EXHIBIT G

Cleveland Division of Police
CIT Curriculum
Older Adults Lesson Plan (version)

Title of Lesson: Crisis Intervention with the Elderly Population

Assigned Course Number: TBD

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Approving Authority: PENDING

Overview:

The Elderly module is a 60-minute module designed to provide an overview of the working with Older Adults. Having an understanding of the various medical and mental health disorders that affects their day-to-day functioning. The presentation includes challenges for the community and police officers that interacts with older adults in situations where their physical and mental health symptoms are at risk. Discussion will include an understanding of the symptoms, but dispelling the myths related to mental illness, which present challenges to law enforcement when intervening with individuals when their symptoms and behaviors are at a crisis stage. The module uses power points, class discussion, and lecture and identifies techniques, which can to assist officers with resolving crises involving Older Adults.

1. Understanding Older Adults and the various health and mental health issues that affect their ability to function independently and have a good quality of life.
2. Discuss specific techniques for officers to use when called to a scene involving a crisis with an Older Adult experiencing a form of distress either or both physically or mentally.
3. Discuss Hoarding Disorders being another aspect that law enforcement will encounter and the unique challenges this present to law enforcement.
4. Provide a brief overview of law enforcement-relevant resources available in Cuyahoga County.

Course Goal(s):

The goal of the Elderly module is to provide participants with knowledge of behavioral features and provide techniques and best practices that will minimize behavior and result in positive interaction and trusting from both the Older Adult and Law Enforcement.

Course Objective(s):

Upon completion of the Older Adult module participants will be able to:

1. Understand the various difficulties experienced by Older Adults.
2. Learn of the challenges in supporting Older Adults in the community
3. Learn positive techniques in interacting with Older Adults
4. Have knowledge of Resources in Cuyahoga County

Methodology:

The Clinical Director, Behavioral Health Program of the Eldercare Services Institute, LLC of Benjamin Rose Institute on Aging, will teach participants. A power point presentation will serve as an instructional. The instructors will include class participants in discussion.

Target Audience:

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

Class Size:
TBD

Evaluation Process:

Participants will complete a post-test, which will examine acquisition of key points. Participants will be required to answer at least 70% correct. The exam will focus on the application of key points to the officer's duties when responding to a crisis events. Officers will be provided with brief written or video-based scenarios involving a person with a developmental disability. The officers will be presented with questions designed to assess their ability to apply the key points to the scenario.

Logistical Information:

Site: TBD

Training Equipment:

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

Staffing Requirements:

Instructors: A Mental Health Professional with knowledge of Older Adults.

Training Summary:

All assigned participants will arrive at the designated time and go to the designated facility. Participants will receive an overview of the training, performance and learning objectives, and an introduction to the material.

Training Schedule:

Slide#	Activity
1	Instructors on site
2	Introduction of the Elderly Population and brief discussion of objectives
3-5	Definition of both Physical and Mental Health related disorders, the symptoms, behaviors and treatments.
6	How the various Physical and Mental Health issues affects older adults.
7	Dementia Symptoms
8-9	Alzheimer's Disease-symptoms,
10	Alzheimer/Dementia vs Age related changes
11	Common Situation involving people with Alzheimer or Dementia The societal myths about Mental Health and the expectations of Older Adults living Independently in the community and challenges that can be present for Law Enforcement when encountering an Older Adult in distress.
12-17	Elderly and Alcoholism Chronic issues and challenges both in the home and community
18-21	Elderly and Depression Engaging Law Enforcement in discussion about situations related depression related disorders that impact older adults on a daily bases. How the respond, but with education how they could better interact in future situations.
22-29	Hoarding Disorders is introduced as a recent disorder that Law enforcement is encountering and what to do.
30-32	Elderly and Suicide Risk Factors
33-34	Responding to the Elderly in Crisis
35-38	Law enforcement-relevant resources offered in Cuyahoga County available to Older Adults, such as Adult Protective Services, Mobile Crisis, etc.

Instruction Manual - Crisis Intervention with the Elderly Population

Slide 1 – Title

- Welcome the participants and introduce yourself,

Slide 2 – Objectives for Today's Training

- Note that police officers regularly encounter older adults with physical and mental health problems that interferes with functioning at that moment.
- We will be identifying common illnesses in older adults and techniques for relating with the individual.
- Provide an understanding of the impact of aging and mental illness unique to Older Adults.

Slide 3 – Alzheimer's disease

- Define Alzheimer's disease.
- Discuss the symptoms and behaviors that need to be aware of when interacting with an older adult with Alzheimer's disease.
- How this disease will effect Older Adults in the future.

Slide 4 – Geriatric Illnesses

- Define Dementia.
- Give examples of other forms of Dementia.
- Discuss the symptoms related to vascular, multi-infarct, etc. dementia.
- Mention the limitations of some mental health disorders such as paranoia, delusion, etc. that influence the individual's thinking process problems when interacting with an older adult with dementia.

Slide 5 – Define Dementia

- Define dementia,
- Discuss the symptoms associated with dementia.
- Discuss the cognitive impairments and decline in aging in general,
- What are the specific cognitive decline when dementia is present?
- Other diseases that cause dementia.

Slide 6 – A typical Neuron

- Discuss neuron (nerve cell) as demonstrated in the power point.
- What is the function of the neuron?
- How the neuron works in relations to aging.

Slide 7 – Dementia symptoms

- Identifying the various symptoms of the dementia disorder.
- Memory Loss-discuss how to recognized memory problems.
- Confusion-discuss what to look for that would be different from other situations or mental illnesses where a person would be confused.
- Disorientation – Give example of an older adult that is disoriented.
- Agitation – Discuss agitation, what could heighten these symptoms when Law Enforcement is present.
- Wandering- Safety issues regarding older adults who wander
- Combativeness – What this looks like for an older adult with dementia.

Slide 8 – Alzheimer's disease

- Alzheimer's impact on the older adult is daily living.
- Discuss the disease impact on memory, thinking and the person's ability reason.
- Warning signs and symptoms of Alzheimer's disease.

Slide 9 – Alzheimer's disease (continues)

- The long-term effects.
- Provide statistics from the Center for Disease Control.
- Discuss the various screening tools used by Physicians.

Slide 10 – Alzheimer/Dementia vs. Age-related changes

- Discuss Signs of Alzheimer/Dementia and Typical age-related changes.
- Provide examples of the differences both behaviors and symptoms.

Slide 11 – Common Situation involving people with Alzheimer or Dementia

- Discuss wandering and disoriented symptoms.
- Discuss issues related to accidents and driving.
- How is this address with BMV?
- Other situations involving Alzheimer & Dementia, e.g. victimization, shoplifting, indecent exposures.

Slide 12 – Elderly and Alcoholism

- Discuss the percentage of hospitalization admissions, frequency of emergency rooms and admission to psychiatric units.
- Review the rate of alcoholism on women over the age of 75.
- Discuss alcoholism problems of residents in nursing homes.
- Comparison of alcoholism hospitalizations to frequency of hospitalization for heart attacks in the elderly.

Slide 13 – Elderly and Alcoholism (continues)

- Discuss common misuses of prescription drugs in older adults.
- Discuss the relationship of addiction to pain medication and sleep aids in older adults.
- How the current epidemic affects medications provided to older adults for pain.

Slide 14 – Elderly and Alcoholism (continues)

- Discuss the difficulties in assess alcohol and drug abuse in older adults.
- Frequent misdiagnosis in older adults.

Slide 15 – Elderly and Alcoholism (continues)

- Discuss the symptoms of isolation from family and hiding the use of alcohol and drugs.
- Discuss the various treatments present in the home care and medication, which makes the addiction difficult to identify.

Slide 16 - Elderly and Alcoholism (continues)

- Signs and symptoms
- Occasional speech problems – slurred speech.
- Decreased Appetite – Identify how this is different as older adult's age and the appetite decreases.
- Weight – appearance is unkempt and there is poor hygiene.
- Insomnia – frequent complaints about tiredness.

Slide 17 – Elderly and Alcoholism (continues)

- Discuss unexplained misuse.
- Black outs – what this look like.
- Forgetfulness – one way that make up for misdiagnosis for confusion.

Slide 18 - Depression

- Social Isolation, discuss older adults social isolation in their daily life compared to social isolation related to alcoholism.
- Discuss the depression and anxiety associated to alcoholism.
- Hiding alcohol and pills related to all populations
- What happens when an older adult is confronted about their alcoholism and drug use?

Slide 19 – Depression (continues)

- Discuss Signs and symptoms of depression.
- Appetite (too little or too much).
- Loss of pleasure and interest (ANHEDONIA)
- Decision-making is impacted.
- Poor communication.

Slide 20 – Depression (continues)

- Other symptoms.
- Sad affect – what this looks like,
- Agitation – examples.
- Psychomotor retardation.

- Feeling worthlessness.
- Thoughts impacted by symptoms – death and suicide.

Slide 21 – Depression (continues)

- Discuss non-traditional symptoms.
- Cognitive impairments (may be mild).
- Explain the executive cognitive functioning, memory impairments.
- Discuss how depression makes the older adult report symptoms that may not exist.

Slide 22– Hoarding Disorder

- Define Hoarding disorder as described in the DSM-V
- Review the complexity of engaging older adults in their situation.

Slide 23 – Hoarding Disorder (continues)

- Significant amount of clutter.
- How this affects the older adults day to day functioning.
- Long-term consequences.

Slide 24-25 – Hoarding Disorder (continues)

- Hoarding photos
- Discussion of item identified in the photos.
- Discuss best practices.

Slide 26 – Hoarding Disorder (continued)

- Limitations in the use of living spaces, safety issues, health issues, distress, and impairment in day-to-day living.

Slide 27 – Hoarding Disorder (continues)

- Discuss the cost of hoarding on society
- Review interventions with individuals that hoard.

Slide 28 – Animal Hoarding

- Discuss animal hoarding
- How animal hoarding impact the community
- Review the legal and Law impact on Animal Hoarding
- Discuss the physical/health/mental health related issues involving animal hoarding.

Slide 29 – Animal Hoarding (continues)

- Discuss the minimal standards
  - Nutrition
  - Sanitation
  - Veterinary care
- The deterioration condition

Slide 30 – Suicide in the Elderly

- Review statistics.
- How suicide represent elderly.
- National suicide rates and its rates on the general population.
- Discuss the rates of suicide for adults 75 years and older.
- Engage the Law Enforcements in talking about the statistic that suggest white males age 85 are greater risk of suicide. What the group think.

Slide 31 – Suicide in the Elderly (continues)

- Discuss the gender disparities
- Males greater risk than females
- Rank of suicide death in males & females

Slide 32 – Suicide in the Elderly (continues)

- Review symptoms and behaviors.
- Aggressive action and speech.
- Aggression caused by dementia (?)
  - Review dementia symptoms from earlier discussions.
- Question; what is the individual feeling by asking questions

- Speak in calm voice

Slide 33 – Responding to the Elderly

- Review techniques for intervening,
    - Use the person's name.
    - Talk about things one at a time.
- HAVE PATIENCE AND TAKE TIME WHEN RESPONDING.

Slide 34 – Respond to the Elderly (continues)

- Discuss responding using non-verbal techniques
    - Provide examples of non-verbal talk.
- Discuss Listening skills.
    - Provide examples of active listing skills.

Slide 35, 36, 37, 38 – Community Resources

Crisis Intervention with the Elderly Population

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Objectives

- **To understand Mental Illnesses in the Elderly**
- **To understand the impact of aging on mental illness**
- **To understand the impact of mental illness unique to the Elderly**

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Just the Facts….

- **One in 10 people over 65 years of age have Alzheimer's disease.**
- **Nearly half of all people over 85 years of age have Alzheimer's disease.**
- **It is estimated that by 2050 there will be nearly 10.6 million Americans with Alzheimer's disease.**

Geriatric Illnesses

Dementia – ***many forms of illness that can often have the same outward appearance.***

- ***Alzheimer's Disease***
- ***Vascular Dementia***
- ***Multi-infarct Dementia***
- ***Generalized Dementia – "hardening of the arteries"***

What is Dementia?

- **Dementia is an umbrella term for a set of symptoms including impaired thinking and memory. It is a term that is often associated with the cognitive decline of aging.**
- **However, issues other than Alzheimer's can cause dementia. Other common causes of dementia are Huntington's Disease, Parkinson's Disease and Creutzfeldt-Jakob disease.**

A Typical Neuron

Dementia

Symptoms:

- ***Memory loss – short term at first, progressing into remote memories***
- ***Confusion***
- ***Disorientation***
- ***Agitation***
- ***Wandering***
- ***Combativeness***

Alzheimer’s Disease

- **Memory loss that disrupts daily life may be a symptom of Alzheimer's or another dementia. Alzheimer's is a brain disease that causes a slow decline in memory, thinking and reasoning skills. There are 10 warning signs and symptoms. Every individual may experience one or more of these signs in a different degree.**

Alzheimer's Disease

- **MEMORY LOSS THAT DISRUPTS DAILY LIFE**
- **CHALLENGES IN PLANNING OR SOLVING PROBLEMS**
- **DIFFICULTY COMPLETING FAMILIAR TASKS AT HOME, AT WORK OR AT LEISURE**
- **CONFUSION WITH TIME OR PLACE**
- **TROUBLE UNDERSTANDING VISUAL IMAGES AND SPATIAL RELATIONSHIPS**
- **NEW PROBLEMS WITH WORDS IN SPEAKING OR WRITING**

Alzheimer's Disease

- According to the Center for Disease Control, Alzheimer's disease is a common cause of dementia causing as many as 50 to 70% of all dementia cases. In fact, Alzheimer's is a very specific form of dementia. Symptoms of Alzheimer's include impaired thought, impaired speech, and confusion. Doctors use a variety of screenings to determine the cause of dementia including blood tests, mental status evaluations and brain scans.

Difference between Dementia and Alzheimer

Signs of Alzheimer's/dementia	Typical age-related changes
Poor judgment and decision-making	**Making a bad decision once in a while**
Inability to manage a budget	**Missing a monthly payment**
Losing track of the date or the season	**Forgetting which day it is and remembering it later**
Difficulty having a conversation	**Sometimes forgetting which word to use**
Misplacing things and being unable to retrace steps to find them	**Losing things from time to time**

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Common Situations with person's with Alzheimer's or Dementia

- **Person wanders and becomes disoriented**
- **Auto accidents i.e. fails to obey traffic and or flees from accidents**
- **Erratic driving**
- **Victimization and or False Reports**
- **Indecent exposure**
- **Shoplifting**

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Elderly and Alcoholism

- There are 2.5 million older adults with an alcohol or drug problem
- Six to 11 percent of elderly hospital admissions are a result of alcohol or drug problems — 14 percent of elderly emergency room admissions, and 20 percent of elderly psychiatric hospital admissions
- Widowers over the age of 75 have the highest rate of alcoholism in the U.S.

Elderly and Alcoholism

- Nearly 50 percent of nursing home residents have alcohol related problems
- Older adults are hospitalized as often for alcoholic related problems as for heart attacks
- Nearly 17 million prescriptions for tranquilizers are prescribed for older adults each year. Benzodiazepines, a type of tranquilizing drug, are the most commonly misused and abused prescription medications

Elderly and Alcoholism

- **Alcohol and drug abuse is often difficult to detect in older persons — mistaking symptoms for signs of aging (Physicians receive very little education on substance dependence and misdiagnosis is frequent)**
- **Addicted elderly are often isolated from loved ones — they may hide their use — or it is perceived to be "one of their few pleasures in life" Often there are multiple health care providers and multiple medications — difficult to see the addiction**

Elderly and Alcoholism-Signs and Symptoms

- **Occasional slurred speech**
- **Decreased appetite**
- **Weight loss**
- **Unkempt appearance reflecting poor personal hygiene**
- **Increased complaints of insomnia**

Elderly and Alcoholism-Signs and Symptoms

- **Frequent health complaints without evidence of medical problems**
- **Lying about drinking habits**
- **Increased frequency of drinking**
- **Irritability and mood instability when not drinking**

Elderly and Alcoholism-Signs and Symptoms

- **Unexplained bruises and repeated falls**
- **Black outs**
- **Signs of withdrawal — such as tremors — when not drinking**
- **Increased forgetfulness**

Older Adults and Alcoholism-Signs and Symptoms

- **Social withdrawal**
- **Depression, anxiety and mental health problems**
- **Hiding alcohol or pills**
- **Discomfort when confronted about drinking or drug use behaviors**

Depression in the Elderly

Traditional Signs and Symptoms of Depression

- **Sleep disturbance (too much or too little)**
- **Appetite (too much or too little)**
- **Loss of Interest/Pleasure (Anhedonia)**
- **Indecision**
- **Poor concentration**

Depression and the Elderly

- **Loss of energy (on a daily basis)**
- **Sad affect**
- **Agitation**
- **Psychomotor retardation**
- **Feelings of worthlessness**
- **Thoughts of death or suicide**

Depression in the Elderly

Non-Traditional Symptoms of Depression

- **Irritation**
- **Cognitive Impairments (often mild)**
- **Executive Cognitive functioning deficits**
- **Memory impairment**
- **Somatic complaints, particularly headaches and gastrointestinal problems.**

Hoarding Disorder

Hoarding is a complex disorder that is made up of three connected problems:

- **1) collecting too many items**
- **2) difficulty getting rid of items**
- **3) problems with organization**

Hoarding Disorder

- **These problems can lead to significant amounts of clutter which can severely limit the use of living spaces, pose safety and/or health risks, and result in significant distress and/or impairment in day-to-day living.** (International OCD Foundation)

Perfection

RICE
FIGLETS

06/

Hoarding Disorder Prevalence

Estimates range from 2% to 4%

- **San Francisco Hoarding Task Force – 2%-4%**
  (Annual cost estimates of $2.01 million)
- **5% Samuels (2008)**

Rates of Mental Illness in the US (NIMH)

- **Anxiety Disorders – 18.1%**
- **Mood Disorders – 9.5%**
- **Bipolar Disorder – 2.6%**
- **Schizophrenia – 1.1%**

Hoarding Disorder– Animal Hoarders

- **Animal hoarding is more than just having a large number of animals, although numbers do need to be taken into account. The published definition of an animal hoarder (Patronek 1999) is someone who:**

Animal Hoarding

Accumulates a large number of animals, and

- **Fails to provide minimal standards of nutrition, sanitation, and veterinary care, and**
- **Fails to act on the deteriorating condition of the animals (including disease, starvation and death) or the environment (severe overcrowding and extremely unsanitary conditions), and**
- **Fails to act on the negative effect of the collection on their own health and well-being and that of other household members.**

Suicide in the Elderly

Age Issues (American Society of Suicidology)

- **Elderly are only 12.5% of the population but represent 15.7% of all suicides.**
- **Nationally, the rate of suicide for 2007 was 14.3 per 100,000 (11.0 for the general population**
- **The rate of suicide for adults aged 75 years and older was 16.0 per 100,000**
- **White men over the age of 85 were at greatest risk with a suicide rate of 45.42 per 100,000**

Suicide in the Elderly

Gender Disparities

- **Males account for 79% of all suicides (18.58% per 100,000)**
- **Male rate of suicide is four times greater than for females**
- **Suicide is the 8th ranking cause of death for males**
- **Suicide is the 16th ranking cause of death for females**

Responding to the Elderly

Confusion About Place or Time

- Ask questions.

- **Repeat and reassure the person, particularly in cases where you're in the process of moving to a facility or other location.**
- **Look for clues in the home like pictures to help bring the person to focus.**

Responding to the Elderly

Aggressive Actions or Speech

- **The key to responding to aggression caused by dementia is to try to identify the cause—what is the person feeling to make them behave aggressively?**
- **Once you've made sure they aren't putting themselves (or anyone else) in danger, you can try to shift the focus to something else, speaking in a calm, reassuring manner.**

Responding to the Elderly

- **Refer to people by their names.** Avoid pronouns like “he,” “she,” and “they” during conversation. Names are also important when greeting a loved one with dementia.
- **Talk about one thing at a time**. Someone with dementia may not be able to engage in the mental juggling involved in maintaining a conversation with multiple threads.
- Have patience and take your time.

Responding to the Elderly

- **Use nonverbal cues.** For example, maintain eye contact and smile. And when dementia is very advanced, nonverbal communication may be the only option available.

- **Listen actively**. If you don't understand something the person is telling you, politely let them know.

Responding to the Elderly

- **Recognize what you're up against. Dementia inevitably gets worse with time. People with dementia will gradually have a more difficult time understanding others, as well as communicating in general.**

- **Avoid distractions. Try to find a place and time to talk when there aren't a lot of distractions present. This allows the person to focus all their mental energy on the conversation.**

- **Speak clearly and naturally in a warm and calm voice.**

Community Resources

- **Alzheimer's Association of Cleveland-800-272-3900**
- **Benjamin Rose Institute: Services for the Elderly (216) 791-8000**
- **Cuyahoga County Department of Human Services, Medicaid-216-987-7075**

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Community Resources

- Eldercare Located: Health, homemaker, transportation-800-677-1116
- Adult Protective Services – 216-420-6700
- Long-term Care Ombudsman: Assessment and guidance for placement needs-216-696-2719

Community Resources

- Ohio Department of Aging Elder Abuse and Adult Protective Services-614-466-5500

- PASSPORT: In-home personal and homemaker care -800-626-7277

- Senior Comfort Guide: Support for ALL senior options in NE Ohio-216-292-8485

Community Resources

Section 8: Subsidized housing

- **Cleveland:** 216-431-1471
  Akron: 330-762-4656
  Canton: 330-454-8051
  Youngstown: 330-744-2161

- Social Security-800-772-1213