SANTA CLARA COUNTY SHERIFF'S DEPARTMENT

CRISIS INTERVENTION TRAINING – INTERMEDIATE (24 hours)
Course number: 2270-21747-
Revised 1.5.2021

Course Description:

This 24-hour course will provide peace officers and dispatchers with the skills and knowledge to recognize individuals with mental illness, identify potential disorders, and to minimize escalations in contacts with mentally ill individuals. Training focuses on developing safe techniques for approaching the mentally ill, communication skills, de-escalation techniques, suicide risk factors, stigma, and cultural issues. Students will hear from industry professionals that specialize in mental health treatment and services, and will participate in an interactive panel discussion with mental service consumers and family members. Course meets the minimum topics of SB29 & PC 13515.28(a)(1).

Course Activities:

In this 24 hour course, several learning activities will be utilized, such as role play scenarios, interactive video scenarios, case studies, classroom discussion, group discussion, question and answer during resource and lived experience panel, etc.

Assessment of Student Learning:

Student learning will be assessed by the learning activities listed above.

I. COURSE OVERVIEW

I. Course Introduction
   a) Instructor
   b) Students
   c) Follow your agency/departmental policies and training

II. Value-add to attendees
   a) Reduce deaths and injuries for both officers and those with mental health challenges
   b) Learn to recognize signs and symptom of mental health
   c) Learn to effectively communicate with a person in crisis having a behavior health, developmental disability, or Alzheimer's
   d) Learn to de-escalate individuals with mental health difficulties in crisis
   e) Learn coping skills that will benefit attendees professionally and personally

III. Crisis Intervention, de-escalation
   a) A crisis can provide both danger and opportunity
   b) Self-Awareness
   c) Why it works and the use of distracters, compassion, and choices
   d) How emotions are stored
   e) Non-verbal de-escalations
   f) Mehrabian study on body language and voice

g) Verbal de-escalation and the language to use depending on type of learner
h) Cultural awareness in negotiations and de-escalation

II. CIVIL COMMITMENT AND LEGAL ISSUES

I. Mental holds
   a) 5150 (California Welfare & Institutions Code) overview and background
   b) Patient's Rights Foundation of Silicon Valley
   c) Court cases
II. Legal issues
   a) Civil Welfare and Institute Codes
   b) Current case law review
III. Discretion
   a) Decision making and handling of criminal charges

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

I. Introduction
   a) 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.
   b) Culturally competent services incorporate respect for, and the understanding of, ethnic and racial groups, as well as their histories, traditions, beliefs, and value systems.
II. Cultural differences reflect differences in coping with day-to-day problems
   a) Coping styles
   b) Help seeking behavior
   c) Mistrust
   d) Stigma
   e) Clinician bias
   f) Mental health culture

IV. STIGMA

I. Provide context for stigma and the role it plays in mental illness, intellectual disabilities, and substance use disorders;
   a) The meaning of stigma – a mark of disgrace or shame associated with a particular circumstance, quality, or person
   b) The consequences of stigmatization – social isolation, fear, violence, mistrust, prejudice and discrimination

II. Discuss both historical and modern day stigmatization of mental illness, intellectual

disabilities, and substance use disorders as it pertains to;

a) Societal views and treatment of mental illness
b) The evolution of medical treatment
c) Dramatizations by the news and entertainment industry

III. Compare and contrast the way different cultures treat mental illness, intellectual disabilities, and substance use disorders in the areas of;

a) Stigmatization
b) The social impact on families and individuals
c) Barriers to seeking help and participating in treatment

V. STIGMA REDUCTION

I. Identify mechanisms to reduce personal bias against people with mental illness, intellectual disabilities, and substance use disorders:

a) Learn the facts
b) Get to know people who have experiences with mental illness, intellectual disabilities, and substance use disorders

II. Identify mechanisms to reduce stigmatism against people with mental illness, intellectual disabilities, and substance use disorders:

a) Speak out against the display of false beliefs and negative stereotypes
b) Speak openly of personal experiences
c) Don't discriminate, judge, or stereotype
d) Show respect, treat with dignity

III. Present the perspective of individuals and families experienced with;

a) Mental illness
b) Intellectual disabilities
c) Substance use disorders (co-occurring)

VI. SUICIDE

I. Suicide intervention/prevention (QPR)
   a) Question
   b) Persuade
   c) Refer

II. Risk factors
   a) Suicide is a complex behavior
   b) Associated mental and/or substance abuse disorder

c) Frequently occurs in combination
d) Epidemiological factors
e) Psychiatric disorders
f) Past history

III. Behavioral examples
a) Symptoms associated with suicide

IV. Suicide by Cop
a) Individuals attempting to provoke police to kill them
b) Leaves two victims the officer and the subject

V. Officer suicide
a) Lethality of method makes rate high

VII. BEHAVIORAL HEALTH, DEVELOPMENT DISABILITY, HOARDING & ALZHEIMERS

I. TRAUMATIC BRAIN INJURY (TBI)
a) Definition
b) Effects of TBI
c) Indicators of TBI
a. Physical
b. Slowness in thinking, speaking, acting
c. Social, behavioral, emotional

II. INTELLECTUAL DISABILITIES
a) Definition
b) Connecting to Regional Center Resources
c) 24-hour response line
d) Criteria for help
a. Slowness in thinking, speaking, acting, etc.
b. Social, behavioral, emotional types of childhood disorder
c. Age at on set

III. HOARDING
a) Definitions of hoarding
b) Symptoms
c) Dangers of hoarding
d) Resources

IV. FIRST RESPONDERS AND THE ELDERLY: ALZHEIMER'S
a) Statistics / prevalence

b) Caregivers
c) Symptoms including distorted thinking and visual spatial considerations
d) Why people with AD behave the way they do
e) Tracking devices
f) Resources including 24/ hour Helpline
g) Alzheimer's prevention

V. Police interventions
    a) Common reasons for police involvement
        a. Wandering / lost
        b. Driving issues
        c. Erratic behavior in public
        d. Danger to themselves or others
        e. Welfare check
        f. Shoplifting
        g. In custody challenges
    b) Approach tactics
        a. Questions to ask
        b. Questions not to ask
        c. Information gathering
        d. Effective listening
        e. Trigger words and behaviors
        f. Collateral Information
    c) Practical tips in crisis situations
        a. Make the individual as comfortable as possible
        b. Familiarity helps
        c. Wandering tips
        d. Find a quiet spot, without interruptions
        e. Establish a positive relationship with the client
        f. Find ways to communicate effectively
        g. Understanding significant changes in behavior
    d) Most common medications
        a. Antidepressants
            - Prozac, Celexa, Lexapro, Zoloft
        b. Antipsychotics
            - Haldol, Ativan, Seroquel
            - Antipsychotics are the drugs to really look for. Lots of people take antidepressants.

VIII. TYPES OF PSYCHOSIS AND MENTAL HEALTH

I. Mood disorders and/or affective disorders, Thought disorders, Personality disorders
   a) Mental, behavioral descriptions
II. Substance Abuse and Dual Diagnosis
   a) Mental, behavioral descriptions
   b) Basic drug classifications
   c) Substance induced mood and psychotic disorders
III. Approach tactics
   a) Questions to ask
   b) Questions not to ask
   c) Information gathering
   d) Effective listening
   e) Trigger words
   f) Collateral Information
IV. Most common medication
V. Concerns

IX. AUTISM

I. Behavioral descriptions
II. How to approach
   a) Questions to ask
   b) Questions not to ask
III. Information gathering techniques
   a) Effective listening
   b) Triggering words
IV. De-escalation techniques
   a) Do's and don'ts
   b) Collateral information
V. Most common medication
VI. Community resources
VII. Concerns

X. VETERANS AND POSTTRAUMATIC STRESS DISORDER (PTSD)

I. Recognizing PTSD
   a) Specific symptoms associated with veterans
II. Providing assistance
   a) Resource

XI. MENTAL HEALTH IN THE JAIL

I. Introduction
    a) Nationwide statistics
II. Referral and intake
III. Available resources
IV. Custody release aftercare and resources
V. Referral process
VI. Facts about the Jail
    a) The length of the court process
    b) Housing system
VII. De-escalation
    a) Caring
    b) Food
    c) Attitude
    d) Jokes and humor
    e) Questions to ask
VIII. Considerations
IX. Do's and Don'ts

XII. MENTAL HEALTH COURT

I. Introduction
    a) Mental Health Court is a diversion program
    b) Goals
    c) Requires collaboration between the criminal justice system and mental health fields
    d) 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.
II. Target offenders, nonviolent offenders diagnosed with a mental health or co-occurring mental health and substance abuse disorders.
    a) Purpose
    b) Eligibility
    c) Outcomes: Less crowding in Jail and reduced residuum rates
    d) To reduce the time taken by police in the handover of mental health consumers into the health care system.

XIII. CRITICAL INCIDENT/STRESS MANAGEMENT (CISM)

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

XIV. EXCITED DELIRIUM

I. Definition
II. Behaviors
    a) Bizarre and/or aggressive behavior
    b) Shouting paranoia
    c) Fear or panic
    d) Rapid emotional changes
    e) Violence toward others
    f) Unexpected physical strength
    g) Sudden tranquility
    h) Disoriented about self
    i) Hallucinating and/or delusional
    j) Psychotic in appearance
    k) Naked or partially disrobed
    l) Foaming at the mouth
    m) Profuse sweating
    n) Dilated pupils
    o) Making animal like sounds -Grunting

p) Hyperactivity and trashing about

XV. CRISIS INTERVENTION IN ACTION

I. Implementing
   a) Different ways of implementing Crisis Intervention Trained (CIT) officers effectively
   b) Ideas for how to run a CIT program
   c) How to continually improve CIT

II. Case Studies showing CIT in action

XVI. NATIONAL ALLIANCE FOR MENTAL ILLNESS (NAMI)

a) Introduction
b) In our own voices
   a. A first-hand account of what it's like to live with a mental illness
   b. Not uncommon to live well with mental illness
   c. Stereotypes and misconceptions
   d. The understanding that every person with a mental health challenge can hope for a bright future.
c) Referral
d) Approach
   a. Interactive discussion

XVII. HOMELESSNESS

a) Introduction
b) In our own voices
   a. A first-hand account of what it's like to live on the streets/be homeless
   b. Stereotypes and misconceptions
   c. Mental illness.
c) Resources/Referral
d) Approach

XVIII. DE-ESCALATION TECHNIQUES

I. Communication methodology
   a) Assessing situation/gathering clues
   b) How to approach the person with behavioral health challenges
   c) Understand possible causes of disruptive behavior
   d) Develop through questioning/communication skills: when, where, how, and why
   e) Listening skills

f) Threats
g) Presence of drug and alcohol
h) Suicide / homicide: intent, means, plan
i) Collateral information
j) Possible causes of disruptive behavior
k) Are you safe/afraid/concerned

II. De-escalation
a) Management of behavioral emergencies
b) Aggressive individuals
c) Calming angry individuals
d) Verbal de-escalation and control of individuals on the edge of violence
e) Control of aggressive, suicidal and para-suicidal threats
f) Use of spacing, stance, the eyes and voice to calm and individual or establish control
g) Personal security

III. Practicing de-escalation
a) Interactive video for role play

XIX.CONCLUSION

I. Evaluations
II. Certificates & CIT Pins