

Minister Destiny Testimony Schools

FINAL EXAM

Law Enforcement — Sections 7–9

Quarter 3

Minister Destiny Marie Morgan

Minister & Founder

Name (for your own records): _____

Date: _____

A Prayer Before You Begin

In the name of God, the Most Gracious, the Most Merciful.

Lord, bless this reader on their journey. Guard their health in body, mind, and spirit as they study. Open their heart to knowledge and their mind to understanding, and let what they learn here become light in their hands. Guide them to the places where they are needed — to help others, and to save lives, safely. Bless their steps, their work, and every life their learning will one day protect.

Amen.

— Minister Destiny Marie Morgan

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Minister Destiny Testimony Schools — Law Enforcement: Final Exam — Sections 7–9.

Published by Minister Destiny Marie Morgan, Minister & Founder.

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This book is not an emergency service and does not replace 911. In an emergency, call 911 (or your local emergency number) if you can do so safely. In a mental-health crisis, call or text 988 (U.S.).

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This is community-designed training — Minister Destiny's program, built from lived experience in the neighborhoods being policed. It is not agency policy and does not replace your department's training, general orders, or the law. Where this program proposes new approaches, they are taught and labeled as proposals.

Directions

This is a formal exam. It covers the three classes of this quarter (Sections 7–9) in Minister Destiny Testimony Schools — Law Enforcement. Every question comes from those classes — the lessons, the Words to know, and the stories you studied.

The exam has TWO SESSIONS. Session 1 has 25 multiple-choice questions and 3 written answers. Session 2 has 25 multiple-choice questions and 4 written answers including one longer written response.

Materials: this book, a pencil, and a quiet place. Take the exam without the class books first — it shows what you truly learned. You may take a break between sessions.

Answer every question. For multiple choice, pick the ONE best answer and mark it on the Answer Sheet at the back of this book (fill in the circle) or circle it here. For written answers, write in the lines given; say what you would do and why, in your own words, using what the classes taught.

Scoring: multiple-choice questions are worth 1 point each (50 points). Written answers are scored with the guide at the back of this book (34 points). Total: 84 points. Score 68 points or more (80%) to pass this final exam and earn the quarterly certificate.

Minister Destiny Testimony Schools is a free school. The classes, the tests, and the certificates are free online at destinymorganbooks.com — nothing about this class costs money. This book is the print edition, for people who want the class in their hands. You never need to buy a book to take a class or a test.

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What This Exam Covers

This final exam covers the three classes of Quarter 3:

Section 7: Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal

Main things studied: What addiction looks like on a call — and what it is not · Minister Destiny's proposal — ambulance to a monitored observation unit · The hardest first week of withdrawal — what to expect · Step by step — a safer addiction response on scene · Families, overdoses, and the minutes after

Section 8: Domestic Violence and Families Under Stress: Assisting Families Safely in All Circumstances

Main things studied: What domestic violence is — pattern, power, and stress are not the same thing · Arriving and making the scene safe — step by step · Talking with a person who may be a victim — without taking their choices away · Children, elders, and others in the home · Leaving the family safer — documentation, referrals, and follow-through

Section 9: Mental Health Crises: Safe Response and Help Instead of Charges Where Possible

Main things studied: What a mental health crisis is — and what can look like one · Talking with a person in crisis — communication that lowers danger · Suicide risk — asking directly and acting seriously · Getting help instead of charges where possible — step by step · After the call — families, repeat calls, and your own steadiness · When it may be medical, not a mental-health crisis — believe first

School ranks: Freshman (Year 1 in progress) Sophomore (Year 1 complete) Junior (Year 2 complete) Senior (Year 3 complete) Graduate (Year 4 complete). A year counts as complete only when all of its classes and all of its final exams are passed at 80% or higher.

School rank is a school achievement only. It is not a law-enforcement rank or credential.

Review — Key Words From This Quarter

Read these before the exam. They are the Words to know from this quarter's classes.

Section 7: Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal

- **Addiction** — a health condition in which a person continues seeking and using a substance despite serious harm, often with cravings and loss of control.
- **Intoxication** — impairment happening right now because a substance is active in the body.
- **Withdrawal** — sickness and distress that happen when a substance the body has adapted to is reduced or stopped.
- **Overdose** — a medical emergency in which a substance overwhelms the body, especially breathing and consciousness.
- **Monitored observation unit (proposal)** — Minister Destiny's proposed medical setting where a person in addiction crisis is transported by ambulance, assessed, and watched safely while connections to help are offered; labeled as a proposal, not agency policy.
- **Handoff** — the factual transfer of what was observed and reported from officer to medical staff or the next helper.
- **Craving** — a strong urge to use again, often triggered by sickness, stress, people, or places linked to past use.
- **Co-occurring conditions** — when addiction occurs together with another health condition, such as depression, trauma symptoms, or a physical illness.
- **Stabilize** — to bring an immediate medical risk under control so a person can be assessed and helped safely.

Section 8: Domestic Violence and Families Under Stress: Assisting Families Safely in All Circumstances

- **Domestic violence** — a pattern of harmful behavior used to control a partner or family member, which can be physical, sexual, emotional, economic, or technological.
- **Coercive control** — ongoing tactics — isolation, monitoring, threats, and control of money, movement, or communication — that strip a person's freedom even without a new physical assault.
- **Victim / survivor** — terms for a person harmed by abuse; “survivor” is preferred by many advocates, and officers should follow the person's own language where possible.
- **Safety plan** — a practical, personal plan for staying safer: safe rooms and exits, trusted contacts, essentials ready, code words, and how to call for help.

- Protective order — a court order that can require a person to stay away, have no contact, or follow other conditions; specifics and enforcement follow the court and the law.
- Strangulation — pressure to the neck that impedes breathing or blood flow; a serious reported act that requires careful medical referral and documentation under policy.
- Advocate — a trained support person, often with a hotline or agency, who helps a victim with safety planning, options, and connections to services.
- Lethality risk — factors that raise concern that abuse could become fatal, such as escalating threats, weapons, strangulation, and attempts to leave.
- Separation risk — the well-recognized danger period when a person tries to leave or has recently left a controlling partner.

Section 9: Mental Health Crises: Safe Response and Help Instead of Charges Where Possible

- Mental health crisis — a state in which thoughts, emotions, or perceptions overwhelm a person's ability to stay safe or care for themselves.
- Psychosis — a condition in which a person may hear or see things others do not, or hold fixed false beliefs, making the world feel threatening or unreal.
- Hallucination — a perception, such as a voice, that feels real to the person experiencing it but is not heard or seen by others.
- Delusion — a fixed false belief held despite clear evidence, such as being certain one is being poisoned without cause.
- Co-response clinician — a mental health professional who responds with or supports officers on crisis calls, where a department has such a program.
- Crisis-intervention team (CIT) — officers and partners with specialized crisis training, where a department has such a team.
- Decompensation — a worsening of a person's condition in which coping and daily functioning break down.
- Means — the method or items a person could use to harm themselves, such as firearms or stockpiled medication.
- Handoff — the factual transfer of risk information — exact words, plans, means, actions taken — to medical or clinical staff.
- Involuntary evaluation — a legal process, governed by law and policy, by which a person who may be a danger to themselves or others can be taken for professional assessment; this lesson does not teach its legal criteria.

Session 1

Minister Destiny Testimony Schools — Law Enforcement

Multiple choice — questions 1–25. Then written answers W1–W3.

1. A man is sweating, shaking, nauseated, and cannot sit still two days after stopping a substance his body had adapted to. This school names his state:

- A. Intoxication happening right now
- B. An overdose by definition
- C. A craving with no physical side
- D. Withdrawal — sickness and distress when a substance the body has adapted to is reduced or stopped

2. Which set of signs makes a call an overdose risk first, before anything else?

- A. Slow, shallow, or stopped breathing, blue or gray lips or fingertips, and being unable to wake up
- B. Loud arguing and pacing
- C. Asking repeatedly to leave
- D. Sweating and a racing heart only

3. Under Destiny's proposal, what kind of destination is a monitored observation unit?

- A. A jail cell by another name, with a medical sign
- B. A medical destination, not a punishment destination — the person is assessed and watched for overdose, severe withdrawal, injury, and other emergencies
- C. A regular detox intake the person must be ready to complete
- D. A place officers can use to hold people without medical staff

4. Under the proposal, while a person rests and is monitored at the unit, what should staff be able to offer?

- A. A required long treatment commitment as the price of monitoring
- B. An interrogation about unrelated matters
- C. Connection to treatment, recovery support, housing help, and family contact — without forcing a long commitment in the worst hour
- D. A promise that no arrest could ever happen later

5. What boundary does the monitored observation unit proposal keep?

- A. It lets officers skip hospital care for emergencies
- B. It replaces department orders wherever an officer prefers it

- C. It guarantees transport to the unit for every addiction call
- D. It does not override the law, medical criteria, or department orders — danger, serious crime, or medical emergencies still follow existing rules to a hospital or custody

6. Until a monitored observation unit — Destiny's proposal — exists in your area, what habits does this section still require?

- A. Wait to see if the person settles on the sidewalk
- B. Call medical help early, transport where current policy and medical guidance direct, document the medical concern clearly, and tell the person plainly where they are going and why
- C. Promise the unit will open soon for this person
- D. Hold the person on scene until a bed is guaranteed

7. On day three of withdrawal, a man begs his family to let him leave help, promising anything to make the sickness stop. How does this school explain the bargaining?

- A. It is a symptom of distress in the hardest first days, not proof that treatment 'doesn't work'
- B. It proves treatment has failed for him
- C. It shows he was never serious about help
- D. It is a reason to shame him into staying

8. After several days, a woman's physical sickness eases, but sleep is still broken, emotions are raw, and cravings surge near old places and people. What should her family hear?

- A. One week fixes addiction, so leaving now is fine
- B. Cravings after the sickness mean help is pointless
- C. Leaving help in those days is common — and returning to help quickly matters more than shame
- D. Passing old places has no effect on craving

9. A man who used stimulants has slept for a long stretch after a crash, is irritable and low, and says life feels hopeless. What does this school require?

- A. Dismiss the low mood as part of the crash
- B. Tell him to sleep it off alone
- C. A careful suicide-risk response and connection to help, including 988
- D. Treat hopeless talk as manipulation only

10. What is a 'craving,' as this school teaches it?

- A. A medical emergency with stopped breathing

- B. A sign a person has no health condition
- C. A choice that proves addiction is not real
- D. A strong urge to use again, often triggered by sickness, stress, people, or places linked to past use

11. A woman in addiction also lives with depression and a physical illness. This school calls that combination:

- A. A reason addiction care can be skipped
- B. Co-occurring conditions — addiction together with another health condition
- C. Proof the physical illness is imagined
- D. A single condition with one simple cause

12. In this school's language, to 'stabilize' a person means:

- A. To bring an immediate medical risk under control so the person can be assessed and helped safely
- B. To persuade a person to admit addiction on scene
- C. To finish a person's recovery during one call
- D. To keep a person in custody until cravings pass

13. Which action is on this section's 'what NOT to do' list?

- A. Calling an ambulance when breathing slows
- B. Writing down answers as reported, not proven
- C. Telling a person to 'sleep it off' where no one will check breathing, or using withdrawal sickness as leverage to get agreement
- D. Speaking to the person away from an audience

14. A neighbor asks you, loudly, what drugs the man being loaded into the ambulance took. What does this school teach?

- A. Share the details so the neighborhood stays informed
- B. Do not repeat a person's medical details to neighbors or onlookers who have no need to know
- C. Confirm the neighbor's guesses to end the questions
- D. Read the medical notes aloud for transparency

15. You gave a man naloxone under your department's training and he begins to wake. What must still happen?

- A. Emergency medical response must stay paired with it — he can become ill again as it wears off, and other substances or problems may also be present
- B. He can be left alone now that he is awake

- C. The ambulance can be cancelled in every case
- D. Waking proves only one substance was involved

16. Shortly after a non-fatal overdose transport, what does this school teach you to say to family, briefly and privately?

- A. A lecture on everything the family did wrong
- B. A promise their loved one will enter treatment
- C. Medical details to pass to curious neighbors
- D. What destination you know in general terms, how they can follow up through that facility's own process, and the listed resources — including SAMHSA, 1-800-662-4357, for treatment referral

17. A couple argues loudly about money after a job loss, both speak freely, neither controls the other's movements, money, or contacts, and both ask you to leave. How does Section 8 frame the distinction you must still check?

- A. Domestic violence is a pattern of harmful behavior used to control a partner or family member — stress alone is not the same thing as that pattern
- B. Any loud argument is domestic violence by itself
- C. Stress rules out control in every home
- D. Volume alone settles whether control exists

18. Which list names tactics of coercive control taught in this section?

- A. Occasional lateness and a messy kitchen
- B. Disagreeing about chores in front of guests
- C. Raising a voice once during a stressful week
- D. Isolation, monitoring, threats, and control of money, movement, or communication

19. A person harmed by abuse tells you she prefers to be called a 'survivor,' not a 'victim.' What does this school teach?

- A. Correct her to the term in your report form only
- B. Follow the person's own language where possible; many advocates prefer 'survivor'
- C. Insist one term fits every person
- D. Ignore her preference because it has no effect

20. Which item belongs in a safety plan as this school defines it?

- A. A promise by the abusive partner to change
- B. A plan for the victim to monitor the partner
- C. Safe rooms and exits, trusted contacts, essentials ready, code words, and how to call for help

D. Keeping all essentials in one locked place the partner controls

21. What is a protective order, in this school's teaching?

- A. An officer's verbal warning with the force of a court order
- B. A promise a victim signs at the door
- C. A document that guarantees no further contact will happen
- D. A court order that can require a person to stay away, have no contact, or follow other conditions, with specifics and enforcement following the court and the law

22. A victim reports her partner put pressure on her neck so she could not breathe. Why does this school single that report out?

- A. It is minor if no marks are visible
- B. Strangulation impedes breathing or blood flow and is a serious reported act requiring careful medical referral and documentation under policy
- C. It matters only if she lost consciousness for an hour
- D. It should be documented as a simple argument

23. Which factor is on this school's list of things that raise lethality concern?

- A. Escalating threats, access to weapons, strangulation, and a victim attempting to leave
- B. A partner who apologizes after arguments
- C. A tidy home and calm presentation
- D. A victim who has a strong support network only

24. This school calls the period when a person tries to leave, or has just left, a controlling partner:

- A. The safest moment in the pattern
- B. Proof the abuse has ended
- C. Separation risk — a well-recognized danger period
- D. A time when follow-up is unnecessary

25. What is an advocate's role on a domestic call, as taught here?

- A. A substitute officer who decides arrests
- B. A mediator who makes both parties agree
- C. A trained support person who helps a victim with safety planning, options, and connections to services
- D. A family member chosen by the louder party

Session 1 — Written Answers

Written Answer W1 — 4 points

At 2 a.m., a sister calls: her brother, clean for three weeks, is suddenly drowsy with slow breathing after possible use, and a neighbor is filming in the hallway. Explain what you would do in the first minutes and why.

Written Answer W2 — 4 points

A father begs you to 'scare' his daughter, who stopped drinking two days ago after years of heavy use and is now shaking, vomiting, and begging for alcohol to stop it. Explain what you would do and say, and why you would not threaten or bargain with her.

Written Answer W3 — 4 points

On a domestic call, one partner answers every question, holds both sets of keys, and a cracked phone lies on the floor; the other partner minimizes a bruise. Explain what pattern you are seeing, what you would do next, and why presentation alone does not settle anything.

STOP

End of Session 1.

If you finish early, you may check your work in Session 1 only. Do not go on to Session 2 until your break is over.

Session 2

Minister Destiny Testimony Schools — Law Enforcement

Multiple choice — questions 26–50. Then written answers W4–W7.

26. Before you knock on a domestic call, what does the step-by-step sequence teach — if you safely can?

- A. Knock immediately so no evidence is overheard
- B. Listen first: voices, crying, silence after noise, or sounds of struggle are evidence and safety information
- C. Announce through the door what neighbors reported in detail
- D. Wait in the car until the home goes quiet

27. During a domestic call, children keep stepping between the adults and translating the conflict for them. What does this school say about those observations?

- A. Children between adults prove the case by themselves
- B. Translating children should be used to finish the interviews
- C. Children's positioning is unrelated to the call
- D. No single observation proves a crime, but together they tell you to slow down, separate people for private conversation where training and policy allow, and take the less powerful person's account seriously

28. A victim hesitates, gives short answers, and seems unsure about cooperating. What explanations does this school list?

- A. Fear, financial dependence, love, shame, faith or family pressure, concern for children, or prior experiences where calling did not help
- B. Hesitation proves nothing happened
- C. Only guilt explains hesitation
- D. Hesitation means the other party is truthful

29. An elder in the home has bruises she explains inconsistently, and her adult son answers every question for her. What does the part of this lesson on children, elders, and others in the home require of your attention?

- A. Accept the son's answers as the elder's account
- B. Treat elders in the home as bystanders only
- C. Attend to elders and others in the home as people who may also be harmed or controlled, and work to hear the elder's own account privately and safely
- D. Ask the elder to explain herself in front of her son at length

30. Which documentation practice fits this section?

- A. Write one combined summary that blends both accounts
- B. Document each person's exact words, your observations, and actions separately — presentation is information, not a verdict
- C. Record only the calmer person's version in full
- D. Describe who seemed truthful as the main finding

31. A victim asks you to promise her partner will be kept away from the home for a year. What does this school teach about promises?

- A. Promise nothing you cannot deliver; start with safety, offer medical care, and connect her with an advocate and real options
- B. Promise it to keep her cooperating tonight
- C. Guarantee outcomes if she seems frightened enough
- D. Tell her promises do not matter, so offer none of any kind — not even what you will do next

32. Before leaving, a victim wants the hotline number but her partner will be home in minutes and checks her belongings. What is the safest handling taught here?

- A. Hand her a stack of pamphlets in the doorway regardless
- B. Leave resources with the partner to pass along
- C. Refuse to share resources because keeping them is risky
- D. Ask privately whether it is safe for her to keep written resources, or whether there is a safer way for her to reach help

33. A colleague says domestic calls are private family business and the goal is to exit fast. This school answers:

- A. Private homes are outside public-safety work
- B. Speed of exit is the main measure of a good response
- C. Homes are where victims and children are least able to call for help, so a thorough, lawful, respectful response is core public-safety work
- D. Families should solve control patterns without police

34. A man is certain, despite clear evidence, that his food is being poisoned by strangers, and no evidence supports it. This school calls that fixed false belief a:

- A. Hallucination
- B. Decompensation
- C. Means
- D. Delusion

35. A woman keeps answering a voice only she can hear, and the voice feels completely real to her. This school calls that perception a:

- A. Delusion
- B. Hallucination
- C. Co-response
- D. Teach-back moment

36. A man's coping has broken down over two weeks — he has stopped sleeping, eating regularly, and managing daily tasks he handled before. This school calls that worsening:

- A. Decompensation
- B. Stabilization
- C. A face-saving exit
- D. Procedural fairness

37. In suicide-risk work, what does this school mean by 'means'?

- A. The method or items a person could use to harm themselves, such as firearms or stockpiled medication
- B. The reason a person gives for living
- C. The officer's preferred transport method
- D. A clinician's diagnosis code

38. Who is a co-response clinician, where a department has one?

- A. An officer who has taken one crisis class
- B. A family member trained by the department
- C. A mental health professional who responds with or supports officers on crisis calls
- D. A dispatcher who screens crisis calls only

39. What is a crisis-intervention team (CIT), as this school uses the term?

- A. Any two officers sent to a crisis call
- B. Officers and partners with specialized crisis training, where a department has such a team
- C. A team that only writes crisis reports
- D. A hospital security unit with no police role

40. What limit does this school place on its own teaching about involuntary evaluation?

- A. Officers may use it whenever a person seems odd
- B. The lesson replaces the legal criteria with officer judgment

- C. It can be promised to families as an outcome
- D. It is a legal process governed by law and policy, and this lesson does not teach its legal criteria

41. A man in crisis is agitated but contained, endangering no one, and crisis help is on its way. What does this school warn against?

- A. Giving him space while help travels
- B. Physically rushing him when time and help are on your side — haste is how contained crises become injuries
- C. Speaking in short sentences
- D. Explaining each transition before it happens

42. Which change raises urgency on a crisis call, under this school?

- A. A person who is calm and polite
- B. A family member who is present and worried
- C. A person who asks for a clinician by name
- D. Stated intent to die with a plan or access to means, a weapon close by, or movement toward traffic, heights, or water

43. A person in crisis cannot say where they are and has stopped taking essential medication, and a dependent child is in their care. How does this school weigh those facts?

- A. They are warning signs that raise urgency — the person may not be able to stay safe or care for the child present
- B. They are unrelated to a crisis response
- C. They prove a crime has been committed
- D. They mean family should be kept uninformed

44. Your partner wants to debate a delusional man point by point until he admits he is wrong. What does this school teach?

- A. Debate until agreement is the fastest route to calm
- B. Endorsing the belief is required to keep him calm
- C. Arguing rarely persuades and often frightens; acknowledge the fear without endorsing the belief and focus on safety and help
- D. Mocking the belief lightly will break the tension

45. A quiet, polite man answers every question courteously at a welfare check. His brother reports he gave away his belongings yesterday and spoke of 'not being a burden anymore.' What does this school require?

- A. Close the check; politeness rules out risk

- B. Wait for him to raise suicide himself
- C. Treat the brother's report as gossip to ignore
- D. Ask directly about suicide when concern exists — risk turns on words, plans, means, and circumstances, not on politeness

46. A confused, feverish woman with a recent head injury is disoriented and noncompliant. What does Section 6 of this lesson — 'believe first' — push you toward?

- A. Consider that it may be medical, not a mental-health crisis — head injury, infection, low blood sugar, seizure aftermath, substances, trauma, and dementia can all present similarly
- B. Assume a mental-health crisis and skip medical thinking
- C. Assume intoxication because she is noncompliant
- D. Treat confusion as defiance until she settles

47. You hand a person in crisis over to clinical staff. What must your handoff carry, in this school's teaching?

- A. Your opinion of the person's character
- B. The factual risk information: exact words, plans, means, and actions taken
- C. A summary that leaves out the person's exact words
- D. Only the time the call came in

48. Where law and safety allow, why does this school prefer evaluation and treatment over a charge for a minor offense in crisis?

- A. Charges are never allowed on crisis calls
- B. Treatment can be promised as a guaranteed outcome
- C. Prompt help addresses the cause of the behavior, while a record can block the housing, work, and care that prevent the next call
- D. A charge treats the underlying condition

49. After a run of hard crisis calls, you notice you are treating every resident's distress the same flat way. What does the 'after the call' part of this lesson teach?

- A. Steadiness is a skill that is maintained, not assumed — officers must tend to their own steadiness and use the supports and partners available
- B. Flatness is professionalism and needs no attention
- C. Your own state never affects the next call
- D. Only new officers are affected by repeat calls

50. A family calls for the fourth time about the same relative in crisis, and each prior call ended safely. What fresh dangers does this school still have you check?

- A. None — a safe history settles the risk
- B. Only whether the family is tired of calling
- C. New medical problems, new means, medication changes, and losses — many conditions are managed over years, and each visit deserves a fresh check
- D. Whether the relative has been polite on prior calls

Session 2 — Written Answers

Written Answer W4 — 4 points

A person in crisis tells you neighbors are sending threats through the walls and backs toward a busy road, saying officers will hurt him. Explain how you would set the scene and speak to him, and why you would neither argue the belief nor endorse it.

Written Answer W5 — 4 points

A teenager who watched a violent argument at home sits flat, tearless, and silent while adults argue about whether she is 'fine.' Explain what you would do for the child and why flat calm does not close the question.

Written Answer W6 — 4 points

A man at a welfare check calmly tells you he intends to die tonight and describes a plan and pills he has saved. Explain, step by step, what you would do and what you would document.

Written Answer W7 — 10 points

This image shows a blank sheet of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Answer Sheet — Multiple Choice

Fill in ONE circle for each question. This sheet is your official answer record.

- | | | | |
|---|---|---|---|
| 1. ☐ A ☐ B ☐ C ☐ D | 16. ☐ A ☐ B ☐ C ☐ D | 31. ☐ A ☐ B ☐ C ☐ D | 46. ☐ A ☐ B ☐ C ☐ D |
| 2. ☐ A ☐ B ☐ C ☐ D | 17. ☐ A ☐ B ☐ C ☐ D | 32. ☐ A ☐ B ☐ C ☐ D | 47. ☐ A ☐ B ☐ C ☐ D |
| 3. ☐ A ☐ B ☐ C ☐ D | 18. ☐ A ☐ B ☐ C ☐ D | 33. ☐ A ☐ B ☐ C ☐ D | 48. ☐ A ☐ B ☐ C ☐ D |
| 4. ☐ A ☐ B ☐ C ☐ D | 19. ☐ A ☐ B ☐ C ☐ D | 34. ☐ A ☐ B ☐ C ☐ D | 49. ☐ A ☐ B ☐ C ☐ D |
| 5. ☐ A ☐ B ☐ C ☐ D | 20. ☐ A ☐ B ☐ C ☐ D | 35. ☐ A ☐ B ☐ C ☐ D | 50. ☐ A ☐ B ☐ C ☐ D |
| 6. ☐ A ☐ B ☐ C ☐ D | 21. ☐ A ☐ B ☐ C ☐ D | 36. ☐ A ☐ B ☐ C ☐ D | |
| 7. ☐ A ☐ B ☐ C ☐ D | 22. ☐ A ☐ B ☐ C ☐ D | 37. ☐ A ☐ B ☐ C ☐ D | |
| 8. ☐ A ☐ B ☐ C ☐ D | 23. ☐ A ☐ B ☐ C ☐ D | 38. ☐ A ☐ B ☐ C ☐ D | |
| 9. ☐ A ☐ B ☐ C ☐ D | 24. ☐ A ☐ B ☐ C ☐ D | 39. ☐ A ☐ B ☐ C ☐ D | |
| 10. ☐ A ☐ B ☐ C ☐ D | 25. ☐ A ☐ B ☐ C ☐ D | 40. ☐ A ☐ B ☐ C ☐ D | |
| 11. ☐ A ☐ B ☐ C ☐ D | 26. ☐ A ☐ B ☐ C ☐ D | 41. ☐ A ☐ B ☐ C ☐ D | |
| 12. ☐ A ☐ B ☐ C ☐ D | 27. ☐ A ☐ B ☐ C ☐ D | 42. ☐ A ☐ B ☐ C ☐ D | |
| 13. ☐ A ☐ B ☐ C ☐ D | 28. ☐ A ☐ B ☐ C ☐ D | 43. ☐ A ☐ B ☐ C ☐ D | |
| 14. ☐ A ☐ B ☐ C ☐ D | 29. ☐ A ☐ B ☐ C ☐ D | 44. ☐ A ☐ B ☐ C ☐ D | |
| 15. ☐ A ☐ B ☐ C ☐ D | 30. ☐ A ☐ B ☐ C ☐ D | 45. ☐ A ☐ B ☐ C ☐ D | |

Quarterly Progress Summary

Fill this in when the exam is scored. Letter grades: A 90–100 · B 80–89 · C 70–79 · D 60–69 · F below 60. Passing the final exam is 80% of total points or higher.

Class	Test score	Grade
Section 7: Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal		
Section 8: Domestic Violence and Families Under Stress: Assisting Families Safely in All Circumstances		
Section 9: Mental Health Crises: Safe Response and Help Instead of Charges Where Possible		
Final Exam — Sections 7–9 (total 84 points)		
Running course average		

One thing I learned this quarter:

Rank: _____

School ranks: Freshman (Year 1 in progress) Sophomore (Year 1 complete) Junior (Year 2 complete) Senior (Year 3 complete) Graduate (Year 4 complete). A year counts as complete only when all of its classes and all of its final exams are passed at 80% or higher.

School rank is a school achievement only. It is not a law-enforcement rank or credential.

Quarterly Certificate — Quarter 3

Minister Destiny Testimony Schools

**Certificate of Completion — Quarter 3: Addiction
Response: Care Instead of Confrontation, the Monitored
Observation Unit Proposal, and the Hardest First Week
of Withdrawal · Domestic Violence and Families Under
Stress: Assisting Families Safely in All Circumstances ·
Mental Health Crises: Safe Response and Help Instead of
Charges Where Possible**

This certifies that

Name (write your name here)

has passed the Final Exam for

Minister Destiny Testimony Schools — Law Enforcement

Quarter 3 — Sections 7–9

Date completed: _____

Rank: _____

Presented by **Minister Destiny Marie Morgan**, Minister & Founder

*Congratulations. You passed the Quarter 3 final exam — you studied all three
classes and proved it. Keep going. — Minister Destiny Marie Morgan*

School rank is a school achievement only. It is not a law-enforcement rank or credential.

Educational completion certificate only — not a state license, POST certification, or government
credential.

Minister Destiny Testimony Schools — Law Enforcement

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Answer Key and Scoring Guide

For parents, teachers, and self-checking after the exam is finished. Do not look before you take the exam.

Multiple Choice — Answer Key

Session 1 (questions 1–25):

1. Withdrawal — sickness and distress when a substance the body has adapted to is reduced or stopped
2. Slow, shallow, or stopped breathing, blue or gray lips or fingertips, and being unable to wake up
3. A medical destination, not a punishment destination — the person is assessed and watched for overdose, severe withdrawal, injury, and other emergencies
4. Connection to treatment, recovery support, housing help, and family contact — without forcing a long commitment in the worst hour
5. It does not override the law, medical criteria, or department orders — danger, serious crime, or medical emergencies still follow existing rules to a hospital or custody
6. Call medical help early, transport where current policy and medical guidance direct, document the medical concern clearly, and tell the person plainly where they are going and why
7. It is a symptom of distress in the hardest first days, not proof that treatment 'doesn't work'
8. Leaving help in those days is common — and returning to help quickly matters more than shame
9. A careful suicide-risk response and connection to help, including 988
10. A strong urge to use again, often triggered by sickness, stress, people, or places linked to past use
11. Co-occurring conditions — addiction together with another health condition
12. To bring an immediate medical risk under control so the person can be assessed and helped safely
13. Telling a person to 'sleep it off' where no one will check breathing, or using withdrawal sickness as leverage to get agreement
14. Do not repeat a person's medical details to neighbors or onlookers who have no need to know
15. Emergency medical response must stay paired with it — he can become ill again as it wears off, and other substances or problems may also be present

16. What destination you know in general terms, how they can follow up through that facility's own process, and the listed resources — including SAMHSA, 1-800-662-4357, for treatment referral
17. Domestic violence is a pattern of harmful behavior used to control a partner or family member — stress alone is not the same thing as that pattern
18. Isolation, monitoring, threats, and control of money, movement, or communication
19. Follow the person's own language where possible; many advocates prefer 'survivor'
20. Safe rooms and exits, trusted contacts, essentials ready, code words, and how to call for help
21. A court order that can require a person to stay away, have no contact, or follow other conditions, with specifics and enforcement following the court and the law
22. Strangulation impedes breathing or blood flow and is a serious reported act requiring careful medical referral and documentation under policy
23. Escalating threats, access to weapons, strangulation, and a victim attempting to leave
24. Separation risk — a well-recognized danger period
25. A trained support person who helps a victim with safety planning, options, and connections to services

Session 2 (questions 26–50):

26. Listen first: voices, crying, silence after noise, or sounds of struggle are evidence and safety information
27. No single observation proves a crime, but together they tell you to slow down, separate people for private conversation where training and policy allow, and take the less powerful person's account seriously
28. Fear, financial dependence, love, shame, faith or family pressure, concern for children, or prior experiences where calling did not help
29. Attend to elders and others in the home as people who may also be harmed or controlled, and work to hear the elder's own account privately and safely
30. Document each person's exact words, your observations, and actions separately — presentation is information, not a verdict
31. Promise nothing you cannot deliver; start with safety, offer medical care, and connect her with an advocate and real options
32. Ask privately whether it is safe for her to keep written resources, or whether there is a safer way for her to reach help
33. Homes are where victims and children are least able to call for help, so a thorough, lawful, respectful response is core public-safety work

34. Delusion
35. Hallucination
36. Decompensation
37. The method or items a person could use to harm themselves, such as firearms or stockpiled medication
38. A mental health professional who responds with or supports officers on crisis calls
39. Officers and partners with specialized crisis training, where a department has such a team
40. It is a legal process governed by law and policy, and this lesson does not teach its legal criteria
41. Physically rushing him when time and help are on your side — haste is how contained crises become injuries
42. Stated intent to die with a plan or access to means, a weapon close by, or movement toward traffic, heights, or water
43. They are warning signs that raise urgency — the person may not be able to stay safe or care for the child present
44. Arguing rarely persuades and often frightens; acknowledge the fear without endorsing the belief and focus on safety and help
45. Ask directly about suicide when concern exists — risk turns on words, plans, means, and circumstances, not on politeness
46. Consider that it may be medical, not a mental-health crisis — head injury, infection, low blood sugar, seizure aftermath, substances, trauma, and dementia can all present similarly
47. The factual risk information: exact words, plans, means, and actions taken
48. Prompt help addresses the cause of the behavior, while a record can block the housing, work, and care that prevent the next call
49. Steadiness is a skill that is maintained, not assumed — officers must tend to their own steadiness and use the supports and partners available
50. New medical problems, new means, medication changes, and losses — many conditions are managed over years, and each visit deserves a fresh check

Written Answers — Scoring Guide

Score each written answer with its guide. Give the points for each part of a complete answer that is present and correct; answers do not have to use the lesson's exact words.

W1 — 4 points. At 2 a.m., a sister calls: her brother, clean for three weeks, is suddenly drowsy with slow breathing after po...

A complete answer includes:

- Names the emergency first: sudden drowsiness with slow breathing after a period without using is an overdose risk until medical staff say otherwise
- Calls/requests medical help immediately and acts as trained, including any authorized overdose-response equipment paired with EMS
- Manages the audience for space and privacy without making filming the main problem
- Gathers only facts that change care — what, when, how much, what else — and reports them as reported

W2 — 4 points. A father begs you to 'scare' his daughter, who stopped drinking two days ago after years of heavy use and is n...

A complete answer includes:

- Recognizes alcohol/sedative withdrawal can become medically dangerous and calls for medical help rather than threats
- Does not use withdrawal sickness as leverage and does not debate whether she is 'sick enough'
- Keeps her seated/supervised and explains plainly that medical staff must judge what is safe
- Tells the father calling early was right and gives the danger signs that mean call 911 right away

W3 — 4 points. On a domestic call, one partner answers every question, holds both sets of keys, and a cracked phone lies on t...

A complete answer includes:

- Names pattern observations consistent with control: answering for her, control of keys/movement, a broken phone/communication, minimized injury
- Slows down and separates the conversation where training and policy allow, speaking privately with open, concrete questions
- Documents each person's words, observations, and actions separately; calm vs. frightened presentation is information, not a verdict
- Starts with safety, offers medical care, and promises nothing that cannot be delivered

W4 — 4 points. A person in crisis tells you neighbors are sending threats through the walls and backs toward a busy road, say...

A complete answer includes:

- Sets the scene for the urgent traffic risk: space, positioning, and help brought early (crisis team / co-response where available)
- Uses one voice, short sentences, simple choices, and explains transitions before they happen

- Acknowledges the fear without endorsing the belief — 'I don't hear that, and I can see it feels real and frightening to you' in substance
- Does not physically rush a contained person when time and help are on his side

W5 — 4 points. A teenager who watched a violent argument at home sits flat, tearless, and silent while adults argue about whe...

A complete answer includes:

- Treats flat, tearless calm as a common stress response — an observation, not proof the child was unaffected
- Keeps any questions brief and focused on immediate safety and follows child-safety duties
- Never makes the child carry messages, translate conflict, or take sides between adults
- Attends to the child's immediate comfort/safety and proper follow-up rather than debating her reaction in front of adults

W6 — 4 points. A man at a welfare check calmly tells you he intends to die tonight and describes a plan and pills he has save...

A complete answer includes:

- Listens and takes the stated intent, plan, and means seriously; asks directly rather than avoiding the subject
- Reduces immediate means where lawful and safe and keeps him connected to help / does not leave him alone with the risk
- Brings in crisis/clinical/medical help through department procedures
- Documents exact words, the plan, the means, and actions taken for an accurate handoff

W7 — 10 points. Write a full response plan for this night: Dispatch sends you to a home where a mother reports her adult son '...

A complete answer includes:

- Checks medical emergencies first — breathing, ability to stay awake, color, confusion/fever/injury — and does not assume every sign is a mental-health crisis or intoxication
- Treats possible use after a period clean as an overdose risk and keeps withdrawal/intoxication explanations open alongside psychosis and medical causes
- Communicates for crisis: one voice, space, short sentences and choices, fear acknowledged without endorsing the belief, no arguing the delusion, and no rushing a contained person
- Asks directly about suicide when concern exists and checks plans/means; documents exact words

- Protects the child: brief safety-focused contact only, no messages or sides carried, no close witnessing of restraints/searches/medical distress where safety allows
- Handles the mother's changed account of past strangulation as common under fear/pressure/dependence — careful documentation of the first account and the scene still matters, with medical referral and advocate resources handled safely (asks what is safe to keep)
- Hands off and documents facts only — observed vs. reported kept separate, times, medical concerns, who transported and where — with no judgment labels
- Presents any monitored-observation-unit element strictly as Destiny's proposal, not current policy, and follows current policy/medical direction for the actual destination

Total score: multiple choice 50 + written 34 = 84 points. Passing is 68 points or more (80%).

Sources & Credits

Every question in this exam was written from this quarter's classes of Minister Destiny Testimony Schools. Those classes were written from public sources — official websites, public health and safety organizations, help lines, and the law itself. The sources each class was built from, and the help resources it points you to, are listed under that class's name, with credit, so you can check anything and keep learning. Court opinions and laws are public documents that belong to everyone. Everything here is retold in the school's own plain words — nothing in this book is copied from anyone else's book.

Section 7: Addiction Response: Care Instead of Confrontation, the Monitored Observation Unit Proposal, and the Hardest First Week of Withdrawal

- Emergency: 911 — for overdose signs, trouble breathing, seizures, chest pain, confusion, or any immediate danger.
- SAMHSA National Helpline: 1-800-662-4357 — free, confidential treatment referral and information for substance use.
- 988 Suicide and Crisis Lifeline: Call or text 988 — for emotional crisis, including for family members supporting someone else.
- Crisis Text Line: Text HOME to 741741 — text-based crisis support.
- Poison Control: 1-800-222-1222 — for poisoning and substance-exposure guidance.
- On scene: Your department's crisis-intervention team, a co-response clinician if your department has one, and the local hospital for medical assessment and handoff.
- Stimulant crashes can look different: exhaustion, sleeping for long stretches, low mood, irritability, increased appetite, and intense craving when energy returns. Low mood and talk of hopelessness should always prompt a careful suicide-risk response and connection to help, including 988.
- Share the resources at the end of this section exactly as listed — especially SAMHSA, 1-800-662-4357, for treatment referrals, and 988 if anyone in the home is in emotional crisis.
- Family given SAMHSA, 1-800-662-4357, and 988 where crisis support is needed, exactly as listed in Resources

Section 8: Domestic Violence and Families Under Stress: Assisting Families Safely in All Circumstances

- Emergency: 911 — for immediate danger, injuries, or a person returning in violation of a court order.
- National Domestic Violence Hotline: 1-800-799-7233 / text START to 88788 — confidential support, safety planning, and local referrals, day or night.
- RAINN (sexual assault): 1-800-656-4673 — confidential support for sexual harm.

- Childhelp National Child Abuse Hotline: 1-800-422-4453 — guidance when a child's safety is a concern.
- 988 Suicide and Crisis Lifeline: Call or text 988 — for any household member in emotional crisis.
- Crisis Text Line: Text HOME to 741741 — silent, text-based help when speaking aloud is unsafe.
- On scene: Your department's crisis-intervention team, victim advocates through your department's process, a co-response clinician if your department has one, and the local hospital for medical assessment.
- Give resources in a form that is safe to take. A small card or written number may be safer than a loud announcement in front of the other party. Offer the National Domestic Violence Hotline, 1-800-799-7233, or text START to 88788, and RAINN, 1-800-656-4673, where sexual harm is involved. Ask privately: “Is it safe for you to keep this, or is there a safer way to reach help?” A phone that is monitored makes a saved hotline number a risk; advocates can safety-plan around that.

Section 9: Mental Health Crises: Safe Response and Help Instead of Charges Where Possible

- Emergency: 911 — for immediate danger, a person in traffic or another lethal hazard, overdose or poisoning concern, or any medical emergency.
- 988 Suicide and Crisis Lifeline: Call or text 988 — for the person in crisis and for family members worried about someone else.
- Crisis Text Line: Text HOME to 741741 — silent text support when speaking aloud is hard.
- SAMHSA National Helpline: 1-800-662-4357 — treatment referral and information when substance use is part of the crisis.
- Poison Control: 1-800-222-1222 — when pills or substances may have been taken.
- On scene: Your department's crisis-intervention team, a co-response clinician if your department has one, and the local hospital for assessment and handoff.
- Stay and connect. A person at risk should not be left alone while help is arranged when you can prevent it. Call or text routes matter for the family too: 988 can be called or texted, and 988 also coaches people who are worried about someone else. Crisis Text Line, text HOME to 741741, offers a silent option.
- Close with connection, not just departure. Leave 988 and Crisis Text Line information where crisis support may be needed again, confirm who in the home knows the plan, and document the referral and handoff with the same care you would document an arrest. A referral written clearly is how the next shift knows help — not only enforcement — was tried.

This exam itself

- The quarter's class books of Minister Destiny Testimony Schools — every question in this exam was written from those classes: their lessons, their Words to know, and their stories.
- The classes' chapter tests (Minister Destiny Testimony Schools) — this exam's multiple-choice questions also appear, auto-scored, in the free school online at destinymorganbooks.com.

The school itself is free: every class in this book, with its test and certificate, is free online at destinymorganbooks.com.

About the Author

Minister Destiny Marie Morgan is an ordained Muslim minister. She was ordained on May 15, 2025, through the Universal Life Church, and she is registered clergy in Massachusetts.

Her ministry is advocacy — standing up to injustice and helping people, locally and internationally.

She is the founder of Minister Destiny Testimony Schools, a free school. She built it so people can learn for free what cost her years to learn — people who may not have jobs, good credit, or loans, and who deserve real knowledge anyway. Every class is free online, for every age, with no sign-up and nothing collected.

She is also the author of two testimony series — Chronicles of Destiny Morgan and The Chronicle Trials — her own story, in her own words. Those books are her testimony; these school books are her teaching.

Follow her Amazon Author Page to find every new book as it comes out.

The school is free online at destinymorganbooks.com.

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From Minister Destiny

You finished this book — but the learning does not stop here. Keep your resources close, keep asking questions, and use what you now know to help the people around you. If this book helped you, pass it to someone who needs it. I built this school for you, and I am proud of you for showing up for yourself. — Minister Destiny Marie Morgan

Minister Destiny Testimony Schools — Law Enforcement
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