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:		05/01/20			
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 inform 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


STRESS LEVEL
LOW
MEDIUM
HIGH

Where can you go for services?

THE COUNSELING TEAM
"DEDICATED TO SERVING THOSE WHO SERVE"

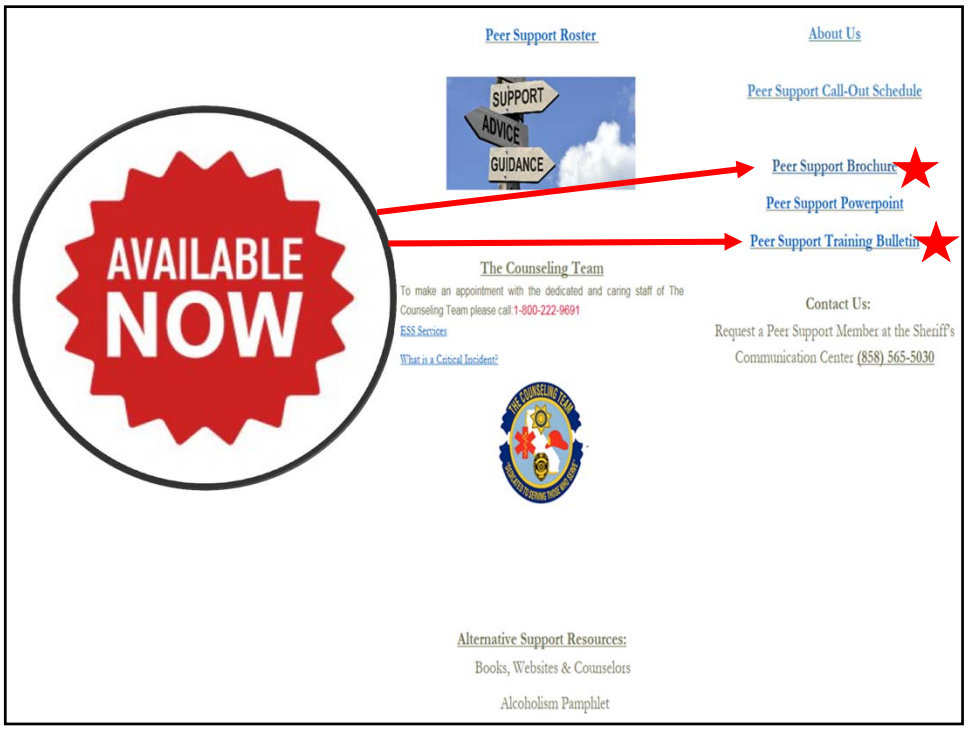
It's UP to US

SAN DIEGO SHERIFF'S DEPARTMENT
PEER SUPPORT

CHAPLAIN

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

Anthem

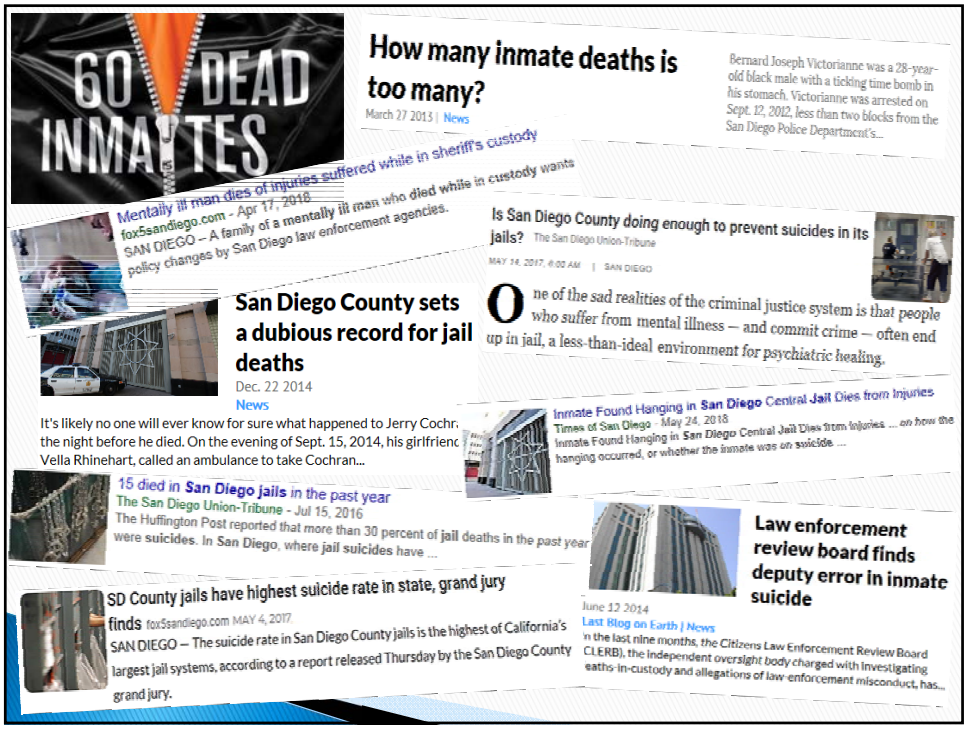

Peer Support Roster
About Us
SUPPORT
ADVICE
GUIDANCE
Peer Support Call-Out Schedule
Peer Support Brochure
Peer Support Powerpoint
Peer Support Training Bulletin
AVAILABLE NOW
The Counseling Team
To make an appointment with the dedicated and caring staff of The Counseling Team please call 1-800-222-9691
ESS Services
What is a Critical Incident?
Contact Us:
Request a Peer Support Member at the Sheriff's Communication Center (858) 565-5030
Alternative Support Resources:
Books, Websites & Counselors
Alcoholism Pamphlet


Addressing Mental Health Issues in Jail
Medical Services Division's Training Department &
Detention Training Unit


How has mental illness impacted your life?

Why is this important to talk about?

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



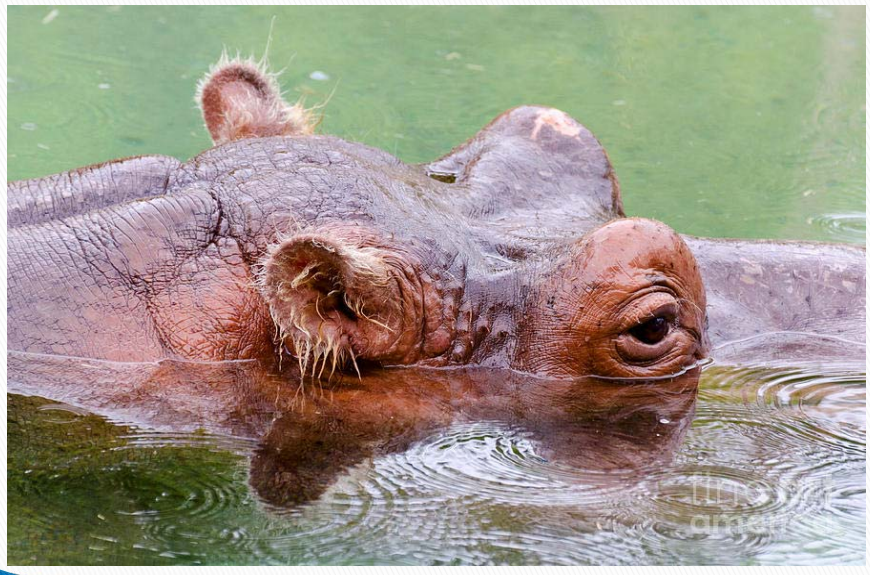
Goals of Course

- 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

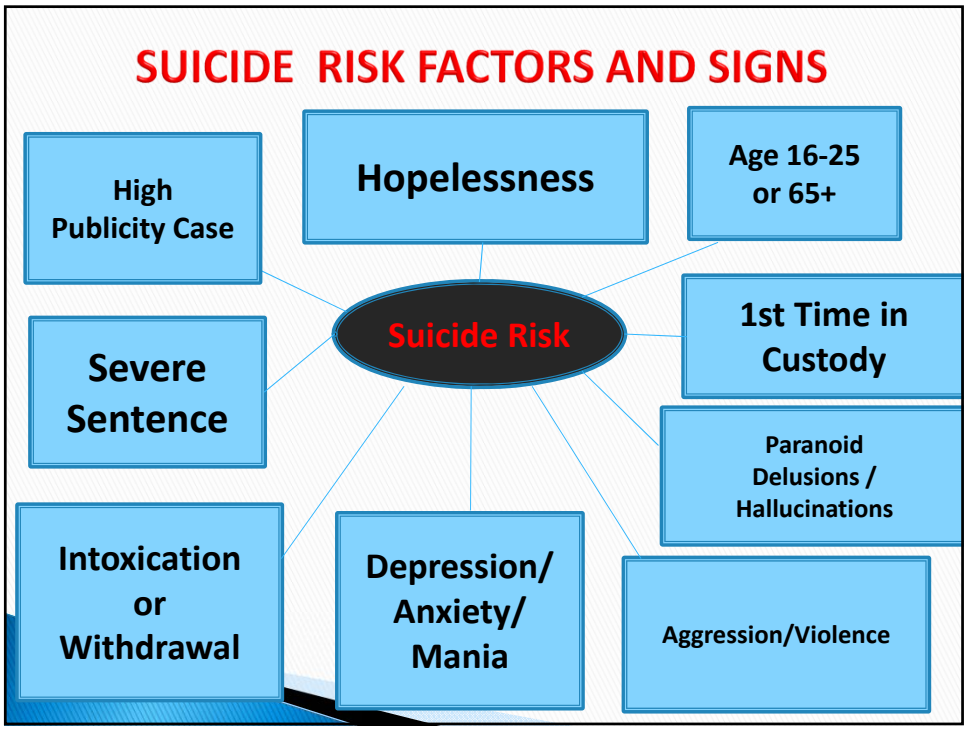
Underlying Causes: Chemical Imbalance vs. Circumstantial. Combination of Both?

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?

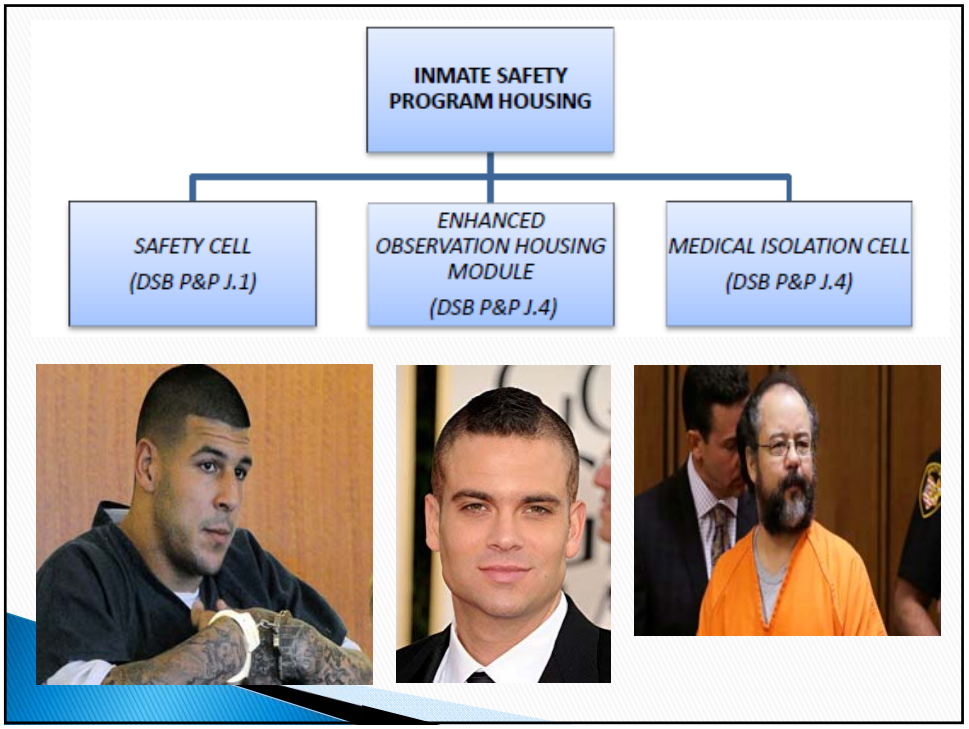
Depression Example


SUICIDE RISK FACTORS AND SIGNS
High Publicity Case
Hopelessness
Age 16-25 or 65+
Suicide Risk
Severe Sentence
1st Time in Custody
Paranoid Delusions / Hallucinations
Intoxication or Withdrawal
Depression/ Anxiety/ Mania
Aggression/Violence

Depression Activity

One (1) Volunteer from each group

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



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.

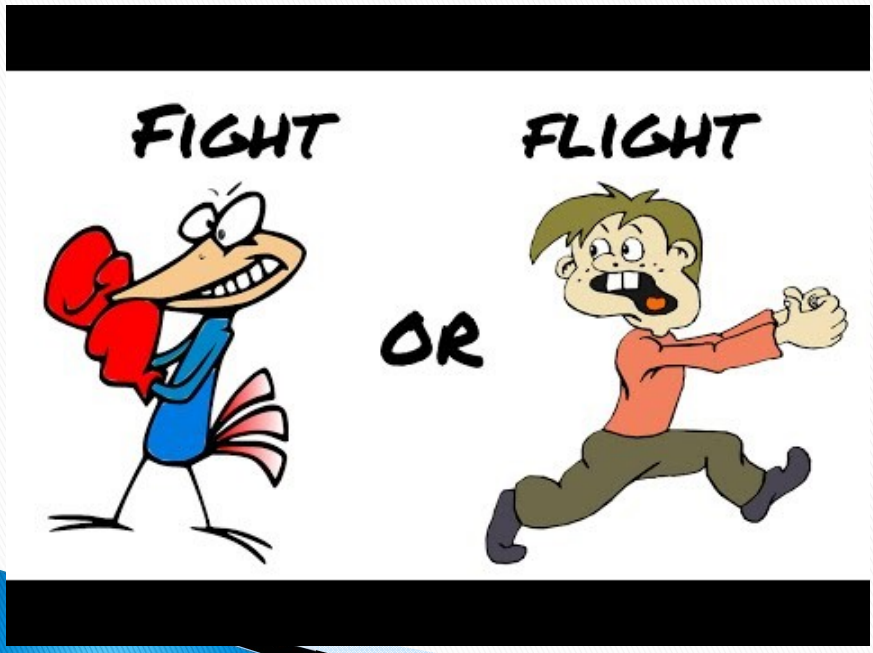
Anxiety Disorders

- 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/Fidgiting/Wringing hands

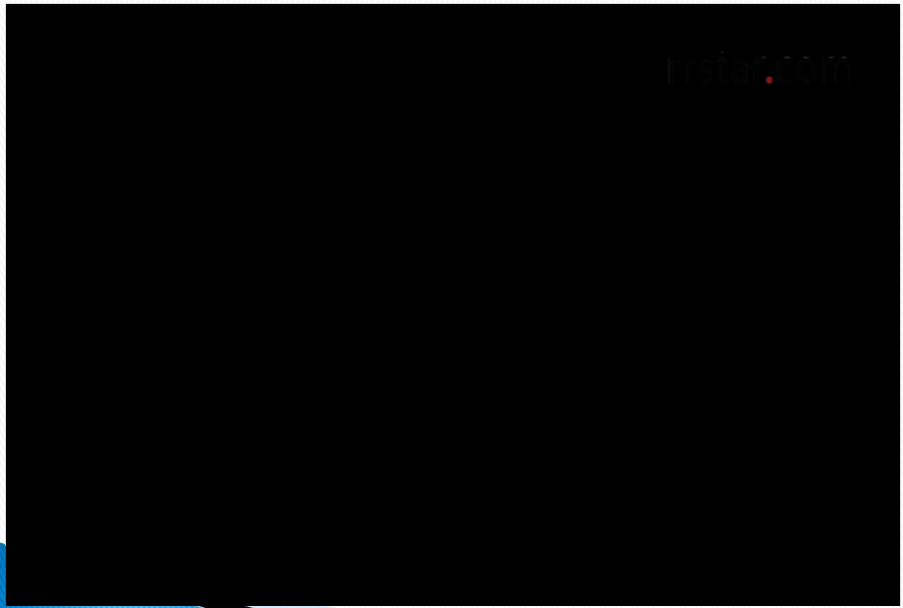
Post Traumatic Stress Disorder

- 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



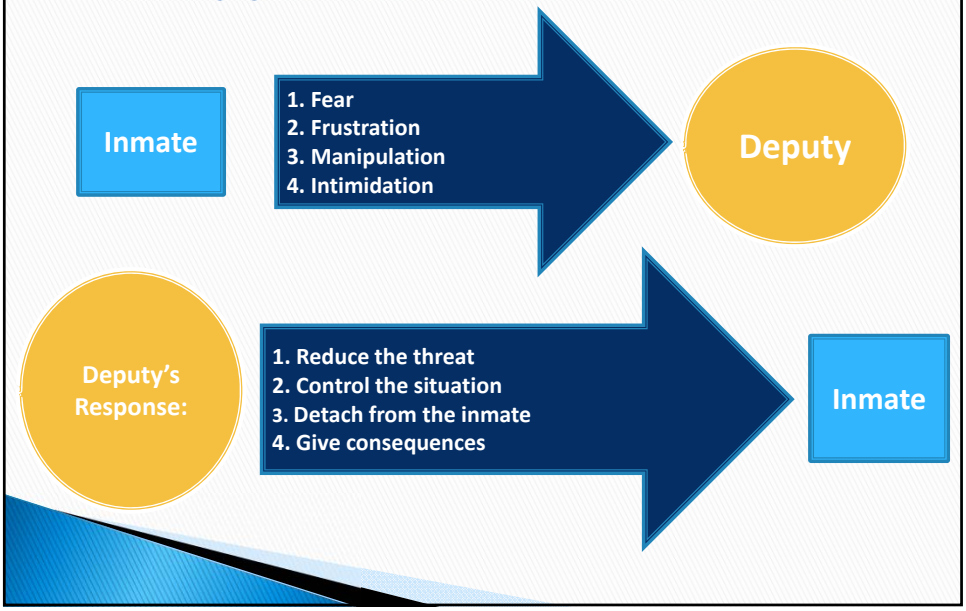
Bank Shootout



Trauma-Informed Interactions

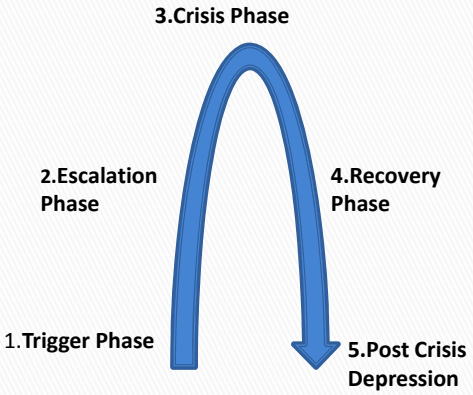
- **The Four R's**:
  - **REALIZE** the widespread impact of trauma and understands potential paths for recovery.
  - **RECOGNIZE** the signs and symptoms of trauma in inmates, families, staff and others involved with the system.
  - **RESPOND** by fully integrating knowledge about trauma into policies,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

Four (4) Reasons for Inmate Violence:

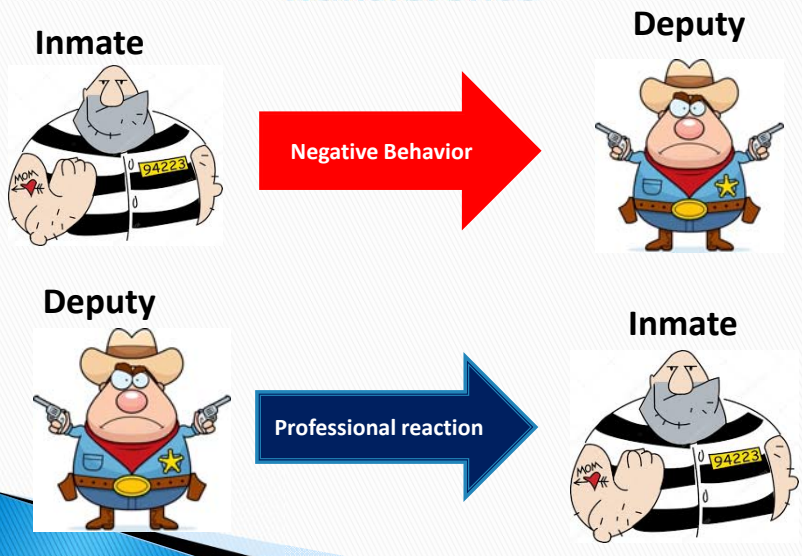


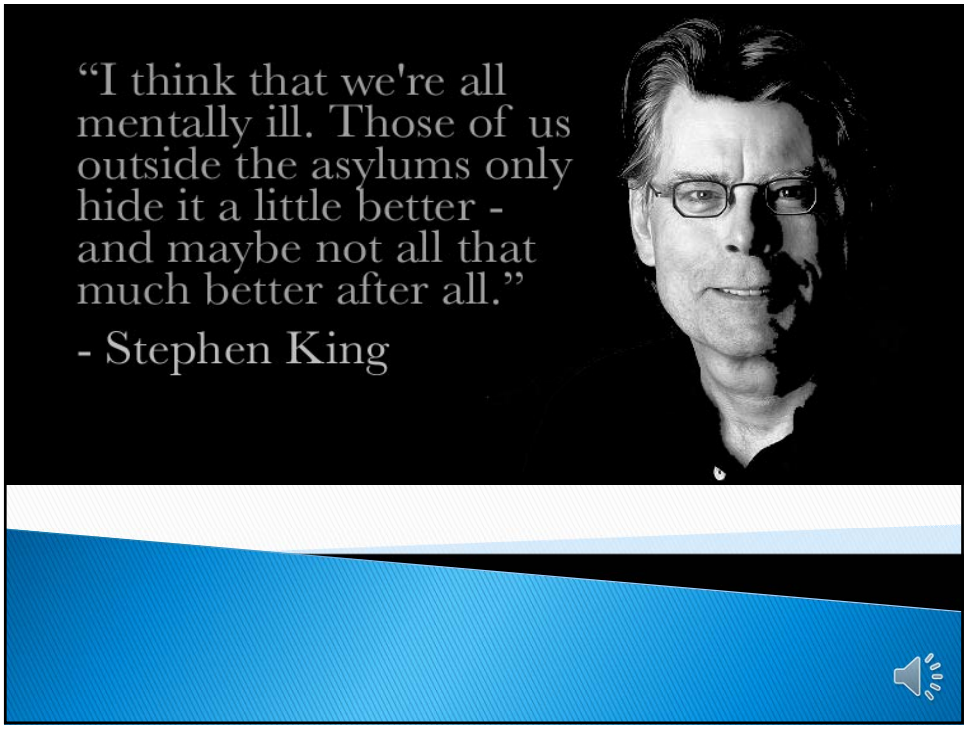
Indicators of Violent Behavior

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.

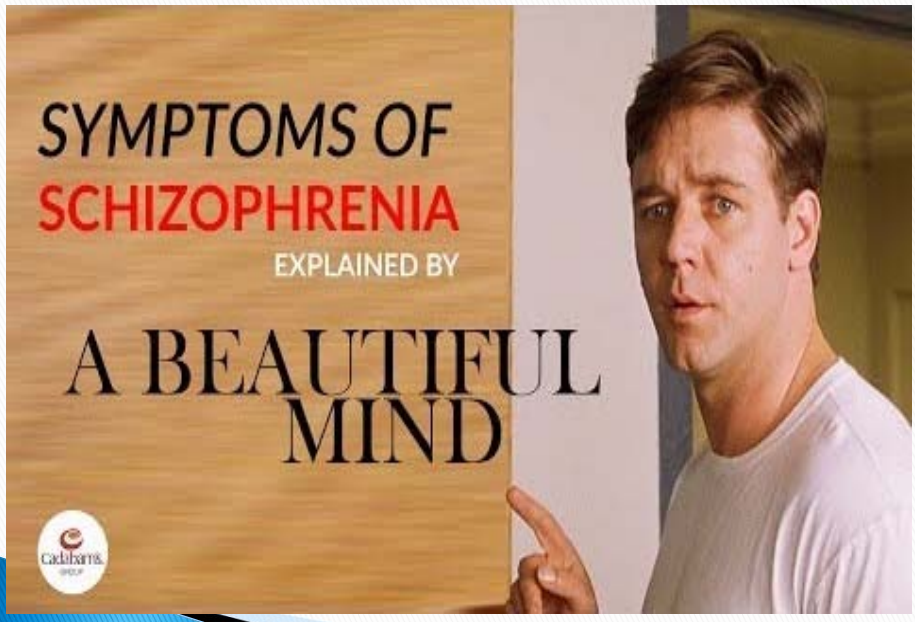


Transference and Professional Counter Transference





Psychotic Disorders


SYMPTOMS OF
SCHIZOPHRENIA
EXPLAINED BY
A BEAUTIFUL
MIND

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.


BIPOLAR DISORDER SYMPTOMS
EXPLAINED BY
SILVER LININGS PLAYBOOK MOVIE

- 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

DISORGANIZED BEHAVIOR

Types of Behaviors

Organized	*Disorganized*
Alert and Oriented	Level of orientation dependent on cause
Goal-directed	Loose Speech pattern
Organized Speech Pattern	Non-Purposeful movements
Purposeful movement	Unable to make proper use of food, clothing and shelter
Appropriate use of food, clothing and shelter	

What does disorganized look like?

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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

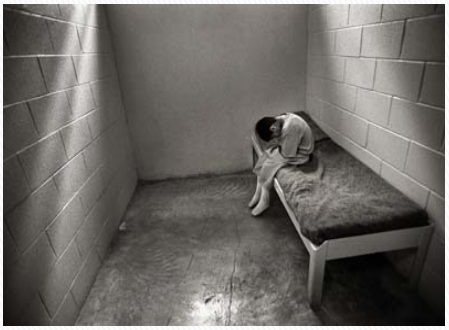
- Drug/Alcohol Intox
- Drug/Alcohol DTs
- Drug/Alcohol W/D
- Lack of oxygen (hypoxia)
- Liver toxicity
- Head Trauma
- Thyroid issues
- Excited Delirium
- Dehydration
- Diabetic shock

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

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.

- Psychiatrists and Psychologists
- PSU Charge Nurses, Mental Health Nurses, and Nursing Supervisors
- Mental Health Clinicians
- Correctional Counselors/Reentry Services

+

- JPMU deputies
- OPSD, Ad-Seg and Psych deputies
- Jail Administrators

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, Gravely 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)

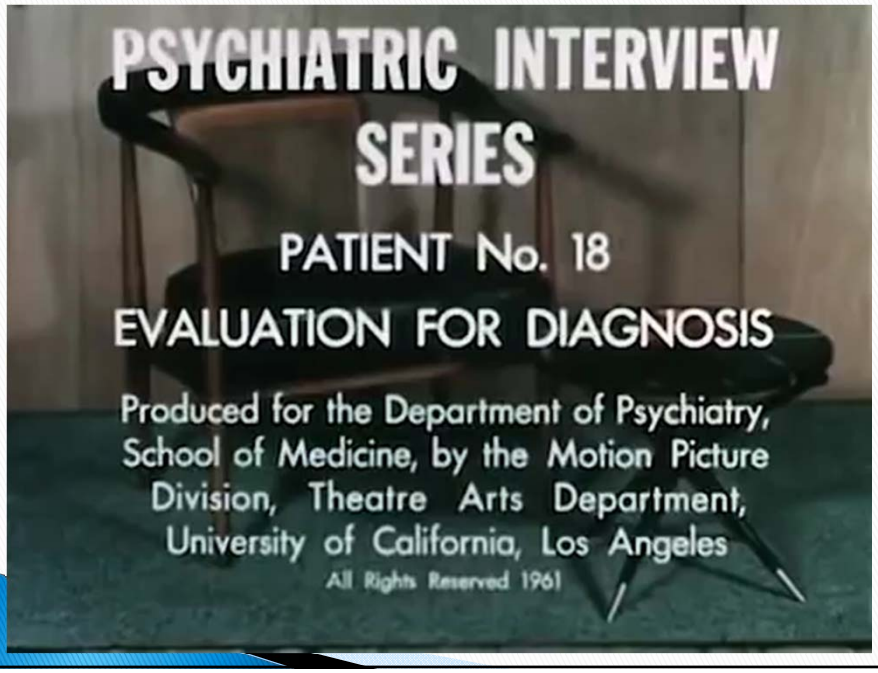
1372: Competent to stand trial

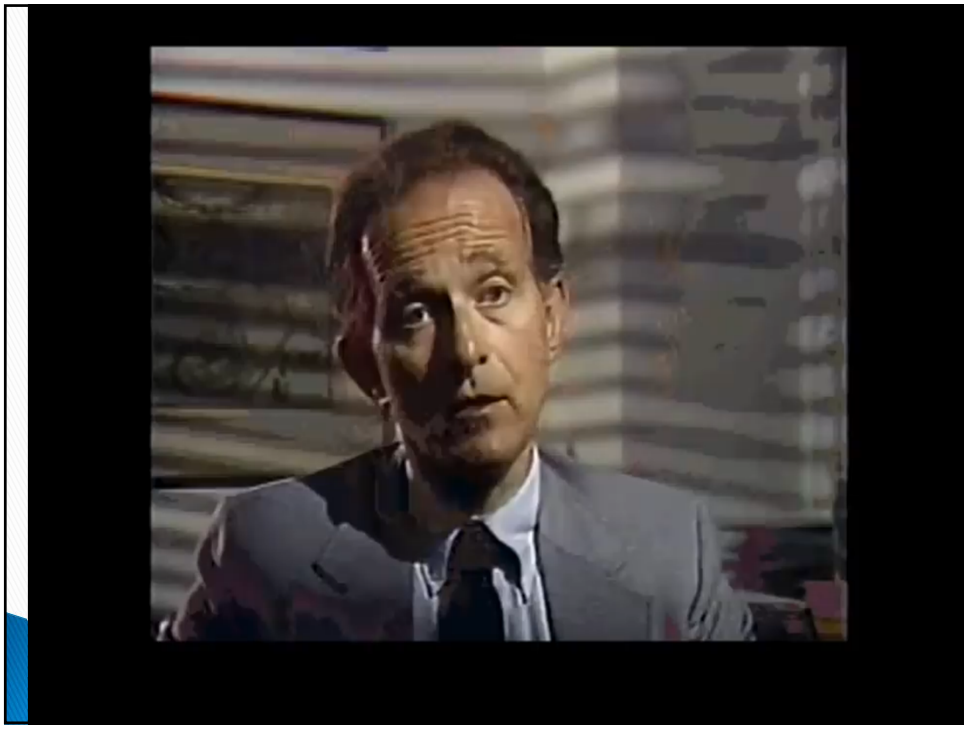
OPSD

- 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?





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:

[redacted]