

# CIT Training

Day 3

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May 24, 2023

**BATTLEMIND:**  
Special Mental Health Considerations for Returning Veterans

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Presented by

Nicole Darden, Reg. Team Leader Western/Central Mass,  
SAVE Team, Massachusetts Department of Veterans' Services



*Massachusetts Department of Veteran's Services in collaboration with Department of Public Health*



STATEWIDE  
ADVOCACY  
— FOR —  
VETERANS'  
EMPOWERMENT

WHEN YOUR SERVICE ENDS, OUR MISSION BEGINS.



# **Special Mental Health Considerations for Returning Veterans**



# Battlemind

Walter Reed Army Institute of Research

## Continuing the Transition Home



*Massachusetts Department of Veteran's Services in collaboration with Department of Public Health*

- **Joined the Army in 2004**
- **Served with the 1 – 10 Cav, 2ndBCT, 4ID**
- **Deployed to Iraq in November 2005**
- **Participated in over 250 Combat missions and operations throughout the Southern Baghdad region.**
- **Was medically discharged in March of 2008**
- **Transition!**
- **Have been working with Veterans since 2011 and joined the Department of Veterans' Services in early 2012**



**Battlemind** is the Soldier's inner strength to face fear and adversity in combat with courage. Key components **INCLUDE:**

- Self-confidence
  - Taking calculated risks
  - Handling challenges
- Mental toughness
  - Overcome obstacles or setbacks
  - Maintain positive thoughts during times of adversity and challenge



**Battlemind** skills helped soldiers survive in combat, but may cause problems if not adapted when they get home.

**Battlemind Checks** allow Soldiers and clinical staff to identify if and when help is needed.



**Buddies (cohesion)** vs. Withdrawal  
**Accountability** vs. Controlling  
**Targeted Aggression** vs. Inappropriate Aggression  
**Tactical Awareness** vs. Hypervigilance  
**Lethally Armed** vs. “Locked and Loaded” at Home  
**Emotional Control** vs. Anger/Detachment  
**Mission Operational Security (OPSEC)** vs. Secretiveness  
**Individual Responsibility** vs. Guilt  
**Non-Defensive (combat) Driving** vs. Aggressive Driving  
**Discipline and Ordering** vs. Conflict



# Buddies (Cohesion) vs. Withdrawal

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**In Combat:** The soldier may believe that no one understands their experience except their buddies who were there.

**At Home:** The soldier may prefer to be with battle buddies rather than with spouse, family, or other friends. May avoid speaking about themselves to friends and family.

## Transitioning the Combat Skill

**Cohesion:** Combat results in bonds with fellow Soldiers that will last a lifetime; back home, their friends and family have changed, re-establishing these bonds takes time and work.



# Accountability vs. Controlling

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**In Combat:** Maintaining control of every single minor detail is essential for survival.

**At Home:** Soldier may not let others share in making minor decisions, try to control things that don't really matter or overreact to minor events.

## Transitioning the Combat Skill

### **Accountability:**

*Back home, the small details are no longer important; family decisions and personal space are best shared.*



# Targeted vs. Inappropriate Aggression

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**In Combat:** Targeted aggression involves making split second decisions that are lethal in a highly ambiguous environment, which keeps the soldier and their buddies alive.

**At Home:** Soldier may be easily irritated. Get into fights or heated arguments, assault, spouse abuse, snapping at the kids or buddies or your NCO.

## Transitioning the Combat Skill

### **Targeted Aggressiveness:**

In combat, the enemy is the target; back home, there are no enemies.



# Tactical Awareness vs. Hypervigilance

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**In Combat:** Survival depends on the soldier being aware at all times of their surroundings and reacting immediately to sudden changes.

**At Home:** The soldier may feel easily startled, anxious, have nightmares, consume alcohol to calm down.

## Transitioning the Combat Skill

**Tactical Awareness:** *Combat requires alertness and sustained attention; back home it takes time to learn to relax.*



## Lethally Armed vs. “Locked and Loaded” at Home

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**In Combat:** Soldiers carrying their weapons at all times was mandatory and necessary.

**At Home:** Soldiers may feel a need to have weapons on them, in their home and/or car at all times. They may believe that they and their loved ones are not safe without them.

### Transitioning the Combat Skill

**Armed:** In combat, it's dangerous to be unarmed; at home, it's dangerous to be armed.



# Emotional Control vs. Anger/Detachment

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**In Combat:** Controlling emotions during combat is critical for mission success.

**At Home:** Failing to display emotions or only showing anger around family and friends will damage the soldier's relationships. Soldier may be seen as detached or uncaring.

## Transitioning the Combat Skill

**Emotional Control:** In combat, controlling emotions is necessary; at home, limiting emotions leads to relationship failures.



# Mission OPSEC vs. Secretiveness

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**In Combat:** Talk about mission only with those who need to know. Can only talk about combat experiences with unit members.

**At Home:** Soldiers may avoid sharing their deployment experiences with spouse or significant other. Soldiers may feel angry when asked about their experiences.

## Transitioning the Combat Skill

**OPSEC:** *The “need to know” now includes friends and family.*



# Individual Responsibility vs. Guilt

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**In Combat:** Your responsibility in combat is to survive and do your best to keep your buddies alive.

**At Home:** You may feel you have failed your buddies if they were killed or seriously injured. You may be bothered by memories of those wounded or killed.

## Transitioning the Combat Skill

**Responsibility:** In the “*heat of battle*” Soldiers must act—they must make life and death decisions. Later, it’s learning from these decisions...without second guessing.



# Non-Defensive (Combat) vs. Aggressive Driving

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**In Combat:** Unpredictable, fast, rapid lane changes, straddling the middle line, keeping other vehicles at a distance, designed to avoid IEDs and VBIEDs.

**At Home:** Aggressive driving leads to speeding tickets, accidents, fatalities. Soldier may be chasing an “adrenaline high” or often get angry while driving.

## Transitioning the Combat Skill

**Combat Driving:** In combat, driving fast is necessary to avoid danger; back home, driving fast ‘feels right,’ but is dangerous.



# Discipline & Ordering vs. Conflict

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**In Combat:** Survival depends on discipline and obeying orders.

**At Home:** Inflexible interactions (ordering and demanding behaviors) with your spouse, children, and friends often lead to conflict.

## Transitioning the Combat Skill

**Discipline & Ordering:** Giving and following orders involves a clear chain of command, which does not exist within families.







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**Presentation # 2**

**Hearing Voices Simulation**

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Presented by:

Western MA CIT De-Escalation Training Team

# Hearing Voices – Dr. P. Deegan



# Hearing Voices – Dr. P. Deegan

# A Tale of Mental Illness



# Hearing Voices

## SIMULATION EXERCISE

# Presentation # 3

11:00am-4:00pm

## De-Escalation Presentation, Skills & Documentation

Carl Girouard – Police Consultant, BHN

Nicola Howe, CIT-TTAC Coordinator

Bridget Kelly, Crisis Clinician

Brian Person, Resident Agent/ ATF

William Witherspoon, – Law Enforcement Coordinator

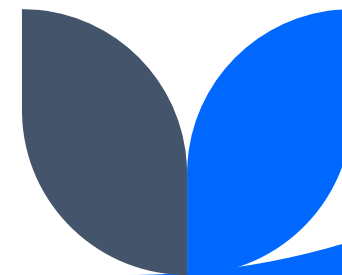
Richard Winning, Co-Response Supervisor

Kevin Manley, Training Coordinator, Putnam Academy CJ

Amanda Rivera – Hospital Coordinator, BHN

Brandon Williams, Co-Response Clinician

Sean Farrell – Case Manager - MAT



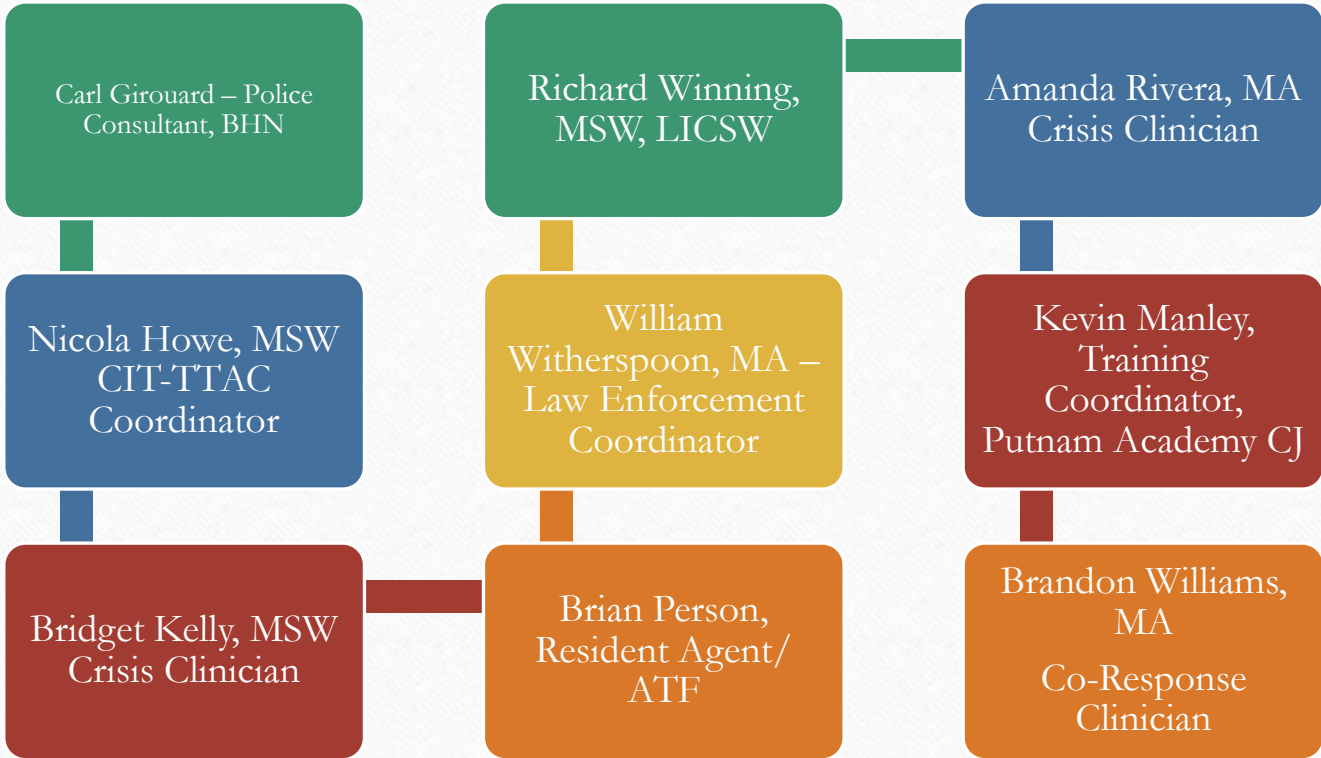
# Crisis Intervention & De-escalation Techniques

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Presented by

Western MA CIT De-Escalation Training Team

# Western MA De-Escalation Training Team



# Training Segments

- Brain System – Moving from Limbic to PFC – Richard Winning
- Crisis Intervention – Nicola Howe
- Logics of De-escalation – Carl Girouard
- Crisis Negotiation – Brian Persons
- Communications in De-escalations
- Documentation – Nicola Howe
- Role Play/Debriefing – Groups
  - Group 1: Richard Winning /William Witherspoon/ Carl Girouard
  - Group 2: Nicola Howe / Brian Person
  - Actors: Brandon Williams, Bridgett Kelly, Amanda Rivera

# Objectives

- At the end of this training, participants will be able to:
  - Give details on what happens in the brain when someone is in crises.
  - Explain what is Crisis Intervention.
  - Have knowledge of the guidelines for a Crisis Intervention.
  - Summarize the logics of de-escalation
  - Expound on the benefits of the C.A.F. Model.
  - Explicate what is Crisis Negotiation.
  - Understand effective communication in Crisis Intervention and De-escalation

# De-Escalation & Documentation

Page 1 of 2 LAS VEGAS METROPOLITAN POLICE DEPARTMENT  
**VOLUNTARY STATEMENT** Event # 100909-0684

**THIS PORTION TO BE COMPLETED BY OFFICER**

Specific Crime <u>BATTERY / DV.</u>	Date Occurred <u>9/9/10</u>	Time Occurred <u>0500</u>
Location of [REDACTED]	Sector/Beat <u>R/3</u>	<input type="checkbox"/> City <input checked="" type="checkbox"/> County

Your Name (Last / First / Middle) Harris Josie Lynn Date of Birth [REDACTED] Social Security # [REDACTED]

Race <u>Blk</u>	Sex <u>F</u>	Height <u>5'4</u>	Weight <u>140</u>	Hair <u>Blk</u>	Eyes <u>Brn</u>	Work Schdl. (Hours) <u>—</u>	(Days Off) <u>—</u>	Business School <u>SELF EMPLOYED</u>
Residence Address: (Number & Street) [REDACTED]		Bldg./Apt.# [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Res. Phone: [REDACTED]		Bus. Phone: <u>918-434-0581</u>
Bus. (Local) Address: (Number & Street) <u>N/A</u>		Bldg./Apt.# [REDACTED]	City [REDACTED]	State [REDACTED]	Zip Code [REDACTED]	Occupation <u>owner Nappesaks</u>		Depart Date (if visitor) [REDACTED]

Best place to contact you during the day  
anytime

Best time to contact you during the day  
ANY

Can You Identify the Suspect?  Yes  No

**DETAILS** Floyd Mayweather Jr first came to my home where the kids and I live and harrassed me about people I'm dating in my spare time when I told him it was non of his business he began to say threatening things to me so I called the police. The police said because he owned the home even tho he did not live

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# Risk Identification



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Injury or harm to the public caused by an officer's or a law enforcement agency's action

- Civil rights violations or constitutional violations
- Car accidents or injuries caused by officers
- Deaths in custody
- Use of force, shootings, injuries, or other harm

Injury or harm to officers

- Violation of officers' rights and protections
- Traffic, car, motorcycle, and bicycle accidents
- Harm caused by assailants or offenders (e.g., assaults, shootings, and assassinations), including those resulting from ambushes Job-related stress (e.g., physical stress such as heart disease, mental health concerns, substance abuse, and suicide)

WHAT is the common denominator?

SAFTEY – First Responders

SAFTEY – Community

SAFTEY – Person in Crisis

# De-Escalation and Documentation

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**Time** – Control the pace, slow things down , if not document why

- shows concern and does not rush the person in crisis.

**Distance** – Do not rush into a scene when you do not need to. Create and give yourself distance to observe and safely communicate.

- Gives options

**Shielding**- Put something between you and the person you are dealing with.

- Cover, Concealment/ Barriers to move

If it was only this easy!!



# Documentation from a Civilian Perspective

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- What information did you gather (and apply) prior to force?
- Why did you do, what you did, when you did it?
- What force was used and what was the result (each use)?
- What is your Policy? Community thoughts on policy?
- Documenting our de-escalation efforts regardless of their effectiveness
- Document for a civilian review

# De-Escalation and Documentation

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## Non-Verbal

- Stance (safety for...)
- Intel Gathering
- Self Check (Emotional Intelligence)
- Assessing environment – where parked, directions, egress
- Approach (look, listen for information, items to pick up on)

# De-Escalation and Documentation

<b>Assaultive</b>	"I'm going to kick your ass", specific verbal threats or statements, turned body 90 degrees, boxers fighting stance, suddenly closed the distance, shoved the officer, weight shifting, clenched fist, raised hands, profuse sweating, clenched mouth, rapidly closed distance, lunged, grabbed, scanning the area, sudden attack.....
<b>Non-compliant</b>	"I'm not going to jail", Ignored commands, acted contrary to commands, walked away repetitive phrases, illogical responses
<b>Resistant</b>	Pulled away, folded arms, 1000 yards stare, became rigid, attempted to hide, unresponsive to physical force
<b>Matched description</b>	Height, weight, clothing, gender, race, hair color, vehicle description, direction of travel
<b>Officer safety</b>	Weapons, physical size, history/ violent history, would not keep hands where they could be seen, proximity to weapons, safety of person in crisis, safety of others
<b>High Crime Area</b>	Number of arrests made, Types of crimes, observations, (recall hot spot info) Crime analyst data
<b>Suspicious activity</b>	Unusual appearance, stealthy movement etc

Your thoughts?



Understanding  
Psychological  
Changes during  
Aggression



## The Brain System

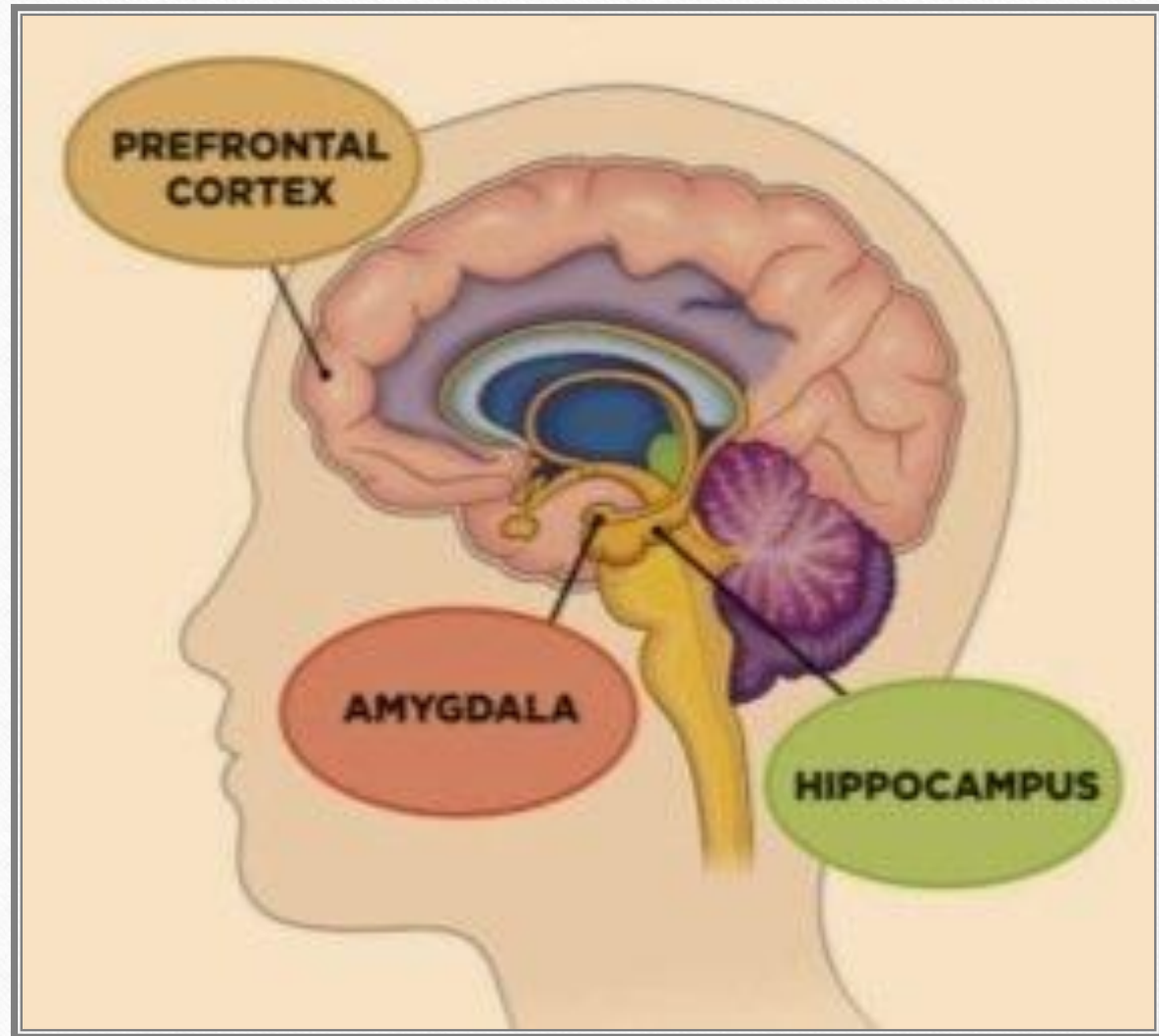
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An important part of the fight-or-flight response in our brain is the limbic system, where our emotional reaction to something takes place

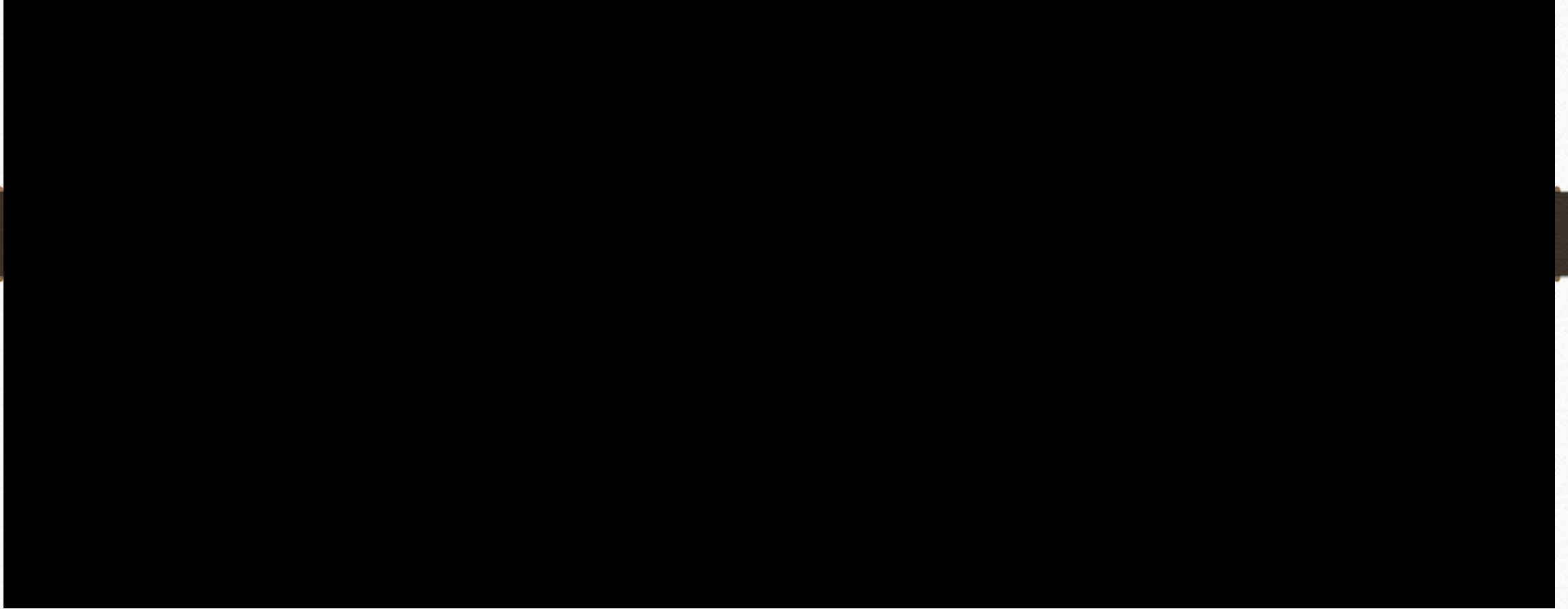
When confronted with a crisis: Brain shuts down, can be temporary, but what happens when this is prolonged?

The first thing that happens in this system is the processing of an event, what should I do? Fight, fright, freeze, fawn?

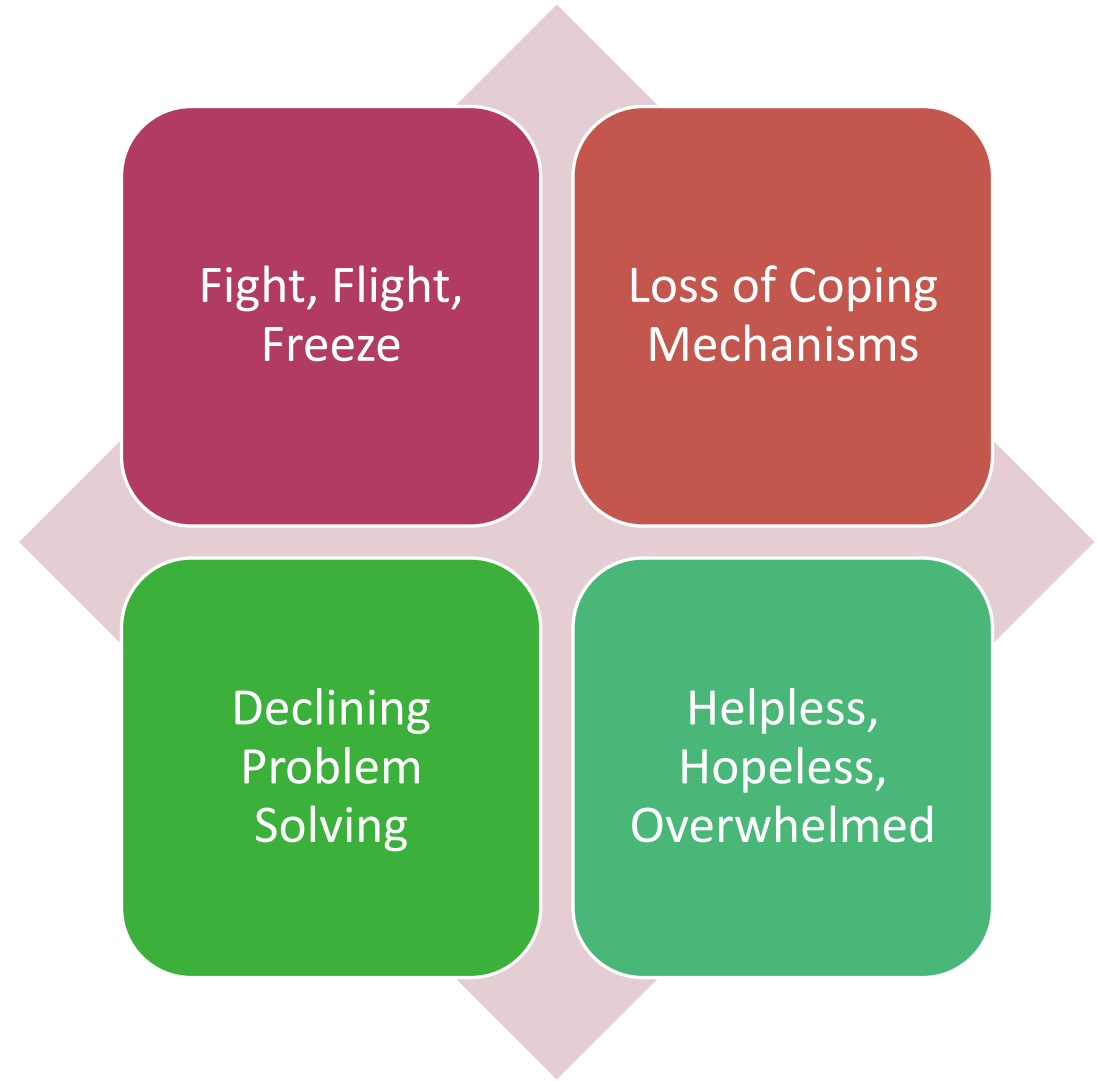
Amygdala- Hypothalamus- Adrenal glands - PFC



# Fight, Flight, Freeze Response



# What happens in a crisis?



## The fight or flight response

Dilation of pupil

Dry mouth

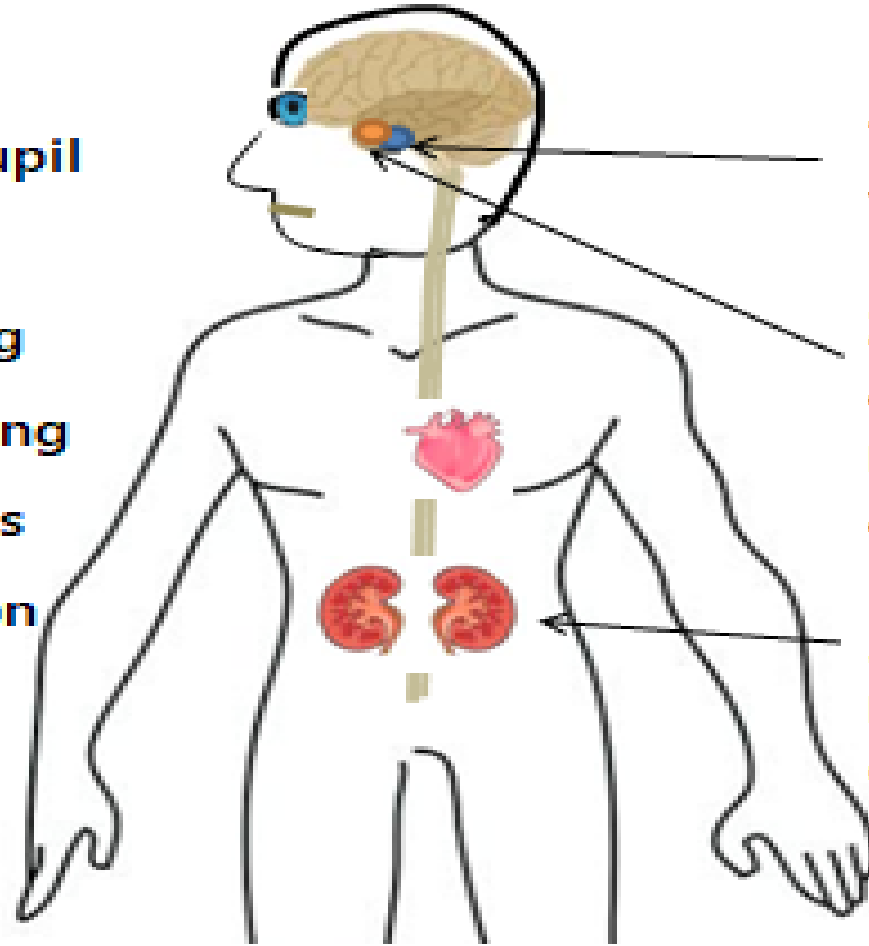
Fast breathing

Heart pounding

Tense muscles

Slow digestion

Sweating of palms



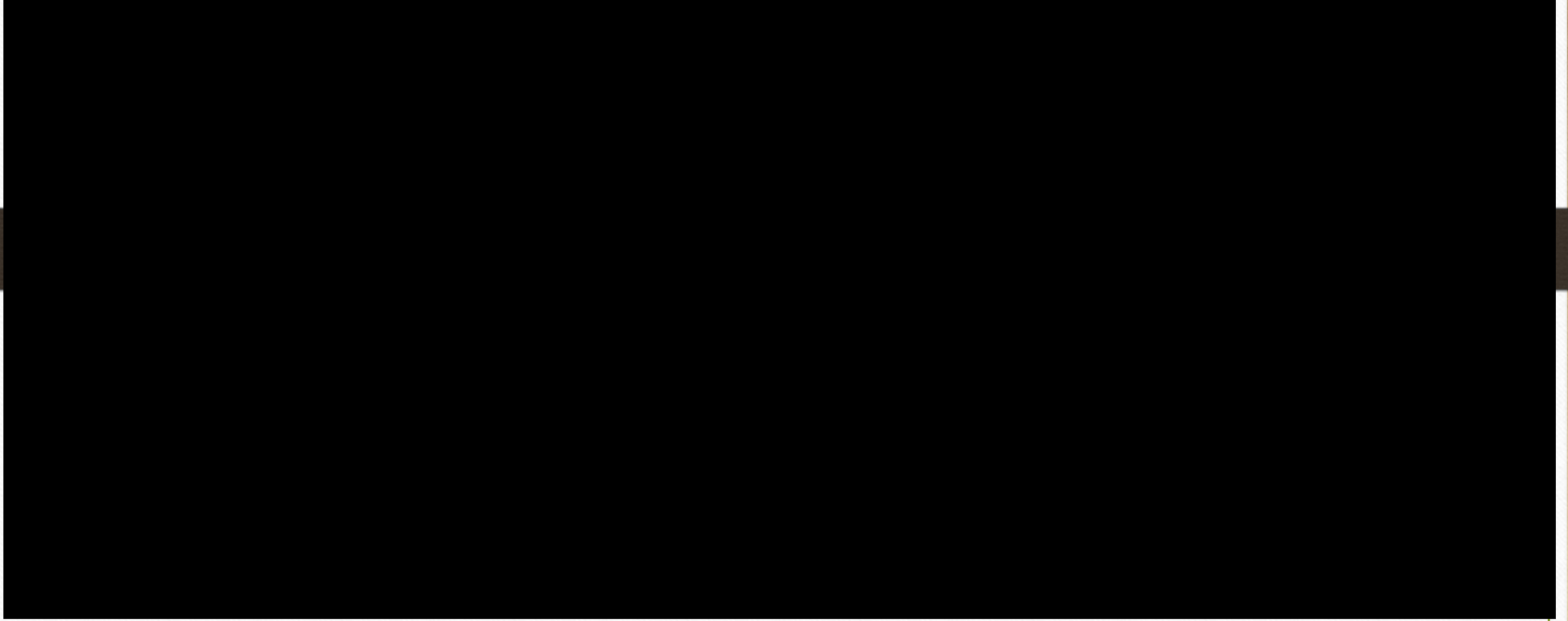
1. The amygdala reacts to threat

2. The hypothalamus activates the sympathetic nervous system, release of adrenaline

3. The adrenal cortex releases cortisol for continued alertness



# Introduction to Crisis Intervention



# Crisis Intervention

## □ Definition of a Crisis

- Crisis by definition is short-term and overwhelming and involves a disruption of an individual's normal and stable state where the usual methods of coping and problem solving do not work

# Crisis Intervention

- Crisis intervention is generally characterized by:
  - a here and now orientation
  - time limited interactions
  - a view of the individual's behavior as understandable (rather than a pathological) reaction to stress
  - the CIT officer may be expected to analyze the situation quickly and be very active and directive

# Crisis Intervention

- Crisis Intervention Guidelines for Crisis Intervention:
  - Immediate intervention will interrupt a prolonged crisis
  - Action. Be active in helping, exploring and resolving
  - Limited goals. Focus only on goals related to addressing the crisis
  - Build hope and expectations. Resolution is possible

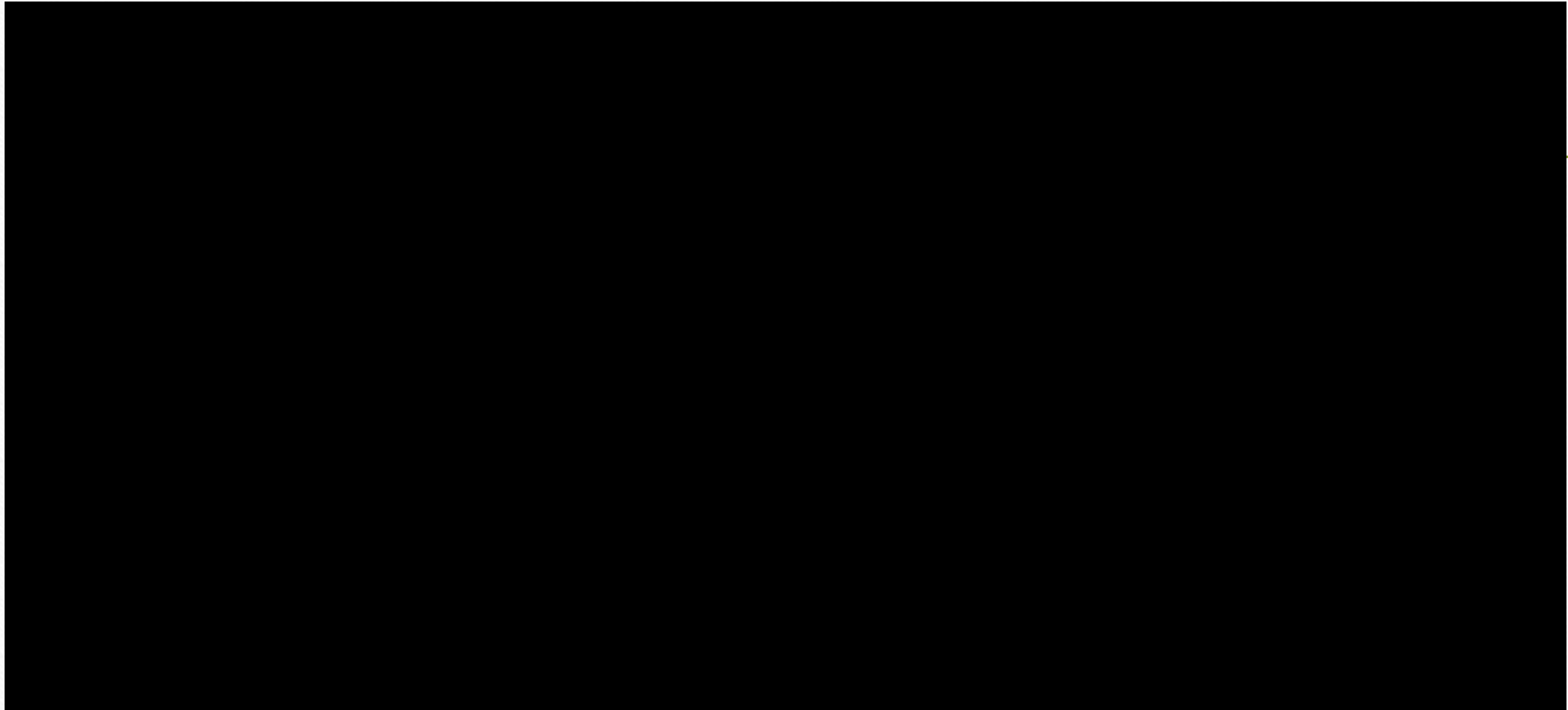
# Crisis Intervention

- Foster support because lack of it can lead to increased negative outcomes
- Focus on resolution of solving the problem(s) underlying the crisis
- Build self-image and self-confidence

# Crisis Intervention

- Crisis for People with Mental Illnesses:
  - Most people with serious mental illness have symptoms that change over time – they get better or worse as a result of normal life stressors
  - The nature of symptoms can lead to a crisis
  - Many people with serious mental illness have difficulty coping with stressful situations
  - When person stops taking medication and symptoms increase

# First Interaction





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Summarize the logics of de-escalation

Carl Girouard

# The Logic of De- escalation

- If you take a LESS authoritative, LESS controlling, LESS confrontational approach, you actually will have MORE control.
- You are trying to give the consumer a sense that he or she is in control.
- Why? Because he or she is in a crisis, which by definition means the consumer is feeling out of control. The consumer's normal coping measures are not working at this time.

# Crisis Intervention and De- escalation

## **C.A.F MODEL – Calm, Assess, Facilitate**

**Calm:** to decrease the emotional, behavioral, and mental intensity of a situation

**Assess:** to determine the most appropriate response as presented by the facts

**Facilitate:** to promote the most appropriate resolution based on an assessment of the facts presented

# Benefits of the C.A.F. Model

- C.A.F is a “fluid process”
- C.A.F. helps to define the intervention
- C.A.F. provides a blueprint
- **C.A.F enhances officer safety**

CALM:  
Response,  
Communication  
and  
De-escalation

- Goal: to decrease the emotional, physical and mental stress levels of a situation using verbal and non-verbal de-escalation techniques
- The officer's initial response can often facilitate the direction of the encounter toward a more practical and appropriate resolution

# Guidelines for De-escalation

01

Maintain safe distance (5-6 ft or 21 ft rule)

02

Use clear voice tone

03

Use volume lower than that of the aggressive individual

04

Use relaxed, well-balanced, non-threatening posture (yet maintaining tactical awareness)

05

Set limits

# Guidelines for De-escalation (con't)

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Be active in helping

Build hope – resolution is possible

Focus on strengths

Present self as a calming influence

CIT officer demonstrates confidence and compassion

Do not personalize

# Guidelines for De-escalation (con't)

1

Remove distractions,  
disruptive or  
upsetting influences

2

Be aware of body  
language/congruency

3

Be aware that  
uniform, tools can be  
intimidating

Be consistent

Use “I” statements

Here and now

Validation/acceptance

No promises you cannot keep

## Guidelines for De-escalation (con't)

# Guidelines for De-escalation (con't)

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## Recognize

Recognize that mentally ill person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds, environment – provide careful explanations, instructions

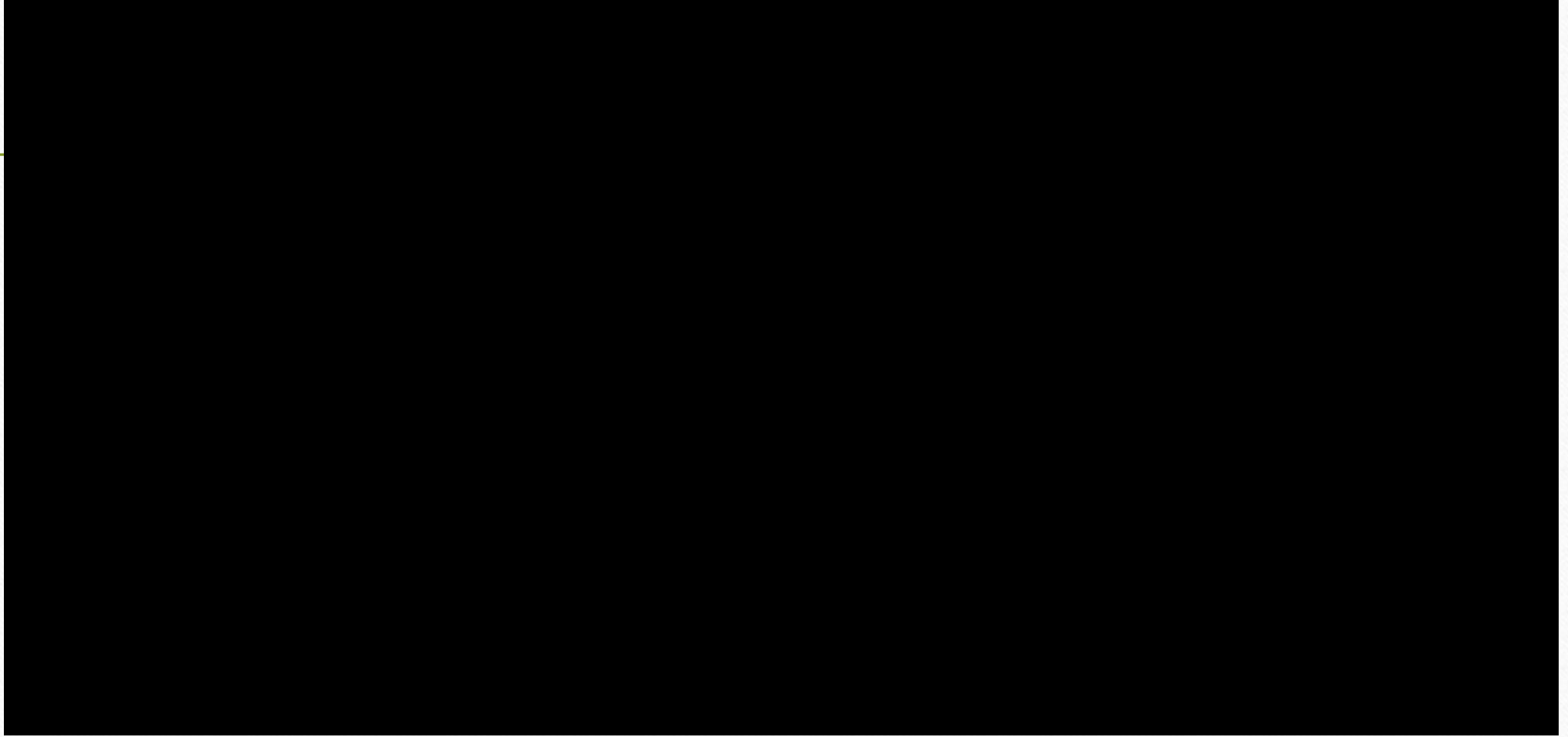
## Determine

Determine need for food, water and basic needs

## Use

Use active listening skills

# De-escalation – Delirium



# Crisis Negotiation


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Brian Person

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# Intro

Alphabet Soup.....



WSU, WSPD, BOP, CT DOC, USMS, FAMS,  
ATF CN TL – RAC/(ret.)BHN CIT attendee,  
CHD Foster Parent, MGM DoS

### Behavioral Change Stairway Model



Blue  
Orange

Active  
Listening is  
the  
foundation

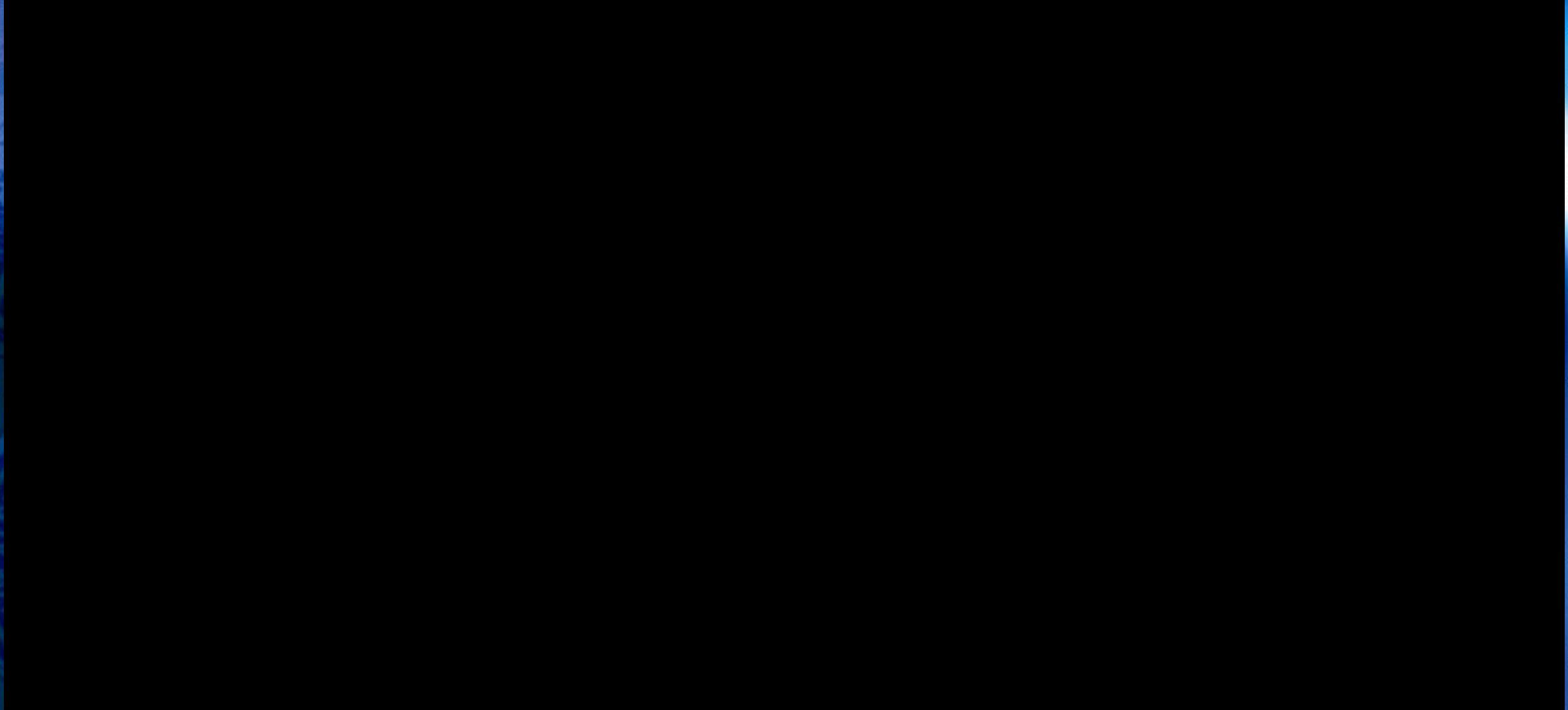
## **ACTIVE LISTENING SKILLS (ALS)**

- 1. Minimal Encouragers**
- 2. Open-Ended Questions**
- 3. Reflecting / Mirroring**
- 4. Emotion Labeling**
- 5. Paraphrasing**
- 6. "I" Messages**
- 7. "Effective" Pauses (silence)**
- 8. Summarize**

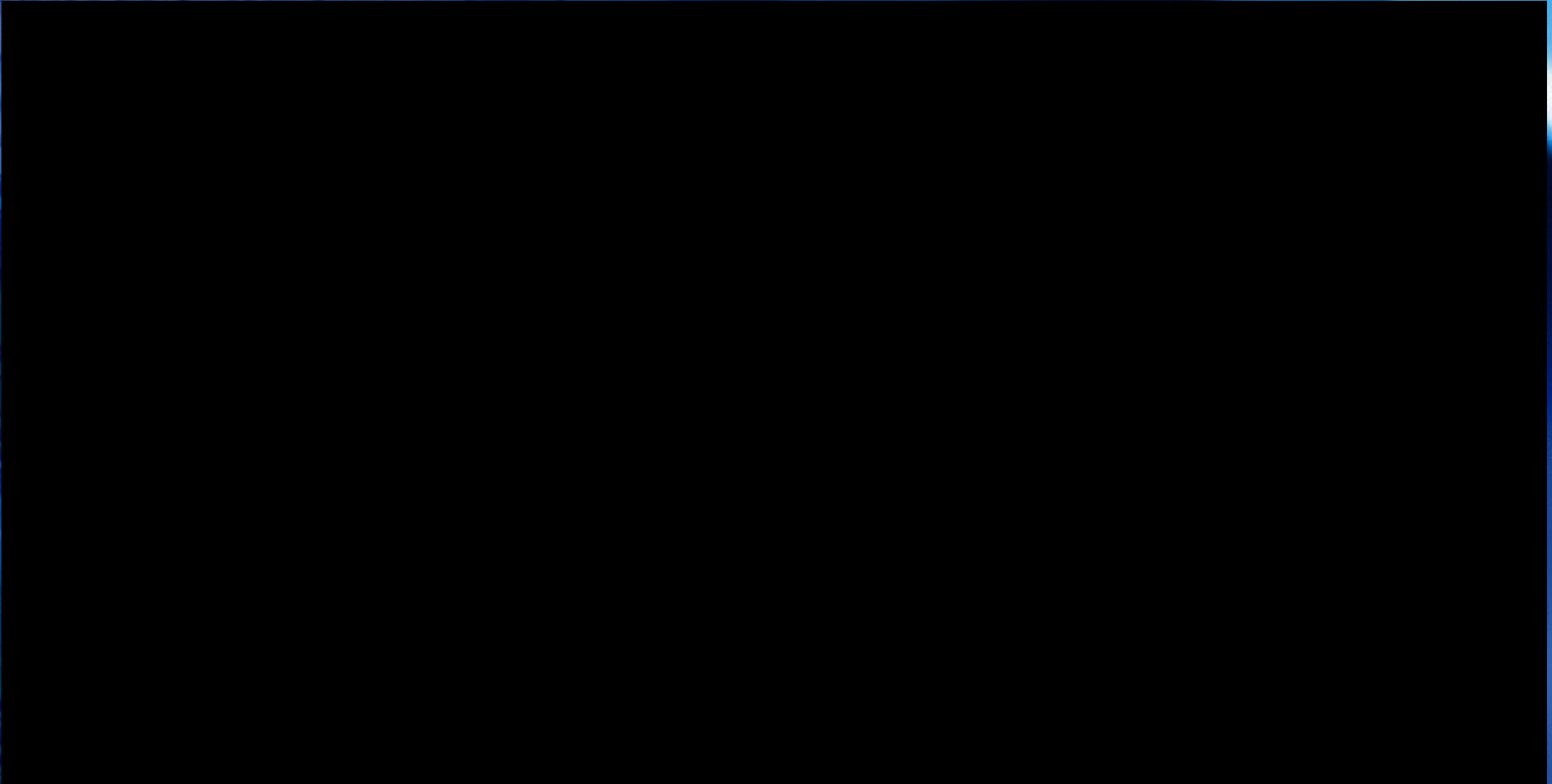
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# ACTIVE LISTENING



Its not about the Nail



# Effective Communication

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Kevin Manley

# Effective Communication

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- 70% of communication misunderstood
- Effective communication is defined as passing information between one person and another that is mutually understood

身德

Effective  
Communication  
– Scenario based



Introduction



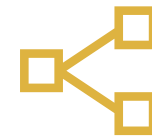
Active  
Listening Skills



Re-instatement



Accurate  
Reflection



Show Empathy



Build Rapport

Empathy:  
An  
Essential  
Concept



“Identification /  
understanding of another’s  
situation, feelings and  
motive.”



*Understanding* is Not  
Agreement

Empathy:  
An  
Essential  
Concept

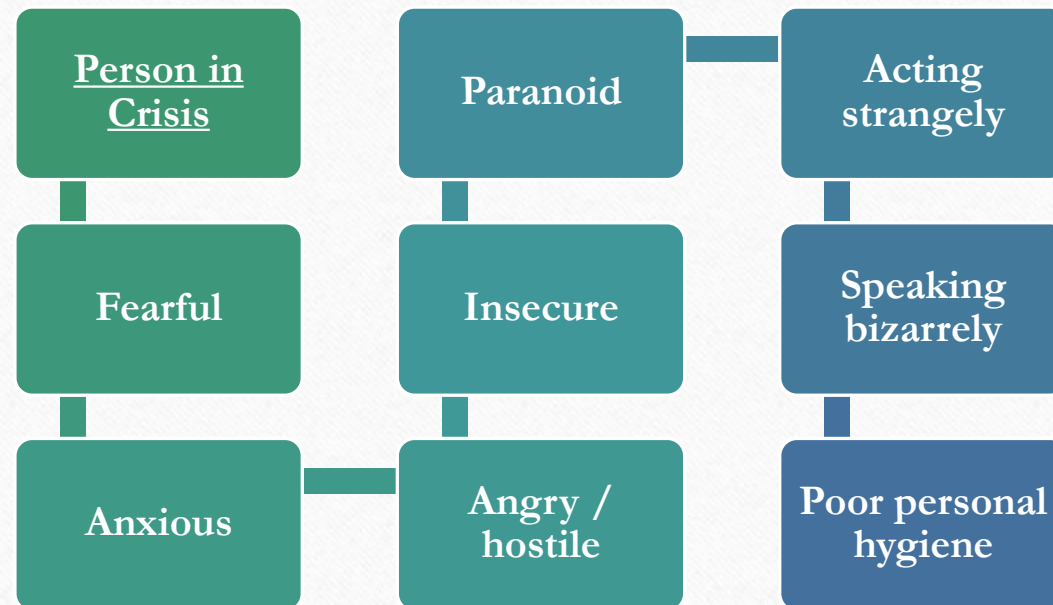
## Empathy is not Sympathy

- Sympathy - “...an expression of pity or sorrow for the distress of another...” American Heritage Dictionary
- Pity and sorrow are not productive

It's not necessary to actually *“feel what they feel”* to provide empathy

# Communicating Acceptance

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# Communicating Acceptance

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## CIT Officer

Respectful Introduction

“Please”

“Thank you”

Smiling when appropriate

Considers: “What if this person in crisis were a member of my family?”

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# Effective Verbal Intervention Must Be:

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Specific – precise, explicit, clear

Concise – short, to the point, simple

Directive – instructive, communicating clearly what you want the individual to do

*Broken Record Technique – purposeful*

*use of repetition*

# ASSESSMENT: Evaluate the Situation

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Goal: To determine the most appropriate response as presented by the facts

Assess for a mental illness and/or substance use

Assess for Orientation (time, place, person)

Focus on verbal, behavioral and environmental indicators

Be aware of signs for suicide and/or violence

Medical emergencies

Medical/physical conditions that could mimic mental illness

Assessing –  
B.E.F.A.S.T.

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***B - Behavior:*** actions, gait, movement, mannerism

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***E - Emotions/Mood:*** steady or sustained emotional state assess, expressions and feeling tone

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***F - False beliefs & Perceptions:*** delusions and Hallucinations

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***A - Appearance:*** dress, grooming, posture, gestures, facial expressions

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***S - Speech:*** rate, volume, and pace, abnormalities

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***T - Thinking form*** (flow) of thought

# Strategies for Frequently Encountered Situations

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1

**Psychotic (Disorganized Thinking) and verbally aggressive:** Allow person to vent energy, maintain safe distance, talk in low voice, broken record, reassure.

2

**Delusional statements (may include paranoia):** Recognize their view, indicate it is not your view, but you are willing to help, do not argue or debate, focus person on what you need them to do.

3

**Hallucinations:** Validate the experience for the person, can indicate you don't hear the voices, have person focus on you, offer help, safety

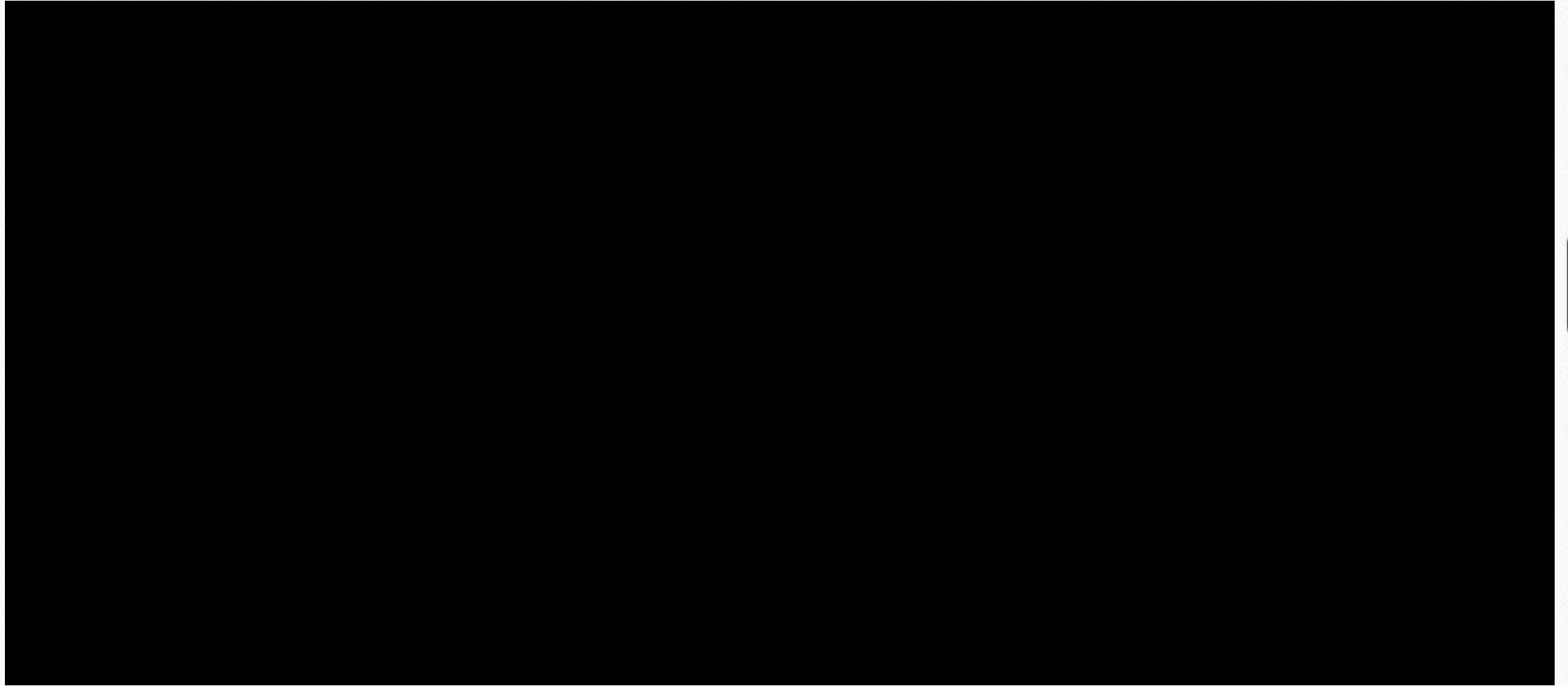
## Strategies for Frequently Encountered Situations

**Compulsive Talking (mania):** Ask concise, specific, concrete questions; use broken record technique.

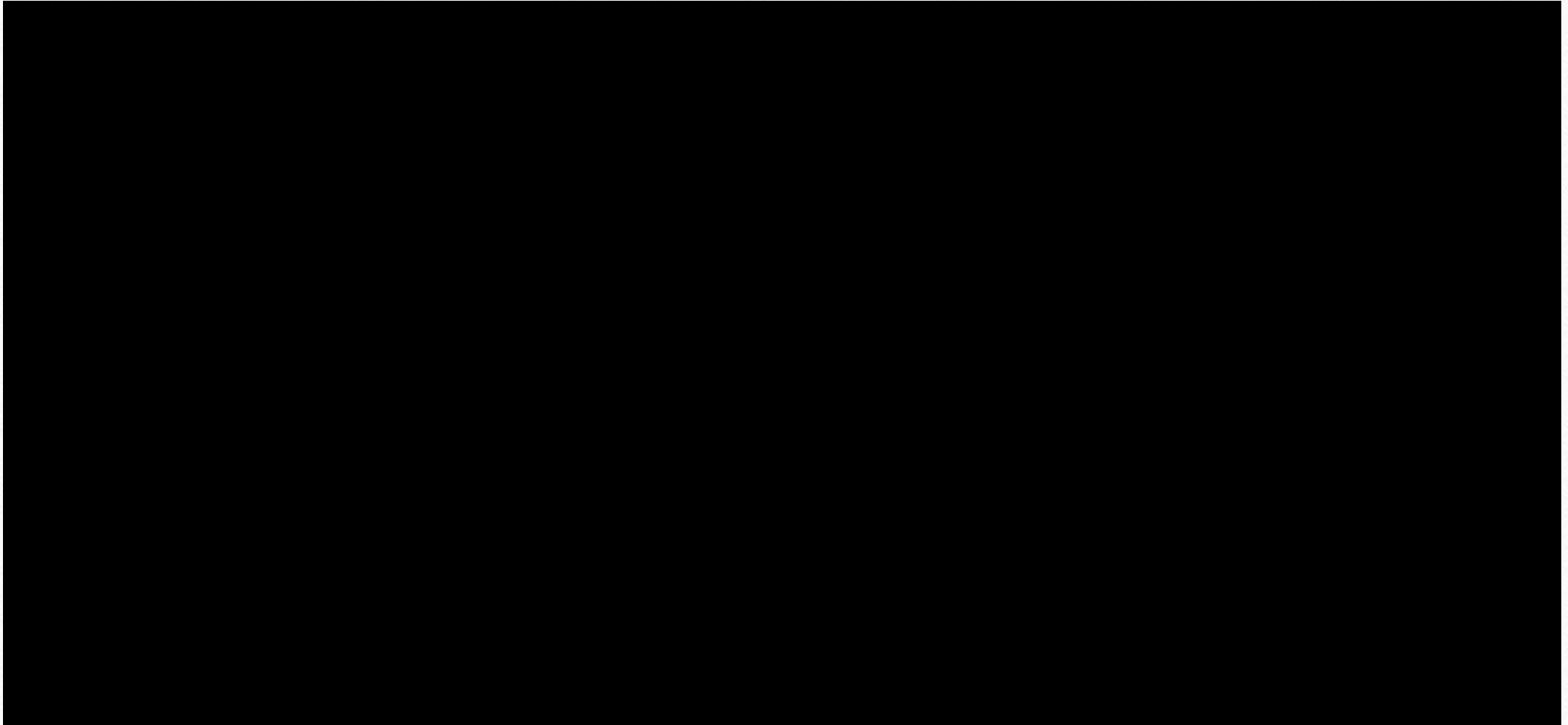
**Intoxication:** Let them vent, listen, use a calm, even tone, move person away from others if possible, be reassuring.

**Depression:** Active listening, empathy, take time, reassure, offer hope, validate feelings

# De-escalation Suicide Prevention



# De-Escalation – Suicide By Cop



Strategies for  
Frequently  
Encountered  
Situations  
**Suicidal  
Person:**

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What position is person putting you in (consider suicide by cop)

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Present in calm, understanding, nonjudgmental manner

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Listen

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Emphasize temporary time-frame of crisis

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Suggest alternatives

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Emphasize effect on survivors

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Lethality assessment (plan, lethal, access, support)

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Be active in offering hope and help

# DO'S & DONT'S

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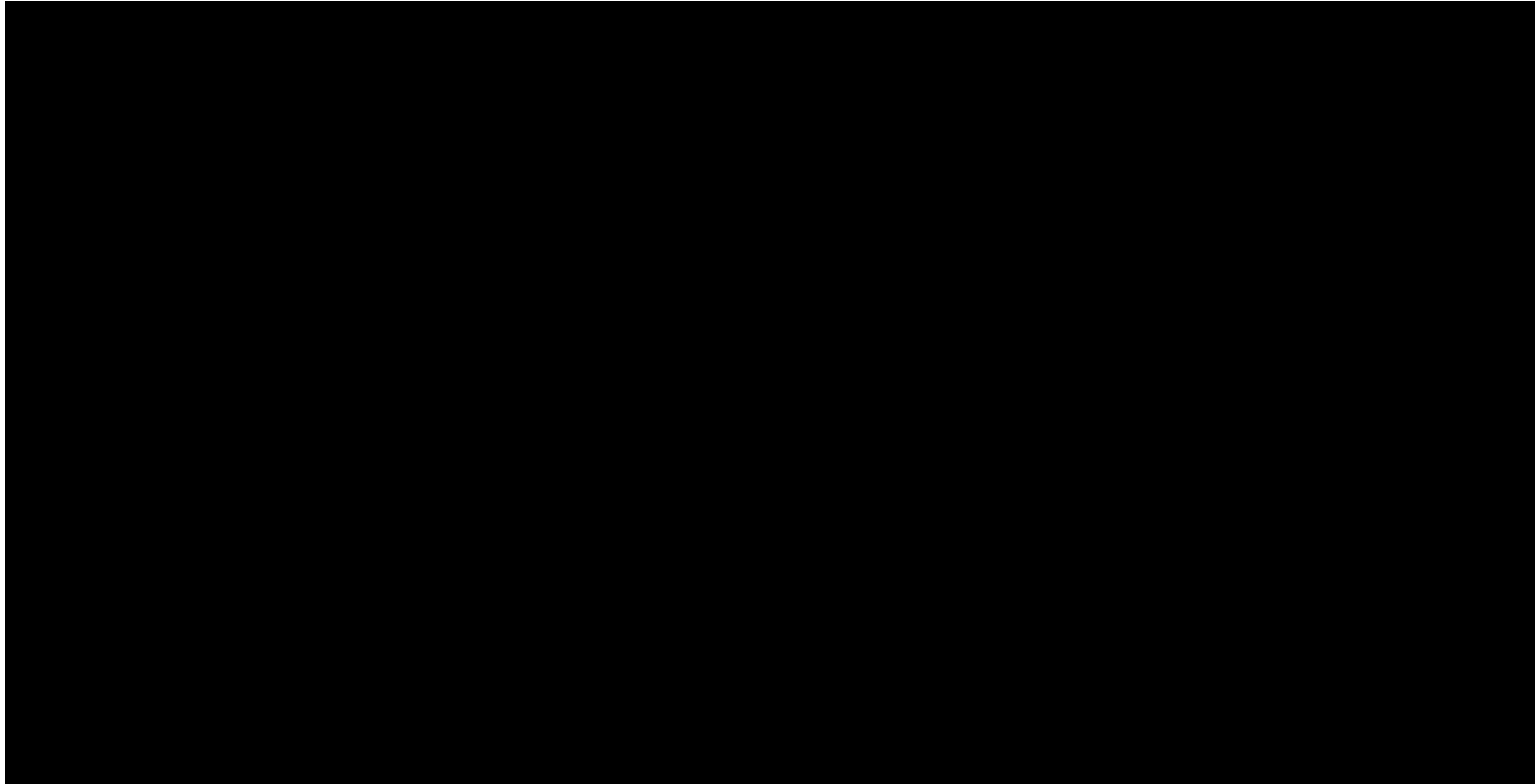
## Don'ts

- Listen forever
- Argue with logic of delusions
- Agree with delusions/no deception
- **Let your guard down**
- Assume condition will remain constant

## Do's

- Get comfortable asking questions
- Try to understand cause of behavior
- Hand off as necessary
- Seek consultation
- Know your limits

# DRAMATIZATION – NOTE TECHNIQUES USED



**THANK YOU!**

**FOR**  **YOUR**

**SERVICE!**