

Minister Destiny Testimony Schools

Law Enforcement: Bias and Judgment: Not Assuming Drugs, and Telling Addiction, Mental Illness, Trauma, and Poverty Apart From Danger

Law Enforcement — Class Book · Section 2

Minister Destiny Marie Morgan

Minister & Founder

A Prayer Before You Begin

In the name of God, the Most Gracious, the Most Merciful.

Lord, bless this reader on their journey. Guard their health in body, mind, and spirit as they study. Open their heart to knowledge and their mind to understanding, and let what they learn here become light in their hands. Guide them to the places where they are needed — to help others, and to save lives, safely. Bless their steps, their work, and every life their learning will one day protect.

Amen.

— Minister Destiny Marie Morgan

Copyright

© 2026 Minister Destiny Marie Morgan. All rights reserved.

No part of this book may be reproduced, stored in a retrieval system, or transmitted in any form or by any means — electronic, mechanical, photocopying, recording, or otherwise — without the prior written permission of the author, except for brief quotations in reviews and other uses permitted by copyright law.

Minister Destiny Testimony Schools — Law Enforcement: Bias and Judgment: Not Assuming Drugs, and Telling Addiction, Mental Illness, Trauma, and Poverty Apart From Danger.

Published by Minister Destiny Marie Morgan, Minister & Founder.

Educational completion certificate only — not a state license, POST certification, or government credential.

Legal Disclaimer

This book is educational material, written in plain language for learning. It is not legal advice, and reading it does not create an attorney–client relationship. It is not medical, mental-health, or other professional advice, and it is not a diagnosis or treatment. Laws, forms, and procedures vary by state and change over time — verify the current law, and talk to a qualified professional about your own situation.

This book is not an emergency service and does not replace 911. In an emergency, call 911 (or your local emergency number) if you can do so safely. In a mental-health crisis, call or text 988 (U.S.).

Certificates from Minister Destiny Testimony Schools certify completion of an educational program only. They are not a state license, not a POST certification, not an official agency certification or government credential, and they do not by themselves qualify the holder for any job, rank, title, or legal authority. Training and proposals presented for law enforcement are education and advocacy by Minister Destiny Marie Morgan; they are not official policy of any department or agency unless that agency formally adopts them.

Privacy Disclaimer

This book collects nothing, and neither does the school. Minister Destiny Testimony Schools collects no student data: there are no accounts, no sign-ups, and no tracking in this book or in the free school online. All learning and testing happen on your own device or on paper, in this book. Your name is never required, asked for, or collected — if you earn a certificate, you write your own name on it yourself. Your answers, scores, and certificates stay with you.

This is community-designed training — Minister Destiny's program, built from lived experience in the neighborhoods being policed. It is not agency policy and does not replace your department's training, general orders, or the law. Where this program proposes new approaches, they are taught and labeled as proposals.

How This Book Works

This book is one class of Minister Destiny Testimony Schools — Law Enforcement: Section 2 — Bias and Judgment: Not Assuming Drugs, and Telling Addiction, Mental Illness, Trauma, and Poverty Apart From Danger. It is the study book for this class's test. Everything the test asks is taught in this book, in plain language: the full lesson, Words to know, the stories to think through, the Try-this activity, and Resources to keep.

Minister Destiny Testimony Schools is a free school. The classes, the tests, and the certificates are free online at destinymorganbooks.com — nothing about this class costs money. This book is the print edition, for people who want the class in their hands. You never need to buy a book to take a class or a test.

How to use this book: read the lesson, learn the Words to know, think through the stories, and do the activity. Try the word search for fun. Then take the Chapter Test at the back of the lesson — printed without answers marked. Score 80% or higher to complete the class and earn its certificate (the certificate page is in this book; write your name on it after you pass). The Answer Key is at the back of the book, for parents, teachers, and self-checking after you finish. Go at your own pace.

Contents

A Prayer Before You Begin	2
Copyright	3
How This Book Works	4
Contents	5
Before You Start	6
Section 2 — Bias and Judgment: Not Assuming Drugs, and Telling Addiction, Mental Illness, Trauma, and Poverty Apart From Danger	7
My Agenda — Class Tracker	20
Resources to Keep	22
Answer Key	23
Sources & Credits	24
About the Author	25

Before You Start

A note on what this school is: this is community-designed training — Minister Destiny's program, built from lived experience in the neighborhoods being policed. It is not agency policy and does not replace your department's training, general orders, or the law. Where this program proposes new approaches, they are taught and labeled as proposals. Nothing here is legal advice.

Before you start

- This school never collects your name. Progress and quiz answers stay on your device; pass the section quiz (80% or higher, retakes allowed, answers are not shown) and your certificate downloads with a blank name line to fill in after saving.
- Section 1 taught you to slow down the first ten seconds of reading a scene. This section slows down the next judgment: what is wrong with this person? A wrong answer there can turn a medical call into an arrest, a frightened resident into a suspect, or a person in withdrawal into a fight nobody needed. The habit taught here is simple to say and hard to practice under pressure: describe what you see, consider more than one cause, and let danger — not difference — drive the response.

Section 2 — Bias and Judgment: Not Assuming Drugs, and Telling Addiction, Mental Illness, Trauma, and Poverty Apart From Danger

Minister Destiny Testimony Schools — Law Enforcement

The lesson

1. The drug assumption — why it comes first, and why it misleads

Many officers reach for a substance explanation early because patrol work makes it familiar. You have seen intoxication often, you have been trained to watch for contraband, and calls are frequently dispatched with a label — "possible drug activity," "man acting high" — that frames the scene before you arrive. Dispatch language is useful information, but it is not a diagnosis. It is one person's report, filtered through a phone call, compressed into a few words.

The assumption misleads for three practical reasons. First, several very different conditions share the same surface signs: unsteady walking, slurred or rapid speech, sweating, confusion, agitation, glassy eyes, or a person talking to someone who is not there. Second, the assumption changes your hands and voice. An officer who believes he is facing drug use tends to move toward searches, commands, and testing; an officer who suspects a medical emergency tends to create space, ask about health, and call for medical help. The person in front of you gets a different encounter depending on a guess made in the first minute. Third, the label sticks. Words written in a report — "appeared high," "drug-seeking," "uncooperative" — follow a resident into the next stop, the next call, and sometimes into court, even when no substance was ever confirmed.

This school does not ask you to ignore drugs. Substances are present in many calls, and officer safety matters. It asks you to rank the explanation honestly: a substance cause is one hypothesis among several, to be supported or ruled out by what you can actually observe, ask, and verify. Section 1's rule stands here in full: the substance assumption is the last hypothesis, not the first.

2. Four different doors behind the same behavior

Learn the broad patterns below as field orientation, not as medical diagnosis. You are not being trained to diagnose anyone. You are being trained to avoid collapsing four different human situations into one enforcement response.

Addiction and intoxication. A person who is intoxicated or in withdrawal may smell of alcohol, have pinpoint or unusually wide pupils in some cases, move between calm and irritable quickly, or focus intensely on leaving, obtaining something, or avoiding withdrawal sickness. Withdrawal can bring shaking, nausea, sweating, anxiety, and a powerful sense of urgency that looks like defiance. Intoxication can also hide injury: a

head wound, internal bleeding, or a dangerous blood-sugar problem can be missed when every sign is credited to drinking. When in doubt, treat unexplained confusion, vomiting, seizures, chest pain, trouble breathing, or a person who cannot stay awake as a medical problem first and request medical evaluation.

Mental illness in crisis. A person experiencing a mental-health crisis may hear or respond to things you cannot hear, believe with total conviction that someone is following or harming them, speak in rushed or tangled sentences, or swing between laughter, tears, and fear. The key field distinction is that the person is often frightened rather than hunting for advantage. Commands that multiply, crowd the person, or demand instant eye contact can raise that fear. A quieter voice, one speaker at a time, simple sentences, and extra distance often gather more information than rapid orders. A crisis is not the same as noncompliance, even when a frightened person cannot follow an instruction the first time it is given.

Trauma responses. Trauma is the body's stored alarm from earlier harm — violence, captivity, abuse, a prior frightening police encounter, military or medical trauma, or years of being watched and controlled at home. In the field it can look like freezing and silence, sudden shaking, a person who cannot seem to hear you, explosive startle at a touch or a light, or anger that arrives far faster than the present moment seems to explain. A trauma response is not a performance and it is not, by itself, evidence of a crime in progress. It tells you the alarm system is firing. Slow, predictable movement, announcing what you are about to do, and avoiding surprise contact reduce the chance that your necessary actions re-trigger the alarm.

Poverty and exhaustion. Poverty has its own visible signs that are routinely misread: sleeping in a car because there is nowhere else, wearing the same clothes for days, carrying belongings in bags, smelling of a workplace or of having no access to a shower, guarding food or paperwork, or becoming upset over a small fine or a towed car because that car is also a bedroom, a job, and childcare transport. Add night-shift exhaustion, caring for children alone, or sleeping in short fragments, and a resident may be slow, forgetful, short-tempered, or tearful without any substance or illness involved. Poverty is a circumstance, not a character flaw and not a danger sign by itself.

3. Danger is a separate question — ask it separately

The most useful mental move in this section is to split one muddled judgment — "something is wrong with this person" — into two clear questions. First: what condition or circumstance might explain this behavior? Second, independently: what is this person doing right now that creates a specific, immediate risk, and to whom?

Danger is shown by actions and means in the present moment: a weapon being reached for or used, a person advancing while threatening harm, active violence against another person, a driver creating an immediate hazard, someone stepping into traffic, or a medical emergency that will worsen without help. Danger is not shown by a diagnosis, an address, a record, a style of dress, slurred speech by itself, or the fact that a person is poor,

ill, addicted, or afraid of you.

Work the two questions in order:

1. **Stabilize the immediate scene.** Address fire, traffic, weapons, injuries, and people in immediate peril before you sort out explanations.
2. **Name only what you observe.** "Walking into the roadway, unsteady, holding his head" is usable information. "High and causing a scene" is a conclusion.
3. **Screen for medical urgency.** Ask, when you can: "Are you hurt? Do you have diabetes or another medical condition? Have you taken anything today? When did you last sleep or eat?" A "yes," an incoherent answer, or no answer at all can each point toward medical help.
4. **Offer the least harmful door that fits.** That may be an ambulance, your department's crisis-intervention team, a quiet place to sit with a family member present, transportation help through an approved channel, or — when a crime and a lawful basis are actually present — enforcement. Match the door to the facts, not to the first label.
5. **Reassess after each step.** People sober, panic, calm, disclose, and deteriorate. A read that was reasonable at minute two may be wrong at minute ten. Changing course when the facts change is good judgment, not weakness.

4. Bias in judgment — how it operates on a busy shift

Bias in this section does not mean a bad heart. It means a shortcut the brain takes when time is short, information is thin, and a shift is long. Shortcuts cluster around familiar patterns: a neighborhood you have answered hard calls in, a person whose family you have arrested before, an accent, a car, a group of young men on a corner you have dispersed before. Each shortcut feels like experience. Sometimes it is. Sometimes it is one memorable call doing the thinking for fifty ordinary ones.

Three checks interrupt the shortcut without slowing urgent work:

- **The swap check.** If this exact behavior happened in a wealthy neighborhood, in a hospital parking lot, or from a person in a suit, would I describe it the same way and choose the same response? If not, find the reason in the facts — or admit the reason is not there.
- **The record check.** Am I responding to what this person has done in front of me, or to what I know, or think I know, about their past? A record can be relevant to a lawful investigation. It is not evidence that today's confusion is drug use or that today's fear is guilt.
- **The language check.** Listen to your own radio traffic and report draft. Replace labels with observations before you transmit or file. "Erratic male" becomes "man walking between lanes, talking loudly, not responding to his name." The second version protects the resident, the next officer, and you — because it can be tested against what

actually happened.

Fatigue deserves honesty here. Judgment narrows at the end of long shifts, after violent calls, and during personal stress. Where department practice allows, a pause, a partner's fresh eyes, or a supervisor's question is not a failure of confidence. It is how professionals keep one bad hour from becoming someone else's worst day.

5. Talking with the person — gathering truth instead of winning

How you ask decides what you learn. A person who feels accused of drug use in the first sentence often stops giving medical information that could save them. Try an approach built on observation and care, in your own words:

1. "I'm Officer [name]. I'm here because someone was worried about you."
2. "I can see you're unsteady and having trouble finding words. I want to get the right kind of help here."
3. "Have you been hurt, or do you have a medical condition I should know about?"
4. "Have you had anything to drink or taken anything today? I'm asking so medical can help you safely."
5. "When did you last sleep? Is there someone I can call who knows how you usually are?"

Speak to companions and bystanders the same way. Family members, neighbors, and store clerks often know the missing context — "he's diabetic," "she just lost her mother," "he hasn't slept since his shift ended" — that turns a guess into a read. Weigh what they say; do not let any one voice, including your own first impression, end the inquiry early. And document disagreement honestly: "Wife states subject has diabetes and missed medication; subject declined ambulance; medics evaluated on scene" teaches the next reader far more than "subject uncooperative."

6. What not to do

- Do not treat the odor of alcohol, by itself, as proof that every symptom is explained. Injured and ill people can also have been drinking.
- Do not use a person's poverty — bags, bedding in a car, an address at a shelter — as a shorthand for suspicion in your notes or conversation.
- Do not mock, imitate, or narrate a person's crisis behavior for other people at the scene. Bystanders are learning how police treat people at their lowest.
- Do not promise a medical outcome, a ride, or a charge decision you do not control. Say what you will do next, and do that.
- Do not let a substance label end a search for weapons, injuries, children out of sight, or another person in distress. A tidy explanation is not the same as a safe scene.
- Do not write a diagnosis you are not qualified to make. Write observations, statements, actions taken, and who evaluated the person.

Words to know — Section 2

- **Bias** — a shortcut in judgment, conscious or automatic, that treats a person or place as riskier or less credible based on a pattern rather than on present facts.
- **Working hypothesis** — a temporary explanation you hold lightly, test against observations, and replace when better facts arrive.
- **Intoxication** — impairment from alcohol or another substance affecting speech, balance, judgment, or awareness.
- **Withdrawal** — physical and emotional symptoms that occur when a body dependent on a substance no longer has it, which can be medically dangerous.
- **Mental-health crisis** — a period when symptoms such as panic, psychosis, mania, or suicidal thinking overwhelm a person's ability to cope or stay safe.
- **Trauma response** — a body-and-mind alarm reaction shaped by earlier harm, including freezing, startle, shutdown, or sudden anger.
- **Differential read** — the practice of holding several possible explanations for the same behavior and testing each one before acting.
- **Present danger** — a specific, immediate risk shown by current actions and means, separate from a person's condition, history, or circumstances.
- **Collateral label** — a judgment word in a report or radio call that follows a person into later encounters even though it was never proven.
- **Crisis-intervention team** — department or partner clinicians and specially trained officers who respond to mental-health and related crises.

Myths vs facts — Section 2

- **Myth:** Slurred speech and unsteady walking mean a person is on drugs or drunk. **Fact:** Stroke, low blood sugar, head injury, exhaustion, medication effects, disability, and panic can produce the same signs, and several causes call for medical help first.
- **Myth:** If a person in crisis will not follow commands, they are choosing to resist. **Fact:** Fear, hearing voices, trauma alarms, confusion, and language or hearing problems can all prevent a person from processing an order; how the order is given changes what is possible.
- **Myth:** Poverty at a scene — bags, a car someone sleeps in, worn clothes — is itself a warning sign. **Fact:** Poverty describes a person's resources, not their intentions; danger must be read from present actions, not from circumstances.
- **Myth:** Experienced officers do not need to check their first impression. **Fact:** Experience speeds up pattern recognition, including wrong patterns; the swap, record, and language checks are how experienced judgment stays accurate.

Think it through — Section 2

The situation: At 6:10 a.m. you are sent to a gas station for "a man high on something, scaring customers." You find a man in his forties near the pumps, swaying, repeating "I need to get home," dropping his wallet twice, and pushing past you when you step close. He smells faintly of alcohol. The clerk is filming. A woman pumping gas says, "He does this every morning — just arrest him."

Walk it through:

1. The observations are swaying, repeated speech, clumsiness, a push when crowded, and a faint smell of alcohol. None of those, alone or together, proves drug use, and the push happened when you closed distance — information about crowding, not yet about intent.
2. The differential read includes intoxication, but also low blood sugar, stroke, a head injury from a fall, medication problems, and exhaustion. Repetition and dropping objects widen the medical possibilities rather than narrowing them, so medical evaluation moves to the front of the plan.
3. Present danger is specific: a confused man near fuel pumps and moving cars. Move the risk, not just the man — create space from pumps and traffic, keep bystanders back, and give the clerk a simple job: stop filming commentary and hold customers inside if needed.
4. Ask the medical screen out loud and simply: hurt, diabetes or other condition, anything taken today, last sleep. Ask the woman what "every morning" actually means — she may know he walks from a night shift, has a known condition, or was fine twenty minutes ago, which changes the timeline.
5. Call for medical help and, if available, your department's crisis-intervention team. If a crime is later supported by facts, it can still be addressed; a missed stroke or blood-sugar emergency cannot be taken back. Document observations and statements, not the clerk's label.

One more real-life story — Section 2

On a winter evening, an officer answered a trespass call at a laundromat: a woman sitting on the floor between machines, coat open despite the cold, answering questions a full minute late and then all at once. The manager had already decided — "she's using, I want her out and charged." The officer noticed two things that did not fit neatly: the woman kept protecting a tote bag as if it held something fragile, and she whispered an apology each time she finally answered. In the bag were insulin supplies, a glucose meter, and a discharge bracelet from the local hospital dated that afternoon. She had been released after a blood-sugar emergency, become confused again on the walk to a cousin's address she had written down wrong, and sat down where it was warm because she could not think of a next step. Medics took her back for evaluation. The manager's anger softened once the facts replaced his guess, and he later told the officer he had nearly had a sick woman arrested for being sick in the wrong building. The takeaway is the section in one

sentence: the first explanation a caller hands you is information to test, never a verdict to carry in for them.

Try this — Section 2

Use this four-line differential card on your next ten non-urgent person calls, on paper or in your notes app, and review it at the end of the week:

- **Observed:** three facts only — no labels, no conclusions.
- **Could also be:** at least two non-substance explanations that fit those facts.
- **Danger now:** the specific present risk, or "none observed yet."
- **Next door:** medical, crisis team, family contact, resources, enforcement — and why that door fits.

Then re-read two of your own recent reports and rewrite every judgment word as an observation. Notice how the rewritten version would read to a supervisor, a judge, the person's family, and the next officer who meets them. That rewrite habit, kept for a month, is the drill.

Resources to keep — Section 2

- **911** — for immediate danger, serious injury, or a medical emergency that cannot wait.
- **988** — call or text 988 for the Suicide and Crisis Lifeline, for a person in emotional distress or for guidance on helping someone else.
- **Crisis Text Line** — text HOME to 741741 to connect with a live, trained crisis counselor by text.
- **SAMHSA National Helpline** — 1-800-662-4357 — free, confidential treatment referral and information for substance use and mental-health concerns.
- **Poison Control** — 1-800-222-1222 — for suspected poisoning or a harmful substance exposure; when in doubt about urgency, call 911 first.
- **Your department's crisis-intervention team** — request it early on crisis calls, in line with your department's procedures.
- **The local hospital** — the destination and evaluation point when symptoms may be medical; a hospital bracelet, discharge paper, or medication list at a scene is information worth protecting and passing on.

What you earned / what's next — Section 2

Section 2 complete (quiz score 80% or higher): You can hold more than one explanation for the same behavior, separate a person's condition from present danger, run a plain medical screen, and write observations instead of labels that follow a resident from call to call.

Word Search — Section 2

Find the words from this class's Words to know. Words run across, down, or diagonally.

I S I R E P G C C Y R Y G
O A I W I T H D R A W A L
Q P R S T F P I I D W Y W
F I R C Z W W D D Y U V G
E Y C W F M H U N E Z K Y
P I L I O H G P V G M D B
W I N T O X I C A T I O N
V K L P R W X C T B Y W O
G A O A D J Q X A B P W M
B O G O X M U H I K F Z I
X W V G D U G J U B I A S
P R E S E N T D A N G E R
C D R I J X Q G G C A X F

Words to find: Bias · Intoxication · Withdrawal · Presentdanger

Words to Remember — Say It in Your Own Words

Cover the Words to know page. For each word from this class, write what it means in your own words, the way you would explain it to a friend. Then check yourself against the lesson.

Bias

Working hypothesis

Intoxication

Withdrawal

Mental-health crisis

Trauma response

Differential read

Present danger

Collateral label

Crisis-intervention team

Chapter Test — Section 2

Answer every question. Score 80% or higher to complete this class and earn its certificate. The answers are in the Answer Key at the back of this book — for parents, teachers, and self-checking after you finish.

1. In the lesson's gas-station scenario, a man is swaying, repeating himself, and dropping his wallet, with a faint smell of alcohol. What is the school's recommended first direction?

- A. Arrest him for being high in public, as the clerk requested
- B. Treat the faint smell of alcohol as proof that drugs explain everything
- C. Create space from the pumps and traffic, run a plain medical screen, and request medical evaluation
- D. Ask customers to move him out of the gas station themselves

2. What is a "differential read"?

- A. Holding several possible explanations for the same behavior and testing each one before acting
- B. Deciding which diagnosis fits within ten seconds
- C. Reading a person's record before reading the scene
- D. Treating every confusing person as a medical case and never enforcing

3. What is the swap check?

- A. Check whether the person has a record in this neighborhood
- B. Ask whether you would describe and handle this exact behavior the same way in a wealthy neighborhood or from a person in a suit
- C. Ask a bystander what they think is wrong with the person
- D. Check whether another officer has stopped this person before

4. Slurred speech and unsteady walking can be caused by:

- A. Drug use, in nearly every case
- B. Intoxication only — other causes are too rare to consider
- C. A deliberate attempt to avoid arrest
- D. Stroke, low blood sugar, head injury, exhaustion, medication effects, disability, or panic

5. How does this school teach officers to understand withdrawal urgency?

- A. Proof the person intends to fight officers
- B. A body dependent on a substance going without it — which can bring shaking, nausea, anxiety, urgency, and medical danger

- C. A sign the person is only pretending to be sick
- D. Behavior that always requires immediate arrest

6. Why does the lesson warn against judgment words like "appeared high" or "drug-seeking" in a report?

- A. It makes the report shorter and easier to file
- B. It impresses supervisors with the officer's experience
- C. It follows the resident into the next stop, the next call, and sometimes court, even though it was never proven
- D. It protects the department from complaints

7. A person is sleeping in a car, carrying belongings in bags, and wearing the same clothes for days. This school reads poverty as:

- A. A circumstance describing a person's resources — not their intentions, and not by itself a danger sign
- B. A warning sign that a person is about to commit a crime
- C. Evidence that a person is using substances
- D. A reason to extend any stop or call

8. A resident freezes, goes silent, and startles hard when touched. What is the school's read?

- A. Proof of guilt about the current call
- B. A performance designed to avoid questions
- C. Possibly a trauma response — the body's stored alarm firing — which calls for slow, predictable movement and announced actions
- D. A medical diagnosis an officer can make at the scene

9. Which opening best matches the lesson's medical screen?

- A. "What are you on? Answer me straight."
- B. "Are you hurt? Do you have a medical condition? Have you taken anything today? When did you last sleep or eat?"
- C. "Why are you acting like this in public?"
- D. "Who sold you what you took?"

10. A store clerk tells you, "He does this every morning — just arrest him." How should you treat that label?

- A. Accept it — the clerk knows the regulars
- B. Arrest first and let the hospital sort it out later
- C. Ask the clerk to stop filming and ignore everything else said

D. Treat it as information to test — the caller's first explanation is never a verdict to carry in for them

Certificate — Section 2

Minister Destiny Testimony Schools

Certificate of Completion — Section 2: Bias and Judgment: Not Assuming Drugs, and Telling Addiction, Mental Illness, Trauma, and Poverty Apart From Danger

This certifies that

Name (write your name here)

has completed

Minister Destiny Testimony Schools — Law Enforcement

Section 2: Bias and Judgment: Not Assuming Drugs, and Telling Addiction, Mental Illness, Trauma, and Poverty Apart From Danger

Date completed: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

Congratulations. You have practiced the discipline of seeing a person before a label — asking what else could explain what you see, and letting real danger, not assumption, decide your response. That fairness is remembered on every street where you practice it. — Minister Destiny Marie Morgan

School completion and rank are school achievements only. It is not a law-enforcement rank, title, or credential, and it does not certify you for any duty.

Educational completion certificate only — not a state license, POST certification, or government credential.

Minister Destiny Testimony Schools — Law Enforcement

© 2026 Minister Destiny Marie Morgan

My Agenda — Class Tracker

Everything in this agenda is yours to write in. It stays in your book — nothing is collected.

Step	Done	Date	Score	Grade
Week 1 — Study the lesson				
Week 2 — Study + Words to know				
Week 3 — Stories + Try-this activity				
Week 4 — Chapter test (pass at 80% or higher)				

Letter grades: A 90–100 · B 80–89 · C 70–79 · D 60–69 · F below 60.

My goals for this class

Write the goals you are working toward in this class — and for yourself.

My Weekly Planner

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

Notes

Resources to Keep

This class's resources, in one place. Keep this page.

- 911 — for immediate danger, serious injury, or a medical emergency that cannot wait.
- 988 — call or text 988 for the Suicide and Crisis Lifeline, for a person in emotional distress or for guidance on helping someone else.
- Crisis Text Line — text HOME to 741741 to connect with a live, trained crisis counselor by text.
- SAMHSA National Helpline — 1-800-662-4357 — free, confidential treatment referral and information for substance use and mental-health concerns.
- Poison Control — 1-800-222-1222 — for suspected poisoning or a harmful substance exposure; when in doubt about urgency, call 911 first.
- Your department's crisis-intervention team — request it early on crisis calls, in line with your department's procedures.
- The local hospital — the destination and evaluation point when symptoms may be medical; a hospital bracelet, discharge paper, or medication list at a scene is information worth protecting and passing on.

Answer Key

For parents, teachers, and self-checking after you finish the chapter test.

Section 2 Test — Bias and Judgment: Not Assuming Drugs, and Telling Addiction, Mental Illness, Trauma, and Poverty Apart From Danger

1. Create space from the pumps and traffic, run a plain medical screen, and request medical evaluation
2. Holding several possible explanations for the same behavior and testing each one before acting
3. Ask whether you would describe and handle this exact behavior the same way in a wealthy neighborhood or from a person in a suit
4. Stroke, low blood sugar, head injury, exhaustion, medication effects, disability, or panic
5. A body dependent on a substance going without it — which can bring shaking, nausea, anxiety, urgency, and medical danger
6. It follows the resident into the next stop, the next call, and sometimes court, even though it was never proven
7. A circumstance describing a person's resources — not their intentions, and not by itself a danger sign
8. Possibly a trauma response — the body's stored alarm firing — which calls for slow, predictable movement and announced actions
9. "Are you hurt? Do you have a medical condition? Have you taken anything today? When did you last sleep or eat?"
10. Treat it as information to test — the caller's first explanation is never a verdict to carry in for them

Sources & Credits

The lessons in this book were written for Minister Destiny Testimony Schools from public sources — official websites, public health and safety organizations, help lines, and the law itself. The sources each chapter was built from, and the help resources it points you to, are listed under that chapter's name, with credit, so you can check anything in this book and keep learning. Court opinions and laws are public documents that belong to everyone. Everything here is retold in the school's own plain words — nothing in this book is copied from anyone else's book.

Section 2 — Bias and Judgment: Not Assuming Drugs, and Telling Addiction, Mental Illness, Trauma, and Poverty Apart From Danger

- 911 — for immediate danger, serious injury, or a medical emergency that cannot wait.
- 988 — call or text 988 for the Suicide and Crisis Lifeline, for a person in emotional distress or for guidance on helping someone else.
- Crisis Text Line — text HOME to 741741 to connect with a live, trained crisis counselor by text.
- SAMHSA National Helpline — 1-800-662-4357 — free, confidential treatment referral and information for substance use and mental-health concerns.
- Poison Control — 1-800-222-1222 — for suspected poisoning or a harmful substance exposure; when in doubt about urgency, call 911 first.
- Your department's crisis-intervention team — request it early on crisis calls, in line with your department's procedures.
- The local hospital — the destination and evaluation point when symptoms may be medical; a hospital bracelet, discharge paper, or medication list at a scene is information worth protecting and passing on.

The school itself is free: every class in this book, with its test and certificate, is free online at destinymorganbooks.com.

About the Author

Minister Destiny Marie Morgan is an ordained Muslim minister. She was ordained on May 15, 2025, through the Universal Life Church, and she is registered clergy in Massachusetts.

Her ministry is advocacy — standing up to injustice and helping people, locally and internationally.

She is the founder of Minister Destiny Testimony Schools, a free school. She built it so people can learn for free what cost her years to learn — people who may not have jobs, good credit, or loans, and who deserve real knowledge anyway. Every class is free online, for every age, with no sign-up and nothing collected.

She is also the author of two testimony series — Chronicles of Destiny Morgan and The Chronicle Trials — her own story, in her own words. Those books are her testimony; these school books are her teaching.

Follow her Amazon Author Page to find every new book as it comes out.

The school is free online at destinymorganbooks.com.

Contact: ministerdestinymariemorgan@gmail.com

From Minister Destiny

You finished this book — but the learning does not stop here. Keep your resources close, keep asking questions, and use what you now know to help the people around you. If this book helped you, pass it to someone who needs it. I built this school for you, and I am proud of you for showing up for yourself. — Minister Destiny Marie Morgan

Minister Destiny Testimony Schools — Law Enforcement
© 2026 Minister Destiny Marie Morgan