LOS ANGELES POLICE DEPARTMENT
Mental Health Intervention Training
POST No: 1850-20911-15-014

Expanded Course Outline

DAY 1

Instructional Goal: At the completion of this course the student will be able to identify a person suffering from a mental illness or in a mental health crisis, properly manage and de-escalate the situation and conduct a comprehensive assessment of the individual pursuant to 5150 of the Welfare and Institutions Code (WIC). This includes the completion of the required documentation.

Performance Objectives: Using lecture and learning activities including case studies, the student will:

- ❑ Recognize the most common mental illnesses they may encounter as law enforcement officers
- ❑ Develop an understanding of the laws and Department policies involving persons suffering from a mental illness
- ❑ Develop and utilize effective de-escalation techniques needed to bring about a peaceful resolution to an incident involving a person suffering from a mental illness or in a mental health crisis.
- ❑ Formulate the questions necessary to conduct an effective mental health assessment
- ❑ Identify the mental health related behavior(s) that justify the criteria for an involuntary mental health hold pursuant to 5150 WIC or 5585 WIC
- ❑ Know the appropriate referral information to provide the subject and or family if the behavior(s) do not rise to the level of an involuntary detention pursuant to 5150 WIC
- ❑ Be able to complete the MEU intake procedure and required forms
- ❑ Understand the Department's Philosophy in the management of calls for services involving persons suffering from a mental illness

I. INTRODUCTION TO MENTAL HEALTH INTERVENTION **(30 min)**

A. Introduction of instructor(s)

1. Name, assignment
2. Experience

ICE BREAKER: *Student introduction exercise VIDEO- Stomping out Stigma: Mental Illness (PSA)*[1]

1. Show video vignette of individuals with mental illness, and those without
2. *Have each student describe what a person with mental illness looks like*
3. ***Ask** the students if or how mental illness or disabilities has affected their lives*

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[1] (2010, October 18) YouTube Alato Music:Stomping out stigma of mental illness https://www.youtube.com/watch?v=atsYrwCfQk8

B. Course Objectives
   1. Develop an understanding of the scope and breadth of mental illness and its impact on society
   2. Develop and understanding of the laws surrounding mental health and the legal requirements placed on law enforcement
   3. Develop an understanding of the Department's response philosophy to calls for service involving persons suffering from a mental illness or in a mental health crisis

B. ***LECTURETTE:*** Mental Health Intervention Training Overview
   1. Mental Health Crisis Response Program Overview
      a. Develop an understanding of the Department's Philosophy
      b. Understand the structure of the Department's response to calls for service involving persons suffering from a mental illness

   2. Mental Health Overview
      a. Develop an understanding of the scope of mental illness in the United States
      b. Understand the barriers and stigma faced by persons suffering from a mental illness
   3. Law Enforcement Legal Aspect
      a. Legal definitions and obligations
      b. Policies involving SMART and MEU
   4. The Assessment Triangle
      a. Assessing the whole person
      b. Finding a balance
   5. Juvenile Mental Health Issues
      a. Recognize and identify key behavioral indicators of an at risk adolescent
      b. Develop an understanding and approach
      c. Identify and engage in appropriate intervention strategies
   6. Experiential Learning Activity
      a. Develop an understanding of the obstacles faced by persons with developmental disabilities
      b. Provide students with activities, which simulate deficits experienced by persons with a developmental disability
   7. Persons with Developmental Disabilities
      a. Basic overview of persons with development disabilities
      b. Develop an understanding and effective approach
      c. Identify appropriate resources and safety plans
   8. Mental Health Firearms Laws
      a. Develop and understanding of the laws involving firearms and persons suffering from a mental illness

   b. Understand the application of the laws and the legal requirements placed on law enforcement and the mental health community

9. Crisis Communication
   a. Understand LEAPS
      1. **L**isten
      2. **E**mpathize
      3. **A**SK
      4. **P**araphrase
      5. **S**ummarize
   b. Use effective communication skills and strategies
10. Suicide/Suicide by Cop
    a. Recognize and identify key behavioral indicators
    b. Importance of effective communication
    c. Assess and de-escalate incidents involving mental illness
11. Use of Force Tactics
    a. Understand 835 (a) PC
    b. Identify appropriate use of force options
12. Force Option Simulator
    a. Recognize and identify key behavioral indicators
    b. Utilize proper communication techniques
13. Schizophrenia/Psychotic Disorders
    a. Recognize and identify key behavioral indicators
    b. Develop an understanding and effective approach
    c. Importance of medication and proper treatment
14. Mood Disorders
    a. Recognize and identify key behavioral indicators
    b. Develop an understanding and effective approach
    c. Importance of medication and proper treatment
15. Anxiety Disorders / Post Traumatic Stress Disorder
    a. Recognize and identify key behavioral indicators
    b. Develop an understanding and effective approach
    c. Importance of medication and proper treatment
16. Cognitive Disorders –Dementia, Delirium, and Traumatic Brain Injury
    a. Recognize and identify key behavioral indicators
    b. Develop an understanding and effective approach
    c. Importance of medication and proper treatment
17. Site visit
    a. Small group interactions with representatives of two community mental health clinics
    b. Develop an understanding of the community mental health resources and how persons with mental illness access and utilize them
    c. Understand the key roles community mental health resources play in preventing a person with mental illness from being the source of a law enforcement call for service

18. Assessment process forms/reports (MH302)
    a. Correctly apply the 5150 and 5585 WIC
    b. Accurately complete a MH302 form
19. Scenario Based Skill Set Training
    a. Take part in actor based skill set scenarios
    b. Complete MH302 form based on information gathered from the scenarios
20. Community Resources
    a. Identify resources within the community
    b. Develop an understanding of how to engage and access the identified resource(s)

C. ***LECTURETTE:*** WHY DO WE HAVE THIS COURSE?
1. **Philosophy:** The philosophy of the Los Angeles Police Department is to provide a humane, cooperative, compassionate and effective mental health/law enforcement response to person's within our community who are afflicted with mental illness. Our mission is to reduce the potential for violence during police contacts involving people suffering from mental illness while simultaneously assessing the mental health services available to assist. This requires a commitment to problem solving, partnership, and supporting a coordinated effort from law enforcement, mental health services and the greater Los Angeles community
2. **Mission:** To accomplish our mission, the Department is committed to treating a mental health crisis with the same response and respect that we treat any other medical emergency

D. **CLOSING**: Reinforce key learning points
1. The Department is committed to improving the service provided to people suffering from a mental illness and their families who are the source of a police call for service
2. In order to accomplish this, the Department has committed to appropriate training and a coordinated response model that will facilitate this goal

II. MENTAL HEALTH CRISIS RESPONSE PROGRAM **(30 min)**

Instructional Goal: To reduce the potential for violence during police contacts involving people suffering from mental illness while simultaneously assessing the mental health services available to assist them

Expanded Course Outline

<u>Performance Objective</u>: Using instructional lecture, the student will be able to:
❑ Understand the functions and responsibilities of the Mental Evaluation Unit (MEU)
❑ Effectively utilize the MEU to manage call for service involving persons suffering from a mental **illness**

A. Introduction of instructor(s)
   1. Name, assignment
   2. Experience

B. Brief overview of Mental Evaluation Unit
   1. Triage Desk
   2. System-wide Mental Assessment Response Team (S.M.A.R.T.)
   3. Case Assessment Management Program (C.A.M.P.)

C. Mental Evaluation Unit
   1. MEU responsibility:
      a. Conducting preliminary investigations of persons becoming police problems who are suspected of having a mental illness, amnesia victims, senile, post-alcoholics or delirium tremor victims, and persons who require psychopathic examinations
      b. Investigating persons suspected of being wanted escapees from mental institutions
      c. Coordinating the assignment of State Department of Mental Hygiene of California apprehension and transportation orders
      d. Arranging, upon request, for uniformed officers to assist Lanterman-Petris-Short Act (LPS) designated Psychiatric Mobile Response Teams or court designated conservators in the apprehension of persons suffering from a mental illness, who are being placed on a mental health hold
      e. Maintaining, amending, and distributing the Department's "Incidents Involving Persons Suspected of suffering from Mental Illness," Notebook Divider
      f. Providing advice to officers on the confiscation and disposition of firearms or other deadly weapons confiscated from persons with a mental illness
      g. Providing information on attempt suicide, barricaded suspect, or hostage incidents involving persons with a mental illness
      h. Assisting field officers with intervention, referral, or placement of a person with mental illness, which aids in the prevention of unnecessary incarceration and/or hospitalization of persons with a mental illness
      i. Providing roll-call training relative to MEU and System-wide Mental Assessment Response Team (SMART) responsibilities
      j. Maintain liaison with the Missing Persons Unit to determine if a reported missing person has been placed on a 72-hour hold

k. Providing staff support for the Mental Health Community Response Program Coordinator and Advisory Committee
l. Maintaining liaison with the Department of Health Services, Los Angeles County Department of Mental Health, and hospitals regarding policies and procedures involving the detention and involuntary holds of persons with suspected mental illnesses
m. Providing analysis of state and federal legislation pertinent to law enforcement encounters with persons with suspected mental illnesses
n. Providing expertise and support to Training Division regarding all training in the area of mental illness
o. Conducting audits of filed categorical and non-categorical Use of Force reports with indicators of mental illness, maintained by Use of Force Review Division
p. Assisting the Mental Health Community Response Program Coordinator with the review of completed Use of Force reports with indicators of mental illness
q. Coordinating data collection to effectively measure all mental health crisis responses by the Department
r. Review, initiate and coordinate Department training courses involving the response to and handling of cases involving persons believed to be suffering from mental illness

2. MEU liaisons with
    a. Psychiatric Hospitals
    b. Mental Health Agencies

D. Unit Composition
1. Triage desk responsibility
    a. Receiving mental illness crisis calls from patrol operations
    b. Dispatching SMART to handle calls for service
    c. Engaging in radio call and SMART management
    d. Coordinating client hospitalization for patrol personnel
    e. Preparing MEU investigative reports
    f. Maintaining the MEU mental illness database
    g. Coordinating outside agency response resources
    h. Making appropriate notifications
    i. Forwarding follow-up referrals to CAMP

2. System-wide Mental Assessment Team (S.M.A.R.T.)
    a. Assisting Department field police officers whenever they come into contact with suspected persons with a mental illness
    b. Providing intervention, referral, or placement for a person with a mental illness allowing field officers to quickly return to other field duties

   c. Preventing unnecessary incarceration and/or hospitalization of persons with a mental illness
   d. Providing alternate care in the least restrictive environment through a coordinated and comprehensive system wide approach
   e. Assist with intelligence functions at critical incidents
   f. Assist with psychologically impaired victims at disaster scenes

3. Case Assessment Management Program (C.A.M.P.)
   a. Managing cases involving persons with a history of violent criminal activity caused by mental illness
   b. Managing cases involving persons with a history of mental illness that have resulted in numerous responses by law enforcement and the use of substantial police resources
   c. Preventing unnecessary incarceration and/or hospitalization of persons with a mental illness
   d. Providing alternate care in the least restrictive environment through a coordinated and comprehensive system wide approach
   e. Maintain a file of Weapon Confiscation Receipts
   f. CAMP cases include but are not limited to:
      1. Subjects that attempt suicide by cop (SBC)
      2. High utilizes of emergency services by abuse of the 911 system
      3. Subjects that initiate the response of SWAT and/or high profile tactical operations
      4. Returning veterans suffering Post Traumatic Stress Disorder, or other mental illnesses
      5. Persons involved in acts of targeted school violence
      6. The seizure of firearms from the mentally ill prohibited possessors
      7. Persons enrolled in the State of California, Department of Mental Health, Conditional Release Program (Con Rep)

4. Training Detail
   a. Provide Training to MEU and department personnel concerning issues in dealing with persons with mental illness
   b. Develop training programs for law enforcement personnel in the response and handling of persons with mental illness
   c. Provide information to the community and interested stakeholders concerning law enforcement response to person with mental illness

E. Deployment
   1. City wide responsibility
   2. Locations:
      a. Police Administration Building: 100 W. 1st St, 6th Floor
      b. Central Station (Mid-watch)

c. Van Nuys Station
d. 77th Station

3. Time of operations
    a. 0600-1600
    b. 1000-2000
    c. 1530-0130
    d. 20 Hours per day
    e. 7 days a week
4. SMART/Triage Unit
    a. MEU/SMART Supervisors
        1. Officer in Charge – Detective III
        2. Watch Commander – Detective II or Sergeant I, assigned to each shift (Daywatch/PM watch)
    b. MEU Triage Desk Personnel
        1. Three officers
        2. One clinician
    c. SMART Unit
        1. Officer and Clinician
        2. One per bureau
5. CAMP/Admin Unit
    a. Hours of Operation
        1. Monday – Friday 0600 -1700 (1900)
        2. Officer in Charge – Detective III
        3. Assistant Officer in Charge – Detective II
        4. Detectives /Police Officers III
    b. Clinicians
        1. Clinical Psychologist (PHD)
        2. Licensed Clinical Social Workers (LCSW)
        3. Mental Health Nurse (RN)

F. **CLOSING**: Key learning points
1. Prevent unnecessary incarceration and/or hospitalization of mentally ill individuals
2. Provide alternate care in the least restrictive environment through a coordinated and comprehensive system wide approach
3. Prevent the duplication of mental health services
4. Allow police patrols to return to service as soon as possible

III. MENTAL HEALTH OVERVIEW **1 Hr.**

Instructional Goal: Provide the student with a general understanding of mental illness and the role of law enforcement

Performance Objectives: Using instructional lecture, the student will be able to:

- ❑ Develop an understanding of the scope of mental illness in the United States, and the treatment of persons suffering from mental illness throughout history
- ❑ Understand the barriers and stigma faced by persons suffering from a mental illness
- ❑ Outline how police became involved in the care custody and control of persons suffering from a mental illness

A. Introduction of instructor(s)
1. Name, assignment
2. Experience

B. **LEARNING ACTIVITY: VIDEO AND DISCUSSION**[2]
PURPOSE: To provide the students with an overall understanding of the stigma associated with mental illness
PROCEDURE: Large Group Activity
1. Show the students the video, "Breaking The Stigma On Mental Illness."
2. Students will discuss their observations of the video
3. Students will identify barriers faced by persons suffering from a mental illness

C. ***LECTURETTE:*** The Scope of Mental illness in the United States
ASK: " What are the 3 most common mental illnesses that law enforcement officer's come in contact with?"
1. Most Common Mental Illnesses that law enforcement will come in contact with:

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[2] (2014, July 15) Youtube Yvana A: Breaking the Stigma on Mental Illness http://m.youtube.com/watch?v=YEacp1aHq0U

a. Schizophrenia
b. Bipolar – Mania
c. Major Depression

2. Mental Disorders in America
    a. Mental disorders are common in the United States and internationally
        1) An estimated 26.2 percent of Americans ages 18 and older — about one in four adults — suffer from a diagnosable mental disorder in a given year. When applied to the 2004 U.S. Census residential population estimate for ages 18 and older, this figure translates to 57.7 million people. Even though mental disorders are widespread in the population, the main burden of illness is concentrated in a much smaller proportion — about 6 percent, or 1 in 17 — who suffer from a serious mental illness. In addition, mental disorders are the leading cause of disability in the U.S. and Canada.
        2) Many people suffer from more than one mental disorder at a given time. Nearly half (45 percent) of those with any mental disorder meet criteria for 2 or more disorders, with severity strongly related to comorbidity.
    b. In the U.S., mental disorders are diagnosed based on the *Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV)*
3. Mood Disorders
    a. Mood disorders include major depressive disorder, dysthymic disorder, and bipolar disorder
    b. Approximately 20.9 million American adults, or about 9.5 percent of the U.S. population age 18 and older in a given year, have a mood disorder
    c. The median age of onset for mood disorders is 30 years
    d. Depressive disorders often co-occur with anxiety disorders and substance abuse
        1) Major Depressive Disorder
            a) Major Depressive Disorder is the leading cause of disability in the U.S. for ages 15-44
            b) Major depressive disorder affects approximately 14.8 million American adults, or about 6.7 percent of the U.S. population age 18 and older in a given year
            c) While major depressive disorder can develop at any age, the median age at onset is 32
            d) Major depressive disorder is more prevalent in women than in men
        2) Dysthymic Disorder

a) Symptoms of dysthymic disorder (chronic, mild depression) must persist for at least two years in adults (one year in children) to meet criteria for the diagnosis
b) Dysthymic disorder affects approximately 1.5 percent of the U.S. population age 18 and older in a given year. This figure translates to about 3.3 million American adults.
c) The median age of onset of dysthymic disorder is 31.

3) Bipolar Disorder
a) Bipolar disorder affects approximately 5.7 million American adults, or about 2.6 percent of the U.S. population age 18 and older in a given year.
b) The median age of onset for bipolar disorders is 25 years.

4. Suicide
   a. In 2006, 33,300 (approximately 11 per 100,000) people died by suicide in the U.S.
   b. More than 90 percent of people who kill themselves have a diagnosable mental disorder, most commonly a depressive disorder or a substance abuse disorder
   c. The highest suicide rates in the U.S. are found in white men over age 85.
   d. Four times as many men as women die by suicide; however, women attempt suicide two to three times as often as men
5. Schizophrenia
   a. Approximately 2.4 million American adults, or about 1.1 percent of the population age 18 and older in a given year, have schizophrenia
   b. Schizophrenia affects men and women with equal frequency
   c. Schizophrenia often first appears in men in their late teens or early twenties. In contrast, women are generally affected in their twenties or early thirties
6. Anxiety Disorders
   a. Anxiety disorders include panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, generalized anxiety disorder, and phobias (social phobia, agoraphobia, and specific phobia)
   b. Approximately 40 million American adults ages 18 and older, or about 18.1 percent of people in this age group in a given year, have an anxiety disorder

c. Anxiety disorders frequently co-occur with depressive disorders or substance abuse
d. Most people with one anxiety disorder also have another anxiety disorder. Nearly three-quarters of those with an anxiety disorder will have their first episode by age 21.5
    1) Panic Disorder
        a) Approximately 6 million American adults ages 18 and older, or about 2.7 percent of people in this age group in a given year, have panic disorder
        b) Panic disorder typically develops in early adulthood (median age of onset is 24), but the age of onset extends throughout adulthood
        c) About one in three people with panic disorder develops *agoraphobia*, a condition in which the individual becomes afraid of being in any place or situation where escape might be difficult or help unavailable in the event of a panic attack
    2) Obsessive-Compulsive Disorder (OCD)
        a) Approximately 2.2 million American adults age 18 and older, or about 1.0 percent of people in this age group in a given year, have OCD
        b) The first symptoms of OCD often begin during childhood or adolescence, however, the median age of onset is 19
    3) Post-Traumatic Stress Disorder (PTSD)
        a) Approximately 7.7 million American adults age 18 and older, or about 3.5 percent of people in this age group in a given year, have PTSD
        b) PTSD can develop at any age, including childhood, but research shows that the median age of onset is 23 years
        c) About 19 percent of Vietnam veterans experienced PTSD at some point after the war
        d) The disorder also frequently occurs after violent personal assaults such as:
            (1) Rape
            (2) Mugging
            (3) Domestic violence
            (4) Terrorism

(5) Natural disasters
(6) Human-caused disasters
(7) Accidents

4) Generalized Anxiety Disorder (GAD)
   a) Approximately 6.8 million American adults, or about 3.1 percent of people age 18 and over, have GAD in a given year
   b) GAD can begin across the life cycle, though the median age of onset is 31 years old.

7. Social Phobia
   a. Approximately 15 million American adults age 18 and over, or about 6.8 percent of people in this age group in a given year, have social phobia
   b. Social phobia begins in childhood or adolescence, typically around 13 years of age
      1) Agoraphobia
         a) *Agoraphobia* involves intense fear and anxiety of any place or situation where escape might be difficult, leading to avoidance of situations such as being alone outside of the home; traveling in a car, bus, or airplane; or being in a crowded area
         b) Approximately 1.8 million American adults age 18 and over, or about 0.8 percent of people in this age group in a given year, have agoraphobia without a history of panic disorder
         c) The median age of onset of agoraphobia is 20 years of age
      2) Specific Phobia
         a) *Specific phobia* involves marked and persistent fear and avoidance of a specific object or situation
         b) Approximately 19.2 million American adults age 18 and over, or about 8.7 percent of people in this age group in a given year, have some type of specific phobia
         c) Specific phobia typically begins in childhood; the median age of onset is seven years

8. Eating Disorders
   a. The three main types of eating disorders are anorexia nervosa, bulimia nervosa, and binge-eating disorder

b. In their lifetime, an estimated 0.6 percent of the adult population in the U.S. will suffer from anorexia, 1.0 percent from bulimia, and 2.8 percent from a binge eating disorder
c. Women are much more likely than males to develop an eating disorder
    1) They are three times as likely to experience anorexia (0.9 percent of women vs. 0.3 percent of men) and bulimia (1.5 percent of women vs. 0.5 percent of men) during their life
    2) They are also 75 percent more likely to have a binge eating disorder (3.5 percent of women vs. 2.0 percent of men)
d. The mortality rate among people with anorexia has been estimated at 0.56 percent per year, or approximately 5.6 percent per decade, which is about 12 times higher than the annual death rate due to all causes of death among females ages 15-24 in the general population

9. Attention Deficit Hyperactivity Disorder (ADHD)
    a. ADHD, one of the most common mental disorders in children and adolescents, also affects an estimated 4.1 percent of adults, ages 18-44, in a given year
    b. ADHD usually becomes evident in preschool or early elementary years. The median age of onset of ADHD is seven years, although the disorder can persist into adolescence and occasionally into adulthood
10. Autism
    a. Autism is part of a group of disorders called autism spectrum disorders (ASDs), also known as pervasive developmental disorders. ASDs range in severity, with autism being the most debilitating form while other disorders, such as Asperger syndrome, produce milder symptoms
    b. Estimating the prevalence of autism is difficult and controversial due to differences in the ways that cases are identified and defined, differences in study methods, and changes in diagnostic criteria. A recent study by the Centers for Disease Control and Prevention (CDC) reported the prevalence of autism among 8 year-olds to be about 1 in 110
    c. Autism and other Acute Stress Disorders develop in childhood and generally are diagnosed by age three
    d. Autism is about four times more common in boys than girls. Girls with the disorder, however, tend to have more severe symptoms and greater cognitive impairment
11. Personality Disorders **117 c**

a. Personality disorders represent "*an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the culture of the individual who exhibits it.*" These patterns tend to be fixed and consistent across situations and are typically perceived to be appropriate by the individual even though they may markedly affect their day-to-day life in negative ways. Among American adults ages 18 and over, an estimated 9.1% have a diagnosable personality disorder. Several more common personality disorders include
b. Antisocial Personality Disorder
    1) Antisocial personality disorder is characterized by an individual's disregard for social rules and cultural norms, impulsive behavior, and indifference to the rights and feelings of others
    2) Approximately 1.0 percent of people aged 18 or over have antisocial personality disorder
c. Avoidant Personality Disorder
    1) Avoidant personality disorder is characterized by extreme social inhibition, sensitivity to negative evaluation, and feelings of inadequacy. Individuals with avoidant personality disorder frequently avoid social interaction for fear of being ridiculed, humiliated, or disliked
    2) An estimated 5.2 percent of people age 18 or older have an avoidant personality disorder [18]

12. Borderline Personality Disorder
    a. Borderline Personality Disorder (BPD) is defined by the DSM-IV as "a pervasive pattern of instability of interpersonal relationships, self-image and affects, as well as marked impulsivity, beginning by early adulthood and present in a variety of contexts"
    b. Approximately 1.6 percent of Americans age 18 or older have BPD

D. **CLOSING**: Key learning points:
1. The scope and proximity of mental illness in society
2. Mental illness is a disease that knows no socio-economic boundaries
3. The stigma associated with mental illness, prevents many from seeking help and treatment
4. The societal expectations of law enforcement and it's response to persons suffering from a mental illness

IV. LAW ENFORCEMENT LEGAL ASPECTS **1 Hr.**

Instructional Goal: To provide employees with the knowledge, skills and ability to apply appropriate legal and department procedures during radio calls involving persons with mental illness

Performance Objectives: Using lecture, group activity, and videos, the student will:
❑ Differentiate between arrests and 5150 Welfare and Institution Code (WIC), Application for 72 Hour Detention for Evaluation and Treatment Form
- ❑ Discuss policy involving the Mental Evaluation and Treatment Form
- ❑ Discuss policy involving the Mental Evaluation Unit (MEU), System wide Mental Assessment and Response Teams (SMART), and LAPD Communications Division
- ❑ Understand the legal definitions and obligations of the American with Disabilities Act (ADA) the Lanterman-Petris-Short Act (LPS), Assembly Bill (AB) 1424 and Tarasoff Decision

A. Introduction of instructor (s)
  1. Name, Assignment
  2. Experience
  3. Brief overview of the presentation
     a. History of the 5150 WIC and 5585 WIC
     b. Department procedures

B. ***ICE BREAKER:*** VIDEO AND DISCUSSION

  PROCEDURE: Large Group Activity
  1. Show the video "BBC Documentary: History of the Mad House"[3]
  2. This Video provides an emotional history of the foundation and development of the ADA as it relates to persons with mental illness and the Laterman Petris-Short Act.
  3. Briefly debrief what was seen in the video
     Expected responses:
     a. Sad
     b. Angry
     c. Mad
     d. Curious

C. **LEARNING ACTIVITY: DISCUSSION**
  PURPOSE: To provide the students the opportunity to work in small groups while testing knowledge on the California Welfare and Institution Code, department policy, and department procedure. The student will analyze and present to the entire class about their given topic(s)
  PROCEDURE: Large Group Activity

[3] (2014,August 15) YouTube JLO Productions: BBC Mental A History of the Madhouse full documentary http://m.youtube.com/watch?v=oswUssXzFlY

1. Provide each group with a legal topic and brief definition of the topic to discuss amongst themselves
2. Legal topics can be hand written on a white board, power point, or on a hand out
3. In their small groups, students will briefly explain the topics and definitions
4. Groups will be responsible for teaching the class about their topic and will analyze how understandings of the topic will aide their job
5. Lanterman Petris- Short Act
    a. The LPS Act was enacted in 1967. It reformed commitment laws pertaining to mental health treatment. Individuals with mental disorders are entitled basic federal and constitutional rights. The LPS Act provided a safeguard through judicial review after the initial 72-hour involuntary commitment into an approved mental health facility. The LPS Act intended to balance the right of the community with the rights of the person to freedom and due process
    b. It should be noted that commitment and emergency involuntary detention constitutes a serious deprivation of personal liberty
    c. The LPS Act evolved into what we currently known as 5150 WIC
6. 5150 WIC/5585 WIC
    a. Must be a danger to self, danger to others, and/ or gravely disabled due to a mental illness
    b. Minimum 3- day hold. Must articulate circumstances upon which the person's condition is brought to the attention of the officers
    c. The danger must be specific. People with mental illness cannot be detained involuntary due to vague, ambiguous, or potentially dangerous behavior
    d. Behavior must be a result of a mental illness and not merely the result of a lifestyle or attitude choice
    e. 5150 (e) At the time a person is taken into custody for evaluation, or within a reasonable time thereafter, unless a responsible relative or the guardian or conservator of the person is in possession of the person's personal property, the person taking him or her into custody shall take reasonable precautions to preserve and safeguard the personal property in the possession of or on the premises occupied by the person
    f. 5150 (f) (1) Each person, at the time he or she is first taken into custody under this section, shall be provided, by the person who takes him or her into custody, the following information orally in a language or modality accessible to the person
    g. If the person cannot understand an oral advisement, the information shall be provided in writing. Officers are advised to contact and request a language interpreter, family member or other person who can speak the subject's native language

h. Officers are also encouraged to notify the hospital staff about the in-ability to communicate due to the language barrier

7. 5150 Process
   a. 72 hour hold
   b. 14 day hold; requested by the hospital via the mental health court (5250 WIC)
   c. 30 day hold; requested by the hospital via mental health court (5270 WIC)
8. 5150.05 WIC
   a. Modifies and clarifies Lanterman Petris- Short Act procedures to ensure that families are a part of the system response, subject to the rule of evidence and court procedures
   b. Mandates that the historical course shall be considered at all steps of the process
   c. Acknowledging that medical history is critical in making effective treatment and legal decisions concerning illness will assist law enforcement and judicial officers make better informed determinations as to whether court-ordered treatment is necessary
   d. Becomes law in 2016, mandatory to take historical information
9. Tarasoff V. Regents of University of California
   a. Case law: Wrongful death case brought by the parents of Tatiana Tarasoff. She was killed by a man who had confided his intention to kill their daughter to one of his therapists. No one warned the victim or her parents of the impending danger
   b. The U.S. Supreme Court held that when a therapist determined that that his patient presents a serious danger of violence to another, he incurs an obligation to use reasonable care to protect the intended victim against such danger
   c. Threat which is credible to a specific target and occurs while in session
   d. Obligations of licensed Psychologists, Marriage and Family Therapist and Licensed Social Worker
   e. Shall notify potential victims
   f. Advise law enforcement of the threat
      1) Law enforcement is obligated to take action
      2) 422 PC arrest
      3) Restraining order
      4) Investigative report
7. HIPAA (Health Insurance Portability and Accountability Act of 1996)
   a. Requires covered entities to protect individuals' health records and other identifiable information
   b. Protect privacy and set limits on the uses of disclosures without patient authorization

c. Gives patient's rights to examine and obtain a copy of their health records and to request corrections

8. EMTALA (Emergency Medical Treatment and Labor Act)
   a. Anti- dumping law
   b. Took effect in 1986
   c. Intended to ensure that all individuals have access to appropriate emergency care and that they are not inappropriately transferred or turned away to another facility due to inability to pay for services
9. Mental Health Services Act
   a. Enacted in 2004
   b. Income tax that generated revenue for mental health programs
10. Laura's Law
   a. Provides for assisted outpatient treatment
   b. Application can be made by concerned adult to county director of mental health
11. 5150.2
   a. Focus on wait times at hospitals
   b. The transporting officers shall not be detained no longer than necessary to complete documentation of the factual basis of detention under section 5150 WIC and to complete a safe and orderly transfer of the physical custody of the person
12. 8102 WIC
   a. Weapons confiscated under 8102 WIC shall be confiscated by officers
   b. Any person who is being detained for 5150 WIC shall have all weapons confiscated (weapons defined in 12020 PC)
      1) Officers shall book weapons as evidence
      2) Issue the detainee a receipt for 10.10.05
   c. Officers are allowed to a search of the residence for plain sight and consent **117e**
      1) There is no 4th Amendment exception to SPICE (search warrant, probable cause, incident to arrest, consent, or exigent circumstances) due solely to a persons with mental illness
      2) If consent is denied, officers are to contact MEU for advise
   d. The type of confiscation is similar to weapons being confiscated under 12020.5 PC in domestic violence incidences
13. Department policy and procedures[4]
   a. Notify MEU with all interactions with persons with mental illness
   b. Confiscate weapons per 8102 WIC
   c. Request ambulance for immediate medical attention
   d. Use of proper disposition codes

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[4] LAPD Administrative Order No. 9, 2013

D. **CLOSING:** Key learning points
   1. Demonstrating knowledge of legal aspects pertaining to persons with mental illness
   2. Ensure that the rights of the mentally ill are preserved
   3. Application of the department's policies and procedures in the management of calls for service involving persons suffering from mental illness

V. TRAINING ASSESSMENT TRIANGLE **1 Hr.**

Instructional Goal: Provide an explanation of the basic elements of every person strives to be "balanced" in all domains and "finding balance" or "being a balanced whole person"

Performance Objectives:

❑ Understand the Whole Person Concept
❑ Understand cognitive and the mental process
❑ Recognize Physical Reponses and Queues
❑ Understand how emotions impact our work in Law Enforcement
❑ Understand how to Complete the Crisis Intervention Assessment Worksheet

A. Introduction of instructor (s)
   1. Name, Assignment
   2. Experience
   3. Brief overview of the presentation

B. The Person - The triangle represents the most basic elements of every person, it is intentionally made into an equilateral triangle, because at our best, we strive to be "balanced" in all domains. The discussion of "finding balance" or "being balanced" is frequently bantered about because we all have had the experience of being "out of balance." So let's look more closely at the ideal of what we all strive for – a balanced, whole person.
   1. Mental-What is he/she thinking?- this reflects your mental process;
      a. What you think about?
      b. It is what you know about a situation that enables you to respond.
         1) In law enforcement, much of our classroom training is focused on the cognitive such as our policies and procedures, the law
            a) It is a critical component of any police response, but as you can see, it is not complete because it is only one sided of the triangle
            b) This is also the problem solving aspect of policing, the incorporation of the strategic
               (1) This element also incorporates our statistics

(2) We count and identify as important how we prioritize and choose our responses to any given situation

2) Finally, this is a critical element because after every situation is over, it is how we articulate our response, either verbally or in a written report, that is judged by the community and our leaders

2. Physical -What is he/she doing? What you do with your body, your physical response to any situation; what you do
   a. In law enforcement, this area is a primary training focus and reflects all things tactical. Tactical training is often emphasized over other components of training because we do not want people to hesitate when we need them to respond
   b. Frequently, in tactical debrief we will hear people identify that they were able to respond so quickly because they instantly referred back to their training
   c. It is a critical component of any police response, but as you can see, it is not complete because it is only one side of the triangle
      1) Every response has a physical component to it whether you are in the field or in an administrative assignment
      2) Consider that you always take your body with you; it is the vehicle that enables your response to any situation
   d. Your physical response also includes your body language or gestures.
      1) Consider the new probationer in the field, they may not have uttered a word, but you have a sense very quickly about whether or not they can "handle" a situation just by the way they carry themselves
      2) You could be wrong, but years of experience have taught you to observe and pick up on small aspects of their demeanor that convey confidence or uncertainty
      3) Consider a new leader, who says all the right things but you don't quite trust them yet
   e. Recognize that many of our responses to physical cues are culturally-based. Keep open the possibility that you may be wrong. For example:
      1) Crying and victimization – do victims cry?
      2) You expect a victim to respond in a certain way and when they don't it raises questions. However, it should not be the final determination of whether or not they have been victimized
         a) Eye Contact – if a suspect avoids eye contact are they guilty?
         b) Might depend on the culture where they were raised or they might have autism or they might be guilty **117c**

3. Emotional: What is he/she feeling -What you feel, your emotional response, small or large, that informs how much significance you give to something. How something impacts you is generally the motivation behind anything you do
    a. In law enforcement, this area is indirectly addressed in the discussion of our Mission, Vision and Values
    b. This is a critical emphasis in all our drill and ceremony
    c. It is the heart and the foundation of everything you do
    d. Consider~~,~~ you really don't do anything unless you want to
    e. This is why you joined law enforcement; the passion, the desire to make a difference, the hope to do something purposeful and meaningful. This is all represented by the affective domain
4. Discuss: Realize that while we just referred to emotion, there is a wide range of emotion for every individual here; it's just that in law enforcement, we tend not to talk about it. Unfortunately, what are the messages promoted very early in law enforcement training about emotion?
    1. Leave it at home
    2. Don't show emotion
    3. Emotion is weakness; etc.
    4. How many of you instantly thought of "emotional" as crying in the corner? Unfortunately, law enforcement training through the years has really limited officers from acknowledging a possible area of strength
    5. No one is disputing that there is a time and place for expressing your emotion, but saying you can't have any emotion is not only impossible, but in law enforcement is actually undesirable
    6. Every situation that requires a police response is laden with emotion and officers are at a disadvantage when they are not accurate in their assessment of the emotion in the room
        a. Consider that every top athlete or performer has to learn to manage their emotions to be a peak performer
        b. List any major athlete who is a significant player in their sport, and they have had to learn to harness and manage their emotions in order to perform, return from injury, face an opponent, face their own fear of failure, etc.
        c. Think of the officers/leaders you would choose to model if you could…most often those are the people who somehow were able to remain balanced, who stayed committed to the job but didn't seem to lose the connection to what made them seem human

d. Those are the people that everyone wants to work with. They are good with the officers, the command staff, and the community
e. It doesn't mean they aren't good at tactics or problem-solving; it's just that they really seem to be really good with people

5. Balanced Triangle- there is a reason it's an equilateral triangle, the most stability comes when all three sides are balanced
   a. The ideal officer is the one who responds to any given call using all three sides of the triangle, and their actions are deliberately chosen by weighing and identifying the best course of action from using their skills and abilities in all three domains
   b. The skilled officer is the one who is able to tailor their response to what is demanded in their environment
6. The instructor will **ASK:**
   a. We just went over the " whole person "concept , looking at the three domains through the lens of what you have all experienced in your law enforcement training, can you give me some examples?
   b. The Instructor will scribe the examples on a white board or flip chart and use the Triangle to label the sides of the triangle

B. Completion of the Crisis Intervention Assessment Worksheet
1. Distribute the Crisis Intervention Assessment Worksheet
2. Discuss: What do you have?
   a. General Description
   b. Mental
   c. Physical
   d. Emotional
   e. Risk Assessment
      1) Danger to self
      2) Danger to others
      3) Gravely Disabled
3. This document is to be used as a tool to assist in your assessment of person who may be mentally ill.

C. **CLOSING**: Debrief

1. Assess the totality of the circumstances and the person(s) involved during contacts with the mentally ill or potentially mentally ill
2. Officer safety is never compromised, the assessment document is a tool which can be used to for documentation purposes
3. The Instructor will answer any questions the students may have

VI. JUVENILE MENTAL HEALTH ISSUES AND CONCERNS **1.5 Hrs.**

Instructional Goal: Provide an overview of the current mental health issues effecting the adolescent population and their families.

Performance Objective: Using small group discussion, learning activities and mind mapping, the student will:

- ❑ Identify the more common forms of mental illness in the adolescent population
- ❑ Have a basic understanding of the symptoms experienced by adolescents with a mental Illness
- ❑ Recognize how to manage the symptoms and behaviors that may present themselves within the policing role

A. Introduction of instructor (s)
   1. Name, Assignment
   2. Experience

B. **LEARNING ACTIVITY:** VIDEO AND DISCUSSION[5]
   PURPOSE: To provide students with a better understanding of disorders that is commonly seen in juveniles and the potential outcomes these can have on the individual
   PROCEDURE: Large Group Activity
   1. Show the students the video, "Inside the world of childhood Schizophrenia."
   2. Individual activity
      a. Complete the "Crisis Intervention Assessment Worksheet"
      b. Students will have 5 minutes to complete the worksheet
      c. Students will discuss their worksheets
   3. Students will keep the worksheet for the final days training exercise

C. ***LECTURETTE:*** Provide an overview of issues relating to mental health in the adolescent population, in terms of working with young people with possible mental illness

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[5] (2011,July 11) YouTube Videoberrie's Channel: Four Patients with Schizophrenia: http://youtu.be/bWaFqw8XnpA

1. Introducing the concept that mental health problems in the adolescent population are as prominent as many physical conditions. Some statistics suggest that approximately 15-20% of people under 18 years will experience mental health problems, and that this increases in frequency through to age 25
2. Recognizing that many factors are involved in the development of mental health issues in young people
3. Introducing the signs and symptoms and recognizing the difference between mental health and behavioral concerns
4. Recognizing that adolescents who experience mental health problems may be difficult to engage and require some additional input
    a. Depression
        1) Many of the symptoms in adults and adolescents are the same
        2) Causative reasons for depression in adolescents
        3) The role that grief and loss contribute to depression
        4) Suicide is the third leading cause of death for ages 15 to 24 years.
        5) Introduce the importance of suicide prevention
        6) Introduce the idea of self-harm behaviors and their likely roll in mental health
    b. Emerging psychosis in adolescents
        1) An overview of the development of psychosis
        2) Identifying the signs of psychosis in young people
        3) Introduce the concept of early intervention
        4) Distinguish between psychosis and mania (mania is a mood state), the symptoms look similar to psychosis
            a) Change to sleep pattern
            b) Speech may speed up
            c) Language may seem disorganized
            d) High levels of energy and activity
            e) Thought disorder and hallucinations are not characteristics of mania
    c. Disorders involving disruptive behavior
        1) Attention Deficit Hyperactive Disorder (ADHD)
        2) Oppositional Defiance Disorder (ODD)
        3) Conduct Disorder (CD)
        4) Personality Disorders (reference only)

E. **LEARNING ACTIVITY:** VIDEO AND DISCUSSION[6]

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[6] (2011,July 11) YouTube Videoberrie's Channel: Four Patients with Schizophrenia: http://youtu.be/bWaFqw8XnpA

PURPOSE: To provide students with a better understanding of disorders that is commonly seen in juveniles and the potential outcomes these can have on the individual.
PROCEDURE: Large Group Activity

1. Show the students the video, "Cyber bulling-Suicide."
2. Individual activity
    a. Complete the "Crisis Intervention Assessment Worksheet"
    b. Students will have 5 minutes to complete the worksheet.
    c. Students will discuss their worksheets.
3. Students will keep the worksheet for the final days training exercise.

F. **LEARNING ACTIVITY: DISCUSSION**
PURPOSE: To provide students with a better understanding of disorders that is commonly seen in juveniles.
PROCEDURE: Small group activity

1. Instructor will advise the students to discuss the following topics:
    a. What is bullying?
    b. What is cyber bullying?
    c. How does social media impact bullying?
    d. What types of children are at risk for bullying?
    e. How can law enforcement impact bullying?
2. Instructor will advise the students to choose chose a scribe and representative from each table
3. Students will be given 10 minutes to discuss the topics.
4. Upon completion of the discussion, the representative will present the groups response to the class
    a. What is bullying?
    Expected Response
        1) Unwanted aggressive behavior among children that involves real or perceived power imbalance
        2) Behavior is repeated or has potential to be repeated.
    b. What is cyber bullying?
    Expected Response
        1) Bullying that takes place using electronic technology
            a) Emails
            b) Text messages
            c) Social media rumors
            d) Embarrassing photos or videos
            e) Fake social media profiles
        2) Legal aspects of Cyber bullying
            a) Recent cases
            b) Prosecutions in Cyber bullying
    c. How does social media impact bullying?
        1) Easier to mass communicate false rumors

        2) Students can manipulate false social media profiles to bully
    d. What types of children are at risk for bullying?
        1) Children who are at risk to being bullied
            a) Lesbian, Gay, Bi-Sexual, Transsexual, or Question
            b) Overweight
            c) Underweight
            d) Wearing different clothing
            e) New to the school
            f) Less popular
        2) At risk to being a bully
            a) Children who are overly concerned about their popularity
            b) A child who has low self esteem
            c) Victim of violence
            d) Difficulty following rules
            e) Less parental involvement at home
    e. How can law enforcement impact bullying
        1) Become more involved with school officials
        2) Become more involved with parents
        3) Build rapport with parents
        4) Build rapport with students
        5) Become familiar with state laws regarding bulling
            a) Assembly Bill 9: Seth's Laws (2011) requires school policy and investigation process
            b) Assembly Bill 1156: expanded the definition of bullying and connected it to academic performance. Notes that bullying causes a substantial disruption and detrimental effect on students. Encourages training for school officials. Creates provisions to remove victim from the environment
            c) Assembly Bill 746: bullying by means of an electronic act, as defined, is grounds for suspension or expulsion from school
            d) Senate Bill 719: Bullying Prevention for School Safety and Crime Reduction Act of 2003) Requires Department of Education to develop model and polices on the prevention of bulling and on conflict resolution, makes the model policies available to school districts and authorities to adopt one or both policies for incorporation to the school safety plan

G. **CLOSING**: Key learning points
    1. Understanding what bulling is and the types of children that are at risk
    2. Understand what is cyber bullying
    3. Understanding how social media impacts bullying

4. Understanding law enforcements role in stopping bullying

VII. DEVELOPMENTAL DISABILITIES, INCLUDING AUTISM SPECTRUM DISORDER **1.5Hrs.**

Instructional Goal: Provide an overview of issues relating to developmental disabilities and to assist in distinguishing these from other conditions that may impact the policing role

Performance Objectives:
❑ Identify some of the more common forms of developmental disability in the community
❑ Have a basic understanding of the differences between developmental disability and mental illness
❑ Recognize how to work with some of the symptoms and behaviors that may present themselves within the policing role
❑ Identify some of the more common issues and challenges relevant to the policing role with respect to developmental disabilities

A. Introduction of Instructor (s)
   1. Name, Assignment
   2. Experience
   3. Brief overview of the presentation
B. Introduction and overview
   1. Provide an overview of what defines a developmental disability
      a. The term developmental disability refers to a severe and chronic disability that is attributable to a mental or physical impairment that begins before individual reaches adulthood
      b. These disabilities include intellectual disability, cerebral palsy, epilepsy, autism, and disabling conditions closely related to intellectual disability or requiring similar treatment

   2. Disability Rights
      a. Lanterman Developmental Disabilities **Act** (AB 846)
         1) Lanterman Act declares that persons with developmental disabilities have the same legal rights and responsibilities guaranteed all other persons by federal and state constitutions and laws, and charges the regional center with advocacy for, and protection of, these rights.
         2) In addition to persons with mental retardation, the regional centers are now mandated to serve persons with cerebral

palsy, epilepsy, autism, conditions similar to mental retardation, or conditions that require treatment similar to the treatment required for individuals with mental retardation

b. The Lanterman Act protects the rights of people with developmental disabilities by mandating rights including
   1) Services that protect liberty, provided in the least restrictive (most integrated) way
   2) Dignity, privacy and humane care
   3) Treatment, services and supports in natural community settings, to the greatest extent possible
   4) Participation in an appropriate program of publicly supported education regardless of the degree of disability
   5) Prompt medical care and treatment
   6) Freedom of religion and conscience, and freedom to practice religion
   7) Social interaction and participation in community activities
   8) Physical exercise and recreation
   9) Freedom from harm, including unnecessary physical restraints, isolation, excessive medication, abuse or neglect
   10) Freedom from hazardous procedures
   11) Choices in one's own life, including where and with whom one chooses to live, relationships with people in the community, how to spend time (including education, employment and leisure), the pursuit of one's chosen personal future, and the planning and implementation of a plan that fits the needs and desires of the individual
   12) The opportunity to make decisions and to have information understand to help make informed choices

C. Understanding The Differences And Similarities Between Disorders
   1. Intellectual Disability
      a. Characterized by significantly sub average general intellectual functioning (i.e., an IQ of approximately 70 or below)
      b. Also have concurrent deficits or impairments in adaptive functioning.
   2. Cerebral Palsy- non progressive lesion or disorder in the brain
      a. occurring during intrauterine life or the perinatal period
      b. Characterization
         1) Paralysis
         2) Spasticity
         3) Abnormal control of movement or posture
            a) Poor coordination or lack of balance
            b) Manifest prior to two or three years of age
            c) Other significant motor dysfunction appearing prior to age 18

3. Autism- neurodevelopmental disorder
    a. Definition
        1) Syndrome causing gross and sustained impairment in social interaction and communication.
        2) Restricted and stereotyped patterns of behavior
        3) Interests and activities that appear prior to the age of three.
    b. Specific symptoms
        1) May include impaired awareness of others
        2) Lack of social or emotional reciprocity
        3) Failure to develop peer relationships appropriate to developmental level
        4) Delay or absence of spoken language and abnormal nonverbal communication
        5) Stereotyped and repetitive language
        6) Idiosyncratic language
        7) Impaired imaginative play
        8) Insistence on sameness (e.g., nonfunctional routines or rituals)
        9) Stereotyped and repetitive motor mannerisms
4. Epilepsy is defined as recurrent, unprovoked seizures
5. Other Developmental Disabilities
    a. Handicap conditions
        1) Must occur before age 18
        2) Be likely to continue indefinitely, and involve brain damage or dysfunction
            a) Conditions might include intracranial neoplasms
            b) Degenerative brain disease
            c) Brain damage associated with accidents
    b. For an individual to be assessed in California as having a developmental disability, the disability must begin before the individual's18th birthday, and be expected to continue indefinitely and present a substantial disability
6. Co-occurring factors, some Individuals with developmental disabilities have additional impairments and/or disorders
    a. Cognitive impairments
    b. Mood disorders (e.g., depression)
    c. Anxiety disorders
    d. Seizure disorders
    e. ADHD
    f. Obsessive Compulsive Disorder (OCD)

D. **LEARNING ACTIVITY:** FACILITATED DISCUSSION
PURPOSE: To identify common policing issue involved with persons with a developmental disability

PROCEDURE: Large Group Activity

1. **ASK:** What are some common law enforcement situations in which we would come in contact with a person(s) with a developmental disability?
2. **ASK:** What are the challenges faced by law enforcement?
3. **ASK:** What community partners can assist in managing those challenges?
4. **Debrief:**
    a. Person(s) with a developmental disability have rights protected by law
    b. Person(s) with a developmental disability present a special challenge for law enforcement
    c. Understand the broad spectrum of those with developmental disabilities and how the ability or lack of ability can effect a contact with Law Enforcement
    d. Discuss the importance of recognizing how these deficits can manifest themselves during a law enforcement contact
    e. Discuss effective communication and listening skills that can be used to effectively de-escalate a contact with a person with developmental disabilities and bring about a effective intervention
    f. This special population is at high risk for victimization

E. ***LEARNING ACTIVITY:*** Identify common physical, sensory, and cognitive deficits through simulated interactions.
PURPOSE: Develop a personal understanding of the effects these deficits have on the person with a development disability and their ability to interact with others.
PROCEDURE: Large Group Activity

1. The class will be divided into six groups
2. Each group will be assigned to a designated station with a facilitator
3. The facilitators/Instructor will describe the activity
    a. Mitts and Clips
        1) Task for participants
            a) Attach paperclips to an index card while wearing oven mitts
            b) with rubber bands “gluing” fingers and thumbs together
        2) This Activity simulates fine motor impairment difference in touch sensitivity manipulation skill connects to gross motor impairment.
    b. Write on
        1) Task for participants
            a) Write your name on a post-it note
            b) Place post it on your forehead
        2) This activity simulates differences in processing information to carry out a simple task
    c. Social confusion
        1) Task for participants
            a) Distribute envelopes

b) Follow the instructions provided in an envelope, without talking to anyone

2) This activity simulates uncertain feelings of what to do in a social situation

d. Say What?

1) Task for participants

a) Re-word sentences

b) omitting particular letters of the alphabet

2) this activity simulates a delay in processing or expressive language

e. Overload

1) Task for participants

a) Complete a simple paper-and-pencil quiz

b) Students will be given a time limit in completing environmental stimulation

2) This activity simulates what it is like to be overloaded by input from the environment; repetitive movements, words or behaviors that often result as a coping mechanism

f. Do you read me?

1) Task for participants

a) Based on facial expression and body language

b) Students will answer questions about how someone is feeling

2) This activity simulates what it feels like to not be able to read facial expressions, gestures body language and non-verbal cues

4. Debrief:

a. **ASK:** Did you understand the broad spectrum of those with developmental disabilities and how the ability or lack of ability can affect a contact with Law Enforcement?

b. **ASK:** Were you able to identify the importance of recognizing how these deficits can manifest themselves during a law enforcement contact?

c. **ASK:** Were you able to recognize effective communication and listening skills that can be used to de-escalate a contact with a person with developmental disabilities and bring about an effective intervention?

VIII. MENTAL HEALTH LAWS AND FIREARMS **2 Hrs.**

Instructional Goal: Students will develop an understanding of the laws involving firearms and persons suffering from a mental illness

Performance Objective: Students will apply the laws and understand the legal requirements placed on law enforcement and the mentally health community

- ❑ Develop and understanding on how a person suffering from a mental illness is placed in the Mental Health Firearms Prohibition System
- ❑ Identify the types and lengths of prohibitions
- ❑ Understand law enforcements role and responsibility in regards to the confiscation of firearms and other deadly weapons from prohibited persons

A. Introduction of instructor (s)
   1. Name, Assignment
   2. Experience
   3. Brief overview of presentation
      a. What are the laws
      b. What is law enforcements responsibility
      c. System tools and resources

B. **LEARNING ACTIVITY: VIDEO AND DISCUSSION** "VIRGINIA TECH SHOOTING"[7]

   PURPOSE: To provide students with a context as to how important a role they play in ensuring that person(s), who are suffering from a mental illness and prohibited, do not have access to firearms or other deadly weapons
   PROCEDURE: Large and Individual Activity
   1. Complete the "Crisis Intervention Assessment Worksheet"
   2. Students will have 5 minutes to complete the worksheet
   3. Students will discuss their worksheets
   4. Students will retain the worksheet for the final days training exercise

C. ***LECTURETTE:*** California law regulating access to firearms
   1. California Penal Code
      a. 29805 – prohibited possessor
      b. 1524(a)(10) – search warrant
      c. 25135 – required to keep secure
   2. The Welfare and Institutions Code
      a. Prohibited Possessor – 5 years
         1) 5150 WIC– taken into custody, due to a danger to self or others

[7] (2013,July 01) YouTube video4yoazz: CNN Massacre at Virginia Tech Documentary http://m.youtube.com/watch?v=UpZOF1rGBjc

2) 5151WIC – assessed and evaluated **and**
3) 5152WIC – admitted to the mental health facility

b. Lifetime Prohibition
1) 5250 WIC– 14 day hold
2) 5350 WIC – 30 day certification
3) Conservatorship by court order

c. 8100 WIC – Tarasoff Notification
1) Clinicians responsibility to protect and warn threatened party
2) Law Enforcements responsibility to notify Department of Justice
3) California Department of Justice's responsibility to place in Mental Health Firearms Prohibited Possessor database

d. 8101 WIC– 3rd party allowing access
1) Prohibited person(s) within the residence
2) Duty to properly safeguard firearm or other deadly weapon

e. 8102 WIC– authority to seize
1) Detained or apprehended for examination of mental condition
2) Law enforcement shall seize firearm or other deadly weapon

f. 8103 WIC– prohibited possessor
1) A person(s) who is prohibited from possession of a firearm or other deadly weapon
2) Is in possession or attempts to posses
3) Felony crime to possess a firearm or other deadly weapon once prohibited

3. Department Policies[8]
4. Resources
a. Mental Health Firearms Prohibition System – (MHF) , Automated Firearms System (AFS) via NECS(LAPD), access to California Law Enforcement Telecommunications System
b. Gang and Narcotics Division – Gun Detail
c. California Department of Justice – Armed Prohibited Persons System (APPS)
d. Mental Evaluation Unit – Case Assessment Management Program (CAMP)

[8] 4/260.20 Taking Persons with a Mental Illness into Custody,4/260.25 Firearms or other Deadly Weapons in possession of Persons with a Mental Illness,4/260.52 Persons Confined in Psychopathic Ward, LAC-USCMC-Property Disposition Special Order 26, 2011California Senate Bill 1080, Miscellaneous Department Manual Sections and Department Forms-Revised; and Deadly Weapon Booking Charges Link-Established.
Detective Information Bulletin, December 18, 2009
Administrative Order No. 9, 2013

e. Los Angeles Superior Court Department 95

5. Court decisions
   a. People v. Sweig
   b. People v. Keil
   c. People v. Ruger
   d. City of San Diego v. Boggess
   e. Rupf v. Yan

D. ***LEARNING ACTIVITY:*** Case Studies

PURPOSE: To establish and understanding of search and seizure laws in regards to the confiscation of firearms or other deadly weapons from individuals described under 8100, 8102 and 8103 of the California Welfare and Institutions Code

PROCEDURE: Small Group activity

1. The class will be divided into four groups
2. Each group will be provided a case study scenario based on applicable mental health firearms laws.
3. Each group will have 5 minutes to discuss the scenarios.
4. Each group will identify applicable mental health firearms law and proper disposition of firearms.
5. **Scenario 1:**
   Officers respond to a call of a male with mental illness. Upon arrival officers speak with the subjects parents who state that their son, who is diagnosed with depression, has been making suicidal statements over the past several days. Today he has consumed approximately 12 beers and stated, “Life is just not worth living, and I should just kill myself.” The officers determine that he meets criteria for an involuntary hold pursuant to 5150 of the Welfare and Institutions Code, danger to self. The officers ask the subject if he has any firearms or other deadly weapons, and he states, “no but my dad has a safe full of guns.”
6. **Scenario 2:**
   Officers respond to a call of a male suffering from mental illness. The comments of the call state that the subject, who suffers from schizophrenia, has become very paranoid and has covered all of his windows with foil and has barricaded himself in his room. Upon arrival the officers meet with the subject’s brother who states that his brother heard him call the police and fled the scene in his car. He further relates to the officers that his brother has a firearm registered to him and he believes it is in his room. A query via California Law Enforcement Telecommunications System reveals that the subject has one handgun registered to him, if further investigation reveals

that the subject does not appear in the Mental Health Firearms Prohibition System. They officers are unable to locate the subject.

7. **Scenario 3:**
Officers receive a call for service involving a suicidal female. Upon arrival they speak with the subject's husband, who states that his wife has been very depressed and began to make statements about killing herself, because of medical issues. When he went to check on her he found her sitting in the bedroom with his handgun pointed at her head. He talked her into putting the gun down and has hidden it in the kitchen, so she would not find it again. The officers determine that the subject meets criteria for an involuntary hold pursuant to 5150 of the Welfare and Institutions Code, danger to self. Through their investigation the officers determine that there are not any other firearms or other deadly weapons besides the one that the subject's husband has hidden in the kitchen.
8. **Scenario 4:**
Officers respond to a call for service, involving a male mental. The comments of the call state that a male is standing in the middle of traffic, causing vehicles to brake and swerve, swinging a fireman's axe in a circle and pointing to the sky stating, "I am Thor's only true son and you cannot defeat me." Officers detain the subject without incident, and determine that he has not committed a crime. They have had previous contacts with the subject and have placed him on involuntary holds. The officers determine that the subject meets criteria for an involuntary hold pursuant to 5150 of the Welfare and Institutions Code, danger to self and others.

9. Each group will debrief their scenario to the entire class.
10. Facilitator/Instructor will ask the groups the to identify the following in their scenario
    a. Identify applicable laws
    b. Identify type and scope of seizure
    c. Identify related manual sections
    d. Identify resources accessed in order to facilitate management of the incident

11. **CLOSING**: Key learning points
    a. Law enforcement has a legal mandate to confiscate firearms or other deadly weapons from persons who are detained or apprehended for an examination of the mental condition
    b. The law revolves around public health and safety, not criminal conduct

Day 2

IX. REVIEW OF DAY ONE AND ROTATION INSTRUCTION **1 Hr.**

A. Have the students sign the student roster
B. Provide Students with a time to review of the previous day's instruction and provide clarity for any areas of the previous day's instruction.
C. Provide instruction for afternoon rotations
   1. The students will be broken into 5 groups
   2. Each group will be given a number
   3. Each Group will go to the different rotations according to their group number
   4. Each Group will rotate to next rotation after 1 hour of instruction

X. CRISIS COMMUNICATION **PSP IV Inter Per a),b),c),d)e)g)** **1 Hr.**

Instructional Goal: To provide the student with the skills to conduct crisis communication

Performance Objective: Using group discussion and a learning activity, the student will:

- ❑ Define Crisis Assessment and Crisis Communication
- ❑ Describe the dynamics of the four stages of crisis
- ❑ Understand **L**isten, **E**mphasize, **A**sk, **P**araphrase and **S**ummarize (LEAPS) and effective use of communication skills and strategies
- ❑ Know the stages of crisis through **A**ntecedent, **B**eliefs and **C**onsequences (**ABC)**

A. CRISIS COMMUNICATION/NEGOTIATION
  1. Introduction of instructor(s)
     a. Name, assignment
     b. Experience
  2. Overview block of training
     a. Definition of crisis
     b. Types of crisis
     c. Crisis intervention
     d. Four stages of a crisis
     e. Assessment and communication

B. ***DISCUSSION:*** Crisis Situations
  1. A crisis involves a disruption of a person's normal or stable state. It occurs when a person faces an obstacle to important life goals that is for a time insurmountable through the utilization of his customary methods of problem solving
  2. **ASK:** What types of emotions occur during a crisis situation?
     a. Emotional upset: anxiety, anger, and shame
     b. Biophysical upset
     c. Cognitive disturbance: disruption in usual problem solving ability
     d. Behavioral changes
  3. **ASK**: What are the 3 types of crisis?
     a. Situational crisis
     b. Maturational crisis
     c. Cultural/social structural crisis
  4. **ASK:** What are some examples of crisis that are encountered in the field?
     a. Barricaded subjects
     b. High risk suicide
     c. Violence in the work place
     d. Substance abuse
     e. Mental illness
  5. **ASK:** What are the principles of crisis intervention?
     a. Immediate Intervention

   b. Action
   c. Limited goals
   d. Focused problem solving
6. **ASK:** What are the objectives when intervening in a crisis?
   a. Establish crisis goals
   b. Stabilize the situation
   c. Minimize the threat to life and property
   d. Arrest or control the subject
   e. Obtain profession mental health resources for the subject
   f. Engage a systematic process of planning and implementation
   g. Slow things down!
   h. Contain and communicate
7. **ASK:** What are the four stages of crisis?
   a. Pre-crisis
   b. Crisis
   c. Adaptation
   d. Resolution
8. **ASK:** What is the pre-crisis stage?
   a. This is the stage that exists before the subject experiences or creates a crisis
   b. In this stage behavior, thoughts and emotions on both sides are controlled
   c. The exercise of reason is usually sufficient to resolve issues and make decisions
      1) The Officer's goal is to prepare for incidents
      2) Subject's focus is to obtain his goal. During this stage he can be planning and preparing for the goal
9. **ASK**: What is an example of a pre-crisis stage that you would encounter in the field
   a. Initial encounter with suspect in the street where he is going along with the officer's orders
   b. Radio call of domestic violence where parties are willing to listen to reason

C. **FACILITATED GROUP DISCUSSION**: **A**NTECEDENT, **B**ELIEFS AND **C**ONSEQUENCES

1. **EXPLAIN:** The dynamics of crisis stages through the acronym **ABC*,*** which stands for **A**ntecedent, **B**eliefs and **C**onsequences

1. **ASK**: What are types of events or triggers that could cause a person to go into a crisis?
   a. Examples of an **A**ntecedents are:
      1) Divorce
      2) Family events

3) Loss of health
4) Loss of job
5) Argument
6) Financial
7) Demotion or loss of status
8) Interruption of plan
9) Sickness, injury or death
10) Deterioration of mental health
11) Medication

b. The **A**ntecedents are event triggers which create **B**eliefs in the person. The beliefs are the interpretation of the event. Some beliefs can cause him or her to behave in a manner that provokes a police response. It is important to understand these beliefs because they are the bridge to communicate with this person in crisis. Some of the beliefs can include
   1) In order to be happy, I must be successful
   2) If I make a mistake, I am worthless
   3) I can't live with …
   4) My worth as a person depends on what others think about me
   5) Other beliefs include
      a) Hopeless, helpless and hapless
      b) Subjects are more distressed with the negative aspects of life than impressed with positive aspects of death
      c) Subjects see only one way out
      d) Most often, it is a transient state, in which the individual experiences as unbearable suffering must be stopped

c. **B**eliefs, in turn, affect behavior and emotions.
   1) Behaviors and emotions are the **C**onsequences of the **ABC** model
   2) Emotions can increase, including:
      a) Frozen fright
      b) Anger to rage
      c) Fear to panic
      d) Confusion
      e) Sorrow to grief
      f) Depressed, moody
      g) Irritable, angry
      h) Anxious
   3) Behavior can be affected resulting in:
      a) Slowed movements
      b) Slowed speech
      c) Poor hygiene
      d) Withdrawal from social contact

4) The subject's cognition or thoughts can be affected
    a) Slow thinking
    b) Ruminative
    c) Constricted thinking
    d) Poor problem solving

2. The goals during this stage include assisting the subject to return to pre-crisis
    a. Level of functioning
    b. Strategies that an officer can utilize
        1) Establishing a credible relationship with the subject
        2) Defusing emotions
        3) Establishing safety and security of situation
        4) Facilitating planning and prediction
        5) Reducing emotional interference
        6) Enabling problem solving to be the focus
    c. When the subject is problem solving and making decisions, he or she is:
        1) Using skills that require more rationality and reason and consequently
        2) Less emotions
3. **ASK**: How does the Officer accomplish this?
    a. Utilize series of strategies and skills that establish rapport
    b. Allows venting
    c. Provides validation
4. **ASK**: What is rapport and how do you establish rapport?
    a. Establish who you are and that you care
    b. Remember to calm yourself down
    c. Obtain and give personal data
    d. Identify yourself by your first name and indicate that you are a police officer
    e. Include in the opening statements a positive role in the conversation
        1) Ask what is going on with you now?
        2) Ask how can I help you?
        3) Make explicit statements of a desired resolution
        4) Tell them "we can work on that"
5. **ASK**: What are calming techniques?
        1) Show an understanding attitude
        2) Model calmness
        3) Reassure the subject
        4) Allow the subject to vent

D. **DISCUSSION**

1. Distribute Assessment and Communications handout: **L**isten, **E**mpathize **A**sk, **P**araphrase and **S**ummarize. These are techniques that can be applied to

any officer's community policing skills set

a. **L**isten
    1) Meaning behind words (do not react)
    2) Be ready to listen
    3) Pay attention to verbal clues
    4) Listen to the words content and rate
    5) Listen to the feelings
    6) Listen to the whole message
    7) Listen to breathing rate
    8) Validate feelings and concerns (when appropriate)
    9) Allow the subject to ventilate as appropriate
    10) Respond with positive feedback
    11) Remain receptive
    12) Interpret what you hear, and act
b. **E**mpathize
    1) See the situation through other eyes
    2) Show an understanding attitude
    3) Reassure the subject
    4) Demonstrate understanding, compassion and caring
c. **A**sk
    1) Find out about the purpose and action
    2) Remember direct and open ended questions
    3) Check subject's decision-making capacities
d. **P**araphrase
    1) Put in words the other person's point of view
    2) Respond back to the subject with the essence of the message in "your words"
    3) Reflect subject's statements;this encourages communications
        a) I see…
        b) Tell me about it…
        c) Allow speaker to hear what you heard
        d) Permit listener to confirm his/her inferences
        e) Helpful when you are at a loss for words
        f) Reflecting feelings
        g) respond back to the subject the emotions that you believe are being communicated
        h) Reflecting meaning
        i) Respond back to the subject that you understand the facts and the feelings that are being communicate

e. **S**ummary of key points
    1) Communicate during a crisis
    2) Recognizing the person in crisis
    3) Verbal tactics

        4) Instrumental and expressive needs

E. The next stage of a crisis is the adaptation (communication) stage
   1. Clues that crisis is in the adaptation stage include
      a. Emotions settled down
         1) Solutions are being tried
         2) Content less aggressive
         3) Tone is more modulated
         4) Reduced threats
         5) Increased rationality
      b. True negotiations/communications have been established
      c. During this period the officer's goal is for the subject to
         1) Reasonably evaluate his position
         2) Anticipate the consequences of each option
      d. During this stage the officer's skills and objectives need to include
         1) Maintaining self-control and patience
         2) Ability to set limits in a firm and accepting way
            a) "I" messages
            b) Indirect suggestion
         3) Problem solving skills
            a) Brainstorm solutions
            b) Showing empathy
            c) Demonstrating and maintaining honesty
      e. During the final stage, the resolution stage, the officer's should maintain these goals:
         1) Maintain priority of officer's and the public's safety
         2) Gain acceptance of the subject to surrender without casualty
         3) Manage increased emotions that come with surrender on part of actor and authorities
      f. The employees' skills during this period
         1) Ability to communicate clear instructions
            a) Attitude
            b) Clear instructions
            c) Guided imagery
         2) Ability to manage stress in others and stay calm

   2. **ASK:** What are the road blocks to effective communications?
      Expected responses
      a. Failure to listen actively
      b. Interjecting your own prejudices
      c. Interrupting
      d. Let actor exclusively set direction of conversation
      e. Not listening for hidden clues not verbally expressed
      f. Tendency to judge other person
      g. Sending boilerplate solutions

h. Avoiding other person's concerns
i. Three types of enforcement attitudes
1) Defines people as allies or enemies
2) Minimization of feelings that sees feelings as weakness or irrelevant
3) Need to take immediate action
4) Take some kind of action, right or wrong, just do something

F. **CLOSING**: Key learning points
1. Utilizing effective communication skills can de-escalate a situation with minimal level of force
2. LEAPS - **L**isten, **E**mpathize, **A**sk, **P**araphrase and **S**ummarize
3. ABC - **A**ntecedent, **B**eliefs and **C**onsequences

XI. SUICIDE/SUICIDE BY COP **1 Hr.**

Instructional Goal: To provide students with an overview of the dynamics of suicide
Performance Objective: Using group discussion and learning activities, the student will:
- ❑ Understand the indicators of suicide
- ❑ Recognize the indicators of suicide by cop
- ❑ Develop strategies for initial stabilization

A. **SUICIDE AND SUICIDE BY COP**
1. Introduction of instructor(s)
a. Name, assignment
b. Experience
2. Brief overview of suicide dynamics
a. Suicide can be prevented if handled properly
b. Suicidal calls are not different from other crisis calls

B. ***LEARNING ACTIVITY***: VIDEO
PURPOSE: To provide students the opportunity to observe individual engaged in suicidal attempts and gestures. To provide students with a better understanding of the
dynamics of suicidal behavior and Suicide by Cop (SBC) dynamics.
PROCEDURE:
1. Show "COP Shoots Suicidal Man in Idaho"[9]
2. Individual activity
a. Complete the "Crisis Intervention Assessment Worksheet"
b. Students will have 5 minutes to complete the worksheet.
c. Students will discuss their worksheets.

[9] (2014, January 16) YouTube Onlythatgoodshit: Cops Shoot Suicidal Idaho Man https://m.youtube.com/watch?v=ku1Vy2DZQrs

C. ***FACILITATION DISCUSSION:*** Facts and Fiction of Suicide

1. Facts and fiction of suicide
    a. People who talk about suicide won't commit suicide – FALSE
    b. Most suicidal acts represent a carefully thought out plan for how an individual will carry out their suicide – TRUE
    c. People who attempt suicide have gotten it out of their systems and will not attempt it again – FALSE
    d. Most suicidal people have mixed feelings about killing themselves. They are ambivalent about living, not intent on dying, and most suicidal people want a reason to be saved – TRUE
    e. Asking about and probing an individual about suicidal thoughts or actions will cause them to kill themselves – FALSE
    f. Once the person begins to improve, the risk has ended – FALSE
    g. The rate of suicide is lower in a jail setting – FALSE
    h. It is important to distinguish if the person is just being manipulative and
    trying to get attention or if they are really suicidal - FALSE
2. Suicide- definition
    a. The killing of oneself.
    b. The act constitutes a person willingly, perhaps ambivalently, taking his or her own life.
    c. It is a desperate form of communication, a final tragic attempt to communicate what a person has not been able to express in other ways
3. **ASK:** What is the impact of suicide?
    a. Suicide ranks as the eighth cause of death in the United States.
    b. In certain populations, such as adolescents and young adults,
        1) It constitutes 1 of the top 3 causes of death.
        2) This phenomenon is even more compelling because, in many instances, suicides can be prevented
4. **ASK:** What are common manifestations of suicidal behavior?
    a. Suicide attempt
        1) It involves a serious act that was inadvertently discovered and thereby the individual did not die.
        2) The individual fully intended on taking their life, and without the accidental discovery, the individual would have died
    b. Suicide gesture
        1) When an individual may undertake unusual, but not fatal, behaviors
        2) In order to gain attention or communicate “a cry for help”
    c. Suicide gamble
        1) An individual will gamble with their lives that they will be found in time and that they will be saved by the discoverer.

2) For example, to ingest a fatal amount of drugs knowing that family members are expected home before death would result
3) Suicide by cop
    a) An incident in which an individual engages in behavior which poses an apparent risk of serious injury or death
    b) with the intent to precipitate the use of deadly force by law enforcement personnel

D. ***FACILITATED DISCUSSION:*** Signs and Symptoms

PURPOSE: To provide the students with a better understanding of the signs and symptoms of suicide

PROCEDURES: Large group activity

1. Students, using a white board or flip chart, will be asked the following questions and asked to write responses on the white board or flip chart in a mind map format
2. The instructor may write the first 2 responses on the white board or flip chart as an example
3. **ASK:** What are the indicators of possible suicidal behavior that you have observed while on the job or during this training?
4. **ASK:** What mental illnesses might result in a higher risk of suicide?
    a. Bipolar Disorder
    b. Schizophrenic
    c. Major Depressive Disorder
5. **ASK:** What is our general societal response to suicide?
    a. It is a taboo topic
    b. It is a sin
    c. Family members are somehow to blame
6. **ASK:** Why do we think people attempt/commit suicide?
    a. Experienced some type of loss
    b. Health problems
    c. Relationship problems
7. The myths about suicide can inadvertently affect our response to the crisis
8. The concept of **ABC** relates to a person in a crisis
    a. **A**ntecedents/triggers: loss of significant person, place or thing
        1) Wife/significant other
        2) Family
        3) Job
        4) Finances
        5) Health
    b. **B**eliefs
        1) In order to be happy, I must be successful
        2) If I make a mistake, I am worthless
        3) I can’t live with …
        4) My worth as a person depends on what others thinks about me

c. **C**onsequences
   1) Behaviors- examples of
      a) Fear to panic
      b) Confusion
   2) Emotions-examples of
      a) Slowed movements
      b) Slowed speech

E. ***FACILITATED DISCUSSION:*** Assessment of Possible Suicidal Subject
PURPOSE: To provide students with an overview of Assessment as it relates to a subject who is contemplating suicide

PROCEDURES: Large group activity
1. Accurate response level and tactical considerations will depend on ongoing assessment and consideration of various factors.
2. Identifying what stage the crisis is in upon your arrival is an important assessment point.
3. The four stages of crisis are
   a. Pre-crisis
   b. Crisis
   c. Adaptation
   d. Resolution

F. REVIEW: Suicide Dynamics handout
1. Overview of suicide dynamics
   a. Framework
      1) As odd as it may seem, all suicidal behavior is goal-directed
      2) The question is "what is the goal?"
   b. Instrumental goals: focus is on acquisition, or leverage
      1) Attempting to escape or avoid the consequences of criminal or shameful actions
      2) Forcing a confrontation with police to reestablish a key relationship
      3) The belief that this action will avoid exclusion clauses in life insurance
      4) Rationalization
         a) Morally wrong to commit suicide
         b) Not a moral issue if the police kill me instead
      5) Belief that involvement of the police will result in a lethal and effective means of death
      6) Expressive goals: focus is on communicating a message
         a) Hopelessness, depression, and desperation
         b) Identification statement of being a victim
         c) Needing to save face; never surrender attitude
         d) Intense need for power

e) Revenge, injustice, or rage
f) Gain attention for a specific personal issue

G. ***FACILITATED DISCUSSION:*** COMPARE AND CONTRAST
PURPOSE: To identify the similarities and difference between suicide and suicide by cop

PROCEDURES: Small Group Activity

1. Open discussion, soliciting response from the class and provide students with following information if they need clarification
2. Distribute: Behavioral and Verbal Cues for Suicide and Suicide Dynamics hand outs
3. In their groups, have the students complete the Suicide Dynamics hand out
4. Instructor will facilitate will give the cues and discuss the answers in a large group setting
5. The instructors will ASK: Did /Does the subject
   a. Refuses to negotiate with authorities?
   b. Believes he just inflicted life threatening injury to a significant other?
   c. Presents no demands that include his/her escape or give him/her Freedom?
   d. Demands that he be killed by the police?
   e. Appears to have the will to carry out his/her threat?
   f. Set a deadline for the authorities to kill him?
   g. Indicate he/she wants to die in a “manly” or noble way?
   h. Recently learned he has a life threatening illness
   i. Has an elaborate plan for his own death?
   j. Indicate that he will “surrender” only to the officer in charge (Chief or Sheriff)?
   k. Indicate he wants to “go out in a big way” ?
   l. Present no demands that include his escape or freedom ?
   m. Comes from a low socioeconomic background?
   n. Provides the authorities with a “verbal will”?
   o. Recently gave away money or personal possessions?
   p. Has a criminal record indicating past assaultive behavior ?
   q. Has recently experienced two or more traumatic events in his life that impact on him, his family, or his career?
   r. Expresses feelings of helplessness and hopelessness ?
   s. Did officers discuss mental health resources/referrals i.e. SMART, MEU,and 5150 WIC?

H**. CLOSING**: Key learning points

1. Know effective identification of suicide indicators
2. Know effective identification of suicide by cop indicators
3. Accurate response level and tactical considerations will depend on ongoing

assessment and consideration of various factors

4. Proper assessment, communication and tactics can effectively de-escalate a potentially volatile incident in most circumstances

XII. USE OF FORCE AND TACTICS **1 Hr.**

INSTRUCTIONAL GOAL: Provide an overview of the effective use of restraints when dealing with a person suffering from a mental health related crisis, understand the Department's policy on restraining the mentally ill.

PERFORMANCE OBJECTIVE: Using small group discussion, learning activities and mind mapping, the student will:

- ❑ Identify some the risks posed to the individual, the public and law enforcement, when encountering a person who is suffering from a mental health crisis;
- ❑ Develop an understanding of the importance of identifying potential risks and maintaining tactical awareness including handcuffing and controlling the actions of a person suffering from a mental health crisis; and
- ❑ Understanding the importance of continually assessing a person in a mental health crisis, who has been restrained in order to determine if medical assistance is needed.

A. Introduction of instructor (s)
   1. Name, Assignment
   2. Experience
   3. Brief overview of the presentation

B. ***LEARNING ACTIVITY:*** VIDEO AND DISCUSSION
   PURPOSE: To provide students with a better understanding of the un-predictable nature of contacts with persons suffering from a mental health crisis and the importance of handcuffing.
   PROCEDURE: Large and Individual Activity
   4. ***SHOW*** "Death Short"[10]
      a. Complete the "Crisis Intervention Assessment Worksheet"
      b. Students will have 5 minutes to complete the worksheet.
      c. Students will discuss their worksheets.

C. Discussion: Use Of Force Review
   1. Review objective reasonableness as stated in Use of Force Directive Number One[11]

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[11] 2009 Los Angeles Police Department Use of Force Directive No.1

d. Objective reasonableness: Graham vs. Conner
e. Factors used to determine reasonableness
   1) Seriousness of the crime or suspected offense
   2) Level of threat or resistance presented by the subject
   3) Whether the subject was posing an imminent threat to officers or a danger to the community
   4) Potential for injury to citizens, officers or subjects
   5) Risk or apparent attempt by the subject to escape
   6) Conduct of the subject being confronted
   7) Time availability of other resources
   8) Training and experience of the office
   9) Proximity or access of weapons to the subject
   10) Officer versus subject factors such as age, size, relative strength, skill level, injury / exhaustion and the number of officers versus subjects, and
   11) Environmental factors and / or other exigent circumstances

2. Use of force- general: it is the policy of this Department that personnel may use only the force which is "objectively reasonable" to:
   f. Defend themselves
   g. Defend others
   h. Effect an arrest or detention
   i. Prevent escape or
   j. Overcome resistance

5. Deadly force: law enforcement officers are authorized to use deadly force to:
   a. Protect themselves or others from what is reasonably believed to be an imminent threat of death or serious bodily injury, or
   b. Prevent a crime where the subject's actions place person(s) in imminent jeopardy of death or serious bodily injury
   c. Prevent the escape of a violent fleeing felon when there is probable cause to believe the escape will pose a significant threat of death or serious bodily injury to the officer or others if apprehension is delayed.
   d. In this circumstance, officers shall, to the extent practical, avoid using deadly force that might subject innocent bystanders or hostages to possible death or injury.

4. Use of Force Audit/Review and Findings Overview
   a. **ASK:** How many Non-Categorical Uses of Force involve Mental Illness?
   b. **ASK**: How many calls have officers responded to, where mental illness is involved?
   c. **ASK:** How many arrests have been made with use of force, where mental illness has been a factor?

6. Handcuffing Policy-Los Angeles Police Department Manual Section 4/217.36[12]

[12] 2014 2nd Quarter Los Angeles Police Department Manual 4/217.36

a. Arrestees with Mental Illness: Officers must handcuff a person with mental illness when taken into custody when the person is not restrained by means of a straitjacket or leather restraining straps
b. The exception exists when a person with mental illness whose physical condition is such that the safety of the individual and the officer are not jeopardized. The use of handcuffs is then within the discretion of the officer

D**. LEARNING ACTIVITY:** VIDEOS AND DISCUSSION

PURPOSE: To provide students with a better understanding of the un-predictable nature of contacts with persons suffering from a mental health crisis and the importance of handcuffing

PROCEDURE: Large and Small Group Activity

1.Show Video "Swedish Twins" Video[13]

2. Advise the students that during the viewing of the video they should analyze what they are seeing
   a. Complete the "Crisis Intervention Assessment Worksheet"
   b. Students will have 5 minutes to complete the worksheet
   c. Students will discuss their worksheets
3. **ASK:** How were communication strategies used?
4. **ASK:** Where did the use of force fall within Use of Force Directive 1?
5. **ASK:** Identify effective strategies verbal and physical
6. **ASK:** Where could the officer behaviors been modified to alter the outcome?
7. Conduct a facilitated discussion identifying the following:
   a. Use of force issues
      1) Use of restraint systems
      2) Effective communication
      3) Recommendations from Audit
      4) Emphasize to, HANDCUFF immediately upon contact with mentally ill.
   b. Do not interpret the subject's temporary stability with safety

E**. CLOSING**: Key Learning Points

1. The importance of the utilization of restraint systems for persons suffering from mental illness
2. Clear understanding of the Use of Force policy and its application is imperative to fair and equitable treat for persons with mental illness

XIII. INSTRUCTIONAL ROTATIONS (5 ROTATIONS #'s 1, 2, 3, 4, 5) **5 Hrs.**

[13] (2011, September 9) YouTube LeeGTGames:Swedish Twins run into traffic http://m.youtube.com/watch?v=47ZUI1TMoaU

Instructional Goal: To provide students with and understanding of the some of the more common mental illness they will come in contact with and an opportunity to apply crisis communication skills in a simulated and controlled setting

Performance Objectives: Using lecture, group discussion, case studies, learning activities and role play the student will:

- ❑ Demonstrate and apply Crisis Communication skills during selected mental illness scenarios presented to them through the FOS, while maintaining a tactical mindset
- ❑ Have a basic understanding of Schizophrenia and Psychotic Disorders
- ❑ Have a basic understanding of Mood Disorders, Bipolar (mania) and Major Depression
- ❑ Have a basic understanding of Anxiety Disorders and Acute Stress Disorder and Post-traumatic Stress Disorder
- ❑ Have a basic understanding of Cognitive Disorders - Dementia, Delirium, Traumatic Brain Injury
- ❑ Recognize how to work with these disorders and the signs, symptoms and behaviors that may present themselves within the policing role

A. **ROTATION #1 -** FOS PRACTICAL APPLICATION
Hr.

PSP IV c)

Instructional Goal: To demonstrate crisis communication skills, tactical communications and apply the Use of Force scale options when applicable during Law Enforcement contacts with persons suffering from a mental health crisis.

Performance Objectives:

❑ Demonstrate and apply Crisis Communication skills during selected mental illness scenarios presented to them through the FOS, while maintaining a tactical mindset

PROCEDURES: Large Group activity

1. **NO LIVE WEAPONS** allowed in training area
2. Conduct a Weapons Check
3. The Instructor will review the specific weapon system that is being used with the FOS simulator
    a. Weapon clearing
    b. Sight alignment
    c. Trigger control
    d. Accuracy
    e. Target recognition and analysis
4. The students will remain at the FOS room throughout this training
    a. Ensure that at the conclusion of the activities that if any misinformation was provided that the correct information is given to the participants
    b. The instructor/facilitator will complete an evaluation rubric on each student ensuring that the student has employed the key learning objectives from the Crisis Communication Course of instruction

5. Advise the participants at the conclusion of each scenario debriefs will be conducted
    a. The goal of the debrief is to provide personnel with an avenue to assess the crisis communication tools employed and the tactical considerations that were unique to the specific scenario
    b. The focus of each debrief will be tailored for the specific scenario based on the branching
    c. This assessment of tactics will provide the involved employees with an opportunity for development and will maximize their ability to perform at their full potential
    d. It is okay to disagree with the tactics that were selected
    e. If the tactical considerations are reasonable and articulated in Objectively Reasonable Standard, remember there are no absolutes in tactics **PSP IV c)**
    f. Focus on learning by encouraging people to give honest opinions
    g. Use open-ended and leading question to facilitate the debrief
    h. The facilitator does not tell the participants what was good or bad but allows them to reach the conclusion on their own, as a collective group
    i. The debrief process will confirm expectations and highlight incremental improvements that can be made to reinforce best practices
    j. One of the goals of the debrief questions is to encourage participants to identify areas for self-improvement and strength
    k. There are always weakness to improve and strengths to sustain
    l. Focus on key elements, themes and issues and promote the identification of options
6. Students will be placed in pairs.
7. Students will be shown the following scenarios of a mental ill person and apply the communication skills needed to deescalate the situation: **PSP IV c)**
    a. Mentally ill (possible Schizophrenia) veteran who is living in a school bus. Video shows the veteran walking in an out of the bus. The bus windows are covered which does not afford the officers the luxury to see what the veteran is doing. Officers are required to use crisis communication to resolve the situation
    b. The suicidal lady in the park. Officers are dispatched to a local park. They find a distraught female who is sitting under a tree. The lady is observed holding a knife. Officers will be required to use crisis communication to resolve the situation. Officers are required to use crisis communication to resolve the situation
    c. The Suicidal Police Officer. Officer respond to a local court room were an officer has lost a child custody court case. The Subject barricades himself in a court room with a firearm. Officers are required to use crisis communication to resolve the situation
    d. Angry veteran on the military base. Officers respond to a drunk male.

Officers confront the male who is talking to himself, the veteran becomes extremely aggressive and brandishes a knife
Officers are required to use crisis communication to resolve the situation

8. **CLOSING**: Key Learning Points
    a. Use of effective crisis communications skills to de-escalate the situation, while maintaining tactical awareness
    b. Applying and re-enforcing the key learning points from the Crisis Communication Course of instruction
        1. Utilizing effective communication skills can de-escalate a situation with minimal level of force
        2. LEAPS - **L**isten, **E**mpathize, **A**sk, **P**araphrase and **S**ummarize
        3. ABC - **A**ntecedent, **B**eliefs and **C**onsequences

B. **ROTATION #2 –** SCHIZOPHRENIA AND PSYCHOTIC DISORDERS

Instructional Goal: To provide students with an understanding of common indicators associated with Schizophrenia and Psychotic disorders

Performance Objectives: Using lecture, learning activities, video and case studies the student will:

- ❑ Understand the biological basis for the conditions, the importance of medication and proper treatment and the prevalence of these disorders
- ❑ Recognize and identify key behavioral indicators associated with psychotic disorders
- ❑ Identify communication skills specific to interactions with a person with a psychotic disorder
- ❑ Increase their sensitivity and respect toward persons affected by a Psychotic Disorder and Schizophrenia and their families
- ❑ Recognize how to work with some of the symptoms and behaviors that may present themselves within the policing role

1. Introduction of instructor (s)
    a. Name, Assignment
    b. Experience
    c. Brief overview of the presentation

2. ***LEARNING ACTIVITY:*** VIDEO AND DISCUSSION
   PURPOSE: To provide students with a better understanding of Schizophrenia and Psychotic disorders
   PROCEDURE: Large Group Activity
   a. Show the students the video, "Schizophrenia interview "[14]
   b. Individual activity
      1) Complete the "Crisis Intervention Assessment Worksheet"
      2) Students will have 5 minutes to complete the worksheet.
      3) Students will discuss their worksheets.
   c. Students will keep the worksheet for the final days training exercise
      1) Brief overview of Schizophrenia and the other Psychotic Disorders
      2) Schizophrenia and other Psychotic Disorders overview
      3) Psychotic Disorders overview
      4) Psychotic Disorder video: Stop the Voices
      5) Schizophrenia
      6) Communication/Intervention strategies

3. ***LECTURETTE:*** Schizophrenia and other Psychotic Disorders
   a. Schizophrenia
      1) Represents severe,
      2) Debilitating
      3) Chronic condition,
   b. This is traditionally considered major mental illness
   c. A good history of the condition can be very important
   d. The other Psychotic Disorders includes a variety of conditions
      1) Schizophrenia form Disorder
         a) Short term symptoms – less than six months
         b) A type of psychosis – unable to differentiate between real and imagined
      2) Schizoaffective Disorder
         a) Experiences symptoms of schizophrenia, and
         b) Experiences symptoms of mood disorders (e.g. mania, depression)
      3) Delusional Disorder
         a) Non-bizarre delusions
         b) Absence of mood or psychotic symptoms
      4) Brief Psychotic Disorder
         a) Short term with psychotic symptoms
         b) Can be triggered with or without and obvious stressor

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[14] (2014, April,07) YouTube daveegolden:Schizophrenia galaxy guy, The Frank Chu Interview http://youtu.be/r1SslREMTA8

c) Postpartum is an example of brief psychotic disorder

5) Psychotic Disorder Due to a General Medical Condition
   a) Psychotic symptoms
   b) Physiological result of a general medical illness
6) Substance-Induced Psychotic Disorder and Psychotic Disorder Not Otherwise Specified
   a) Psychotic symptoms
   b) Attributed to substance abuse

e. When compared to Schizophrenia, these conditions may be generally less pervasive, temporary or have few types of psychotic symptoms; however, that does not mean such conditions do not come to the attention of law enforcement
f. The Delusional Disorder is one that will be given some attention
g. There are also other medical or mental health conditions that may have psychotic symptoms, but those psychotic symptoms are not the defining feature of those conditions, e.g., Bipolar Disorder
h. The most important thing is to be able to identify the psychotic symptoms and the implications for a given law enforcement situation

4. ***FACILITATED DISCUSSION:*** SCHIZOPHRENIA
   PURPOSE: To provide students an overview of Schizophrenia
   PROCEDURES: LARGE GROUP
   a. Open discussion; solicit responses from the class to the following questions.
   b. During the debrief reinforce the below points if not brought out by the class
   c. **ASK**: What is Schizophrenia?
      1) Schizophrenia is a biologically based brain disease
      2) Scope of problem
         a) In the U.S., approximately 2.2 million adults, or about 1.1% of population age 18 and older, in a given year, have schizophrenia
         b) Current hypothesis holds that Schizophrenia is genetic, however there is also a connection with abnormalities in the brain's composition
         c) Children over the age of 5 years may develop Schizophrenia; however it is quite rare before adolescence. Most cases develop between 18-35 years of age.
   d. **ASK:** What are some of the characteristics of Schizophrenia?
      1) Hallucinations
         a) Can occur in any sensory form, auditory, visual, olfactory, etc.
         b) Auditory is most common (voices)
         c) Subject will be unable to separate reality from delusions
      2) Delusions (personal beliefs not subject to reason)

a) Paranoid type symptoms
b) Persecution
c) Conspired against
d) Poisoned
e) Victims

3) Delusions of grandeur
   a) Famous or important figure:
      (1) I am God
      (2) I am the President of the United States
      (3) I am Napoleon
   b) Fluctuating and inappropriate moods
   c) May laugh and cry inappropriately
4) Disordered thinking or unable to focus attention
5) May have difficulty following instructions or misunderstand what is said
6) Slow processing time
7) Detached from reality
   a) Lacking emotional expression
   b) Monotonous voice
   c) Diminished facial expression
   d) Motivation decreases, sometimes to the extreme of neglecting hygiene
8) Poor muscle control or coordination may appear very clumsy
9) **ASK**: What special issues when dealing with schizophrenia?
   a) Medications
      (1) While there is no cure for schizophrenia, anti-psychotic medication can treat the symptoms of schizophrenia; however, even with medication, there can still be some residual issues
      (2) Medication frequently carry unpleasant side effects and medication compliance is a common issue
      (3) “Going off medications” is a significant problem, and it can be the precipitating event for the involvement of law enforcement
   b) Substance abuse
      (1) Schizophrenics often abuse alcohol and drugs
         (a) Most commonly the drug of choice is cocaine because it artificially introduces chemicals that have effects similar to dopamine
         (b) In the brain dopamine functions as a neurotransmitter sending signals to nerve cells
      (2) Alcohol/drugs can increase the potential for violence

(3) Some drugs alleviate side effects of psychotropic medications also alleviate their effectiveness
(4) Drug / alcohol use also reduces the likelihood that a patient will follow their doctors treatment plans and medications

c) Suicide potential
(1) 10% of schizophrenics commit suicide[15]
(2) The predictability of suicide with a schizophrenic is difficult

d) The importance of a strong family support system
(1) Maintaining and dispensing medications
(2) Positive involvement and understanding
(3) Monitor patients for early warning signs that are effective to prevent serious psychotic relapses

5. ***LEARNING ACTIVITY: DISCUSSION*** COMMUNICATION/INTERVENTION STRATEGIES
PURPOSE: To provide students with an opportunity to discuss strategies and communication skills specific to psychotic disorders.

6. Psychotic Disorders Overview
   a. **ASK**: What does it mean to be psychotic?
   Expected Responses
      1) Abnormal condition of the brain,
      2) To have a Psychiatric disorder
      3) Loss of contact with reality
   b. **ASK**: What are some impairments from Psychotic Disorders?
      1) Logical thought processes
      2) Memory
      3) Communication-disorganized speech
      4) Out of touch with reality
      5) Ability to meet the demands of ordinary life
   c. **ASK:** Psychotic disorders may be characterized by
      1) Emotional responses that are inappropriate to the situation or environment
      2) Regression to immature or infantile behavior
      3) Inappropriate moods
      4) Reduced impulse control
      5) Inability to behave appropriately for the environment or situation
      6) Abnormal thought interpretation
      7) Grossly disorganized behavior
   d. **ASK**: What are the classic symptoms of Psychotic Disorders?

1) Delusions
   a) A delusion is a firm, fixed idea or thought that is irrational and not based on reality
   b) Contrary evidence does not dissuade the person from the idea
2) Hallucinations
   a) False sensory perceptions
   b) Outward projections of inner experience that are perceived as external
   c) No basis in reality

7. **CLOSING**: Key Learning Points
   a. Develop an understanding of schizophrenia and psychotic disorders and how their symptoms and behavioral manifestations can effect a contact with Law Enforcement
   b. Discuss the importance of recognizing how these symptoms and behaviors
   c. Discuss effective communication and listening skills that can be used to effectively de-escalate a contact with a person suffering from schizophrenia and or a psychotic disorder and bring about a effective intervention

C. **ROTATION #3** MOOD DISORDERS, BIPOLAR (MANIA), AND MAJOR DEPRESSION

Instructional Goal: Provide an overview of Mood Disorders, Bipolar type I and II, Major Depressive disorder, Dysthymic Disorder, Substance induced Mood Disorder, Mood Disorder due to General Medical and suicide risk factor

Performance Objective: Using power point slides, small group discussion, and learning activities, the student will:

- ❑ Understand the biological basis for the conditions, the importance of medication and proper treatment and the prevalence of these disorders
- ❑ Recognize and identify key behavioral indicators associated with mood disorders
- ❑ Identify communication skills specific to interactions with a person with a mood disorders
- ❑ Increase their sensitivity and respect toward persons affected by a Mood Disorder and their families
- ❑ Recognize how to work with some of the symptoms and behaviors that may present themselves within the policing role

1. Introduction of instructor (s)
   a. Name, Assignment
   b. Experience
   c. Brief overview of the presentation

2. ***LECTURETTE:*** Major Depressive Disorder, Dysthemic Disorder, Bipolar Disorder, Substance induced Mood Disorder
   a. Mood Disorders
      1) 90% who commit suicide have Mood Disorder
      2) Definition
         a) Prominent and persistent disturbance of mood resulting in disruption in daily functions
         b) Emotional state or mood is distorted or inconsistent with current circumstances
      3) Disorder characterized by:
         a) Elevated (manic)
         b) Lowered (depression)
   b. Types of Mood Disorders
      1) Major Depressive Disorder
      2) Dysthymic Disorder
      3) Disorders (I and II)
      4) Substance-induced Mood Disorder
      5) Mood Disorder due to General Medical Condition
   c. Signs & Symptoms
      1) Signs and symptoms of depression
      2) Signs and symptoms of mania
3. ***LEARNING ACTIVITY:*** Major Depressive Disorder Mind Map and Facilitated Discussion
   PURPOSE: To provide students with a better understanding of Major Depressive Disorder and the potential outcomes these can have on an individual.
   PROCEDURES: Large Group Activity
      1) Instructor will facilitate a discussion with the students
      2) As students answer the questions, they will write responses on a
      3) white board or flip chart in order to complete a mind map based on the topic for the entire class
   a. ***ASK:*** What does Depression look like to you?
      1) Prevalence and Course
         a) 14.8 million American adults yearly
         b) Lifetime risk 2X higher for adolescent/ adult women than adolescent/adult men
         c) Leading cause of disability from 15-44
         d) Average age at onset: mid 20's but can occur at any age
         e) Consequences of Major Depression
         f) Life impairments: employment, social, family and legal
         g) Up to 155 of those with MDD die by suicide
         h) 4X higher death rate I those over 55 years old
         i) Substance abuse

2) Major Depressive Disorder is the leading cause of disability in the U.S. for ages 15-44
3) Major depressive disorder affects approximately 14.8 million American adults, or about 6.7 percent of the U.S. population age 18 and older in a given year
4) While major depressive disorder can develop at any age, the median age at onset is 32.
5) Major depressive disorder is more prevalent in women than in men.

b. Signs and Symptoms
1) Classic signs of depression
   a) Alterations in sleep (difficulty falling or staying asleep, or sleeping too much)
   b) Little or no interest in any activity formerly found pleasurable, including sex
   c) Alterations in appetite (loss of appetite or eating too much)
   d) A low threshold for becoming irritated
   e) Fatigue, loss of energy, or sluggishness
   f) Feeling worthlessness, or guilt
   g) Difficulty concentrating and making decisions
   h) Recurring thoughts of death or suicide
2) Classic signs of a manic phase
   a) Rapid pressured speech
   b) Inflated ego or even grandiosity
   c) Flight of ideas or complaints of racing thoughts
   d) Decreased need for sleep (such as 2-3 hours of sleep)
   e) Distraction easily occurs
   f) Psychomotor agitation or increase in goal directed activity (for instance, social or occupational activity)
   g) Hyper sexuality
   h) Over indulgence in pleasurable activities (sexual indiscretions, buying sprees, unwise business decisions)
3) Dysthymic Disorder
   a) Symptoms of dysthymic disorder (chronic, mild depression) must persist for at least two years in adults (one year in children) to meet criteria for the diagnosis
   b) Dysthymic disorder affects approximately 1.5 percent of the U.S. population age 18 and older in a given year. This figure translates to about 3.3 million American adults
   c) The median age of onset of dysthymic disorder is 31

4. ***FACILITATED DISCUSSION:*** BIPOLAR DISORDER
   a. ***ASK:*** What does Bipolar Disorder look like to you?
   b. Definition: Manic Depressive
      1) Characterized by extreme episodes of "mood swings" brain disorder causing unusual shifts in mood, energy, activity levels, and ability to carry out daily task
      2) Damage relationships, employment , schools performance
   c. Prevalence and Course
      1) Bipolar disorder affects approximately 5.7 million American adults annually
      2) About 2.6 percent of the U.S. population age 18 and older in a given year.
      3) Average age of onset: early 20's
      4) Equal gender rates
      5) Reoccurrence rate of episodes: 90%
   d. **ASK:** Are there different types of Bipolar Disorders?
      1) Bipolar I Disorder
         a) At least one manic or mixed episode
         b) Also have depressive episodes
         c) Hospitalization (5150's)
      2) Bipolar type II Disorder
         a) At least one hypomanic episode
         b) At least one depressive episode
         c) Never had manic/mixed episode
         d) Functioning (celebrities, CEO's)
      3) Symptoms of Manic Episode
         a) Elevated/ expansive irritable mood
         b) Grandiosity
         c) Decreased need for sleep
         d) Excessive/rapid speech
         e) Racing thoughts/flights of ideas
         f) Distractibility
         g) Psychomotor agitation
         h) High risk behaviors
            (1) Spending sprees
            (2) Hyper sexuality
            (3) Drug use
      4) **ASK:** What are consequences of Bipolar Disorder?
         a) 10-15% completes suicide (usually in depressive/mixed episodes
         b) Psych hospitalization
      5) Life impairments
         a) Alcohol/substance use
         b) Financial problems

c) Relationship problems

e. **ASK**: Can you name some medication that you have seen that might be used for Major Depression or Bipolar Disorders?
   1) Antidepressants
      a) Prozac
      b) Paxil
      c) Zoloft
      d) Serzone
      e) Effexor
      f) Cymbalta
      g) Celexa
   2) Mood Stabilizers
      a) Lithium
      b) Depakote
      c) Tegretol
      d) Lamictal
      e) Topamax
      f) Neurontin
      g) Zyprexa
      h) Risperdal
      i) Zeldox

f. **ASK:** Are there any side effects of these medications?
      a) Spasmodic contractions of skeletal muscles
      b) Inability to stop moving
      c) Tremors and shuffling gait, similar to Parkinson's Disease
      d) Involuntary muscle spasm of fingers, toes, tongue, neck, trunk and pelvis

g. **ASK:** What other types of treatments might be effective for Major Depression and Bipolar Disorders
   1) Psychotherapy
      a) Safety monitoring
      b) Psych education
      c) Education about illness
      d) Problem solving skills
      e) Increase activity
      f) Change negative thinking patterns
      g) Coping skills
      h) Interpersonal/ Communication skills
      i) Relapse planning skills
      j) Social support/ resources
      k) Reducing social stressors
   2) Electro Convulsive Therapy for depression not responsive to other treatment

h. **ASK:** What are some effective Communication Strategies
   1) Overall approach
      a) Treat the person with dignity
      b) Be patient, persistent
      c) Stay positive and respectful
   2) Provide a non-threatening, safe environment:
      a) Maintain adequate space
      b) Minimize stimulation (e.g., loud noises, sudden movements)
      c) Identify yourself and ask for their name
      d) Reassure them that you are there to ensure their safety
      e) Know when to back off for a while especially if the person becomes increasingly agitated
   3) Provide clear, consistent COMMUNICATION
      a) Get the individual's attention first (may be distracted, have difficulty focusing/concentrating)
      b) Speak calmly, slowly, be brief, and repeat
      c) Give firm, simple, straightforward directions
      d) Give two options, avoid ultimatums if possible
      e) Tell them what you are going to do BEFORE you do it
   4) Be aware of suicide potential
      a) someone just coming out of depression may still feel suicidal
      b) They may now have the energy to act on thoughts for self-harm
   5) Be aware of potential for aggressive behavior, especially if the person is angry, irritable, hostile, paranoid, or fearful
      a) Be aware of risk of provoking or being easily provoked by others; try to decrease stimulation
      b) Evaluate for suicidality / homicidally
      c) Be aware of your own reactions to:
      d) Individuals with grandiose delusions who may appear entitled, demanding, arrogant
      e) Individuals who may be so depressed that they do not respond immediately to your questions and may seem uncooperative

i. **ASK:** Are there any Cultural Considerations?
   1) Western vs. Non-Western cultures? **117 c**
   2) Level of emotional expressivity
   3) Physical complaints as manifestation of psychological pain
   4) Cultural explanations of distress
   5) Cultural remedies/ treatments

j. **ASK**: Are there any substance-related mood disorders? If so, What are they?

1) Temporary state due to intoxication or withdrawal from substances, including medication
2) Sometimes long-term, heavy substance use can result in longer-term, permanent brain changes
3) "Chicken or Egg" problem
4) Co-occurring disorders-not always mental illness OR drugs, often is BOTH
5) Up to 80% of people with mental illness currently have or have had problems with substances

k. Mood Disorders due to General Medical Condition
1) Heart or circulatory problems (such as a stroke)
2) Brain problems (such as Parkinson's disease and Huntington's disease)
3) Hormone problems (such as thyroid problems and adrenal gland changes)
4) Autoimmune disorders (such as AIDS)
5) Several types of cancer (such as brain tumor, thyroid cancer, and lymph gland cancer)
6) Rapport Building

5. ***LEARNING ACTIVITY:*** **VIDEO AND DISCUSSION:** Silver Linings Play Book (Manic Episode)[16]
PURPOSE: To provide the students with the opportunity to apply knowledge and recognize a mood disorder
PROCEDURE: Large Group Activity.

b. The Instructor will provide background, and synopsis of the suspect and the events of the case
c. Students will be asked to watch the video clip and make note of behaviors that are exhibited
   a. **ASK:** What types of behavior or signs of a possible mental illness did you observe?
      1) Panic mode- looking for items in the middle of the night
      2) Obsessed with looking for the item
      3) Increased anger when confronted by his family
      4) Anger turning to violence
   b. **ASK**: How do you think the family felt?
      1) Frustrated
      2) Scared
      3) Fed up

[16] (2013, April 6). YouTube BillyletsRock:Silver Linings Playbook BEST SCENE: http://youtu.be/-jErX76RVMU

c. **ASK:** As the responding patrol officer, what would you need to know or be concerned with?
   1) Are there any weapons in the house
   2) Is anyone hurt
   3) Has a crime been committed
   4) What started the situation

6. **LECTURETTE**: Suicide and resources
   a. Suicide Overview
      1) 11th leading cause of death worldwide
      2) 3rd leading cause of death between 15 and 24 year olds
      3) Men 4-5 times more likely to complete (more lethal methods)
      4) Women attempt 2-3 times more
      5) Ethnic Suicide Rate
      6) Highest for white overall; 2 times more likely to commit suicide than blacks
      7) Highest among Native Americans (adolescents and young adults)
      8) Lowest among Hispanics and Asians
      9) Rising rates most rapidly among black teens (now equal white teens)
   b. Suicide Prevalence
      1) Teens and older adults most vulnerable age groups, older adults have highest rates (65 year old and older)
      2) Divorced/widowed highest risk
      3) Lowest rates are among married
      4) Suicide likely to occur of divorce or death of a spouse
   c. Predictors
      1) Expression of holes-ness
      2) Single best predictor is previous attempts
      3) Greatest risk occur within 3 months of first attempt
   d. Resources
      1) Los Angeles Police Department Mental Evaluation unit? System wide Mental Assessment Response Team (213) 996-1300 (0600-1200)
      2) National Alliance for the Mentally Ill (NAMI)-www.nami.org
      3) Depression and Bipolar Support Alliance www.dbsalliance.org
      4) National Mental Health Association www.nmha.org
      5) American Psychological Association www.apa.org
      6) American Psychiatric Association www.psych.org
      7) National Institute of Mental Health www.nimh.nih.gov
      8) Los Angeles Department of Mental Health Access line (24-7) 1-800-854-7771
7. **Debrief**: Key Learning Points
   a. Understand the broad spectrum of Mood Disorders

b. Discuss the importance of recognizing how these behaviors can manifest themselves during law enforcement contact
c. Discuss effective communication and listening skills that can be used to effectively de-escalate a contact with a person who is suffering from mood disorder and bring about an effective intervention

D. ROTATION #4 – ANXIETY, ACUTE STRESS DISORDER,POST TRAUMATIC STRESS DISORDER

INSTRUCTIONAL GOAL: To Increase the student overall knowledge of anxiety disorders to differentiate between PTSD as a separate syndrome and psychoses/delusional beliefs.

PERFORMANCE OBJECTIVE: Using group discussion and learning activities the student will:

- ❑ Identify Three Symptoms of Anxiety
- ❑ Understand risks associated coming in contact with someone with an Anxiety Disorder
- ❑ Increase sensitivity, respect, and understanding toward persons diagnosed with anxiety disorders
- ❑ Develop an understanding and differentiate between Acute Stress Disorder and Post-Traumatic Stress Disorder
- ❑ Recognize how to work with some of the symptoms and behaviors that may present themselves within the policing role

1. INTRODUCTION

a. Instructors will introduce themselves
   1) Name
   2) Assignment
b. Experience
   1) Relevant Field
   2) Experience in treatment of this Disorder
c. Course Overview
   1) Anxiety Disorder and Subtypes
   2) Phobias
   3) Panic Disorder/Panic Attack
   4) Obsessive Compulsive Disorder (OCD)
   5) Hoarding Disorder
   6) Definitions
   7) Special considerations
   8) Case Studies and Examples from the field
   9) Prevalence
   10) Risk Factors

11) Associated Factors/Risks

2. Anxiety Disorders
    a. Post-traumatic stress disorder (PTSD or PTSS)
    b. General and social anxiety disorder
    c. Panic Disorder
    d. Typical indicators of anxiety
        1) Cognitive (thoughts)
        2) Physical (biological)
        3) Emotional (emotional)
        4) Behavioral (acting)
3. Panic attacks
    a. Discrete episodes with increased heart rate sweating/trembling
    b. Shortness of Breath
    c. Feeling of choking /Dying
    d. Chest pain
    e. Dizziness/Unsteadiness
    f. Duration 5-10 minutes
    g. Peaks at 10 minutes
    h. Causes/Precursors
        1) Family History
        2) Medical Conditions
        3) Substances abuse
        4) Life stressors
        5) Social factors
4. Treatment Options for Anxiety Disorders
    a. Medications
    b. Psychotherapy
    c. Cognitive Behavioral Therapy
    d. Dietary and lifestyle changes
    e. Relaxation and Meditation
5. PHOBIAS
    a. **ASK**: What are you afraid of?
        1) Prevalence:13 Million adults in USA. Onset in childhood, adolescence, early adulthood, but can occur at any time.
        2) Women have twice the risk for anxiety disorders
        3) Personality factors
        4) Family History and Dynamics
        5) Social factors
        6) Trauma
        7) Medical conditions
    b. Social Phobia
        1) Social phobia is a strong and pervasive fear of being embarrassed in public. People with social phobia are generally reluctant to perform task such as eating, signing a check or

even speaking in front of others. Without treatment, social phobias can become debilitating.

2) Fear of one or more:
    a) Social situations
    b) Unfamiliar people or situations
3) Fear of Behaving in a humiliating way
4) Exposure evokes anxiety
5) There is marked avoidance
6) This fear must interfere significantly with normal routine, job, school or relationship

6. Obsessive Compulsive Disorder (OCD)
    a. Obsession are thoughts
        1) Recurrent and persistent
        2) Intrusive thoughts/ images
            a) Inappropriate
            b) abnormal
        3) Above and beyond normal worry
    b. Compulsions are acts of:
        1) Repetitive/ritualistic
        2) Feels driven to perform in response to thought checking and rechecking
        3) Washing and scrubbing
        4) Counting
        5) Rituals
7. **LEARNING ACTIVITY: SHOW** VIDEO: ***OBSESSED*** TELEVISION VIGNETTES [17]

    PURPOSE: To show students a video clip of a reality television show which deals with persons afflicted with severe OCD/Anxiety and Hording conditions

    PROCEDURE: Large Group Activity
    a. The Instructor will introduce the video and instruct the student to observe each of the afflicted person's behavior and its impact on themselves and their loved ones.
    b. Explain and discuss these behaviors in the context of how they feel to have no control or ability to stop.
    c. The Instructor will ask students to pay attention to:
        1) Person's insight and description of their own OCD
        2) Impairment in functioning
        3) Consequences

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[17] (2009, July 30)YouTube Jmloomer:A&E'sObsessed : Hoarding: http://youtu.be/zPX7mE9-gXY

4) Subjective Distress/ emotional effects

d. **ASK** yourself these questions
    1) What about this situation or the person may establish criteria for a "WIC 5150 DTS/DTO/GD?
    2) What about this situation or the person may fit the elements of a crime?

e. Debrief by **ASKING** and discussing the following points
    1) What does each person have in common?
    2) What are primary symptoms besides the Obsession/Compulsions?
    3) What kinds of situations with persons with OCD and Hoarding could they theoretically come in contact with?
    4) What would happen if such a person were not given access to their compulsion?

8. How are these disorders diagnosed?
    a. Consequences of the behavior usually elicit intervention
    b. Professional evaluation and assessment
    c. Medical conditions must be ruled out
    d. Referral to psychiatrist and therapist
    e. Structured interviews and assessment tool to evaluate properly
    f. Diagnosis is based on self-report and collateral data, if available
    g. Co-Occurring Disorders
9. Hoarding disorder
    a. Recognized as a mental Disorder
    b. Persistent difficulty discarding or parting with possessions regardless of their actual value
    c. Difficulty discarding or parting with possessions that congest and clutter active living areas substantially compromise their intended use
    d. The hoarding causes clinically significant distress or impairment in social occupational or other important areas of functioning
    e. Not attributable to another medical condition
    f. Prevalence:
        1) 2.5 % in the United States
        2) Psychological and Physical Vulnerabilities
        3) Co-Morbidity
        4) Emotional and Attachment and Beliefs
        5) Indecisiveness
    g. Perfectionism
    h. Procrastination
    i. Absent Insight
    j. Special Considerations for Hoarders
        1) Types of Hoarders
        2) Animal Hoarding

3) “Overwhelmed Caregiver”
4) “Rescuers Gone Away”
5) Exploit- Hording/Breeding for Profit
6) Structure/Object Hoarding

k. Each one different
1) Causes/Reasons all differ
2) No “one size fits all” approach

l. Eviction last resort and not the resolution

m. Law Enforcement Considerations/Reasons for Contact
1) Containment and Control
2) HAZMAT
3) Legal issues or Crime, Health and Safety code violation vs. Welfare and Institutional Code 5150
4) Biological Waste and Infections, Disease and Poor Sanitation
5) Mobility Hazard/Blocked Exits
6) Community Cost
7) Homelessness
8) Fire Hazard
9) Social and Family life

10. Power Point Discussion Case Studies

a. HOARDING DISORDER: CASE STUDY/FIELD EXAMPLE #1: Subject lives with mother radio call came from neighbors
1) Request for a System wide Assessment Response Team evaluation request
2) Place on a W&IC 5150 Danger to Self and Gravely Disabled APS Report

b. HOARDING DISORDER CASE STUDY/FIELD EXAMPLE #2: Female White lives alone, approximately 60 years old.
1) Ads for free rabbits on Craigslist. Animal Control, LAPD and DSVD (Animal Cruelty and MEU/SMART) W&IC 5150 DTS and GD hospitalization
2) One Hundred Rats, Urine soaked carpet. Birds, cats, and rodents breeding freely in and out of cages
3) No social and family support
4) Outcome and follow up

14. ***LEARNING ACTIVITY:*** FACILITATED DISCUSSION PANIC DISORDERS
PROCEDURE: Large Group

a. Instructor will utilize a white board or flip chart to scribe the responses under the following topics
1) Cognitive indicators
2) Physical indicators
3) Emotional indicators
4) Behavioral indicators

b. Instructor will ask the students for words to describe or could be associated with Panic Disorders
   1) **ASK**: What words describe or could be associated with Panic attack?
      a) Pounding heart
      b) Sweating
      c) Trembling or shaking
      d) Shortness of breath
      e) Feeling of choking
      f) Chest pain
      g) Nausea/abdominal pain
      h) Feeling dizzy, unsteady
      i) Fear of losing control
      j) Fear of dying

15. ***LEARNING ACTIVITY:*** GROUP DISCUSSION-PHOBIAS
PURPOSE: To provide students with and overview of Phobias and how they can affect an individual's life
PROCEDURE: Individual Activity
d. The Instructor will assign a phobia to each student
   2) Social Phobia
   3) Claustrophobia
   4) Cynophobia
   5) Arachnophobia
   6) "Ridiculous" but real and rare phobias
e. The Instructor will ask the students to describe and discuss what each of phobias would look like
f. The Instructor will scribe the groups response on a white board or flip chart
g. Diagnosing Phobias
   1) Symptoms lasting for at least six months
   2) Exposure leads to an immediate anxiety response
   3) Person realizes the fear is excessive /unreasonable
h. Phobic situation is avoided, interferes significantly with the
i. Person's normal routine/ occupation, or there is marked distress at having the phobia
j. Causes impairment in functioning in work, school, home interpersonal relationship
k. The Instructor will provide the Definition for Phobias
   1) A marked and persistent fear of social performance situations in which the person will be exposed to unfamiliar people or possible scrutiny by other, for example:
   2) Public Speaking
   3) Parties

4) Large groups

l. A Marked and persistent fear of being trapped/ enclosed and being unable to escape from the confines of a given environment, for example
   1) The fear of flying
   2) Being in an elevator
   3) Being on a train
   4) Being a small room(confined space)

17. ***LEARNING ACTIVITY:*** Discussion *Treatment Options for Anxiety Disorders*
PURPOSE: To provide students with an explanation of treatments used for treatment of Anxiety Disorders/OCD
PROCEDURE: Large Group Activity
   a. The Instructor will discuss the following therapies
      1) Psychotherapy
      2) Cognitive-Behavioral Therapy (CBT)
      3) Brief introduction into how CBT works
      4) Dietary and Lifestyle Changes
      5) Relaxation/ Meditation
      6) Medication and Biological Therapy
   b. **ASK:** the students which of the following medications they are familiar with and have encountered with clients while on patrol.
   c. Advise the Psychotropic drugs may be used for different diagnoses; they overlap
      1) Anxiety Medications
         a) Ativan
         b) Tranxene
         c) Xanax
         d) BuSpar
         e) Valium
         f) Serax
         g) Klonopin
         h) Librium
      2) Obsessive Compulsive Disorder Medications
         a) Anafraril
         b) Luvox
         c) Paxil
         d) Prozac
         e) Zoloft
      3) Panic Disorder Medications
         a) Paxil
         b) Prozac
         c) Zoloft
         d) Xanax

18. ***LEARNING ACTIVITY:*** Facilitated Discussion – Acute Stress Disorder (ASD)/Post Traumatic Stress Disorder (PTSD)
    PURPOSE: To provide students with a general background of ASD/PTSD
    PROCEDURE: Large Group Activity
    a. **ASK:** What is Acute Stress Disorder (ASD)/Post-Traumatic Stress Disorder (PTSD)?
    b. ***ASK:*** What is Post-Traumatic Stress Disorder (PTSD)?
        1) It is an Anxiety Disorder brought about by an incident or ordeal in which a persons
        2) Faces grave physical harm
        3) Is threatened with grave physical harm
        4) Behavioral manifestations-what can trigger PTSD
        5) Feelings or actions that can "trigger" PTSD symptoms may be internal or external
            a) Internal triggers
                a. Rage/anger
                b. Anxiety
                c. Sadness
                d. Memories of traumatic event
                e. Feeling alone
                f. Feeling abandoned
                g. Feeling frustrated
                h. Feeling out of control feeling vulnerable
                i. Pain/discomfort
                    (a)Palpitations/racing heart
                    (b)Muscle tension
            b) External Triggers
                a. A disagreement
                b. Seeing or hearing about a traumatic event through the media
                c. Watching a movie or TV show that triggers memories of a traumatic event
                d. Seeing a car crash, either in person or in the news
                e. Certain smells or sounds
                f. The end of a relationship
                g. An anniversary
                h. Holidays
                i. A specific place
                j. Seeing someone who triggers memories of a traumatic event.
        2) **ASK:** What does a person with PTSD experience?
        3) Significant emotional distress

4) Recurrent intrusive thoughts, dreams and flashbacks
   a) Which result in avoidance of situations
   b) Difficulties with relationships, work, and daily functions
   c) Feeling of anxiousness
   d) Scope of the problem
      a. An estimated 7% to 8% of people in the United States will develop PTSD at some point in their lifetime
      b. Combat veterans and victims of sexual assault have an increased risk of PTSD, ranging from 10% to 30%
      c. An estimated 5 million people suffer from PTSD at any one time in the United States
      d. Women are twice as likely to develop the disorder

9. CLOSING: Key Learning Points

1) Understand the broad spectrum of anxiety disorders
2) Recognize the importance of internal and external triggers
3) Discuss the importance of recognizing how these behaviors can manifest themselves during a law enforcement contact
4) Discuss effective communication and listening skills that can be used to effectively de-escalate a contact with a person who is suffering from anxiety disorder and bring about a effective intervention

E. **ROTATION # 5** COGNITIVE DISORDERS –DEMENTIA, DELIRIUM AND TRAUMATIC BRAIN INJURY **1 Hr.**

Instructional Goal: To increase the student's overall knowledge of Dementia, Delirium and Traumatic Brain Injury (TBI)

Performance Objectives: Using lecture and group discussion the student will:

- ❑ Identify common indicators associated with Dementia, Delirium and TBI
- ❑ Identify communication / intervention strategies specific to Dementia, Delirium and TBI
- ❑ Increase sensitivity and respect toward persons affected with Dementia, Delirium and TBI and the impact the disorder has the families

1. Introduction of instructor
   a. Name, assignment

b. Experience

2. ***LEARNING ACTIVITY:*** VIDEO AND DISCUSSION "Irrational thought"
   PURPOSE: To provide students with a better understanding of common cognitive disorders and the potential outcomes these can have on the individual.
   PROCEDURE: Large and Small Group Activity
   a. Individual activity
      1) Complete the "Crisis Intervention Assessment Worksheet"
      2) Students will have 5 minutes to complete the worksheet.
      3) Students will discuss their worksheets.
   b. Students will keep the worksheet for the final days training exercise.
3. **LECTURETTE:** Dementia, Delirium and Traumatic Brain Injury
   a. Delirium, Dementia, TBI , and stroke (cerebral-vascular accident) can cause deficiencies in cognition and memory and represent significant changes from a previous " normal" level of functioning
      1) Physiological changes
      2) Different onsets and duration
      3) Similar symptoms and intervention techniques
   b. Dementia: A condition caused by damage and death of brain cells. Dementia "disease that still your brain." Dementia isn't a specific disease. Instead, dementia is a group of symptoms affecting thinking and social abilities severely enough to interfere with daily functioning
   c. Show Video:" Alzheimer's Disease"
   d. Two main types of Dementia: Progressive and Reversible
      1) Progressive and Reversible
         a) Progressive (Chronic): Alzheimer's Type;
            (1) Lewy body dementia
            (2) Vascular Dementia
            (3) Dementia Due to Other Medical Conditions (TBI, HIV, Huntington's disease) Substance Induced Persisting Dementia
         b) Reversible (acute):
            (1) Due to infection
            (2) Nutritional deficiencies
            (3) Brain tumor
            (4) Endocrine abnormalities
   c. Alzheimer's disease is the most common cause of a progressive Dementia
      1) Symptoms: Progressive loss of brain cells in parts of the brain involved in memory, learning language and reasoning
      2) Short term vs. long term memory loss
      3) Early onset (under 65)
      4) 10% of people over 65 suffer from disease
   d. Signs of Dementia and Common behaviors include:

1) Memory Impairment
2) Disorientation
3) Paranoia
4) Agitation
5) Changes in Personality
6) Aggression
7) Inability to Focus
8) Wandering or restlessness
9) Delusions or hallucinations
10) Trouble earing or swallowing
11) Tremor
12) Speech and language difficulty
13) Depression and Anxiety

e. Delirium is not a disease, but rather a clinical syndrome.
   1) It is a sudden state of severe confusion and rapid changes in brain function, sometimes associated with hallucinations and delusions.
   2) During this period, the patient's clarity and ability to focus attention of their surrounding are reduced.
   3) Syndrome occurs more frequently in people in their later years.
      (a)Common acute disorder affecting adults in general hospitals
      (b) All hospitalized adults (10-20%)
      (c) Elderly hospitalized patients (30-40 %)
      (d) Admitted to ICU (80%)
   4) Outside the brain that affects the brain contributors
      (a) Infections-urinary tract infection, pneumonia
      (b) High doses of certain controlled substances: CNS stimulants Benzodiazepines, marijuana and hallucinogens
      (c) Drug and alcohol withdrawals (Delirium Tremens or D.T.s)

f. Dementia is a condition cause by damage and death of brain cells. several diseases exist that cause dementia, the most prominent are
   1) Alzheimer's disease
   2) Gene defects
   3) A virus
   4) Environmental toxins
   5) Common behaviors include:
      (a)Memory Impairment (Language disturbance)
      (b) Aphasia (Language disturbance)
      (c) Apraxia (Inability to carry out motor activities

(d) Agnosia (failure to recognize or identify objects despite intact sensory function)
(e) Disturbance in executive functioning (i.e. planning, organizing, sequencing, abstracting)
(f) Wandering
(g) Impulses control including sexually explicit or indecent exposure issues

g. Traumatic Brain Injury (TBI) is any traumatically induced structural injury and/or physiologic disruption of brain function as a result of an external force that is indicated by new onset or worsening of at least one of the following clinical signs immediately after the event:
  1) Any period of loss of or decreased level of consciousness
  2) Any loss of memory for events immediately before or after the injury
  3) Any alteration in mental state at the time of the injury (confusion, disorientation, slowed thinking
  4) Andy neurologic deficit (including weakness, loss of balance, change in vision or other sensory alterations) that may or may not be transient
  5) The leading causes of TBI are
     a) Falls
     b) Sports and recreation activities
     c) Motor vehicle crashes
     d) Traffic collision are common cause of injury for older children
     e) Gun-shot wounds
     f) Violence
        (1) Third most common injury to result from child abuse
        (2) 19% causes of pediatric brain trauma
        (3) Falls (especially Children from 2 to 4 years of age)
        (4) Firearms and blast injuries from explosions are the leading cause of TBI for active duty military personnel in war zones
  6) Classification
     a) Penetrating
     b) Non-penetrating
     c) Focal
     d) Contusions
     e) Hematomas
     f) Diffuse
     g) Concussions
     h) Diffuse axonal injury (DAI)

h. Stroke or cerebrovascular accident (CVA) is the rapid loss of brain function due to the lack of blood flow.
   1) This can be caused by blood clot or internal bleeding.
   2) As a result, the affected area of the brain cannot function
   3) Brain cell death is almost identical to that of Traumatic Brain Injury
   4) Effects vary with seriousness of CVA, or how much damage the brain
   sustains
      a) Altered cognitive abilities
      b) Language deficits such as aphasia (word finding difficulties
      c) Memory problems
      d) Slower though process
      e) Difficulties with reading, writing, planning and judgment
      f) Decreased physical abilities
      g) Speech impairments
      h) Vision and hearing loss
      i) Paralysis'
      j) Seizure disorders

i. Behavioral/emotional controls
   a) Mood swings
   b) Lack of motivation
   c) Anger, aggression, and verbal outbursts
   d) Exaggerated emotions
   e) Depression/isolation
   f) Alcohol and substance abuse

4. Strategies remain the same for communicating with a person with cognitive disabilities including dementia, delirium, TBI, stroke, or mental retardation
   a. Behavioral indicators
   1) Processing time
   2) Triggers
   3) Physical indicators
   b. Verbal cues
5. **CLOSING**: Key Learning Points
   a. Understand the broad spectrum of those with cognitive disabilities and how the ability or lack of ability can affect a contact with Law Enforcement
   b. Identify the importance of recognizing how these deficits can manifest themselves during a law enforcement contact
   c. Recognize effective communication and listening skills that can be used to de-escalate a contact with a person with cognitive disabilities and bring about an effective intervention

Day 3

XIV. REVIEW OF PREVIOUS DAY TWO AND Site VISIT BRIEFING **30 Min.**

A. Have the students sign the student roster
B. Provide Students with the time to review the previous day's instruction and provide clarity for any areas of the previous day's instruction
C. Site Visit Briefing
   1. Students will be driven in a to the Community Mental Health Facilities in a police vehicle
      a. Students will be transported to the Community Mental Health Facilities in an eight passenger police Vans while on their lunch break
      b. Vans will be driven by members of the instructional staff who possess a valid California Driver's License and are in good standing with the Los Angeles Police Department.
   2. Students will be read the safety guidelines for site visit
      a. Any injury shall be reported to Instructors immediately
      b. Minor injuries: Instructors will transport students to nearest approved health care facility
      c. Serious Injuries: Instructors will activate 911 via radio or cell phone communication
   3. Students will be professional at all times during the visit
   4. At the end of the visit Students will be transported back to training location

XV. PSYCHOPHARMACOLOGY **1.5 Hr.**

Instructional Goal: To provide students with an overview of the medications commonly used to treat various mental disorders

Performance Objective: Utilizing small group discussion and mind mapping, the students will:

- ❑ Understand the specific effects of the medications
- ❑ Recognize the different medications used to treat common mental disorders

A. Instructor Introduction
      a. Name and assignment
      b. Experience
      c. Brief overview of psychopharmacology
         1) Neuroleptics
         2) Antidepressants
         3) Mood Stabilizers
         4) Sedatives Hypnotics
         5) Side effect medications, extrapyramidal symptoms

B. **LECUTERETTE: VIDEO AND DISCUSSION**
PURPOSE: To provide students with a context as to how the change of the mental health field
PROCEDURE: Large Group
1. Show the students the video "The Lobotomy – Documentary of Walter Freeman"
    a. The Instructor will provide the following information by lecture followed by a discussion
    b. Prior to 1950 medications used to treat persons with mental illness were virtually nonexistent resulting in institutionalizing many patients who were diagnosed with schizophrenia or other mental illness

C. ***LEARNING ACTIVITY:*** "Can You Name The Psychological Disorder"
PURPOSE: To provide the students with an overall understanding of medication use associated with psychological disorder

PROCEDURE: Small Group Activity
1. Each group will be given a worksheet
2. Groups will have 5 minutes to complete the worksheet
3. Student will scribe their answer on a flip chart and present their answers to the class
4. Each group will have 5 minutes to discuss their worksheet

D. ***LEARNING ACTIVITY***: Lecturette- Discussion: Psychopharmacology
PURPOSE: To provide students with an understanding of the medication that is utilized to treat the symptoms of mental illness
PROCEDURE: Group Activity
1. Advances in medical therapies have provided an ability to stabilize patients, which allow a degree of normalcy
2. Distribute Student Reference and Review: Quick Reference Psychotropic Medication handout
3. What is a Psychotropic Medication?
    a. Psychosis and the role of Neurotransmitters
        1) Psychotropic medications are drugs prescribed to stabilize or
        2) Improve mood, mental status or behavior
    b. All medications have two names.
        1) Trade/brand
        2) Generic
    c. Psychotropic medications can be grouped or classified in different ways by:
        1) Chemical structure
        2) How they work
        3) How they are commonly used.
4. The role of neurotransmitters in psychotropic symptoms and how psychotropic medications influence their actions

a. Neuroleptics and Antipsychotics
    1) First generation antipsychotics
    2) Until the 1900's there was on general class of antipsychotics known as neuroleptics or first generation antipsychotics
    3) Their main action is to block dopamine receptors in the brain
    4) Neuroleptic Medications
    5) Side effects of neuroleptic medications
        a) Neuroleptic medications block other receptors apart from dopamine
        b) Common side effects include
            (1) Sedation
            (2) Dystonia
            (3) Akathisia
            (4) Parkinsonian movement disorder
            (5) Tardive dyskinesia

b. Atypical Antipsychotics
    1) Atypical antipsychotics are second generation medications developed to treat psychosis
        a) Have fewer side effects
        b) Now are use as first line of treatment
        c) Common Side effects
            (1) Heart problems
            (2) Agranulocytosis
            (3) Diabetes

5. Antidepressants and Serotonin
    a. Antidepressants are used for treating symptoms of depression
    b. Most antidepressants take a few weeks to be of benefit
    c. Antidepressants may need to be taken for several months
    d. Relapse can occur if medication is discontinued too early
    e. Serotonin and norepinephrine are indicated in depression
    f. Each antidepressant works on brain chemistry differently
    g. Major classes of antidepressants
        1) Selective serotonin reuptake inhibitors
        2) Tricyclic antidepressants
        3) Mono amine oxidase inhibitors (MAO)
        4) Norepinephrine and dopamine reuptake inhibitors
        5) Serotonin and norepinephrine reuptake inhibitors
    h. Common side effects
        1) Antidepressant side effects, some common side effects of antidepressants are:
            a) Nausea
            b) Dry mouth
            c) Diarrhea or constipation
            d) dizziness

e) problems sleeping
f) drowsiness
g) weight changes
h) anxiety / agitation

6. Mood Stabilizers
    a. Used to reduce the symptoms of acute manic and depressive episodes
    b. Also are used to prevent recurrence of mania and depression in bipolar disorder when taken regularly over a period of time
    c. Major Mood Stabilizers
        1) Lithium carbonate is used for the treatment and maintenance of mania
        2) Is use to reduce the number and severity of relapses
        3) Sodium Valproate is use as a mood stabilizer
            a) This drug is also used to treat epilepsy
            b) Some mood stabilizing drugs can treat more than one affliction
        4) Carbamazepine is also used to treat mood disorders in some people
    d. Common side effects
        1) Trouble breathing
        2) Swelling of your face, lips, tongue, or throat
        3) Hives, a rash, fever, or swollen glands
        4) Signs of Stevens-Johnson syndrome, which causes dangerous sores on the mucous membranes of the mouth, nose, genitals, and eyelids
        5) Confusion
        6) Slurred speech
        7) Nausea, vomiting, and diarrhea
        8) Trembling
        9) Increased thirst and increased need to urinate
        10) Weight gain in the first few months of use
        11) Drowsiness
7. Sedatives and hypnotics
    a. Are used to relieve the symptoms of anxiety and in the case of hypnotics to induce and regulate sleep
    b. Most common class is benzodiazepine
    c. Used in the management of anxiety disorders and post-traumatic stress disorder
    d. Also helpful in controlling agitation
    e. High potential for abuse
    f. Common side effects
        1) Burning or tingling in the hands, arms, feet, or legs
        2) Changes in appetite

3) Constipation
4) Diarrhea
5) Difficulty keeping balance
6) Dizziness
7) Drowsiness
8) Dry mouth or throat
9) Gas
10) Headache
11) Heartburn
12) Stomach pain or tenderness
13) Uncontrollable shaking of a part of the body
14) Unusual dreams
15) Weakness

8. Extrapyramidal symptoms (EPS)
   a. EPS often occur after the patient begins therapy with psychotropic medications. Three of these adverse reactions, which are reversible by either reducing the dosage or changing to another medication, include the following:
      1) *Acute dystonic reaction* – spasmodic contractions of skeletal muscle throughout the body; including laryngeal spasms
      2) *Akathisia* – inability to stop moving
      3) *Pseudo parkinsonism* – symptoms similar to those of Parkinson disease, such as tremors and shuffling gait
   b. The fourth type of EPS, seen more often in patients taking phenothiazines and related drug, is irreversible:
      1) *Tardive dyskinesia* – involuntary muscle spasms of the fingers, toes, tongue, neck, trunk, and pelvis

E. CLOSING: Key learning points

1. It is important to recognize the different medications used to treat common mental disorders
2. Officers should utilize the information about the type of medications used to treat different mental disorders to assist in identifying the most effective communication strategy and appropriate referrals
3. Understanding the specific effects and side effects how these can manifest themselves during a law enforcement contact
4. Recognize effective communication and listening skills that can be used to de-escalate a contact with a person who is suffering from EPS and/or other side effects of psychotropic medications and bring about an effective intervention.

XVI. SUBSTANCE ABUSE AND CO-OCCURING DISORDERS AND MENTAL HEALTH

1.5 Hrs.

Expanded Course Outline

Instructional Goal: To provide students with an overview of Co-occurring disorders of substance use and mental illness

Performance Objective: Using power point slides, small group discussion, and learning activities to assist students in:

- ❑ Differentiating between mental illness, substance abuse, and understanding how they overlap
- ❑ Identifying basic symptoms of mental illness and substance abuse and the similarities they share
- ❑ Understand basic interview techniques in assessing of an individual with a co-occurring disorder

A. Instructor Introduction
   1. Name and assignment
   2. Experience
   3. Brief overview of substance abuse and co-occurring disorders
   4. **LECTURETTE:** What is Co-Occurring Disorder?
      a. Definition of Dual Diagnosis and Co-occurring disorders:
         1) Is defined as a diagnosed mental illness along with substance abuse/ dependence disorder
         2) Should be diagnosed by a professional
      b. Discussion
         1) how drug use/ abuse can look like mental illness and mental illness can mirror symptoms of drug use/abuse
         2) Try not to make an assumptions when dealing with a person with mental illness
         3) Individuals can often have both disorder at the same time
         4) Statistics from NAMI: Up to 50% of people with mental illness also experience substance abuse. And conversely approximately half of all substance abusers are also dealing with mental health issues
   5. **LECTURETTE:** What is Substance Use? Abuse? Dependence?
      a. Definition of Substance Use
         1) Occasional use of alcohol or other substances
         2) The National Institute on Drug Abuse statistics on drinking limits
            a) Healthy men- no more than 4 drinks per day or 14 drinks per week
            b) Healthy women- no more than 3 drinks per day or 7 per week
            c) One drink
               (1) 12 oz. of beer
               (2) 5 oz. of wine
               (3) 1.5 oz. of liquor
      b. Definition of Substance abuse:

1) When an individual persists in use of alcohol despite problems related to use
2) The use of other drugs despite problems related to use of the substance

c. Definition of substance dependence
   1) Substance dependence can be diagnosed with physiological dependence, evidence of tolerance or withdrawal, or without physiological dependence
   2) Often individuals are self-medicating with illegal substances and /or prescribed medications
   3) Three most life threatening substances when withdrawing
      a) Alcohol
      b) Benzodiazepines
         (1) Ativan
         (2) Klonopin
         (3) Xanax
         (4) Anti-anxiety meds
      c) Opiates
         (1) Heroin
         (2) Vicodin
         (3) Morphine

d. DISCUSSION: Effects of Alcohol Abuse and Alcohol Dependence
   1) Family
      a) Withdrawal
      b) Marital conflict
      c) Acting out of children
      d) Sexual problems
   2) Community
      a) Withdrawal
      b) Embarrassing behavior
   3) Financial and legal difficulties
      a) Legal problems
      b) Driving under the influence
      c) Financial difficulties
   4) Emotional difficulties
      a) Changes in emotional health
      b) Mood Swings
         (1) Anger
         (2) Denial- rationalization
         (3) Depression, anxiety, and panic disorders
         (4) Forgetfulness
         (5) Physical problems
            (a) Poor personal hygiene
            (b) Weight loss

(c) Sniffing, Sneezing, watery eyes
(d) Coughing
(e) Unexplained bruises
(f) Frequent visits for healthcare
(g) Multiple prescriptions
(h) Chronic pain

(6) Job Performance
(a) Deterioration
(b) Excessive sick time
(c) Poor Judgment
(d) Disorganization
(e) Withdrawal

5) Most common mental disorders
a) Schizophrenia
b) Bipolar Disorder
c) Depression
d) Post-Traumatic Stress Disorder (PTSD)
e) Anxiety Disorder

B. **LEARNING ACTIVITY:** VIDEO AND DISCUSSION[18]

PURPOSE: To provide students with a better understanding of disorders that is commonly seen in juveniles and the potential outcomes these can have on the individual.

PROCEDURE: Show the students the video, "Schizophrenia: Real footage of schizophrenia and mental breakdown, my dad."

1. Individual activity
   a. Complete the "Crisis Intervention Assessment Worksheet"
   b. Students will have 5 minutes to complete the worksheet
   c. Students will discuss their worksheets
2. Students will keep the worksheet for the final days training exercise

C. LEARNING ACTIVITY: Facilitated Discussion

PURPOSE: To identify common policing issue involved with persons with substance abuse and/or co-occurring disorder

1. **ASK:** What is Substance Dependence?
   a. When an individual persists in use of alcohol or other drugs despite problems related to use of the substance, substance dependence may be diagnosed
   b. Compulsive and repetitive use may result in tolerance to the effect of the drug and withdrawal symptoms when use is reduced or stopped
   c. This, along with Substance Abuse are considered Substance Use Disorders

[18] (2014,April 03) YouTube Molly Reass: http://m.youtube.com/watch?v=wWKZD5CgQ0Q

d. Substance dependence can be diagnosed with physiological dependence, evidence of tolerance or withdrawal, or without physiological dependence

2. **ASK:** What is a Co-occurring disorder?
   a. Mental and substance use conditions often co-occur.
      1. Psychoses
      2. Depressive reactions
      3. Acting out
      4. Paranoid states
      5. Flashbacks
   b. Individuals with substance use conditions often have a mental health condition at the same time and vice versa

3. **ASK:** What is the significance of a Scheduled Drug and what is its purpose?
   a. Drugs, substances, and certain chemicals used to make drugs are classified into five distinct categories or schedules depending upon the drug's acceptable medical use and the drug's abuse or dependency potential
   b. Schedule I drugs are considered the most dangerous with a high potential for abuse and potentially severe psychological and/or physical dependence
   c. As the drug schedule changes – Schedule II, Schedule III, etc., so does the abuse potential- Schedule V drugs represent the least potential for abuse
   d. All require a prescription and are monitored by the Federal Government
   e. **ASK:** What are the Major Substances of Abuse?
   f. Five substances accounted for 96 percent of the 800, 77 TEDS admissions in 2006: [19]
      1) alcohol (40 percent),
      2) opiates (8 percent, primarily heroin),
      3) marijuana (6 percent),
      4) cocaine (4 percent), and
      5) stimulants (9 percent, primarily methamphetamine)

4. **ASK:** What is Alcohol abuse?
   a. Legal
   b. CNS depressant
   c. Approximately 51.6% of Americans age 12 or older report being drinkers, this translates into approximately 129 million people
   d. About 6.9% of Americans age 12 or older report being "heavy drinkers" (5 or more drinks on the same occasions on each of

[19] Treatment Episode Data Set (TEDS): 1996-2006: National Admissions to Substance Abuse Treatment Services

5 or more in the past 30 days) this translates into approximately 17.3 million people

e. Approximately 23.3% of Americans age 12 or older report "Binge" drinking
f. According to a recent SAMHSA report on treatment admissions over a 10-year period, the co-abuse of alcohol and drugs continues to be a significant problem
g. The highest rates of current alcohol use, as well as binge drinking, occur in the 21 to 25 year-old age-group (SAMSHA 2009) Substance Abuse and Mental Health Services Administration
h. TEDS reports that in 2006, 39 percent of all admissions reported problems with both alcohol and drugs 21 percent reported primary drug abuse with secondary alcohol abuse, and 18 percent reported primary alcohol abuse with secondary drug abuse

5**. ASK:** What are the effects of Alcohol Abuse and Alcohol Dependence?

a. Family
    1) Withdrawal
    2) Marital conflict
    3) Acting out of children
    4) Sexual problems
b. Community
    1) Withdrawal
    2) Embarrassing behavior
c. Financial and legal difficulties
    1) Legal problems
    2) Driving under the influence
    3) Financial difficulties
d. Emotional difficulties
    1) Changes in emotional health
    2) Mood swings
        a) Anger
        b) Denial – rationalization
        c) Depression, anxiety, and panic disorders
        d) Forgetfulness
        e) Physical problems
            (1) Poor personal hygiene
            (2) Weight loss
            (3) Sniffing, sneezing, watery eyes
            (4) Coughed
            (5) Unexplained bruises
            (6) Frequent visits for healthcare
            (7) Multiple prescriptions
            (8) Chronic pain

f) Job performance
   (1) Deterioration
   (2) Excessive sick time
   (3) Poor judgment
   (4) Disorganization
   (5) Withdrawal

6. **ASK:** What is Opioid abuse?
   a. A narcotic
   b. Schedule II drug
   c. A class of drugs that include drugs naturally derived from opium and those morphine-like drugs synthesized in the laboratory
   d. Morphine is the primary active ingredient in the vast majority of these drugs

7. **ASK:** What are the classifications of narcotics?
   a. Natural
      1) Opium
      2) Morphine
      3) Codeine
      4) Thebaine
   b. Semi-synthetic
      1) Heroin
      2) Hydromorphone
      3) Oxycodone
      4) Hydrocodone
   c. Synthetic
      1) Meperidine
      2) Dextropropoxyphene
      3) Fentanyl
      4) Pentazocine
      5) Butorphanol
         a) In 2005, an estimated 3.8 million persons ages 12 or older reported lifetime heroin use (at least once in their lives) (SAMHSA, 2009)
         b) Among adolescents, in 2009 1.9% reported using heroin

8. **ASK:** What are the effects of heroin or other opioids?
   a. Short-term effects
      1) Euphoria
      2) Dry mouth
      3) Feeling of heaviness in the extremities
      4) Nausea and vomiting
      5) Drowsy
      6) Clouded mental functions
   b. Long-term effects

5) Tolerance-need to consumer greater amounts to achieve the same effects
6) Respiratory depression
7) Nausea
8) Vomiting
9) Drug craving-addiction, risky behavior
10) Withdrawal

9. **ASK:** What are some of the Psychiatric co-morbidity concerns?
   a. Co-existing psychiatric disorder is extremely common in opioid uses
   b. Problems with alcohol and benzodiazepines co-exist to address adverse effects of opioid use
   c. Mental disorders
      1) Depression
      2) Personality disorder
      3) Anxiety disorder

10. **ASK:** What is Cannabis abuse?
   a. Illegal and legal (medical marijuana)
   b. Mind altering drug
   c. Most commonly used illicit drug
      1) 102.4 million Americans age 12 and older reported using marijuana at least once during their lifetime (SAMSHA 2009) This represents 41 of the population
      2) 15.2 million, 6.1% reported past month use
      3) 15.7% of eight graders, 32.3% of tenth graders, and 42% of twelfth graders reported using marijuana at least once in their lifetime
      4) In addition 11.8% of eight graders, 26.7 % of tenth graders, and 32.8% of twelfth graders report using marijuana in the past year

11. **ASK:** What are the consequences of marijuana abuse?
   a. Acute
      1) Impairs short-term memory
      2) Impairs attention, judgment, and other cognitive functions
      3) Impairs coordination and balance
      4) Increases heart rate
   b. Persistent
      1) Lasting longer than intoxication but may not be permanent
      2) Impairs memory and learning skills
   c. Long-term (cumulative, potentially permanent effects of chronic abuse)
      1) Can lead to addiction
      2) Increases risk of chronic cough, bronchitis, emphysema
      3) Increases risk of cancer of the head, neck, and lungs

12. **ASK:** What is Cocaine and how prevalent is the abuse?

a. CNS stimulant
b. Found naturally in the leaves of Erythroxylon coca, a shrub native to western South America
c. Illegal
d. Third most commonly used illicit drug (SAMSHA, 2009)
e. 1914 the Harrison Act – restricted it's use to prescription only
f. 1970 the Controlled Substance Act prohibited possession with a few medical exceptions
g. 772,000 Americans 12 and older used cocaine for the first time with in the previous year (SAMSHA 2009)
h. Current users of cocaine, defined as those who used at least once in the past month, totaled 1.9 million or 0.7% of US population.
i. The users of crack cocaine is smaller at 359,000, which is on the decline since 2007 (610,000 users)

13. **ASK:** What are the short term effects?
    a. Euphoria
    b. Heightened alertness
    c. Heightened libido
    d. Decreased need for food and sleep
14. **ASK:** What are the side effects?
    a. Pain
    b. Headaches
    c. Anxiety
    d. Increased blood pressure
15. **ASK:** What are the long term effects?
    a. Withdrawal
        1) Insomnia or hypsomonia
        2) Unpleasant dreams
        3) Fatigue
        4) Increased appetite
        5) Psychomotor retardation or agitation
    b. Toxicity-complications
        1) Central nervous
            a) Seizures
            b) Stroke
            c) Psychosis
            d) Coma
        2) Cardiovascular
            a) Heart attach
            b) Heart failure
            c) Irregular heart rhythm
            d) Aortic dissection
            e) Accelerated high blood pressure
            f) Coronary atherosclerosis

3) Genitourinary - Kidney failure
4) Respiratory - Necrosis of nasal septum

16. **ASK:** What is Amphetamine abuse?
    a. CNS stimulant
    b. Illegal unless prescribed
    c. Have been used by Chinese physicians for over 5,000 years
        1) 1970 moved the FDA moved from Schedule III to Schedule II limiting it access and use
            a) Methylphenidate – ADHD
            b) Dextroamphetamine – narcolepsy
        2) 2008 National Survey on Drug Use and Health, 21 million Americans age 12 or older reported a life-time use of stimulants (excluding methamphetamine and cocaine) and 599,000 reported first-time use
        3) Stimulant dependence was reported by 351,000 Americans (SAMSHA, 2009)
        4) The rate of adolescents reporting life-time use of amphetamines has declined to 8.7% in 2009

17. **ASK:** What are the categories of Amphetamines?
    a. Methylphenidate
        1) Schedule II
        2) ADHD
        3) Narcolepsy
    b. Anorectics
        1) Schedule III or IV
        2) Appetite suppressants
    c. Khat
        1) Schedule IV
        2) Leaves of Catha edulis shrub east Africa
        3) Legal in some regions, used similar in manner as caffeine elsewhere in the world
    d. Ephedra
        1) Natural herb from China
        2) Treats asthma, hay fever, nasal congestion
        3) Synthesized into ephedrine, over the counter medicine for asthma
        4) Pseudoephedrine, as a nasal decongestant (used in the manufacture of methamphetamine)

18. **ASK:** What are the short term effects of amphetamine use?
    a. Desirable
        1) Increased concentration
        2) Alertness
        3) Increased confidence
        4) Weight loss

b. Negative
   1) Hurried speech
   2) Rapid, irregular heart beat
   3) High blood pressure
   4) Hyperactivity
   5) Nystagmus
   6) Confusion
   7) Paranoid delusions
   8) Hallucinations
   9) Depression
   10) Loss of REM sleep

c. Long term effects of chronic abuse
   1) Tolerance
   2) Insomnia
   3) Heart failure
   4) Psychosis
   5) Aggressive behavior
   6) Dependence

19. **ASK:** What is Methamphetamine abuse?
   a. CNS stimulant
   b. Highly addictive
      1) Used widely by Japanese, German and American soldiers to combat fatigue during World War II
      2) Used a weight loss and energy boost supplement in the 1950s-1960s
      3) Because of reduced availability ephedrine and pseudoephedrine due to abuse, it is now made illegally
      4) In 2008 12.6 million Americans ages 12 and older had tried methamphetamine at least once in their lifetime
      5) In 2009 2.4% of high school seniors, 2.8% of tenth graders, and 1.6 eight graders had report a lifetime use of methamphetamine

20. **ASK:** What are the effects of methamphetamine abuse?
   a. Short-term effects can include:
      1) Increased attention span
      2) Increased activity and wakefulness
      3) Decreased appetite
      4) Euphoria and rush
      5) Increased respiration
      6) Rapid irregular heart beat
      7) Hyperthermia
   b. Long-term effects can include
      1) Addiction
      2) Psychosis, including

a) Paranoia
b) Hallucinations
c) Repetitive motor activity

3) Changes in brain structure and function
4) Memory loss
5) Aggressive or violent behavior
6) Mood disturbances
7) Severe dental problems
8) Weight loss

21. **ASK:** What are some other highly abused drugs?
    a. CNS Depressants
    b. Inhalants
    c. Hallucinogens
    d. Designer drugs
22. **ASK:** What is a CNS depressant?
    a. Schedule II or Schedule III
    b. Sedatives / Hypnotics
23. **ASK:** What are some common uses?
    a. Anxiety
    b. Tension
    c. Panic attacks
    d. Acute stress reaction
    e. Sleep disorders
    f. Anesthesia
24. **ASK:** What are the psychiatric comorbidities?
    a. Combined with other drugs
    b. Self-administered
    c. Enhance euphoria in conjunction with Methadone
25. **ASK:** Inhalants
    a. Volatile substances
    b. That produces chemical vapors,
    c. Which are inhaled to produce a mind-altering effect
26. **ASK:** What are the categories of inhalants?
    a. Volatile solvents (e.g. paint thinner)
    b. Aerosols (e.g. spray paint)
    c. Gases (e.g. butane)
    d, Nitrites (e.g. video head cleaner)
27. **ASK:** What are some co-occurring disorders?
    a. Chronic abuse can cause severe damage to body systems, most significantly the brain
    b. Cognitions deficits, mild to severe dementia
    c. Difficulty coordinating movement
    d. Spasm of the limbs
    e. Loss of feeling, hearing or vision

28. **ASK:** What are Hallucinogens
    a. Drugs that cause dramatic alterations in mood perception
    b. Both naturally occurring and synthetic substances
        1) Mushrooms
        2) LSD
29. **ASK:** What are the effects?
    a. Seeing images
    b. Hearing sounds
    c. Feeling sensation that seem real, but do not exist
31. **ASK:** What are designer drugs?
    a. Synthetic derivatives of federally controlled substances
    b. Created by slightly altering the molecular structure of existing drugs
32. **ASK:** What are some examples of designer drugs?
    a. MDMA – Ecstasy
    b. Rohypnol
    c. GHB
    d, Ketamine
33. **ASK:** What are some Co-existing mental disorders?
    a. Anxiety
    b. Panic attacks
    c. Restlessness
    d. Irritability
    e. Aggression
    f. Significant reductions in mental abilities
34. **ASK:** What are anabolic steroids?
    a. These drugs are synthetic substances similar to the male hormone testosterone
    b. Used to promote physical strength, athletic endurance and muscle size
35. **ASK:** What are some psychiatric effects?
    a. Increased violence and aggression
    b. Depression
    c. Mania
    d. Delusions
    e. Major mood swings
    f. Restlessness
    e. Hallucinations
    f. Irritability

D. ***LEARNING ACTIVITY:*** COMPARE AND CONTRAST
PURPOSE: To compare and contrast the signs and symptoms of drug abuse versus mental illness.
PROCEDURE: Small group activity
1. Students will be provided with flip chart paper and markers

2. Students will also be given one 3x5 index card per group that will be face down prior to the start of the activity
3. Students will be asked not to turn the cards over until instructed to do so
4. Instructor note: On the cards will be topics:
    a. Methamphetamine
    b. Marijuana
    c. Alcohol
    d. Mood Disorder
    e. Psychotic Disorder
5. The students will be instructed to flip the cards over and read the topic that is on their card
6. The students will be further instructed to draw a picture of what they believe a person would look like is displaying signs and symptoms based on the topic on their card
7. Students will be given time to complete their drawings
8. Upon completion, one student from each group will be asked to present their drawing and an explanation to the class

E. CLOSING: Key learning points
1. Understand the dynamics of substance abuse and commonly abused drugs
2. The difficulties associated with an assessment of an individual with a co-occurring disorder
3. The importance of recognizing substance abuse and the specific issues that can manifest themselves during law enforcement contact
4. Discuss effective communication and listening skills that can be used to effectively de-escalate a contact with a person who is under the influence and bring about a effective intervention

XVII. SITE VISIT **5.5 Hrs.**

Instructional Goal: To provide the students an understanding of the community mental health clinics and their available resources for the community

Performance Objective: Using small group discussion, site visit, interacting with mental Health clinic staff members and patients, the student will be able to:

❒ Understand the process of post crisis intervention
❒ Interact with facilities staff
❒ Gather information in order to provide accurate information to citizens during mental Illness radio calls

A. **LEARNING ACTIVITY*:*** Practical Application Site Visit

PURPOSE: To provide the student an understanding of the community mental health clinic and their available resources for the community
PROCEDURE: Large Group Activity

1. Distribute hand out containing acceptable questions that should be asked during the site visit.
2. Distribute a questionnaire
3. The students will be asked to asked to be an active participant, ask questions and create dialogue with the staff to better understand how the community mental health clinics are an available resource for the community
4. The student will be in small groups at four separate sites
    a. Downtown Mental Health Center
    (323)430-6700
    529 Maple Ave
    Los Angeles, CA 90012
    b. Exodus-East Recovery Center
    Connie Dinh (323)276-6400
    1920 Marengo St
    Los Angeles, CA 90033
5. The students will be provide transportation in Department approved vehicles to the Mental Health Facilities
6. Upon arrival
    a. Instructor/Facility staff introduction
    b. Instructors/ Facility staff to discuss visit procedure
    c. SAFETY PROTOCOL
    d. Accepted conduct in the facility
    e. HIPA Disclaimers

B. **CLOSING AND DEBRIEF:**
1. Students will complete questionnaire
2. Advise the Students they will prepare and give a brief presentation to the class
3. The presentation will be based on their experience at the mental health facility

Day 4

XVIII. REVIEW OF DAY THREE AND SCENARIO BASED TRAINING INSTRUCTIONS **30 min.**

A. Have the students sign the student roster
B. Provide Students with the time to review the previous day's instruction and provide clarity for any areas of the previous day's instruction

XIX. SITE VISIT PRESENTATION **1 Hr.**

Instructional Goal: To share and compare their experiences and knowledge gained during their visit to the community mental health care clinic

Performance Objectives:

- ❑ Present information obtained from their completed questionnaires
- ❑ Give their own observations and experiences from their visit to the community mental health clinic

A. ***LEARNING ACTIVITY:*** Student presentations
  PURPOSE: To share and compare their experiences and knowledge gained during site visit
  PROCEDURE: Small Group Activity
  1. Each student in their groups will be given 2 minutes to give their assessment and experience at the community mental health
  2. Student audience will listen and hold questions until all have presented

B. Question and Answer session
  1. Instructors will ask each of the groups
     a. **ASK:** Did you learn something new or something you thought you knew?
     b. **ASK:** Where you able to complete your questionnaire?
     c. **ASK:** How will this experience help you during your next encounter with a mentally ill person?
  2. Instructors will ask if there are any questions

C. Closing: Key points
  1. Although there are facilities for assistance for those who have mental illness it is important to understand that not assistance is not always available to those who need it
  2. Proper documentation with encounters with the mentally ill is the first step in assisting those who have mental illness.

XX. ASSESSMENT REPORT COMPLETION **1 Hr.**

Instructional Goal: Students will be able to accurately complete the Application for 72 hour detention for evaluation and treatment (MH302).[1]

Performance Objectives: Using lecture and case study assessment scenario the students will:

- ❑ Identify the criteria in a subject's behavior meet 5150 or 5585 WIC criteria to detain for detention and evaluation.
- ❑ Understand the components necessary to complete a MH302

A. Introduction of instructor(s)
  1. Name and assignment
  2. Experience

B. ***LEARNING ACTIVITY***: MENTAL HEALTH FORM 302 COMPLETION CASE STUDY

PURPOSE: To provide students with a written case study scenario in which the student will analyzes the situation and takes the appropriate action and to complete the MH 302 form
PROCEDURE: Individual activity

1. Instructor will hand out written case study scenario
2. Each student will be given a blank copy of MH 302 form
3. Allow the student 5 minutes to assess and evaluate the case study scenario
4. With the blank MH 302 form, students will complete the MH 302 form

Case Study:

You responded to a radio call of a male with mental illness at a local park. Upon arrival, you observe a male pacing back and forth in front of a public bathroom with a plastic fork in his left hand. Without incident, you detained the subject and placed him in the rear seat of your black and white vehicle. Your partner spoke with the P/R who informed him that the subject approached him and stated "I'm going to eat you" while waving a plastic fork. In fear for his safety, he called police. You ask the subject what was going on today. Subject stated "God told me that I must cleanse the Earth from demons by eating their flesh. Everyone here at the park are demons.' The subject was able to furnish the officers with contact information.
Subject's son was notified and responded to your location.
His son stated that his father hasn't taken his Abilify for a few weeks and was diagnosed with Schizophrenia as a teenager. He was last seen by Dr. Walter Freeman and spent 14 days at Harrison Memorial Hospital

6. Debrief
    a. **ASK**: What is your initial assessment of the situation?
    b. **ASK:** What questions would you ask in an interview with Eddie?
    c. **ASK:** Where you able to gather enough information for the application?
    d. **ASK**: How would you organize your information to complete an accurate report?
    e. Utilize a dry erase board or flip chart and write down each group's key points
    f. Reinforce the following points
    g. The four Cs of report writing
        1) Clear
        2) Concise
        3) Complete
        4) Correct
    h. If the report is hand written ensure the report is legible
7. **LECTURETTE:** Completing the MH 302 form

a. Section-1: Safeguarding the legal rights of individuals detained under 5150 WIC
b. Detainment advisement
    1) Must advise of officer's name, agency and reason for detention
    2) If detained at residence, inform the person of personal items that may be brought to the detention facility, the right to phone call, right to leave a note to family/friends
    3) Indicate in the boxes provided if the advisement has been completed
c. Document the good cause for incomplete advisement in the space provided
d. Section-2: Prior to transportation
    1) Name of hospital where subject is being transported
    2) Subject's complete name, Social Security number and address
    3) Medication information
    4) Contact information for hospital discharge planning
    5) Parent(s) / Legal guardian
    6) Family members
    7) Friends
    8) Shelters
e. Section-3: Does the report accurately reflect the incident?
    1) Document how the radio call was received, i.e. Source of Activity on arrest report, in the portion of the report "The above person's condition was called to my attention under the following circumstances"
    2) Document the probable cause to detain, in the portion of the report "The following information has been established" include the following:
    3) Document all information related to the radio call, interviews of friends, witnesses, bystanders or family
    4) Include physical observations of the subject and verbal responses
    5) Quotes made by the subject may be useful
    6) Include other facts pertinent to the subject's past mental history, treatment and medications
        1. Name of treating doctors may also be included
        2. If officers are placing a subject on a hold based on the reporting person(s) statements, the statements need to be in the narrative
        3. Example:
            a. Officers respond to scene, and the subject is not displaying signs of mental illness.

b. However the PR stated that the subject told him he was going to jump in front of a bus and kill himself.
c. The subject denies making the statement
4. Per 5150.05(b) WIC, which was enacted by AB 1424, the PR's statement may be utilized to place the subject on hold for danger to self

7) Section-4: If possible criminal charges are to be filed, check the box on bottom of report, "Person referred under circumstances in which criminal charges might be filed pursuant to 5152.1 and 5152.2 WIC"
   1. Weapons confiscated under 8102 WIC , mark box
   2. 8102 WIC requires officers to confiscate any firearm or deadly weapon (as defined in 12020 PC) in the possession of a subject that is detained for 5150 WIC
   3. Book weapon as evidence
   4. Shall issue subject a Weapons Confiscation Receipt Form 10.10.05

f. Advise the students to use their MH302 form and use as an exemplar for future detentions

C. **CLOSING**: Key Learning Points
   1. Correctly applying the 5150 WIC, 72-hour hold will prevent violating a person's 4th Amendment rights
   2. Once one or more behavioral cues are identified or observed that indicate a person may be suffering from a mental illness, the officer should assess the situation to determine if the person is a danger to himself/herself, to others or unable to care for self (gravely disabled)
   3. Accurate completion of reports and record keeping assists in providing effective long term resources and referrals **117d**

XXI. SCENARIO BASED TRAINING **IV Inter.Pers.Com. a), b) d) e) f) g) h)** **3 Hrs.**

Instructional Goal: To provide the students with life like scenario based skill set training

Performance Objectives: Using role players the students will use knowledge and resources gained during the Introduction to Mental Illness course to defuse the scenario situation:
❑ Interact with role players
❑ Communicate with partner officer

- ❑ Interview involved parties
- ❑ Gather information to complete an MH 302 form if required
- ❑ Students will be evaluated using the Mental Health Training Scenario Rubric

A. Introduction and Overview
   1. Safety Rules
      a. **NO Weapons** will be allowed in during the Scenario Based Training
      b. **A Weapons check** will be conducted
      c. Instructors will monitor the students and role players and stop the scenario at any time that safety becomes an issue
   2. Instructors will give an explanation of how the students will interact with role players
      a. Professionalism at all times
      b. Do not deviate from scenario perimeters
      c. Be mindful of Officer Safety
   3. Ensure to use Interview techniques learned throughout this course
   4. Gather relevant information
   5. Use the information gathered to determine if subject meet the criteria for a 5150 WIC application
   6. Students will determine if the subject's encountered will require a mental evaluation hold or referral
   7. Instruction for Role Players:
      a. Role Players will not deviate from the written Scenarios
      b. Role Players will be advised of the Safety guidelines (See course Safety Guidelines)

B. ***LEARNING ACTIVITY***: Practical Application Scenarios
   PURPOSE: To provide the students with life like scenario based skill set training.
   PROCEDURES: Small Group Activity
   1. Students will be divided into 4 groups.
   2. Instructor will assign each group a scenario
   3. Facilitators will direct groups to scenario locations
   4. Students will pair up during scenarios.
   5. On the fourth scenario, students will assess and interview involved parties, and determine if the Subject meets the criteria for a WIC 5150 application hold
   6. Each student at the completion of the scenarios will complete the MH 302 form.
   7. Students will be evaluated using the Mental Health Training Scenario Rubric
   8. **Scenario 1:**

   Officers receive a radio call: neighbor reports sounds of a woman screaming from inside a residence. Neighbor also hears glass breaking. Officers arrive and speak to the male and female at the location. Female is the male's daughter. She is 18 and is upset because her father will not allow her to go see a shock rock concert. Officers observe broken glass on the floor and blood on the female's hands. Officers determine that the female is diagnosed with bipolar disorder.

Subject is currently taking her prescribed medication. Subject stated that she broke a drinking glass because she was angry. The female cut her hands when she was trying to clean up the glass fragments. Female stated that she was angry but was not suicidal. The father corroborated the daughter's statements.

9. **Scenario 2:**

Officers receive a radio call of a suicidal male threatening to jump off of the 6th St. freeway overpass on the 110 freeway. Officers arrive and speak with the male. Officers recognize the male from previous incidents involving suicide attempts. The Subject states that he was not planning on jumping off of the freeway overpass. Subject stated that he was enjoying the sunset and was taking photos of the city skyline. Officers did not observe a camera and stated that the Subject was elusive in answer questions. Officers located an empty bottle of vodka in the male's possession. Officer also noticed that the Subject smelled of alcohol and appeared to be under the influence of alcohol.

10. **Scenario 3:**

Officers responded to a radio call of a male with mental illness. Officer's arrived to the residence and speaks with the Subject's parents. Subject is 20 years old and said that he is sad and wants to kill himself. Subject said that he is being harassed at work. Subject stated that he does not want to go to work and will kill himself by ingesting pills. The Subject's parents inform the officer's that they were speaking to the Subject's therapist prior to their arrival. The therapist stated that if the Officers were not going to take the subject to a hospital, that they (parents) should transport the subject to a hospital of their choosing for an immediate mental evaluation.

11. **Scenario 4:**

Officer responded to a radio call of a male with mental illness at a local park. Officers observe a male black pacing back and forth in front of a public bathroom. The male is taking to himself and attempts to throw items at passersby. The Subject is compliant with the Officer directions. Subject manages to tell the Officers that he is God and see demons in everyone. The Subject says that he needs to cleanse the earth from the demons by eating their faces. The Subjects repeats his story and refuses to answer any of the officer's questions.

C. Student Evaluation **IV Inter. Pers. Com. a)**
1. The instructors will use the Mental Health Intervention Training Scenario Rubric to evaluate the students
2. The students will have to score greater than 80 % to pass the Scenario based training for this course.

D. **Closing :** Key Learning Points
1. Always be mindful of Officer Safety
2. Communication between you and your partner will help with communication with the subject and ensure Officer Safety

XXII. SCENARIO DEBRIEF AND PANEL DISCUSSION **1 Hr.**

Instructional Goal: To allow the students the opportunity to speak candidly with the actors regarding their approach to de-escalating, information gathering, and disposition of the scenarios.

Performance Objectives:

- ❑ Student will receive constructive critiques of their scenario interactions
- ❑ Student will ask questions pertinent to their interaction with the role players
- ❑ Student will gain an insight on the pros and cons on their style of communication.

A. Panel Debrief and Discussion
   1. Role Players will be sitting in front of the class.
   2. An instructor will moderate/facilitate the questioning The questions from role players structured towards a debrief of the scenario
      a. **ASK:** What were some of the communication difficulties you encountered?
      b. **ASK:** Were you able to evaluate how the your subject
         1) Looked (appearance)
         2) What did they say (language)
         3) How did they say it
            a) Agitated ,fast
            b) Slow and unsure
            c) Incoherent and rambled
      c. Could using the Crisis Assessment Sheet assist with the process of evaluating the subject?
         1) Why?
            Expected responses
         2) You will touch all the bases
         3) Clarification of the totality of the situation may reveal subject is does not have mental illness
         4) How ?
            Expected responses
         5) Documentation
         6) Clarity of facts
   3. In the event the following questions are not discussed the panel should discuss the following
      a. **ASK:** What were some positive and negative points that effected the direction of your scenario?
      b. **ASK:** What were some good rapport building tactics that you observed?
      c. **ASK:** Did the officers show empathy and offer additional support?

B. Questions from students and parting words from panel
   1. The students will be allowed to ask the panel question about

a. Their assessment
   1) What was the crisis?
   2) Were they able to stabilize the situation?
b. Their communication techniques
   1) Calm
   2) Relatable
   3) Did they paraphrase
   4) Summarize
   5) Listen
c. Question about Officer Safety
   1) When communication was Officer Safety strategies followed?
   2) Was the student's safety compromised at some point during the scenario?

2. Panel will provide final assessment and suggestions to the students

C. Closing:

1. Debrief yourself after contact with a subject with mental illness, did you use crisis communication tools
2. Follow the crisis assessment training worksheet when applicable.

XXIII. COMMUNITY RESOURCE **1 Hr.**

Instructional Goal: To provide the student with information on local community resources within their geographic patrol area. Participants will gain insight into the care of mentally ill person to increase empathy and professionalism interacting with those suffering with mental illness

Performance Objectives: Using lectures, discussion and interactive exercise.

- ❑ Understand the Services provided by NAMI
- ❑ Understanding the Biological changes that effect Neurological disorders
- ❑ Understand the use of effective communication skills and strategies

A. Introduction

1. Instructor's name
2. Association/ Organization
3. Personal experience

B. Facilitated Lecture:

1. Description and background of the organization
   a. What is NAMI SFV
      1) National Alliance on Mental Illness San Fernando Valley
      2) Started out as Central San Fernando Valley Alliance on Mental Illness
      3) Name Changed in 2009
      4) Received the Los Angeles County Supervisor Award for advocacy
   b. What is the organization all about?
      1) NAMI is an all-volunteer organization for families and friends of those with severe mental illness and those living with mental illness

2) Provides hope and help through
2. Education
3. Support
4. Advocacy
5. Service and Programs
   a. Family to Family
   b. Peer to Peer
   c. NAMI Basics
   d. In our own voice
   e. Speaker Series
6. Biology of the Brain
   a. Different neurological disorders
   b. Understanding behavior
7. Utilizing effective communication skills and strategies
   a. How to use the “I” statements instead of “you” statements
   b. Guidelines for communicating with a person with mental illness

C. ***LEARNING ACTIVITY:*** Schizophrenia Simulation
Purpose: To provide students with the opportunity to experience the confusion of people who are psychotic and are hearing voices based on what clients have told through their work as a mental health outreach worker
Procedure: Large Group Activity
1. Divide the class into two groups
   a. Group One- “the voice hearer”
      1) Will be designated to be seated on chairs
      2) Will have paper and a pen
   b. Group Two- “the voice”
      1) Will be given index cards with certain phrases
      2) Will be designated to stand as close to one ear of the “voice hearer” that is seated
2. Group One will then follow directions given by the instructor to draw a series of boxes on paper
3. Group Two for two minutes will be instructed to repeat certain phrases to the “ voice hearer” and try to engage the attention of the “voice hearer”
4. Groups will then switch roles after the two minutes
5. Debrief Discussion
   a. After the exercise, the group will be brought together and asked to describe what it felt like to hear voices
   b. How it affected their ability to follow directions and what strategies they employed to reduce the intrusion of the voice.

D. Closing:
1. Provide the students with information on how to contact NAMI
2. Question and answer period

XXIV. **Evaluations and Certificates** **1 Hr.**
A. Course Evaluations

1. Distribute course evaluation
2. Collect evaluations

B. Distribute Certificates
1. Remind students of the resources available to them
2. Provide contact information for 24 hour resources

C. Questions or clarifications
1. ASK if there is any questions
2. Answer questions and clarify any information