



# Behavioral Health Primer for the Justice Professional

12.8.2023

A special thanks to the  
Collier County Bar  
Foundation for  
sponsoring our  
breakfast and lunch  
today!



Collier County Bar Foundation  
*Lawyers Giving Back*

# Curriculum Planning Committee



**Judge Janeice Martin**

Collier County Judge



**Leslie Weidenhammer**

Lieutenant

Behavioral Health Bureau

Collier County Sheriff's Office



**Nancy Dauphinais**

Chief Operating Officer

David Lawrence Centers

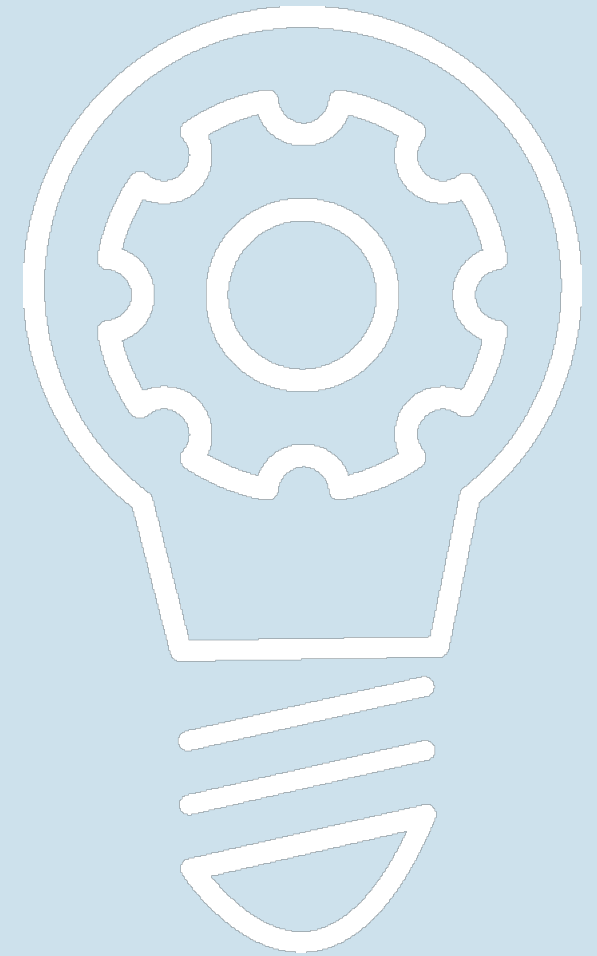
# PRE-TEST

## Resources

- Link will be provided

## Disclaimer

- Material may be upsetting







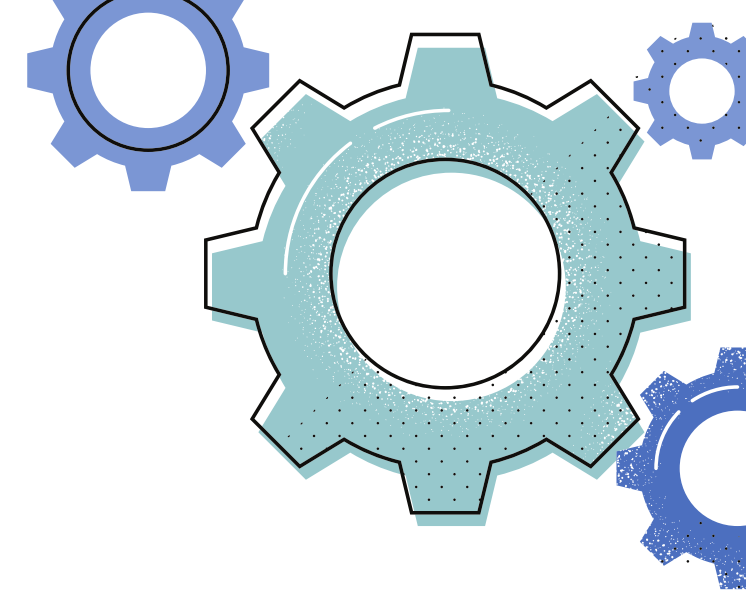
# Mental Health Disorders: Signs, Symptoms, and Treatment

Janice Toledo

Social Worker, Office of the Public Defender



# Goals for this Presentation



- Improve our understanding of symptoms and behaviors associated with mental health diagnoses
- Identify how different symptoms associated with disorders may look
- Discuss possible treatment modalities and wellness options

# Assess your knowledge

- 1 out of \_\_\_ U.S. adults experienced mental illness in 2021.

A) 6

B) 3

C) 10

D) 5

D) 22.8% of U.S. adults experienced mental illness in 2021 (57.8 million people). This represents 1 in 5 adults (National Alliance for Mental Illness).



# Assess your knowledge

- What is the most frequently diagnosed mental health disorder among U.S. adults?
  - A) Post-Traumatic Stress Disorder (PTSD)
  - B) Attention-Deficit/Hyperactivity Disorder (ADHD)
  - C) Anxiety Disorder
  - D) Major Depressive Disorder

C) Anxiety disorder is the most prevalent among U.S. adults (National Alliance for Mental Illness).





# Assess your knowledge

Approximately how many U.S. adults experienced a co-occurring substance use disorder and mental illness in 2021?

- A) 19.4 million
- B) 21.2 million
- C) 17.5 million
- D) 15.6 million

A) 7.6% of U.S. adults experienced a co-occurring substance use disorder and mental illness in 2021 (19.4 million people) according to the National Alliance for Mental Illness (NAMI).





# How are mental health diagnoses determined?

The **Diagnostic Statistical Manual of Mental Disorders (DSM)** provides detailed definitions of mental health and brain-related disorders.

How many mental disorders are in the DSM-5?

- A) 58
- B) 153
- C) 312
- D) 297

**D) 297 disorders.**

These 297 disorders are broken into 20 disorder chapters.



# Schizophrenia Disorder

Defined as abnormalities in one or more of the following domains:

- Delusions
  - Hallucinations
  - Disorganized thinking, and/or disorganized or unusual behavior, and
  - Negative symptoms
- Males: typical onset in late teens to early twenties
  - Females: typical onset in early twenties to early thirties

# Delusional & Brief Psychotic Disorder

- **Delusional Disorder:** The presence of one or more delusions that last longer than a month
- **Brief Psychotic Disorder:** Sudden onset of psychotic symptoms lasting more than one day, but less than a month

# Schizoaffective Disorder

- Presence of symptoms of schizophrenia and bipolar disorder



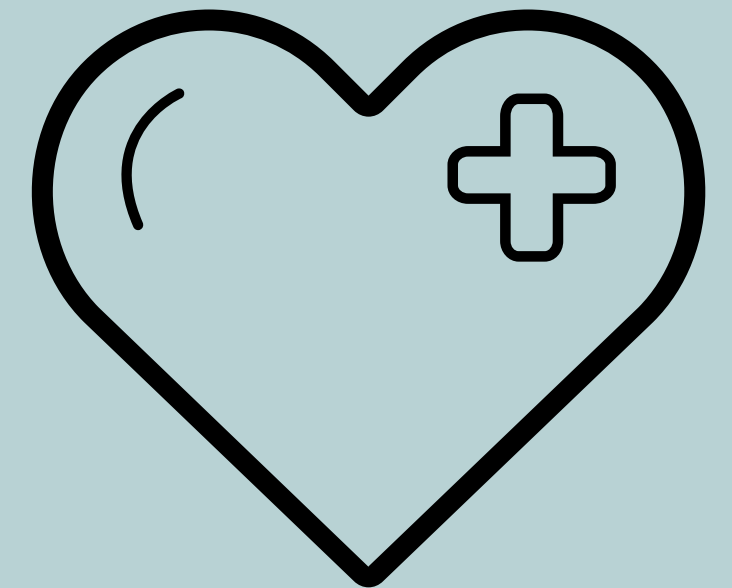
# Schizophrenia Simulator





# Treatment Modalities

- Psychoeducation
- Cognitive behavioral therapy (CBT)
- Psychiatric medications
  - Antipsychotic medications
    - Oral or Long-Acting Injectable






# Guess the Diagnosis...

- Person tells you they think they are being followed and have a chip inserted in their brain. They say they can hear others' thoughts.
- Person tells you over the past two years they have been very sad and unable to leave their bed for weeks at a time. During this time, they feel hopeless and worthless.
- Person admits they have not slept in five days, but they have never felt better and today is the best day ever. Their speech is all over the place.
- You are unable to keep them to finish one sentence before they begin another.



# Mood Disorders

## BIPOLAR 1 DISORDER VS BIPOLAR 2 DISORDER

	Bipolar 1	Bipolar 2
 <b>Mania</b>	At least one episode of extreme mania lasting more than a week.	Symptoms of hypomania (a milder form of mania) lasting at least four days.
 <b>Depression</b>	Tends to be milder than other bipolar types. Some experience no depression.	At least one depressive episode, broken up by periods of hypomania.
 <b>Symptoms</b>	<ul style="list-style-type: none"><li>• Increased energy</li><li>• Talking extremely quickly</li><li>• Euphoria</li></ul>	<ul style="list-style-type: none"><li>• Feeling of hopelessness</li><li>• Fatigue</li><li>• Irritable and anxious</li></ul>



# Examples of how manic episodes and depressive episodes may look

Intense episodes of **mania** and **depression** characterize bipolar disorder. These symptoms sometimes overlap, which is known as a **mixed episode**.

The symptoms of a **manic episode** may include:



The symptoms of a **depressive episode** may include:

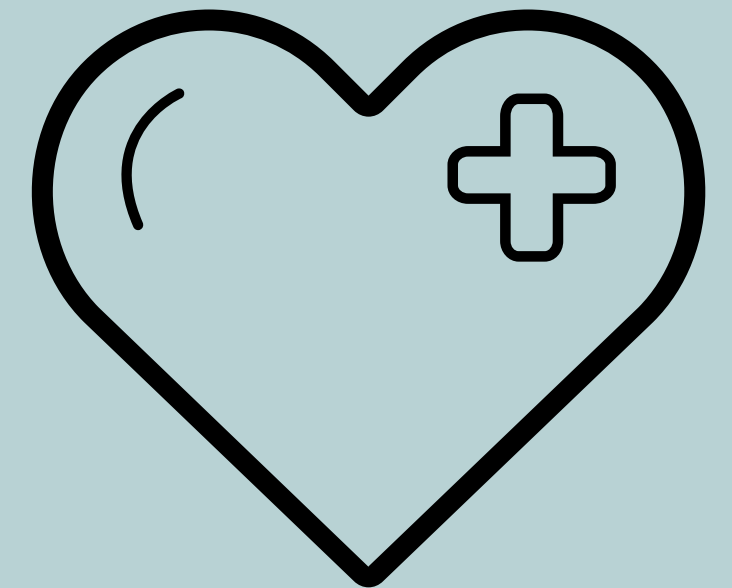


**mixed episode**



# Treatment Modalities

- Psychotherapy
- Interpersonal and Social Rhythm Therapy
- Mood-Stabilizing medications





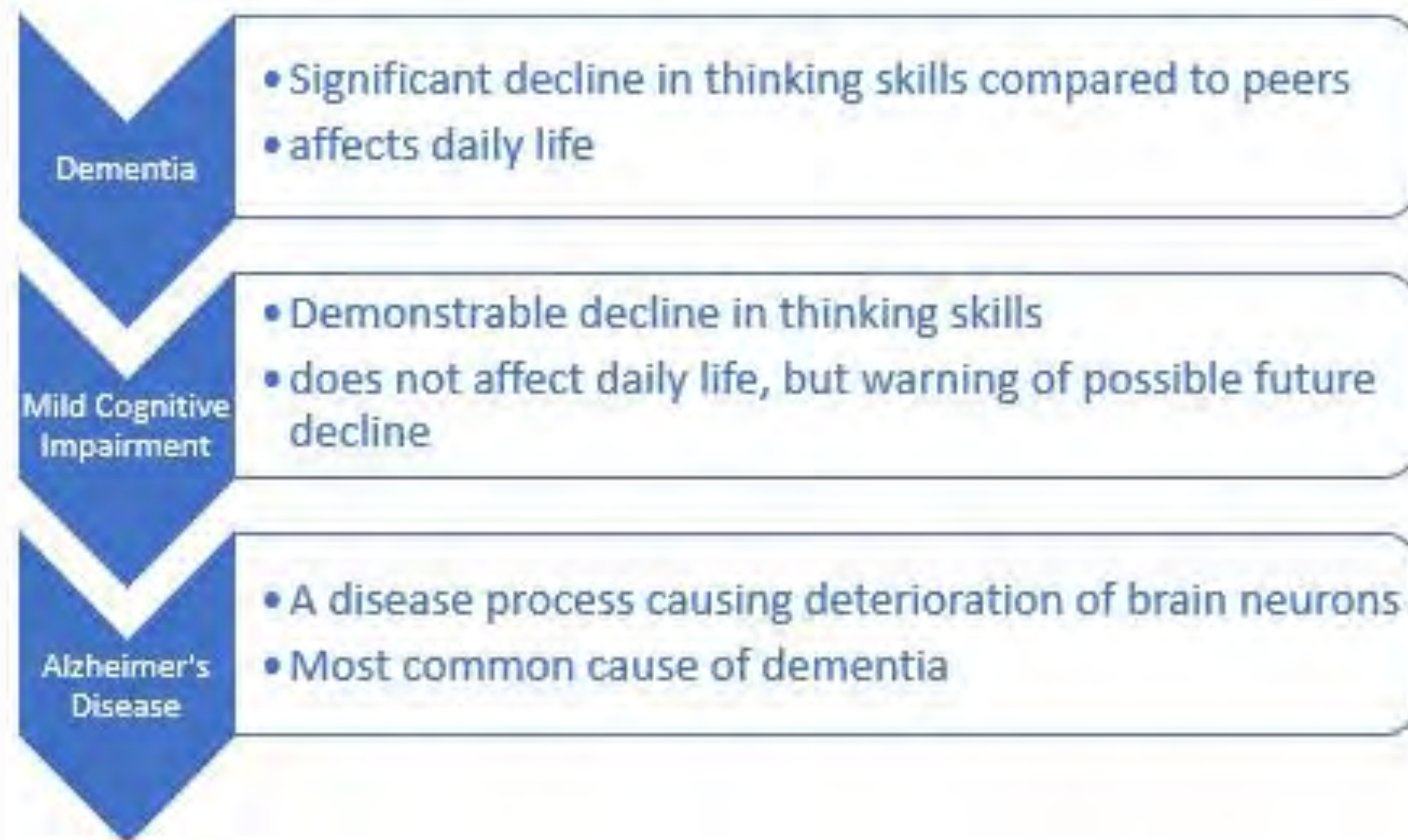
## Signs & Symptoms Of **MAJOR DEPRESSIVE DISORDER** — (MDD) —

 Low mood	 Excessive overthinking	 Frustration	 Hopelessness	 Worthlessness
 Irritability	 Feelings of guilt	 Anhedonia	 Memory problems	 Emotional outbursts
 Substance abuse	 Suicidal tendencies	 Fatigue	 Body aches	 Eating and sleep disorders

MIND HELP MIND JOURNAL

# Major Depressive Disorder and Anxiety Disorder

# Neurocognitive Disorder





# Autism Spectrum Disorder

## The Three Functional Levels of Autism

### ASD Level 1 Requiring Support



difficulty initiating social interactions

organization and planning problems can hamper independence

### ASD Level 2 Requiring Substantial Support



social interactions limited to narrow special interests

frequent restricted/repetitive behaviors

### ASD Level 3 Requiring Very Substantial Support



severe deficits in verbal and nonverbal social communication skills

great distress/difficulty changing actions or focus

# Personality Disorders

<b>Cluster A</b> <i>(odd/eccentric)</i>	<b>Cluster B</b> <i>(dramatic/erratic)</i>	<b>Cluster C</b> <i>(anxious/fearful)</i>
<b>Paranoid</b> distrusting and suspicious interpretation of the motives of others	<b>Antisocial</b> disregard for and violation of the rights of others	<b>Avoidant</b> socially inhibited feelings of inadequacy, hypersensitivity to negative evaluation
<b>Schizoid</b> social detachment and restricted emotional expression	<b>Borderline</b> unstable relationships, self- image, affects, and impulsivity	<b>Dependent</b> submissive behaviour, need to be taken care of
<b>Schizotypal</b> social discomfort, cognitive distortions, behavioural eccentricities	<b>Histrionic</b> excessive emotionality and attention seeking	<b>Obsessive-compulsive</b> preoccupation with orderliness, perfectionism, and control
	<b>Narcissistic</b> grandiosity, need for admiration, lack of empathy	



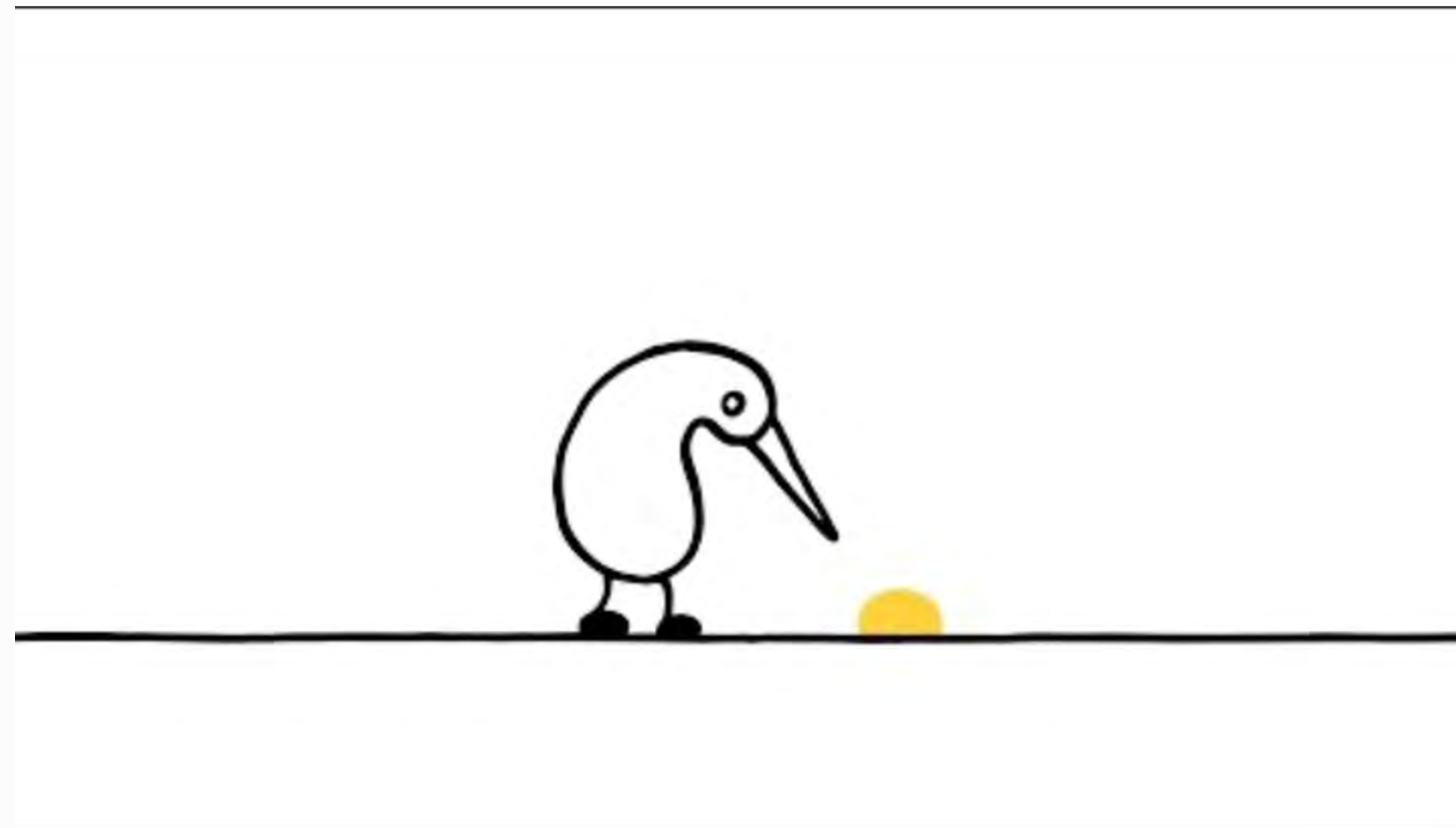
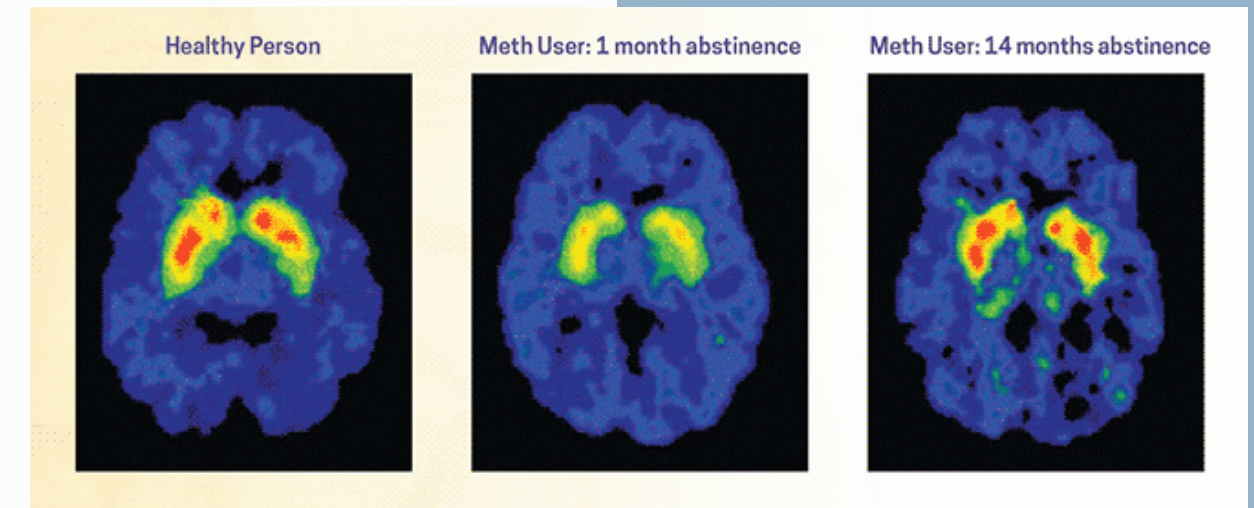
# Guess the Diagnosis...

- Short attention span on regular routine things such as: paperwork, emails, workbooks, listening to someone speak (such as their significant other).
- Chronically late, gets bored with tasks easily, Misplaces things.
- Poor organization/planning.
- Restlessness, fidgeting/squirming/unable to stay still.
- Changes jobs and relationships a lot.
- Impatience, acting without regard for consequences.



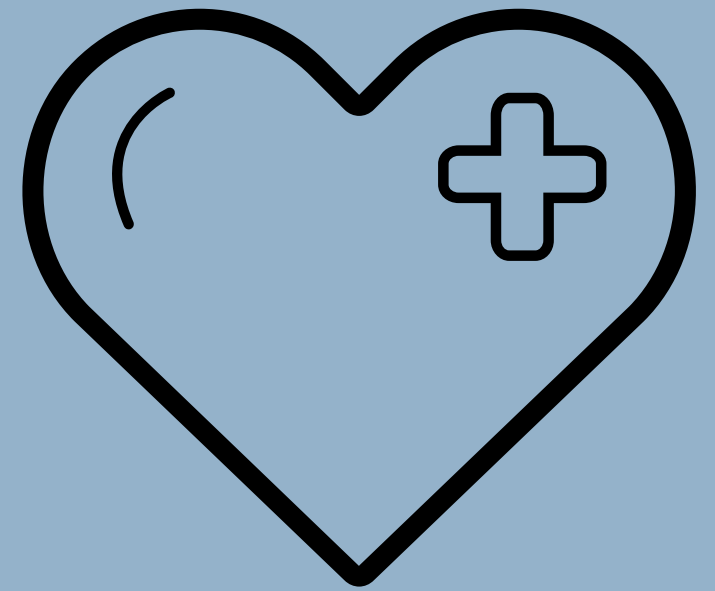
# Co-Occurring Disorders

- Term used when someone is diagnosed with a mental illness and a substance use disorder simultaneously.



# Treatment Modalities

- Cognitive Behavior Therapy
- Applied Behavioral Analysis (for ASD)
- Trauma Therapy
- Group therapy
- Psychiatric Medications



# Impacts of Diet, Exercise, Stress, and Lifestyle on Mental Health

1

A balanced diet can support a healthy immune system and provide the body energy needed to control stress.

- A balanced diet can lower stress, depression, and anxiety.

2

Regular exercise can reduce symptoms of anxiety, stress, and negative moods (30-45 min 3-4x a week).

3

Practicing a good sleep schedule can keep cortisol in a normal rhythm.

# Assess your knowledge

What percentage of U.S adults with mental illness received treatment in 2021?

- A) 25.4%
- B) 60.7%
- C) 73.1%
- D) 47.2%

**D) 47.2% of U.S adults with mental illness received treatment in 2021 (NAMI).**





# Assess your knowledge

What do you think is the average length of time from onset of mental illness symptoms to receiving treatment?

- A) 1 year
- B) 11 years
- C) 7 years
- D) 15 years

**B) The average delay between onset of mental illness symptoms and treatment is 11 years (NAMI).**





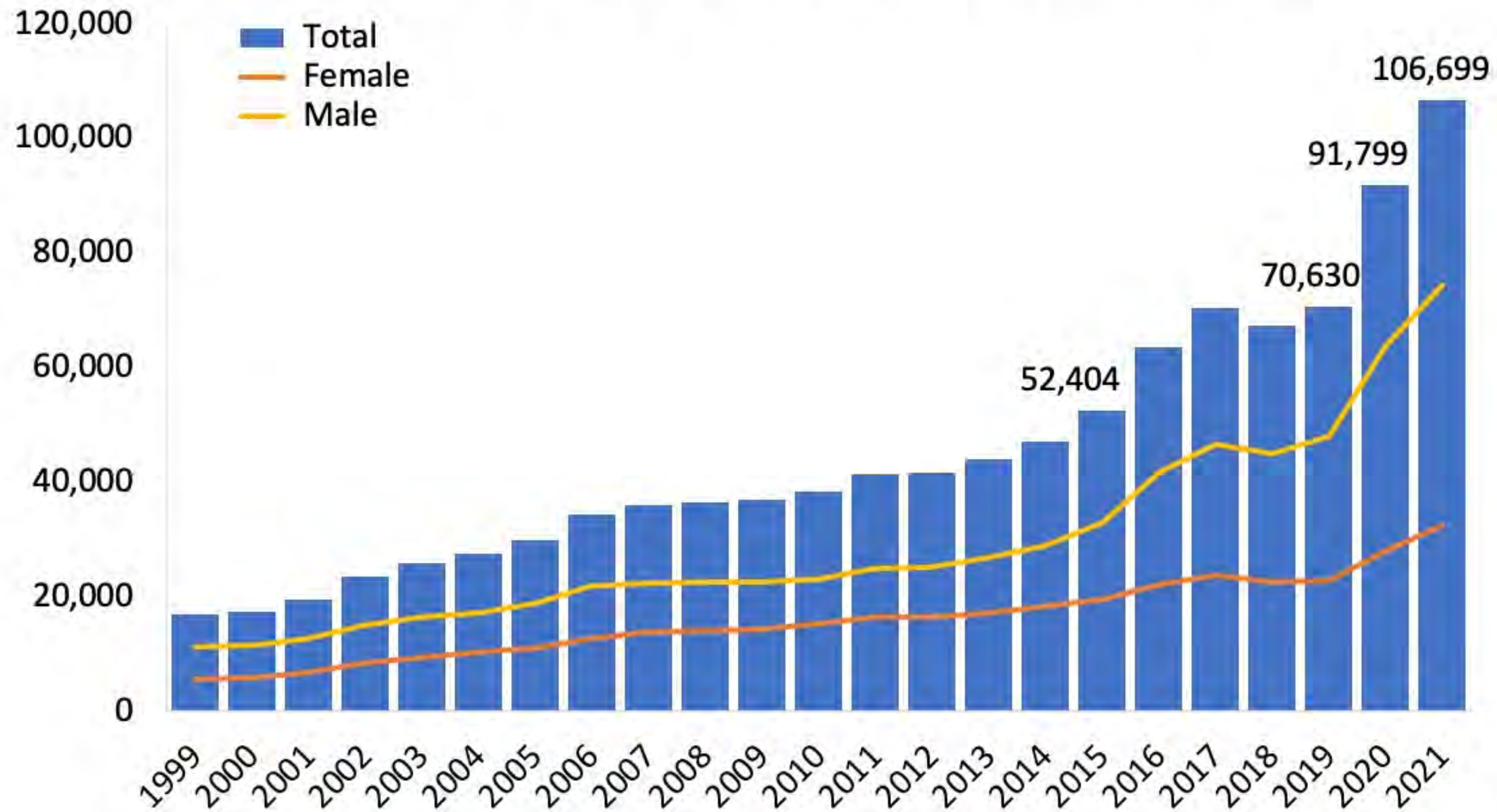
# Neuroscience of Substance Use Disorders and Treatment

Maggie Baldwin, LMHC, MCAP  
Crossroads Clinical Director  
David Lawrence Centers for Behavioral Health



DAVID LAWRENCE  
CENTERS  
FOR BEHAVIORAL HEALTH™

# Figure 1. National Drug-Involved Overdose Deaths\*, Number Among All Ages, by Gender, 1999-2021



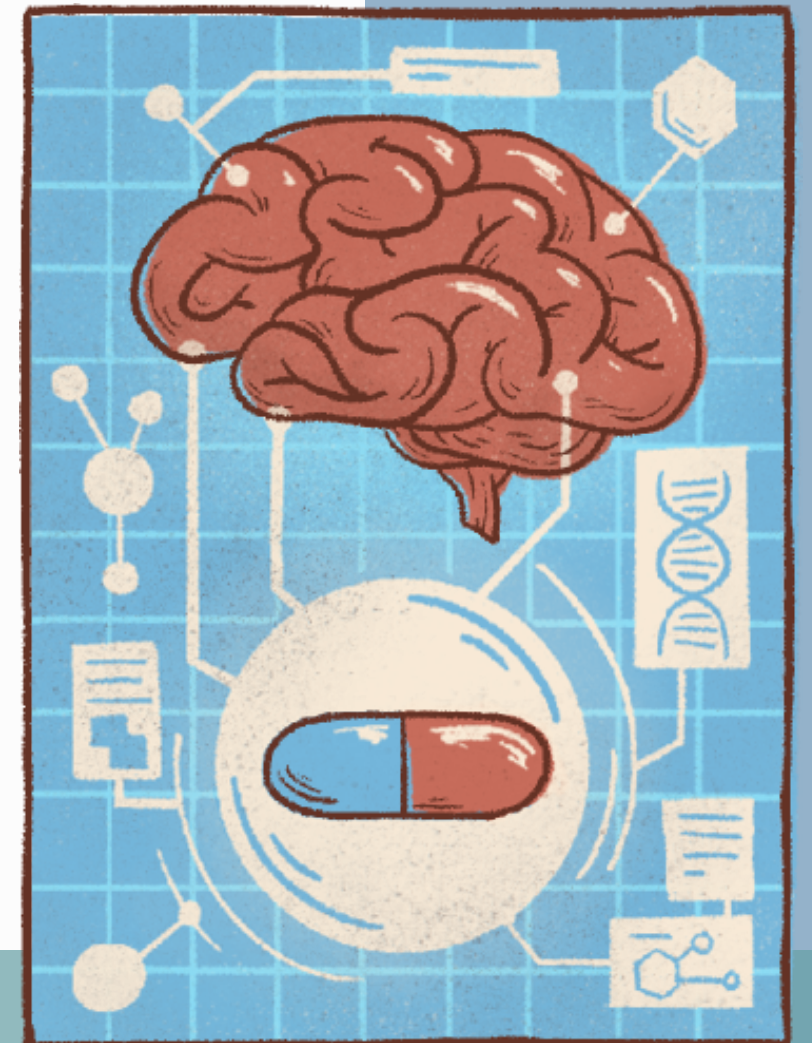
\*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, released 1/2023.

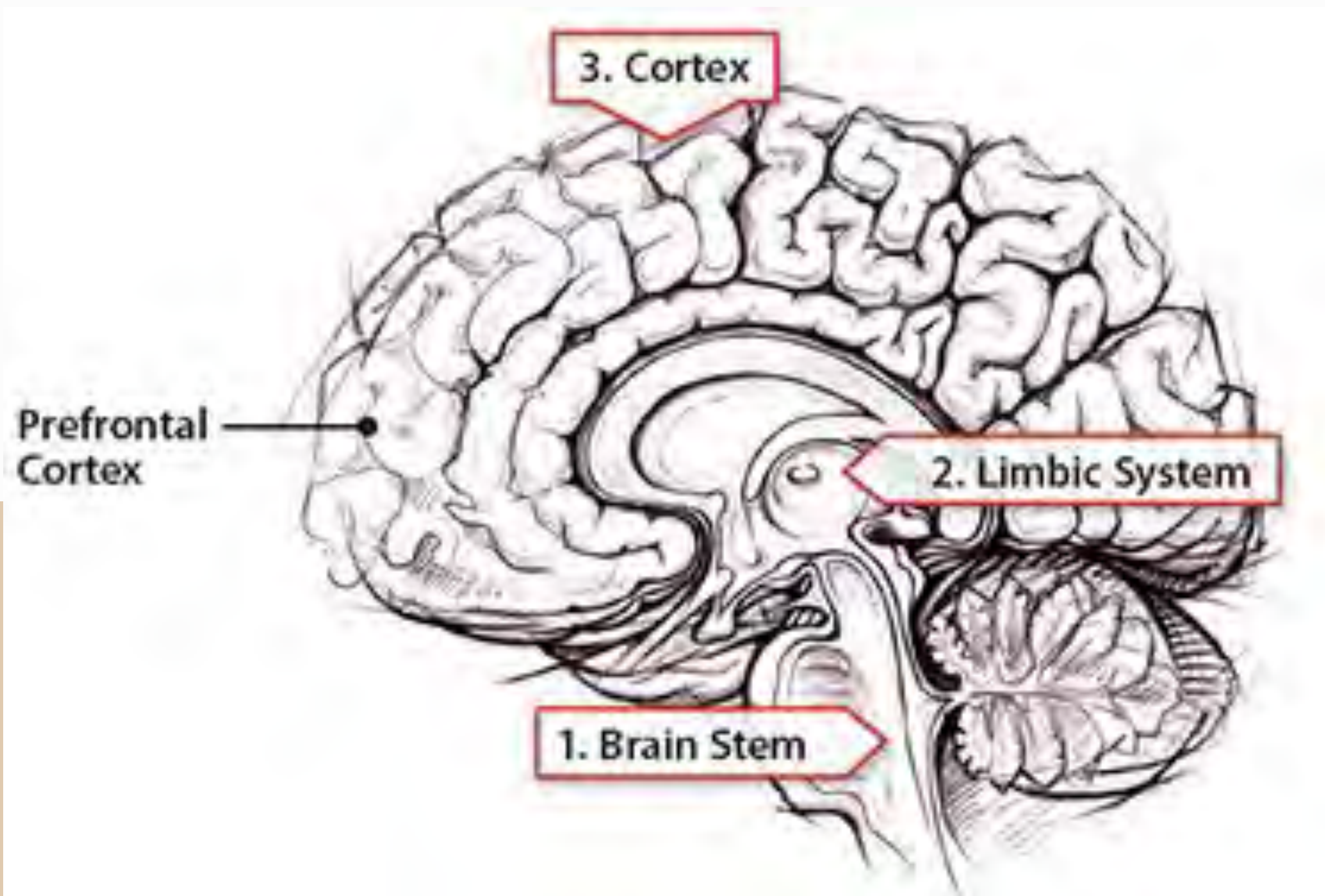


# What is addiction? Is it a disease?

According to the American Society of Addiction Medicine (ASAM):

Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences.

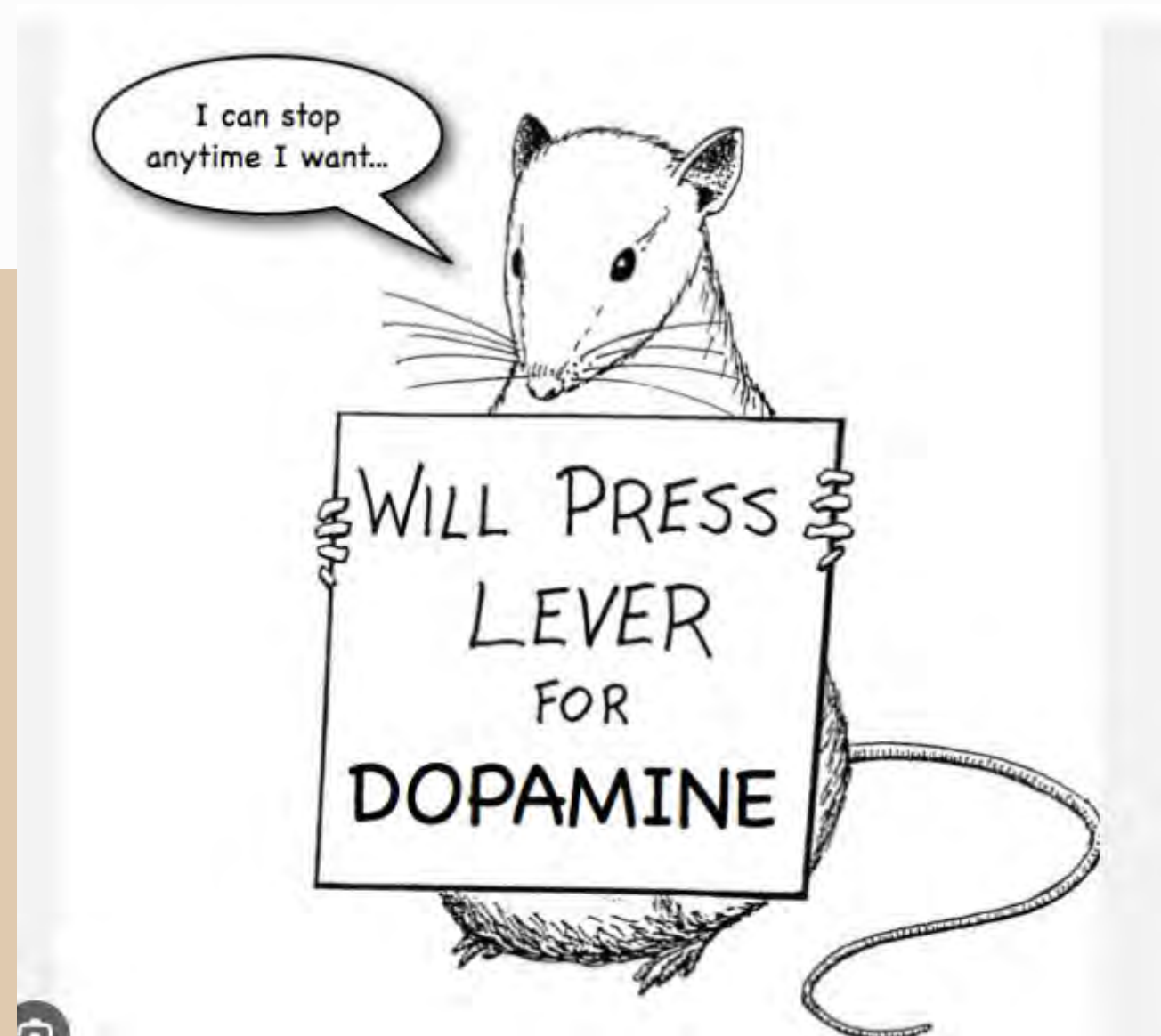






# DOPAMINE!

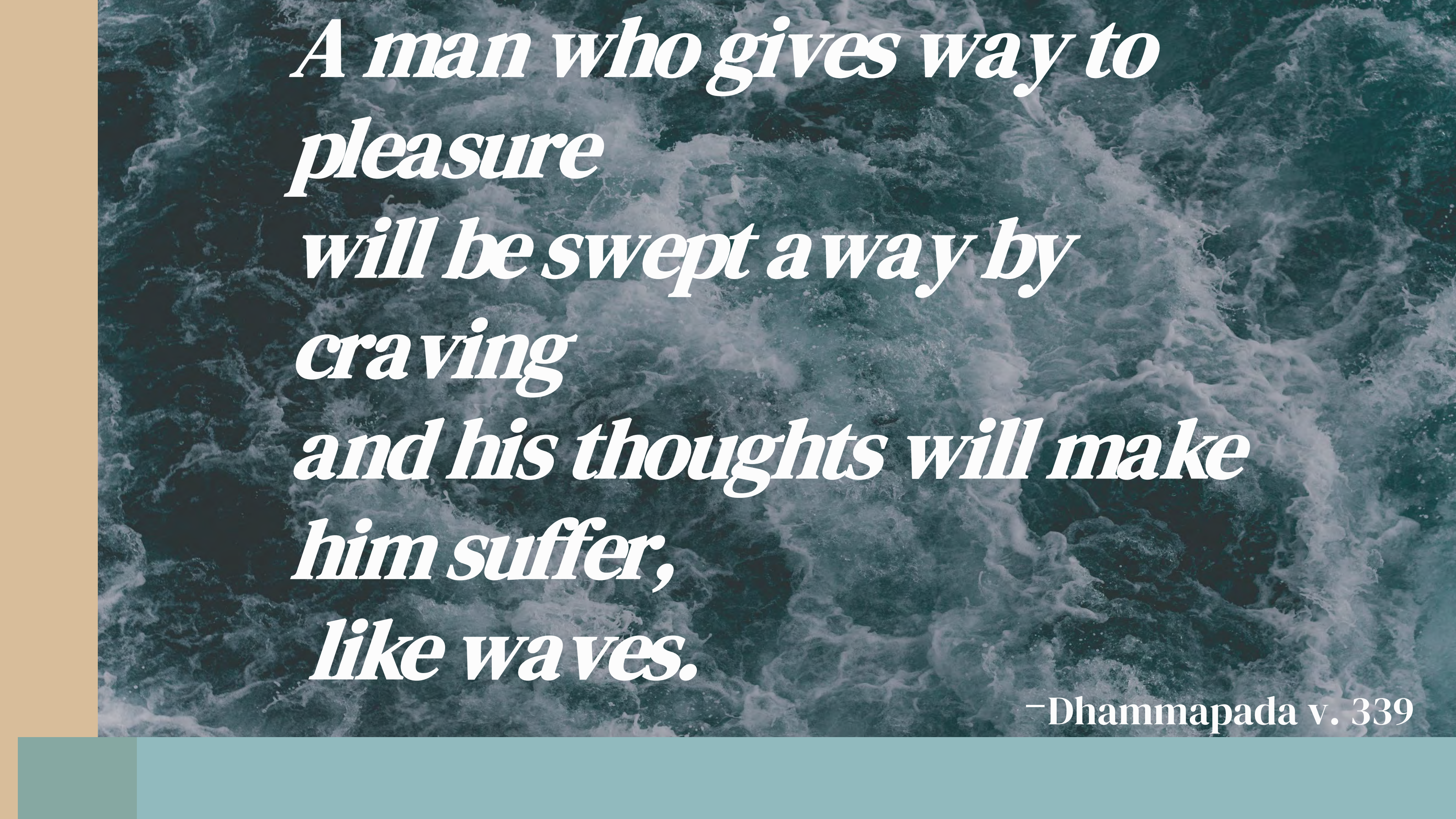
Dopamine is crucial for reward motivation.



# Neuroscience Video







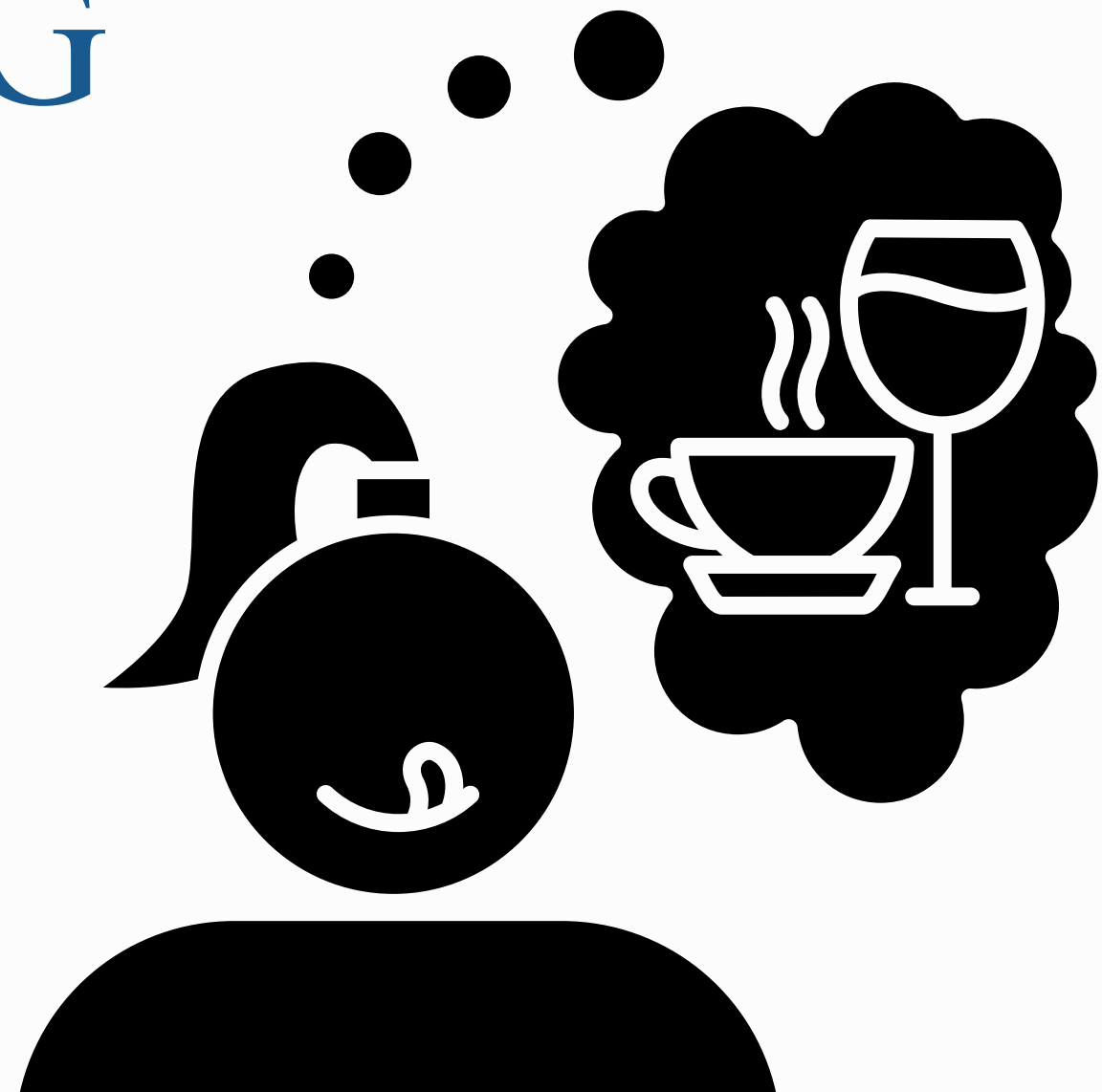
*A man who gives way to  
pleasure  
will be swept away by  
craving  
and his thoughts will make  
him suffer,  
like waves.*

—Dhammapada v. 339



What is a (if not “the”)  
central feature of  
addiction?

CRAVING



# So then what happens?



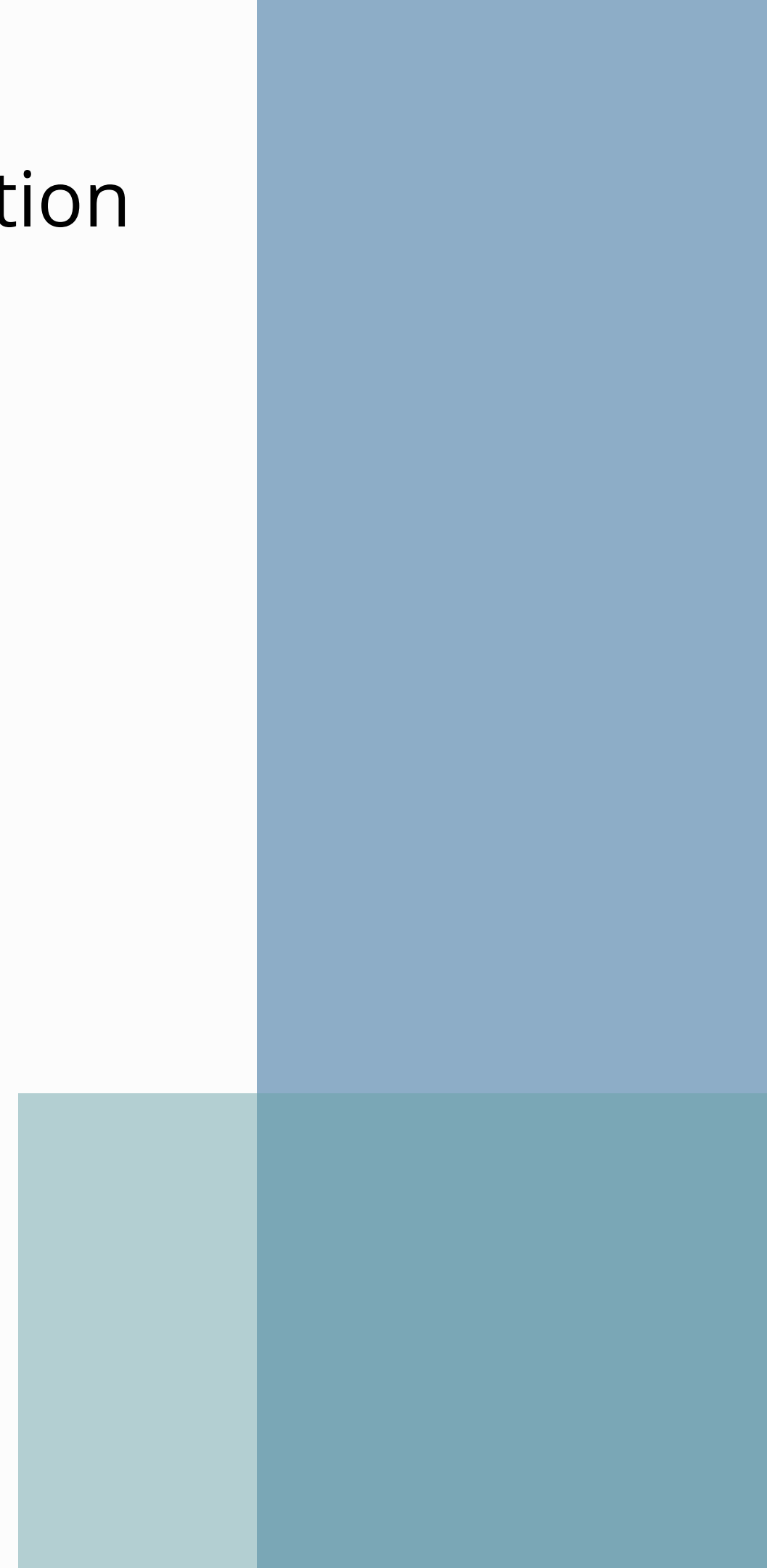
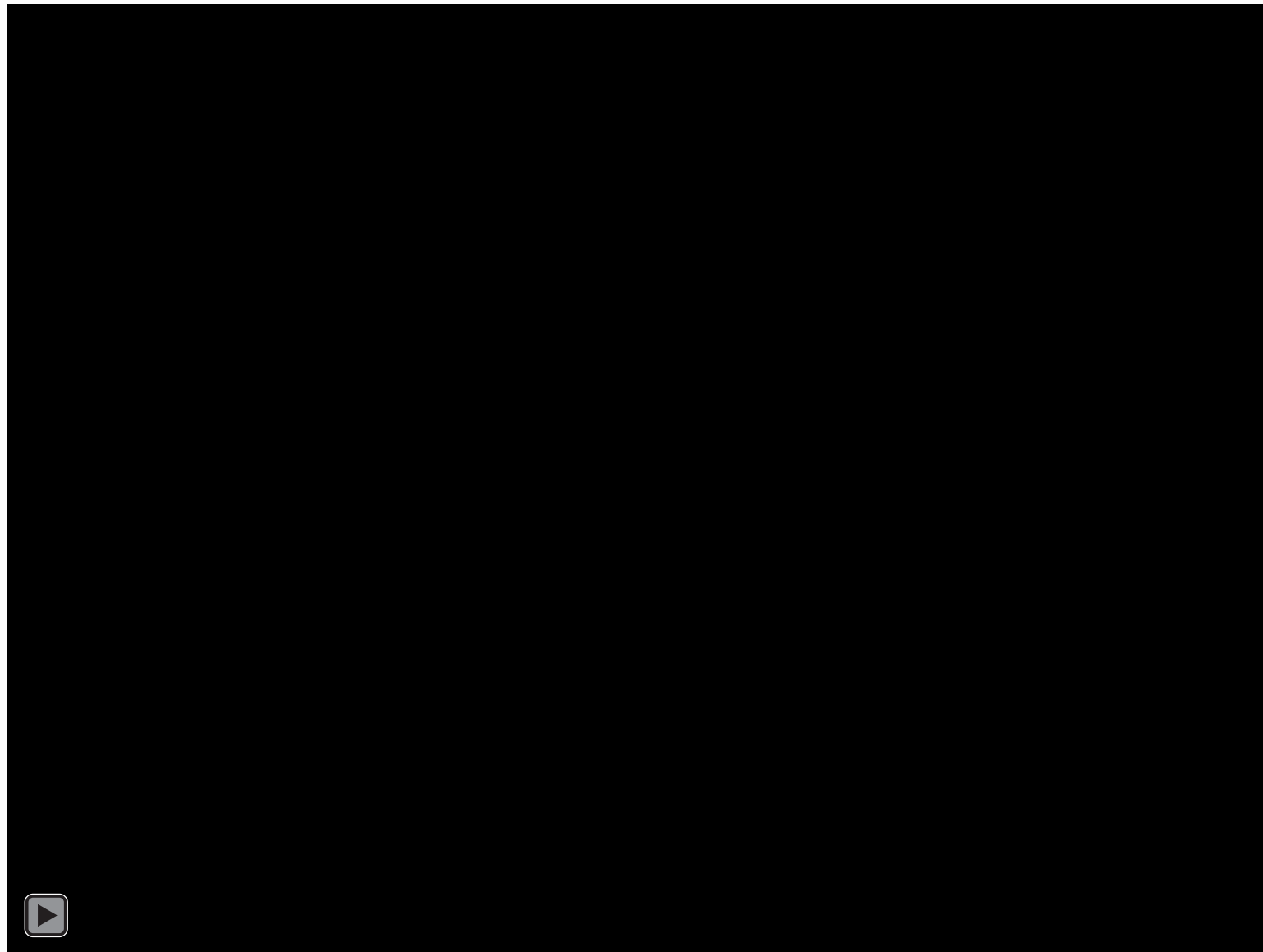


# Are there other brain changes that contribute to SUD?

YES!



With the limbic system and the cortex hijacked, cessation of use and recovery can feel like an uphill battle.

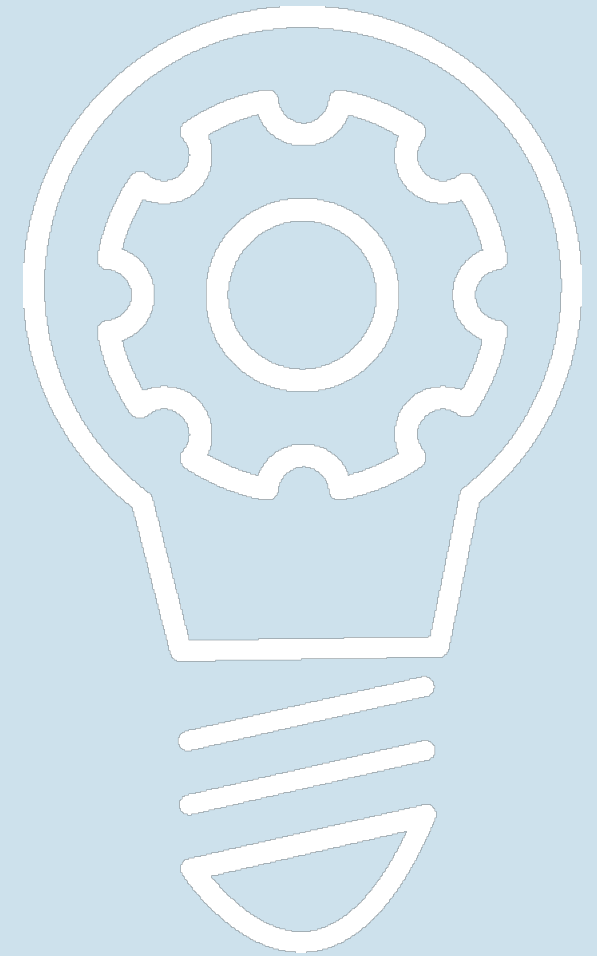


# BUT.....



# The brain can heal!

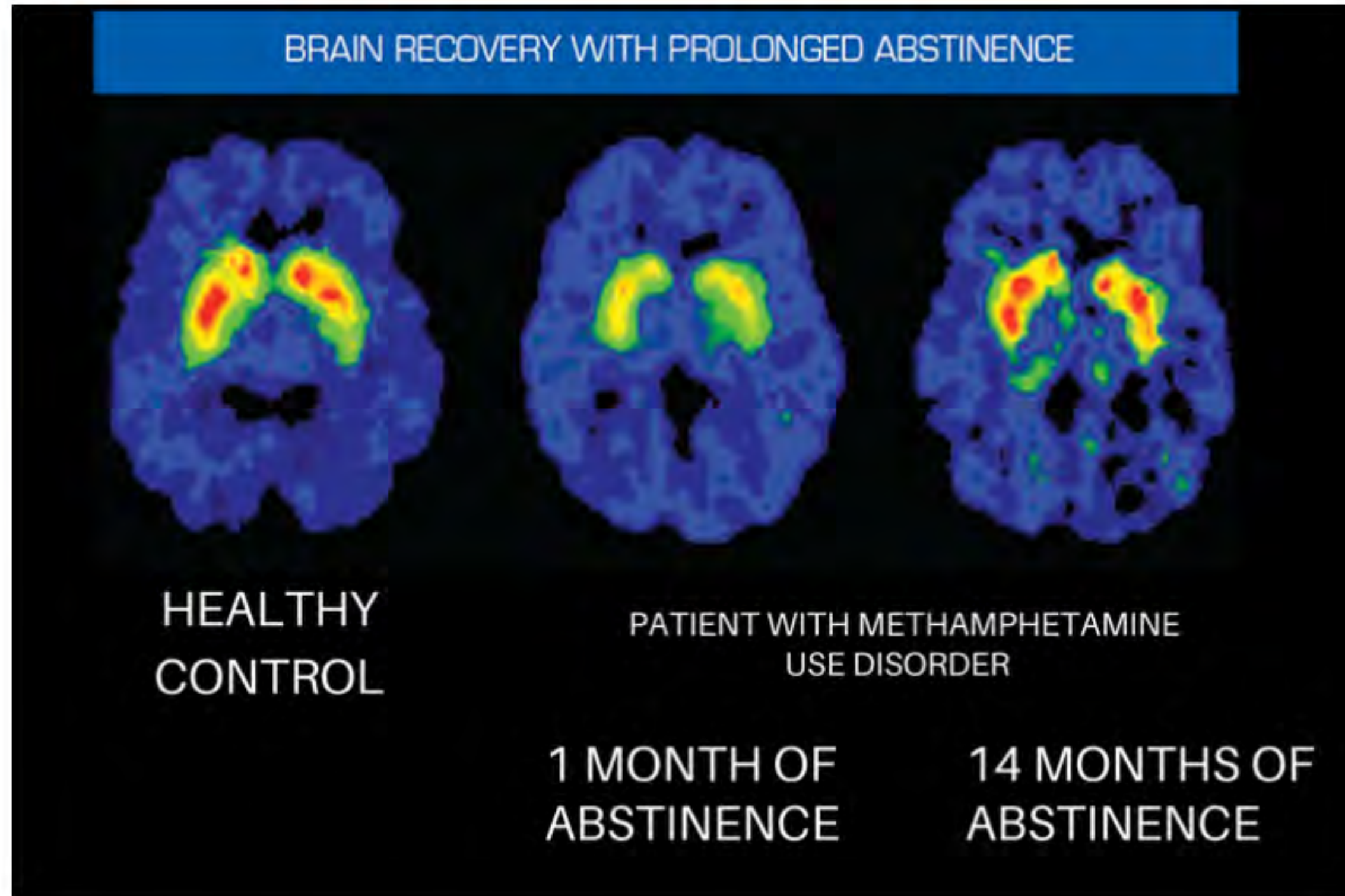
- Changes to the brain are not permanent.
- On average, it takes about 14 months after cessation of use for the brain to rewire and build new neural pathways.
- Cessation of use is important, but so is developing new coping skills, social connections, and healthy activities.





# The brain CAN recover – but it takes time!

Images show how scientists can use imaging technology to measure functioning of the brain and heart.



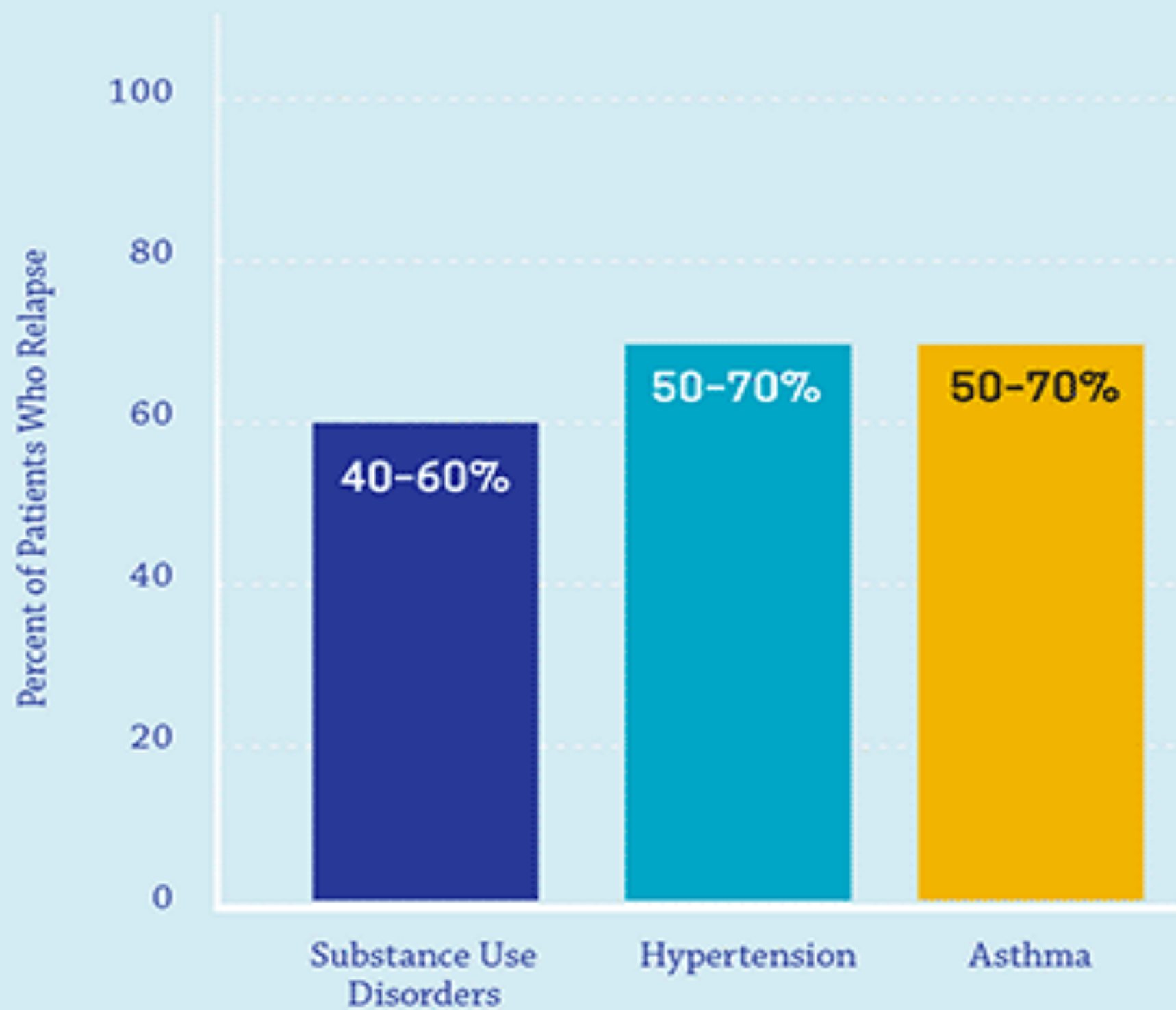


# How is addiction similar to other chronic diseases?

**Yes** or **No**?

- Preventable?
- Treatable?
- Changes biology?
- If untreated, can last a lifetime?

## Comparison of Relapse Rates Between Substance Use Disorders and Other Chronic Illnesses



# Seeing or sensing the object of the addiction

- Being exposed to previous substances of use or new substances can “light up” old neural pathways.





## This is not an indication of failure

but rather means treatment may need to  
be adjusted to better suit the individual.

Statistic from  
NIDA

*Source:* [www.americanaddictioncenters.org](http://www.americanaddictioncenters.org)



# Role of Medications in the Treatment of SUD

- “MAT” = Medication-Assisted Treatment, or Medication for the Treatment of Substance Use Disorders
- We will focus on Opioid Use Disorder because of the continuing and rising trend of opioid addiction and overdoses

## METHADONE

Long-acting, full agonist, opioid medication dispensed in specialty clinics daily.

## BUPRENORPHINE

Suboxone, Subutex

Sublocade and Brixadi (long-acting injectable)

Partial Agonist – partially fills the opioid receptors in the brain

## NALTREXONE

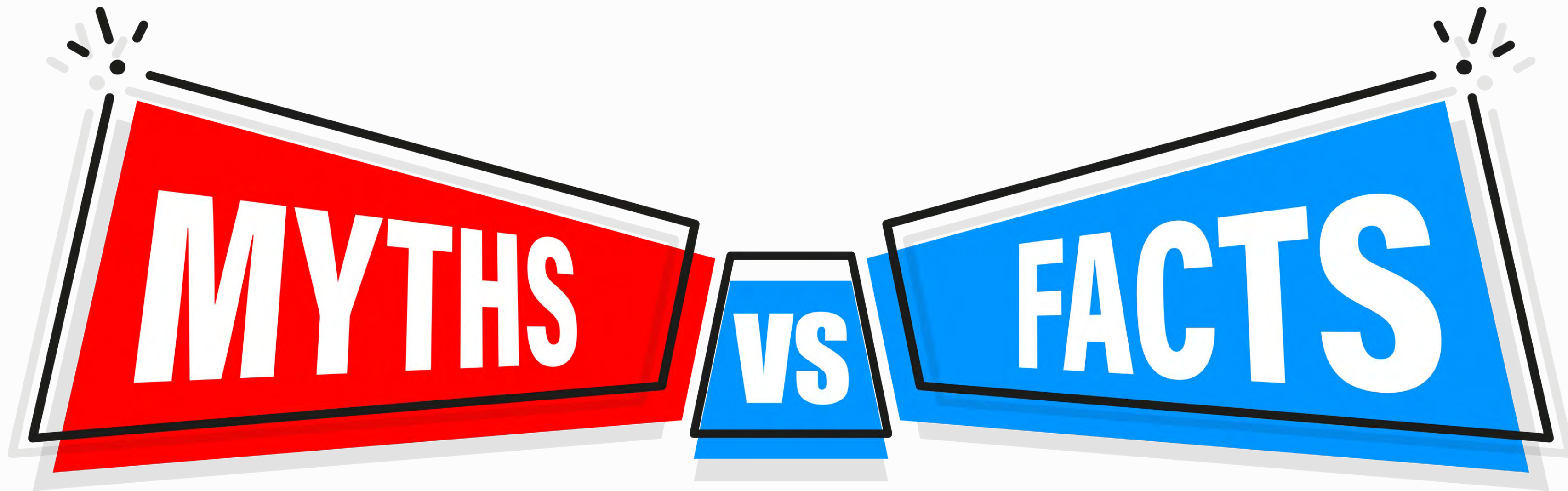
Revia, Vivitrol (long-acting injectable)



# Research indicates that MAT can:

- Improve client survival/decrease mortality related to opioid use
- Improve treatment retention
- Reduce potential for relapse
- Enhance social functioning





**MYTHS**

**VS**

**FACTS**



# MAT Common Misconceptions





**“There’s no proof that MAT is more effective than abstinence.”**

According to SAMHSA:

MAT is considered to be highly effective. Studies indicate that MAT can reduce the risk of death from substance abuse by more than 50%.

# Medication allows people to function

- Someone on methadone, naltrexone, or buprenorphine can function normally, while someone with an active opioid addiction can't.



# Duration of MAT



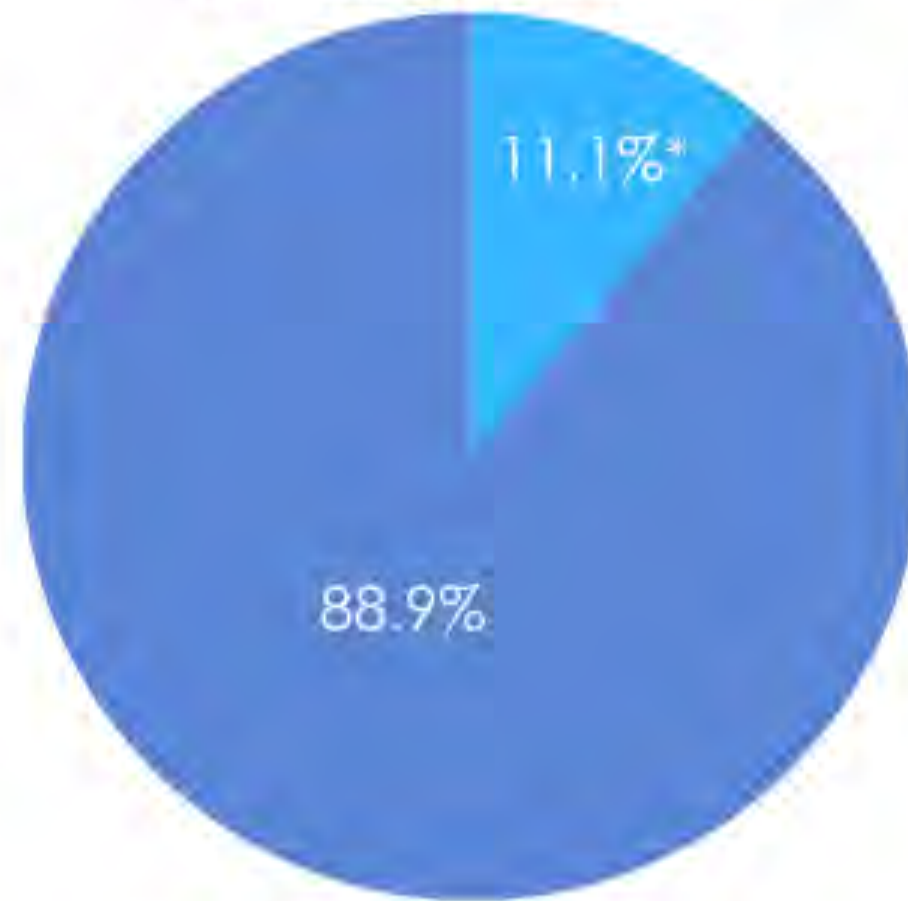
- VARIES and require an individualized approach.
- Encouraging a client to discontinue their MAT medication before he/she is ready can lead to anxiety and relapse.
- According to SAMHSA federal guidelines, MAT should continue as long as the patient desires and derives benefit from treatment.



# Recovery is real

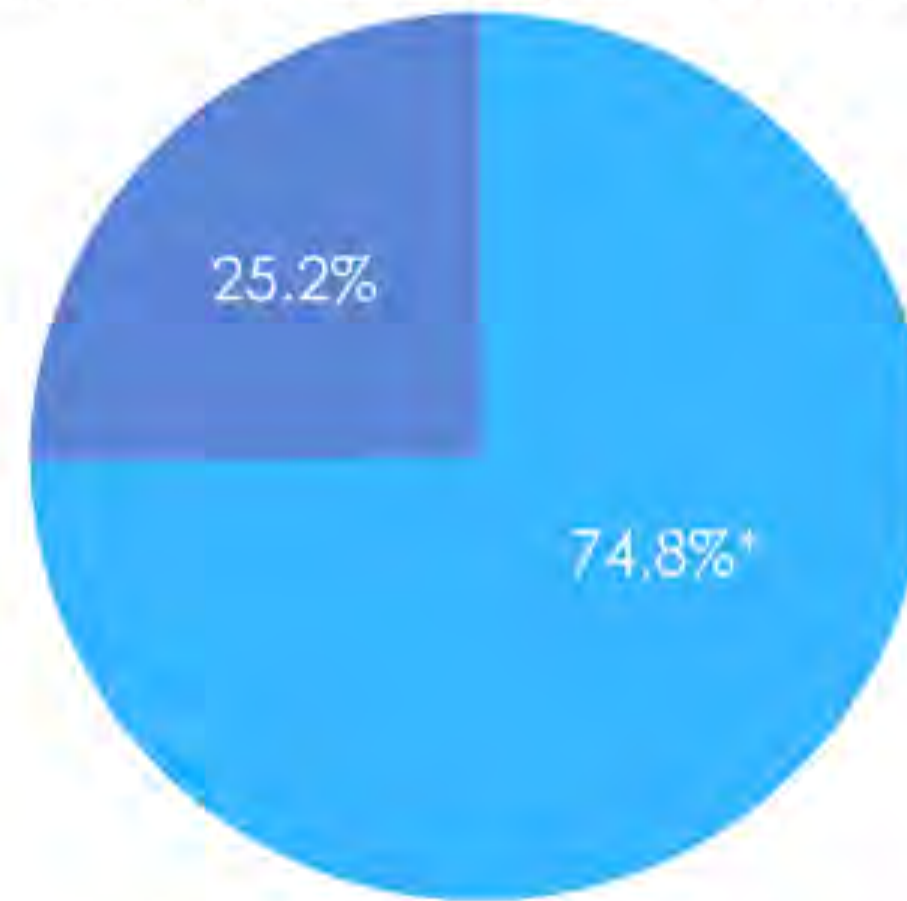
Tens of millions of U.S. adults report ever having substance use problems:

Substance Use Problems vs. No Substance Use Problems



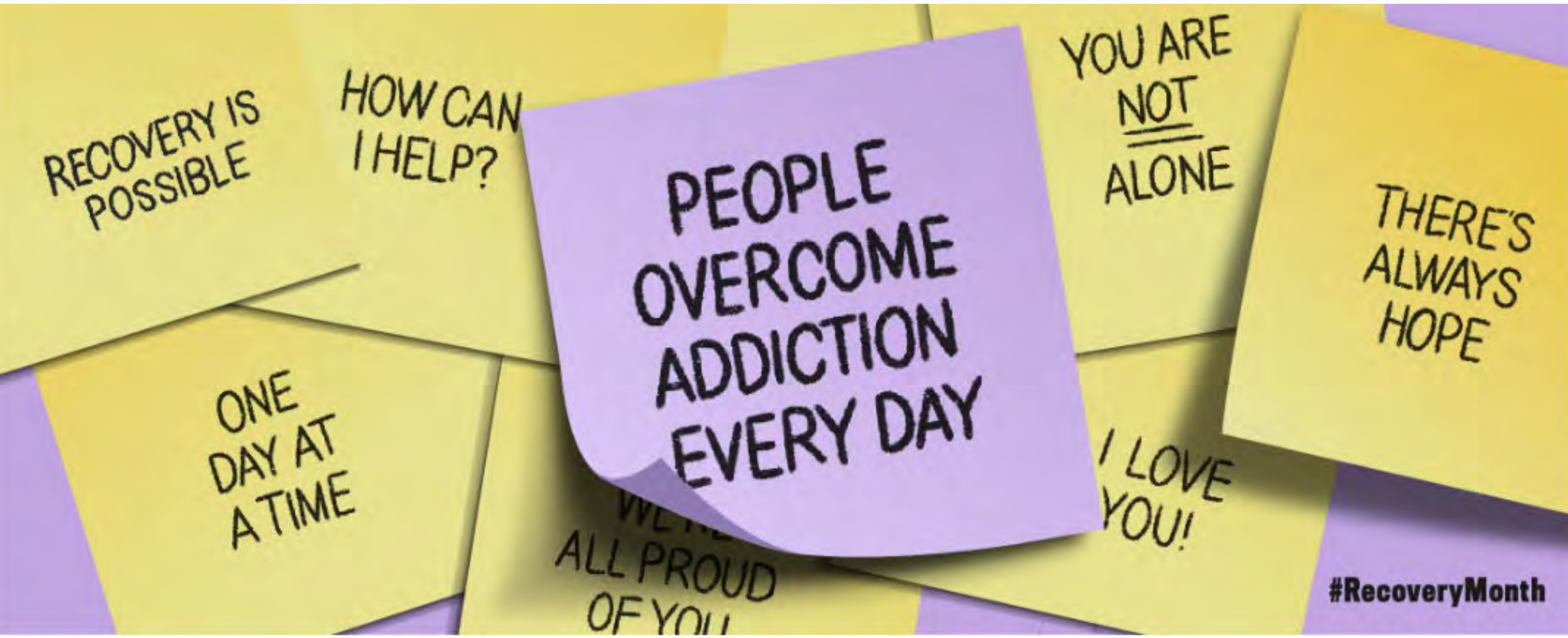
\*11.1% of those in this representative sample report ever having substance use problems, translating to **27.5 million** American adults

Among Those Who Have Had Substance Use Problems, Those in Recovery vs. Not in Recovery



\*74.8% of individuals ever having substance use problems in this representative sample report being in recovery, translating to **20.5 million** American adults

# In summary...



#RecoveryMonth



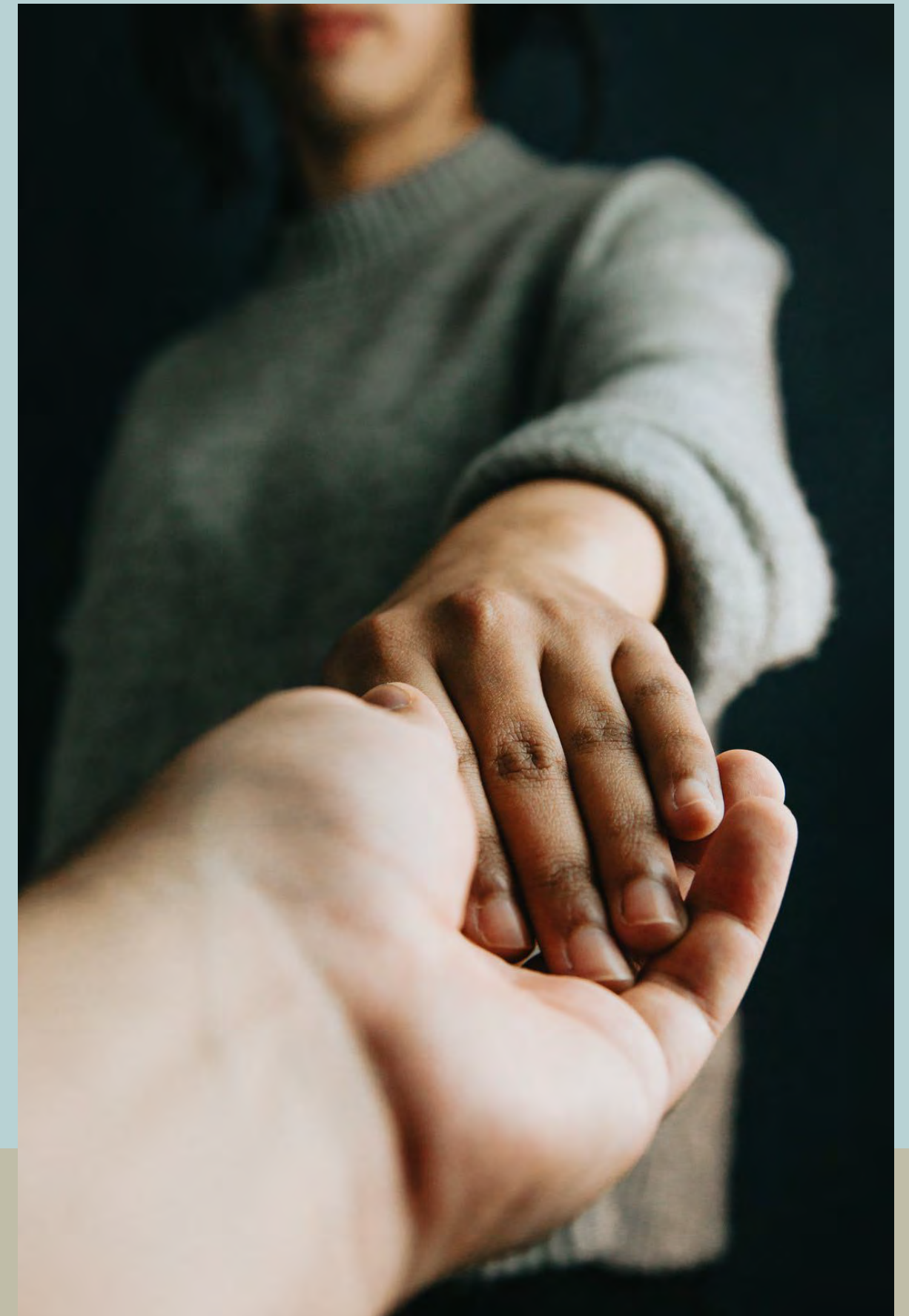


# Legal 9-1-1: Baker and Marchman Acts

Pamela Barger

General Magistrate, Civil Division

20th Judicial Circuit Court





# The Baker Act

The Baker Act is the initiation of the process to seek emergency mental health services and temporary detention for individuals who are impaired because of mental illness and who are unable to determine their own treatment needs.

- The Florida Mental Health Act of 1971
- 2005: Revised to include Involuntary Outpatient Placement



# The Marchman Act

The Marchman Act provides for voluntary admissions and involuntary assessment, stabilization, and treatment of adults and youth who are severely impaired due to substance use.

- Hal S. Marchman Alcohol and Other Drug Services Act - 1993



# Requirements

## **Baker Act:**

- Individual has refused voluntary treatment or is unable to determine for themselves; they are suffering from personal neglect or refuse to care for themselves; or there is a substantial likelihood that without treatment, the individual will cause harm to themselves or others.

## **Marchman Act:**

- Reasons the petitioner believes an individual is substance abuse impaired, lost the power of self-control, and why they believe that an individual will inflict harm on himself or that the individual judgment is so impaired by substance abuse that they are unable to appreciate the need for care and make rational decisions.

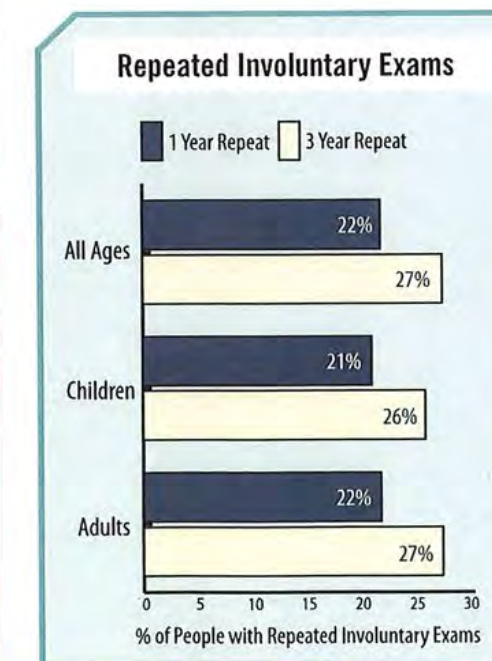
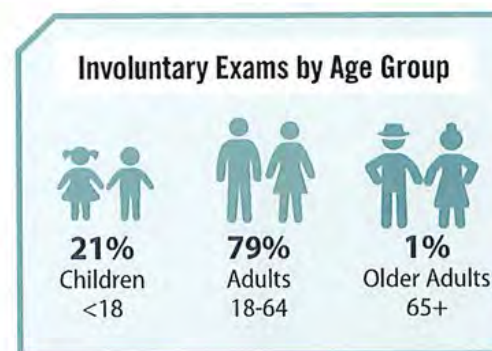
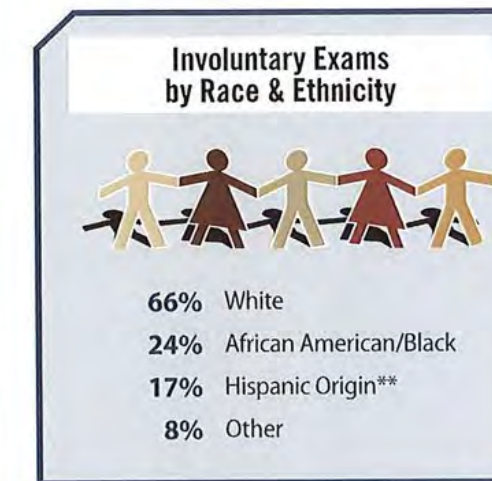
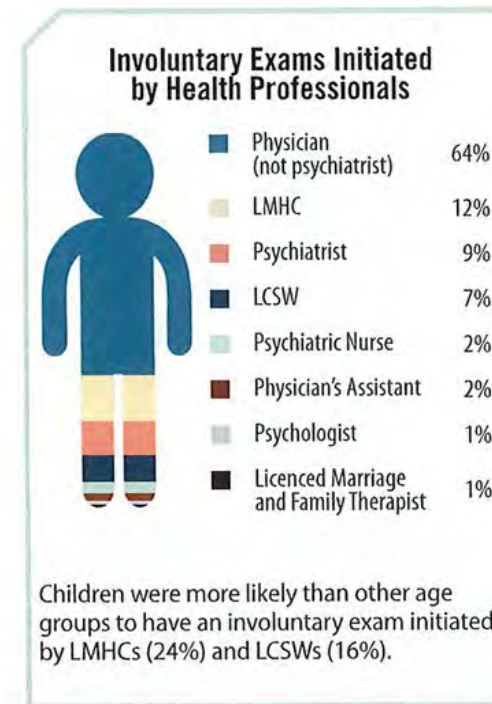
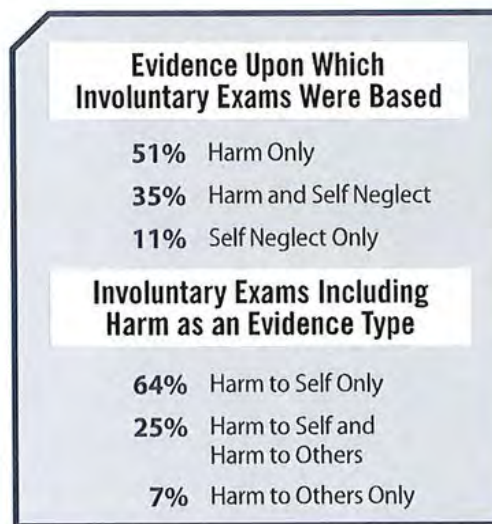
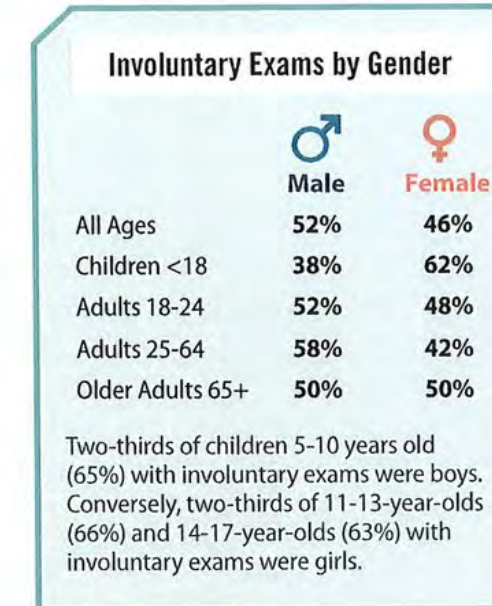
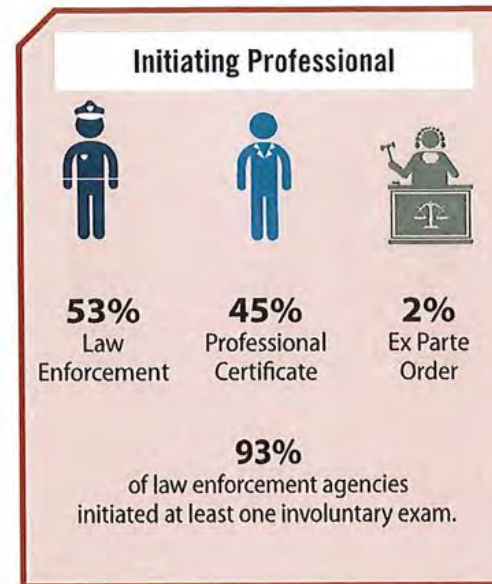
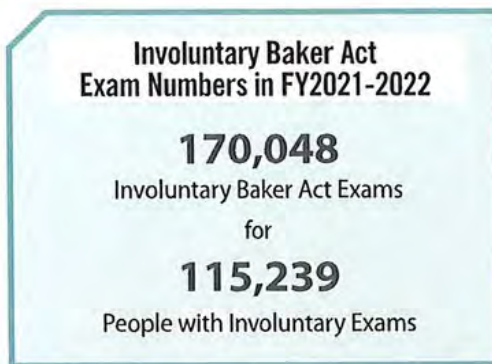


# Just the Facts

- One in 5 adults has a diagnosable mental disorder
- One in 24 adults has a serious mental illness
- One in 12 adults has a substance use disorder
- Half of all chronic mental illness begins by age 14
- People with mental illness are 10 times more likely to be the victims of violent crime

(psychiatry.org “Words Matter: Reporting on Mental Health Conditions”)

# By the numbers



### Involuntary Exam Trends Over 3 Years

	FY 2019-2020	FY 2020-2021	FY 2021-2022	3 Year Change
All Ages	202,598	194,680	170,048	16.07% ↓
Children <18	35,965	38,557	34,234	4.81% ↓
Young Adult 18-24	25,051	24,699	21,823	12.89% ↓
Adults 25-64	124,474	115,359	100,559	19.21% ↓
Older Adults 65+	14,789	13,288	11,606	21.52% ↓

\*Some percentages do not sum to 100% due to missing data and/or rounding \*\*Hispanic origin count is considered an ethnicity and not a race. Ethnicity is collected separately from race.

# Collier County Stats

- Baker Acts – 2023 filings through October that required a hearing – 233 (averaging 23 hearings per month)
- 2022 – 183 hearings (averaging 15 hearings per month)
- October 2022 vs. October 2023
- 2022 – 23 petitions filed, 15 hearings
- 2023 – 66 petitions filed, 35 hearings
- Marchman Act – 2023 filings through October that required a hearing – 100
- 2022 – 169 petitions filed, 142 hearings (average 12 hearings per month)
- Filings have significantly dropped off – from June 2023 to present, average of 5 hearings per month



# Who Can File a Petition?



## Baker Act

- Law Enforcement Officer
- Licensed Professionals (a physician, a clinical psychologist, a psychiatric nurse, a mental health counselor, a marriage or family therapist, or a clinical social worker)
- Any adult person by ex parte petition based upon written or oral sworn testimony which includes specific facts

# Who Can File a Petition?

Marchman Act – Petition for Involuntary Assessment and Stabilization

For adults:

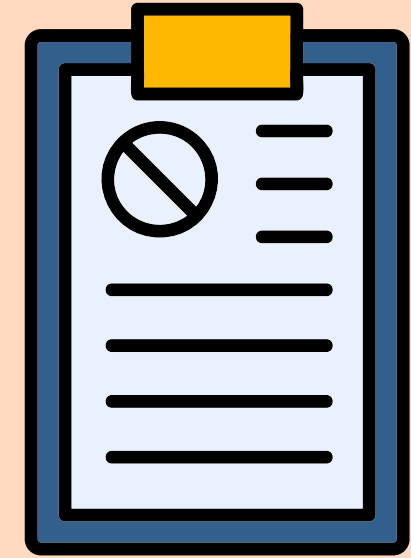
- The person's spouse or legal guardian, any relative, a private practitioner, the director of a licensed service provider, or any adult with direct personal knowledge of the person's substance abuse impairment

For Minors:

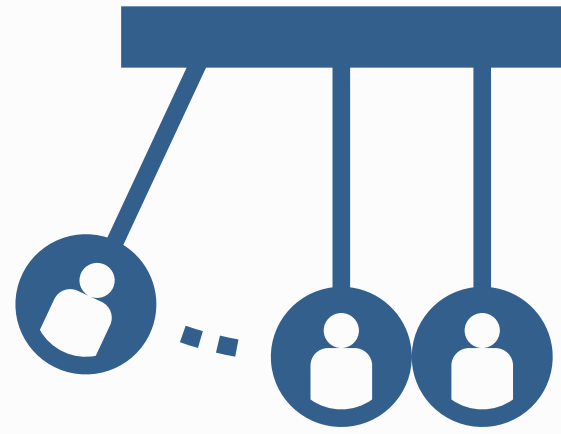
- A parent or legal guardian, legal custodian, or a licensed service provider

Petition for Involuntary Treatment

- Same as above. In Collier County, the Petitioner is usually a physician/treatment provider at NCH



# Impacts



Individuals are entitled to hearings on the petitions and have a right to counsel, and the court must find that involuntary commitment is the least restrictive alternative.

- Baker Act - Individuals can be held in a “locked” treating facility or State hospital for up to 180 days – this includes juveniles
- Marchman Act – After assessment, individuals can be ordered to a treatment facility of their choosing, if appropriate, for up to 90 days



# Resources

DCF Website contains a handbook, forms, and FAQ for both Acts

- [www.myflfamilies.com/crisis-services/baker-act](http://www.myflfamilies.com/crisis-services/baker-act)
- [www.myflfamilies.com/crisis-services/marchman-act](http://www.myflfamilies.com/crisis-services/marchman-act)



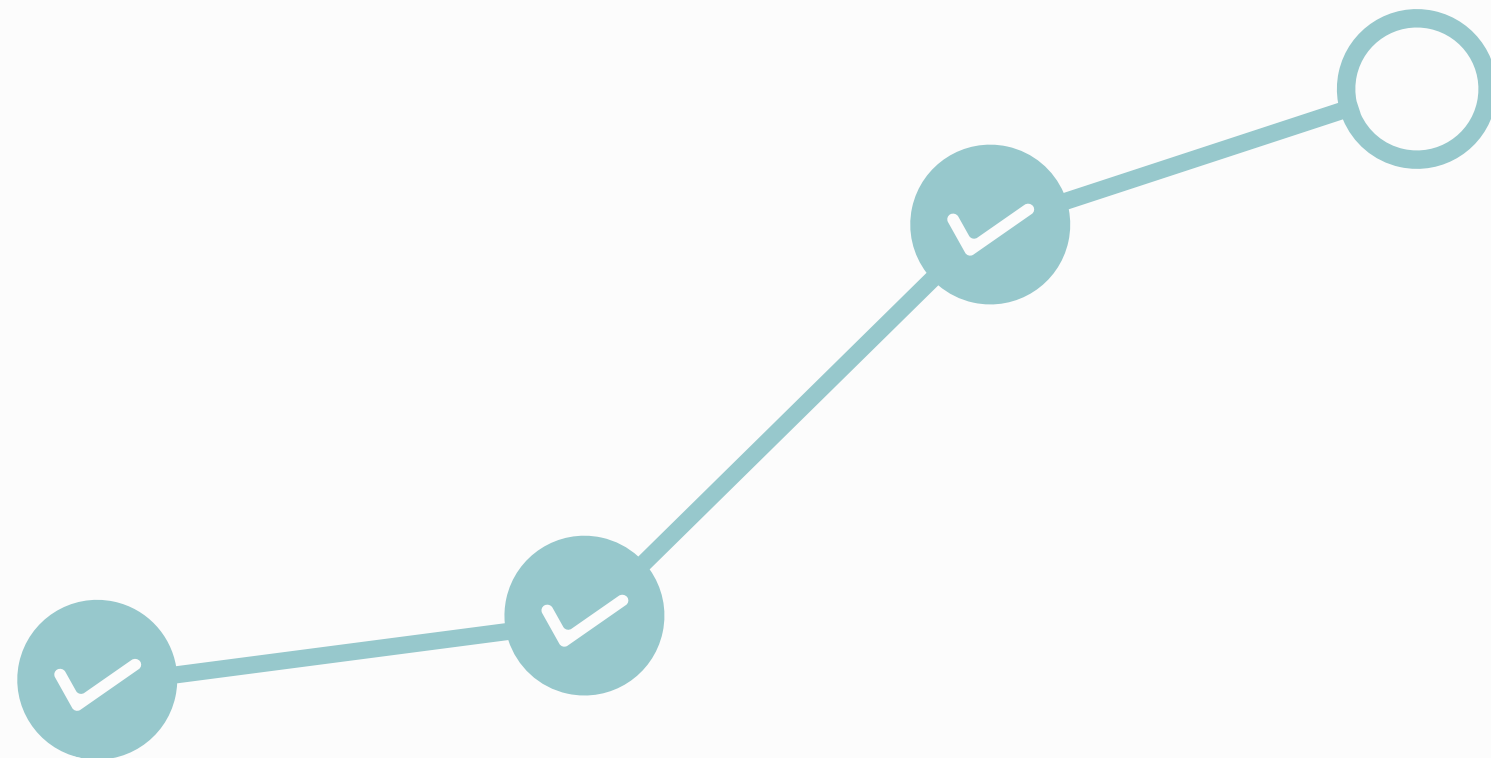
# Trauma and Resiliency

Mary Ellen Frazier, Psy.D.



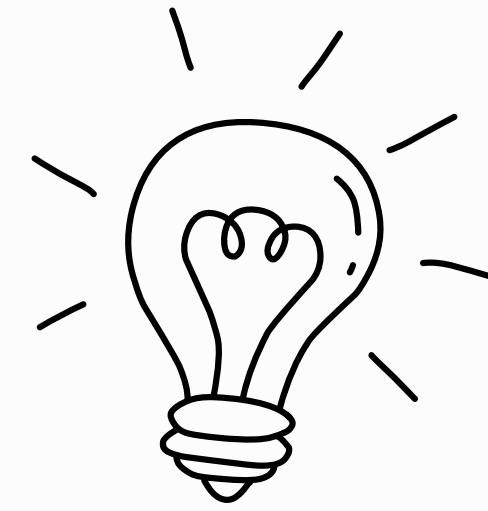
# The Evolution of Post-Traumatic Stress Disorder (PTSD)

- First included in the DSM-III in 1980
- Many mental health professionals proclaimed that it was a political diagnosis





# In 1985, one entity stated:



“It has never been shown that PTSD is relevant to the mission of....”

Who was this?

- The United States Marine Corps
- The Veterans Administration
- The American Psychiatric Association





# What is PTSD, really?

- The development of characteristic symptoms following a traumatic event
- The essence of trauma is that it is overwhelming and unbearable



# What is a traumatic event?



- Exposure to actual or threatened death
- Sexual violence
- Serious injury
- Being kept waiting for an hour in your doctor's waiting room



# Characteristic symptoms of trauma

- Recurrent involuntary memories of the event
- Persistent avoidance of external reminders associated with the trauma
- Negative alterations in cognition or mood
- Alterations in arousal and reactivity
- Causes clinically significant distress/impairment in functioning



# Risk Factors

- Lifetime risk is 8.7%
- Rates for Veterans and those whose vocation exposes them to traumatic events is 30% - 50%



# What is the single most predictive element for developing PTSD?

- Prior mental health disorder
- Environmental factors
- Prior trauma
- Cultural characteristics



# Adverse Childhood Experiences





# Adverse Childhood Experiences

- Respondents were 17,500 mostly Caucasian, middle-class middle-aged, well-educated, financially secure with good health insurance
- Only 1/3 reported NO ACES
- 87% of those reporting adverse childhood experiences scored two or more
- 12.6% scored four or more

# ACES HANDOUT

## Finding Your ACE Score

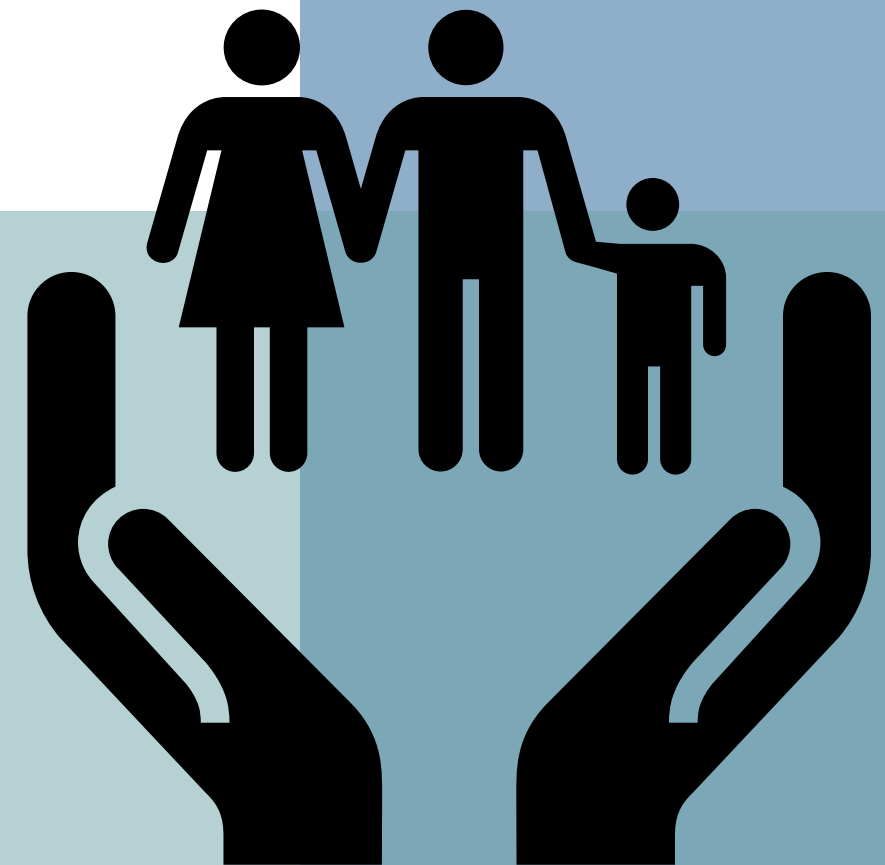


While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often**...  
Swear at you, insult you, put you down, or humiliate you?  
**or**  
Act in a way that made you afraid that you might be physically hurt?  
Yes                      No                      If yes enter 1 \_\_\_\_\_
2. Did a parent or other adult in the household **often or very often**...  
Push, grab, slap, or throw something at you?  
**or**  
**Ever** hit you so hard that you had marks or were injured?  
Yes                      No                      If yes enter 1 \_\_\_\_\_
3. Did an adult or person at least 5 years older than you **ever**...  
Touch or fondle you or have you touch their body in a sexual way?  
**or**  
Attempt or actually have oral, anal, or vaginal intercourse with you?  
Yes                      No                      If yes enter 1 \_\_\_\_\_
4. Did you **often or very often** feel that ...  
No one in your family loved you or thought you were important or special?  
**or**  
Your family didn't look out for each other, feel close to each other, or support each other?  
Yes                      No                      If yes enter 1 \_\_\_\_\_

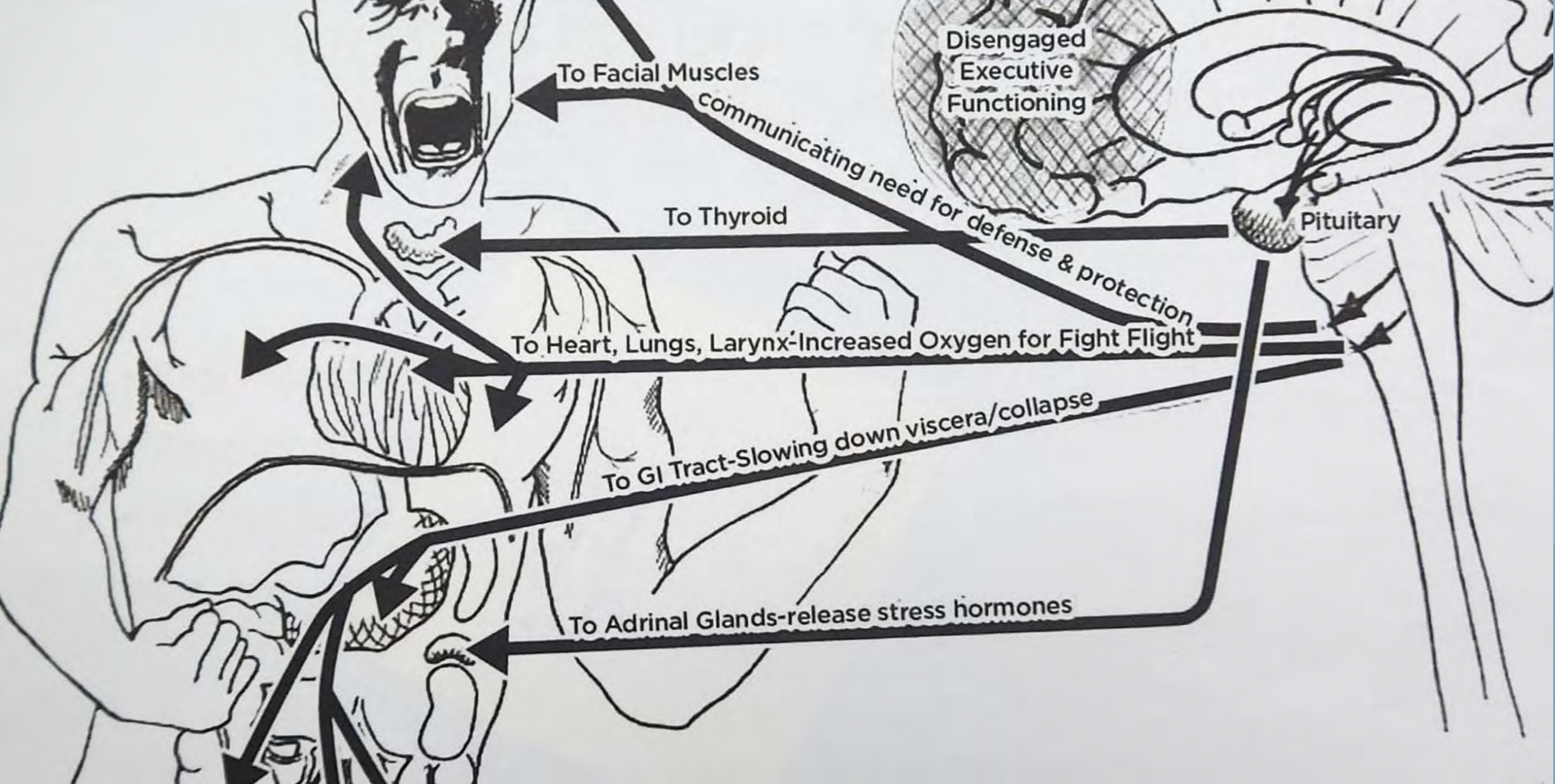
# Protective Factors

- Nurturing and attachment
- Parental resilience
- Social connections
- Concrete support for parents
- Social and emotional competence of children
- Coping styles and adaptations of children often develop on their own





Drawing by Liana Sky

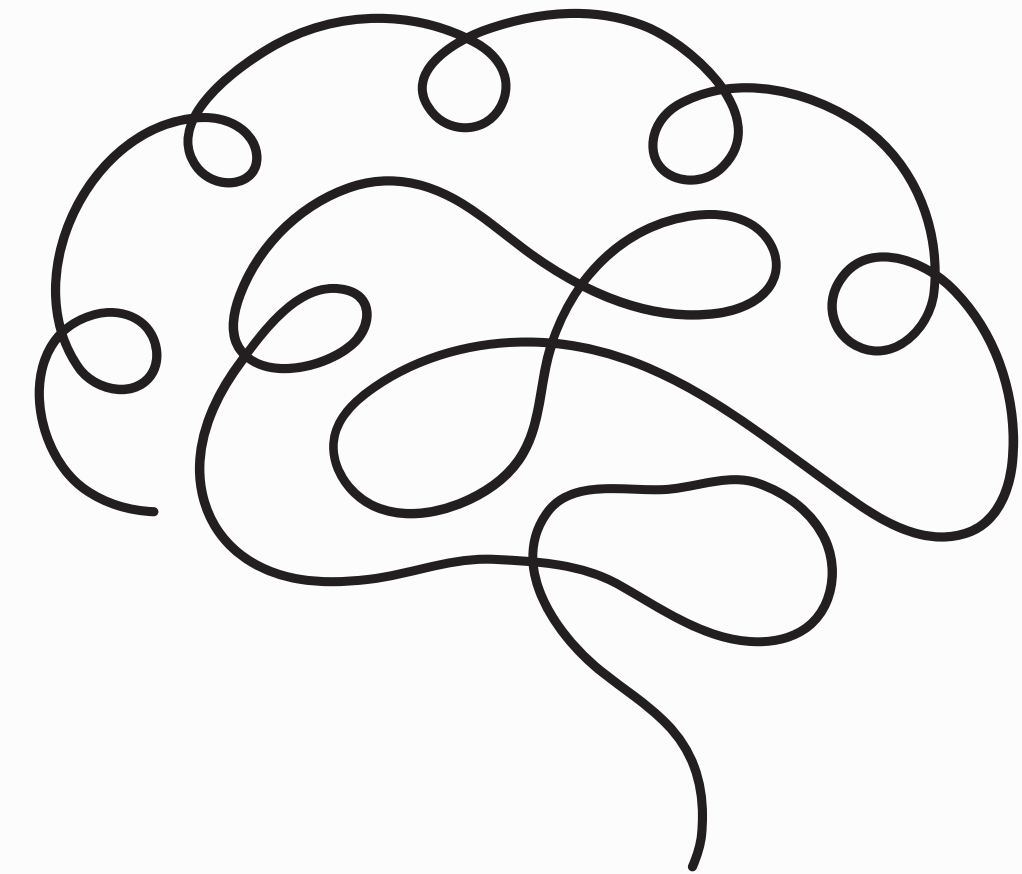


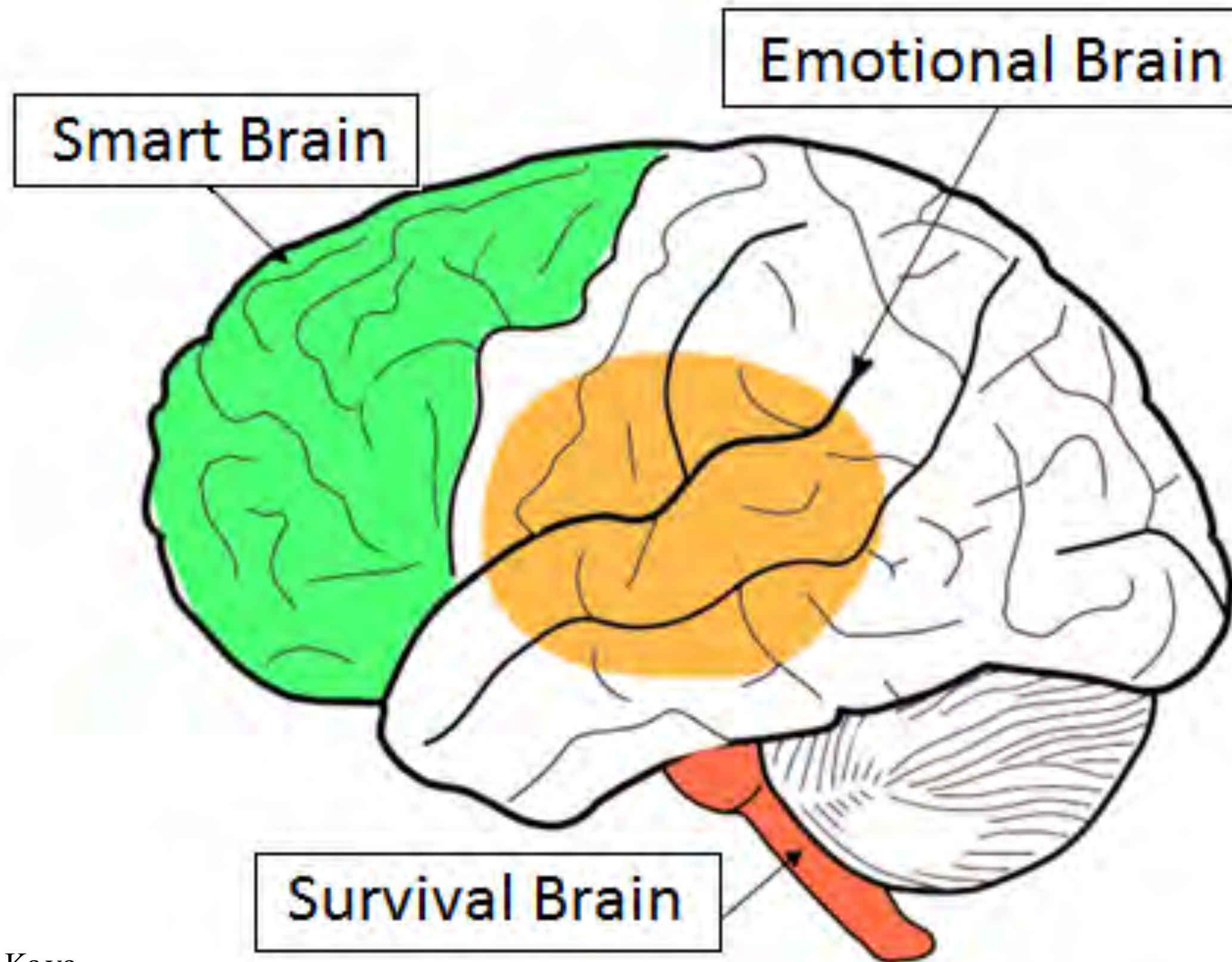


# What does the brain have to do with it?

## What is the purpose/function of the brain?

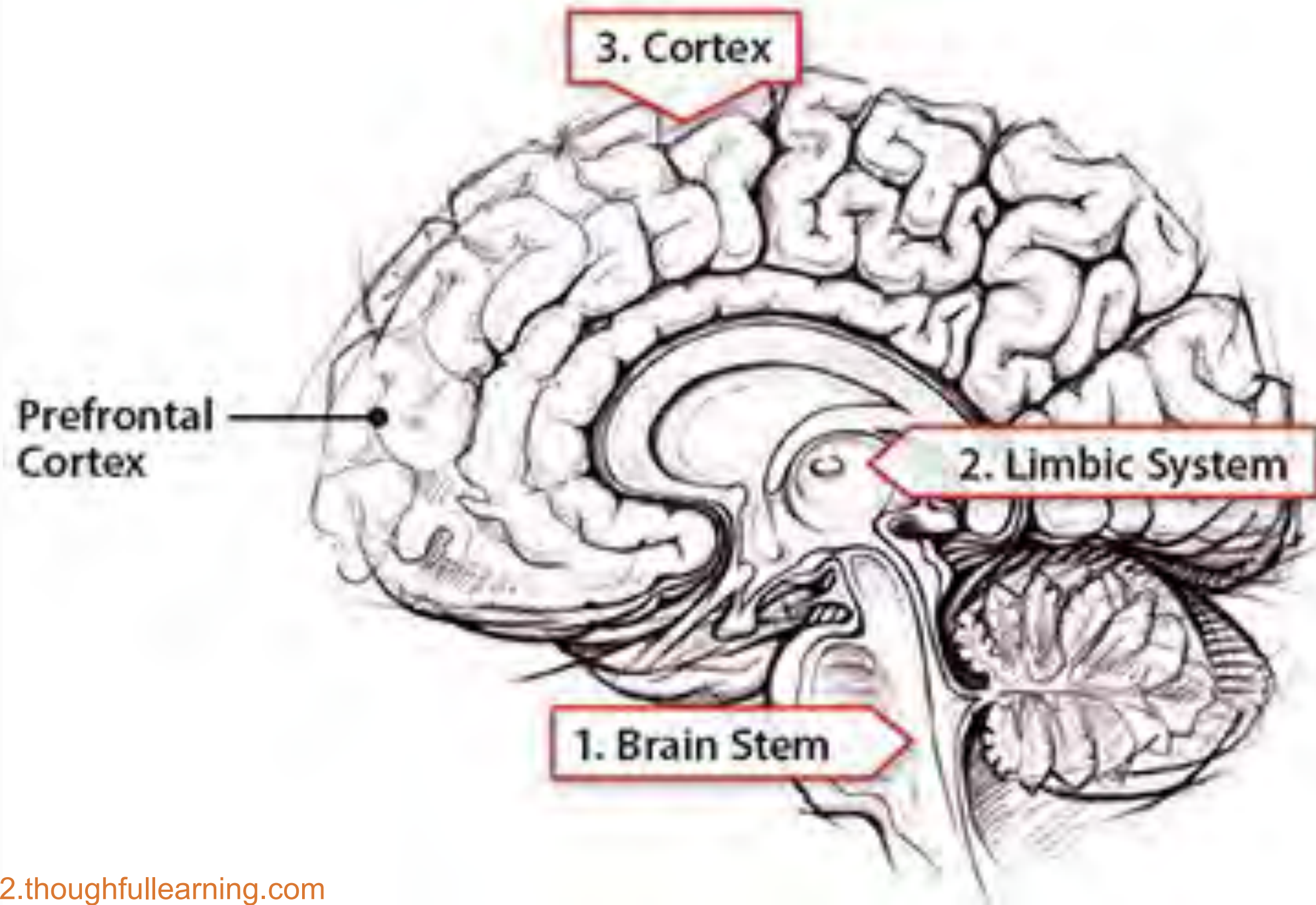
- Produce thoughts and feelings
- Protect the organism
- Keep you awake at night talking smack





Taken from:  
*Understanding Your Brain*  
by Artius Psychologist, Melisa Kaya  
<https://www.artius.com.au/news/understandingyour-brain/>





Taken from: [K12.thoughtfullearning.com](http://K12.thoughtfullearning.com)

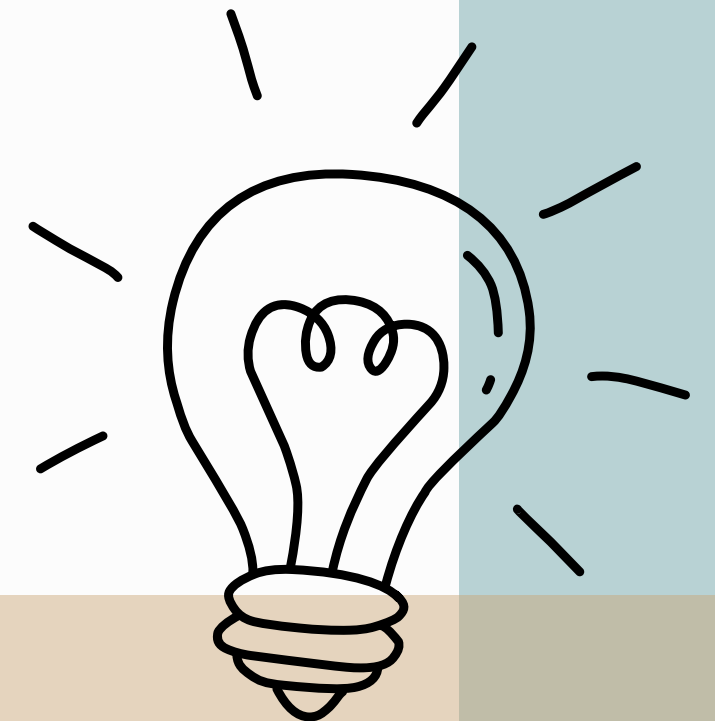
**At what age does our brain (Pre-Frontal Cortex) fully connect?**

A) 18

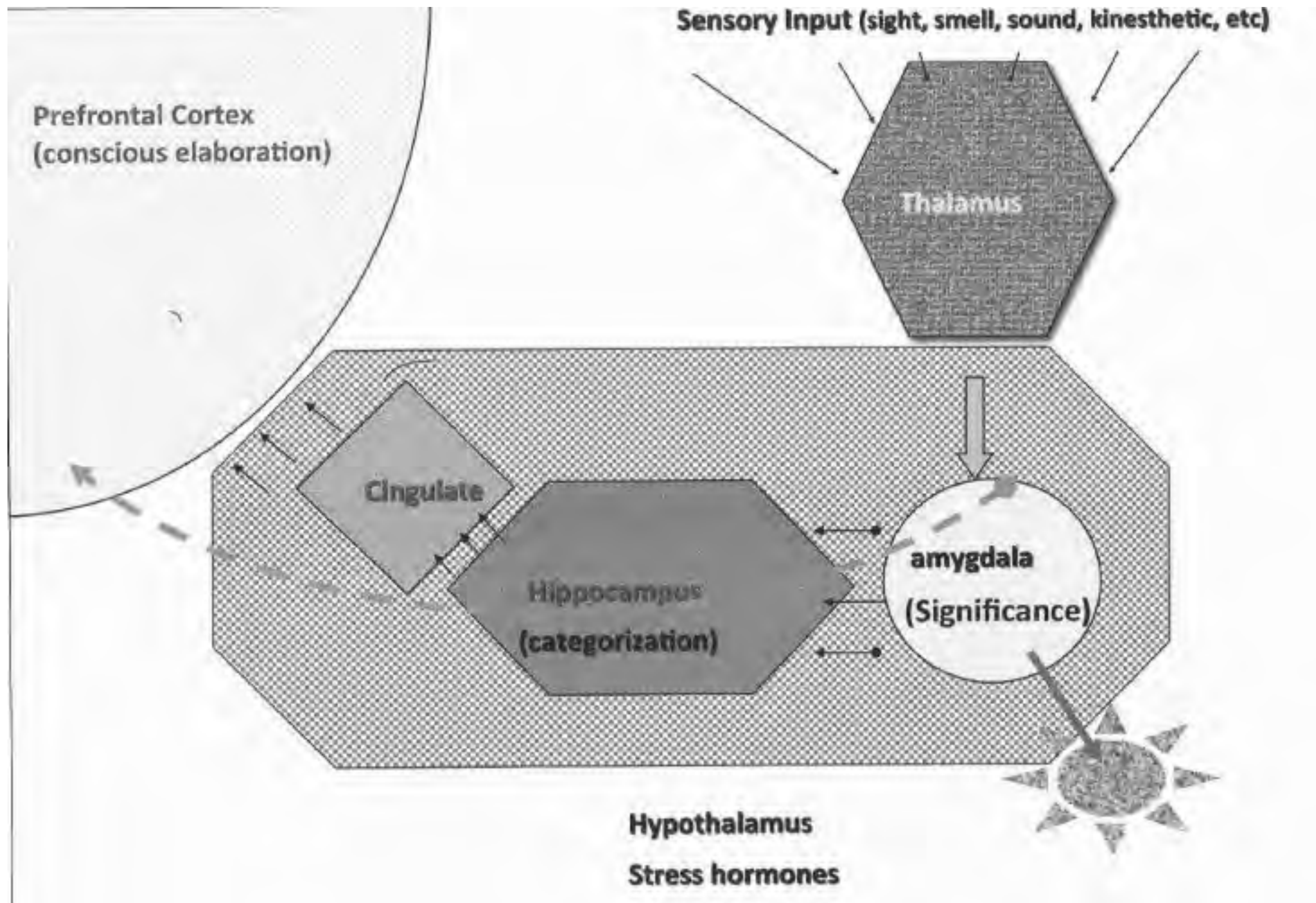
B) 21

C) 24

D) 40

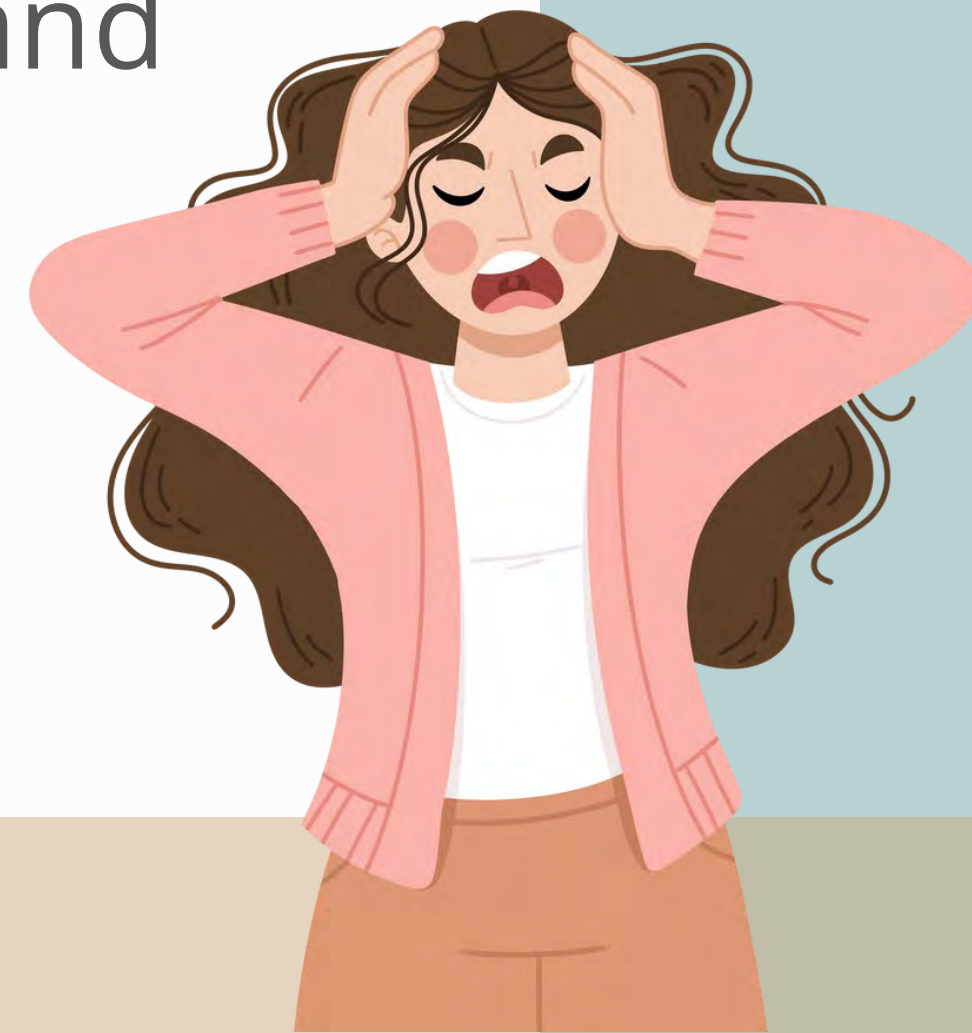






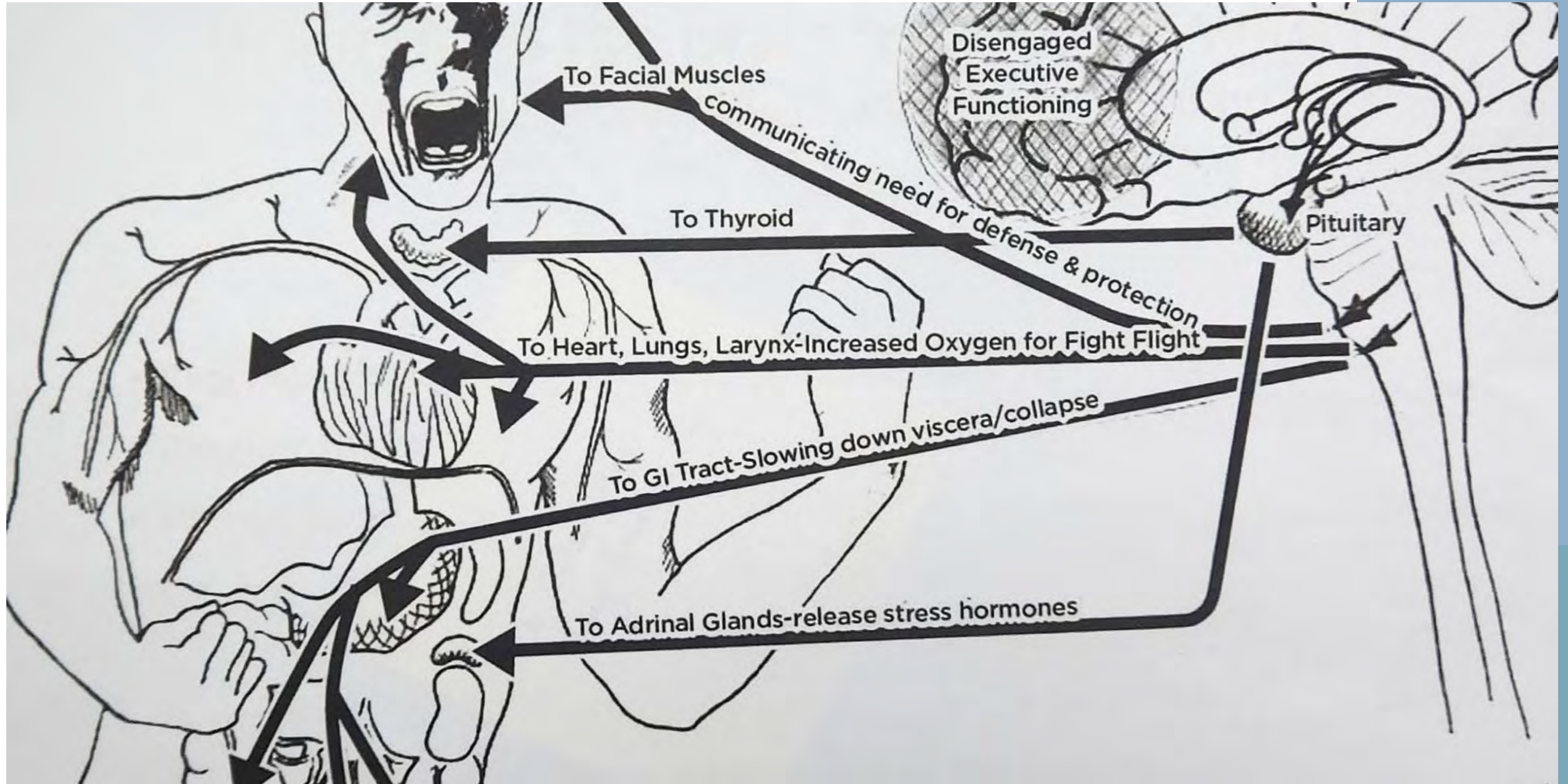
# Fight or Flight Response

- Heart rate increases
- Breathing gets rapid and shallow
- Blood rushes to arms and legs
- Blood rushes away from digestive system and prefrontal cortex
- Vision narrows
- Body sweats





Drawing by Liana Sky







Source = <http://cbt4panic.org/anxiety-symptoms-stem-from-the-very-helpful-fight-or-flight-response/>



The stress response can be triggered in a single instant, but how quickly you calm down and return to your natural state varies from person to person (and will depend on what caused it).

Typically, it takes 20 to 30 minutes for your body to return to normal and calm down.



# Resilience, Stress Management and Treatment



# What is Resilience?

- Bouncing back
- Adapting under pressure
- Thriving despite or because of pressure
- Positive emotions buffer against depression
- Emotional flexibility
- Positive response to change
- Ability to foster good relationships

People who are resilient tend to be able to harness their inner strengths and resources to rebound quickly and more fully from setbacks.





# Can we develop resilience?

- The good news is that resilience is not a trait that people either have or do not have – it involves thoughts, beliefs, attitudes and behaviors that can be learned and developed.
- We can't always control what happens, but we can control how we think and respond.

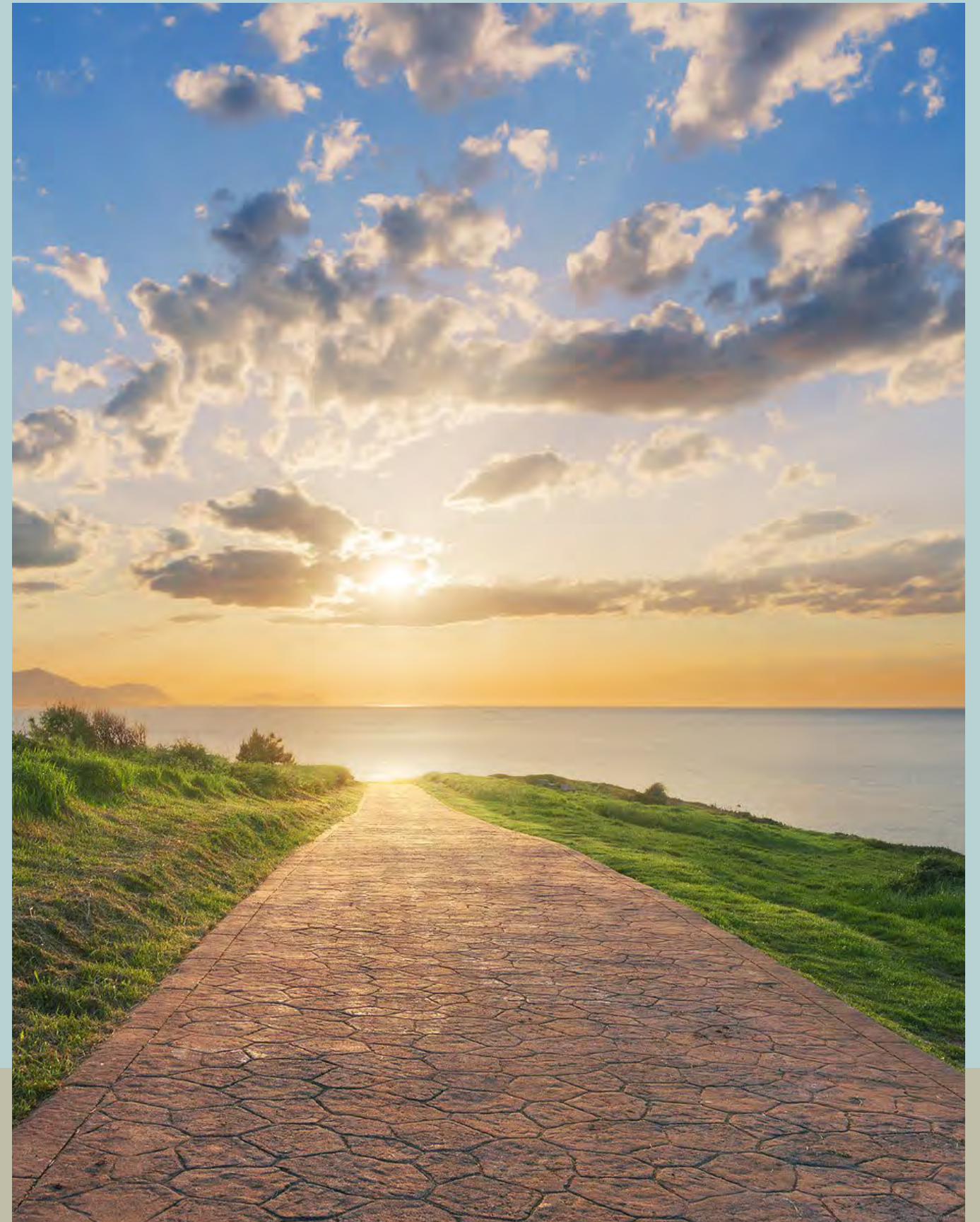




We can't always control what happens,  
but we can control how we think and  
respond.



# Pathways to Resilience





# Physical

- Aerobic exercise reduces adrenaline
- Yoga/Tai Chi quiets the limbic system
- Mindful breathing decreases cortisol by enervating the vagal nerve



# Mental and Cognitive

- Zebras don't respond to thoughts of lions; they respond only to **real** lions.
- Humans respond to **thoughts** of lions.



# Mental and Cognitive

Strive for flexible thinking and avoid critical errors in thinking, such as:

- Black-and-white thinking
- Jumping to conclusions and mind-reading
- Catastrophizing
- Using critical words such as "should have, would have, could have"

Practice Meditation and Mindfulness





# Emotional

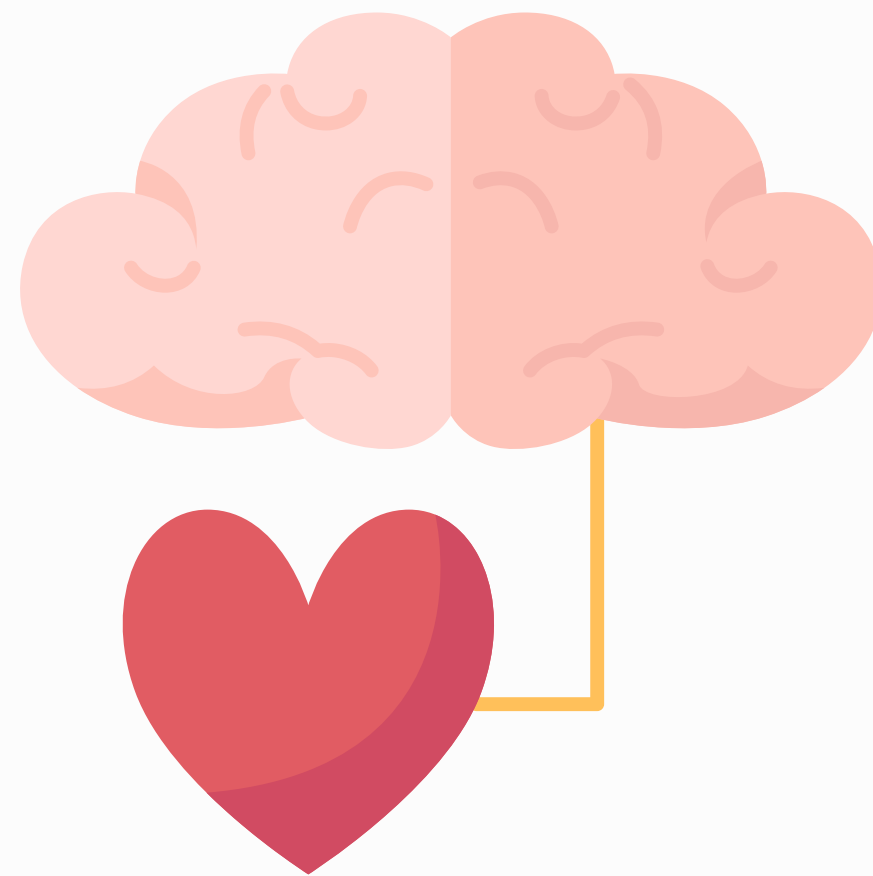
Activities which move from right to left hemisphere such as journaling or speaking out



# Behavioral

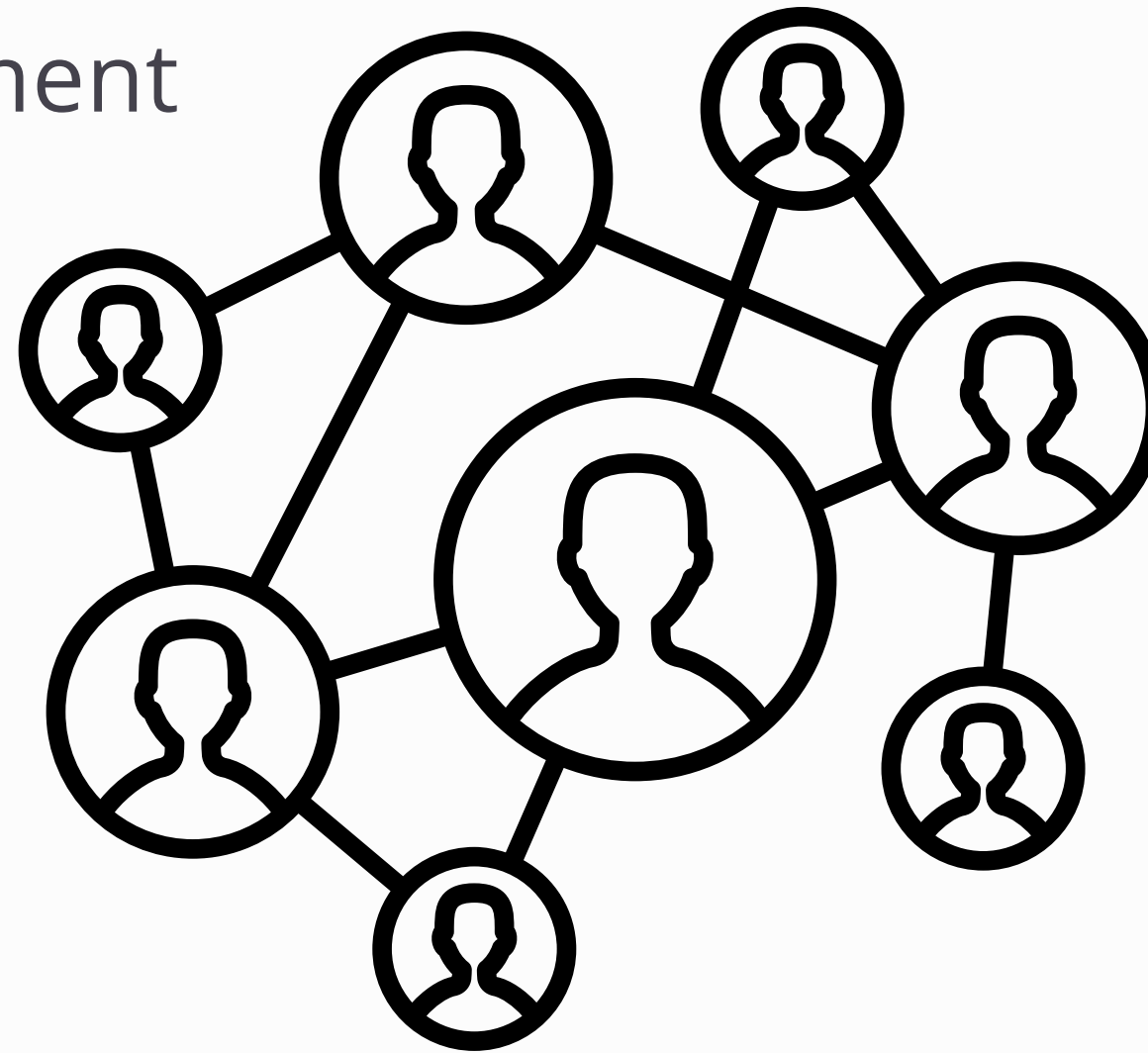
What is the most effective behavioral intervention?

- 8 hours of sleep
- Turn off the news
- Avoid alcohol



# Social/Work

- Stress is contagious
- Create a less stressful environment





# Who is most vulnerable to stress?

- Boss or Judge
- Middle management
- Receptionist or clerk



# Can you fake being stress-free?

- Yes
- No



# Can you create Emotional Resonance?

Yes!

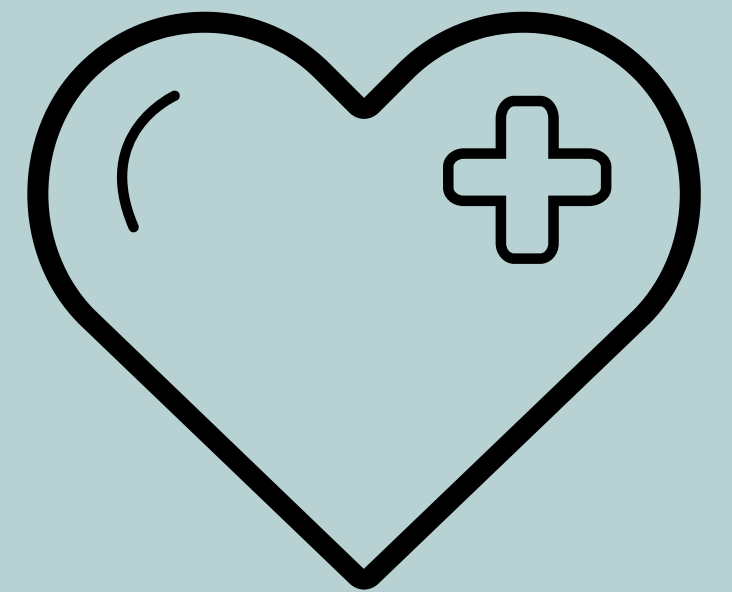
- Look into the other person's left eye with your right eye
- Why? Because this releases oxytocin





# Treatment Modalities

- Cognitive Behavioral Therapy
- MDMA
- EMDR
- UCF RESTORES





# Nonviolent Encounter Verbal De-Escalation

Lt. Leslie Weidenhammer  
Judge Janeice T. Martin





# Before We Begin...

- **If there is an emergency, call 911!**
- Your safety is first, last, always, forever!
- There are times when words fail...act!
- CCSO Behavioral Health Bureau (BHB)



# Just For You!

- Home
- Family
- Friends
- Co-Workers
- 1:4 or 1:5
- Who Do You Know?
- Today's material is for you, too!







**How deep  
is the mud?**

**Depends on  
who you ask.**

**We all go through the  
same stuff differently.**

# Avoid:

- Embarrassment
- Judgment
- Stigma
- Lecturing/Monologue
- Re-Traumatization





# We Have To Listen More!

- We tend to direct and give orders to get out of a situation as quickly and safely as possible
- A few minutes of listening could...
  - Make a difference in your life
  - Make a difference in the person's life
  - De-escalate to a positive resolution



\* MANY TIMES when a person is in crisis, all they need is to be heard

# Why Active Listening?

- Empathy
- Understanding
- Retention
- Rapport
- Influence
- Compliance
- Face the person
- Nod occasionally
- Maintain eye contact
- Minimize distractions (internal and external)
- Keep an open mind
- Open and inviting posture



**Delusions = false beliefs**

**Hallucinations = perception of sensory experiences**

- Validate their thoughts and recognize their view
  - “I believe that you believe”
- Do not argue or debate – not rational
- Do not agree
- Focus the person on what you need them to do
- Stay calm and try to offer a solution
- Paranoia symptoms: mostly focused on safety – try to offer solutions based on their safety





# **Psychosis/Psychotic Behavior:** **Not in touch with reality - could have** **aggressive body language**

- Allow person to vent energy, if possible
- Maintain a safe distance
- Speak in low voice tone
- Provide reassurance



# Mania (extreme high energy or mood)

- Ask specific, concrete questions
- Try to get the person to slow down by slowing down your body movements and speech
- Stay calm and patient
- Be the “broken record”



# Verbally Non-responsive

- Common in individuals on the Autism Spectrum
- Catatonic individuals
- Consider medical issue, hard-of-hearing, or sight-impaired
- Speak in low voice tone
- Be sensitive to any reply from the individual
  - Small movement, etc.
- Ask if something has happened to them



# Suicidal Person

- Calm, understanding, non-judgmental manner
- Listen, Listen, Listen
- Be active in offering hope and help
- Avoid debating the value of life, minimizing their problems, or giving advice
- Ask the person directly about suicide
- Encourage them to get help:
  - Crisis Text Line
  - 741-741
  - Suicide hotline
  - 988





# Techniques/Strategies

- Allow the subject to write down what they need from you
- Be patient
- Silence on your part can be golden
- Use their name to establish rapport and this helps them to maintain focus
- Don't patronize
- Explain what you need and why

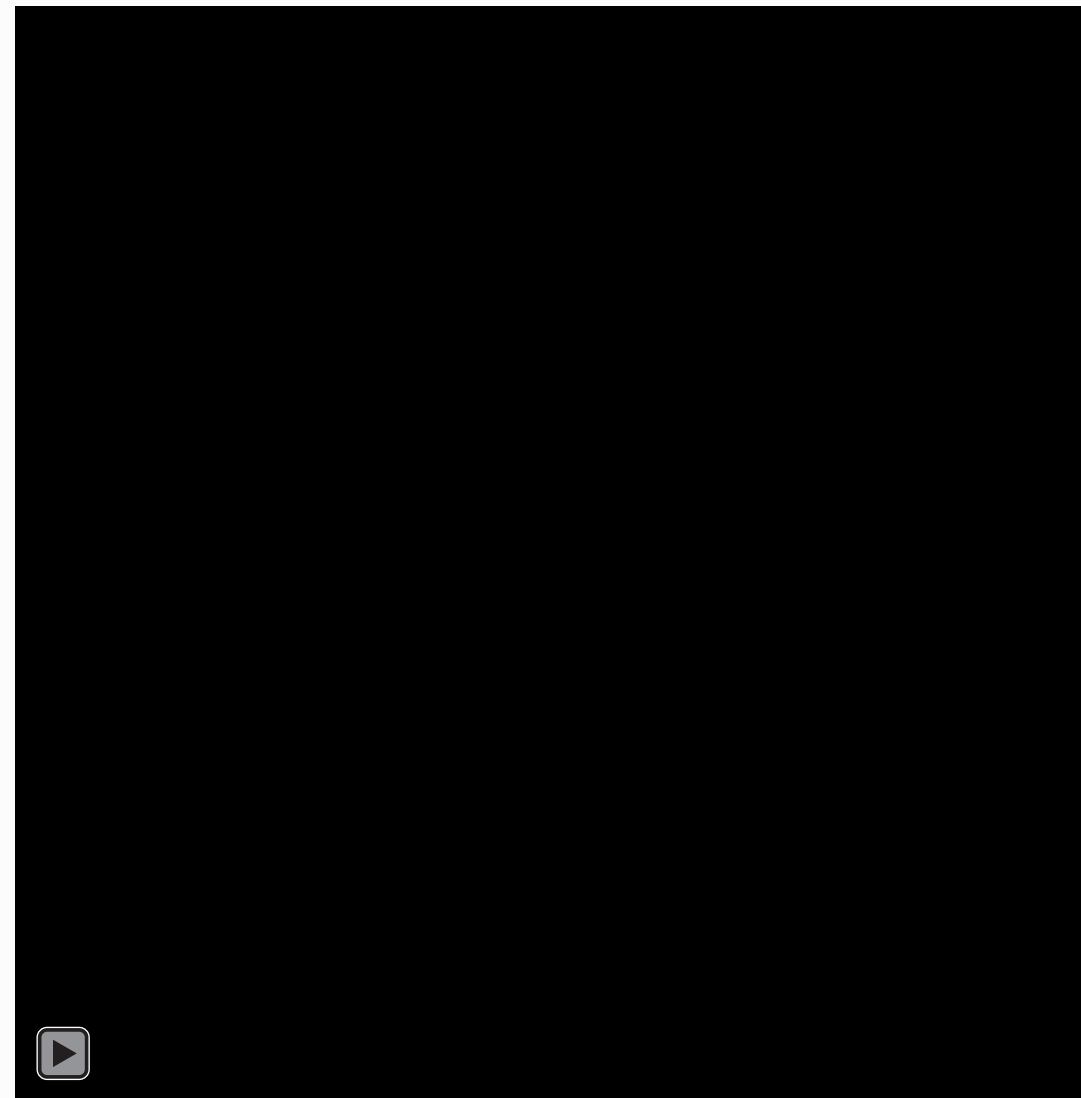


A yellow warning sign with a black border. On the left side, there is a black triangle containing a white exclamation mark. To the right of the triangle, the word "WARNING" is written in large, bold, black, sans-serif capital letters.

**! WARNING**

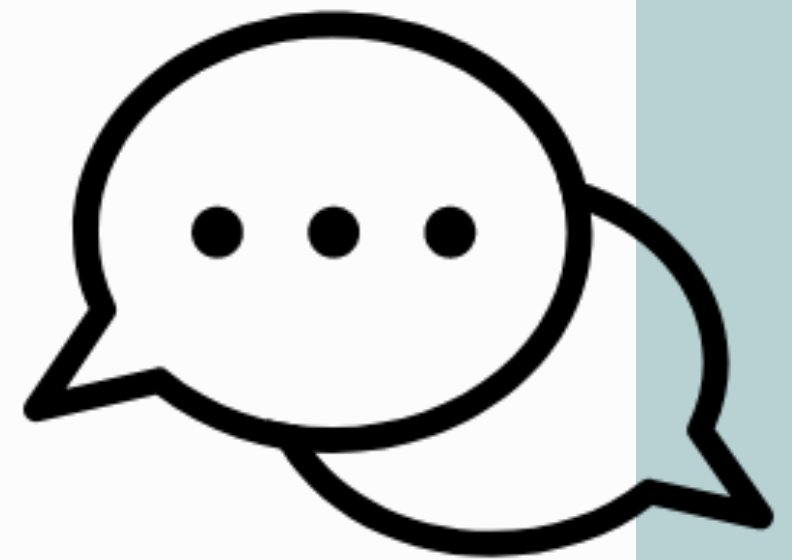
**TRIGGER WARNINGS**

# Hearing Voices Exercise (Audio)



# Hearing Voices...

- Establish trust
- Be aware of your body language, tone & attitude
- Body Language
- Ask the person what the voices are saying
- Decide what course of action to take
- Could these symptoms lead to self-neglect?
  - Baker Act appropriate?





# Calm, Assess, Facilitate (C.A.F. Model)

- CALM
  - ASSESS
  - FACILITATE
- 
- “Fluid” Process
  - Provides a blueprint
  - Enhances safety



# Calm

**Goal: Decrease the intensity of the situation**

- Slow – Allow for processing
- Concise
- Compassionate
- Respectful
- Caring
- **Dignity**
- **Calm is contagious!**



# Assess

## Goal: Determine the most appropriate response as presented by the facts

- Focus on verbal, behavioral & environmental indicators
- Assess for orientation (time, place, person)
- Assess for mental health/substance use/or both
  - Medical/physical conditions that could mimic mental health condition...
- Behavior (actions, movement, mannerisms)
- Thought patterns and speech (tone, speed, volume, etc.)
- Emotions/mood: steady or sustained emotional state?, expressions and feelings
- Appearance and Hygiene
- Delusions and/or Hallucinations
- Be aware of signs of completing suicide and/or violence

# Facilitate

**Goal: Promote a resolution based on an assessment of the facts presented**

- Always keep in mind your organization's policy, ethical considerations, and legal obligation(s)
- What is best for the individual to facilitate a resolution to the situation



# De-Escalation

There is contact and resolution in our encounters.

De-escalation is what happens in between.

- Slow your roll! – Take time for processing
- Establish rapport – Avoid jargon, speak to adults like adults
- Keep reassuring the person that you are there to help
  - Our job is to help bring the person down so they can make a reasonable decision
- Be the calming presence in the room
  - Calm is contagious – can reduce, conflict, misunderstandings, and injuries
- Environment:
  - Gender
  - Number of people
  - Their space/boundaries (AND YOURS)
  - Fight or Flight...give them space when appropriate



# Observe & Be Aware

- People often have a hard time processing what others are saying at “normal” speed...slow it down
- Person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds (voices), or the environment
- What you wear – Clothing can be intimidating – acknowledge that
- Consider medication side effects
- Consider what has happened to the person in the past (trauma, prison, lost everything including family, etc.)



# Other considerations

- Offer written guidance for important instructions
- Be mindful of stigmatizing language
- Are you in a position to HELP the situation?
- Connect them to assistance or preserve a connection to supports
- Are you in a position to HARM the situation?
  - Disruption in treatment
  - Disruption in other supports such as
    - Housing
    - Family
    - Employment
    - Transportation
    - Benefits



# Considerations

- **Golden Rule** – Treat others the way you want to be treated
- How would you want your children, parents, or family members to ?

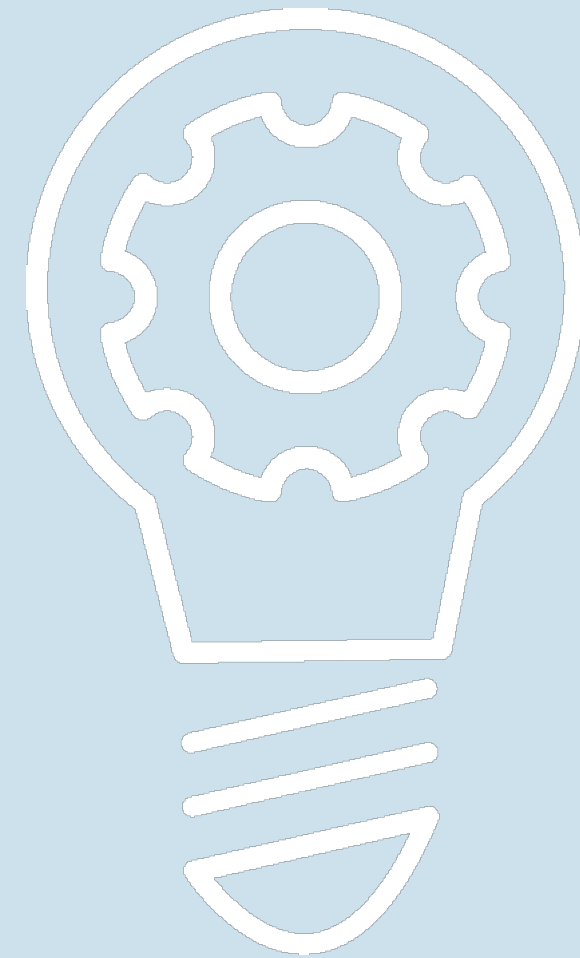






# POST-TEST

# RESOURCES





## BEHAVIORAL HEALTH PRIMER FOR JUSTICE PROFESSIONALS

### Training Resources

*Last updated 12/20/2023*

#### Videos and Audio used in the Presentation:

- Anderson Cooper tries a schizophrenia simulator
  - <https://www.youtube.com/watch?v=yL9UJVtgPZY>
- Addiction Neuroscience 101
  - <https://youtu.be/bwZcPwIRRcc?si=p1DQ5s4xs4NcW1HT>
- Medication-Assisted Treatment and Common Misconceptions
  - <https://www.youtube.com/watch?v=RP27Qh1hZY>
- Nadine Burke Harris TEDMED talk: How childhood trauma affects health across a lifetime
  - [https://www.ted.com/talks/nadine\\_burke\\_harris\\_how\\_childhood\\_trauma\\_affects\\_health\\_across\\_a\\_lifetime](https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime)
- Hearing Voices Audio Exercise
  - <https://www.youtube.com/watch?v=yGTXnxFj414>

#### References and Resources:

##### Trauma

- Van der Kolk, Bessel A. (2014). **The body keeps the score: brain, mind, and body in the healing of trauma.** New York, New York: Viking.
- Sapolsky, R. M. (1994). **Why zebras don't get ulcers: a guide to stress, stress related diseases, and coping.** New York, W.H. Freeman.
- Barrett, Lisa Feldman (2020). **Seven and a half lessons about the brain.** Boston: Houghton Mifflin Harcourt.
- Harris, Nadine Burke. **How childhood trauma affects health across a lifetime.**
  - [https://www.ted.com/talks/nadine\\_burke\\_harris\\_how\\_childhood\\_trauma\\_affects\\_health\\_across\\_a\\_lifetime](https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime)

- Swart, Tara. **Always look into someone's left eye.** Podcast on Mental Resilience.
- Katz, Dr. Jon. **Saving Simon: How a rescue donkey taught me the meaning of compassion.** New York: Penguin Random House.

### **De-Escalation**

- Lerner-Wren, Judge Ginger. (2018). **A Court of Refuge: Stories of America's First Mental Health Court.** Beacon Press.
- Lampshire, Debra. TEDx Talk: **Hearing Voices: An Insider's Guide to Auditory Hallucinations.**
  - <https://www.youtube.com/watch?v=NjL2dqONlqQ>
- Roberts, Adrienne. TEDx Talk: **Hearing Voices.**
  - <https://www.youtube.com/watch?v=sKlGFCoEVA4>
- Saks, Elyn. TED Talk: **A tale of mental illness.**
  - <https://www.youtube.com/watch?v=f6CILJA110Y>
- Doyle, Glennon. TEDx Talk: **Lessons from the mental hospital.**
  - <https://www.youtube.com/watch?v=NHHPNMIK-fY>
- Video: Schizophrenia Simulation. **"If you have schizophrenia."**
  - <https://www.youtube.com/watch?v=SF5AVJ6GJ4>

### **Additional Resources**

- **National Judicial Task Force to Examine State Courts' Response to Mental Illness: Publications and Resources.** (2022). [TF-Publications-and-Resources.pdf \(ncsc.org\)](#)
- Burke Harris, Nadine. (2021). **The Deepest Well: Healing the Long-Term Effects of Childhood Trauma and Adversity.** Mariner Books.
- Perry, Bruce D., and Winfrey, Oprah. (2021). **What Happened to You? Conversations on Trauma, Resilience and Healing.** Flatiron Books.
- Nanos, Lynn. (2018). **Breakdown: A Clinician's Experience in a Broken System of Emergency Psychiatry.** Self-published.
- Duckworth, Ken. (2022). **You Are Not Alone.** Zando.
- De Becker, Gavin. (2021). **The Gift of Fear.** Back Bay Books.
- Rosenberg, Kenneth Paul. (2019). **Bedlam: An Intimate Journey into America's Mental Health Crisis.** Avery.
- Perry, Bruce D., and Szalavitz, Maia. (2017). **The Boy Who Was Raised as a Dog.** Basic Books.



- **Crisis Intervention Team (CIT) Programs: A Best Practice Guide for Transforming Community Responses to Mental Health Crises.** CIT International. [CITInternational.org](http://CITInternational.org).