EXHIBIT X

Slide 1 – Title

- Welcome to the participants, introduce self, experience in field.

Slide 2 – Goals For Training

- Note that police officers regularly encounter individuals with youth with mental health problems. To that end, we hope to help officers:
- Gain a better understanding of the difference between normal development and development impaired by mental health
- Understand the impact of trauma on development
- Gain an understanding of the causes and symptoms of mental health in youth compared to adults
- Discuss resources available to law enforcement.
- Discuss strategies for interacting with parents and teens
- Gain an increased awareness of verbal & nonverbal strategies that lead to nonviolent outcomes.
- Normalize that police officers routinely encounter people with various special needs including mental health problems, addictions, developmental disabilities,
- Developing an awareness and understanding those special needs will help you to respond safely and effectively,
- Understanding mental health and other special needs populations require some study, practice and discussion
- Interfacing with individuals with mental health problems will, and is already happening – you can't go on instinct alone

Slide 3 – Scenario: Kailyn- Is this "Mental Health"?

- Read scenario on the slide
- Ask "do you think that there is a mental health problem in this case scenario?"
- Elicit responses, respond to and validate what participants offer
- Emphasize that at this juncture we may not have enough information to make this judgment yet
- Validate that officers rarely encounter a situation that they have enough information to suspect that the person they are encountering may be suffering from a mental illness
    - Validate the possibility of danger that they are always on alert for
    - Validate that the first thing that they are mindful of is to manage the situation as peacefully as possible, while also being mindful of the potential for violence to occur quickly
    - This tension- realistic possibility of violence vs. need for peaceful resolution is ever-present in your daily job!

Slide 4 – Topic Introduction: Understanding Stages of Development

Slide 5 – Chart of 7 Developmental Theories

- Chart outlining 7 theories of development
- Discussion point: Why learn the stages of development?
- Focus is on having working knowledge as to what is expected "normal" behaviors at different timeframes in life
- This framework helps us to organize behaviors
- Gives us a sense as to whether something is not "right" based on normative expectations
- Discussion on how this in turn may inform us on how we may respond to an individual

Slides 6 & 7 – What is going on in the mind of a Teenager? What is Normal?

- Discussion on range of "normal" behaviors
- What behavior(s) are "abnormal"?
- Discussion on developmental tasks, struggles, goals using Erikson's Identity v Role Confusion concepts
- How can you, as police officers, use this concept to help you during some calls involving teens?
- Besides youth, who else can be involved in this struggle (ie, family, peers etc)

Slide 8 – Topic Introduction: Etiology of Mental Health in Youth

Slide 9 – Facts about Youth and Mental Illness

- Short definition that mental illness must cause distress, and impede the functioning in the domains of work (or school), social, or other important areas of functioning (ie, social, family etc).
- Emphasis on fact that as age ranges increase, the more mental health problems are being identified
- Dropout rate of those inflicted with a mental illness from high school
- Incidence rate of youth that are incarcerated that have a mental illness – are they being identified and receiving treatment in a correctional setting?
- Only half the youth with a mental illness receive treatment
- Law enforcement may be the first entity to identify a possible mental illness, and help them get access to the treatment they are in need of

Slide 10 – The Apple Does not Fall Far from the Tree

- Open discussion about what influences made us the person we are today to frame topic of role family, peers, society may have as well as genetic, trauma
- Did these influences help us? In what way may these influences might have been a deterrent?
- Discussion: what is your view, reference point in managing conflict or problems?

Slide 11 – Etiology of Mental Illness

- Highlight possible causation
  - Emphasis on rarity that there is one cause leading to mental illness
  - Often a host of factors that can lead to mental health problems

Slide 12 – Topic Introduction: Impact of Trauma on Development

Slide 13 – What Is Trauma?

- Illicit conversation about difference between something that is stressful or distressful and trauma
- Experiences are subjective – what may be stressful for some can be traumatic for others
- Big 'T' trauma vs. Little 't' trauma
- Traumatic experiences can be a catalyst for mental health symptomology

Slide 14 – What is Trauma?

- Definition of Trauma from The National Child Traumatic Stress Network
- When someone has had a traumatic experience that meets this definition, they are likely to experience a pattern of behaviors that are trauma reactive
- Likely will meet diagnostic criteria for PTSD, but not always
- In absence of a diagnosis of PTSD, their life and functioning can still be just as impaired

Slide 15 – Toxic Stress

- Introduce how normal brain functioning is designed to recognize potential dangers, and take action for purpose of survival
- Prolonged exposure to situations in which we fear for our survival, or know we will be significantly harmed, leads to a hard wired response pattern
- When no longer in these situations, or in a different situation (ie, school), these patterns are often maladaptive, and can lead to law enforcement being called in (because a student is making threats, or has become aggressive toward a teacher)
- How does this hard wiring happen?
- Is the hard wiring permanent?

Slide 16 – Video: Three Core Concepts in Early Development

- Play video that focuses on neurodevelopment of the brain in normal development vs. impairment of neurodevelopment caused by toxic stress, or developmental trauma
- Cite examples from personal experience in treating trauma
- Introduce neuroplasticity as implication for treatment
- These disruptions in neurodevelopment will present themselves behaviorally

Slide 17 – Multiple Traumas and Losses

- Youth with multiple traumas – Complex Trauma – view the world differently than those that developed within the realm of normalcy
- Because of their world view being significantly altered, it influences how they feel, think, behave and interact with others
-
- Encourage discussion on how the officers think this will impact how the youth see the world, interact with people in the world
    - How might they react to a person wearing a badge, uniform, protective gear, and a gun?

Slide 18 – Youth Response to Trauma

- Introduce the 4 ways in which youth may respond to trauma:
    - Re-experiencing and Reenacting; Hyperarousal and Reactivity; Avoidance/ Numbing; and Dissociation

Slide 19 – Re-experiencing/ Reenacting

- Highlight the symptoms of re-experiencing and reenacting
- Emphasis that these occur uncontrollably- youth don't make them up or try to make them appear
- Flashbacks, nightmares, trauma reminders/ disturbing thoughts

Slide 20 – Hyperarousal/ Reactivity

- Highlight symptoms of hyperarousal and reactivity
- Youth is constantly in mode of scanning their environment for potential of danger
    - Is exhausting
    - Youth may have an exaggerated response to your attempts to engage them

Slide 21 – Avoidance/ Numbing

- Highlight symptoms of avoidance/ numbing
- May seem spacy, out of it

Slide 22 – Dissociation

- Person may feel like they are having an out of body experience
- May experience flashbacks
- May not be able to respond to vocal requests, demands
- Will need to be grounded into here and now

Slide 23 – Trauma Reminders

- We all experience events/ situations that can bring back a vivid reminder or memory
  - Songs, places, pictures etc can elicit such memories
- For those with trauma, these will bring them back to their traumatic experience
- Provide example from own clinical past (female, I reminded her of her abuser)

Slide 24 – Hidden Reminders

- Similar to trauma reminders except the triggering event/ situation is unknown
- Cause physical reactions without understanding them
  - Suddenly shaking, heart beating fast, hyperventilating
- Trust, affection, connection are often hidden reminders

Slide 25 – Case Presentation: Meet Latifah

- Read case information to group on Latifah

Slide 26 – Discussion

- Group discussion to identify Latifah's traumatic experiences
- Can the group identify any of her traumatic reactions?
- Identify potential trauma reminders

Slide 27 – List of Latifah's Traumatic Experiences

- Group discussion about what they identified, and what was listed
- Facilitate and encourage discussion on whether they saw, or disagreed with any listed traumatic experiences

Slide 28 – Behaviors You Often See: What trauma can look like

- Identify common behavioral presentations of trauma
- Encourage and facilitate questions, comments, and responses to the listed behaviors
- Look at how these behaviors could also be behavioral presentation of other mental health issues
- Emphasize the importance of trying to gather as much information from as many sources as possible for a possible referral for professional help to steer the child, and parents into proper treatment

Slide 29 – Behaviors You Often See: What trauma can look like

- Continued discussion from previous slide

Slide 30 – Topic Introduction: Signs and Symptoms of Mental Health in Youth and Adolescents

Slide 31 – Common Mental Illnesses in Adolescents

- List of common mental illnesses in adolescents
- Stress that this is not an exhaustive list, but these are most common to encounter in the community

Slide 32 – 10 Mental Illness Warning Signs in Youth

- Review of common behavioral/ emotional presentations that may indicate that the youth is suffering from a mental health problem or crisis
- Emphasis on fact that you are not there to diagnose, but to identify the possibility that the youth you are encountering could be suffering from an underlying mental health problem
- You may be the first professional to recognize that the youth (and/ or family) is in need of professional assistance

Slide 33 – What can Law Enforcement Do if it is Mental Illness?

- Discussion point: Is it appropriate to file charges on a youth experiencing a mental health crisis?
- What if you think the problem is more to do with the parents/ poor parenting?
- Consider questions related to Scenario of Kaylin

Slide 34 – Topic Introduction: Youth vs. Adult

Slide 35 – Mental Health in Children vs Adults

- Stress common variations in the presentation of symptoms between adults vs. children
- Emphasize these are generalizations, not absolute
- Discuss possible reasons (ie, lack of development of key areas of the brain; lack of ability to self-regulate; lack of appropriate capacity to express emotions/ internal world)

Slide 36 – Mental Health in Children vs Adults

- Continue discussion of different mental health presentations between youth and adults

Slide 37 – Mental Health in Children vs Adults

- Continue discussion of different mental health presentations between youth and adults

Slide 38 – Scenario Continued…

- Discuss possible mental health issues Kaylin may be experiencing
- What might be some consideration for next step for Kaylin and her mother?

Slide 39 – Topic Introduction: Intervention Strategies

Slide 40 – Conflict Cycle

- Introduce and explain the conflict cycle
- Emphasize what you have most control over
- These are places where we can best understand where and how to intervene with a youth (or parent) in crisis

Slide 41 – Avoiding the Conflict Cycle By…

- Ideas on how to intervene on, and disrupt the conflict cycle
- This can be utilized with many mental health presentations
- Cite example of schizophrenic man I worked with years ago (Nathaniel Ayers of "The Soloist" fame) when he was very upset that he may have lost his cello
- This could have escalated in a very negative way except…
- I was able to interrupt the conflict cycle using positive self-talk to myself; listening and validating his feelings; managed the environment by having him come in out of the cold; giving choices; appealing to his own best interests.

Slide 42 – Questions to Ask Yourself

- Present and list questions to ask yourself as you are preparing to encounter a person that is highly escalated
- Solicit other ways police officers may prepare by asking themselves certain questions, aimed at managing the situation safely

Slide 43 – It's Not About the Nail

- Video presentation titled "It's Not About the Nail" to humorously illustrate the importance of the use of validation to opening up discussion

Slide 44 – De-Escalation Interventions

- Non-verbal techniques that can be used to defuse a contentious situation
- Relate back to how the actor in the video presentation did (or did not) use non-verbals; and whether it helped or hindered the situation

Slide 45 – Meaning in Spoken Communication During Crises

- Look at break down of what style of communication is received by a person in a crisis
- Emphasis is that words are least effective, but facial expressions and tone of voice is most effective in helping a person in crisis to positively respond

Slide 46 – De-Escalation Interventions

- List of different examples of that helps facilitate de-escalation
- Grouped into: Encouraging and Eliciting; Understanding Responses; and Active Listening
- Encourage discussion as to what may prevent use of these strategies
- Problem solve in removing possible barriers in using these type of strategies

Slide 47 – Active Listening

- A closer examination on what active listening is and;
- What active listening is not
- Rationale for use of active listening

Slide 48 – Additional Helpful Hints

- Some things to keep in mind as you are working with youth
- Be mindful of how these youth may view police officers
- Be mindful of what being in uniform may represent to youth due to their own past interactions with police (or family experiences which may be negative)
- How might you counteract these preconceived notions?

Slide 49 – Additional Helpful Hints

- Continued discussion from previous slide

Slide 50 – Removing Potential Triggers to Violence

- Discussion regarding awareness of one's own actions with a volatile youth, that could lead to unintended violent reactions
- Discuss what counter – aggression is and what can be done to minimize our own reactions to a volatile youth

Slide 51 – Scenario Continued…

- Discussion on ways to proceed with Kaylin
- Obtain differing responses from different participants and why they would proceed in that manner
- Provide feedback as necessary
- Encourage participants to provide feedback as well

Slide 52 – Scenario

- New scenario and role play
- Solicit responses from participants as to how they may intervene based on information that they have been presented with

Slide 53 – Choose Your Own Adventure

- Obtain volunteers to take part in role plays
- Assign roles
- Provide materials giving backstory
- Have participants role play how they would intervene
- Facilitate feedback and discussion

Slide 54 – Knowing Yourself

- Additional information to keep in mind about your own baggage you carry into every encounter
- Present and discuss these points
- How can officers increase awareness and keep these in mind on a day-to-day basis?

Slide 55 – "When People are at Their Angriest… They are at Their Stupidist"

- Does this ring true?
- Why are we not able to make the best choice when we are flooded with emotion?

Slide 56 – Topic Introduction: Resources Available

Slide 57 – Resources

- Clinical interventions commonly used to treat mental illnesses
- Community Resources
- Common ways to make referrals and/ or to provide information to youth and/ or families

Slide 58 – Bellefaire's Homeless Youth Program

- Video regarding homeless youth
- Understand how to contact the Homeless Youth Program

Slide 59 – Conclusion and Questions

Cleveland Division of Police
CIT Curriculum
Youth and Adolescent Mental Health

Title of Lesson: Developmental Disabilities

Assigned Course Number: TBD

Author: Brian Dewyre, M.Ed, PCC-S

Date Written/Revised 11/19/18

Approving Authority: PENDING

Overview:

Youth and Adolescent Mental Illness is a module of the 40 Hour Curriculum. It is a 90 minute section designed to provide participants with an overview of the impact of mental health and trauma, complex trauma and developmental trauma, and associated behavioral manifestation and symptoms affecting youth and adolescents. Attention will be paid to the symptoms of mental health in youth, how trauma can present itself in youth and adolescents, and the challenges this presents to law enforcement. Techniques and interventions to minimize escalation of behaviors that could place the child and/ or police officers are introduced and discussed.

The module uses video, discussion, lecture, presentation of facts, and identifies specific techniques which can assist officers in resolving crisis situations involving youth suffering from mental health issues. Community mental health resources are provided for officers to offer individuals and/ or family members.

Course Goal(s):

The goal of the Youth and Adolescent Mental Health module is to help participants gain knowledge about mental illness as it is manifested in youth and adolescents. Participants will better understand the etiological cause(s) of mental illness, impact on psychosocial development caused by mental illness/ trauma, differences between manifestation of symptoms between children and adults, resources in the community, strategies of intervening with parents and teens, and strategies and interventions to de-escalate for a better outcome.

Cleveland Division of Police
CIT Curriculum
Youth and Adolescent Mental Health

Course Objective(s):

Participants will be able to:

1. Gain a better understanding of the difference between normal development and mental health
2. Understand the impact of trauma on development
3. Gain an understanding of the causes and symptoms of mental health in youth compared to adults
4. Resources available to law enforcement.
5. Strategies for interacting with parents and teens
6. Gain an increased awareness of verbal & nonverbal strategies that lead to nonviolent outcomes.

Methodology:

Participants will be taught by a trained, independently licensed mental health practitioner with over 20 years' experience providing mental health services to youth and the families of youth. A PowerPoint presentation will serve as an instructional aid and includes short video clips as well as factual information. The facilitator will use class discussion, case presentation and role plays as learning tools.

Target Audience:

Cleveland Division of Police Officers selected to serve as a Specialized CIT Officer

Class Size:
TBD

Logistical Information:

Site: TBD

Cleveland Division of Police
CIT Curriculum
Youth and Adolescent Mental Health

Training Equipment:

Computer, projectors, screen and speakers
Power point presentation (electronic)
Power point presentation (handout)

Staffing Requirements:

Instructors: One qualified mental health professional with experience working with youth and adolescents in the mental health field.

Training Summary:

Participants will receive an overview of the training, performance and learning objectives, and an introduction to the material prior to the training. This information will be included in a binder composing all of the training elements.

Training Schedule:

Slide #	***Learning Activity***
Slide 1:	Title and Instructor- introduce self and current role, experience working with youth with mental health
Slide 2:	Goals of training
Slide 3:	Scenario and discussion as to whether scenario is presentation of mental health
Slide 4:	Topic Introduction: Understanding Stages of Development
Slide 5-7:	Stages of Development with associated discussion with participants regarding "normal" development and impact of mental health on development
Slide 8:	Topic Introduction: Etiology of Mental Health
Slide 9:	Facts about mental health and youth
Slide 10-11:	Etiological Facts
Slide 12:	Topic Introduction: Impact of Trauma on Development
Slide 13-15:	Discussion focusing on defining trauma
Slide 16:	Video: Three Core Concepts in Early Development and introduction to Toxic Stress
Slide 17	Multiple Traumas and Losses = Complex Trauma

Cleveland Division of Police
CIT Curriculum
Youth and Adolescent Mental Health

Slide 18-24	Youth Response to Trauma
Slide 25-27	Case Presentation: Latifah to practice identifying trauma experiences, reactions and reminders- Interactive discussion
Slide 28-29	What Trauma Looks Like: Behaviors often associated with trauma- elicit examples from officers; consider where behaviors may be coming from
Slide 30	Topic Introduction: Signs and Symptoms of Mental Health in Youth
Slide 31	Common Mental Illnesses in Youth
Slide 32	10 Mental Illness signs in youth- discussion on overlapping signs and different MH presentations
Slide 33	Topic Introduction: Youth vs. Adult
Slide 34-36	Discussion on how MH symptoms frequently manifests with different symptoms with youth and adults
Slide 37	Revisit original scenario presented earlier with additional information to discuss whether symptoms may be connected to a mental illness
Slide 38	Topic Introduction: Intervention Strategies
Slide 39	Introduce the conflict cycle, and discussion about how people can get caught in the conflict cycle
Slide 40-41	Techniques to avoid the conflict cycle
Slide 42	Video: It's Not About the Nail
Slide 43-44	De-escalation Interventions- Non-verbal techniques along with discussion and demonstration of how to utilize non-verbal techniques
Slide 45	De-escalation techniques: Discussion of how to use: Encouraging/ Illiciting; Understanding Responses; and Active Listening
Slide 46	Points regarding Active Listening
Slide 47-49	Additional helpful hints to de-escalate including removing targets of aggression, reassurance, awareness of potential trauma reminders, remaining non-judgmental of body art
Slide 50	Original Scenario continued – elicit and discuss next steps to resolve the issue presented

Slide 51-52	New scenario and role plays using scenarios involving different possible mental health issues with youth
Slide 53-54	Self-awareness: Discussion on how to increase own response to situation, when becoming triggered, of own emotional reactions/ responses that could be detrimental
Slide 55	Topic Introduction: Community Resources
Slide 56	List of community resources and general type of services available
Slide 57	Runaway and Homeless Youth services
Slide 58-59	Topic Introduction: Conclusion, comments and questions

YOUTH AND ADOLESCENT MENTAL HEALTH

Brian Dewyre, PCC-S

Bellefaire JCB

Director of Training

Goals of training

1. **Gain a better understanding of the difference between normal development and mental health**
2. **Understand the impact of trauma on development**
3. **Gain an understanding of the causes and symptoms of mental health in youth compared to adults**
4. **Resources available to law enforcement.**
5. **Strategies for interacting with parents and teens**
6. **Gain an increased awareness of verbal & nonverbal strategies that lead to nonviolent outcomes.**

Scenario

You respond to a call involving a mother and her teenage daughter, Kaylin. When you arrive to the scene, Kaylin and her mother are engaging in a verbal argument. They are yelling and threatening each other. You follow your training protocols and separate Kaylin and her mother. Kaylin reports that her mother is "a B$@%h that is trying to control my life and she doesn't understand that I don't need her to tell me what to do!" Kaylin is shaking and pacing...

IS THIS "MENTAL HEALTH?"

- Understanding Stages of Development
- Etiology of Mental Health in Youth
- Impact of Trauma on Development
- Signs and Symptoms of Mental Health in Youth
- Young vs. Adult
- Intervention Strategies
- Resources Available

Understanding Development

Age	Womb to 12 months	6 months to 2 years	18 months to 4 years	3 to 7 years	7 to 12 years	Adolescence	Adult
Freud	Oral	Oral	Anal	Phallic	Latency	Adolescence	Adulthood
Piaget	Sensory Motor Stages 1 & 2	Sensory Motor Stages 3 & 4	Preoperational	Preoperational	Concrete Operational	Formal Operations	Formal Operations
Erikson	Trust vs mistrust	Attachment vs Separation	Autonomy vs Shame/doubt	Initiative vs Guilt	Industry vs Inferiority	Identity vs Role Confusion	Intimacy vs isolation/ integrity vs despair
Maslow	Physiological	Safety	Belonging	Self-esteem	Self Actualization	Transcendence	Transcendence
Identity	Physical	Emotional	Ego	Social	Creative	Archetypal	Universal
Chakra	1 Muladhara	2 Svadhisthana	3 Manipura	4 Anahata	5 Vissudha	6 Ajna	7 Sahasrara
Psycho-Synthesis	Lower collective unconscious	Lower personal unconscious	Conscious self	Conscious self	Conscious self	Higher unconscious, Higher collective unconscious	Transpersonal

What is going on in the mind of a teenager?

What is 'normal'?

KEEP
CALM
IT'S
ONLY
PUBERTY

- Understanding Stages of Development
- Etiology of Mental Health in Youth
- Impact of Trauma on Development
- Signs and Symptoms of Mental Health in Youth
- Young vs. Adult
- Intervention Strategies
- Resources Available

Facts About Youth and Mental Illness

National Alliance for Mental Health (NAMI)

- **13% of age 8-15 youth live with mental illness impeding daily life**
- **21% of age 13-18 youth live with mental illness impeding daily life**
- **50% of all lifetime cases of mental illness begin by age 14**
- **75% of all lifetime cases of mental illness begin by age 24**
- **≈50% of youth 14+ with mental illness drop out of high school**
- **70% of youth in correctional facilities have mental illness**
- **50% of youth with mental illness receive treatment**

Source: www.nami.org/caac

"The apple does not fall far from the tree."

What helped you develop into the person you are today?

(People, Experiences, etc)

What is your view on managing problems/conflict?

Etiology of mental illness

- Heredity (Genetics)
- Biology (i.e. brain chemicals)
- Psychological Trauma
- Abuse (emotional, physical, sexual)
- Neglect
- Environmental Stressors
- Environmental Exposures Before Birth (i.e. exposure to drugs/alcohol)
- Infections
- Brain Defects / Injury
- Substance Abuse
- Poor Nutrition
- Exposure to Toxins (i.e. Lead)

- Understanding Stages of Development
- Etiology of Mental Health in Youth
- Impact of Trauma on Development
- Signs and Symptoms of Mental Health in Youth
- Young vs. Adult
- Intervention Strategies
- Resources Available

What is trauma?

- What is different between something that is traumatic as opposed to just stressful?

What is trauma?

- The <u>experience</u> of a real or perceived threat to life or bodily integrity
  - OR
- The life or bodily integrity of a loved one
  - AND
- Causes an **<u>overwhelming</u>** sense of terror, horror, helplessness, and fear
  - *National Child Traumatic Stress Network

Toxic stress

Video: three core concepts in early development

- Three Core Concepts in Early Development – YouTube
  - https://www.youtube.com/watch?v=t0QetamGR8w&feature=youtu.be

Multiple traumas and losses

- Many youth have experienced multiple traumas, often beginning in early childhood
- Many experienced trauma at the hands of those who were supposed to protect them
- This chronic trauma can interfere with physical, emotional, and social development.
- Chronic trauma influences the way you think, feel, behave, and interact with others. *It influences the way you see the world*

Youth response to trauma

- Re-experiencing/ Reenactment
- Hyperarousal/ Reactivity
- Avoidance/ Numbing
- Dissociation

Re-experiencing/ reenacting

- Images, sensations or memories of the traumatic event
- These experiences recur uncontrollably
- This includes:
  - Nightmares
  - Disturbing thoughts
  - Flashbacks

Hyperarousal/ reactivity

- Jumpiness, nervousness, quick startle response
  - For some youth, this feeling never fully goes away

- Hyperarousal can lead to hypervigilance: a need to constantly scan the environment and other people for danger.

Avoidance/ numbing

- The youth feels numb, frozen, shut down, or separated from normal life, and may pull away from friends and activities, even those that he or she used to enjoy.

- Sometimes youth withdraw to avoid reminders of the traumatic event.

Dissociation

- A form of avoidance/ numbing
- Mentally separating the self from the experience
- May experience the self as detached from the body, on the ceiling, somewhere in the room
- May feel as if in a dream or unreal state
- May lose blocks of time
- May lose touch with parts of the self

Trauma reminders

- Things, events, situations, places, sensations, and even people that a youth consciously or unconsciously connects with a traumatic event
  - Sounds, places, people, smells, images all bring up memories and feelings
    - Does a memory come to mind, a person or time in your life?
    - Do you experience any feelings from this memory?
    - Do you feel a change in your body, heart rate, or energy level?

Hidden reminders

- May be very difficult to identify
- Cause physical reactions without our being able to understand them
- Trust, affection, and connection can be hidden reminders of pain

Meet Latifah

- Latifah is 15 years old

- After serving a sentence for a run warrant and probation violations, Latifah has been released and is in her fifth foster placement

Discussion

- Are there traumatic experiences and/ or losses?
- Do you see any traumatic reactions?
- What could be potential trauma reminders?

Latifah's trauma experiences

Traumatic Experiences

Experiencing her father's murder

Witnessing aftermath of killings (dead bodies in street)

Multiple transitions

Experiencing mother's and aunt's deaths

Dealing with Uncle's injury

Being bullied

Emotional, physical abuse from grandmother

Experiencing a miscarriage from a rape

Traumatic Reactions/ Survival Coping

Dissociation or numbing

Nervous agitation

Avoidance- running

Difficulty falling asleep (Hyperarousal)

Compulsive cleaning/ need for order

Nightmares and intrusive thoughts

Trauma and Loss Reminders

Lack of order

Mural on the wall at the hospitals

Hospitals

Nurses

Emotional closeness

Behaviors you often see: what trauma can look like

- Anger
- Hostility and coldness
- Inability to trust other people
- Perceiving danger everywhere
- Problems with change and transitions
- Acting guarded and anxious

Behaviors you often see: what trauma can look like

- Difficulty being redirected
- Physical and emotional reactivity
- Difficulty calming down after outbursts
- Difficulty letting go, holding onto grievances
- Regressive behaviors (Behaving much younger than his/ her age)
- Rejecting support from peers and adults

- Understanding Stages of Development
- Etiology of Mental Health in Youth
- Impact of Trauma on Development
- Signs and Symptoms of Mental Health in Youth
- Young vs. Adult
- Intervention Strategies
- Resources Available

Common Mental Illnesses in Adolescents

- Depression
- Anxiety
- Eating Disorder
- ADHD
- PTSD
- Autism Spectrum Disorder
- Substance Abuse

10 Mental Illness Warning Signs in youth

1. Sad/withdrawn for 2+ weeks (crying, fatigued, unmotivated)
2. Seriously trying to harm or kill oneself or making plans to
3. Severe out-of-control, risk-taking behaviors
4. Overwhelmed with fear for no reason with physiological symptoms (racing heart, etc.)
5. Not eating, throwing up, using laxatives (significant weight loss/gain)
6. Severe mood swings that alienate others
7. Use drugs/alcohol repeatedly
8. Drastic changes in behavior, personality or sleeping habits
9. Difficulty concentrating or staying still that could lead to physical danger and/or school failure
10. Intense worries or fears that get in the way of activities of daily living (going to class, hanging with friends)

Source: www.nami.org/caac

What can law enforcement do if it is mental illness?

- Is making an arrest or filing a report the right thing to do if the youth is mentally ill?
- Should Cailyn be arrested or charged?
- If so what charge would you consider?
- What good would it do?
- What possible harm could it do?

- Understanding Stages of Development
- Etiology of Mental Health in Youth
- Trauma and Impact on Development
- Signs and Symptoms of Mental Health in Youth
- Young vs. Adult
- Intervention Strategies
- Resources Available

Mental Health In Children vs. Adults

	Young	Adults
General	• Externalizing Behaviors (hit/scream/runaway) • Puberty (hormonal changes) • Underdeveloped self-regulation skills • Oppositional due to stage of development • Difficult with emotion identification (pay attention to behaviors) • Frequent physical (somatic) complaints	• Internalizing Behaviors • Developed/hormones leveling • Self-Regulation developed by age 25 (prefrontal cortex) • More receptive to feedback • Better able to articulate what they are feeling

Mental Health In Children vs. Adults

	Young	Adults
Depression	• Irritation/ Anger Outbursts • Somatic complaints, social withdrawal • Failure to make expected weight gains	• Sadness • Cognitive, lack of concentration, memory loss/ energy loss • Weight loss or gain
PTSD	• Disorganized or agitated behavior • Oppositional behavior • More reenacting • Repetitive play • Nightmares • Self-Injury	• More intense fear, helplessness, or horror. • Recurrent or Intrusive thoughts • Distressing dreams / flashbacks • Substance Use

Mental Health In Children vs. Adults

	Young	Adults
ADHD	• More Hyperactive	• More Inattentive
Anxiety	• Crying, tantrumming, freezing/avoiding type behaviors	• Social development is more advanced. • Manifests in somatic symptoms / panic attacks.

Scenario Continued…

While talking to Kaylin's mother, she reports that she always had a great relationship with Kaylin. "We use to do everything together and then one day everything changed. She stopped talking to me. She stopped hanging out with her friends. She became a loner." You ask the mother if she knew what caused the change. She said "I wish I knew."

IS THIS "MENTAL HEALTH?"

- Understanding Stages of Development
- Etiology of Mental Health in Youth
- Impact of Trauma on Development
- Signs and Symptoms of Mental Health in Youth
- Young vs. Adult
- Intervention Strategies
- Resources Available

Conflict Cycle

Avoiding the conflict cycle by…

- How do you handle the situation?
- Using positive self-talk
- Listen and validating feelings
- Managing the environment, eg, removing from situation, from others
- Giving choices and time to decide (where Possible)
- Distracting the person
- Appeal to the person's self-interest
- Dropping or changing the expectations

Questions to ask yourself

1. **How am I feeling?**
2. **What does this person(s) need, feel, or want?**
3. **How is the environment affecting the person and the situations?**
4. **Based on the previous questions: How do you best respond?**

It's not about the nail…

- YouTube
- https://www.youtube.com/watch?v=-4EDhdAHrOg

De-escalation interventions

- Non-Verbal Techniques:
  - Silence
  - Nods
  - Facial Expression
  - Eye Contact

Meaning in spoken communication during crises

Facial Expression

55%

Tone of Voice

38%

Words

7%

De-escalation interventions

Encouraging/ Eliciting

Tone of Voice

Minimal Encouragement – "uh-huh", "go on", "I see"

Door Openers: "I'd Like to hear more", "Tell me about that"

Closed Questions: "Do you like your teacher?"

Open Questions: "How did you respond?"; "What happened next?"

Understanding Responses

Reflective Responses

"You feel uncomfortable when your friends talk about school"

"You are angry about this situation. That makes sense to me."

Summarization:

"Here is what I hear you saying…"

Active Listening

Identifies and validates feelings

Reduces defensiveness

Promotes Change

Communicates that we care and understand

Helps young people "talk out rather than act out".

Active Listening

- Identifies and validates feelings
- Reduces defensiveness
- Promotes changes
- Communicates that we care and understand
- Is an effective co-regulation strategy
- Helps young people "talk out rather than act out"
- This can set up a positive <u>relationship-</u> something you can use to leverage the interaction….

Additional helpful hints

- Reassure the child that “no harm will come, you are there to help”
- Child may have had negative experiences with law enforcement due to removal from home of children or adults, history of family contact with police
- Do not communicate personal biases against lawful expressions, ie, tattoos, body piercings, clothes, hair, etc.

Additional helpful hints

- Help child by talking about what will happen next
- Let the child know that additional help will be available

Removing potential trigger to violence:

- Try to avoid touching an angry and potentially violent person
- Avoid aggressive moves or provocative statements
- Be aware of counteraggression
- Removing others who might trigger (or encourage) violence
- *Body language is critical*

Scenario Continued…

You are ready to talk to Kaylin.

- **How do you proceed?**
- **How do you initiate the conversation?**
- **What do you say?**
- **What techniques do you use?**

Scenario

You respond to a call regarding a domestic dispute between Jacob, a 17 year old male and Cindy, his 38 year old mother. You know this house as you respond to calls from this house frequently. When you arrive on the scene, Jacob and Cindy are yelling and screaming at each other. You are able to separate them. Cindy is yelling and saying "he needs to go to jail. I don't want him here anymore." You try to de-escalate the situation but Cindy continues to state that this is YOUR problem and YOU are not helping because YOU are not taking him to jail. You try to engage Cindy but she is not responsive to your interventions. She keeps insisting that you need to do your job and take Jacob to jail.

WHAT DO YOU DO?

Choose your own adventure

Role Play

- What happened?
- How many times did the conflict cycle occur?
- What could you have done differently?
- At the end of the day, what do we actually have control of?

Role Play

- What happened?
- How many times did the conflict cycle occur?
- Why did it yield better results?

Knowing Yourself

- Ask yourself "How/What am I feeling?"
- Be aware of our personal goals, values, and beliefs
- Understand the cultural and ethnic differences and each other's worldview
- Demonstrate self-regulation skills
- Know your own triggers and strategies to handle them.
- Use active listening and come from a place of understanding.

“When people are at their angriest…

They are at their stupidest”

- Understanding Stages of Development
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Resources

Clinical Interventions

- Dialectic Behavior Therapy (DBT)
- Cognitive Behavioral Therapy (CBT)
- Behavioral Supports (ie. Incentive Plans, Behavior Charts)
- Group Therapy
- Medication Interventions through psychiatrist
- Family Therapy or Family Education/Supports

Community Resources

- Bellefaire JCB
- PEP Connections
- Frontline Services
- Beech Brook
- Ohio Guidestone
- Catholic Charities
- New Directions
- Suicide Hotline
- Runaway Hotlines
- Department of Child & Family Services
- Juvenile Court
- Mental Health Agencies & Community Resources

Bellefaire's Homeless Youth Program

https://vimeo.com/93481095

QUESTIONS?

stigma
embarrassed
distress
anxiety
avoided
depression
stigma
myths
shame
discrimination
opinion
unknown
blame
ashamed
weakness
reaction
obstacles
difficult to discuss
patronising
vulnerable
can't snap out of it
judgemental
distress

share
care
seek help
listen
understand
support
common illness
treatable
anxiety
think
depression
learn
awareness
information
help
talk about it
speak out
workplaces
community
school
strong
empathy
walk in my shoes
health issue