SACRAMENTO POLICE DEPARTMENT - 2320
CRISIS INTERVENTION - 20801
POST Certification II / Reimbursement Plan NA / 36 hours
EXPANDED COURSE OUTLINE

Statement of Purpose: This course will provide students with an understanding of Crisis Intervention Techniques, (CIT) which together, are a collaborative approach of safely and effectively addressing the needs of people with mental illnesses, linking them to appropriate services, and diverting them from the criminal justice system, if appropriate. The intent of this course is to improve peace officer and mental health consumer safety while reducing injuries to peace officers and consumers during law enforcement contacts. Crisis intervention techniques include using distance, time, verbal tactics, or other tactics to de-escalate a situation.

I. Course Goals and Objectives
   a. Goals
      i. Increase Safety
      ii. Recognize Mental Health Diagnoses
      iii. Understand Developmental Disabilities
      iv. Utilize Community Resources
      v. Build Communication Skills
   b. Objectives
      i. The student will:
         1. Demonstrate the skills needed to communicate effectively.
         2. Demonstrate the importance of listening skills as they relate to effective communication.
         3. Improve ability to identify and appropriately respond to individuals with mental health and developmental disabilities.
         4. Demonstrate Crisis Intervention skill on exercises, to include:
            a. Officer Safety
            b. Listening/Persuasion
            c. Judgment and Decision Making
            d. De-escalation, Procedural Justice
            e. Operating in stress conditions
         5. Discuss:
            a. Peace Officer Self Care
            b. Mental Illness
            c. Developmental Disabilities
            d. Cultural Competency
               i. Veteran Populations
               ii. Homeless Populations
            e. Navigating desired outcomes:
               i. Resolved on scene
               ii. Mental Health Assessment
               iii. Arrest
               iv. Services offered/accepted
            f. Law Enforcement Role in Community
            g. Alternatives to lethal force when interacting with potentially

dangerous persons with mental disabilities

h. The fact that a crime committed in whole or in part because of an actual or perceived disability of the victim is a hate crime punishable under Title 11.6 of Part 1.

c. Assessment
    i. Written pretest
    ii. Preliminary group exercises
    iii. Students will be assessed for proficiency in the above topics by effectively demonstrating skills and oral questioning.

II. Officer Wellness
a. Managing Stress
    i. Physical Reactions
        1. Muscle Aches
        2. Headaches
        3. Digestive Problems
        4. Fatigue
    ii. Emotional Reactions
        1. Sadness
        2. Irritability
        3. Feelings of Uncertainty
    iii. Cognitive Reactions
        1. Difficulty Concentrating
        2. Flashbacks
b. Self-care Strategies
    i. Physical Care
        1. Rest
        2. Eat well-balanced meals
        3. Exercise
        4. Maintain normal schedule
    ii. Emotional Care
        1. Express your feelings
        2. Spend time with friends
        3. Talk to people you trust
        4. Find a counselor if feelings become prolonged

III. Strategic Communication – Prologue and Priming
a. Event Prologue (Defined)
    i. An opening to a story that establishes the setting and gives background details.
b. Goals of Event Prologue:
    i. Increase use of BWC.
    ii. Establish the setting for a contact.
    iii. Give reason for contact.
    iv. Safety: Officer/Public

v. Enhance Professionalism
    1. Use appropriate language
vi. Decrease complaints
    1. Use of inappropriate language

c. Implicit Bias (Defined)
    i. Unconscious attitudes/stereotypes that affect:
        1. Understanding
        2. Actions
        3. Decisions

IV. Mental Illness Overview

a. Welfare and Institution Code 5150 and the Law
    i. History of LPS/5150
        1. Intent of 1967 legislation
        2. Due process rights
    ii. “5150” definition
        1. Danger to self
            a. Suicidal intent
            b. Plan
            c. Means
        2. Danger to others
            a. Homicidal intent
            b. Plan
            c. Means
        3. Grave disability
            a. Definition of mental disorder
            b. Categories not included
        4. Probable Cause
            a. Standards for commitment
            b. WI 5150.05
    iii. Obligations of Mental Health - Acceptance of individual for evaluation at facility
    iv. Obligations of Law Enforcement Officers
        1. Detailed information
            a. Factual circumstances
            b. Observations
            c. Provided history
        2. Compliance with Departmental Policy
    v. Conservatorship
        1. Temporary Conservatorship
        2. LPS Conservatorship
    vi. Firearms and 5150
        1. WI 8102
            a. Seizure and forfeiture of weapons

b. Petition for exemption
2. Authority / Intrusive means

b. Mental Illness
i. Defined as a medical illness
ii. Characteristics of a mental illness
1. Disturbances of mood
a. Emotional “flatness”
b. Inappropriate emotion
c. Fluctuating moods
d. Intensity of emotions
2. Disturbance in thought
a. Disorganized thought patterns
b. Hallucinations
c. Delusional thinking
iii. Treatment options
1. Non-medicinal
2. Medications
a. Anti-anxiety medications
b. Anti-depressant
c. Anti-psychotics
d. Seizure medications
e. Anti-mania medications

c. Schizophrenia
i. Definition of schizophrenia
ii. Symptoms
1. Delusions
2. Hallucinations
3. Paranoia
4. Concrete and disorganized thinking patterns
iii. Medications and potential side effects
iv. Co-occurring issues
v. Approaches in dealing with individuals with schizophrenia

d. Mood Disorders
i. Bipolar Disorder
1. Definition
2. Symptoms
a. Elevated Mood
b. Agitation
c. Reduced need for sleep
d. Poor judgment
e. Distractibility
f. Mood Swings
g. Pressured speech
3. Medication for bipolar disorder and possible side effects

4. Co- Occurring issues
5. Approaches in dealing with individuals with bipolar disorder.

ii. Major Depression
1. Definition
2. Symptoms of depression
a. Emotional
i. Sadness
ii. Hopelessness, helplessness
iii. Sense of worthlessness
iv. Irritability at times, especially in children
b. Cognitive
i. Poor concentration
ii. Difficulty with memory
c. Behavioral
i. Loss of interest in pleasurable activities
ii. Sleep disturbance
iii. Change in appetite
3. Medications and possible side effects
4. Co-Occurring issues
5. Approaches for interactions with individuals with depression.

e. Post-Traumatic Stress Disorder
i. Definition of Post-Traumatic Stress Disorder (PTSD)
1. Anxiety Disorder
2. Trauma definition
3. Examples of Traumatic Events
a. Abuse
b. Catastrophe
c. Violent attack
d. War, combat
4. Symptoms of Post Traumatic Disorder (PTSD)
a. Intrusive
i. Dissocialize states
ii. Flashbacks
iii. Intrusive memories and emotions
iv. Nightmares, night terrors
b. Avoidant
i. Avoiding emotions
ii. Avoiding relationships
iii. Avoiding responsibility for others
iv. Avoiding situations reminding individual of traumatic event
c. Hyper arousal
i. Exaggerated startle response
ii. Explosive outbursts

iii. Hyper vigilance
iv. Irritability
v. Panic Symptoms
vi. Sleep disturbance

d. Co-Occurring issuers

5. Treatment options for PTSD
    a. Medication therapy
    b. Antianxiolytic medications
6. Counseling
    a. Cognitive Behavioral Therapy
    b. Relaxation Techniques
    c. Psycho education
7. Approaches for interactions with individuals with PTSD

f. Co-Occurring Disorders
    i. Definition of Co-occurring Disorder
    ii. Individual having one or more Substance Use Disorder and one or more psychiatric disorder at the same time
    iii. Causes of Co-Occurring Disorder
        a. Family History
        b. Genetics
        c. Brain Chemistry
        d. Environmental Factors
    iv. Problems associated with Co-Occurring Disorders
        1. High instance of Substance Use Disorder
        2. Legal Problems
        3. Family issues
        4. Problems related to employment
        5. High risk behaviors
        6. Physical and Mental Health problems
g. Addiction
    i. Field Assessment often difficult because of similar symptoms
    ii. Indicators of Addiction
    iii. Assessment and Treatment - Mental Health and Substance Use Disorder treatment often at odds
    iv. Other conditions that may cause similar behaviors
        1. Diabetes
        2. Brain Injury
        3. Water Intoxication
        4. Epilepsy
        5. Psychosis
        6. Dementia
        7. Others
    v. Response Model
        1. Information gathering

2. Resources
3. De-escalation
4. Control & Capture
5. Sedation
6. Transportation to hospital or medical

V. Stigma
   a. Provide context for stigma and the role it plays in mental illness, intellectual disabilities, and substance use disorders;
      i. The meaning of stigma – a mark of disgrace or shame associated with a particular circumstance, quality, or person
      ii. The consequences of stigmatization – social isolation, fear, violence, mistrust, prejudice and discrimination
   b. Discuss both historical and modern-day stigmatization of mental illness, intellectual disabilities, and substance use disorders as it pertains to;
      i. Societal views and treatment of mental illness
      ii. The evolution of medical treatment
      iii. Dramatizations by the news and entertainment industry
   c. Compare and contrast the way different cultures treat mental illness, intellectual disabilities, and substance use disorders in the areas of;
      i. Stigmatization
      ii. The social impact on families and individuals
      iii. Barriers to seeking help and participating in treatment
      iv. American Foundation for Suicide Prevention Statistics

VI. Stigma Reduction
   a. Identify mechanisms to reduce personal bias against people with mental illness, intellectual disabilities, and substance use disorders:
      i. Learn the facts
      ii. Get to know people who have experiences with mental illness, intellectual disabilities, and substance use disorders
   b. Identify mechanisms to reduce stigmatism against people with mental illness, intellectual disabilities, and substance use disorders:
      i. Speak out against the display of false beliefs and negative stereotypes
      ii. Speak openly of personal experiences
      iii. Don’t discriminate, judge, or stereotype
      iv. Show respect, treat with dignity
   c. Present the perspective of individuals and families experienced with;
      i. Mental illness
      ii. Intellectual disabilities
      iii. Substance use disorders (co-occurring)
      iv. Suggestion: Utilize guest speakers and/or videos

VII. Mental Illness/Intellectual Disabilities/Substance Use Disorder
   a. Mental Disorders:

i. Anxiety disorders (including Post-Traumatic Stress Disorder)
ii. Mood disorders (depression and bi-polar disorder, including suicidal behavior and risk assessment)
iii. Psychotic disorders
iv. Impulse control disorders
v. Autism Spectrum Disorder
vi. Downs syndrome
vii. Dementia
viii. Alzheimer's disease
ix. Co-occurring disorders.

b. Mental Illness
   i. Describe the cause and nature
   ii. Identify Indicators
   iii. Discuss and develop appropriate language and rapport building strategies
c. Intellectual Disabilities
   i. Describe the cause and nature
   ii. Identify indicators
   iii. Discuss and develop appropriate language and rapport building strategies
d. Substance Use Disorders
   i. Identify indicators
   ii. Discuss and develop appropriate language and rapport building strategies
e. Mental Illness Video (Eden Township Substation - 5150 Call)/ Class Discussion
   i. In each example provided, trainees will:
      1. identify the indicators of mental illness, intellectual disabilities, and substance use disorders
      2. based on indicators, distinguish between mental illness, intellectual disabilities, and substance use disorders
      3. cite or demonstrate appropriate language and rapport building strategies for the identified mental illness, intellectual disability or substance use disorder

VIII. Homeless Intervention
a. Homeless Mentally Ill
   i. Law Enforcement Response
   ii. Community Collaboration

b. Available Services
   i. Local Healthcare
   ii. Nationwide non-profits

IX. Developmental Disabilities
a. Defined by State of CA – Welfare & Institutions Code 4512(a)

b. Intellectual Disability
    i. Definition
    ii. Indicators
        1. Difficulty following multi-step instructions
        2. Impulsive actions
        3. Communicates below age level
        4. Poor sense of time
        5. Compliant
        6. Short attention plan, easily distracted
    iii. Causes
        1. Genetic
        2. Childhood disease or accidents (TBI)
        3. Malnutrition, poor health care, environmental hazards
        4. Pregnancy or prenatal problems
    iv. Approaches for interaction with individuals with mental retardation
        1. Talk slowly and clearly
        2. Give one direction at a time. Allow extra time for response
        3. Ask open ended questions
        4. Repeat or rephrase questions
        5. Use concrete term. Avoid jargon
        6. Use visual cues.
        7. Recognize their need for routine
        8. Use resources
c. Autism
    i. Definition
    ii. Indicators
        1. Sensitive to touch, sensations or stimuli
        2. Need for structure and routine
        3. Difficulty relating to people
        4. Tendency to echo words
        5. Repetitive behaviors
        6. Attracted to shiny objects
        7. Avoids eye contact
        8. Tends to use monotone or flat voice
        9. Tantrums, self-stimulation, self-mutilation
        10. Propensity to run
        11. Lacks abstract thinking
        12. Processes slowly

iii. Causes - No known cause
iv. Approaches to interactions with a person with autism
    1. May become anxious by police presence
    2. Sensory impairment may cause abnormal reactions
    3. Speak slowly and clearly
    4. Look for caretaker in the vicinity
v. Community and State Resources
    1. State Council
    2. Regional Centers

d. Older Adults
    i. Elder Risk Factors
        1. Health
        2. Lack of Support
        3. Finances
    ii. Delirium
        1. Definition
        2. Signs and Symptoms
            a. Disturbance of Consciousness
            b. Change in cognition
            c. Develops over short period of time
            d. Causes
        3. Treatment
            a. Medical evaluation
            b. Determine cause to attempt treatment
        4. Approaches for interactions with individuals experiencing delirium.
e. Alzheimer's/Dementia
    i. Definition
    ii. Signs and symptoms
        1. Memory impairment
        2. Language disturbance
        3. Difficulty with physical activities
        4. Inability to recognize or identify objects
        5. Disturbance in executive functioning (planning, organizing, etc.)
        6. Gradual onset and cognitive decline
        7. Possible Behavioral disturbances
    iii. Treatment
        1. Medical evaluation
        2. Determine cause to address symptoms

iv. Approaches for interactions with individual's with dementia

f. Traumatic Brain injury
   i. Definition
   ii. Signs and Symptoms
      1. Problems with cognition (thinking, memory, reasoning)
      2. Problems with sensory processing (sight, hearing, touch, smell, taste)
      3. Difficulty with communication (expression, understanding)
      4. Behavioral changes (personality change, aggression)
      5. Emotional changes (depression, anxiety, etc.)
   iii. Treatment
      1. Medical evaluation
      2. Determine cause to address symptoms
   iv. Approaches for interaction with individuals with traumatic brain injury

X. Community Resources
   a. 24-hour Crisis Facility for detention under 5150 W&I
      i. Area Hospitals with emergency departments
      ii. SCMHTC
   b. Day programs
      i. Crisis Respite Center
      ii. Mental Health Urgent Care
   c. Community Intervention Program
      i. Outpatient Services
      ii. Medication Services
      iii. Counseling Services
      iv. Case Management Services
      v. Family support (NAMI)

XI. NAMI Panel
   a. Family Members
      i. Personal experiences of parents with mentally ill child
      ii. Personal experiences of children with mentally ill parent(s)
      iii. Other family dynamics
      iv. Question & Answer
   b. Consumer / Peer
      i. Personal experience with mental illness
         1. Interaction with Law Enforcement
         2. Challenges faced
         3. Stigma
      ii. Navigating medical treatment
      iii. Becoming a Peer / Mentor

iv. Question & Answer
c. Suicide Survivor
i. Personal experiences with failed attempts
ii. Family members of suicide victims
iii. Question & Answer

XII. Homeless Intervention
a. Homeless Mentally Ill
i. Law Enforcement Response
ii. Community Collaboration
b. Available Services
i. Local healthcare
ii. Nationwide non-profits

XIII. Drug Influence & Criminality
a. Criminal Behavior
i. Hold v. Arrest
ii. Common causes for service calls
1. Assaults
2. Trespassing
3. Drug use
b. Understanding Drugs
i. Classifications
ii. Prescriptions
iii. Therapeutic Dosing
c. PC 647(f)
d. HS 11550(a)

XIV. Report Writing
a. Detailed information
i. Factual circumstances
ii. Observations
iii. Provided history
iv. Probable Cause to believe that a person meets criteria
b. Completing Assessment Form
i. Subject is Victim
ii. HIPAA
c. Compliance with Departmental Policy

XV. Mental Health Court
a. History
i. Alternative sentencing
ii. Ethics
b. Target Population

c. Community Partnership
d. Referral Process
e. Sentencing
    i. Meetings
    ii. Medications
    iii. Structure
    iv. Graduation / Dismissal of Charges

XVI. Case Studies - Team Communications during a Critical Incident
a. Coordinated effort
    i. Planned Response (when feasible)
    ii. One voice
        1. Single point of contact with subject(s)
        2. Single point of contact with dispatch
    iii. Force options
    iv. Continuous Assessment
b. Potential Resources
    i. Mental Health Resources
    ii. Community Resources
c. Debriefs
    i. Effective - examples
    ii. Ineffective - examples

XVII. Officer Safety Considerations
a. Interventions in the Field
    i. Field observations of behaviors and symptoms
        1. Consciousness
        2. Activity
        3. Speech
        4. Thought Process
        5. Affect
        6. Memory
        7. Orientation
        8. Perception
        9. Physical Symptoms
        10. Physical Surroundings
    ii. “What to say”
        1. Questions that can be helpful in determining level of impairment
        2. Questions to ask family members, friends, witnesses
    iii. “How to say it”
        1. Non-verbal communication approaches
        2. Verbal Techniques
b. De-escalation techniques TACT
    i. Tone

1. No yelling, lower your voice, calm but firm
2. Not what you say, it's how you say it

ii. Atmosphere
1. Calm the scene
2. lower radios
3. remove distractions

iii. Communication
1. Be willing to repeat SIMPLE directions
2. Make sure the subject understands your directions

iv. Time
1. Be willing to take the time needed to safely complete call
2. Subjects who suffer from illness or are under medication need more time to process information

c. Suicide Assessment
i. High Suicide risk categories and factors
1. Depressive symptoms
2. Verbal Warnings
3. Behavioral warnings
4. gender differences
5. Age differences

ii. Assessing intent and plan
1. Intent vs. suicidal thoughts
2. Assessing means to complete plan

iii. The "Do's and Don'ts" of suicide interventions
1. Listening with acceptance and understanding
2. Identify strengths
3. Assist with problem solving

d. Suicide by Cop / Officer Safety
i. Definition
ii. Potential Indicators
iii. Recent loss (physical, emotional, financial)
iv. Prior Suicide attempts
v. History of violence
vi. Imminent arrest

XVIII. Cultural Competency - Veterans
a. Common needs
b. Veteran-specific resources

XIX. Departmental Resources - Mental Health Unit Overview
a. Statistics in region
b. Organizational Structure
i. Goals
ii. Community Partnership

c. Available Medical Establishments in Area
    i. Emergency Departments
    ii. Secondary Mental Hospitals
    iii. Jail Psych Services
d. Contacts / Resources

XX. Strategic Communication – Active Listening
a. Fully concentrating on what is being said rather than passively “hearing” the message of the speaker.
b. Listening with all senses
c. Why is listening important?
    i. The most fundamental component of communication skill
    ii. Active process that takes a conscious decision
    iii. More time listening than speaking
d. Benefits of Active Listening
    i. Builds Trust
    ii. Broadens perspective
        1. Strengthens your patience
        2. Makes you approachable
        3. Increases competence and knowledge
        4. Saves time and money
        5. Helps detect and solve problems
    iii. What makes a good listener: Listening vs. Hearing
    iv. Non-verbal and Verbal signs of Active Listening skills
        1. Non-verbal
            a. Smile
            b. Eye contact
            c. Posture
            d. No distractions
        2. Verbal
            a. Positive reinforcement
            b. Remembering
            c. Questioning
            d. Clarification
e. Listening Styles
    i. People-Oriented
    ii. Action or Task-Oriented
    iii. Content
    iv. Time
f. Examples of Active Listening/Questioning Techniques
    i. Paraphrasing
    ii. Verbal Affirmation
    iii. Opened ended questions
    iv. Asking specific questions

v. Summarizing Questions
vi. Effective Pauses

g. Barriers to Effective Listening
i. Attention Span
ii. Receiver Biases
iii. Listening Apprehension

h. Tips for Effective Listening
i. Eye contact
ii. Attentive and relaxed
iii. Open mind
iv. Don’t interrupt
v. Clarifying questions
vi. Summarize
vii. Try to feel what the speaker is feeling
viii. Regular feedback
ix. Attention to non-verbal cues

XXI. Strategic Communication – Procedural Justice and De-escalation

a. De-escalation
i. Definition
ii. How it fits in with Tac Com
iii. Message Delivery
1. Content
2. Tone/Voice
3. Barriers to Effective Communication
a. Attention Span
b. Biases
c. Apprehension
4. Tips for Effective Communication
a. Eye contact
b. Attentive and relaxed
c. Open mind
d. Don’t interrupt
e. Clarifying questions
f. Summarize
g. Try to feel what the speaker is feeling
h. Regular feedback
i. Attention to non-verbal cues
5. Tips for Active Listening
a. Affirmations
b. Open ended questions
c. Mirroring
d. Paraphrasing
e. Avoiding “You” messages

f. Effective pauses
g. Listen to understand not to respond

iv. Empathy
1. Empathy vs. Sympathy
a. Empathy – The ability to understand and share the feelings of another
b. Sympathy – Feelings of sorrow and pity for someone else's misfortune
2. Establish Rapport

v. Questioning techniques
1. Intentional closed-ended questions
2. Open ended questions
3. Question Types
a. Fact-Finding
b. Leading
c. Opinion-Seeking

vi. Persuasion
1. Rational appeal
2. Personal appeal
3. Ethical appeal

b. People with Disabilities
i. Individuals with physical, mental health, developmental, or intellectual disabilities may have difficulty communicating, understanding, or complying with commands from peace officers.
ii. Recognize appropriate methods of communication with people experiencing:
1. Mental Illness
2. Substance Use Disorders
3. Intellectual Disabilities
4. Physical Disabilities
5. Emotional Distress
iii. Potential Strategies
1. Pace
2. Tone/Voice
3. Reduce distractions
4. Content
5. Non-Verbal
iv. Special Relationships/Community Caretaking

c. Procedural Justice
i. Voice
1. Have a conversation, not a lecture
a. allow a member of the public to speak and give a reason for their actions or motivations

b. Officers should explain the motivations for the (lawful) actions that we have taken
2. When given a voice, people
    a. feel valued and that they are part of the process
    b. more readily comply with the law
3. Neutrality
    a. Decisions are based on fairness and impartiality
        i. Set context for your actions.
        ii. Explain how we arrived at the course of action, not just our authority to do so.
        iii. Take the opportunity to show that you're looking for the best possible outcome.
    b. Your non-verbal communication may convey bias without meaning to do so.
4. Respect
    a. People and their rights.
    b. Golden Rule
    c. Treating people with dignity can lead to voluntary compliance.
5. Trustworthiness
    a. Transparency: explanation of the issues
        i. officer's motivation
        ii. Laws involved
        iii. Legal authority of the actions taken
    b. Dignity
        i. Explaining and listening to subjects' concerns shows they're being treated fairly
        ii. Validates them as a human being

XXII. Class Scenarios / Student Evaluations / Post Test
a. <u>Learning Activity:</u> Students will be provided various scenarios in which CIT skills will be utilized and demonstrated. The instructor will proctor the exercise and provide direct/immediate feedback.
b. Students will demonstrate proficiency in all course content by passing written examination and performing all skills in demonstrated scenarios and verbal quizzing.