Course Outline - Oct 2019

Highlighted Sections Indicate POST PSP Mandatory Topics

Minimum Topics/Exercises:
- Class Exercises/Student Evaluation/Testing
- Tactical Comm. – Officer to Officer/Suspect/Citizen/Victim
- Officer Safety
- Communication Elements
- Intentional/Unintentional Contact Escalation vs. De-Escalation
- Inappropriate Language
- Dealing with Difficult People
- Listening Skills
- Questioning Techniques
- Persuasion

• **Purpose of Training:** At the conclusion of this course, officers will be better equipped to gain voluntary compliance when dealing with persons in crisis.

I. Introduction
   A. Welcome .......................................................... Sheriff Mark Essick, Sonoma County Sheriff
      Bill Carter, Director, County Mental Health
      *Introduced and express their support*
   
   B. Housekeeping

II. Introduction to CIT ............................................. Sgt. Buchignani, Sonoma County Sheriff
    Melissa Ladrech, Behavioral Health

   A. Objectives
   B. Increase ability of officer to recognize an individual with mental illness
   C. Increase empathy of officer for the individual with mental illness
   D. Provide additional techniques for de-escalating a tense situation (e.g., non-physical interventions) and increase proficiency in non-violent crisis intervention techniques.
   E. Decrease officer anxiety in dealing with the individual with mental illness
   F. Increase basic knowledge and understanding of various presentation of mental illness (as well as with the Developmentally Disabled, persons with Traumatic Brain Injury, and Alzheimer’s Disease or Dementia)
   G. Increase understanding of how a person with mental illness will respond to different approaches
   H. Increase ability to recognize “dual diagnosis” situations
   I. Increase knowledge of available community resources regarding dealing with a person with mental illness
   J. Class introductions
K. Individuals interview one another and share with the rest of the class
L. Find out the amount of years in law enforcement, the amount of additional training in mental illness, and the attendees expectations of the course
M. Reduction of stigma of those with mental illness or intellectual disabilities

III. **Major Mental Disorders, Psychoses (Schizophrenia, Schizoaffective, Psychotic)**
   A. Definitions
   B. Causes
   C. Prevalence
   D. Symptoms
      i. Delusions
      ii. Hallucinations
      iii. Disorganized Speech
      iv. Grossly Disorganized or Catatonic Behavior
      v. Negative Symptoms
         1. Depression
         2. Avolition
   E. Behaviors
      i. Compare and contrast with other illnesses
      ii. Changes in ability to function
   F. Course of Illness
   G. Treatments
      i. Medications
      ii. Mental Health Support
   H. Relapse Prevention
   I. Evaluation for 5150
   J. Effective Communication Strategies
   K. Resources
   L. Dual Diagnosis Issues

IV. **Personality Disorders**
   A. Overview
   B. Etiology
   C. Epidemiology
   D. Historical Perspective
   E. Description of Types
   F. Borderline
   G. Narcissistic
   H. Histrionic
   I. Antisocial
   J. Suicide Potential
   K. Identification of Risk Factors
   L. Response
V. Post-Traumatic Stress Disorder in Returning Military Veterans
   A. Nature of PTSD in Returning Military Veterans
      i. How combat causes PTSD
      ii. Symptoms of combat induced PTSD
      iii. What to expect from Military Vets suffering from PTSD
      iv. Law Enforcement Situational Awareness when dealing with Combat PTSD
      v. Practical Suggestions for Law Enforcement
   B. Characteristic Symptoms
      i. Sleep Difficulties
      ii. Appetites, Eating and Weight
      iii. Accidents
      iv. Depression
      v. Acting out
      vi. Substance abuse
   C. Causes of PTSD
      i. Combat / Combat Readiness
      ii. Chain of Command / Authority
      iii. Lack of Control
   D. Treatment of PTSD
      i. Medications
      ii. Psychotherapies
      iii. Community Resources

VI. Excited Delirium
   A. Definition
   B. Causes
      i. Metabolic
      ii. Infectious
      iii. Pharmacological
      iv. Psychological
      v. Physical
      vi. Drugs
   C. Stages of Excited Delirium
      i. Severe Agitation
      ii. Potential Violence
      iii. Super Human Strengths
iv. Police Restraint
v. Struggle
vi. Respiratory Failure
vii. Usually Death
D. Signs and Symptoms for Excited Delirium
   i. Paranoia
   ii. Disorientation
   iii. Dissociation
   iv. Hyper-Aggression
   v. Tachycardia
   vi. Hallucination
   vii. Diaphoresis
   viii. Incoherent Speech or Shouting
   ix. Tachycardia
   x. Hallucination
   xi. Diaphoresis
   xii. Incoherent Speech or Shouting

VII. Neurocognitive Disorders, Dementia and Delirium
   A. Neurocognitive Disorder
      i. Common Neurocognitive Disorders
      ii. Diagnostic Criteria
   B. Dementia
      i. Common Dementia Disorders
      ii. Diagnostic Criteria
      iii. Statistics and Prevalence
   C. Delirium
      i. Diagnostic Criteria
   D. Temporary or Intermittent vs Permanent or Progressive

VIII. Panel Presentation
      NAMI Family & Consumer Members
      A. Describe experiences with their family member, illustrate what happened with police involvement (what they liked, and what they’d change)
      B. Mental Health Consumers
      C. Experiences dealing with a dual diagnosis family member
      D. Describe personal experiences, and experiences with law enforcement (what they liked, and what they’d change)

IX. Resources within the Mental Health System / Overview
    A. Discussion and Presentation by Sonoma County Mental Health Program Managers
       i. Managers give details about their Program and target population
    B. Panel Discussion
       i. Several Case studies are presented following a client through the system.
ii. Case Studies detail client from initial contact through program placement.

X. Dual Diagnosis and Substance Use Disorders and Treatment
   A. Drugs of Abuse
   B. Alcohol
   C. Marijuana
   D. Cocaine
   E. Speed, Methamphetamine
   F. Heroin
   G. PCP, Hallucinogens
   H. Prescription Drugs
   I. Mechanisms of Actions of Drugs of Abuse
   J. Actions on the Brain
   K. The Mesolimbic Dopamine Reward System
   L. Intoxication...Unique Effects of Each Drug
   M. Delirium and Psychosis
   N. Substance Withdrawal Syndromes
   O. Worsening of Psychiatric conditions
   P. Subtle Brain Changes, as in Marijuana
   Q. Actions on Behavior
   R. Distinguishing Which Drug(s) the Person is on
   S. Management of the Person UI
   T. Field Management
   U. Booking
   V. Withdrawal Syndromes During Incarceration
   W. Treatment of the Substance Using Adult
   X. Effects of Incarceration
   Y. Proposition 36
   Z. Recovery Rates in Treatment Programs
   AA. Dual Diagnosis

XI. Homelessness
   A. Catholic Charities
      i. Who is Catholic Charities and what do we do?
      ii. Mission Statement
      iii. Community impacts - state funding, donations, etc
   B. Current Trends
      i. Pre fire
      ii. Post fire
   C. Who Makes Up The Homeless Population
      i. Demographics
         1. Statistics
      ii. Mental health – diagnosed vs undiagnosed
1. Statistics and Prevalence
   iii. Dual diagnosis – mental health / addiction
   1. Statistics and Prevalence
   iv. What comes first – housing or mental health/addiction treatment?

D. Current Update
   i. Corporate Center Parkway and other sites

E. What are the Experts Predicting
   i. What are the expectations going forward
   ii. What are other Counties, States or other Countries doing to combat homelessness

F. How Can Law Enforcement More Effectively Deal With the Homeless Population
   i. What are the options
   ii. Where are the resources

XII. NAMI

A. Introduction to NAMI, National Alliance on Mental Illness
B. Introduction to NAMI Sonoma County as a Local Resource
C. Issues related to Mental Illness
   i. Prevalence of Serious Mental Illness
   ii. Impact of Stigma – Why People Don’t Seek Help
   iii. Mental Health System Issues
   iv. Barriers to Treatment
   v. Impact on Families
D. NAMI Sonoma County: What We Do
   i. Educational Programs
   ii. Support Groups
   iii. Presentations for Schools, Employers, & Community Groups
   iv. Warmline – Information & Referrals

XIII. Program Site Visit Briefing

A. Types of Programs Available in Sonoma County
B. Locations of the Programs
C. What to Expect from the Site Visit
   i. Interactions with clients during the site visits

XIV. Program Site Visits

A. Norton, Psychiatric Emergency Services (PES), 3322 Chanate Rd
B. Santa Rosa Vets OP Clinic, 3725 Westwind Blvd
C. Crisis Residential Center (Progress Sonoma), 3400 Montgomery Drive
D. Interlink Self-Help Center, 1033 Fourth St
E. FACT, 2350 Professional Drive
F. Student Presentation and teach back on site visits
   i. Students remain in their site visit groups
ii. Groups prepare 10-15min presentation detailing location and services provided at one of the sites visited.

iii. Groups give presentations (10-15 min each presentation)


A. Intellectual / Developmental Disabilities Diagnosis
   i. Common Developmental Disabilities
      1. Statistics and Prevalence
      2. Diagnostic Criteria
   ii. Autism Spectrum Disorder
      3. Statistics and Prevalence
      4. Diagnostic Criteria
   iii. Recognizing Signs: Indicators of / Distinguishing Features

B. Disability Awareness
   i. Person-First Language
   ii. Shifting how we understand disabilities
   iii. Co-occurring Diagnosis

C. Behavioral Characteristics
   i. Functions of Behavior
   ii. Perseveration / Compulsion
      1. Routines, Interests, Objects
   iii. Skills Deficits

D. Sensory Overwhelm
   i. Sensory Systems
   ii. Self-Regulation and Stimming
   iii. Sensory Kits

E. Tools and Strategies
   i. Unloading / Frontloading
   ii. Adding and removing energy
   iii. Using Special Interests

F. Communications Differences
   i. 10 ASL Signs
   ii. Processing and Communication
      1. Abstract concepts
      2. Social concepts
      3. Figurative language
   iii. Echolalia, Echopraxia and Scripting
   iv. Non-Verbal Individuals
   v. Adapting Communication

G. What We Want You to Know...

H. Crisis and Behavioral Support: Community Resources
XVI. Children & Adolescence
   A. Causes of Problems
      i. Toxins
      ii. Abuse
      iii. Stress
   B. Available Treatment
   C. Causes of Lack of Treatment
   D. Culture
   E. Denial
   F. Shame/Embarrassment
   G. Misdiagnosis
   H. Finances
   I. Definitions of Disorders
   J. What is a “Disorder”
   K. Disorders Illustrated
   L. ADD/ADHD
   M. Autism
   N. Conduct Disorder
   O. Eating Disorder
   P. Tourette’s Disorder
   Q. Elimination Disorder
   R. Mood Disorders
   S. Anxiety Disorders
   T. Separation Anxiety Disorders
   U. Behaviors
   V. Rocking
   W. Humming
   X. Communication Altered
   Y. Frustration levels
   Z. Use of Drugs as a Last Resort
   AA. Mental Health Interventions/Effective Intervention Strategies
      BB. Diet
   CC. Case Study examples given (parent/child dynamics)

XVII. Overview of MST
   A. Discussion of Origins and Goals
      i. Highly requested service in SCBH’s MHSA community planning process
      ii. Natural evolution from providing MH training to officers via CIT in the classroom, to providing in-person MH resources and support with officers to individuals in the field
      iii. Started in 2012 with MHSA funding, expanded in 2015 with Triage grant
iv. Goals include connecting individuals to needed services and supports, directing individuals to least restrictive, effective level of care, and minimizing negative outcomes

B. Staffing
   i. Staff responding to calls are licensed and license eligible clinicians, and alcohol and drug abuse counselors
   ii. Peer Support Specialist provides proactive support to individuals, connecting them to peer supports, and other community resources
   iii. Family member provides proactive support to family members, connecting them to resources and family support groups and educational classes

C. Operations
   i. Responds to calls from law enforcement only
      1. Sonoma County Sheriff’s Office
      2. Santa Rosa Police Dept.
      3. Santa Rosa Junior College District Police
      4. Rohnert Park Police Dept.
      5. Cotati Police Dept.
      6. Petaluma Police Dept.

D. Current Hours and Area
   i. North Team covers Santa Rosa & Windsor, takes calls 7 days/week, 2:30-11:30 PM
   ii. South Team covers Rohnert Park, Cotati & Petaluma, Mon-Fri from 1:30-8:30 PM

XVIII. Suicide Intervention / QPR
   A. Causes
      i. Stress
      ii. Depression
      iii. Divorce
      iv. Child Custody Problems
      v. Life Problems
      vi. Age
      vii. Debt
      viii. Health Problems
      ix. Not Going Back to Jail
      x. Loss of a Love

   B. Cultural Components

   C. Statistics

   D. Feeling States

   E. Examples of Common Types

   F. Gaining Trust

   G. Class Gives Examples from their Experience

   H. List of Examples of Typical Statements

   I. Theory Today is to Ask Directly

   J. Plan, Means, Intent
K. Ways People Commit Suicide
L. Making An Assessment
M. Cultural Factors
N. Role-play-Space/Anxiety
O. Communication
P. Awareness
Q. Non-Verbals
R. How the Caretakers Care for Themselves

XIX. Positive Images / LGBTQIA+
A. Welcome
   i. Introduction to Positive Images
   ii. Mission and Vision
   iii. Overview of Programs and Support Services
B. Outcomes & Agreements
   i. Outcomes – Learning Objectives
   ii. Community Agreements
   iii. Learning Environment
C. LGBTQIA+ & SSOGIE
   i. LGBTQIA & SSOGIE definitions
   ii. Sex vs Gender
   iii. Trans and Non-binary Identities
D. Inclusive Language
   i. Identity, Names, & Pronouns
   ii. Gender Neutral Language
   iii. Examples in Conversation
E. Mental Health Considerations
   i. The Trans Experience
   ii. Youth in Schools
   iii. Impact of Acceptance
F. How to be an Ally & Best Practices
   i. Self-Identification
   ii. Develop inclusive practices
   iii. Education
G. Local Resources
   i. Santa Rosa
   ii. Sonoma County
   iii. National/International
H. Q&A, Evaluations, & Closing
   i. Audience Questions for Trainers
   ii. Evaluations
   iii. Closing Statements
XX. Cultural Competence / Implicit Bias
   A. Overview
      i. Conversation Guidelines
         1. What do we need to establish to make this a safe place?
         2. Meet people where they are at
         3. Use of “I” statements
         4. All questions are valid
   B. Recognizing Diversity
      i. Basic Definitions
         1. The Elements of Cultural Competency
         2. Perceptions, stereotypes and implicit bias
         3. Prejudice and Discrimination
         4. Ethnic Groups
         5. Race
         6. Ethnocentrism
         7. Immigrant
         8. Refugee
         9. Migrant
        10. Indigenous people
        11. Minority
        12. Acculturation
        13. Assimilation
   C. Cross-cultural Interactions
      i. The Cultural Competence Continuum – where are you now?
         1. Breaking the Cycle by becoming more mindful
         2. Reducing the Impact of Stereotyping
         3. Process of gaining Cultural Competence
         4. Leading with Cultural Intelligence
   D. Understanding the World View
      i. Individual, Organizational, Systems
         1. How do they relate?
         2. Enhancing Cultural Competence
   E. Accepting Diversity
      i. Recognizing one’s own cultural and ethnic group
         1. Personal bias
         2. Personal discomfort levels with differences and change
         3. Origins of one’s own and other individuals perceptions, stereotypes, and prejudices
         4. Benefits of change and diversity
   F. Classroom Activity
      i. “Honoring Diversity”: help participants become aware of “otherness”
         1. Are you a NY Giants Fan?
         2. Do you watch the Jersey Shore?
3. Do you like to participate in outdoor recreational activities?  
4. Do you enjoy watching soap operas, “stories” or “novelas”?  
5. Do you like to travel outside of the United States?  
6. Are you 30 or younger?  
7. Do you remember the day Martin Luther King was shot?  
8. Has anyone in your family been a veteran?  
9. Is your heritage any part Jewish?  
10. Do you self-identify as being mixed or multiracial?  
11. Are you an immigrant to the United States?  
12. Did you speak a language other than English in your family growing up?  
13. Have you ever applied to a school that you did not get into?  
14. Have you ever experienced oppression or rejection because of your culture or race?  
15. Do you practice the same religion as your parents?  
16. Do you live in what you would consider a truly integrated neighborhood?  
17. Do you have more than 2 children?  
18. Has your class status changed from the class of your parents through education, marriage, or money?  
19. Are you a grandparent?  
20. Did you grow up in a two-parent household?  
   ii. How many individuals answered yes to each question?  
   iii. What reactions to and/or surprises do you have regarding diversity in the room?  
   iv. What questions were difficult to respond to? Why?  
   v. Share your thoughts/feelings about being among the majority/minority in the group  

XXI. Crisis and Tactical Communication  
   A. Psychological & Physiological Response to Crisis  
   (G) Dealing with Difficult People  
   B. Definition of Crisis  
   C. Characteristics of Crisis  
   D. Stages of Crisis  
   E. Verbal/non-verbal Intervention  
   F. Rapid Access  
   G. Precipitating Stress  
   H. Support  
   I. Learning  
   J. Active Approach  
   K. Focus  
   L. Communication Techniques  
   (B) Tactical Comm. – Officer to Officer / Suspect / Citizen / Victim  
   M. Qualities of a CIT officer  
   N. Facilitative Listening  
   (D, H, J) Communication Elements & Listening Skills & Persuasion  
   O. Things to Assume and to Avoid  
   P. Limit Setting
Q. Nonverbal Behaviors
R. Pre-Death Behaviors
S. Effective Communication Strategies
T. Purpose/Philosophy
U. Basic Rules of Intervention/Principles
V. Definitions of a Crisis
W. Characteristics of a Crisis
X. Recognition/Assessment (C) Officer Safety
Y. Intelligence Gathering
Z. Risk Factors
AA. Violence Potential
BB. Resources
CC. Qualities of a CIT officer
DD. Facilitative and Active Listening
EE. Limit Setting
FF. Non-Verbal Behaviors
GG. Effective Communication Strategies

XXII. Suicide by Cop

A. Definitions
B. Statistics
   i. Recent Suicide by Cop cases involving San Jose PD
C. Common Reasons
D. Statements
E. Hollywood Incident – Compare and Contrast
F. Officer Safety
   i. CIT Officer Safety at the Scene
   ii. Weapons
   iii. Location of Subject
   iv. Distractions
G. Psychological Aspects
   i. CIT Officers
   ii. Suspects

XXIII. Post-Traumatic Stress Disorder
iv. Depression
C. Causes of PTSD
D. Treatment of PTSD
E. Medications
F. Psychotherapies

XXIV. **Legal Issues and Policy**
A. Crisis Intervention Team Policy
B. Call Taking and Dispatch (Mutual Aid Agreement)
C. CIT Officer Response
D. CIT Follow-up
E. Mental Health Crisis Assistance (has changed recently)
F. W & I code information clarified
G. Confidentiality Issues

XXV. 5150 Reports
A. Intro to writing better 5150 committals
   i. Documentation
   ii. Words and/or Actions
B. Legal Issues and 5150 Process
C. Danger to Self
D. Grave Disability
   i. Documentation, e.g., Malnutrition, No Food in House, Basic Needs Unmet
E. Weapons
   i. Searches and Seizures

XXVI. Scenarios/Role-plays/Simulator/Learning Activity
A. Four Scenarios are presented, each attendee must test out as a primary officer by resolving the situation (A) Class Exercises/Student Evaluation/Testing
   i. Serious Mental Illness Portrayed
   ii. Depression/Suicide
   iii. Domestic Situation
   iv. Distraught with a weapon

XXVII. Role-plays Debriefing
A. Evaluations and Testing (A) Class Exercises/Student Evaluation/Testing
B. POST Evals filled out
C. Post-test taken