

| Course Title: | | Addressing Mental Health Issues in Jails | | | |
|------------------------|----------------|---|--|---|---|
| Certification: | | STC #71-86059 | | | |
| Re-certification Date: | | 06/05/19 | | | |
| Expiration Date: | | 06/05/21 | | | |
| Review Date: | | 07/11/19 | | | |
| Time Block | Estimated Time | Learning Objective | Topic | Brief Overview of Topic/Instruction | Instructor |
| 0700-0710 | 10 | Introduction to Course | Why Are We Here? | Instructor(s) introductions. Discuss the reason of the collaboration of sworn, medical and professional staff attending the course together | Cpl. Peters, Cpl. Christensen, Dr. Godman |
| 0710-0800 | 50 | Mental Illness Awareness | Law Enforcement in the media, why is this important, course goals, group: ask two questions about mental illness | Provides attendees with the importance of mental illness awareness . Highlights some of the (negative) media coverage law enforcement receives, goals of course will be discussed. Description of Correctional Counselors/Reentry, Mental Health Clinicians, Psychologists and Psychiatrists job duties | Cpl. Peters, Cpl. Christensen, Dr. Godman |
| 0800-0810 | 10 | BREAK | | | |
| 0810-0900 | 50 | Classify personality disorders | Personality Disorders | Differentiate various types of mental illnesses, personality disorders, depression symptoms, suicide risk factors "I.S.P.A.T.H.W.A.R.M.", inmate safety program, depression activity | Dr. Godman |
| 0900-0910 | 10 | BREAK | | | |
| 0910-1000 | 50 | Classify Anxiety Disorders | Anxiety disorders, Post Traumatic Stress Disorders | Identify anxiety disorders, post traumatic stress disorder, fight or flight response model, bank video | Dr. Godman |
| 1000--1010 | 10 | BREAK | | | |

| | | | | | |
|-----------|----|---|---|---|------------|
| 1010-1100 | 50 | Identify trauma informed interactions and organized/disorganized behaviors | Trauma informed interactions (The 4 R's), indicators of violent behavior, learning brain/survival brain, transference/professional counter transference | Instructor will identify the aspects of trauma informed interactions, including the 4 R's (Realize, Recognize, Respond, Resist) | Dr. Godman |
| 1100-1200 | | | | Lunch | |
| 1200-1250 | 50 | Identify Psychotic disorders | Psychosis, hallucinations, bipolar disorder, mania, disorganized behaviors, excited delirium | Instructor will discuss the difference between various types of psychotic disorders, organized/disorganized group activity, mental illness classifications | Dr. Godman |
| 1250-1300 | 10 | | | BREAK | |
| 1300-1350 | 50 | Identify the negative effects of administrative segregation and isolation | Administrative segregation psychological effects | Frontline video (Isolation/solitary confinement, Administrative segregation improvements (Qualified Mental Health Professional), incentive based administrative segregation housing, group dayroom, transition to psych housing from administrative housing | Dr. Godman |
| 1350-1400 | 10 | | | BREAK | |
| 1400-1450 | 50 | Identify the function multi-disciplinary groups, documentation, HIPAA, | Multi-disciplinary groups, documentation, HIPAA | Instructors will inform attendees about the functions and purpose of multi-disciplinary groups . Instructor(s) will discuss proper documentation relating to this topic. Instructor will discuss the importance and significance of the Health Insurance Portability and Accountability Act (HIPAA) | Dr. Godman |
| 1450-1500 | 10 | | | BREAK | |
| 1500-1600 | 60 | Identify the purpose of the Psychiatric Stabilization Unit (PSU), court ordered PSU commits, involuntary PSU commits and outpatient Stepdown (OPSD) | Options for some inmates with psychiatric conditions | Instructors will inform attendees about housing options for inmates psychiatric conditions | Dr. Godman |



Why is this important to talk about?

- ▶ LIABILITY
- ▶ LITIGATION/SETTLEMENTS
 - ▶ PLO/CLERB
- ▶ FEDERAL INVESTIGATION
- ▶ NCCHC ACCREDITATION
 - ▶ THE MENTAL TOLL
 - ▶ CULTURE SHIFT



60 DEAD INMATES

How many inmate deaths is too many?
 March 27 2015 | News
 Bernard Joseph Victorienne was a 28-year-old black male with a ticking time bomb in his stomach. Victorienne was arrested on Sept. 12, 2012, less than two blocks from the San Diego Police Department's...

Mentally ill man dies of injuries suffered while in sheriff's custody
 foxsandiego.com - Apr 17, 2018
 SAN DIEGO -- A family of a mentally ill man who died while in custody wants policy changes by San Diego law enforcement agencies.

San Diego County sets a dubious record for jail deaths
 Dec. 22 2014
 News
 It's likely no one will ever know for sure what happened to Jerry Cochran the night before he died. On the evening of Sept. 15, 2014, his girlfriend Vella Rhinehart, called an ambulance to take Cochran...

Is San Diego County doing enough to prevent suicides in its jails?
 The San Diego Union-Tribune
 MAY 14, 2017, 6:00 AM | SAN DIEGO
 One of the sad realities of the criminal justice system is that people who suffer from mental illness — and commit crime — often end up in jail, a less-than-ideal environment for psychiatric healing.

Inmate Found Hanging in San Diego Central Jail Dies from Injuries
 Times of San Diego - May 24, 2018
 Inmate Found Hanging in San Diego Central Jail Dies from Injuries ... on how the hanging occurred, or whether the inmate was on suicide ...

15 died in San Diego jails in the past year
 The San Diego Union-Tribune - Jul 15, 2016
 The Huffington Post reported that more than 30 percent of jail deaths in the past year were suicides. In San Diego, where jail suicides have ...

SD County jails have highest suicide rate in state, grand jury finds
 foxsandiego.com MAY 4, 2017
 SAN DIEGO — The suicide rate in San Diego County jails is the highest of California's largest jail systems, according to a report released Thursday by the San Diego County grand jury.

Law enforcement review board finds deputy error in inmate suicide
 June 12 2014
 Last Blog on Earth | News
 In the last nine months, the Citizens Law Enforcement Review Board (CLERB), the independent oversight body charged with investigating deaths-in-custody and allegations of law-enforcement misconduct, has...



Goals of Course

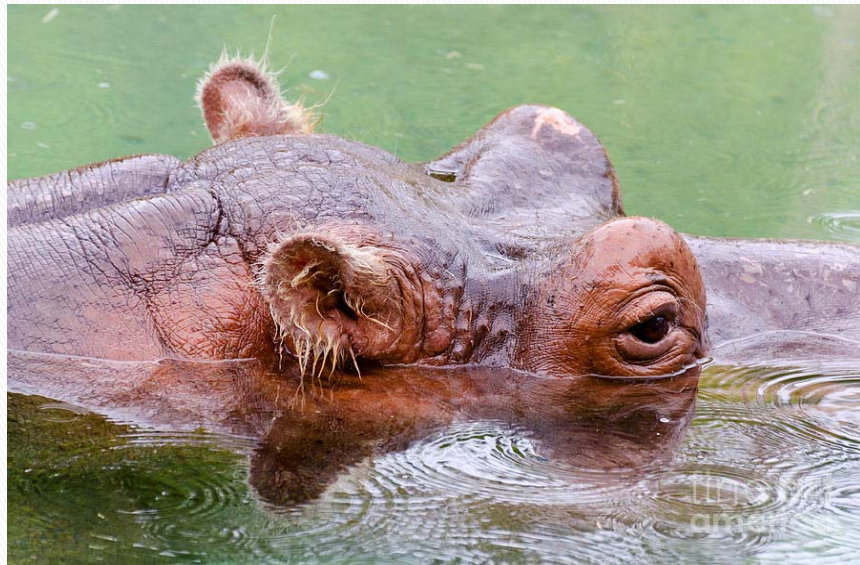
- ▶ Recognize and refer signs and symptoms of mental illness to appropriate level of care
- ▶ Ways to distinguish between psychiatric disorders and medical conditions
- ▶ Be able to identify inmates with special needs and the requirements of transferring an inmate to specialized housing modules.
- ▶ Learn how to reduce uses of force through understanding mental illness
- ▶ Recognize and understand how we affect the inmates and how the inmates affect us.

We Will Also Discuss

- Documentation of inmate behaviors and signs of mental illness in ISRs
- HIPAA
- Administrative Segregation and the mentally ill
- Multi Disciplinary Group (MDG)
- PSU/OPSD/ISP/specialized housing
- Self-care



What do you see as the primary roles and responsibilities of your job?



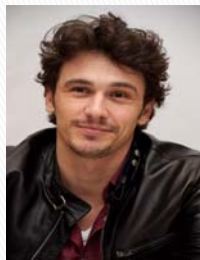
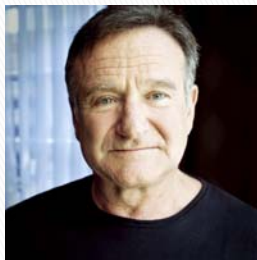
Who Are We?

- ▶ Correctional Counselors/Reentry
- ▶ MHCs
- ▶ Psychologists
- ▶ Psychiatrists

Sometimes you can see it easily



Other times you cannot



Types of mental illness

- ▶ Psychotic disorders
- ▶ Mood disorders
- ▶ Anxiety disorders
- ▶ Personality disorders
- ▶ Substance use disorders
- ▶ Disorders caused by a medical condition

PERSONALITY DISORDERS

What is personality?

What is a Personality Disorder?

- ▶ “A personality disorder is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment” (APA, 2013).

Personality Disorders

Cluster A

- Paranoid
- Schizoid
- Schizotypal

Cluster B

- Antisocial
- Borderline
- Histrionic
- Narcissistic

Cluster C

- Avoidant
- Dependent
- Obsessive Compulsive

These disorders are usually NOT managed by medications!!
Supportive therapy may reduce impulsivity.

Personality Disorders

▶ Characteristics of Personality Disorders That We Commonly See:

1. Immature, but organized
2. Calculating/Manipulative/Untruthful
3. Low frustration Tolerance/Impulsivity
4. Intimidating, sometimes with intense staring, threats or swearing
5. Blame others, does not take responsibility for their own actions
6. Refusing to engage or answer questions
7. Cannot positively attach to others, only form relationships that benefit themselves
8. Project a need to be taken care of
9. Suspicious/untrusting
10. Lack of empathy
11. Unstable self-image
12. Lack of insight

Infamous Personality Disorders



DEPRESSION

Depression

- ▶ Symptoms to look for:
 - Depressed mood/tearfulness
 - Loss of interest or pleasure in activities
 - Loss of appetite/significant weight loss
 - Insomnia or hypersomnia
 - Restlessness
 - Fatigue/loss of energy
 - Feeling worthless, hopeless, helpless
 - Difficulty concentrating/indecisiveness
 - Talking about death or suicide



Depression

Underlying Causes: Chemical Imbalance vs. Circumstantial. Combination of Both?

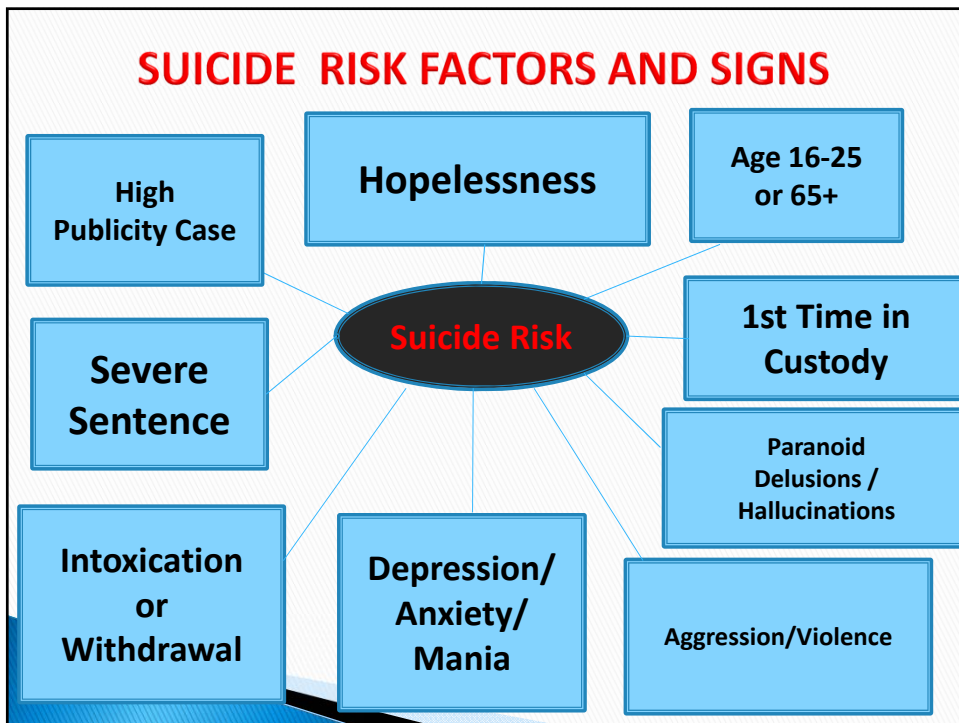
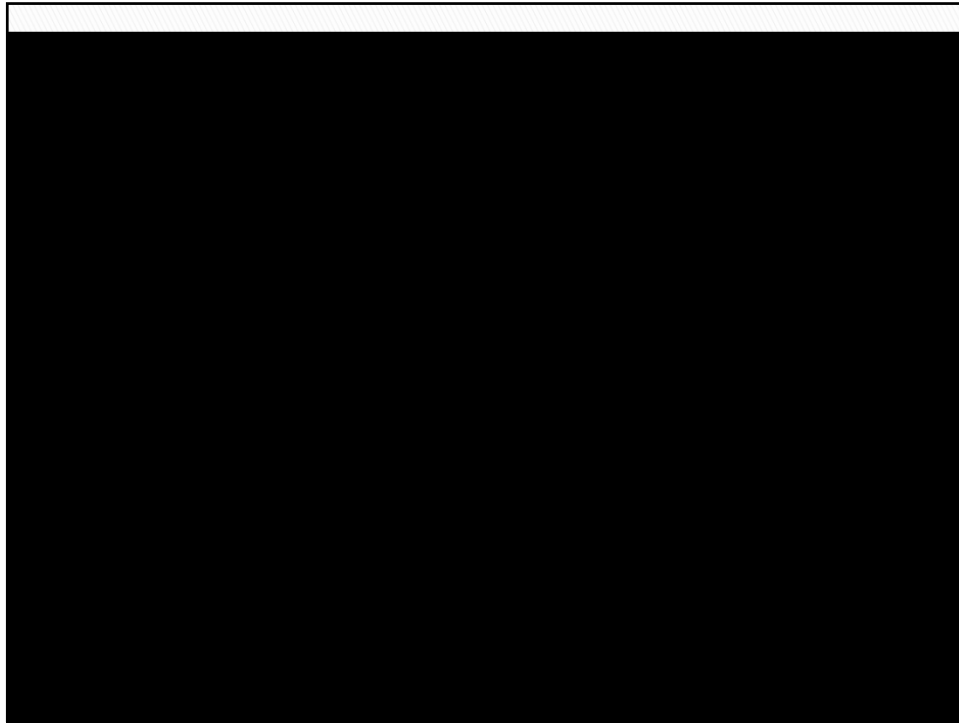
How is it treated?

Questions to Ask:

1. Are you feeling hopeless or helpless?
2. Has your sleep pattern or appetite changed?
3. Have you been feeling especially sad?
4. Are you having thoughts about hurting yourself or others?
5. Do you have a plan? If so, what is it?

Depression Example





Depression Activity

One (1) Volunteer from each group

* Volunteers: Please alert us if you are unable to eat M&Ms.

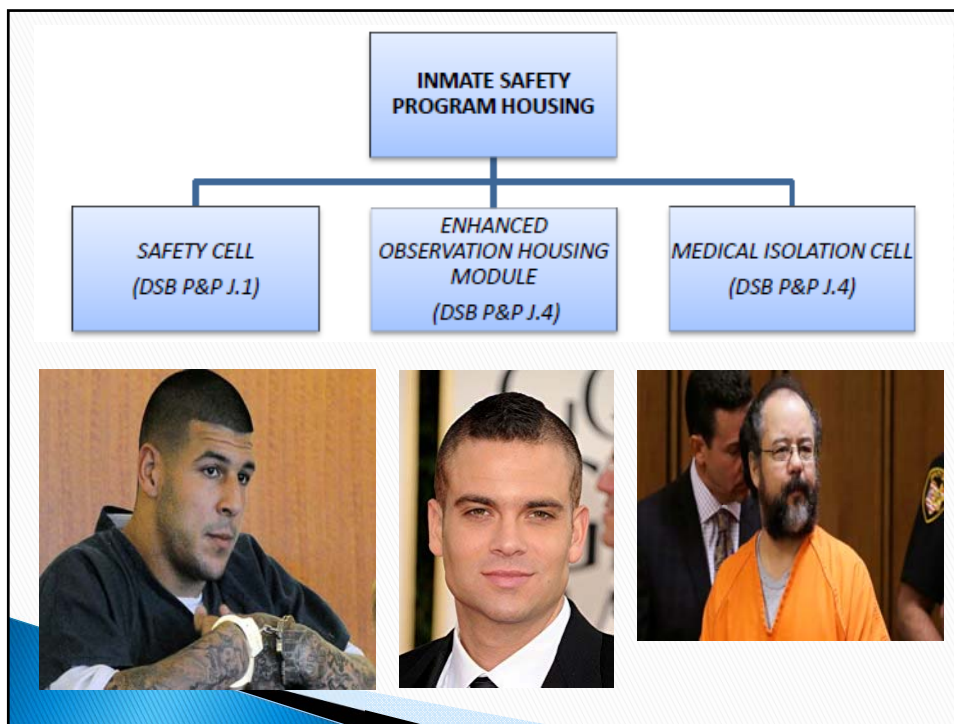
Are you or someone you know on a path to suicide?
Know the WARNING SIGNS!

| | | | | | | |
|----------|--|----------|--|----------|--|-----------------|
| I | | P | | W | | Ideation |
| S | | A | | A | | Substance Abuse |
| | | T | | R | | Purposelessness |
| | | H | | M | | Anxiety |
| | | | | | | Trapped |
| | | | | | | Hopelessness |
| | | | | | | Withdrawal |
| | | | | | | Anger |
| | | | | | | Recklessness |
| | | | | | | Mood Change |

You don't have to see every sign to ACT.
 Help is always available through the Military Crisis Line. Call 1-800-273-TALK (press 1), text 838255 or visit www.militarycrisisline.net

1SmallACT
 #BeThere for Every Sailor, Every Day.

Every Sailor, Every Day navstress.wordpress.com



ANXIETY DISORDERS

Anxiety Disorders

- ▶ Six (6) types of anxiety disorders:
 - Panic disorder (with or without agoraphobia)
 - Generalized anxiety disorder
 - Obsessive-compulsive disorder
 - Posttraumatic stress disorder
 - Social anxiety disorder (aka Social phobia)
 - Specific phobias

- ▶ Most effective treatments involve a combination of medications and therapy.

Anxiety Disorders

- ▶ Signs and Symptoms
 - Excessive fear and anxiety in situations in which you would expect a lesser response.
 - Avoid being around others because of anxiety regarding how they will be judged, watched, or perform in front of others.
 - Panic attack
 - Repetitive behaviors
 - Rocking back and forth
 - Excessive masturbation
 - Hair pulling
 - Skin picking
 - Physical agitation/Pacing/Fidgeting/Wringing hands

Post Traumatic Stress Disorder

▶ Definition

- **Mental Condition**
- **Triggered by a terrifying event**

- Experienced it or witnessed it

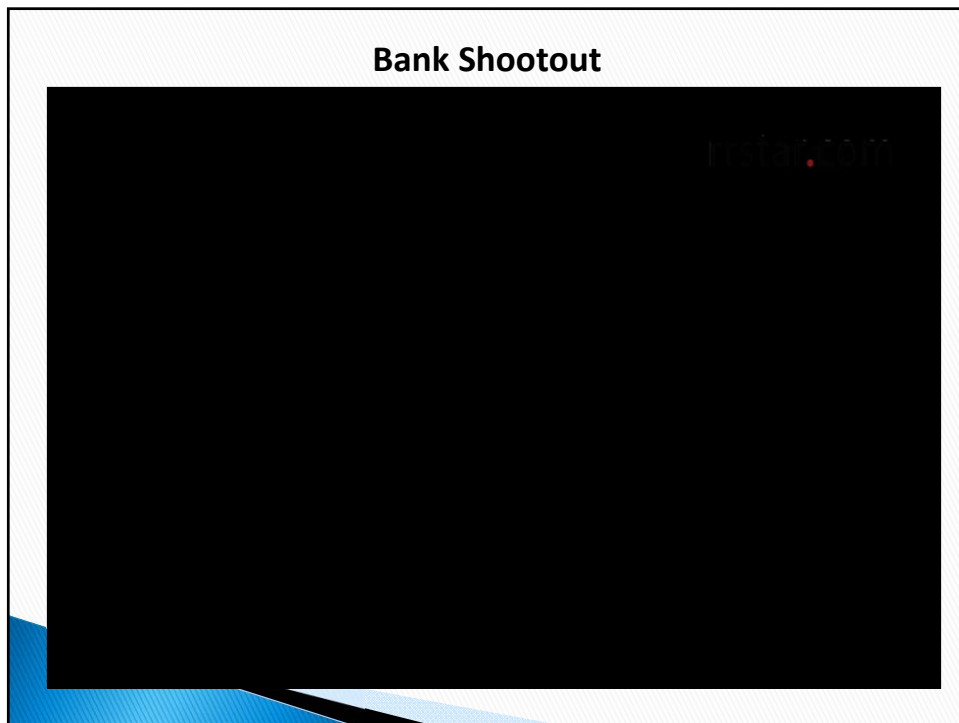
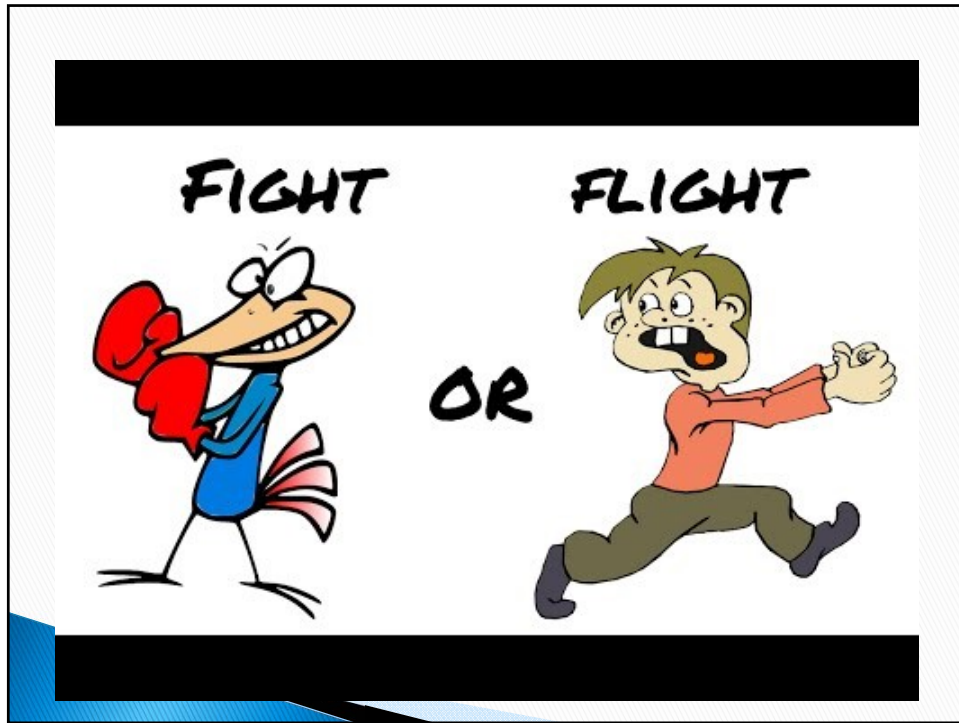
◦ **Symptoms**

- Involuntary, intrusive memories
- Flashbacks
- Nightmares
- Startle easily/Hypervigilant
- Avoidance
- Negative thinking/negative mood
- Reckless/self-destructive
- Extreme mood changes
- Do not go away; Intensify over time; Interfere with functioning



Fight or Flight Response Model





Trauma-Informed Interactions

▶ The Four R's:

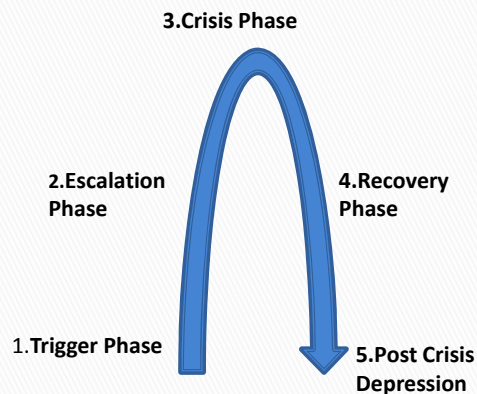
- **REALIZE** the widespread impact of trauma and understands potential paths for recovery.
- **RECOGNIZE** the signs and symptoms of trauma in inmates, families, staff and others involved with the system.
- **RESPOND** by fully integrating knowledge about trauma into policies, procedures, and practices.
- Seek to actively **RESIST** re-traumatization.

Four (4) Reasons for Inmate Violence:

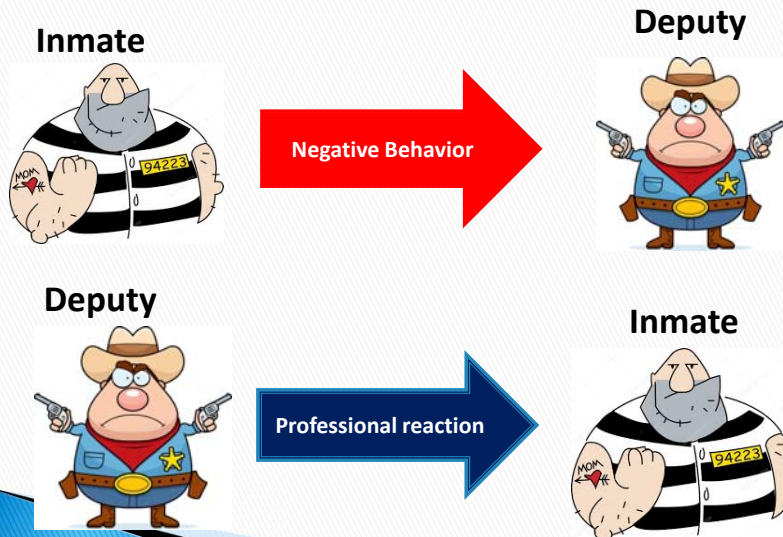


Indicators of Violent Behavior

| Phase | Response |
|-------|--|
| 1 | Set expectations for inmate to maintain control. Distractions. |
| 2 | “Rule of Five” I’m here to help. |
| 3 | Simple Directive. Evade or Restrain. |
| 4 | Maintain minimal interaction. |
| 5 | Allow venting. Discover trigger event. |



Transference and Professional Counter Transference

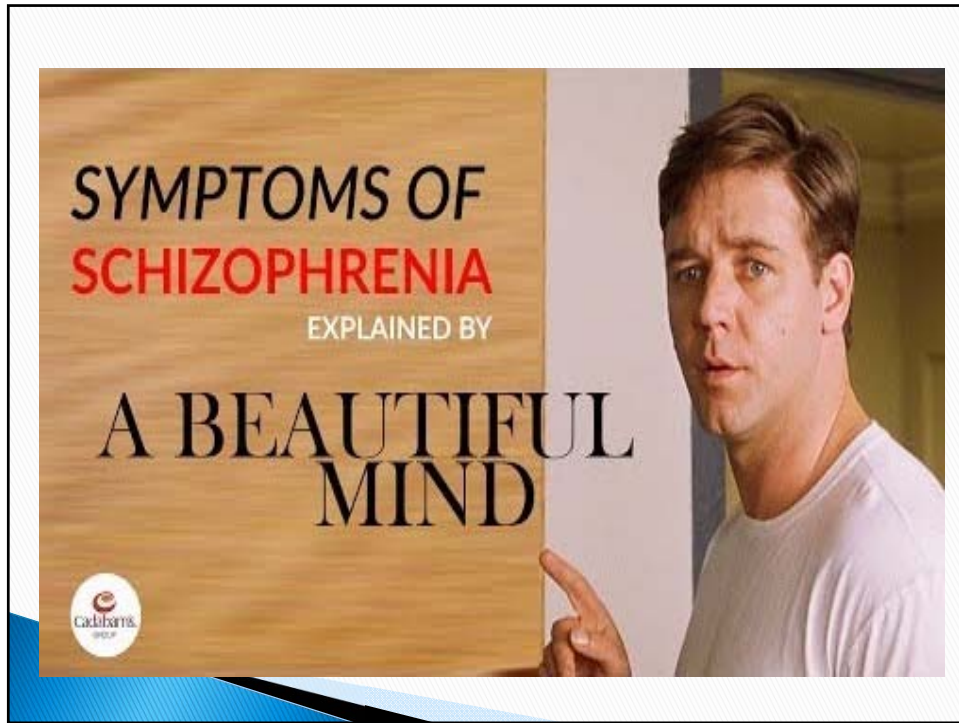


“I think that we're all mentally ill. Those of us outside the asylums only hide it a little better - and maybe not all that much better after all.”

- Stephen King



Psychotic Disorders



Psychosis

- Can be oriented to self, time, situation
- Paranoia
- Auditory/Visual Hallucinations
- Delusions (persecutory, religious, grandiose)
- Pressured, sometimes non-sensical speech
- Repetitive movements/words/actions
- Belief that certain things have special meaning
- Agitation
- Social isolation
- Belief in their own superiority
- Negative symptoms





Hallucinations

Inmates experiencing hallucinations will generally display distress

- Auditory: usually associated with *psychiatric conditions*
- Tactile/Visual: *usually seen in medical conditions*
- Olfactory: usually associated with *neurological conditions* (rare)

Auditory Exercise

- ▶ Pair up in groups of two (2).
- ▶ One (1) person in the group will wear the headphones.
- ▶ Turn the power button on.
- ▶ (Slide the top switch till you see green).
- ▶ The person not wearing headphones will ask the questions to the person wearing the headphones.
- ▶ The person wearing the headphones should try to look away from the person asking the questions.
- ▶ Clean the headphones & switch.
- ▶ Repeat the exercise.

* See Handout

Bipolar Disorder

Bipolar disorder

- ▶ Consists of manic or hypomanic episodes and depressive episodes
- ▶ Cause is generally biological
 - Strong genetic component
- ▶ Treatment consists of both medication to control the mood swings and therapy to learn how to manage and cope with the mood swings.

Mania and Bipolar Disorder

- ▶ Signs and symptoms:
 - Elevated, expansive or irritable mood
 - Increased energy or goal-directed activity
 - Not sleeping
 - More talkative than usual/pressure to keep talking
 - Grandiosity
 - Racing thoughts/Flight of ideas
 - Easily distracted
 - Purposeless, non-goal-directed activity
 - Involvement in activities that have a high potential for painful consequences.





- ▶ Disoriented and Confused
- ▶ Memory Disturbances
- ▶ Loose Speech pattern
- ▶ Non-Purposeful movements
- ▶ Auditory/visual/tactile hallucinations/Delusional
- ▶ **Physiological Changes: increased vital signs, sweating, tremor, incontinence, vomiting, shaking**
- ▶ **MAY BE LIFE THREATENING**

Excited delirium





Types of Behaviors

Organized

Alert and Oriented
Goal-directed
Organized Speech Pattern
Purposeful movement
Appropriate use of food,
clothing and shelter

Disorganized

Level of orientation dependent on
cause
Loose Speech pattern
Non-Purposeful movements
Unable to make proper use of
food, clothing and shelter

What does disorganized look like?

Homeland
Fox 21

58

Organized/Disorganized Activity

GROUP 1

Directions: Using the easel pad, discuss the below scenario and answer the questions. Be prepared to share your scenario with the class.

Scenario: You are conducting an 11-53 in an Ad-Seg module. You have noticed throughout the day while doing medication and meal pass, the inmate does not respond to any of your questions.

1. First, would this behavior raise any concerns for a deputy?
2. Since the inmate will not talk to you, what are some other things you should be looking for that will indicate if the inmate is organized or disorganized?
3. What other behaviors might the inmate be exhibiting to lead you to believe he is organized or disorganized?
4. What are possible explanations for this behavior?
5. What, if anything, should you do about it?

GROUP 2

Directions: Using the easel pad, discuss the below scenario and answer the questions. Be prepared to share your scenario with the class.

Scenario: On the last three 11-53's you observe the same inmate washing out his/her underwear in the toilet.

1. What are some questions you would ask the inmate to determine if it is an organized or disorganized behavior?
2. What would make the behavior an organized behavior?
3. What would make the behavior a disorganized behavior?
4. What are possible explanations for this behavior?
5. What, if anything, should you do about it?

GROUP 3

Directions: Using the easel pad, discuss the below scenario and answer the questions. Be prepared to share your scenario with the class.

Scenario: While doing a safety cell check, you observe the inmate smearing his/her feces.

1. What are some questions you would ask the inmate to determine if it is an organized or disorganized behavior?
2. What would make the behavior an organized behavior?
3. What would make the behavior a disorganized behavior?
4. What are possible explanations for this behavior?
5. What, if anything, should you do about it?

GROUP 4

Directions: Using the easel pad, discuss the below scenario and answer the questions. Be prepared to share your scenario with the class.

Scenario: During a medical appointment you notice the inmate going off on a tangent, talking to themselves. You attempt to get the inmate's attention, but they do not acknowledge you, and just continue talking out loud. The inmate is becoming agitated.

1. What are some questions you would ask the inmate to determine if it is an organized or disorganized behavior?
2. What would make the behavior an organized behavior?
3. What would make the behavior a disorganized behavior?
4. What are possible explanations for this behavior?
5. What, if anything, should you do about it?

GROUP 5

Directions: Using the easel pad, discuss the below scenario and answer the questions. Be prepared to share your scenario with the class.

Scenario: You called an inmate into your office for a routine counseling appointment. While you are talking with the inmate they tell you that they don't feel comfortable in their cell because they are constantly being listened to through the speaker box.

1. What are some questions you would ask the inmate to determine if it is an organized or disorganized behavior?
2. What would make the behavior an organized behavior?
3. What would make the behavior a disorganized behavior?
4. What are possible explanations for this behavior?
5. What, if anything, should you do about it?

GROUP 6

Directions: Using the easel pad, discuss the below scenario and answer the questions. Be prepared to share your scenario with the class.

Scenario: You are conducting a booking interview for an inmate in intake. You notice the inmate pulling out the stitches/sutures in their arm while answering your questions.

1. What are some questions you would ask the inmate to determine if it is an organized or disorganized behavior?
2. What would make the behavior an organized behavior?
3. What would make the behavior a disorganized behavior?
4. What are possible explanations for this behavior?
5. What, if anything, should you do about it?

Mental Illness Classifications

Thought

- Schizophrenia
- Psychosis
- Drug-induced Psychosis

Mood

- Depression
- Dysphoria
- Mania
- Drug-induced Mania

Anxiety

- Generalized anxiety
- Panic dz/attacks
- OCD
- PTSD
- Social anxiety
- Phobias

Medical Conditions

- Drug/Alcohol Intox
- Drug/Alcohol DTs
- Drug/Alcohol W/D
- Lack of oxygen (hypoxia)
- Liver toxicity
- Head Trauma
- Thyroid issues
- Excited Delirium
- Dehydration
- Diabetic shock

These disorders are mostly managed through medications and ongoing supportive therapies

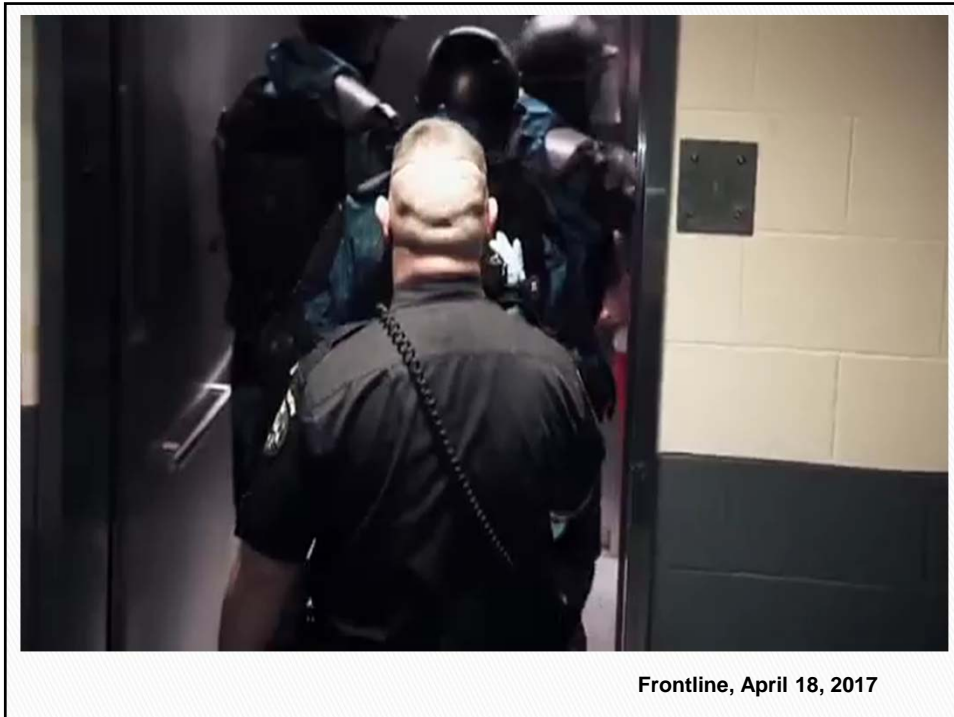
Drug abuse will worsen underlying psychiatric/medical illness.

AdSeg & Isolation Negative Effects

- Decompensate mentally
- Shutting down
- Denial of situation “nothing is wrong”
- Auditory, visual, tactile hallucinations
- Panic Attacks
- Paranoia
- PTSD exacerbation



Frontline, April 18, 2017



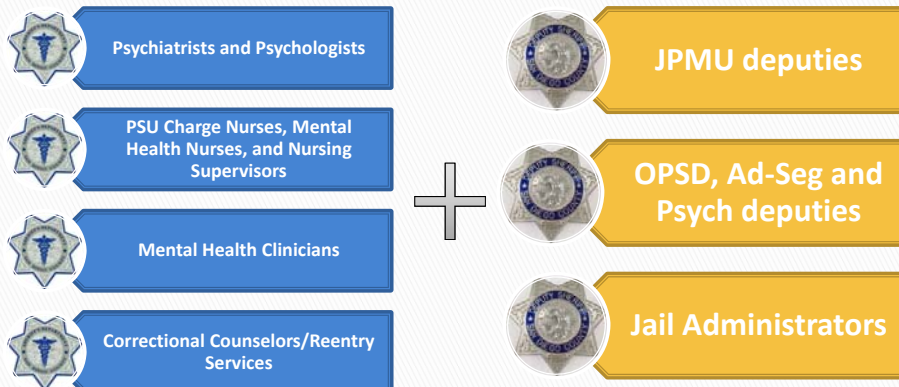
AdSeg Improvements

- **Dedicated QMHP for Ad Seg at each facility:**
 - Dr. Dalea Alawar at GBDF
 - LMHC Dr. Felicia Martin at VDF
 - Dr. Carolyn Godman at SDCJ
 - LMHC Kathleen Donahue at LCDRF
- **Implemented Models**
 - Transition to psych housing from Ad-Seg
 - Group dayroom
 - Two-person Ad Seg cells
- **Incentive-based Ad Seg housing at GBDF**

What are Multi Disciplinary Groups (MDG)?

Goal

To proactively identify problematic inmates and collaboratively discuss treatment, management and housing options.



MDG Report Focus:

▶ Areas of **focus** when discussing and inmate at MDG:

- ▶ Diagnosis
- ▶ Medications
- ▶ Behaviors observed
- ▶ Plans
- ▶ Outcome goals
- ▶ Court dates
- ▶ **ISR's**

**REMEMBER YOU
ARE CREATING A
MEDICAL /
LEGAL DOCUMENT**

▶ **Observations (information that needs to flow from deputies and nurses in housing units)**

- 1) Ability to converse
- 2) Sleeping
- 3) Eating**
- 4) Self-Care**
- 5) Condition of cell**
- 6) Participation in day room
- 7) Participation in recreation
- 8) Unusual/notable behaviors or statements
- 9) Compliance with medications

Health Insurance Portability and Accountability Act (HIPAA)

- ▶ Exceptions to the Privacy Rule in correctional institutions include circumstances in which disclosing protected information is necessary:
 - To provide health care to an individual;
 - To maintain the health and safety of the individual or other inmates;
 - To maintain the health and safety of the officers, employees or of others at the correctional institution;
 - To maintain the health and safety of individuals responsible for transporting or transferring of inmates from one setting to another;
 - For law enforcement on the premises of the correctional institution;
 - In order to administer or maintain the safety, security and good order of the correctional institution.

Psychiatric Stabilization Unit

Types of Admissions to PSU

- ▶ VOLUNTARY – Inmates who voluntarily accept treatment to the PSU.
- ▶ INVOLUNTARY – Admitted for 72 hours under 5150 by psychiatrist or psychologist.
 - **Danger to self, Danger to others, Gravelly Disabled**



Involuntary PSU admissions

- ▶ Is an immediate danger to themselves.
- ▶ Is an immediate danger to others.
- ▶ Due to mental illness, unable to utilize:
 - Food → Not Eating, misuse of food
 - Clothing → Naked or dirty clothes
 - Shelter → Trashed cell, sleeping on floor, urine on the floor, smearing feces
 - **Inmate is gravely disabled!**

Court-ordered PSU commits

Penal Codes:

1368: To determine Competency

1370: State Hospital/SDCJ JBCT (Felony)

1370.01: PSU (Misdemeanor)

1372: Competent to stand trial

OPSD

- ▶ SDCJ 6B, 6C, 7C, 7D (7A for PC's) for male inmates
- ▶ LCDRF Module 5B for female inmates
- ▶ Would be gravely disabled if they were not in jail.
- ▶ Unable to maintain in ML housing because of their mental illness.
- ▶ Actively psychotic, manic, severely DD.
- ▶ Not currently verbally or physically aggressive.
- ▶ Would be manipulated/bullied/shaken down around those with less impairment.

To OPSD Or Not To OPSD?

To OPSD Or Not To OPSD?



PSYCHIATRIC INTERVIEW SERIES

PATIENT No. 18

EVALUATION FOR DIAGNOSIS

Produced for the Department of Psychiatry,
School of Medicine, by the Motion Picture
Division, Theatre Arts Department,
University of California, Los Angeles

All Rights Reserved 1961



Other Specialized Housing Modules

- ▶ Veterans' module at VDF
- ▶ Tender age module at VDF
- ▶ High level incentive-based housing module at SDCJ
- ▶ Low level incentive-based housing at LCDRF and VDF
- ▶ 114 PC module at GBDF
- ▶ Non-PC 290 module at VDF
- ▶ SIPS program module at SDCJ (coming soon)

Who Should I Contact About an Inmate?

- ▶ The Sgt. Or Lt. for your shift or team
- ▶ The facility gatekeeper/QMHP (designated LMHC, psychologist or Charge Nurse)
- ▶ Your facility LMHC, psychologist or psychiatrist
- ▶ Your facility Nursing Supervisor or Charge Nurse for that shift
- ▶ Pete Fischetti, LMHC, Chief MHC for SDCJ
- ▶ Melissa Quiroz, LMHC, Chief MHC for all others
- ▶ Dr. Francis Ysla, Interim Liberty Medical Director

Who Should I Contact For Myself?

- ▶ The Sgt. Or Lt. for your team
- ▶ Sheriff's Dept. Peer Support
- ▶ Your Employee Assistance Program (EAP) provider
- ▶ Your health insurance company
- ▶ Your union rep
- ▶ 211
- ▶ Access & Crisis Line: (888) 724-7240
- ▶ Military One Source (for veterans/active duty):
(800) 342-9647
- ▶ Suicide prevention hotline: (800) 273-TALK

AND THE WINNER IS...



Thank you all for coming!

- ▶ Please get home safely!
- ▶ We hope it wasn't too boring!
- ▶ Your feedback is greatly appreciated!

Presenters:

