

# DAY 3 – CIT Training

**8:00-9:00am**

**BATTLEMIND:** Special Mental Health Considerations for Returning Veterans – Nicole Darden, Regional Team Leader Western/Central Mass, SAVE Team, Massachusetts Department of Veterans' Services

**9:00- 11:00am**

**Site Visits – TLR/Crisis/Cole's Place**

**11:00am – 12:00pm**

**De-Escalation Presentation, Skills & Documentation**



# Presentation # 1

8:00am -9:00am

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

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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888-844-2838  
[WWW.MASS.GOV/VETERANS](http://WWW.MASS.GOV/VETERANS)



# BHN The Living Room



21 Warwick St, Springfield Ma 01104. Phone #: 413-310-3312

# The Living Room

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- ▶ 24/7 Peer Supported Recovery-Oriented Environment
  - ▶ Open to the public
- ▶ Supports adults 18+ seeking support throughout an ongoing crisis
  - ▶ Emergency Department Diversion Program
- ▶ Intervention between a guest and a provider
  - ▶ Recovery based environment, non-clinical language
- ▶ Trauma Informed Care
  - ▶ Certified Peer Specialists provide person centered care

# Emergency Services Collaboration

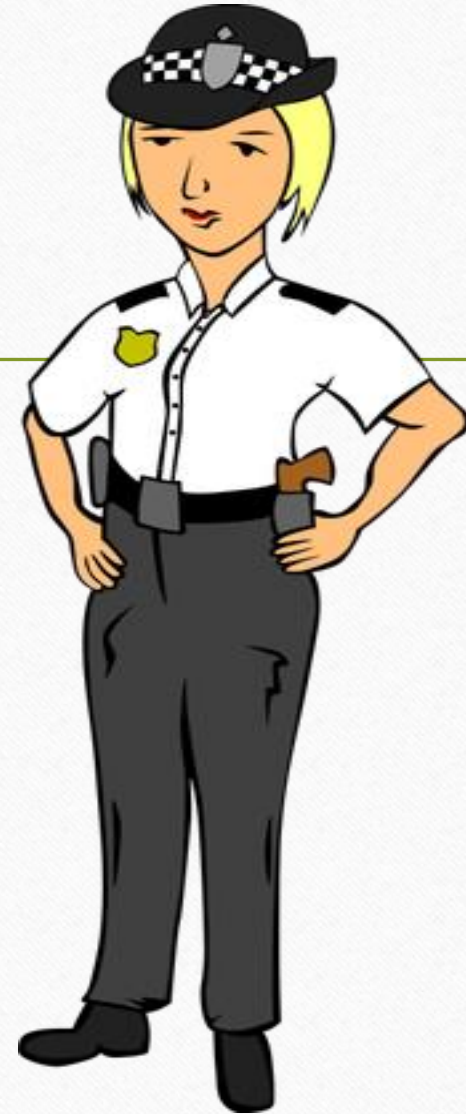
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- ▶ Appealing alternative to Emergency Department utilization
- ▶ Emergency Department and Crisis Diversion
- ▶ Direct connection to all local hospitals



# Law Enforcement

- ▶ Police Departments often facilitate transport of individuals to our program and we aim to assist anyway we can.
- ▶ Officers and staff members may call us directly to ensure there is space.
- ▶ TLR prioritizes emergency calls to ensure safety of the individuals served.



# Who We Serve



## Adults 18+

### Navigating Challenges with:

- ▶ Substance Use Disorders
- ▶ Mental Health & Wellness
- ▶ Domestic Violence & Intimate Partner Violence
- ▶ Shelter & Housing Support
- ▶ Anyone experiencing, has experienced, or potentially experiencing a mental health crisis 24/7.

# TLR Community

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- ▶ We connect with various healthcare providers in the Western Ma
- ▶ We frequently update resources utilizing current information:
  - ▶ [www.413Cares.org](http://www.413Cares.org)
- ▶ Our Certified Peer Specialists often provide referrals to community programs
  - ▶ Treatment facilities
  - ▶ Emergency Shelters
  - ▶ Residential Sober living programs

# Peer Support Services

- ▶ When individuals have experienced emotional distress or a traumatic event we provide hope, understanding, and resources.
- ▶ IN but not OF the system
  - ▶ Non-clinical language
- ▶ Change agent
  - ▶ We advocate for self determined goals and walk beside those who want recovery.



# Code of Ethics

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## Certified Peer Specialists

- ▶ Our role is to support their personal goals
- ▶ CPS openly share recovery stories
- ▶ CPS advocate for self determined goals
- ▶ CPS respect the privacy and confidentiality
- ▶ CPS are knowledgeable about current resources

# Peer Support Connections

- ▶ **RICH** relationship
- ▶ **R:** Respect
- ▶ **I:** Information
- ▶ **C:** Connection
- ▶ **H:** Hope



# What We Provide

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- ▶ Resources
- ▶ Emergency beds for overnights
- ▶ An accessible kitchen
- ▶ Books, movies, arts and craft supplies
- ▶ Peer support with trauma informed Peers
- ▶ Connections with the community
- ▶ Public Use Phone

# The Living Room:

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# Success Stories

# End of Presentation

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- Recap
- Evaluation
- Thank You

# Presentation # 5

**11:00am-4:00pm**

## **De-Escalation Presentation, Skills & Documentation**

Carl Girouard – Police Consultant, BHN

Nicola Howe, MSW CIT-TTAC Coordinator

Bridget Kelly, MSW Crisis Clinician

Brian Person, Resident Agent/ ATF

Melissa Suarez, Administrative Director

William Witherspoon, MA – Law Enforcement Coordinator

Richard Winning, MSW, LICSW

Michelle Cost, MSW Crisis Clinician

Kevin Manley, Training Coordinator, Putnam Academy CJ

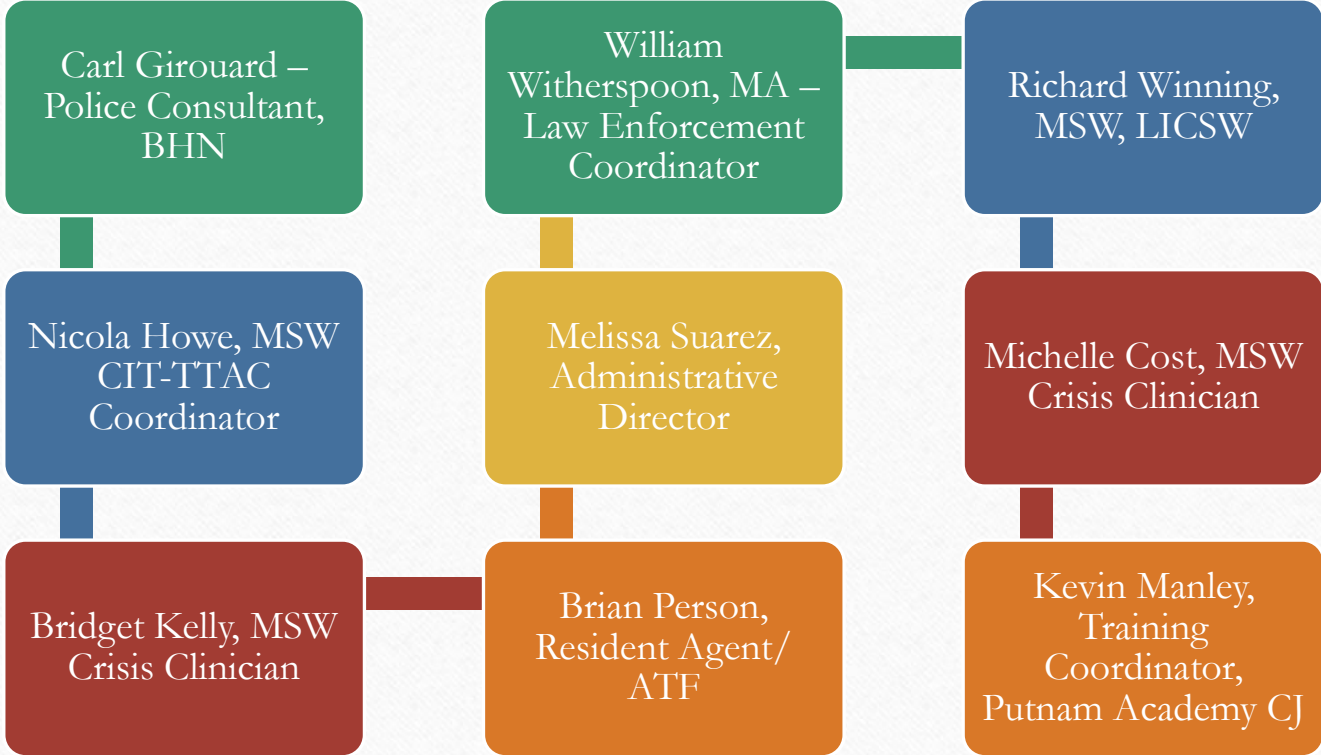
# Crisis Intervention & De-escalation Techniques

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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 – Kevin Manley
- Documentation – Nicola Howe
- Role Play/Debriefing – Groups
  - Group 1: Brian Persons/William Witherspoon
  - Group 2: Nicola Howe/Kevin Manley
  - Group 3: Carl Girouard/ Richard Winning
  - Actors: Michelle Cost, Melissa Suarez, Bridgett Kelly

# 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.#	City	State	Zip Code	Res. Phone: [REDACTED]		Bus. Phone: <u>918-434-0581</u>
Bus. (Local) Address: (Number & Street) <u>N/A</u>		Bldg./Apt.#	City	State	Zip Code	Occupation <u>owner Nappesaks</u>		Depart Date (if visitor) <u>—</u>

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

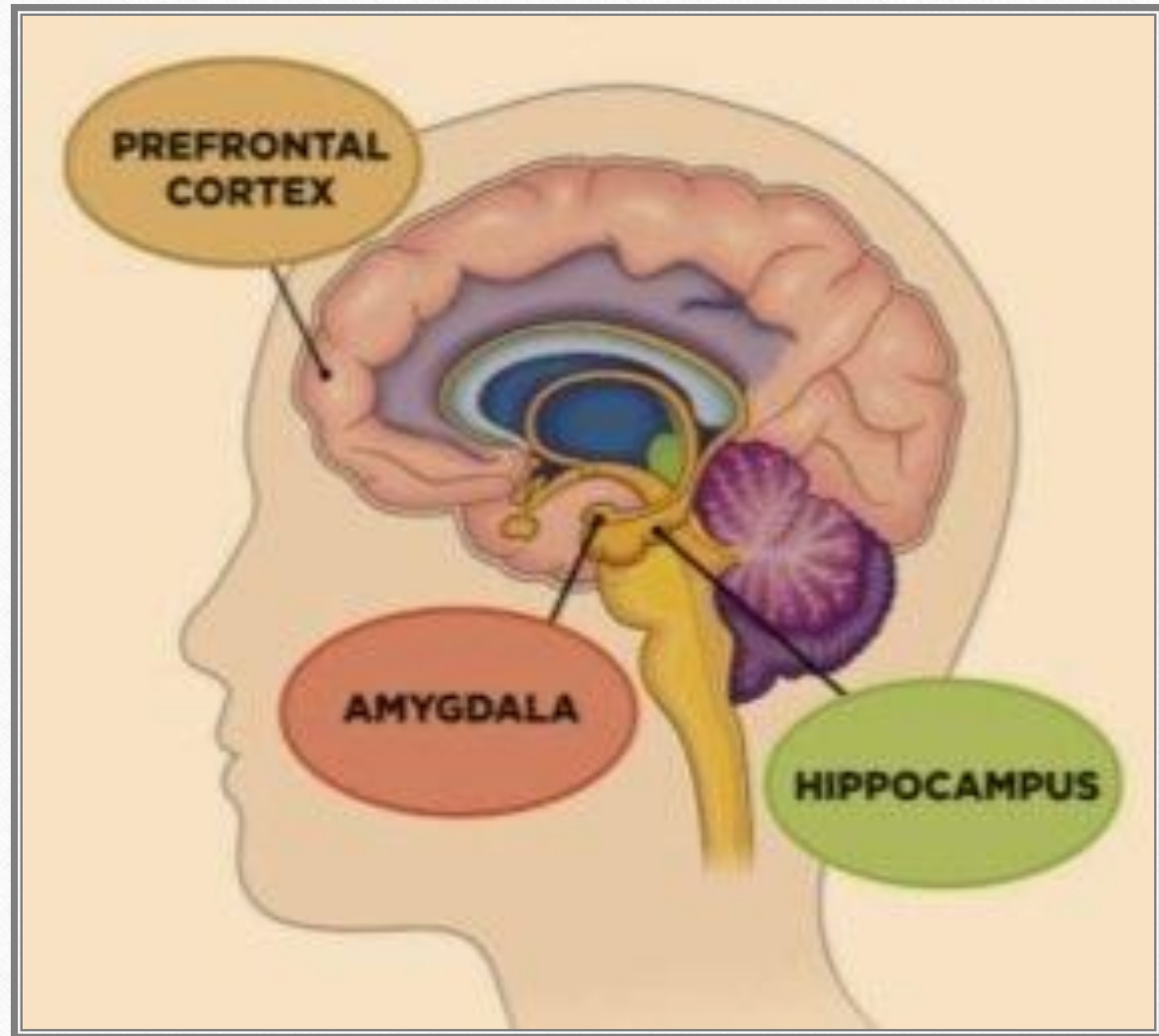
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An important part of the fight-or-flight response in our brain is the limbic system, where our emotional reaction to something takes place

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

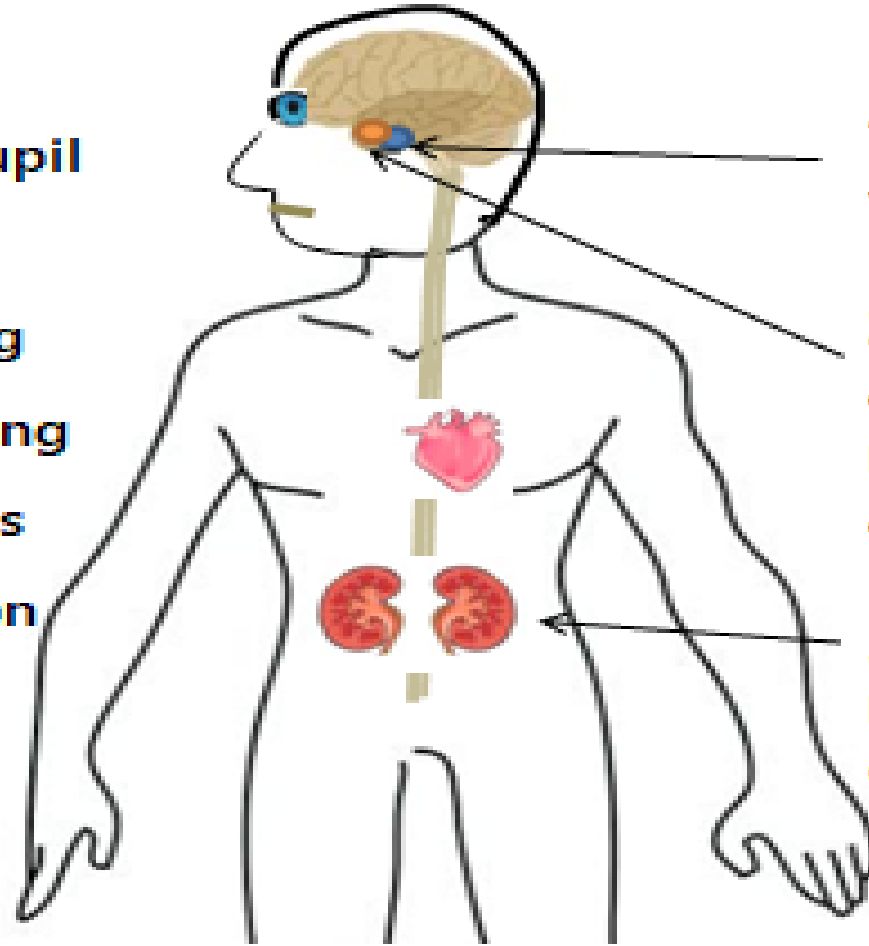
Fast breathing

Heart pounding

Tense muscles

Slow digestion

Sweating of palms



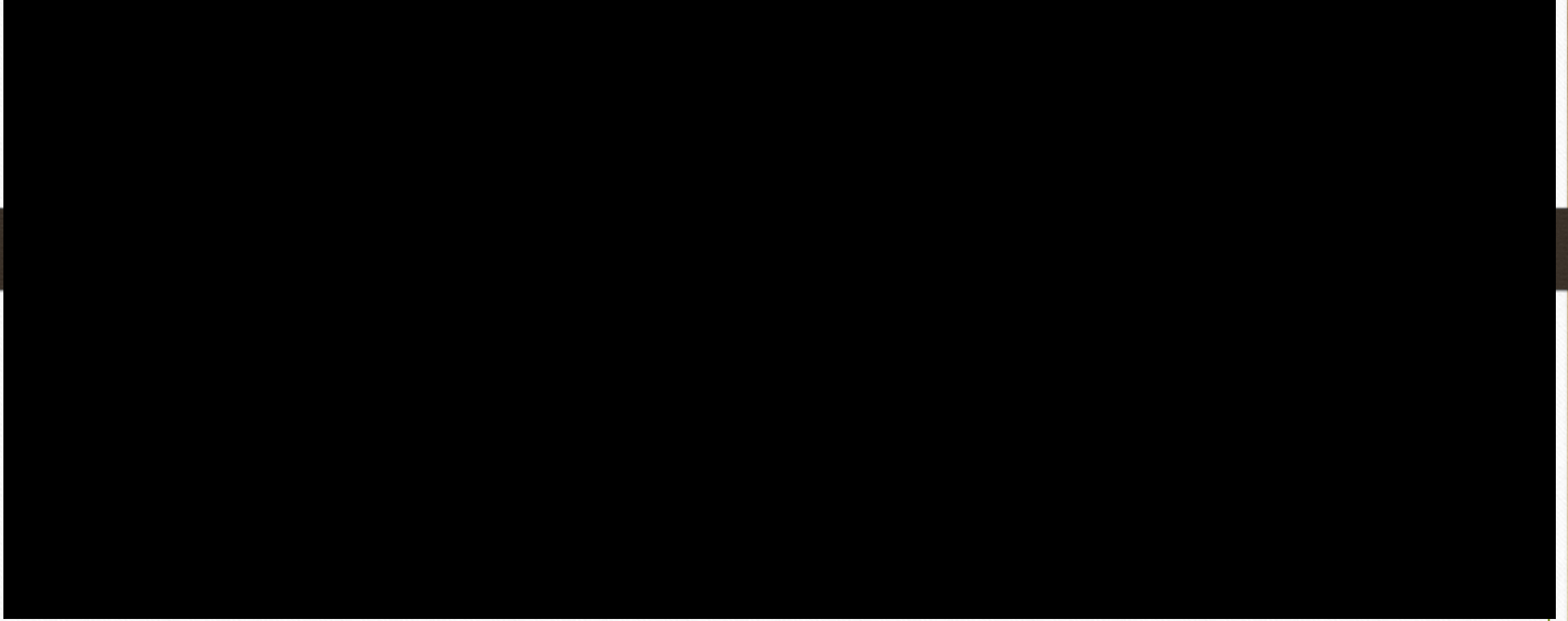
1. The amygdala reacts to threat

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

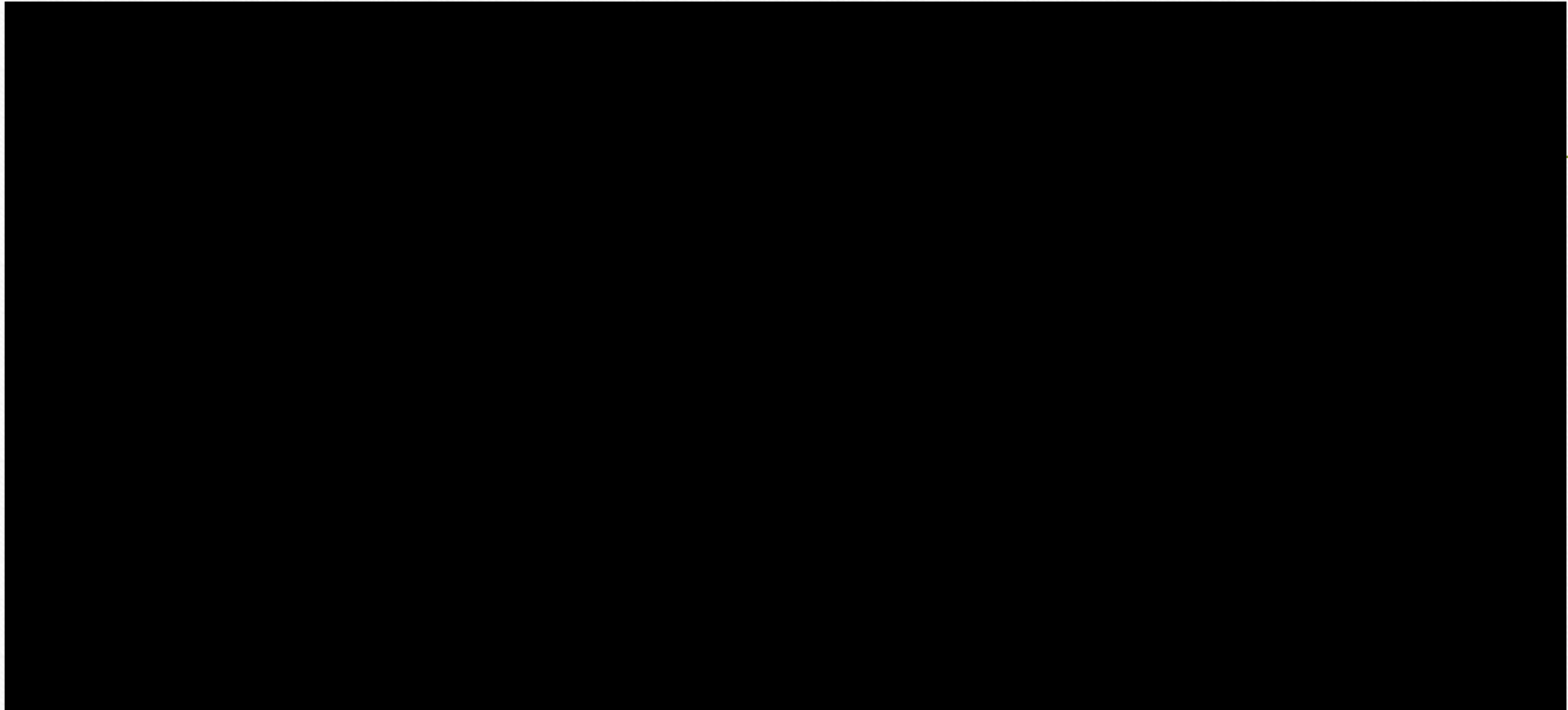
# Crisis Intervention

- 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

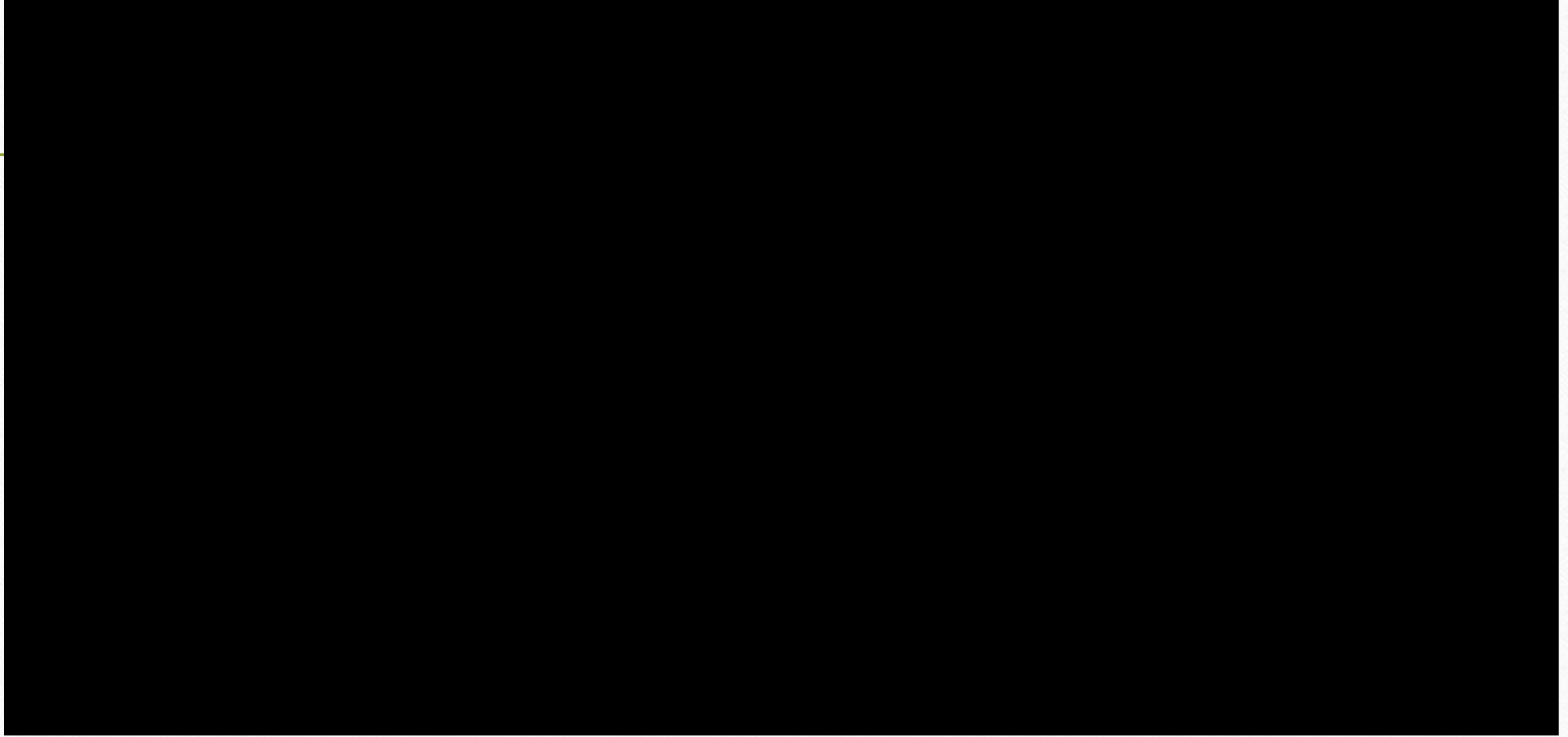
## Determine

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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Brian Person- ATF Supervisory Special Agent

WSU – “The Harvard of Western MA”

WSPD

BOP

CT DOC

USMS

FAMS

ATF -CN T2- TL - BHN CIT attendee

Foster Parent

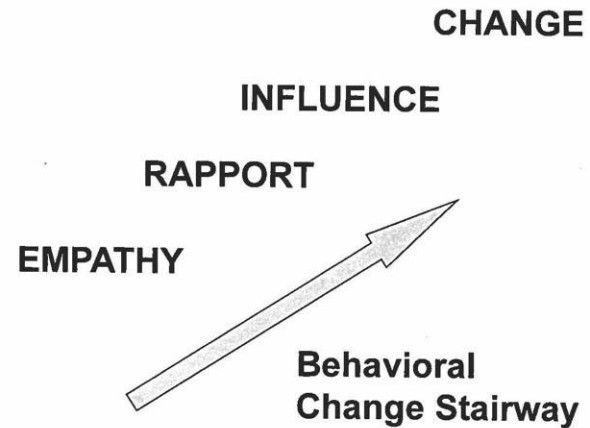
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# Influencing Behavioral Change

## Active Listening is the Foundation

### The Negotiator's Role: Influencing Behavioral Change



Active listening is the foundation that supports everything else

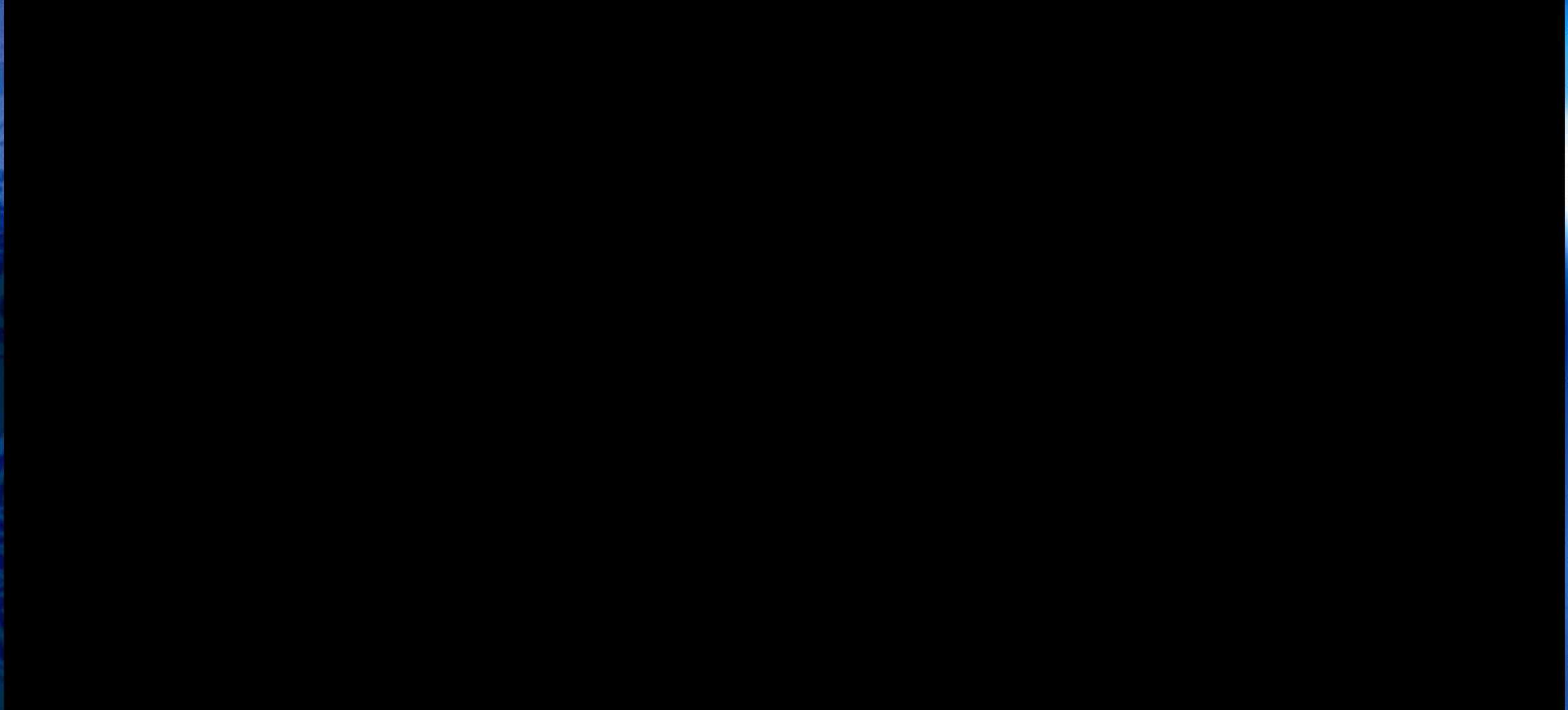
# Active Listening Skills

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

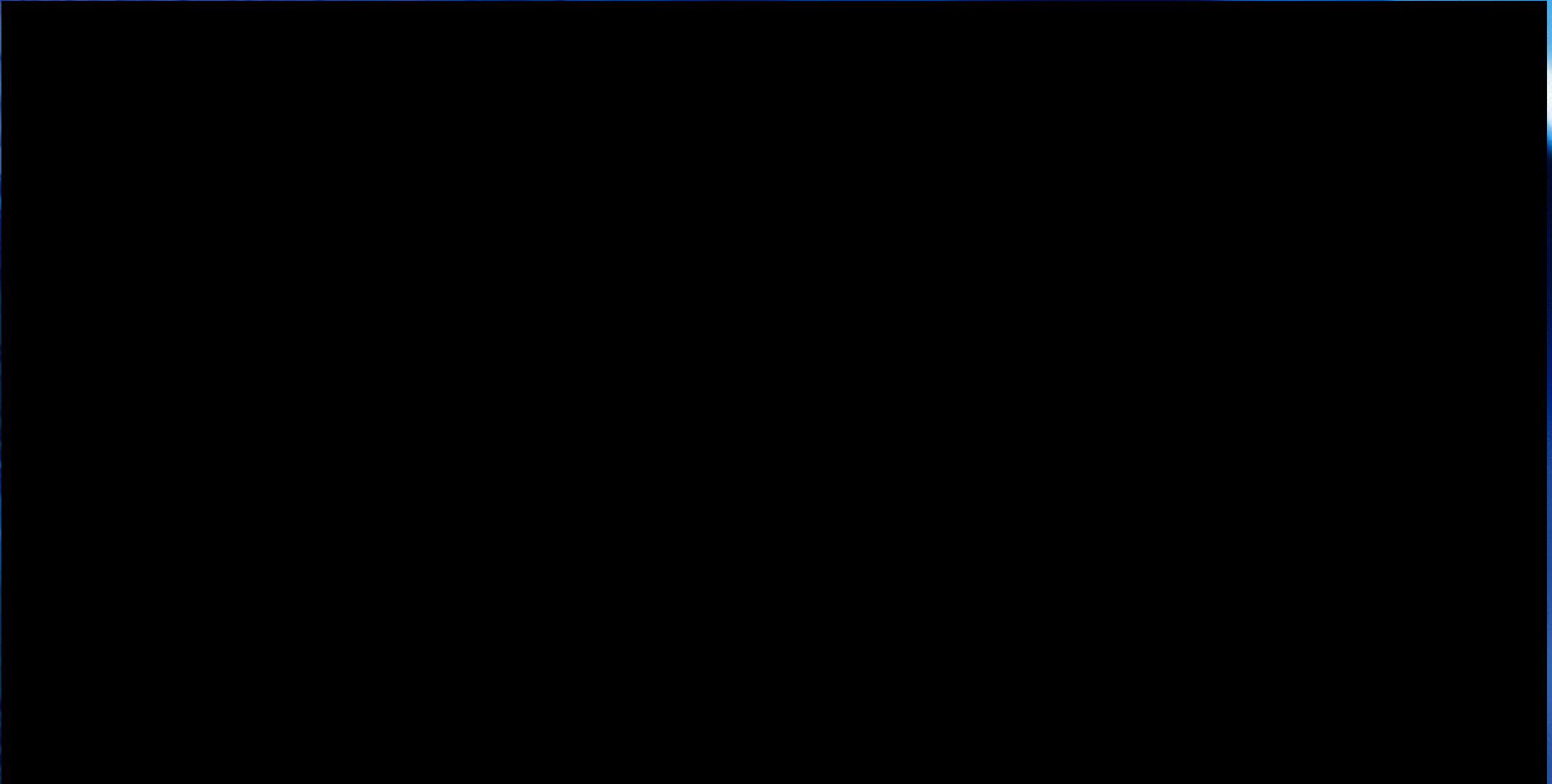
- 1. Minimal Encouragers**
- 2. Open-Ended Questions**
- 3. Reflecting / Mirroring**
- 4. Emotion Labeling**
- 5. Paraphrasing**
- 6. "I" Messages**
- 7. "Effective" Pauses (silence)**
- 8. Summarize**

(more pies)

# ACTIVE LISTENING



Its not about the Nail



# Scenario

## ROLE PLAYING – ACTIVE LISTENING



# Quick Reference Card

## AIT SPECIAL RESPONSE TEAM - CRISIS NEGOTIATOR QUICK REFERENCE CARD

**INTRODUCTION:** "Hi, my name is \_\_\_\_\_ I'm working with the police department and I'm here to help. I'd like to talk to you but first, I'd like to know if you're OK? Do you or anyone else in there feel unsafe? I'm worried about \_\_\_\_\_ What's your situation right now? What do you have and what do you need? I'm here to help."

Subject's Name \_\_\_\_\_ Subject's Age/Role \_\_\_\_\_ Subject's Location \_\_\_\_\_

**GOAL/INTENDING WILLS:** Listen to their side so they are aware you're listening!! Your goal is to make the subject more rational and lower his emotions. Agree when you can. Don't argue and create a positive environment.

- |                               |                                    |
|-------------------------------|------------------------------------|
| <b>M. MINIMAL ENCOURAGERS</b> | <b>O. OPEN ENDED QUESTIONS</b>     |
| • Uh huh                      | • What have you done today?        |
| • Really?                     | • How would your family feel?      |
| • Yeah                        | • Who, what, when, where, why?     |
| • Ok                          | • How would you like this to work? |
| • I hear you                  | • Where have you gone for help?    |

- |                                    |                            |
|------------------------------------|----------------------------|
| <b>R. REFLECTING/MIRRORING</b>     | <b>E. EMOTION LABELING</b> |
| • Repeat the last few words spoken | • You sound angry          |
| • Use inflection on the last word  | • I hear betrayal          |
| • Ex: You don't want to go to jail | • I sense loneliness       |
| • Ex: You didn't do anything wrong | • I can hear sadness       |
| • Ex: You don't want us to come in | • You seem hurt            |

- |   |   |
|---|---|
| <b>P. PARAPHRASING</b>                    | <b>I. STATEMENTS</b>  |
| • Restate what the subject said.          | I feel frustrated that you yell at me because it stops me from listening to you or trying to understand what's going on |
| • Let me see if I understand... (restate) | I feel concerned when you say things like that because someone may get hurt.  |
| • So, in other words... (restate)         | I get frustrated when you say do that because it sets our discussion back   |

**NEVER LET A FEELING GO BY WITHOUT LABELING IT!!**

- |   |   |
|---|---|
| <b>C. EFFECTIVE PAUSES</b>                                      | <b>S. SUMMARY</b>   |
| Pause immediately before or after saying something meaningfully | Restate everything the subject is saying and then attach an emotion |

**EMPATHY:** Understand where they are coming from and how they feel. **RPM:** RAPPABLE: Recognize what they feel. RAPPABLE: Recognize where they feel it back. This is where the subject starts to trust you. Find common ground. Get inside. Don't rush. ALWAYS LOOK FOR HOOKS.

**INFLUENCE:** Now that they trust you, you've earned the right to work on problem solving and recommending a course of action. Break their concerns into blocks and work on them one at a time. Think them for a minute with you. **BEHAVIORAL CHANGE:** They act. Talk to the Tactical Commander and have a good surrender plan. They may want the subject to exit a particular door.

### SUICIDE NEGOTIATIONS

- ID Clues** → Establish Intent → ID Plans and Means → ID Harm Done → Disable Plan and Mitigate → ID Problem Suicide Solves → Instill Hope → Expand Perceived Alternatives → ID Resources → Continue to Assess and Mitigate
1. Look, I can see you're really emotional right now. I just want to talk with you for a while.
  2. I really care about what happens to you. That's why I have this job.
  3. I know talking about this is really tough, but we can take it slow.
  4. I sense you're really down on yourself right now, but wherever there are downs there are ups. Let's talk about that.
  5. Do you really want to die, or do you want to just not hurt so much?
- Finality of Death**
6. Once you're dead, you're not going to get another chance.
  7. You know if you tell yourself to get back at \_\_\_\_\_, all that's going to happen is that you die and you'll never know \_\_\_\_\_'s reaction. He/she may not even care and will just live their life.
  8. I guess right now you want to get away from the hurt, but you know, dying by \_\_\_\_\_ is pretty painful. Let's talk about some other way to get this pain out of your life.
- Hooks**
9. How do you think your mother/father will deal with this?
  10. How do you think your children will be affected?
  11. You will never be able to see your children graduate, get married, have kids.
  12. What will happen to your house, or to your (hobby item), or your pet?
- Explore Plans/Thoughts**
13. What do you want to have happen? What would you need to feel better, to make you feel like you could go on?
  14. What do you think we could do that would make things not hurt so much.

### CONTROLLED CALLS WITH HOSTAGE-TAKER (inmate)

**Rules:** Don't argue. Use victim's name. Give perception of control to take **Proof of Life:** "I need to know \_\_\_\_\_ is alive. I need to speak to them before you get your money. I'm really worried about \_\_\_\_\_. Can you show me she is ok?" **Medical:** "I know it's not your fault but \_\_\_\_\_ has medical issues or is under a lot of stress. How is \_\_\_\_\_? Neither you nor I want anything to happen to \_\_\_\_\_. Can you tell me about \_\_\_\_\_'s medical condition?"

## SRT CRISIS NEGOTIATOR



### NON-RESPONDER NEGOTIATION TECHNIQUES

- INTRODUCTION:** See introduction in first column.
- POLICE PRESENCE:** Explain why the police are there (911 call or AW or SW).
- NEGOTIATOR:** Describe you and your years of service and everyone you helped. I've helped people in the same situation.
- YOUR INTENTIONS:** My job is to help. They asked me to come here. We don't want anyone to get hurt which is why I'm here. I wouldn't be here if I didn't want to help but you have to want my help.
- GOAL:** Please come out and talk to me. Please get medical help.
- REALITY CHECK:** I know you're in there and my bosses won't let me leave until we know that you're ok. I just want to help you.
- VERBAL CONTRACT:** I want your word that while we are working together, you won't do anything that will hurt you or anybody else. I guarantee while you are talking to me, nothing will happen.
- CONTROL:** You're in control of this situation. But will you consider resolving this situation peacefully? Can you tell me your side of the story? I only have one side. I'd like to hear yours.
- 2 WAY COMMS:** Can you call me so that we can talk about this privately? Let's talk about this so that none of your neighbors hear.
- RATIONALIZE:** I understand why you did what you did. It's ok!
- PROJECT:** It's not your fault. It's someone else's fault.
- MINIMIZE:** This is not a big deal what happened.
- CONCERNS:** Address all of their concerns one by one.
- RAMPING IT UP:** SWAT is here, they will find you. My boss has given me room to talk with you but if you don't talk, then they'll make me leave and I won't be in control any more. If you come out, I can tell everyone that it was on your terms. SWAT may destroy your house and property and someone may get hurt.

**FEELING WORDS TO USE DURING A/C:**

MAP	SAD	GLAD	SHUT	AFRAID	ASHAMED
Depressed	Low spirit	Happy	Embarrassed	Frightened	Frustrated
Anxious	Disappointed	Amused	Suffering	Alarmed	Tired
Injured	Confused	Support	Disregard	Wary	Lacking
Defeated	Respect	Wonder	Dislike	Uncertain	Hesitant
Challenged	Reserve	Worried	Dislike	Alarmed	Furious
Appreciated	Reserve	Worried	Dislike	Alarmed	Indifferent
Isolated	Dislike	Great	Agree	Agree	Vulnerable

**ADDRESSING DEMANDS:** Soften, Reframe and Repeat: If subject says he wants cash and a getaway car, you can say: "I will absolutely let my bosses know but I'm not sure what they are going to say. They will have some concerns but I will try my best. But I want to make sure I have this correct, you want transportation, money, and your freedom? Let's give them some time to work on it."

### MISCELLANEOUS GUIDELINES

- CONTROLLING THE SUBJECT**
- (1) **Project Guilt:** That would be terrible, but it's your choice. I want to work with you, but it'll be out of my hands if you choose not to work with me.
  - (2) **Reinforce Subjects:** May I speak now? Help me understand. So I can understand I have to ask some questions. If I can't talk to you, my bosses are going to get concerned, so stay with me.
  - (3) **Consequences:** What's the worst that could happen today? What have you tried doing? What are you worried about?
- MAKE THE SUBJECT FEEL HE IS IN CONTROL**
- (1) You're in charge of your life and in this situation.
  - (2) If you were in my position, what would you do?
  - (3) How did we get here today? What do you want to see happen?
  - (4) What can I do to help reach that goal to you and others are safe?
  - (5) I understand. That makes sense. I won't do anything you don't want.
  - (6) Stay away from triggers and expand on hooks.

### CHANGING NEGOTIATORS AND INTEL DUMPS

- NEGOTIATOR HAND-OFFS**
- (1) I need to brief my boss and will get right back to you.
  - (2) I will find out about your requests and will be right back.
  - (3) My partner knows all about this situation and will speak to you now (have them start with a summary).
- INTEL DUMPS**
- (1) If subject wants you to call back in five minutes, call before that.
  - (2) Use breaks in time to strategize and review incoming intelligence.
  - (3) Obtain thoughts from the entire team.
  - (4) Ask for additional intelligence if needed. Review tactical plan at this stage.

**Mechanics:** "How am I going to get you your money?" To make sure I get this right, I'm going to write down all your instructions. I want you to promise me whoever delivers the money will not be harmed. When will \_\_\_\_\_ be released?"

**Threats and Problems:** "I don't understand how threatening \_\_\_\_\_ is going to help us. By scaring me, it causes more problems. Nobody is helping me and I would never do anything to jeopardize \_\_\_\_\_. I didn't call the media. Raising money is new to me. Explain to me how I'm going to raise the money? I can deliver the money to you but I need to know that \_\_\_\_\_ is safe. Can you please explain to me how to do this?"

# Reality



# 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



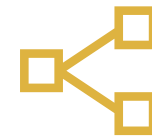
Active  
Listening Skills



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

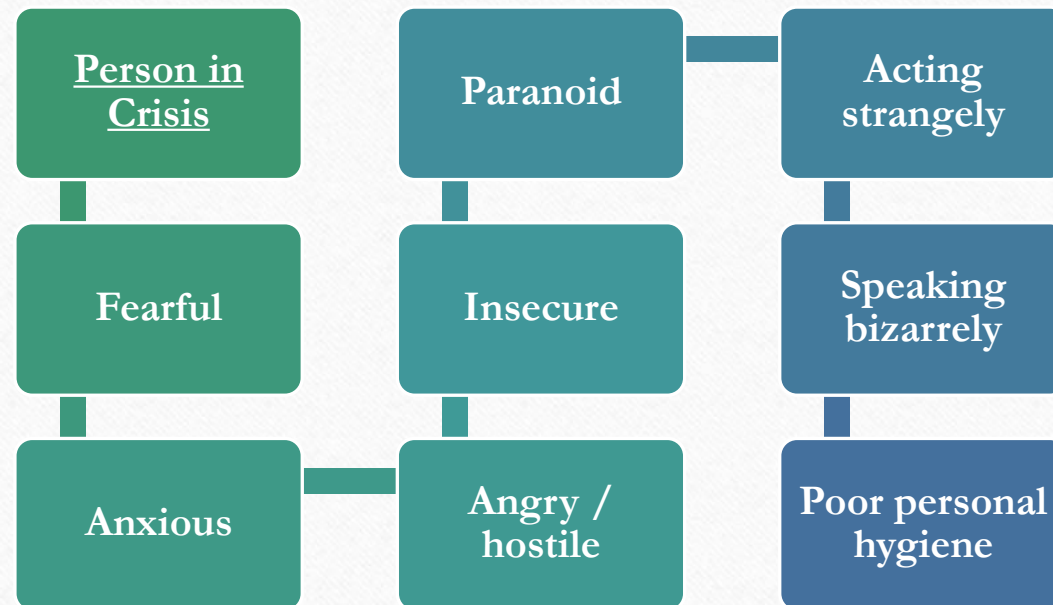
## Empathy is not Sympathy

- 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

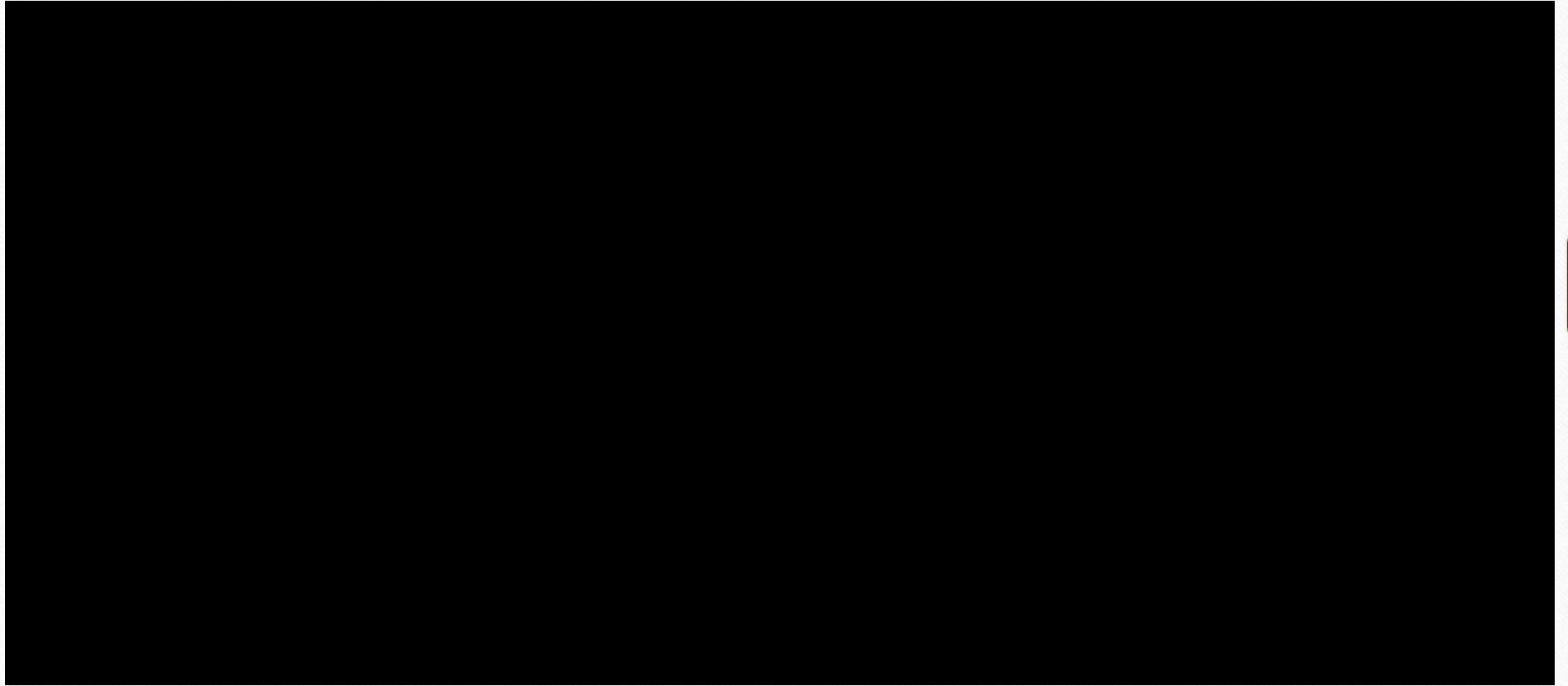
## Strategies for Frequently Encountered Situations

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

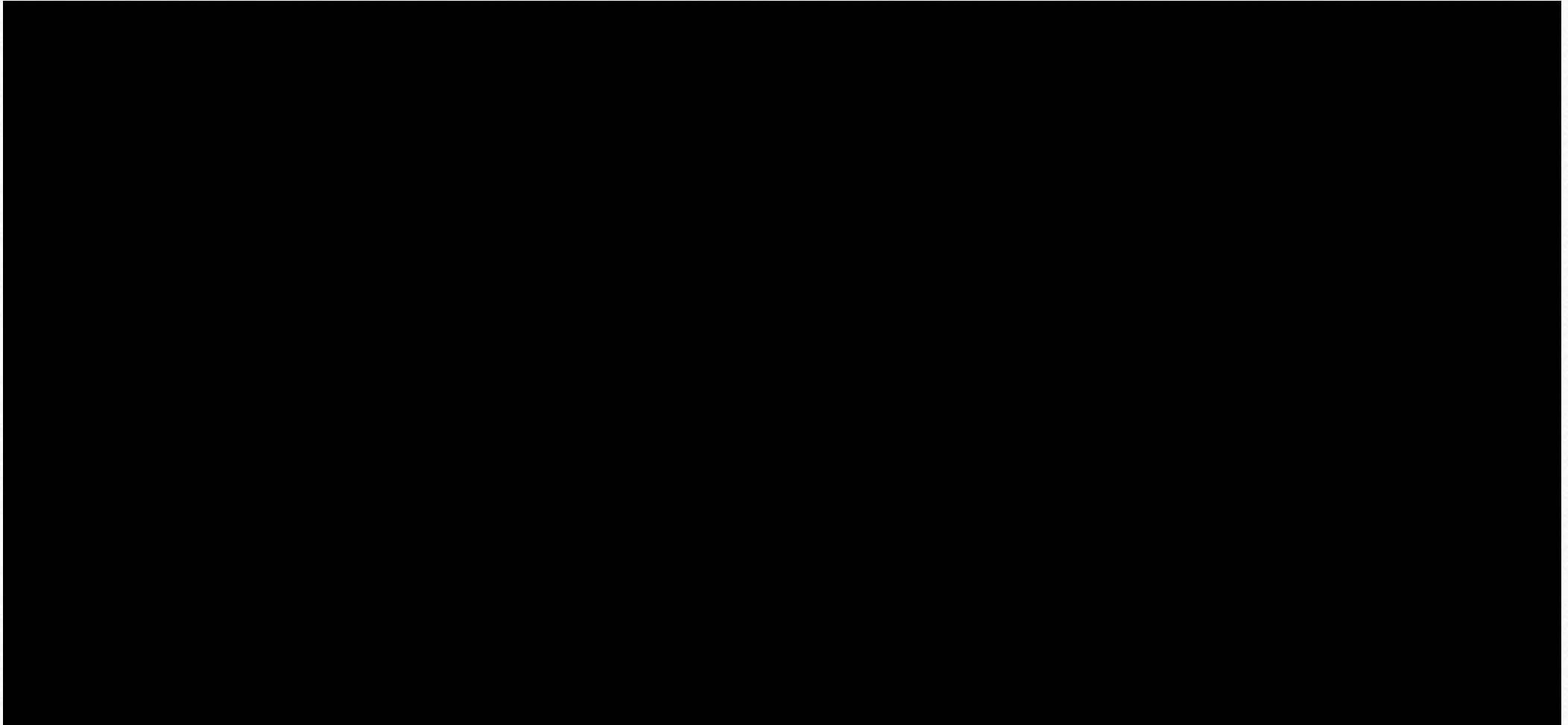
**Intoxication:** Let them vent, listen, use a calm, even tone, move person away from others if possible, be reassuring.

**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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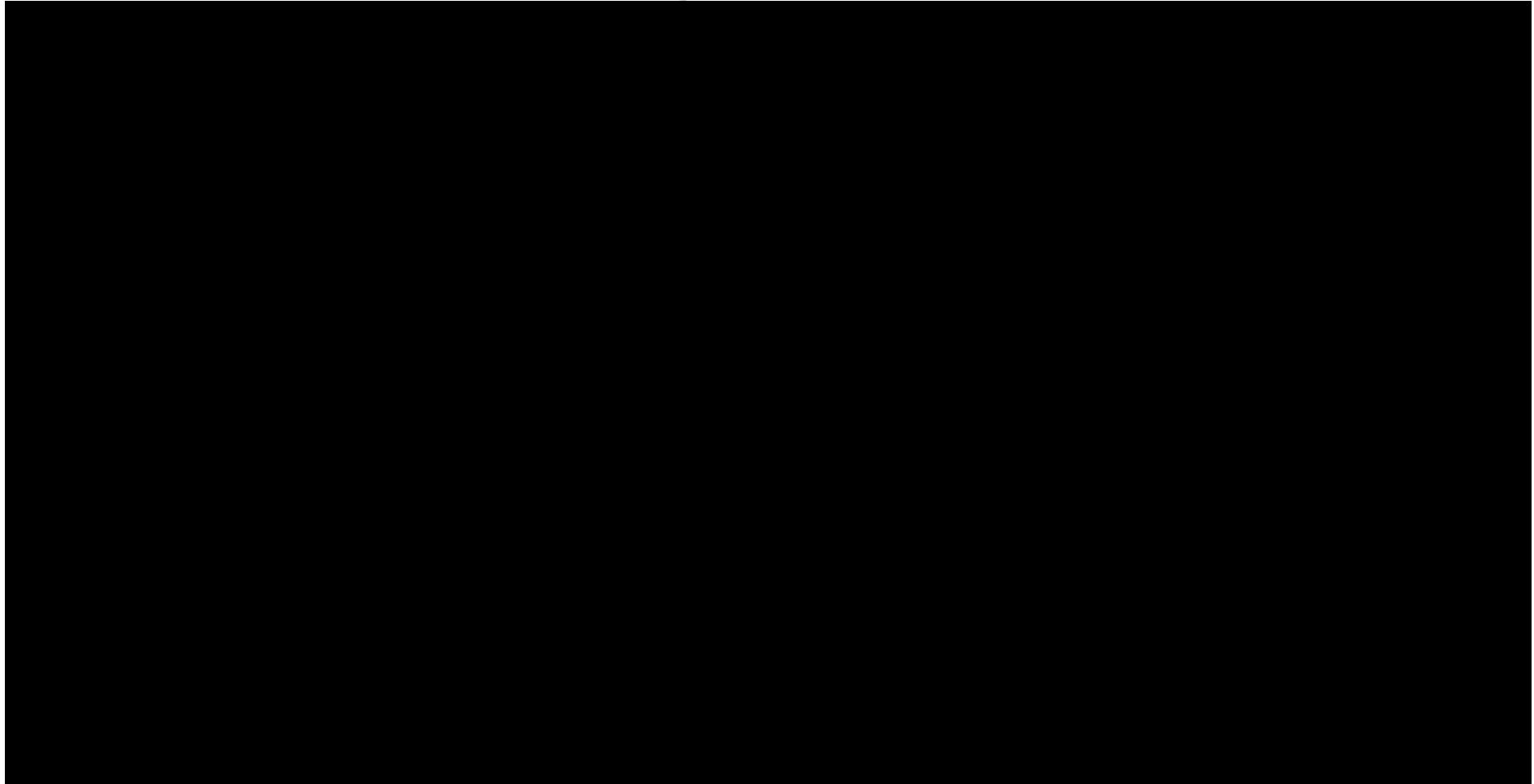
## Don'ts

- 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!**