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By Matthew Spina | *News Staff Reporter* | *Google+*
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Does training prepare cops for the mentally ill?

Calls to help a mentally ill person are some of the most complex cops face. Many learn their skills on the job, through trial and error. Others embark on a new wave of training.

The police academy taught Deputy Benjamin Pisa and his class of recruits how to handle someone with a serious mental illness.

Real life was different.

Pisa was fresh out of the academy and in his second day as a full-fledged patrol deputy when sent to check on an outdoorsman in Springville named Roger S. Duchnick.

Duchnick, an avid churchgoer with local roots, had been slipping for months. He was no longer just irritable, he was off his medication and threatening people.

Pisa was optimistic that he could help. But when the hunting knife came out, the academy's lessons no longer fit. Pisa had no time to talk, to connect, to slow things down. He felt his only choice was to shoot, to protect his partner who had been knocked to the ground.

That was almost seven years ago, but to Pisa it was like yesterday. His shouts to drop the blade. The resolve on Duchnick's face as he stood on that wooded slope. Squeezing the trigger. It's all seared in his memory.

"At the end of the day, you don't want to hurt anyone. You want to be problem-solvers," Pisa said.

"Unfortunately, when we showed up to speak to him, I don't think there was anything we could have said or done that was going to help."

Police academies in New York cover a lot of ground. But they leave young recruits short of the solid expertise they need to quell situations with severely mentally ill people who resist treatment and grow combative, delusional, afraid.

Officers will hone their skills over the years. Some will go through enhanced training or qualify for the special response teams that spring from a new attitude in police work. But most police will learn from trial and error, or from veteran cops and the mental health professionals they meet in the field.

Meanwhile, mentally ill people in New York and across the country will be tackled, pummeled, Tasered or shot if they threaten violence, act dangerously or refuse an order,

even though studies show they are more likely to be crime victims than criminals, and more likely to be harmed by an officer than to harm one.

“Generally people with a mental illness, like my condition, they are not a danger to other people," said Sam, who was diagnosed with paranoid schizophrenia as a teenager and had the good sense to simply surrender a handgun when a police officer demanded it years ago.

Now in his 30s, he is doing well but doesn’t want his full name used because his past makes it difficult to find a job.

“My thing is, I don’t want to hurt anyone," he said. “I think people are trying to hurt me."

Critics of today’s mental health system say it criminalizes mental illness by, among other things, dispatching paramilitary personnel as mental health responders and forcing jails to double as psychiatric centers.

People with a severe mental illness are three times more likely to be in jail or prison than a hospital, according to the Treatment Advocacy Center in Arlington, Va. For police, a common life-or-death decision now involves someone with a mental health problem displaying a weapon.

The Buffalo News attended basic training in Erie and Niagara counties and saw future cops who seemed to appreciate the positive role they can play. They wanted to know more. They left the academy with good intentions about helping someone in a crisis.

But over the years, some cops get ground down by the volume of calls involving people whose brains work differently. As Pisa said in an interview: “It seems like every day we are dealing with, to a varying degree, either some mentally ill person or an emotionally disturbed person. It is becoming a bigger part of the job."

‘My only option’

The deputies found Roger Duchnick, 52, walking to his mother’s house on a rolling, wooded section of Springville-Boston Road. He strode away from them almost immediately. He told them over his shoulder that he hadn’t killed anyone, and they could do nothing to stop him, Pisa said.

When Duchnick bounded up the driveway, Pisa’s partner grabbed Duchnick by an arm. Out swung the blade. The partner, Deputy James Mirusso, fell as he dodged the weapon.

Duchnick loomed over Mirusso as Mirusso started sliding down an embankment. Pisa was left to assume that Mirusso had been stabbed – it turned out he was stunned but not cut – and to wonder if Duchnick would plunge the knife into the man at his feet.

Pisa recalls today that Duchnick, even when hit by three rounds, squared off at him.

“I was, quite honestly, pretty scared," said Pisa, a military veteran of the wars in Iraq and Afghanistan.

“I fired on him again, and that was the time he went down."

Duchnick lived with paranoid schizophrenia for most of his adult life. Detectives who later searched his apartment found the stove sitting in the living room and obscenities painted across the television screen. They found no food. His prescription vials were outdated.

A doctor who practiced medicine in Springville for years told detectives, according to their report, that Duchnick was “extremely schizophrenic" and his behavior was “much stranger than normal" when seen in church 10 months earlier.

A deputy who dealt with Duchnick during a disorderly person complaint in May 2006 noted that he was “very delusional and confrontational — use caution." Months later, on Dec. 1, 2006, deputies were told that he was “off his meds" and “acting strange lately." Then on Dec. 31, Pisa and his training partner were told Duchnick had been acting especially bizarre in recent days and was scaring people. They needed to check on him.

When the shooting loops through Pisa’s mind, he asks himself how he could have avoided gunfire.

He always lands in the same place.

“If I game-play this a million times," he said, “my only option was to use force."

“In no way am I speaking ill or harshly of the training that I received in the academy," he added later. “I don’t know that any academy is equipped to fully train a new police officer to deal with any situation, especially one when you are dealing with mentally ill or severely emotionally disturbed individuals."

Role playing

“I don’t want to hear police jargon," an instructor said. “I want to hear empathy from your voice.”

Recruits at the Niagara County police academy early this year were drilled on what they would do with an Iraq War vet in a flashback, a suicidal man with a shotgun pointed up to his chin, a wanderer who calls the park her home and lives off nickels from returnable bottles.

The students were rapt as each scenario was acted out: A depressed fellow lost his wife and his job, so his friends called police to say he might kill himself. A young man with bipolar disorder grabbed a hammer to stress to police that he’s not going to a hospital.

This is much like police academy instruction looked 20 years ago because the curriculum on mental illness has changed little in a generation. Depending on the academy, it consumes just 14 to 21 hours of New York’s more than 600-hour academy

program. Further, it lumps in the “emotionally disturbed” – a catch-all that covers people high on drugs or drink or temporarily beset with hardship.

Aside from classroom lectures, local recruits question experts in the field and cops with stories to tell. They hear from people with a mental illness, usually with videos. In one, the late Green Bay Packer Lionel Aldridge describes how the onset of paranoid schizophrenia after his playing days left him homeless and in fear of a malady he did not understand.

After the classroom instruction, recruits must think on their feet for a few hours of mock-ups simulating the dangers and judgment calls they will likely face. Days later, it’s out to the streets, alongside experienced officers.

In Niagara County, Deputy Tony Goupil played the war veteran in a flashback, and he wasn’t going to the hospital easily. None of the police cadets, in their 20s, was a physical match for Goupil, who is barrel-chested with powerful shoulders. It’s likely that force and less-than-lethal weapons would have come out.

Time and again, the instructors threw out surprises that caught their students flat-footed. When the suicidal man turned to reveal the shotgun under his chin, the recruits challenged in that scenario did not take cover. They were admonished and given a do-over. With the waif who called the park her home, a recruit insisted on taking her against her will to a hospital but without seeing behavior dangerous to self or others, a crucial threshold in the Mental Hygiene Law.

Afterward, Deputy Ray Needle, who had played that suicidal man with the shotgun, said quietly that the curriculum should be expanded to reflect newer dilemmas. Needle, a military veteran, was talking about the increasing number of calls involving veterans home from war. A veteran in the United States commits suicide nearly every hour, the Department of Veterans Affairs estimated in a 2012 study.

Instructors constantly remind recruits to think about safety: Can you see his hands? Are guns in the house? Should others in the house or nearby be in handcuffs for the moment?

“For your safety and mine," the cop will explain.

James Swift helped drive the instruction. He’s a part-time faculty member at the academy and a mental health professional who has rolled on many calls with police. He told the cadets that when they are finally on the job, they and their partners should debrief each other after calls involving people with a mental illness.

“You are going to make mistakes for the next 20 or 30 years,” he told them. “Learning from them will make you better."

18 minutes. 83 seconds

You could hear a pin drop when Buffalo Officer Robert Yeates talked to 40 recruits at the Erie Community College Law Enforcement Training Academy about the horror at 195 Esser St. one year ago.

Yeates, tan and fit, has the relaxed look of a cop who, after 20-plus years on the job, gets plenty of vacation time. His bosses rib him about it, and he repeated their jokes to the academy class, lightening the mood at first.

He then turned surprisingly frank about the calamity in Black Rock and his confrontation with a stout 38-year-old grandmother named Charlene Fears.

Fears usually doted on her trusting 4-year-old grandson, but on that day she was out of control. For no known reason, she laid the boy on a bed and fatally stabbed him through the chest several times.

Yeates happened by in his patrol car minutes later.

On the front porch, two women held bloody towels to the boy's wounds as he gasped for breath. Told that the attacker was inside, Yeates stepped out of the sunshine and into the living room intending to subdue and arrest the grandmother. But when she paced toward him raising a knife in each hand and challenging him to shoot her, he fired twice, killing her instantly.

"I was put in a position where I was out of options," Yeates said.

Days after the deaths, a dream made Yeates bolt upright in bed.

In the dream, Charlene Fears looks up from the floor to ask, "Why did you shoot me?"

"You killed your grandson," he responds.

"Get my daughter Tiffany," she tells him.

Yeates tells her he won't.

Tiffany Fears, the child's mother, is busy trying to keep little Manny's life from slipping away.

"She is trying to save her little boy," he explains.

"Get me something to write on," Charlene Fears says in the dream.

In floats the hand of a lieutenant with a yellow legal pad. Fears scrawls out the suicide note that, in real life, she had left upstairs. Then she smears the note with blood running from the wrists that she slashed – again in real life – some time before Yeates arrived.

Detectives concluded that Charlene Fears – struggling with depression and bipolar disorder and not taking her lithium – wanted to die.

JonMichael Mulderig was a probationary officer and Yeates' partner that day – a newbie just out of the academy and 18 minutes into the job when the patrol car braked to a stop on Esser Street. In video captured by a city crime camera, you can see Mulderig protect Yeates from behind as he goes in to arrest Fears.

At one point, her son, Darrell Fears Jr., tries to clamber over a railing and onto the porch.

Mulderig stops him quickly.

Yeates thinks it would have gone far worse for him had the anguished son distracted him or intervened. To Yeates, Mulderig made a huge difference.

In a display of how intense stress alters time perception, Mulderig insisted to Yeates weeks later that the standoff with Charlene Fears went on for 20 minutes or more, not the 83 seconds confirmed by time-stamped radio calls.

In their minds, the ECC recruits were putting themselves in Mulderig's shoes – a rookie injected into a fast-moving tragedy set off by a woman with a serious mental illness not taking her medicine.

"You don't think that's ever going to happen to you," one said later.

Since Aug. 1. 2012, Yeates has those dreams.

Sometimes they are about Charlene Fears but most often they are about Manny.

And Mulderig? He left police work for good.

Internal voices

Bonita S. Frazer spent the early part of her career with Erie County Crisis Services, which dispatches teams to crises involving someone mentally ill or emotionally disturbed.

Small and animated with wide eyes and a powerful voice, Frazer now teaches Erie County's recruits how to talk to someone who hears voices that no one else hears.

"What we ask them to do is to respond to the needs and feelings of the person rather than the actual delusion," said Frazer, who has anchored the class on responding to mentally ill and emotionally disturbed people for 20 years.

"For example, she said, "if somebody is delusional and they believe they are getting messages from the microwave oven, we don't want the officer to walk the person over to the microwave oven and open it up and prove to them there's no radio or other electronic equipment in there that's sending them messages. Because that doesn't work.

“If there is something in the environment that is upsetting to them, regardless of what that is, we ask them to either remove that person or item, or if that person or item can’t be moved, we want to divert the person’s attention from that item — to ask, why don’t we talk over here? To create a barrier.

“We are not going to say, ‘Yeah we hear the voices too,’ ” Frazer said.

A crucial lesson in any New York police academy centers on recognizing whether someone appears mentally ill and should go to a hospital against their will, often a flash point. Just two weeks ago, a resident of a Long Island group home died after being Tasered by police trying to get him to a psychiatric evaluation.

To force someone who appears mentally ill into a hospital, police must see dangerous behavior – consistent with a U.S. Supreme Court decision from 1975. Genevieve Rak, a Buffalo police officer who helps teach the class at the ECC academy, reminded recruits that police cannot take away someone’s liberty merely for non-dangerous behavior that makes others uncomfortable.

While the requirement respects a person’s freedom, families trying to coax or prod their loved ones into treatment see it as a catch-22 made worse by anosognosia, the condition that disrupts a seriously ill person’s ability to recognize they even have a problem.

The catch 22: The police can’t act if a person isn’t dangerous. Only when they worsen and become dangerous – which no one wants – will the well-armed police force respond.

Sheila Clark saw something like this unfold last year with her son in Clinton County, north of Albany.

“We called the police twice. The police said that because he wasn’t a threat to himself – even though I begged to differ – and he wasn’t a threat to anyone else, we couldn’t get him help,’ she said.

Her son Dusty, a former Marine diagnosed with post-traumatic stress disorder, believed, among other things, that the CIA had a sniper trained on him. Each day seemed to bring some new delusion. But he had threatened no one, he was not a danger to himself, and he saw no problem with his behavior.

“My ex-husband and I both begged Dusty to go to the hospital. I kept saying, ‘Don’t you feel like there is something wrong with you?

“…He says, ‘Mom, I don’t feel there’s anything wrong with me.’ "

Finally, the police arrived – for the wrong reason. Two Clinton County deputies sought to arrest him in December for failing to appear in court for his traffic tickets. Clark, 28, pulled out a knife. The deputies first tried to Taser him, and when that didn’t work and the struggle continued, he was shot dead.

It’s a given that police almost always respond first to calls triggered by someone mentally ill. Even when a mental health agency takes the lead, the staff often asks police to join them if they sense a chance for violence.

Many police departments, irreversibly planted in this role, have become more aggressive in redirecting the people they encounter toward treatment. They are exceeding the letter of the Mental Hygiene Law because they don’t want to let someone worsen for an ugly encounter that might be weeks or months down the road.

New culture

When local police and patient advocates are asked how police can do better with the mentally ill – to avoid violent clashes for one thing – they mention “crisis intervention teams."

Then the discussion comes around to Eric Weaver.

Weaver in 2004 commanded such a team in Rochester, the first of its kind in New York to devote trained police specialists to calls for suicidal people or someone mentally ill and in turmoil.

Weaver is open about his past.

Hospitalized for suicidal intent seven times, Weaver, too, has sparked calls to police.

Now retired from the police force, Weaver talks nationwide about the value of crisis intervention training, and he helps departments set up their own teams.

He believes mental illness creates more demands on police departments than most administrators realize. He also sees an avoidable tension between police and people with a mental illness: They generally deal with each other only during trying situations.

“Every time someone has called 911 they are in what? They are in crisis," Weaver said. “Officers really never respond to the millions and millions of people with mental illnesses who are doing just fine."

Similarly, police deal with someone mentally ill only on their bad days.

“The only time each other deals with each other is when they are in a crisis," Weaver said. “And that’s never a good time to judge someone."

In theory, crisis intervention changes that. The teams were pioneered in Memphis, Tenn., 25 years ago amid the public uproar that followed a police decision to shoot and kill a suicidal man who moved toward them with a knife. Many departments nationwide installed teams as studies showed that an officer trained in crisis intervention is less likely to use force and more likely to stay safe than one without the training.

No Erie County department turned to crisis intervention until this spring, when Cheektowaga became the first. Many local departments, though, call on experts at Erie

County Crisis Services as needed, and some departments, Orchard Park's for example, assign an officer to follow up with mentally ill people who generated calls for help.

The concept is not complicated. After a 40-hour course, officers trained in crisis intervention are more skilled at calming situations, and they accompany patrol cops to a scene. The officers know which social agencies to call for a particular need, and they firmly try to steer someone toward a program. Perhaps most importantly, those experts follow up with the person days or weeks later, regardless of whether the person called police again.

Assorted mental health agencies can do the same thing. But none blankets the community and is as likely to encounter a person in crisis, like police.

Departments placing their faith in crisis intervention feel no need to back off if they don't spot the dangerous-behavior element that empowers them to force someone to a hospital. For example, when an elderly Cheektowaga woman kept reporting that her home had been burglarized when it hadn't been, town police realized she was delusional. But she was not dangerous.

Rather than drive off to await her next call, the officers called Crisis Services, which could look into her history and had broader legal power to take her to Erie County Medical Center for an evaluation, said Cheektowaga Lt. Brian Gould, a key figure in the town's decision to train its officers in crisis intervention.

Would it have helped?

When considering how warning signs went off through 2006, Weaver theorizes that a crisis intervention team might have prevented the New Year's Eve standoff on that wooded slope in Springville, when Roger Duchnick pulled a knife on two sheriff's deputies and was shot.

"No matter how decompensated, he is still responsible for this behavior, and the officers responded in the way they were trained to do," Weaver said when told what occurred between Duchnick and deputies Pisa and Mirusso. "It's anybody's guess whether something would have changed. But yet at the same time, maybe we could have gotten him some help before he decompensated so tremendously."

The key would have been in sending someone to talk to Duchnick earlier in his downturn even when no one – not Duchnick nor a neighbor or friend – had asked a law enforcement agency to do so. It's a step that many smaller departments would not take when personnel already are stretched thin.

"I would assign follow-up to officers," Weaver said of his time as a sergeant heading the Rochester unit. "I would say, 'Look we have dealt with this guy three times. I really don't want there to be a fourth time. And every time we have dealt with this guy for the last three times, he was getting worse and worse and worse.

" 'I want a team of officers to respond out to his house to check on him again.' "

Weaver said he would expect them to find a way to get the person to a hospital for an evaluation or to connect him to a mental health provider and to check back again as time passed.

He said the mission would have been: “How can we prevent something bad from happening?"

email: mspina@buffnews.com