SLOSO CIT COURSE OUTLINE

MONDAY

I. Introduction (8:00-8:30)
  A. Welcome provided to students along with background of the CIT program and training, and expressed support of the program.
  B. Introductions
    1. CIT Program Staff
    2. Officer of the Day
    3. Mental Health Staff
  C. Pre-test

II. Course Overview (08:30-9:30)
  A. Goals
  B. "Tools" that may work
    1. Encouraging officers to try verbal techniques before utilizing force.
    2. Explaining that the techniques learned will be versatile for a variety of emotional disturbances but their effectiveness is not guaranteed in every scenario.
    3. Explaining that the techniques learned should not take away from officer safety at any time
    4. Reminding officers about the option of having a designated "shooter" and/or designated "less lethal" to accompany the designated "talker."
  C. Housekeeping
    1. Location of restroom facilities
    2. Classroom cleanliness
    3. Ground rules & Class-developed rules
    4. Being respectful of other's experiences, feelings, and opinions
    5. Use of personal technology in the classroom
    6. Absences and tardiness
  D. Brief summary of Educational Topics/Disorders & Class Schedule
  E. Description of Guest Speakers
    1. Encouraging students to ask thoughtful questions.
    2. Reminder that some guest speakers are officers, some are mental health professionals, some are family members, and some are previous/current mental health consumers.
    3. Instructions on the avenues to provide instructor and guest speaker feedback/comments to the CIT Program.
  F. Description of the CIT program
    1. Memphis Model vs. Ventura County Model vs. SLO County Model
    2. Dual officer and crisis team model
    3. Percentage of officers trained & future goals
    4. Volunteer assignment vs. training rotation
    5. Relationship building with community & consumers
    6. Pro-active follow-up
  G. Pre-booking Diversion Program

1. Is it a crime or is it an emotional disturbance due to a mental illness/developmental disability?
2. Option of getting mental health treatment.
3. What, if any, mental health services are offered in the jail.
4. Recidivism
5. Statistics
6. Response time
7. Disposition time

H. Injury to officers

I. Injury (including shootings) to consumers

J. Liaison work that CIT Program Staff performs
1. Benefits for officers
2. Benefits for mental health agencies
3. Benefits for family members and consumers

K. Open Q&A Session

L. Class Introductions
1. Individuals are paired off and interview one another
    a. Length of time in Law Enforcement
    b. Percentage of time dealing with MIDD
    c. Number of hours of training since Basic Academy
    d. Personal learning goals
    e. Do they know someone who has a mental illness, developmental disability, or brain injury?
    f. What are the challenges that person has?
    g. Selected groups then share what they learned with the rest of the class.

III. National Alliance on Mental Illness San Luis Obispo County (NAMI SLOCO) Panel Presentation (0930-1130)

A. Officers develop a deeper level of sympathy/empathy as a result of a candid exposure to mental health consumers and their family members outside of a call for service setting

B. President NAMI SLOCO: Describes NAMI SLOCO Mission and services- Introduces Self and Background (10 minutes)

C. NAMI family members
1. Describe experiences with their family member, illustrate what happened with police involvement (what they liked and what they would change)
    a. Difficulty with police response
    b. Difficulty with criminal justice system
    c. Difficulty with mental health system
    d. Difference between being a parent of minor and a parent of an adult child due to confidentiality and consent
2. Stigma - Described the Stigma your family and your loved one experienced

D. Mental Health Consumer

1. Describe personal experiences, and experiences with law enforcement (what they liked and what they would change)
2. Stigma - describe the stigma you experience
3. Difficulty in maintaining positive relationships with family, friends, and community

E. Schizophrenia Exercise - “Hearing Voices”:
1. The difficulty concentrating when hearing voices
2. The officer’s frustration of asking questions and giving directions

F. Q&A

IV. Psychotic Disorders (13:00-13:30)

A. Case Presentations (Schizophrenia, Schizoaffective, Psychotic Disorders NOS)

B. Definitions
1. Loss of Contact with Reality
    a. Hallucinations
    b. Delusions
    c. False Beliefs
2. Causes
3. Statistics/Prevalence
4. Symptoms
    a. Delusions
    b. Hallucinations
    c. Disorganized Speech
    d. Grossly Disorganized or Catatonic Behavior
5. Negative Symptoms
    a. Depression
    b. Avolition
    c. Behaviors
6. Compare and contrast with other illnesses
    a. Changes in ability to function
    b. Course of Illness
7. Treatments
8. Medications
9. Mental Health Support
10. Relapse Prevention

C. Effective Communication Strategies
1. Asking if they are having any unusual thoughts
2. Are they hearing or seeing things they cannot explain?
3. Asking them if they are hearing voices telling them to hurt themselves or others.
4. What are the voices telling them to do?
5. Officer safety issue
    a. Not “jumping into” their delusion / hallucinations
    b. Recognizing the general feeling behind the delusional statements
    c. Honoring the feeling but not confirming the hallucinations

        d. Maintaining eye contact
        e. Speaking slowly in a moderate volume
        f. Asking them to repeat/rephrase what they thought they heard
    6. Resources
    7. Dual Diagnosis Issues
        a. Mental illness coupled with substance abuse.

VI. Personality Disorders (13:30-14:00)
  A. Overview
  B. What is a Personality?
    1. Consistency
    2. Connection to thoughts and behaviors
    3. Multiple expressions dependent on situational factors
  C. What is a Personality Disorder?
    1. Traits that are maladaptive
    2. Information Described for each Disorder:
    3. Description of Symptoms/Behaviors
    4. Proposed Causes
    5. Treatment options / limitations
        a. Reimbursement from insurance companies
        b. Talk therapy
        c. Medications for symptoms not disorders
        d. Difficulty with reaching short term goals
  D. Methods of Interaction to Disorders Presented:
    1. Paranoid Personality Disorder
    2. Similarity to psychotic disorders
    3. Borderline Personality Disorder
    4. Requests for frequent care taking and attention
    5. Calls for service
    6. Focus on a particular officer
    7. Suicidal risk ratio
    8. Officer response: Just the facts
        a. Not showing an emotional response
        b. Utilizing different officers for repeat calls
  E. Antisocial Personality Disorder
    1. Individuals commonly seen in the criminal justice system
    2. Lack of remorse
    3. Causes
        a. Family environment
        b. Maladaptive childhood behaviors
  F. Schizoid Personality Disorder
    1. Similarity to psychotic disorders
  G. Schizotypal Personality Disorder
    1. Similarity to psychotic disorders
  H. Histrionic Personality Disorder
    1. Attention seeking behaviors

- I. Narcissistic Personality Disorder
  - 1. Connection with substance abuse
- J. Avoidant Personality Disorder
  - 1. Similarity to other anxiety disorders
- K. Dependent Personality Disorder
  - 1. Impaired consent
  - 2. Connection with domestic violence
- L. Obsessive-Compulsive Personality Disorder
  - 1. Similarity with anxiety disorders
  - 2. Sensitivity to anxiety
- M. "Personality Disordered Speeders" bullet point humor summary

VII. Mood Disorders (1400-1430)

- A. Introduces Self and Background
- B. DSM-IV (Diagnostic Statistical Manual) / Diagnosis criteria
- C. "Mood" described
  - 1. Predominant internal emotional state
- D. "Affect" described
  - 2. External manifestation of the internal emotional state
- E. Mood and Substance Abuse
  - 1. Prevalence of substance abuse
  - 2. General Areas Affected
    - a. Psychomotor activity
    - b. Affect displayed
- F. Depression Described
  - 1. Specific areas affected
    - a. Eating
    - b. Sleeping
    - c. Affect displayed
- G. Sadness versus Depression
  - 1. Reactions to bereavement
    - a. Grief
    - b. Causes
    - c. Age, episodes
    - d. Consequences
    - e. Health
    - f. Social
    - g. Suicidality
    - h. Best approaches
    - i. Treatment
    - j. Therapy
    - k. Medications
      - 1. Length of time for medications to start working
      - 2. Stigma
      - 3. Side effects
      - 4. Weight gain

5. Officer response
    a. What to say
    b. Recognize feeling
    c. Assisting with problem solving
    d. Small steps
    e. What not to say
    f. Build realistic hope

H. Bipolar Disorder Described
  1. Video
  2. Specific areas affected
  3. Impulse behaviors
    a. Spending money
    b. Eating
    c. Sleeping
    d. Sex
    e. Causes
    f. Age, episodes
    g. Consequences
    i. Health
    j. Social
  4. Treatment
    a. Therapy
    b. Medications
      1. Side effects
      2. Taking away the "high"
    c. Psychosis mixed in
      1. Differential diagnosis
      2. Officer Response
    d. In a depressed state
    e. In a manic state
    f. Similarity to abusing a stimulant
    g. Is the person "high" via drugs or mental illness?

V. Medications (1430-1530)
  A. Introduces Self and Background
  B. Classes of psychotropic medications and brief review of mental illness
  C. Antianxiety Medications
    1. Similarity to anti-depressants
    2. Abuse potential
  D. Antidepressant Medications
    1. Side effects
    2. Weight gain
    3. Psychomotor activity
    4. Abuse potential
    5. Overdosing
      a. Length of time until reaches therapeutic dose

b. Following directions on how to take them

E. Mood Stabilizers
   1. Pros and Cons
   2. Eliminating the highs and lows
   3. Disliking the lack of a high

F. Antipsychotic Medications
   1. Side effects
   2. Effectiveness
   3. Discontinuation rate
   4. Newer drugs

G. Antiparkinsonian Medications

H. Sleep Medications
   1. Night-walking
   2. Stimulants
   3. Abuse potential

I. Medications that treat substance abuse
   1. Abuse potential
   2. Newer drugs

J. Medication Interactions

K. Q&A

VI. Emotional Intelligence in Public Safety (1530-1630)

A. Introduction to EQ Within a Use of Force Matrix

B. Compliant behavior
   1. Touch
   2. Verbal control
      a. Orders
      b. Explanations
      c. Requests
      d. Officer’s presence

C. Strategic message to a specific audience to generate voluntary compliance
   1. What to say
   2. How to say it
   3. Combinations

D. Effective communication is a basic element of the use of force scenario - A major goal of law enforcement is to generate voluntary compliance without resorting to physical force.

E. Breaking down Emotional Intelligence to the core
   1. R.U.M
      a. Recognize
      b. Understand
      c. Manage

F. The 4 EQ competencies
   1. Self-Awareness
   2. Self-Management
   3. Social Awareness

4. Relationship Management

G. Brain Function during the decision making process
   1. Limbic system
   2. Rational vs. Reactional

H. Emotional Intelligence is the ability to recognize emotions in self and others, understand why that emotion is present and manage emotions and behaviors to effectively deal with any given situation.
   1. Listening actively
      a. Open and unbiased
      b. Hearing what is being said
      c. Interpreting what was said
      d. Acting appropriately
   2. Modes of Persuasion
      a. Logos – The language spoken (tactical communication)
      b. Ethos – Credibility of rhetoric (authority)
      c. Pathos – Emotion (empathy)
   3. Showing empathy
      a. Must have the ability to suppress own ego and empathize
      b. Should project a sincere, empathetic attitude by:
         1. Treating the other person as the officer would want to be treated in the same circumstances
         2. Developing a sense of what it might be like to see through the eyes of the other person - Try to construct a verbal way to relate
         3. Recognize that people have a right to their own points of view - Empathizing does not imply agreement
   4. Ask questions
      a. Right type of question
      b. Recognize appropriate questioning strategies
         1. Context
         2. Varying
         3. Interview witnesses, not interrogate them
   5. Paraphrasing - Paraphrasing means and officer puts the other person's meaning into the officer's own words
   6. Summarizing
      a. Creates a sense of decisiveness and authority
      b. Used to reconnect communication that is interrupted
      c. To summarize effectively, officers must restate what has been said
         1. Accurately
         2. Briefly
         3. Clearly

I. Be ready and able to escalate or de-escalate the level of force
   1. Transition to the appropriate tools
   2. Use techniques as needed for that moment in time

J. Language
   1. Officers can help keep lines of communication clear in many situations:

a. Conveying an attitude of self-confidence and professionalism
b. Showing an understanding of the situation
c. Demonstrating a caring attitude
d. Being attentive to what is being said, and how it is being said
e. Using language and vocabulary that are appropriate to the situation

K. Communication may be complicated because a person is mentally or emotionally unstable, appropriate officer actions include:
1. Speaking in a calm, reassuring manner, respectfully if necessary
2. Obtaining psychiatric intervention
3. Remembering that the subject can suddenly become violent
4. Contacting a family member for additional information (e.g., medications, doctor, etc.)

L. Contact Escalation - Officers should be aware of their own non-verbal actions that can convey a negative message.
1. If communication is complicated because a person is mentally or emotionally unstable, be aware of inappropriate responses:
a. Making any sudden movement
b. Using overly harsh language
c. Confirming, denying, or belittling the hallucination or diffusion
d. Trying to deceive the person, as he or she may recognize the deception and this would escalate the situation

TUESDAY

I. Children & Adolescents (0800-0900)
A. Introduces Self and Background
B. Officers will develop a better understanding of how mental illnesses develop early on in life
1. Ways to prevent / delay mental illness
2. Need for referrals to expert early intervention
C. Officers will develop a better understanding of how some developmental disabilities aren't diagnosed until first few years of life
D. Causes of Problems
1. Environment
2. Genetics
3. Neurodevelopment
E. Definitions of Disorders
1. What is a "Disorder"
2. Disorders (Prevalence, potential impact on functioning, overlap with trauma)
a. ADD/ADHD
b. Autism
c. Conduct Disorder
d. Eating Disorders
e. Tourette's Disorder

f. Elimination Disorder
g. Mood Disorders
h. Anxiety Disorders

F. Available Treatment
1. Therapy / Coaching / Support Groups
a. Parenting classes
b. Parent support groups
c. Mental Health Services for child & family (Therapy, Intensive Care Coordination, Intensive home based services, Medication support)
d. Shelters

G. Causes of Lack of Treatment
1. Culture
2. Denial
3. Shame/Embarrassment
4. Misdiagnosis
5. Finances

H. Mental Health Interventions/Effective Intervention Strategies
1. Use of medications as a Last Resort/concerns
2. Diet I. Case Study examples given (parent/child dynamics)

J. Children's System of Care - Resources
1. Child Welfare Services
2. Probation
3. Behavioral Health
4. Other agencies: Tri-Counties, CAPSLO, Contractors for Behavioral Health

II. Traumatic Brain Injury (0900-1000)

A. Introduces Self and Background
B. Definition
C. Acquired Brain Injury vs. Traumatic Brain Injury
D. Terminology
1. "Survivors" not "Consumers"
2. Causes
a. Statistics/ Prevalence
b. Car accidents, falls, sports injuries, etc.
c. Returning Veterans
d. Resources
1. SLO County Brain Injury Center

E. Typical Problems/Associated Changes
1. Memory
a. Long term vs. short term
b. Confabulation
c. Important: Not intentionally lying
d. Practical example
2. Movement/ Muscular Control

a. Inability to be in particular positions such as being handcuffed
b. Five senses affected
c. Communication/Speech
d. May present as being under the influence of drugs
e. May seem adversarial or anxious
f. May “freeze up”
g. Officer safety issues with unexpected movements

3. Executive Functions
a. Thinking, Reasoning, Planning
b. Similarity to a mental illness or a developmental disability
c. Getting lost
d. Socially Appropriate Behavior
e. Social Skills
f. Practical example of misdirected interest in children

4. Emotions and mental health
a. Not congruent with actions / thoughts
b. Depression
c. Irritability

5. Pain
a. Headaches
b. Such as when being physically restrained

6. Other effects on quality of life
a. Fatigue
b. Depressive states
b. Seizures
c. Vagus nerve stimulator
d. Depression & Divorce Prevalence
e. Caretaker Stress
f. Officer Check List

7. Effective Communication Strategies
a. Keep things calm and slow down
b. Help reduce anxiety levels; Anxiety impairs memory recall and speech
c. Remind them you are there to help
d. Slowing down the pace
e. Small chunks of information
f. One question at a time
g. No compound sentences
h. No sarcasm
i. Words being congruent with non-verbal cues
j. Asking survivor to repeat / rephrase what they said
k. Asking survivor to repeat / rephrase what they heard
l. Not confusing symptoms with 647(f) or 11550 behaviors
m. Not under the influence
n. Sensitivity to subject

8. Identifying a TBI
  a. Tracheotomy scar
  b. TBI Card from the Brain Injury Center
  c. Medical ID Bracelet
  d. Personal story and illustration of behaviors
  d. Veteran

F. Q & A

III. Alzheimer's and Dementia Disease (1000-1130)

A. Dementia 101
  1. Definition- progressive loss of cognitive and physical function
  2. Prevalence: 1-2% of people @ 60 with doubling every 5 years to 50% at >85y/o. 5 mil currently, up to 13mil by 2050.
  3. Types: Alzheimers 60-70%, Vascular 20%, Lewy-Body/Parkinson's, Frontotemporal/Pick's Disease, Alcoholism/Toxin, Infection, Tumor-related, Normopressure Hydrocephalus
  4. Symptoms: Memory loss, cognitive loss, withdrawal, depression, delusions, hallucinations, physical decline.
  5. Dementia vs Delirium: Delirium is a symptom/acute state not a disease/cause, constellation of symptoms. Caused by meds, infection, metabolic, chf, copd

B. Alzheimer's Disease
  1. 4th leading cause of death among the elderly
  2. No cure – cause unknown. Current meds only hope to slow progression
  3. Research being done- genetics, meds, other (omega3, turmeric, vit D)
  5. Early vs late onset

C. Alzheimer's Disease versus Mental Illness

Dementia is usually in elderly, slow progression of cognitive decline with psychotic features later. Schizophrenia is usually more rapid onset with early psychosis, detachment from reality, usually starts young with chronic relapsing, not usually cognitive/memory deficits. Lewy-body: early visual hallucinations-usually not troubling, varies within hours, 50% have dyskinesia. Pick's: lose inhibitions/social graces but not hallucinating.
  1. Physical Changes in Brain- plaques, atrophy
  2. Changes in Personality- paranoia, delusions, withdrawal
  3. Changes in Memory- not usually problem with MI

D. Alzheimer's Progression
  1. Early: mild memory, recent events, word recall problems, depth/spatial perception problems, starting social withdrawal
  2. Middle: worse memory- not just recent, increased assist needed, mixed circadian rhythms, starting wander risk, losing social graces, starting delusions.
  3. Late: Assist with ADLs, physical changes accelerate (incontinence, aspiration risk, gait problems), poor verbalization, increased delusions/agitation.

E. Behaviors Associated with Memory Impairments

a. Wandering- usually found stuck in bushes near home
b. Driving- poor depth perception, physician sign-off
c. Agitation/Aggression- poor caretaker training, delusions, halluc
e. Domestic violence- common for either sex
f. Confusion- poor cognition
g. Ability to care for self
h. Depression- very common in early/middle phases ("grey zone")
i. Access to weapons
j. General Health & Safety Issues
    1. Temperature of home
    2. Electric and Natural Gas Operating Appliances
    3. Adequate food supply
    4. Victimization/Financial-emotional-physical abuse common
    5. Allowing strangers to enter home
    6. Medication confusion/compliance

F. Communication Strategies
    1. Don't challenge/correct, enter their world
    2. Build Rapport: smile, calm, reduced noise/distractions
    3. Slow down, don't offer choices
    4. Not approaching from behind
    5. 3 "R"s: Repeat, Reassure, Redirect
    6. Remember to assess for physical problems
    7. Have security objects: blanket, doll, textured/frilled
    8. Music, video distraction

G. Services Available
    1. Support Groups- Alzheimer's Assoc, Sydney Creek, Senior Centers, Online
    2. Alzheimer's Association: Alz Navigator- action plan, support, safety teaching.
    3. Locator services
        a. Safe Return: Alz Assoc and Medic Alert
           24hr response LEAP program- free enrollment
        b. iTraq: cellular tracker
        c. Pocketfinder: GPS tracker
        d. Project Lifesaver International: wander guard
           radio tracker, drones, set perimeters
    4. Medical ID bracelets, Runner's bracelets, clothing tags
    5. Educational Programs
        a. IACP (Internat Assoc Chief Police)
        b. Alzh Training Initiative, 1d/2d course
        c. NCCDP (Nat Council Cert Dementia Pract)
        d. 6hr course,CFR-DT(cert first resp-demtrain)
        e. DOJ- links to training courses, articles.
        f. Alzheimer's Aware- guide to creating a program including a local registry.
        g. Alzh Assoc- specific training for law enforcement

Family Caregiver Alliance

6. APS/Ombudsman/TEMA-Wilshire Mental Health
7. Physicians, Home health, Hospice agencies

H. Elderly Resources and Laws (0900-0930)
   1. Introduces Self and Background
   2. Differences between Elder and Dependent Adult
      a. Definition and age range
         1. Elder is a person age 65 or older
         2. Dependent adult is person between age of 18-65 with mental illness or developmentally disabled
   3. Adult Protective Services
      a. Powers and limitations as compared to Children Family Services
      b. Volunteer services
      c. Elder & Dependent Adult Laws
   4. 368 PC (Elder and Dependent Adult Abuse/Neglect)
      a. Civil and Criminal at the same time
      b. Elder Abuse/Neglect Court

I . Q & A

IV. Substance Abuse Disorders (1300-1430)
   A. Introduces Self and Background
   B. Overview: Signs and symptoms
   C. The effects of Psychotropic Medications vs. Drugs of Abuse
   D. SHOMADID
      1. Stimulants
      2. Hallucinogens
      3. Opiates
      4. Marijuana
      5. Alcohol
      6. Depressants
      7. Inhalants
      8. Dissociative Anesthetics
   E. Medications
      1. How they can be mistaken for “street drugs”
   F. Toxins
   G. Dual Diagnosis
   H. Mental health consumers that abuse drugs
      1. Prevalence
      2. Behaviors
   I. Use of CIT Techniques with dual diagnosis
      1. Meth Induced Psychosis
      2. Cocaine Induced Psychosis
      3. Alcohol Psychosis
      4. Interventions for Withdrawal and Suicidal Ideation
      5. Officers Actions: Do you go to Jail or Mental Health?

a. Is it criminal?
b. Is it mental illness?
c. Applicable laws
6. Assessment for Drug Abuse and 5150 Evaluation
7. Q&A

V. CIT-Officer and Officer Panel (1430-1530)
A. Introduces Self and Background
B. CIT officers and deputies talk about their use of CIT in the field
1. Initial skepticism
2. Advantages
C. Officers and deputies talk about their loved ones with a mental illness
1. Police interaction (good & bad) with a loved one
2. Run-ins with the Criminal Justice System
a. Jail
b. Court
c. Medical concerns
d. Housing and visitation
3. Toll on the family
D. Encouraging students to develop sympathy/empathy
E. Encouraging students to take class seriously and employ the techniques learned
F. Ask students to share personal stories about their loved ones to further develop sympathy/empathy in students present
G. Q&A

VI. Law Enforcement and Homelessness (1530-1630)
A. Homelessness defined
B. Nationwide and Statewide trends
C. SLO County Statistics and point in time counts
D. Problems caused by homelessness
1. Pollution
2. Public Health
3. Emergency rooms
4. Jail
E. Causes of Homelessness
F. Classifications of Homelessness
G. SLO County Plans
1. 10 Year Plan to End Homelessness
2. Challenges in SLO County
H. Options for LE Officers
1. CAT Team
a. Some enforcement but chartered focus is to reduce recidivism and get homeless into case management
2. Enforcement
a. Legal considerations
b. Jail considerations

c. Public considerations

3. Mental Health Voluntary/Involuntary
    a. MHET
    b. PHF
4. Voluntary Medical treatment
5. Veteran Services
6. Non Profits
    a. Homeless Outreach Team (TMHA) *If subject is homeless and has mild to moderate mental health condition
    b. 50 Now Program
    c. CAPSLO
    d. 5CHC
    e. ECHO
7. How do we measure success?
8. Obstacles
    a. Misguided charitable giving
    b. Lack of resources
    c. Lack of coordination
    d. Economic reality

WEDNESDAY

I. Non-Violent Crisis Intervention – Part 1 (0800-1000)
    A. Introduces Self and Background
    B. CIT Purpose & Philosophy
        1. Safety
        2. For the officer
        3. For the consumer
        4. For the family and the public
    C. Familiarity with Disorders
        1. Recognize
        2. Interact Effectively
        3. Resources
    D. Visualization Exercise
        1. Helpful vs. Not-So-Helpful Coworker's Behaviors & Appearance
        2. Develop a deeper understanding of what is more likely to work when de-escalating someone
    E. Mental Health Contrasted with Law Enforcement
        1. Scope of practice
        2. Limitations
        3. The roles each other plays
    F. Qualities of a CIT Officer
        1. Building rapport
        2. Willing to take time to listen
        3. Listening skills
        4. Offering practical short term problem solving

5. Sincere and genuine in actions
6. Verbal intervention matches non-verbal cues
7. Follow-up

G. Crisis
1. Characteristics
2. Graph depicting stages
3. Definitions
    a. The point of most intensity and when injury to self and/or others is likely
    b. Stages
    c. The Crisis / Assault Cycle
    d. Baseline
    e. Normal personal best
    f. Trigger
        1. Seen and unseen
        2. Can you identify what the trigger is?
        3. Preventing it in the future
    g. Escalation
        1. "Warming up"
        2. Crisis
        3. The most amount of energy
        4. Communication intervention limits
            a. Only 5% heard when fully escalated
            b. Utilizing short sentences
            c. Under 5 words
            d. Each word has less than 5 letters
    h. De-escalation
        1. Needing time to calm down ("cooling off")
        2. Means to "cool off"
        3. Officer safety issues in allowing certain cool off behaviors
        4. Subject can easily re-escalate / re-trigger
    i. Post-Crisis Depression
        1. Suicide risk
        2. Following up to prevent suicide
        3. Transferability of the Crisis Cycle
        4. Emotional disturbance vs. mental illness

H. Communication
1. Percentage of a total message
2. Description of…
3. Verbal
    a. Words we use
    b. Para-verbal
    c. Words we stress
4. Non-verbal
    a. Our actions
    b. Active Listening

5. Effectiveness for building rapport and in de-escalation
    a. Effective limit setting during an encounter
6. Basic Needs/Feelings
    a. The minimum we need each day to be functioning
    b. The higher levels
    c. Sense of self
    d. Productivity
7. Ability to "shake off" criticism, rejection, undesirable consequences, etc.
    a. Handout Reviewed: General and Disorder Specific Responses
8. CONREP
    a. Early conditional prison releases of the mentally ill
    b. SLOBH's role in monitoring these individuals

I. Crisis Intervention: Officer Safety/Non Violent Intervention
1. Video: Parent - talking about mental illness and police response
2. Discuss difficulties police face during response
3. Interaction with persons on scene
4. Prior history/calls for service
5. Tactical Considerations before arrival
    a. Officer safety considerations
    b. Use of lethal/non-lethal force
    c. Availability of non-lethal weapons
6. Rapid assessment techniques
    a. Judgment on safety issues
    b. Mental status of subject
7. Tactical considerations on arrival and during contact
    a. Officer safety considerations
    b. Use of lethal/non-lethal force
    c. Safety of public at scene
8. General and specific verbal strategies
    a. Command and auditory hallucinations
    b. Paranoia

J. Review
1. Videos and discussion
2. Tactics used/not used during encounters with persons on the street
3. Tactics used/not used during encounters with persons in a building.

II. Suicide and Intervention (1000-1200)

A. Suicide Warnings
1. Verbal and written statements about death and dying
2. Dramatic changes in behavior or personality
3. Fascination with death and dying
4. Giving away prized possessions or making out a will
5. Interpersonal conflicts or loss

B. Triggers
1. Getting into trouble with authorities
2. Breakup with a boyfriend or a girlfriend

3. Death of a loved one or significant person/loss
4. Knowing someone who died by suicide
5. Bullying or victimization
6. Family conflict/dysfunction
7. Academic crisis or school failure
8. Disappointment or rejection
9. Abuse
10. Trauma exposure
11. Serious illness or injury
12. Anniversary of the death of a loved one
13. Forced or extended separation

C. Intervention
1. Goals of intervention
   a. Ensure individuals safety
   b. Assess and respond to the level of risk
   c. determine the services needed
   d. Ensure appropriate care.
2. Assessing risk. The deputy/officer should ask appropriate questions to determine level of risk. There are three key questions to be included in any interview:
   a. Have you ever thought of committing suicide? One in four believe about suicide at some time; this alone indicates low risk.
   b. Have you ever attempted suicide before? This is an important question because anyone who has attempted before is at moderate risk to attempt again.
   c. Do you have a plan to harm yourself now? The individual who has a plan and the means would be classified at highest risk. He or she must be supervised every moment until a mental health professional can be accessed.
3. When an individual is assessed at any level of risk for suicide:
   a. The deputy/officer has a duty to supervise
   b. Warn parents, guardians or appropriate authority.
   c. Provide appropriate referral and follow-up

III. Non-Violent Crisis Intervention – Part 2 (1300-1400)

A. Overview: Purpose and Philosophy

B. Crisis Response
1. The "Five C's"
   a. Command
   b. Coordinate
   c. Containment
   d. Communication
   e. Control
2. Less-Lethal Weapons
   a. It is still a use of force

C. Pre-death Behaviors

1. Hyper vigilance
2. Change in Respiratory Rate
3. Counting Down/Up
4. Officer safety
5. Officer actions
    a. Interrupting these behaviors to prevent life taking

D. CIT Basic Intervention Rules
1. Slowing down
2. Yourself
3. The subject
4. Your team
5. Bystanders and the scene
6. Environment
7. Maintaining safety
8. Moving the public away
9. Practical example of stopping traffic under a busy freeway overpass
    a. Eliminating distractions and triggers
    b. Positioning
    c. Officer safety
    d. Tone
    e. Conducive to the interaction
10. Strategies
    a. Is it best to go hands-on?
    b. Less-Lethal
    c. Waiting for other team members or outside resources
    d. Contacting a HNT or mobile crisis team
    e. Verbal Interventions
        1. Words being congruent with non-verbal cues
        2. What not to do
    f. Do you involve family in de-escalation?

E. Documentation
1. For follow-up purposes

F. TACT Principles
1. Tone
2. Atmosphere
3. Communication
4. Time

G. Reminder in preparation of the Exercises

H. Non-Violent Crisis Intervention/Crisis Negotiations
1. Negotiation
    a. Basics of hostage negotiations
    b. Hostage Negotiation Techniques that apply to the mentally ill
    c. Five hostage negotiation techniques to help diffuse a situation:
        1. Gain control of the situation by insisting on a one-on-one talk.
        2. Explore the feelings underlying the individual's demands.

3. Allow heated emotions to defuse through the passage of time.
4. Collaborate on solving the individual's short-term problems.
5. Help your counterpart save face when you come out ahead.

2. Approach to negotiation.
a. Maintain an open-minded approach.
b. Use active-listening techniques
c. Build rapport to influence the individual.
d. Patience - crisis negotiator has to be patient
1. Avoid jumping to conclusions
2. Avoid rushing quickly towards a resolution.
3. Build rapport to influence individual's actions and resolve the encounter peacefully.
e. Respect - Active listening and patience both help the individual feel respected and that his/her concerns are being heard and addressed.
f. Remain Calm
1. The negotiator's actions are contagious
2. Using a calm, understanding and respectful tone allows the individual to realize there is an alternative solution.
g. Realizations for the Negotiator:
1. must establish a relationship with a complete stranger
2. must keep communication strategic and purposeful in nature.
h. Adaptability - A crisis negotiator should:
1. Adapt to changing circumstances.
2. Respond to changes in a way that preserves the relationship built with the individual.
3. Adapt to get closer to negotiation goals.

IV. Post Traumatic Stress Disorder/Police Stress (1400-1600)

A. An example of a mental illness
1. Video of officer involved shooting
2. The brain, emotion and stress

B. Police Stress:
1. What makes an incident critical?
a. Perceived threat / trauma
b. Your body's reaction
c. The meaning you attribute to an event
d. What else is happening in your life
2. Types of critical incidents:
a. Listing of typical stressful events
b. Professional and personal
3. Your body's response to stress
a. Autonomic Nervous System

b. Normal physical and psychological responses

4. Coping mechanisms
   a. Maladaptive
      1. Hyper-Activity
      2. Counter Phobic Behavior
      3. Impulsive and Reckless Behavior w/o Thought
   b. Appropriate
      1. Exercise
      2. Counseling
      3. Peer Support
      4. Medication
      5. Family / Spiritual contact

C. Nature of PTSD
   1. Characteristics
   2. Symptoms

D. Causes of PTSD
   1. Single incident vs. cumulative experience

E. Treatment of PTSD
   1. Medications
   2. Psychotherapies
   3. Other treatments
   4. Other Considerations

F. Risk to Emergency Response Personnel
   1. Crime Victims and PTSD
   2. Partner death

G. Grounding techniques to use with someone disassociating
   1. Officer safety

H. Guest Speaking Officer that was involved in a shooting
   1. Introduces Self and Background
   2. Personal Story
   3. Support and Lack Thereof
   4. Investigations
   5. The Power of Communication
   6. How to Help
   7. What Not to Say

III. Suicide by Cop (1600-1700)

A. Introduces Self and Background

B. Definitions
   1. Statistics and Prevalence
   2. Demographics

C. SBC in other places in the world

D. Common Reasons
   1. Depression
   2. Willingness to do it themselves
   3. Insurance reimbursement to family

E. Indicators
   1. Weapon in possession or claiming to have one
   2. Specifically requesting suicide by cop
   3. Requesting officers to enter the home during a stand-off
F. Incidents – Compare and Contrast
G. Officer Safety
H. Officer Action
   1. Not engaging
   2. Not forcing entry
   3. Not forcing the situation
   4. Retreating
   5. Following-up
   6. Possible consequences of forcing the situation
   7. Reminders about the consequences to self and family
I. Q&A

THURSDAY

I. Developmental Disabilities (0800-1000)
   A. Introduces Self and Background
   B. Autism: personal story and illustration of behaviors with guest speaking consumer and family member
   C. Experiences with law enforcement
   D. Instructor defines and describes:
      1. Autism
      2. Intellectual Delay (formerly called Mental Retardation)
      3. Cerebral Palsy
      4. Epilepsy
   E. The following information is given for each disorder
      1. Appearance/Behaviors
      2. Causes
      3. Prevalence
      4. Best verbal intervention strategies
      5. Use of force caution for autism (and other developmental disabilities) Prone position may affect airway breathing
      6. The issues possibly seen with intellectual delay and autism.
         a. Limits in memory recall
         b. Slowing the pace with questioning
         c. Asking them to repeat/rephrase what they heard
         d. Acquiescence
         e. Agreeing with leading questions
         f. Pleasing others
      7. How someone with mild intellectual delay or autism could easily be mistaken
         a. Criminal matters

b. Engaging with children
c. Being an accomplice
d. Victimization
e. Vulnerability
f. Pleasing others
g. Anxiety
h. Unusual body movements, eye contact
i. Unusual reaction to questioning

8. Cerebral Palsy
    a. Being mistaken for being under the influence of alcohol/drugs or intellectual delay
    b. Slowing the pace
    c. Alternatives to oral communication
9. Epilepsy Post Ictal State – an after a seizure state, aberrant behaviors possible.

F. “People first” language in communication stressed. Families prefer “child with autism” or “adult with autism” but independent adult autism community members often identify as an “autistic adult.”

G. Contrasts developmentally disabled and mental health systems of care
    1. Resources
    2. Safety Alert
    3. Mobile de-escalation services
    4. Inability to write 5150 holds

H. SLO Regional Center
    1. Office locations – San Luis Obispo (805) 543-2833. Also in north and south San Luis Obispo County and Santa Barbara County.
    2. Services offered
    3. Powers and limitations

I. Central Coast Autism Spectrum Center Available for non-urgent information, training and advice. (805) 763- 1100 or contact@sloautism.org

II. Cultural Information (1000-1100)

A. Introduces Self and Background

B. Overview
    1. "Culture" described
        a. The shared values, practices, goals, and attitudes of an identified group
    2. Personal story
    3. Race & Ethnicity
    4. Acculturation described
        a. Exchanged elements of culture between two or more cultures interacting with each other
    5. Assimilation described
    6. Intersectionality

C. Class involvement
  1. Police Culture
  2. Personal Culture
  3. Caucasian Culture
    a. Common Characteristics
    b. How mental illness may manifest in this culture
  4. African-American Culture
    a. Common Characteristics
    b. How mental illness may manifest in this culture
  5. Latino Culture
    a. Latino Cultures Represented in SLO County
    b. Common Characteristics
    c. How mental illness may manifest in this culture
    d. Traditional Causes of Mental Health Problems
    e. Traditional Treatments for Mental Health Problems
    f. Latino Culture-Bound Syndromes
    g. Encountering and engaging a Person from a Latino Culture
  6. The Native American Culture
    a. The Native American Cultures Represented in SLO County
    b. Common Characteristics
    c. How mental illness may manifest
    d. Traditional Causes of Mental Health Problems
    e. Traditional Treatments for Mental Health Problems
    f. Encountering and engaging the Native American culture and community
  7. Asian Culture
    a. Asian Cultures Represented in SLO County
    b. Common Characteristics
    c. How mental illness may manifest in this culture
    d. Traditional Causes of Mental Health Problems
    e. Traditional Treatments for Mental Health Problems
    f. Encountering and engaging a Person from an Asian Culture
  8. LGBTQ+ Culture
    a. The Lesbian, Gay, Bisexual, Trans, Queer and plus cultures represented in SLO County
    b. How mental illness may manifest
    c. The Trans-gender community
    d. The Trans-gender community and mental health access
    e. The LGBTQ+ Older Adult community
    f. The LGBTQ+ Older Adult community and mental health access
    g. The African-American LGBTQ+ culture and experience
    h. The Latino LGBTQ+ culture and experience
    i. The Asian LGBTQ+ culture and experience
    j. Encountering and engaging the LGBTQ+ culture and community
  9. Older Adult Culture
    a. The Older Adult culture and experience

b. Common characteristics
c. How mental illness may manifest
d. The Older Adult culture and mental health access
e. Encountering and engaging the Older Adult culture and community

9. The Culture of Poverty
   a. The Culture of Poverty and experience
   b. Common characteristics
   c. How mental illness may manifest
   d. The Culture of Poverty and mental health access
   e. Encountering and engaging

D. Cultural barriers to accessing mental health services offered through SLO County Behavioral Health etc.
   1. How to engage clients/consumers
   2. How to support clients/consumers
   3. How to encourage clients/consumers to participate in culturally sensitive mental health services

E. Q&A

IV. Military & Veteran Issues (1100-1200)

A. Introductions
   1. Learning Objective
   2. Familiarization with Active, Reserve, Guardsmen service members
   3. Recognizing Veterans (Prior Service)
   4. Responding to Service Members & Veterans in Crisis.
   5. What to Expect from Combat Veterans when Interacting with Law Enforcement
   6. Available Community Resources

B. Vets Prevail Video

C. Class Discussion Regarding Common Veteran Adversities
   1. Divorce (Contributing Work-Related Stressors)
   2. Homelessness (and its Correlation to Combat Stress and PTSD)

D. Common Strengths
   1. Elaborate on Similar Characteristics between Service Members and Police
   2. Community Service (Motivations to Continue Serving to Some Capacity)
   3. What Else (Establish Commonality of Character with Law Enforcement)

E. Branch Familiarization
   1. Number of Military Branches
   2. Brief Summarization of Branch Specialization
   3. Brief Summarization of Ranks & Titles

F. Compiled Data
   1. Length of time that current conflict has been active
   2. Approximate Number of Those who Served during Current Operations
   3. Demographics of Service Members
   4. Females in the Military
   5. SLO County Specific Data

6. Common Issues Faced when Preparing for Deployment

G. TED Talk Video

H. Common Challenged of Re-Integration
1. Identity Loss
2. Psychological Effects of Separation from Service
3. Lack of Familiarity
4. Lack of Structure
5. Contributing Factors to Self-Medication

I. Combat Exposure
1. Common Forms of Combat
2. Associated Factors that Accompany Combat
3. Combat Stress
4. Compiled Data on Combat Exposure
5. Current Evolution of Combat

J. Signs & Symptoms of Undiagnosed Illness
1. Common Symptoms
2. What to Look For
3. How to Approach Someone and Ask if They are Experiencing Symptoms

K. Blast Related Injuries
1. Common Injuries Associated with Explosions
2. What to Look For
3. How to Ask if you Suspect Someone of Experiencing Symptoms
4. Elaborating on Hearing Related Injuries
5. Expanding on TBI (Traumatic Brain Injury)
6. What you Should Know and Can Do when Encountering these Individuals

L. Post-Traumatic Stress Disorder (PTSD)
1. Signs & Symptoms
2. Explaining Trauma Thresholds
3. What Constitutes a Traumatic Event
4. What Are Triggers?
5. How Common is PTSD
6. Statistically Reported Symptoms Associated with PTSD

M. Major Depressive Disorder
1. Signs & Symptoms
2. Contributing Factors to Self-Medication
3. How to Ask if Someone is Experiencing Symptoms

N. How to Identify a Veteran
1. Member of a Social Group (American Legion, VVA, VFW, Etc.)
2. Veteran/Military Identification
3. Military Tattoos
4. Clothing (Note: General homeless also frequently wear military surplus clothing)
5. Terminology
6. Bases and other locations
7. Effectively Utilizing Known Information

O. Veterans in Crisis (Potential for Being Armed)

1. Gun Culture in the Military
2. Weapon Discipline and Training
3. Officer Safety
4. Crisis De-Escalation
5. Effects of Unintended Posturing
6. Situational Awareness
7. How to Promote Trust & Respect
8. Psychological Effects of Injuries in Regards to Social Interactions

P. Local Resources
1. VA Clinic
2. VA Hospitals
3. County Resources
4. Mental Health Resources
5. Community Resources (Church, Peer Support Etc)
6. Veteran Based Social Groups

Q. Veterans Treatment Court
1. Who Does It Pertain to?
2. How to Make Contact?
3. Who is Associated with the Program?
4. About the Process of Being Accepted into the Program
5. What to Expect When Entering the Program

R. Combat Veterans & Law Enforcement
1. What to Expect When Encountering a Combat Veteran
2. Similarities in Rank Structure Between Law Enforcement & Military
3. Identification Respects Between Military & Law Enforcement
4. How Combat Veterans May be Useful in a Crisis
5. Communication Between Combat Veterans & Law Enforcement During a Crisis

IV. Mental Health System Overview (13:00-13:30)

A. Introduction - SLO County PHF-Psychiatric Health Facility: inpatient psychiatric treatment in San Luis Obispo County

B. History since closure of General Hospital
1. Loss of medical attention on site
2. Need for medical screening at all county emergency departments.
3. Involuntary admission criteria
4. Collaboration with four local hospitals
5. Services for those with and without private insurance
6. Transportation to and from treatment out of county

C. PHF bed space
1. Oversight by DHCS
2. 16 beds max
   a. Adults
      1. 5150-5250-5300 DTO-DTS-GD Community
      2. 5150/4011.6 DTO-DTS-GD In custody-Jail inmates

3. 1370-Misdemeanor
4. LPS

b. Youth-Waivered
1. 5585 DTO-DTS-GD Community, including foster care
2. 5585/4011.6 DTO-DTS-GD In custody-JSC

c. MHP-Mental Health Plan-indigent and MediCal recipients

D. First responder relationships
1. Police: collaboration with all law enforcement including SLO PD and Sheriff Dept CAT Teams, the Sheriff's Mental Health Task Force
2. Fire
3. Ambulance

E. MHET-Mental Health Evaluation Team
1. 24/7 staffing county wide Nipomo to San Miguel
2. 24 hour staffing of Mental Health Evaluation Team (MHET)

F. Collaboration with community partners
1. Available psychiatric crisis services in SLO County
2. Identify appropriate community resources during emergency episode.
3. Need for additional local psych beds will be identified
4. Mental health treatment in jail
5. Pre/Post hospitalization resources in HOT-Homeless Outreach Team
6. FRS-Forensic Re-entry Services

IV. Mental Health Resources (1330-1430)

A. Description of Resources Available in SLO County
1. Distribute written information (pamphlets and sheets)

B. SLO Suicide Hotline

C. Description of Behavioral Health Department Adult Interagency Case Management Council Meeting (AICMC)
1. Officers fill out CIT Event Summary cards, send them to the CIT program office, all information entered into Access Database.
2. The information the officers provide about contacts with individuals in crisis is brought to the attention of county mental health professionals through monthly AICMC meetings.
3. Weekly informational updates are sent to local mental health and Probation.
4. Importance of CIT Cards
5. Utilizing CIT Program Staff as a resource
6. Officers
7. Community Partners
8. Family & Consumers

D. SLO County Mental Health Services
1. North County
2. South County
3. San Luis Obispo

E. Transitions Mental Health Association
1. Housing

2. Family Support
3. Adult and Youth Services
4. Work Programs v. Community Programs
5. Intensive Mental Health Services
6. Homeless Outreach Team
7. Forensic Re-Entry Services

F. Crisis Stabilization Unit

G. Community Counseling Center of San Luis Obispo
1. Affordable psychotherapy for economically disadvantaged

H. NAMI SLO

I. SLO County Drug & Alcohol Services
1. If LE drops off, call and coordinate first

J. Out of County Resources
1. Bakersfield
2. Ventura (Vista Del Mar)

V. Policy and Protocol 5150 (1430-1530)

A. 5150 criteria
1. Danger to Self definition
   a. Imminent risk of serious injury or death to individual
2. Danger to Others definition
   a. Imminent risk of serious injury or death to bystanders
3. Gravely Disabled definition
   a. Inability to provide food, shelter, or clothing due to a mental illness
   b. Our standards of living
   c. Are they homeless or are they mentally ill?

B. How to complete a proper 5150
1. Admonishment
2. Writing the narrative
3. Attaching additional pages
4. Checking the boxes for future notification of release
   a. Safety of intended victim

C. Misconception of 72 Hour Hold
1. It is up to 72 hours…not always a full 72 hours

D. 5250
1. 14 day stay

E. Starting the conservatorship process
1. Conservator requests law enforcement to transport subject
2. Certified court copies within effective dates and limits
3. Written request
4. Transportation in a patrol car
5. Options such as utilizing an ambulance
6. Use of force authorization

F. Q&A

VII. Weapon Prohibition (1530-1630)
    A. Introductions
    B. General Overview: To provide LEOs with knowledge and tools to better understand and implement weapon confiscation for individual and public safety.
    C. 8100-8103 Welfare & Institutions ("W&I") Codes and W&I 5150
        1. 8100 - possession by prohibited person ("PP")
        2. "Deadly Weapon" defined
        3. 8101 - supplying to PP
        4. 8102 - weapon seizure
        5. 8103 - prohibited persons
        6. 5150 applicant detainees
        7. Paperwork and Importance of Reports
        8. Five Year Weapons Prohibition (W&I 5150)
    D. Actual vs. Constructive Possession
        1. Related crimes
        2. Notice given
        3. Documentation
        4. Filing
        5. Warrant considerations
        6. Seizure without a warrant
    E. W&I 5250 Covered
        1. 14-day hold considerations
    F. Penal Code section 18250 seizures
    G. Tarasoff warnings
    H. Q&A

FRIDAY

I. Role-Play - Scenarios (08:00-12:00)
    A. Five scenarios
        1. Each student must test in at least one scenario as a Primary Officer by resolving the situation using verbal skills
        2. A secondary cover officer is also designated
        3. All students observe the scenarios
        4. Experienced officers and mental health professionals (collectively, the instructors) provide feedback to testing student at the end of the scenario
        5. Instructors comment on:
            a. Rapport building skills
            b. Active listening skills
            c. De-escalation skills
            d. Problem solving skills
            e. Environmental concerns
                1. Identifying officer safety concerns
                2. Identifying dangers to the consumer
            h. Identifying dangers to the public
            i. Utilization of other resources

1. Negotiation efforts, if applicable
j. Ability to recognize mental health / developmental disability symptom and/or diagnosis
k. Ability to lay out a clear action and follow-up plan
l. Ability to articulate a proper 5150 evaluation, if applicable
m. Their verbal, para-verbal, and non-verbal demonstration and whether they all matched.
6. The student's perception of / feelings about the encounter.
7. At the end of the five scenarios the entire class shares their experiences

B. At no-time are students & actors allowed to bring weapons into the role-plays

C. At no-time are students & actors allowed to physically touch each other

D. Scenarios
1. Danger to Self
a. Actor on an imaginary ledge must be talked down. Actor may engage in pre-death behaviors (such as counting down from number ten).
b. Tests an officer's considerations of the environmental factors such as traffic driving by
c. Challenges officer's knowledge of community specific resources
d. Challenges officer's willingness to negotiate for actor's request for comfort items either while on scene or en route to the hospital
e. Tests an officer's skills of interrupting pre-death behaviors
f. If officer desires to go hands-on in lieu of verbal techniques the actor displays a play knife
g. Serves as reminder to not make assumptions that the depressed & suicidal individual would not harm the officer
2. Danger to Others
a. Actor is a Board & Care Home Resident who is hearing voices and is manic / psychotic
b. Tests an officer's consideration of the environmental factors such as asking staff and other residents to not interfere/trigger and to remove them from the scene
c. Challenges an officer to designate a less-lethal option
d. Challenges an officer to verbally engage with an actor that is extremely escalated verbally and vandalizing property
3. Gravely Disabled
a. Actor is almost non-communicative and is lost in a park at nighttime
b. Challenges an officer's ability to build rapport
c. Challenges an officer's ability to try alternative communicative patterns
d. Tests an officer's knowledge of other resources that could assist him/her in discovering the client's identity
e. Challenges an officer's tolerance of time passing by where he/she does not feel very efficient (CIT skill of taking time). They learn to deal with the helpless feeling.

f. Tests an officer's ability to recognize grave disability with circumstances given in scenario

h. Tests and officer's ability to coax actor into a patrol car versus going hands-on

4. No-Win Suicidal

a. Police respond to a check-the-well-being call on a subject but they lack any additional information. When on scene the subject is very adversarial with officers claiming they violated his 4th Amendment Right. Actor begins mixing a drink and swallows some or threatens to throw it on officers (later discovered to be an imaginary lethal / caustic chemical compound).

b. Challenges officer's willingness to engage with an unpleasant subject.

c. Challenges officer's ability to deal with the fact actor temporarily stops talking to the "primary officer" but engages with the "cover officer". Actor tries to engage primary officer into a no-win power struggle.

d. Tests an officer's ability to contemplate that the drink ingested is a lethal and whether the officer requests medical attention. And/or tests officer's ability to recognize officer safety threat that drink may harm them if they approach too closely (CIT skill of giving space).

e. Tests an officer's ability to problem solve and strategize.

f. Helps an officer understand that he/she cannot win in every situation. They learn to deal with the helpless feeling.

5. Cats

a. Police take an imaginary woman on a 5150 hold while they standby as Animal Control takes custody of several cats belonging to her. The husband (an actor) comes out of home and threatens officers on scene with an imaginary knife then threatens to kill himself all in a very hostile manner.

b. Tests an officer's willingness to step back now that actor has an imaginary bladed weapon (CIT skill of space)

c. Tests an officer's skills of designating less lethal

d. Challenges an officer to negotiate with actor that may request that officer let the wife or cats go

e. Will the officer power struggle with actor over the cats?

f. If the officer lets an imaginary cat or two go free the actor will de-escalate and begin to lower the knife

II. Officer Wellness: Physical and Mental (1300-1400)

A. From: The International Association of Chiefs of Police Officer Safety and Wellness Initiative.

1. Substance Abuse and Mental Health Services Administration (SAMHSA)of the U.S. Department of Health and Human Services Wellness Initiative.

B. What is Wellness?
 1. Wellness is being in good physical and mental health.
 2. Remember that wellness is not the absence of illness or stress.

C. What Are the Eight Dimensions of Wellness?
 1. Learning about the Eight Dimensions of Wellness can help you choose how to make wellness a part of your everyday life.

D. The Eight Dimensions of Wellness are:
 1. Emotional—Coping effectively with life and creating satisfying relationships
 2. Environmental—Good health by occupying pleasant, stimulating environments that support well-being
 3. Financial—Satisfaction with current and future financial situations
 4. Mental Wellness—
  a. Vicarious trauma
  b. Suicide and Prevention
  c. Intellectual wellness- Recognizing creative abilities and finding ways to expand knowledge and skills
  d. Occupational— Personal satisfaction and enrichment from one's work
 5. Tactical Safety- Are You Ready?
  a. Vest- Wear a vest and proper vest fit
  b. Seat Belts
  c. Physical readiness
  d. Mental readiness v. Off Duty vigilance
  e. Situational awareness
  f. Know your community
 6. High Risk Situations
  a. Domestic Violence Calls
  b. Traffic Stops
 7. Physical—Recognizing the need for physical activity, healthy foods, and sleep
 8. Social—Developing a sense of connection, belonging, and a well-developed support

III. Officer Wellness -> Part 2 (1400-1530)

A. Triad of Care
 1. Peer to Peer Counseling
  a. What is Peer to Peer Counseling?
  b. How can Peer to Peer Counseling benefit you?

B. Chaplain Program
 1. What is Chaplain Program?
 2. How can the Chaplain Program benefit you?

C. Employee Assistance Program
 1. What is Employee Assistance?
 2. How can Employee Assistance benefit you?

IV. Post-test (1530-1630)
    A. Questions and answers reviewed
    B. Comparison of test results from Pre-test

V. POST Evals and Graduation (1630-1700)
    A. CIT Certificates