

FONTANA POLICE DEPARTMENT

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 (Tereasoff – 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

1. 1960's Lanterman- Petris- Short Act. Prior no appeal process/ life time commitment
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.

- ii. 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.
- iii. 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. HALL & V. GUTIERREZ

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POLICY 468

- 468.6 DE-ESCALATION- Officers should consider that taking **NO ACTION** or passively monitoring the situation may be the most reasonable response to a mental health crisis.
- 468.12 TRAINING- The Department will provide officers with training on interacting with people who suffer from mental illness and intellectual disabilities.
- PC 13515.25; PC 13515.27 and PC 13515.30

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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.

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COURSE OUTLINE

- STIGMAS
- HISTORY
- STATISTICS
- DEFINITIONS
- MEDICATIONS
- SUICIDE
- SUICIDE BY COP
- DE-ESCALATION TECHNIQUES
- W&I 5150
- RESOURCES

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POLICY 468

- 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.

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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?

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WHAT ARE YOUR EXPERIENCES?

- CALLS FOR SERVICE:
 - 415 TRANSIENT
 - 415 FAMILY MEMBER
 - AOD FOR COMM CENTER
 - MAN DOWN
 - PED IN THE ROADWAY
 - 5150 SUICIDAL
 - POSSIBLE 5150 NOT MAKING SENSE



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STATISTICS 415 CALLS- POSS 5150

- City of Fontana:
 - In 2012 There were 117 calls
 - In 2013 There were 210 calls
 - In 2014 There were 199 calls
 - In 2015 There were 181 calls
 - In 2016 There were 162 calls
 - In 2017 So far there have been 50 plus which is on track to be about 132.
 - In 2018
 - In 2019 So far

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WHY DO MENTALLY ILL GET DETAINED?

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

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STATISTICS 5150 CALLS

- City of Fontana
 - In 2012 There were 1012 calls
 - In 2013 There were 1049 calls
 - In 2014 There were 1078 calls
 - In 2015 There were 1128 calls
 - In 2016 There were 1160 calls
 - In 2017 There were 1014 calls
 - In 2018 There were 1045 calls
 - In 2019 so far

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STATISTICS

- Prison system population- Prison population now moved to county jail facilities. 1.25 million inmates suffer from mental illness!
- Prison system expenses- \$15 billion a year to house and treat people with mental illness. (\$50,000.00 per person/ a year)
- * LA County spends \$10 million a year on psych drugs for inmates.
- Inmate release- Generally leave the jail with little to no support system to treat their mental illness. **2017 statistics

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WHAT CAUSES MENTAL ILLNESS?

- Hereditary- Mental illness is more common in people whose blood relatives also have a mental illness. Mayo Clinic
- Traumatic events- Car accident, Death to loved one, Major injury, Physical Abuse
- Drugs/ Alcohol- Psychosis can be triggered by the use of alcohol and illegal drugs, including stimulants such as methamphetamine and cocaine. Hallucinogenic drugs like LSD often cause users to see things that are not really there, but this effect is temporary. Some prescription drugs like steroids and stimulants can also cause symptoms of psychosis. HealthLine.com
- Stress- School, Work, Family and Money

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MENTAL ILLNESS SYMPTOMS

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SCHIZOPHRENIA

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

• OnHealth

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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 day-to-day activities, and sometimes you may feel as if life isn't worth living.

MAYO CLINIC STAFF

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PERSONALITY DISORDERS

- Antisocial personality disorder: Disregard for others' needs or feelings
Persistent lying, stealing, using aliases, conning others
Recurring problems with the law
Repeated violation of the rights of others
Aggressive, often violent behavior
Disregard for the safety of self or others
Impulsive behavior
Consistently irresponsible
Lack of remorse for behavior

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BI POLAR

- Bipolar Disorder is a mood disorder sometimes called manic-depressive illness or manic-depression that characteristically involves cycles of depression and elation or mania. Sometimes the mood switches from high to low and back again are dramatic and rapid, but more often they are gradual and slow, and intervals of normal mood may occur between the high (manic) and low (depressive) phases of the condition. The symptoms of both the depressive and manic cycles may be severe and often lead to impaired functioning.

MEDICINET.COM

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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

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OCD

- Preoccupation with details, orderliness and rules
- Extreme perfectionism, resulting in dysfunction and distress when perfection is not achieved, such as feeling unable to finish a project because you don't meet your own strict standards
- Desire to be in control of people, tasks and situations, and inability to delegate tasks
- Neglect of friends and enjoyable activities because of excessive commitment to work or a project
- Inability to discard broken or worthless objects
- Rigid and stubborn
- Inflexible about morality, ethics or values
- Fight, miserly control over budgeting and spending money

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INTELLECTUAL DISABILITY

- Intellectual disability (ID), also known as general learning disability,[3] and mental retardation (MR)[4][5] is a generalized neurodevelopmental disorder characterized by significantly impaired intellectual and adaptive functioning. It is defined by an IQ score under 70 in addition to deficits in two or more adaptive behaviors that affect everyday general living.
- Adaptive behavior relates to every day skills or tasks that the average person is able to complete, similar to the term life skills.

Wikipedia

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TBI

- Traumatic Brain Injury- Traumatic brain injury occurs when an external mechanical force causes brain dysfunction.
- Traumatic brain injury usually results from a violent blow or jolt to the head or body. An object penetrating the skull, such as a bullet or shattered piece of skull, also can cause traumatic brain injury.

Mayo Clinic

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AUTISM

- Autism spectrum disorder is a condition related to brain development that impacts how a person perceives and socializes with others, causing problems in social interaction and communication. The disorder also includes limited and repetitive patterns of behavior. The term "spectrum" in autism spectrum disorder refers to the wide range of symptoms and severity.
- Autism spectrum disorder includes conditions that were previously considered separate — autism, Asperger's syndrome, childhood disintegrative disorder and an unspecified form of pervasive developmental disorder. Some people still use the term "Asperger's syndrome," which is generally thought to be at the mild end of autism spectrum disorder.

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PTSD

- Post Traumatic Stress Disorder- Post-traumatic stress disorder (PTSD) is a mental health condition that's triggered by a terrifying event — either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.

Mayo Clinic

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AUTISM

- •Fails to respond to his or her name or appears not to hear you at times
- •Resists cuddling and holding, and seems to prefer playing alone, retreating into his or her own world
- •Has poor eye contact and lacks facial expression
- •Doesn't speak or has delayed speech, or loses previous ability to say words or sentences
- •Can't start a conversation or keep one going, or only starts one to make requests or label items
- •Speaks with an abnormal tone or rhythm and may use a sing tone voice or robot like speech
- •Repeats words or phrases verbatim, but doesn't understand how to use them
- •Doesn't appear to understand simple questions or directions
- •Doesn't express emotion(s) or feelings and appears unaware of others' feelings
- •Doesn't point at or bring objects to share interest
- •Inappropriately approaches a social interaction by being passive, aggressive or disruptive
- •Has difficulty recognizing nonverbal cues, such as interpreting other people's facial expressions, body postures or tone of voice

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AUTISM

- Performs repetitive movements, such as rocking, spinning or hand flapping.
- Performs activities that could cause self-harm, such as biting or head-banging.
- Develops specific routines or rituals and becomes disturbed at the slightest change.
- Has problems with coordination or has odd movement patterns, such as clumsiness or walking on toes, and has odd, stiff or exaggerated body language.
- Is fascinated by details of an object, such as the spinning wheels of a toy car, but doesn't understand the overall purpose or function of the object.
- Is unusually sensitive to light, sound or touch, yet may be indifferent to pain or temperature.
- Doesn't engage in imitative or make-believe play.
- Fixates on an object or activity with abnormal intensity or focus.
- Has specific food preferences, such as eating only a few foods, or refusing foods with a certain texture.

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W&I 5150

- Lanterman-Petris-Short Act- The act set the precedent for modern mental health commitment procedures in the United States. It was co-authored by California State Assemblyman Frank D. Lanterman (R) and California State Senators Nicholas C. Petris (D) and Alan Short (D), and signed into law in 1967 by Governor Ronald Reagan. The Act went into full effect on July 1, 1972.
- The Lanterman-Petris-Short (LPS) Act ordered the release of all harmless mentally ill patients.

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W&I 5150

- History: Up to the 1960's if you were hospitalized with a "mental illness" there was no appeal process or way to get out.
- Institutions were huge and under staffed and under regulated.
- Experimental treatments, electro shock for instance, and drugs were tested on unsuspected patients.

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DE-ESCALATION

- TACT is a communication technique designed to de-escalate a crisis situation.
- Tone- Its how you say it.
- Atmosphere- What are your surroundings.
- Communication- Rapport
- Time- Its on your side

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HISTORY

- "...many working class families often brought about the confinement of their own "disturbed and disturbing" relatives and neighbors. The insane, the poor, the delinquent, and the criminal were... a formidable burden to their own families and neighborhoods." State institutions provided a means for families and neighbors to unburden themselves at little to no cost. The state hospitals were funded entirely by the state and, because there were no community-based treatments available for those deemed insane, the state hospitals were the only option for commitment and care of the mentally ill. In addition, counties and communities found it easy to send troublesome individuals who might be afflicted with a mental illness to the state hospitals and, from the 1870s to the 1920s, "California had the highest rate of insane commitments in the nation." This resulted in one in every 281 Californians being committed to a state hospital by the turn of the century, leading all the hospitals to be overcrowded for nearly their entire histories up to the late 20th century. Wikipedia

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TONE

- It's not what you say, but how you say it.
- Be calm and non-confrontational
- Be respectful
- Be truthful
- Be patient, attentive and reassuring.
- Maintain a positive attitude, even during failures.
- Avoid taking what is said personal



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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.

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ANTI-PSYCHIATRIC MEDICATIONS

- Anti psychotic medications
- Anti Depressants
- Mood stabilizers
- Anti anxiety medications



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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 Reflecting - Listening and responding to feelings, not content.
- Use restatement - paraphrase what was said.
- Give firm, simple and clear directions.
- "I" statements
- 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)

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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), principally in schizophrenia and bipolar disorder. They are increasingly being used in the management of non-psychotic disorders. Antipsychotics are usually effective in relieving symptoms of psychosis in the short term. *Risperdal *Depakote

Wikipedia

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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

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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, dysmenorrhoea, snoring, migraine, attention-deficit hyperactivity disorder (ADHD), addiction, dependence, and sleep disorders. They may be prescribed alone or in combination with other medications. *Zoloft *Prozac

Wikipedia

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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

Wikipedia

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JUVENILE 5150'S

- Loma Linda for 4 years and up.
- Canyon Ridge for 13 and up.

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ANTI-ANXIETY MEDICATION

- Antidepressant medications can reduce anxiety, and several selective serotonin reuptake inhibitors have been USFDA approved to treat various anxiety disorders. Antidepressants are especially beneficial because anxiety and depression often occur together.(6) *Celexa *Xanax (Super addictive and high potential to overdose)

Wikipedia

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COMMUNITY RESOURCES

- DBH- Department of Behavioral Health
- TEST- Triage Engagement and Support Team
- CCRT- Community Crisis Response Team
- CWIC- Crisis Walk-In Clinics
- HOST- Homeless Outreach Support Team
- RBEST- Recovery Based Engagement Support Team
- Consumer Clubhouse- Job training/ Social activities/ Education
- APS- Adult Protective Services
- CFS- Child/ Family Services

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ANTI- PSYCHOTIC MEDICATION SIDE EFFECTS

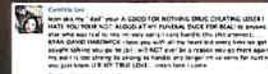
- Head forward
- Drooping eye lids
- Open mouth
- Salivation/ drooling
- Tremors in hands
- Slow shuffling/ Short steps



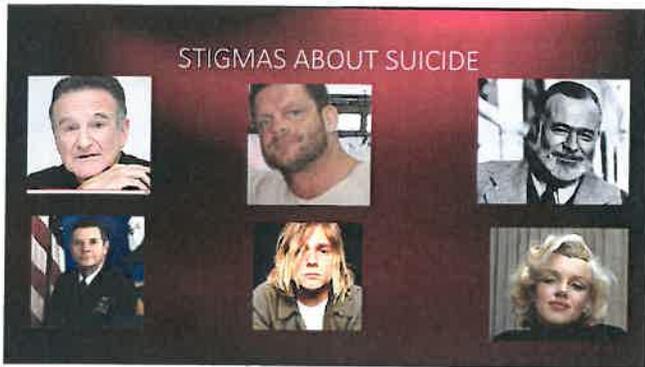
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SUICIDE

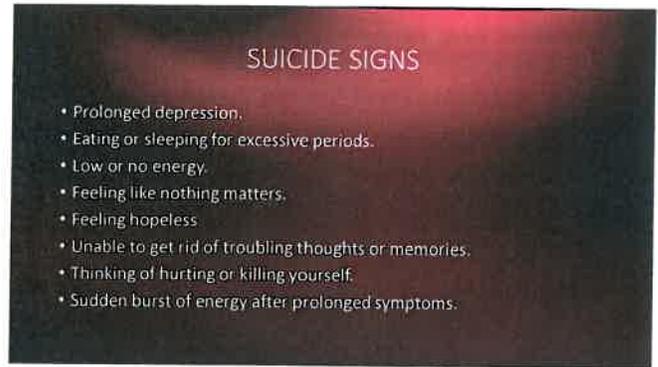
- Suicide: The act of killing oneself intentionally. Oxford Dictionary.
- Suicide: The act or an instance of taking one's own life voluntarily and intentionally. Merriam- Webster Dictionary
- ** There is no mention of signs or symptoms or who's effected by suicide. You do not have to be depressed.



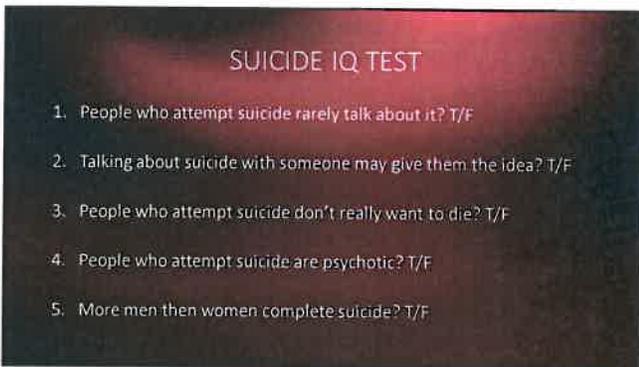
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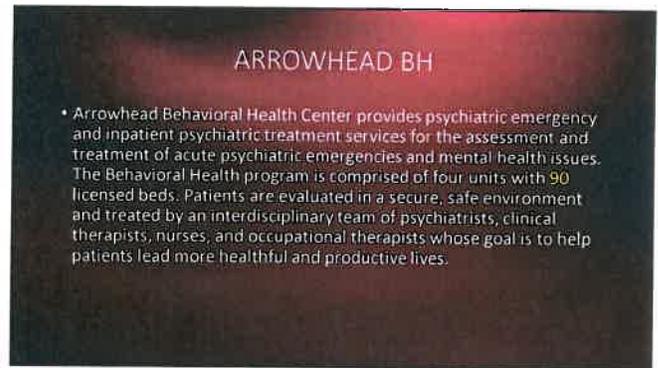
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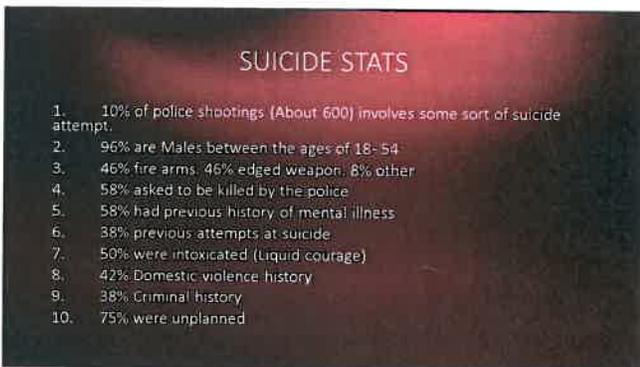
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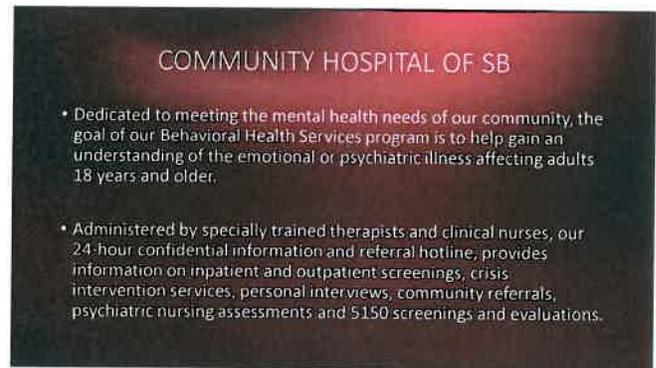
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