



<p>VIEW VIDEO</p> <p>To access this video online, visit the: POST Learning Portal</p> <p>USING THIS GUIDE</p> <p>This companion Learner's Guide is intended to assist in the delivery of the video material in an interactive and thought-provoking manner. It provides suggestions to help facilitate most sections of the video. The goal is for the learner to engage in consideration of the topic and how it relates to them and to their agency.</p>	<p>ABOUT THIS VIDEO</p> <p><i>Identifying and Responding to Behavioral Health Conditions</i> training program is designed to educate California's first responders on appropriate resources and responses when interacting with individuals who may be experiencing behavioral health conditions. It covers preparation, recognition, approach, and available resources for intellectual or developmental disabilities, including Autism Spectrum Disorder (ASD), cognitive disorders (including Alzheimer's and dementia), and mental illness (including PTSD).</p> <p>This program uses scenarios, discussion, and subject matter interviews to highlight key points throughout the lesson and meets the requirements of CPC 13515.35 for ASD.</p> <hr/> <p>GUIDE CONTENTS</p> <p>The learner should review all video and guide materials in this course. This guide may be used for additional resources and information. At the conclusion of the facilitated discussions, learners should focus on resources available for affected personnel and any specific agency policies related to the subject.</p> <hr/> <p>Chapters</p> <p>Each chapter features a brief overview and Key Learning Points to assist with quick review of the material during presentation. The scenario tab appears at the start of each section and indicates a video scenario that is used for the section. The discussion follows the scenario and depicts a facilitated discussion of the scenario with peace officers from around the state. The interview tab contains interviews with subject matter experts who provide additional discussion on the material. Each chapter contains an on-screen visualization of key learning points and one or more knowledge check questions with key informational points.</p> <p>The Individual Viewing mode will receive CPT credit for viewing this video upon completion of the program. To receive credit, the learner watches the video, completes each chapter knowledge check, and completes the end of course assessment. Credit will be awarded via EDI upon successful completion.</p>
<p>CHAPTER CONTENTS</p>	
<p>INDIVIDUAL VIEWING</p>	



SCENARIO	CHAPTER 1: PREPARATION, RECOGNITION, AND APPROACH <i>Two officers discuss the topic of Autism Spectrum Disorder (ASD). A senior officer explains how some behaviors of an individual with ASD present similarly to behaviors of individuals who are under the influence. Law enforcement officers may assess and respond to these situations incorrectly and should be aware of the developmental disability.</i>
KEY LEARNING POINTS	<ul style="list-style-type: none">• Preparation is critical for effective interactions. This includes being aware that encounters with individuals with behavioral health conditions are common. One in five individuals is diagnosed with a mental health condition or developmental disability.• Law Enforcement should focus on observing behaviors rather than diagnosing conditions. Developing an awareness for behaviors that may indicate a mental, cognitive, or developmental condition is important.• Time and distance can provide opportunities for critical assessment in a situation. Slowing things down can lead to less frustration, improved communication, and better outcomes.• Building rapport and human connection is essential when interacting with this population and can lead to desired outcomes.• Recognizing that your presence and demeanor will influence behavior is important. Law enforcement should try to minimize negative effects when engaging an individual who may have mental health conditions or a developmental disability.• Checking on previous calls for service related to the location or individual can provide valuable context.• Considering third-party information from family members or caregivers can offer crucial insights into triggers, calming strategies, and appropriate responses. However, be mindful of whether the family member might be a negative trigger.• De-escalation should be a priority, aiming to reduce the risk of unnecessary use of force. A tactical pause may be beneficial and appropriate.• Staying calm and patient, while creating a supportive environment can help make individuals in crisis work through their agitation and encourage them to seek help.



SUGGESTED
FACILITATION
QUESTIONS
AND
COMMON
RESPONSES

- Equipping oneself with knowledge and tools to manage these interactions effectively is beneficial to all parties involved.

What specific pre-incident planning steps can law enforcement officers take, even with limited time, to better prepare for potential interactions with individuals experiencing behavioral health conditions?

- Even with limited time, officers can engage in pre-incident planning by checking previous calls for service related to the location or the specific subject to understand past outcomes and details.
 - Briefly communicate with their partners beforehand to discuss a basic plan and potential approaches. Taking even a minute to plan can be beneficial.
-

What are some key behavioral indicators that officers should be trained to recognize that might suggest an individual is experiencing a behavioral health condition, prompting a more cautious and thoughtful approach?

- Officers should be aware of behavioral indicators such as:
 - Communication methods or lack thereof.
 - Deficits, social deficits, and repetitive behaviors.
 - Recognize signs like avoiding eye contact and hypersensitivity to stimuli, such as bright lights and loud noises.
 - Attraction to water.
 - It's important to develop an awareness for behaviors that may stem from a mental, cognitive, or developmental condition.
-



CHAPTER 2: INTELLECTUAL OR DEVELOPMENTAL DISABILITY (AUTISM, AUTISM SPECTRUM DISORDER)

SCENARIO

Two officers receive a radio call about a young man who is acting erratically at a park. One of the officers recognizes behaviors, such as stimming, that are common in individuals with ASD. He assists his partner with contact until the subject's mother arrives. She confirms her son has ASD and has eloped.

KEY LEARNING POINTS

- Intellectual and developmental disabilities (IDDs) are usually present at birth and affect physical, intellectual, and/or emotional development. Autism Spectrum Disorder (ASD) is a common IDD encountered by law enforcement.
- Autism is a spectrum, and individuals will have unique challenges.
- IDD and autism are not mental illnesses, so a W&I 5150 evaluation is not automatically applicable.
- Sensory overload can be a significant factor for individuals with autism. Reducing stimulation in the environment is vital to a successful encounter.
- Clear and simple communication is key. Avoid complex language and rapid-fire questions. Speak slowly and give them time to respond.
- Allow stimming (repetitive actions or movements) as a form of self-soothing.
- Avoid touching individuals with autism without explanation. However, people with ASD may not recognize personal space.
- Individuals on the spectrum who wander/elope are at significant risk of drowning.
- Family members can provide invaluable insights into communication and soothing techniques.
- Resources like Regional Centers have specialized knowledge and databases that can be helpful.
- Some individuals may have cards or identifiers indicating they are on the spectrum or autistic.

**SUGGESTED FACILITATION QUESTIONS AND COMMON RESPONSES**

What fundamental communication adjustments should law enforcement officers prioritize when interacting with someone they suspect may be on the autism spectrum?

- Officers should prioritize clear and simple communication, use short, direct questions and avoid complex language. It is also crucial to speak slowly and give the individual time to process information and respond.
- Avoiding rapid-fire multiple questions is important as it can be difficult for them to process.

What are the key distinctions an officer should understand between a behavioral health crisis related to autism and one potentially requiring a mental health evaluation (like W&I 5150), and how might this distinction impact their response?

- A key distinction is that autism spectrum disorder is a developmental disability characterized by differences in communication and interaction, whereas a mental illness involves conditions affecting thinking, feeling, or mood.
- A behavioral health crisis in autism may involve sensory overload, social difficulties, or repetitive behaviors that don't necessarily meet the criteria for a mental health hold (W&I 5150).
- The response should focus on de-escalation techniques tailored to autism, such as reducing stimulation and using clear communication, rather than immediately considering a mental health hold.
- Individuals with ASD are known to wander or elope from their care providers.
 - They are commonly drawn to bodies of water, which presents a danger.
 - 71% of individuals with ASD who wander die of drowning.¹

¹ National Autism Association, n.d., Autism and Safety Data - Wandering/Elopement, <https://nationalautismassociation.org/resources/autism-safety-facts/>



CHAPTER 3: DEMENTIA AND ALZHEIMER'S

SCENARIO

Officers respond to a disturbance call and encounter a woman who is frustrated with her mother-in-law who is exhibiting out of character behaviors, such as forgetting common words, acting aggressive and appearing disoriented. Officers recognized she had cognitive impairment, such as dementia. They helped the family members recognize her condition and provide resources.

KEY LEARNING POINTS

-
- Dementia is an umbrella term for a decline in cognitive ability severe enough to interfere with daily life, typically affecting older adults.
 - Alzheimer's disease is the most common form of dementia.
 - Dementia and Alzheimer's are cognitive disorders, not mental health conditions, so a 5150 based solely on the disorder is not appropriate.
 - Families may not initially recognize the signs of dementia. Law enforcement may be called due to uncharacteristic and confusing behavioral issues.
 - Behavioral cues can include confusion, frustration, agitation, wandering, driving issues, memory loss (especially short-term), false reporting of crimes, paranoid delusions, and sundowning (increased confusion in the late afternoon and evening).
 - Adjust communication strategies to reduce confusion and agitation.
 - Speak slowly, using one idea or question at a time, and pause for processing.
 - Approach from the front as peripheral vision may be impaired or they may be frightened.
 - State who you are, why you are there, and your objective is to help them.
 - Use simple and direct language.
 - Meet individuals in their reality; don't argue or fight with them but validate and agree to get them help.
 - Contacting family and caregivers is important to get a baseline of the individual's behavior.
 - Provide resources to the family as they are often overwhelmed.



SUGGESTED
FACILITATION
QUESTIONS
AND
COMMON
RESPONSES

- Individuals with dementia/Alzheimer's who wander/elope are at significant risk of death from exposure and drowning.
- Look for visual cues such as their physical state.
- Be aware of false reporting from individuals with Alzheimer's due to confusion or delusions.
- The Alzheimer's Association is a valuable resource with a 24/7 helpline for communication tips and support.

Provide two specific examples of how an officer might validate the reality of someone with dementia during an interaction and why this approach is recommended?

- If a person with Alzheimer's believes it is 1962, instead of arguing, an officer might engage in conversation about what life was like in 1962, validating their feelings and memories without correcting the time.
- If someone with dementia is looking for their deceased parent, an officer might acknowledge their feelings of missing their parent and ask them to share a happy memory of that person, rather than stating that their parent has passed away.
- This approach is recommended because arguing or confronting their perception of reality can increase confusion, frustration, and agitation. Validation helps to build rapport and de-escalate the situation.

What are two keyways law enforcement officers can offer support and connect these families with appropriate resources during a call for service?

- Officers can provide information about resources such as the Alzheimer's Association's 24/7 helpline. This helpline offers communication tips on the spot for law enforcement and emotional support for overwhelmed caregivers.
 - Officers can connect families with local behavioral health services or mental health services, including programs specializing in services for the elderly and caregiver support resources like the California Caregiver Resource Center.
 - The goal is to link families into supportive services as soon as possible.
-



SUGGESTED
FACILITATION
QUESTIONS
AND
COMMON
RESPONSES

- Resources like 988 can provide support for behavioral health issues.
- Veterans within law enforcement or neighboring agencies can be valuable resources for understanding and assisting veterans in crisis.

What is the rationale behind asking about a history of suicidal thoughts rather than current ideation and how it can potentially yield more informative responses?

- The rationale behind asking "have you been contemplating suicide?" rather than "are you contemplating suicide?" is that the former opens a broader window of time for the individual to consider.
- Asking about current ideation might only elicit a "not now" response, whereas asking about past contemplation can lead to a discussion about when those thoughts occurred, the extent of contemplation, whether a plan was made, and what was happening at that time.
- This approach can provide a more comprehensive understanding of the individual's struggles and potential risk.

Describe two concrete actions law enforcement officers can take during an initial interaction to establish rapport with someone who may be experiencing a PTSD-related crisis.

- Officers should present a calm and professional demeanor and actively listen to the individual, allowing them to express their emotions and experiences without interruption or judgment. Showing empathy and acknowledging their feelings can help build trust.
- Always keeping officer safety in mind, officers should try to respect the individual's space and avoid making sudden movements or physical contact without explanation.
- Clearly identifying themselves and the purpose of their presence, while being mindful of their tone and avoiding yelling, can also contribute to building rapport.

KEY
LEARNING
POINTS

CHAPTER 5: RESOURCES

- Numerous resources are available to assist law enforcement in helping individuals experiencing behavioral health conditions.
 - Develop a working knowledge of local resources, including but not limited to crisis intervention teams (CIT), psychiatric services, and homeless outreach services.
 - Identify PERT/CRT teams or similar mobile crisis teams in your region that involve non-law enforcement professionals. Engage them as soon as appropriate.
 - Regional Centers are a statewide program for developmental disabilities and can provide crisis support and have their own crisis response teams.
 - Local crisis call lines are valuable resources.
 - NAMI (National Alliance on Mental Illness) offers support and resources, especially for families dealing with mental illness.
 - The Alzheimer's Association provides a 24/7 helpline and resources for dementia care and support.
 - California Caregiver Resource Centers offer support for caregivers.
 - The 988 Suicide & Crisis Lifeline is a critical resource for behavioral health crises, including support for homeless outreach and medication information.
 - Pre-engagement training on these specialized issues is crucial to handle calls effectively and provide necessary help. Don't wait to learn while handling a call.
 - Debriefing and sharing information for future calls are important to learn from experiences and improve responses.
 - Documenting important background information in your RMS can help officers responding to future calls.
 - Be aware of resources like the Dependent Adults Project Safe Return and the Take Me Home registry for individuals prone to wandering.
-

**SUGGESTED
FACILITATION
QUESTIONS
AND
COMMON
RESPONSES**

Besides crisis intervention teams (CIT) and the 988 hotlines, **what** are two other specific types of community resources mentioned in the sources that law enforcement officers should be aware of and how can these resources assist in different behavioral health situations?

- **Regional Centers:** These are statewide programs dealing with developmental disabilities, including autism. They provide crisis support services, have their own crisis response teams, and can offer guidance and assistance in de-escalating individuals on the autism spectrum. They can also provide information about an individual's specific needs and communication methods.
- **The Alzheimer's Association:** This organization is a leading resource for Alzheimer's and all dementia care and support. They offer a 24/7 helpline that law enforcement can call on the scene for communication tips and support. They also provide resources for families and caregivers dealing with individuals with dementia, such as information on wandering behaviors.

Describe two specific areas of training related to behavioral health conditions that the sources suggest law enforcement agencies should prioritize for their officers?

- Agencies should prioritize specific training for intellectual and developmental disabilities, particularly autism spectrum disorder, focusing on understanding their unique challenges in communication, social interaction, propensity to elope (wander), and sensory sensitivities, as well as appropriate response techniques.
- Training on the signs and symptoms of dementia and Alzheimer's and learning effective communication strategies tailored to individuals with cognitive impairments is crucial, given the increasing prevalence of these conditions. This should include techniques for managing wandering behavior and supporting caregivers.

