

This pocket guide was developed as a Law Enforcement resource to:

- **Assist law enforcement in identifying signs of a behavioral health or addictive disease crisis.**
- **Provide them with tools for de-escalating/mediating a crisis.**
- **Provide them with resources and support systems that they can give to individuals with behavioral health and/or addictive diseases, their families and others who support them.**

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COMMON SIGNS AND SYMPTOMS

Delusions

Often associated with psychosis. Delusions are strong beliefs that are unlikely to be true and may seem irrational to others. For example:

- Believing external forces are controlling their thoughts, feelings and behavior.
- Believing that trivial remarks, events, or objects have personal meaning or significance.
- Thinking they have special powers, such as a special mission from God.

Psychosis

A person who is psychotic is out of touch with reality. People with psychosis may hear "voices" or have strange and illogical ideas, for example, thinking that others can hear their thoughts, trying to harm them, or that they are the President of the United States or some other famous person (delusions).

They may get excited or angry for no apparent reason, spend a lot of time by themselves, or in bed, or sleeping during the day and staying awake at night.

The person may neglect appearance, such as not bathing or changing clothes, or may be hard to communicate with because they barely talk or may say things that do not make sense.

Hallucinations

Hallucinations involve the five senses; sensing things that are not there, or are not experienced by others, i.e.,

- Auditory - hearing voices, or other sounds
(most common hallucination)
- Visual - seeing things
- Olfactory – smelling things
- Gustatory – tasting things
- Tactile – feeling things or sensations

Catatonic

Someone who is catatonic may:

- Not be able to move or speak
- Appear unresponsive
- Mimic sounds (echolalia)
- Mimic movements (echopraxia)

**Although rare, Catatonia is a medical emergency-
ACT IMMEDIATELY!**

Universal Tips for Engaging Persons in Crisis

- **Maintain your safety at all times!**
- Do not take encounters personally – THE PERSON DOESN'T KNOW YOU - IT IS NOT ABOUT YOU!
- Stay calm
- Minimize distractions
- Lower your voice
- Be sincere and truthful
- Be attentive/actively listen
- Use empathy
- State instructions clearly
- Call for assistance/back-up, if needed
- Do not argue about or attempt to disconfirm/negate delusions – IT IS THEIR REALITY!

Recognize Threats of Suicide

Warning Signs

- Talks about committing suicide
- Has trouble eating and/or sleeping
- Experiences drastic changes in behavior
- Loses interest in work, school, hobbies, etc.
- Withdraws from family/friends
- Loses interest in personal appearance
- Starts or increases use of alcohol or drugs
- Taking unnecessary risks
- Has attempted suicide before
- Has had recent severe losses
- Gives away prized possessions
- Sudden happiness after prolonged depression

Tips for Engaging Suicidal Individuals

- Ask a question-save a life!
 - Are you thinking of ending your life?
 - Are you thinking of dying today?
 - Do you have a plan? If yes, what is your plan?
 - Do you have access to weapons (if not apparent)?
- Do not leave individual alone
- Be careful about granting request to bring family, friends, pastors, partners, etc. to location while in stages of de-escalation
- Ask open ended questions, i.e., “What brought you to this point today?”, “What has happened that makes you believe suicide is your best option right now?”

Tips for Engaging Suicidal Individuals, cont.

- Ask questions that will give individual reasons to live, i.e., “Do you have children?”, “What are their names?”
- Once you get names, use names in future questions, i.e., “How old is your Sarah?” , “What school does Sarah attend?”, “What type of things does Sarah like to do?”
- Don’t be afraid to state the facts. “If you kill yourself, statistics say that your children, your friends, are more likely to consider suicide as an option to solving problems.”
- Let them know that suicide is a permanent outcome to a temporary problem – they can get through it in time and with assistance
- Don’t make promises you cannot keep
- Know your community resources

Tips for Engaging Youth in Crisis

- Physically place yourself at child's level if you feel its safe to do so
- Reassure child that you are there for them, not their parents, teacher, etc.
- May begin by talking about everyday topics to build trust, i.e., "I see you have a sketch pad, are you an artist"?, "Can I see some of your drawings?" "Do you take art in school?"
- Use direct questions
- Ask one question at a time
- Observe how youth behaves and responds to others
- Get information from parents, guardians, and caregivers to describe youth's behavior, mental health history, etc.
- Remember family is also in crisis and need reassuring
- Know your community resources

Characteristic Signs of Addiction

Physical and psychological

- Bloodshot eyes
- Pupils that appear larger or smaller than normal
- Poor hygiene or grooming habits
- Body tremors
- Impaired speech
- Problems with coordination
- Intense mood swings
- Irritable
- Can appear giddy or hyperactive
- Appearing paranoid, fearful or anxious without cause
- Appearing to be lethargic
- Lack of drive or motivation

It is important to note that some of the signs of addiction are the same as signs of mental illness

Do not assume you can differentiate – that is the role of a professional!

Tips for Engaging Addiction Crisis

- Be sincere, truthful and professional
- Be non-threatening
- Use empathy and patience
- Allow individual time to explain
- Assess for overdose and/or withdrawal
 - Alcohol and benzodiazepine withdrawal are medical emergencies – ACT IMMEDIATELY
 - Heroin overdose is medical emergency ACT IMMEDIATELY
- Give individual ample space
- State instructions clearly, be specific
- Provide a calm environment
- Reduce unnecessary external stimuli (crowds, sirens, lights, etc.)

Autism

Warning Signs

Common recognizable behaviors of Autism are:

- Responding negatively to touch
- Repetitive behavior – repeating same phrase or motion
- Obsessive routines – may become aggressive or destructive if routine is broken
- Devoid of and unable to express emotion other than anger
- May speak little or not at all

- May respond negatively to bright lights
- May respond negatively to loud sounds, i.e., sirens, radios.

Autism: Tips for Engaging Crisis

Dos and Dont's

- Avoid attempts to gain eye contact
- Individual may require more than typical 6 feet of space
- Speak slowly and concisely
- Ask one question/give one request at a time
- Allow individual time to process one question/request at a time, i.e., “Do you have a phone number?” – individual may be able to write a number/and or name
- Do not interpret a pause or silence as non-compliance
- Avoid touching individual if not necessary
- Ask/look for identification
- If near body of water, calmly ask individual to step away from water
- Reassure and remain calm

Alzheimer's Disease

Warning Signs

- Memory loss that disrupts life
- Challenges in planning or solving problems
- Difficulty performing familiar tasks
- Confusion with time or place
- Trouble understanding visual images and spatial relationships
- Misplacing things and losing ability to retrace steps
- Decreased or poor judgment
- Withdrawal from work or social activities
- Changes in mood and/or personality
- New problems with words in speaking or writing
- Wandering can often be associated with forgetting way home or trying to return to former familiar residence. Can also involve driving.

Recognizing Alzheimer's

Identification clues -jewelry, clothing tags, drivers license

Physical clues -blank facial expressions, inappropriate clothing, age, unsteady gait

Psychological clues -short term memory loss, confusion, communication problems, agitation, catastrophic reaction, delusions and hallucinations

Dementia and Driving

Warning Signs

- Erratic driving with slow/poor traffic decisions
- Intoxicated-like behavior
- Inability to pull over safely
- Lost or disoriented behavior
- Defensive or agitated behavior
- Vague answers/don't match questions
- Destination location or route doesn't make sense
- Unsteady gait
- No valid license, registration or insurance
- Difficulty determining date, time or year

Finding Lost or Missing Older Adult

When person is reported missing, initiate search immediately. Issue Mattie's Call.

When finding a person, but not able to identify them or locate family:

- Look for identifying jewelry (Medic Alert, Safe Return)
- Contact Alzheimer's Association for assistance 800-272-3900
- Take to emergency room for evaluation
- Contact Adult Protective Services (emergency funds available for temporary placement)
- Utilize Secured Assisted Living Facility



Alzheimer's Disease and Dementia Tips for Engaging

- Approach from the front
- Introduce yourself, state why you are there
- Minimize distractions (radios, sirens, onlookers), keep away from crowds
- Establish one on one conversation and make eye contact
- Speak slowly and calmly
- Look for signs of identification, i.e., jewelry, clothing labels, driver's license
- Assess for memory loss by asking:
 - what day, month, year it is
 - current address
 - who is current president
- Do not argue with individual – their reality is **their** reality
- Always tell them what you will be doing, and explain while doing it
- Be patient and respectful
- Individual may be agitated. Do not take what they say personally
- If necessary, use another person to communicate

Alzheimer's/Dementia Resources

MedicAlert and Safe Return Crisis Line
1-800-572-1122

Georgia Alzheimer's Association
1-800-272-3900

Behavioral Health Link
1-800-715-4225

VETERANS SERVICES

**IN EMERGENCY, TAKE
VETERAN TO VA
HOSPITAL OR VA
CLINIC REGARDLESS OF
DISCHARGE STATUS**

Tips for Assisting Veterans in Crisis

- Remain calm
- Be aware of personal space
- Assess for weapons
- Evaluate stress (veterans and yours)
- Clarify roles
- Be respectful
- Recognize memory and attention difficulties
- Minimize distractions
- Recognize need for sense of safety
- Recognize need for self control
- Provide choices when possible

**Remember Veteran may be preoccupied
with issues of safety and control**

VA Southeast Network (VISN7)

www.southeast.va.gov 678-924-5700

VA Hospitals

- **Atlanta VA Health Care System**
1670 Clairmont Road
Decatur, GA 30033
404-321-6111
- **Carl Vinson VA Medical Center**
1826 Veterans Blvd.
Dublin, GA 31021
478-272-1210
- **Charlie Norwood VA Medical Center**
950 15th Street Downtown or
1 Freedom Way Uptown
Augusta, GA 30904
706-733-0188

VA Hospitals, cont.

- **Central Alabama Veterans Health Care System-East Campus**
2400 Hospital Road
Tuskegee, AL 36083
334-727-0550 | 800-214-8387

- **Ralph H. Johnson VA Medical Center**
109 Bee Street
Charleston, SC 29401
843-577-5011 | 888-878-6884

Georgia VA Outpatient Clinics

- **Athens Clinic** (Athens, GA)
9249 Highway 29 North
Athens, GA 30601
404-8109 Bee Street
706-227-4534
- **Trinka Davis Veterans Village Clinic**
(Carrollton, GA)
180 Martin Drive
Carrollton, GA 30117
- **Hinesville Clinic** (Hinesville, GA)
500 East Oglethorpe Highway
Hinesville, GA 31313
912-408-2900
- **Rome Outreach Clinic** (Rome, GA)
30 Chateau Dr, SE
Rome, GA 30161
706-235-6581

COMMUNITY RESOURCES

**GEORGIA
ASSOCIATION
OF
COMMUNITY
SERVICE
BOARDS**

Community Service Boards

- **Advantage Behavioral Health Systems**
www.advantagebhs.org 706-389-6789
(Counties: Barrow, Clarke, Elbert, Greene, Jackson, Madison, Morgan, Oconee, Oglethorpe, Walton)
- **Aspire Behavioral Health & Developmental Disability Services**
www.albanycsb.org 229-430-4042
(Counties: Baker, Calhoun, Dougherty, Early, Lee, Miller, Terrell, Worth)
- **Avita Community Partners**
www.avitapartners.org 678-513-5700
(Counties: Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, White)
- **Clayton Center CSB**
www.claytoncenter.org 770-473-2416
(County: Clayton)
- **Cobb/Douglas CSB** www.cobbcsb.com
770-429-5000 (Counties: Cobb, Douglas)
- **CSB of Middle Georgia** www.csbmg.com
478-272-1190 (Counties: Bleckley, Dodge, Johnson, Laurens, Montgomery, Pulaski, Telfair, Treutlen, Wheeler, Wilcox)

Community Service Boards, cont.

- **Dekalb CSB** www.dekcsb.org 404-508-7963 (County: Dekalb)
- **Fulton County DBHDD**
www.livebetterfulto.org 404-613-3675
(County: Fulton)
- **Gateway BHS** www.gatewaybhs.org 912-554-8490 (Counties: Bryan, Camden,
www.livebetterfulton.org 404-613-3675
McIntosh)
- **Georgia Pines CSB** www.georgiapines.net
229-225-4370 (Counties: Colquitt, Decatur,
Grady, Mitchell, Seminole, Thomas)
- **Highland Rivers Health**
www.highlandrivershealth.com
404-808-7740 (Counties: Bartow,
Cherokee, Fannin, Floyd, Gilmer, Gordon,
Haralson, Murray, Paulding, Pickens, Polk,
Whitfield)
- **Lookout Mountain Community Services**
www.lmcs.org 706-638-5584 (Counties:
Catoosa, Chattooga, Dade, Walker)
- **McIntosh Trail CSB** www.mctrail.org
770-358-8284 (Counties: Butts, Fayette,
Henry, Lamar, Pike, Spalding, Upson)

Community Service Boards, cont.

- **Middle Flint BHC**
www.middleflintbhc.org 229-931-2470
(Counties: Crisp, Dooly, Macon, Marion, Schley, Sumter, Taylor, Webster)
- **New Horizons Behavioral Health**
www.newhorizonscsb.org 706-596-5739
(Counties: Chattahoochee, Clay, Harris, Muscogee, Quitman, Randolph, Stewart, Talbot)
- **Oconee Center CSB**
www.oconeecenter.org 478-445-4817
(Counties: Baldwin, Hancock, Jasper, Putnam, Washington, Wilkinson)
- **Ogeechee Behavioral Health Services**
www.obhsga.org 478-289-2741
(Counties: Burke, Emanuel, Glascock, Jefferson, Jenkins, Screven)
- **Pathways CSB** www.pathwayscsb.org
706-845-4341 (Counties: Carroll, Coweta, Heard, Troup, Meriwether)
- **Phoenix Center CSB**
www.phoenixcenterbhs.com
478-988-1002 (Counties: Crawford, Houston, Peach)

Community Service Boards, cont.

- **Pineland BHDD** www.pinelandcsb.org
912-764-6906 (Counties: Appling, Bulloch, Candler, Evans, Jeff Davis, Tattnall, Toombs, Wayne)
- **River Edge BHC** www.river-edge.org 478-803-7646 (Counties: Baldwin, Bibb, Jones, Monroe, Putnam, Twiggs, Wilkinson)
- **Serenity Behavioral Health System**
www.serenitybhs.com 706-432-7800
(Counties: Columbia, Lincoln, McDuffie, Richmond, Taliaferro, Warren Wilkes)
- **BHS of South Georgia** www.bhsga.com
229-671-6101 (Counties: Ben Hill, Berrien, Brooks, Cook, Echols, Irwin, Lanier, Lowndes, Tift, Turner)
- **Unison Behavioral Health**
www.unisonbehavioralhealth.com
912-449-7103 (Counties: Atkinson, Bacon, Brantley, Charlton, Clinch, Coffee, Pierce, Ware)
- **View Point Health**
www.myviewpointhealth.com
678-209-2376 (Counties: Gwinnett, Rockdale, Newton)

**Behavioral Health Link (BHL) – Georgia Crisis and
Access Line:**

800-715-4225 www.mygcal.com

Linkage to:

- 24/7 statewide access
- Mobile Crisis Teams in all 159 GA counties
- Local resources for mental health, developmental disabilities, and addictive diseases
- Local Crisis Stabilization Units (CSUs)
- Local Crisis Homes (for Developmental Disabilities only)
- Available crisis beds
- Local support and advocacy organizations
- **Be sure to share BHL contact with person in crisis, family members, and caregivers.**

ADDITIONAL RESOURCES AND SUPPORT

National Alliance on Mental Illness, Georgia (NAMI Georgia)

4120 Presidential Pkwy., Ste. 200

Atlanta, GA 30340

770-234-0855

www.namiga.org

Support Groups

- Family Support Groups
- Connections Peer Support Groups

Educational Programs

- Family-to-Family (for family members of adults with mental illness)
- Homefront (for families of active duty military and veterans)
- NAMI Basics (for caregivers of children and adolescents)
- Peer-to-Peer (for adults with mental illness)
- Ending the Silence (for middle and high school students)
- In Our Own Voice (presentations for general public)

- **Georgia Parent Support Network (for children and adolescents with mental illness and their families)**
1381 Metropolitan Pkwy SW,
Atlanta, GA 30310
404-758-4500
www.gpsn.org
- **Georgia Mental Health Consumer Network (peer programs and supports for adults with mental illness)**
246 Sycamore St,
Decatur, GA 30030
404-687-9791
www.gmhcn.org
- **Georgia Council on Substance Abuse**
100 Edgewood Ave SE #1005
Atlanta, GA 30303
404-523-3440
www.gasubstanceabuse.org
- **Mental Health America of Georgia**
404-527-7175
www.mhageorgia.org

- CETPA Mental Health and Substance Abuse Services (Spanish speaking services)**
 4650 Jimmy Carter Blvd., Ste. 113
 Norcross, GA 30093
 678-646-5959
www.cetpa.org
- Raksha, Inc. (South Asian Community)**
 P. O. Box 12337
 Atlanta, GA 30355
 404-876-0670
www.raksha.org
- All About Developmental Disabilities**
 125 Clairemont Ave., Ste. 300
 Decatur, GA 30030
 404-881-9777
www.AADD.org
- The ARC Georgia (intellectual and developmental disabilities)**
 P. O. Box 2874
 Kennesaw, GA 30156
 470-222-6088
www.ga.thearc.org

- **Georgia's Suicide Prevention Information Network (GSPIN)**
www.gspin.org
- **Suicide Prevention Action Network, Georgia (SPAN)**
www.span-ga.org
- **The Link Counseling and National Resource Center for Suicide Prevention**
www.thelink.org
- **American Foundation for Suicide Prevention** www.afsp.org
(click chapter, then choose Georgia)

MEDICATIONS

Psychiatric Medications

Anti-Depressants

Used in the treatment of depression and other illnesses (Anxiety, Obsessive Compulsive Disorder, PTSD)

Zoloft	Effexor
Paxil	Trazodone (also used for sleep)
Prozac	Luvox
Celexa	Serzone
Lexapro	Cymbalta
Welbutrin (also used for smoking cessation)	

This is not intended as an exhaustive list of psychiatric medications. Rather it is a representation of the most commonly prescribed medications.

Psychiatric Medications

Anti-psychotic Medications

There are two general categories of anti-psychotic medications used to treat schizophrenia, mania, psychotic depression:

Atypical Anti-psychotics (second generation)

Risperdal	Zyprexa
Abilify	Geodone
Seroquel	Clozaril

Typical Anti-psychotics (first generation, older, less prescribed)

Haldol	Novane
Moban	Prolixin
Stelazine	Thorazine
Mellaril	Trilafon

Psychiatric Medications cont.

Mood Stabilizers

Used in the treatment of bipolar disorder, depression and aggression

Lithium

Depakote

Lamictal

Neurontin

Tegretol

Topamax

Psychiatric Medications

Stimulant Medications

Typically used to treat ADHD

Adderall
Dexedrine

Ritalin
Concerta

Medications to Treat Addiction

- Alcohol and Benzodiazepines: (Librium, Ativan, Phenobarbital)
- Heroin: (Buprenorphine, Methadone, Naltrexone, Naloxone/Narcan)
- Nicotine: (patches, gum, bupropion, behavioral modification)

Law Enforcement Resources

- **Georgia Department of Public Safety - State Patrol Peer Support**
Capt. Andy Carrier
Acarrier@gsp.net
- **Georgia Critical Incident Stress Foundation (GCISF) 404-419-6505**
www.gcisf.org
- **Badge of Life**
www.badgeoflife.com
- **1st Help www.1stHelp.net (for all first responders and their families)**
- **First Responder Addiction Treatment Program (FRAT) 855-372-8435**
www.responderaddiction.com
- **Law Enforcement Support Network (LEPSN) 888-915-3776**
www.lepsn.org
- **Cop2Cop**
www.ubhc.rutgers.edu/cop2cop/resources

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