EL PASO POLICE DEPARTMENT TRAINING ACADEMY

Lesson Plan Cover Sheet

Lesson Title: Crisis Intervention Training (CIT) Refresher (TCOLE #3843)

Instructor: Certified Crisis Management Team TCOLE Instructors

Course Content: This training will provide a review a the key concepts, safety techniques, and communication skills initially taught in the basic peace officer crisis intervention training. This course will include combinations of lecture and scenario based training.

Target Population: Uniformed Personnel

Date Lesson Plan Prepared: 5/18/2012

Lesson Plan Prepared by: Andres Rodriguez #1541, Danny Zamora #2170, Delia Dyer #2260

Revised By: Ofc. Paul Pacillas #1012

Date Revised: 08/17/17

Computer File Name:

Reviewed by: ______________________________

Approved by: ______________________________

El Paso Police Department
Training Academy
Lesson Plan Cover Sheet
Page 2

Lesson Title: Crisis Intervention Training (CIT) Refresher

Instructor(s): Certified Crisis Management Team TCOLE Instructors

Prepared by: A. Rodriguez #1541, D. Zamora #2170, D. Dyer #2260 **Date Prepared:** 5/18/12
Revised by: P. Pacillas #1012 **Date Revised:** 08/17/17

Time Frame **Total:** 8 **Hrs.** 0 **Min.** **Suggested Schedule** **From:** Varies **Day:** Varies	**Target Population:** Uniformed Personnel **Number of Students: 30-50** **Space Requirements**: Adequate classroom space to accommodate class (student) population size
Learning Objectives: - The student will develop an advanced personal appraisal of crisis identification - The student will be able to define through discussion the term mental illness - The student will identify exceptions and differentiations in the definition of mental illness - The student will identify factors that cause mental disorders and the symptoms of mental disorders - The student will develop an understanding of the legal process, evaluation, and techniques for appropriateness of apprehension - The student will be able to identify resources that can assist with mental health consumers	**Evaluation Procedures:** Students will demonstrate understanding of material presented through class interaction with instructor and other students. Oral and written exercises will be conducted throughout the class to reinforce evaluation process.

El Paso Police Department
Training Academy
Lesson Plan Cover Sheet
Page 3

Lesson Title: Crisis Intervention Training (CIT) Refresher

Methods and Strategies: Classroom lecture, scenario / role-play based scenarios

Training Materials:

PowerPoint presentation & applicable videos.

References:

See Reference Page at end of Lesson Plan.

Equipment & Supplies Needed:

_XX_ Multi-Media Projector
_XX_ Lap-Top Computer
_____ VCR
_____ Flip chart easel
_____ Flip chart pad(s)/markers
_____ Overhead projector
_XX_ Video Monitor(TV)
_____ Video Camera
_XX_ Dry-erase board/markers

Other: (list other item)
Multimedia Speakers
Multimedia Clicker
____
____
____
____
____
____

Student Materials and Handouts: Notetaking materials, class handouts

Presentation Guide	**Notes to Instructor**

What is a "Crisis?"

- Webster: a turning point
- The English word is derived from the Greek *krinein,* meaning to decide.
- Chinese term for crisis is Weiji: Composed of two characters. One character signifies opportunity and the other signifies danger
- Generally accepted definition: A temporary state of upset and disorganization, characterized by an inability to cope with a particular situation using customary methods of problem solving, and by the potential for a radically positive or negative outcome. (Kantor/University of Virginia)

Instructor Note: Utilize classroom discussion, brainstorming, and mapping techniques to formulate a consensus on the definition of the term crisis.

"A crisis occurs when a stressful life event overwhelms a person's ability to cope effectively in the face of a perceived challenge or threat." (Flannery)

A critical incident that is a sudden, unexpected event that may overwhelm an individual's ability to respond resiliently. Extreme critical incidents may result in a personal crisis, traumatic stressors, or even Post Traumatic Stress Disorder (PTSD).

Instructor Note: A critical incident may be confused with the term crisis, when in fact it is the trauma of the stressful event that has the potential to lead to a crisis response; the critical incident then being "the stimulus that sets the stage for the crisis response.")

Identify behaviors that detect an individual in crisis

"First Three Minute Assessment"

Four Components

- Elements of Evaluation
- Intellectual Functioning
- Behavioral Reactions
- Emotional Reactions

Presentation Guide

Lesson Title: Crisis Intervention Training (CIT) Refresher

Presentation Guide	**Notes to Instructor**
Elements of Evaluation • Appearance and Behavior • Stream of Talk • Thought Content • Perceptual Abnormalities • Affect-prevailing emotional tone • Concentration • Cognitive-intellectual functions Intellectual Functioning • Clear/Alert vs. Foggy/Confused • Difficulty in Understanding • Stream of Mental Activity • Over Productive • Delusions/Hallucinations Behavioral Reactions • Attitude • Controlled Behavior • Coordination/Gait • Distrusting/Withdrawn/Isolates Self • Shy/Meek/Introverted Emotional Reactions • Low/Depressed/Sad • Volatile/Emotional swings • Helpful/Motivated/Caring • Suspicious • Irritable/Annoyed/Angry • Bitter • Bullying	*Instructor Note: Have class list common physical/emotional/psychological indicators experienced as a result of a crisis. Examples: panic, disappointment, confusion, fear, increased blood pressure, sweaty palms, muscular twitching, adrenaline rush. Connect these with the listed "Three minute assessment."*

El Paso Police Department
Training Academy

Presentation Guide

Lesson Title: Crisis Intervention Training (CIT) Refresher

Presentation Guide	Notes to Instructor

Articulate the technique of Crisis Intervention

Over the last few decades, crisis intervention has proven to be an effective, front-line intervention for individuals experiencing all types of crisis and crisis situations, especially in extreme situations that may result in psychological trauma. Intervention techniques assist individuals in returning to a level of functioning enabling them to gain some sense of behavioral control.

Many practitioners state that the sooner an intervention can occur, such as during the early stages of distress, the better. Intervention by first responders tends to greatly reduce or even prevent many crisis symptoms. A front-line officer has one critical qualification that a qualified practitioner does not…they are there. (Hoggan)

General crisis intervention goals include:

1. Stabilization, an interruption in crisis escalation behavior, identification of any risk of harm to themselves or others
2. Reduction in the acute signs of distress
3. Restore independent functioning or, if needed, referral to higher level of care for assessment/evaluation

A crisis can throw individual lives into a chaotic realm, resulting in feelings of being out of control. By providing the individual with a sense of safety and security by allowing them to ventilate without a judgment call, validates their feelings. Even if they appear irrational, giving them accurate and honest predictions and preparation for the situational outcome can assist them in gaining much needed personal control.

Instructor Note: Class exercise
Have class brainstorm by listing the "Do's" and "Don'ts" of communication in a crisis situation.
Example:
Do's: listen, stay calm, be objective, be aware of surroundings, use your resources.
Don'ts: Argue (power struggle), invade personal space, take it personally, make light of the situation, and make false promises.

Instructor Note: A technique in assisting an individual in problem-solving during a crisis could be to ask them to name an important problem or concern they are currently feeling (how do I get home, I am out of needed medications, I don't want to go to jail, I am hurt or ill). Bringing these concerns and/or fears to the surface by verbalization may assist in problem-solving and thus de-escalating the crisis process and restoring a sense of control. (Utilize this technique for a scenario/role-play activity)

El Paso Police Department
Training Academy

Presentation Guide

Lesson Title: Crisis Intervention Training (CIT) Refresher

Presentation Guide	**Notes to Instructor**

Implement the Crisis Intervention Model through a scenario activity

A successful crisis invention model is one that is comprehensive enough to be implemented by people who may have little training and flexible enough to be used by the trained. It is built on the premise that basic active listening skills will be utilized and will take place with an empathetic ear. As law enforcement officers, crisis intervention techniques are used to alleviate immediate symptoms only, followed by a referral to qualified help as appropriate.

Listening Skills:
Listening is the primary tool used by the crisis interviewer. Encourage the individual to talk to you and share their present feelings. A person who feels understood and cared about will feel emotionally safe and be more able to deal with a crisis situation. Listening should be non-judgmental; judging makes open communication almost impossible by making the individual feel defensive.

L.E.A.P.S.

Listen
Empathize
Ask
Paraphrase
Summerize

Characteristics to Positive Communication

- Introductions
- Opening Statements
- Reflecting Statements
- Methods of gaining trust
- Communicaion to Defuse

El Paso Police Department
Training Academy

Presentation Guide

Lesson Title: Crisis Intervention Training (CIT) Refresher

Presentation Guide	Notes to Instructor

Introductions and Opening Statements

- Identify self as officer
- Utilize Identifying Statements

-*"I am* (name) *and I am with the Police Department. I understand there is a problem and I would like to help you. Could you tell me about what happened today."*
- *"Tell me what's going on."*
- *"I want to understand what you need."*
- *"I would like to work with you to find solutions to your problem."*

Reflecting Statements

- Encourage Communication
- Neutral Responses/Encourage Talking
- Examples:
  - "I see…"
  - "Tell me about it…"
  - "That would be one solution…"
  - "What other options do you have…"

Methods of Gaining Trust

- Honesty/Sincerity
- Follow Through
- Validation of Positive Actions
- Forewarn
  - "I'm not going to lie to you. You will probably be going to jail."
  - "You have been straightforward with me, so I am going to be straightforward with you…"
  - "You are going to have to be handcuffed when you ride in the police car."

Instructor Note: Have class break into small groups. Assign each group with a problem area. The group should jointly brainstorm possible solutions to the problem area and how to present these solutions to an individual in crisis. The group will then come up with a plan for finding an appropriate and specific referral source. Emphasize that they are looking for resources that are specific to the problem area; anyone can be dropped off at an emergency room.

Presentation Guide

Lesson Title: Crisis Intervention Training (CIT) Refresher

Presentation Guide	**Notes to Instructor**

Communication to Defuse

- Show understanding/empathy
- Use modeling
- Reassure
- Allow ventilation

Barriers to Active Communication

Level of Communication

- Communicate on a level that is easy for the consumer to understand and respond
- Keep vocabulary simple
- Example:
  - *"At this time, you are required to exit the vehicle."* **OR**
  - *"I need you to step out of the car."*

Lack of Active Listening

- Arguing
- Criticizing
- Jumping to Conclusions
- Pacifying
- Derailing
- Moralizing
- Name-Calling
- Ordering
- Interupting

Presentation Guide

Lesson Title: Crisis Intervention Training (CIT) Refresher

Presentation Guide	**Notes to Instructor**

Three levels of "Active Listening"

- Listening to Words
- Listening to Whole Messages
- Reflecting the Whole Message

Techniques to "Active Listening"

- Repeating
- Paraphrasing
- Reflection of Feelings (emotional labeling)

Repeating

- Simply restate what the person has said in his words
- This helps ensure you heard what you think you heard
- If possible…use less provocative language to defuse a situation
  "Blowing someone away" vs.
  "Harming someone"

Paraphrasing

- Go beyond what was stated in an attempt to understand the meaning behind the words
- Be careful not to lead with your own feelings
  Example:
  - *"It sounds like you are really worried about money right now."*

Reflection of Feelings

- Express awareness of other persons feelings
  Example:
  "You sound depressed…."

Instructor Note: Discuss "psychology of presence." One's presence can and does mean more than what you s its more important that they know you care.

Instructor Note: Many funding sources do not utilize such a broad definition when classifying a consumer for funded services. They differentiate by utilizing the term "serious mental illness." A serious mental illness contains three to four categories (dependent on funding source or state) of mental illness: Schizophrenia, bipolar disorder, schizoaffective disorder, and major depressive disorder; all classified as neurobiological brain diseases. ***Continued on next page.***

El Paso Police Department
Training Academy

Presentation Guide

Lesson Title: Crisis Intervention Training (CIT) Refresher

Presentation Guide	**Notes to Instructor**

Additional Techniques

- Re-wording:
  - Use this to verify shared meaning of word or phrase
  - Redefine the situation to create the option you want
  - Don't be afraid to say…
    "I don't know what you mean…"
- Minimal Encouragers:
  - Encourage communication and reinforce that you are listening with words like,
    "uh huh", "yes", "I understand" etc.
  - A mixture of words and silence invites the dialogue to continue

"You" statements vs. "I" statements

- "You" statements point a verbal finger of accusation
  - *"You do not have a headache from a computer chip planted in your brain…"*
- "I" statements establish a non-blaming tone
  - *"I understand your head is hurting…"*

El Paso Police Department
Training Academy

Presentation Guide

Lesson Title: Crisis Intervention Training (CIT) Refresher

Presentation Guide	**Notes to Instructor**

Mental Illness

General Definition:

"Mental Illness is a general term that refers to a group of brain disorders that affect the way a person thinks, feels, behaves, and/or relates to others and to his/her surroundings. Although the symptoms of mental illness can vary from mild to severe, a person with mental illness often is unable to cope with life's daily routines and demands." (Cleveland Clinic)

Many funding sources or institutions/clinics do not accept other mental, emotional, behavioral, or coping disorders that are not neurobiological in nature. Lead class in a discussion of these exceptions and differentiations in the definition.

Professional Definition of Mental Illness:

Mental illness is diagnosed based on behaviors and thinking as evaluated by a psychiatrist, psychologist, licensed professional counselor, licensed social worker, or other qualified professionals using a tool known as the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, most commonly called the DSM-IV. (American Psychiatric Association, Updated, 1999)

Definition per Texas Health and Safety Code

…an illness, disease, or condition, other than epilepsy, senility, alcoholism, or mental deficiency, that:

(A) Substantially impairs a person's thought, perception of reality, emotional process, or judgment; or
(B) Grossly impairs behavior as demonstrated by recent disturbed behavior.

Insanity (Legal Term):

Insanity is considered "a diminished capacity and inability to tell right from wrong." This is not a psychological term. The definition varies from state to state. It is generally used by the court with regard to an individual's competency to stand trial.

Abnormal Versus Normal Behavior:

A sharp dividing line between "normal" and "abnormal" behavior does not exist. Adjustment seems to follow what is called a "normal distribution," with most people clustered around the center and the rest spreading out toward the extremes.

Presentation Guide	**Notes to Instructor**

What causes mental illness?

The exact cause of most mental disorders are unknown, however, research shows us that they are caused by a combination of genetic, biological, psychological, and environmental factors.

1. Genetic Factors (Heredity): The susceptibility of many mental disorders is linked through multiple genes in a family chain. The disorder itself occurs from the interaction of these genes and other factors such as, psychological trauma and environmental stressors which can influence, or trigger the disorder into occurrence.
2. Biology: Mental disorders have been linked to certain chemicals in the brain called neurotransmitters. Neurotransmitters assist the nerve cells in the brain to communicate with one another. An imbalance or injury to these cells has been linked to mental disorders.
3. Psychological Trauma: Mental disorders can also be triggered by trauma. This trauma could happen at any life stage; from physical or sexual abuse as a child, to loss of a parent or spouse to Post Traumatic Stress Disorder as a war veteran.
4. Environmental Stressors: Life events can create stressors that trigger a disorder to present itself in a person at risk for developing a mental illness. Such events could include: death or divorce, dysfunctional family life, changing jobs or schools, and substance abuse.

Mental illness is non-discriminatory. It affects people of any age, socioeconomic level, or cultural background. Although mental illness affects both genders and ages, certain disorders affect one gender or age grouping predominantly over another. Such examples are; eating disorders tend to occur in women more than men, and attention deficit hyperactivity disorder (ADHD) occurs predominantly in children.

Presentation Guide	Notes to Instructor

Common symptoms of mental disorders

Symptoms vary depending on the type and severity of the disorder. Some general symptoms that might suggest a mental disorder could include:

- Confused thinking
- Long-lasting sadness or irritability
- Extreme highs and lows in mood
- Excessive fear, worrying, or anxiety
- Social withdrawal
- Dramatic changes in sleeping or eating
- Strong feelings of anger/frequent outbursts
- Delusions or hallucinations
- Increasing inability to cope with daily problems and activities
- Thoughts of suicide
- Denial of obvious problems
- Many unexplained physical problems
- Abuse of drugs and/or alcohol
- Defying authority, missing school/work, stealing, damaging property
- Hyperactivity
- Panic attacks
- Distorted thoughts
- Inappropriate behavior for situation
- False beliefs despite evidence to the contrary
- Paranoia
- Compulsive behavior
- Inflexible personality traits

Presentation Guide

Lesson Title: Crisis Intervention Training (CIT) Refresher

Presentation Guide	**Notes to Instructor**

DSM-V " is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities…."
(American Psychiatric Association 2013)

Instructor Note: Have students add to this list per field experience.

- Insanity (Legal Term)
  - Considered "a diminished capacity and inability to tell right from wrong."
  - Not a psychological term
  - Varies from state to state
  - Competency to stand trial
- Abnormal vs Normal Behavior
  - Behavioral patterns that go against social expectations
  - Depends on cultural context
  - People tend to display fear at abnormal behavior

Most prominent mental disorders and the mental illnesses that populate these catagories

There are many disorders that are recognized as a mental illness. The most prominent categories that contain these mental illnesses include:

1. Mood Disorder

A mood disorder is another type of mental illness demonstrated by disturbances in one's emotional reactions and feelings. Severe depression and bipolar disorder, also known as manic depression, are referred to as mood disorders. Recognizable behaviors that associate with mood disorders could include: lack of interest and pleasure in activities, extreme and rapid mood swings, impaired judgment, explosive temper, increased spending and delusions. The two most common mood disorders are Depression and Bipolar Disorder.

Presentation Guide	Notes to Instructor

2. Psychotic Disorders

Medical News Today Mark MacGill Feb 2017

Psychosis is an illness involving a distortion of reality that may be accompanied by delusions and/or hallucinations. The person may be hearing voices, he may look at a person and see a demon, he may think people are after him, or he may believe himself to be Jesus Christ. To the person, these hallucinations and delusions are real. These are most commonly seen in persons with schizophrenia, bipolar disorder, severe depression or drug induced disorders. Physical circumstances can also induce a psychotic state. Potential conditions include: organic brain disorders (brain injury or infections to the brain), electrolyte disorder, pain syndromes, and drug withdrawal.

Definition of Delusion:
False beliefs not based on factual information. The person may overreact to the situations or may appear to have what is called a "flat affect," where he shows no emotion or does not seem to care about what is going on around him. (e.g., social isolation, inappropriate emotions, odd beliefs, magical thinking)

Definition of Hallucinations:
Distortions in the senses, causing the individual to experience hearing or seeing something that is not there

This is poor processing of information and illogical thinking that can result in disorganized and rambling speech and/or delusions. It is not uncommon for a person hearing voices to hear two or more at a time. If you approach the person and start yelling at him, you are only adding to his confusion. Imagine having two or three people shouting at you all at once while an officer is trying to give you directions.

Presentation Guide	Notes to Instructor
3. <u>Anxiety Disorders</u> Anxiety is a normal reaction to stress. It helps one deal with tense situations. In general, it helps one cope. But when anxiety becomes excessive and irrational in everyday situations, it has become a disabling disorder. Unlike the relatively mild, brief anxiety caused by a stressful event (such as speaking in public), anxiety disorders last at least six months and can get worse if they are not treated. Anxiety disorders commonly occur along with other mental or physical illnesses, including alcohol or substance abuse, which may mask anxiety symptoms or make them worse. The most common anxiety disorders are: Panic Attacks, Phobias (an unreasonable fear caused by the presence or thought of a specific object or situation), Obsessive-Compulsive Disorder (OCS), and Post Traumatic Stress Disorder (PTSD). Posttraumatic Stress Disorder (PTSD), is a psychiatric disorder that can occur following the experience/witnessing of life-threatening events such as military combat, natural disasters, terrorist incidents, serious accidents, or violent personal assaults like rape. People who suffer from PTSD often relive the experience through nightmares and flashbacks, have difficulty sleeping, and feel detached or estranged. These symptoms can be severe enough and last long enough to significantly impair the person's daily life. PTSD frequently occurs in conjunction with other disorders such as depression, substance abuse, problems with cognition, and other physical and mental health issues. PTSD is also associated with impairment of the person's ability to function in social or family life, including occupational instability, marital and family difficulties. An estimated 7.8 percent of Americans will experience PTSD at some point in their lives, with women (10.4%) twice as likely as men (5%). About 3.6 percent of U.S. adults aged 18 to 54 (5.2 million people) have PTSD during the course of a given year. This represents a small portion of those who have experienced at least one traumatic event; 60.7% of men and 51.2% of women reported at least one traumatic event. The traumatic events most often associated with PTSD for men are rape, combat exposure, childhood neglect, and childhood physical abuse. The most traumatic events for women are rape, sexual molestation, physical attack, being threatened with a weapon, and childhood physical abuse.	*Instructor Note: With the return of many veterans from foreign conflicts, PTSD is on the upsurge. This is a topic that was not emphasized in the Basic CIT course and should be discussed in this refresher course in some depth. The following is a brief summary.*

Presentation Guide	**Notes to Instructor**

About 30 percent of the men and women who have spent time in war zones experience PTSD. An additional 20 to 25 percent have had partial PTSD at some point in their lives. More than half of all male Vietnam veterans and almost half of all female Vietnam veterans have experienced "clinically serious stress reaction symptoms." PTSD has also been detected among veterans of the Gulf War, with some estimates running as high as 8 percent.

The San Francisco Chronicle discusses the veterans returning from Iraq:

-- According to a 2005 VA study of 168,528 Iraqi veterans, 20 percent were diagnosed with psychological disorders, including 1,641 with PTSD.

-- The Marines and Army were nearly four times more likely to report PTSD than Navy or Air Force because of their greater exposure to combat situations.

-- Enlisted men were twice as likely as officers to report PTSD.

-- 8 percent to 10 percent of active-duty women and retired military women who served in Iraq suffer from PTSD.

-- Studies show that U.S. women serving in Iraq suffer from more pronounced and debilitating forms of PTSD than their male counterparts.

-- A Defense Department study of combat troops returning from Iraq found 1 in 6 soldiers and Marines acknowledged symptoms of severe depression and PTSD, and 6 in 10 of these same veterans were unlikely to seek help out of fear their commanders and fellow troops would treat them differently.

Presentation Guide	**Notes to Instructor**

4. Cognitive Disorders

Alzheimer's disease:
The most common organic mental disorder of older people is Alzheimer's disease. An individual experiencing this disease may get lost easily, have poor memory, and become easily agitated. It is estimated that 2-3 million Americans are afflicted with Alzheimer's, and that over 11,000 die from it each year.

Additional Facts:

- Alzheimer's is a form of dementia
- It is not considered a mental illness, and most mental health facilities will not admit Alzheimer's patients
- Drugs can help the progression of the disease, but there is no cure.
- It is now being diagnosed in persons considerably younger than 65.

5. Substance-related Disorders

Prolonged abuse of any drug (alcohol, prescription medications, or "street" drugs) will cause chemical dependency or addiction. This has an effect on consciousness, and if used long enough or in large dosages, may cause permanent damage to the central nervous system. This may cause a wide range of psychological reactions that can be classified as disorders. Smoking a stimulant like crack cocaine can cause paranoid symptoms, as prolonged alcohol use can produce depressive symptoms. A person who is physically dependent on heroin will show anxious behavior if usage is discontinued.

Illegal drug and alcohol usage is also a primary concern for individuals with a mental illness. These substances can have an adverse effect when used in combination with prescribed medications as well as having a *masking effect* on more severe symptoms. Use of illegal drugs and alcohol in a self-medicating way can also create a dependency as well as a roller coaster effect due to lack of consistency and medical monitoring.

El Paso Police Department
Training Academy

Presentation Guide

Lesson Title: Crisis Intervention Training (CIT) Refresher

Presentation Guide	Notes to Instructor

Substance abuse treatment is a critical element in a comprehensive system of care. Research conducted over the last decade has shown that the most successful models of treatment for people with co-occurring disorders provide integrated mental health and substance abuse services.

Instructor Note: Refer to Reference Guide at the end of lesson plan regarding Tartive Dyskensia.

Substance and cognitive disorders (drug related disorders included) - symptoms include:

- A major loss of contact with reality
- A gross interference with the ability to meet life's demands
- May have possible delusions and hallucinations
- Alteration of mood
- Defects in perception, language, memory, and cognition

6. Personality Disorders

Many individuals who are functioning well in their lives may display characteristics of what are known as personality disorders. Individuals experiencing these disorders show personality traits that are inflexible, maladaptive, or inappropriate for the situation, and this causes significant problems in their lives.

Those individuals who have personality disorders usually have very little insight that they have a problem, and tend to believe that the problems are caused by other people, the "system," or the world at large. These traits are often accompanied by some form of depression and may also be seen in those with chemical dependency problems.

Persons with personality disorders are not usually treated like those with other mental illnesses, but are taught a variety of communication and coping skills, or treated for other problems such as chemical dependency or depression.

El Paso Police Department
Training Academy

Presentation Guide

Lesson Title: Crisis Intervention Training (CIT) Refresher

Presentation Guide	**Notes to Instructor**

Paranoid:

- Tendency to interpret the actions of others as deliberately threatening or demeaning
- Foresee being in position to be used or harmed by others
- Perceive dismissiveness from other people

Antisocial:

- Most commonly recognized in males
- A pattern of irresponsible and antisocial behavior diagnosed at or after age 18
- May have one or more of the following:
  - History of truancy as a child or adolescent, may have run away from home
  - Starting fights
  - Using weapons
  - Physically abusing animals or other people
  - Deliberately destroying others' property
  - Lying
  - Stealing
  - Other illegal behavior
- As adults, these people often have trouble with authority and are reluctant or unwilling to conform to society's expectations of family and work
- These individuals know that what they are doing is wrong, but do it anyway

Borderline:

- Most commonly recognized in females
- May have one or more of the following:
  - unstable and intense personal relationships
  - impulsiveness with relationships, spending, food, drugs, sex
  - intense anger or lack of control of anger
  - recurrent suicidal threats
  - chronic feelings of emptiness or boredom
  - feelings of abandonment

Instructor Note: Class Exercise - Utilize the list compiled in learning objective 2.2 and mental disorders/illnesses discussed in learning objective 2.3 to match symptoms to categories of disorders/illnesses. This can be organized as an individual/group/or class exercise.

Presentation Guide

Lesson Title: Crisis Intervention Training (CIT) Refresher

Presentation Guide	**Notes to Instructor**

Suicidal ideations in mental illness protocols

Questions that will assist in evaluating an individual's current level of suicidal danger:

Evaluating the Levels of Danger:

- Symptoms?
- Nature of current stressor?
- Method and degree?
- Prior attempt?
- Acute vs. chronic?
- Medical status?
- Chance for rescue?
- Social resources?

Psychotropic Medications – types, side-effects

Medications can be an effective treatment for mental illness. While it is not a cure, they are used to control symptoms and improve coping skills, which can then help reduce the severity of the mental illness. Most individuals who are on psychiatric medications for mental illness will continue taking them for the rest of their lives.

Refer to Reference Guide at end of lesson plan on Tartive Dyskensia

Categories of drugs:

- Anti-psychotic (Thorazine, Mellaril, Haldol) controls hallucinations (e.g., schizophrenia)
- Antidepressants (Elavil, Prozac, Zoloft) control feelings of sadness, feelings of hopelessness, and suicidal thoughts (e.g., depression)
- Mood stabilizers (Tegratol, Lithium, Depakote) control mood swings (e.g., bipolar disorder)
- Anti-anxiety drugs (Xanax, Valium, Buspar)
- Old vs. new drugs - new drugs have significantly fewer side effects, but old drugs are still used today, especially with the indigent (due to lower costs)

Presentation Guide	**Notes to Instructor**
There is an "old" class of drugs, such as Haldol, that have some very negative side effects, such as severe sedation, possible impotence, etc. There is also a "new" class of drugs that treat the disease much better and have fewer side effects. The "older" drugs are still in use today. It is important to be familiar with the older medications, due to their more prevalent usage with the indigent and jail populations. The newer antipsychotic medications are more costly. Side effects: • Can be uncomfortable • Can be dehumanizing • Are often irreversible, which may cause person to refuse to take them as directed • Examples: muscle spasms, protruding tongue, eyes rolled back, constant leg movement, tremors, uncoordinated movements, impotence, nausea, headache, blurred vision, weight gain, fatigue, liver toxicity As noted, some of these side effects are permanent, even after the medications have been stopped, due to the medications tendency to effect neurological damage. Many of these medications are also lethal when taken in excess. Careful monitoring is necessary due to many mentally ill consumer symptoms include disorganization and difficulty remembering.	*Instructor Notes: List with the class reasons why many individuals fail to take their medications as prescribed. (Such as: nasty side effects, the stigma associated with being mentally ill, i.e., they don't want people to know they have a mental illness. They start feeling better and think they no longer need the medications.)* *Follow with a discussion on whether the student would take medications as prescribed?* *Instructor Note: Right to Refuse Treatment - A person may not administer a psychoactive medication to a patient who refuses to take the medication voluntarily unless the patient is in need of a medication related to an emergency, or the patient is under an order authorizing the administration of the medication regardless of the patient's refusal.*

Presentation Guide

Lesson Title: Crisis Intervention Training (CIT) Refresher

Presentation Guide	Notes to Instructor

Developing an understanding of the legal process

Instructor Note: This legal process section contains information strictly from the perspective of the mentally ill consumer in crisis.

Once you have the individual in crisis under control, you may need to take him to a facility for emergency psychiatric evaluation. Depending on the resources in your area, this may be a time-consuming process. There may be a lack of services. Be aware of this potential challenge, but don't let it detract you from your goal of responding professionally and appropriately to the situation.

Discuss the law enforcement decision-making process utilizing the concept of "discretion"

Instructor Note: Lead class in a discussion on discretionary best practices. Encourage students to relate personal job-related incidents.

As with all law enforcement decisions the officer exercises discretion in choosing the most appropriate disposition for every situation of involvement. The law provides a functional structure for intervention, but it does not dictate the officer's specific situational response. Disposition of a mentally ill consumer is doubly difficult due to its social aspects and the nebulous definitions of a mental disorder. The "gray" area appearing due to cultural values, community context, and administrative practice, might label an individual criminal, psychiatric, or merely odd in behavior.

Degree of discretion: Dependent on severity of the precipitating event and possibly the availability of community services and resources. For example: a consumer cannot be placed into a treatment facility if consumer has committed a felony. Conversely, a consumer may be arrested for a minor behavioral infraction due to lack of needed supervised placement.

Nevertheless, officers generally have a great deal of discretion in this area. The major areas of disposition include: emergency psychiatric apprehension, arrest, and informal disposition.

El Paso Police Department
Training Academy

Presentation Guide

Lesson Title: Crisis Intervention Training (CIT) Refresher

Presentation Guide	Notes to Instructor

Emergency Detention Order

- Serves as a magistrates order for emergency apprehension and detention
- Is a civil court order issued by a magistrate
- Provides for emergency apprehension and transportation for evaluation

Instructor Note: Make copies of Texas Health and Safety Code's as appropriate for students' reference during discussion of these topic areas.

Criteria for Emergency Detention Order

- If the officer believes the person is mentally ill and as a result there is substantial risk of harm
- If the officer believes that if the person is not immediately restrained harm may occur
- Believes there is not sufficient time to obtain a warrant

Instructor Note: Conduct class discussion on the above mentioned cases. Discuss the ideology concerning; if the individuals' activities that led to the criminal charges stemmed directly from the offenders mental illness...

Proposed justification in assessing proper use of force options
Use of force

- Keep the situation in perspective
- Force used compatible to any other person resisting arrest
- Force must be reasonable
- Goal is to obtain care and treatment for the mentally ill person
- Changes in behavior intensity level are indicators of possible violent behavior
    - Agitated Behavior
    - Disruptive Behavior
    - Destructive Behavior
    - Out of Control

Limitation of Liability

- Sec.571.019. (a) A person who participates in the examination, certification, apprehension, custody, transportation, detention, treatment, or discharge of any person or in the performance of any other act required or authorized by this subtitle and who acts in good faith, reasonably, and without negligence is not criminally or civilly liable for that action. – Texas Health and Safety Code, Sec. 571.019(a)

Presentation Guide	Notes to Instructor

Sections related to mentally ill consumers and crisis incident control

- Emergency Apprehension and Detention: Texas Health and Safety Code, Title 7, Chapter 573.
- Least Restrictive Alternative: Texas Health and Safety Code, Title 7, Chapter 571.004
- Court Ordered Mental Health Services: Texas Health and Safety Code, Chapter 7, Chapter 574

There are many issues surrounding mentally ill consumers who are charged with crimes. Two prominent cases in the state of Texas have been Andrea Yates who killed her five children by drowning in June 2001 and Deanna Laney who bludgeoned her three sons with rocks in May 2003.

These two cases caused substantial debate in the Texas legal and political communities relating to the Texas insanity defense, appropriate treatment, and capital punishment for offenders with serious mental illness.

Consumers have certain rights attributed to them per state and federal laws as well as ethical considerations. Application of those rights however, may differ dependent on the status of the consumer and their current and past situations. Areas to consider when discussing consumer legal rights would include: competency, age, criminal, residency, court orders (treatment services), orders of protective custody, etc.

Instructor Note/Exercise: "A lady in the area claims she has neighbors who are beaming rays up into her apartment." How do the officers handle this situation given the above information?

The reasoning of "arresting to manage."

Several studies have indicated that arrest is often utilized to manage the mentally ill consumer. There are a number of reasons why this reasoning occurs.

1. When the mentally ill consumer publically exceeds community tolerance for deviant behavior
2. When the officer feels there is a high probability that the person will continue to cause a problem if official action is not taken
3. When the officer feels the consumer's behavior is not severe enough to be admitted to hospital/clinic but too severe to leave on street

Presentation Guide

Lesson Title: Crisis Intervention Training (CIT) Refresher

Presentation Guide	**Notes to Instructor**

4. When the consumer is too dangerous to be treated in a hospital/clinic
5. When the hospital/clinic rejects the consumer and arrest is the only option available

Inappropriate arrests of the mentally ill occur for two reasons:

1. Because of inadequate liaison between police and mental health system
2. Result of inadequacies in the mental health system

Types of mentally ill consumers that are handled in an informal manner by law enforcement

Neighborhood Characters:
These consumers reside in your community. Their odd behaviors and dress set them apart from the general public. Police know them as "Crazy Mary," "Dirty Dean," and "Loud Larry." They are thought to need treatment but are not hospitalized due to their predictable and consistent behavior. The community tolerates them and may even see them as a type of icon.

Troublemaker:
Unlike the neighborhood characters, troublemakers are unpredictable. Officers utilize informal dispositions because it is thought to be too difficult to handle any other way. Their psychiatric symptoms cause disorder in the community but mental health providers will not accept due to disruptive behavior as well.

Quiet Consumers:
These consumers behavior is unobtrusive. They don't offend the community or the police. Their symptoms are neither serious enough to hospitalize or disruptive enough to result in an arrest.

Instructor Note/Exercise: Whenever this consumer came into the police station he caused a disruption. He would take off his clothes, run around the station nude, and urinate on the sergeant's desk. They felt it was such a hassle to have him at the station they just quit arresting him. Discuss.

Presentation Guide

Lesson Title: Crisis Intervention Training (CIT) Refresher

Presentation Guide	**Notes to Instructor**

Instructor Note:
A restaurant owner complained that the consumer had been trying the door of the closed business next to the restaurant. The officer recognized the consumer as a street person. The man wore several stocking caps under a helmet, safety goggles, several scarves around his neck, and layers of clothing, topped by an overcoat. He was carrying a shopping bag and a cardboard box. The officers questioned and searched him. The man kept thanking the officers for not arresting him. The consumer said he had seen a psychiatrist in Kentucky and Indiana and hadn't been to an area hospital. What should the officers do?

An officer's decision often depends more on the socio-psychological aspects of the situation instead of the psychiatric.

Instructor Note: How do the students feel about the above statement? And for what reasons (lack of services, not aware of resources etc.)?

Mental health referrals/resources in the student's community

The quality and availability of mental health programs vary depending on community mindset and budgeting restraints. Even within a community, services available depend on timing, resources, and program eligibility criteria. Too often, community mental health resources are just in short supply. High costs of prescription drugs and formulary limitations also make it impossible for an indigent person to get access to needed medications.

State hospitals were once the primary treatment facility. They have since been replaced by community-based mental health entities. Many of these entities have very strict admission criteria and officers often find placement in these facilities difficult. Individuals normally must meet certain diagnostic criteria for inclusion due to funding resources; and alcohol/drug usage or substance-induced or non-neurobiological disorders may be disqualified for admission.

Another stumbling block to mental health resources is that of criminal charges. Persons with criminal charges pending, no matter how minor, are not considered for placement.

Presentation Guide	Notes to Instructor

In addition to the previously mentioned resource challenges, there is also an impasse with the willingness of mental health providers to participate in criminal justice initiated programs. Without cooperative programs and equal cooperation between law enforcement and mental health entities, the system is unwittingly discouraging initiation of mental health referrals.

Instructor Note: Have students list the mental health facilities in their areas that can be utilized as a resource when encountering a subject/suspect they identify as having possible mental health issues. Initiate a discussion on specific guidelines/rules they have run into in dealing with these resources. Use MHMR or comparable entity for state referral sources per region is suggested.

Instructor Note/Discussion Questions:
How can we improve the relationship between police and the mental health system?
How do we reduce the number of inappropriate arrests?

Discuss Mental Health Transformation-Related Legislation in Texas

To assist states' efforts in addressing the fragmentation of mental health service delivery system, the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded funding to seven states over a period of five years. Texas was selected as one of these states. Texas was awarded a grant "to build a solid foundation for delivering evidence-based mental health and related services, fostering recovery, improving a quality of life, and meeting the multiple needs of mental health consumer's across the life span."

"The ultimate objective for transformation is to build a mental health system that promotes wellness, resilience, and recovery. A transformed system is drastically different from the current system which has limited access to care, inconsistent quality of care, and disjointed coordination and continuity of care across agencies and providers. In order to fully implement and support transformation, many state agencies must alter their existing policies and service delivery in a coordinated manner with the guidance of consumers, family members, and advocates.

One of the mechanisms for transforming the mental health system in Texas is well on its way. Data sharing through electronic health care data banks is proving

Instructor Note: Lead class in discussion on Mental Health data banks, confidentiality concerning this release of information, and students experience utilizing these resources.

Presentation Guide	**Notes to Instructor**

to be a vital resource in maintaining continuity in mental health care

Closing Statements:
Law Enforcement officers are recognized as the first responders for individuals who are experiencing a mental health crisis. In the absence of specialized training and knowledge about the mental health system, such a crisis may end in arrest and incarceration when treatment and referral might be more appropriate.
The legislature has created a viable framework for diversion and treatment of many consumers who face criminal charges. Unfortunately, this has not been the case for a number of years. For diversion initiatives to be successful, legislators, judges, prosecutors and law enforcement need to work closely with community and state mental health officials.A CIT partnership between the law enforcement, the mental health system, consumers of services, and family members can help in efforts to assist persons who are experiencing a mental health crisis to gain access to the treatment system, where such individuals most often are best served.
The absence of collaboration between law enforcement and mental health systems has been identified as one crucial factor in the age of criminalization of the mentally ill.

El Paso Police Department
Training Academy

Presentation Guide

Lesson Title: Crisis Intervention Training (CIT) Refresher

Notes to Instructor

Reference Guide

Handbook of Consumer Rights, Mental Health Services, Texas Department of State Health Services, Consumer Services and Rights Protection, 2007

Hoggan, Donovan, The P.L.A.C.E>.Crisis Intervention Model: Emotional First Aid

James, Richard, Crisis Intervention Strategies, Fifth Edison, Thomson Learning Inc., 2005

Mental Health Transformation in Texas, http://www.mhtransformation.org/default.shtm

Morrison, James, DSM-IV Made Easy: The Clinicians Guide to Diagnosis, The Gilford Press, NY, 2001

Teplin, Linda A., Keeping the Peace: Police Discretion and the Mentally Ill Persons, National Institute of Justice Journal, July 2000

The Cleveland Clinic, 1995-2009, Overview of Mental Illness, http://www.my.clevelamdclinic.org

Tramonte, Michael, Implementing NOVA's Group Crisis Intervention Model in Multicultural School Settings, National Association of School Psychologists Convention, March 29, 2000

Van Dusen, Allison, Executive Health and Health Care-How We Really Respond in a Crisis, http://www.Forbes.com 9/30/09

Young, Marlene A. Victim Assistance: Frontiers and Fundamentals, 2001 National Organization for Victim Assistance