Cleveland Division of Police
Suicide Prevention & Intervention
Annual Crisis Intervention In-Service Training
Three Hours
Lesson Plan

Title of Lesson:
Suicide Prevention & Intervention

Author: MHRAC and CDP Training Section

Date Written: 3/25/2023

Approving Authority: CDP Training Committee

Course Goal:

- Increase officers' basic understanding of practical strategies and interventions used in suicidal crises. Recognize the warning signs of suicide. Know how to offer hope.

Course Learning Objectives:

- Overview of Crisis
- Question, Persuade, Refer
- Special Populations
- Intervention Strategies
- Resources

Methodology:

Participants will be taught by instructors with knowledge and experience interacting with people who are in suicidal crisis. All trainers will come from agencies that provide services to people experiencing suicidal crisis. A PowerPoint presentation will be presented to the trainees which includes an ice breaker, video, lecture, and discussion. An Instructor Manual will supplement the power point and will serve as an instructional aid.

Training Equipment:

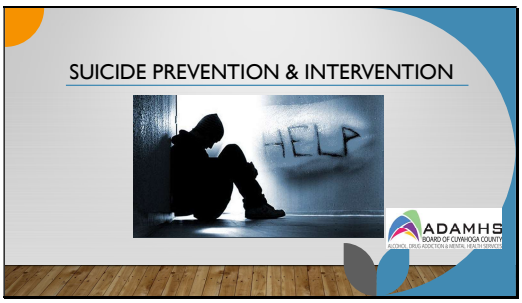
- Computer, projector, screen, and speakers
- PowerPoint presentation

Training Schedule: 3 hours – 180 minutes (Two 10-minute breaks)

Content	Teaching Method & Materials	Time
Slide #1 Welcome/Introductions	Opening and Introduction	1
Slide #2 Learning Objectives	Review learning objectives	3
Slide #3 **Video:** Ohio Suicide Prevention Foundation	Video: Where there is Hope?	5
Slide #4 Ice Breaker	Mental Illness vs Mental Health activity	5
Slide #5 Mental Illness Facts	Review ORC 5122.01 and 5122.10	2
Slides #6-12 Introduction to Crisis	Discuss definition of crisis, it's impact on mental health	10
Slide #13 Suicide Prevention	Introduction to suicide prevention	1
Slide #14 Why talk about suicide?	Discuss why we are talking about suicide	3
Slide #15 Suicide language	Lecture and discussion Review stigma	3
Slides #16-17 Chain of Survival	Review the difference between CPR vs QPR	3
Slide #18 QPR	Instill Hope Role of QPR	1
Slides #19-20 Suicide Myths	Lecture and discussion	5
Slides #21-23 Suicide and the pandemic	Reduction in resources Relationship between COVID, debt and mental health	5
Slides #24-30 Suicidal clues and warning signs	Lecture and discussion	10
Slides #31-35 Suicide Data	Review and discuss	5
Slide #36 Intervention Strategies	Introduce Intervention Strategies	1
Slide #37 Tips for asking the suicide question	Lecture and discussion	3
Slides #38-40 QPR - **Q**uestion	Lecture and discussion	5
Slides #41-42 QPR - **P**ersuade	Lecture and discussion	7

Content	Teaching Method & Materials	Time
Slide #43 QPR - **R**efer	Lecture and discussion	2
Slides #44-45 **Video:** Cleveland Clinic	**Video**: Empathy	5
Slides #46-47 Stigma and Special Populations	Lecture and discussion	3
Slides #48-50 Race, Ethnicity & Suicide	Lecture, discussion and video **Video:** I am Somebody/Life is Better with you Here	20
Slide #51 LGBTQ and Suicide	Lecture and discussion Review data	3
Slides #52-57 Suicide rates by age	Lecture discussion and video **Video:** Teen texting	5
Slides #58-59 Veterans and Suicide	Lecture, discussion and video	3
Slides #60-62 Law Enforcement and Suicide	Lecture and discussion	7
Slides #63-64 Video and Activity	**Video**: Female suicidal caller Small group discussion regarding video	10
Slides #65-70 Community / *Police* Resources	Review and discuss	5
Slides #71-73 What is 988?	Review and discuss	3
Slide #74 Mobile Response Stabilization Service (MRSS)	Review and discuss	3
Slides #75-78 Cuyahoga County Diversion Center	Review and discuss **Video**: Diversion Center	10
Slides #79-82 Conclusion	Summarize concept of QPR	3
Slides #83-85 Video and Closing Remarks	**Video:** What if? Questions, thoughts, comments	3
	Add two 10-minute breaks	20
	Total	180 min 3 hours

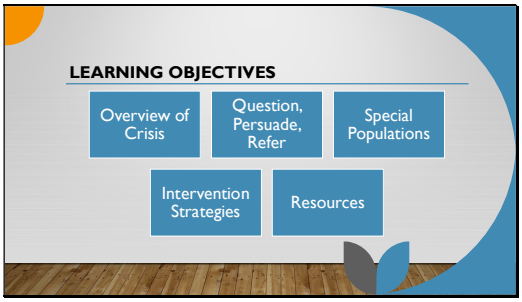
Slide 1



Slide 1-Title

- Welcome participants
- introduce yourself and the topic
- Allow participants to introduce themselves
- Name, years in this profession and how has things changed since you first started?

Slide 2



Before beginning – Recognize and acknowledge the sensitivity of the topic as many may have been impacted by suicide in some way, i.e. family, friends, or co-workers.

If the topic becomes challenging for them, encourage them to step away to take care of themselves and return, if possible.

Training Goal and Objectives

- State training goal is to learn how to effectively communicate with people in crisis.
- Review the learning objectives with the participants. •State training session will include videos, audio tapes, possible role plays and discussions.

Say - For some of you, you've heard this information before, so consider it a refresher. To others this may be new information to consider. But regardless of how you got here, WELCOME.

Slide 3

Where there's hope-Ohio Suicide Foundation
5:03

Can you prepare for someone's suicide?

Discussion, Questions or comments about the video?

Slide 4

Definition of Mental Illness – ask participants to give a brief definition of Mental Illness

Icebreaker: difference between mental illness and mental health

Do suicidal people have a mental illness or are they having a mental health struggle?

2-3 minutes, get responses and summarize

Slide 5

ORC 5122.01

A substantial disorder of thought, mood, perception, orientation, or memory that grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life."

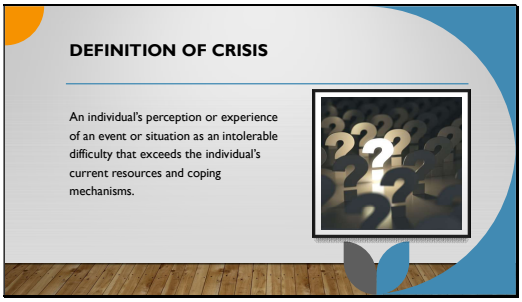
ORC 5122.10 "Emergency Hospitalization" authorizes Certain professionals, including police officers, with reason to believe a person is:
A "mentally ill person subject to court order"; AND represents a substantial risk of physical harm to self or others if allowed to remain at liberty pending examination; May take into custody and immediately transport the person to a: hospital; OR non Ohio MHAS-licensed general hospital.

Slide 6

Ask audience for their definition of crisis before going to next slide.

Think about a time in your life when you experienced a crisis – how did you feel? What did you want to happen during that crisis? How was it resolved?

Slide 7



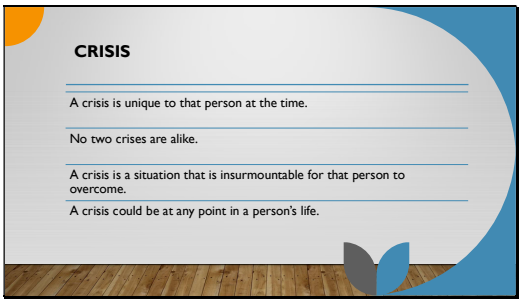
Review definition with participants after having asked them how they define crisis from the previous slide.

Have a volunteer read the definition. Focus on key words such as: ***individual's perception, intolerable difficulty, exceeds individual's current resources and coping mechanisms, unable to function.***

Was the pandemic a crisis that could have lead to people becoming suicidal?

Social isolation and uncertainty caused increase in depression and anxiety which contributed to suicidal thoughts and self-destruction.

Slide 8



Review bullet points.

Remind participants that we may not view the caller's situation/event as a crisis, but it is a crisis for that person at that time.

Emphasize that a crisis is **unique** to that person, no two crises are alike, it could happen at any time, and it appears **insurmountable** for that person to overcome.

The elements of disruption, danger, and fear are why, in these situations, many people call law enforcement rather than emergency medical services or mental health agencies

Slide 9

Reminder:

How a person sees an event as a Crisis.

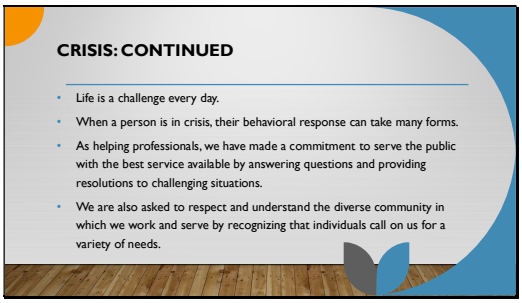
Crisis as viewed by the person is unique..

Sometimes other people with the caller may not have the same view.

Be mindful of not dismissing what the person is actually feeling

Be aware of your own biases about the crisis situation

Slide 10



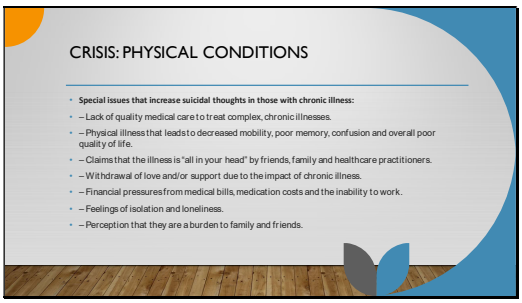
Review and remind participants that as public servants, they are there to provide options and resolutions to people in crisis.

They are calling for help.

Callers should be treated with dignity and respect as they reach out for help.

What is considered a crisis to them may be different from your view of what a crisis is or isn't.

Slide 11



17 health conditions were associated with a higher risk of suicide, including asthma, back pain, brain injury, cancer, congestive heart failure, diabetes, epilepsy, HIV/AIDS, heart disease, high blood pressure, migraine and Parkinson's disease, among others.

Sleep disorders and HIV, for example, doubled the risk of suicide, while people with traumatic brain injuries were nine times more likely to die by suicide.

The study also indicated having more than one chronic condition also may increase suicide risk.

Slide 12

Discuss how people who are in crisis are very fragile and should be handled carefully. You never know what they have been through.

Any mishandling, can result in a disaster. People in a crisis may have already been a victim of trauma, have medical or mental health issues which increases their response to a crisis.

Most people may be living on the edge navigating situation after situation which drains their energy to fight the next crisis coming to their door.

Consider most who contact 911 regarding a crisis is at their wits end. They need someone else to intervene. **988 is also be an option.**

Slide 13

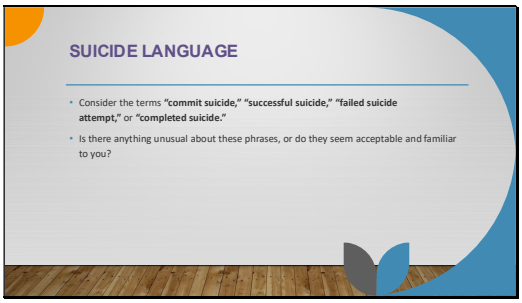
Introduction of Suicide,

Slide 14

Ask the class “why are we talking about suicide?”

How is it specific to your line of work?

Slide 15



The words, “commit/committed” may imply that an act is criminal or may be looked at as a mortal sin in many religions. Suicide at one point was considered a crime in communities across our country but now are considered outdated and irrelevant. The use of the word “completed” can imply that an act has been accomplished or successful, often sending the message that suicide is a task to be accomplished. These words are not considered helpful when discussing suicide.

The phrase ‘commit suicide’ comes from a time when suicide was illegal and makes it seem as though the person committed a crime. Commit is also used to describe religious offences. Using ‘commit’ in relation to a suicide can add to the sense of judgment and stigma. It is not seen as an acceptable way to talk about suicide anymore. A better phrase to use is to say that someone

'died by suicide' or 'attempted suicide.' These are factual statements that aren't loaded with judgment or blame. The phrases 'failed suicide attempt' or 'unsuccessful suicide attempt' sound as though dying by suicide would have been a success. The phrase 'non-fatal suicide attempt' is neutral and does not place blame on the victim, or glorify suicide.

Encourage participants to be aware of using stigmatizing language when talking about suicide.

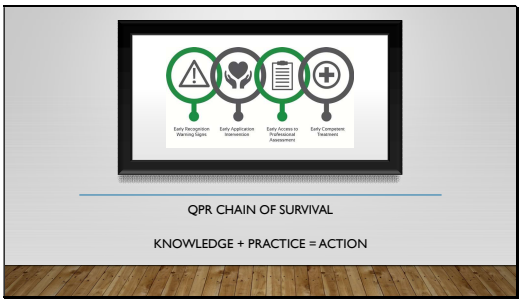
Slide 16

Ask participants have they ever saw this info graphic?

Ask someone to describe the chain of survival in their own words

Explain these are the steps to take when a person is experiencing a medical emergency

Slide 17



Discuss with them, how the chain of survival for suicide prevention is relatable to the chain of survival for CPR. Reiterate the need for increased noticing skills and action

Early Recognition of Suicide: The sooner warning signs are detected and help sought, the better the outcome of suicidal crisis will be.

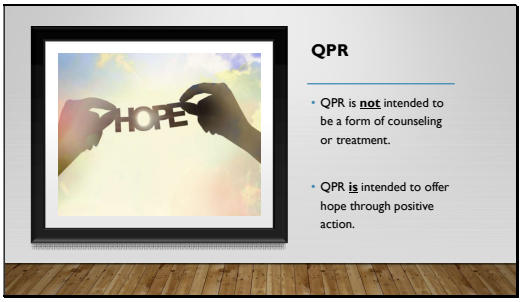
Early QPR: Asking someone about the presence of suicidal thoughts and feeling opens up a conversation that may lead to a referral for help.

Early intervention and referral: Referral to local resources/hotline numbers.

Early Advanced Life Support: As with any illness, early detection and treatment results in better outcomes.

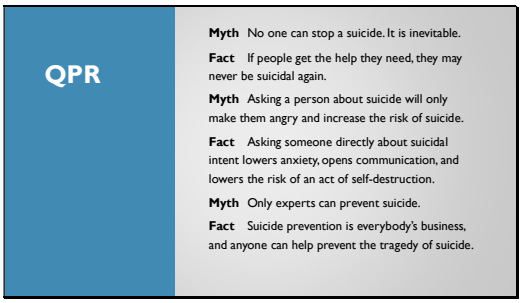
Emphasize– QPR chain of survival is administering life saving skills when someone is experiencing a suicidal/mental health crisis

Slide 18



Reiterate the message of HOPE and QPR not being a form of counseling but assists in getting the person the help they need.

Slide 19



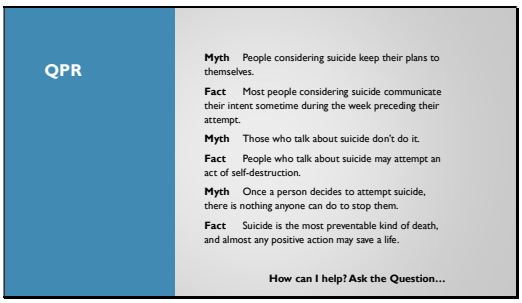
Disclosure – The information presented is based on QPR Institute's research but note that everyone's journey is unique to them.

Before showing the bullets:

Ask participants about myths coming out of culture, environment, religion, family origin

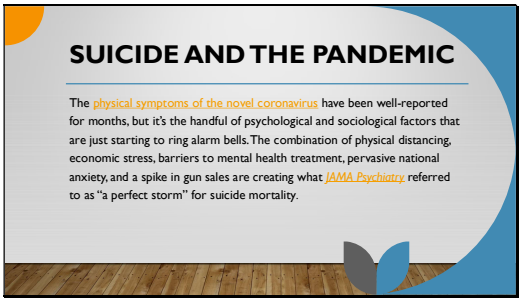
Discuss

Slide 20



Continue discussion on myths

Slide 21

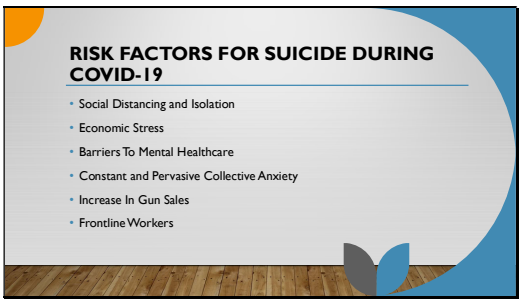


Discussion - Coronavirus has had a direct impact on those living with OCD, ADHD, Anxiety, Depression, SUD amongst other disorders. Isolation has also negatively impacted mental health. One of the biggest concerns is suicide. All the experts who study suicide for a living agree that social connections play a role in suicide prevention. Both suicidal thoughts and ideation are associated with isolation and loneliness.

Here's an in-depth report on how coronavirus affects the most common mental illnesses.

https://www.psycom.net/coronavirus-mental-health

Slide 22

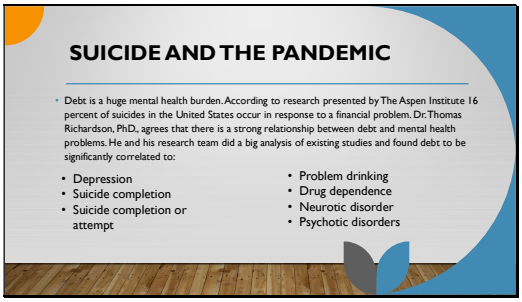


Reduction in services, lack of access to peer support services, STIGMA!
Frontline workers: emergency responders, nurses, doctors, retail employees, law enforcement, etc.

How has COVID-19 impacted you and the work you are doing? Discussion

Ask audience for additional suggestions specific to their roles

Slide 23

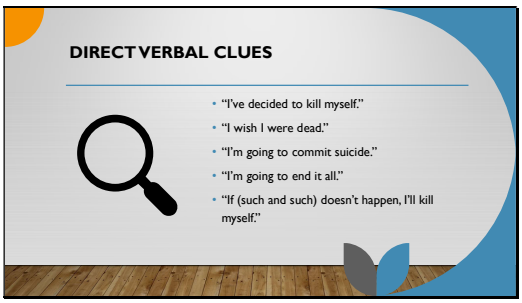


Discuss - Relationship between covid, debt and mental health

Slide 24

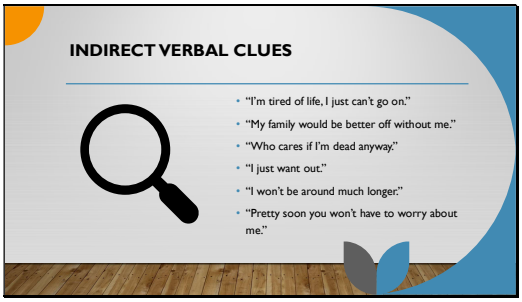
Ask – What are some clues and/or warning signs that people display when contemplating suicide?

Slide 25



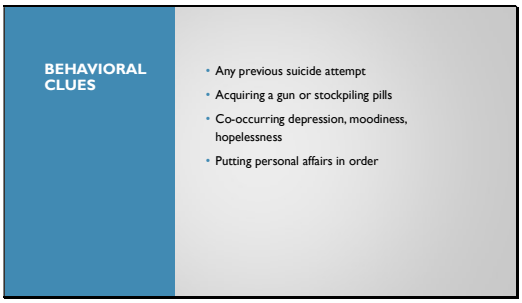
Before showing bullets, ask participants what are examples of direct verbal clues.

Slide 26



Before showing bullets ask for examples of Indirect Verbal clues.

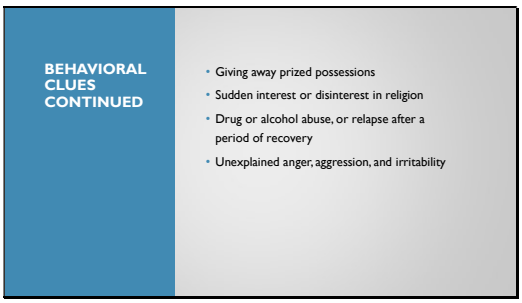
Slide 27



Ask for other examples of behavioral clues.

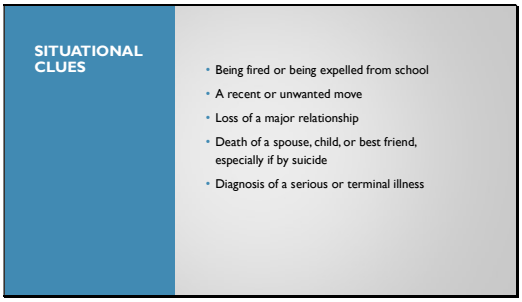
Remind participants that this is not an exhaustive list but are the more common clues we here. Everyone's journey and situation is unique.

Slide 28



Continue discussion.

Slide 29

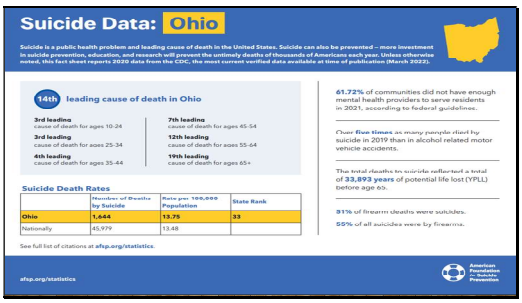


Ask for other examples of situational clues. Again, this is not an exhaustive list.

Slide 30

Continue discussion.

Slide 31

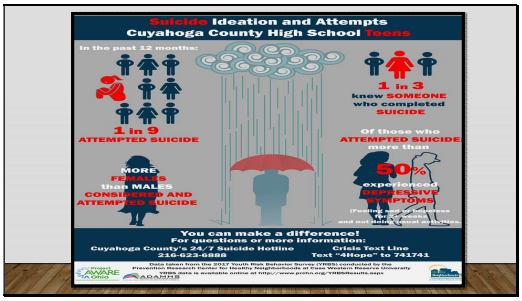


Updated Graphic from March 2022-

Suicide is the 14th leading cause of death in Ohio. In 2021, almost 62 percent of communities did not have enough mental health provides to serve residents. Over five times as many people die by suicide than alcohol related vehicle accidents. Fifty-five percent of all suicides were by firearms and over half of firearm related deaths were suicides.

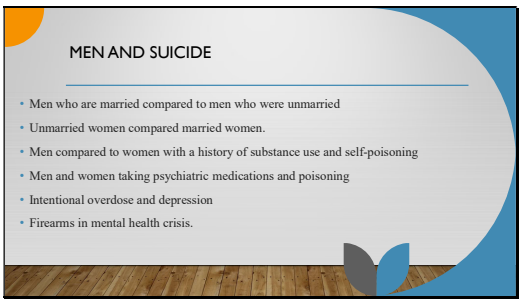
Instructor Says: It is clear from this chart that firearms are involved in a lot of suicide incidents. Therefore you may be placed into a situation where you have to decide whether or not to seize a person in crisis firearm(s). Understand, that this is a contentious and complicated matter and beyond the scope of this class. However, it is important to mention that persons in crisis are still afforded their constitutional rights. If you are unsure if a warrantless seizure of a firearm from a person in crisis can occur, a detective and the City Prosecutor's Office should be consulted before doing so.

Slide 32



Find updated infographic

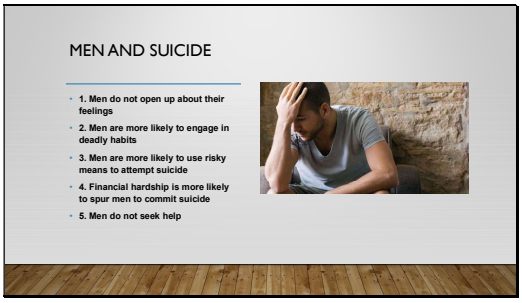
Slide 33



Review bullet points. Open to discussion.

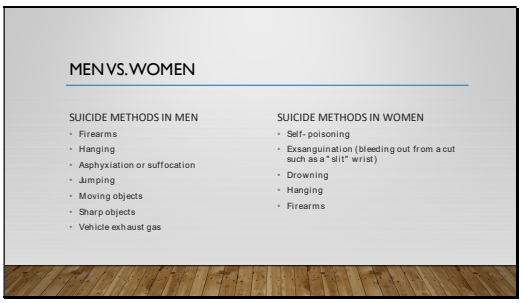
- Men who were married were more likely to use firearms, whereas men who were unmarried were more likely to die by hanging.
- Unmarried women were less likely to hang themselves than married women.
- Men with a history of substance use were more likely to die by self-poisoning, whereas prior substance use had no impact on self-poisoning as a suicide method among women.
- For both men and women, the likelihood of poisoning was significantly higher among those taking psychiatric medications
- Methods such as intentional overdose are more common in those who have been depressed for some time
- Firearms appear to be more common when people are reacting to acute situations. This would support current recommendations to remove guns from a home in the setting of an acute mental health

Slide 34



Continue discussion

Slide 35



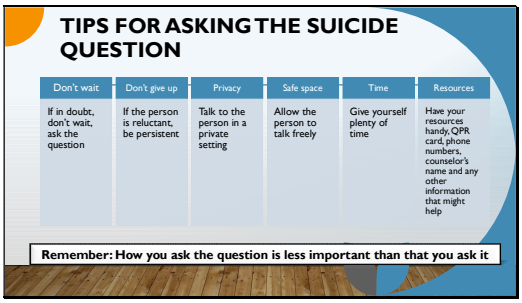
Continue discussion

https://www.verywellmind.com/gender-differences-in-suicide-methods-1067508

Slide 36

So how can you help? What would you do?

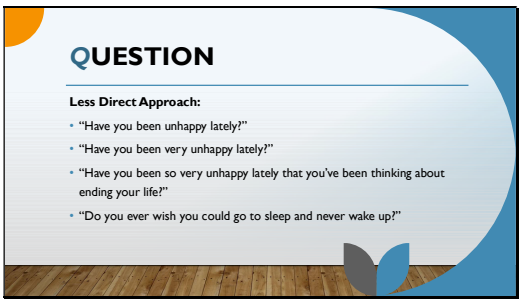
Slide 37



Before showing the slide ask, if you were confronted with someone having suicidal thoughts, how would you ask the suicide question?

What if the person said no? How would you handle that if you still had concerns?

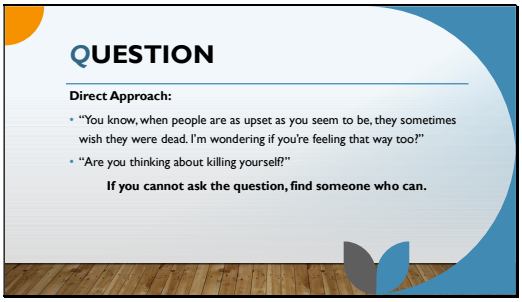
Slide 38



There are different ways to ask the question. Review the less direct approach.

Ask for other examples

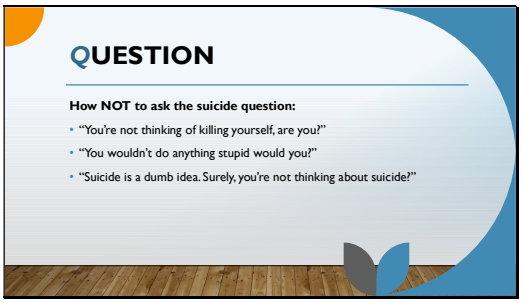
Slide 39



Review the direct approach.

Ask for other examples

Slide 40



Because of stigma, people in crisis are reluctant to seek help. We must be mindful of our approach when engaging someone in suicidal crisis so as not to convey judgement, shame, blame or guilt. Empathy is important here.

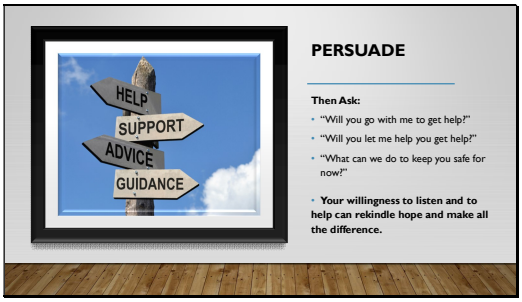
Ask for an example of how not to ask the suicide question then show slide.

Slide 41

We have all had experiences where we have tried to encourage or persuade someone to do something. Describe a situation where you had to persuade someone to do something that was in their best interest. What strategies did you use?

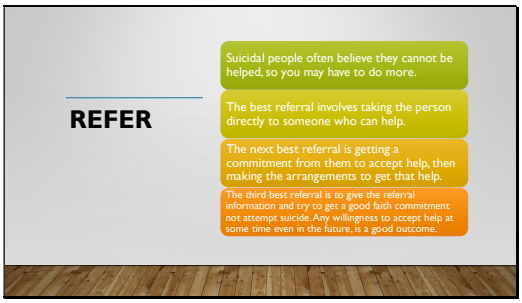
Ask for other examples.

Slide 42



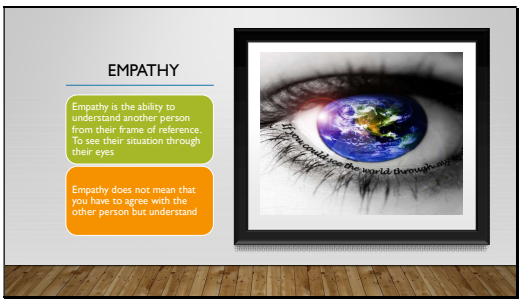
Continue discussion.

Slide 43



Review

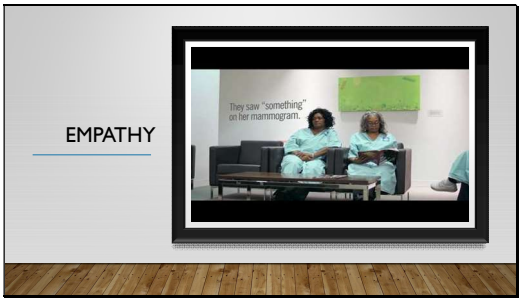
Slide 44



Activity: Show video and get reactions.

Review empathy again and the importance in active listening.

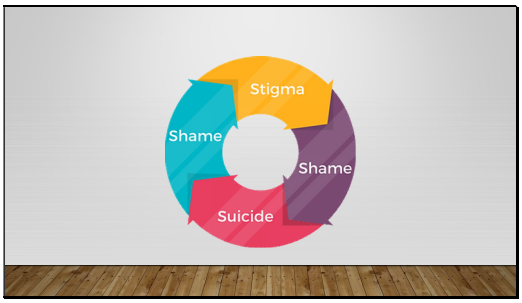
Slide 45



Activity: Show video and get reactions.

Review empathy again and the importance in active listening.
4:24

Slide 46



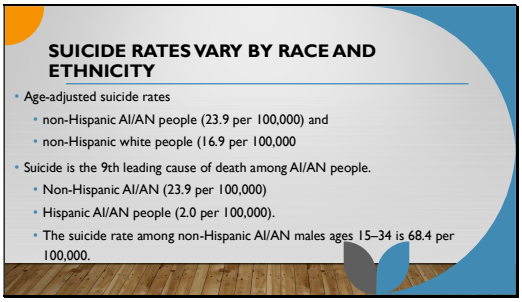
Discuss that there is a lot of shame, guilt and stigma associated with suicide and can impact a person's ability to seek help. It takes a lot of courage for individuals to call and say they are suicidal or have suicidal ideations.

Remind them of their courageousness, instill hope, let them know there is help, **find that hook to keep them talking.**

Slide 47

Culture and special populations

Slide 48

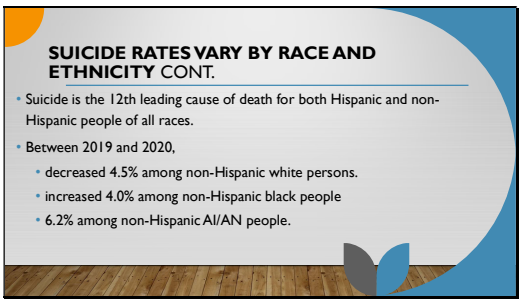


AI/AN = American Indian/Alaskan Native

Review data

- Age-adjusted suicide rates are highest among non-Hispanic AI/AN people (23.9 per 100,000) and non-Hispanic white people (16.9 per 100,000) compared to other racial and ethnic groups.
- Suicide is the 9th leading cause of death among AI/AN people.
- Non-Hispanic AI/AN people have a much higher rate of suicide (23.9 per 100,000) compared to Hispanic AI/AN people (2.0 per 100,000).
- The suicide rate among non-Hispanic AI/AN males ages 15–34 is 68.4 per 100,000.
- Suicide is the 12th leading cause of death for both Hispanic and non-Hispanic people of all races.
- Between 2019 and 2020, age-adjusted suicide rates decreased 4.5% among non-Hispanic white persons.
- At the same time, they increased 4.0% among non-Hispanic black people and 6.2% among non-Hispanic AI/AN people.

Slide 49



AI/AN = American Indian/Alaskan Native

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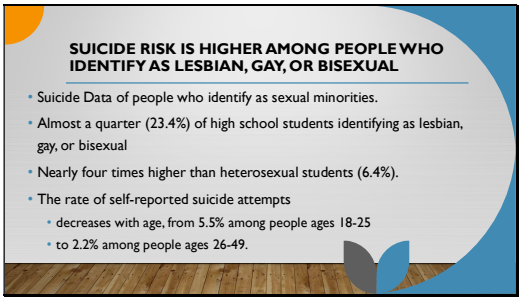
Slide 50

Video 15 minutes

Slide 51

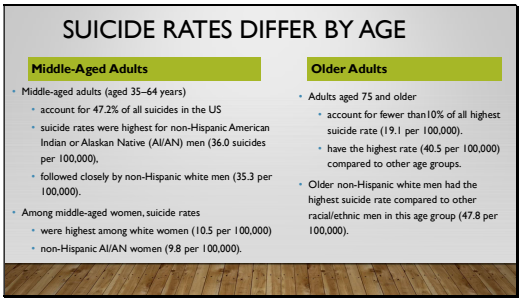


Review data

- Data are limited on the rate of suicide among people who identify as sexual minorities.
- However, research has shown that people who identify as sexual minorities have higher rates of suicide attempts compared to heterosexual people.
- Almost a quarter (23.4%) of high school students identifying as lesbian, gay, or bisexual reported attempting suicide in the prior 12 months.
- This rate is nearly four times higher than the rate reported among heterosexual students (6.4%).
- The rate of self-reported suicide attempts in the prior 12 months among sexual minorities decreases with

age, from 5.5% among people ages 18-25 to 2.2% among people ages 26-49.

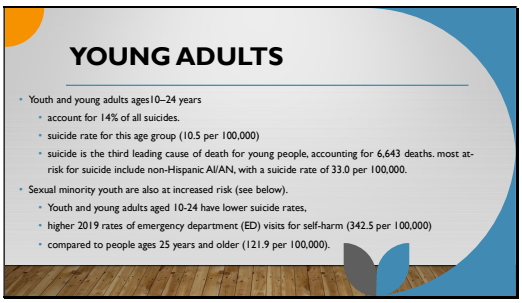
Slide 52



Review data

- Middle-aged adults (aged 35–64 years) account for 47.2% of all suicides in the United States, and suicide is the 9th leading cause of death for this age group.
- Among middle-aged men, suicide rates were highest for non-Hispanic American Indian or Alaskan Native (AI/AN) men (36.0 suicides per 100,000), followed closely by non-Hispanic white men (35.3 per 100,000).
- Among middle-aged women, suicide rates were highest among white women (10.5 per 100,000) and non-Hispanic AI/AN women (9.8 per 100,000)
- Adults aged 75 and older account for fewer than 10% of all suicides but have the highest suicide rate (19.1 per 100,000).
- Men aged 75 and older have the highest rate (40.5 per 100,000) compared to other age groups.
- Older non-Hispanic white men had the highest suicide rate compared to other racial/ethnic men in this age group (47.8 per 100,000).
-

Slide 53

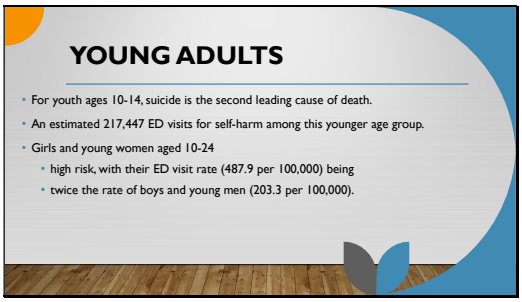


Review data

During the pandemic, suicidal rates for youth increased dramatically.

- Youth and young adults ages 10–24 years account for 14% of all suicides.
- The suicide rate for this age group (10.5 per 100,000) was lower than in other age groups.
- However, suicide is the third leading cause of death for young people, accounting for 6,643 deaths.
- For youth ages 10-14, suicide is the second leading cause of death.
- Some groups of young people (ages 10-24 years) most at-risk for suicide include non-Hispanic AI/AN, with a suicide rate of 33.0 per 100,000. Sexual minority youth are also at increased risk (see below).
- Youth and young adults aged 10-24 have lower suicide rates, but they have higher 2019 rates of emergency department (ED) visits for self-harm (342.5 per 100,000) compared to people ages 25 years and older (121.9 per 100,000).

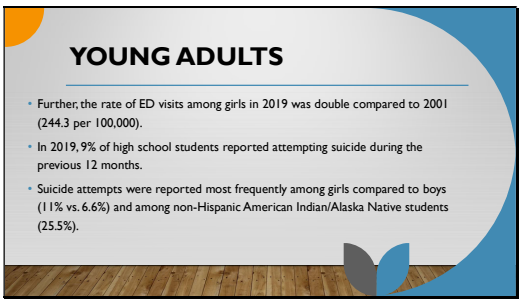
Slide 54



Review data

- For youth ages 10-14, suicide is the second leading cause of death.
- There was an estimated 217,447 ED visits for self-harm among this younger age group.
- Girls and young women aged 10-24 are at particularly high risk, with their ED visit rate (487.9 per 100,000) being twice the rate of ED visits among boys and young men (203.3 per 100,000).

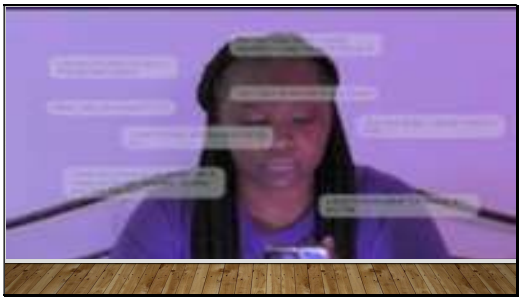
Slide 55



Continuing reviewing bullet points.

- Further, the rate of ED visits among girls in 2019 was double compared to 2001 (244.3 per 100,000).
- In 2019, 9% of high school students reported attempting suicide during the previous 12 months.
- Suicide attempts were reported most frequently among girls compared to boys (11% vs. 6.6%) and among non-Hispanic American Indian/Alaska Native students (25.5%).

Slide 56

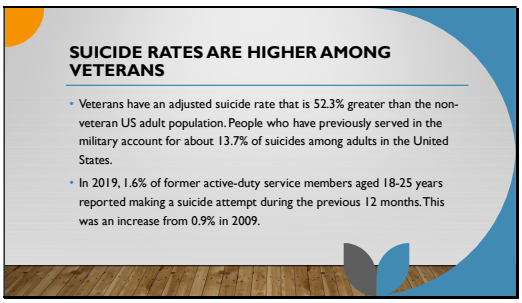


Show video :30 – Life is Better with You Here

Slide 57

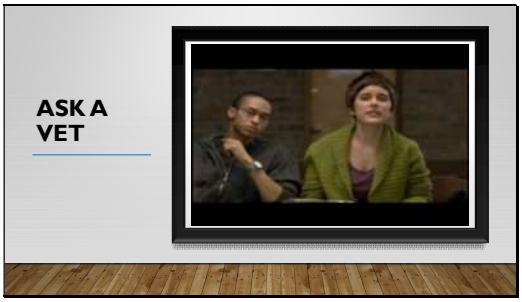
Video 7:23

Slide 58



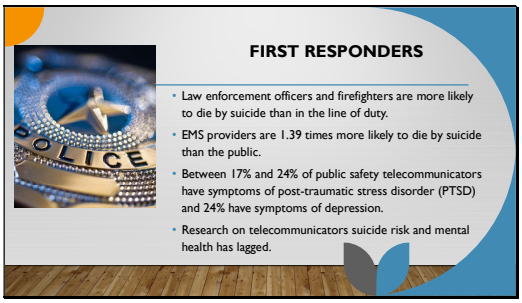
Review data

Slide 59



Show Vet video 1:05

Slide 60



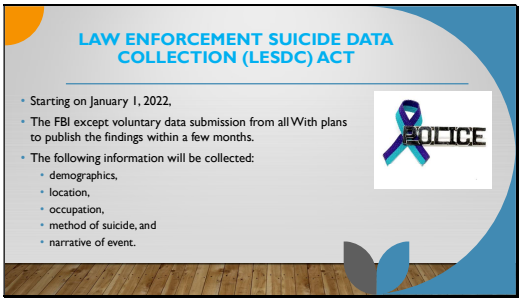
13 of every 100,000 people die by suicide in the general population.
In comparison, 17 of every 100,00 U.S. Peace Officers die by suicide.

More officers take their own lives than killed in the line of duty.

- Law enforcement officers and firefighters are more likely to die by suicide than in the line of duty.
- Furthermore, EMS providers are 1.39 times more likely to die by suicide than the public.
- Studies have found that between 17% and 24% of public safety telecommunicators have symptoms of post-traumatic stress disorder (PTSD) and 24% have symptoms of depression.

- While telecommunicators are often the very first responders engaged with those on scene, research on their suicide risk and mental health has lagged.

Slide 61

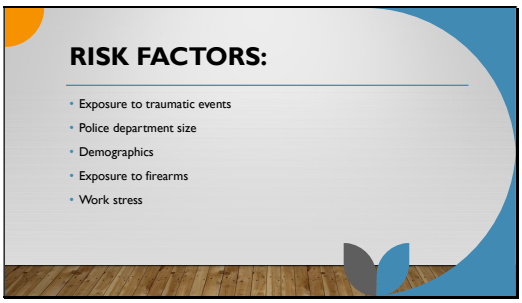


New legislation will serve to fill in data collection gaps regarding law enforcement and suicide.

Explain:

- A recent law, called the Law Enforcement Suicide Data Collection (LESDC) Act, seeks to address some of these data gaps.
- Starting on January 1, 2022, the Federal Bureau of Investigation will be open for voluntary data submission from all designated law enforcement officials, with plans to publish the findings within a few months.
- The following information will be collected: demographics, location, occupation, method of suicide, and narrative of event.

Slide 62



Can ask for audience suggestions if time permits

Slide 63

2.5 minutes

This leads to a small group discussion

Slide 64

5-7 minutes to discuss, have a few tables report a summary

What were risk factors she communicated during the call?
What made the caller angry?
Does this sound like a typical suicidal person?
What was the caller's anger communicating?
What would you have said differently?

Slide 65

The next few slides will review community resources.

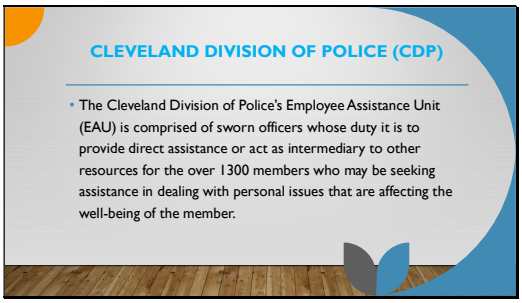
State audience may be familiar with some of these resources but this is a good refresher.

Slide 66

Remind them of the Mobile Crisis Team number operated by Frontline Service.

They are also the contact for the Cuyahoga County Diversion Center that will be discussed in the next few slides.

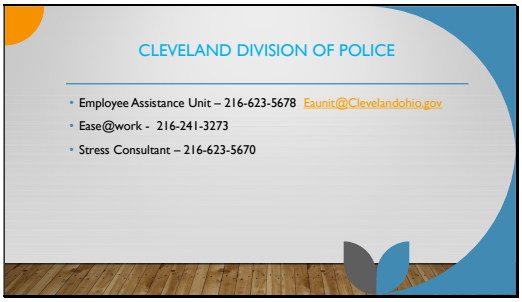
Slide 67



Slide 68

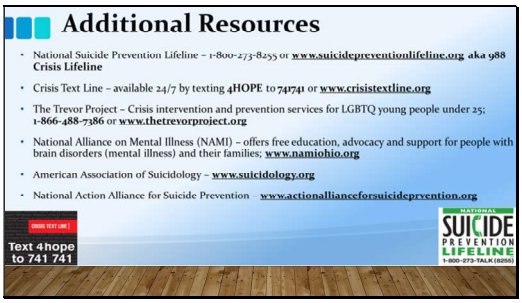
Explain that these program currently exist

Slide 69



Explain that all service are confidential and the other service are available by request.

Slide 70



Resources continued.

Slide 71

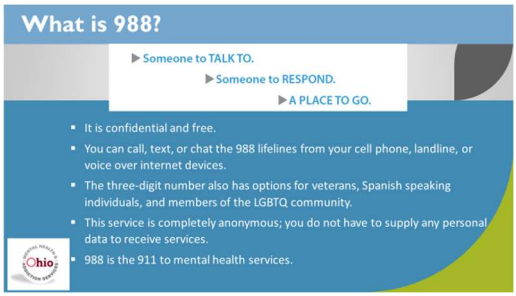
Instructor please emphasize that this a great resource for officers to use.

988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline. While some areas may be currently able to connect to the Lifeline by dialing 988, this dialing code will be available to everyone across the United States starting on July 16, 2022.

When people call, text, or chat 988, they will be connected to trained counselors that are part of the existing National Suicide Prevention Lifeline network. These trained counselors will listen, understand how their problems are affecting them, provide support, and connect them to resources if necessary.

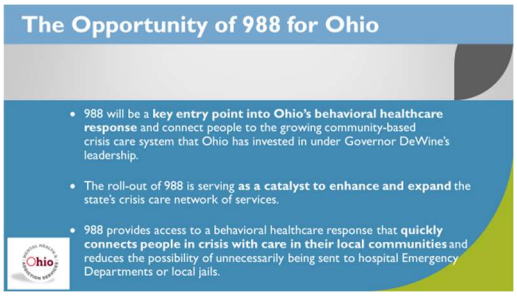
The current Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicidal crisis, even after 988 is launched nationally.

Slide 72



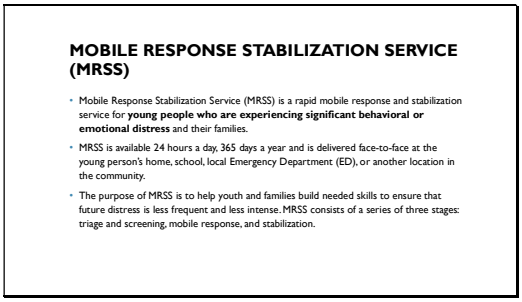
Review bullet points.

Slide 73



What does 988 mean for Ohio?

Slide 74



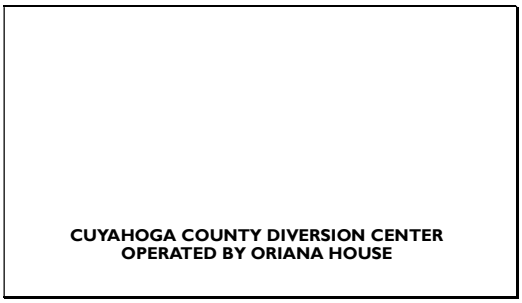
In Cuyahoga county, the MRSS agency is Bellefaire.

Therapists will work in groups of 2 and respond via phone, tablet, or in person.

Will stay in contact with family for 45 days to make sure crisis is addressed and/or resolved

After hours, calls are made to Frontline Services at 216-623-6888

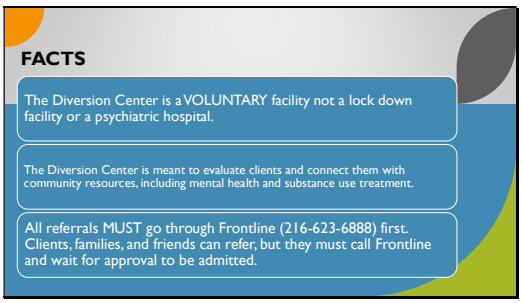
Slide 75



Review and discuss

Ask about experiences with the referral process, intake process, etc.

Slide 76

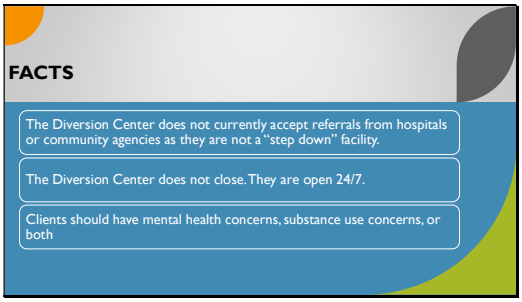


Discuss what the Diversion Center is and how referrals are made.

Emphasize that this is voluntary and it is not a locked facility.

It is another resource for law enforcement as will as families and individuals who live with mental illness and/or substance use disorder.

Slide 77

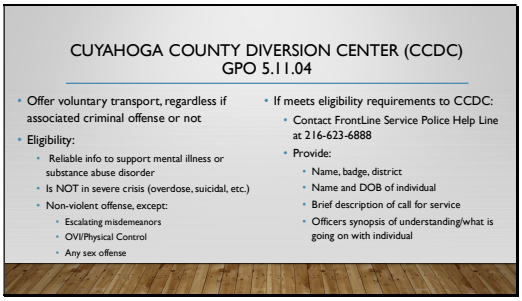


Review additional facts related the Diversion Center. Ask audience if they have any other questions related to the facility.

Slide 78

Watch Updated Diversion Center video

Slide 79



Instructor says: The Cleveland Division of Police allows officers to transport individuals with mental illness and or substance use disorder to the Cuyahoga County Diversion Center for treatment. Officers have the option to use treatment at the CCDC as an alternative to arrest, when individuals are involved in nonviolent misdemeanor offenses and are affected by a mental illness and or substance use disorder. This service may be used whether or not there is an associated criminal offense and is voluntary.

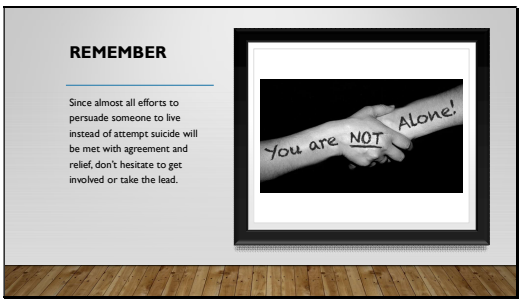
In order for individuals to be eligible for the CCDC, officers must:

- Have reliable information that a person has a mental illness or substance use disorder
- The individual is not in a severe crisis such as being suicidal or suffering from an overdose
- And the offense is a nonviolent misdemeanor, except for escalating misdemeanors such as domestic violence and menacing by stalking, OVIs/Physical control, or any offense that qualifies as a sex offense.

It is important to note, that a review by the city of Cleveland prosecutor is not a requirement for eligibility an individual who meets the requirements.

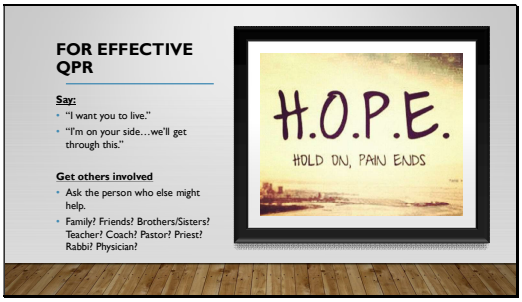
Officers should call Frontline Services Police helpline at 216-623-6888 and provide the required information. Following taking an individual to the CCDC it's important to document through CDPs incident reports the reason for the interaction with the individual, ensure to select "Diversion Center" in the subject subtype drop down menu and if a criminal report was required, complete a "name suspect" report and describe what efforts were made to contact the victim and obtain their input into the offender being transported to the CCDC.

Slide 80



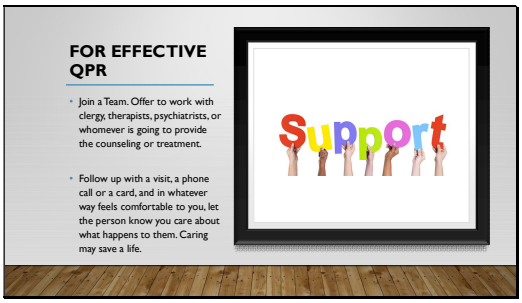
Leave them with a message of hope. Empathy is key.

Slide 81



Reiterate

Slide 82



Review.

Know what your internal resources are as well.

Slide 83

Reiterate

Slide 84

Video: What If? 30 secs

Slide 85

Allow the audience to ask any questions, give final comments or voice concerns about what was presented.