

DAY 3 – CIT Training

8:00-9:00am

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

9:00- 11:00am

SUICIDE PREVENTION – Sarah Gaer

11:00am – 4:00pm

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.







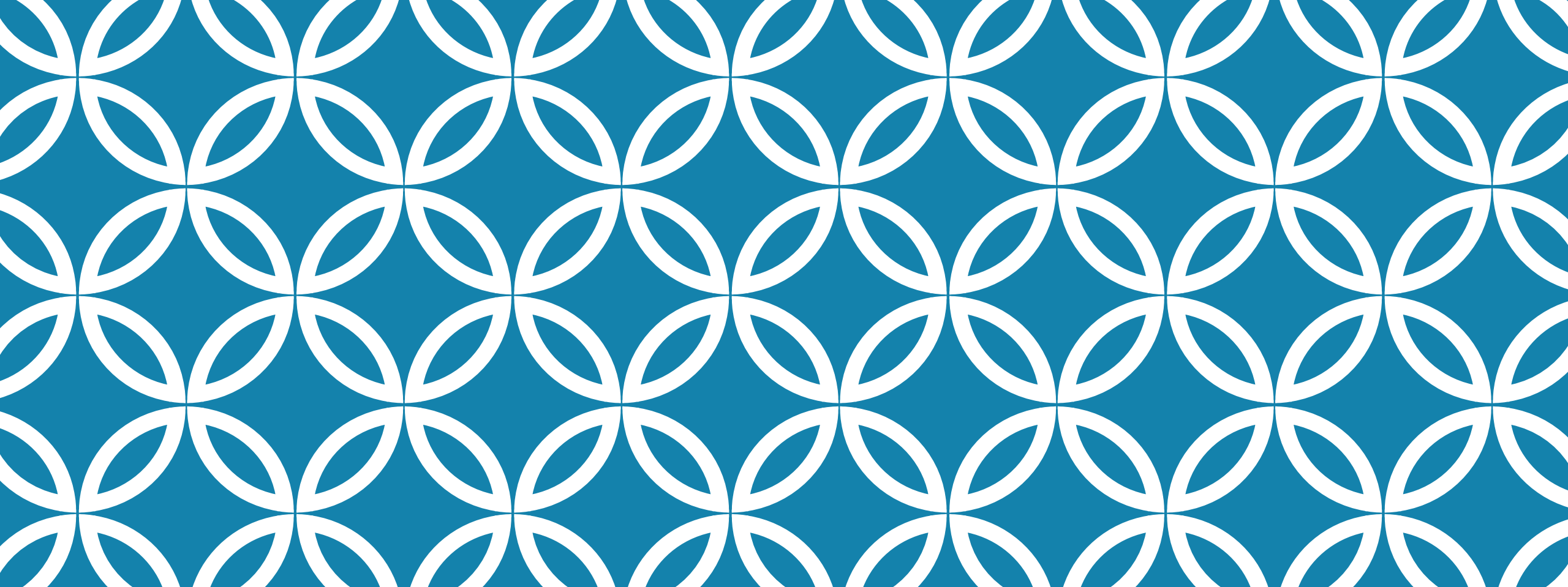
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— FOR —
VETERANS'
EMPOWERMENT

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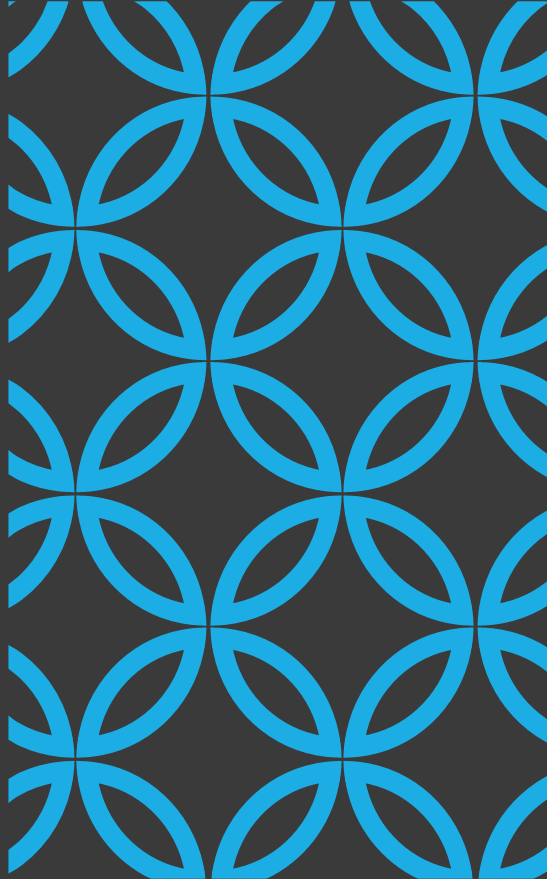
Presentation # 2

9:00-11:00am Suicide Prevention – Sarah Gaer



QPR: QUESTION, PERSUADE, REFER

Sarah Gaer, MA
Suicide Prevention & Trauma Response
Consultant
QPR Master Trainer



WHAT TO EXPECT

Overview of Suicide and Risk

Learn how to ask someone about suicidal intensity

Learn how to persuade them to get the support that they need

Learn how to refer them to resources

Identify Resources available

Consider the importance of self care

TRAINING EXPECTATIONS: SUICIDE IS A SENSITIVE TOPIC

1

Please be sensitive to the experiences of others

2

Please be willing to reconsider your beliefs

3

Please take care of yourself: If you need a break, take it but please come back.

4

Please do not throw objects at your trainer.

FOR ATTEMPT & LOSS SURVIVORS:

THANK YOU FOR BEING HERE!

Activation of Memories

- Tyranny of Hindsight
- Challenging of current coping mechanisms:
Anger, denial

PREFERRED LANGUAGE

Suicidal thoughts vs Suicidal Intensity

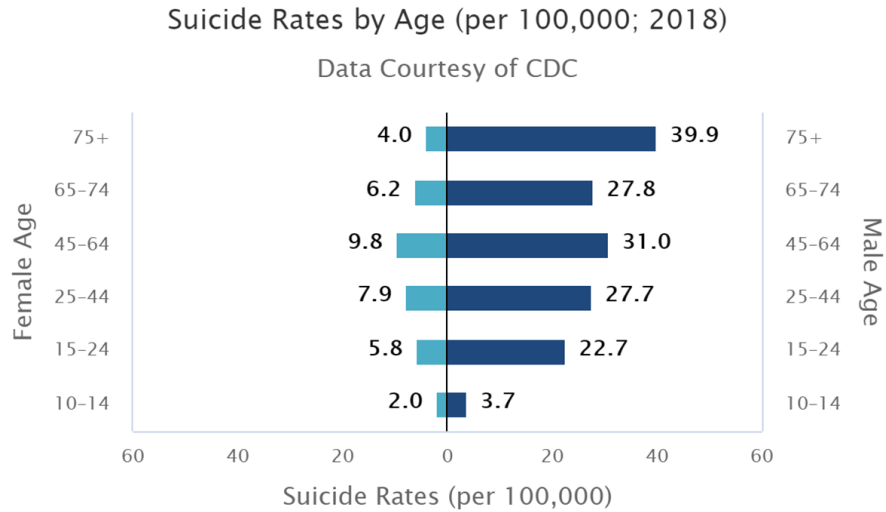
Committed, Completed vs died by suicide

Successful vs Failed

Serious vs level of lethality

Attention seeking vs Attention needing

SUICIDE RATES BY AGE & GENDER



White men are at the highest risk – making up nearly 70% of all suicides

Men in the Middle Years are highest risk age/gender

Black women are lowest risk demographic

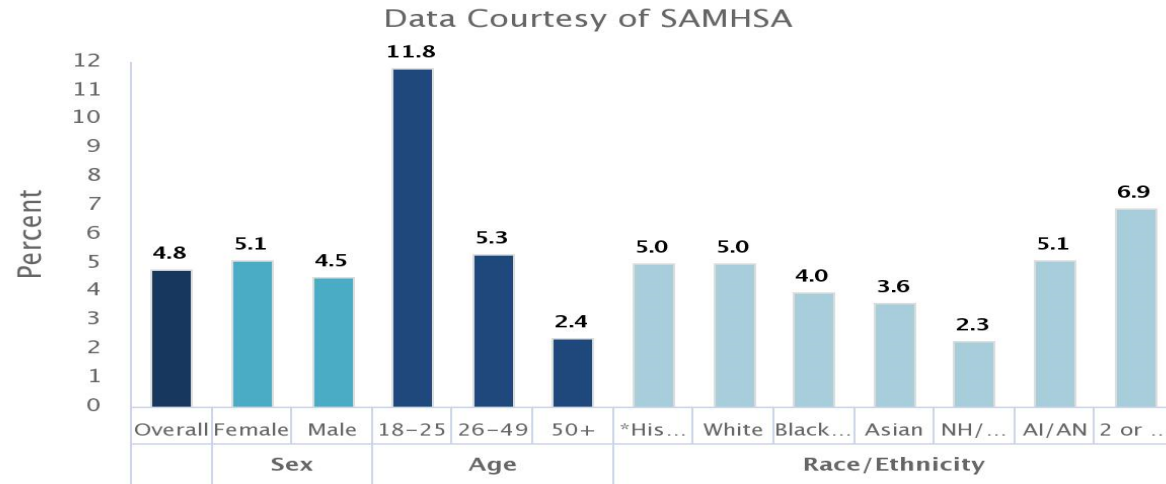
For children: Black male children are the highest risk

Recent years there have been spikes in suicide deaths among LatinX men and attempts among LatinX female youth

Nearly 1/2 of all transgender people will make a suicide attempt at some time during their lifespan

AND RESEARCH INDICATES THESE NUMBERS ARE ON THE RISE.....

Past Year Prevalence of Suicidal Thoughts Among U.S. Adults (2019)

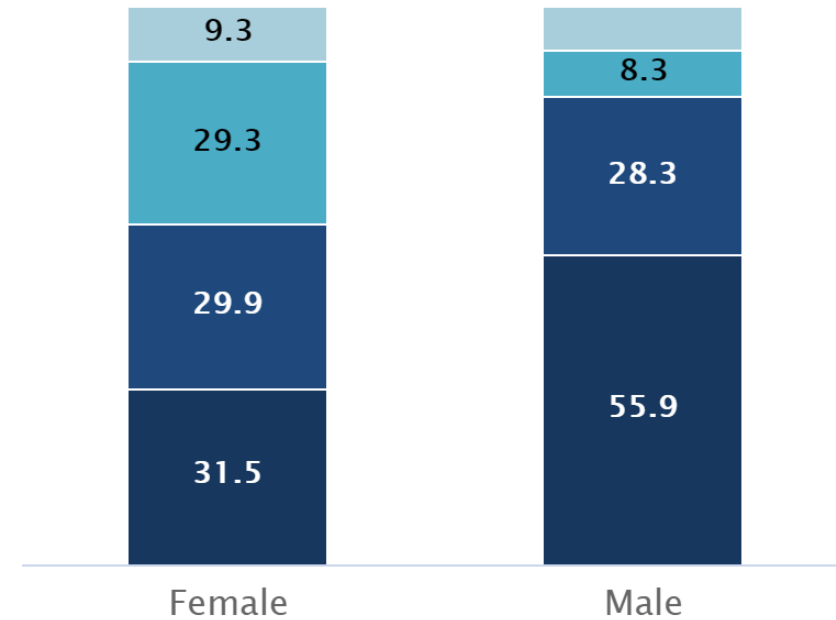


WHAT EXPLAINS THE DISCREPANCY?

Access to lethal means!

Percentage of Suicide Deaths by Method in the United States (2018)

Data Courtesy of CDC



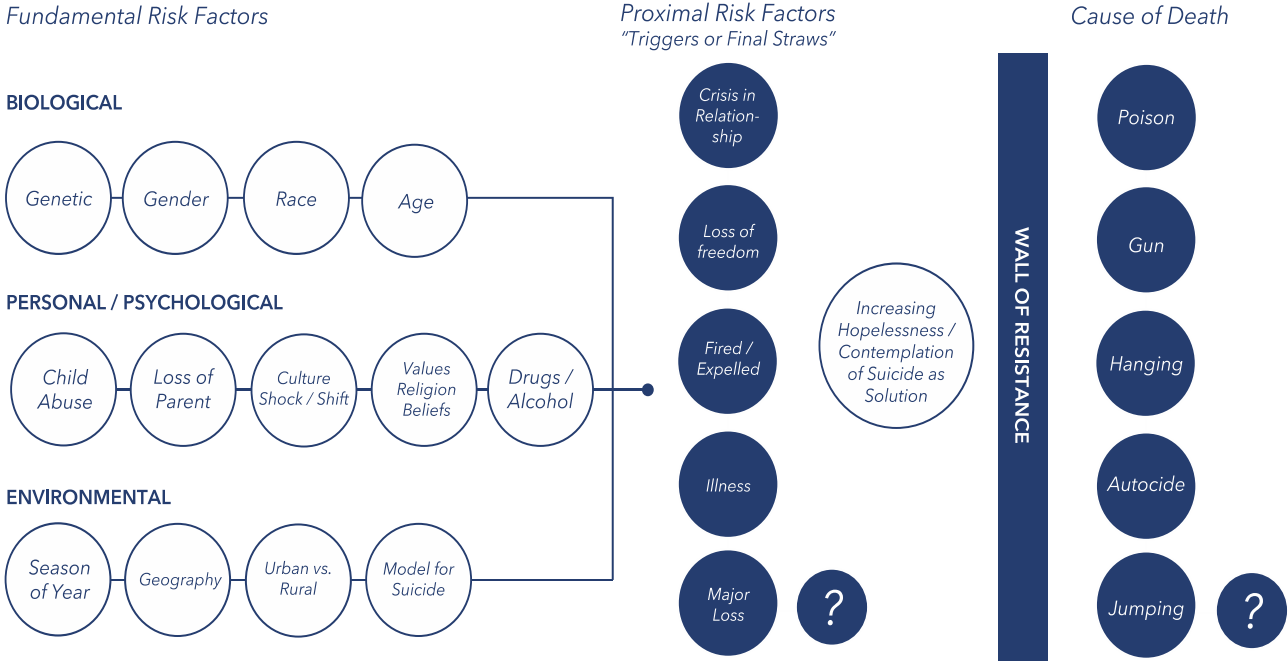


**MOST IMPORTANT
THING I AM
GOING TO
SAY**

Suicide is a multi-factorial event. It is almost never caused by only one thing or event.

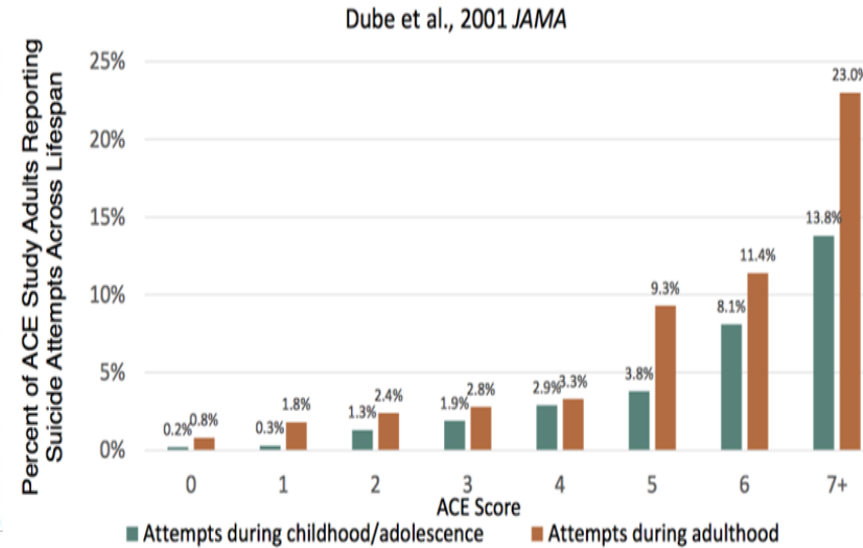
SUICIDE AS A MULTI-FACTORIAL EVENT

The Many Paths to Suicide



INVISIBLE RISK:

ADVERSE CHILDHOOD EXPERIENCES



QPR: WHAT DOES IT STAND FOR?

Q =
Question

P =
Persuade

R =
Refer



QPR

QPR is not intended to be a form of counseling or treatment.

QPR is intended to offer hope through positive action.

SUICIDE: MYTHS AND FACTS


- **Myth** No one can stop a suicide, it is inevitable.
- **Fact** If people in a crisis get the help they need, they will probably never be suicidal again.
- **Myth** Confronting a person about suicide will only make them angry and increase the risk of suicide.
- **Fact** Asking someone directly about suicidal intent lowers anxiety, opens up communication and lowers the risk of an impulsive act.
- **Myth** Only experts can prevent suicide.
- **Fact** Suicide prevention is everybody's business, and anyone can help prevent the tragedy of suicide

How can I help? Ask the question.

MYTHS AND FACTS (CONT)

- **Myth** Suicidal people keep their plans to themselves.
- **Fact** Most suicidal people communicate their intent sometime during the week preceding their attempt.
- **Myth** Those who talk about suicide don't do it.
- **Fact** People who talk about suicide may try, or even complete, an act of self-destruction..
- **Myth** Once a person decides to complete suicide, there is nothing anyone can do to stop them.
- **Fact** Suicide is the most preventable kind of death, and almost any positive action may save a life.

How can I help? Ask the Question.



SUICIDE CLUES & WARNING SIGNS

The more clues and signs observed,
the greater the risk.

Take all signs seriously.



DIRECT VERBAL CLUES

- “I’ve decided to kill myself.”
- “I wish I were dead.”
- “I’m going to commit suicide.”
- “I’m going to end it all.”
- “If (such and such) doesn’t happen, I’ll kill myself.”

INDIRECT VERBAL CLUES

- “I’m tired of life, I just can’t go on.”
- “My family would be better off without me.”
- “Who cares if I’m dead anyway.”
- “I just want out.”
- “I won’t be around much longer.”
- “Pretty soon you won’t have to worry about me.”



BEHAVIORAL CLUES

- Any previous suicide attempt
- Acquiring a gun or stockpiling pills
- Co-occurring depression, moodiness, hopelessness
- Putting personal affairs in order
- Giving away prized possessions
- Sudden interest or disinterest in religion
- Drug or alcohol abuse, or relapse after a period of recovery
- Unexplained anger, aggression and irritability



SITUATIONAL CLUES

- Being fired or being expelled from school
- A recent unwanted move
- Loss of any major relationship
- Death of a spouse, child, or best friend, especially if by suicide
- Diagnosis of a serious or terminal illness
- Sudden unexpected loss of freedom/fear of punishment
- Anticipated loss of financial security
- Loss of a cherished therapist, counselor or teacher
- Fear of becoming a burden to others



TIPS FOR ASKING THE SUICIDE QUESTION

- If in doubt, don't wait, ask the question
- If the person is reluctant, be persistent
- Talk to the person alone in a private setting
- Allow the person to talk freely
- Give yourself plenty of time
- Have your resources handy; QPR Card, phone numbers, counselor's name and any other information that might help

Remember: How you ask the question is less important than that you ask it!





Q: QUESTION

Less Direct Approach:

- “Have you been unhappy lately?
Have you been very unhappy lately?
Have you been so very unhappy lately that you’ve
been
thinking about ending your life?”
- “Do you ever wish you could go to sleep and never
wake
up?”

Q: QUESTION

Direct Approach:

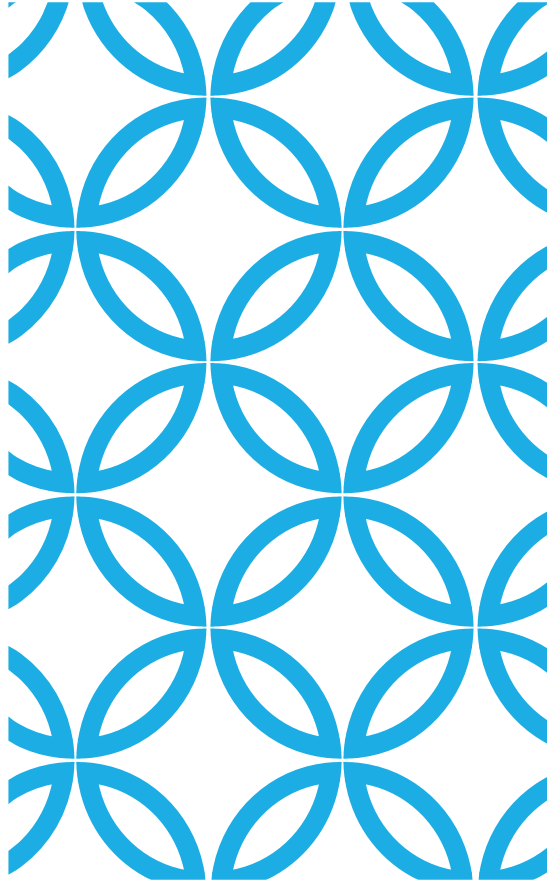
- “You know, when people are as upset as you seem to be, they sometimes wish they were dead. I’m wondering if you’re feeling that way, too?”
 - “You seem really upset; I wonder if you’re thinking about suicide?”
 - “Are you thinking about killing yourself?”
- * Note: If you cannot ask the question, find someone who can!



Q: QUESTION

How NOT to ask the suicide question:

- “You’re not thinking of killing yourself, are you?”
- “You wouldn’t do anything stupid would you?”
- “Suicide is a dumb idea. Surely, you’re not thinking about suicide?”



KEY POINT!

If someone says they are suicidal, NEVER leave them alone!



P:PERSUADE

How to Persuade someone to stay alive

- Listen to the problem and give them your full attention
- Remember, suicide is not the problem, only the solution to a perceived insoluble problem
- Do not rush to judgment
- Offer hope in any form

P: PERSUADE

Then Ask:

- “Will you go with me to get help?”
- “Will you let me help you get help?”
- “Will you promise me not to kill yourself until we’ve found some help?”

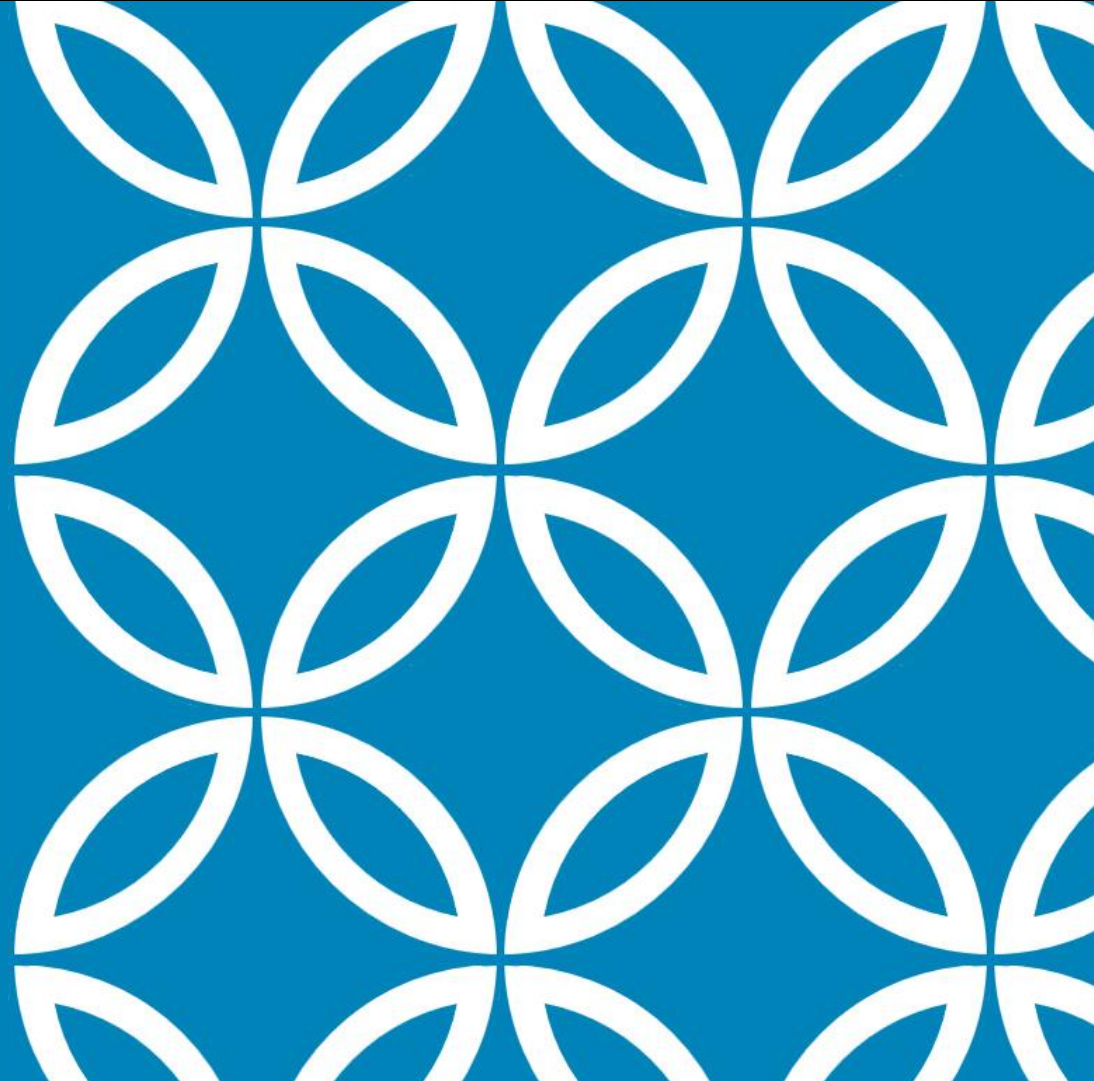
YOUR WILLINGNESS TO LISTEN AND TO HELP
CAN REKINDLE HOPE AND MAKE ALL THE
DIFFERENCE.

R: REFER

- Suicidal people often believe they cannot be helped, so you may have to do more.
- The best referral involves taking the person directly to someone who can help.
- The next best referral is getting a commitment from them to accept help, then making the arrangements to get that help.
- The third best referral is to give referral information and try to get a good faith commitment not to attempt suicide. Any willingness to accept help at some time, even if in the future, is a good outcome.

REMEMBER

Since almost all efforts to persuade someone to live instead of attempt suicide will be met with agreement and relief, don't hesitate to get involved or take the lead.



FOR EFFECTIVE QPR

Say: “I want you to live,” or “I’m on your side...we’ll get through this.”

Get Others Involved. Ask the person who else might help.
Family? Friends? Brothers?
Sisters? Pastors? Priest? Rabbi?
Bishop? Physician?

FOR EFFECTIVE QPR (CONT)

Join a Team. Offer to work with clergy, therapists, psychiatrists or whomever is going to provide the counseling or treatment.

Follow up with a visit, a phone call or a card, and in whatever way feels comfortable to you, let the person know you care about what happens to them. Caring may save a life.

REMEMBER

**WHEN YOU APPLY QPR, YOU PLANT THE
SEEDS OF HOPE. HOPE HELPS PREVENT
SUICIDE.**



RESOURCES:

National Suicide Prevention Lifeline: 1-800-273-TALK

Text Line: 741741

suicidepreventionlifeline.org

Trevor Project (LGBTQ) <https://thetrevorproject.org>

Hey Sam – Youth – 24years of age. Peer Support Text
Line 9am-9pm 1-877-832-0890

Wall of Resistance to Suicide

Protective Factors

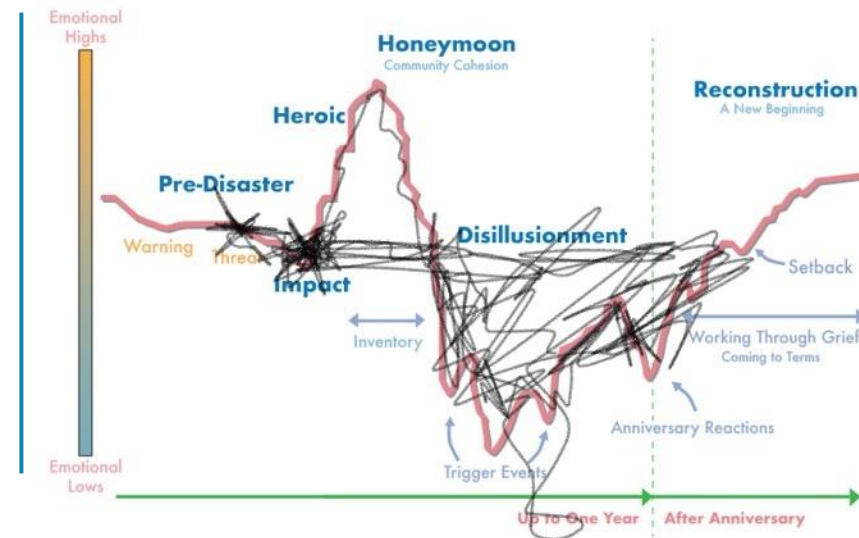
COUNSELOR / THERAPIST	DUTY TO OTHERS	GATEKEEPER AVAILABLE	
GOOD HEALTH	MEDICATION COMPLIANCE	SUPPORT OF SIGNIFICANT OTHER(S)	
JOB SECURITY / JOB SKILLS	RESPONSIBILITY FOR CHILDREN	FEAR	
DIFFICULT ACCESS	A SENSE OF HOPE	POSITIVE SELF-ESTEEM	
PET(S)	RELIGIOUS PROHIBITION	CALM ENVIRONMENT	AA or NA
BEST FRIENDS	SAFETY AGREEMENT	TREATMENT AVAILABILITY	
SOBRIETY			

SELF CARE AS A NECESSITY

Interacting with someone who is potential experiencing suicidal intensity can be frightening, frustrating, exhausting and very sad.

It is extremely important that you create your own support system.

And pay special attention to your body and personal needs. Exercise, healthy eating & social connection



COVID 19

Community/Global Soul
Exhaustion

SOUL CARE

Culture

Art

Nature

Meaning

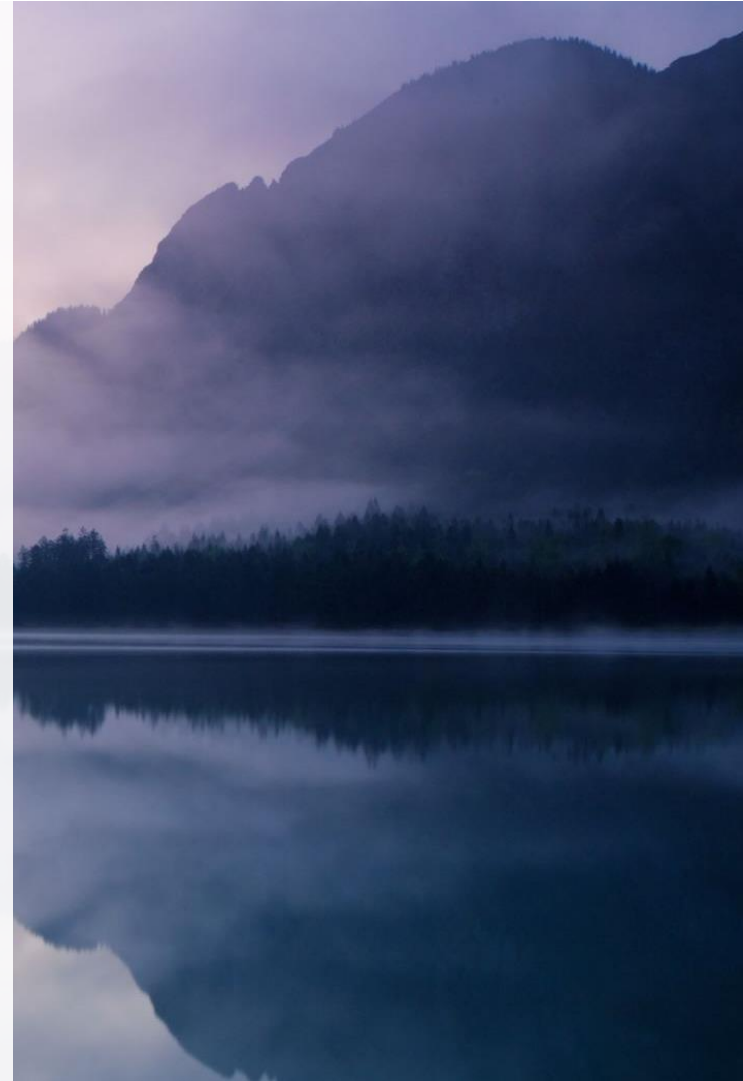
Joy

Friendship

Creativity

Self-
expression

Spirituality



Twitter: @SarahGaer

Facebook: Sarah Gaer

LinkedIn: Sarah Gaer

Email: Sarahgaer@gmail.com

Books – available on Amazon

**Suicide Prevention &
Postvention:**

The Price

Guts, Grit & The Grind – Series
1-4

**Adverse Childhood
Experiences Children's Book:**
Good Night Grace



SarahGaer.com

QUESTIONS



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

Kevin Manley, Training Coordinator, Putnam Academy CJ

Crisis Intervention & De-escalation Techniques

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: 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 Sched. (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:		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)	

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

This Photo by Unknown Author is licensed under CC BY-SA

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

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

- 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

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

Assaultive	"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.....
Non-compliant	"I'm not going to jail", Ignored commands, acted contrary to commands, walked away repetitive phrases, illogical responses
Resistant	Pulled away, folded arms, 1000 yards stare, became rigid, attempted to hide, unresponsive to physical force
Matched description	Height, weight, clothing, gender, race, hair color, vehicle description, direction of travel
Officer safety	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
High Crime Area	Number of arrests made, Types of crimes, observations, (recall hot spot info) Crime analyst data
Suspicious activity	Unusual appearance, stealthy movement etc

Your thoughts?



Understanding
Psychological
Changes during
Aggression



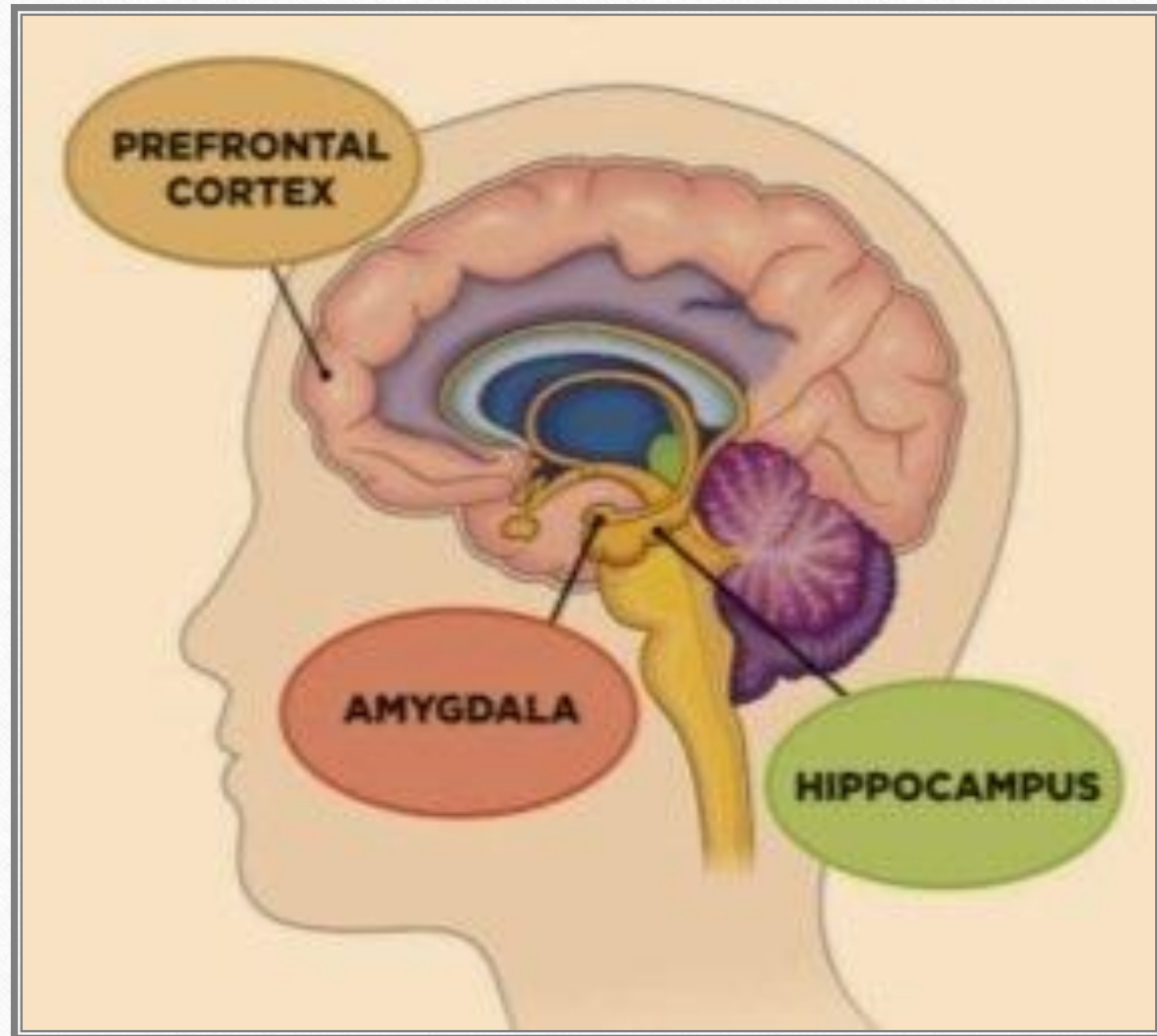
The Brain System

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

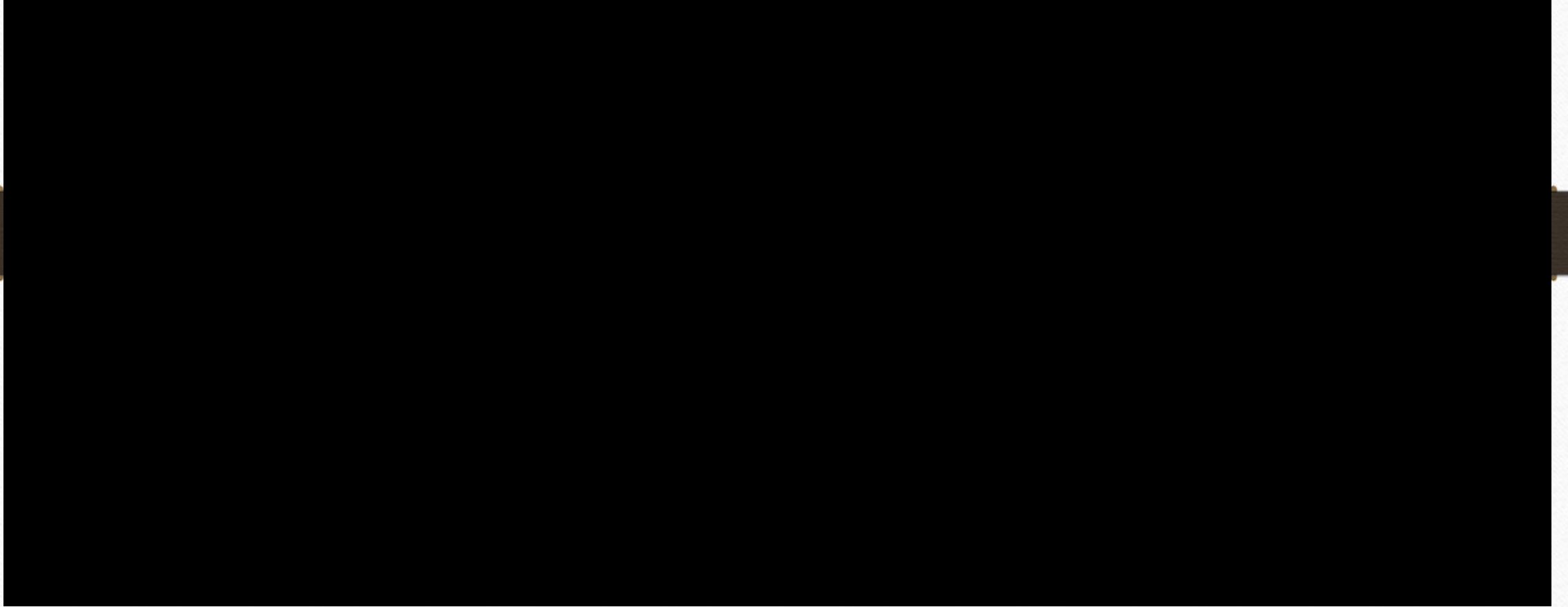
When confronted with a crisis: Brain shuts down, can be temporary, but what happens when this is prolonged?

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

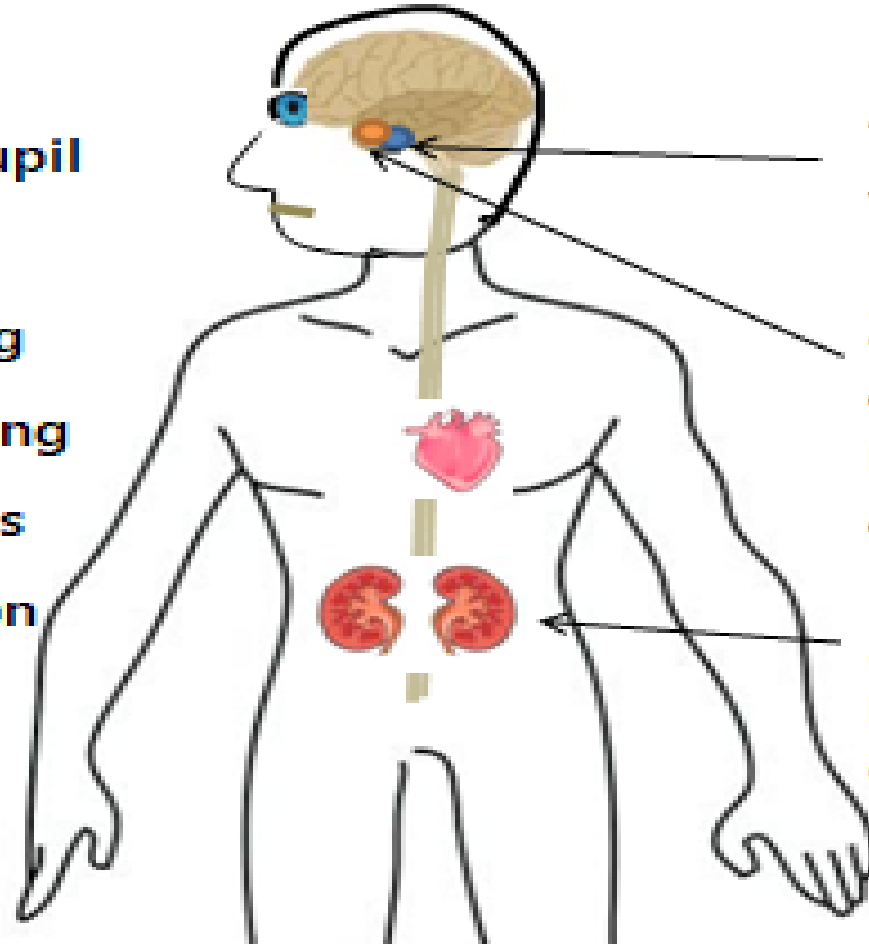
Fast breathing

Heart pounding

Tense muscles

Slow digestion

Sweating of palms

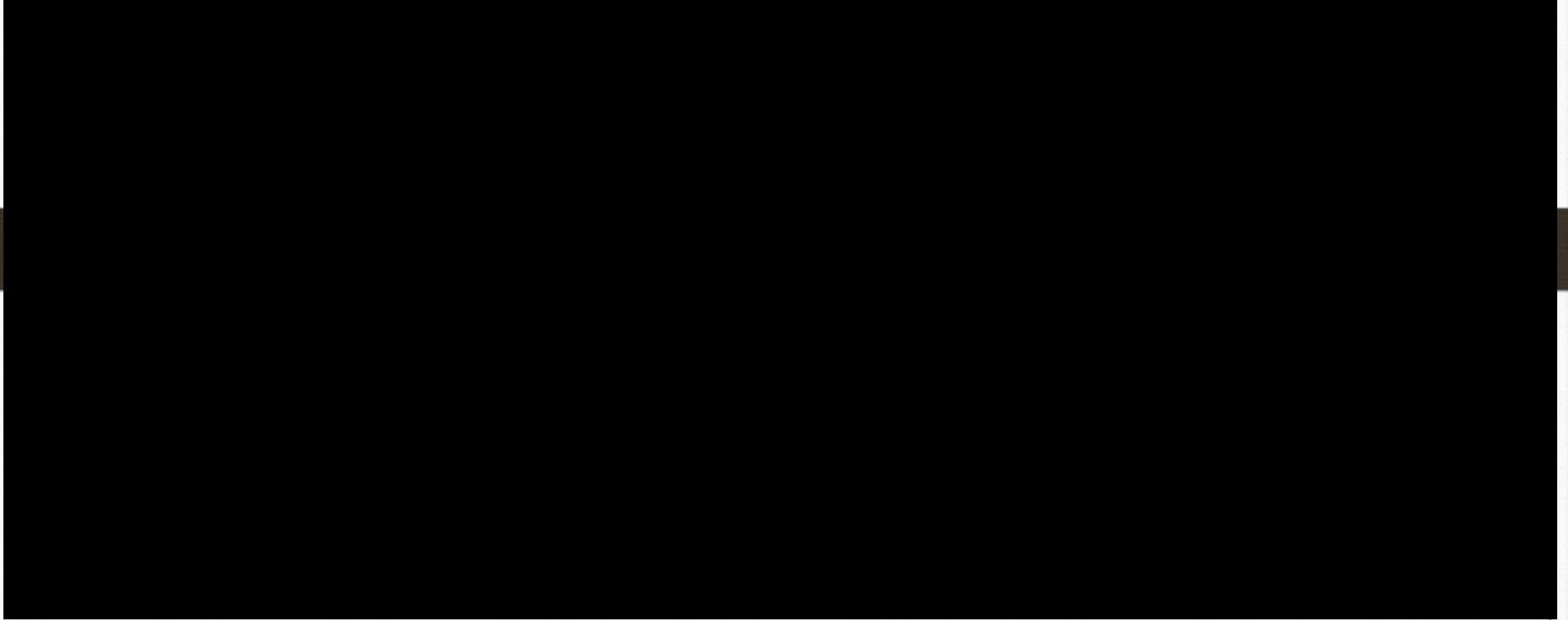


1. The amygdala reacts to threat

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

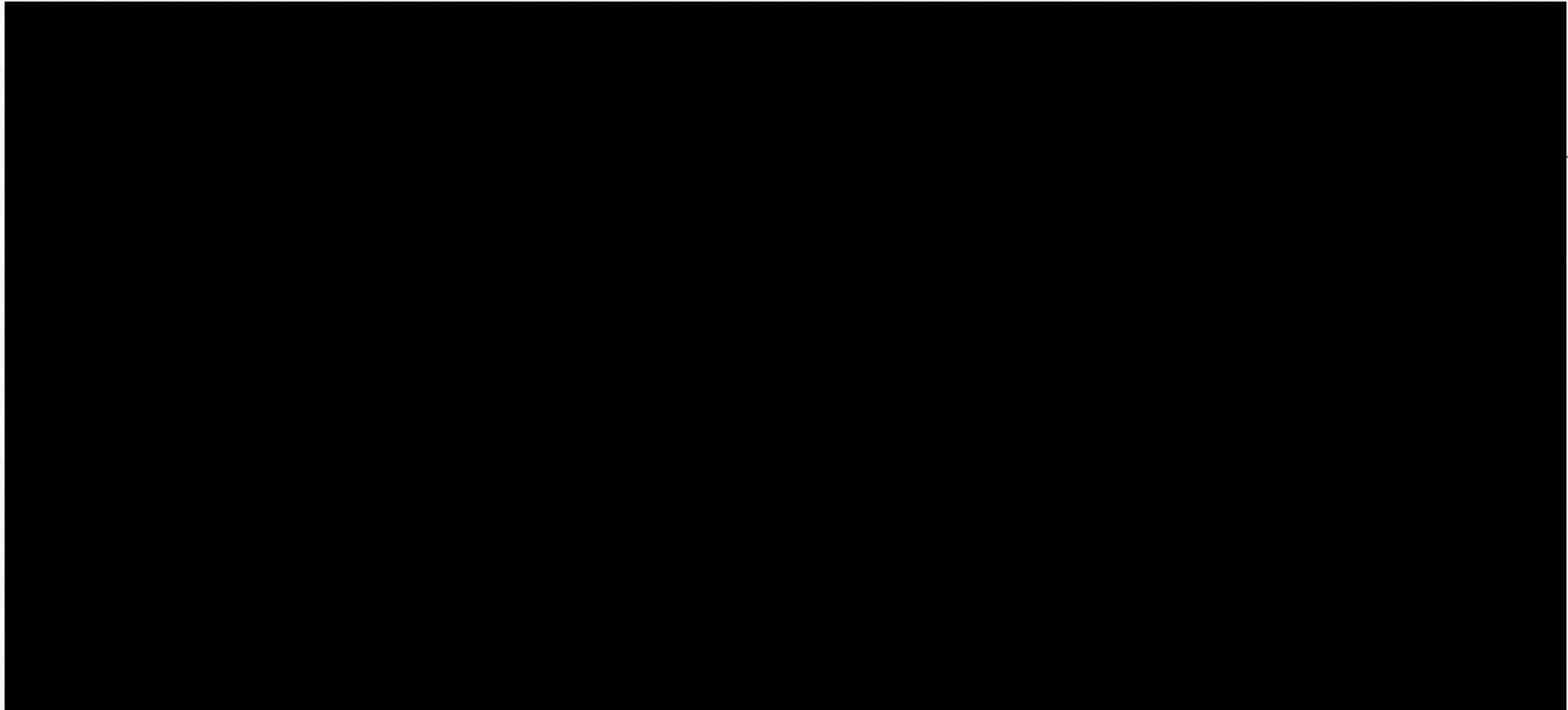
Crisis Intervention

- 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)

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)

Recognize

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

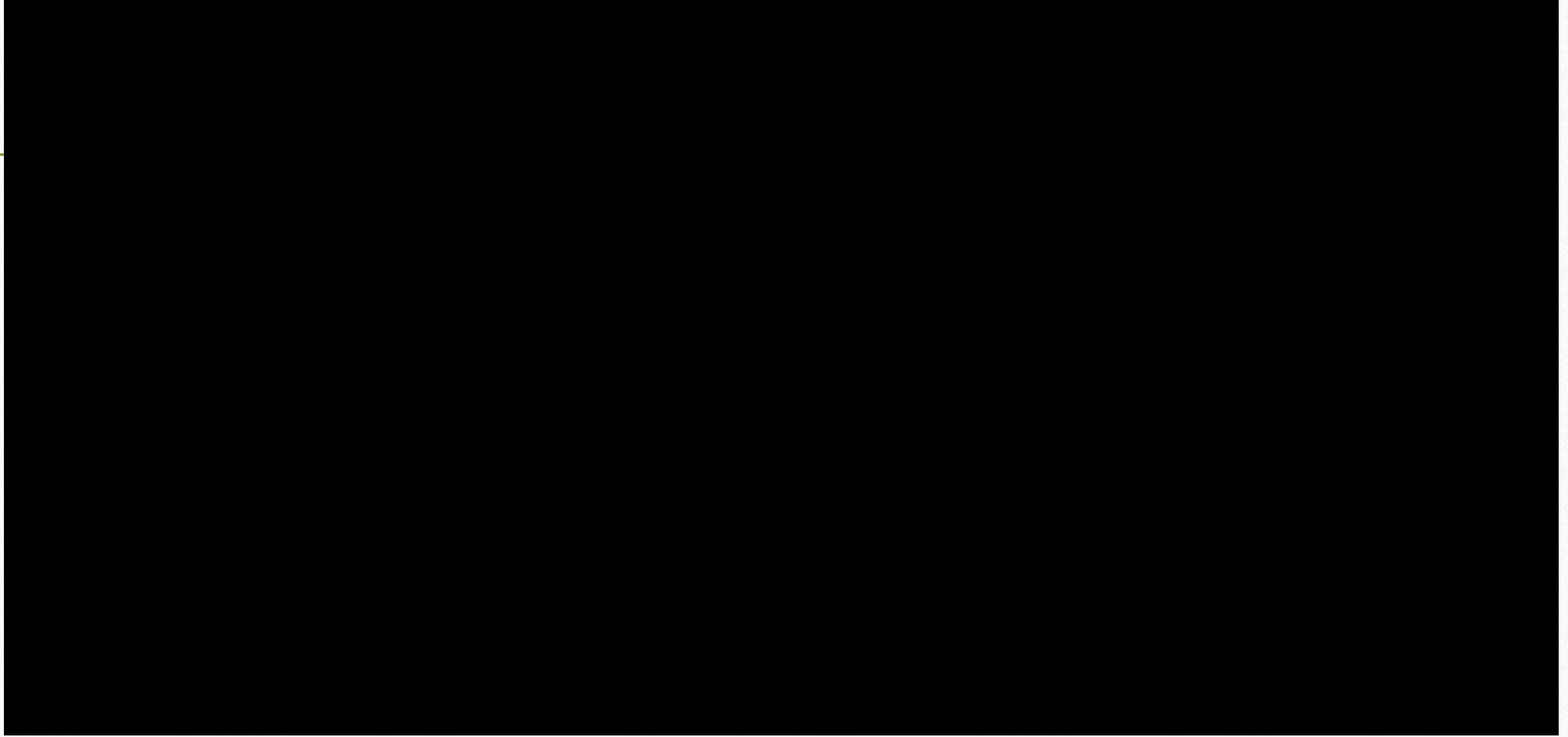
Determine

Determine need for food, water and basic needs

Use

Use active listening skills

De-escalation – Delirium



Crisis Negotiation

Brian Person

.

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

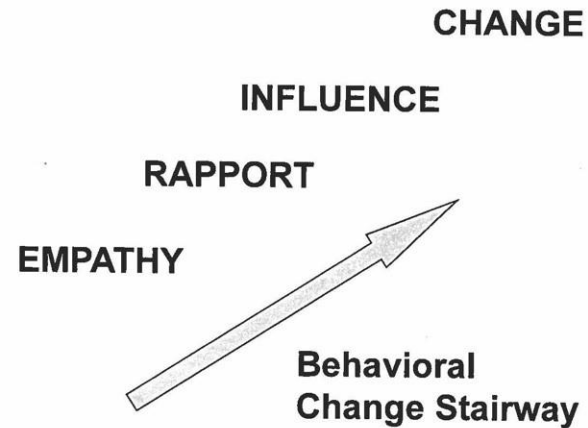
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Influencing Behavioral Change

Active Listening is the Foundation

The Negotiator's Role: Influencing Behavioral Change



Active listening is the foundation that supports everything else

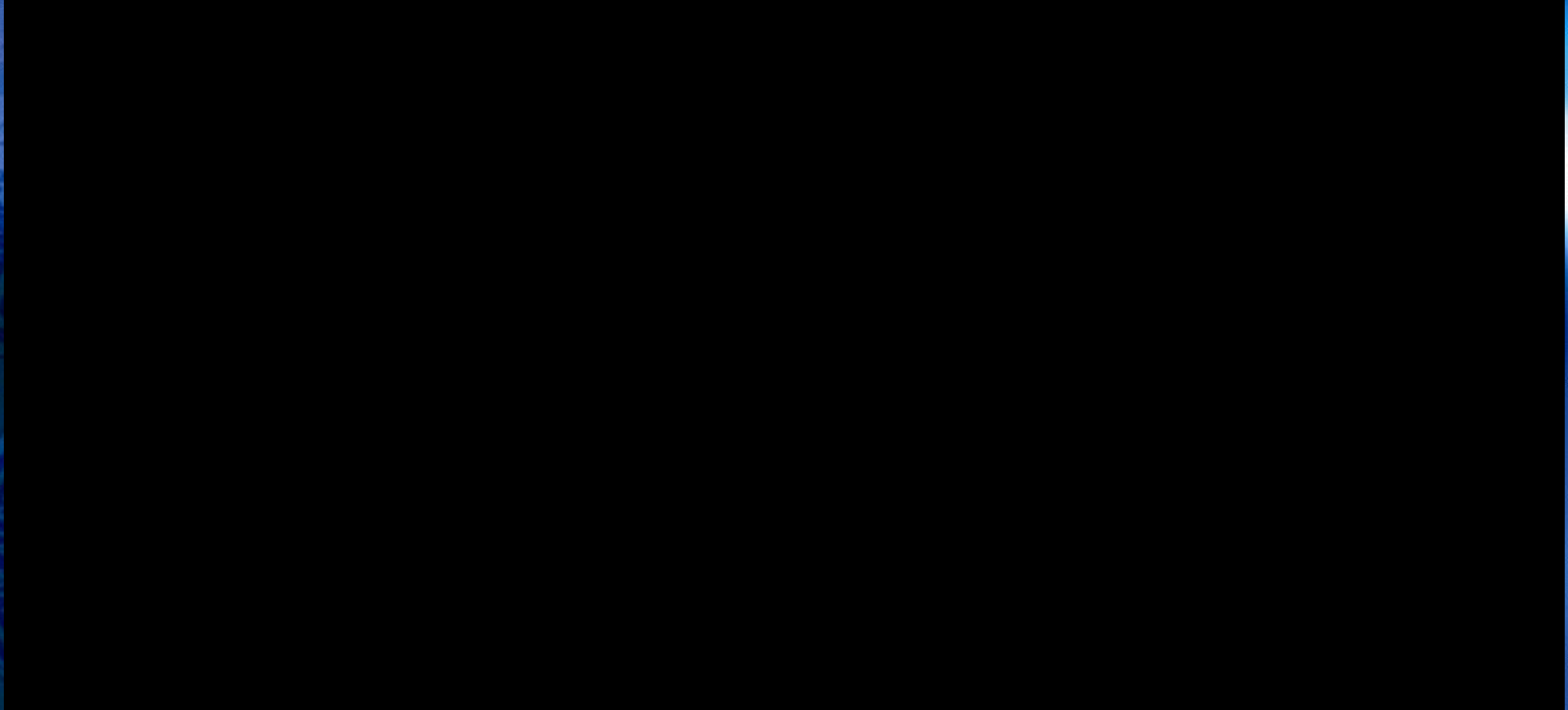
Active Listening Skills

ACTIVE LISTENING SKILLS (ALS)

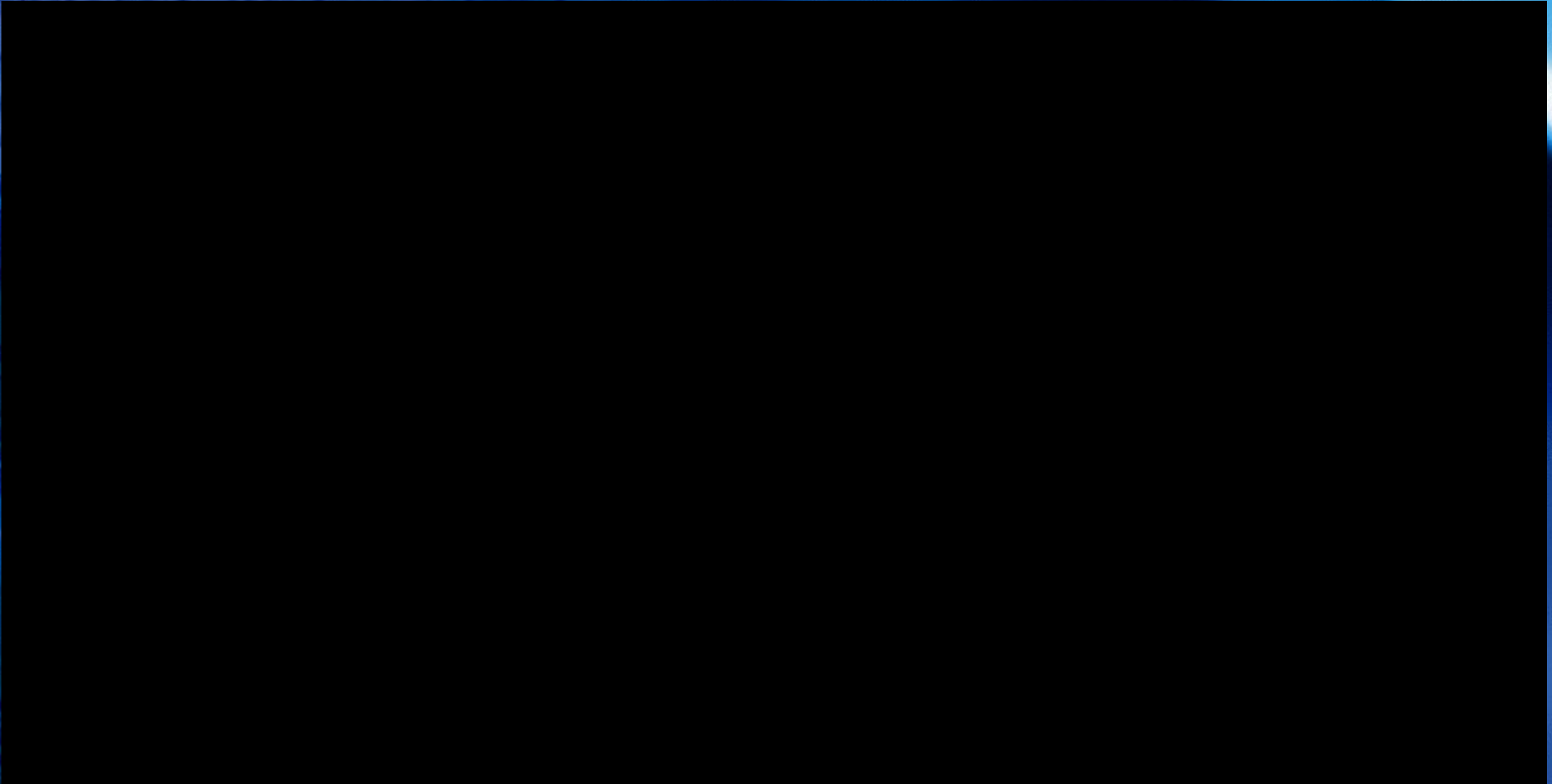
- 1. Minimal Encouragers**
- 2. Open-Ended Questions**
- 3. Reflecting / Mirroring**
- 4. Emotion Labeling**
- 5. Paraphrasing**
- 6. "I" Messages**
- 7. "Effective" Pauses (silence)**
- 8. Summarize**

(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? As a crisis negotiator, what's most important to me is that each of you here and the police I'm here to help."

Subject's Name _____ Subject's Age/Race _____ 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.

- | | |
|---|---|
| M. MINIMAL ENCOURAGERS | O. OPEN ENDED QUESTIONS |
| <ul style="list-style-type: none"> • Uh-huh • Really? • Yeah • Ok • I hear you | <ul style="list-style-type: none"> • What have you done today? • How would your family feel? • Who, what, when, where, why? • How would you like this to work? • Where have you gone for help? |

- | | |
|---|---|
| R. REFLECTING/MIRRORING | E. EMOTION LABELING |
| <ul style="list-style-type: none"> • Repeat the last few words spoken • Use inflection on the last word • Ex: You don't want to go to jail • Ex: You didn't do anything wrong • Ex: You don't want us to come in | <ul style="list-style-type: none"> • You sound angry • I hear betrayal • I sense loneliness • I can hear sadness • You seem hurt |

- | | |
|--|---|
| P. PARAPHRASING | I. STATEMENTS |
| <ul style="list-style-type: none"> • Restate what the subject said. • Let me see if I understand... (restate) • So, in other words... (restate) • Basically... (restate) | <ul style="list-style-type: none"> I feel frustrated that you yell at me because it stops me from listening to you or trying to understand what's going on I feel concerned when you say things like that because someone may get hurt I get frustrated when you say do that because it sets our discussion back |

NEVER LET A FEELING GO BY WITHOUT LABELING IT!!

- | | |
|---|---|
| C. EFFECTIVE PAUSES | S. SUMMARY |
| 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: I imagine is what they feel. RAPPABLE is 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 taker. **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.
- TWO 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-spirited	Happy	Embarrassed	Frightened	Frustrated
Anxious	Disappointed	Amused	Suffering	Alarmed	Upset
Injured	Confused	Support	Disregard	Wary	Lacking
Defeated	Respectful	Wonderful	Delighted	Uncertain	Hesitant
Chastised/Scolded	Respectful	Wonderful	Delighted	Alarmed	Furious
Appreciated	Respectful	Great	Respectful	Threatened	Indignant
Infatuated	Disenchanted	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

Nicola Howe

Effective Communication

- 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



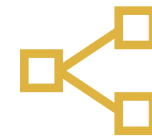
Active
Listening Skills



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

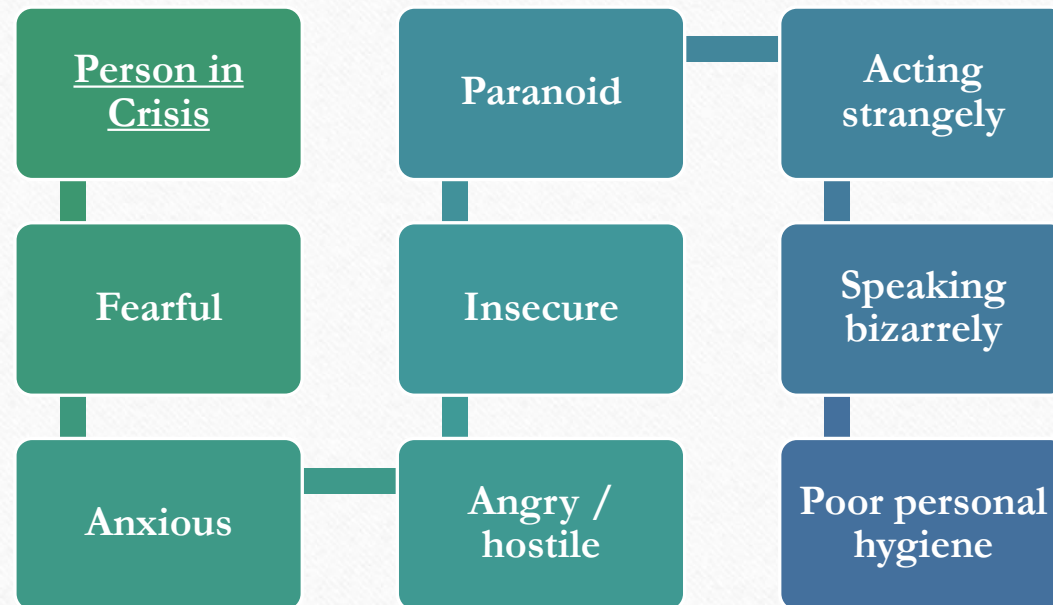
Empathy:
An
Essential
Concept

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



Communicating Acceptance

CIT Officer

Respectful Introduction

“Please”

“Thank you”

Smiling when appropriate

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

Effective Verbal Intervention Must Be:

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

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.

B - Behavior: actions, gait, movement, mannerism

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

F - False beliefs & Perceptions: delusions and Hallucinations

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

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

T - Thinking form (flow) of thought

Strategies for Frequently Encountered Situations

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

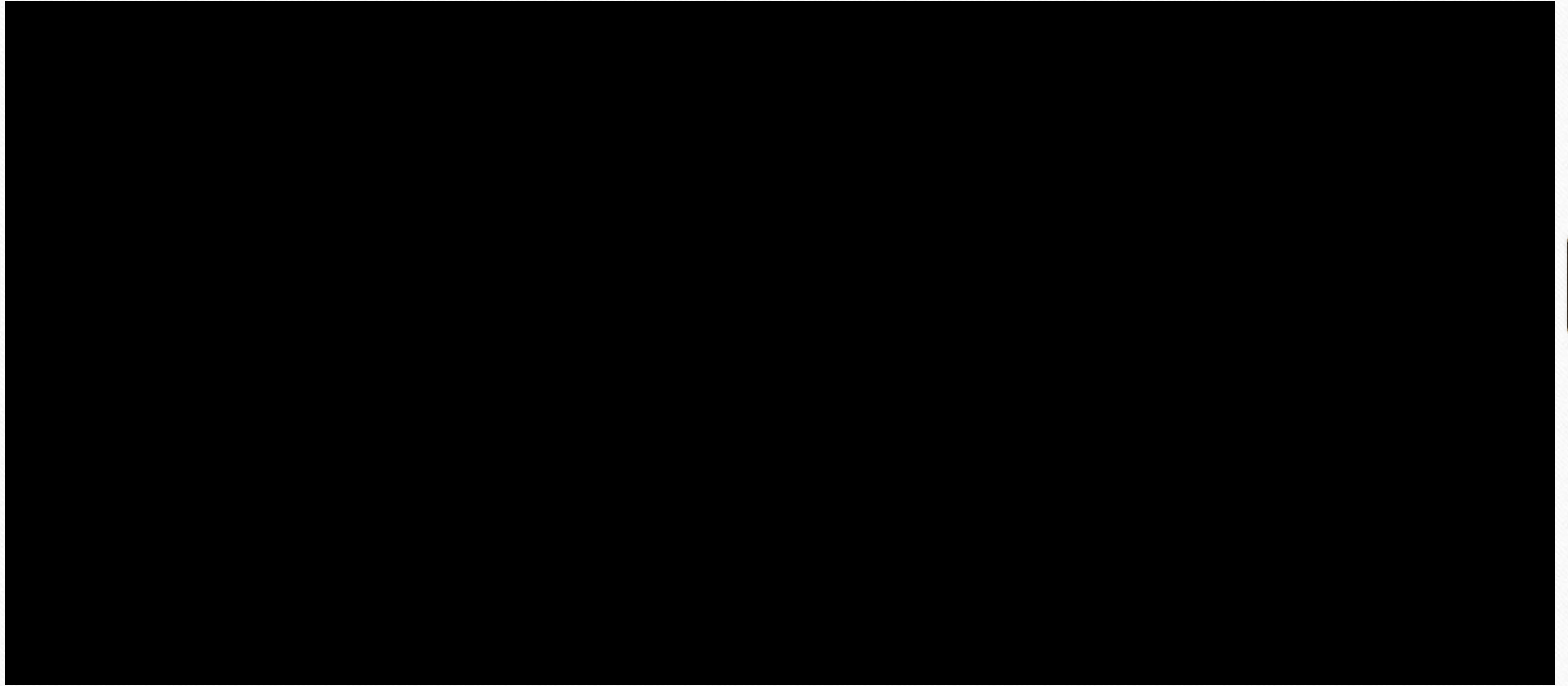
Strategies for Frequently Encountered Situations

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

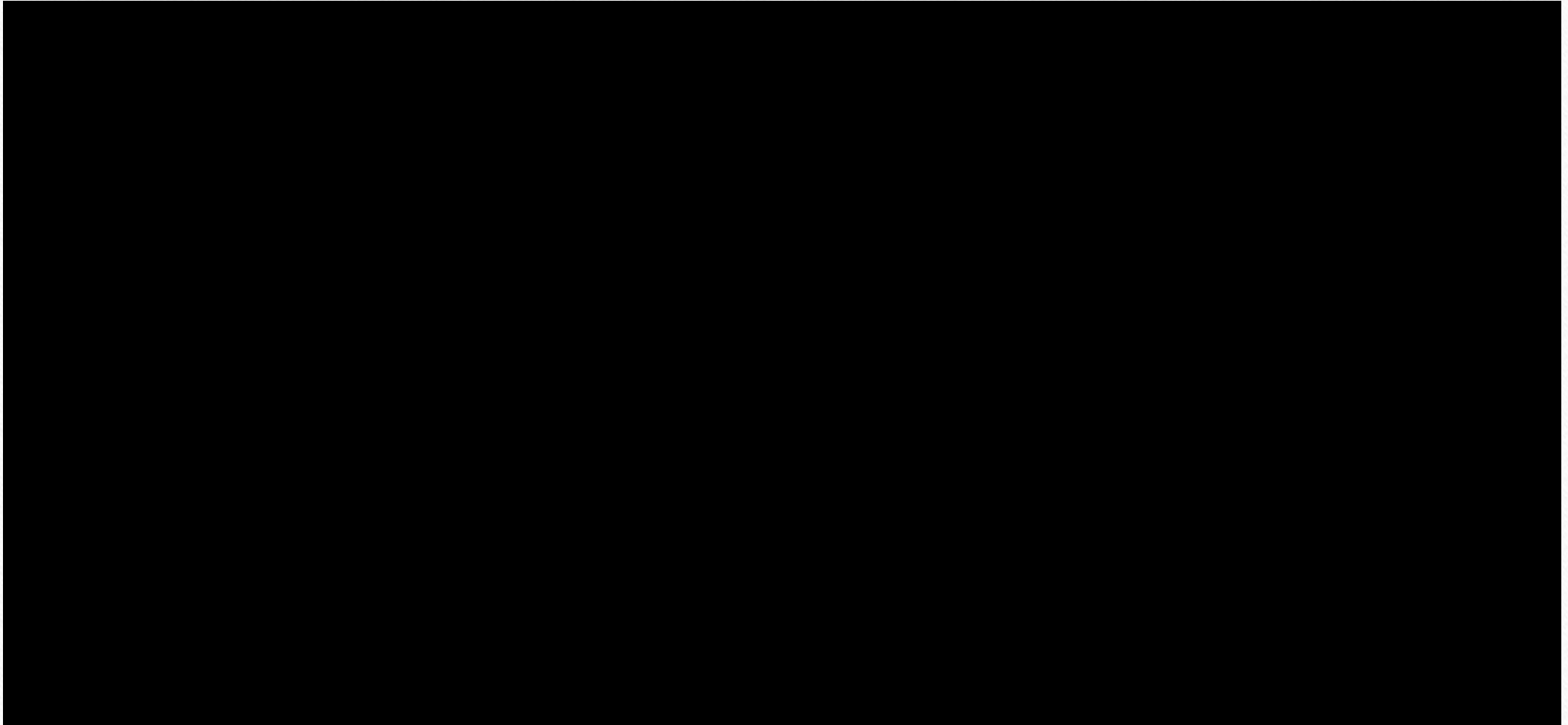
Intoxication: Let them vent, listen, use a calm, even tone, move person away from others if possible, be reassuring.

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:**

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

Present in calm, understanding, nonjudgmental manner

Listen

Emphasize temporary time-frame of crisis

Suggest alternatives

Emphasize effect on survivors

Lethality assessment (plan, lethal, access, support)

Be active in offering hope and help

DO'S & DONT'S

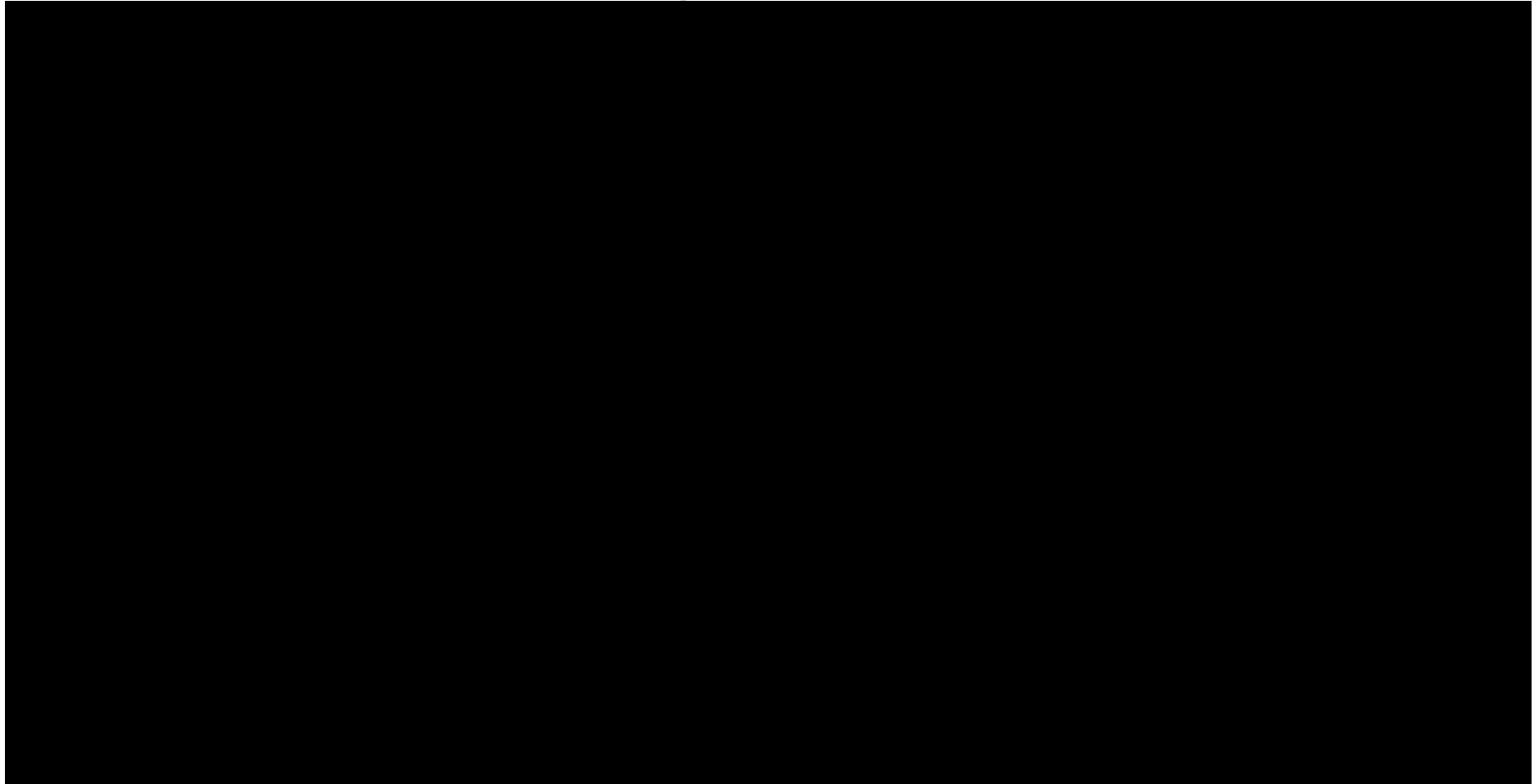
Don'ts

- 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!