

SANTA CLARA COUNTY SHERIFF'S DEPARTMENT

CRISIS INTERVENTION TRAINING (20801)

I. COURSE OVERVIEW

A. Course Introduction

1. Instructor
2. Students
 - a. Follow your agency/departmental policies and training

B. Value-add to attendees

1. Reduce deaths and injuries for both officers and those with mental health challenges
2. Learn to recognize signs and symptom of mental health
3. Learn to effectively communicate with a person in crisis having a behavior health, developmental disability, or Alzheimer's
4. Learn to de-escalate individuals with mental health difficulties in crisis
5. Learn coping skills that will benefit attendees professionally and personally

C. Crisis Intervention, de-escalation

1. A crisis can provide both danger and opportunity
2. Self-Awareness
3. Why it works and the use of distracters, compassion, and choices
4. How emotions are stored
5. Non-verbal de-escalations
6. Mehrabian study on body language and voice
7. Verbal de-escalation and the language to use depending on type of learner
8. Cultural awareness in negotiations and de-escalation

II. CIVIL COMMITMENT AND LEGAL ISSUES

A. Mental holds

1. 5150 (California Welfare & Institutions Code) overview and background
2. Patient's Rights Foundation of Silicon Valley
3. Court cases

B. Legal issues

1. Civil Welfare and Institute Codes
2. Current case law review

C. Discretion

1. Decision making and handling of criminal charges

III. CLIENT CULTURE AND STIGMA: CULTURAL DIVERSITY AND MENTAL HEALTH

A. Introduction

1. Research and clinical practice have propelled advocates and mental health professionals to press for "linguistically and culturally competent services" to improve utilization and effectiveness of treatment for different cultures.

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2. Culturally competent services incorporate respect for, and the understanding of, ethnic and racial groups, as well as their histories, traditions, beliefs, and value systems.
- B. Culturally differences reflect differences in coping with day-to-day problems
1. Coping styles
 2. Help seeking behavior
 3. Mistrust
 4. Stigma
 5. Clinician bias
 6. Mental health culture

IV. SUICIDE

- A. Suicide intervention/prevention (QPR)
1. Question
 2. Persuade
 3. Refer
- B. Risk factors
1. Suicide is a complex behavior
 2. Associated mental and/or substance abuse disorder
 3. Frequently occurs in combination
 4. Epidemiological factors
 5. Psychiatric disorders
 6. Past history
- C. Behavioral examples
1. Symptoms associated with suicide
- D. Suicide by Cop
1. Individuals attempting to provoke police to kill them
 2. Leaves two victims the officer and the subject
- E. Officer suicide
1. Lethality of method makes rate high

V. TYPES OF PSYCHOSIS AND MENTAL HEALTH

- A. Mood disorders and/or affective disorders
1. Mental, behavioral descriptions
 2. Approach tactics
 - a) Questions to ask
 - b) Questions not to ask
 - c) Information gathering
 - d) Effective listening
 - e) Trigger words

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- f) Collateral Information
- 3. Most common medication
- 4. Concerns
- B. Thought disorders
 - 1. Mental, behavioral descriptions
 - 2. Approach tactics
 - a) Questions to ask
 - b) Questions not to ask
 - c) Information gathering
 - d) Effective listening
 - e) Trigger words
 - f) Collateral Information
 - 3. Most common medication
 - 4. Concerns
- C. Personality disorders
 - 1. Mental, behavioral descriptions
 - 2. Approach tactics
 - a) Questions to ask
 - b) Questions not to ask
 - c) Information gathering
 - d) Effective listening
 - e) Trigger words
 - f) Collateral Information
 - 3. Most common medication
 - 4. Concerns
- D. Substance Abuse and Dual Diagnosis
 - 1. Basic drug classifications
 - 2. Substance induced mood and psychotic disorders
 - 3. Mental, behavioral descriptions
 - 4. Approach tactics
 - a) Questions to ask
 - b) Questions not to ask
 - c) Information gathering
 - d) Effective listening
 - e) Trigger words
 - f) Collateral Information
 - 5. Concerns

VI. TRAUMATIC BRAIN INJURY (TBI)

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- A. Definition
- B. Effects of TBI
- C. Causes of TBI
- D. Indicators of TBI
 - 1. Physical
 - 2. Slowness in thinking, speaking, acting
 - 3. Social, behavioral, emotional

VII. INTELLECTUAL DISABILITIES

- A. Definition
- B. Police interventions
 - 1. Common reasons for police involvement
 - 2. Practical tips in crisis situations
 - a) Make the individual as comfortable as possible
 - b) Familiarity helps
 - c) Find a quiet spot, without interruptions
 - d) Establish a positive relationship with the client
 - 3. Find ways to communicate effectively
 - 4. Understanding significant changes in behavior
- C. Connecting to Regional Center Resources
- D. 24-hour response line
- E. Criteria for help
 - 1. Slowness in thinking, speaking, acting, etc.
 - 2. Social, behavioral, emotional types of childhood disorder
 - 3. Age at onset

VIII. AUTISM

- A. Behavioral descriptions
- B. How to approach
 - 1. Questions to ask
 - 2. Questions not to ask
- C. Information gathering techniques
 - 1. Effective listening
 - 2. Triggering words
- D. De-escalation techniques
 - 1. Do's and don'ts
 - 2. Collateral information
- E. Community resources
- F. Concerns

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IX. PSYCHIATRIC MEDICATIONS AND HEALTH

- A. Medical problems causing psychiatric symptoms
 - 1. Reality – individual's psychological problems are often caused by some physical illness
 - 2. Examples
- B. Specific illnesses
 - 1. Signs and symptoms
 - 2. Holistic approach
 - 3. Medications that may cause psychiatric symptoms
- C. Psychiatric medications
 - 1. Benefits of taking psychotropic medications
 - 2. Side effects
 - 3. Trade and generic names
 - 4. What officers need to know about psychiatric medications?
- D. Resources, tracking system
- E. Definitions
- F. Police Interventions
 - 1. Common reasons for police involvement
 - 2. Practical tips in crisis situation:
 - a) Make the individual as comfortable as possible
 - b) Familiarity helps
 - c) Find a quiet spot, without interruptions
 - d) Establish a positive relationship with the client
 - 3. Find ways to communicate effectively
 - 4. Understanding significant changes in behavior
 - 5. Understanding aggression

X. VETERANS AND POSTTRAUMATIC STRESS DISORDER (PTSD)

- A. Recognizing PTSD
 - 1. Specific symptoms associated with veterans
- B. Providing assistance
 - 1. Resource

XI. MENTAL HEALTH IN THE JAIL

- A. Introduction
 - 1. Nationwide statistics
- B. Referral and intake
- C. Available resources

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- D. Custody release aftercare and resources
- E. Referral process
- F. Facts about the Jail
 - 1. The length of the court process
 - 2. Housing system
- G. De-escalation
 - 1. Caring
 - 2. Food
 - 3. Attitude
 - 4. Jokes and humor
 - 5. Questions to ask
- H. Considerations
- I. Do's and Don'ts

XII. MENTAL HEALTH COURT

- A. Introduction
 - 1. Mental Health Court is a diversion program
 - 2. Goals
 - 2. Requires collaboration between the criminal justice system and mental health fields
 - 4. Mental health courts typically involve judges, prosecutors, defense attorneys, and other court personnel who have expressed an interest in /or possess particular mental health expertise.
- B. Target offenders, nonviolent offenders diagnosed with a mental health or co-occurring mental health and substance abuse disorders.
 - 1. Purpose
 - 2. Eligibility
 - 3. Outcomes: Less crowding in Jail and reduced residuum rates
 - 4. To reduce the time taken by police in the handover of mental health consumers into the health care system.

XIII. PSYCHIATRIC FACILITIES

(Students will be bused to and from the various facilities and provided an overview of services delivered at each location. The students will not engage, nor interact, with any of the patients during the tour and will only be escorted to observe the clinical environment.)

- A. Site Visits
 - 1. Crestwood Behavioral Health Center
 - 1425 Fruitdale Ave.
 - San Jose, CA 95110
 - 2. Emergency Psychiatric Services

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871 Enborg Lane
San Jose, CA 95128

3. National Alliance for Mental Illness

1150 Bascom Ave. Suite 24
San Jose, CA 95128

4. Morgan Autism Center

2280 Kenwood Ave.
San Jose, CA 95128

5. Alzheimer's Association

2290 N. First Street, Suite 101
San Jose, CA 95131

6. Mental Health Court

201 N. First Street
San Jose, CA 95113

7. Re-Entry Center

151 W. Mission Street
San Jose, CA 95110

XIV. HOARDING

- A. Definitions of hoarding
- B. Symptoms
- C. Etiology
- D. Dangers of hoarding
- E. Do's and Don'ts
 - 1. Questions to ask
 - 2. De-escalation
- F. Building motivation
- G. Treatment
- H. Resources
- I. Suggested reading

XV. FIRST RESPONDERS AND THE ELDERLY: ALZHEIMER'S

- A. Facts about the different types of dementia
- B. Statics
- C. Caregivers
- D. Visual spatial considerations
- E. De-escalation
- F. Tracking devices
- G. Resources
- H. Alzheimer's prevention

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XVI. CRITICAL INCIDENT/STRESS MANAGEMENT (CISM)

- A. Definition
- B. Treatment and peer support
- C. Taking care of self
 - 1. Recognize the connection between your mental and physical well-being
 - 2. Wellness requires one change at a time, making good habits a way of life rather than a short-term change.
 - 3. Characterization of good mental health
 - a) Personal growth
 - b) Sense of purpose in life
 - c) Self-acceptance
 - d) Positive relationships with others
- D. Friends and Family
- E. Normalization of critical incident feelings
- F. Methods for coping
 - 1. Debriefing
 - 2. Defusing
 - 3. Grief and loss session
 - 4. Crisis management briefing
 - 5. Giving referrals for further help if required

XVII. EXCITED DELIRIUM

- A. Definition
- B. Behaviors
 - 1. Bizarre and/or aggressive behavior
 - 2. Shouting paranoia
 - 3. Fear or panic
 - 4. Rapid emotional changes
 - 5. Violence toward others
 - 6. Unexpected physical strength
 - 7. Sudden tranquility
 - 8. Disoriented about self
 - 9. Hallucinating and/or delusional
 - 10. Psychotic in appearance
 - 11. Naked or partially disrobed
 - 12. Foaming at the mouth
 - 13. Profuse sweating
 - 14. Dilated pupils
 - 15. Making animal like sounds -Grunting

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16. Hyperactivity and trashing about

XVIII. CRISIS INTERVENTION IN ACTION

A. Implementing

1. Different ways of implementing Crisis Intervention Trained (CIT) officers effectively
2. Ideas for how to run a CIT program
3. How to continually improve CIT

B. Case Studies showing CIT in action

XIX. NATIONAL ALLIANCE FOR MENTAL ILLNESS (NAMI)

A. Introduction

1. Who NAMI is
2. Objective

B. In our own voices

1. A first-hand account of what it's like to live with a mental illness
2. Not uncommon to live well with mental illness
3. Stereotypes and misconceptions
4. The understanding that every person with a mental health challenge can hope for a bright future.

C. Referral

D. Approach

1. Interactive discussion

X. DE-ESCALATION TECHNIQUES

A. Communication methodology

1. Assessing situation/gathering clues
2. How to approach the person with behavioral health challenges
3. Understand possible causes of disruptive behavior
4. Develop through questioning/communication skills: when, where, how, and why
5. Listening skills
6. Threats
7. Presence of drug and alcohol
8. Suicide / homicide: intent, means, plan
9. Collateral information
10. Possible causes of disruptive behavior
11. Are you safe/afraid/concerned

B. De-escalation

1. Management of behavioral emergencies
2. Aggressive individuals

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3. Calming angry individuals
 4. Verbal de-escalation and control of individuals on the edge of violence
 5. Control of aggressive, suicidal and para-suicidal threats
 6. Use of spacing, stance, the eyes and voice to calm and individual or establish control
 7. Personal security
- C. Practicing de-escalation
1. Interactive video for role play

XI. CONCLUSION

- A. Evaluations
- B. Graduation