

De-escalation

This course of study is specific to the Law Enforcement Officer and those in related fields that encounter a person with mental illness in a crisis situation.

Course Objectives:

- ❖ The Officer will increase their awareness of verbal and non-verbal cues of a person with mental illness during a crisis situation.
- ❖ The Officer will improve existing skills, as well as learn new skills and techniques, to help in the de-escalation of a person with mental illness in a crisis situation.
- ❖ The Officer will gain therapeutic communication skills to increase potential for successful interactions during a crisis situation with a person with mental illness.
- ❖ The Officer will exhibit their newly attained skills and techniques in handling a crisis situation with a person with mental illness in an interactive practicum at the conclusion of course study.

Law Enforcement Specific: Communication Factors

1. Effective communication skills are the key to any successful interaction; but it is especially important when dealing with a mentally ill person in crisis.
2. The law enforcement officer is working under a set of parameters that is unlike that of any other professional, such as:
 - A. Safety and protection of the general public.
 - B. The public's perception of Law Enforcement Officers – public microscope.
 - C. Political ramifications.
 - D. Potential restrictions of duration of interaction.
3. The parameters stated above, as well as many others, make it imperative for the CIT Officer to be highly skilled in the therapeutic communications that are necessary to de-escalate a mentally ill person in a crisis situation.

Principles of Therapeutic Communication

For use in de-escalating a person with mental illness in a crisis.

Adapted from *Listening and Responding in Crisis Intervention* by
Dr. B. Gilliland and Dr. R. James, University of Memphis

1. Empathy (Empathic Understanding)

Empathy means to accurately and sensitively understand the other person's experience, feelings, and concerns. The empathic CIT Officer will accurately sense the person's feelings as if they were his or her own, without becoming lost in the other person's concerns. If the CIT Officer can effectively show empathic understanding, the he or she will be setting up the conditions whereby the crisis situation may be defused, calmed, and contained. The person in crisis is more likely to feel understood, to feel a sense of safety and self-control, and to begin to trust the CIT Officer. The major components of communicating empathic understandings are:

- A. **ATTENDING** – To the person's words, voice, and body language.
- B. **ACCURATE RESTATEMENT** – Of the person's essential message content.
- C. **ACCURATE REFLECTION** – Of the person's moment-to-moment feelings.

Empathy is different from sympathy. When we're sympathetic, we may become sad, angry, etc. over the other person's dilemma. In crisis intervention, sympathy is not helpful because we lose objectivity and the ability to act in a logical and linear manner.

Conversely, by responding in an empathic manner, we are attempting to approximate and anticipate, as closely as possible, the thinking, feeling, and behaving of the recipient of our services.

When we are able to perceive the world as the other person does, we are able to establish trust, convey understanding, and open the door to less traumatic or violent intervention.

CIT Officers who practice and use, practice and use (over and over again) the technique of empathic understanding will become more proficient and more successful as time goes on. Empathic responding is a skill that will make the CIT Officer more successful, not only in police work, but also in one's daily living.

2. Genuineness (Congruency, Realness, Transparency)

Genuineness means to interact with the other person without any pretensions. The CIT Officer who is genuine will be perceived by the other person as:

BEING ROLE-FREE: The interventionist (CIT Officer) assumes no facades. “I do not pretend to be something I’m not, that is, Superman, Rambo, Wonder Woman, or Sigmund Freud. What you see is what you get!” Being role-free conveys to the other person that, “I’m real, I’m vulnerable, too, I can be afraid, glad, happy, aggravated, caring, supportive, and can experience all the other emotional states anyone else can.”

BEING SPONTANEOUS: By communicating the interventionist (CIT Officer) thoughts and feelings in an open and honest manner, the CIT Officer is able to adapt to changing conditions without operating out of a “rule book” that may exacerbate the crisis.

BEING CONSISTENT: Saying one thing and doing another is not helpful in gaining confidence and credibility. “When I am consistent, my mouth is not saying one thing, ‘I want to be helpful,’ while my body language is saying another, such as vigorously tapping my flashlight in my hand.”

SELF-DISCLOSURE: Self-disclosure does not mean “sharing my innermost secrets, or telling my war stories.” It means owning my own feelings about what is going on at the present time.

USING “I” STATEMENTS: “I” statements mean taking responsibility for what is happening. “We,” “They,” “The Captain,” “God,” are all ways of distancing oneself from the client and not taking responsibility for one’s own feeling, thinking, and acting.

STAYING IN THE “HERE-AND-NOW”: Staying in the here-and-now means just that. We sometimes call it “immediacy.” It is extremely easy, and of little help, to talk about other people, other places, and past or future time. Staying in the present is

critical in keeping clients in touch with reality and moving toward problem resolution.

GENUINENESS: This has to do with who you are, the person you are. The “real person” (the self) the CIT Officer brings to the crisis situation is who the person in crisis will see and who the person in crisis will respond to. The admonition: BE YOURSELF, in the immediacy of the crisis situation is critical.

3. Acceptance (Caring, Prizing, Unconditional Positive Regard)

Acceptance means recognizing that the other person has a right to his or her own thoughts, feelings, or behaviors, and deserves to be respected as a human being of intrinsic worth, regardless of that person’s station in life, race, religion, ethnic origin, sex, sexual orientation, economic condition, or personal looks. The CIT Officer who shows acceptance or unconditional positive regard toward the person in crisis will have an immediate advantage in gaining trust and beginning to stabilize or calm the crisis situation.

At times, acceptance may be extremely difficult when clients act in bizarre, angry, or hostile ways. Most clients’ actions are motivated by fear, anxiety, and insecurity. No person that we know of decided as a child to use schizophrenia, drug addiction, acute depression, or any other mental illness or affliction as an emotional or vocational choice when they grew up. If we are able to accept a heart patient, and take this disability into consideration, then surely we can do the same for a mental patient.

The CIT Officer who can truly accept all persons encountered in crisis as people of intrinsic worth, without judging, blaming, or other negative responses, will be immediately modeling this quality to the clients in distress. The clients may then begin to sense and take on the quality of acceptance, too. That is of enormous value in the crisis intervention process.

4. “I” Owing Statements (Assertion)

The CIT Officer may use “I” owning statements to indicate to the other person, “These are my wants, thoughts, and/or feelings, and I take responsibility for them.”

The purpose of “I” owning statement is NOT to resolve the problem of crisis, but rather to communicate to the person that the CIT Officer is aware of his/her wants, thoughts, desires, and/or feelings. The client is also aware that the CIT Officer is being honest about his/her own motivations at the present moment. Appropriate use of “I” owning statements does not put the client on the defensive and should not embarrass, diminish, or discount the other person.

OBJECTIVES OF ASSERTION: The purpose is to simply and concretely communicate what the CIT Officer wants, needs, desires. A clue – K.I.S.S. (Keep It Short and Simple).

EXAMPLE OF ASSERTION: “What I’m trying to do is to make sure that nobody gets hurt and that you are safe. What I want you to do right now is to sit down here so we can talk calmly about what is going on with you today, and how I can help.” Or, “What I want you to do now is to come with me so we can get you safe and back on your medication.”

For many clients, because of their agitated state, they will not hear an initial request. Thus, the CIT Officer will need to use the “broken record” technique. In a calm, clear voice, the request for compliance needs to be repeated without the Officer showing the least bit of disturbance over the client’s not hearing the first time.

5. Facilitating Listening

FOCUSING TOTAL MENTAL POWER INTO THE OTHER

PERSON’S WORLD: The CIT Officer must focus to the exclusion of background noise or any other distractions. Much like the excellent athlete, the interventionist (CIT Officer) excludes all other distractions and concentrates on the goal of stabilizing the crisis situation.

FULLY ATTENDING TO ALL THE VERBAL AND NON-VERBAL MESSAGES: Attending to what the client is doing is as important as what the client is saying.

When the two are put together, they tell us a great deal about how congruent the client is. Congruency means that what the person is doing, saying, and feeling fits together and makes sense in the given moment in the given situation.

SENSING THE OTHER'S READINESS TO ENTER INTO EMOTIONAL AND POSITIVE PHYSICAL CONTACT WITH OTHERS, ESPECIALLY THE CIT OFFICER:

By asking open-ended questions, such as "How?" and "What?," we allow the client to tell his or her tale, which gives us information, allows us to make an assessment as to client lethality (danger to self, the police officers, and to others), makes the client contact with reality, and facilitates communications.

You will be better off if you stay away from "Why?" questions. "Why?" questions are likely to put individuals on the defensive. Frankly, most of the time they won't know, or have a legitimate reason for, why they did what they did.

Hold "Do," "Are," and "Have" questions to a minimum early on. You close the deal with these, i.e., "Do you want me to call your doctor so we can go there?" Early on, you'll do better with "How?" and "What?" which allows the person to ventilate and elaborate.

MODELING ATTENDING BEHAVIOR BY BOTH VERBAL AND NON-VERBAL CUES:

Modeling this behavior strengthens the relationship bond and pre-disposes the person to begin to trust the CIT Officer. By restating and encapsulating the client's statements, we affirm that we are listening and also confirm what we have heard is correct. By reflecting emotional content, we affirm feelings as real and legitimate. By our own body language, we show our openness to communication and to helping the person regain control and calmness and to begin to stabilize the crisis situation.

6. Assumptions

SET LIMITS: Provide routine and negative sanctions against behavior that is pre-disposing toward violence or non-compliance.

ASSUME THAT THE CLIENT IS FRUSTRATED: In the client's mind's eye, the client perceives there is a reason to be frustrated.

ASSUME NEGATIVE EMOTIONS: Respond positively and confidently by reinforcing and modeling pro-social behavior.

ASSUME A THREAT TO THE CLIENT'S SELF-ESTEEM AND SELF-CONTROL: Provide choices; provide a way for the client to save face.

ASSUME TENSION AND AROUSAL: Provide a calm, relaxed atmosphere – and, at the same time, be aware that clients can be both powerful and explosive when arousal and adrenaline is high.

ASSUME CONFUSION: Provide a careful explanation of all procedures; be prepared to repeat explanations using the “broken record” technique.

ASSUME RESPONSIBILITY BY ONE PERSON AND ACT AS THE CLIENT'S ADVOCATE: Be perceived by the client as the one person in charge at the moment.

ASSUME THAT THE CLIENT IS UNIQUE: Don't assume that the person or the story he or she is telling is like some other story you have heard. Deal with each new crisis client as a new, emergent situation and say to yourself, “Let me try to understand what this particular person is feeling, thinking, and wanting.” Thus, turning over a new leaf with each new crisis client, the CIT Officer will avoid the trap of stereotyping and assuming that he or she already knows what the client is feeling, thinking, and wanting, even before the client's unique story unfolds. Take the time to let the story unfold or emerge without prejudging the situation.

7. Communication Precautions

DON'T deny the possibility of violence when early signs of agitation are first noticed.

DON'T underestimate information given by others regarding behavioral clues.

DON'T engage in behaviors that can be interpreted as aggressive.

DON'T allow others to interact simultaneously while you are attempting to talk.

DON'T make promises you cannot keep.

DON'T allow feelings of fear, anger, or hostility to interfere with self-control and professional demeanor.

DON'T argue, give orders, or disagree unless absolutely necessary.

DON'T be placating by giving in and agreeing to all the real and imagined ills of the person.

DON'T become condescending by using cynical, sarcastic, or satirical remarks.

DON'T let your own importance be acted out in a know-it-all manner.

DON'T raise your voice, use a sharp edge, or use threats to gain compliance.

DON'T mumble, speak hesitantly, or use a tone so low that you can't be understood.

DON'T argue over small points.

DON'T attempt to reason with anyone under the influence of a mind altering substance.

DON'T attempt to gain compliance based on the assumption that the person is as reasonable about things as you are.

DON'T allow a crowd to congregate.

DON'T corner, or be cornered – give the person expanded space.

DON'T ask “Why?”

DON'T deny the opportunity to save face.

DON'T rush, be rushed, or lose your own cool!

Quick Assessment Techniques

A. When approaching an individual in crisis, go through this quick check-list to give you insight into the situation at hand.

1. Is the individual alone or operating with others?
2. Is the individual pacing?
3. Is the individual talking to themselves?
4. Does the individual back away and/or look around?
5. Is the individual loud and/or animated?

B. When beginning initial verbal intervention with the mentally ill individual in crisis, continue your quick assessment techniques, and take the first few minutes to gather further assessment information.

1. Does the individual make eye contact?
2. Are the individual's emotions rapidly changing?
3. Is the individual alert, confused, or lethargic (possible OD)?
4. Is the individual in touch with reality?
5. Assess their mood – are they angry, crying, overly quiet, or confrontational?
6. Is the individual disheveled or inappropriately dressed?
7. Does the individual exhibit rapid speech, slurred speech, or sexual preoccupation?

Principles of Crisis Interaction

10 Phases

1. Approach individual in a non-threatening manner.
 2. Give individual time to vent, explain, or complain, and you time to assess.
 3. Using calm tones, give supportive, confident, and emphatic statements.
 4. Establish trust and rapport, don't push initial interaction.
 5. Be aware of the individual's and your posture (non-verbals) at all times.
 6. Refocus client to problem at hand.
 7. Ask about medication and doctor's name.
 8. Take a few minutes to re-establish rapport.
 9. Ask about last appointment and medication compliance.
 10. Begin to give options and bring interaction to a conclusion.❖
- ❖ If Phase 10 is unsuccessful the first time, realize that is okay. This is a process. Move back to Phase 8 and then begin a more assertive Phase 9 and 10.

Setting Limits

A Five-Step Approach to Setting Effective Limits

1. Explain to the individual exactly which behavior is inappropriate.
2. Explain why the behavior is inappropriate.
3. Give reasonable choices or consequences.
4. Allow time.
5. Enforce consequences.

Guidelines for Dealing with a Person with a Mental Illness

- ❖ Be respectful: Talk to adults as adults.
- ❖ Be calm, clear, and direct in communication.
- ❖ Be as consistent and predictable as you can.
- ❖ Set clear limits, rules, and expectations.
- ❖ Keep a professional distance.
- ❖ Accept the person as ill.
- ❖ Attribute the symptoms to the illness.
- ❖ Don't take symptoms of the illness personally.
- ❖ Maintain a positive attitude, even during failures.
- ❖ Allow the client to be unable to do things yet retain dignity.
- ❖ Notice and praise any positive steps or behavior.
- ❖ Offer frequent praise and, separately, specific criticism.
- ❖ Translate long-term goals into a series of short-term goals.
- ❖ Help your client attain realistic short-term goals.
- ❖ Take an "*I don't know*" attitude in response to long-term questions.

Helpful Hints to be an Effective CIT Officer

- ❖ **Carry a notebook with important contact numbers:** Such as psychiatrists, psychologists, area mental health agencies, case managers, mental health housing apartments, etc.
- ❖ **Keep a running list:** Of client's names, dates of each intervention, reason for intervention, and results of intervention. This will help you build a rapport with clients as you remind them of past helpful interventions.
- ❖ **Always remember:** You are called or have contact when client is at their worst and usually off of their meds. When they are medication compliant, they will be more lucid (clear thinking) and will remember what you said, and how you treated them. This will impact greatly on future interventions.
- ❖ **In departments across the country, only the best law enforcement officers are CIT officers:** An officer cannot be mandated into CIT and be a truly effective CIT officer. It takes a will to be a notch above the rest.
- ❖ **Take pride in being part of an elite team.**

Ten Commandments of De-escalating

1. Your safety comes first.
2. Keep therapeutic spacing.
3. Speak in tones that fit the situation.
4. When appropriate, use non-threatening posture.
5. Personalize the conversation (i.e., use first names).
6. Ask how you can help the client.
7. Don't be afraid to set firm, but calm, limits.
8. Never validate hallucinations.
9. Don't internalize the client's negative comments.
10. Never forget that schizophrenia, bipolar disorder, and major depression are organic and genetic disorders. The client did nothing to inherit them.