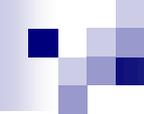




# Crisis Intervention and De-escalation Techniques

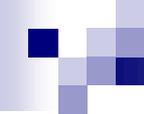
Presented by  
Michele Saunders, LCSW



# 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

## 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

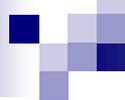
## Crisis for People with Mental Illnesses:

- 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.



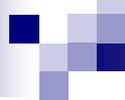
# Crisis Intervention and De-escalation

## **C.A.F MODEL – Calm, Assess, Facilitate**

**Calm:** to decrease the emotional, behavioral, and mental intensity of a situation

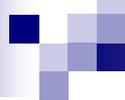
**Assess:** to determine the most appropriate response as presented by the facts

**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



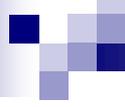
# Guidelines for De-escalation (con't)

- 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)

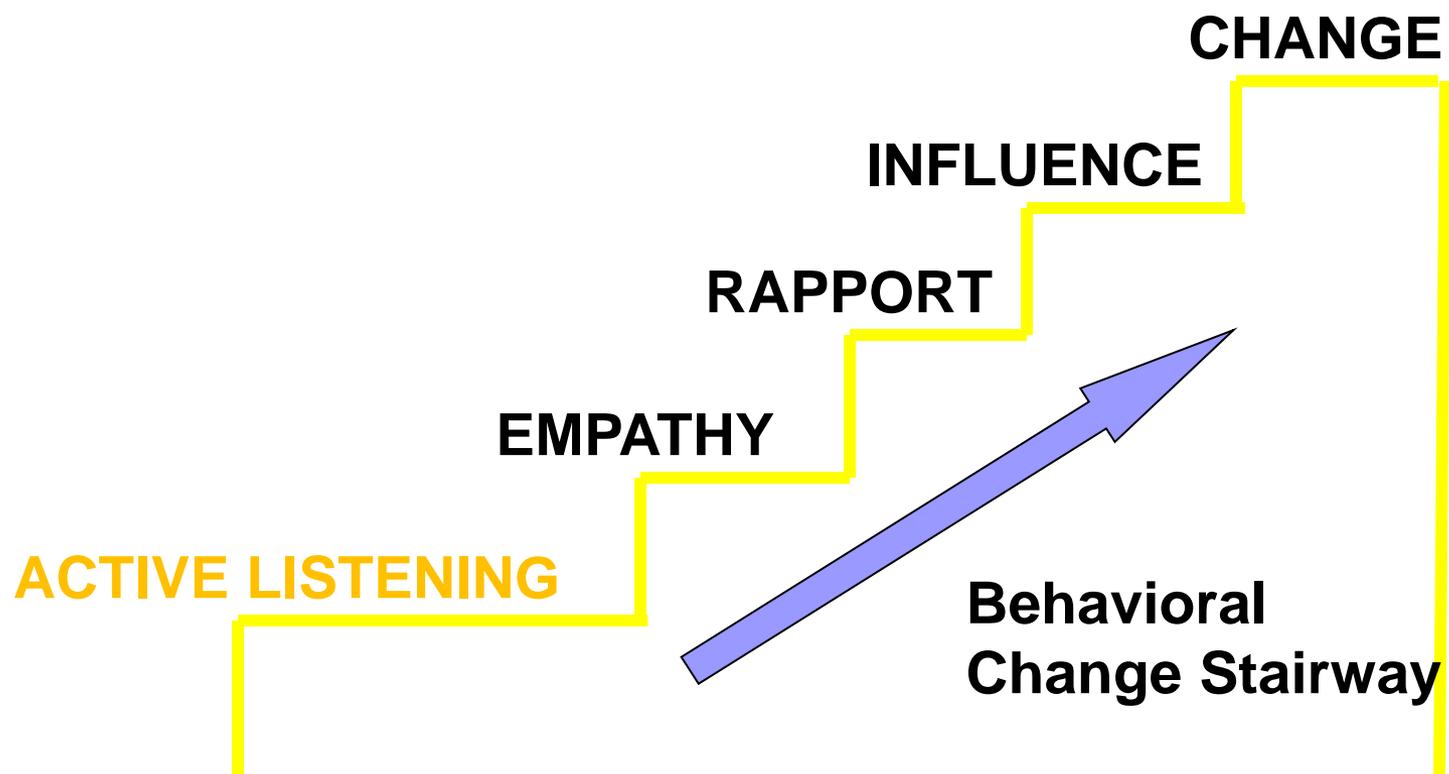
- Be consistent
- Use “I” statements
- Here and now
- Validation/acceptance
- No promises you cannot keep



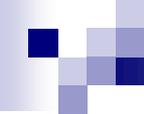
# Guidelines for De-escalation (con't)

- 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

# The Negotiator's Role: Influencing Behavioral Change



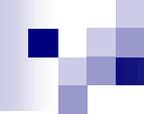
**Active Listening** is the foundation that supports everything else



# Effective Communication

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

聽德



# 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

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"*

**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:**

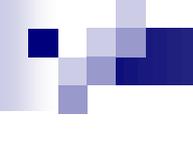
*“You’re feeling scared and depressed because you don’t have any money and no place to stay.”*

# 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.”*

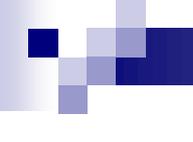
**CIT:** *“You sound embarrassed and pretty hopeless about getting your life back together.”*



# 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

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



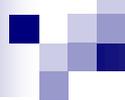
# Strategies for Frequently Encountered Situations



# Strategies for Frequently Encountered Situations

- **Psychotic (Disorganized Thinking) and verbally aggressive**

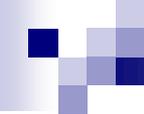
Allow person to vent energy, maintain safe distance, talk in low voice, broken record, reassure



# Strategies for Frequently Encountered Situations

## ■ **Hallucinations**

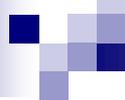
Validate the experience for the person, can indicate you don't hear the voices, have person focus on you, offer help, safety



# Strategies for Frequently Encountered Situations

- **Delusional statements (may include paranoia)**

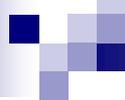
Recognize their view, indicate it is not your view, but you are willing to help, do not argue or debate, focus person on what you need them to do



# Strategies for Frequently Encountered Situations

- **Compulsive Talking (mania)**

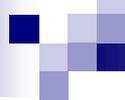
Ask concise, specific, concrete questions;  
use broken record technique



# 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

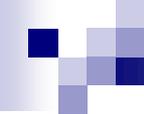
# DONT'S

- 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

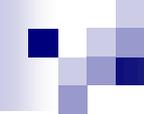
- Appropriate assessment directs appropriate facilitation
- Know your community resources
- Be flexible with alternatives when appropriate

# 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**