Portland Police Bureau
Crisis Intervention Team

Lesson Plan for the PPB Officer's 2004 In-Service
Course Title: CIT/Mental Health Awareness

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Prepared by: Officer Paul Ware, CIT Coordinator

Audience: Portland Police Bureau In-Service 2004

Time Frame: 2 hour

Course Goals:

Dealing with the Mentally Ill can be a very stressful experience for any Peace Officer. The goal of this class is to present officers with signs and symptoms of the major types of mental illness, and make it easier to recognize them. Also, the warning signs of suicidal behavior will be pointed out, and dealing with the suicidal or mentally ill person will be discussed. Benefits of verbal de-escalation will be explained, and the correct disposition of the reports associated with taking someone into custody will be described.

Performance Objectives:

1: Officers will be able to more easily recognize Schizophrenia, Bi-polar and Major Depression.

2: The warning signs of suicidal behavior will be easier to grasp and document.

3: Officers will be able to correctly fill out the report forms associated with taking someone into custody for an alleged mental illness.

4: Officers will have a better grasp on what verbal de-escalation techniques work well. Using the Rule of Palms, Rule of Five, Questions of Clarification and other techniques that can help the officer during the crisis.

*It should be noted that I will be asking for personal stories from CIT officers that are in the class as a way of including them, and giving accounts of what techniques work , and those that may not. Rather than schedule this kind of a thing, it will be done on an as needed basis to highlight a point in the lecture.

The lecture will include the Bureau's values of Compassion and Respect when dealing with the Mentally Ill.

Course Outline:

1300 Hrs: 1: Introduction

A) Hook: When is the last time you used your CIT skills?

(How often do you have a call that involves a person in mental health crisis? Do you see those types of calls going up or down?)

B) Overview of the class; Emphasize that this is a Bureau effort to build skills for it's Patrol Officers, and has not been mandated by any group. This will help the Bureaus effort to build on Community Policing. This class is not meant to substitute for a 40 hour CIT class. The CIT Advisory Committee also encouraged this as a good way to reach the largest number of patrol officers.

1: 1315 Hrs: Review of the major mental illnesses: Schizophrenia, Bi-polar and Major Depression. There are many more diagnosable illnesses, but we are going to be concentrating on these 3 today. The class exercise will done during this segment.

2: 1330 Hrs: Review of Suicide Awareness, and the most common reasons why people commit suicide. We will also talk about which demographic groups are at higher risk.

3: 1345 Hrs: Disposition of the paperwork when an Involuntary Hold, Voluntary Transport or Custody is done by Officers.

4: 1400 Hrs: 10 minute break

5: 1410 Hrs: Crisis Intervention, including a description of the Crisis Cycle, Communication Skills (Verbal and Non-Verbal), as well as Questions to Ask will be taught.

6: 1450 Hrs: End of Class

Review on Major Mental Illnesses:

A) What is a Major Mental Illness?

- A Major Mental Illness is Mental Illness that falls into a specific category of diagnosis
- A Mental Illness is a biologically based brain disease
- It can lead to a significant impairment of Social, Occupational and Interpersonal functioning
- Thought Disorders, Mood Disorders, and the ability to cope with stress are among the symptoms
- Legal definition: A substantial disorder of thought, mood, perception, orientation or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life. (Why would this definition be significant? This would be the standard that is used by a court of law to involuntarily commit someone)

B) Cost of Major Mental Illness

- 5% of adults and 9% of teenagers are afflicted
- Billions are spent on treatment and lost productivity
- It can strike in any family, and affect the <u>entire</u> family

C) Three types of Mental Illness

1. Schizophrenia

-It effects about 1-2% of the entire adult population, will last for a lifetime, but can be managed and controlled with medication, therapy and assisted living conditions. (Which is cheaper, $100 for a 1 month supply of medication, or 1 ER visit at $1500 & 2 hours of your time) It is better for us to persuade those on medications to stay that way.

-It is commonly known as the "split personality" diagnosis, which is incorrect. Very few people with schizophrenia develop MPD (Multiple Personality Disorder). You have a better chance of being hit by lightning than meeting someone with MPD.

-The "first break" that is experienced by people with schizophrenia usually occurs between the ages of 18-25. Young people can be in college, the military, or at their first job when they develop symptoms. The "first break" is the first time that the person will have symptoms of schizophrenia.

-The medications that are used to treat schizophrenia are called "Antipsychotics". They include Thorazine, Haldol, Mellaril, Risperdal, Zyprexa, and Seroquel. Medication levels will need to re-balanced from time to time, depending on the patients needs.

SYMPTOMS

Delusions: A false belief that is contrary to reality.

- Someone might say to you that they are God, the head of the FBI, or the President. They also might believe that their activities are being monitored by the CIA.

Types of Delusions:

Persecutory: "Everyone is plotting against me"

Grandiose: "I am God"

Religious: "I can talk to God directly because I am Special"

Nihilistic: "The world will end next week!"

Hallucinations: Hearing or Seeing things that are not real

-Auditory hallucinations are the most common. People will tell you that they hear voices that they cannot get out of their head.

-Visual hallucinations are less common. (People who use lots of drugs like Meth and Coke will also develop these symptoms)

Disorganized Symptoms:

-The person will talk to you and appear to be talking in circles. The person may be dressed poorly, have bad hygiene, and may not be able to hold onto an idea long enough to even answer a simple question.

-They may pace in circles, or do repetitive behavior.

Class Exercise: The class will be divided into groups of 4. Two of the students will get a script of "voices" that they will talk into the ears of a student that is sitting in a chair. The student in the chair will try and have a conversation with the 4th person and will realize that with the voices talking relentlessly, it's very hard to concentrate on what the 4th person is asking them. This simulates what a person with schizophrenia has to deal wit on a daily basis.

2. Bi-Polar:

- Bi-polar is the new term for Manic Depression. It still means that the person has mood swings, sometimes in the extreme. If a person has more than 4 episodes (up and down swings) in a year, then the term "Rapid Cycling" can be applied.

-Medication's that are used to treat this chemical disorder of the brain are called "Mood Stabilizers". Lithium, Depakote are some of them. When a person is on the Mania end of the swing, then Antipsychotics may be used. When a person hits the depressive phase, then Antidepressants can be used.

-Being Bi-polar is hereditary and can be found among family members.

Symptoms:

- Mania Symptoms

  - Increased activity or energy level
  - Fast talking with fast ideas
  - Grandiose ideas
  - Decreased need for sleep
  - Increased sexual appetite
  - Mania symptoms can look just like Coke/Meth intoxication

- Depression Symptoms

  - Depressed mood or ideas
  - Decreased energy
  - Increased irritability
  - Less participation in usual activities
  - Change in appetite
  - Change in sleep patterns
  - Talk of suicide, or "ending it all"

3. Major Depression:

-A Major Depression can be defined as a persistent state of depression that significantly effects a person's mood, thoughts, relationship's, and daily activities.

-Depression is one of the leading causes of disability in the US.

-Major Depression can strike as much as 5% of the entire adult population in the US.

-Twice as many women suffer from depression as do men.

-Medications that are used to treat depression included Prozac, Zoloft, Paxil, Effexor and Wellbutrin. ECT or Electroconvulsive Therapy is still used to treat severe cases of depression.

-Depression is seen as having a direct link to suicide, as most suicidal people will deal with depression for days, weeks, or months before committing suicide.

Suicide Awareness

Reasons for Suicide*

Loss or change in an important relationship

To avoid or end perceived pain

Escape intolerable situation

Gain attention

Manipulate/punish others

Punish self

Become a martyr

Facts on Suicide*

- One Suicide every 18 minutes in US
- 11th ranking cause of death in the US

- 700,000+ suicide attempts every year
- 5 million living Americans have attempted suicide
- Each suicide affects at least 6 people intimately
- Firearms used in 57% of suicides
- Woman attempt suicide 3x more often than men do
- Men complete suicide 4x more often than woman do
- Oregon ranks 9th in the US for Suicide rates
- The Demographic groups that have higher rates of suicide are:

  -Elderly
  -Youth

Myths about Suicide*

- Happens without warning
- Low risk after mood improvement
- Once suicidal, always suicidal
- Intent on dying
- So rare, they won't do it
- Runs in the family
- No note = No suicide

Questions to ask

- Do you have any thoughts of hurting or killing yourself?
- How do you plan on doing it? (Do they specific plans?)
- When and Where do you plan on doing it? (Specific plan?)
- Why are you doing now? (Ask about any recent trauma or personal triggers)
- Have you ever tried to hurt or kill yourself before? (Ask when/where/why)

The difference between a gesture and attempt is intent

Intoxication will significantly increase the person chances of trying suicide

Never be afraid to ask the basic question's about what people are thinking!

*Facts on Suicide and Myths on Suicide was taken from material presented by Daniel W. Clark, Ph.D., "Suicide Awareness" with his permission.

Directive 850.20 & Report Disposition

Directive 850.20 contains all of the relevant policies and procedures that pertain to handling someone in a mental health crisis.
Under the subheading of "Dispositions", on page 353,(yellow book), section A-E, and that tells us what are options are.

Involuntary Custody

When a person is deemed to have meet the criteria for a hold, we shall handcuff that person, take them to an ER, and hand them over to the ER Doctor or RN on duty. We shall fill out an Investigation Report and a Peace Officers Hold before leaving the facility. We keep the original Investigation Report, and give a copy to the staff. We keep a copy of the Peace Officers Hold, and give the original to the staff.

Voluntary Transport

When a person has asked us for a ride to Mental Health facility or ER, we will document this by using a Special Report. Remember to walk the person into the facility to introduce them to the staff.

Director's Hold

When a QMHP, Qualified Mental Health Professional, (usually Project Respond) asks that you take someone into custody, handcuff them and take them the nearest ER, and wait until you are relieved by a Doctor or RN. Get a copy of the hold form that was written by the QMHP and attach it to the Special Report.

Escaped Mental Patients

Always have the dispatcher ask if the person that is "escaping", is on a Involuntary Hold or other court ordered hold. If the answer is no, then they are probably leaving on a voluntary basis.

Crisis Intervention

A. Approaching the Scene
   1. Calls
   2. Information before you arrive, (Another officer on Tac2)
   3. Monitor your own emotional state
   4. Leave prejudice/bias/predisposition behind

B. On the Scene
   1. Assess the situation and stabilize, if necessary, (Call for medical/fire if needed)

C. Crisis Intervention
   1. Crisis Cycle
      A. Intervention at each stage of the cycle
      B. Different levels of understanding, perception and development at each stage
         (1) Look at face, voice, and posture for signs of what level they are at
      C. Stages of Cycle
         (1) Normal state
            (a) 100% perception and ability to reason
            (b) Acts as an adult
            (c) Person experiences no emotional content
            (d) Officer is calm
            (e) Can problem solve
         (2) Stimulation (internal/external)
            (a) 50-75% perception and ability to reason/understand
               (1) Agitated behavior
            (b) Acts as a teenager
            (c) Person experiences anxiety
            (d) Officer is calm
            (e) Action officer should take
               (1) Use simple sentences
               (2) Use calming body language
               (3) Keep voice low and calm
         (3) Escalation
            (a) 5-24% perception and ability to reason/understand
               (1) Loud, aggressive, flushed
            (b) Acts as an 8-year old having a tantrum
            (c) Person experiences fear; frustration
            (d) Officer is anxious
            (e) Actions officer should take
               (1) Use sentences of less than 5 words
               (2) Make one immediate request
               (3) Repeat continually
               (4) Body language and voice firm, but calm
         (4) Crisis

(a) 0-5% perception and ability to reason/understand
(1) Out of control
(b) Acts like "terrible two's"
(c) Person experience anger
(d) Officer is fearful/frustrated
(e) Actions officer should take
(1) Use firm, one sentence commands
(2) Repeat continually
(3) Make decision regarding use of physical force

(5) De-escalation
(a) As consumer de-escalates, officer uses the same techniques down the de-escalation
(b) Consumer may suffer post-crisis depression
(c) Escalation can cycle up and down
(6) Things to remember
(a) Take your time
(1) Person cannot remain in crisis state forever
(b) Constantly read feedback from consumer
(c) Stop doing anything that escalates the consumer
(d) Continue anything that de-escalates the consumer
(e) Have only one officer talk to the consumer at a time
(1) Trade off if not effective

2. Communication Skills
a. Verbal Skills
(1) Tell person you are there to help
(2) Introduce self by first name
(3) Ask and use their name
(4) Do not involve yourself in their delusions; show you understand that they believe it is really happening
(5) Ask clarifying questions in terms of "I" statements
(a) "I don't understand this"
(b) "I'm afraid that you'll hurt yourself"
(c) "I can't figure out why"
(6) Use personalized statements
(a) "Your holding that rock makes me nervous"
(7) Do not argue
(8) Actively listen
(a) Do not be afraid of silence
(b) Wait for responses
(c) Echo their feelings "You seem to be angry"
(9) Show concern and understanding
(a) Nod head while they are talking; indicate listening with "I see", "Uh, huh", etc.
(10) Treat person with respect
(11) Do not use offensive terms or sarcastic remarks

(12) Tell people what you are going to do
(a) Do not make a promise you cannot keep
(13) If person becomes agitated, change subject

b. Non-verbal skills
(1) Feedback loop
(a) Watch reactions of consumer to you
(b) Stop action if it escalates consumer
(2) Open body language
(a) Rule of Palms
(1) Palms open
(b) Stand slightly to the side/balanced
(c) Take safe, but not defensive stance
(1) More relaxed posture
(2) Head tilted
(3) Be ready/appear relaxed
(d) Keep hands off paraphernalia
(3) Eye Contact
(a) Try to make eye contact
(1) Some people like it as sign of personal contact
(2) May make some people nervous
(b) Try to remain at eye level
(4) Body Space
(a) Rule of 3
(1) Remain 3 arms length away at first contact
(b) May need to move in to establish personal
(5) Move slowly
(a) Announce action to consumer

c. Questions to Ask
(1) Ask what is happening that caused the crisis
(2) Ask about past history
(a) Case worker
(b) Counselor
(c) Treatment
(3) Ask how they resolved similar situations in the past
(4) Ask what clinic they go to or where they go for treatment
(5) Ask if they are taking medication
(6) Ask the names of their medication
(7) Ask if they would like to see a doctor
(8) Ask if they are thinking of taking their own life
(a) How?
(b) Do they have the means? (gun, knife, pills)
(c) Have they ever tried it before?
(9) Ask if they are hearing voices
(a) Are they telling you to do something?

d. Officer Safety reminders
(1) Never deny the possibility of violence

(a) Persons with mental illness are not more violent than the "normal" population but may be more unpredictable

(2) If hearing voices, ask what the voices are saying

(3) Keep relaxed approach, but not complacent

(4) Watch consumers hands

(5) Upon transport, always handcuff even if this risks re-exciting the subject; tell the person what you are going to do and why