

2018

Crisis Intervention Team (CIT) Training



Instructor Guide

COURSE TITLE PAGE

Program:	Crisis Intervention Training
Block:	Research and Systems
Course#/Title:	<i>Overview of Psychiatric Medications</i>
Accreditation#:	NM170753
Course Level:	Advanced Training
Prerequisites:	None
Instructional Method:	Lecture, Power Point, Discussion
Time Allotted:	1 Hour
Target Group:	New Mexico Law Enforcement Basic and Certified Officers; Basic and Certified Telecommunicators
Instructor/Student Ratio:	1/40
Evaluation Strategy:	Pre-Test/Post-Test, Class discussion
Required Instructor Materials:	Lesson Plan, Power Point, Handouts, Discussion,
Required Student Materials:	Note-taking materials, Student Manual
Suggested Instructor Certification:	<input checked="" type="checkbox"/> General Instructor <input checked="" type="checkbox"/> Professional Lecturer <input checked="" type="checkbox"/> Specialized Instructor <input checked="" type="checkbox"/> CIT Instructor <input checked="" type="checkbox"/> Master Instructor
Source Document/Bibliography:	Diagnostic and Statistical Manual of Mental Disorders, 5th edition, American Psychiatric Association, 2013. City of Albuquerque, Police Department. (n.d.). 2-19 <i>Response to behavioral health crisis.</i> City of Albuquerque, Police Department. (n.d.). 2-20 <i>Hostage situations, barricaded subjects, and tactical threat assessment</i> City of Albuquerque, Police Department. (n.d.). 2-52 <i>Use of Force.</i> City of Albuquerque, Police Department. (n.d.). 2-82 <i>Restraint and transportation of prisoners</i>

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Petty GW, Brown RD, Whisnant JP, Sicks JD, O'Fallon WM, Wiebers DO "Frequency of major complications of aspirin, warfarin, and intravenous heparin for secondary stroke prevention: a population study." Ann Intern Med 130 (1999): 14-22

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COURSE GOAL:

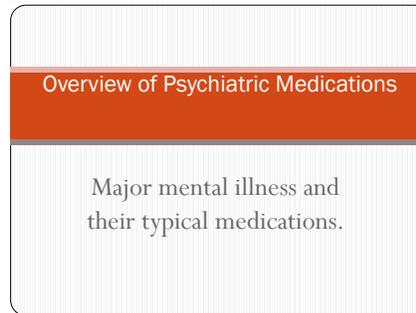
To help police become familiar with some key medications used in treatment of common psychiatric disorders. The knowledge is aimed to help police relate more easily people living with mental illness as they work in the field and to help humanize the experience of taking medications for psychiatric illness.

LEARNING OBJECTIVE(S):

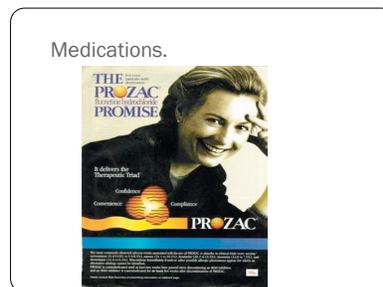
Upon completion of training, the participant will be able to demonstrate the following measurable learning objectives:

1. Have a general understanding of some of the terms used to describe major mental illnesses - be able to identify and differentiate between each of the following:
 - a. Psychosis
 - b. Anxiety
 - c. Depression
 - d. Bipolar Affective Disorder
2. Be able to identify some key reasons on how talk about medications with people living with mental illness.
3. Name at least one medication used for the treatments of ...
 - a. Psychosis
 - b. Anxiety
 - c. Depression
 - d. Bipolar Affective Disorder
4. Understand common side effects of some key medication classes.

Welcome (Slide 1)



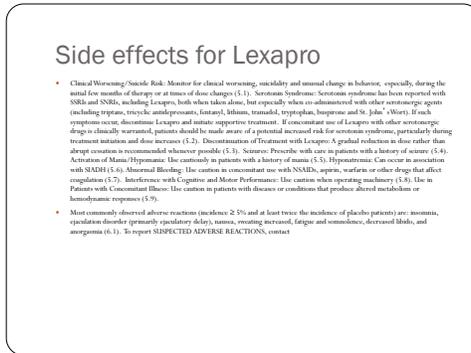
- Welcome students and introduce yourself. You may want to include your name on this PowerPoint or write it on a whiteboard or flip chart.
- Remind students of training rules (no phone or computers).



Medications (Slide 2)

1. Discussion
 - a. Ask class, "Why is it important to be able to discuss medications with people?" Make sure the discussion covers the following points:
 - i. Cops have frequent contact with people and families living with mental illness.
 - ii. Builds Rapport
 - iii. Information gathering
2. Medications are often divided into groups based on their use. Such as "Medications for Bipolar, Depress, Psychosis, Anxiety, and Depression."
3. Optional Discussion::
 - a. Ask, "Can anyone name medications used for Depression?"
 - b. If not already mentioned, ask, "Has anyone heard of Prozac?"
 - c. Ask, "Does anyone know what Lexapro is?"
 - d. Mention that Lexapro and Prozac are very similar antidepressant medications in the way they work. (They are both Serotonin Reuptake Inhibitors SSRI's for short).
4. Discussion
 - a. Ask the class, "Do you think antidepressants have side effects?"

Side Effects for Lexapro (Slide 3)



- Slide depicts the Food and Drug Administration's (FDA) warning label.
- All medications can have Adverse Reactions, often called "Side Effects."
- Lexapro is much safer than aspirin or Tylenol.
- Optional information:
 - Mention that Lexapro is the trade name for a medication called escitalopram. It is an antidepressant similar to Prozac, and has a similar way of working, in fact, they are both in the same class of antidepressants known as SSRI's
 - Mention that SSRI stands for Selective Serotonin Reuptake Inhibitor. Serotonin is the brain chemical that is targeted by Lexapro and other psychiatric medications.
- Optional Discussion
 - Ask, "Does anyone know what else, besides depression, that Lexapro is commonly used to treat?"
 - Answer: Anxiety and PTSD. In fact, anti-depressants are the first line treatment of Anxiety and PTSD

Notes:

Top Medications to remember by category (Slides 4)

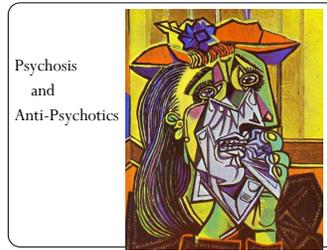
Top medications to remember by category

- Psychosis: Haldol, Risperdal, Zyprexa
- Depression: Prozac, Lexapro, Paxil, Zoloft
- Bipolar: Lithium, Depakote, Tegretol
- Anxiety: Ativan, Klonopin, Xanax

- Give an overview of the points on the slide.
- These key medications are important to recognize, and can be used as references when talking about medications.
 - Potential examples to share with the class: law enforcement can ask someone, “Is that like Haldol?” or “Is that used for the same things as Lithium?” or “Have you ever been on Prozac or something like it?”
- All psychiatric illnesses have symptoms, and those symptoms must lead to significant distress or impairment in function, otherwise it’s not an illness.
- Optional information (Will be presented later in class)
 - Psychosis covers a large range of symptoms including delusions, hallucinations, and disorganization, in short, being psychotic is “Being out of touch with the reality,” that is, out of sync with the reality that is generally accepted to be real.
 - Depression is more than just feeling low; it’s a serious medical illness.
 - Bipolar, classic bipolar is more than rapid mood swings. It includes very elevated, expansive or irritable sustained moods leading to distress and/or dysfunction.
 - Anxiety is the most common psychiatric symptom.

Notes:

Psychosis and Antipsychotics (Slide 5)



- Discussion
 - Ask, “What is psychosis?”
 - Psychosis is most easily defined as being out of touch with reality. Most people see, believe, and hear essentially the same thing when we interact with others. Most people are able to communicate and organize their thoughts in an understandable way. People who are psychotic often have different perceptions and beliefs and can have great difficulty explaining themselves or organizing their thoughts.

- Discussion
 - Ask, “What’s the difference between delusions and hallucinations?”
 - Hallucinations are defined as having a sensory perception without any input from the environment. Two common examples:
 - Auditory Hallucination – Hearing things others don’t such as a voice.
 - Visual Hallucination - Seeing things others don’t

Notes:

Psychosis and Medications (Slide 6)

Psychosis and Medications

- What is psychosis?
- Some key medications to recognize:
 - Haldol, Risperidol, Zyprexa
- Key Side Effects:
 - Weight gain, cardio vascular disease, diabetes, sedation, death
 - Akathisia: A feeling of internal restlessness that causes a person to move to find relief
 - Tardive Dyskinesia: Uncontrollable tightening of muscles and spastic movements very similar in cause and appearance to Parkinson's disease.

- **Antipsychotics are often divided into first generation and second generation medications**
 - Haldol is the most common older, “First Generation” anti-psychotic, but it is still widely used.
 - Risperidol and Zyprexa are newer medications.
 - Optional Information: Medications have trade names and generic names. Risperidone (generic) is also known as Risperidol (trade name), and Zyprexa (trade name) is also known as Olanzapine (generic name).
- **The long term effects of some of these medications can be devastating**, for example, Zyprexa, although effective for psychosis, has a very high rate of weight gain and diabetes all the other problems associated with these problems, up to and including death.
- **Activity:** Have someone act out Akathisia and ask the audience to describe what they might think if they saw this kind of behavior.
- **Tardive Dyskinesia** is generally associated with older medications, it can be a permanent side effect that causes people to cause their muscles uncontrollably.
 - Show Videos labeled Tardive Dyskinesia
 - This is an example of Dyskinesia, a permanent condition for long term exposure to older anti-psychotic medications. Newer medications are much less likely to cause this condition.
- **Akathisia** is one of the most common side effects to antipsychotics. It is a rhythmic and uncontrollable movement caused by a feeling of internal restlessness.
 - Show video labeled Akathisia
 - The video is silent, during video you can discuss with group what a police officer might think or suspect if a person was behaving in the manner portrayed.

Mania and Medications (Slide 7)

Mania and Medications

- Mania
- Some key meds to Recognize:
 - Lithium, Depakote, Tegtritol
- Key Side Effects:
 - Lithium: Lethal in overdose or if prescribed dose is too high, thyroid illness, acne, kidney dysfunction, and many others.
 - Depakote, Tegtritol: Hair loss, weight gain (obesity), sedation, dizziness, tremors, blurred or double vision, rash, headaches, poor coordination (looks drunk), nausea, vomiting

- **Mania**

- Mania must be diagnosed at some point for a person to have a diagnosis of Bipolar Affective Disorder, which generally speaking, is a fluctuation between mania, normal mood, and depression.
- People with Mania may appear like they are taking stimulants, high energy, talkative, making risky decisions, impulsive.

- **Lithium**

- Lithium is one of the oldest most effective medications for BPAD, but has drawbacks. People need to monitor their level of the medication by having periodic blood draws.
- **Adverse reactions:** Having too much Lithium in your blood can be dangerous and lead to serious complications such as kidney damage, even death.
- There is a small range between a therapeutic dose and a toxic dose - meaning a little doesn't do anything, the right amount is very helpful, but just a little too much can be dangerous.
- Lethal in overdose or if prescribed dose is too high, thyroid illness, acne, kidney dysfunction, and many others.

- **Depakote**

- Should be monitored from blood levels.
- **Adverse reactions:** Hair loss, weight gain (obesity), sedation, dizziness, tremors, blurred or double vision, rash, headaches, poor coordination (looks drunk), nausea, vomiting, liver or pancreatic failure, death.

Notes:

What is an Anxiety Disorder? (Slide 8)

What is an Anxiety Disorder?

- Goes by many names and descriptions
- Anxiety is an essential emotion
- **If it's an essential emotion, when does it become a disorder?**
- As a group, anxiety disorders and anxiety as a symptom, make up the most common psychiatric illnesses

- **People use many words for anxiety.** “Revved up” “Nervous” “Fearful” “Hysterical” “Pumped up” “Excited” “Worried” Most of these are simply variations of anxiety. They cause racing heart, excitement, rapid thinking, and increase adrenaline.
- **Anxiety is an essential** emotion that all people have; it acts as a huge motivator and keeps people away from dangerous situations. Without anxiety most people wouldn't study for tests, avoid dangerous animals, would not fear cliffs, they would have less worries about being rude to people who are their superiors at work, and they would be obnoxious – as if they were drunk all the time.
- **Part of fight, flight, or freeze response.**
- **Discussion:**
 - **Ask “If it's an essential emotion, when does it become a disorder?”**
 - **Anxiety becomes a problem when it interferes with normal expected functioning and/or causes great distress.** It's normal to be afraid of heights; it's abnormal to be terrified of going in an elevator. If your job just moved to the 30th floor, and you can't go in elevators, you most likely have an anxiety disorder.
- **As a group, anxiety disorders and anxiety as a symptom, make up the most common psychiatric illnesses**

Notes:

Medications for Anxiety Disorders (Slide 9)

Medication for Anxiety Disorders

- Antidepressants, Antihistamines
- Benzodiazepine
 - Diazepam (Valium)
 - Lorazepam (**Ativan**)
 - Alprazolam (**Xanax**)
 - Clonazepam (**Klonopin**)
 - Temazepam (Restoril)
- Some Side effects of Benzodiazepines
 - Feeling Drunk (tired, uncoordinated, uninhibited).
 - Sedation
 - Death
 - Central Nervous System Depression.

- Review points on slide: these are common medications used to treat anxiety.
- **Antidepressants are first line treatment for anxiety.** Although anxiety and depression often co-exist, these medications can be used for anxiety alone.
- **Benzodiazepines are central nervous system depressants:**
 - Very effective for anxiety
 - Work similarly to alcohol. They are addictive and have similar side effects as alcohol (loss of inhibition, lethargy, sleepiness).
 - Can lead to death, especially if mixed with other drugs like opiates (heroin) and alcohol
- Since they work similarly to alcohol, they have similar adverse effects.
- **Optional information:**
 - Benzodiazepines, are usually called, “Benzo’s”
 - Valium is probably the most famous Benzo, “Mother’s little helper.” The most commonly abused Benzo is Xanax (Alprazolam), because it works fast and has a high peak effect.

Medications have multiple names, multiple uses: (Slide 10)

Medications have multiple names, and multiple uses

- Antidepressants are first line treatment for Panic Attacks and PTSD. They are often used as sleep aids or for pain control.
- Antipsychotics are used for anxiety, mania, bipolar, sleep, and even depression.
- Anti-anxiety medications can be used for sleep, seizures, and even muscle relaxation.
- Blood pressure medications are used for PTSD and anxiety.
- Anti-seizure medications are used for bipolar disorder.

- Medications, may have names like “Anti-depressant,” “Anti-psychotic,” but in fact psychiatric medications are often used for many different purposes.
- **Medical medications are often used for psychiatric symptoms.** Some medications that aren’t specifically designed as psychiatric medications are often used to treat psychiatric disorders.
- **Clonidine, as an example, is a blood pressure medication with many psychiatric uses.**
- It is used to treat nightmares, anxiety, attention deficit hyperactivity disorder, and heroin withdrawal.
- Before moving on to next slide, ask the class, “Why do you think people with psychiatric disorders sometimes don’t take their medications?”

Why don't people take their medications? (Slide 11)



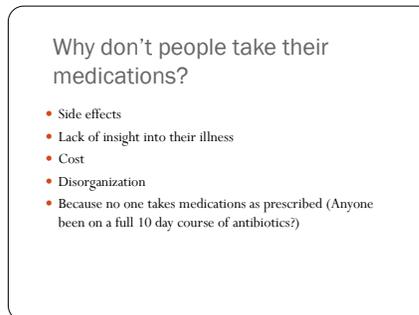
Discussion

Ask, “Why don't people take their medications.”

Don't give answers, simply have a discussion.

Optional: write down answers on a flip chart. This way they can be reviewed in the next slide. Answer is in next slide.

Why don't people take their medications? (Slide 12)



- **Review points on slide**, make sure all points were covered in the previous discussion.
- **There is a lot of stigma around psychiatric medication noncompliance**
 - “Why don't they just take their meds!”
- **No one takes medications as prescribed**, not just people living with mental illnesses.
 - Among patients with chronic illness, approximately 50% do not take medications as prescribed.^{1,2}

Here again (Slide 13)

Here again: Top medications to remember by category

- Psychosis: Haldol, Risperdal, Zyprexa
- Depression: Prozac, Lexapro, Paxil, Zoloft
- Bipolar: Lithium, Depakote, Tegretol
- Anxiety: Ativan, Klonopin, Xanax

- Review points on slide.

Questions (Slide 14) Ending

- Please insert your (instructor) name and contact information.
- Answer questions to the best of your ability

Notes:

Acknowledgements:

This course was created with collaborations from the following people and organizations:

Albuquerque Police Department:

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Mental Health Response Advisory Committee