CRISIS INTERVENTION BEHAVIORAL HEALTH TRAINING – SENATE BILL 11
IVa - TACTICAL COMMUNICATION SKILLS POST Perishable Skills Program (PSP)

COURSE GOAL

This course will provide the student with the minimum topics mandated in section 13515.27(a) of the California Penal Code and meets the Perishable Skills Program for Tactical Communication.

The training will include:

1. Classroom instruction
2. Instructor led active learning (ex. scenario based training)
3. Student evaluation and testing

Maximum number of students = 25

Testing – Minimum standards of performance shall be tested by an instructor observing students' performance during exercises. If the student does not meet minimum standards, remediation will be provided until the standard is met.

COURSE OBJECTIVES:

This course will provide peace officers 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 risks factors, and cultural issues. Students will hear from industry professionals that specialize in mental health treatment and individuals who suffer from mental health.

MINIMUM TOPICS

Behavioral Health

1. Issues related to stigma
2. Cultural relevance
3. Cause and nature of mental illness, intellectual disabilities, and substance use disorders
4. Indicators of mental illness, intellectual disabilities, and substance use disorders
5. Appropriate responses for a variety of situations involving persons with mental illness, intellectual disabilities, and substance use disorders
6. Conflict resolution and de-escalation techniques for potentially dangerous situations
7. Appropriate language usage when interacting with potentially emotionally distressed persons
8. Resources available to serve persons with mental illness, intellectual disabilities, and substance use disorders
9. Perspective of individual families who have experience with persons who have mental illness, intellectual disabilities, and substance use disorders
Tactical Communication

1. Demonstrate knowledge of the basic components of communication skills and techniques
2. Demonstrate knowledge of the importance of listening and persuasion skills as they relate to effective tactical communication
3. Demonstrate knowledge of the skills needed to effectively deal with difficult people
4. Demonstrate a minimum standard of tactical communication skills with every technique and exercise to include:
   a. Listening/Persuasion
   b. Judgement and decision making
   c. Officer Safety
   d. De-escalation, verbal commands
   e. Effectiveness under stress conditions

FONTANA POLICE DEPARTMENT

EXPANDED COURSE OUTLINE

1. INTRODUCTION/orientation
   a. Registration and orientation
   b. Instructor introduction and experience
   c. Overview
   d. Safety
   e. Testing

2. COURSE OUTLINE
   a. Topics – definition of illnesses (symptoms and approach)
      1. Schizophrenia
      2. Bi-Polar
      3. Depression
      4. Personality Disorder
      5. Alzheimer’s
      6. TBI
      7. PTSD
      8. Intellectual disability
   
   b. Goals – To provide students with the knowledge, skills and ability to identify people with mental illness and effectively assess, communicate, intervene, manage field encounters and prepare accurate documentation.

3. STIGMA
a. Provide content for stigma and the role it plays in mental illness, intellectual disabilities, and substance use disorders.
   1. The meaning of stigma – a mark of disgrace or shame associated with a particular circumstance, quality, or person
   2. The consequences of stigmatization – social isolation, fear, violence, mistrust, prejudice and discrimination, barriers to communication
   3. People are not at fault for these disorders. Experience on a continuum from low severity to high severity. Not always in crisis.

b. Compare and contrast the way different cultures treat mental illness, intellectual disabilities, and substance use disorders in the areas of:
   1. Stigmatization
   2. The social impact on families and individuals
   3. Barriers to seeking help and participating in treatment

4. REASONS LAW ENFORCEMENT CONTACT THE MENTALLY ILL/INTELLECTUAL DISABILITIES/SUBSTANCE USE DISORDERS – CAUSE / NATURE / INDICATORS
   a. Mental Illness / 415 subjects
      1. Describe the cause and nature
      2. Identify Indicators
      3. Discuss and develop appropriate language and rapport building strategies
      4. Homeless/Transients
      5. Relatives call on family members
      6. Workplace employees call on coworkers
      7. School teachers call on students
      8. Doctor call on patients (Teresaoff – Duty to warn)

b. Why do mentally ill get detained/ arrested / Intellectual disabilities
   1. Describe the cause and nature
   2. Identify indicators
   3. Discuss and develop appropriate language and rapport building strategies
   4. Erratic behavior
   5. Non-compliance
   6. Discontinuation of medication
   7. Statements to hurt self or others

c. Substance Use Disorders – Medications
   1. Identify indicators
   2. Discuss and develop appropriate language and rapport building strategies
   3. Anti-Psychotic
   4. Anti-depressants
   5. Mood Stabilizers
   6. Anti-Anxiety

5. TACTICAL RESPONSE – OFFICER SAFETY, DE-ESCALATION, AND CONFLICT RESOLUTION
a. Tactical Response – Officer Safety/Public Safety/Safety of Person in Crisis
   1. Assess individual’s mental, physical, and emotional state
   2. Stabilize and secure the scene
   3. Minimize factors that create exigency or unnecessary excitation
   4. Gather intelligence and information (sources)
   5. Establish a plan (teamwork)
   6. Gather resources
   7. Be prepared for potential violence

b. De-escalation and conflict Resolution
   1. Building rapport and communication
      i. Approach and introduction
      ii. Physical elements (assess surroundings, are people in danger, etc.)
      iii. Language – do they speak English, deaf, mute, etc
      iv. Active listening – demonstrate body language, make eye contact, active
          listening
      v. Managing dialogue – speak about something familiar, open dialogue
      vi. Empathy/Respect – the power of “I”, I understand, I believe, let me help
          you...
   2. Questioning techniques
      i. Learning and fact finding (open/probing questions)
      ii. Managing/coaching (leading/rhetorical questions)
      iii. Relationship building (ask for opinion/feedback)
      iv. De-fusing (questions to determine something you can give them a choice or
          control over)
      v. Complex vs. simple questions
   3. Persuasive skills to elicit cooperation
      i. Persuasion (tricking) is not manipulation
      ii. Person must be responsive to persuasion
      iii. Reciprocity is compelling
      iv. Be persistent – repeat but revisit if the topic is not working
      v. Compliment/Encourage (truthfully)
      vi. Clarify your expectations
      vii. Describe a positive future
      viii. Tell the truth
      ix. Build rapport
      x. Stay calm and confident

4. De-escalation and re-escalation; utilizing time and patience

6. SUICIDE BY COP
   A. Statistics
1. 10% of police shootings (About 600) involves some sort of suicide attempt.

B. Suicide Profile
   1. 96% are Males between the ages of 18-54
   2. 46% fire arms. 46% edged weapon. 8% other
   3. 58% asked to be killed by the police
   4. 58% had previous history of mental illness
   5. 38% previous attempts at suicide
   6. 50% were intoxicated (Liquid courage)
   7. 42% Domestic violence history
   8. 38% Criminal history
   9. 75% were unplanned

C. Mental Conditions
   1. Depression
   2. Bi polar
   3. Schizophrenia
   4. Dementia
   5. Terminal illness
   6. Substance abuse

D. Risk Indicators
   1. Pulling away from people
   2. Low to no energy
   3. Feeling like nothing matters
   4. Unexplained aches and pains
   5. Feeling helpless/ hopeless
   6. Excessive drinking, smoking or drug use
   7. Edgy, angry upset worried or scared
   8. Fighting with family and friends
   9. Unable to get rid of troubling thoughts or ideas
   10. Thinking of hurting or killing self or someone else.
   11. Unable to perform daily task

E. Why Cops
   1. Not brave enough
   2. Religious reasons *Be Careful talking religion with people
   3. Monetary reasons. If suicide may not get money. Police Department will settle out of court.

F. Neurotic Personality Characteristics
   1. “Poor me”
   2. “It’s not me, it’s you!”
   3. “You made me do this”
   4. “It’s your fault”
   5. *Blaze of Glory
6. *Verbal will
7. *Religious references

G. Posturing
1. Change in breathing pattern- Normally speeds up but may slow down
2. Count downs
3. Rocking or pacing
4. Checking to make sure the idea will work

7. W&I 5150
A. Verbal Judo
1. Parroting/ Echoing- Say back to the person what they said. Question form as well.
   i. “I’m done. Life’s not worth living” “Life’s not worth living?”
2. Calm and Cool- Don’t feed into intensity. Time is on your side. Keep calm.
3. Rapport- Empathy
   ii. Find out what the person means
   iii. No sarcasm
   iv. Take your time
   v. Get background information

B. Active Listening
1. Try to understand the meaning of what is being said
2. Don’t worry about your rebuttal
3. Verbal Prompts- “Ah huh” “Sure”
4. Silence- Silence can prompt more information.
5. Read body language if possible. Can also mirror
6. Not what is said, how it is said

3. W&I 5150
A. Brief history
2. Treatment to be the least restrictive. No more automatic institutionalization
3. Prompt evaluation and treatment

B. Understanding the law
1. 5150.
   i. When a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, a peace officer, professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, as defined by regulation, of a facility designated by the county for evaluation and treatment, designated members of a mobile crisis team, or professional person designated by the county may, upon probable cause, take, or cause to be taken, the person into custody for a period of up to 72 hours for
assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. At a minimum, assessment, as defined in Section 5150.4, and evaluation, as defined in subdivision (a) of Section 5008, shall be conducted and provided on an ongoing basis. Crisis intervention, as defined in subdivision (e) of Section 5008, may be provided concurrently with assessment, evaluation, or any other service.

2. 5150.05.
   i. When determining if probable cause exists to take a person into custody, or cause a person to be taken into custody, pursuant to Section 5150, any person who is authorized to take that person, or cause that person to be taken, into custody pursuant to that section shall consider available relevant information about the historical course of the person's mental disorder if the authorized person determines that the information has a reasonable bearing on the determination as to whether the person is a danger to others, or to himself or herself, or is gravely disabled as a result of the mental disorder.
   ii. For purposes of this section, "information about the historical course of the person's mental disorder" includes evidence presented by the person who has provided or is providing mental health or related support services to the person subject to a determination described in subdivision (a), evidence presented by one or more members of the family of that person, and evidence presented by the person subject to a determination described in subdivision (a) or anyone designated by that person.

C. Alternatives
   1. The professional person in charge of a facility designated by the county for evaluation and treatment, member of the attending staff, or professional person designated by the county shall assess the person to determine whether he or she can be properly served without being detained.

D. Forms
   1. Review Advisement
   2. Review designated location options—Authorized LPS
   3. Review how officer came into contact with detained
   4. Review reasons why detained person meets criteria
      a. Danger to self/ others
      b. Gravely Disabled
   5. Law Enforcement Notification
   6. Must sign, Date and time

8. RESOURCES

A. CCRT- Community Crisis Response Team
B. TEST- Triage Engagement Support Team
C. APS- Adult Protective Services
D. CFS- Child Family Services
E. IRC- Inland Regional Center (Medical Disabilities, No mental illness services)
F. HOPE TEAM- Homeless Outreach Proactive Enforcement Team

9. REVIEW AND EVALUATIONS
STIGMA
Social Training In General Mental-illness Awareness

BY: OFFICER M. HILL & V. CUTLERZ

POLICY 468

• 468.1 PURPOSE AND SCOPE: Guidelines for interacting with people that may be experiencing a mental health or emotional crisis. The interactions have the potential for miscommunication and violence. Officers are required to make difficult judgements about a person’s mental state and intent in order to effectively and legally interact with the individuals.

• 468.2 POLICY: The Department is committed to provide a consistently high level of service to all members of the community. The Department will collaborate, where feasible, with mental health professionals to develop an overall intervention strategy to guide its members interactions with those experiencing a mental health crisis.

STIGMAS

• What do you know about mental illness?
• What do you know about Intellectual Disabilities?
• Do you feel differently about major medical conditions then mental illness?
• Do you treat people with major medical problems different than those with major medical conditions?
WHAT ARE YOUR EXPERIENCES?

- Calls for Service
  - 415 Transient
  - 415 Family Member
  - Kidnapping Victim
  - Man Down
  - Hit in the roadway
  - 5150 Sub-Cut
  - Possible 5150 Not Making Sense

WHY DO MENTALLY ILL GET DETAINED?

- Erratic behavior
- Non-compliance
- Discontinued medication
- Statements to hurt themselves or others

STATISTICS

- 415 Calls - Poss 5150
  - City of Fontana 415
    - 2017: 119 calls
    - 2018: 220 calls
    - 2019: 191 calls
    - 2020: 128 calls
    - 2021: 167 calls
    - 2022: 132 calls
    - 2023: 50 calls
    - 2024: 65 calls
  - So far there have been 50 plus which is on track to be about 132.

- 5150 Calls
  - City of Fontana
  - 2012: 3072 calls
  - 2013: 21649 calls
  - 2014: 1320 calls
  - 2015: 3122 calls
  - 2016: 31160 calls
  - 2017: 3010 calls
  - 2018: 3045 calls
  - 2019: 305 calls

STATISTICS

- Prison system population: Prison population now moved to county jail facilities: 1.2 million inmates suffer from mental illness.
- Prison system expenses: $35 billion a year to house and treat people with mental illness ($50,000 per person a year).
- LA County spends $10 million a year on psych drugs for inmates.
- Inmate release: Generally leaves the jail with little to no support system to treat their mental illness.

WHAT CAUSES MENTAL ILLNESS?

- Hereditary mental illness more common in people whose blood relatives also have a mental illness: ADHD, Schizophrenia, Bipolar... 
- Traumatic Events: Car accident, Death to loved one, Major injury, Physical Abuse
- Drugs/Alcohol: Poisoned by the use of alcohol and illegal drugs, including stimulants such as methamphetamine and cocaine. Medications used to treat mental illness can also cause symptoms of psychosis, hallucinations, and paranoia.
- Stress: School, Work, Family, and Money
MENTAL ILLNESS SYMPTOMS

MENTAL HEALTH OVERVIEW

MAJOR AND CHRONIC DEPRESSION:
Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depressive disorder or clinical depression, it affects how you feel, think, and behave and can lead to a variety of emotional and physical problems. You may have trouble doing normal daily activities, and sometimes you may feel so terrible you don't want to live.

MAYO CLINIC STAFF

BIPOLAR

Bipolar disorder is a mood disorder sometimes called manic-depression that is characterized by episodes of depression and elation or mania. Sometimes the mood switches from high to low and back again in a rapid and unpredictable way that can be hard to control.

MDD.NET.COM

SCHIZOPHRENIA

Schizophrenia is a chronic, severe, debilitating mental disorder characterized by disordered thoughts, abnormal behaviors, and anti-social behaviors. It's a psychotic disorder, meaning the person with schizophrenia does not identify with reality at times.

MENTALITY

PERSONALITY DISORDERS

Antisocial personality disorder: Disregard for others' needs or feelings
- Persistent lying, stealing, using drugs, or drinking out of control
- Repeated violation of the rights of others
- Aggressive, often violent behavior
- Disregard for the safety of self or others
- Impulsivity of behavior
- Consequences irresponsible
- Lack of remorse for behavior

HISTRIONIC PERSONALITY

Constantly seeking attention
- Excessively emotional, dramatic, or sexually provocative to gain attention
- Speaks dramatically with strong opinions, but few facts or details to back them up
- Easily influenced by others
- Shallow, rapidly changing emotions
- Excessive concern with physical appearance
- thinks relationships with others are closer than they really are
OCD
- Preoccupation with details, orderliness and rules
- Executive dysfunction, learning in dysfunction, and distress when interpersonal and social demands are present
- Inability to carry out normal activities that one desires due to excessive interference from obsessions
- Attention to sensory details
- Inability to control or halt obsessive thoughts
- Compulsions: repetitive behaviors that provide temporary relief from anxiety

INTELECTUAL DISABILITY
- Intellectual disability (ID), also known as general learning disability (GLD) and mental retardation (MR), is a generalized neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning that is present in the absence of other distressing conditions at an early age. A disability in two or more adaptive behaviors that affect everyday general living
- Adaptive behavior relates to everyday skills and tasks that the average person is able to complete, similar to the normal state.

TBI
- Traumatic Brain Injury (TBI) is an injury to the brain caused by a sudden, physical force that causes the brain to move within the skull. This can occur when something hits the head, when the head is suddenly hit, or when the head is bent in a sudden way. The force can damage brain cells and disrupt brain function. Symptoms may include:
- Headache
- Nausea or vomiting
- Dizziness
- Sleep problems
- Sensitivity to light
- Problems with memory or concentration

AUTISM
- Autism spectrum disorder is a developmental disorder that affects how a person interacts with others. It is characterized by difficulties with social skills, repetitive behaviors, and a unique perspective on the world. The causes of autism are not yet known, and there is no cure, but early intervention can help individuals with autism develop the skills they need to lead full and rewarding lives.

PTSD
- Post-Traumatic Stress Disorder (PTSD) is a mental health condition that can develop after exposure to traumatic events. PTSD symptoms can include:
- Repeatedly thinking about the event
- Avoiding places or activities that remind you of the event
- Difficulty sleeping or concentrating
- Feeling emotionally numb or detached
- Experiencing intense fear, helplessness, or horror

MAYO CLINIC

U.S. GOVERNMENT
ATMOSPHERE

- Reduce distractions.
- Keep the scene calm and controlled.
- Keep a professional distance by maintaining personal space and moving slowly.
- Observe verbal and non-verbal cues.
- Where possible, allow the subject to pace.

COMMUNICATION

- Develop rapport.
- Speak calmly and slowly, repeat yourself (Broken Record Technique).
- Help the person focus on your voice.
- Use open-ended questions and give time to reply.
- Use nonverbal: smiling, nodding to show you are listening, not content.
- Use restraint in paraphrasing what was said.
- Give few simple and clear directions.
- "I can't believe that.
- Notice and praise any positive steps or behavior.
- Be as consistent and predictable as you can. Make your actions and expectations clear.
- Use persuasion to gain cooperation (not deception).

TIME

- Where possible slow the incident down.
- Assess the problem and develop a plan.
- Give the person time to "hear" you (process)
- Give the person time to vent.
- Use time to obtain appropriate resources.

ANTI-PSYCHIATRIC MEDICATION

- Anti-psychotic medications
- Anti-depressants
- Mood stabilizers
- Anti-anxiety medications

ANTIPSYCHOTIC MEDICATION

- Antipsychotics also known as neuroleptics or major tranquilizers,[1] are a class of medication primarily used to manage psychosis (including delusions, hallucinations, paranoia or disordered thought), primarily in schizophrenia and bipolar disorder. They are increasingly being used in the management of non-psychotic disorders. Antipsychotics also have a role in treating symptoms of psychosis in the short term. "Rosenthal* Decolor

Wikipedia

ANTIDEPRESSANTS

- Antidepressants are drugs used for the treatment of major depressive disorder and other conditions, including dysthymia, anxiety disorders, obsessive compulsive disorder, eating disorders, chronic pain, neuropathic pain, and in some cases, depression, obsessive-compulsive disorder, migraine, attention deficit hyperactivity disorder (ADHD), addiction, dependence, and sleep disorders. They may be prescribed alone or in combination with other medications. "Zulfit* Prozac.

Wikipedia
MOOD STABILIZERS

- A mood stabilizer is a psychiatric pharmaceutical drug used to treat mood disorders characterized by intense and sustained mood shifts, typically bipolar disorder type I or type II or schizophrenia.
- Wellbutrin, Lithium, Lamictal

ANTI-ANXIETY MEDICATION

- Antidepressant medications can reduce anxiety, and several selective serotonin reuptake inhibitors have been FDA approved to treat various anxiety disorders. Antidepressants are especially beneficial because anxiety and depression often occur together.
- Xanax (Highly addictive and high potential to overdose)

COMMUNITY RESOURCES

- DBH: Department of Behavioral Health
- TEST: Triage Engagement and Support Team
- CCRT: Community Crisis Response Team
- CWC: Crisis Warm-In Clinics
- HOST: Homeless Outreach Support Team
- REACT: Recovery Based Engagement Support Team
- Consumer Clubhouse: Job Training/ Social Activities/ Education
- APS: Adult Protective Services
- CPS: Child/ Family Services

ANTI-PSYCHOTIC MEDICATION SIDE EFFECTS

- Head forward
- Drooping eye lids
- Open mouth
- Salivation/ drooling
- Tremors in hands
- Slow shuffling/ Short steps

SUICIDE

- Suicide: The act of killing oneself intentionally. Oxford Dictionary
- Suicide: The act or an instance of taking one's own life voluntarily and intentionally. Merriam-Webster Dictionary

** There is no mention of signs or symptoms or who's effected by suicide. You do not have to be depressed.**
STIGMAS ABOUT SUICIDE

SUICIDE SIGNS

- Prolonged depression.
- Eating or sleeping for excessive periods.
- Low or no energy.
- Feeling like nothing matters.
- Feeling hopeless.
- Unable to get rid of troubling thoughts or memories.
- Thinking of hurting or killing yourself.
- Sudden burst of energy after prolonged symptoms.

SUICIDE IQ TEST

1. People who attempt suicide rarely talk about it? T/F
2. Talking about suicide with someone may give them the idea? T/F
3. People who attempt suicide don’t really want to die? T/F
4. People who attempt suicide are psychotic? T/F
5. More men then women complete suicide? T/F

ARROWHEAD BH

- Arrowhead Behavioral Health Center provides psychiatric emergency and inpatient psychiatric treatment services for the assessment and treatment of acute psychiatric emergencies and mental health issues. The Behavioral Health program is comprised of four units with 90 licensed beds. Patients are evaluated for secure, sub-acute, inpatient and treatment by an interdisciplinary team of psychiatrists, clinical therapists, nurses, and occupational therapists whose goal is to help patients lead more healthy and productive lives.

SUICIDE STATS

1. 10% of all police shootings (about 400) involves some sort of suicide attempt.
2. 90% are males between the ages of 15-54.
3. 46% fire arms, 46% edged weapons, 8% other.
4. 58% asked to be left by the police.
5. 58% had previous history of mental illness.
6. 38% previous attempt at suicide.
7. 50% were intoxicated at the time.
8. 82% domestic violence history.
9. 38% concealed history.
10. 75% were unplanned.

COMMUNITY HOSPITAL OF SB

- Dedicated to meeting the mental health needs of our community, the goal of our Behavioral Health Services program is to help gain an understanding of the emotional or psychiatric illness affecting adults 18 years and older.

- Administered by specially trained therapists and clinical nurses, our 24-hour confidential information and referral hotline provides information on inpatient and outpatient screenings, crisis intervention services, personal interventions, community referrals, psychiatric nursing assessments and $150 screenings and evaluations.