Interacting with Persons in a Mental Health Crisis

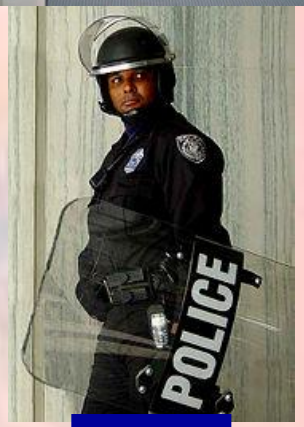
Non-Verbal & Verbal
De-escalation Skills & Framework

Objectives

- Know why other training forms and formats may cause escalation
- Know the elements of communication and how it impacts interaction with those who have a mental illness
- Know crisis escalation and de-escalation stages
- Know the “Loss” model for interaction /de-escalation
- Know the S.E.A.R. model for crisis de-escalation

Standard Training

- Typical LEO training involves identifying crime/dealing with criminal actors
- Imbued with a “take charge” attitude and learn command presence to handle problems
- Taught to look sharp and professional—Why?



Standard Training

- Few/no communication skills are taught in the basic academy or during in-service, continued professional training
- Heavy focus on defensive tactics and use of “secondary weapons” in most training programs

Communication

- Syntax/Semantics
- Paralanguage/Paralinguistics
  - Tone, pitch, accent
  - Chronemics
- Proxemics
- Haptics
- Kinesics
  - Gestures
  - Posture and body orientation
- Oculesics

Communication
3V's—Verbal, Vocal, Visual

- Study by Albert Mehrabian, Ph.D. (UCLA)
  - Designed for stranger interactions
  - Had to do with why messages were not received properly
  - Addressed words, paralanguage, and non-verbal cues
- Words are 7%
- Paralanguage is 38%
- Non-verbal cues are 55%

Communication
3V's—Verbal, Vocal, Visual

- Mehrabian's study was mischaracterized according to some researchers and by Mehrabian himself
- Big take away is

Incongruency

Spitting

Aggression

Profanity

Distance (not too close)

Fighting

Threats

Weapons

Face Saving

Isolation

(Putting up a) Front

Why Does it Cause Escalation?

- Your voice may not be the only one that the person is hearing and you may not be the only one they are seeing
- Command presence can be perceived as aggression
- Your use of language and tonality can also be perceived as aggression

Why Does it Cause Escalation?

- Body “language” can also be perceived as aggression
  - Bladed stance
  - Hands on top of weapons
- Rapid hand gestures, pointing, and other aggressive body language may cause the person with a mental illness to escalate unwanted behaviors

Why Does it Cause Escalation?

- The mentally ill person may be experiencing some paranoia about interacting with a law enforcement officer
  - "I try to be as calm as I can around police, but I can't always. Just the sight of a police officer scares me to this day

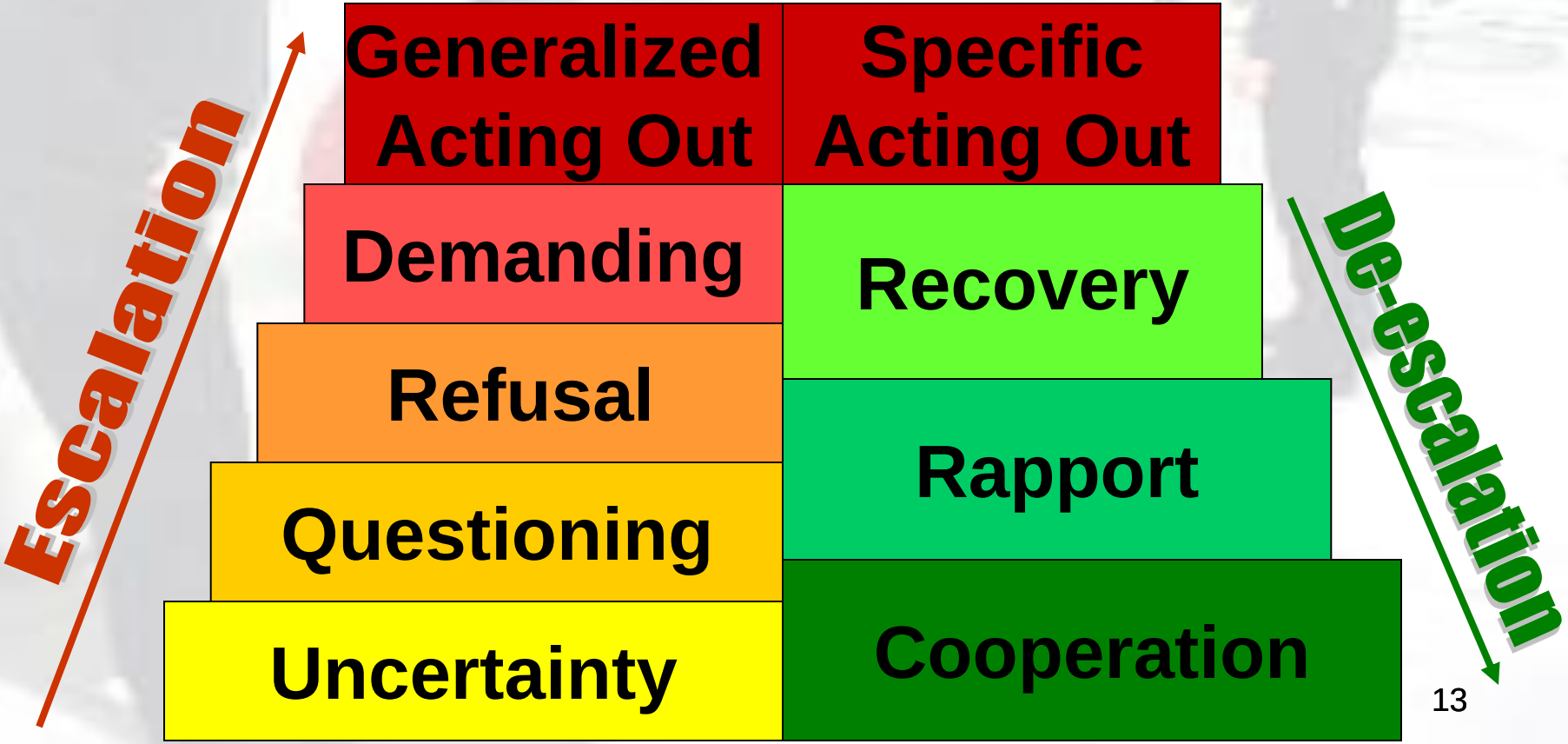
    Carol Traxler, consumer

    (CJ/MH Consensus Project)

Why Does it Cause Escalation?

- Paranoia is FEAR + SUSPICIOUSNESS
- Paranoia + Anxiety (about interacting with a law enforcement) =
  - Escalation of negative behaviors when faced with the standard operating procedure of a law enforcement officer

Crisis Escalation & De-Escalation Stages



Uncertainty

- Oblivious to or unsure of why officers are present
- May not engage—one word responses
- Provide structure, introduce yourself
- Avoid passivity, impatience

Questioning

- More engaged
- May ask irrelevant questions
- Stance may become confrontational
- Address relevant question
- Avoid defensiveness

Refusal

- May attempt to cut off interaction with officer
- May insist that he/she does not need help
- Make simpler statements and requests
- Avoid power struggles

Demanding

- May engage in verbal escalation
- May close distance
- **Maintain officer safety**
- Back off verbals/non-verbals
- Avoid intervening too quickly

Generalized Acting Out

- Potentially dangerous behaviors not directed at a specific target
- Be patient and allow the person to blow off steam
- Avoid putting yourself at risk

Specific Acting Out

- Dangerous behaviors directed at target, likely a person
- **May have to abandon de-escalation**
- Use verbal and non-verbal limit setting, be careful
- Avoid ignoring danger signals

Recovery

- Person settles down
- May run out of steam or “come around”
- Reinforce calm behavior and maintain a calm demeanor
- Avoid re-escalating the situation

Rapport

- Initiated reasonable dialog with officer
- Show support and acknowledge progress
- Avoid rehashing past comments or behaviors and avoid blaming

Cooperation

- Person has calmed down
- Person is engaging in a reasonable dialog
- Person is likely ready to resolve the crisis

The Ultimate Goal

- Make specific behavior requests
- Avoid excessive or unduly complicated demands

De-escalation Techniques

"Loss" Model

- The "Loss Model" helps officers and dispatchers
  - Frame mental illness and the methods of responding to mental health crises
  - Obtain information about persons in a mental health crisis.

“Loss” Model

- Frames responses to mental illness into four categories
  - Loss of Control
  - Loss of Hope
  - Loss of Perspective
  - Loss of Reality
- Categories can be matched to major mental illness categories and diagnoses

Loss of Control

- Angry and wants you to know about it
- Will often present himself/ herself to you as a victim
- Will tell you that no one listens
- May de-escalate slowly or cycle through emotional outbursts

Loss of Hope

- May be emotional or very withdrawn
- Thinking and logic skills may be muted
- May not be talkative
- May be in deep despair
- May think and talk about suicide and may be ambivalent about it
- May be under the influence of AOD and this can make negotiation more difficult

Loss of Perspective

- May have exaggerated or irrational fears
- May have difficulty concentrating
- Does remain in reality
- May be exhibiting physical symptoms
- May experience a panic attack
- May avoid certain objects or situations for fear of triggering panic attacks (phobia)

Loss of Reality

- May present as frightened and confused
- May provide a story that is hard to follow
- May have difficulty concentrating due to active hallucinations
- May not be fully in reality, but experience is grounded in reality
- May have a sense that something is wrong

De-Escalation Model

S.E.A.R.

Adapted from the E.A.R. framework created by the Findlay/Hancock County CIT Program

S.E.A.R.

- **Safety (First)**
  - The responding law enforcement officer needs to feel that the situation is safe or he/she will not be effective with de-escalation because safety needs always come first
  - The situation needs to be safe and as secure as possible—scene safety
- Treat every interaction as if it were the first

S.E.A.R.

- Safety includes taking the time to assess the situation—inside/outside
- Information aids in safety
  - Unless life is in danger, slow down and gather as much info as you can about the situation and the location of the person in a mental health crisis
  - Use past run histories and any information you can get from family members or bystanders

S.E.A.R.

- **Engagement**
  - **Gain Rapport**
  - Build trust
  - Be aware of your role and your presentation
  - Calmness
  - Genuineness
  - Empathy
  - Acceptance

S.E.A.R.

- **Assessment**
  - **Gather Needed Information**
  - Patience
  - Tone
  - Ask Questions
  - Maintain Focus

S.E.A.R.

- **Resolution**
  - **Gain control and return to pre-crisis state**
  - Set clear limits
  - Communicate directly
  - Create options
  - Take action

S.E.A.R.—Engagement Tips

- Reassure the person—You're there to help
  - Align verbal/non-verbal communication
- Slow down when possible
  - Time is on your side if life is not in jeopardy
- Avoid overreaction (& under reaction)
- Be the source of calm—It gets noticed
- Introduce yourself and get the person's name

S.E.A.R.—Engagement Tips

- Remove upsetting influences & disruptive people from the scene when possible
- Reduce background noise and distractions
- Ensure that one person talks at a time
- Avoid sudden movements, rapid orders
- Avoid cornering/crowding
- Avoid touching the person

S.E.A.R.—Assessment Tips

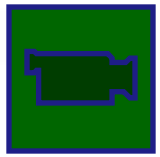
- Speak simply and briefly and move slowly
- Don’t assume that a person who does not respond cannot hear you
- Ask open-ended questions (Avoid Why?)
- Avoid forcing a discussion
- Avoid being placating, condescending, or sarcastic (& use of inflammatory language)

S.E.A.R.—Assessment Tips

- Avoid telling a person that you think or feel the same way as the person
- Avoid lying to the person
  - Be honest unless there is an extreme crisis
- Recognize that a person's delusional or hallucinatory experience is real to him/her
  - Avoid challenging delusions/hallucinations
  - Avoid validating delusions/hallucinations

S.E.A.R.—Assessment Tips

- Recognize that the person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds, or the environment
- Recognize that a rational discussion may not take place
- Keep the person focused on the here-and-now (refocus as needed)
- Gather information from all reliable sources



S.E.A.R.—Resolution Tips

- Communicate using “I” or “We” statements
  - “We (I) want to help.”
  - “How can we (I) help?”
  - “This can be worked out.”
  - “This can be worked out if you will help.”
  - “We (I) need your help.”
  - “We (I) don’t want anyone to get hurt.”
  - “We (I) know you don’t want to hurt anyone.”

S.E.A.R.—Resolution Tips

- Explain what behaviors are appropriate and inappropriate and why
- Telegraph your intentions
  - What you want him/her to do in advance
  - Tell him/her what to expect
  - State and restate your expectations, refocus the person and be prepared to repeat yourself

S.E.A.R.—Resolution Tips

- Provide options
  - All options will be favorable for you
  - Options allow people to believe that they have input into decisions about their lives
  - Help the person save face & convey hope if at all possible
- Implement an option and praise positive steps toward that option
  - “That’s good...”

Loss Category	Mental Illness Category	Usual Diagnoses
Loss of Control	•Problems with mood/energy •Problems with personality •Problems with anxiety	•Bipolar Disorder •Manic Disorders •Personality Disorders •Anxiety Disorders
Loss of Hope	•Problems with mood/energy	•Major Depressive Disorder •Bipolar Disorder
Loss of Perspective	•Problems with anxiety	•Panic Disorders •OCD •PTSD
Loss of Reality	•Problems with thinking and psychosis	•Schizophrenia •Delusional Disorders •Schizo-Affective Disorders

Loss of Control
E.A.R.

- Model calmness
- Watch tone of voice
- Use person's name
- Listen more than talk, use minimal encouragers
- Acknowledge the person's situation
- Use paraphrasing
- Deflect (redirect as needed)
- Be explicit with negotiations
- Ask about drugs/meds if they may be fueling anger
- Summarize as needed

Loss of Hope
E.A.R.

- Watch tone of voice
- Be empathetic, patient
- Use your name and the person's name
- Try to make personal connection
- Be cautious about having person live through anguish
- Assess seriousness of intent
- Can be led
- Ask about past attempts at suicide
- Ask about meds and AOD
- Forecast actions

Loss of Perspective
E.A.R.

- Watch tone of voice
- Use person's name and your name often
- Provide constant assurance that you are there to help
- Use active listening, but avoid letting person be repetitive
- Paraphrase and deflect as needed
- Ask about prior incidents
- Ask about treatment and meds
- Obtain information from others as needed
- Ask about AOD
- Be explicit w/negotiations
- Summarize and state (and re-state) what you need
- Forecast

Loss of Reality
E.A.R.

- Be genuine and patient, but direct
- Often use your name and the person's name
- Assure person you are there to help
- Listen and validate feelings
- Redirect conversation as needed

- Assess safety issues and help ensure safety
- Ask about other similar incidents
- Ask person if he/she is hearing/seeing things now and what it is
- Ask about treatment and meds
- Ask about AOD to rule out other issues

Differential Police Response

- Watch the following clip from the Houston CIT program and be prepared to discuss:
  - Actions/behaviors of the person
  - Actions/behaviors of the officers
  - What differed from the first video
  - What Loss category(ies) do you see?
  - What S.E.A.R. techniques do you see being used?

Sample Actions

- Person is confused and/or disoriented
- Ground in the here-and-now
- Person is angry and/or irritable
- Listen, deflect, diffuse
- Person is sad/desperate
- Instill hope, make a personal connection
- Person is anxious and/or panicky
- Calm, deflect

As a CIT Officer Your Goal is to…

- Stabilize the scene (S)
- Determine whether a serious crime has been committed (S, E, A)
- Recognize signs or symptoms of mental illness and conduct an evaluation (E, A)
- Evaluate whether the situation is so acute that there is a need for immediate transport to a mental health facility or jail (E, A)

As a CIT Officer Your Goal is to…

- Evaluate whether you have legal right to transport to a mental health facility if no arrest is occurring (A)
- Use persuasion rather than force whenever possible, even if you have the legal right to transport against the person's will (R)

However…Never Forget…

SAFETY COMES FIRST

Final Tips

- Provide reassurance to the person through the process
- Use active listening and communication techniques—but with a partner
- Avoid displaying a bad attitude—the mentally ill person will remember your attitude long after your words
- AVOID TAKING THESE CALLS ALONE

Questions ?

C I T

Crisis Intervention Team