

CIT Training

Day 5

February 7, 2023

Presentation #1

8am – 10:00am

Hearing Voices

Western MA CIT De-Escalation Training Team

Hearing Voices – Dr. P. Deegan



Hearing Voices – Dr. P. Deegan

A Tale of Mental Illness



Hearing Voices

SIMULATION EXERCISE



Crisis Intervention & De-escalation Techniques

Presented by

Western MA CIT De-Escalation Training Team

Training Segments

- Brain System – Moving from Limbic to PFC – Richard Winning
- Crisis Intervention – Hallie-Beth Hollister
- Logics of De-escalation – Carl Girouard
- Crisis Negotiation – Brian Persons
- Communications in De-escalations – Richard Winning
- Documentation – Nicola Howe
- Role Play/Debriefing – Groups
 - Group 1: Richard Winning
 - Group 2: Carl Girouard
 - Group 3: Hallie-Beth Hollister
 - Group 4: Nicola Howe

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: <u>918-434-0581</u>		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) <u>—</u>

Best place to contact you during the day
anytime

Best time to contact you during the day
ANY

Can You Identify the Suspect? Yes No

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

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



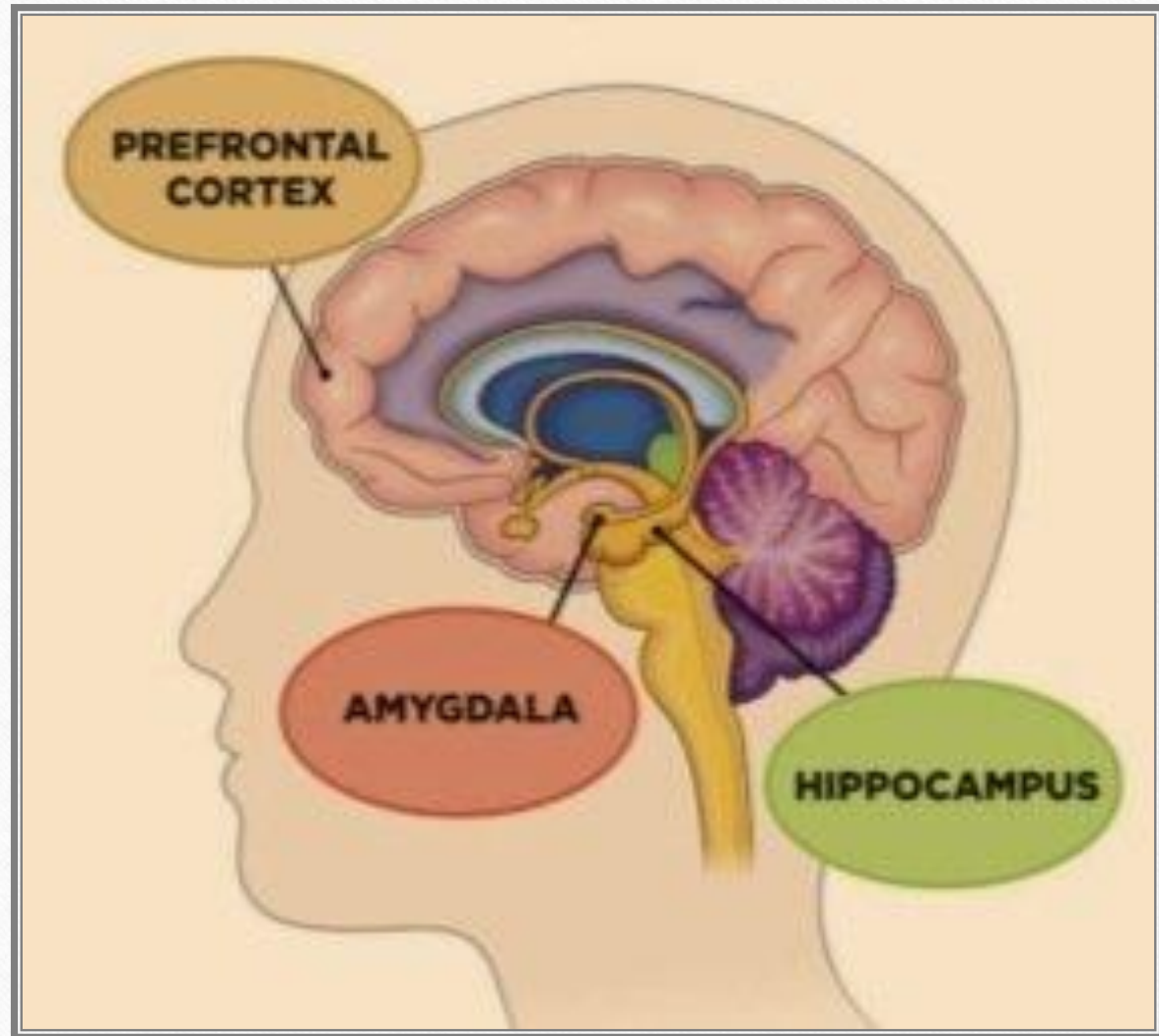
The Brain System

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

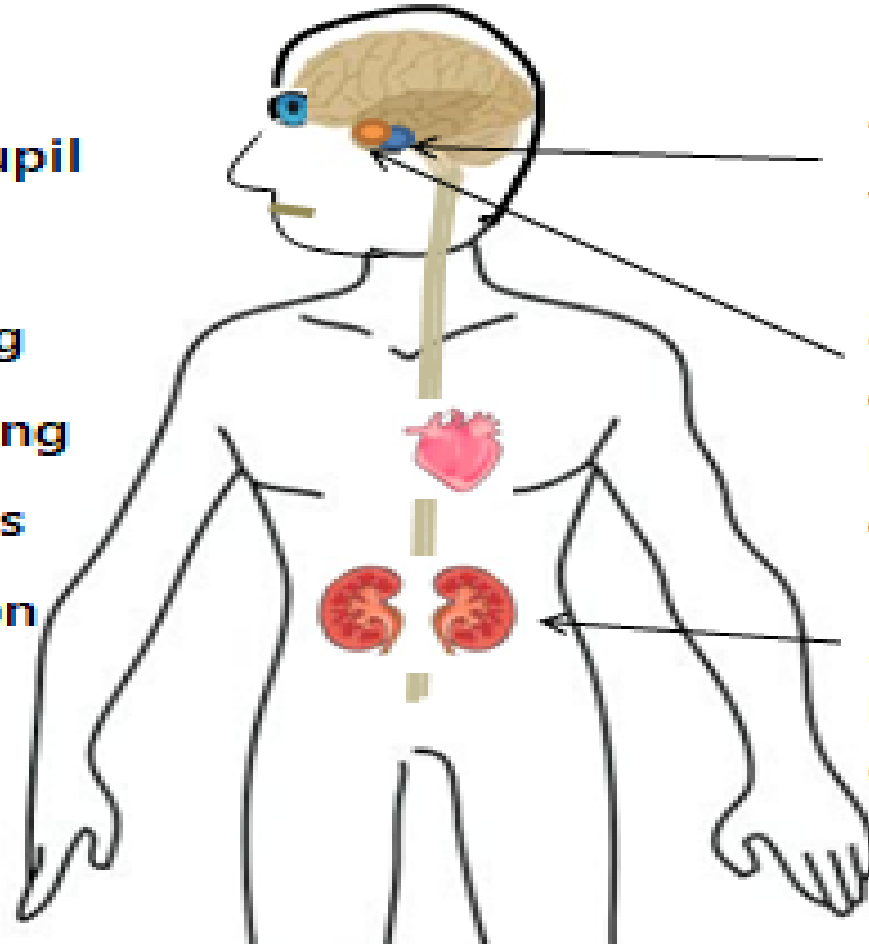
Fast breathing

Heart pounding

Tense muscles

Slow digestion

Sweating of palms

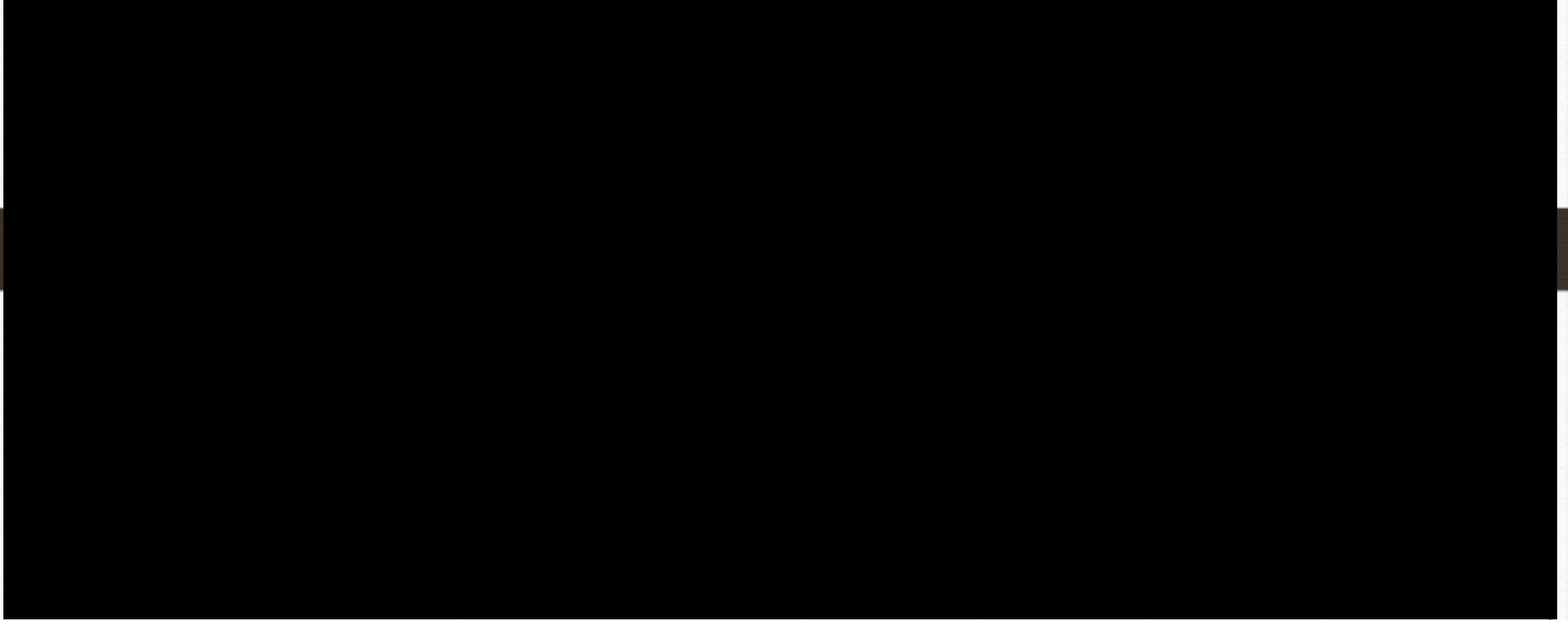


1. The amygdala reacts to threat

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

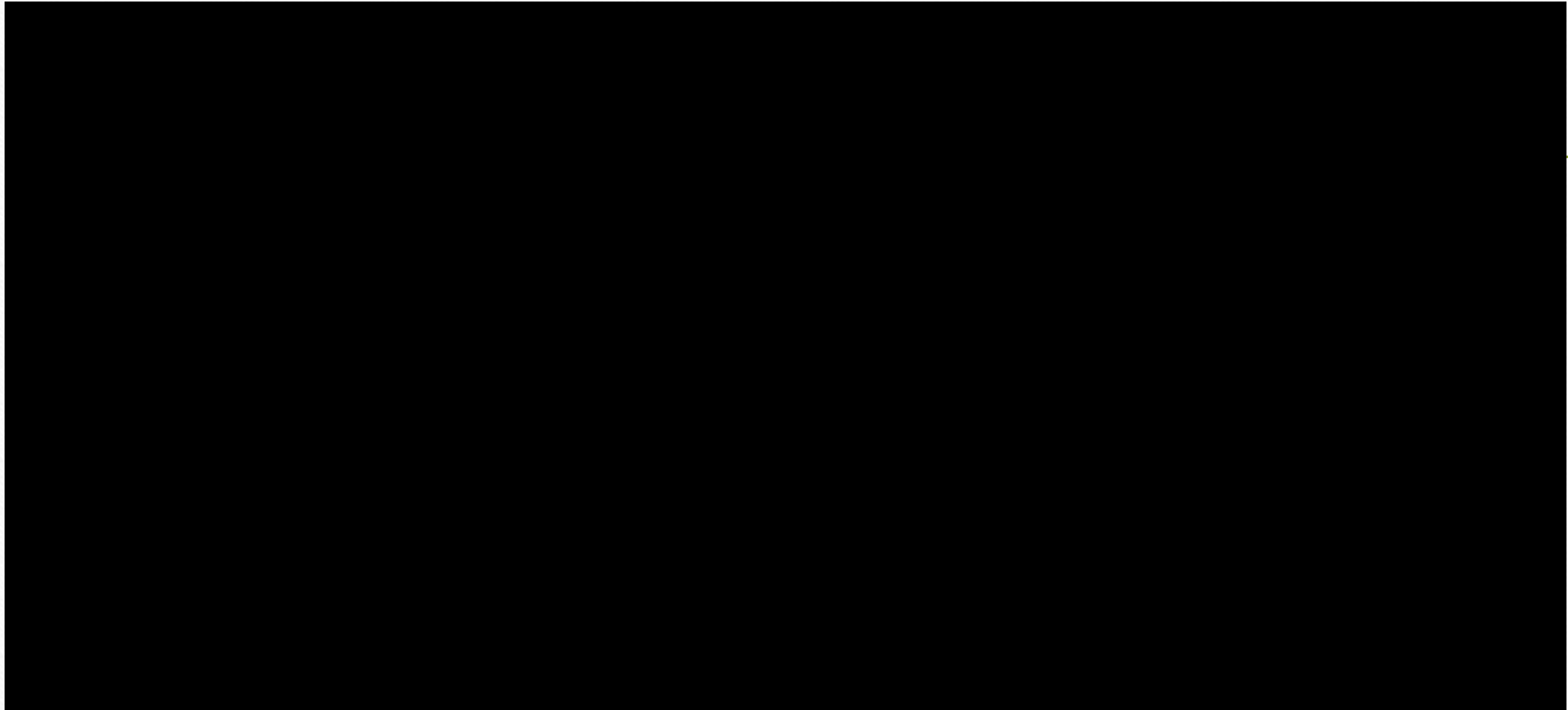
Crisis Intervention

- 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

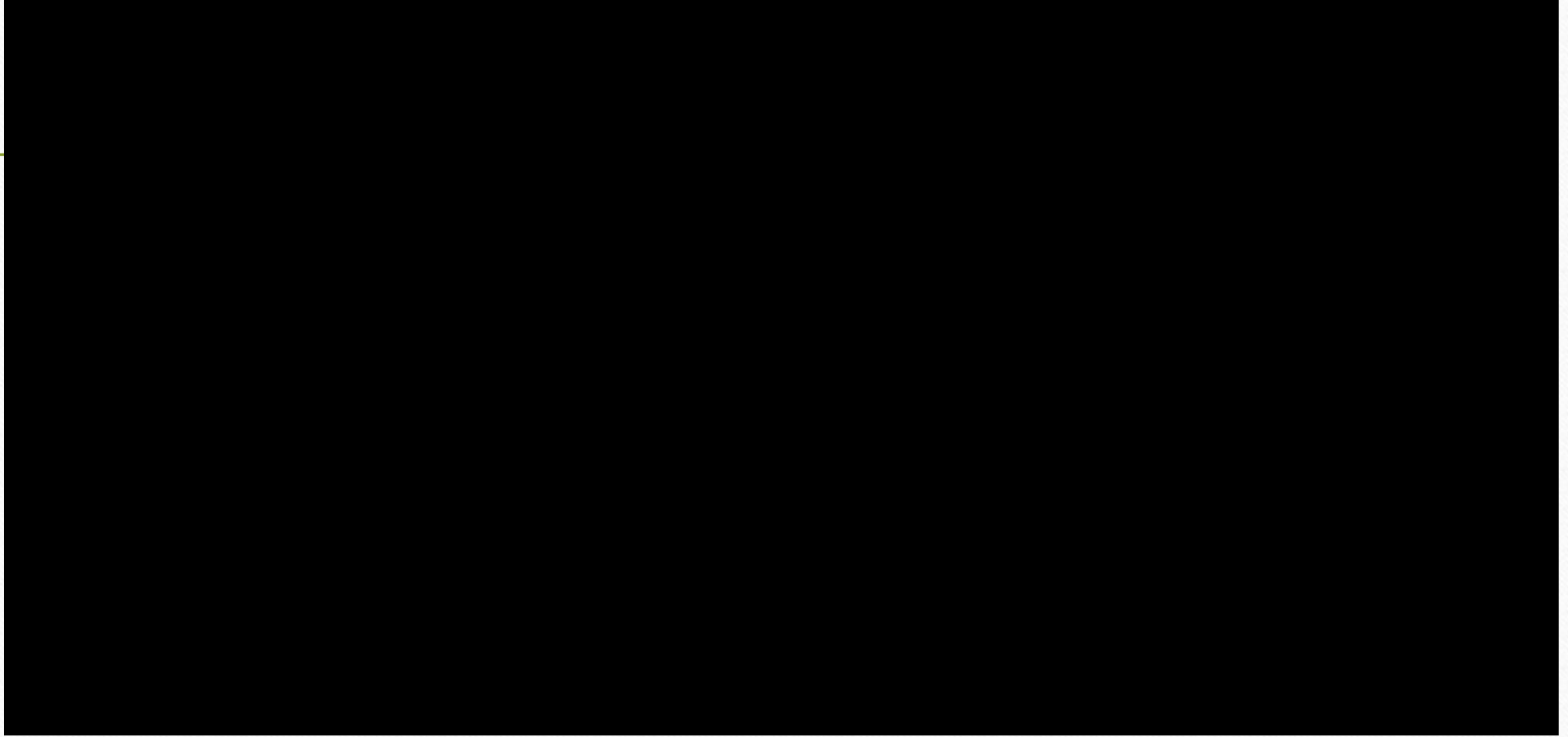
Determine

Determine need for food, water and basic needs

Use

Use active listening skills

De-escalation – Delirium




Crisis Negotiation

Brian Person

.

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



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
OFFICER REFERENCE CARD

INTRODUCTION: The purpose of this card is to provide you with a quick reference guide to the various techniques and strategies used in crisis negotiation. It is designed to be used as a reference tool during a crisis negotiation. It is not intended to be a substitute for training or experience.

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

OFFICER ASSESSMENT SKILLS: Know in their role as they are in your jurisdiction. Your goal is to make the subject more calm and lower his emotions. Save a hell 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 LISTENING | 13. EMPATHY STATEMENTS |
| • Repeat the last few words spoken | • You sound 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 |
| • Repeat 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 realize that you are on common ground. Get back there soon. **ALWAYS LOOK FOR HOOKS.**

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 working plan. They may want the subject to have a good working plan.

THE NEGOTIATION

- ID Check - Establish Intent - ID Plans and Means - ID Harm Done - Dislike Plan and Mitigate - ID Victim's 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 at 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 go on?
 14. What do you think we could do that would make things not hurt so much.

CONTROL TECHNIQUES WITH HOSTAGE TAKER (Domestic)

Rules: Don't argue. Use victim's name. Give perception of control so takes control 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 _____'s medical condition?"

SRI 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 A/S

HEAD	SAD	GLAD	WRY	AFRAID	ASHAMED
Dumbfounded	Lonely	Amused	Embarrassed	Perplexed	Embarrassed
Disappointed	Lonely	Amused	Embarrassed	Perplexed	Embarrassed
Disappointed	Lonely	Amused	Embarrassed	Perplexed	Embarrassed
Disappointed	Lonely	Amused	Embarrassed	Perplexed	Embarrassed
Disappointed	Lonely	Amused	Embarrassed	Perplexed	Embarrassed
Disappointed	Lonely	Amused	Embarrassed	Perplexed	Embarrassed
Disappointed	Lonely	Amused	Embarrassed	Perplexed	Embarrassed
Disappointed	Lonely	Amused	Embarrassed	Perplexed	Embarrassed
Disappointed	Lonely	Amused	Embarrassed	Perplexed	Embarrassed

ADDRESSING OBSTACLES:
Safety, Refusal and Request: 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'll 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 THE SUBJECT

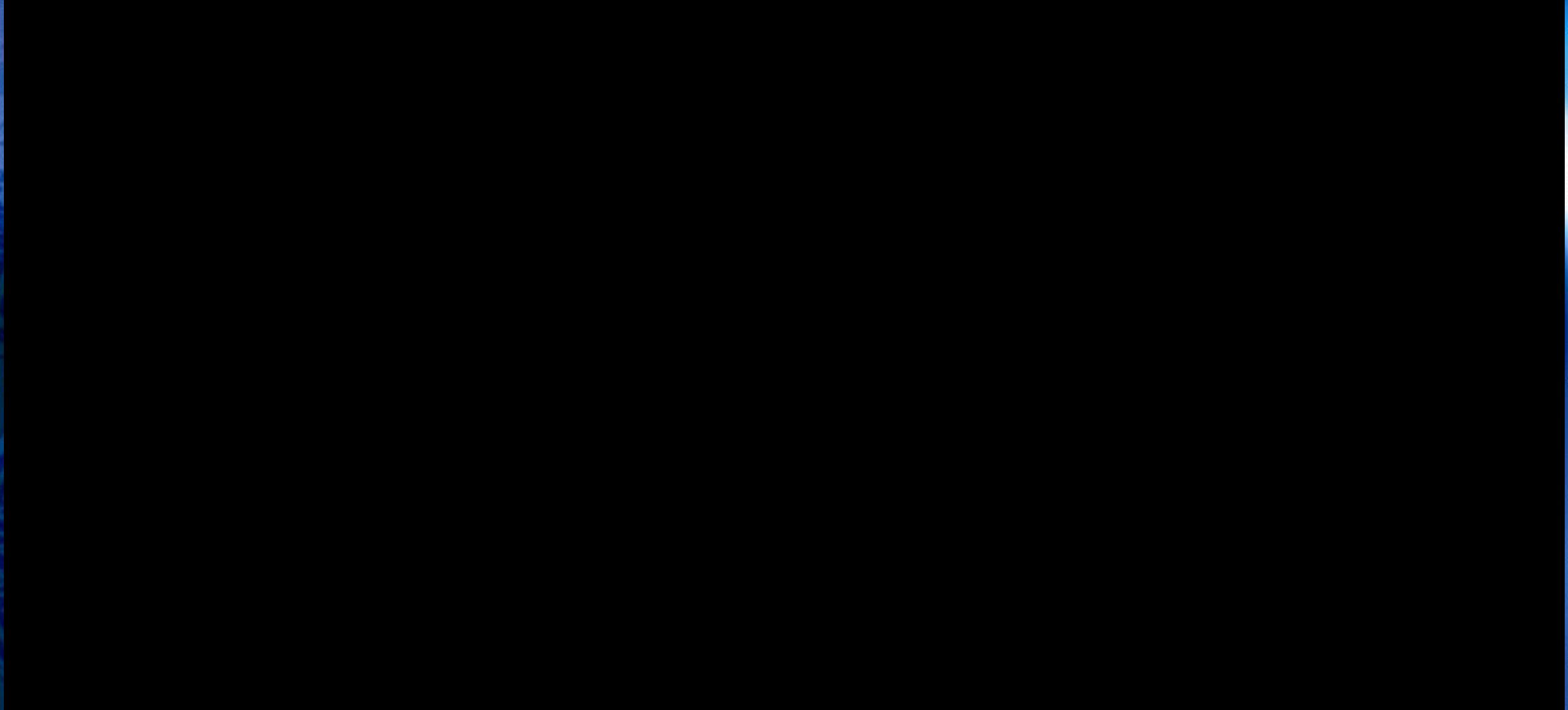
- (1) **Project Guilt:** "That would be terrible, but it's your choice, I want to work with you, but it'll be out of my hands if you choose not to work with me."
 - (2) **Reinforce Subject:** "May I speak now? Help me understand. So I can understand I have to ask some questions. If I can't talk to you,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

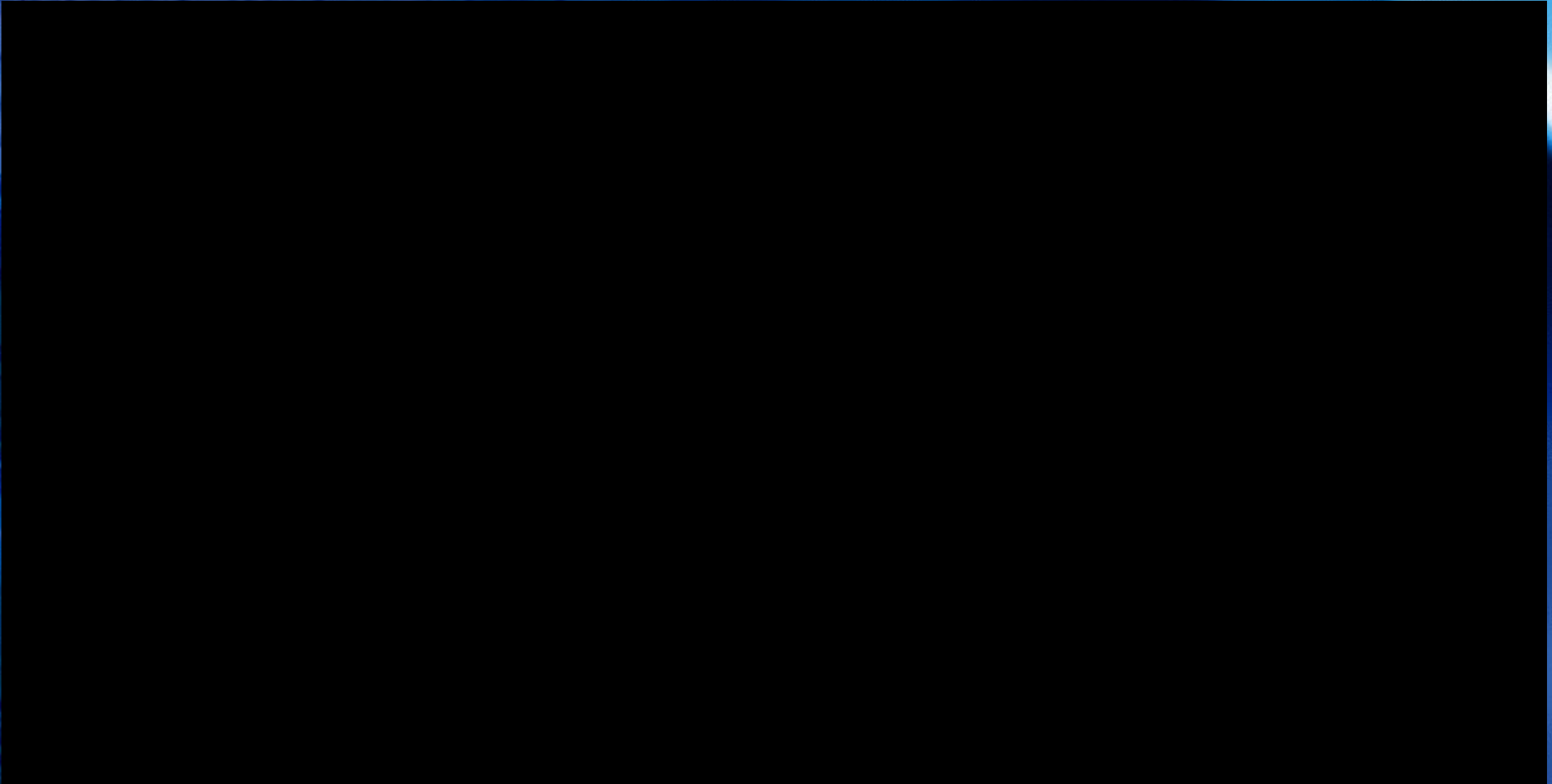
- NEGOTIATOR HAND-OFFS**
- (1) I need to brief my boss and will get right back to you.
 - (2) I will find out about your requests and will be right back.
 - (3) My partner knows all about this situation and will speak to you now (have them start with a summary).
- TELEPLAYS**
- (1) If subject wants you 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

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



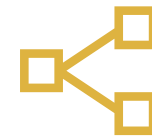
Active
Listening Skills



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

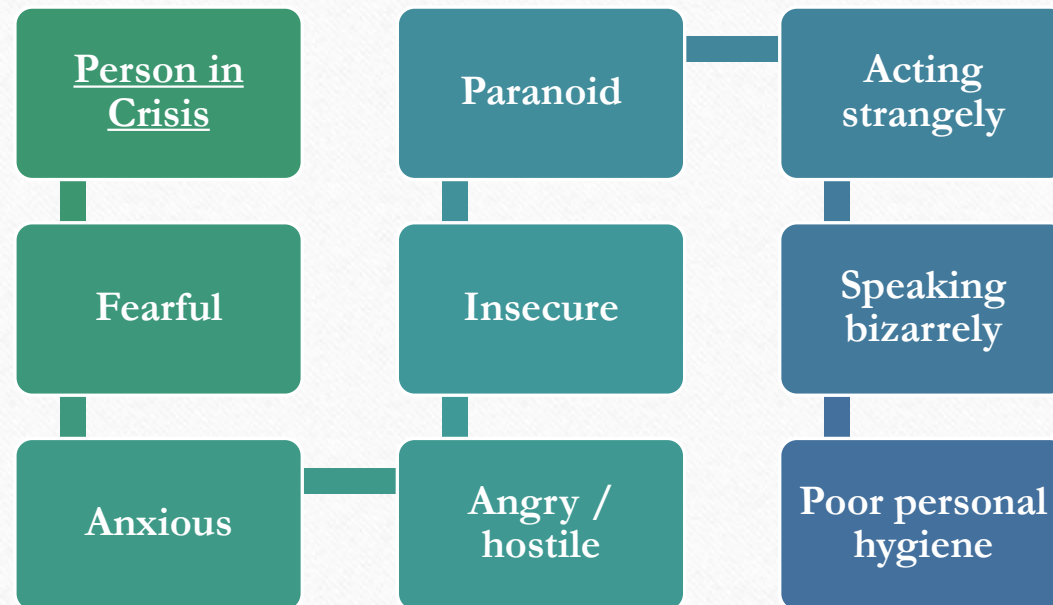
Empathy:
An
Essential
Concept

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

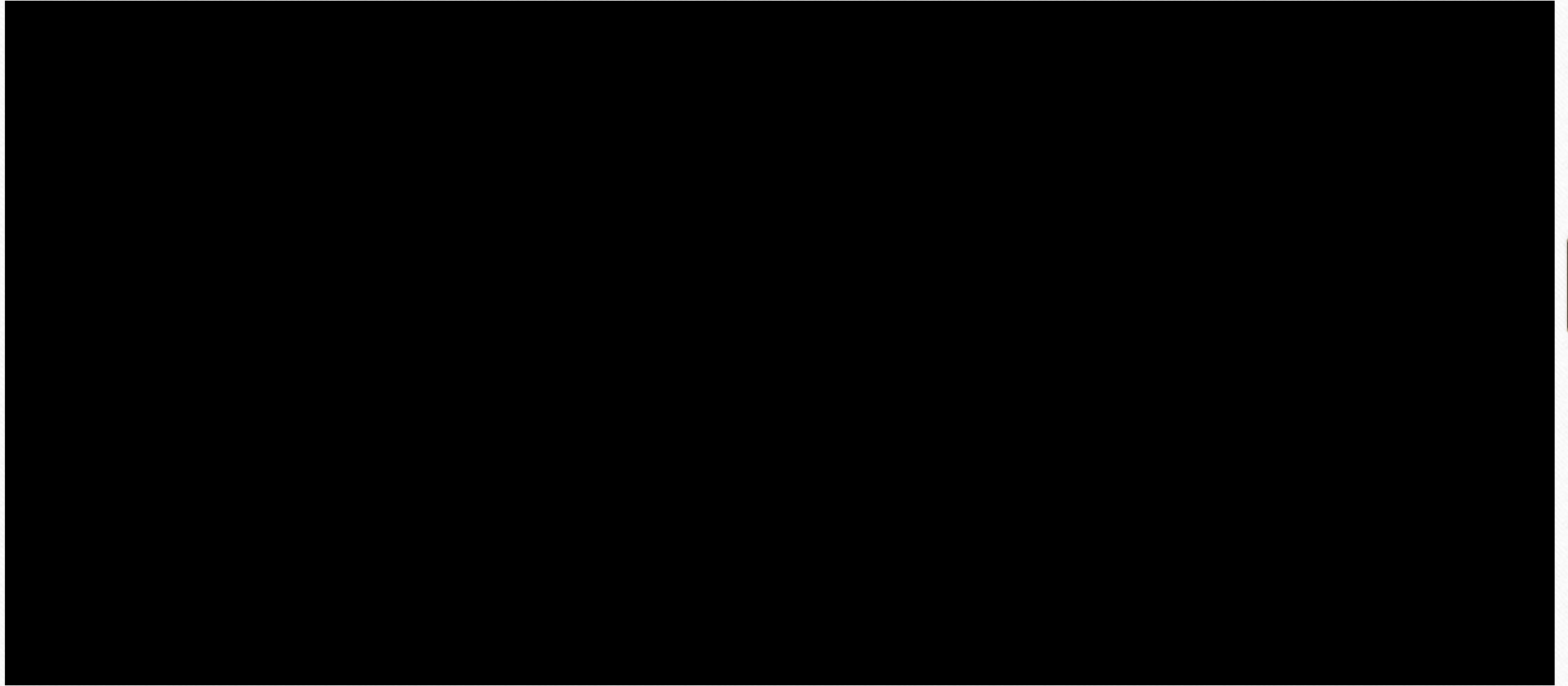
Strategies for Frequently Encountered Situations

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

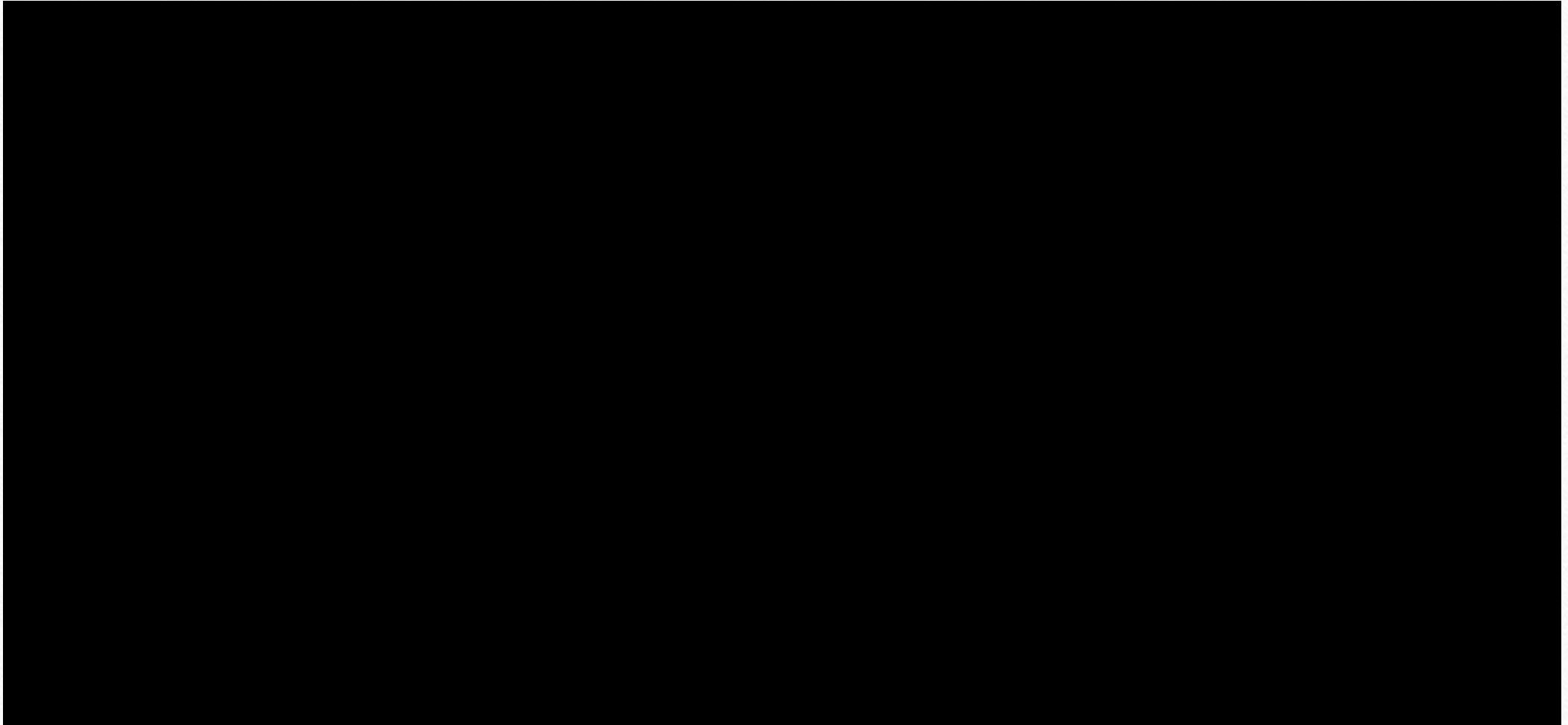
Intoxication: Let them vent, listen, use a calm, even tone, move person away from others if possible, be reassuring.

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

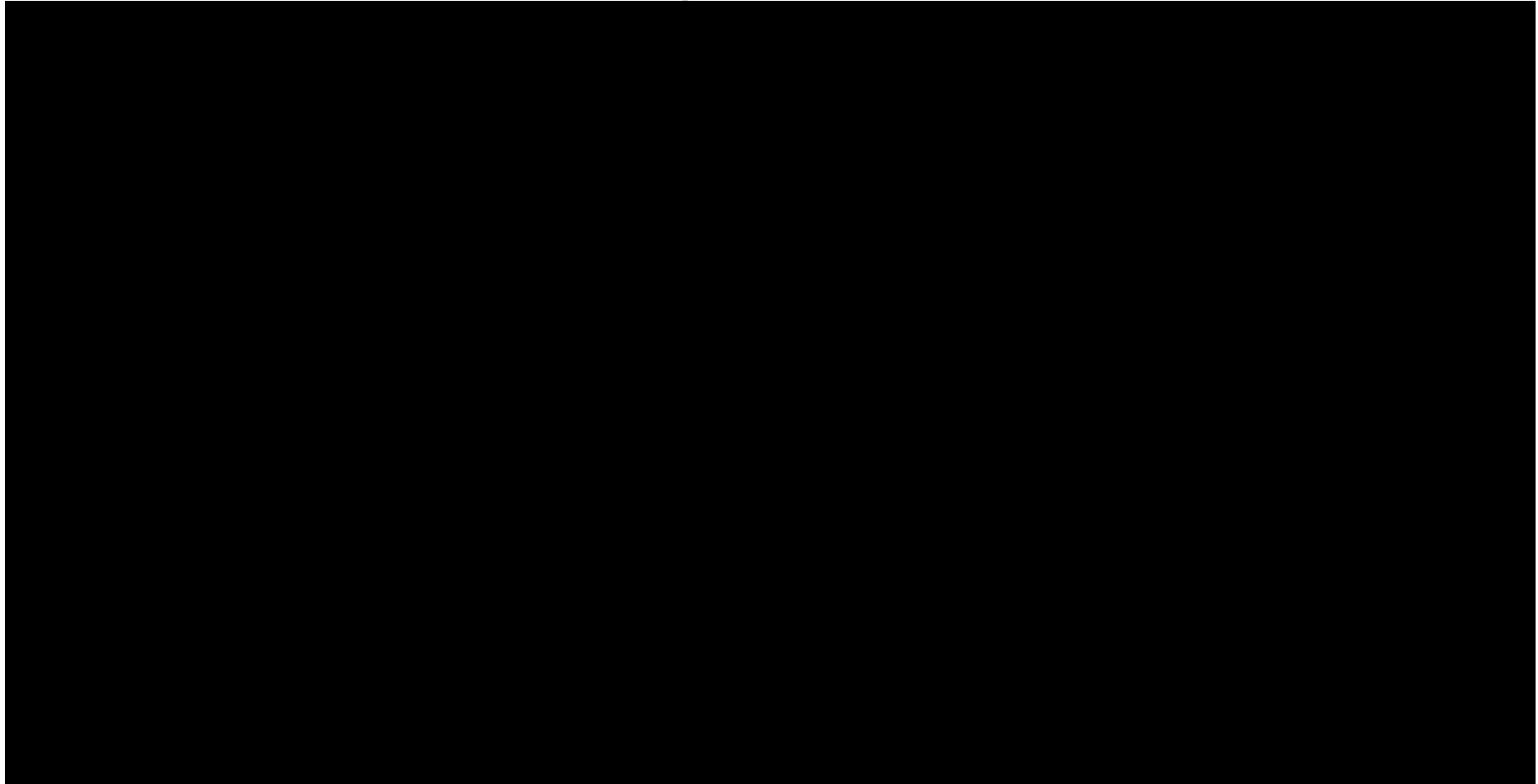
Don'ts

- 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!