

Course Outline – September 2022

Highlighted Sections Indicate POST PSP Mandatory Topics

Minimum Topics/Exercises:

- A. Understanding stigma
- B. Strategies that contribute to stigma reduction
- C. Cultural relevance
- D. Perspective of individuals or families who have experience with persons who have mental illness, intellectual disabilities, and substance use disorders
- E. Cause and nature of mental illness and intellectual disabilities
- F. Identify indicators of mental illness, intellectual disabilities, and substance use disorders
- G. Distinguish between mental illness, intellectual disabilities, and substance use disorders
- H. Appropriate language usage for interacting with distressed persons
- I. Community and state resources and how these resources can be utilized by law enforcement to serve persons with mental illness and intellectual disabilities
- J. Appropriate responses for a variety of situations involving persons with mental illness, intellectual disabilities, and substance use disorders
- K. Conflict resolution and de-escalation techniques
- L. Officer Safety
- M. Escalation versus de-escalation
- N. Communication Elements
- O. Listening Skills
- P. Questioning Techniques
- Q. Persuasion
- R. People with Disabilities
- S. Team Communication during a critical incident (Officer to Officer/Suspect/Citizen/Victim)
- T. Class Exercises/Student Evaluation/Testing

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

Day 1 – September 20, 2022

I. Introduction

- A. Welcome Sheriff Mark Essick, Sonoma County Sheriff
- II. Bill Carter, DHS Behavioral Health Division Director
- Introduced and express their support*

- A. Housekeeping

III. Introduction to CITSgt. Buchignani, Sonoma County Sheriff
Bill Carter, DHS Behavioral Health Division Director

- 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 (B)

- D. Provide additional techniques for de-escalating a tense situation (e.g., non-physical interventions) and increase proficiency in non-violent crisis intervention techniques. **(K)**
 - 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)**
 - G. Increase understanding of how a person with mental illness will respond to different approaches **(N, O, Q)**
 - H. Increase ability to recognize "dual diagnosis" situations **(G)**
 - I. Increase knowledge of available community resources regarding dealing with a person with mental illness **(I)**
 - 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 **(A)**
- IV. Major Mental Disorders, Psychoses (Schizophrenia, Schizoaffective, Psychotic)(E, F, J)**
- A. Definitions
 - B. Causes
 - C. Prevalence
 - D. Symptoms **(F)**
 - i. Delusions
 - ii. Hallucinations
 - iii. Disorganized Speech
 - iv. Grossly Disorganized or Catatonic Behavior
 - v. Negative Symptoms
 - 1. Depression
 - 2. Avolition
 - E. Behaviors **(F, G)**
 - i. Compare and contrast with other illnesses **(G)**
 - 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 **(H, K, N)**
 - K. Resources
 - L. Dual Diagnosis Issues
- V. 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
- M. Treatment
- N. Psychopharmacological
- O. Therapy
- P. Crisis Situations
- Q. Response Strategies
- R. Communication Techniques

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. 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

VIII. 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

IX. 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*)(D)
- 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*)

Day 2 – September 21, 2022**X. Resources within the Mental Health System / Overview**

- A. Discussion and Presentation by Sonoma County Mental Health Program Managers (I)
 - 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.

XI. Dual Diagnosis and Substance Use Disorders and Treatment (F)

- 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

XII. Developmental Disabilities, Intellectual Disabilities, and Autism Spectrum Disorder (G, H, R, I, J)

- 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 **(H)**
 - ii. Shifting how we understand disabilities
 - iii. Co-occurring Diagnosis
- C. Behavioral Characteristics **(J)**
 - i. Functions of Behavior
 - ii. Perseveration / Compulsion
 - 1. Routines, Interests, Objects
 - iii. Skills Deficits
- D. Sensory Overwhelm **(J)**
 - 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 **(N)**
 - 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 **(N, P)**
- G. What We Want You to Know...
- H. Crisis and Behavioral Support: Community Resources **(I)**

XIII. NAMI

- A. Introduction to NAMI , National Alliance on Mental Illness **(I)**
- 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 **(A)**
 - iii. Mental Health System Issues
 - iv. Barriers to Treatment
 - v. Impact on Families **(D)**
- D. NAMI Sonoma County: What We Do
 - i. Educational Programs
 - ii. Support Groups
 - iii. Presentations for Schools, Employers, & Community Groups **(I)**
 - iv. Warmline – Information & Referrals

XIV. Program Site Visit Briefing

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

XV. Program Site VisitsSonoma County Mental Health Staff

- A. Crisis Stabilization Unit 2225 Challenger Way
- B. Crisis Residential Center (Progress Sonoma), 3400 Montgomery Dr.
- C. Interlink Self-Help Center, 1033 Fourth St.
- D. FACT, 2350 Professional Dr.
- E. Voices, 714 Mendocino Ave.
- F. Student Presentation and teach back on site visits
 - i. Students remain in their site visit groups
 - ii. Groups prepare 10-15 min presentation detailing location and services provided at one of the sites visited.
 - iii. Groups give presentations (10-15 min each presentation)

XVI. Homelessness (I)

- 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 **(G)**
 - 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

Day 3 – September 22, 2022

XVII. 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)

XVIII. Overview of MST (I)

- 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

XIX. Suicide Intervention / QPR

- A. Causes (**N, O, P**)
- 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**)
- 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

XX. Cultural Competence / Implicit Bias (C)

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?
- Share your thoughts/feelings about being among the majority/minority in the group

XXI. LGBTQ Connections: LGBTQ Best Practices (A, B, C)

- A. Introduction
 - i. Staff Intro
 - ii. Overview of Programs and Support Services
- B. Overview
 - i. Outcomes
 - ii. Agreements
- C. Why are we talking about LGBTQ?
 - i. Importance of addressing LGBTQ
 - ii. What happens if we can't be who we are? **(A)**
- D. SSOGGIE
 - i. SSOGIE
 - ii. Vocabulary
 - iii. Take-Aways
- E. Mental Health Considerations
 - i. Youth, Elders, Trauma & Assault

- ii. Stigma **(A)**
- iii. Impact of Acceptance
- F. Inclusive Language
 - i. Identity, Names & Pronouns
 - ii. Gender Neutral Language
 - iii. Practicing Pronouns
- G. Local MH LGBTQ Resources **(I)**
- H. Q&A, Evaluations, and Closing
 - i. Pluses/Deltas

XXII. Crisis Strategic Communications (J, K, L, M, N, O, P, Q, R, S)

- A. OFFICER SAFETY
 - i. Control the Environment
 - 1. Tactical Pause
 - 2. Slow down
 - 3. Gather Information
 - 4. Develop a plan
 - 5. Time + Distance = Options
 - ii. Make Sound Decisions
 - 1. What's important right now?
 - 2. Set priorities
 - 3. Think through your choices
 - 4. Make sound decisions

- B. UNDERSTANDING ESCALATION VERSUS DE-ESCALATION IS AFFECTED BY COMMUNICATION STRATEGIES **(M)**
 - i. Professionalism
 - 1. Stay in control of your emotions and keep your ego in check
 - a. The more the ego is involved, the more difficult the situation
 - b. The less ego, the more influence
 - 2. Appropriate Language
 - a. What you say
 - b. How you say it
 - c. How communications
 - ii. How you treat others
 - 1. Golden Rule – Treat others how you want to be treated
 - 2. Platinum Rule – Treat others the way they want to be treated
 - iii. Four Tenets of Procedural Justice
 - 1. Voice
 - 2. Neutrality
 - 3. Respectful treatment
 - 4. Trustworthiness

- C. COMMUNICATION ELEMENTS **(N)**

- i. Phases of Communication
 1. Approach – Impact of physicality
 2. Greeting – Initiating the conversation
 3. Engagement – Strategies to promote communication
 4. Adaptation – Being flexible
 5. Repair – Re-establishing rapport
 6. Incident closure - How we end a contact today could influence a future contact
- ii. Message Delivery
 1. Content
 2. Tone/Voice
 3. Non-Verbal
- iii. Active Listening
 1. Affirmations
 2. Open ended questions
 3. Mirroring
 4. Paraphrasing
 5. Avoiding “You” messages
 6. Effective pauses
 7. 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 **(O)**
 1. Intentional closed 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

D. PEOPLE WITH DISABILITIES **(R)**

- i. Individuals with physical, mental health, developmental, or intellectual disabilities may have difficulty communicating, understanding, or complying with commands from peace officers.
 1. State Law

- 2. Agency Policy
- ii. Recognize appropriate methods of communication with people experiencing: **(F)**
 - 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
 - 1. State Law
 - 2. Agency Policy

E. TEAM COMMUNICATION DURING A CRITICAL INCIDENT (S)

- i. Coordinated effort
 - 1. Planned Response (when feasible)
 - 2. One voice
 - a. Single point of contact with subject(s)
 - b. Single point of contact with dispatch
 - 3. Force options
 - 4. Continuous Assessment
- ii. Potential Resources
 - 1. Mental Health Resources **(I)**
 - 2. Community Resources **(I)**
- iii. Debrief
 - 1. Effective
 - 2. Ineffective

Day 4 – September 23, 2022

XXIII. Suicide by Cop Ryan Dunnigan

- A. Definitions
- B. Statistics
 - i. Recent Suicide by Cop cases involving San Jose PD **(J, K, L)**
- 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

XXIV. Post-Traumatic Stress Disorder Ryan Dunnigan

- A. Nature of PTSD
 - i. History of PTSD
 - ii. Four Types of Stress
- B. Characteristic Symptoms
 - i. Sleep Difficulties
 - ii. Appetites, Eating and Weight
 - iii. Accidents
 - iv. Depression
- C. Causes of PTSD
- D. Treatment of PTSD
- E. Medications
- F. Psychotherapies

XXV. 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

XXVI. 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

XXVII. Scenarios/Role-plays/Simulator/Learning ActivitySCMH Staff

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

XXVIII. Role-plays Debriefing

- A. Evaluations and Testing (T) Class Exercises/Student Evaluation/Testing
- B. POST Evaluations filled out
- C. Post-test taken