

Course Outline

COURSE: JLE 110 **DIVISION:** 50 **ALSO LISTED AS:**

TERM EFFECTIVE: Spring 2019 **CURRICULUM APPROVAL DATE:** 10/09/2018

SHORT TITLE: CIT ACADEMY

LONG TITLE: CIT Academy

<u>Units</u>	<u>Number of Weeks</u>	<u>Type</u>	<u>Contact Hours/Week</u>	<u>Total Contact Hours</u>
1	18	Lecture:	.5	9
		Lab:	1.72	30.96
		Other:	0	0
		Total:	2.22	39.96
		Total Learning Hrs:	57.96	

COURSE DESCRIPTION:

This course will provide students with the proper techniques for safe and secure contact, detainment and transport of individuals with mental disorders (Welfare and Institution Code section 5150) to appropriate designated mental health facilities. This is a pass/no pass course **ADVISORY:** JLE 100

PREREQUISITES:

COREQUISITES:

CREDIT STATUS: D - Credit - Degree Applicable

GRADING MODES

P - Pass/No Pass

REPEATABILITY: N - Course may not be repeated

SCHEDULE TYPES:

- 02 - Lecture and/or discussion
- 03 - Lecture/Laboratory
- 04 - Laboratory/Studio/Activity

STUDENT LEARNING OUTCOMES:

By the end of this course, a student should:

1. Identify different types of mental illness and behavioral manifestations related to those illnesses.
2. Identify the illness, but also the effects of medication, and treatment options that are available for discussed illnesses.
3. Demonstrate methods taught and use to increase officer's verbal skills to more effectively deal with persons in crisis.

CONTENT, STUDENT PERFORMANCE OBJECTIVES, OUT-OF-CLASS ASSIGNMENTS

Curriculum Approval Date: 10/09/2018

I. MAJOR DEPRESSION

A. Signs and Symptoms – Psychological

1. Sad mood
2. Numb / Empty Feeling
3. Worthlessness
4. Guilt and shame
5. Anxiety
6. Short – Term
7. Hopelessness
8. Helplessness

B. Signs and Symptoms

1. Agitation / pacing, hand wringing
2. Crying
3. Psychomotor retardation
4. Social isolation
5. Refusal to get out of bed

C. Signs and Symptoms – Physical

1. Sleep pattern change
2. Appetite changes
3. Somatic complaints
4. Worsening of chronic illness
5. Decreased sex drive
6. Decreased energy

II. DIAGNOSTIC CRITERIA FOR MANIC EPISODE

A. A distinct period of abnormally, persistently elevated, expansive, or irritable mood

B. Three or more of the following symptoms

1. Inflated self-esteem or grandiosity
2. Decreased need for sleep
3. Pressure to keep talking
4. Racing thoughts
5. Distractibility
6. Increased activity or agitation
7. Psychosis

C. Diagnostic criteria for major depressive episode two weeks or longer with 5 or more of:

1. Persistently depressed mood
2. Marked diminished interest or pleasure
3. Significant change of appetite
4. Difficulty sleeping or sleeping too much
5. Agitation or psychomotor slowing
6. Fatigue or loss of energy
7. Poor concentration
8. Recurrent thoughts of death or being suicidal

D. Diagnostic criteria of Bipolar Disorder

1. Criteria are met for manic episode and major depressive episode nearly every day for 1 week period
2. Mood disturbance is severe
3. Symptoms are not due to direct physiological effects of a substance or a general medical condition

E. Differential Diagnosis

1. Schizoaffective Disorder – thought disorder more prominent
2. Personality Disorder – interpersonal conflict, emotional instability more prominent
3. Agitated Major Depression – no increase in energy and mood
4. ADHD- attention, concentration problem is more prominent

F. Medications

1. Mood Stabilizers help prevent manic and depressive episodes
 - a. Antidepressants
 - b. Antipsychotics
 - c. Anxiolytics

G. Why stay on medication

1. Symptom control and relapse prevention
2. Relapse rate after abruptly stopping medications is 50% in 5 months
3. Going on and off medications can lead to medication not working
4. Suicide risk 15% without medication, 1% with medication

H. Risk of untreated Bipolar Illness

1. Suicide: 25% attempt, 15% completed
2. Financial instability, career problems, job loss
3. Difficulty in relationships, family disintegration
4. Unstable perceptions, attitudes, cognition
5. Hospitalization
6. Violence
7. Drug Abuse

III. SCHIZOPHRENIA

A. Positive symptoms

1. Delusions
2. Hallucination
3. Distorted perception

B. Negative symptoms

1. Flat-Blunted emotions
2. Lack energy motivation
3. Lack interest / pleasure

C. Disorganized symptoms

1. Confused thinking
2. Disorganized speech
3. Disorganized behavior

D. Important to diagnose

E. Inherited

F. Environmental

1. Stressors
2. Drug / Alcohol

G. Stages of recovery

1. Acute episode
2. Stabilization after acute
3. Maintenance phase

H. Psychosocial treatment

1. Client / family education
2. Collaborative decision making
3. Medication and symptom monitoring
4. Case management
5. Housing
6. Drug alcohol
7. Day treatment

IV. PERSONALITY DISORDERS

A. Definitions

1. Personality pattern
2. Distinguishing trait
3. Vicious cycle

B. Behaviors and situations you may encounter

C. Basic communication and behavioral strategies

1. Provide understanding instead of advice
2. Focus on behavior
3. Assist person to think rationally
4. Assure your interest in successful outcomes for the person

V. DUAL DIAGNOSIS

A. Drug patterns

B. Treatment considerations

C. Goals of treatment should include:

1. Achievement and maintenance of abstinence
2. Reduction of use and accompanying problem
3. Stabilization, resolution, or reduction from acute psychiatric symptoms
4. Improvement in functioning and lifestyle
5. Early intervention in relapse process

VI. GENERAL CHARACTERISTICS OF PERSONS WITH DEVELOPMENTAL DISABILITIES

A. General behavioral cues associated with developmental disabilities:

1. Behaviors associated with mental retardation, cerebral palsy, epilepsy and autism range in severity from mildly affected to severely affected.
2. Persons with these disabilities may display the following characteristics in any or all combinations:
 - a. Receptive or expressive communication difficulty
 - b. Seizure disorder
 - c. Muscle control difficulty
 - d. Slurred speech
 - e. Confusion and / or disorientation
 - f. Lethargy
 - g. Self-endangering behavior
 - h. Inappropriate response to the situation
 - i. Purposeless repetitive behavior
 - j. Lack of awareness of dangerous situations

B. Major types of developmental disabilities include:

1. Mental retardation, which is manifested by
 - a. Actions which are not age appropriate
 - b. Subaverage intellectual functioning
 - c. Deficits in adaptive behavior and self-care
 - d. Limited language and communication abilities, resulting in difficulty understanding complex instructions
2. Cerebral palsy, which is manifested by
 - a. Loss or difficulty with motor / muscle control or coordination which may affect speech, hearing and / or vision
 - b. Muscular spasms
 - c. Slurred speech
 - d. Actions which resemble intoxication
3. Epilepsy, which is manifested by
 - a. Obvious or subtle seizures
 - b. Disorientation or "daydreaming"
 - c. Lethargy
 - d. Slurred speech
4. Autism, which is manifested by
 - a. Severe behavior and communication
 - b. Inability to talk to or relate to other persons
 - c. Lack of response to sound
 - d. Lack of interest in surroundings
 - e. Intense interest in certain objects

TYPES OF LAW ENFORCEMENT CALLS FOR SERVICES WHICH MAY INVOLVE PERSONS WITH DISABILITIES

C. Although any type of call for law enforcement service may potentially involve a person with a disability, the following types of situations frequently involve a person with a disability whose behavior is misunderstood. For example:

1. Suspicious person
2. Disoriented person
3. Hostile person
4. Unknown trouble
5. Disturbance
6. Medical emergency (e.g. major seizure)
7. Indecent exposure
8. Person under the influence

D. Often the behavior of a person with a disability is misinterpreted by the reporting party.

E. In other cases, the person with the disability may be known to the informant and the incident may be reported to the responding officers(s) as:

1. A family dispute or domestic violence incident
2. "incorrigible" behavior (e.g. a situation where a family member or caregiver is unable to manage the person with the disability)

F. The Lanterman Developmental Disabilities Services Act defines a "developmental disability" as:

1. Mental retardation
2. Cerebral palsy
3. Epilepsy
4. Autism

G. The State of California's responsibility for and coordination of services for developmentally disabled persons including:

1. Treatment and habilitation services
2. Protection of the person's civil liberties
3. Treatment in the least restrictive conditions necessary to achieve the purposes of treatment

H. A right to dignity, privacy, and human care

I. A right to participate in an appropriate program of publicly supported education, regardless of degree of handicap.

J. A right to prompt medical care

K. A right to religious freedom and practice

L. A right to social interaction and participation in community activities

M. A right to physical exercise and recreational opportunity

N. A right to be free from harm, including unnecessary physical restraint, isolation, excessive medication, abuse, or neglect

O. A right to be free from hazardous procedures

VII. CRISIS INTERVENTION WITH CHILDREN, ADOLESCENTS AND YOUNG ADULTS

A. Participants will gain information about the following:

1. Identifying juveniles who are dangerous to themselves or others
2. Determining the level of danger and intensity of situations
3. Conducting a needs assessment
4. De-escalation of the crisis using verbal and non-verbal communication so that physical management can be avoided
5. Identifying and utilizing outside support systems and community resources

B. Basic crisis intervention principals

1. Verbally: Yelling, cursing, becoming loud, fidgeting, etc
2. Physically: Throwing things, property damage, assault to self, assault to others, etc

C. Four distinct and identifiable behavior levels and the corresponding staff "attitude"

1. Crisis Development

- a. Anxiety
- b. Defensive
- c. Acting-out
- d. Tension Reduction

2. Staff / Provider Response

- a. Supportive
- b. Directive
- c. Non-Violent Physical Intervention
- d. Therapeutic Rapport

D. Basic principals of crisis intervention with youth

1. Self-Control: It is almost impossible for an out of control person to convince an impulsive and explosive youth to regain control. Stay calm don't power struggle.
2. Identification: Accurately identify visual and auditory signals which come before an outburst. Failure to do so virtually ensures the crisis intervention will be unsuccessful.
3. Communication: Use simple, direct and brief verbal communications.
4. Timing: Use crisis techniques during the various stages of the crisis. If used at other times they are ineffective and may cause an escalation in acting out behavior.
5. Patience: The crisis will pass. Panicking or becoming unnecessarily punitive because crisis intervention is not immediately successful can cause further escalation.
6. Spontaneity: Each assault is unique and may require modification of basic techniques. The cause of an assault may change necessitating a switch in techniques.

E. Some guidelines for assessing and responding to an emotionally distraught adolescent of young person Team Intervention

1. Select a Team Leader

- a. First person on the scene
- b. A team member with confidence and competence in handling crisis situations
- c. A team member with confidence and competence in handling crisis situations
- d. A team member who has rapport with the acting out individual

2. Team Leader Duties

- a. Assess the situation. What steps are necessary?
- b. Plan the intervention
- c. Direct or cue the team members
- d. Communicate with the acting out individual. To avoid confusion, only one person should talk with the acting out person.

3. Precipitating Factors (the true cause of the crisis)

- a. Loss of personal power (may act out to get it back)
- b. Displaced anger (can't get at "them", but can get at you)
- c. Change = Loss = Grief (value of the lost object)
- d. Fear (fight or flight)
- e. Failure / Frustration (it's easier to blame others)
- f. Psychiatric disorder (manic symptoms, psychotic symptoms, change in sleep or appetite, etc)

F. What to remember / tips for crisis intervention

1. Let clients vent while you listen
2. Expect adolescents to project blame onto others
3. Are they able to comprehend the gravity of the situation?
4. Is their insight and judgment impaired?
5. How well do you understand their culture and language?
6. Do they have family that may assist you? (or get in the way)
7. Remove the audience
8. Remain objective, do not allow yourself to become agitated. Do not respond emotionally to their words, threats or deeds
9. Assume they want to regain control
10. Give the child choices / options (not more than "this or that")
11. Allow time for response. Don't rush.
12. Ignore what can be ignored. Pick your battles.
13. Find something positive. Look for strengths.
14. Be conscious of typical teenage authority conflicts. Remember adolescents are much younger than their stated age developmentally and emotionally.

15. Parents and workers decide collaboratively on an action plan. Action plans should:

- a. Be focused on the present situation
- b. Include concrete steps
- c. Include what is going to happen, who is going to do it and when it will be done
- d. Be realistic

Action plans also need to be frequently evaluated and when necessary, new options explored.

G. Some general ways to deal with difficult behaviors

1. Learn to understand what's behind the behavior
2. Plan ways to be effective
3. Utilize the element of surprise
4. Monitor your own behavior

H. Staff fear and anxiety: fear is not necessarily bad

1. Unproductive
 - a. Freeze: (decrease motor skills)
 - b. Overreact
 - c. React inappropriately (situation specific)
2. Productive
 - a. Increase reaction time
 - b. Increase in strength
 - c. Increased sensory activity

I. Signs and symptoms of chemical dependence

1. Found to be in possession of controlled substance
2. Stealing money for alcohol or drug purchases
3. Loss of control while drinking
4. Suicidal thoughts or behaviors
5. Violence when high or drunk
6. Defensive when confronted about use
7. Blackouts and / or loss of memory

J. Alcohol poisoning

1. Be aware that alcohol poisoning may effect a young person more intensely

K. Assessing child and family needs:

1. Assessing a child's or family's needs should run throughout your contact with the young person and family if applicable.
2. The needs of the young person or family may not be connected to a mental health issue.
3. In assessing the child's or family's needs, always take the culture into consideration.

CULTURAL ISSUES TO BE AWARE OF WHEN DEALING WITH YOUNG PEOPLE IN CRISIS

L. Acknowledge cultural differences. Don't assume you know all about the particular culture

- M. Allow the youth and family to educate you about how a crisis is handled in their culture and their family
- N. Don't stereotype youth of color (i.e. think "gang" etc) Look at each situation and person independently
- O. Be familiar with the predominant local populations such as Latino, Asian and Filipino
- P. Be alert to acculturation issues between the values and norms of foreign-born parents and their children who grew up here
- Q. Know how to access specific cultural and language resources

MENTAL HEALTH AND CRISIS INTERVENTION PRINCIPLES

Are different in children / adolescents from adult diagnosis and symptoms

R. Common diagnosis in children and adolescents

1. ODD (Oppositional Defiant Disorder)
2. Conduct Disorder
3. ADHD (Attention Deficit Hyperactivity Disorder)
4. Depression (usually more anger expressed with children)
5. Anxiety Disorders (i.e. school phobia, Post Traumatic Stress Disorder, etc)
6. Bipolar
7. Schizophrenia

a. Don't assume a child / adolescent in crisis means there is a mental illness present

b. Crisis with children and adolescents can be behavioral, due to family conflicts, due to substances abuse, other factors or a combination of factors.

WHEN TO 5150

S. Triggering events and suicidal indicators

T. Triggering events for child and adolescent suicide could include any of the following:

1. Parental discord
2. Break up of a relationship
3. Physical / Sexual abuse
4. Death of a friend or family member
5. Feeling of failure prompted by a recent event such as not doing well on an exam or not making the football team or failing to meet parental expectations.

U. Suicidal youth almost always give indicators of their intentions. Crisis workers, parents and anyone who interacts with youth on a regular basis should learn to listen and look for these indicators in order to prevent possible suicide.

1. Verbal indicators could include:

a. "I am going to kill myself" or less direct statements such as "I can't take this anymore" or "The world would be better off without me, I'm not going to be around much longer"

b. Behavioral indicators could include:

1. Change in appetite
2. Change in sleep pattern
3. Change in mood
4. Truancy
5. Problems at school
6. Grades decline
7. Isolating from friends or family
8. Drug or alcohol use
9. Themes of death
10. Acts of aggression
11. Self mutilation
12. Giving away treasured possessions

VIII. LAW ENFORCEMENT / MENTAL HEALTH PROTOCOL

Mission Statement: The purpose of this protocol is to facilitate the safe and secure assessment and transport to an appropriate designated mental health facility of an individual who is in a crisis as a result of a mental disorder and who meets the criteria established in Welfare and Institution Code (WIC) Section 5150.

A. Involuntary Detention

1. Authorized Persons: All California peace officers and those mental health staff members designated by the Local Mental Health Director.
2. Probable Cause: A state of facts must be known that would lead a person of ordinary care and prudence to believe, or to entertain a strong suspicion, that the person detained is mentally disordered and is a danger to her/himself or others, or is gravely disabled.
3. Initiating of Application for 72-Hour Detention for Evaluation and Treatment: The agency which initiates the request is responsible to complete and sign all necessary documents.

B. Site Control

1. Definition of Site Control:
2. Mental Health Retains Site Control: With law enforcement back up if requested.
3. Law Enforcement Assumes Site Control: When an individual is uncooperative.

C. Transportation:

1. Initiating Request for Transportation: Is responsible for 72-hour detention forms.
2. Payment for Ambulance: By whichever Agency initiates the Application for 72-hour Detention for Evaluation and Treatment
3. Transportation Options for Law Enforcement: whether to transport the individual by ambulance or by law enforcement vehicle is left up to the law enforcement agency.

D. Ambulance Procedure:

1. Designated Mental Health Facility:
 - a. All individuals between the ages 18-60 to Natividad Medical Center for evaluation
 - b. Youth ages 0-17 and individuals 60+ shall be transported to Community Hospital of the Monterey Peninsula.
 - c. If there is a medical emergency, ambulance staff or law enforcement personnel shall, at their sole discretion, transport individuals to the closest appropriate medical facility.
2. Use of Restraints: assistance to ambulance staff.
3. Used of Code-2: to prevent escalation.
4. Transporting 5150 Documents
5. Notification of Hospital: The ambulance staff shall be responsible for notifying the receiving hospital by radio in advance of their arrival.

E. Hospital Admission

1. Transfer of Physical Custody: The admitting hospital shall arrange for and assume physical custody of the detained individual from ambulance staff or law enforcement personnel.
2. The admitting hospital staff shall ensure that each person admitted for 72-hour treatment and evaluation receive an evaluation as soon as possible after admission.

F. Continuing Education

1. Training Collaborative: Law enforcement staff will work with mental health staff to provide continuing education to law enforcement officers regarding interacting with individuals with psychiatric disabilities.

IX. SUICIDE PREVENTION

A. Monterey Bay Suicide Facts

B. National Suicide Facts

1. Suicide Prevention Service of the Central Coast provide the following life support services:
 - a. 24 multilingual suicide crisis line
 - b. Teen outreach in English & Spanish
 - c. Community outreach presentation to 1,202 tri-county residents in 1999
 - d. Support group and individual grief support services
 - e. Community and agency trainings and in-service
 - f. Volunteer opportunities
2. Three risk factors are important:
 - a. Current suicide plan
 - b. Prior suicidal behavior
 - c. Resources
3. Suicide Risk Factors
 - a. Anxiety, particularly panic, is a major short term risk factor for suicide
 - b. Approximately 70% of patients with schizophrenia complete suicide; the majority of these are young males.
4. Rate of suicide in adolescent has almost tripled; rate in females has doubled.
5. Chemical dependence increases the suicide rate 5 fold
6. People who attempt or succeed at suicide frequently contact others for help prior to their attempt, tragically, the patients' risk of suicide often goes unrecognized.

X. MEDICATIONS FOR MENTAL HEALTH

A. Side Effects of Psychiatric Medicine

1. EPR's Stiffness
2. Pseudo
3. Akathisia
4. Tardive Dyskinesia
5. Ocular Gyric Crisis

B. Schizophrenia Medication

C. Atypical Anti-psychotic medications

D. Advantages of Atypical Antipsychotic medications

1. Improve some negative symptoms
2. Less EPR's
3. Improve positive symptoms in refractory patients
4. Improve cognitive functioning
5. More cost effective because they decrease the total cost of care in the refractory patient

E. Pharmacoeconomic Issues in the treatment of Psychiatric Disorders

1. Older medications may cost about \$50-\$100/year
2. Newer medications may cost about \$4000-\$9000/year
3. Important to look at the Global costs vs. just looking at the pharmacy budget bottom line.

XI. CRISIS INTERVENTION

A. Phases of the negotiating process

1. Crisis Plan
2. Policies
3. Procedures

B. Calming

1. Initiation of the process
2. Reassurance, Understanding, Ventilation
3. Intro, Demand, Threat

C. Rapport Building

1. Saving Face
2. Establishing the relationship

D. Information Gathering

1. Active listening

E. Persuasion Techniques

1. Attempts to produce compliance in suspects behavior
2. Forced problem solving
3. Defining the issues

F. The Release and Surrender

1. Reassurance and respect

XII. BASICS OF NEGOTIATION

A. Primary Negotiator Guidelines

1. Receive briefing at the negotiating post
2. Decide goals and strategies for the initial contact
 - a. Have a plan for immediate surrender
3. Establish contact with suspect(s)
 - a. Prepare an opening statement
 - b. Use cover, if possible
4. Introduction
 - a. Hello my name is (First and Last name) I am the Police Department negotiator can I help you? / I would like to help you / or both.
5. Ask the suspect to surrender early on
6. Attempt to determine if everyone is O.K.
7. Limit expressing concern for hostages
8. Speak softer and slower than suspect
9. Assure the suspect that the police are not going to start anything
10. Allow the suspect to ventilate. Let him talk.
11. Attempt not to tell the suspect "NO"
12. Don't rush. Try to respond to his statement
13. Let the suspect talk and do active listening

XIII. CIVIL COMMITMENT PROCESS

A. The Laterman – Petris – Short Act

B. Course of Detention Summary

C. Who has 5150 Authority

D. Liability

E. Probable Cause

F. Transportation by Peace Officer

G. Hospital Procedures and Processing

H. The Tarasoff Duty to Warn

XIV. RESOURCES

- A. Mental Health Service Providers
- B. Service Agencies in Monterey and San Benito Counties
- C. Resources for Problem Solving
- D. Directory of Community and Human Services for Monterey County
- E. Internet Resources
- F. Available Criminal Justice Information

XV. PURPOSE AND GOALS OF SITE VISITS

- A. Familiarize Officers with Community Resources
 - 1. Continuum of Care
 - 2. Criteria for Services Available
- B. Interaction with Persons not in crisis
 - 1. Interaction Exercises
 - 2. Family Member Perspectives
 - 3. Introduction to Community Support

Lab and lecture are integrated in this course

Team Intervention (LAB)

- 1. Select a Team Leader
 - a. First person on the scene
 - b. A team member with confidence and competence in handling crisis situations
 - c. A team member with confidence and competence in handling crisis situations
 - d. A team member who has rapport with the acting out individual
- 2. Team Leader Duties
 - a. Assess the situation. What steps are necessary?
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b. Behavioral indicators could include:

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3. Change in mood
4. Truancy
5. Problems at school
6. Grades decline
7. Isolating from friends or family
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3. Initiating of Application for 72-Hour Detention for Evaluation and Treatment: The agency which initiates the request is responsible to complete and sign all necessary documents.

C. Transportation: (LAB)

2. Use of Restraints: assistance to ambulance staff. (LAB)

XI. CRISIS INTERVENTION (LAB/LEC Scenarios)

A. Phases of the negotiating process

1. Crisis Plan
2. Policies
3. Procedures

B. Calming

1. Initiation of the process
2. Reassurance, Understanding, Ventilation
3. Intro, Demand, Threat

C. Rapport Building

1. Saving Face
2. Establishing the relationship

D. Information Gathering

1. Active listening

E. Persuasion Techniques

1. Attempts to produce compliance in suspects behavior
2. Forced problem solving
3. Defining the issues

F. The Release and Surrender

1. Reassurance and respect

XII. BASICS OF NEGOTIATION (LAB / Scenarios)

A. Primary Negotiator Guidelines

1. Receive briefing at the negotiating post
2. Decide goals and strategies for the initial contact
 - a. Have a plan for immediate surrender
3. Establish contact with suspect(s)
 - a. Prepare an opening statement
 - b. Use cover, if possible
4. Introduction
 - a. Hello my name is (First and Last name) I am the Police Department negotiator can I help you? / I would like to help you / or both.
5. Ask the suspect to surrender early on
6. Attempt to determine if everyone is O.K.
7. Limit expressing concern for hostages
8. Speak softer and slower than suspect
9. Assure the suspect that the police are not going to start anything
10. Allow the suspect to ventilate. Let him talk.
11. Attempt not to tell the suspect "NO"
12. Don't rush. Try to respond to his statement
13. Let the suspect talk and do active listening

XIV. RESOURCES

- A. Mental Health Service Providers
- B. Service Agencies in Monterey and San Benito Counties
- C. Resources for Problem Solving
- D. Directory of Community and Human Services for Monterey County
- E. Internet Resources
- F. Available Criminal Justice Information

XV. PURPOSE AND GOALS OF SITE VISITS

- A. Familiarize Officers with Community Resources
 1. Continuum of Care
 2. Criteria for Services Available
- B. Interaction with Persons not in crisis (LAB)
 1. Interaction Exercises
 2. Family Member Perspectives
 3. Introduction to Community Support

METHODS OF INSTRUCTION:

Lecture, discussion and demonstration will serve as the medium of instruction. Individual guidance will be provided as required.

OUT OF CLASS ASSIGNMENTS:

Required Outside Hours:

Assignment Description: Reading instructor handouts on Scenario

METHODS OF EVALUATION:

Writing assignments

Percent of total grade: 10.00 %

Percent range of total grade: 10 % to 20 % Written Homework; Reading Reports

Problem-solving assignments

Percent of total grade: 25.00 %

Percent range of total grade: 25 % to 30 % Homework Problems; Quizzes

Skill demonstrations

Percent of total grade: 25.00 %

Percent range of total grade: 25 % to 50 % Class Performance/s; Performance Exams

Objective examinations

Percent of total grade: 35.00 %

Percent range of total grade: 35 % to 45 % Multiple Choice

ARTICULATION and CERTIFICATE INFORMATION

Associate Degree:

CSU GE:

IGETC:

CSU TRANSFER:

Transferable CSU, effective 200070

UC TRANSFER:

Not Transferable

SUPPLEMENTAL DATA:

Basic Skills: N

Classification: Y

Noncredit Category: Y

Cooperative Education:

Program Status: 2 Stand-alone

Special Class Status: N

CAN:

CAN Sequence:

CSU Crosswalk Course Department: JLE

CSU Crosswalk Course Number: 110

Prior to College Level: Y

Non Credit Enhanced Funding: N

Funding Agency Code: Y

In-Service: N

Occupational Course: B

Maximum Hours:

Minimum Hours:

Course Control Number: CCC000288566

Sports/Physical Education Course: N

Taxonomy of Program: 210500