

DAY 3 – CIT Training

8:00-9:00am

Self Care – Nicola Howe, CIT-TTAC Coordinator

9:00-10:00am

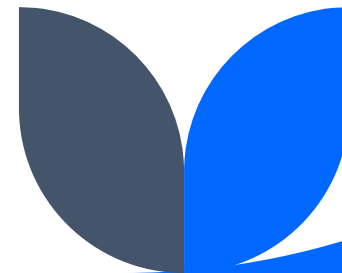
Youth Mental Health – Ziana Dillon, **MS**; Mobile Crisis Intervention (MCI) Coordinator

10:00-11:00am

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

11:00- 12:00am

Hearing Voices – Bridget Kelly, MSW, Crisis Clinician CCRT, Behavioral Health Network





Nicola Howe, CIT-TTAC Coordinator

“DESIRED THINGS”



Why is Self-Care Important?



Self care is an essential survival skills. Self care refers to activities and practices that we can engage in on a regular basis to reduce stress and maintain and enhance our short- and long-term health and well being.



Practicing Self Care will help you:

- Identify and manage general challenges
- Be aware of your own personal vulnerabilities
- Achieve more balances in your life

Aims for Self-Care

- Taking care of physical and psychological health
- Managing and reducing stress
- Honoring emotional and spiritual needs
- Fostering and sustaining relationships
- Achieving and equilibrium across one's personal, school and work lives

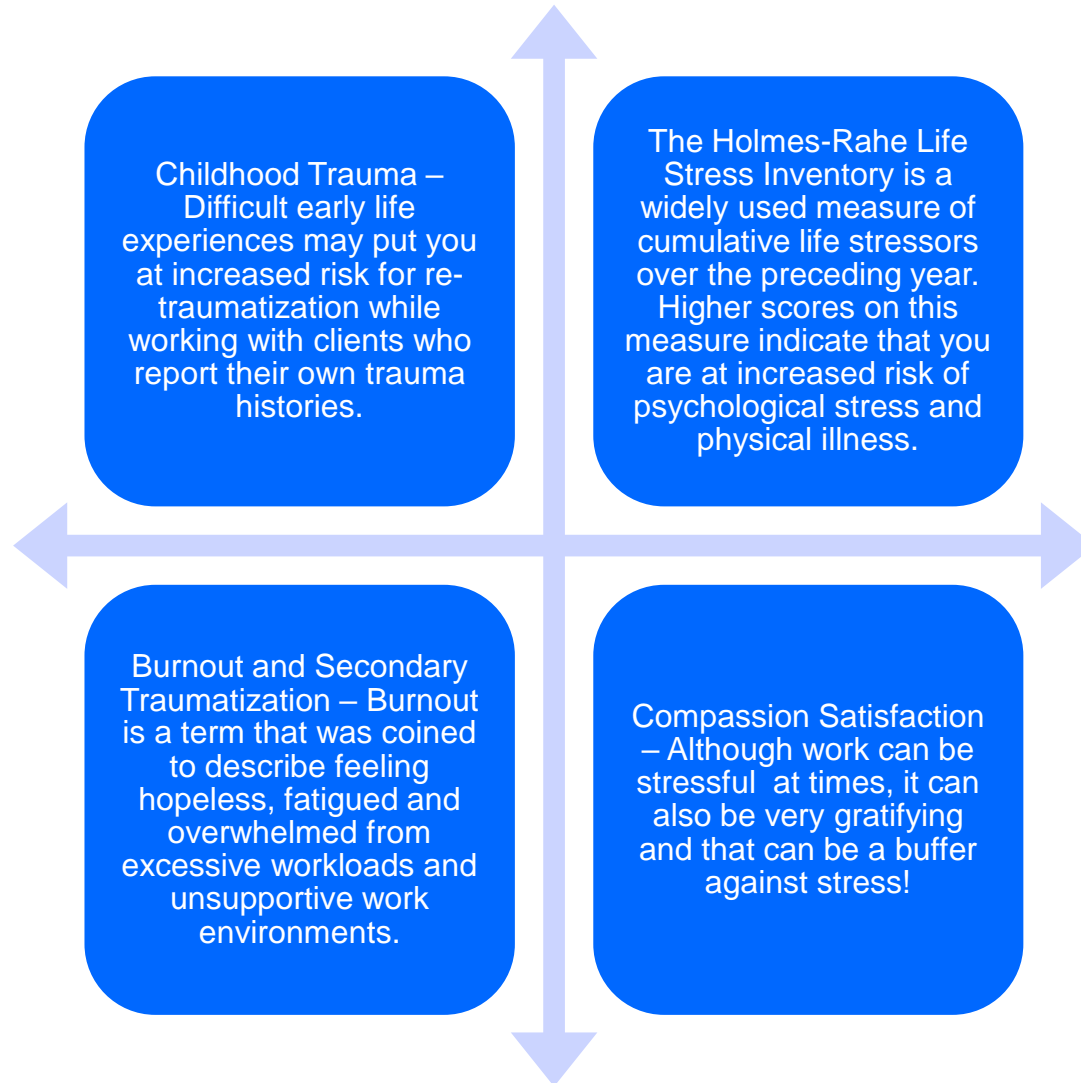
Assess your “Warning Signs”

- I have disturbed sleep, eating, or concentration.
- I isolate myself from family, friends, and colleagues.
- I fail to take regularly scheduled breaks.
- I enjoy my work less than in the past.
- I find myself bored, disinterested, or easily irritated by clients.
- I have experienced recent life stressors such as illness, personal loss, relationship difficulties, financial problems, or legal trouble.
- I feel emotionally exhausted or drained after dealing with the public/clients/prisoners.

Assess your “Warning Signs”

- I find myself thinking of being elsewhere when working.
- I am self-medicating, overlooking personal needs, and overlooking my health.
- I find my work less rewarding and gratifying than in the past.
- I am feeling depressed, anxious, or agitated frequently.
- I am enjoying life less than in the past.
- I find myself experiencing repeated headaches and other physical complaints.
- I sit staring into space for hours and can't concentrate on my work.

Self-Care Checklist



The Holmes-Rahe Life Stress Inventory

The Social Readjustment Rating Scale

INSTRUCTIONS: Mark down the point value of each of these life events that has happened to you during the previous year. Total these associated pointed.

Life Event	
1. Death of spouse	100
2. Divorce	73
3. Marital Separation from mate	65
4. Detention in jail or other institution	63
5. Death of a close family member	63
6. Major personal injury or illness	53
7. Marriage	50
8. Being fired at work	47
9. Marital reconciliation with mate	45
10. Retirement from work	45
11. Major change in the health or behavior of a family member	44
12. Pregnancy	40
13. Sexual Difficulties	39
14. Gaining a new family member (i.e. birth, adoption, older adult moving in, etc.)	39
15. Major business adjustment	39
16. Major change in financial state (i.e. a lot worse or better than usual)	38
17. Death of a close friend	37
18. Changing to a different line of work	36
19. Major change in number of arguments with spouse (i.e. a lot more or less)	35
20. Taking on a mortgage (for home, business, etc.)	31
21. Foreclosure on a mortgage or loan	30
22. Major change in responsibilities at work (i.e. promotion, demotion, etc.)	29
23. Son or daughter leaving home (marriage, college, military, etc.)	29
24. In-law troubles	29
25. Outstanding personal achievement	28
26. Spouse beginning or ceasing work outside the home	26
27. Beginning or ceasing formal schooling	26
28. Major change in living condition (i.e. new home, remodeling, deterioration, etc.)	25
29. Revision of personal habits (i.e. dress, associations, quit smoking, etc.)	24
30. Troubles with the boss	23
31. Major changes in working hours or conditions	20
32. Changes in residence	20
33. Changing to a new school	20
34. Major change in usual type and/or amount of recreation	19
35. Major change in church activity (i.e. a lot more or less)	19
36. Major change in social activities (i.e. clubs, movies, visiting, etc.)	18
37. Taking on a loan (i.e. car, tv, freezer, etc.)	17
38. Major change in sleeping habits (i.e. a lot more or less)	16
39. Major change in number of family get-togethers (i.e. a lot more or less)	15
40. Major change in eating habits (i.e. a lot more or less, eating hours, surroundings, etc)	15
41. Vacation	13
42. Major holidays	12
43. Minor violations of the law (i.e. traffic tickets, jaywalking, etc.)	11

Now, add up all the points you have to find your score.

150pts or less means a relatively low amount of life change and a low susceptibility to stress-induce health problems.

150 to 300pts implies about a 50% chance of a major stress-induced health problem in the next 2 years.

300pts or more raises the odds to about 80%, according to the Holmes-Rahe prediction model.

Self-Care Checklist

- **Aspects of Personality**

- **The Big Five Factors and their associated traits include:**

- **Openness to Experience** - Whether you are inventive and intellectually curious (vs. consistent, cautious, and conventional). Those who are high on this factor tend to appreciate art, adventure, unique ideas and varied experience, and emotions, and are curious and imaginative.
 - **Conscientiousness** - Whether you are efficient and organized (vs. easy-going and careless). Those high on this factor tend to be self-disciplined, achievement-oriented, and dutiful, and engage in planned rather than spontaneous behavior.
 - **Extraversion** - Whether you are outgoing and energetic (vs. shy and reserved). Those high on this factor tend to demonstrate sociability, positive emotions, urgency (related to assertiveness, competitiveness, and self-confidence), and are stimulation-seeking in social settings.
 - **Agreeableness** - Whether you are friendly and compassionate (vs. competitive and outspoken). Those high on this factor tend to be compassionate, considerate, cooperative, optimistic, trusting, and altruistic towards others.
 - **Neuroticism** - Whether you are sensitive and nervous (vs. secure and confident). Those high on this factor tend to experience unpleasant emotions easily (including anger, anxiety, depression, and/or vulnerability) and be highly reactive and vulnerable to stress.

A Brief Version of the Big Five Personality Inventory.

Big Five Inventory-10 (BFI-10)

Adapted from Rammstedt, B. & John, O. P. (2007). Measuring personality in one minute or less: A 10 item short version of the Big Five Inventory in English and German. *Journal of Research in Personality, 41*, 203-212.

Instructions: How well do the following statements describe your personality?

I see myself as someone who ...	Disagree strongly	Disagree a little	Neither agree nor disagree	Agree a little	Agree strongly
1. ... is reserved	(1)	(2)	(3)	(4)	(5)
2. ... is generally trusting	(1)	(2)	(3)	(4)	(5)
3. ... tends to be lazy	(1)	(2)	(3)	(4)	(5)
4. ... is relaxed, handles stress well	(1)	(2)	(3)	(4)	(5)
5. ... has few artistic interests	(1)	(2)	(3)	(4)	(5)
6. ... is outgoing, sociable	(1)	(2)	(3)	(4)	(5)
7. ... tends to find fault with others	(1)	(2)	(3)	(4)	(5)
8. ... does a thorough job	(1)	(2)	(3)	(4)	(5)
9. ... gets nervous easily	(1)	(2)	(3)	(4)	(5)
10. ... has an active imagination	(1)	(2)	(3)	(4)	(5)

Scoring the BFI-10 scales (R = item is reverse-scored):

Extraversion: 1R, 5

Agreeableness: 2, 7R

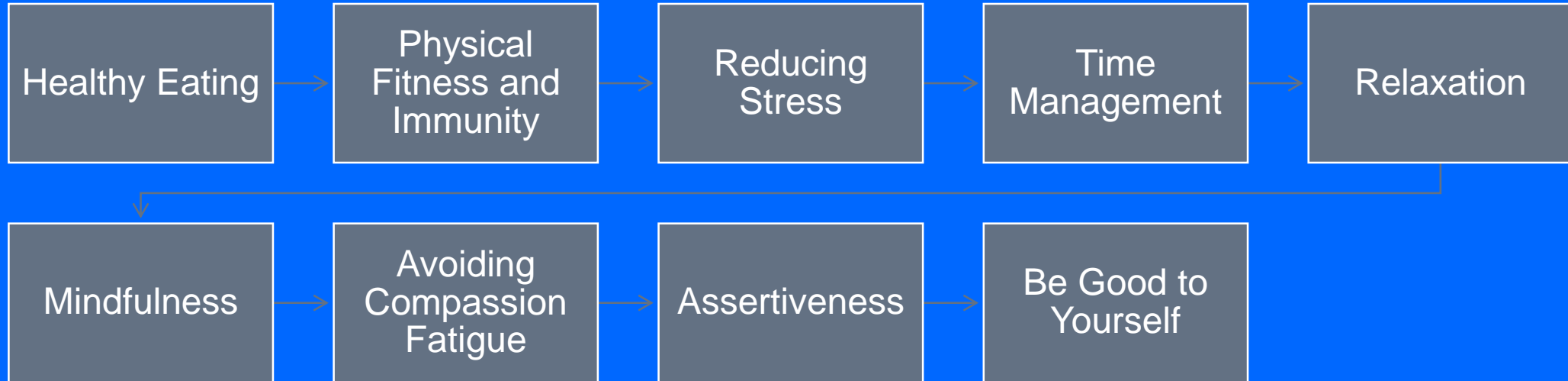
Conscientiousness: 3R, 8

Neuroticism: 4R, 9

Openness to Experience: 5R, 10

(Retrieved 7/31/10 from <http://www.ocf.berkeley.edu/~johnlab/pdfs/BFI-10.doc>)

Self-Care Exercises & Activities



Developing your Support System



Benefits of a Social Support System: Knowing people who can provide you with information, advice, guidance, and tangible support, such as assistance in times of uncertainty.



Some ideas for Building Your Social Support System: Volunteer, Take up a sport or join a gym, Start a book club, Meet your neighbors and co-workers, Join professional organizations, Use online resources



Sustaining Your Current Relationships: Show your appreciation, stay in touch, be available when you are needed, accept their help, support successes



Keep the lines of communication open, respect needs and limits, know when a relationship is not working for you.



Remember, those in your support system should help you reduce stress, not increase it. They should support your goals and efforts to achieve them, not belittle or undermine or ignore them.



Thank you

Nicola Howe

Nicola.howe@bhninc.org

Presentation #2

9:00- 10:00am The Living Room (Crisis)

Tatiana Shearer, Program Supervisor, Behavioral Health Network

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

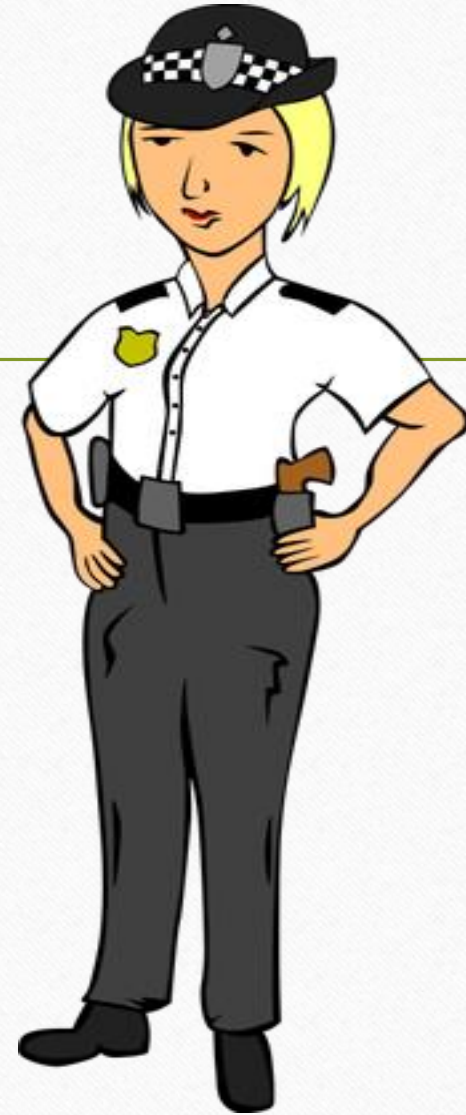
Emergency Services Collaboration

- ▶ 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 # 3

10:00-11:00am

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



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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



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



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

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



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

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



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



Buddies (Cohesion) vs. Withdrawal

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

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

Transitioning the Combat Skill

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



Accountability vs. Controlling

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

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

Transitioning the Combat Skill

Accountability:

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



Targeted vs. Inappropriate Aggression

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

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

Transitioning the Combat Skill

Targeted Aggressiveness:

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



Tactical Awareness vs. Hypervigilance

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

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

Transitioning the Combat Skill

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



Lethally Armed vs. “Locked and Loaded” at Home

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

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

Transitioning the Combat Skill

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



Emotional Control vs. Anger/Detachment

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

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

Transitioning the Combat Skill

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



Mission OPSEC vs. Secretiveness

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

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

Transitioning the Combat Skill

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



Individual Responsibility vs. Guilt

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

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

Transitioning the Combat Skill

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



Non-Defensive (Combat) vs. Aggressive Driving

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

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

Transitioning the Combat Skill

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



Discipline & Ordering vs. Conflict

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In Combat: Survival depends on discipline and obeying orders.

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

Transitioning the Combat Skill

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







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Presentation # 4

11:00- 12:00am

Hearing Voices

**Bridget Kelly, MSW, Crisis Clinician,
CCRT, Behavioral Health Network**



Presentation # 5

1:00-4:00pm

De-Escalation Presentation, Skills & Documentation

William Witherspoon – Law Enforcement Coordinator

Nicola Howe CIT-TTAC Coordinator

Bridget Kelly, Crisis Clinician

Brian Person, Resident Agent in Charge Bureau of Alcohol, Tobacco, Firearms and Explosives,

Sharman Douglas, Crisis Counselor - CCRT

Sean Farrell Senior Crisis Counselor & Trauma Response Team Member



Crisis Intervention & De-escalation Techniques

Presented by:

Brian Persons, Nicola Howe, Bridgett Kelly, Melissa Suarez,
Sean Farrell, Sharman Douglas

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.

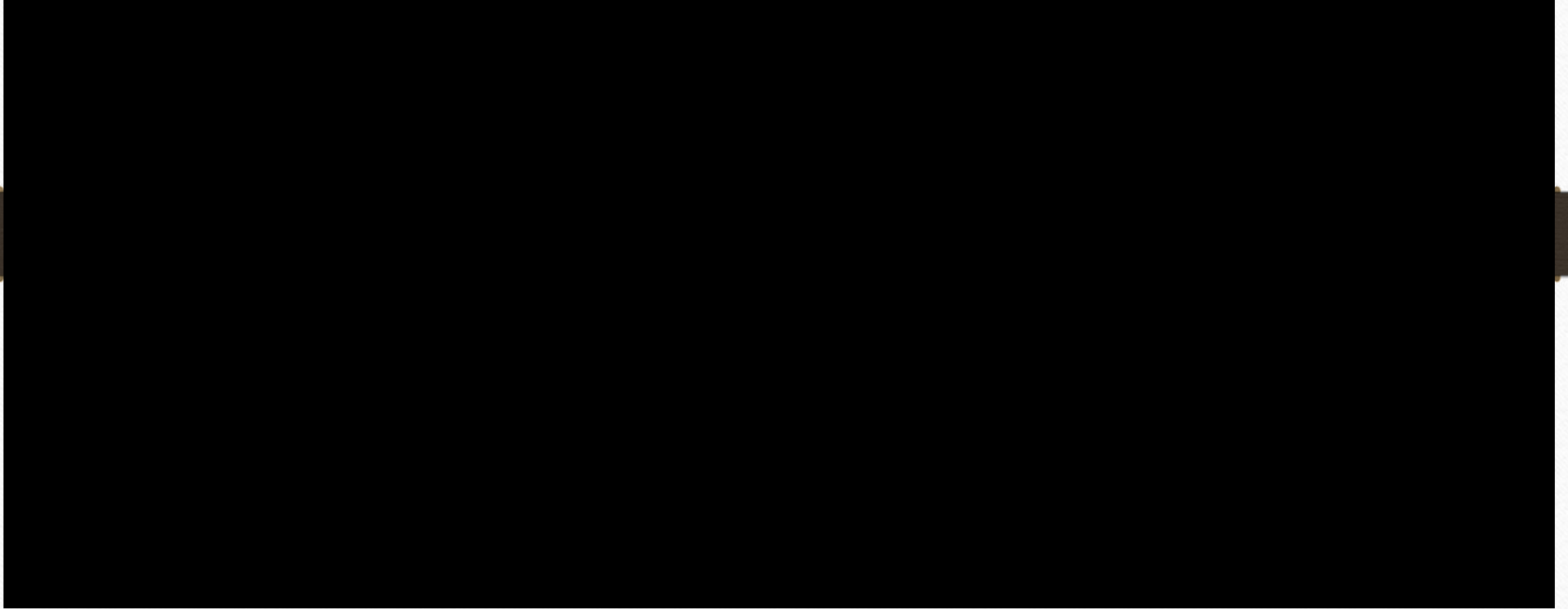
Training Segments

- Brain System – Moving from Limbic to PFC – Bridgett Kelly
- Crisis Intervention – Sean Farrell/Sharman Douglas
- Logics of De-escalation – Nicola Howe & William Witherspoon
- Crisis Negotiation – Brian Persons
- Communications in De-escalations – Nicola Howe
- Documentation – Nicola Howe
- Role Play/Debriefing – Groups
 - Group 1: Brian Persons
 - Group 2: Nicola Howe
 - Group 3: William Witherspoon
 - Actors: Sean Farrell, Melissa Suarez, Bridgett Kelly

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?

- Fight, Flight, Freeze
- Loss of Coping Mechanisms
- Declining Problem Solving
- Helpless, Hopeless, Overwhelmed

The fight or flight response

Dilation of pupil

Dry mouth

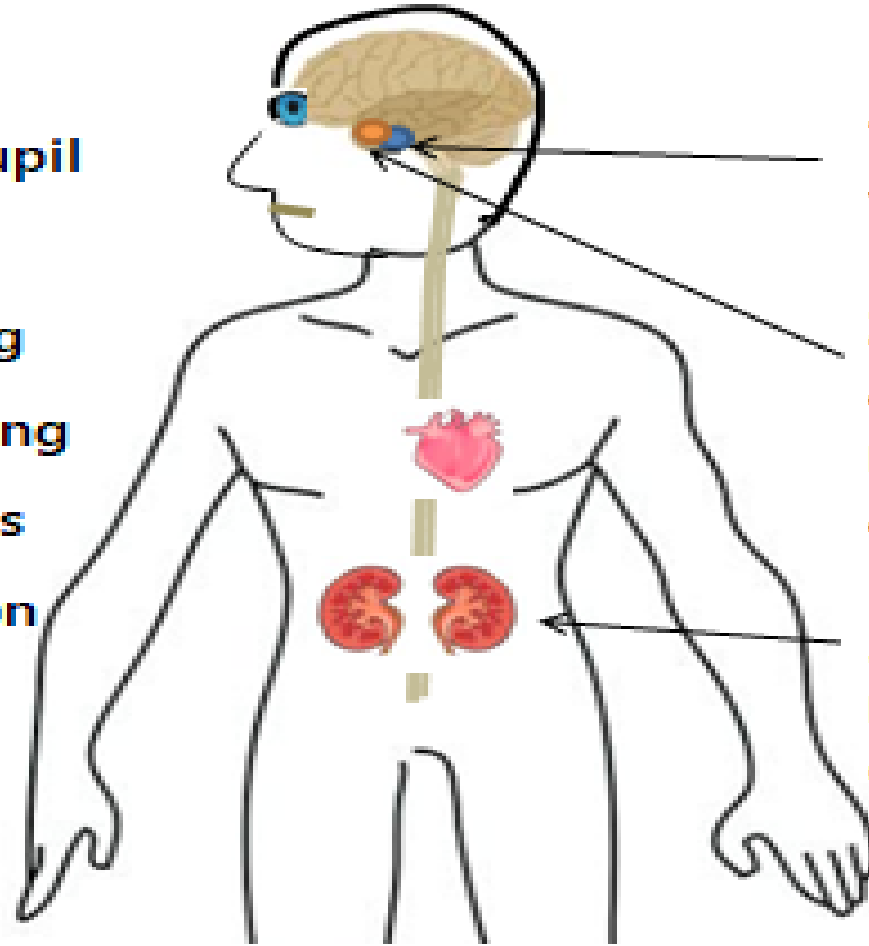
Fast breathing

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

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

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

- Maintain safe distance (5-6 ft or 21 ft rule)
- Use clear voice tone
- Use volume lower than that of the aggressive individual
- Use relaxed, well-balanced, non-threatening posture (yet maintaining tactical awareness)
- 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)

- Remove distractions, disruptive or upsetting influences
- Be aware of body language/congruency
- Be aware that uniform, tools can be intimidating

Guidelines for De-escalation (con't)

- Be consistent
- Use “I” statements
- Here and now
- Validation/acceptance
- No promises you cannot keep

Guidelines for De-escalation (con't)

- Recognize that mentally ill person may be overwhelmed by sensations, thoughts, frightening beliefs, sounds, environment – provide careful explanations, instructions
- Determine need for food, water and basic needs
- Use active listening skills

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

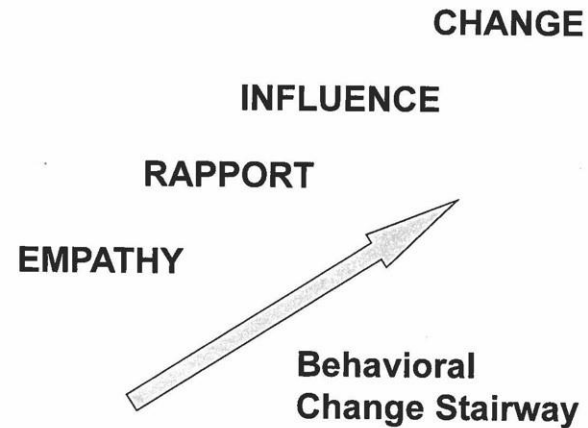
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Influencing Behavioral Change

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)

Reality



Effective Communication

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

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Introduce Yourself

- An introduction promotes communication
- Hi, my name is Doug (or Deputy Smith). I am a CIT officer with the Sheriff's Department.
- Can you tell me your name?
- State what you see/know ("I can see you're upset.")
- State or convey that you are there to help.
- Be prepared to explain the reason you are there
- (e.g., a neighbor called to say someone is upset)

Active Listening Skills

- Paraphrasing/Restatement: summarizing what the person said
- Reflection
- Attending
- Open-ended questions: requires more detailed answers
- Minimal Encouragers
- Effective Pauses
- Silence: sends the message that you are willing to listen

Restatement

- **Restatement** Restating or *Feeding Back* the facts of the person's crisis situation
- **Person in Crisis:**
 - *"I stopped taking my medicine after I was fired and I'm sleeping in my car in my car."*
- **CIT Officer:**
 - *"You recently stopped taking your medicine, you lost your job, and you don't have a place to stay."*

Restatement

- **The Facts**
- **Consumer:** *“I started back using and me and my old lady went to fighting. She left me. I didn’t go in today. It was my last chance. I’m fired. It’s just not worth it anymore.”*
- **CIT Officer:** *“Let me see if I understand. You’ve been using again and you and your wife have been fighting. You lost your job. And you want to give up.”*

Accurate Reflection

- Reflecting or *Feeding Back* the person's feelings about the crisis
- **Person in Crisis:**
 - *"I'm afraid of sleeping in the car. How can I ever get a room without money?"*
- **CIT Officer:**
 - *"You're feeling scared and depressed because you don't have any money and no place to stay."*

Reflection

- **The Feelings**
- **Consumer:** *“I’m a real fuck up. I had two years. I was going to meetings. My wife and I were doing okay. Work was good. I can’t do anything right.”*
- **CIT:** *“You sound embarrassed and pretty hopeless about getting your life back together.”*

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

Rapport

- Rapport
- Relationship of mutual trust



Communicating Acceptance

Person in Crisis

- Fearful
- Anxious
- Angry / hostile
- Insecure
- Paranoid
- Acting strangely
- Speaking bizarrely
- Poor personal hygiene

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)

ASSESSMENT (con't)

- 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 – Behaviors
- E - Emotional/Mood
- F – False Beliefs and Perceptions
- A – Appearance
- S – Speech
- T – Thinking Form

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

Strategies for Frequently Encountered Situations

Psychotic (Disorganized Thinking) and verbally aggressive

Allow person to vent energy, maintain safe distance, talk in low voice, broken record, reassure

Strategies for Frequently Encountered Situations

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

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

Strategies for Frequently Encountered Situations

Compulsive Talking (mania)

Ask concise, specific, concrete questions; use broken record technique

Strategies for Frequently Encountered Situations

Intoxication

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

Strategies for Frequently Encountered Situations

Depression

Active listening, empathy, take time, reassure, offer hope, validate feelings

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

- What position is person putting you in (consider suicide by cop)
- Present in calm, understanding, non judgmental 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

DONT'S

- Use Aluminum Foil
- 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

FACILITATE: Response Resolution

- The goal is to promote the most appropriate
- disposition/resolution to the crisis situation
- based on the assessment of the facts
- gathered, policy and legal obligations of the
- officer

Tips for Effective Facilitation

- Appropriate assessment directs appropriate facilitation
- Know your community resources
- Be flexible with alternatives when appropriate

Courage

“Each time someone stands up for an ideal, or acts to improve the lot of others, or strikes out against injustice, he sends forth a tiny ripple of hope.”

Robert F. Kennedy

OFFICER SAFETY Is The PRIORITY

Role Play Instructions

You will be in 3 groups.

You will use 10 minutes to try and de-escalate an individual who is decompensating due to precipitating factors and without.

There will be a debrief after each role play.

At the end of role play. Each participant will write a report about what occurred and what they did to de-escalate if possible.



THANK YOU!

FOR  **YOUR**

SERVICE!