

# Woodland Police Department Expanded Course Outline for Crisis Intervention Training

#### **Lesson 1- Introduction**

- 1.1 Introduction
  - A. Introduction of course facilitators and participants
  - B. Crisis Intervention Training objectives
    - 1. Improve understanding, judgment, competence and safety
    - 2. Improve communication skills
    - 3. Improve ability to identify and appropriately respond to individuals with mental health and developmental disabilities.
    - 4. Increase awareness of local resources
    - 5. Expose officers to strategies that contribute to stigma reduction
  - C. Why this training is important
    - 1. Officers will encounter someone with these disabilities
    - 2. Enhance safety of officers and community members
    - 3. Improve management of high risk encounters
    - 4. Improve ability to access resources
    - 5. Increase officer awareness of how culture plays into the treatment of mental illness

#### 1.2 Pretest

### Lesson 2- Welfare and Institution Code 5150 and the Law

- 2.1 History of LPS/5150
  - A. Intent of 1967 legislation
    - 1. Due process rights
- 2.2 "5150" definition
  - A. Danger to self
    - 1. Suicidal intent
    - 2. Plan
    - 3. Means
  - B. Danger to others
    - 1. Homicidal intent
    - 2. Plan
    - 3. Means
  - C. Grave disability
    - 1. Definition of mental disorder
    - 2. Categories not included
  - D. Probable Cause
    - 1. Standards for commitment
- 2.3 Obligations of Mental Health
  - A. Acceptance of individual for evaluation at facility

- 2.4 Obligations of Law Enforcement Officers
  - A. Detailed information
    - 1. Factual circumstances
    - 2. Observations
    - 3. Provided history
- 2.5 Temporary Conservatorship
  - A. Definition
- 2.6 LPS Conservatorship
  - A. Definition
- 2.7 Firearms and 5150
  - A. WIC 8102
    - 1. Seizure and forfeiture of weapons
    - 2. Petition for exemption

### **Lesson 3-Mental Illness Overview**

- 3.1 Defined as a medical illness
- 3.2 Characteristics of a mental illness
  - A. Disturbances of mood
    - 1. Emotional "flatness"
    - 2. Inappropriate emotion
    - 3. Fluctuating moods
    - 4. Intensity of emotions
  - B. Disturbance in thought
    - 1. Disorganized thought patterns
    - 2. Hallucinations
    - 3. Delusional thinking
- 3.3 Treatment options
  - A. Medications
    - 1. Anti-anxiety medications
    - 2. Anti-depressant
    - 3. Anti-psychotics
    - 4. Seizure medications
    - 5. Anti-mania medications

# **Lesson 4- Schizophrenia**

4.1 Definition of schizophrenia

- 4.2 Symptoms
  - A. Delusions
  - B. Hallucinations
  - C. Paranoia
  - D. Concrete and disorganized thinking patterns
- 4.3 Medications and potential side effects
- 4.4 Co-occurring issues
- 4.5 Approaches in dealing with individuals with schizophrenia

### Lesson 5 – Mood Disorders

- 5.1 Bipolar Disorder
  - A. Definition
  - B. Symptoms
    - 1. Elevated Mood
    - 2. Agitation
    - 3. Reduced need for sleep
    - 4. Poor judgment
    - 5. Distractibility
    - 6. Mood Swings
    - 7. Pressured speech
  - C. Medication for bipolar disorder and possible side effects
  - D. Co-Occurring issues
  - E. Approaches in dealing with individuals with bipolar disorder.
- 5.2 Major Depression
  - A. Definition
  - B. Symptoms of depression
    - 1. Emotional
      - i. Sadness
      - ii. Hopelessness, helplessness
      - iii. Sense of worthlessness
      - iv. Irritability at times, especially in children
    - 2. Cognitive
      - i. Poor concentration
      - ii. Difficulty with memory
    - 3. Behavioral
      - i. Loss of interest in pleasurable activities
      - ii. Sleep disturbance
      - iii. Change in appetite

- C. Medications and possible side effects
- D. Co-Occurring issues
- E. Approaches for interactions with individuals with depression.

# **Lesson 6 – Accessing Mental Health Services**

- 6.1 24-hour Crisis Facility for detention under 5150 W&I
  - A. Crisis Intervention Team trained officer
- 6.2 Day programs
  - A. Community Intervention Program
  - B. Outpatient Services
    - 6. Medication Services
    - 7. Counseling Services
    - 8. Case Management Services
    - 9. Family support (NAMI)

### **Lesson 7 – Homeless Intervention**

- 7.1 Homeless Mentally Ill
- 7.2 Available Services

## **Lesson 8-Nami Family Panel**

- 8.1 Personal experiences as parents of children with mental illness
- 8.2 Challenges family members face in dealing with their child's mental health Issues
- 8.2 Supports and resources for parents and family members.

### Lesson 9 - CIT Panel

- 9.1 Mission of the CIT program
- 9.2 CIT response examples
- 9.3 Does CIT really work? Discussion with CIT trained officers

#### Lesson 10 – Older Adults

- 10.1 Elder Risk Factors
  - A. Health
  - B. Lack of Support
  - C. Finances

#### 10.2 Delirium

- A. Definition
- B. Signs and Symptoms
  - 1. Disturbance of Consciousness
  - 2. Change in cognition
  - 3. Develops over short period of time
  - 4. Causes
- C. Treatment
  - 1. Medical evaluation to determine cause of delirium
- D. Approaches for interactions with individuals experiencing delirium.

### 10.3 Alzheimer's/Dementia

- A. Definition
- B. Signs and symptoms
  - 1. Memory impairment
  - 2. Language disturbance
  - 3. Difficulty with physical activities
  - 4. Inability to recognize or identify objects
  - 5. Disturbance in executive functioning (planning, organizing, etc.)
  - 6. Gradual onset and cognitive decline
  - 7. Possible Behavioral disturbances
- C. Treatment
  - 1. Medical treatment to address symptoms
- D. Approaches for interactions with individual's with dementia

## 10.4 Traumatic Brain injury

- A. Definition
- B. Signs and Symptoms
  - 1. Problems with cognition (thinking, memory, reasoning)
  - 2. Problems with sensory processing (sight, hearing, touch, smell, taste)
  - 3. Difficulty with communication (expression, understanding)
  - 4. Behavioral changes (personality change, aggression)
  - 5. Emotional changes (depression, anxiety, etc.)
- C. Treatment
  - 1. Medical treatment to address symptoms.
- D. Approaches for interaction with individuals with traumatic brain injury

## **Lesson 11 – Co-Occurring Disorders**

### 11.1 Definition of Co-occurring Disorder

A. Individual having one or more substance abuse disorder and one or more psychiatric disorder at the same time

## 11.2 Causes of Co-Occurring Disorder

- A. Family History
- B. Genetics
- C. Brain Chemistry
- D. Environmental Factors

## 11.3 Problems associated with Co-Occurring Disorders

- A. High instance of substance abuse
- B. Legal Problems
- C. Family issues
- D. Problems related to employment
- E. High risk behaviors
- F. Physical and Mental Health problems

#### 11.4 Addiction

- A. Field Assessment often difficult because of similar symptons
- B. Indicators of Addiction

# 11.5 Assessment and Treatment

A. Mental Health and Substance Abuse treatment often at odds

### **Lesson 12– Excited Delirium**

## 12.1 Profile of Excited Delirium Deaths

- A. Most common characteristic
- B. Pre-disposing factors
- C. Physical characteristics
- D. Behavioral characteristics

## 12.2. Other conditions that may cause similar behaviors

- A. Diabetes
- B. Brain Injury
- C. Water Intoxication
- D. Epilepsy
- E. Psychosis
- F. Dementia
- G. Others

## 12.3. Response Model

- A. Information gathering
- B. Resources
- C. De-escalation
- D. Control & Capture

- E. Sedation
- F. Transportation to hospital or medical

# 12.4 REQUIRED LEARNING ACTIVITIES

A. Selected sample videos and discussion

### Lesson 13 – Interventions in the Field

- 13.1 Field observations of behaviors and symptoms
  - A. Consciousness
  - B. Activity
  - C. Speech
  - D. Thought Process
  - E. Affect
  - F. Memory
  - G. Orientation
  - H. Perception
  - I. Physical Symptoms
  - J. Physical Surroundings
- 13.2 "What to say"
  - A. Questions that can be helpful in determining level of impairment
  - B. Questions to ask family members, friends, witnesses
- 13.3 "How to say it"
  - A. Non-verbal communication approaches
  - B. Verbal Techniques

## **Lesson 14 – Suicide Assessment**

- 14.1 High Suicide risk categories and factors
  - A. Depressive symptoms
  - B. Verbal Warnings
  - C. Behavioral warnings
  - D. gender differences
  - E. Age differences
- 14.2 Assessing intent and plan
  - A. Intent vs. suicidal thoughts
  - B. Assessing means to complete plan

- 14.3 The "Do's and Don'ts" of suicide interventions
  - A. Listening with acceptance and understanding
  - B. Identify strengths
  - C. Assist with problem solving

# **Lesson 15– Suicide by Cop / Officer Safety**

- 15.1 Definition
- 15.2 Potential Indicators
  - A. Recent loss (physical, emotional, financial)
  - B. Prior Suicide attempts
  - C. History of violence
  - D. Imminent arrest

# **Lesson 16 – Managing Stress**

- 16.1 Stress Reactions
  - A. Physical Reaction
    - 1. Muscle aches
    - 2. Headaches
    - 3. Digestive problems
    - 4. Fatigue
  - B. Emotional reactions
    - 1. Sadness
    - 2. Irritability
    - 3. Feelings of uncertainty
  - C. Cognitive reactions
    - 1. Difficulty concentrating
    - 2. Flashbacks
- 16.2 Self Care Strategies
  - A. Physical care
    - 1. Rest
    - 2. Eat well balanced meals
    - 3. Exercise
    - 4. Maintain normal schedule
  - B. Emotional care
    - 1. Express your feelings
    - 2. Spend time with friends.
    - 3. Talk to people you must
    - 4. Find a counselor if feelings become prolonged

#### Lesson 17 – Post Traumatic Stress Disorder

- 17.1 Definition of Post Traumatic Stress Disorder (PTSD)
  - A. Anxiety Disorder
  - B. Trauma definition
  - C. Examples of Traumatic Events
    - 1. Abuse
    - 2. Catastrophe
    - 3. Violent attack
    - 4. War, combat
- 17.2 Symptoms of Post Traumatic Disorder (PTSD)
  - A. Intrusive
    - 1. Dissocialize states
    - 2. Flashbacks
    - 3. Intrusive memories and emotions
    - 4. Nightmares, night terrors
  - B. Avoidant
    - 1. Avoiding emotions
    - 2. Avoiding relationships
    - 3. Avoiding responsibility for others
    - 4. Avoiding situations reminding individual of traumatic event
  - C. Hyper arousal
    - 1.. Exaggerated startle response
    - 2. .Explosive outbursts
    - 3. Hyper vigilance
    - 4. Irritability
    - 5. Panic Symptoms
    - 6. Sleep disturbance
- 17.3 Co-Occurring issuers
- 17.4 Treatment options for PTSD
  - A. Medication therapy
    - 1. Antianxiolytic medications
  - B. Counseling
    - 1. Cognitive Behavioral Therapy
    - 2. Relaxation Techniques
    - 3. Psycho education
- 17.5 Approaches for interactions with individuals with PTSD

# **Lesson 18 – De-escalation techniques TACT**

18.1 Tone

- A. No yelling, lower your voice, calm but firm
- B. Not what you say, it's how you say it
- 18.2 Atmosphere
  - A. Calm the scene, lower radios, remove distractions
- 18.3 Communication
  - A. Be willing to repeat SIMPLE directions
  - B. Make sure the subject understands your directions
- 18.4 Time
  - A. Be willing to take the time needed to safely complete call
  - B. Subjects who suffer from illness or are under medication need more Time to process information

## Lesson 19 – Role Play

#### Lesson 20 – NAMI Consumer Panel

- 20.1 Personal experiences of individuals with mental illness
- 20.2 Interaction with law enforcement
- 20.3 Challenges individuals face while experiencing an increase in symptoms
- 20.4 Question and answer time.

# **Lesson 21 - Developmental Disorders**

- 21.1 Definition
  - A. Welfare and Institution code 4512-a (state definition)
- 21.2 Intellectual Disability
  - A. Definition
  - B. Indicators
    - 1. Difficulty following multi-step instructions
    - 2. Impulsive actions
    - 3. Communicates below age level
    - 4. Poor sense of time
    - 5. Compliant
    - 6. Short attention plan, easily distracted
  - C. Causes
    - 1. Genetic
    - 2. Childhood disease or accidents (TBI)
    - 3. Malnutrition, poor health care, environmental hazards
    - 4. Pregnancy or prenatal problems
  - D. Approaches for interaction with individuals with intellectual disabilities
    - 1. Talk slowly and clearly
    - 2. Give one direction at a time. Allow extra time for response
    - 3. Ask open ended questions
    - 4. Repeat or rephrase questions
    - 5. Use concrete term. Avoid jargon

- 6. Use visual cues.
- 7. Recognize their need for routine
- 8. Use resources
- E. Present the perspectives of individuals or families who have experiences with persons who have intellectual disabilities

#### 21.3 Autism

- A. Definition
- B. Indicators
  - 1. Sensitive to touch, sensations or stimuli
  - 2. Need for structure and routine
  - 3. Difficulty relating to people
  - 4. Tendency to echo words
  - 5. Repetitive behaviors
  - 6. Attracted to shiny objects
  - 7. Avoids eye contact
  - 8. Tends to use monotone or flat voice
  - 9. Tantrums, self stimulation, self mutilation
  - 10. Propensity to run
  - 11. Lacks abstract thinking
  - 12. Processes slowly

### D. Causes

- 1. No known cause
- E. Approaches to interactions with a person with autism
  - 1. May become anxious by police presence
  - 2. Sensory impairment may cause abnormal reactions
  - 3. Speak slowly and clearly
  - 4. Look for caretaker in the vicinity
- F. Community and State Resources
  - 1. State Council
  - 2. Regional Centers

# Lesson 22 – Role Play

### **Lesson 23 - Post test and Graduation**