deal with mental health consumers. We are treating the symptoms and not the root problems. It just seems like an endless spiral.	*ties back to assessment 4 – he was bothered by the young man who became an addict and was abandoned by society
		3	Integration	In some ways there is not much that can be done to prepare us for mentally ill people.	
		3	New understanding/ Changed conceptual view	All the people that I dealt with just wanted someone to listen to them and not shrug them off. So many of them seemed to crave actual human interaction and that is something that you are either a natural at or not. Some people are good with others some are a little more awkward and you cannot	

				train someone to be someone they are not.	
		3	Increased self-awareness	I think for myself I need to just get better at recognizing the mental instability faster and figuring out what the motivation is.	
Respondent	Assessment #/Section	Stage #	Descriptor	Respondent Comments	Researcher Comments
22	1-II	2	Critical analysis	It was very difficult assessing the subjects future behaviour or actions during this call as his emotions changed frequently	
		1/2	Awareness/ critical analysis	Communicating was also difficult due to the fact that our conversation topics would change and often not make sense.	
		3	New understanding	I learned that dealing with mental illness is difficult in many ways.	
		2	evaluation	I also found it helpful for me to stay very level headed and low key when dealing with this individual. This seemed to keep him calm.	
22	2-I	2	Critical analysis	At the time of the assessment it was apparent that he was apprehendable under the mental health act.	*short
	2-III	3	New understanding/ Changed conceptual view	I learnt that people with mental health issues can have mood fluctuations without any notice based on their own interpretation of what is happening around them.	
22	3-II	2	Critical analysis/ Synthesis	The father did have a plan and we believed that the threat of suicide was real and immanent; therefore, we apprehended him under the mental health act.	*short
	3-III	3	New understanding	I learnt about suicide and how to properly assess someone that is contemplating suicide.	
		3	Changed conceptual view	I also learnt that people seem to be quite open about their mental health issues and their suicidal thoughts or tendencies.	
22	4-II	1	Discomfort	This situation was difficult to assess.	*short

		3	Integration	I felt that I needed to establish new grounds to section her based on what has changed since she was released from the hospital.	
		3	New understanding/ Changed conceptual view	I learned from the Emergency Mental Health team that it is very important to take suicidal remarks, by someone demonstrating these types of symptoms, very seriously. Although it may seem like someone with this type of borderline personality disorder is just attempting to get attention, you can never be sure when they may take it one step too far.	
22	5	3	Changed conceptual view	I had a great deal of experiences with Mental Health Consumers in my block II training as almost every call I went to had some mental health aspect within it.	
		3	Changed conceptual view	It was also noted that the majority of these consumers are very good at functioning in daily life with these issues. I was most surprised with how open many suicidal people are to speaking about their suicidal thoughts and plans.	
		3	Integration	The most important thing that I took from my Block I training was knowledge of the Mental Health Act and the powers granted by the act. There was not a lot that could prepare me for actually dealing with these people; however, it helped me feel much more confident when I knew my grounds for apprehension and how to formulate my questions to properly assess someone using those grounds.	Connection to legal studies content
		3	Increased self-awareness	The greatest challenge I had was assessing people that were on the edge of possibly being sectionable.	
		3	Increased self-awareness/ Changed conceptual	At times I also felt it frustrating how little resources were available to people who clearly have mental health issues and that need	

			view	support, but cannot receive it due to overcrowding in the regions mental health facilities.	
		3	Integration	I am looking forward to getting my CID training as I think it will be very beneficial to assessing and speaking with people with mental health issues.	
		3	Integration/ New understanding	I felt that having a strong knowledge of the entire Mental Health Act (not just Section 28), certain disorders, and community resources is and will be very important for having a strong career.	
Respondent	Assessment #/Section	Stage #	Descriptor	Respondent Comments	Researcher Comments
16	1-II	2	Critical analysis	On approach I was thinking that we needed to determine exactly what is going on, where in the house the daughter is and whether she was still carrying the knife.	
		2	Evaluation/ synthesis	I didn't have time to fully process all that was happening, so when I was talking to her through the door I still felt that sense of urgency to gain control of the situation.	
		2	Self-awareness	I was essentially barking at her to do it.	
	1-III	2	Synthesis	I learned from this experience that I need to get better at being more aware of the totality of my circumstances.	
		2	Evaluation	It's challenging to really comprehend everything that's going on in one of these situations if you've never been through it before.	
		2	Self-awareness/ Evaluation	If I could go to this call again I would be more assertive.	
		2	Evaluation	I think that this was a great call to learn from, and I'm looking forward to attending the next one and doing it better.	
16	2-I	2	Critical analysis	This information coupled with how visibly upset she was made it	

				pretty clear that she was an MHC.	
	2-II	3	Increased self-awareness/ New understanding	I did what I could to show empathy. I listened to what she had to say and I was careful not to come off as though I was judging her. When she told us that she wanted to die, that's a very personal thing to tell a stranger, so I was careful not to say anything that might make her think I wasn't being genuine.	
	2-III	3	Integration	This interaction was like the polar opposite of the previous sec 28 apprehension I did with a schizophrenic person.	*connection to previous assessment
		3	Increased self-awareness/ Changed conceptual view	Quite honestly, that threw me off. The daughter seemed like a very normal person who was just going through a rough time, and that's not the sort of thing I was expecting for a sec 28. I had it in my head that every sec 28 would be someone who was completely psychotic.	
		3	Increased self-awareness/ New understanding	I made up my mind that she was clearly at risk for harming herself, but I didn't go the extra step towards telling her she didn't have a choice and had to see a doctor. I knew that was the right thing to do, but I was hesitant because she didn't fit the bill of what I thought every sec 28 would be.	
		3	integration	Overall, the situation went pretty well. The only thing I would do differently is that I would be more assertive in taking that next step to actually apprehend the daughter.	
		3	New understanding/ integration	Now that I have seen the two different sides of MHC people, I will be better prepared for the next interaction.	
16	3-I	2	Self-awareness/ Critical analysis/	I took her delayed responses to mean that she was trying to think up the answer on the spot and being deceptive. I was quite	*length is significant = reflective of level of

			Synthesis/ evaluation	frustrated by this and became more aggressive in my questioning of her. I was having a difficult time determining if the way she was responding was due to the fact she was lying, had some sort of mental disorder, or there was a combination of the two.	reflection?
	3-II	2	Self- awareness/ evaluation	I decided that I would change my tactics a little.	
		3	integration	I decided that I would be more patient this time and simply ask my question and wait for her to respond.	
	3-III	3	Changed conceptual view	One of the things that I learned from this interaction is that the calls you go to are pretty much never going to be by the book.	
		3	New understanding/ increased self- awareness	the fact that the person I had to get a statement from would be completely uncooperative and a person with an apparent mental disorder were things that never entered my mind.	
		3	Increased self- awareness/ Changed conceptual view	At first, I was confused by the fact that this person who wanted to report an assault against her would be so uncooperative. It just didn't make any sense to me. When I thought about it some more, I came to realize that there is only so much I can do to persuade someone to be cooperative. All I can really do is focus on getting the best statement that I can.	
		3	Integration	I want to learn how to be a little bit more decisive in my decision process for sizing people up.	
		2	self- awareness/ synthesis/ critical analysis/ evaluation	When I was first speaking with the complainant, there were two things I should have taken into account. The first is that she was clearly not answering my questions fully and/or truthfully, and the second is that she was clearly not of sound mind. I chose to ignore	*shows all aspects of stage 2

				the second thing and focus on the fact that I thought she was lying. Ultimately, it didn't make that much of a difference to the outcome of the scenario, but had I been more cognizant to treat her as an MHC, I would have gotten better answers from the very beginning.	
		3	Increased self-awareness/ integration	I changed my attitude towards her a little bit and it worked out well.	
16	4-II	2	Self-awareness/ Critical analysis/ Evaluation	Quite honestly, I was really caught off guard by this interaction. I feel like I came at it completely wrong. The call came in as someone that had just attempted suicide, and I was thinking of it strictly as a medical situation. As such, when we got there I was pretty confused as to what I needed to do, because it almost seemed to me that we were being sent to do the job of EHS.	
	4-III	3	Increased self-awareness/ New understanding/ Integration	The main issue here is really just the way that I viewed the call. I saw it as a medical issue, so the whole time we were with the female I was thinking of her as a patient. Even when we apprehended her and were with her at the hospital, I was thinking of her as a patient, not a prisoner. As we were on our way to the call, I had considered the fact that it was important to determine if the female still had the knife.	
		3	Changed conceptual view	Thinking of a suicidal person as a patient is wrong from a police standpoint. I think the right way to view them is as though they are homicidal.	*negative?
16	5	2	Evaluation/ synthesis	As far as changes or evolutions go with how I interact with MHCs, I feel like each one I have dealt with has been completely different. In other words, what I learned from	*length

				one interaction didn't particularly seem applicable to the next.	
		3	Increased self-awareness/ Integration	I think there are two main ways in which my Block I training helped me to deal with MHCs. First off is the legal authority. Knowing your sec. 28 powers to apprehend people and take them to a doctor is huge. Without that, I wouldn't really have much on which to base my decisions for how to deal with these people. It was made clear to us in Block I that in order to apprehend someone, they have to be a person of an apparent mental disorder and they have to be at risk of harming themselves or others.	
		3	Increased self-awareness/ Integration/ New understanding	The second portion of Block I that I found really beneficial towards dealing with MHCs was the first role playing day we had. One of the actors was portraying an MHC that had recently had their medication changed, which caused their symptoms to become much worse. In the scenario, I failed to ask the questions that would have given me this information. I learned from that mistake and when I have been dealing with MHCs throughout Block II, I have been asking about their medication.	
		2	Self-awareness	I think that my strength in dealing with these people is in regards to communication. Once a situation is under control, I think that I can be fairly effective in getting information from people.	
		3	New understanding/ Increased self-awareness/ integration	I think that the scenario training we did with actors in Block I was extremely useful. It's one thing to discuss how to go about dealing with a given situation, but it's something else entirely to role play that scenario.	*outlines importance of role-plays
		3	New	At the same time, not all learning	*states the

			understanding/ Increased self- awareness/ integration	happens in the moment. A lot of things can take some time to sink in, but the more you think about something, the more you will learn from it. I have found that writing these self assessments after each MHA contact has been really useful. Sitting down and writing about my experience has forced me to think about it in a very critical way. Picking apart all these scenarios and interactions is very helpful. If we were to do self assessments after simulation training, I think that we would learn even more.	significance of these assessments
Respondent	Assessment #/Section	Stage #	Descriptor	Respondent Comments	Researcher Comments
15	1-I	2	Self-awareness/ evaluation	At this time I did not recognize definitive symptoms of mental health issues other than memory problems and fear which seemed typical of the aging population.	
		2	synthesis	My ability to recognize the subject as a Mental Health client was from my past experience working with elderly and dealing with similar behaviours.	
	1-II	2	Self-awareness	My response to the subject was empathetic and understanding.	
		2	Critical analysis/synthesis	I attempted to deescalate the situation by keeping her focused on me, repeating her name, and reassuring her she was going to be ok.	
	1-III	2	synthesis	As I mentioned previously, I have worked with the elderly and knew what to do from those experiences.	
		3	Increased self-awareness/ integration	I was confused initially by the process of booking a patient into the hospital but after only one time, I will be more confident next time.	
		3	New understanding/ integration	Next time, if I knew I was going to apprehend someone under the MHA, I would move to do that sooner as to not create more stress	

				and fear for the subject	
15	2-I	2	Critical analysis	I was able to recognize this subject as a mental health client because he was making suicidal comments and was able to give me an answer when I asked him how he would commit suicide if he was going to do it.	
	2-II	2	Description	I kept my voice fairly quiet and maintained an active listening posture. I sat on a chair directly beside the door so he would not be able to run out the door without me stopping him.	
	2-III	2	Critical analysis/ evaluation	Everything that I did and how I dealt with this call was directly from what I learned during training at the academy in block I.	
		2/3	Critical analysis/ Synthesis/ Evaluation/ integration	I used active listening skills and deescalation techniques. I asked the questions that I learned such as "Are you going to commit suicide", and "How would you commit suicide" etc...The simulations that we did in block 1 were very similar to the real life situations officers deal with. I knew that as soon as I was unsure if this person can take care of themselves and not safe to be alone, I need to apprehend and take them to the hospital.	*compare to 20 who did not link to training
		3	New understanding/ integration	I don't think I would do anything differently next time except now that I have dealt with mentally ill a few times, I will be quicker to determine that I need to apprehend.	
15	3-I	2	Self-awareness/ Critical analysis	I was able to recognize this female as a MHC right from the start.	
	3-II	2	Critical analysis/ synthesis	I could tell that her mind was working quickly and that she was already in an agitated state. I wanted to try and get to the root of the issue quickly and asked her the questions that I learned while in Block I.	

		2	Critical analysis/ synthesis	I used my desescalation techniques such as listnening to her concerns and stating how she must be feeling at this time with police here. I kept assuring her that she was not in any trouble and I attempted to personalize myself and be viewed by her as more than just another officer. The desclation techniques worked and we were able to convince her attend the hospital.	
		2	Self-awareness/ Critical analysis/ evaluation	At first I did not feel frusterated, but after we went around in circles a few times, I was tired of saying and hearing the same thing. I had to find another way to help things become clear for her.	
	3-III	2	Self-awareness/ Critical analysis/ evaluation	I knew what to do because of what I learned in Block I, but I have also taken the Crisis Intervention and De-escalation training at work and used those tools to achieve my goals.	
		3	New understanding	I realized that with a MHC, an officer needs time. They need time to listen, assess the level of risk this person is to themselves, develop a common bond in order to get the MHC to listen, as well as to take the necessary steps to ensure continuity of the relationship that you built.	
15	4-II	2	Self-awareness/ Critical analysis/ evaluation	My response to this call was very similar to my other contacts with MHC's. I used an empathetic style and just tried to get him to talk by being non intimidating and personalizing myself so he feel comfortable. I responded this way because I have had positive experiences with my other contacts and it has seems to work.	*short
		2	Self-awareness/ Critical analysis	Although I was feeling frustrated at times, I manage to slow everything down so that the MHC felt	

				comfortable talking with me.	
	4-III	2	Self-awareness/ Critical analysis/ synthesis	Having quite a bit of experience dealing with MHC on my block 2 I felt confident that I could elicit the information I needed out of him. I knew that I needed to practice patience but also realize that I may not be dealing with a true allegation.	
15	5	2	Critical analysis	I believe that on almost every shift I dealt with a MHC that was at some point on the mental health spectrum.	*very short
		2	evaluation	I think that the training I received during block 1 was a major reason I knew what to do during these calls.	
		3	New understanding	Although it took a little to get used to asking people such personal questions, I realized that the MHC were appreciative that they were able to talk about their problems and that they were asked about as it was hard to just come out and talk about it.	
Respondent	Assessment #/Section	Stage #	Descriptor	Respondent Comments	Researcher Comments
20	1-I	2	Self-awareness/ Critical analysis	There was no escalation of feelings or tension on either side that I could discern.	*very short
	1-II	2	Self-awareness/ Critical analysis/ evaluation	Any time he felt that I was pushing a certain subject or topic, I was able to focus on something else and go back to the initial topic and get the answers I required. I felt like I was in control the whole time and did not feel there was going to be any escalation as I had made it clear for the reasons I was there.	
	1-III	2	Self-awareness/ Critical analysis/ Synthesis/ evaluation	I thought out what I was going to say before I said. There were somethings that I did not say as I felt that those words may potentially have escalated the situation.	
20	2-II	2	Self-awareness/ Critical analysis	I was able to slowly gather information, anything from what she likes to do to what makes her	*very short

				want to kill herself. I felt comfortable talking to her about it as she was relatively open... the liquor may have played a part in her telling me everything.	
	2-III	3	New understanding	I learned every MHC subject will interact differently and sometimes just talking about something completely different that has nothing to do with the situation allows them to open up and in this case she opened up herself and told me everything with minimal questioning	
20	3-I	2	Self-awareness/ description	I felt comfortable speaking with him and asking him questions directly related to the incident	*compare to respondent 2 who said the same thing but tied it back to what was taught
	3-II	2	Self-awareness/ Critical analysis	It was a little frustrating trying to get all of the information	
		2	Self-awareness/ Critical analysis/ synthesis	Once I was able to get him to talk and respond to every question I had, I felt amazed at how the information just kept coming from him all of a sudden. Frustration moved to empathy as I learned more of what transpired and the events leading up the incident as well as speaking with his mother, everything just fell in place, so it seemed in terms of the investigation.	*almost reaching new understanding/ Changed conceptual view but does not really seem like he got there
	3-III	3	New understanding/ integration	I learned sometimes it takes time to not only learn the particulars of the event(s), but to build a rapport with the individual. Once that bond builds, it seems like you can almost have your way and have all your questions answered.	
20	4-II	2	Self-	I felt like I had to dance around a	*very short

			awareness/ Critical analysis	bit with my wording to ensure she did not get ramped up and try to do something that would either harm her or put myself or my partner in danger.	
	4-III	2	Self-awareness/ Critical analysis/ evaluation	This was my first EDP interaction where aside from the consumption of the pills, I needed a little more evidence to feel confident that she was actually EDP.	
20	5	2	Self-awareness/ Critical analysis	It was a great experience to deal with all of the instances I had and I felt comfortable dealing with them.	*very short
		2	evaluation	Block one training did not really help too much I believe.	
		3	Increased self-awareness/ New understanding	I felt more and more comfortable dealing with MHC each and every day. I have dealt a little bit with MHC beforehand, however, during block II, I could not turn away from the situations no matter what they were and I felt like I learned from each and every interaction.	
		3	Increased self-awareness/ Changed conceptual view	To be more effecting I believe I simply need to have more interactions as no 2 MHC will ever be the same. It is an ever evolving issue and ne can never be perfect in dealing with MHC.	
Respondent	Assessment #/Section	Stage #	Descriptor	Respondent Comments	Researcher Comments
2	1-I	2	Description/ Critical analysis	I would describe the Subject as a "hardened" person who was not unaware of why we were there and what we were trying to achieve. She did not want help and made repeated attempts to rebuff police and be left alone.	*short – all are quite short but seem to have mix of higher stage reflection = length not indicative of reflection
	1-II	2	Critical analysis	My actions were simply to keep Subject talking and to gain a clear picture of what was going on.	
		2	Self-	When I attempted to empathize	*negative

			awareness/ Critical analysis/ synthesis	with her situation she would become stand-offish and start talking about what an intrusion our presence was. Eventually I switched to speaking with her in a manner that shut down her beligerent behaviour and was able to finally get her to admit that she was having suicidal thoughts that she might act on.	terms: “shut down her beligerent behaviour” – does this mean ‘act more authoritari an’?
	1-III	3	Changed conceptual view	In hindsight I am shocked that a person who lives in a purported "tight community" that looks out for each other could be allowed to suffer in seeming solitude. That lack of caring kind of blew me away.	*almost at a stage of ‘increased self-awareness’ but did not extend to how R2 could prevent this
		2	Self-awareness	The most stress I had was the first contact as I wasn't sure if what the Subject's state of mind would be.	
		3	New understanding	It was my first experience with someone whose mental health issues were serious but displayed in a subtle way. I had a preconceived notion of some level of agitation or intensity to being suicidal. The person I dealt with just didn't care about a lot of things a reasonable person cares about.	*not quite at ‘changed conceptual view’ but there was new understanding – also shows some undertone s of discomfort
2	2-I	2	Critical analysis/ synthesis	His tension levels would rise drastically and immediately if he perceived that the conversation was headed that way, regardless of whether or not that was MY intention.	
		3	Increased self-awareness	I found myself framing my words to try and stay as far away from that topic as possible and to keep in	

				touch with his motivations as opposed to mine.	
	2-II	2	Critical analysis	The SOC was cooperative and I was able to employ basic deescalation skills to manage his fluctuating stress levels and gain compliance.	
	2-III	2	Self-awareness/ synthesis	I had to work to achieve cooperation but not to the point that I had to completely reconsider my approach.	
		2	Self-awareness/ evaluation	I could have been more confident and clear in my communication and I believe that would have saved me some of the effort required to gain compliance.	
		3	Increased self-awareness/ New understanding	I want to practice my positioning. I would like to be able to be tactically sound in my body positioning while projecting a calm and inviting manner that facilitates deescalation.	
		3	integration	I can make use of everyday interactions with the public to practice this in advance of an actual high-stress event.	
2	3-II	2	Critical analysis/ synthesis	Once the situation was under control it became obvious that this person was (to a certain degree) a victim. We treated him with a measure of empathy for where he was at emotionally, while dealing with the situation as required by law.	
	3-III	2	synthesis	I did consider what may have been required had the situation required longer term involvement by police.	
		3	Increased self-awareness	I believe I would be prepared in the event of a similar, but more serious, situation.	
2	4-I	2	description	I remember looking at the driver's side rearview mirror and seeing a pair of huge, wild eyes looking out from a body hunched over (think Golem).	
		2	Critical analysis	Considering the driving and my observation of the driver I was confident we would be dealing	

				with an MHC.	
	4-II	2	synthesis	I opted to let him vent some of this energy in the hopes that I could keep him compliant with what needed to be done.	
		3	integration	I called him "Doctor" when I addressed him as he had identified himself as a dentist and it has been my experience that professionals react well to being addressed as such.	
		3	Integration/ Increased self-awareness	I was initially stressed, but as the driver's behaviour started to present a pattern and I began to understand his motivations, I found that I could appease his tension and frantic energy and I gained confidence and a measure of comfort from that.	
	4-III	3	New understanding	I think I learned that, whenever possible, it is important to give the MHC an opportunity to speak their mind and feel like they are being heard.	
		2	Critical analysis/ synthesis	I know it's not advisable to agree with their misperceptions, but I think it's valuable to empathise with how one might feel, given a similar perception.	
2	5	3	Increased self-awareness/ Changed conceptual view/ New understanding/ Integration	It was eye opening to see how mundane a s28 apprehension can be. Sometimes it involved coaxing and cajoling someone, sometimes it involved being decisive and insistent and one time it was as simple as walking up to the person and them asking for help right away.	*short *length <u>not</u> indicative of reflection
		3	Increased self-awareness/ integration	Block I training gave me an awareness and sensitivity to what MHC interactions might be like and what the considerations were for Police in those interactions. Putting these types of interactions in my head in advance allowed me to cope with the suddenness of being presented with an MHC.	

		3	Increased self-awareness	I became more comfortable in my ability to read the person I was dealing with. To be confident in my instinct, work to verifying it and be decisive in acting once that was done.	
		3	New understanding	There will be circumstances where action needs to be taken sooner or the person's behaviour needs to be stopped immediately. I need to be prepared to change gears when my preferred approach does not fit the situation or is unsuccessful.	
		3	Increased self-awareness/ integration	I think I am good at having awareness of a person's motivations and am able to perceive a situation from their perspective. I need to improve on making that fit into a Police context (i.e. completing my duties even if they create conflict with the person).	
		3	Increased self-awareness/ Integration	I am excited and intimidated by MHC interactions. They have occupied so much of the negative media attention of policing lately that the stakes are clearly high. I am hopeful that our training will continue to evolve to reflect the dynamic nature of these interactions and I hope that there will be better understanding from the public as to how difficult these situations are.	
Respondent	Assessment #/Section	Stage #	Descriptor	Respondent Comments	Researcher Comments
19	1-II	2	Self-awareness/ critical analysis	I stayed calm and watched her actions rather than listen to what she was saying.	*short *length <u>not</u> indicative of reflection
		2	Critical analysis/ Synthesis/	During this time, I noticed that she talked a lot about pop culture and tried to engage her by talking about these things with her. This seemed to calm her down as we	

				had something in common, and that I was a person and not just another uniform.	
		3	integration	By doing this, I felt that I was able to get her to following my directions and calm down a lot easier when dealing with the hospital staff than if I didn't try to connect with her in the first place.	
	1-III	2	evaluation	However, this call gave me great experience as it allowed me to observe other officers' actions and reactions before taking on a call myself.	
		3	New understanding/ Integration	I learned that it is very important to be aware of certain trigger words that could alarm the person, and that you must always treat people with respect despite their emotion state. That being said though, it is also very important to be firm and in control to let them know that they cannot take advantage of you just because you are being nice and respectful to them.	
19	2-II	2	Self-awareness/ Critical analysis/ synthesis	This was my first MHC call as the primary contact person. I knew that given the volatility of the situation I had to come in at a low emotional state. My primary goal was to establish a rapport with the male. I also was cognizant to not use triggers words that may upset the male.	*short *length <u>not</u> indicative of reflection *connect to assess.1 – where notes that this was R19's first primary contact role
		2	Self-awareness/ Critical analysis/ synthesis	During the times when he was angry, I just remained calm and let him vent without trying to interject too much. However, I also had a firm voice to let him know that he doesn't need to yell and use	

				profanity.	
		2	Self-awareness/ Critical analysis	Even though this was my first MHC call as the contact person, I did not feel stressed or frustrated.	
	2-III	3	New understanding/ Increased self-awareness/ integration	One important thing I learned was that it's always best to come in at a low emotional state and then ramp up if necessary. I came in calm and empathetic and was able to relate to the male quickly, because I took the time to understand his situation. Had I come in at a higher emotional level and came in barking orders or being too authoritative, it definitely would have put him on the defensive and made me look like everyone else who was "out to get him."	
19	3-I	2	Description/ Critical analysis	She would talk normally one minute and then change moods and get angry the very next minute, and then very quickly calm down again.	*very short
	3-II	2	Self-awareness/ Critical analysis/ synthesis	Even though she went through mood changes and appeared angry at times, I knew that she was not angry at me and thus I was very calm and professional when speaking with her.	
	3-III	3	New understanding	I learned that it is very important to treat everyone with respect and to try to understand where they are coming from, regardless of who they are or their mental state.	
19	4-II	2	Self-awareness/ Critical analysis/ synthesis	I approached her in a non-threatening manner and announced my presence from afar. I did not want her to be startled by a stranger coming towards, especially one in a police officer uniform. I said Hi and introduced myself. She responded well and was receptive to me being there with her.	*short *length <u>not</u> indicative of reflection
	4-III	2	Self-awareness/ synthesis	As this was my 4th MHC interaction, I felt quite comfortable in talking with her with little	

				assistance from my trainer.	
		3	integration	I treated the female with patience and respect, and I strongly believe that she recognized that and was able to have a good interaction with me. Her mother said that she normally doesn't like police officers, so I was happy to see that the female and I got along well.	*tie this to 3-III where learned importance of treating people with respect – in 3-III this was 'new understanding', but here, it is 'integration' because it has clearly been applied from the previous
19	5	2	evaluation	My experiences with Mental Health Consumers in Block II have been very interesting and fulfilling	*short *length <u>not</u> indicative of reflection
		3	Changed conceptual view	The four calls I went to were all different and presented their own unique challenges. People in general may suffer from the same disorder, but no two people will react the same way.	
		3	integration	The simulations completed in Block I really helped me deal with the MHC's as it gave me practice in communicating with people who suffer from these disorders. It was very helpful to have done the simulations and then receive feedback so I knew what I did well and what I needed to work on. This feedback was important as it gave me skills to be able to deal with the MHC's in real life.	

		3	Increased self-awareness/ New understanding/ integration	I felt more comfortable with each subsequent MHC call I went to. I was a bit nervous in my first call as I didn't really know how to approach the person or what to say, but this last call was much better as I was more confident in my abilities. I'm starting to understand how important it is to ask the right questions in order to get the information required to help the person.	
		3	Increased self-awareness/ Changed conceptual view/ integration	I'm learning to be more of an assertive presence when dealing with MHC's. I recognize that people who suffer from mental health issues are generally in need of direction and instruction, but it has to be offered in a manner that is comfortable for that person. This is something I want to gradually improve on with each interaction.	
Respondent	Assessment #/Section	Stage #	Descriptor	Respondent Comments	Researcher Comments
12* they started to get longer as progressed	1-II	2	Description/ Critical analysis/ Self-awareness	I walked towards his house with the door open and the strong smell of cat litter and garbage was immediately apparent. I entered the house and was shocked at the filthy conditions this man lived in.	*very short/point-form
	1-III	3	Changed conceptual view	Mental illness manifests itself in many different forms. While some act violently or unpredictably, others simply withdraw from society and stop taking care of themselves. In these circumstances the police still have an obligation to ensure their well being or to assist other agencies in doing so.	
12	2-I	2	synthesis	I did not feel frustration towards the subject as my previous work experiences as a Jail Guard exposed me to countless MHC and intoxicated people.	* short
	2-III	3	New understanding	I learned that MHC often display attention seeking behaviour by	*negative?

				stating that they will harm themselves in one way or another so they will tell people that they are killing themselves.	
12	3-I	2	Critical analysis	I noticed that that she was intoxicated, very volatile but also acted in a very childish way at times although she was capable of having adult conversations.	*longer – connection to reflection?
		2	Self-awareness/ Critical analysis/ Synthesis	I steered the topic of conversation to her life, her hobbies and her daughter, which seemed to calm her down and redirect her focus. It also allowed her to begin to feel comfortable and trust me by revealing personal facts to me.	
	3-II	2	Self-awareness/ Critical analysis/ Synthesis/ evaluation	At the hospital I continued to build a rapport with her and she seemed to have formed an attachment to me, as she would cling to my arm and told me not to leave her. She also did not trust the hospital staff. She wanted to leave and stepped forwards the door multiple times while waiting for a doctor, and I had to grab her and gently remind her that she promised me she would stay - she agreed and complied. When my partner attempted to give her commands or directions she would ignore him and told him that she does not trust him and instead thinks that I was "much cooler."	*missing something ? Almost at 3 rd stage but does not seem to have that cognitive recognition of why this is... or maybe does not want to say the words?
	3-III	3	New understanding/ Increased self-awareness/ integration	Ultimately I found that I can deescalate the situation by building a bond with her and asking her to do what I wanted her to do in a calm voice.	*this one does seem to take it to the next step (compared to point above)
		3	integration	From my experiences with dealing with MHAs as a Jail Guard I knew that yelling back or taking an authoritarian approach towards them are often unfruitful. Instead I	

				personalized the interaction and gained their trust slowly by building rapport by speaking to them as if they were normal people.	
12	4-1	2	Critical analysis	It became immediately apparent to me that she was a MHC when she appeared to be confused and scared.	*does not explain why
	4-II	3	integration	During the ride to the hospital in the ambulance I developed a rapport with the MHC on a first-name basis and learned a number of facts about her. I found that listening and asking the right questions can often lead them to reveal a great deal about their mental state and life history.	*shows <u>continued</u> integration from previous
	4-III	3	New understanding	I learned that MHCs behave in ways that society may consider to be criminal when inside their heads they believe it is perfectly normal. Some MHCs are not violent and volatile but simply confused and lost.	
12	5	2/3	Critical analysis/ New understanding	My experiences with MHC consumers in blk 2 were unpredictable and volatile. While one may be calm and compliant, another would be violent and aggressive. Others will be withdraw and refuse to talk to me while others talked non-stop. As such, the range of behaviour from MHC is limitless.	*longer – connection to reflection?
		3	Increased self-awareness	Overall, I found myself to be mentally drained after a MHC call, especially after riding in the ambulance and waiting at the hospital with them as they require an interaction and control on a very personal level.	
		3	New understanding/ integration	I feel that my Block 1 training provided me with the basic tools and framework to deal with MHCs. However, it could not possibly expose to the variety of odd	

				behaviour that I will encounter on the road. It merely gave me the awareness that a lot of calls will involve MHC's and that they take up a disproportionate amount of police resources.	
		2	Self-awareness/ Critical analysis/ evaluation	I feel that my own skill set, interpersonal skills and work experiences prior to getting hired prepared me to deal with MHCs more so than the academy.	*negative B1
		3	Increased self-awareness	Overall I feel that I became more patient with MHCs and did not take anything personally in my interactions with them. In fact, I found myself sympathizing more for them when they were cooperative with me and shared with me their personal stories. When they were violent or aggressive I found myself becoming less empathetic and more focused on the apprehension and control, whereas if they were compliant and formed an attachment to me I would treat them with more compassion.	
		3	New understanding	I believe that the vast number of MHCs we deal with everyday as the police are a symptom of a systematic failure in society to care for those people. There is an inadequate support system in place to house, medicate, and supervise these people and as a result a disproportionate amount of time is spent by the police baby sitting them in hospitals or responding to their odd or violent behaviours when that time can be better spent on proactive policing activities. Nonetheless, these are things beyond my control or a police department's control for that matter as they are results of government and social policies.	
Respondent	Assessment #/Section	Stage #	Descriptor	Respondent Comments	Researcher Comments

5	1-II	2	Critical analysis/ synthesis	I was able to deescalate the situation and convince the man into the ambulance for transport to the hospital through sharing my military service with him.	*short
	1-III	2	Self-awareness/ Critical analysis/ evaluation	I definitely do not want to lose my memory and sense of control to dementia. It was tragic to see this man, who was once a strong, physically and mentally individual reduced to a fragile and confused soul. I was frustrated at the hospital staff's lack of concern for the man's well being.	
5	2-I	2	Self-awareness/ Description/ Critical analysis	While I do not know what category or description of Mental Health Consumer (what that term means I do not exactly know either) but it is safe to say that she was delusional.	*very short
		2	Description/ synthesis	My partner and I listened to her story and, while not encouraging her mistaken belief that she was pregnant, we did not dismiss her point of view.	
		2	synthesis	As a result of making the effort to empathize with her, the female was willing to cooperate with us.	
	2-II	2	Description/ synthesis	We remained calm and took the time to hear her story. This helped deescalate the situation and allowed us to gain her compliance, even when we told her that she was going to be arrested.	
		1	discomfort	It was challenging to hear how convinced she was that she was pregnant yet being informed by trained medical staff that she was not pregnant.	
		3	Changed conceptual view/new understanding	I learned that there is great tactical value in taking the time to listen to the story of each and every person, no matter how far fetched it is. This is especially important when talking with people who have routinely been disregarded or dismissed by people in authority.	
5	3-II	2	Self-	Even though I was fully armed and	*very short

			awareness/ critical analysis/ synthesis	trained to fight and defend myself, this patients verbal posturing and violent diatribe made me concerned for my safety	
		2	Critical analysis	We realized that his patient would be a threat to the nurse and the public if he were to be released from the hospital without the attention he needs from the either the criminal justice system or long term mental care (Riverview).	
	3-III	3	New understanding	I learned that staff working in the Mental Health care field are noble folk who routinely face threats and aggressive behavior. While this is mostly routine, there are still events, such as this one, that are real credible threats of violence.	
		3	integration	This reminded me that I need to balance the need to work with people with mental health issues with staying alert for potential violence from people who perhaps lack the ability to understand the consequences of their actions.	
5	4-I	2	Critical analysis/ evaluation	After speaking with the daughter, it became apparent that she was bipolar and perhaps even schizophrenic and that she was not taking her prescribed medication.	*slightly longer compared to previous 3
	4-II	2	Self- awareness/ Synthesis	There was little I could do to reassure them other than tell them that the daughter would be receiving further medical attention. They were no entirely comforted by this as she has been through the system several times and seems to know how to deceive the psych staff, particularly when it comes to taking medication.	
		2	self- awareness/ synthesis/ evaluation	Since I am not a medical professional, I could not offer any further advice or suggestions; however, since one of my friends has bipolar and I have witnessed his manic episodes, I was able to let them know that there is no	

				shame in their situation and that no one was here to judge them.	
	4-III	3	Changed conceptual view/ New understanding/ integration	I learned that it is incredibly stressful on the family of the mental health consumer. Obviously the person with the mental health issues has their own battle to wage but the family is often times taken through the wringer.	
		3	Increased self-awareness/ New understanding	It was difficult to stand there with the parents and to have nothing of comfort to offer them. In the grand scheme of things, their situation is not the worst possible scenario but, nonetheless, it was apparent that it was challenging for them both.	
5	5	2	Description/ synthesis	Despite working in District 4, which is the west side of Vancouver, it didn't take long until I responded to several calls involving Mental Health Consumers.	*by the 5 th , a lot more reflection
		3	Integration/ New understanding	I am grateful for the fact that a good friend of mine is bipolar and has seasonal affective disorder. Having witnessed his manic episodes and talking with him after the fact in hospital has given me some insight into the confusing world of mental health.	
		3	New understanding/ Changed conceptual view	Obviously I have only scratched the surface and I have lots more to learn but it is a good foundation to build upon. It is also helpful for me to be reminded that mental health consumers are not just 'crazy' people but they are good people in a very challenging place in their life. If I can remember this then I will be more inclined to treat everyone with impartiality and compassion.	
		3	New understanding/ integration	Simulations in Block 1 prepared me for working with mental health consumers as the actors would convincingly portray someone who was operating outside of the	

				<p>'normal' confines of human behaviour. Under the watchful eye of the assessors, I was able to practice effective communication with these people. This undoubtedly prepared me for the numerous calls involving mental health consumers, which seems to be more often than not in Vancouver.</p>	
		3	<p>Increased self-awareness/ Changed conceptual view/ New understanding</p>	<p>After having worked with a few mental health consumers I have learned that I need to be more direct and to the point when it comes to discussing their mental health issues. Initially I was beating around the bush, as I was fearful that if I mentioned their illness they might become reactive or agitated. Now I have learned that most are willing to discuss their mental health issues and are grateful when police speak to them as people and not peculiar subjects with abnormal behaviour.</p>	
		3	<p>Increased self-awareness/ integration</p>	<p>This is something that I need to continue to develop as I am naturally more inclined to avoid the awkward topics of conversation; however, knowing what I now know, I will endeavor to adjust my approach. I have found that my strength is my ability to listen without judgement. This is probably due to my desire to understand the plight of the mental health consumer and to better understand what it is like first hand to live with a mental health issue. Also, having a close friend with mental health issues has allowed me to view mental health consumers with a human element, as people and not as patients.</p>	
		2	<p>Self-awareness</p>	<p>It is challenging to work with the 'irrational' side of mental health consumers.</p>	

		3	New understanding/ Integration/ Increased self-awareness	Often times I will only be able to communicate with a person on their 'rational' channels of communication. If the person does not offer any rational channels, then it can be frustrating to have the communication stymied by their mental health issues. Also, it can be frustrating when you want to help someone but there is little you can do or the person refuses treatment and does not fall under a Section 28 apprehension.	
		3	Increased self-awareness/ integration	I will need to continue to learn to balance the emotional aspect of the job in order to not let these challenges weigh me down over the course of my career.	
Respondent	Assessment #/Section	Stage #	Descriptor	Respondent Comments	Researcher Comments
1	1-II	2	Self-awareness/ Critical analysis	I felt comfortable speaking with ARGYLE as he was very calm. The only part that was frustrating was trying to get him to focus while we were talking because he was fixated on expressing the details of his cell phone and his invention.	*long – but little reflection
	1-III	2	Critical analysis/ evaluation	I immediately got the impression while interacting with ARGYLE that he really just wanted to share his idea with someone.	
		3	New understanding/ Increased self-awareness	I learned in this situation it is important that people feel they are being heard regardless of what they're mental state is (as long as safety issues for everyone involved are being attended to). What may seem silly or insignificant to one person may be very important to another person. I believe if we had dismissed ARGYLE's invention as absurd and his cell phone theft as insignificant, the situation would have escalated.	
1	2-II	2	Description/ Critical analysis/	Our actions included assessing the mental health of ABEGUNRIN to the best of our ability. She was	*long

			synthesis	clearly under the influence of a substance which was concluded by the syringes around her room.	
		2	Self-awareness/ Critical analysis/ Synthesis/ evaluation	I found this interaction to be somewhat frustrating due to the fact that there was not a clear solution to this problem. ABEGURIN was not in a healthy mental state but she was also not intending to harm herself or others. I felt that we were in a difficult position as there was no clear and appropriate intervention that would improve the situation for ABEGURIN.	
		2	Synthesis/ Self-awareness	Once the plan was established that she would be leaving the hostel and she apprehensively agreed the stress level decreased and I felt better able to focus on getting her packed and out of the premise.	
		2	Synthesis/ Self-awareness	I think the frustration for me was that none of us were able to develop any rapport with ABEGURIN which made dealing with her and trying to rectify the situation very difficult. I had a hard time empathizing with her due to her attitude, accusations of racism, and anger for police in general.	
	2-III	2	Self-awareness/ Synthesis/ evaluation	Immediately after the call I remember feeling relieved I no longer had to deal with her but I also felt dissatisfied with the way the call ended. I felt our options for intervention and solutions were limited in this case.	
		3	New understanding/ changed conceptual view	From this interaction I learned that I am not going to be able to connect with everyone. There are going to be instances where the subject is not going to respond to police on any level. I also learned how to remain professional even though I may be frustrated.	

		3	Increased self-awareness/ integration	I found removing myself from the situation, putting myself in the background, and letting other people try to deal with the SOC was an effective tactic in this case. ABEGUNRIN was not responding to my field trainer or myself and by having the SGT speak with her some progress was made.	
1	3-I	2	Description	I observed HAMILTON; he had cuts up and down his arms in a grid formation that he admitted were self inflicted. He seemed disconnected, his responses were delayed and he was having a hard time comprehending what was going on although he remained compliant through his entire interaction with police, EHS, and hospital staff.	*long
	3-II	2	Critical analysis	It was clear that HAMILTON had the intention of killing himself because he called to notify us of that fact which made the choice of apprehending him quite simple.	
		2	Critical analysis/ synthesis	Even when I was speaking with him it seemed as if he was distracted and unable to focus (due to a combination of the substances he had ingested and the voices he was hearing).	
	3-III	3	New understanding	I also understand how a situation like this could go in the other direction.	
		3	Increased self-awareness/ Changed conceptual view/ New understanding/ integration	Speaking with HAMILTON in the ambulance gave me some insight into his disorder. He communicated with me in a very open way about what he was experiencing which helped me to understand why he made some of the choices he had made. I feel like this experience gave me the opportunity to learn a little bit about Schizoaffective disorder, as well as, apprehending people and	

				what that process involves.	
1	4-I	2	Critical analysis/synthesis	My impression of WOODS was that he did not actually want to hurt anyone but out of frustration could get to a point where he harmed himself or others. He was very cooperative, the key to dealing with him was actually listening to him and validating that you had heard what he said.	*long
	4-II	2	Critical analysis/evaluation	Taking WOODS to the hospital was the appropriate choice in this case due to the fact he stated he wanted to stab himself and others (and he had attempted to stab himself in the past).	
	4-III	3	New understanding	I learned from this situation that each case is different.	
		3	Integration	It was important to remember that he had stated he wanted to stab himself in the past and had attempted to do so.	*integration of course mats
		3	Increased self-awareness/integration	Through this experience I learned about creating boundaries.	
		2	Critical analysis/evaluation	I knew quite quickly that WOODS was a somewhat lonely person and he wanted to be listened to. As long as he felt he was being heard he remained cooperative and the situation remained under control.	
1	5	2	Critical analysis/synthesis	My experience with mental health consumers over block II was varied. Each situation required a different approach.	*short
		2	Evaluation	I felt that the simulations done in block I were helpful. They gave us an idea as to what kind of situations we would be walking into.	
		3	New understanding	I realized throughout my varied interactions there is no set formula for dealing with people in these complex situations. Each person responds differently.	
		3	Increased self-awareness/	The main thing is I felt is that I had to be willing to listen (as long as my	

			integration	safety and the safety of the consumer was not at risk). Taking the time for the individual to feel they were being heard tended to bring the situation to a more manageable place. I also found dealing with people calmly right from the beginning helped deescalate the situations.	
		2	Self-awareness/ Critical analysis/ Synthesis/ evaluation	I think over time I will become more effective in these situations due to experience. It can be overwhelming and sometimes it is not clear how to solve the issue. I think the only way to become better at dealing with mental health consumers is actually dealing with mental health consumers.	
Respondent	Assessment #/Section	Stage #	Descriptor	Respondent Comments	Researcher Comments
6	1-II	2	Self-awareness/ Synthesis/ evaluation	I quietly and calmly approached the female as she was laying on the stretcher. Based on previous experiences with mental health consumers I found this to be the most effective approach. I ensured we had privacy due to the nature of our conversation. When I spoke to her I tried to express myself in a non-accusatory manner. Instead I focused on empathy and concern for her situation. The questions I asked her were very direct and relevant to my assessment of her under the Mental Health Act. I found she was responsive to this approach.	
		2	Description/ Self-awareness	As I listened to the despair and hopelessness she felt and her decision to deliberately end her life, I felt very saddened by her frame of mind.	
		2	Self-awareness/ Critical analysis/	I knew the best way I could assist her was to listen with empathy and ensure I completed an accurate and thorough report so she could	

			Synthesis/ evaluation	receive the medical help she required.	
	1-III	3	Changed conceptual view	This was my first interaction with someone immediately after they had made an attempt on their own life. I was surprised by her willingness to share her reasons for wanting to end her life with a complete stranger. This helped me realize when some people feel they have hit rock bottom they may place less value in the opinions and perceptions of others or social stigma.	
		3	Changed conceptual view	I was also surprised by the fact this women looked like a regular person and lived in a wealthy area (the west end) in a nice apartment. This reminded me suicidal thoughts and actions can reach any demographic, without discrimination.	
		2	Self-awareness/ Critical analysis/ evaluation	I found my approach to communicating with her effective as I was able to acquire a significant amount of pertinent information. I am sure all mental health consumers will not be this open and honest with me and it will require practice and experience to effectively assist this diverse population.	
6	2-I	2	Critical analysis/ synthesis	Based on the information conveyed by staff, in particular, the young women's threat to self abort her child in the forest, I formed the opinion there were likely mental health issues involved.	
	2-II	2	Self-awareness/ Synthesis/ evaluation	As the interaction continued, I found myself becoming frustrated by our inability to communicate with her and de-escalate the situation. Regardless, I was able to remain calm and continue treating the young women respectfully.	
	2-III	2	Self-awareness/	Previous to this interaction, I thought I was able to disarm and	*stage 2 because

			Synthesis/ evaluation	effectively communicate with most persons struggling with mental illnesses.	did not quite take this to the next level of stating that there was increased self-awareness
		1/2	Curiosity/ Critical analysis/ evaluation	Nevertheless, I am curious if there would have been a more effective way of assisting her in this situation and obtaining more meaningful information about her circumstances.	
6	3-II	2	Description/ Critical analysis	For the next 25 minutes, my trainer engaged the male in conversation, trying to convince him he had reasons to live.	
		2	Self-awareness/ Critical analysis/ synthesis	I experienced a range of intense emotions. I had become attached to this male. He presented as regular working man with a family who had made some poor decisions. I feared the prospect of him jumping, yet I also was intently focused on my task and had complete focus and clarity of mind.	
		2	description	Speaking to him face to face I found him to be kind-hearted, intelligent and articulate. He was grateful we assisted him.	
	3-III	3	Changed conceptual view	From this situation, I also learned suicidal thoughts and actions can take hold of seemingly normal people, with good lives and stable employment. I realized circumstances and adversity can effect different people to different degrees.	
6	4-II	2	Synthesis/ self-awareness	As I was assigned to District #2, I had already had a large number of interactions with sex trade workers. In the vast majority of my interactions with them, they were calm and treated us with the same	

				respect we showed them.	
		2	Self-awareness/ Critical analysis/ synthesis	I was very surprised by this female's reaction. I expected her to deny she was engaged in sexual activity. I did not expect to encounter such a wide range of emotions and see her quickly escalate to the point of tears.	
		2	Synthesis/ evaluation	It then became even more clear to my field trainer and I this women was very unwell. My trainer asked me if I thought there we had grounds to apprehend her under the mental health act. We both agreed this was a grey area, as she was clearly unwell and engaging in self-destructive activity. Nevertheless, we concluded she did not meet the criteria of the Mental Health Act.	
		2	Self-awareness/ Critical analysis/ evaluation	Both my trainer and I expressed to one another how we felt sympathy for this woman. We also expressed frustration over how the mental health system had failed her and our own limited options to assist her.	
	4-III	1	discomfort	I left this interaction with a bad feeling in my stomach.	
		3	Increased self-awareness/ New understanding	I wished there was more I could do as a police officer to intervene in her downward spiral and ensure she received some of the help she required. I also learned of how mental illness can contribute to very poor and self destructive decision making.	
		3	Increased self-awareness/ integration	I would like to learn of any services or referral agencies available to assist women in this position. Furthermore, I could benefit from learning more de-escalation techniques to apply in unpredictable and volatile situations like this one.	
6	5	2	Self-awareness/	my experiences with mental health consumers were challenging. As a	

			Critical analysis/ synthesis	patrol police officer, most of the calls I responded to were people in danger or distress. When these calls involved mental health consumers, the scenarios developed an added level of complexity.	
		3	Increased self-awareness/ Changed conceptual view	As many mental health consumers have a distorted perception of reality I found myself perceiving and treating them differently. I typically did not regard them as people making a conscious and deliberate choice to commit a crime, rather I saw them as people with an illness impairing their boundaries and decision making abilities.	
		3	integration	My block 1 training helped prepare me for my experiences with mental health consumers in block 2. I was grateful for the time we spend in legal studies class focusing on the Mental Health Act and understanding our powers of apprehension. The mental health scenarios we discussed in legal studies, questioning whether or not apprehension in a given situation was appropriate, were invaluable. Finally, our simulations involving mental health consumers were realistic and helped me feel more confident in dealing with real life situations on the road.	*positive B1
		3	Increased self-awareness/ integration	As my block 2 experience progressed I gradually became more skilled in dealing with mental health consumers. When I attended calls of people experiencing suicidal thoughts I became more comfortable with inquiring about their state of mind and their plans for self harm. I also became more skilled in communicating concisely and effectively with mental health consumers in a wide range of calls.	

				I am slowly learning the art of de-escalation.	
		3	integration	In order to become more effective in my work with mental health consumers, I would benefit from an increased knowledge base of available community resources. I would also benefit from learning crisis de-escalation skills and communication tactics focused on dealing with persons who are delusional and highly agitated.	
		2	Self-awareness/ Synthesis/ evaluation	I feel I have a reasonably good understanding of the different types of mental illness and how to differentiate between them. I am also familiar with the interplay between mental health and illicit drug use as well as the consequences of non-compliance with psychiatric medication use.	
		3	New understanding/ Changed conceptual view	I appreciate the importance mental health is given in the JIBC curriculum. Working with mental health consumers is a significant challenge and the more time we are given for self reflection and training, the better we will be able to effectively assist and empower this segment of society.	**benefit of curriculum and these assessments