CRISIS INTERVENTION TRAINING

Woodland Police Department
POST Presenter #4330

YOLO COUNTY
Health & Human Services Agency

Robert Villarreal, LMFT

Welcome – Agenda

		8 Hour-Hourly Distribution Schedules
START	END	SUBJECT
0800	0830	Ⅰ. Introduction and Orientation
0830	0900	II. Stigma and Cultural Relevance
0900	1000	III. Stigma Reduction and Perspective of Individuals or Families
1000	1200	IV. Mental Illness/Intellectual Disabilities/Substance Use Disorders
1200	1300	Lunch
1300	1400	V. De-Escalation and Conflict Resolution
1400	1430	VI. National Alliance on Mental Illness (NAMI)
1430	1530	VII. Suicide Assessment and Managing Incidents
1530	1600	VIII. Identifying and Utilizing Resources
1600	1645	IX. Laws
1645	1700	X. Class Discussion and Conclusion

Introductions

START	END
0800	0830

Logistics

- Breaks
- Cell phones
- Respectful conversations & shared stories
- Restrooms
- Lunch

Introductions

- Instructors
- Participants
- What to expect?
  - New **concepts**
  - New **terminology**
  - Clear learning **objectives**
  - Hands-on work and **exercises**
  - Visits from key **partners**
  - Development of **skills**
- The Questionnaire!!!!!

CIT Trainers are mental health professionals, criminal justice professionals, and NAMI educators who often volunteer their time.

II. Stigma and Cultural Relevance

START	END
0830	0900

II. Stigma and Cultural Relevance

Objective: Demonstrate knowledge of the role stigma has in society and across cultures regarding mental illness, intellectual disabilities, and substance use disorders.

https://www.youtube.com/watch?v=LTIZ_aizzyk

II. Stigma and Cultural Relevance

Provide context for **stigma** and **the role it plays** in mental illness, intellectual disabilities, and substance use disorders;

https://www.youtube.com/watch?v=1r4SMnWMTcA

II. Stigma and Cultural Relevance

Historical and modern-day stigmatization of mental illness, intellectual disabilities, and substance use disorders as it pertains to:

- Societal views and treatment of mental illness
- The evolution of medical treatment
- Dramatizations by the news and entertainment industry

https://www.youtube.com/watch?v=CE_AmXdKbu8

II. Stigma and Cultural Relevance

Compare and contrast the way different cultures treat mental illness, intellectual disabilities, and substance use disorders in the areas of;

- Stigmatization
- The social impact on families and individuals
- Barriers to seeking help and participating in treatment

https://www.youtube.com/watch?v=dccpIU3bPj8

III. Stigma Reduction and Perspective of Individuals or Families

START	END
0900	1000

III. Stigma Reduction and Perspective of Individuals or Families

Objective: Demonstrate knowledge of strategies that help reduce stigma associated with mental illness, intellectual disabilities, and substance use disorders, including the perspective of individuals or families

- Identify mechanisms to reduce personal bias against people with mental illness, intellectual disabilities, and substance use disorders
- Identify mechanisms to reduce stigmatism against people with mental illness, intellectual disabilities, and substance use disorders
- Present the perspective of individuals and families experienced with

III. Stigma Reduction and Perspective of Individuals or Families

Identify mechanisms to reduce personal bias against people with mental illness, intellectual disabilities, and substance use disorders:

- Learn the facts
- Get to know people who have experiences with mental illness, intellectual disabilities, and substance use disorders

https://www.youtube.com/watch?v=LQ27q-c2nms

III. Stigma Reduction and Perspective of Individuals or Families

Identify mechanisms to reduce stigmatism against people with mental illness, intellectual disabilities, and substance use disorders:

- Speak out against the display of false beliefs and negative stereotypes
- Speak openly of personal experiences
- Don’t discriminate, judge, or stereotype
- Show respect, treat with dignity

https://www.youtube.com/watch?v=FA2KJoZhSJw

III. Stigma Reduction and Perspective of Individuals or Families

Present the perspective of individuals and families experienced with:

- Mental illness
- Intellectual disabilities
- Substance use disorders (co-occurring)

https://www.youtube.com/watch?v=yTV08HNxp6Q

IV. Mental Illness/ Intellectual Disabilities/ Substance Use Disorders

START	END
1000	1200

MENTAL ILLNESS

Anthony S. Harland AMFT

YOLO COUNTY
Health & Human Services Agency

AGENDA

Definitions

What is Mental illness

What causes mental illness

Mood disorders

Anxiety disorder

Psychotic disorders

Personality disorders

Mental illness vs intellectual disability

Intellectual disabilities

DEFINITIONS

Delusion: a false belief or judgment about external reality, held despite incontrovertible evidence to the contrary, occurring especially in mental conditions.

- Types of delusions include persecutory, erotomania, grandiose, jealous, somatic, and mixed/unspecific.

Hallucination: an experience involving the apparent perception of something not present

- Types of hallucinations- visual, auditory, olfactory, gustatory and tactile

DEFINITIONS CONT.

Expansive mood: Inflated self-importance and exaggerated behaviors. Those exhibiting an expansive mood are enthusiastic and excessively friendly. They may act grandiose, superior, and 'larger than life.

Pressured speech: Pressured speech is when you talk faster than usual. You may feel like you can't stop. It's different than talking fast because you're excited or you naturally speak that way. You might jump from one idea to the next. People could have trouble following the conversation.

DEFINITIONS CONT.

Disorganized speech- People with disorganized speech might speak incoherently, respond to questions with unrelated answers, say illogical things, or shift topics frequently. Signs of disorganized speech involve the following: Loose associations: Rapidly shifting between topics with no connections between topics.

Avolition- a lack of motivation or reduced drive to complete goal-directed activities

Negative symptoms- Apathy, lethargy, social withdrawal

Positive symptoms-hallucinations, delusions, illogical thoughts or behaviors

MENTAL ILLNESS-WHAT IS IT?

According to the American Psychological Association Mental illnesses are health conditions involving changes in emotion, thinking or behavior (or a combination of these). Mental illnesses can be associated with distress and/or problems functioning in social, work or family activities.

Mood disorders-Depression, Bipolar

Anxiety disorder-Anxiety, PTSD

Psychotic disorders-Schizophrenia, Schizoaffective

Personality disorder-later discussed

WHAT CAUSES MENTAL ILLNESS

There is no single cause for mental illness. Several factors can contribute to risk for mental illness, such as:

- Your genes and family history
- Your life experiences, such as stress or a history of abuse, especially if they happen in childhood
- Biological factors such as chemical imbalances in the brain
- A traumatic brain injury
- A mother's exposure to viruses or toxic chemicals while pregnant
- Use of alcohol or recreational drugs
- Having a serious medical condition like cancer
- Having few friends, and feeling lonely or isolated

Mental disorders are not caused by character flaws. They have nothing to do with being lazy or weak.

MOOD DISORDERS

Bipolar I

Bipolar II

Major Depressive disorder

BIPOLAR DISORDER-WHAT IS IT

Bipolar disorder is a brain disorder that causes changes in a person's mood, energy, and ability to function. People with bipolar disorder experience intense emotional states that typically occur during distinct periods of days to weeks, called mood episodes. These mood episodes are categorized as manic/hypomanic (abnormally happy or irritable mood) or depressive (sad mood). People with bipolar disorder generally have periods of neutral mood as well. When treated, people with bipolar disorder can lead full and productive lives.

BIPOLAR DISORDER-WHAT IS IT CONT.

People without bipolar disorder experience mood fluctuations as well. However, these mood changes typically last hours rather than days. Also, these changes are not usually accompanied by the extreme degree of behavior change or difficulty with daily routines and social interactions that people with bipolar disorder demonstrate during mood episodes. Bipolar disorder can disrupt a person's relationships with loved ones and cause difficulty in working or going to school.

https://youtu.be/c5YpxyG5H4A

BIPOLAR DISORDER-WHAT IS IT CONT.

Bipolar disorder commonly runs in families: 80 to 90 percent of individuals with bipolar disorder have a relative with bipolar disorder or depression. Environmental factors such as stress, sleep disruption, and drugs and alcohol may trigger mood episodes in vulnerable people. Though the specific causes of bipolar disorder within the brain are unclear, an imbalance of brain chemicals is believed to lead to dysregulated brain activity

BIPOLAR I

A manic episode is a period of at least one week when a person is extremely high-spirited or irritable most of the day for most days, possesses more energy than usual, and experiences at least three of the following changes in behavior:

- Decreased need for sleep (e.g., feeling energetic despite significantly less sleep than usual
- Increased or faster speech
- Uncontrollable racing thoughts or quickly changing ideas or topics when speaking
- Distractibility
- Increased activity (e.g., restlessness, working on several projects at once)
- Increased risky behavior (e.g., reckless driving, spending sprees)

These behaviors must represent a change from the person's usual behavior and be clear to friends and family. Symptoms must be severe enough to cause dysfunction in work, family, or social activities and responsibilities. Symptoms of a manic episode commonly require a person to receive hospital care to stay safe.

Some people experiencing manic episodes also experience disorganized thinking, false beliefs, and/or hallucinations, known as psychotic features.

BIPOLAR II

Bipolar II Disorder

Criteria have been met for at least one hypomanic episode and at least one major depressive episode

There has never been a manic episode

The occurrence of the hypomanic episode(s) and major depressive episode(s) is not better explained by schizoaffective disorder, schizophrenia, schizophreniform disorder, delusional disorder, or other specified or unspecified schizophrenia spectrum and other psychotic disorder.

The symptoms of depression or the unpredictability caused by frequent alternation between periods of depression and hypomania causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Hypomanic Episode

A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased activity or energy, lasting at least 4 consecutive days and present most of the day, nearly every day.

During the period of mood disturbance and increased energy and activity, 3 (or more) of the above symptoms (4 if the mood is only irritable) have persisted, represent a noticeable change from usual behavior, and have been present to a significant degree.

The episode is associated with an unequivocal change in functioning that is uncharacteristic of the individual when not symptomatic.

The disturbance in mood and the change in functioning are observable by others.

The episode is not severe enough to cause marked impairment in social or occupational functioning or to necessitate hospitalization. If there are psychotic features, the episode is, by definition, manic.

The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, or other treatment)

MAJOR DEPRESSIVE DISORDER

The DSM-5 outlines the following criterion to make a diagnosis of depression. The individual must be experiencing five or more symptoms during the same 2-week period and at least one of the symptoms should be either

(1) depressed mood or

(2) loss of interest or pleasure.

1. Depressed mood most of the day, nearly every day.
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
3. Significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day.
4. A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
5. Fatigue or loss of energy nearly every day.
6. Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
7. Diminished ability to think or concentrate, or indecisiveness, nearly every day.
8. Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

ANXIETY DISORDERS

Occasional anxiety is a normal part of life. Many people worry about things such as health, money, or family problems. But anxiety disorders involve more than temporary worry or fear. For people with an anxiety disorder, the anxiety does not go away and can get worse over time. The symptoms can interfere with daily activities such as job performance, schoolwork, and relationships. There are several types of anxiety disorders, including generalized anxiety disorder, panic disorder, social anxiety disorder, and various phobia-related disorders.

GENERALIZED ANXIETY DISORDER

Generalized anxiety disorder (GAD) usually involves a persistent feeling of anxiety or dread, which can interfere with daily life. It is not the same as occasionally worrying about things or experiencing anxiety due to stressful life events. People living with GAD experience frequent anxiety for months, if not years.

Symptoms of GAD include:

- Feeling restless, wound-up, or on-edge
- Being easily fatigued
- Having difficulty concentrating
- Being irritable
- Having headaches, muscle aches, stomachaches, or unexplained pains
- Difficulty controlling feelings of worry
- Having sleep problems, such as difficulty falling or staying asleep

PANIC DISORDER

People with panic disorder have frequent and unexpected panic attacks. Panic attacks are sudden periods of intense fear, discomfort, or sense of losing control even when there is no clear danger or trigger. Not everyone who experiences a panic attack will develop panic disorder.

During a panic attack, a person may experience:

- Pounding or racing heart
- Sweating
- Trembling or tingling
- Chest pain
- Feelings of impending doom
- Feelings of being out of control

People with panic disorder often worry about when the next attack will happen and actively try to prevent future attacks by avoiding places, situations, or behaviors they associate with panic attacks. Panic attacks can [illegible] day or as rarely as a few times a year.

POST TRAUMATIC STRESS DISORDER(PTSD)

Post-traumatic stress disorder (PTSD) is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event.

It is natural to feel afraid during and after a traumatic situation. Fear triggers many split-second changes in the body to help defend against danger or to avoid it. This “fight-or-flight” response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people recover from initial symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened, even when they are not in danger.

PTSD SIGNS/SYMPTOMS

While most but not all traumatized people experience short term symptoms, the majority do not develop ongoing (chronic) PTSD. Not everyone with PTSD has been through a dangerous event. Some experiences, like the sudden, unexpected death of a loved one, can also cause PTSD. Symptoms usually begin early, within 3 months of the traumatic incident, but sometimes they begin years afterward. Symptoms must last more than a month and be severe enough to interfere with relationships or work to be considered PTSD. The course of the illness varies. Some people recover within 6 months, while others have symptoms that last much longer. In some people, the condition becomes chronic.

To be diagnosed with PTSD, an adult must have all of the following for at least 1 month:

- At least one re-experiencing symptom
- At least one avoidance symptom
- At least two arousal and reactivity symptoms
- At least [illegible]d [illegible]symptoms

PTSD RE-EXPERIENCING SYMPTOMS

- Flashbacks—reliving the trauma over and over, including physical symptoms like a racing heart or sweating
- Bad dreams
- Frightening thoughts

Re-experiencing symptoms may cause problems in a person's everyday routine. The symptoms can start from the person's own thoughts and feelings. Words, objects, or situations that are reminders of the event can also trigger re-experiencing symptoms.

PTSD AVOIDANCE SYMPTOMS

- Staying away from places, events, or objects that are reminders of the traumatic experience
- Avoiding thoughts or feelings related to the traumatic event

Things that remind a person of the traumatic event can trigger avoidance symptoms. These symptoms may cause a person to change his or her personal routine. For example, after a bad car accident, a person who usually drives may avoid driving or riding in a car.

PTSD AROUSAL AND REACTIVITY SYMPTOMS

- Being easily startled
- Feeling tense or “on edge”
- Having difficulty sleeping
- Having angry outbursts

Arousal symptoms are usually constant, instead of being triggered by things that remind one of the traumatic events. These symptoms can make the person feel stressed and angry. They may make it hard to do daily tasks, such as sleeping, eating, or concentrating.

PTSD COGNITION AND MOOD SYMPTOMS

- Trouble remembering key features of the traumatic event
- Negative thoughts about oneself or the world
- Distorted feelings like guilt or blame
- Loss of interest in enjoyable activities

Cognition and mood symptoms can begin or worsen after the traumatic event but are not due to injury or substance use. These symptoms can make the person feel alienated or detached from friends or family members.

It is natural to have some of these symptoms for a few weeks after a dangerous event. When the symptoms last more than a month, seriously affect one's ability to function, and are not due to substance use, medical illness, or anything except the event itself, they might be PTSD. Some people with PTSD don't show any symptoms for weeks or months. PTSD is often accompanied by depression, substance abuse, or one or more of the other anxiety disorders.

PSYCHOTIC DISORDERS

Schizophrenia

Schizophreniform

Schizoaffective

Brief psychotic disorder

SCHIZOPHRENIA

A Characteristic symptoms: Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):

1. Delusions
2. hallucinations
3. disorganized speech (e.g., frequent derailment or incoherence)
4. grossly disorganized or catatonic behavior
5. negative symptoms (i.e., diminished emotional expression, or avolition)

INTELLECTUAL DISABILITIES

Autism

Down Syndrome

Fetal Alcohol Syndrome

Dementia

INTELLECTUAL DISABILITIES-CAUSES

Genetic syndrome such as Down syndrome or Fragile X syndrome

Following an illness during childhood-meningitis, whooping cough

Injury during childhood

Toxin exposure-such as to lead or mercury

MENTAL ILLNESS VS INTELLECTUAL DISABILITY

Mental Illness

A person with mental health problems is a patient. Mental illness can be cured or stabilized with medication, psychotherapy or other support systems.

Mental illness can have genetic causes but will in most cases start as a result of coping difficulties involving feelings of depression, anxiety and confusion.

Mental illness can be due to social and/or psychological causes (bereavement, loss of job, etc.).

Mentally illness can disturb many different functions: the senses, thinking, feeling, reasoning, volition and others. There exists a large variety of clinical pictures of mental health problems needing different forms of treatment.

Mental illness is in many cases periodic

People with mental illness mostly need short-term interventions of a medical nature, but also long-term support.

Intellectual Disability

A person with intellectual disability has life-long developmental needs. Intellectual disability is a condition of slow intellectual development, where medication has no effect.

Intellectual disability can be caused by genetic factors, or by environmental factors, such as infections, or by a lack of oxygen supply of the brain during pregnancy or at birth.

Intellectual disability is normally not caused by social or psychological causes

Difficulties in learning and understanding lead to problems in school and working life and to difficulties in being included in the regular life of society. There is a large variety of appearances and degrees of intellectual disability requiring different forms of therapies or support.

Intellectual disability is permanent

People with intellectual disability need developmental therapies, education and support adjusted to their needs to be able to live included in society.

AUTISM SPECTRUM DISORDER

Autism spectrum disorder (ASD) is a developmental disability caused by differences in the brain. People with ASD often have problems with social communication and interaction, and restricted or repetitive behaviors or interests. People with ASD may also have different ways of learning, moving, or paying attention.

AUTISM-3 MAIN SYMPTOMS

Difficulty with social communication and interaction

Restricted interests

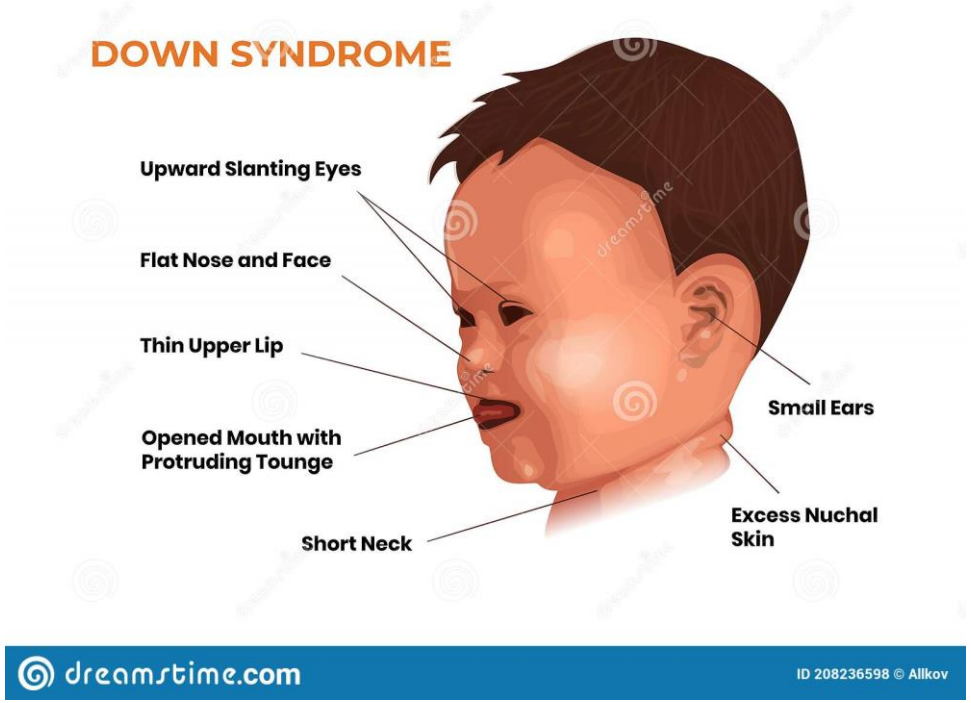
Repetitive behaviors

DOWN SYNDROME

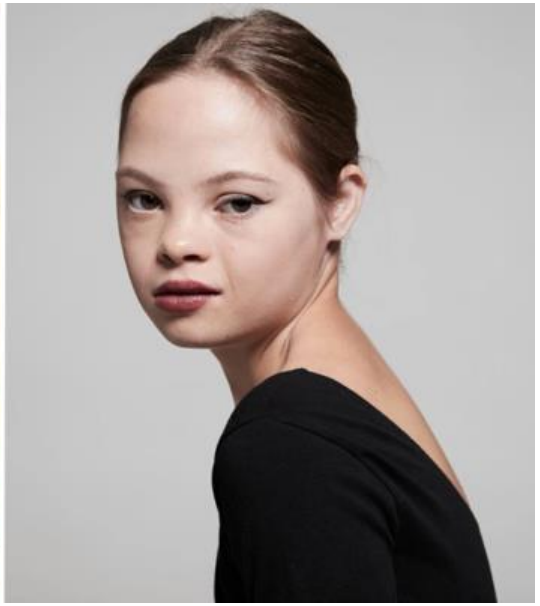
Down syndrome is a condition in which a person has an extra chromosome. Chromosomes are small "packages" of genes in the body. They determine how a baby's body forms and functions as it grows during pregnancy and after birth.

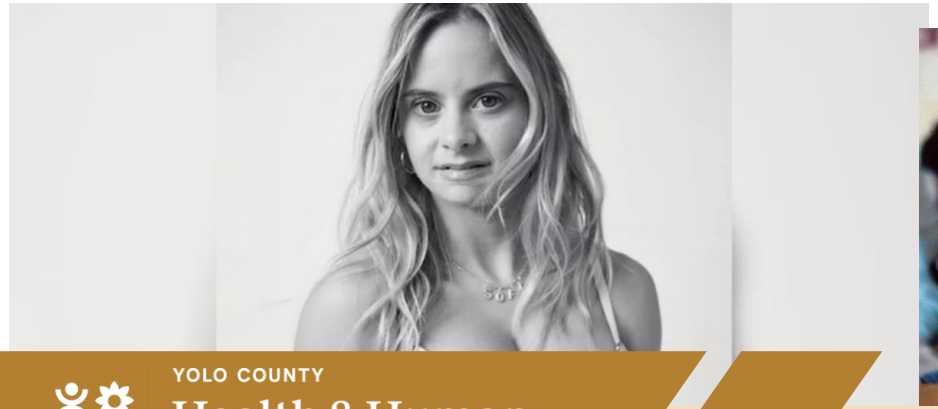
DOWN SYNDROME PHYSICAL FEATURES

- Flattened face.
- Small head.
- Short neck.
- Protruding tongue.
- Upward slanting eye lids (palpebral fissures)
- Unusually shaped or small ears.



DOWN SYNDROME





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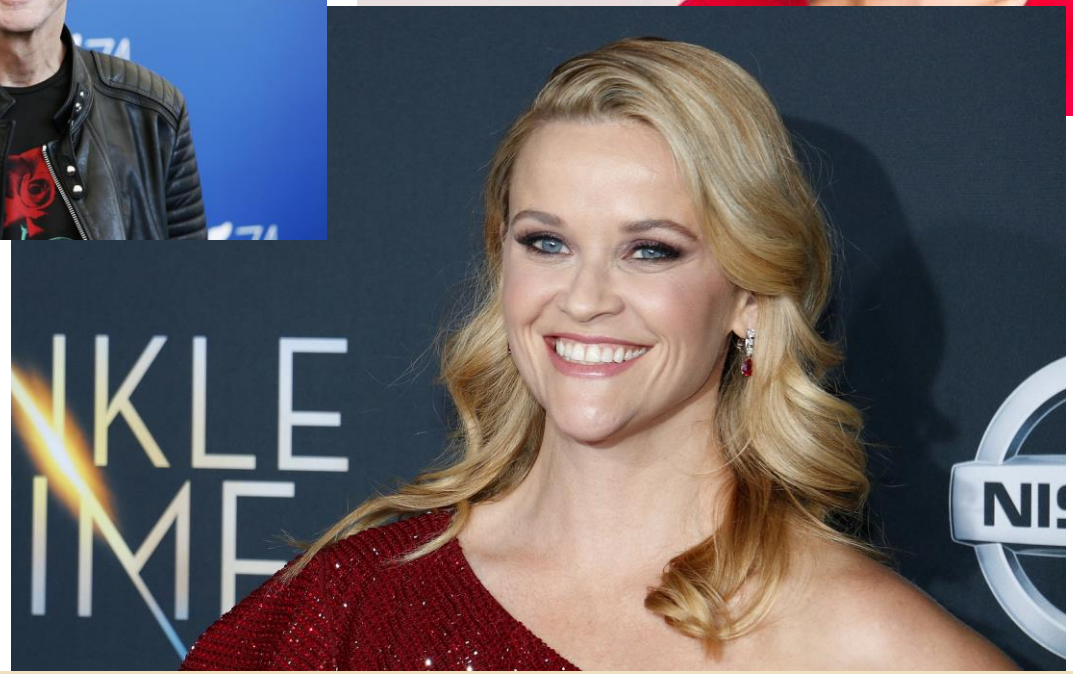
DOWN SYNDROME MENTAL

- impulsive behavior
- poor judgment
- short attention span
- slow learning capabilities

FETAL ALCOHOL SYNDROME



FETAL ALCOHOL SYNDROME

Fetal alcohol spectrum disorders (FASDs) are a group of conditions that can occur in a person who was exposed to alcohol before birth. These effects can include physical problems and problems with behavior and learning. Often, a person with an FASD has a mix of these problems.

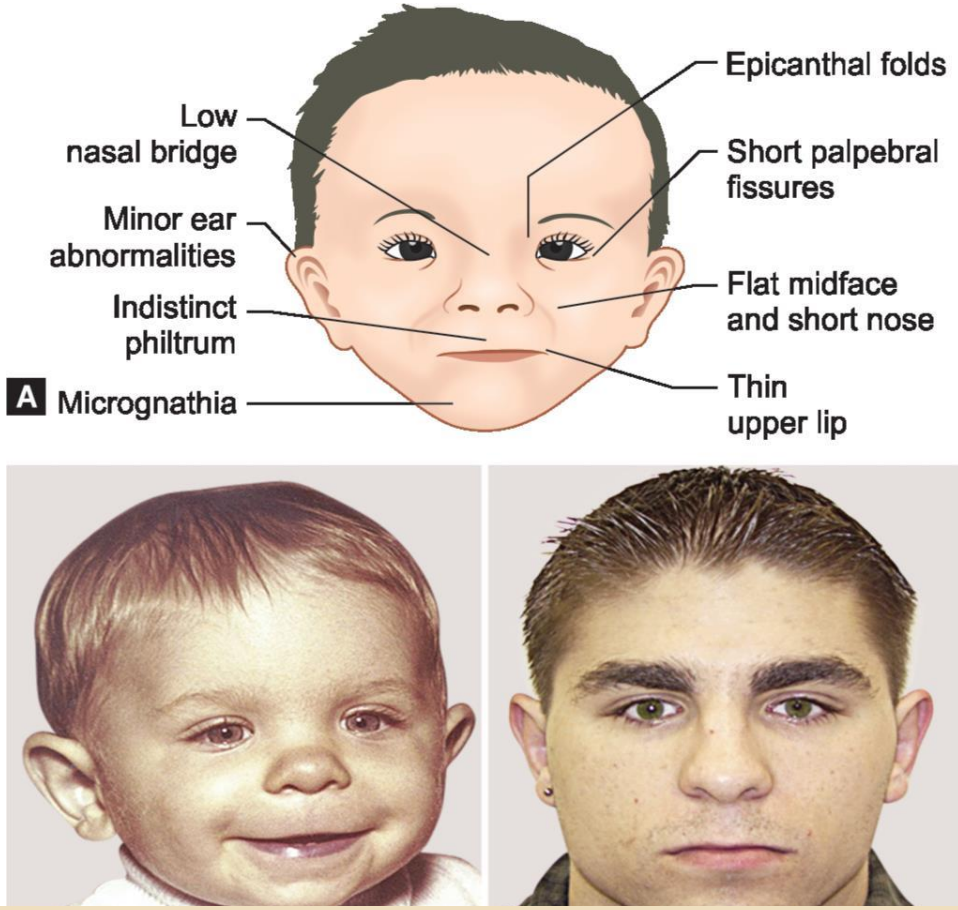
FETAL ALCOHOL SYNDROME-SX'S

Difficulty with emotional regulation

Hyperactive behaviors

Difficulty with attention

Poor memory



FETAL ALCOHOL SYNDROME

Teenagers and adults with FASDs are at a higher risk for having encounters with police, authorities, or the judicial system. Difficulty controlling anger and frustration, combined with problems understanding the motives of others, result in many people with FASDs being involved in violent or explosive situations.

DEMENTIA

Dementia is not a specific disease but is rather a general term for the impaired ability to remember, think, or make decisions that interferes with doing everyday activities.

DEMENTIA CAUSE

Dementia is caused by damage to brain cells. This damage interferes with the ability of brain cells to communicate with each other. When brain cells cannot communicate normally, thinking, behavior and feelings can be affected.

SIGNS OF DEMENTIA

Memory loss that affects day-to-day abilities

Difficulty performing familiar tasks

Problems with language

Disorientation to time and place

Impaired judgment

SIGN OF DEMENTIA CONT.

Problems with abstract thinking

Misplacing things

Changes in mood and behavior

Changes in personality

Loss of initiative

ALZHEIMER'S

Alzheimer's is a degenerative brain disease that is caused by complex brain changes following cell damage. It leads to dementia symptoms that gradually worsen over time. The most common early symptom of Alzheimer's is trouble remembering new information because the disease typically impacts the part of the brain associated with learning first.

PROGRESSIVE

Alzheimer's is a progressive disease, where dementia symptoms gradually worsen over a number of years. In its early stages, memory loss is mild, but with late-stage Alzheimer's, individuals lose the ability to carry on a conversation and respond to their environment. On average, a person with Alzheimer's lives 4 to 8 years after diagnosis but can live as long as 20 years, depending on other factors.

CAUSES

Alzheimer's disease is thought to be caused by the abnormal build-up of proteins in and around brain cells. One of the proteins involved is called amyloid, deposits of which form plaques around brain cells.

The causes probably include a combination of age-related changes in the brain, along with genetic, environmental, and lifestyle factors. The importance of any one of these factors in increasing or decreasing the risk of Alzheimer's disease may differ from person to person.

ALZHEIMER'S EARLY STAGE

- Difficulty coming up the right word or name
- Difficulty remembering names when introduced to new people
- Difficulty performing tasks in social or work settings
- Difficulty remembering material that was just read
- Losing or misplacing valuable object
- Experiencing increased trouble with planning or organizing

ALZHEIMER'S- MIDDLE STAGE

Middle-stage Alzheimer's is typically the longest stage and can last for many years. During the middle stage of Alzheimer’s, the dementia symptoms are more pronounced. the person may confuse words, get frustrated or angry, and act in unexpected ways, such as refusing to bathe. Damage to nerve cells in the brain can also make it difficult for the person to express thoughts and perform routine tasks without assistance.

ALZHEIMER'S- MIDDLE STAGE SX'S

- Being forgetful of events or personal history.
- Feeling moody or withdrawn, especially in socially or mentally challenging situations.
- Being unable to recall information about themselves like their address or telephone number, and the high school or college they attended.
- Experiencing confusion about where they are or what day it is.
- Requiring help choosing proper clothing for the season or the occasion.

ALZHEIMER'S- MIDDLE STAGE SX'S CONT.

- Having trouble controlling their bladder and bowels.
- Experiencing changes in sleep patterns, such as sleeping during the day and becoming restless at night.
- Showing an increased tendency to wander and become lost.
- Demonstrating personality and behavioral changes, including suspiciousness and delusions or compulsive, repetitive behavior like hand-wringing or tissue shredding.

ALZHEIMER'S LATE STAGE

- Require around-the-clock assistance with daily personal care.
- Lose awareness of recent experiences as well as of their surroundings.
- Experience changes in physical abilities, including walking, sitting and, eventually, swallowing
- Have difficulty communicating.
- Become vulnerable to infections, especially pneumonia.

SUBSTANCE USE DISORDERS

A substance use disorder (SUD) is a mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications. Symptoms can range from moderate to severe, with addiction being the most severe form of SUDs.

SUBSTANCE CLASS

- Depressants-alcohol, Benzodiazepines, GHB
- Stimulants-Cocaine, Methamphetamines, Nicotine, Caffeine
- Opioids- Heroin, Fentanyl, Opium, Hydrocodone, Oxycodone
- Cannabis
- Others-Hallucinogens, Inhalants

SUBSTANCE USE CRITERIA

1)Taking the substance in larger amounts or for longer than you're meant to

2) Wanting to cut down or stop using the substance but not managing to

3) Spending a lot of time getting, using, or recovering from use of the substance

4) Cravings and urges to use the substance

5) Not managing to do what you should at work, home, or school because of substance use

SUBSTANCE USE CRITERIA-CONT

6) Continuing to use, even when it causes problems in relationships

7) Giving up important social, occupational, or recreational activities because of substance use.

8) Using substances again and again, even when it puts you in danger

9) Continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance

SUBSTANCE USE CRITERIA-CONT

10. Needing more of the substance to get the effect you want (tolerance)

11. Development of withdrawal symptoms, which can be relieved by taking more of the substance

SUBSTANCE USE SEVERITY

- **Mild**: Two or three symptoms indicate a mild substance use disorder.
- **Moderate**: Four or five symptoms indicate a moderate substance use disorder.
- **Severe**: Six or more symptoms indicate a severe substance use disorder.

SUBSTANCE USE VS. MENTAL HEALTH

Substance use-Behavioral/Physical indicators-Pinned/Dilated Pupils, weird movements-grinding jaw, burns on fingers, marks, scars sores, inconsistency in story, perspiring

CO-OCCURRING DISORDERS

Co-occurring disorders may include any combination of two or more substance use disorders and mental disorders identified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) . No specific combinations of mental and substance use disorders are defined uniquely as co-occurring disorders.

Example:

Major Depressive disorder (mental Health disorder)

Alcohol use disorder (substance use disorder)

PROBLEMS ASSOCIATED WITH COD

High instance of substance abuse

- Coping for MH issues
- Use of several substance
- Substance interactions

Legal problems

- Higher interactions with law enforcement
- Illegal behaviors to maintain habit

Family problems

- Arguments with spouse, parents etc
- Family burnout

PROBLEMS CONTINUED

Problems with employment

- Focused on maintaining substance use/staying high
- Missing work due to “crashing” excessively
- Difficulty maintaining consistency

High risk behaviors

- Sexual issues
- Crime
- Negative areas

Physical problems

- Not taking care oneself
- Not seeking consistent medical care

PROBLEMS CONTINUED

Mental health problems

- Not taking mental health medications
- Sx exacerbation
- Not addressing mental health

COD FILED ASSESSMENT DIFFICULTIES

- SUD and MH disorders exacerbate each other and spiral
- SUD and MH look similar
- Both impede ability to rationalize
- Both increase impulsivity and high-risk behaviors

PERSONALITY DISORDERS

A personality disorder is a type of mental disorder in which a person has a rigid and unhealthy pattern of thinking, functioning and behaving. A person with a personality disorder has trouble perceiving and relating to situations and people. This causes significant problems and limitations in relationships, social activities, work and school.

In some cases, a person may not realize they have a personality disorder because their way of thinking and behaving seems natural to them. And you may blame others for the challenges they face

https://www.youtube.com/watch?v=U6Y9WTyPgG0&list=PPSV

SYMPTOMS

Types of personality disorders are grouped into three clusters, based on similar characteristics and symptoms. Many people with one personality disorder also have signs and symptoms of at least one additional personality disorder. It's not necessary to exhibit all the signs and symptoms listed for a disorder to be diagnosed.

CLUSTER A

Cluster A personality disorders are characterized by odd, eccentric thinking or behavior. They include paranoid personality disorder, schizoid personality disorder and schizotypal personality disorder.

https://youtu.be/KA-QZHjmMx8

PARANOID PERSONALITY DISORDER

- Pervasive distrust and suspicion of others and their motives
- Unjustified belief that others are trying to harm or deceive them
- Unjustified suspicion of the loyalty or trustworthiness of others
- Hesitancy to confide in others due to unreasonable fear that others will use the information against them

PARANOID PERSONALITY DISORDER CONT.

- Perception of innocent remarks or nonthreatening situations as personal insults or attacks
- Angry or hostile reaction to perceived slights or insults
- Tendency to hold grudges
- Unjustified, recurrent suspicion that spouse or sexual partner is unfaithful

SCHIZOID PERSONALITY DISORDER

- Lack of interest in social or personal relationships, preferring to be alone
- Limited range of emotional expression
- Inability to take pleasure in most activities
- Inability to pick up normal social cues
- Appearance of being cold or indifferent to others
- Little or no interest in having sex with another person

SCHIZOTYPAL PERSONALITY DISORDER

- Peculiar dress, thinking, beliefs, speech or behavior
- Odd perceptual experiences, such as hearing a voice whisper your name
- Flat emotions or inappropriate emotional responses
- Social anxiety and a lack of or discomfort with close relationships
- Indifferent, inappropriate or suspicious response to others
- "Magical thinking" — believing you can influence people and events with their thoughts
- Belief that certain casual incidents or events have hidden messages meant only for them

CLUSTER B PERSONALITY DISORDERS

Cluster B personality disorders are characterized by dramatic, overly emotional or unpredictable thinking or behavior. They include antisocial personality disorder, borderline personality disorder, histrionic personality disorder and narcissistic personality disorder.

ANTISOCIAL PERSONALITY DISORDER

- Disregard for others' needs or feelings
- Persistent lying, stealing, using aliases, conning others
- Recurring problems with the law
- Repeated violation of the rights of others
- Aggressive, often violent behavior

ANTISOCIAL PERSONALITY DISORDER CONT.

- Disregard for the safety of self or others
- Impulsive behavior
- Consistently irresponsible
- Lack of remorse for behavior

BORDERLINE PERSONALITY DISORDER

- Impulsive and risky behavior, such as having unsafe sex, gambling or binge eating
- Unstable or fragile self-image
- Unstable and intense relationships
- Up and down moods, often as a reaction to interpersonal stress
- Suicidal behavior or threats of self-injury

BORDERLINE PERSONALITY DISORDER CONT.

- Intense fear of being alone or abandoned
- Ongoing feelings of emptiness
- Frequent, intense displays of anger
- Stress-related paranoia that comes and goes

HISTRIONIC PERSONALITY DISORDER

- Constantly seeking attention
- Excessively emotional, dramatic or sexually provocative to gain attention
- Speaks dramatically with strong opinions, but few facts or details to back them up
- Easily influenced by others
- Shallow, rapidly changing emotions
- Excessive concern with physical appearance
- Thinks relationships with others are closer than they really are

NARCISSISTIC PERSONALITY DISORDER

- Belief that they’re special and more important than others
- Fantasies about power, success and attractiveness
- Failure to recognize others' needs and feelings
- Exaggeration of achievements or talents

NARCISSISTIC PERSONALITY DISORDER CONT.

- Expectation of constant praise and admiration
- Arrogance
- Unreasonable expectations of favors and advantages, often taking advantage of others
- Envy of others or belief that others envy you

CLUSTER C PERSONALITY DISORDER

Cluster C personality disorders are characterized by anxious, fearful thinking or behavior. They include avoidant personality disorder, dependent personality disorder and obsessive-compulsive personality disorder.

https://youtu.be/OpXLUTp2PwA

AVOIDANT PERSONALITY DISORDER

- Too sensitive to criticism or rejection
- Feeling inadequate, inferior or unattractive
- Avoidance of work activities that require interpersonal contact
- Socially inhibited, timid and isolated, avoiding new activities or meeting strangers
- Extreme shyness in social situations and personal relationships
- Fear of disapproval, embarrassment or ridicule

DEPENDENT PERSONALITY DISORDER

- Excessive dependence on others and feeling the need to be taken care of
- Submissive or clingy behavior toward others
- Fear of having to provide self-care or fend for themselves if left alone
- Lack of self-confidence, requiring excessive advice and reassurance from others to make even small decisions

DEPENDENT PERSONALITY DISORDER CONT.

- Difficulty starting or doing projects on your own due to lack of self-confidence
- Difficulty disagreeing with others, fearing disapproval
- Tolerance of poor or abusive treatment, even when other options are available
- Urgent need to start a new relationship when a close one has ended
  - Good partner/significant other for who?

OBSESSIVE-COMPULSIVE PERSONALITY DISORDER

- Preoccupation with details, orderliness and rules
- Extreme perfectionism, resulting in dysfunction and distress when perfection is not achieved, such as feeling unable to finish a project because you don't meet your own strict standards
- Desire to be in control of people, tasks and situations, and inability to delegate tasks
- Neglect of friends and enjoyable activities because of excessive commitment to work or a project

OBSESSIVE-COMPULSIVE PERSONALITY DISORDER

- Inability to discard broken or worthless objects
- Rigid and stubborn
- Inflexible about morality, ethics or values
- Tight, miserly control over budgeting and spending money
- Obsessive-compulsive personality disorder is not the same as obsessive-compulsive disorder, a type of anxiety disorder.

THANK YOU

YOLO COUNTY
Health & Human Services Agency

Lunch

START	END
1200	1300

V. De-Escalation and Conflict Resolution

START	END
1300	1400

V. DE-ESCALATION AND CONFLICT RESOLUTION

Objective: Demonstrate the ability to utilize de-escalation and conflict resolution to resolve a variety of situations involving individuals in crisis

- Initial Response
- De-escalation
- Conflict Resolution
- Disposition

https://youtu.be/4tCJPEili80

V. DE-ESCALATION AND CONFLICT RESOLUTION

Initial Response:

- Stabilize and secure the scene
- Minimize factors that create unnecessary exigency or excitation
- Gather intelligence
- Establish a plan
- Gather resources

V. DE-ESCALATION AND CONFLICT RESOLUTION

De-escalation:

- Active Listening Skills
- Minimal encouragers
- Open-ended questions
- Reflecting/Mirroring
- Emotional labeling
- Paraphrasing
- I-messages
- Effective pauses
- Summarizing

V. DE-ESCALATION AND CONFLICT RESOLUTION

Conflict Resolution:

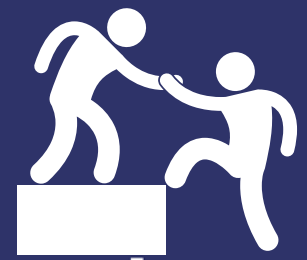
Behavioral Change Stairway

- Active listening
- Empathy
- Rapport
- Influence
- Behavioral change

V. DE-ESCALATION AND CONFLICT RESOLUTION

Disposition:

- Decide on appropriate disposition of the individual based on the totality of the circumstances and available resources
- Provide resources to all involved parties
- Provide information to all involved parties



***Learning Activity**: This learning activity will allow trainees to practice skills learned in the earlier activity while incorporating new material for problem solving.*

- *Trainees will participate in role play scenarios or use interactive videos that depict a variety of situations involving individuals in crisis. Trainees will demonstrate knowledge of the class material through;*

  - *Initial response and scene management*
  - *Recognition of indicators of mental illness, intellectual disability, or substance abuse disorder*
  - *De-escalation and conflict resolution congruent with identified mental illness, intellectual disability, substance use disorders, and personality disorders - Final resolution of the incident with appropriate disposition of the individual and providing resources to involved parties.*

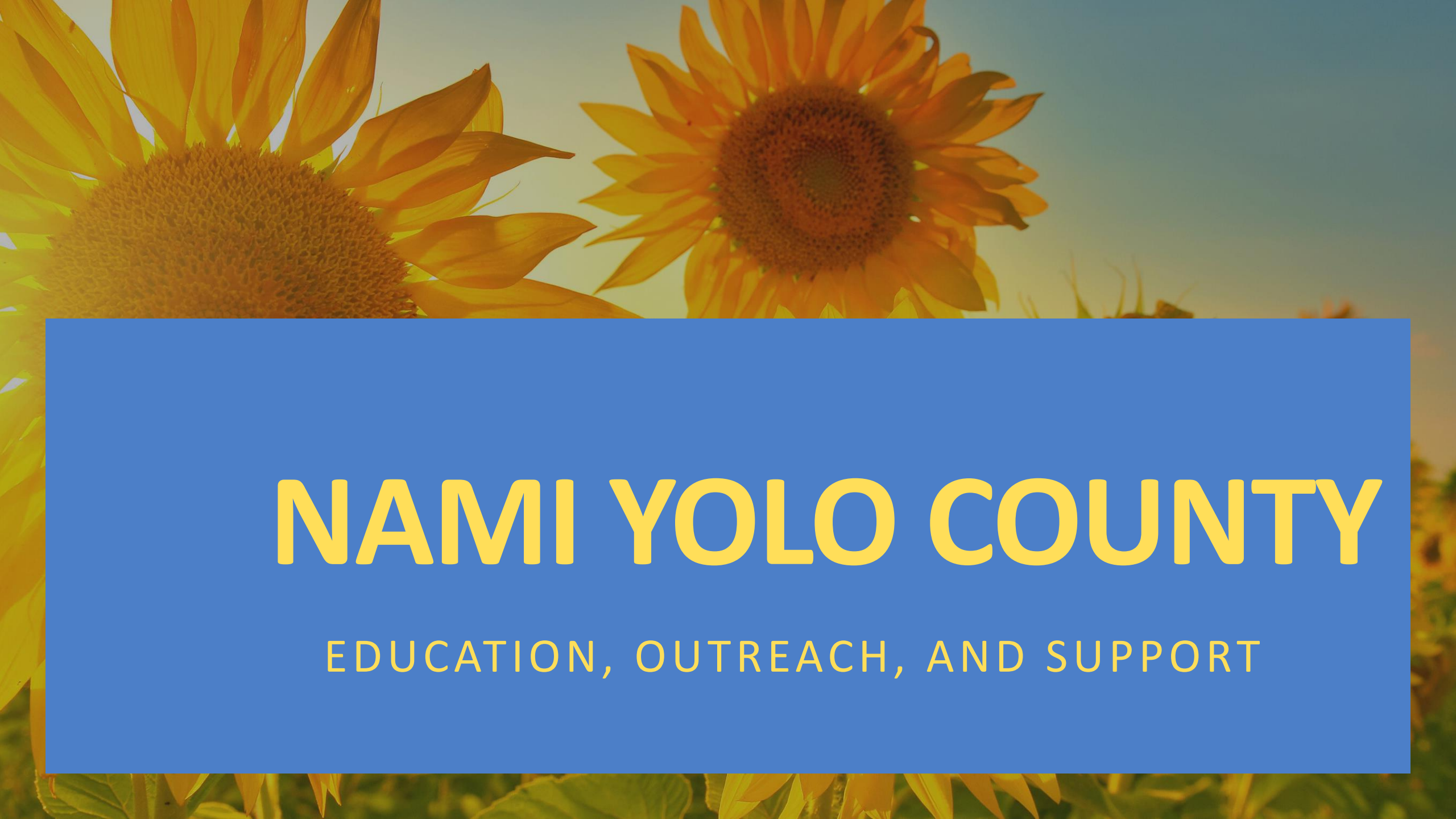
VI. National Alliance on Mental Illness (NAMI)

START	END
1400	1430

VI. NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)

- Discussion with mental health consumers
  - Encounters with Law Enforcement from their perspective

- Discussion with family members of mental health consumers
  - Strategies to support family members
  - Referral ideas for difficult cases (adult children, etc.)

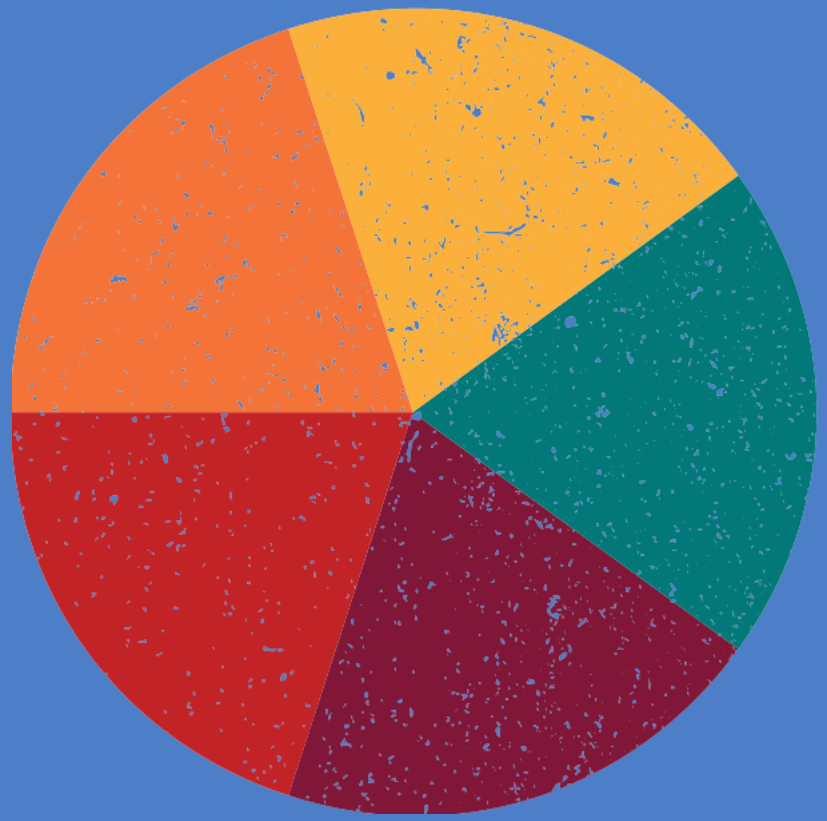


NAMI YOLO COUNTY

EDUCATION, OUTREACH, AND SUPPORT

WHAT DOES IT MEAN TO BE MENTALLY HEALTHY?

According to SAMSHA (US Substance Abuse and Mental Health Service Administration) folks with mental health conditions can ACHIEVE recovery and live well by having access to housing, best treatment practices, healthy relationship, meaningful involvement in their communities.

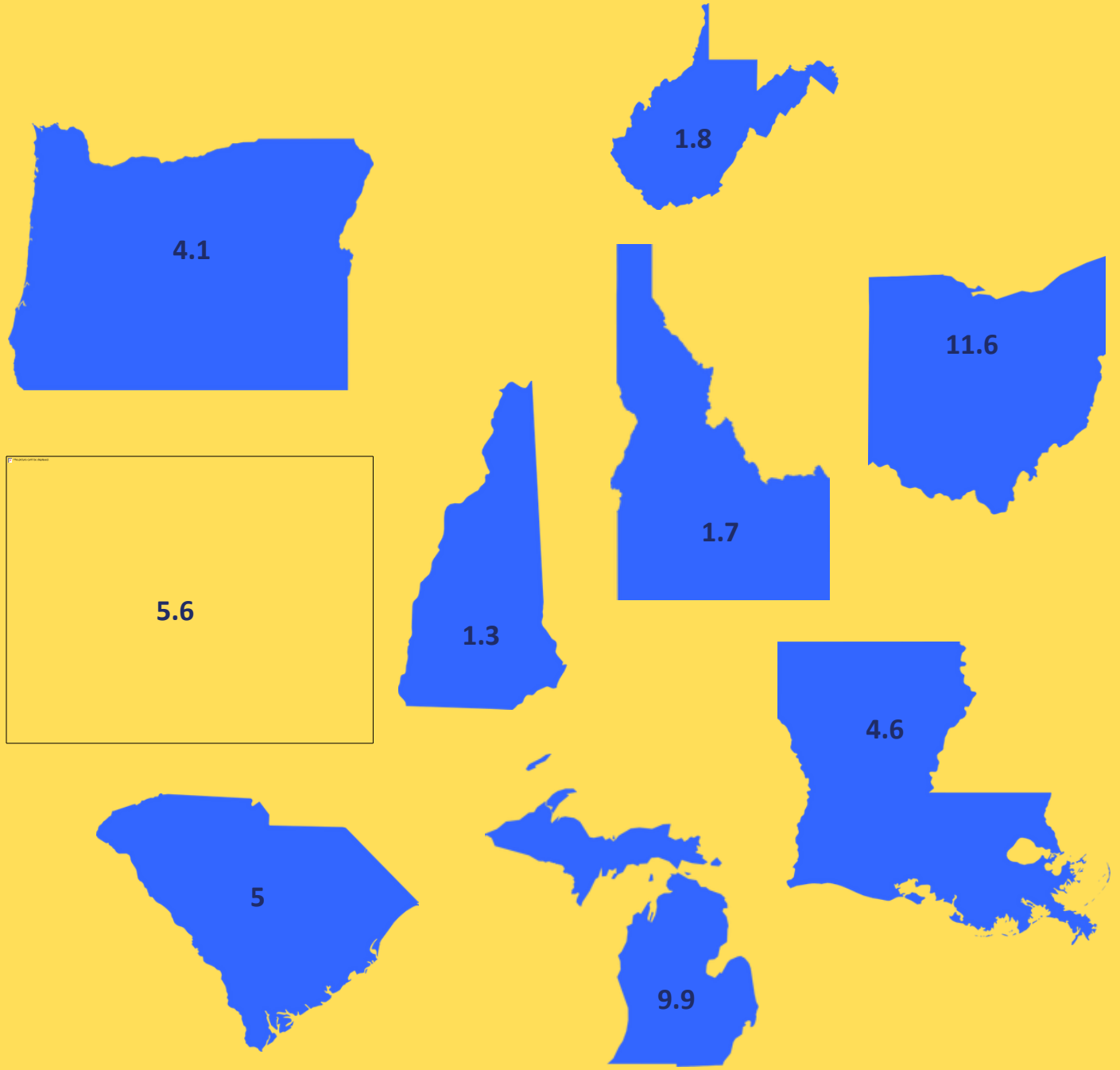


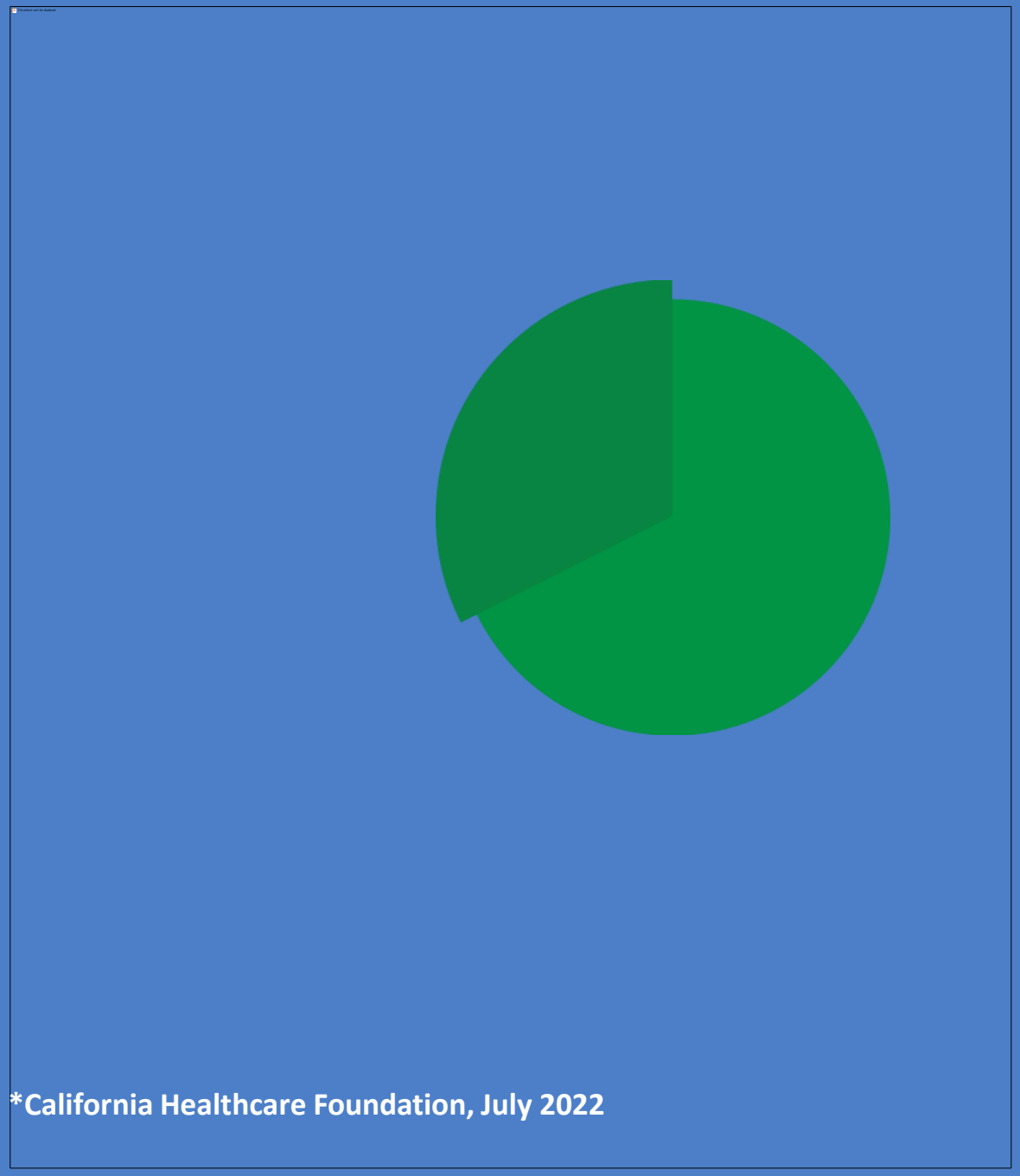
1 in 5 people will experience a mental illness this year

(that's about 47.6 million people)

47.6 million people

That's more than the population of Ohio, Louisanna, Colorado, Michigan, South Carolina, New Hampshire, West Virginia, Idaho, and Oregon (combined).





*California Healthcare Foundation, July 2022

In California

63% of people experiencing a mental health condition did not receive treatment last year. *

- 60% of counties in the US do not have even 1 practicing psychiatrist.
- We face a shortage of treatment providers across the board -- counselors, case managers, medication managers, rehabilitation specialists.
- We face a shortage of housing and treatment facilities at every level of care.

SIGNIFICANT BARRIERS TO ACCESS

"3 out of 4 Californians believe mental health coverage is important — and that treatment of mental health conditions can help people live healthy and productive lives. Yet, despite the availability of coverage and belief in its effectiveness, access to care remains a challenge for many people" *.

*California Healthcare Foundation

STIGMA

- Alienated and seen as "others."
- Perceived as dangerous.
- Seen as irresponsible or unable to make their own decisions.
- Less likely to be hired.
- Less likely to get safe housing.
- More likely to be criminalized than offered health care services.
- Afraid of rejection to the point that they don’t always pursue opportunities.

DISCRIMINATION

THIS IS COSTLY

- Mental illness and substance use disorders are involved in 1 out of every 8 emergency department visits by a U.S. adult (**estimated 12 million visits**)
- Mood disorders are the most common cause of hospitalization for all people in the U.S. under age 45 (after excluding hospitalization relating to pregnancy and birth)
- Across the U.S. economy, serious mental illness causes $193.2 billion in lost earnings each year
- 20.1% of people experiencing homelessness in the U.S. have a serious mental health condition
- 37% of adults incarcerated in the state and federal prison system have a diagnosed mental illness
- 70.4% of youth in the juvenile justice system have a diagnosed mental illness
- 41% of Veteran's Health Administration patients have a diagnosed mental illness or substance use disorder

NAMI YOLO VISION

We envision a stigma-free future where all people affected by a mental health condition experience resiliency and recovery with safe, affordable housing, meaningful activities, supportive relationships and hope.

OUR MISSION

We provide advocacy, support, education and public awareness so that all individuals and families who are affected by mental illness can build better lives.

40 YEAR HISTORY

Began as the Yolo County Mental Health Association in response to a need for housing, support and services in Yolo County communities.

OUR MEMBERS

We are individuals living with mental health condition, we are family members, we are providers and we are friends and neighbors who believe that people experiencing a mental health condition have a right to live well in Yolo County.

60+ PEOPLE PER YEAR COMPLETE OUR SIGNATURE PROGRAMS

These programs are run by people with experience living with a mental health condition or loving someone who has.

VOLUNTEER LED

Through an average of more that 4,000 volunteer hours per year, NAMI Yolo offers a wide range of education, support and outreach programs.

ENDING THE SILENCE

Evidenced-based presentations for schools and young people.

IN OUR OWN VOICE

A public education program exploring recovery and resilience.

MENTAL HEALTH 101

Evidenced Based Presentation Program for diverse communities.

STEndPubliRENGTHENIN G COMMUNITIES WITH KNOWLEDGE

EDUCATING

PEERS

& FAMILIES

PEER TO PEER

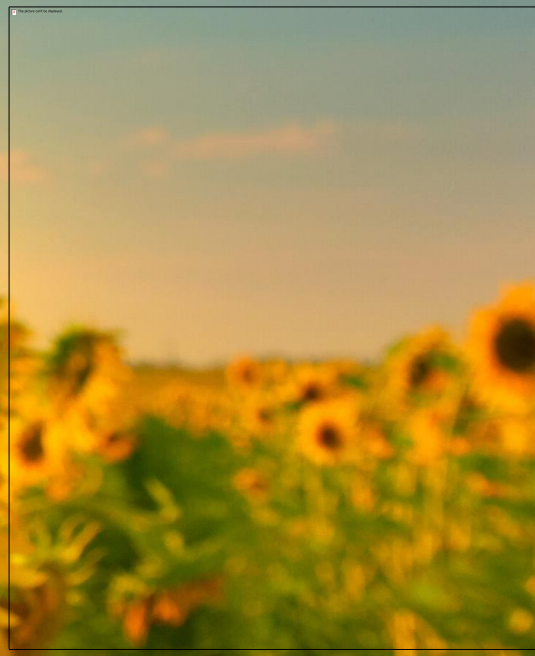
A Peer-led Course designed to help peers navigate healthcare, personal and social life with resilience.

FAMILY TO FAMILY

A Family-led Course exploring common mental health conditions, planning, self care and building resilience.

BASICS

Basics is a family-led course for parents, caregivers and loved ones of people who experience a mental health condition prior to age 22.



PEOPLE DO ACHIEVE AND SUSTAIN RECOVERY FROM MENTAL ILLNESS

SUPPORTING EACH OTHER

CONNECTION

A peer-led group to help navigate the day to day of living with a mental health condition

FAMILY SUPPORT GROUP

A family run group to help families get connected to resources, and support each other

RESOURCE HELP LINE

A warm line providing information about local resources
530.756.8181 or friends@namiyolo.org

BASICS SUPPORT GROUP

A group for parents of youth under 22 years old who are experiencing a mental health condition

PERSON FIRST LANGUAGE

Avoid generaizing terms like: "the mentally ill"
Understand that people are people first -- He's not Bipoloar, he lives with bi-polar disorder.

AVOID THE CLANGERS

"Crazy" "Psycho" "Demented" "Wacko" "Lunatic"
Are really hurtful and do real damage.
Avoid alluding to mental health to describe things you find confusing, upseting, frighenting or unlikable

CHALLENGE PERCEPTIONS

Normal/Not Normal, Special, Challenged, Sufferer/Victim
Mental health conditions affect 1 in 5 people every year, they are common and people can live will with them.

SEE THE PERSON, NOT THE CONDITION


YOU ARE
NOT ALONE
www.namiyolo.org

We appreciate your time and interest in the services and programs of NAMI.

Thank you!

www.namiyolo.org

Jen Boschee-Danzer

execdirector@namiyolo.org

530-902-1696

YOLO COUNTY
Health & Human Services Agency

VII. Suicide Assessment and Managing Incidents

START	END
1430	1530

VII. SUICIDE ASSESSMENT AND MANAGING INCIDENTS

- Understand “suicidal desire" and how that affects lethality
- Evaluate specific factors of “suicidal capability" in terms of immediate lethality
- Evaluate effectively "suicidal intent."
- Recognize buffers against suicide and learn how to utilize them for suicide intervention

Saving Lives Worldwide - A Call to Action - The Columbia Lighthouse Project - YouTube

VII. SUICIDE ASSESSMENT AND MANAGING INCIDENTS

Understand “suicidal desire" and how that affects lethality

- Ideation
- Psychological Pain
- Hopelessness
- Helplessness
- Perceived Burden on others
- Feeling trapped
- Feeling alone

VII. SUICIDE ASSESSMENT AND MANAGING INCIDENTS

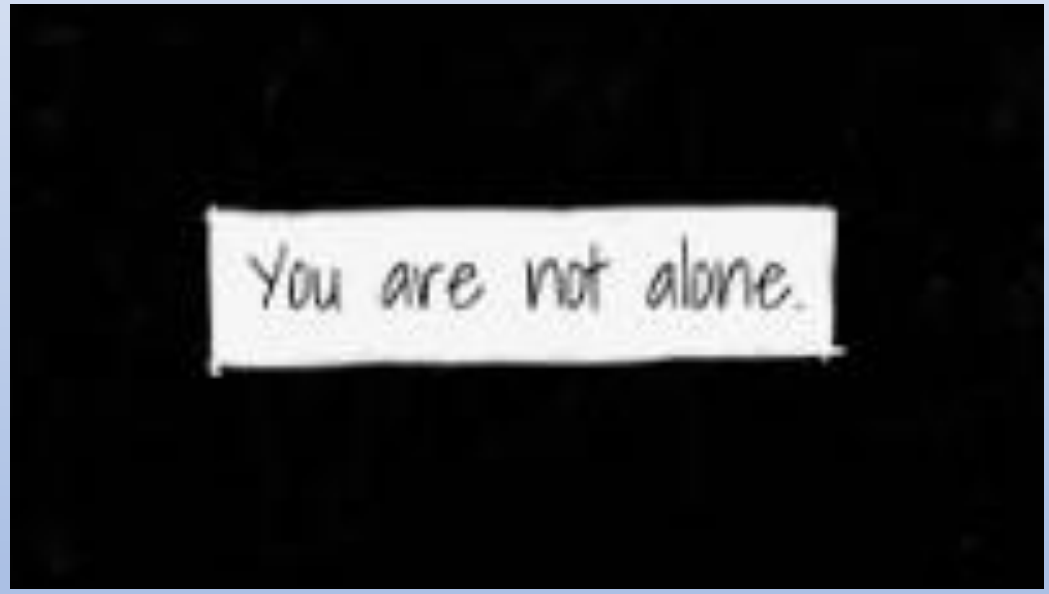
Evaluate specific factors of “suicidal capability" in terms of immediate lethality

- Suicide attempt history
- Exposure of another's suicide
- History of violence to others
- Means available
- Currently intoxicated/using drugs
- Increased anxiety
- Recent acts/threats of aggression
- Sleep reduction
- Out of touch with reality
- Recent dramatic mood change

VII. SUICIDE ASSESSMENT AND MANAGING INCIDENTS

Evaluate effectively "suicidal intent."

- Attempt in progress
- Plan for Suicide
- Preparatory behavior
- Expressed intent to die



Suicide Prevention: You are not alone - YouTube

VII. SUICIDE ASSESSMENT AND MANAGING INCIDENTS

Recognize buffers against suicide and learn how to utilize them for suicide intervention

- Immediate supports
- Social supports
- Future plans
- Engagement with helper
- Ambivalence for living
- Core values
- Sense of purpose

[Suicide Awareness - World Suicide Prevention Day is on September 10th. - YouTube]

VIII. Identifying and Utilizing Resources

START	END
1530	1600

VIII. IDENTIFYING AND UTILIZING RESOURCES

Objective: Demonstrate knowledge of community and state resources and how to utilize them to serve individuals and families with mental illness and intellectual disabilities.

- Community
- State

VIII. IDENTIFYING AND UTILIZING RESOURCES

Community

- City services and resources
- County services and resources
- Nonprofit organizations
- Local government resources

VIII. IDENTIFYING AND UTILIZING RESOURCES

State

- Services and resources
- Nonprofit organizations

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Health & Human Services Agency

IX. Laws

START	END
1600	1645

IX.LAWS

Objective: Demonstrate knowledge of the laws protecting individuals with mental illness and how to apply them to incidents involving persons with mental illness and persons having a mental health crisis.

[Judge Dredd I am the law - YouTube]

IX.LAWS

Discuss how the following laws are applied in encounters with individuals with mental illness, how they preserve the rights of individuals with mental illness, and protect public safety :

- Lanterman-Petris-Short (LPS) Act California Welfare and Institutions Code 5000 et seq. involuntary civil commitments
- Case law; The Tarasoff Decision 17 Cal. 3d 425,551 P. 2d 334, 131 Cal Rptr. 14 (Cal. 1976 Notifications
- California Welfare and Institutions Code 5150, (5150(e), 5150F) (1), and 5150.2 Involuntary psychiatric hold
- California Welfare and Institutions Code 5585 – Children's Civil Commitment and Mental Health Act of 1988
- Health Insurance Portability and Accountability Act (HIPPA)
- California Welfare and Institutions Code Section 8102 Confiscation of deadly weapons

IX.LAWS

Determine if an individual meets the criteria for a psychiatric hold and evaluation as described in 5150 of the California Penal Code and 5585 of the California Welfare and Institutions Code

- Mental, physical, and emotional state of the individual
- History
- Other pertinent information (including witness statements and state of physical surroundings when applicable).
- Disengagement?

CIT Overview: LEGAL ISSUES - notes

Graham v. Connor case, the Court instructed lower courts to always ask three questions to measure the lawfulness of a particular use of force. First, what was the severity of the crime that the officer believed the suspect to have committed or be committing? Second, did the suspect present an immediate threat to the safety of officers or the public? Third, was the suspect actively resisting arrest or attempting to escape?

https://youtu.be/LWXhfqm0-zw?t=18

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CIT Overview: LEGAL ISSUES - notes

Tennessee v. Garner: the Court suggested that there are three circumstances when an officer can use deadly force: first, when the officer is threatened with a deadly weapon; second, when the officer has probable cause to believe that the suspect poses a threat of serious physical harm or death to the officer or to another; or third, when the officer has probable cause to believe that the suspect has committed a crime involving threatened or actual serious physical harm or death to another person. The Court also noted that, when feasible, a warning should precede the use of deadly force.

https://youtu.be/4bCPKjIpTUY?si=-zYU8XICvXvxng3o

CIT Overview: LEGAL ISSUES - notes

The Supreme Court cautioned courts examining excessive force claims that "the calculus of reasonableness must embody allowance for the fact that police officers are often forced to make split-second judgments–in circumstances that are tense, uncertain, and rapidly evolving–about the amount of force that is necessary in a particular situation." The Court also stated that the use of force should be measured by what the officer knew at the scene, not by the "20/20 vision of hindsight" by a Monday-morning quarterback. In sum, the Court fashioned a realistically generous test for use of force lawsuits.

X. Class Discussion and Conclusion

START	END
1645	1700

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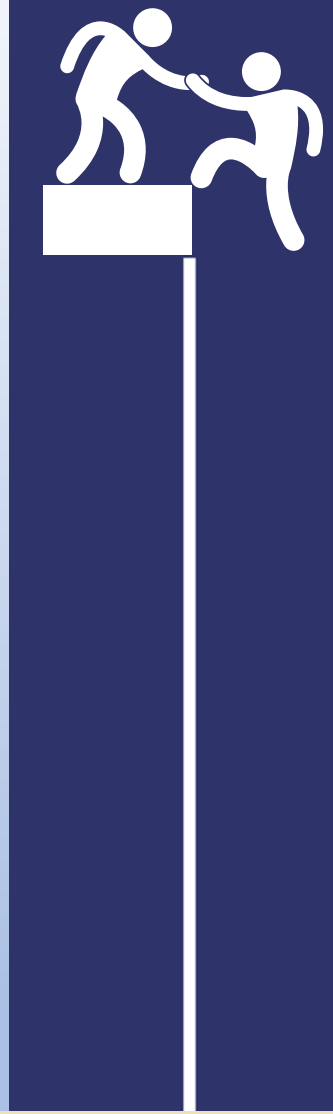
X. CLASS DISCUSSION AND CONCLUSION



- Identify and resolve requests for additional information
- Class conclusion and instructor comments

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QUESTIONS?

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