

Perspectives of Psychotic and Manic Symptoms



Trainer's Guide

COURSE TITLE PAGE

Program:	Crisis Intervention Training
Block:	<i>Perspectives of Psychosis and Mania</i>
Accreditation#:	NM170753
Course Level:	Advanced Training
Prerequisites:	None
Instructional Method:	Lecture, Power Point, Discussion
Time Allotted:	.5 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:	<p><i>Diagnostic and statistical manual of mental disorders: DSM-V-TR.</i> (2013). American Psychiatric Association.</p> <p>Boice, R. (1996) <i>First-Order Principles for College Teachers: Ten Basic Ways to Improve the Teaching Process</i> (Bolton, MA: Anker Publishing Co.)</p> <p>Creating a Collaborative Learning Environment Guidebook, Center for Integration of Research, Teaching, and Learning (University of Wisconsin-Madison).</p> <p>Feito, J. (2007) <i>Allowing Not-Knowing in a Dialogic Discussion</i> The International Journal of the Scholarship of Teaching and Learning http://academics.georgiasouthern.edu/ijsotl/v1n1/feito/ij_feito.htm</p>

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COURSE GOAL:

The goal is to help law enforcement become familiar with how it might feel to live with a mental illness. We want students to learn about psychotic and manic symptoms from an “as if it were me,” perspective.

LEARNING OBJECTIVE(S):

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

1. Be able to relate symptoms of major mental illnesses to their own experience.
2. Meet people who have experienced symptoms of serious mental illness.
3. They should be able to have an improved ability to answer the following questions ...
 - a. “What might it feel like to have **psychotic symptoms**?”
 - b. “What are **manic symptoms**, and how might it feel if I were to experience them?”

Psychosis – Lack of Insight. (Slide 5)

Psychosis - Lack of Insight

- Have you ever said, "I'm fine, I don't need to go to the doctor."
- Do you refuse or procrastinate going to the doctor?
- Do you tell yourself you're fine even if there's limited evidence that you're fine:
You have no lab results, you may not even know your blood pressure.

- Continue to ask the questions and guide the discussion.
- Have you ever said, "I'm fine, I don't need to go to the doctor."
 - It seems that most people have made a statement similar to this one. People can be very bad at estimating their health.
 - This lack of insight is true for "normal" people, and it is true for people living with mental illnesses as well.
- Do you refuse or procrastinate going to the doctor?
- Do you tell yourself you're fine even if there's limited evidence that you're fine: You have no lab results, you may not even know your blood pressure.
- Holding an incorrect belief despite evidence is a fixed false belief, which is a definition of a delusion. Believing "you're fine" despite not having any objective evidence is the first step towards a delusion.

Psychosis – Hallucinations. (Slide 6)

Psychosis - Hallucinations

- Ever been alone and hear your name called and no one is around? Maybe it's the wind?
- Have you ever heard from or believed you communicated with a loved one not around?
- Have you ever seen evidence of a ghost?

- Ask questions and continue to lead the discussion
- Ever been alone and hear your name called and no one is around? Maybe it's the wind?
 - More than half of people report having had at least one auditory hallucination in their life, hearing something when there's no source for the noise. Common examples are: hearing a loved one's voice after they've died, hearing voices and music as you fall asleep or while waking up (not while dreaming).
- Have you ever heard from or believed you communicated with a loved one not around?
 - This is a very common belief and is culturally normal.
- Have you ever seen evidence of a ghost?
- **Optional Discussion:** Ask audience to give a story of how they made contact with a ghost in some way. In an audience greater than 6 people, the odds are very good that someone will have a ghost story.

Psychosis – Withdrawal. (Slide 7)

Psychosis – Withdrawal from the world

- Do you ever feel like doing nothing?
Seeing no one? Being left alone in your own filth?

- Do you ever feel like doing nothing? Seeing no one? Being left alone in your own filth?
- Withdrawal is a common symptom of schizophrenia. In fact, schizophrenia doesn't require hallucinations and delusions, one can be schizophrenic and be disorganized and withdrawn.
- These symptoms are seen in stereotypical portraits of homeless people who are living with schizophrenia – long beard, unkempt, not bathing, not talking with other people. These are the homeless people who the other homeless people don't want to hang out with.

Psychosis – Psychosis. (Slide 8)

Psychosis

- Schizophrenia:
 - Disorganized thinking.
 - Disorganized behavior.
 - Withdrawal.
 - Hallucinations.
 - Delusions.



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- Recap symptoms of Schizophrenia as they relate to the discussion:
 - Disorganized thinking.
 - Disorganized behavior.
 - Withdrawal.
 - Hallucinations.
 - Delusions

Psychosis – Question. (Slide 10)

Questions?

- Briefly answer any questions.
- Introduce the speakers who have volunteered.

Meeting people who are living with a mental illness.

The speakers have already been selected and told to arrive on time, which is 10 minutes before the lecture starts. They have also been instructed to follow the lead of the moderator, and to keep within time limits. The participants know that they should only participate when they are feeling well enough to participate in what can be a very emotionally difficult process.

The participants are advised to have a five-minute story that relays their state of mind living with mental illness. They are also guided to keep stories relevant to law enforcement, and to keep them positive.

The instructor and the volunteers should ideally be very familiar and friendly with each other to set an atmosphere of cordial professionalism, showing the audience that these volunteers are colleagues.

The instructor's main goals during the discussion:

- Keep the atmosphere friendly and light, while still maintaining professionalism.
- Try to stay in the background and let the audience and the speakers do all the talking. Talk only if there's a dead space or if things veer too far off track.
- Keep discussion on time.
- Make people feel comfortable with the speakers.
- Encourage people's interests so that any unanswered questions can be addressed after the class is over.
- Encourage people to take a moment after the class to thank the speakers in person.
- Encourage the audience to speak with the volunteers after the class. (Class should end a bit early to allow time for interaction.)

Acknowledgements:

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

Albuquerque Police Department:

Matthew Tinney

Nils Rosenbaum, MD

Mental Health Response Advisory Committee:

NAMI:

Jim Ogle