

Course Objectives/Course Outline
Spokane Community College

Course Title: Police Psychology

Prefix and Course Number: CJ 213

Course Learning Outcomes:

By the end of this course, a student should be able to:

- Students acquire basic knowledge of how to understand and predict human behavior
- Students receive a foundation in human perception, emotion, motivation and personality.
- Students learn how to incorporate this psychology into basic and advanced communication techniques.

Course Outline:

- I. Introduction to Criminal Behavior
 - A. Perspectives of human nature in theories of crime
 - B. Perspectives in criminology
 - C. Definition of Criminal behavior
 - D. FBI reporting systems
 - E. Self-report studies
 - F. Victimization surveys
- II. Juvenile Delinquency: Developmental Factors
 - A. A brief history of juvenile justice
 - B. The nature and extent of juvenile offending
 - C. The serious delinquent
 - D. Social and psychological risk factors
 - E. Family background
 - F. Intelligence and delinquency
 - G. Gender and juvenile offending prevention and treatment
- III. The Mentally disordered Offender
 - A. Mental disorders and crime
 - B. Mental disorders and violence
 - C. Mentally disordered offender and criminal responsibility
 - D. The insanity defense
 - E. Guilty but mentally ill
 - F. Incompetence to stand trial
 - G. The mentally disordered sex offender
 - H. Mental disorders as unique defenses
- IV. Human Aggression and Violence
 - A. Defining Aggression
 - B. Theoretical Perspectives on Aggression
 - C. Cognitive models of aggression
 - D. Overt and covert acts of aggression
 - E. Environmental factors
 - F. Effects of mass media
 - G. Victim-precipitated aggression
 - H. The physiology of aggression
- V. Criminal Homicide: A Closer Look
 - I. Investigative methods

- J. Criminal investigative analysis
- K. Multiple and mass murderers
- L. Satanic cults and homicide
- M. Psychological factors in violent crime
- N. Cognitive self-regulation and violence
- O. De-individuation and crowd violence
- VI. Suicide Calls
 - A. Suicidal risk-in person or on the telephone
 - B. Establish a relationship with the person
 - C. Assess the degree of risk
 - D. Identify the person's major problems
 - E. Assess the person's resources
 - F. Mobilize the person's resources
- VII. Suicide Information
 - A. Some facts on suicide
 - B. Factors associated with suicide rates
 - C. High-risk groups
 - D. Factors that increase risk
 - E. The typical suicidal situation/person
 - F. "hardcore" suicides
 - G. Motivational factors in suicidal behavior
 - H. Warning signs
 - I. Assessing the degree of risk
- VIII. Mental Disorder Calls and the Mental Health Act
 - A. Patients with mental disorders can appear "normal"
 - B. Mentally ill persons are not stupid or ignorant
 - C. Private citizens can voluntarily "commit" themselves
 - D. A voluntary patient can demand (in writing) to be released within ten days
 - E. Persons impaired by chronic alcoholism or drug abuse may receive services under this act, if they so elect
 - F. Persons who are epileptic, mentally deficient, retarded or senile shall not be detained for evaluation or treatment of judicially committed solely by reason of that condition unless such condition causes grave disability or a chance that the condition may cause serious harm to others
 - G. No correctional institution, facility or jail shall be an evaluation and treatment facility
- IX. Taking Into Custody
 - A. A mental health professional designated by the county may notify a peace officer to take a person into custody and place him/her in an evaluation and treatment facility
 - B. A mental health professional designated by the county investigates and evaluates an individual and determines that the individual is a danger to him/herself, others, or property
 - C. The professional can cause such person to be taken into emergency custody in an evaluation and treatment facility for not more than 72 hours.
 - D. A peace officer may take such person or cause such person to be taken into custody and placed in an evaluation and treatment facility
 - E. A peace officer can take a person into custody when such person is subject to lawful arrest or when that person, as a result of mental disorder, presents an imminent likelihood of serious harm to others or him/herself

- F. In general, any person involuntarily or voluntarily committed to an institution has the right to counsel at all times.
- X. Miscellaneous
 - A. A mentally retarded or ill individual should not be taken to a mental facility and incarcerated only to get that person "off the street and out of trouble"
 - B. A police officer can take anyone into protective custody if that peace officer has reasonable grounds to suspect that the individual is a threat to him/herself, others, or to property
 - C. That individual can be released after 72 hours, but this will depend upon the circumstances and the written statement
 - D. Often times, the mentally retarded or ill person has committed a crime for which he may be jailed
 - E. If a mentally retarded or ill individual is physically injured or sick seek medical help
 - F. Many individuals with mental problems are being taken care of in the community instead of being institutionalized
- XI. The Violent Subject
 - A. Method-possible means of violence
 - B. Indication of violent reaction
 - C. Events precipitating call to police
 - D. Criminal history
 - E. Techniques of dealing with violent subject
 - F. Evaluate
 - G. Contacting
- XII. Uniform Alcoholism Act
 - A. The Uniform Alcoholism Act (RCW 70.96A) provides that certain persons who appear to be incapacitated by alcohol shall be taken into protective custody and taken to an approved treatment facility for treatment (Detox)
 - B. Public intoxication no longer constitutes a criminal offense anywhere in the Washington state and many other states
 - C. Officers must distinguish between an intoxicated person
And an incapacitated intoxicated person
A jail facility is not an "approved treatment facility"
Protective custody is not an arrest
- XIII. Use of Force
 - A. Reasonable action to protect persons or property
 - B. Reasonable force to protect the safety of the detainee
 - C. Every effort should be made to proceed voluntarily
- XIV. Length of custody
 - A. Patient shall be taken to an "approved treatment facility"
 - B. As soon as practical
 - C. But in no event beyond eight hours
 - D. Jail facilities are not "approved treatment facility"
- XV. Nature of Custody
 - A. Civil detention
 - B. Can be placed in locked cell
 - C. Not with criminal prisoners
 - D. Reasonable care to protect health and safety of detainee
- XVI. Police Liability
 - A. "Good Faith" compliance with law protects officer
 - B. Test is whether detainee "appears" to be incapacitated

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- C. Ordinary standards of care required during detention
- D. Failure to detain could increase liability