National Standards for Law Enforcement De-escalation Training

Certification Requirements Under the Law Enforcement De-escalation Training Act

Notice: *This document is subject to revision and does not represent a final or static position. Content may be updated to reflect new information, guidance, or policy considerations during its pilot phase.*

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COPS
Community Oriented Policing Services
U.S. Department of Justice

Introduction

The *Law Enforcement De-escalation Training Act of 2022* (LEDTA) directs the U.S. Department of Justice (DOJ) to develop, identify, and certify training curricula for law enforcement officers and covered mental health professionals to support the safety and effectiveness of their responses to situations involving human conflict or crisis. The training specified for certification within LEDTA includes curricula covering one or more of the following topics:

- *"De-escalation tactics and alternatives to the use of force;*
- *Safely responding to an individual experiencing a mental, behavioral health, or suicidal crisis, or an individual with a disability, including techniques and strategies that are designed to protect the safety of that individual, law enforcement officers, mental health professionals, and the public;*
- *Successfully participating in a Crisis Intervention Team; and*
- *Making referrals to community-based mental and behavioral health services and support, housing assistance programs, public benefits programs, the [988 Suicide and Crisis Lifeline], and other services*."

LEDTA references the DOJ's use of national standards to identify and certify existing training programs on these topics. In addition, LEDTA mandates that DOJ "consult with relevant law enforcement agencies and associations that represent law enforcement and covered mental health professionals." The agencies and organizations that were consulted are listed on page 16. **This document establishes those standards for training development, delivery, and content of practitioner training, offering recommendations informed by research, best practices, and field perspectives.** These standards apply to core, end-user training curricula designed to train practitioners directly (e.g., law enforcement officers and covered mental health professionals).[1] Law enforcement agencies and public or private training entities are encouraged to follow these standards to ensure their training curricula meet the minimum accepted practices under LEDTA. Please note LEDTA mandates that after the release of the national standards all DOJ funding for de-escalation and crisis response training must go to LEDTA–certified training programs or courses.

The evidence base and supporting references informing these standards are detailed in a complementary resource on designing and implementing de-escalation training programs. For more information, see *Guidance for Safer Policing: A Blueprint for Law Enforcement De-escalation Training*, which was developed by the National Policing Institute, Police Executive Research Forum, and DOJ's Bureau of Justice Assistance. The COPS Office extends its appreciation to the National Policing Institute team that researched, developed, and refined these standards.

[1] A separate, supplemental set of standards is used to assess train-the-trainer curricula (e.g., training for instructors).

This document includes two primary sections. The first presents standards for training development and delivery, establishing the foundational requirements for how de-escalation training programs should be structured and conducted. The second addresses standards for training content, outlining the subject matter and instructional elements that training programs should include. Following these sections, the document provides a curated list of recommended readings, acknowledges the twenty organizations whose representatives contributed feedback during the review process, and includes a glossary to support consistent understanding of key terms.

This document outlines seven standards for training development and delivery and seven for training content. Each standard features a set of sub-standards that specify mandatory and recommended methods for implementation. Sub-standards containing “must” indicate required elements, while those with “should” suggest recommended but optional practices. It is important to note that none of the recommendations in this document should override existing laws and policies governing law enforcement agencies.

Standards for Training Development and Delivery

De-escalation and related training curricula covered under LEDTA **must** align with the following seven standards for training development and delivery if/when seeking certification from DOJ.

1. Include a comprehensive set of materials to guide training delivery and assessment that support consistency across sessions and instructors.

1a. A model outline for training delivery. This outline **must** include information on core training objectives, the target audience or eligibility requirements for participants, the length of the training, the number of modules, and the time allocated for instruction (e.g., the training schedule). This outline should also address the instructor-to-participant ratio, required equipment or resources, and the delivery methods (e.g., presentations, facilitated discussions, scenario-based instruction).

1b. Specific guidance on instructor qualifications. Written materials **must** also include guidance on instructor qualifications, including, at a minimum, their required and/or preferred education and experience levels. It is encouraged that instructors be required to participate in a train-the-trainer program before teaching the course independently. Materials should also explain any evaluations or ongoing assessments used to maintain instructor certifications and instructor quality.

1c. Comprehensive presentation resources. Curricula **must** include materials to aid instructors in delivering training content. These materials **must** include presentation resources, such as slide decks outlining training content, videos with links, and instructions to support the facilitation of scenarios and other activities.

1d. Detailed lesson plans. Lesson plans **must** outline individual training module objectives, discuss module preparation, and include notes to enhance content delivery and key takeaways. Lesson plans that provide references and/or additional resources for instructors are also recommended.

1e. Assessment materials. Curricula **must** include materials that facilitate assessment of the knowledge and skills taught during training and applied by participants over time. Templates for knowledge questionnaires; training surveys to assess relevant attitudes, perceptions, and self-reported behaviors; and skill application or scenario scoring rubrics can all be used for this purpose. At a minimum, assessment materials **must** include templates for pre- and post-training tests and for long-term evaluation (e.g., follow-up training survey, skill-use reporting form).

1f. Provide participant materials. Training **must** provide participant materials (e.g., presentation slides, notes, reference cards, videos) that can be referenced after training completion.

2. Use adult learning principles to develop interactive training that helps participants learn, remember, and apply what they are taught.

2a. Deliver in-person or hybrid. Training **must** be designed for in-person or hybrid (i.e., online and in-person) delivery so participants can actively learn and practice skills in real time through scenarios. In-person components may rely on immersive technologies, including virtual reality.

2b. Use varied training modalities. Training **must** be interactive, using varied modalities to enhance participant engagement. Examples include lectures, small and large group discussions, videos, activities, and skill practice (among others).

2c. Demonstrate Training Relevance. Training **must** explain why de-escalation training is important and how it can be applied in participants' day-to-day work. It should also explain how de-escalation techniques, such as communication, tactical repositioning, and using time and distance, can improve safety when doing so does not place officers or others at greater risk.

2d. Include refresher support. Training **should** include support for follow-up, refresher, or booster sessions so participants retain knowledge and skills over time. This content may be delivered in person, online, or through the use of extended reality technologies.

3. Develop training using relevant scientific research.

3a. Reference source material for training. The source material for all training content **must** be well-documented using appropriate referencing methods. This must be demonstrated through in-text citations with a bibliography or through footnotes or endnotes. Source material should be current, high-quality, and developed by subject matter organizations or experts and should avoid opinion-based content.

3b. Reference scientific evidence. Training sources **must** rely on research published in scientific, peer-reviewed journals when available, or on other credible scientific sources such as technical reports, conference proceedings, books, and dissertations.

3c. Provide recommended resources. Training **should** provide a list of reading, videos, or other evidence-informed and best-practice resources for instructors and/or training participants to expand participants' knowledge on training topics.

4. Integrate real-world examples so participants can analyze situations, reflect on them, and discuss how to apply the training in practice.

4a. Case studies. Training **must** include written or video case studies that help participants examine law enforcement responses and outcomes of relevant incidents. These case studies may be based on true events or be hypothetical. They should offer opportunities for individual reflection and small group discussion about response options.

4b. Balanced use of real-world examples. Training **should** include examples of situations involving

1) successful de-escalation;
2) situations where de-escalation could have been applied but was not (i.e., missed opportunities for de-escalation); and
3) situations where immediate tactical response is required and de-escalation is not an appropriate response.

A balanced approach is essential for developing participants' judgment about when and how to appropriately apply de-escalation techniques while maintaining officer and public safety.

4c. Videos. Training **should** rely on body-worn camera footage (or other videos) of law enforcement responses to relevant incidents to facilitate discussion of decision-making and effective interactions. When incorporating video case studies of use of force incidents, training materials should rely on cases that are closed and/or adjudicated. The selection and usage of the videos should be based on a trauma-informed approach (see also **Standard 7**).

4d. Emphasize debriefs. Training **should** emphasize the value of debriefing following incidents involving de-escalation and/or crisis response skills. Debriefs may be informal, but should still focus on what occurred, what worked (and did not work), and what should be used in future responses. Training should also encourage the analysis of critical incidents from other agencies to broaden learning opportunities.

5. Employ scenario-based skill practice so participants can work through realistic situations and receive feedback on the skills taught in the training.

5a. Provide instructions for scenarios. Scenarios **must** include written instructions for setup; required equipment and resources; safety protocols; and the roles and responsibilities of role-players (as needed), instructors, and training participants. These may be presented in the form of a scenario-planning or coordination guide that offers descriptions of process and feedback considerations.

5b. Practice in person with instructors. Scenarios **must** be conducted in person and use role-players (e.g., not classroom participants) or extended reality technologies to facilitate realistic practice, and **must** require that instructors provide immediate feedback to training participants based on their performance during scenarios. This feedback may come from instructors, role-players, and/or other participants, as appropriate.

5c. Outline scenario objectives. Written objectives **must** be provided for each scenario, clearly linking the goals of the scenario to the training content or skills to be practiced. Facilitator and/or instructor guidance should identify key decision points, expected participant actions, and feedback prompts so debriefs stay consistent and tied to the scenario objectives.

5d. Tailor scenarios. Scenarios **should** be tailored to the experiences of the participating agency to reflect real-world situations that participants are likely to face. When appropriate, scenarios should include pressure or stress similar to what officers and mental health professionals face in the field so participants can practice making decisions under realistic conditions.

5e. Provide a scenario library. Training **should** include a scenario library comprising a variety of encounters across numerous settings that involve responding to community members who have different behavioral, disability, and demographic characteristics.

5f. Provide a scenario assessment tool. Training **should** provide instructors and/or participants with a structured assessment tool, such as a scoring rubric, reflective debriefing guide, or pass/fail framework, to evaluate training participants' skill application. When scenarios involve possible use of force, assessment tools should assess participants' decision-making from their own perspective, including what they observed, what experience they drew on, and their reasoning, before applying any evaluative judgment.

6. Collaborate with crisis response experts to develop or deliver training. These experts may include individuals living with mental health conditions and/or substance use disorders, individuals with disabilities, as well as organizations with relevant expertise.

6a. Subject matter expert (SME) involvement in training development. Training **must** provide a brief description of how it was developed, including the various crisis response SMEs (individuals or organizations) who helped to develop, consult, or inform training content.

6b. SME videos. Training **should** use videos to share perspectives and experiences of people with personal experience and/or their family members and caregivers, particularly regarding their experience with law enforcement.

6c. SME guest lecturers Training **should** provide guidance on how to invite people living with behavioral health conditions and people with disabilities to serve as guest lecturers or share their experiences in specific training modules. This may also be done by including a panel discussion with people with behavioral health conditions and disabilities and/or their family members, caregivers, or peers during training delivery. Additionally, training may encourage other guest lecturers from the local community with expertise in crisis response, behavioral health, disabilities, trauma-informed approaches, and/or alternative responses to crisis. Training materials should encourage collaboration with local behavioral health or disability professionals to identify appropriate, experienced SMEs for involvement.

7. Use trauma-informed approaches that recognize the widespread effects of trauma, identify its signs and symptoms, guide appropriate responses, and help avoid re-traumatizing people.

7a. Impacts of trauma. Training **must** outline the impact of trauma and explain its signs and symptoms. Training may also expand upon this to address how training participants' own trauma, compassion fatigue, and burnout might affect their reactions and responses to specific situations.

7b. Primary elements of trauma-informed responses. Training **should** teach and provide practice in trauma-informed response. This includes promoting physical and psychological safety, fostering trust and transparency, involving individuals in decision-making when appropriate, recognizing their strengths, and offering persons in crisis peer support from other people living with behavioral health conditions or disabilities. Training should include practical tools for trauma-informed responses, such as scripts or guidelines for language that promote safety and trust.

Standards for Training Content

De-escalation and related training curricula covered under LEDTA **must** align with the following seven standards for core topic instruction if/when seeking certification from DOJ.

8. Include instruction and practice in skills that can slow down tense encounters, build rapport, and calm situations to support safe resolutions. These skills, known as de-escalation techniques, include verbal, nonverbal, and physical tactics to reduce the immediacy of threats and promote safety for everyone.

8a. Appropriate body language. Training **must** address using appropriate body language, including maintaining a neutral and open stance, eye contact, and facial expressions (e.g., nodding to show engagement).

8b. Active Listening. Training **must** provide instruction on active listening techniques, which require listening attentively to a speaker, understanding what they are saying, responding to and reflecting on what is being said when possible, and retaining the information for later application.

8c. Building Rapport. Training **must** address methods for building rapport with individuals, including allowing individuals to explain their side of a situation when possible and appropriate, speaking respectfully, explaining one's own decision-making, and expressing genuine concern for their well-being.

8d. Communication. Training **must** provide guidance on communicating with people with mental health conditions or developmental disabilities or those in some form of crisis. Examples of these strategies include reducing distractions, speaking clearly and slowly, using plain language, asking open-ended questions, allowing time for their response, and providing accommodations to support communication, as needed.

8e. Tactical repositioning. Training **must** discuss tactical repositioning, maintaining safe distances, and using time, distance, and cover during strained situations when feasible.

8f. Team Approach. Training **should** address using a team approach for responses, including planning roles before arriving on scene and coordinating tactics, positioning, and communication.

8g. Peer Intervention. Training **should** identify strategies for intervening with colleagues whose actions may be out of policy, harmful, unethical, or illegal.

8h. Strategic Disengagement. Training **should** explain when it is appropriate to disengage from a situation (e.g., when officer safety is not at risk and no immediate threat to others exists, when additional resources are needed, when police presence is not required) and when officers need to stay on scene (e.g., when there is ongoing risk to others, when legal authority requires continued presence). This instruction should address agency policies on disengagement and tactical withdrawal.

9. Include content that supports participants' recognition of and response to individuals experiencing a crisis.

9a. Crisis factors. Training **must** discuss the varied factors that may lead to a person experiencing a crisis. Factors that may contribute to a crisis are varied and can include an individual's experience with situational stress, trauma, mental health conditions, substance use, and cognitive disabilities, among others. This training should help participants recognize crisis situations and understand when a different response may be needed.

9b. Signs and symptoms of potential crisis factors. Training **must** review the signs, symptoms, and/or behaviors of mental illness, substance use disorders, and other disabilities that might contribute to a crisis incident (i.e., how to recognize a crisis). Training should also emphasize that participants are not expected to diagnose a person in crisis. Instead, they should adjust their response based on what they observe.

9c. Strategies for crisis response. Training **must** discuss communication tactics for those in crisis, strategies for responding to individuals who appear to be in crisis, and community-based resources that can offer both short and long-term support (i.e., how to respond to a crisis). (see also **Standard 8**).

9d. Signs and strategies for suicidal subjects. Training **must** review the signs of suicidal behavior, discuss strategies to ask about suicidal thoughts, and offer guidance on strategies for law enforcement response to suicidal subjects.

10. Provide instruction on laws and policies relevant to use of force and responding to individuals experiencing crisis.

10a. Laws guiding use of force. Training **must** include instruction on federal, state, and local laws that govern use of force and interactions with individuals in crisis. This must include coverage of key court decisions that define how use of force is legally evaluated, including but not limited to *Tennessee v. Garner* (1985) and *Graham v. Connor* (1989). Training should also address *Barnes v. Felix* (2025) in the context of the totality-of-the-circumstances analysis.

10b. Laws guiding disability rights. Training **must** provide information on disability rights laws, such as the Americans with Disabilities Act (ADA) and key case law (e.g., *Olmstead v. L.C.,* 1999), and their application to law enforcement responses to people with disabilities and behavioral health conditions. This should include how officers can make reasonable modifications and communicate effectively with people with disabilities.

10c. Laws guiding information sharing. Training **should** provide information on the Health Insurance Portability and Accountability Act (HIPAA) and its application to law enforcement responses to people experiencing a crisis. This should explain what information law enforcement may request or share with partners.

10d. Agency policies. Training **should** provide instruction on agency policy related to use of force, de-escalation, peer intervention, crisis intervention, civil involuntary commitment, mental health transport, and other related topics. Training developed outside of an agency should include instructions for adapting the content to each participating agency.

10e. Local customization for legal content. For training programs developed outside of individual departments, curricula **should** include instructions or offer opportunities to incorporate state and local laws specific to the agency participating in the training.

11. Include information on available resources to support crisis response and resources that may be accessed following crisis stabilization.

11a. Community-based resources. Training **must** acknowledge and discuss the community-based resources available to officers to support crisis response and stabilization. These include services for crisis stabilization and care, such as emergency departments, behavioral health emergency centers, crisis residential services, and sobering centers. In some instances, there may be very few or no community-based resources, but this should still be acknowledged and discussed. This content should clearly describe each resource (or the types of resources generally available to law enforcement), when to use it, and how participants can access it. When feasible and appropriate, it should also explain how these services can support referral away from the criminal justice system.

11b. Local customization for relevant resources. Content on crisis response resources **should** be tailored to the law enforcement agency or agencies participating in the training, while accounting for differences across jurisdictions in available resources, referral processes, and eligibility rules.

11c. Crisis hotlines. Training **should** explain the purpose and benefits of, as well as how to access, crisis hotlines available to help community members, such as the 988 Suicide and Crisis Lifeline and other crisis hotlines, peer-operated warmlines, and emotional support lines.

11d. Crisis response teams. Training **should** provide information on available crisis response teams, such as Crisis Intervention Teams, Law Enforcement-Mental Health Co-Responder Teams, Mobile Crisis Teams, and/or other Community Responder and Outreach Teams, and how to access them (as appropriate). If the training focuses on collaboration between law enforcement and mental health professionals, it should explain the language, roles, and professional culture of each group.

11e. Specialized populations. Training **should** provide information on the purpose of and how to access services available to specific populations—for example, services available to veterans, juveniles, people living with mental illness and/or substance use disorders, people with developmental disabilities, people

experiencing homelessness, etc. Training should also provide information on support services, including local and state peer support and advocacy services for some of these groups. (e.g., National Alliance on Mental Illness, local chapters of The Arc of the United States).

12. Provide participants with opportunities to practice critical thinking and decision-making so they can solve problems and respond effectively during evolving situations.

12a. Decision-making factors. Training **must** describe the factors that inform or might affect decision-making.

12b. Response adaptability. Training **must** emphasize the importance of response adaptability, including opportunities to adjust approaches when initial efforts to resolve an incident fail to achieve the intended effect. This must also make clear that de-escalation is not appropriate, feasible, or practical in every situation.

12c. Proportionality. Training **should** discuss the principle of proportionality, reinforcing that use of force should correspond with the seriousness of a situation and the totality of circumstances (e.g., immediacy of threat and/or risk of harm to individuals, community members, and first responders; officers' perception of harm; severity of crime; time available for decision-making).

12d. Decision-making processes. Training **should** describe processes or frameworks to guide decision-making before, during, and after critical incidents.

12e. Risk assessments. Training **should** discuss the process and value of conducting risk assessments before and during an incident to promote safety. This process does not need to be formal, but training should explain how to use the facts of a situation to identify safety risks to first responders and others. Risks may include factors such as the presence of weapons, distance, the subject's physical abilities, the subject's demeanor and language, and the presence of bystanders.

12f. Planning. Training **should** provide guidance on information gathering, contingency planning, and altering response approaches if initial tactics fail or the situation escalates. Planning should occur both before and after arriving on scene (e.g., re-assessment of the situation).

12g. Post-incident reviews. Training **should** describe processes for post-incident reviews or debriefs (see also **Standard 4d**).

13. Include direct reference to and discussion of the sanctity and preservation of all human life.

13a. Preservation of human life. Training **must** reinforce that the goal of police-community interactions is public safety, and that officer safety is foundational to achieving that outcome. Officers play a critical role in facilitating access to additional resources to enhance safety for all. Training should connect the

preservation of human life to the agency's Mission, Values, Vision, and relevant policy if possible. It should also emphasize resolving interactions using the minimum amount of physical force necessary, reserving deadly force only when there is probable cause to believe that officers or others face a significant risk of death or serious physical injury.

13b. Sanctity of all human life. Training **must** discuss and apply the guiding principle of sanctity of all human life, highlighting the value of all human life and the importance of treating all people with dignity and respect. This should be applied using real-world examples (e.g., case studies, table-top exercises, skill practice).

13c. Lawful Authority and Harm Reduction. Training **must** reinforce that de-escalation is a professional tool that helps officers reduce threats, maintain lawful authority, and safely achieve public safety objectives. It should be framed not as a limitation on officers' authority, but as a means of enhancing effectiveness and safety. Training should also encourage officers to consider responses that limit harm to all parties whenever possible and appropriate within the scope of their lawful duties.

13d. Deadly force. Training **should** emphasize that the use of deadly force is a response option that should be employed only in accordance with each agency's use of force policy and applicable legal standards.

14. Include content on first responder wellness so participants can recognize their own health and wellness needs, learn about available resources, and build skills for mental health and resilience.

14a. First responder wellness. Training **must** emphasize first responder health and wellness, reinforcing that attending to their own well-being is essential for effective performance. This should also connect wellness to job performance by explaining how trauma, stress, compassion fatigue, and burnout can impair decision-making, reduce patience for de-escalation efforts, and increase risk of inappropriate responses. This should also include acknowledgment of the challenges inherent in the current policing environment and their effects on officer morale.

14b. Wellness support options. Training **should** provide information on available wellness resources for first responders, such as services through employee assistance programs, peer support programs, physical fitness programs, etc. When possible, this content should be tailored to the resources available to the agency or agencies participating in the training.

14c. Skills and strategies for wellness. Training **should** offer strategies for first responder wellness and resilience. This should include instruction and practice in stress awareness, stress management, self-regulation, and resilience-building.

Recommended Reading

This document is founded upon *Guidance for Safer Policing: A Blueprint for Law Enforcement De-escalation Training*, developed by the National Policing Institute, the Police Executive Research Forum, and the DOJ's Bureau of Justice Assistance. It draws from three primary sources: (1) the training requirements established by the Law Enforcement De-escalation Training Act (LEDTA), (2) a thorough review of research and best practices, and (3) recommendations from listening sessions with more than 50 professionals. Those professionals included representatives from national law enforcement organizations and law enforcement agencies, along with SMEs in de-escalation and crisis response training; behavioral health and intellectual and developmental disabilities (including those with personal experience); and constitutional policing, civil rights, and civil liberties. When considering the implementation of the standards in this document, reviewers are strongly encouraged to consult the Guidance, referenced below:

McManus, H.D., G.T. Isaza, and A.M. Shoulberg. 2026. *Guidance for Safer Policing: A Blueprint for Law Enforcement De-escalation Training*. Bureau of Justice Assistance, U.S. Department of Justice.

Other recommended reading materials include the following:

Academic Training to Inform Police Responses. 2021. *Assessing the Impact of Crisis Intervention Teams: A Review of Research.* Center for Police Research and Policy, University of Cincinnati. https://www.ojp.gov/library/publications/assessing-impact-crisis-intervention-teams-review-research.

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Police Executive Research Forum (PERF). 2016. *Guiding Principles on Use of Force*. Washington, DC: PERF. https://www.policeforum.org/assets/30%20guiding%20principles.pdf.

Substance Abuse and Mental Health Services Administration (SAMHSA). 2025. *2025 National Guidelines for a Behavioral Health Coordinated System of Crisis Care.* Rockville, MD: SAMHSA. https://library.samhsa.gov/sites/default/files/national-guidelines-crisis-care-pep24-01-037.pdf.

Todak, N.E. 2017. *De-Escalation in Police-Citizen Encounters: A Mixed-Methods Study of a Misunderstood Policing Strategy*. Doctoral dissertation, Arizona State University. https://keep.lib.asu.edu/items/155747.

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- International Association of Campus Law Enforcement Administrators (IACLEA)
- International Association of Chiefs of Police (IACP)
- International Association of Directors of Law Enforcement Standards and Training (IADLEST)
- International Co-Responder Alliance
- Major County Sheriffs of America (MCSA)
- National Alliance on Mental Illness (NAMI)
- National Association of Field Training Officers (NAFTO)
- National Association of Police Organizations (NAPO)
- National Association of Women Law Enforcement Executives (NAWLEE)
- National Fraternal Order of Police (NFOP)
- National Organization of Black Law Enforcement Executives (NOBLE)
- National Sheriffs' Association (NSA)
- National Tactical Officers Association (NTOA)
- Office of Community Oriented Policing Services, U.S. Department of Justice
- Office of Justice Programs, U.S. Department of Justice
- Small and Rural Law Enforcement Executives Association (SRLEEA)
- The Arc of the United States

Glossary of Key Terms

Behavioral Health. "A term of convenience that refers to both mental illnesses and mental health needs (e.g., trauma) and substance use. . . disorders and substance use needs and issues, as well as to the overlap of those behavioral health issues into primary health, cognitive disabilities, criminal justice, child welfare, schools, housing and employment, and to prevention, early intervention, treatment, and recovery. Behavioral health also includes attention to personal behaviors and skills that impact general health and medical wellness as well as prevent or reduce the incidence and impact of chronic medical conditions and social determinants of health."[1]

Behavioral Health Conditions. "An umbrella term for substance use disorders and mental health conditions."[2]

Cognitive Disability. "A variety of medical conditions affecting different mental tasks, such as problem-solving, reading comprehension, attention, and remembering."[3]

Covered Mental Health Professional. "A mental health professional working on a crisis intervention team as an employee of a law enforcement agency; or under a legal agreement with a law enforcement agency."[4]

Crisis. "Perception or experiencing of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms."[5]

De-escalation. "Taking action or communicating verbally or non-verbally during a potential force encounter in an attempt to stabilize the situation and reduce the immediacy of the threat so that more time, options, and resources can be called upon to resolve the situation without the use of force or with a reduction in the force necessary."[6]

De-escalation Training. De-escalation training refers to comprehensive curricula designed to enhance participants' understanding of the factors contributing to crisis situations, support skill-building and practice in safely and effectively responding to crises, and raise awareness of available resources to support responses.

Developmental Disability. "Group of lifelong conditions due to an impairment in physical, learning, language, or behavior areas."[7]

Disability. "A physical or mental impairment that substantially limits one or more major life activities of [an] individual; a record of such an impairment; or being regarded as having such an impairment."[8]

Intellectual Disability. "A disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social and practical skills. This disability originates before the age of 22." An intellectual disability is a category of developmental disability.[9]

Law Enforcement–Led Crisis Response Programs. Specialized law enforcement initiatives to respond to people experiencing a crisis. Programs can include crisis intervention teams, law enforcement-mental health co-responder teams, and other initiatives that directly involve law enforcement officers in the response.

Mental Health Conditions. "A wide range of conditions that can affect mood, thinking, and/or behavior. This term is more inclusive than 'mental illness.' Individuals living with a mental health condition may not necessarily be medically diagnosed with a mental illness."[10]

Neurodivergence. Refers to cognitive differences in how people think, learn, and behave. It is a non-medical term that recognizes variation in how people may process information. This variation is neither right nor wrong, just different from what is considered typical. These differences can be a part of a diagnosed condition like autism or attention-deficit/hyperactivity disorder (ADHD), but neurodivergence is not a diagnosis in and of itself.[11]

Situational Stress. A short-term "state of worry or mental tension caused by a difficult situation."[12]

Substance Use Disorders. "A medical illness caused by repeated use of a substance or substances. 'According to the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM5®), substance use disorders are characterized by clinically significant impairments in health, social function, and. . . control over substance use and are diagnosed by assessing cognitive, behavioral, and psychological symptoms.' Substance use disorders range from mild to severe and from temporary to chronic. They typically develop gradually over time with repeated misuse, leading to changes in brain circuits governing incentive salience (the ability of substance-associated cues to trigger substance seeking), reward, stress, and executive functions such as decision-making and self-control."[13]

Totality of Circumstances. "Method of analysis, or a test, in which a court or judge will consider balancing the circumstances and contributing factors of the situation rather than use a strict bright line."[14]

Trauma. "Results from an event, series of events, or a set of circumstances an individual experiences as physically or emotionally harmful or threatening, which may have lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being. Traumatic events may be experienced by an individual, a generation, or an entire community or culture."[15]

Trauma-Informed Approach. "A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization."[16]

Endnotes

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[6] Law Enforcement De-escalation Training Act of 2022 (see note 4).

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[9] American Association on Intellectual and Developmental Disabilities, "Definition of Intellectual Disability" para. 1, retrieved July 6, 2021, from https://www.aaidd.org/intellectual-disability/definition.

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[11] Northwestern Medicine, "Understanding Neurodiversity: Exploring Differences in Brain Function," *HealthBeat* (April 2024), https://www.nm.org/healthbeat/healthy-tips/Understanding-Neurodiversity.

[12] World Health Organization, "Stress," last updated February 21, 2023, https://www.who.int/news-room/questions-and-answers/item/stress.

[13] American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5®) (Washington, DC: American Psychiatric Publishing, 2013), p. 483; Academic Training to Inform Police Responses, *Bureau of Justice Assistance Style Guide*, p. 15 (see note 2); National Institute on Drug Abuse, Media Guide: How To Find What You Need To Know About Drug Use and Addiction. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, 2018), p. 29, https://nida.nih.gov/sites/default/files/mediaguide_web_3_0.pdf.

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[16] SAMHSA, *Practical Guide*, p. vii (see note 15).