



SLIDE 1 TITLE SLIDE

PSYCHOTIC DISORDERS: Expanded CRIT Content

Time: 90 minutes

Slides: 14

Purpose: This module provides additional instruction on psychotic disorders. It builds upon the information presented within *CRIT Module 4. Understanding Mental Health Conditions & Mental Illnesses*. Participants will be introduced to information on psychosis, the signs and symptoms of psychotic disorders, and considerations for law enforcement when responding to a person who appears to be experiencing psychosis.

Instructor:

A mental health subject matter expert should teach this module with the support of a law enforcement co-trainer.

Learning Objectives:

Upon completing this module, participants should be able to:

1. Explain what psychosis is;
2. Describe hallucinations and delusions;
3. List key signs, symptoms, and behaviors of psychosis that may be recognized in law enforcement interactions; and
4. Identify two tips for responding to someone experiencing psychosis.

Activities:

- Video Activity: Schizophrenia Part 1 (10:19)
<https://youtu.be/rCbf-pKtkhU>
- Hearing Voices Activity

Additional Materials:

Instructions for the Hearing Voices Drawing Activity can be found at the end of this Trainer's Guide.

Module Overview



- Psychosis and Its Symptoms
 - Delusions
 - Hallucinations
- Schizophrenia (Psychotic Disorder)
- Tips for Responding

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SLIDE 2 MODULE OVERVIEW



Trainer Note: Present the points on the slide to discuss the content that this module will cover. **Emphasize that it is not the intent of this training to make officers diagnosticians or clinicians.** However, officers often respond to people who exhibit various signs and symptoms associated with mental illness. The information that officers learn about mental illnesses, like psychotic disorders, can help inform their responses to people who experience mental health crises in the community.

It can be helpful to remind participants that people can have more than one condition or co-occurring conditions (e.g., a person may have a mental health condition and a substance use disorder, more than one mental health condition, or an intellectual and developmental disability and a mental health condition and/or substance use disorder). Also, a person may behave differently but not be experiencing symptoms of psychosis. For example, a person with an intellectual and developmental disability may appear to be experiencing psychotic symptoms by talking to themselves; though, this behavior may be related to their disability and not due to a hallucination.



Content Note: The purpose of this module is to increase officers' knowledge of psychosis and psychotic disorders, enhance officers' understanding of the experiences of individuals in crisis, and provide tips for responding to individuals who may be showing signs of psychosis.

What is Psychosis?



- A set of symptoms
- Disruption to a person's thoughts and perceptions that make it difficult to recognize what is real and what is not
- Often includes experiences of hallucinations or delusions
- Described as confusing and/or frightening



SLIDE 3 WHAT IS PSYCHOSIS?



Trainer Note: Cover the material on the slide using the information in the content note below as a reference. **Emphasize that psychosis can be a confusing and frightening experience and lead to impulsive and unpredictable reactions and behaviors.** If an officer suspects a person may be experiencing psychosis, they should try to provide a sense of safety to the individual. This may help the person regain a sense of control. Safety might mean the officer allows for more time and space in the interaction. It could also mean reassuring the person that they are safe.



Content Note: *Psychosis* is best described as a set of symptoms or conditions that affect the mind. It is not an illness but can be associated with certain types of mental illness. Psychosis involves disruptions to an individual's thoughts and perceptions that make it challenging to recognize what is real and what is not. These disruptions are often experienced as seeing, hearing, and/or believing things that aren't real (i.e., *hallucinations*). They can also include experiencing persistent, strange emotions, thoughts, and behaviors (i.e., *delusions*).

Psychosis can make it challenging to perceive reality, think clearly, communicate effectively, and behave appropriately. Although everyone's experience with psychosis can be different, most people say it is confusing and frightening. In the United States, there are approximately 100,000 new cases of psychosis each year. About 3 in 100 people will experience psychosis at some point. Doctors and researchers are continuing to learn about how and why psychosis develops. However, there are many factors found to contribute to psychosis, including:

- Age – Teenagers and young adults are at increased risk of experiencing psychosis due to hormonal changes in their brains during puberty.
- Substance use – Some substances, such as marijuana, LSD, and amphetamines, can increase the risk of psychosis in people who are already vulnerable.



- Physical illness or injury – Traumatic brain injuries, strokes, and some brain diseases (among other conditions) can cause psychosis.
- Mental illness – Psychosis can be a symptom of diagnosed mental health disorders, such as schizophrenia, schizoaffective disorder, bipolar disorder, and depression.
- Genetics – Many genes can contribute to the development of psychosis. However, having specific genes does not guarantee that an individual will experience psychosis.

Sources:

American Psychiatric Association, 2013, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, Washington, D.C: American Psychiatric Association.

National Alliance on Mental Illness, n.d., “Psychosis,” <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Psychosis>.

National Institute of Mental Health, August 2015, “Understanding Psychosis,” U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Mental Health, <https://www.nimh.nih.gov/health/topics/schizophrenia/raise/fact-sheet-first-episode-psychosis>.

Symptoms of Psychosis: Delusions



- A **persistent false belief** about the self, or persons/objects outside the self, that is maintained despite indisputable evidence to the contrary
- The content of delusions can have a variety of themes (e.g., delusions of grandeur, persecution, reference)
- Individuals experiencing delusions will not be convinced that what they believe is not real



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SLIDE 4 DELUSIONS



Trainer Note: Delusions can be a symptom of psychosis. Cover the material on the slide using the content note below as a reference. **Provide examples of the different types of delusions described below. Facilitate the roleplay scenario** (presented below) to demonstrate what it may be like to interact with someone experiencing a delusion.

Emphasize to the officers that they will be unable to convince the person experiencing a delusion that what they believe is not real. Arguing against an individual's delusion will not be helpful. Officers should acknowledge the individual's belief but should not feed into the delusion.

Encourage officers to ask questions about an individual's delusion to better understand what they believe and identify the feelings (e.g., confusion, distress, fear, anger) behind the delusion. If there is concern that the delusion presents an imminent risk to self or others, officers should engage a mental health professional or other community-based mental health services to support their response. When interacting with someone who is experiencing a delusion, officers should respond with understanding to build rapport and aim to connect the individual to mental health services.



Content Note: *Delusions* are a symptom of psychosis. They are fixed, firmly held, false beliefs that are not supported by objective facts. The content of delusions can have a variety of themes, including those listed below.

- **Delusions of grandeur** (or grandiose delusions) involve beliefs falsely attributing great ability, intelligence, importance, power, and/or accomplishment to the individual. For example, an individual may believe they are connected to influential people who rely on them for advice, that they are destined to accomplish great things that the average person wouldn't understand, and/or that they are possessed with supernatural powers.

Delusions associated with *religious beliefs* are a common type of grandiose delusion, including an individual's belief that they are the embodiment of a notable religious figure



(e.g., prophet, messiah) or that they possess God-like powers (e.g., ability to read people's minds, ability to cure illness).

- **Delusions of persecution** (persecutory delusion) involve false beliefs that others are threatening or conspiring against you. For example, individuals may believe they are being followed or spied on as part of a larger plot against them.
- **Delusions of reference** involve the false belief that the actions of others and/or events in the world have some special significance (usually negative) to oneself. For example, an individual may believe that music played on the radio is played for them or that the license plates of the cars they pass on the road are spelling secret messages about their life.
- **Bizarre delusions** involve beliefs that are fantastic and implausible but are consistently maintained by the individual. For example, individuals may believe that external forces, such as machines or other people, control their thoughts, feelings, or actions (i.e., a delusion of being controlled). This may include beliefs that external forces are removing thoughts from their mind (thought withdrawal) or forcing thoughts into their minds (thought insertion).
- **Somatic delusions** (or somatopsychic delusions) involve false beliefs that one or more bodily organs are injured, functioning improperly, or diseased. For example, an individual may believe they have a medical condition (despite tests finding nothing wrong) or have become infected by parasites that are taking over their organs.

Sources:

American Psychiatric Association, 2013, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, Washington, D.C: American Psychiatric Association.

American Psychological Association, n.d., *APA Dictionary of Psychology*, retrieved from <https://dictionary.apa.org/>.

National Alliance on Mental Illness, n.d., "Psychosis," <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Psychosis>.



Roleplay Scenario: This roleplay illustrates an interaction with someone experiencing a delusion (Feel free to develop your own example). **Work with your co-instructor to show what it can be like to talk to someone with a delusion.** Either instructor can demonstrate the symptoms of delusions and get frustrated at their co-instructor when they argue with them.

Have one instructor accuse the other of stealing their thoughts with the "thought stealer" they have in their hand. The other instructor can show their empty hands and say they have nothing like that...Then say they are using a cloaking device...then say that they hid it...go back and forth for a minute or two—before asking the officers—*do you think they will ever convince me I'm mistaken?*



After this demonstration, **engage the class in a discussion about what they saw and how they might approach the situation. Repeat the demonstration to illustrate a more effective way to respond** to the individual experiencing the delusion. **Emphasize the importance of not arguing with the person.** Instead, officers should acknowledge the individual's concerns and move forward. Encourage officers to focus on the person's level of distress or fear due to the delusion rather than the specific content of the delusion. This can help provide a sense of safety, establish rapport, and gather information to assess the situation.

Symptoms of Psychosis: Hallucinations



- False sensory experiences that occur without external stimuli
- Usually vivid, clear, and not under voluntary control
- Auditory hallucinations (hearing voices) are most common
- Someone experiencing hallucinations may have a hard time processing information



SLIDE 5 HALLUCINATIONS



Trainer Note: Cover the material on the slide using the content note below as a reference. As with delusions, **remind officers that it is important not to feed into or dismiss the reality of a hallucination.** That is, officers should not pretend to experience the hallucination but also should not try to convince the individual that the hallucination does not exist; it does exist to them. **Highlight to officers that it is possible to validate a person's experience without "buying into" the hallucination.** For example, when a person shares a hallucination with you such as, "there is a man standing in the corner of my house, you see him don't you?" It is okay to be honest and say, "I don't see him, but I believe you do."

After presenting the content on the slide, **guide officers on what they might say to someone who is experiencing hallucinations.** Advise officers that a primary goal of their response should be to help the person focus on reality rather than their hallucination and to provide a feeling of safety. Some things an officer might say include:

Asking the person: "Are you hearing voices other than mine? What are they saying to you?"
"What are you hearing?"

Telling the person: "I don't hear the voices, but I believe you do." "I'm here to help." "I just want to keep you safe."

Encouraging the person: "Look at me. Listen to my voice and nothing else."



Content Note: Hallucinations are false sensory experiences that feel very real to the individual despite having no external stimulus. Hallucinations are usually vivid and not under voluntary control. They can be confusing or frightening to the individual and make it difficult to process information. These experiences are tied to a person's senses and can include auditory, visual, tactile, olfactory, and gustatory hallucinations.



- Auditory hallucinations involve *hearing* voices or sounds.
- Visual hallucinations involve *seeing* things, including people, objects, visual patterns, and/or lights.
- Tactile hallucinations involve the *feeling* of touch or movement in the body (e.g., feeling like bugs are crawling on your skin).
- Olfactory hallucinations involve *smelling* odors (pleasant or unpleasant).
- Gustatory hallucinations involve the sense of *taste* (usually strange or unpleasant).

For individuals who experience hallucinations, *auditory* hallucinations are most common. They are usually experienced as voices (familiar or unfamiliar) that are perceived as distinct from the individual's thoughts. The voices may be positive, negative, or neutral. However, auditory hallucinations can often be unpleasant and derogatory. They can also be commanding, with voices directing or encouraging the person to do something. **Command hallucinations can be serious depending on the nature of the command and the likelihood that the person will act upon it. If someone is experiencing auditory hallucinations, it is essential to ask them what they are hearing and/or what the voices are saying to them.**

Sources:

Cleveland Clinic, June 26, 2022, "Hallucinations,"

<https://my.clevelandclinic.org/health/symptoms/23350-hallucinations>.

Healthline, July 10, 2019, "Everything You Need to Know About Hallucinations,"

<https://www.healthline.com/health/hallucinations>.

National Alliance on Mental Illness, n.d., "Psychosis," <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Psychosis>.

Public Safety Canada, March 2005, "Hallucinations and Delusions: How to Respond," retrieved from <https://www.publicsafety.gc.ca/lbrr/archives/cnmcs-plcng/cn34078-2005-6-eng.pdf>.

Psychotic Disorders: Schizophrenia



- Most common psychotic disorder
- Typically emerges in late adolescence and early adulthood
- Chronic life-long illness with some periods of remission
- Prevalence estimates in the United States range from 0.25–0.64%



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SLIDE 6 PSYCHOTIC DISORDERS: SCHIZOPHRENIA



Trainer Note: Schizophrenia is one example of a psychotic disorder. Cover the material on the slide using the content note as a reference. **After presenting the third bullet, prompt the class with the Q&A below.** Then go into more information about why psychotic disorders—like schizophrenia—typically emerge during late adolescence and early adulthood.



Content Note: Schizophrenia is the most common type of psychotic disorder. It is a serious mental illness that interferes with a person's ability to think clearly, manage emotions, make decisions, and relate to others. It is a complex and long-term condition.

Schizophrenia can occur at any age, but, on average, the age of onset tends to be in the late teens to the early 20s for men and the late 20s to early 30s for women. Although the exact prevalence of schizophrenia is difficult to measure, estimates of schizophrenia and related psychotic disorders in the United States range from 0.25% to 0.64%.

People living with schizophrenia often don't believe that they have a mental illness. They can go in and out of treatment for a long period of time, and their condition may get worse without treatment or services. This can affect the development of crucial life skills (e.g., monetary, social, work, transportation, cooking, cleaning, etc.). The earlier people can get treatment, services, and support, the better the outcomes. ***It is possible to live well with schizophrenia.***

People living with schizophrenia may be slower to respond to questions or commands due to the cognitive deficits associated with the condition. To a first responder, this may appear as if the person is being resistant. It's important for first responders to remain calm and patient to allow time for responding. Often repeating the question or command in a calm voice can be helpful.



Ask participants what typically occurs between the ages of 16–24. *Potential answers include puberty, hormones, high school peer pressure, leaving home for college, and gaining independence.*

We know that teenagers and young adults are at increased risk of experiencing an episode of psychosis because of hormonal changes in their brains during puberty. The ages of 16–24 are a critical time of development for people. When individuals develop schizophrenia at this stage in their life, their abilities to develop emotionally, occupationally, and socially may be greatly impaired.

If first responders are assisting a young person experiencing psychosis and there is no reason to take immediate action, they may encourage family members or other responsible adults to seek a mental health evaluation as soon as possible and, if available, contact a crisis center or mobile crisis team to assist with stabilizing the person and connecting them to additional supports and services. Research shows that the sooner someone gets evaluated and receives services, the better their outcomes will be. *The importance of early evaluation, screening, and linkage to services should be stressed to participants.*

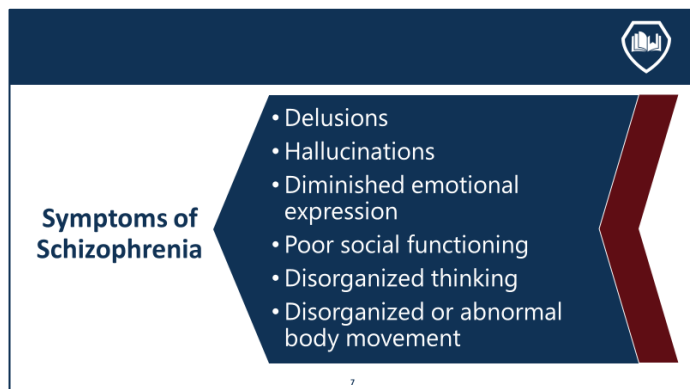
NOTE: For law enforcement agencies in areas with a high concentration of young adults going to college, many students may live off campus and the agency may see higher numbers of crisis calls in these areas. It is encouraged to be mindful of this and work closely with the colleges to learn what services might be available to students and refer them as needed.

Sources:

American Psychiatric Association, 2013, *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, Washington, DC: American Psychiatric Association.

National Alliance on Mental Illness, n.d., “Schizophrenia,” retrieved from <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Schizophrenia>.

National Institute of Mental Health. n.d., “Schizophrenia,” retrieved from <https://www.nimh.nih.gov/health/statistics/schizophrenia>



SLIDE 7 SYMPTOMS OF SCHIZOPHRENIA



Trainer Note: This slide presents some of the common symptoms of schizophrenia. Take a few minutes to **describe the symptoms, focusing on those that have not been covered on earlier slides** (i.e., diminished emotional expression, poor social functioning, disorganized thinking and movements). Use the content note below for reference.



Content Note: Schizophrenia is a chronic and severe mental illness that affects how a person thinks, feels, and behaves. Symptoms of schizophrenia are categorized across positive, negative, and disorganized symptoms. “Positive” and “negative” symptoms do not mean that some symptoms are viewed as good and others as bad.

Positive symptoms are symptoms experienced by someone living with schizophrenia that someone without schizophrenia would not typically experience. Positive symptoms of schizophrenia can include:

- Delusions – Covered on Slide 4. Delusions are false beliefs that do not change even when the person that holds them is presented with facts.
- Hallucinations – Covered on Slide 5. Hallucinations are false sensory experiences that feel very real to the individual despite having no external stimulus. These can include a person hearing, seeing, smelling, tasting, or feeling things that others cannot perceive.

Negative symptoms of schizophrenia are symptoms that cause the person living with schizophrenia to experience an absence or reduction of certain traits that diminish their abilities. Negative symptoms of schizophrenia can include:

- Diminished emotional expression – People living with schizophrenia can appear emotionless or to have a limited range of emotions. This is often evidenced through limited reactions to emotional or disturbing situations, an absence of facial expressions, and speaking in a dull, flat, or monotone manner.



- Poor social functioning – Schizophrenia often interferes with a person’s ability to participate in social activities and to build meaningful relationships.

Finally, a person living with schizophrenia may experience *disorganized symptoms*. These symptoms can include:

- Disorganized thinking – People living with schizophrenia often struggle to remember things, organize their thoughts, or complete tasks. Disorganized thinking is typically presented in the speech patterns of the person. For example, they may switch quickly from one topic to another, provide answers unrelated to questions that were asked, or use words and sentences that do not seem to make sense. Severely disorganized thinking involves almost incomprehensible speech—or what some call “*word salad*.” In these instances, the associations that the individual is making can appear to have little or no logical connection to the listener.

Some people living with schizophrenia may be unaware of their disorder. This condition is called anosognosia—from the Greek meaning “lack of insight.” This lack of insight can cause people living with schizophrenia to stop taking their medications or avoid treatment altogether.

- Disorganized or abnormal body movement – People living with schizophrenia are found to experience motor symptoms of the illness, including involuntary, jerky movements, bodily spasms, restlessness, poor coordination (i.e., slow reaction times), and rigidity.

It can be challenging for officers to respond to someone experiencing severe symptoms of schizophrenia. When possible, using time and space in these types of interactions can help to slow down the encounter and provide the opportunity for officers to gather information and build rapport with the person.

Sources:

Jodi Clarke, May 19, 2022, “Signs and Symptoms of Schizophrenia,” *Verywell Mind*, retrieved from <https://www.verywellmind.com/what-are-the-symptoms-of-schizophrenia-2953120>.

Krishna R. Patel, Jessica Cherian, Kunj Gohil, and Dylan Atkinson, 2014, “Schizophrenia: Overview and Treatment Options,” *P&T* 39(9): 638–645.

National Alliance on Mental Illness, n.d., “Schizophrenia,” <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions/Schizophrenia>.

National Institute of Mental Health, n.d., “Schizophrenia,” <https://www.nimh.nih.gov/health/statistics/schizophrenia>.

Schizophrenia - Disorganized Thinking



Don't you know that loitering is against the law?

I don't want to go to jail. Jail is for the birds. One time I saw birds flying around in the jail. Birds should be out in the air. The air is dirty in Chicago. All these big buses. I ride the bus to get my groceries. Jewel is my favorite store.

SLIDE 8 DISORGANIZED THINKING



Trainer Note: This slide provides an example of disorganized thinking—a common symptom of schizophrenia. **Ask for two volunteers to read the text on this slide aloud.** Volunteer 1 should read the bolded question. Volunteer 2 should read the italicized response.

Volunteer 1: Don't you know that loitering is against the law?

Volunteer 2: *I don't want to go to jail. Jail is for the birds. One time I saw birds flying around in the jail. Birds should be out in the air. The air is dirty in Chicago. All these big buses. I ride the bus to get my groceries. Jewel is my favorite store.*

Remind participants that disorganized thinking may involve an individual switching quickly from one topic to another or providing completely unrelated answers to questions (i.e., going on tangents). This is a sign that the individual's brain may not be processing thoughts clearly.

Source: American Psychological Association, n.d., *APA Dictionary of Psychology*, retrieved from <https://dictionary.apa.org/>.



SLIDE 9

VIDEO ACTIVITY – SCHIZOPHRENIA PART 1



Trainer Note: Show the video “Schizophrenia Part 1.” Use the video description to brief the participants on what they will see before playing it. **Ask participants to write down the symptoms of schizophrenia that they observe while watching the video.** Use the Q&A to prompt a discussion on the symptoms of schizophrenia and participants’ experiences in responding to individuals who are living with schizophrenia.



Video Activity: “Schizophrenia Part 1” (10:19) <https://youtu.be/rCbf-pKtkhU>

This video shows the experiences of John “Lone Star Swan” Ratliff, a man with schizophrenia who lives on the streets of San Francisco. Lone Star Swan talks about his life, including his feelings and beliefs. The video provides a background on Lone Star Swan’s life, presenting interviews with his family and their experiences with his mental illness. John “Lone Star Swan” Ratliff passed away in February 2022 at the age of 81.

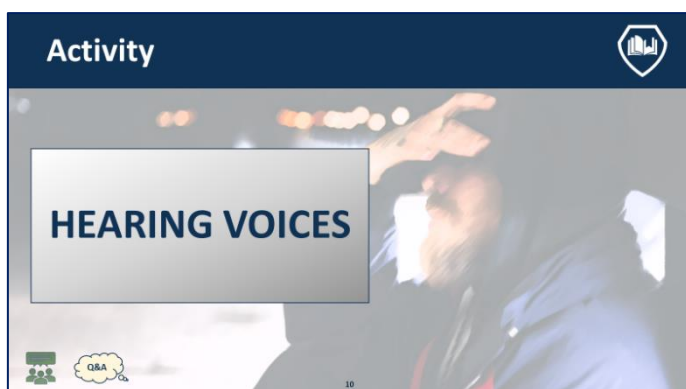
<https://missionlocal.org/2022/02/swan-song-john-ratliff-lone-star-swan-dies-at-81/>

NOTE: This video was produced several years ago and uses dated language to discuss mental illness and homelessness. **Encourage participants to use person-first language when talking about mental illness and related topics.** For example, “person with schizophrenia” or “person living with schizophrenia” rather than “schizophrenic person.”



After you show the video, engage the class in a discussion about what they saw.
What symptoms did they notice?

Ask participants to share experiences they have had with interacting with someone living with schizophrenia. What was the encounter like? How did they manage the interaction? What approaches seemed to work best? Remind the officers that one of the best strategies is to provide time and space to slow down the interaction, increase opportunities for information gathering, build rapport, and maintain safety.



SLIDE 10

ACTIVITY: HEARING VOICES



Trainer Note: Introduce the Hearing Voices Activity. This activity is designed to give participants the experience of auditory hallucinations and the impact of those hallucinations on their ability to complete different tasks. There are two options for completing this activity. Select the option that you can support with the training space and resources available to you.



Hearing Voices Activity OPTION #1: This activity simulates what it's like to hear auditory hallucinations and how it can complicate a person's ability to follow instructions and complete everyday tasks.

1. Divide the class into two groups (Group 1 and Group 2).
2. Have Group 1 go out in the hall with one instructor (Instructor 1). Hand the group members a blank piece of paper. Tell them that when they re-enter the training room, they should stand behind one of the Group 2 participants who remained seated.

When the instructors tell them to do so, they should roll up the paper they were given into a megaphone-type device to project the sound of their voice into the Group 2 participant's ear. They should lean closely and begin to whisper things to them. They should whisper derogatory statements in various volumes, as well as general statements like, "don't listen to him," "he does not like you," "you are not worth liking," "you are no good," "you smell," "he wants to hurt you," "let's get out of here," etc.

3. Have Group 2 stay seated in the training room. The instructor in the room (Instructor 2) should provide the participants with a piece of paper and a writing utensil and tell them that they will need to follow a set of instructions that will be read aloud to them to draw a specific design. The instructions for the drawing are available at the end of this guide. You may also create a different design for this activity. The idea is to make the design somewhat complex and detailed, so the person must try to concentrate on completing the drawing as instructed.



4. Once both groups have received their instructions, allow Group 1 to re-enter the room and stand behind their respective Group 2 participants. Instructor 2 should begin to read the instructions for drawing the design. As the instructions progress, Group 1 should whisper into the ears of Group 2. Instructor 2 should continue to provide the drawing instructions at a normal speed and in a normal volume.

At the conclusion of this activity, skip to the next slide to show the design they were meant to draw and how it should have looked. **Debrief with the participants:**

1. What did you notice?
2. What was the experience like for you?
3. What did you find challenging?
4. If you encounter someone who is hearing voices, how might you respond?



Hearing Voices Activity OPTION #2: This version of the activity uses the Hearing Distressing Voices simulation toolkit created by Dr. Pat Deegan. If you or your community does not have this toolkit to use and would like to obtain it, it can be purchased at: <https://www.commongroundprogram.com/hearing-voices>. If you use the Hearing Distressing Voices recording, **explain that this exercise was developed by a woman living with schizophrenia, Dr. Pat Deegan.** Provide instructions on how to operate the audio devices, as needed.

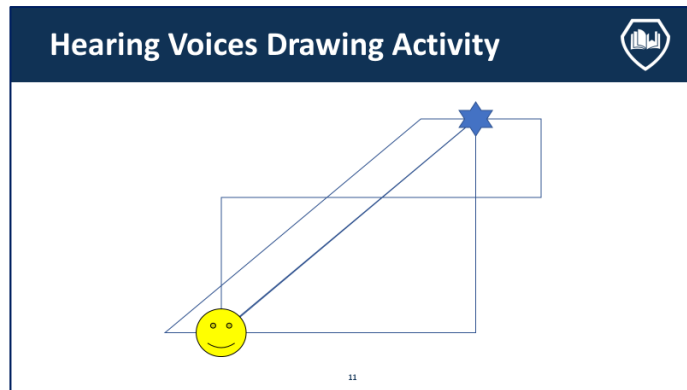
Instruct the participants to engage in an activity while listening to the voices on the audio device they have been provided. Several suggested activities can be found below. Time will not allow participants to complete all the activities. It is recommended to select one or two to illustrate the impact of auditory hallucinations on listening, communication, concentration, etc.

1. Follow instructions to draw a design. The instructions for the drawing are available at the end of this Trainer's Guide. You may also create a different design for this activity. The idea is to make the design somewhat complex and detailed, so the person must try to concentrate on completing the drawing as instructed. At the conclusion of this activity, skip to the next slide to show the design they were meant to draw and how it should have looked.
2. Complete a word or number find. Many puzzles like this can be found online and printed in advance to facilitate this activity.
3. Pair up and have one partner be the law enforcement officer and the other a victim of a minor crime (e.g., bike theft). The law enforcement officer must investigate by gathering information and the victim must provide the information. After a few minutes, switch roles.
4. Interact with each other—mingle around the room talking with each other.
5. Have participants go outside of the classroom and walk around by themselves. The only people they can talk with are the people they meet. They are not to speak to each other.



At the conclusion of the exercise, debrief with the participants:

1. What did you notice?
2. What was the experience like for you?
3. What did you find challenging?
4. If you encounter someone who is hearing voices, how might you respond?



SLIDE 11 HEARING VOICES DRAWING ACTIVITY



Trainer Note: Have the participants show their drawings to see how closely they followed the instructions. Display this animated slide after participants have completed the Hearing Voices Activity and have shown their drawings.

Things to Remember When Responding



- Psychosis is often confusing and frightening
- People experiencing delusions or hallucinations will NOT be convinced that their beliefs or perceptions are not real
- Cognitive deficits are common in psychotic disorders and can slow a person's ability to process information
- People experiencing psychosis should be connected to mental health services

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SLIDE 12

THINGS TO REMEMBER WHEN RESPONDING



Trainer Note: This slide presents several important items for officers to remember in their response to people that appear to be experiencing psychosis and other symptoms related to psychotic disorders. Cover the points on the slide using the concept note below for support.



Content Note: There are many things officers should keep in mind when responding to someone who appears to be experiencing psychosis. First, *psychosis is often a confusing and frightening experience*. People who are experiencing psychosis may be genuinely afraid. It's important for officers to identify and acknowledge these feelings and try to provide the person with a sense of safety.

People experiencing delusions or hallucinations will NOT be convinced that their beliefs or perceptions are not real. Officers should not dismiss or attempt to argue with someone about the reality of their delusions or hallucinations. Officers should also avoid agreeing or “playing along” with a person's delusions or hallucinations. Instead, officers should acknowledge that the delusions/hallucinations are very real to the person and ask questions about what they are experiencing. This can help convey empathy and build rapport with the person experiencing psychosis. It is important to recognize that someone may still experience delusions or hallucinations while taking medications and that the presence of these symptoms does not necessarily indicate medication noncompliance.

People living with schizophrenia may be slower to respond to questions or commands due to the cognitive deficits associated with the condition. Depending on the severity of the psychotic disorder, the person may be distracted and unable to have a coherent conversation. Remind officers about their experiences with the “Hearing Voices” exercise, highlighting how difficult it was to focus on conversation/follow instructions.

People experiencing psychosis should be connected to mental health services. In crisis situations, safety should always be the top priority for responding officers. Once safety is established, officers should try to connect the person to treatment or services and/or gather information on what



treatment and services the person is already connected to. When available, officers should engage mental health professionals or other community-based mental health services on-scene to support their response.

Tips for Responding



- Be calm and patient
- Be sensitive to personal space
- Explain your actions; Avoid making sudden movements
- Reduce distractions; Draw the person's attention to the "here and now"
- Acknowledge the person's perceptions and beliefs
- When possible, engage mental health services in response

QUICK TIPS

Q&A

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SLIDE 13 TIPS FOR RESPONDING

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Trainer Note: This slide should be presented by the law enforcement co-trainer. Highlight each point, providing examples as necessary. **Emphasize that, when possible, officers should use these tips to create time and space in their interactions and support a safe and effective resolution** (i.e., connection to mental health services). Use the content note for reference. After discussing the points on the slide, **use the Q&A to prompt a discussion on successful strategies that officers have used in past interactions with someone experiencing psychotic symptoms.**

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Content Note: Tips for Responding:


- Officers should be calm and patient in their response. People experiencing psychotic symptoms may be confused, frightened, distracted, and/or need extra time to process information. Officers should speak slowly and clearly, be willing to repeat questions as needed, and provide more time for individuals to respond. Officers should acknowledge the feelings of the person and work to create a sense of safety in the interaction by reassuring the person that they are there to help.
- Officers should be mindful of personal space and distance to maintain safety. Body language is important. An officer's stance should be open, but not vulnerable. Touching a person experiencing psychosis is not recommended unless absolutely necessary because it could escalate the situation.
- Officers should be sure to introduce themselves and any other first responders in the interaction. They should explain their intentions and provide warning before taking any action or moving about the space. Movements should be slow and intentional.
- Officers should reduce distractions (e.g., bright lights, sounds, other people) that may make it difficult for the person to concentrate on the conversation. They should draw the person's attention to the "here and now."




- Officers should acknowledge the person's delusions and/or hallucinations but avoid feeding into them. Officers should not try to convince people that their delusion or hallucination is not real; It is real to them. Officers should ask questions to better understand what the person is experiencing. This is particularly important when a person is experiencing auditory hallucinations. Officers should ask "what are you hearing?" and/or "what are the voices saying to you?" to determine whether the voices are commanding the person to do things that threaten their own safety or the safety of others.
- When possible, officers should engage mental health services in their response. People experiencing psychosis require treatment.




Ask the group what strategies they have used in interactions with someone experiencing psychotic symptoms (e.g., delusions, hallucinations). What worked well in their interactions?



Module Wrap-Up



Questions?



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SLIDE 14 MODULE WRAP-UP



Trainer Note: Use this as an opportunity for participants to ask questions or share additional experiences.

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