Crisis Intervention Training

Training Bureau and Psychological Services Bureau: 32 hour Course Curriculum

Crisis Intervention, #20801 (LASD CIT)

Purpose Statement:

The purpose of this course is to provide law enforcement officers with specific techniques to enhance their communication with individuals who are experiencing a potential mental health crisis. The course will provide students with opportunities to gain a deeper understanding of the factors which may contribute to the attitudes, beliefs, and behaviors of individuals in a crisis state.

Learning Outcomes:

When responding to individuals who are experiencing a potential mental health crisis, graduates of this course will be able to utilize strategies, techniques, and community resources to respond more effectively to calls for service. Graduates will be able to identify characteristics and behaviors related to intellectual disabilities, co-occurring disorders, and mental health presentations. Graduates of this course will identify safety concerns and formulate situation specific de-escalation techniques that can be appropriately applied to that situation and link individuals to appropriate resources as explored during the law enforcement contacts.

LASD-CIT: Day 1

I. **Course Introduction**
  A. Introduction
    1. Registration
    2. Pretest

  B. Los Angeles County Sheriff's Department Organizational Training Structure
    1. Define criteria for the course program conceptualization and content
    2. Define multidisciplinary instructional team including sworn members of the Advanced Officer Training Program and Licensed Psychologists from Psychological Services Bureau along with panel participants from other community stakeholder entities.

  C. Historical Perspective of Crisis Intervention Supports for Law Enforcement Officers
    1. National Models—Memphis, Miami-Dade, CIT International and 10 Core Elements of CIT Instruction
    2. Local Models—LA County collaborations with multiple law enforcement agencies

  D. Recommendations for best practices
    1. Evidence based training methodology with research based mental health information and interventions: this course aims to address best practices by linking mental health professionals with law enforcement who provide crisis response to calls for service.
    2. Evidence based practices which identify Specialized Police Responses[1]: these practices include utilizing partnerships with community agency providers, subject matter experts and tenured law enforcement personnel to respond to calls for service involving persons with

suspected mental illness.

II. Course Overview
    A. Introduction to LASD CIT Instructor Cadre
        1. The 32 hour course is taught by four highly experienced members of their respective fields within the Sheriff's Department as a collaborative effort between the Training and Psychological Services Bureaus: two tenured sergeants (who until recently were supervisors at patrol stations) and two forensic psychologists (who specialize in community based psychiatric crisis response).

    B. Introduction to the LASD-CIT Curriculum
        1. The program is designed to increase in content depth and breadth over the course of the four days—scaffolding thematic integrated blocks of instruction which highlight clinical content, department policy, community partnerships and resources, and de-escalation strategies—for utilization during calls for service involving persons with suspected mental illness.

    C. Introduction to Resources for Field Use (Student Resource Book)
        1. Each student receives a bound copy of the course resource book. The book has a table of contents and is divided into eight sub-sections that correspond to the topics covered in class as well as forms applicable for use in the field as a trained CIT Deputy.

    D. Course Conclusion, Course Evaluations and Feedback
        1. The 32-hour, 4-day CIT instructional course is designed to immerse students in the concepts of mental health, mental illness, tactical considerations, and how to apply these concepts to mental health related crisis calls for service in new and enhanced ways.
        2. It is the goal, as the CIT instructor cadre, to provide deputies with information, materials, resources, multimedia experiences, role plays, case studies, and situational scenarios in a manner that is engaging, helpful, and impactful.

    E. Introduction of Students
        1. Learning Activity: Introduction of Students in Dyads
        Purpose: To have students interview another student which they did not know prior to arriving at this class today.

III. Identifying and Reducing Stigma Regarding Mental Health
    A. What is Mental Illness?
        1. Questions directed to the whole class
        2. Learning Activity: Video and Discussion - Understanding Stigma

    B. Review key points/stats research if not addressed during class teach-back[2]
        1. Current Research and Recommendations

IV. Causation and Signs of Mental Health Symptoms during police contacts
    A. What are the Typical 918/415 calls for service?
        1. **Learning Activity: LASD Case Study Video Montage and Discussion Purpose: To provide students with multimedia materials to identify effective strategies to engage persons with mental illness (PwMI) during calls for service.**

B. What is Mental Health? What is Mental Illness?
   1. Learning Activity: What is Mental Health? What is Mental Illness? Purpose: To provide experiential learning activity through multimedia prompts in order to support student articulation of common mental health symptoms

A. Law Enforcement Contacts and Common Mental Health diagnostic presentations seen in field calls
B. Factors which impact and complicate the crisis presentation during calls for service
   1. The role of drugs—confirmed, suspected or otherwise implicated

C. Types of psychiatric disorders[3]
   1. Definition, behaviors, incidence, onset, comorbidity, and co-occurring presentations

I. **Introduction to didactic elements of mental health presentations and Thoughts Disorders**
   A. The concept of Psychosis and its implications across disorders
      1. Psychosis[4] (Thought Disorders)

   B. Learning Activity: Multimedia Case Study Activity and large group debrief

      Case Study. Purpose: To provide the student with skills to engage, manage, and deescalate incidents in the field involving persons with mental illness which may result in an advisement or referral to other community based services.

<mark>Day 1—LUNCH</mark>

I. **Didactic Learning about Mood Disorders**
   A. Changes to DSM-V: including new subcategories for developmental/lifecycle consideration
   B. Depression
      1. According to the National Institute of Mental Health (NIMH)[5] and World Health Organization[6]:
      2. According to the Center for Disease Control (CDC)[7] and other peer reviewed literature, depression is the most common type of mental illness
      3. Depression: Learning Activity--Multimedia Presentation and Facilitated Discussion. Purpose: To provide students with a better understanding of Mood Disorders and the potential outcomes these can have on an individual.

   B. Interview/Intervention/De-escalation Strategies during field contacts utilizing two mnemonics SIGECAPS and IS PATH WARM?
      1. Instructors discuss two mnemonics beneficial for interviews with individuals in the field in an attempt to obtain detailed information relating to some possible outcomes of the field call (such as hospitalization, referrals, or victim statements)
      2. SIGECAPS stands for the 9 diagnostic criteria/symptoms of depression (Sleep, Interest, Guilt, Energy, Concentration, Appetite, Psychomotor Retardation, Suicidal ideation/statements)
      3. IS PATH WARM stands for the risk factors related to suicide[8]: Ideation, Substance Abuse, Purposelessness, Anxiety, Trapped, Hopelessness,

Withdrawal, Anger, Recklessness, Mood Changes

A. Bipolar Disorder (per DSM-V[9])

1. Bipolar Disorder is the bridge between psychosis and major depressive disorder due to the connective traits of symptoms, family history, and genetics

2. Bipolar Disorder is seen in high income countries and in individuals who are separated, divorced or widowed

3. Statistical importance for Law Enforcement—Uses of Force, Barricades, impulsivity, co-morbid disorders, alcohol use and increased suicide risk

4. Learning Activity: Multimedia Case Study Video and Discussion Purpose: To provide students with a better understanding of Bipolar Disorder and the possible concurrent presentation of persons under the influence of non-prescribed substances

II. **Factors which impact law enforcement crisis calls for service: Prescription Medications, Street Drugs, and Substance Use/Abuse**

A. Learning Activity: Sensory Exercise and Discussion: What is it like to take psychiatric medications? Purpose: To increase awareness, empathy and understanding of the complexity of medication side effects and its impact upon the person's potential for medication compliance.

B. Psychotropic Medications Prescribed for Mental Health Symptoms and/or Conditions Reference Quick Reference to Psychotropic Medications[10] located in student resource materials

1. Learning Activity: Medication Awareness and Field Resources

2. Smoking and Schizophrenia: Self-Medication or Shared Brain Circuitry[11]? Patients with schizophrenia have higher rates of alcohol, tobacco, and other drug abuse than the general population.

I. **Didactic Learning about Other Disorders frequently encountered during Law Enforcement calls for service (per DSM-V unless otherwise noted)**

A. Disorders derived from Trauma, Injury, Anxiety, and/or Atypical Development (Later or Earlier in one's lifespan)

1. Traumatic Brain Injury

2. Post-Traumatic Stress Disorder (PTSD)

3. Anxiety Disorders

4. Changes in DSM-V[12]: Obsessive-Compulsive Disorder and Trauma/Stress related Disorders are now in their own respective categories and no longer classified under the larger umbrella of Anxiety. Each will be addressed separately below and are terms taken from the DSM-V unless specifically noted otherwise.

5. Obsessive Compulsive Disorder (OCD)

6. Other Related Disorders

B. Atypical Development: Lifespan Issues: Geriatric: mental health concerns typically seen in older adults (age 50 and over)

1. Neurocognitive Disorder (NCD)

C. Atypical Development: Lifespan Issues: Childhood and Adolescence: mental health concerns typically seen from birth through teen years

1. Childhood Mental Health and Trauma. Multimedia Slide displays infographic: Ask class to discuss the risk and protective factors which impact child development, trauma, and death (accidental, homicide, suicide)[13]

2. DSM-V addresses mental health from a developmental perspective in the most recent edition of the classification text noting that children can now be diagnosed with previously associated "adult" disorders in the prior DSM edition.

D. Atypical Organic Presentations Intellectual Disabilities (intellectual developmental disorder)

1. Intellectual Disabilities (known as Mental Retardation until federal statue Public Law 111-256, Rosa's Law replaced the term with Intellectual Disability for use by professionals, the public, and advocacy groups)

2. Onset during the developmental period which demonstrates deficits in Intellectual Function (reasoning, problem solving, planning, abstract thinking, judgment, academic and experiential learning) and Adaptive Function (communication, social participation, independent living and seen across settings—home, school, community). Prevalence is 1% of the general population[14].

3. Other Disorders which impair lifelong function: Attention-Deficit/Hyperactivity Disorder (ADHD) and Tic Disorders. Those and Other Specified Neurodevelopmental Disorders such as those associated with prenatal alcohol exposure (also referred to as Fetal Alcohol Syndrome Disorder or FASD).

II. **Didactic Learning about co-occurring and co-morbid diagnostic presentations**

A. Schizoaffective Disorder

1. Diagnostic Criteria[15]. It is estimated that this disorder affects less than 0.3% of the population (in comparison to Schizophrenia which affects 1% of the general population—Schizophrenia is 3X more likely than Schizoaffective and is often misdiagnosed due to its low incidence rate)

2. Multiple diagnostic presentations and personality features

3. Prevalence of Comorbid conditions and co-occurring disorders

B. Substance Use and Abuse

1. According to the National Institute on Drug Abuse, both prescription and street drugs result in a cost of $700 Billion annually.

2. Law Enforcement calls for service and impact of state legislation

III. **Summarize Day 1**

A. Reflective Activity: Self Reflective Learning

1. Hand out Post-it notes to each student

2. Ask the students to each write one self-reflective response from today and place the post-it on the board before they leave responding to the prompt: How have you been impacted by mental illness?

A. Dismissal

LASD-CIT: Day 2

Training Bureau and Psychological Services Bureau: 32 hour Course Curriculum

I. Introduction, Review of Day 1 Mental Health Concepts, Review of Self Reflective Learning Statements and Managing the Traps of Law Enforcement
    A. Managing the traps of Law Enforcement
        1. Learning Activity: Voicemail Audio Clips (Law Enforcement and Mental Health). Purpose: To provide students with opportunity to synthesize and articulate the description of diagnostic categories during the voicemail messages.

    B. Department Policies and Procedures relating to calls for service with suspected Persons with Mental Illness (PwMI)
        1. Learning Activity: Small Group Activity and Large Group Teach Back
            Purpose: To provide deputies with information relating to the obligations per LASD Manual of Policies and Procedures (MPP) and Field Operatives Directives (FOD) which relate to the safety of persons with identified or suspected mental health needs.

II. **Utilization of Communication and Tactical Strategies and Skills during Law Enforcement Contacts and Crisis Call Responses**
    A. Case Study and Application
        1. Learning Activity: Salt Lake City Police Department Case Study Video Review with Small group activity, large group debrief[16]. Purpose: To provide the student with strategies and skills to engage, manage, and deescalate incidents in the field involving suspected persons with mental illness.

    B. Stages of Crisis
        1. Learning Activity: To engage students in a facilitated discussion which introduces through Pre-Teaching/Scaffolding the Stages of Crisis. The activity provides students with the opportunity to synthesize and articulate the description of diagnostic categories during the voicemail messages.

I. **Didactic Learning: Tactical Communication**
    A. Didactic Elements of Effective Communication Skills
        1. Learning Activity: To provide students with the opportunity to learn strategies and skills to engage, manage, and de-escalate incidents in the field. Procedure: Didactic information in multiple learning modalities—visual, auditory, kinesthetic—with class discussion and case application. Communication Skills: Engage and manage the subject by:
            a) Establishing rapport
                a. Approach that is low key
                b. Body language that is non-aggressive
                c. Posture that is safe but facilitates communication and

interaction

    d. Employ Verbal techniques to de-escalate person and/or situation

    e. Have one officer be primary communicator/one person speak at a time

    f. Remain calm in voice and manner

    g. Provide simple directions/commands

    h. Speak slowly

    a. Acknowledge if subject appears to be upset

    j. State that you are there to help the subject (Keep your sentences short, Avoid making any threats, Avoid arguing with the person(s) on scene, Be truthful, Allow time for the person to consider and respond to questions and be prepared to repeat them

A. What are tactical considerations relating to approach and scene management which you could use to deescalate situations involving persons with mental illness? Responses should include:

  1. Approach:
    a. Provide a non-threatening environment
    b. Treat the individual with dignity and respect
    c. Be patient but persistent
    d. Stay positive and respectful

  2. Managing the scene:
    a. Be aware of potential for aggressive behavior
    b. Avoid provoking the person or situation by decreasing stimuli if possible
    c. Evaluate for suicidality and/or homicidality, including firearms/weapons
    d. Understand the conditions which contribute to a suicide by cop or other violence fluidity scenario
    e. Be aware of your own reactions to the individual
    f. Be aware of any possible cultural considerations

  3. Instructors provide case examples of strategies which have previously worked in the field when attempting to de-escalate situations with persons in crisis. Affirm or discuss elements below if not suggested by students:

  4. Identification of strategies to deescalate situations with persons in crisis
    a. Identify yourself and ask for their name
    b. If they become agitated back off and provide more space
    c. Maintain adequate space
    d. Minimize stimulation such as loud noises or sudden movements

5. What resolved the crisis situation? What was the roadmap to resolution? Affirm or discuss elements if not suggested by students:

    a. Recognizing there is a Crisis

    b. Understanding that a crisis involves a disruption of a person's normal or stable state.

    c. A crisis occurs when a person faces an obstacle that overwhelms their ability to use their customary methods of problem solving/coping/reasoning (remind students of the definitions of mental health and mental illness from day 1).

6. What are the objectives for first responders when intervening in a crisis? Responses during debrief should include:

    a. Establish crisis goals (short term goals)

    b. Reduction in disequilibrium or relief of symptoms of the crisis

    c. Identification of support system

    d. Stabilize the situation

    e. Slow things down

    f. Minimize the threat to life and property

    g. Arrest or control the subject

    h. Obtain professional mental health resources for the subject

    a. Engage a systematic process of planning and implementation

    j. Contain scene

    k. Communicate throughout call with subject and fellow sworn responders

II. **De-escalating crisis calls in the field: documenting observations, assessment, and responding to calls**

  A. **Didactic Elements of Verbal De-escalation Strategies**

    1. Learning Activity: Facilitated group discussion about Antecedents, Beliefs, Consequences (ABC's)[17]

    2. Resolution of the incident and crisis: the goal during a crisis is to assist the subject to return to pre-crisis state

      a. Allows the person to increase cognitive functioning and problem solving abilities

      b. Strategies that a deputy can utilize to reach this goal

    3. Roadblocks to resolution and effective communications during a crisis

III. **Didactic Elements of Verbal De-escalation Strategies**

  A. Multimedia Case Study Video Review with

    1. Learning Activity: Small group activity, large group debrief. Purpose: The activity provides students with the opportunity to synthesize and articulate the strategies and skills to engage, manage, and deescalate incidents in the field involving suspected persons with mental illness and facilitate discussion introducing through Pre-Teaching/Scaffolding the concept of LEAPS: Listen, Empathize, Ask, Paraphrase, Summarize

IV. **Practical Strategies, Resources, and Tools for de-escalation during interactions with persons**

in crisis: LEAPS

A. Didactic Learning and Facilitated Large Group Discussion

1. Pre-teaching and Scaffolding of LEAPS

2. Use of verbal techniques to deescalate situations involving persons with mental illness and persons in crisis to effectively assess and communicate through: Listening (Actively), Empathize, Ask (questions), Paraphrase, Summarize (LEAPS)[18]

3. Learning Activity: Multimedia Case Study Video Review with Small group activity, large group debrief

4. Ask students to open their individual Student Resource Books and review the information on LEAPS-- Assessment and Communications: Listen, Empathize Ask, Paraphrase and Summarize.

5. Ask students to review techniques which apply to all deputy's to increase their community policing and procedural justice skills sets LEAPS Culmination Activity: Applying new knowledge to life outside the job: wellness implications of better communications

   Learning Activity: Multimedia Case Study Video Review with Small group activity, large group debrief while applying LEAPS[19]

A. Lecturette and Group Discussion
Deescalate potentially volatile situations and Identify strategies to deescalate situations with persons in crisis. The goals during this stage include assisting the subject to return to pre-crisis level of functioning

1. Strategies that an officer can utilize to deescalate and remain safe.
   a. Establishing a credible relationship with the subject
   b. Defusing emotions
   c. Establishing safety and security of situation
   d. Facilitating planning and prediction
   e. Reducing emotional interference
   f. Allow venting
   g. Enabling problem solving to be the focus

2. When the subject is problem solving and making decisions, he or she is:
   a. Using skills that require more rationality and reason
   b. Less emotional in their reasoning

3. Establish rapport
   a. Establish who you are and that you care
   b. Remember to calm yourself down
   c. Obtain and give personal data
   d. Identify yourself by your first name, indicate that you are law enforcement
   e. Include in the opening statements a positive role in the conversation
      • Ask what is going on with you now?
      • Ask how can I help you?
      • Make explicit statements of a desired resolution
      • Tell them "we can work on that"

4. Calming techniques include:
   a. Demonstrate an understanding attitude
   b. Model calmness
   c. Reassure the subject
   d. Allow the subject to vent

5. Creating A Roadmap to Resolution
   a. Each case you see will require a different roadmap to successful resolution. Understanding how to create these roadmaps is essential.
   b. Understanding the dynamics of a crisis will assist a first responder in resolving a field incident.

A. De-escalation Techniques: Grounding
   1. Grounding Techniques[20] can be used to restore focus when a person is so intensely immersed in an emotional experience that it is detrimental. The individual in crisis can be guided to regain a sense of time, place and situation.
   2. Grounding Techniques are useful for patrol personnel when dealing with individuals who are experiencing a deep emotional disturbance and distancing from reality.
   3. Note: The causes of this deviation from reality may be psychosis, intoxication, or other heightened emotional state. Grounding Techniques promote increased rational thinking, focus on the present, and are an important aspect of de-escalation during calls for service.

Day 2—LUNCH

I. **Tactical Communication Strategies and/or Skills for Situation Management including local resources and program options**
   A. Evaluation and treatment during the custodial process[21]
      1. Custodial screening and evaluation

   B. Treatment options within correctional settings
      1. Currently there are a variety of jail programs that provide mental health treatment for those currently incarcerated
      2. LASD also attempts to properly identify inmates who were not originally identified as having a mental health problem upon their intake so they can receive services.

   C. Treatment transition from incarceration into the community setting
      1. LASD provides transportation assistance to take offenders from jail to a myriad of services upon release
      2. The jail Linkage Program is for inmates with mental illness who require specialized assistance with release planning.
      3. Mental Health Forensic Outreach Teams are under contract with DHM and assist over 1200 inmates annually who are released upon completion of their AB 109 sentences
      4. Assisted Outpatient Treatment (ATO) or Laura's Law ATOLAOE@dmh.lacounty.gov

II. **When Mental Health Treatment Meets Legal Documents: Completing the WIC§5150 Application for Involuntary Mental Health Evaluation**
   A. Lanterman Petris-Short Act (referred to as the LPS act)

1. The LPS Act was enacted in 1967. Individuals with mental disorders are entitled basic federal and constitutional rights.
2. The LPS Act provided a safeguard through judicial review after the initial 72- hour involuntary commitment into an approved mental health facility.
3. The LPS Act intended to balance the right of the community with the rights of the person to freedom and due process
4. It should be noted that commitment and emergency involuntary detention constitutes a serious deprivation of personal liberty
5. The LPS Act evolved into what is currently known as 5150 WIC

B. Documentation
   1. MH302 form requirements
   2. Learning Activity: To provide students with criteria and documents necessary for involuntary hospitalization through the debrief of Case Example "Carlos" Purpose: To provide the students the opportunity to work in small groups, correcting prior individual learning activity while determining accuracy of the document when compared to the current California Welfare and Institution Codes pertaining to involuntary mental health evaluation and treatment.

C. The Concept of ROAR: a department specific Law Enforcement Decision Making Model: preplanning through situation management
   1. ROAR defined
      a. Respond
      b. Observe
      c. Assess
      d. React

   2. Applicability of ROAR across Law Enforcement activities and domains
      a. Procedural justice
      b. Documentation
      c. Policy
      d. Procedure
      e. Organizational and community culture changes: law enforcement reality orientation-- ROAR is your new reality!

I. **Suicide: Facts, Risk Factors, and Protective Factors**
   A. The other "S" word – The Topic of Suicide. Suicide defined: Death caused by self-directed injurious behavior with an intent to die as a result of the behavior[22].
      1. Learning Activity: Suicides in progress. Purpose: To provide students with multimedia learning experience relating to suicides in progress.

   B. Suicidal Risk Factors and Behaviors
      1. Risk Factors outlined in the pneumonic: IS PATH WARM?[23]

   C. Suicide incidents and Comorbidity: Someone who attempts suicide or completes suicide will almost always have a psychiatric diagnosis such as Major Depression, PTSD, TBI, Thought Disorders

D. Suicide by Numbers
1. Learning Activity: Small group activity, large group debrief. Purpose: To provide the student with information regarding risk factors relating to suicide and implications for field calls involving persons with mental illness.

E. Statistics and Facts about Suicide[24]
1. Average of 1 person every 12.3 minutes killed themselves
2. In 2014, 42,773 people died by suicide in the U.S.
3. Average of 1 older person (age 65+) every 1 hour and 8 minutes kill themselves
4. Average of 1 younger person (age 15-24) every 1 hour and 44 minutes kill themselves
5. 50% of deaths by Suicide used a firearm
6. Suicide is the 10th ranking cause of death in U.S. (homicide is 17th) — the 2nd cause of death for young persons ages 15-24.

F. Elements of Suicide
1. The Math of Suicide: The Suicide Equation
    a. Variables of Suicide Equation as described by Edwin Shneidman, a pioneer suicidologist, in his writings about the elements of suicide and the term he coined—the concept of Psychache[25]

G. Pre-death Indicators[26]
1. This term was coined by (now retired) Sergeant Barry Perrou, Psy.D. Los Angeles County Sheriff's Department (LASD).
2. Dr. Perrou responded to more than 1000 call outs as the Sergeant of the LASD Crisis Negotiation Team (CNT) during his tenure. While on the department, he went back to school earning his doctorate in Clinical Psychology. Over the course of his career in law enforcement, he coined the term "pre-death indicators" as a collective term for the behaviors exhibited by individuals who are in severe emotional crisis and these behaviors are often witnessed imminently before one's death during a standoff/contact with law enforcement.
3. Pre-death indicators are behaviors one exhibits in an attempt to motivate oneself into engaging in one final life ending act. It is believed that the person demonstrating these pre-death indicators may be lacking the volition to execute the final act--such as pulling the trigger of the gun held to their head or jumping from an elevated plain.
4. Pre-death indicators function as motivators to die by suicide and these behaviors may contribute to the decrease in their ambivalence to act. Ambivalence, on the other hand, is a protective factor which can help inhibit one from acting or following through with their thoughts/plan to end their life. It is argued that ambivalence may decrease with pre-death behaviors as these activities (especially when exhibited together) cause light headedness and decreases rational thinking.

H. Suicide of Cops—Law Enforcement Suicides
1. Learning Activity: Suicide of Cops - Walking the Thin Blue Line
Purpose: To provide students with a kinesthetic learning experience to personify the non-verbal/unstated impact of suicide within the law enforcement community and the interconnectivity of the variables during prospective patrol calls for service.
2. Activity Debrief: Police Suicide Risk Factors[27]:
3. LASD In-house support for Deputies in Crisis

        a. Discussing role of Psychological Services Bureau to support deputies in crisis.

    4. National Recognition and Organizational supports, Student Reference Pages/Resources

A. Dynamics of Suicide By Cop (SbC) Reference the resources in the student binder—specifically the handout by the American Association of Suicidology (AAS) titled Suicide By Cop
    1. Learning Activity: Suicide by Cop

J. Relationship between Homicide and Suicide From Silent to Violent: the fluidity of Suicide and Homicide during a crisis
    1. Learning Activities: Multimedia Case Examples: to identify risk factors for suicide and fluidity of violent acts, possible pre-death indicators, and determine effective strategies to engage such subjects on any other crisis call for service while maintaining deputy safety.

K. Suicide Resources and Supports
    1. Bridging to Safety. Learning Activity--Bridge Between Suicide and Life.[28] Purpose: To provide students with multimedia materials from the perspective of law enforcement personnel to identify risk factors for suicide and fluidity of violent acts, possible pre-death indicators, and determine effective strategies to engage such subjects on any other crisis call for service while maintaining deputy safety. The material also focuses on aspects of deputy wellness and the possible long term impact of first responders' wellbeing.

AX. Fluidity and De-escalation
    1. Developing skills to effectively deescalate situations involving persons with mental illness Learning Activity: Fluidity and Complacency—potential deadly combination in the field
    2. To increase awareness and develop interpersonal skill sets when de-escalating situations involving Persons with Mental Illness and to increase insight into the experiences of persons with mental health symptoms and their difficulties interacting with others

II. Summarize Day 2

REMIND STUDENTS TO UPDATE THEIR COURSE EVALUATIONS

A. Review of course material
B. Debrief and summarize activities and experiences
C. Answer additional questions regarding course content
D. Dismissal

LASD-CIT: Day 3

Training Bureau and Psychological Services Bureau: 32 hour Course Curriculum

I. Introduction, Review Day 2 Concepts and Activities

A. Concepts and Application newly learned content as applied to crisis calls for service—using LEAPS, ROAR, and Suicide Fluidity—as elements of de-escalation and contact with persons in crisis in the field.

1. Instructors to facilitate large group discussion about the impact of this new information and how would this have impacted a call for service before and after taking this class?

B. Perception of Law Enforcement (response to calls for service)
1. Learning Activity: Multimedia Clips—to provide students with opportunity to watch case study video and articulate potentially more effective engagement strategies based upon synthesis of prior course content.

C. California legal/procedural criteria relating to Mental Health, Firearms, Mandated Reporting
1. Learning Activity: WIC and PC Small Group Activity and Large Group Teach Back. Purpose: To provide deputies with information relating to the obligations per Welfare and Institution Codes as well as Penal Codes which relate to the safety of persons with identified or suspected mental health needs: Table 1: WIC 5150 and 5150.05, Table 2: WIC 8100A/B and 8102, Table 3: WIC 8103 and PC 1542.5, Table 4: WIC 1524A, PC 18100, and PC 25135A

I. **Multisensory experience to build empathy and understanding of others who may have atypical sensory experiences**
A. Role Play multisensory experience.
1. Learning Activity: The Voices Exercise. Purpose—to increase the students awareness of how a person suffering from a mental disorder may experience an encounter with law enforcement. During the debrief the Instructors facilitate conversation regarding the level of disturbance to daily activities that this level of symptomology may produce.

II. **Los Angeles County Sheriff's Department Community Resources and Partnership Bureau**
A. Introduction of the Community Resources and Partnership Bureau Representative/Member guest presenter
1. Introduction to the creation of the former LASD COPS Bureau and the expanding role of the Community Partnerships Bureau relating to concerns about Individuals who are homeless

B. Understanding the Homeless Population and their needs
1. LASD Field Ops Directive 12-003: Homeless Encampments

Day 3— LUNCH

I. **Community Support and Advocacy Facilitated Panel Presentation and Discussion**
A. Panel of Community Members: National Alliance on Mental Illness (NAMI)

1. Presentation of NAMI Programs
2. Pre/Post Evaluations and Handouts provided and distributed by NAMI

3. Discussion about the local programs and resources provided by NAMI for individuals, family, and community members at various county locations provided in the handout

B. Lived Experience Testimonies by Panel Members
1. Presenters are individuals with lived experience of mental health symptoms and/or family members of those with lived experience.
2. Presenters in general discuss their experiences with programs, resources, and any personal history of contacts with law enforcement officers during a crisis. Presenters may discuss personal challenges and triumphs.
3. Facilitate conclusion of personal experiences and large group question and answer period as well as facilitated discussion linking concepts discussed in class to those mentioned by panel members (as it applies to specific speakers and their respective stories)

4. Instructor Facilitated group discussion following the panel's Lived Experience Testimonies

I. **Bridging Didactics with Lived Experience**
A. Merging didactic content with the lived experiences of the NAMI panel members' personal stories
1. Learning Activity: To provide students with the opportunity to apply prior knowledge of psychiatric symptoms with effective techniques and strategies to engage persons experiencing psychiatric symptoms during calls for service.

1. Direct students to work in table top groups and list on the large post-it notes how they would "join" with the subject of the call. Instructors remind students that each diagnosis may entail a slightly different approach.
2. Students present their table top group discussions and engagement strategies to the large group for discussion and large group debrief.

I. **Summarize Day 3**

 REMIND STUDENTS TO UPDATE THEIR COURSE EVALUATIONS

A. Review of course material
B. Debrief and summarize activities and experiences
C. Answer additional questions regarding course content Reflective Exercise: Self Reflective Learning Prompt: Going 10-8
D. Dismissal

LASD-CIT: Day 4

Training Bureau and Psychological Services Bureau

32 hour Course Curriculum

I. **Introduction, Review of Day 3 Concepts, Activities and Resources**
   A. De-escalation when contacting persons during calls for service
      1. Facilitated Discussion regarding the possible change in the perception of Law Enforcement response to calls for service based upon this class experience. Purpose: To provide students with the opportunity to discuss their reactions and possible changes with new perspective to the own level of insight.

II. **De-escalating emotionally charged calls for service utilizing community caregiver elements of law enforcement duties, civilian mobile teams, and hospital staff**
   A. Didactic Information: Community Resources and Supports: Conservatorship
      1. Resources and supports for patrol deputies when responding to callers or situations which are high utilizers of emergency resources/chronic calls for service.
      2. How can a well written 5150 application transition into a locked treatment facility stay of up to or in excess of one calendar year?
      3. Instruct students to turn to the reference grid in their student resource book titled "LPS Conservator Brochure" in the Table of Contents.
      4. Assisted Outpatient Treatment also known as Laura's Law. Assisted Outpatient Treatment (AOT-LA) is the Los Angeles programmatic implementation of the Assisted Outpatient Treatment Demonstration Project Act of 2002, also known as "Laura's Law". Laura's Law provides the highest level of outpatient care. The next higher level of intensity of service is LPS Conservatorship.

   B. Didactic Information: Community Resources and Supports: Community Caretaking Authority of Law Enforcement
      1. How often do you encounter an emotionally charged response (by the subject or the community) to the possible involuntary evaluation, treatment and transport outcomes of a call for service?

   C. Didactic Information: Community Resources and Supports: The Caretaking Authority and Mandate of Hospitals per Emergency Medical Treatment And Labor Act (EMTALA) and Health and Safety Code (HSC) 1799
      1. Emergency Medical Treatment and Active Labor Act (EMTALA), 42 U.S.C. § 1395dd. Under the Act, any individual who seeks emergency treatment in a hospital that participates in Medicare and has an emergency department must be screened and evaluated to determine if an emergency medical condition exists; if so, the hospital must treat and stabilize the patient, either in its own facilities or by transfer to an outside facility.
      2. Hospital 24 hour detention via Health and Safety Code (HSC) Section 1799[29]

III. **Transitioning from Global to Local: Providing context to students regarding department goals and objectives as well as obtaining feedback to report to Investment in Mental Health Committee Members**
   A. Select Sworn LASD Manager/Executive to speak with class members in a large group format
      1. Sworn Manager/Executive will discuss status of LASD's Investment in Mental Health

<mark>Day 4—LUNCH</mark>

I. **Deputy Wellness: Impact on the Job**
   A. Post Traumatic Stress Disorder: PTSD
       1. Learning Activity: To provide experiential learning activity through multimedia prompts in order to support student articulation of common experiences associated with PTSD within the first responder population. Ask the class to view the multimedia prompt and engage in dialogue to debrief the images and discuss compassion fatigue, First responders and stress, PTSD, and the safety concerns when deputies experience burnout. View the multimedia video clip (PTSD approximately 5 minutes[30]).
       2. PTSD Debrief: Discuss the idea of compassion fatigue (aka Secondary Stress or Vicarious Trauma or Compassion Stress), PTSD, Stress, and Job Longevity.
       3. The Impact of Being Law Enforcement Personnel[31] Research suggests that law enforcement shift work lengths, undiagnosed sleep disorders, or medical conditions may have negative results on wellbeing and job performance. Law enforcement personnel have many job related experiences involving fear, death or serious injury, or a repeat of other traumatic events. PTSD has been associated with several chronic diseases including diabetes, cardiovascular disease, gastrointestinal disorders, chronic fatigue disorder, autoimmune disorders, and migraine headaches.
       4. Ask the Class: How do these symptoms impact you and your partners on the job? Do you see these things in your co-workers? Are deputies afraid to admit what they see in themselves and in others? What is the stigma associated with admitting these things? Instructors to facilitate discussion regarding the comments and reactions from the students to discuss reducing stigma, introduce resources available at the department (such as Psychological Services Bureau) and discuss resources available in the student resource binder regarding increasing communication skills, healthy relationships, stress reduction, and creating a personal plan for a balanced approach to life both on and off the job.

II. **Criminal Intelligence Bureau—The intersection of potential criminal threats and mental illness.**
   A. Didactic information about criminal acts committed by individuals who may present with behaviors and non-traditional indicators of violence as it interconnects with mental health presentations
       1. LASD Criminal Intelligence Bureau (CIB) Information
       2. What group of individuals perpetuate acts of terror on foreign or domestic soil?
       3. Domestic Terrorists including Anti-abortion Extremists, Left-wing Revolutionaries / Black separatists, Eco-terrorists (Animal Liberation Front—ALF; Environmental Liberation Front—ELF), Neo-Nazi and Racist-based Groups, Anti-Government / Sovereign Citizens, Homegrown Violent Extremists (HVE's), and Lone Wolves.
       4. Hate Crimes--FBI defines a hate crime as traditional offense (i.e. 187, 451, or 594 PC) "against a person or property motivated in whole or in part by an offender's bias against a race, religion, disability, sexual orientation, ethnicity, gender, or gender identity." Hate itself is not a crime—and the FBI is mindful of protecting freedom of speech and other civil liberties.
       5. Lone Wolves—A lone wolf is someone who prepares/commits violent acts alone, outside of any command structure and without material assistance from any group (may be influenced/motivated by the ideology and beliefs of an external group, and may act in support of such a group).
       6. Where does law enforcement intervene/contact suspects who are encountered during field

contacts?

7. Targeted Violence--According to Dr. Reid Meloy who consults with the FBI, he and other experts in the field of threat assessment discuss the concept of Targeted Violence (as opposed to the term typical violence as encountered by law enforcement) and Terrorism. "Targeted violence differs from typical violence—emotionally charged, impulsive, and reactive—encountered by law enforcement.[3] It entails a decision to act violently against a particular person, group, or institution. Persons carry it out in a planned manner as illustrated by such acts as the San Bernardino, California, terrorist attack, which killed 14 people on December 2, 2015.[4][32]. Discuss the Warning Indicators of Targeted Violence[33]

8. Staying on the Alert as Law Enforcement: Educating & Engaging Community Members, Youth Engagement, L.E. Networking and Liaisons, Responding to 9-1-1 / "CrimeStopper" calls, Responding to every victim of crime (in communities of interest/Hate Crimes), Utilizing existing criminal informants / sources, Other LASD / PD units and Retired LE/ FD / Military personnel

III. **Capstone Activity: Role Play Scenario during call for service**
    A. Potential 918 Call for service
        1. Learning Activity: To demonstrate understanding of course content and current legal forms to describe psychiatric behaviors, symptoms, and circumstances observed during the call for service and present the information accurately to hospital staff in verbal and written form. Procedure: Each group will select one or two members of their group to present the information from the group activity in a role play to the hospital admission staff (played by two of the course instructors).
        2. Group Activity and Debrief

IV. **Summary and Closing Remarks, Course Evaluations, and Comments**

1. Culmination of course activities and learning
    a. Provide course summary Days 1-4: Ask students to complete course evaluations, Debrief activities, experiences, final impressions

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