



Durham Crisis Intervention Team

Observe, listen, create a plan, communicate and connect

Hallucinations: The Ultimate Betrayal of the Mind

by Pamela Kulbarsh

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- City of Durham Police Department
- Durham County Detention Officers
- Veteran's Administration
- Duke University Campus Police
- N.C.C.U. Campus Police
- Durham Technical Community College Police
- NAMI
- The Durham Center

Hallucinations are false sensory perceptions that are unrelated to outside events. Essentially, a hallucination is seeing, hearing, tasting, feeling, or smelling something that does not exist while a person is awake and conscious.

Have you ever experienced a physical feeling (floating, falling, paralyzed), a smell or taste (chocolate, bacon, maple syrup), a sound (your name being called, a doorbell ringing), or seen images (random speckles, lines, tunnels of light, geometrical patterns), as you are falling asleep or before awakening? These vivid sensations are known hypnopompic or hypnogogic states. They are not uncommon or dangerous, and they are not considered true hallucinations if you are not awake. However, they do set up a framework to understand what it feels like to hallucinate.

Hallucinations can be amusing and/or pleasant, annoying and/or frightening. Hallucinations can also lead to violence, suicide and homicide. Take the case of an English serial killer, Peter Sutcliffe (The Yorkshire Killer), who in 1981 was convicted of murdering thirteen women because loud hallucinations had instructed him to kill them. Sutcliffe believed he was the instrument of God's wrath on earth and waged a holy war against immorality. His delusional system centered on the belief that God had given him a mission to rid the world of prostitutes.

The primary sensory hallucinations that individuals experience are auditory (hearing voices when no one has spoken), visual (seeing something that isn't there), or tactile (feeling a crawling sensation on the skin). Hallucinations related to smell or taste are rarer. Some people experiencing hallucinations may be aware that the perceptions are false; whereas others may truly believe that what they are seeing, hearing, tasting, feeling, or smelling is real.

Hallucinations should not be confused with illusions or delusions. Hallucinations are false sensory perceptions of things that are not there. Illusions are misperceptions of sensory things that are in fact there. Delusions are deeply fixed beliefs maintained by an individual despite contradictory information or evidence. Individuals who experience auditory hallucinations frequently also have a paranoid delusional disorder.

Common Causes of Hallucinations

There are numerous medical and psychiatric causes of hallucinations. Hallucinations have been a hallmark of mental illness throughout time. They may be present in any of the following mental disorders: psychotic disorders, bipolar disorder, psychotic depression, PTSD, delirium, or dementia. Up to 75% of schizophrenic patients admitted for treatment report hallucinations.

Hallucinations can be symptoms of medical or neurological disorders; liver failure, kidney failure, AIDS, brain cancer, Parkinson's disease, strokes, tumors, fever and seizures. Or they can be symptoms of sensory disorders such as blindness and deafness.

Additionally, the use of certain recreational drugs may induce hallucinations: amphetamines, cocaine, hallucinogenics (ecstasy, LSD, psilocybin), PCP, steroids, and certain potent types of marijuana. Withdrawal from alcohol, sedatives, narcotics, hypnotics, or anxiolytics can also cause hallucinations. Occasionally, after repeated ingestion of drugs, some people experience "flashbacks"; spontaneous visual hallucinations during a drug free state, often months or years later.

Hallucinations can occur in people who are not mentally or physically ill. Sensory, sleep, food, and water deprivation can produce hallucinations. Transitioning from sleep to wakefulness and vice versa can also result in hallucinations. In some cases, hallucinations may be normal. For example, hearing the voice of, or briefly seeing, a loved one who has recently died can be a part of the grieving process.

Types of Hallucinations:

Auditory: Auditory hallucinations are by far the most common type and are most often caused by schizophrenia or other psychoses. An auditory hallucination (AH) is the false perception of sound, music, noises, or voices. Hearing voices when there is no auditory stimulus is the most common type of auditory hallucination in mental disorders. AH can be vague (humming or indistinguishable murmuring), fragmentary (words or phrases that are repeated such as "fag", "fat whore", "go to hell", or "get him"), or complex (hearing a voice or voices talking to an individual or talking about him/her or providing a running commentary about them. Typically voices are mocking, critical, condescending and disparaging. Often these voices warn the subject of perceived danger, including conspiracy theories that place him/her in imminent danger. Auditory hallucinations can also take the form of voices or other sounds which may or may not be distressing to the subject at all. In fact, 13% of individuals who experience AH find the voices to be soothing and calming. Auditory hallucinations may be experienced as coming from within one's body or from without. Voices heard outside one's own head are generally considered more severe. These voices can range from being amusing, to offensive, to controlling, or even commanding. The intensity, frequency and volume of auditory hallucinations are quite variable; soft or loud, continuous or infrequent. The subject may recognize the voice(s) as someone familiar or not at all.

Command Auditory Hallucinations: A command hallucination is when a voice tells an individual to carry out a specific act(s). A person experiencing this kind of hallucination frequently feels under a powerful obligation to carry out such actions. The results are often devastating. Approximately 30% of schizophrenics have command hallucinations in which they feel they must do what the voice tells them to do. Studies indicate between 22-58% (the best estimate is 40%) of these individuals report that they have complied with such commands. Statistically, over 50% of command hallucinations are to commit suicide, 10% for homicide, and 10% for some other non-lethal injury. Command hallucinations are a compelling predictor of violence. Suspects who experience command hallucinations to harm others are more than twice as likely to be violent. This risk is increased if the command voice is familiar, especially that of a close family member such as a parent.

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SPOTLIGHT

CODE 5/5R

REMINDER

If a call concerns a mental health concern in any way- please clear the call 10-24, code 5. If the call requires an incident or arrest report- clear 10-24, code 5R. All referrals should be supported with a CIT Report as well.

Linda Burkhart

NAMI's CIT Representative

After working with the CIT Partnership since its inception, Linda Burkhart announced that she and her husband will be moving to Texas. With that news,, Durham CIT has lost a very dedicated advocate. Whether it was planning the CIT Luncheons to providing the snacks at the CIT trainings to designing 911 Communications trainings she always completed tasks with character and passion. You would be hard pressed to find anyone in the partnership that does not have the utmost respect and admiration for her leadership to our efforts. No matter what conversation you have with her, she is always quick to solicit advice and always expresses her gratitude for everything that you contribute without taking credit for herself. Her dedication to the CIT Program and the citizens of Durham will be missed. We wish her good luck in her future journey and count ourselves lucky to not only have known her but called her a friend.



Chief Lopez presents Linda Burkhart of NAMI- Durham with the Award of Excellence at the CIT Banquet

Crisis Intervention Team International Annual Convention

Virginia Beach, VA- September 11-14

In attendance at the CITI Annual Conference were Cpl. Morais and Inv. Fleeman of the Durham Police, Capt. Bazemore of the Durham County Sheriff's Office Detention Services Div., Inv. Cheryl Geiger of NCCU Police and Felicia McPherson of the Durham Center. Themes of the conference centered around veterans and their needs as well as Traumatic Brain Injury. There were classes for dealing with the juvenile population and expansion of a CIT program. It was good to hear what other CIT programs are doing well as well as what the struggles are in their communities. The group came back with many ideas of things that can be expanded or developed for the Durham CIT program. We look forward to attending and even presenting at the 2012 conference which will in Las Vegas, Nevada.

2011 Crisis Intervention Team International Conference Pin of the Year



As part of the awards program, the Durham County CIT pin was selected as the CITI Conference CIT Pin of the Year. The pin was selected over more than 40 other applicants. Durham is indeed proud of our pin design and of the national recognition.

Tell us about the great job your officers do every day. We want to know!!
Sgt. Ray

**Resource
Spotlight**



New Project Targets “Disconnected” Young People

by Brandon Alexander, Social Marketing Coordinator, BECOMING Project

In the Fall of 2010, Durham County was one of nine communities across the country awarded a grant from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) to develop integrated home and community-based services and supports for children and youth with serious emotional disturbances and their families.

The local grant will be used to develop a system to address the clinical, developmental and social needs of the approximately 3600 transition age youth ages 16-21 in Durham County who are disconnected from the community services and supports that can assist them with a successful transition to adulthood.

BECOMING, as the local project is known, stands for Building Every Chance of Making It Now and Grown up. Just wrapping up their planning year, BECOMING will engage 16-21 year olds with mental health conditions who are struggling to make the transition to a productive adulthood and have become disconnected from important community services and supports such as education, families and employment opportunities. Typically these young people are not in school or employed in the workforce. They often show up in our criminal justice system instead of getting the education, work, civic and family support they need to succeed. BECOMING will not only focus on creating more opportunities for the youth but will also address some of the social, cultural and system issues that often lead to youth falling through the cracks.

In the coming weeks, youth will be referred to the project by schools, parents, caregivers or guardians, mental health providers, social services, law enforcement and the judicial system. Initially they will undergo a screening/assessment process and will then create an action plan to develop their education and career goals and to navigate clinical and support services. The grant will fund training, tuition assistance, parks and recreation fees, transportation, literacy programs and more.

BECOMING is administered by The Durham Center and partnering with over 30 partner agencies across Durham County. BECOMING will serve at least 800 youth over the life of the grant and will provide outreach to hundreds more. The Durham Police Department is a major partner in BECOMING. Not only will DPD be a source of referrals, but they will also be co-locating a care coordinator position within the department and have dedicated officers to the project.

Nowhere in the country has there been an attempt to establish such a comprehensive model of care for this often forgotten group of young people. BECOMING presents not only a tremendous opportunity for our community, but an opportunity to set an innovative example for the rest of our state and nation.

If you or your business or agency is interested in learning more about how you can become involved with BECOMING, please contact Tonya VanDeinse, Project Director, at tvandeinse@durhamcountync.gov.

DPD Officers! Our application process for the investigator position is open until November 18th! We need a good some energetic applicants who are interested in making an impact and seeing results!

4th Annual CIT Recognition Banquet

Durham CIT held its 2011 Recognition Banquet on October 14 at the Braggtown VFW Hall. The speaker this year was Tonier Cain, a national advocate for female trauma victims. She told a vivid and sometimes down-right shocking story of her own struggles with trauma, cocaine addiction and an unforgiving justice system.



During the Banquet, the following awards were presented:

Award of Excellence- Officer Justin Eason, Durham Police Department

Officer Eason was recognized for diverting to voluntary treatment a person under suspicion of DWI after the suspect admitted to be going through a tough time, not having slept for days, drinking, and describing a depressed state.

Award of Excellence- City of Durham Fire Department, Engine 4

Capt. Scot King, Fire Fighters Elaine Towner, Steven Quigley, James Van Auken

Durham County EMS, Medic 5

Donna Villanova, Mike Szymanski

Members of Engine 4 and Medic 5 were recognized for their efforts in risking their own safety to rescue an active suicidal jumper from the NC 147 pedestrian bridge. Their efforts not only saved the female's life but diverted her toward the treatment that she needed.

Officer of the Year- Captain Elijah Bazemore, Durham County Sheriff's Office, Detention Services Division

Capt. Bazemore was recognized for his work with the BJA Detention Grant and his bringing CIT training to the detention personnel. He continues to increase resources available while working to shorten the stay for the consumer population. He has traveled to Colorado for training and regularly presents at the NC CIT Conference.

Officer of the Year- Corporal Georgette Ray O'Mary, Durham County Sheriff's Office

Cpl. O'Mary was recognized for her efforts at de-escalating students and personnel in the school system. Her dedication toward the students has allowed many of them to succeed in reaching their goals. She continues to be a mentor to many people.

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Collaborating Agencies Contact Information

Durham Police Department:

Sgt. L. Ray 919-560-4438

x 29227

lori.ray@durhamnc.gov

Cpl. M. Morais 919-560-4438

x29462

mark.morais@durhamnc.gov

NAMI Durham Hotline-

919-231-5016 (non-crisis)

North Carolina Central University

Police Department: Captain A.J.

Carter 919-530-7365; [\[ter@nccu.edu\]\(mailto:ter@nccu.edu\)](mailto:acar-</p></div>
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Durham County Sheriff Office:

Captain R. Padgett

919-560-0097 or 621-3020

RPadg10410@aol.com

Durham Tech Community College

Police: Chief Sarah Minnis 919-536-7200

x5504 minniss@durhamtech.edu

Duke University Police Department:

Captain M. Linton

919-681-4370 or 812-2920;

Michael.linton@duke.edu

Veterans Administration Police:

Sgt. J. Fordham 919-286-0411 x 4078

Durham Co. Detention Officers:

Capt. Elijah Bazemore

919-560-0962

ebazemore@durhamsheriff.org

The Durham Center 560-7100 or Jennifer Meade 919-560-7201

jmeade@co.durham.nc.us

Visual: A visual hallucination (VH) is a false perception of sight. VH are the second most common type of hallucination in psychotic disorders such as schizophrenia (24-72%). The content of the hallucination may be anything (such as shapes, colors, shadows, flashes of light) but are typically people or human-like figures. Disturbing examples include faces morphing in a mirror, corpses, the headline “Death” on every newspaper, vicious/wild animals, etc. Visual hallucinations are also commonly experienced in alcohol and drug related psychoses; seeing rats, snakes, insects, tiny people. Organic brain disorders (dementia), Parkinson’s disease, Charles Bonnet syndrome, sensory deprivation, cataracts, macular degeneration or glaucoma can also cause visual hallucinations. Sensory deprivation, hearing loss or deafness may also trigger auditory hallucinations.

Tactile: A tactile hallucination (TH) is a false perception or sensation of touch or of something happening in or on the body. The most common tactile hallucination is feeling like something is crawling under or on the skin, known as formication. Formication hallucinations are characteristic of cocaine/amphetamine intoxication, and alcohol/ benzodiazepines withdrawal. Other examples include tingling, burning, itching, feeling electricity through the body, and feeling a phantom limb after an amputation. Schizophrenics experiencing TH, frequently have comorbid paranoid delusions (machines or microchips planted by the government under the skin or the brain, skin itching from radioactivity beamed at them from a hostile source.). Tactile hallucinations are also seen in certain medical disorders; peripheral neuropathy, fever, Lyme disease, and skin cancer.

Gustatory: A gustatory hallucination is the false perception of taste. These hallucinations re experienced as strange tastes in something they are eating or drinking; pizza tasting like blueberries or meat tasting like bleach. Usually, the experience is unpleasant. For instance, an individual may complain of a persistent taste of metal, onions, etc. This type of hallucination is rare and is more commonly seen in some medical disorders (frontal lobe epilepsy, brain tumors, and migraines) than in mental disorders.

Olfactory: An olfactory hallucination is a false perception of odor or smell. Typically, the experience is very unpleasant. For example, the person may smell decaying fish, dead bodies, burning rubber, feces, rotting manure, or sulfur. The scent is frequently indescribable. Sometimes, those experiencing olfactory hallucinations believe the odor emanates from them. Olfactory hallucinations often accompany gustatory hallucinations and are more typical of medical disorders than mental disorders.

Treatment for Hallucinations

Hallucinations that are symptomatic of a mental illness should be treated by a psychiatrist. Anti-psychotic medications are effective in reducing and often eliminating hallucinations; Haldol, Thorazine, Clozaril, Risperdal, etc. When the hallucinations are part of a medical disorder, it is necessary to treat the underlying condition, remove the causative agent, and add antipsychotic medications.

Implications for Law Enforcement

If someone begins to hallucinate and is detached from reality, a prompt medical evaluation should be sought. Many medical and psychiatric conditions that can cause hallucinations may quickly become emergencies. People who are hallucinating may become agitated, paranoid, and frightened. They should never be left alone. Assess for signs and symptoms of excited delirium, if ED is suspected, advanced life support paramedics should be called to stand by.

If an individual is mentally ill, acutely psychotic and experiencing hallucinations, it is crucial to remember that you, your partners, and others may be in harm's way. The presence of command hallucinations is a heads-up to exercise superior cautionary skills.

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Usually violence against officers by a psychotic individual is related to the subject's misinterpretation of the officers' intent, equipment, and a feeling of being cornered. The subject's perception of law enforcement presence may also be based on the command hallucinations he/she is experiencing, a voice telling the individual "Kill him before he kills you". If the subject is actively violent or threatening there is no question that you should respond with the appropriate level of force. Command hallucinations of violence are a definitive indicator that the subject requires psychiatric inpatient hospitalization. Inform emergency department staff of the violence potential so that they can institute appropriate restraints.

If the situation is secure, and if no one can be accidentally harmed, you should adopt a non-threatening and non-confrontational stance with the subject. Remove distractions and disruptive people from the scene. One officer should try to establish rapport and speak with the subject. Back up, slow down, don't crowd or force eye-contact, do not posture, and maintain a calm and confident composure. Speak simply and briefly, giving clear and firm directions. Do not give the subject multiple choices; this will only further confuse him/her. Understand that a rational conversation may not take place. Ask about his/her hallucinations, but do not challenge them. Get updates on what the voice is currently telling the subject.

Don't forget to run a criminal check. Does the subject have a criminal record? Does he/she have a history of substance abuse? Is the subject under the influence, or in possession of illegal drugs? Any wants/warrants? This will help you determine if it is best for this individual to get his/her psych services from a hospital or from jail.

About The Author:

***Pamela Kulbarsh, RN, BSW** has been a psychiatric nurse for over 25 years. She has worked with law enforcement in crisis intervention for the past ten years. She has worked in patrol with officers and deputies as a member of San Diego's Psychiatric Emergency Response Team (PERT) and at the Pima County Detention Center in Tucson. Pam has been a frequent guest speaker related to psychiatric emergencies and has published articles in both law enforcement and nursing magazines.*

Graduation of CIT Class #11



Duke University Police Department was host for a CIT Certification class from September 19-23. The class was made up of officers from NCCU Police, Durham County Sheriff's Office Detention Services Division, and Durham Police. Also in attendance were mental health personnel from the Durham County Jail and Johnston County LME. It turned out to be a very good week. We appreciate Duke University Police and their role as host and we thank all of our NAMI, The Durham Center, our LEO partners, instructors, role players, assisting officers and everyone else that helped make this year's training classes a huge success. We look forward to another busy year of classes in 2012.

Officer of the Year- Ryan LaDuke, Duke University Police Department

Officer LaDuke was recognized in his interactions with consumers on a couple of occasions. His efforts not tried to provide the proper resources but make sure the consumer had a positive experience. He also developed a version of the CIT form that is in use today.

Officer of the Year- Lieutenant Tisha Hardy, North Carolina Central University Police

Lt. Hardy was recognized for her continued support of the CIT program. She follows up with cases and recommends officers for the training. By her own efforts she keeps up with CIT meetings and trainings.



Officer of the Year- Officer Cornell Richards, Durham Police Department

Officer Richards was recognized for his submission of 24 referrals to the MHOP Team as well as many emails, reports, calls, etc about mental health concerns. He rescued a consumer off the 147/ Chapel Hill St bridge who was trying to take his own life. His investigation of a domestic violence call uncovered a prostitution ring in which the suspect was arrested and 2 of the victims were offered mental health services. The highlight of his award was the guest appearance and presentation of his award by a consumer that was referred to the MHOP Team . The consumer praised Officer Richards for taking him to jail as well as addressing his addiction. He was a man who had fallen on some hard times, all the while holding a dual degree from NCCU.



Heart of CIT- Joshua D. Haynes, Durham Police Department

“Get into a line of work that you will find to be a deep personal interest, something you really enjoy spending twelve to fifteen hours a day working at, and the rest of the time thinking about,” by Earl Nightingale.

Officer Haynes was recognized for his compassion, dedication and empathy for consumers, especially those with drug addiction. He has completed 12 incident reports, 7 CIT reports and coded 24 mental health calls for service as well as sent several emails referring consumers to the MHOP team ...and he was just released from the academy in March. 3 of his most notable cases were addiction calls that led to follow-up, treatment and Child Protective Service investigations. We can say that he was trained by the best (last year's *Officer of the Year*- Fred Kearns)

