

BATTLEMIND:
Special Mental Health Considerations for Returning Veterans

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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BHN The Living Room



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

The Living Room

- ▶ 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

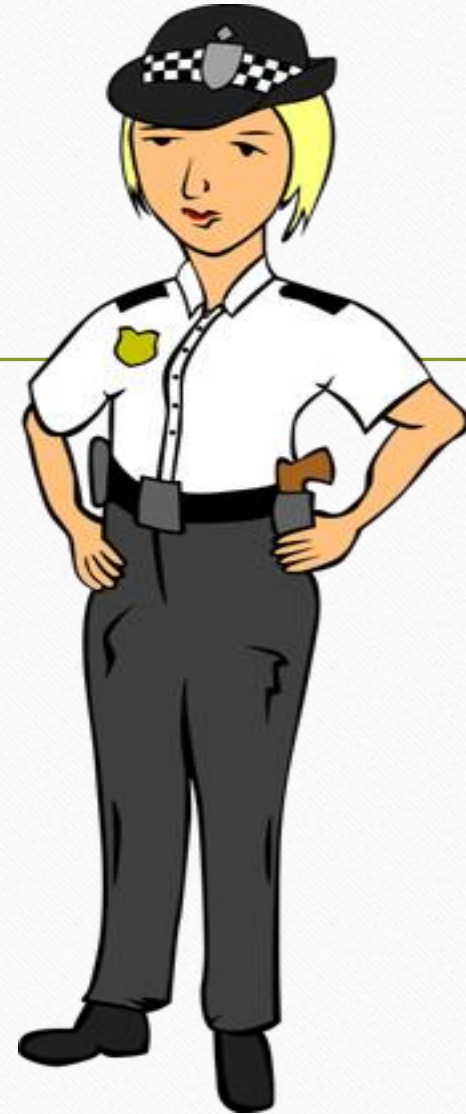
Emergency Services Collaboration

- ▶ 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

- ▶ We connect with various healthcare providers in the Western Ma
- ▶ We frequently update resources utilizing current information:
 - ▶ 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

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

- ▶ 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:

Success Stories

End of Presentation

- Recap
- Evaluation
- Thank You

Presentation # 5

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

Melissa Suarez, Administrative Director

William Witherspoon, – Law Enforcement Coordinator

Richard Winning, Co-Response Supervisor

Kevin Manley, Training Coordinator, Putnam Academy CJ

Amanda Rivera – Hospital Coordinator, BHN

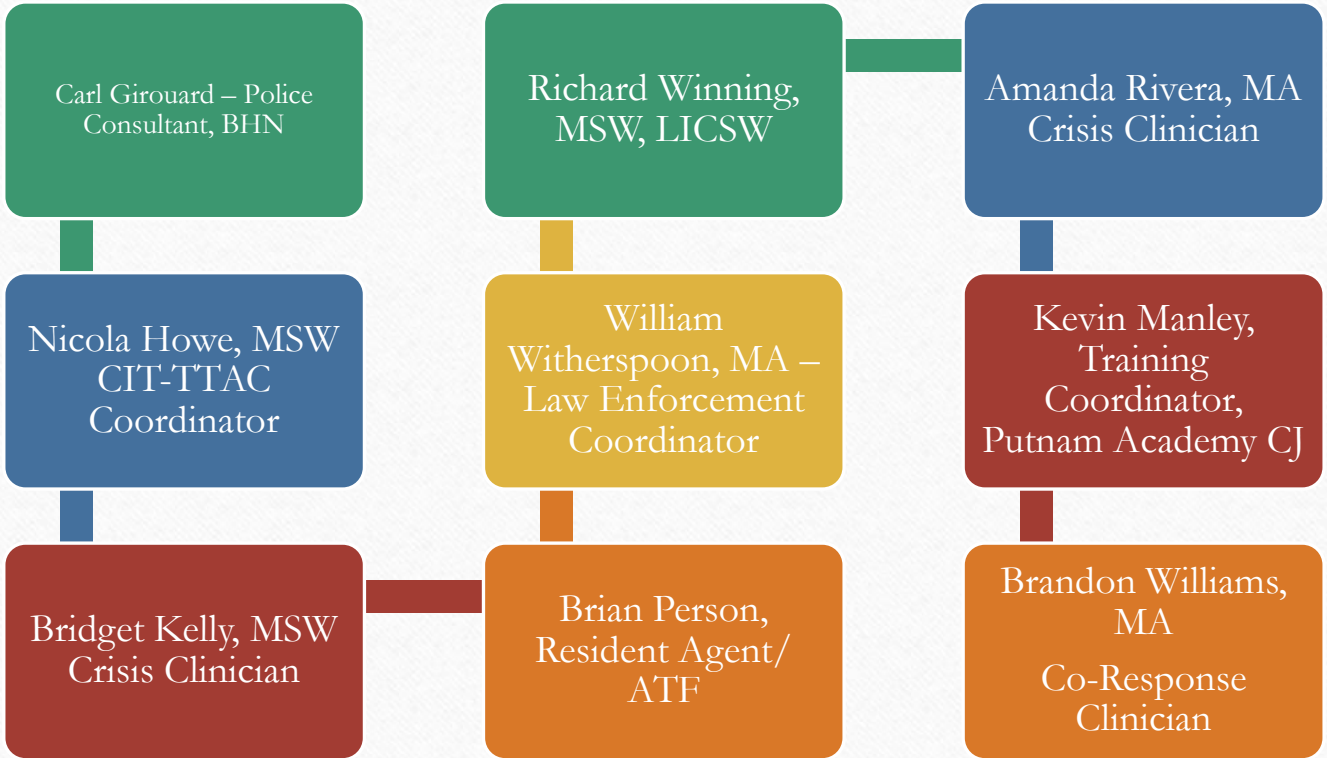
Brandon Williams, Co-Response Clinician

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: 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

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



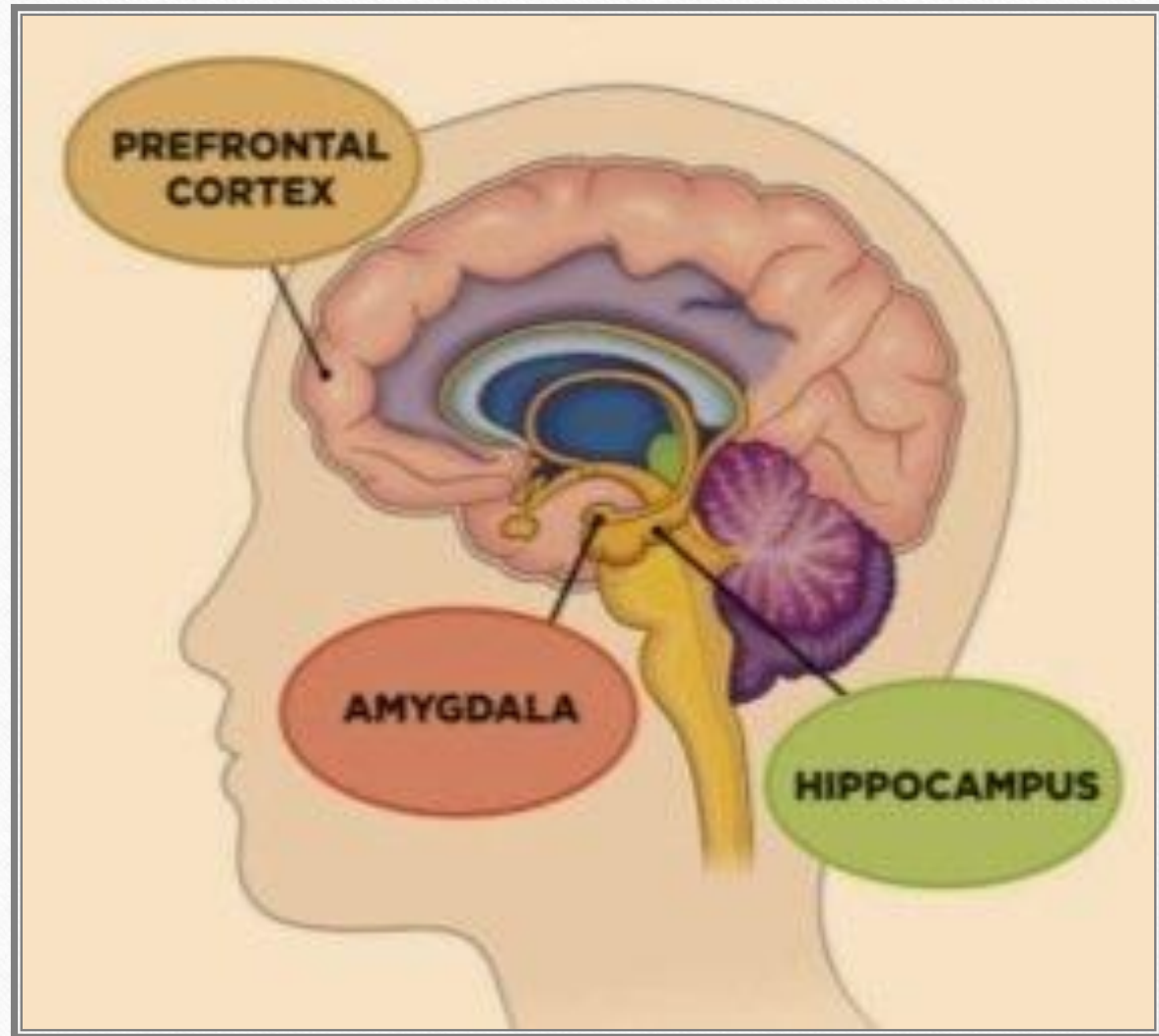
The Brain System

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

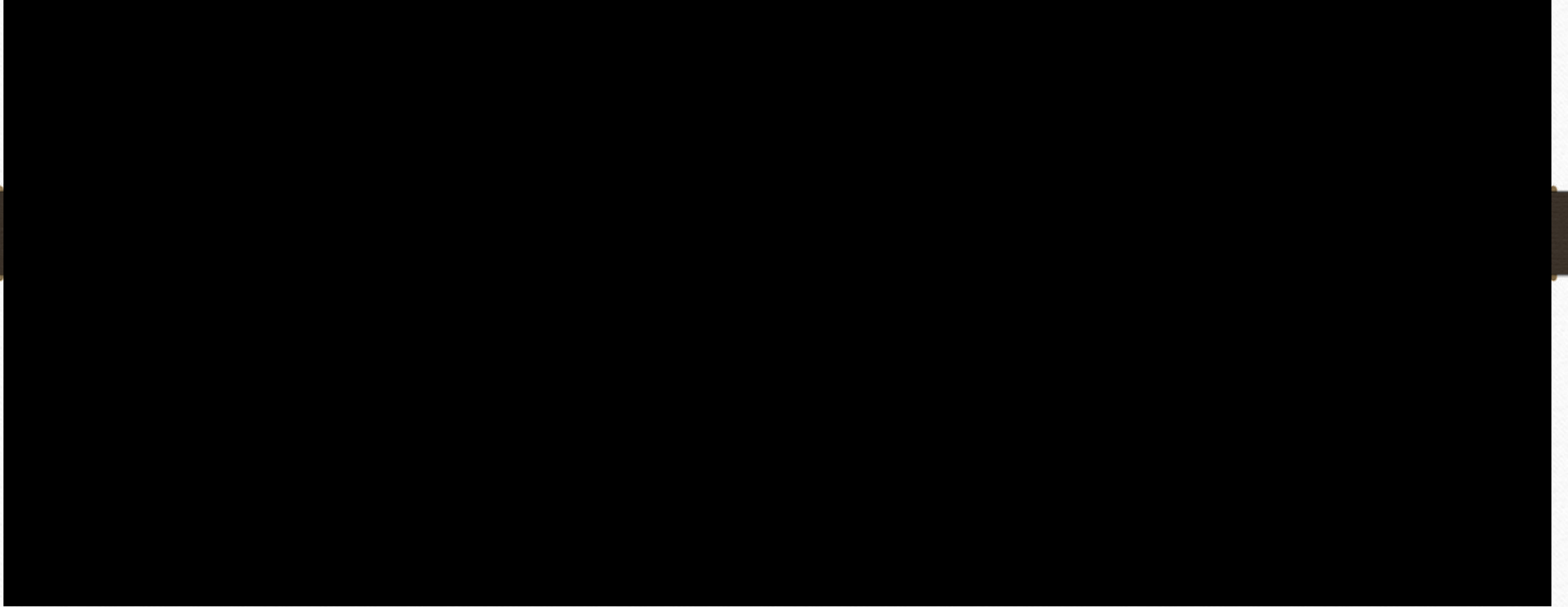
When confronted with a crisis: Brain shuts down, can be temporary, but what happens when this is prolonged?

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

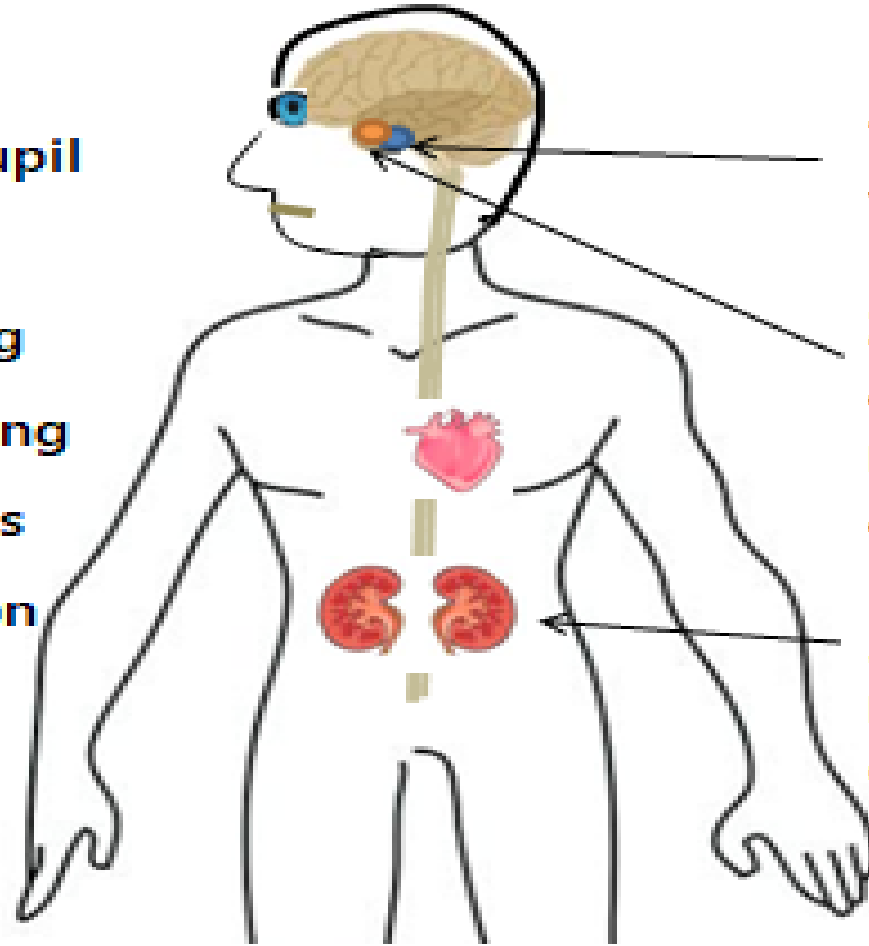
Fast breathing

Heart pounding

Tense muscles

Slow digestion

Sweating of palms

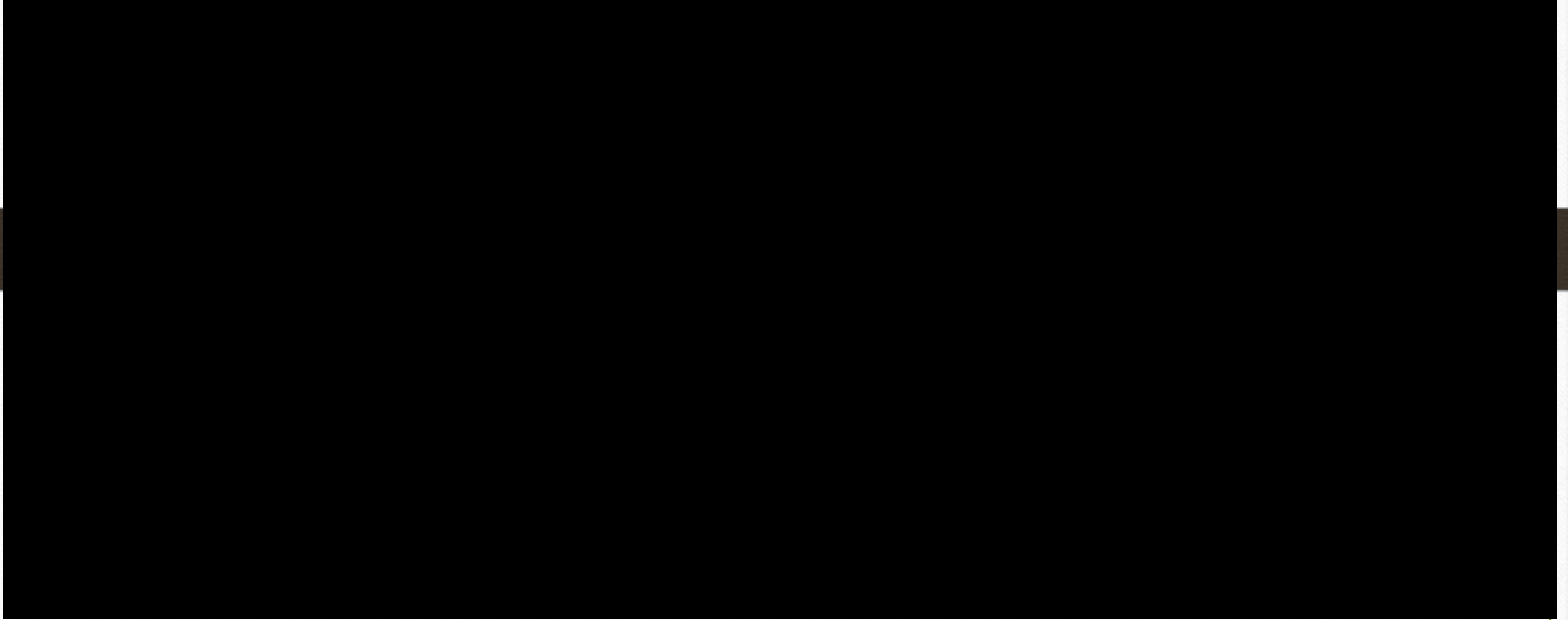


1. The amygdala reacts to threat

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

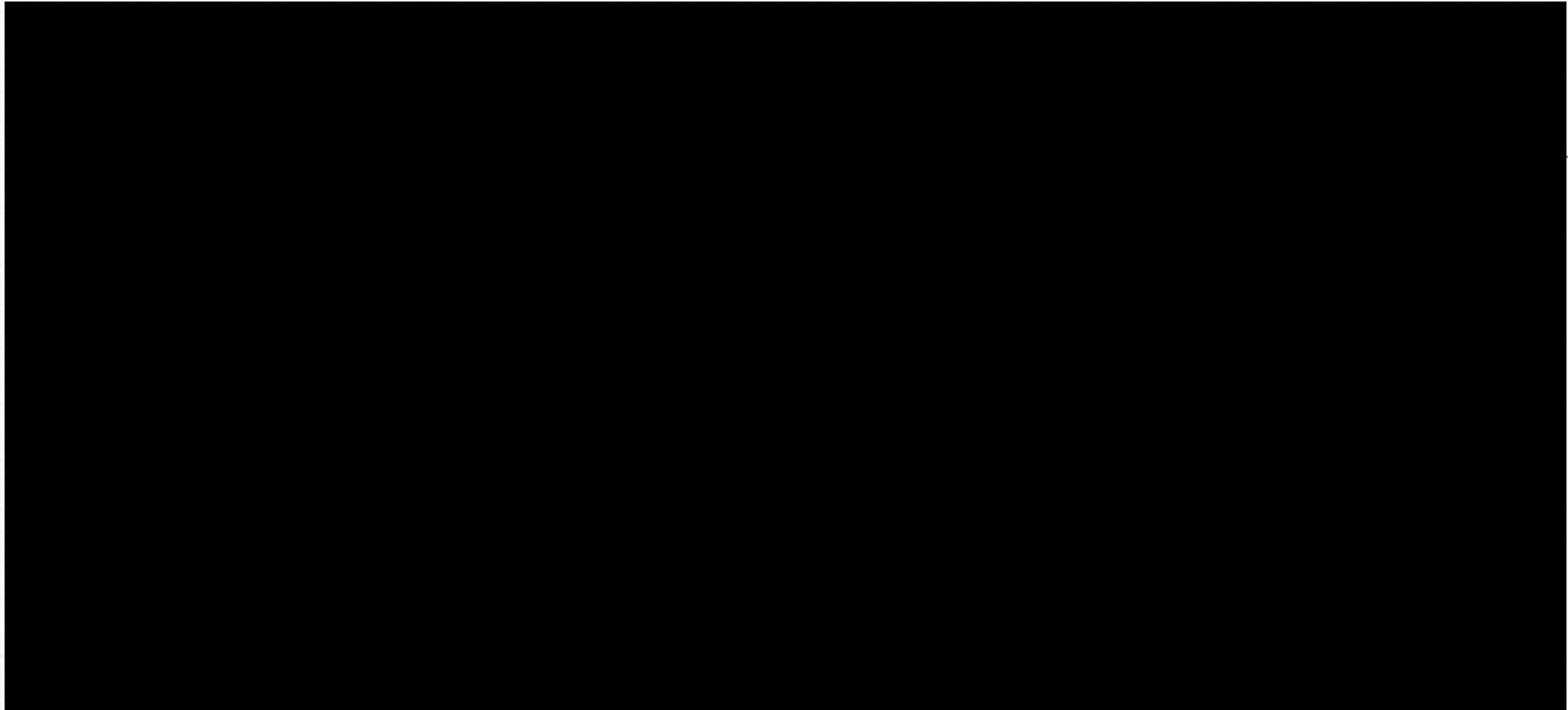
Crisis Intervention

- 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

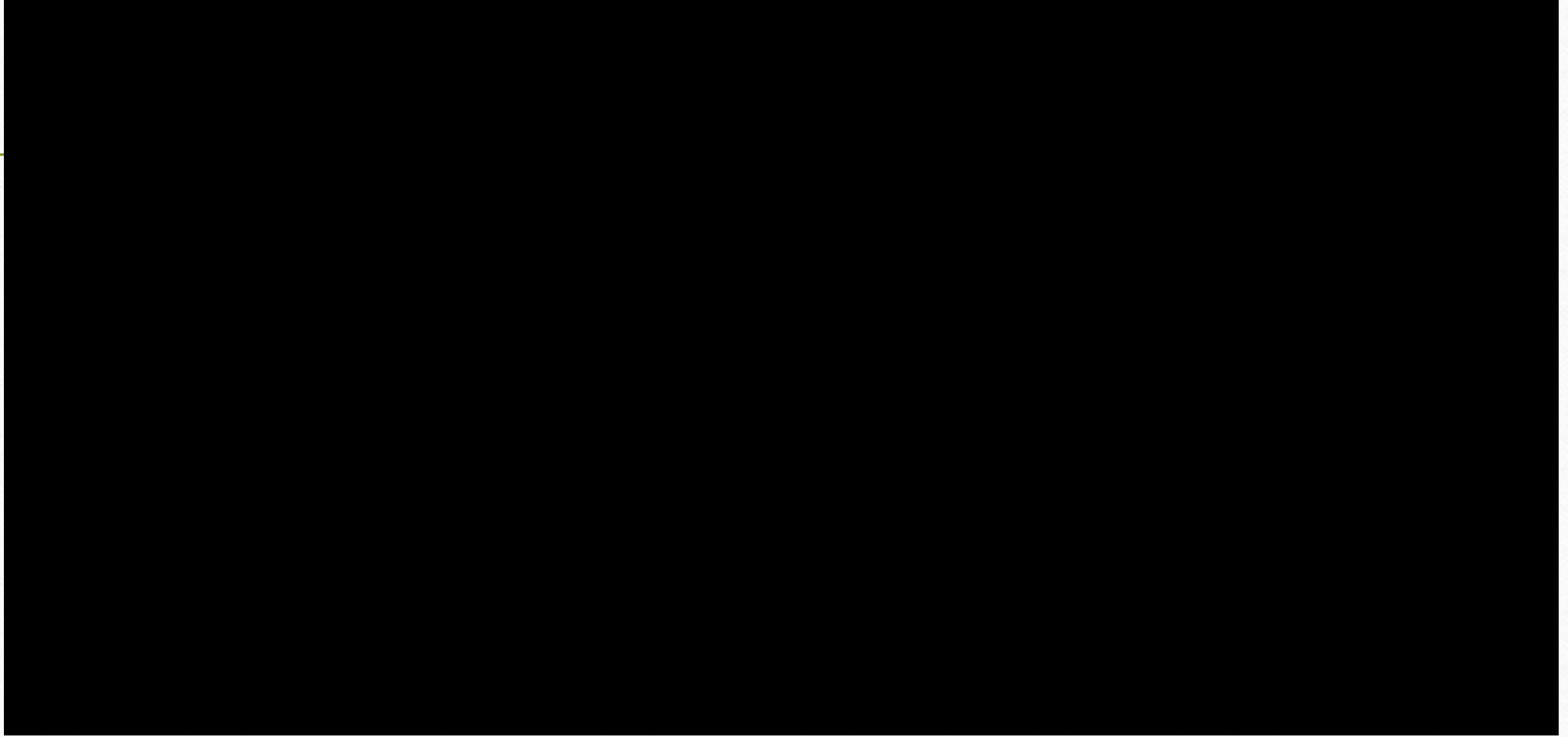
Determine

Determine need for food, water and basic needs

Use

Use active listening skills

De-escalation – Delirium



Crisis Negotiation

Brian Person

.

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**

(more pies)

AFF SPECIAL RESPONSE TEAM - CRISIS NEGOTIATOR
OFFICE REFERENCE CARD

INTRODUCTION: This card is for use by the Crisis Negotiator (CN) and the Subject's Support Person (SSP) during the initial contact with the Subject. The card is intended to be used as a reference tool for the CN and SSP. It is not intended to be used as a script. The card is intended to be used as a reference tool for the CN and SSP. It is not intended to be used as a script.

Subject's Name: _____
Subject's Age/Race: _____
Subject's Location: _____

CRISIS INTERVIEW SKILLS: Show to their side as they are in your own interview. Your goal is to make the subject more calm and lower his emotions. Save what you can. Don't give and create a hostile environment.

- | | |
|-------------------------------|------------------------------------|
| 1. MINIMAL ENCOURAGERS | 11. OPEN ENDED QUESTIONS |
| • Uh-huh | • What have you done today? |
| • Really? | • How would your family feel? |
| • Yeah | • Who, what, when, where, why? |
| • Oh | • How would you like this to work? |
| • I hear you | • Where have you gone for help? |

- | | |
|------------------------------------|------------------------------------|
| 12. REFLECTIVE/REPHRASE | 13. AFFIRMATION/ACKNOWLEDGE |
| • Repeat the last few words spoken | • You seem angry |
| • Use reflection on the last word | • I hear betrayal |
| • Ex: You don't want to go to jail | • I sense loneliness |
| • Ex: You don't do anything wrong | • I can hear sadness |
| • Ex: You don't want to come in | • You seem hurt |

- | | |
|---|---|
| 14. PARAPHRASING | 15. STATEMENTS |
| • Restate what the subject said | • I feel frustrated that you yell at me |
| • Let me see if I understand... (restate) | • because it stops me from listening to you |
| • So, in other words... (restate) | • or trying to understand what's going on. |
| • Basically... (restate) | • I feel concerned when you say things like |
| | • that because someone may get hurt. |

NEVER LET A FEELING GO BY WITHOUT LABELING IT!
I get frustrated when you say that because it sets our discussion back.

- | | |
|---|---|
| 16. EFFECTIVE PRAISES | 17. SUMMARY |
| Praise immediately before or after a step | Restate everything the subject is saying and then attach an emotion |
| Praise something meaningful | |

EMPHASIS: Underline what they are coming from and how they feel. **REPEAT:** Emphasis is what they feel. Repeat it when they feel it back. This will help the subject hear the message and if common ground, they feel they can ALWAYS LOOK FOR HOOPS.

INTELLIGENCE: Now that they trust you, you've earned the right to work on getting the subject to understand a concept or action. Think they can't do it, then talk to them one at a time. Think them for working with you.

BEHAVIORAL CHANGE: They are talking to the tactical commander and have a good understanding of what they want the subject to do. **NEVER LET A FEELING GO BY WITHOUT LABELING IT!**

CONTROL NEGOTIATION

- ID Check - Establish Intent - ID Plans and Means - ID Harm Done - Dislike Plan and Mitigate - ID Positive Outside Subject - Instill Hope - Repeat 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 whatever there are down there are up. Let's talk about that.
 5. Do you really want to die, or do you want to just not hurt so much?
- Finally of Death**
6. Once you're dead, you're not going to get another chance.
 7. You know if you kill yourself to get back at _____ all that's going to happen is that you die and you'll never know _____'s reaction. Maybe you can even see 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.
- Hook**
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 (child's) name, or your pet?
- Exploit Plans/Thoughts**
13. What do you want to have happen? What would you need to feel better, to make you feel like you could get on?
 14. What do you think we could do that would make things not hurt so much.

CONTROL NEGOTIATION WITH HOSTAGE TAKER (Domestic)

Rules: Don't argue. Use victim's name. Give perception of control so takes 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 check me also is ok?"
Medical: "I know it's not your fault but _____ has medical issues so under a lot of stress. How is _____? Whether you see _____ anything happens to _____ Can you tell me about _____ medical condition?"

SMC CRISIS NEGOTIATOR



ACTIVE LISTENING

- NON-RESPONDER NEGOTIATION TECHNIQUES**
- INTRODUCTION:** See introduction in first column.
- POLICE PRESENCE NEGOTIATOR:** Explain why the police are there (911 call or AW or SW). 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.
- GOALS:** 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.
- I-WAY COMMENTS:** 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!
- PREDICT:** 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 some to talk with you but if you don't talk, there they'll make me leave and I won't be in control anymore. 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 ALL

HEAD	SAD	GLAD	WRY	AFRAID	ASHAMED
Dismayed	Low	Amused	Embarrassed	Perplexed	Embarrassed
Disappointed	Concerned	Surprised	Worried	Lacking	Embarrassed
Disappointed	Disappointed	Disappointed	Disappointed	Disappointed	Disappointed
Disappointed	Disappointed	Disappointed	Disappointed	Disappointed	Disappointed
Disappointed	Disappointed	Disappointed	Disappointed	Disappointed	Disappointed
Disappointed	Disappointed	Disappointed	Disappointed	Disappointed	Disappointed
Disappointed	Disappointed	Disappointed	Disappointed	Disappointed	Disappointed

ADDRESSING CONCERNS:
Safety, Refuse 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 contract, you want transportation, money, and your freedom. Let's give them some time to work on it."

CONTROL NEGOTIATION

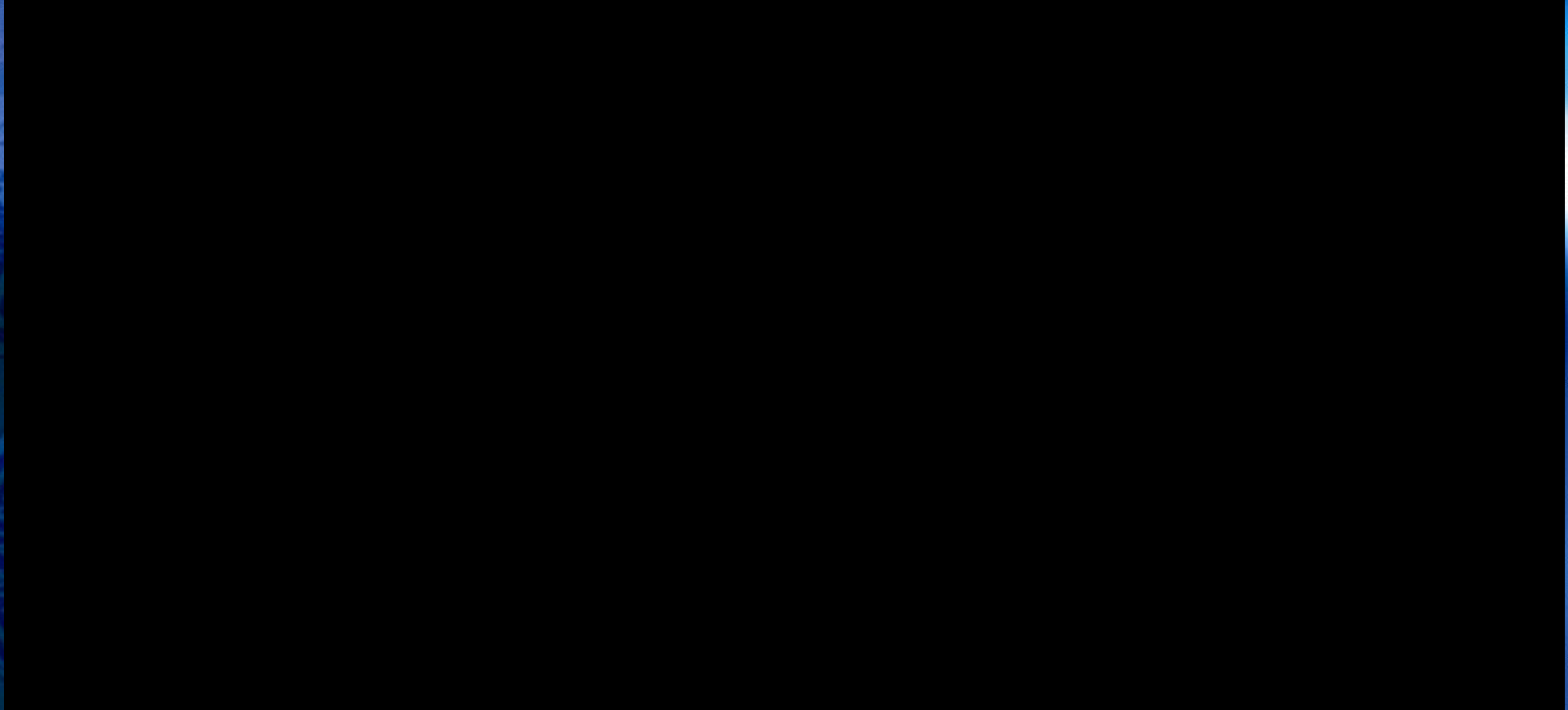
- CONTROL THE SUBJECT**
- (1) **Project Guilt:** "That would be terrible, but it's your choice, I want to work with you, but it'll be out of my hands if you choose not to work with me."
 - (2) **Reinforce Subject:** "May I speak now? Help me understand. So I can understand I have to ask some questions. 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 so 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 TELEPLAYS

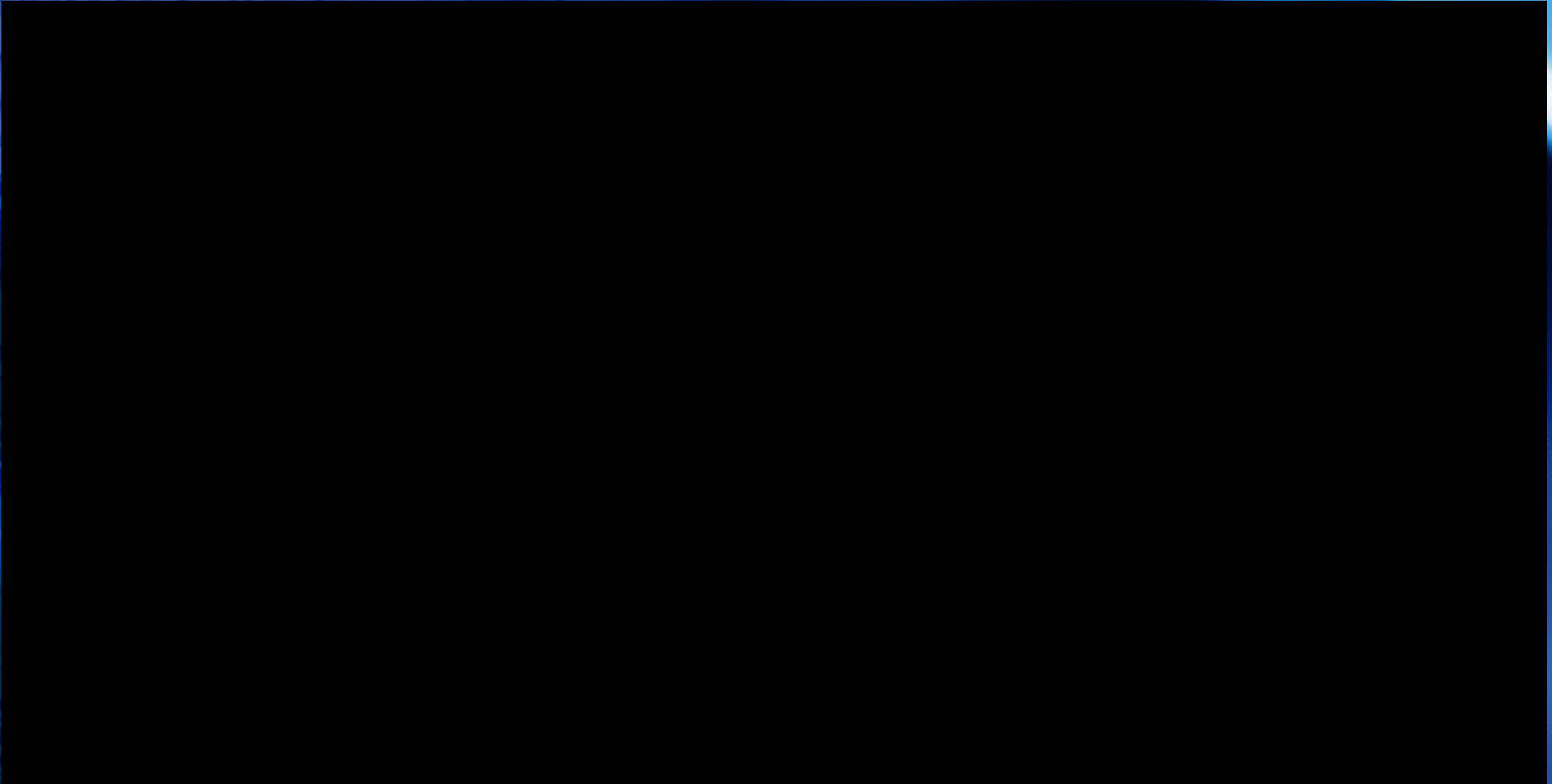
- NEGOTIATOR HAND-OFFS**
- (1) I need to brief my boss and will get right back to you.
 - (2) I will find out about your requests and will be right back.
 - (3) My partner knows all about this situation and will speak to you now (have them start with a summary).
- TELEPLAYS**
- (1) If subject wants you to call back in five minutes. Call before that.
 - (2) Use breaks in time to strategize and review incoming intelligence.
 - (3) Observe 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 saying me, it causes more problems. Nobody is helping me and I would never do anything to jeopardize _____. I don't call the media. Bringing 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 that?"

ACTIVE LISTENING



Its not about the Nail



Effective Communication

Kevin Manley

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



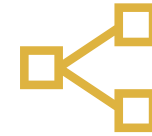
Active
Listening Skills



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

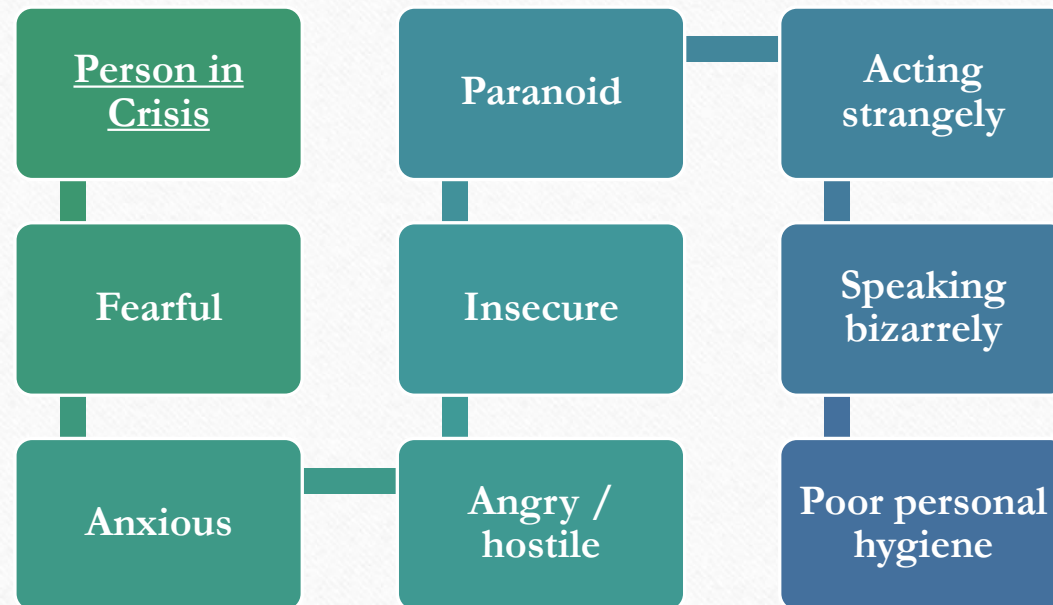
Empathy:
An
Essential
Concept

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

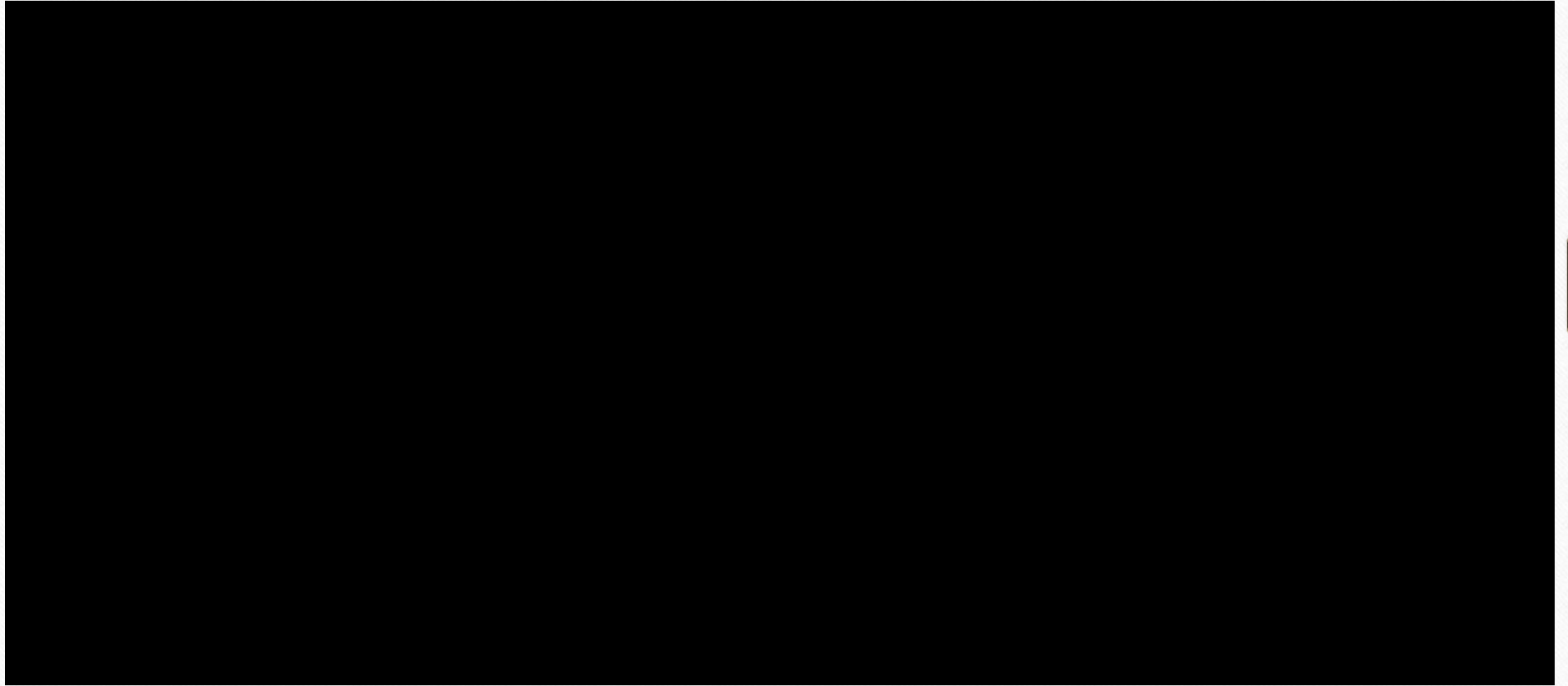
Strategies for Frequently Encountered Situations

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

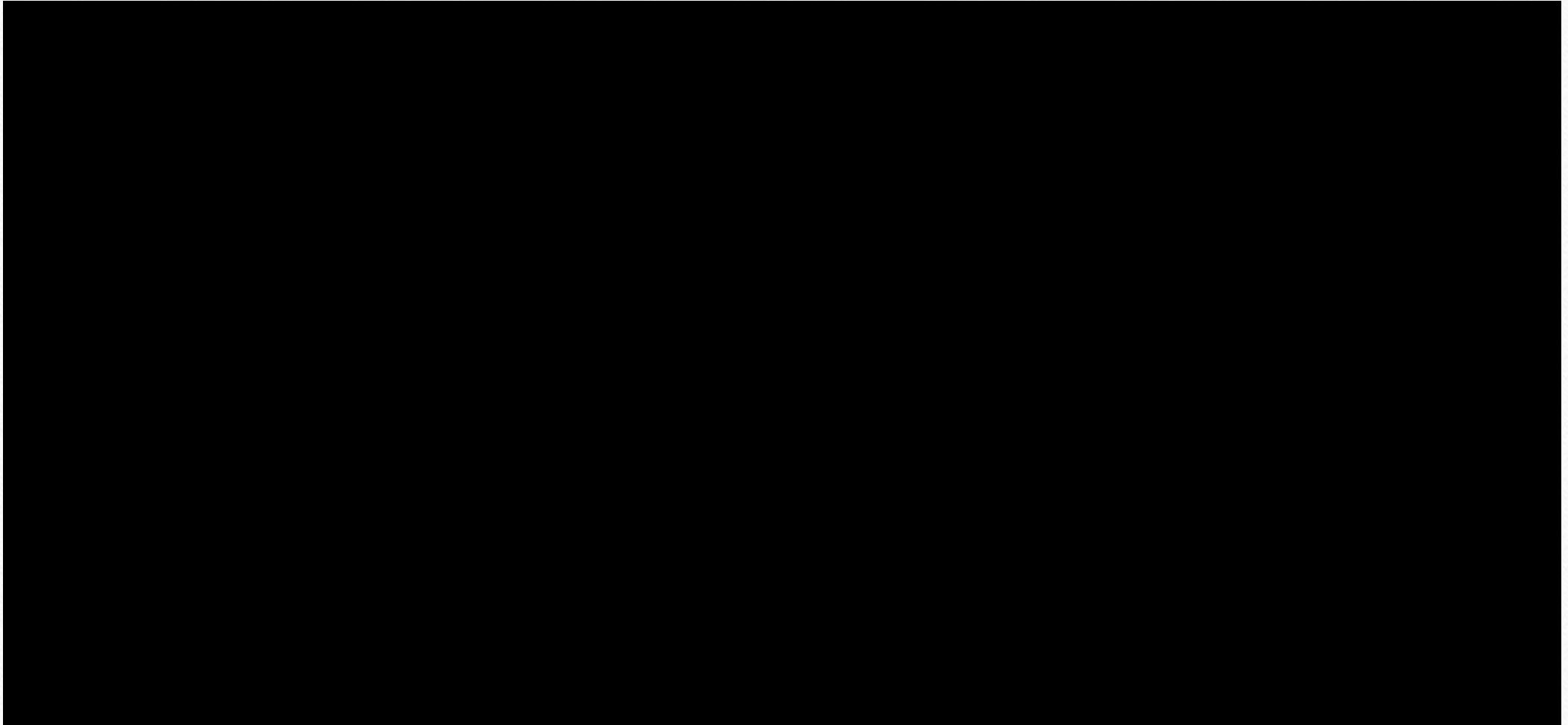
Intoxication: Let them vent, listen, use a calm, even tone, move person away from others if possible, be reassuring.

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

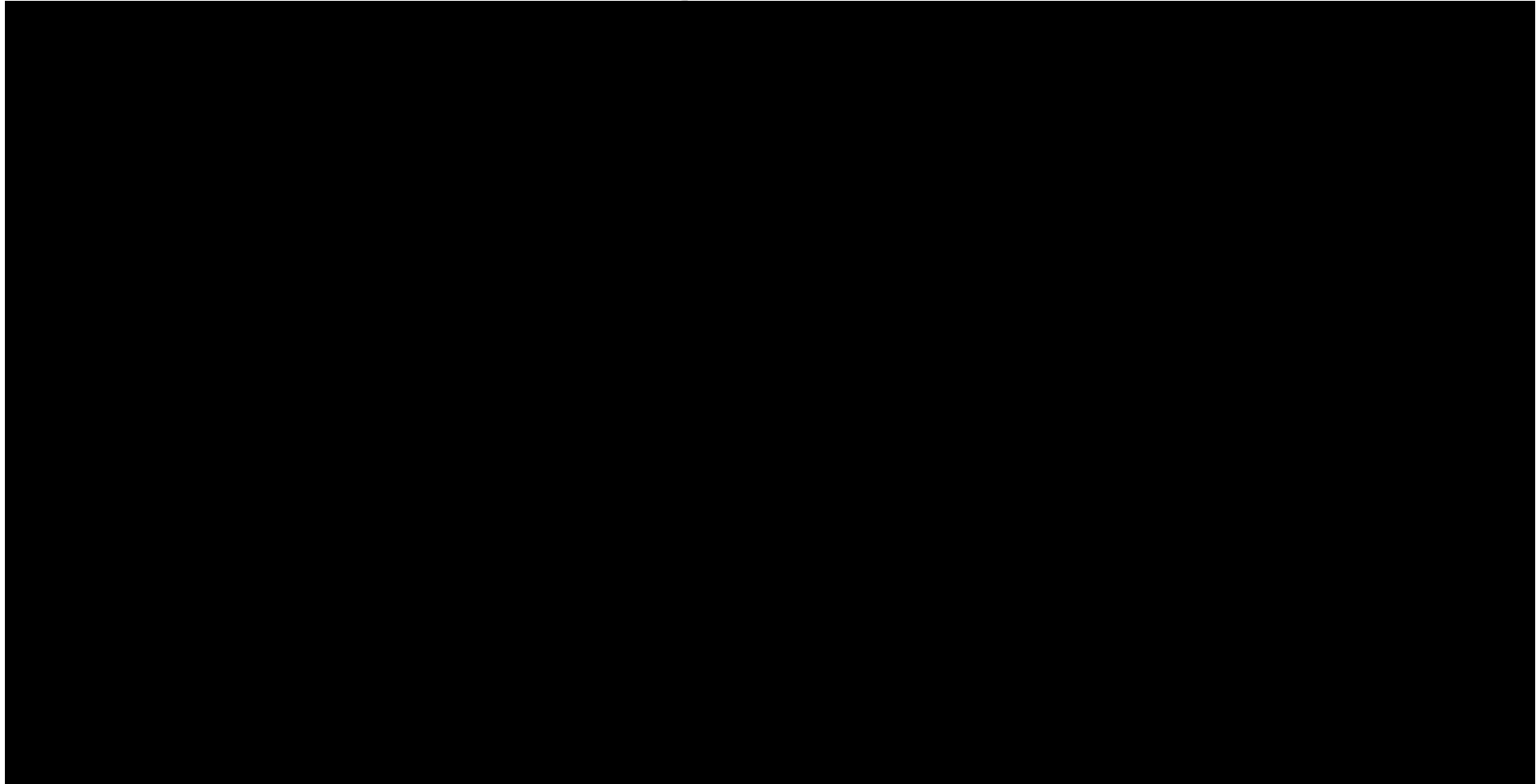
Don'ts

- 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!