Presentation for Crisis Intervention Team (CIT) Training

Communication, Active Listening, and De-escalation

Captain Michael R. Newton
Juan,

My name is [Redacted] and we met about [Redacted] when I attempted to commit suicide. Since I was 14 yrs old I have been afraid of the police because of a mishap. You handled the situation very well and helped to ease my anxiety as I got to the ambulance.

I want you to know that everything is going much better for me and I have a new outlook on life. Thank you so much, you helped save my life. I cannot thank you enough for everything.

Sincerely,

Thank You.
Objectives

- Describe What a Behavioral Crisis is
- Describe what de-escalation is
- Describe effective communication
- Describe what to avoid and do for a person in crisis
- Describe active listening
- Discuss engagement, assessment and resolution framework
- Describe diagnosis and intervention
What is a Behavioral Crisis?

- A crisis is a perception of an event or situation as an intolerable difficulty that exceeds the resources and coping mechanisms of the person.

- Unless the person obtains relief, the crisis has the potential to cause severe behavioral malfunctioning.
Behavioral Crisis?

- Crisis intervention is emotional first aid which is designed to assist the person in crisis to return to normal functioning.

- The focus of crisis intervention is what’s happening here and how!
Behavioral Crisis

3 reasons that a consumer may be having a behavioral crisis:

• Medical condition
• Substance use
• **Psychiatric condition:** 1) thought disorder; 2) mood disorder; 3) anxiety disorder; 4) personality disorder
Behavioral Crisis

• A number of encounters that you will have with consumers are because the symptoms of their illness are not under control. Most commonly, this occurs at the initial onset of illness, during a relapse (that can result for a variety of reasons) and when the person is using substances.

• The consumer’s behavior is usually a result of his or her illness, rather than being criminally motivated.
If you or someone you love has been behaving out of character, seeing things others are not, avoiding people, feeling fearful and/or suspicious of others, PROPs may be right for you.

PROPs is an outpatient program for youth and young adults between the ages of 15 and 25 who are experiencing early symptoms of psychosis. Research shows these symptoms are most responsive to treatment when identified early. An accurate diagnosis and appropriate treatment plan are critically important in the prevention of – and recovery from – schizophrenia and other psychotic disorders.

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What is verbal de-escalation?

Verbal de-escalation is used during potentially dangerous, or threatening, situation in an attempt to prevent persons from causing harm to us, themselves, or others.
Use of Force and De-escalation:

Whether or not you are a police officer de-escalation looks at *Presence* while using *Dialogue and Persuasion*

- **First**: Secure a safe place to focus on maintaining two-way attention. Eliminate distractions and distractive people!

- **Second**: Listen for the cues for an understanding of the person in crisis. They usually tell you what they want!

- **Third**: Your Attitude: “I am here to help you,” as a gesture must be genuine!

Don’t say it if you don’t mean it! People whether they are having a mental health crisis or not will detect your insincerity!
Goals of Verbal De-escalation

- Open up clear lines of communication.
- Build trust and validate the consumer’s situation.
- Get the consumer talking about his situation.
- Gathering the necessary information make a good resolution.
What is De-Escalation

• De-escalation is less like a recipe or formula and more like a flexible set of options.

• There is no single set of de-escalation skills: we have tried to put together a effective set of skills by borrowing from multiple approaches.

• De-escalation will not always work.
What is de-escalation

• Your safety and the safety of the consumer always remain paramount concerns.

• Once you become skilled in de-escalation, you do not simply abandon all the training and experience that came before it.

• De-escalation is another tool that you have at your disposal to be judiciously applied in controlling a potentially volatile situation, rather than serving as a substitute for sound judgment and attentiveness to safety.
Effective Communication

- 70% of communication misunderstood

- Effective communication is defined as passing information between one person and another that is mutually understood
Effective Communication

• Communication becomes more difficult when the person’s ability to understand what you are saying and/or their ability to express their own thoughts or needs are compromised by their symptoms.

• When a person cannot express their needs, they become more angry and frustrated more quickly and more frequently.

• Your ability to engage a consumer in conversation and successfully resolve a conflict often depends as much on how you say the words you choose as much as the words themselves. (3 Aspects of Communication)
Barriers to Effective Communication

Barriers to communication are the things that keep the meaning of what is being said from being heard:

- Pre-judging
- Not listening
- Criticizing
- Name-calling
- Engaging in power struggles
- Ordering
- Threatening
- Minimizing
- Arguing
3 aspects of communication

• Body language
• Tone
• Word choice

Which has the most influence?

- Non-verbal (55%)
  - Eye contact
  - Posture
  - Gestures
  - Facial expression

- Words (38%)

- How you say it
  - Visual, Auditory, Kinaesthetic
  - Pitch
  - Pace
  - Volume
  - Emotion
  - Detail/High level

(7%)
BODY LANGUAGE

55% OF COMMUNICATION IS NON-VERBAL

What is her body language saying?
BODY LANGUAGE CAN ESCALATE TENSION

Match the body language to its message.

1. Shoulder shrugging
2. Jaw set with clenched teeth
3. Finger pointing
4. A fake smile
5. Excessive gesturing, pacing, fidgeting, or weight shifting
6. Touching, even when culturally appropriate

A. Mocking or uncaring
B. Accusing or threatening
C. Anxiety
D. Hostility or threatening
E. Not open-minded or listening
F. Uncaring or unknowing

Also avoid: Turning your back
Quick actions
Aggressive postures
Try to look as non-threatening as possible

• Appear calm and self-assured even if you don’t feel it.

• Maintain limited eye contact.

• Maintain a neutral facial expression.

• Place your hands in front of your body in an open and relaxed position.

• Be at the same eye level. Encourage the person to be seated, but if he/she needs to stand, stand up also.
Personal Space

- Persons with mental illness often develop an altered sense of personal space. They require more space than usual to feel comfortable and feel intensely threatened when other people close in on them with no warning.
- Invasion or encroachment of personal space tends to heighten or escalate anxiety.
- Personal space in American culture is about 3 feet.
- Do not touch a person in crisis – they might interpret that as an aggressive action.
- Announce intention: “I need some space, so I am going to back up.”
“Don’t Fence me in”

Persons in crisis perceive the need for a wider personal space in order to feel comfortable – 5 times the normal physical space.
Which position is less aggressive? Why?

Best stance – at an angle, feet hips width apart, one foot in front
• Greater balance and mobility
• Exposes less of the body as a target
Stay far enough away that the other person cannot hit, kick or grab you.

• Do not approach head-on or from the back.
• Approaching at an angle is perceived as less confrontational.
• Never turn your back.

University of Iowa School of Social Work: Committed to Excellence Through Supervision, 2009.
IT’s not what you say, but how you say it.

Tone expresses speaker’s feelings or attitudes.

Listener interprets speaker’s message through tone.

38% of communication depends on tone

Think about how this could be taken depending on the tone and inflection given.

“You made it here on time!”
“Handle them carefully, for words have more power than atom bombs.” Pearl Strachan, British politician, 1930.
Consumers typically will have one of 3 feelings

- Anger
- Fear
- Sadness/depression
What you may be seeing . . .

<table>
<thead>
<tr>
<th>Consumer’s Inner Experience</th>
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<tbody>
<tr>
<td>Hostility, evasion</td>
</tr>
<tr>
<td>Risk-taking</td>
</tr>
<tr>
<td>Self-destructive behavior</td>
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<tr>
<td>Odd, dangerous behavior</td>
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<tr>
<td>Very odd behavior</td>
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<tr>
<td>Attempts at self-treatment</td>
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<tr>
<td>(e.g. drugs)</td>
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Behavioral Crisis

Given the low likelihood that emotional people in crisis can succeed in rationalizing alternatives, law enforcement responses to emotional people in volatile situations cannot rely on convincing people by making a rational proposal to think differently. Rather, responders need to create a stable and respectful environment within which emotional individuals can take comfort and relief.
Avoid

- Maintaining continuous eye contact
- Crowding or “cornering” the consumer
- Touching the consumer unless you ask first or it is essential for safety
- Letting others interact simultaneously with the consumer
- Negative thoughts (“God, this is another one of those homeless people.”)
Avoid

- Expressing anger, impatience or irritation
- Inflammatory language ("You are acting crazy.")
- Feeling as though you have to rush or feeling like you are stuck if it takes time to get the consumer talking
- Intervening too quickly or trying too hard to control the interaction by interrupting or talking over the consumer.
Avoid

- Saying “You need to calm down.”
- Shouting or giving rapid commands.
- Arguing with the consumer.
- Taking the words or actions of the consumer personally. (They are symptoms of mental illness.)
- Lying, tricking, deceiving, threatening the consumer to get her to comply.
Avoid

- Asking why questions. Why questions are logic-based. Persons in crisis are not logical. Typically, what ever has worked in the past is not working now. Why questions put the consumer on the defensive. Ask open-ended questions.
- Forcing discussion

<table>
<thead>
<tr>
<th>Non-Crisis Thinking:</th>
<th>Crisis Thinking:</th>
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<tbody>
<tr>
<td>Logical</td>
<td>Illogical</td>
</tr>
<tr>
<td>Abstract</td>
<td>Concrete</td>
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<tr>
<td>Reasonable</td>
<td>Unfocused</td>
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Avoid

• Minimizing the consumer’s situation as a way to elicit conversation. (“Things can’t be that bad, can they?”)

• Suggesting that things will get better; they may not.

• Making promises that you may not be able to keep.
Avoid

- Commands such as “drop the knife,” or “Get down on the ground” might seem to be straightforward and easy to understand. When dealing with people who live with mental illness, however, officers need to take into account the types of barriers to effective communication that the brain disorder might create.

- Telling the consumer “I know how you feel.”
Avoid

Asking a lot of questions of the consumer in the beginning.
DO

• Speak in a calm, slow, clear voice.
• You may need to repeat; the consumer may be distracted.
• Be patient; give the situation time; time is on your side.
• Try to reduce background noise and distractions.
• Use “and” instead of “but”.
• Obtain relevant information from informants.
DO

- Allow the consumer to ventilate ("Tell me some more about that.")
- Use "please" and "thank you" often
- Remain friendly but firm
- Ask the consumer if she needs something
- Offer a cigarette, nutrition bar, warm clothing
- Forecast: Announce your actions and movements
DO

• Accept the consumer’s feelings, thoughts and behavioral; acceptance is not easy when a consumer is behaving in a bizarre or hostile manner.

• Respect the dignity of the consumer without regard to sex, race, age, sexual orientation.
Hot Buttons

• Consumers will sometimes push a hot button.

• We all have them.

• Example: The consumer swears at you.

• This is NOT the time to demand respect.
Hot Buttons: Rationale Detachment

• Staying in control of your emotions during a crisis situation.

3 steps
1. Develop a Plan

- Decisions made ahead of time are more likely to be rationale.

- Identify your hot buttons.

- Strategic visualization – practice what you would do.

- Helps you gain confidence.
2. Use Positive Self-Talk

- You are not the target of the outburst.

- Never take anything personally. (Easier said than done)

- Remember that most of us have been irrational and said inappropriate things when we are under extreme stress.
3. Recognize Your Limits

• Let someone else take over if necessary.

• Set a limit with the person; use an “I” statement; “I really want to help you but I find it difficult because of your name-calling; could you help me and stop the cursing so that I can work on helping you. Thanks, I would appreciate it if you try.”
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.
Introduce Yourself

- An introduction promotes communication.
- Hi, my name is Michael. I am with the University.
- 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)
Introduce Yourself

• How many of you can have someone tell you her name, and within a few seconds you have already forgotten it.

• Make a point of immediately starting to use the consumer’s name; that will help you remember it.

• Use the consumer’s name often.

• Get out of here you A** Hole!”

• Don’t take the bait and turn confrontational
Active Listening
Listen

- Listen twice as much as you talk; that’s why you have 2 ears and 1 mouth.

- What is the difference between listening and hearing?
The Chinese symbol for listen: eyes, ear, heart
Listen

• Listen for the total meaning.
• Focus on what the consumer is telling you.
• Block out distractions.
Techniques that Show You Are Listening

1. Minimal encouragers
2. Reflecting
3. Ask open-ended questions (“Can you tell me more about that.”)
Minimal Encouragers

- Minimal encouragers are brief statements that can be either nonverbal, such as a positive nod of the head, or simple verbal responses such as Okay, Uh-huh, I see, I am listening.
Reflecting

- Whereas minimal encouragers provide initial confirmation that you are listening, reflecting adds another dimension to the communication. Here, you provide the consumer with evidence that you are listening by actually repeating what he or she has said. Often the reflecting response will simply consist of the last few words the consumer says. These statements should be brief and used in such a way as not to interrupt the consumer.
Reflecting

- Repeat the last few words that the consumer said.
- Example: “I am tired of everyone not listening to me and it make me angry.”
- “Jim, it makes you angry.”
Open-Ended Questions

- Open ended questions allow you to get more information.

- Open ended questions enable us to assess the consumer’s level of dangerousness.

- Open ended questions allow you to assess whether the consumer is in touch with reality.
Specific Questions That You May Want You Ask, When Appropriate

- Does the consumer need something (e.g., hungry, thirsty)
- Is the consumer receiving services
- Where is the consumer receiving services
- Does the consumer have a case manager
- Is the consumer taking medication
- When did the consumer last take his or her medication
Medication

• Mentioning “medication” must be given careful thought.

• In some cases, the topic is best left to mental healthcare providers after the consumer has calmed down.

• In other situations, the consumer may want to talk about his or her medication.

• Also, many consumers have had negative experiences with therapists and don’t want to talk about it their counselor.
Empathy

1. Emotion labeling
2. Paraphrasing
Empathy

- What is the difference between empathy and sympathy?
- Feeling sorry versus trying to understand what it is like to be in their shoes.
- Being sincere and real will convey understanding.
- “To my mind, empathy is in itself a healing agent . . . because it releases, it confirms, it brings even the most frightened person into the human race. If a person is understood, he or she belongs.” (Carl Rogers)
- It’s hard to stay angry and aroused when someone empathizes.
Emotional Labeling

• In emotional labeling, you again take listening to a higher level by trying to help the consumer identify feelings.

• This is different from “telling” the consumer what he or she is feeling because your statement is based on what the consumer has been communicating through his or her words and behavior.

• If you have used your listening skills well, it will often be rather easy to provide an emotional label to assist the consumer.
Emotional Labeling Examples

You seem to be . . . .
It seems to me like you feel . . . .
If I were in your situation, I think I’d feel . . .
Paraphrasing

• Paraphrasing is similar to reflecting except that now you begin to communicate that you are trying to understand the consumer’s entire message by putting what the consumer has said into your own words.
Paraphrasing Examples

Consumer: I don’t know what I am going to do. My family doesn’t want me here.

CIP: You’re not sure where you can stay for awhile, but home doesn’t seem like the best place right now.
Affirm

• You need to know what the consumer is upset about.
• You may have a tendency to go to the solution step without really identifying what the issue is with the consumer.
• You should not assume that you know why the consumer is upset.
• You should ask and let the consumer tell you what the problem is before looking at possible solutions.
• After getting the information that you need, steer the conversation toward a resolution by affirming the consumer’s situation.
Affirm Example

• “Okay, let me make sure I understand you, You’ve told me that people are bothering you and that your case manager is not helping you. That your meds are hurting you because they make you feel sick. Did I understand you correctly.”
Partner

- Also “plan,” “problem-solve”
- Goal is to find a resolution and return to pre-crisis state.
- You are looking to find the combination that will unlock the crisis.
Partner

- You can ask the consumer what she thinks will resolve the problem
- Look for alternatives with the consumer
- Try to have 2 or more options
- Empower the consumer to choose
- If one approach doesn’t work, “throw another lure”
Partner

- Putting yourself in the consumer’s shoes will help you find a solution.
- Don’t force particular points of discussion.
- Try to get agreement on a course of action. Repeat what the plan is and what is expected.
- Meet reasonable demands when possible.
- Reach for small concrete goals.
- It’s never too late to reassess and change a plan.
Partner

- If repeated attempts fail, set firm limits and tell the consumer that you are worried about his safety and you want to help him.

- Ask if there is a family member you could talk to.

- State your expectations by linking to safety issue: I need to make sure that everyone stays safe.
Partner

• In your attempts to resolve an escalating situation you may be tempted to use bargaining, deal-making, or saying/promising anything to gain compliance.

• They are not recommended as they ultimately violate trust—which is important in your repeated encounters with people.
Resolution

- Can it be informally resolved?
- Is an evaluation needed?
- Are commitment criteria met?
- Was a crime committed?
Crisis Intervention Training: E.A.R – A Framework for De-escalation Techniques

- **Engagement**
  - Goal: Build trust by validating the person and their situation

- **Assessment**
  - Goal: Gather necessary information to make a safe resolution

- **Resolution**
  - Goal:

- Gain control of the situation and return to pre-crisis state
**Crisis Intervention Training: E.A.R – A Framework for De-escalation Techniques**

**Engagement**
- **GOAL:** Build trust by validating the person and their situation.

Awareness - Be aware that a uniform, gun, and handcuffs may frighten the person with mental illness so reassure the person that no harm is intended.

Calmness - Provide a calm and relaxed atmosphere. If it helps, try and reduce background noise and distractions. Don’t allow others to interact simultaneously while you are talking. Keep a safe distance. Don’t corner the person or allow a crowd to congregate. Remain calm.

Genuineness - Be yourself, be consistent. Keep verbal and non-verbal cues in sync and non-threatening. Own your feelings about the situation/person. You will likely have contact with the person again and how you treat them now will go a long way in establishing trust.

Empathy - Ask how you can help them. Use their first name early and often. Find things in common. Attend to their words, restate their message, and acknowledge their feelings/situation.

Acceptance - Don’t stereotype, remember, the person is sick and deserves to be respected regardless of their illness, gender, religion, looks, etc. Don’t take the symptoms of their illness personally.

DON’T maintain continuous eye contact, crowd the person or touch the person unless you ask first or it is essential for safety.

**Assessment**
- **GOAL:** Gather necessary information to make a safe resolution.

Patience - Speak in a calm and clear voice, and give the situation time. You may need to repeat requests. *Don’t assume that a person who does not respond cannot hear you.*

Tone - Don’t be placating, condescending, or sarcastic. If they are hallucinating, don’t lie, deceive or trick them to get compliance. Rather, validate the person by stating you know what they are experiencing is very real TO THEM.

Question - Ask open ended questions, allow the person to vent. Stay away from WHY questions as they can put the person on the defensive. Don’t argue or debate unless necessary. Don’t use threats to get information. Remain friendly but firm.

Focus - Keep the person focused in the here-and-now. Get information about the person’s illness, medications, treatment compliance, and treatment professionals.

Other sources of information - Are there family members or others involved who can give you reliable information on the person’s illness and past behavior?

DON’T force discussion, express anger, or impatience. Don’t use inflammatory language such as crazy, psycho, or mental subject. Don’t mislead the person to believe that officers on the scene think or feel the same way the person does.

**Resolution**
- **Goal:** Gain control of the situation and return to pre-crisis state.

Set Clear Limits - Use “I” statements, respond positively and confidently. Explain what behaviors are appropriate and inappropriate. Explain why it is inappropriate. Refocus the person to the problem at hand.

Communicate Directly - Be honest about your wants, needs, and motivations and state them to the person. (I need to make sure no one gets hurt, I want to make sure everyone stays safe). Restate your expectations and link these to safety issues. Set short-term goals.

Create Options - Provide options for the person regarding the desired outcome. Don’t make promises you cannot keep. Try and retain their dignity. Praise positive steps or behaviors. Take an “I don’t know approach to long-term questions.

Take Action - Assume confusion. Once you decide on a course of action, tell the person what you are doing and what is expected. Be prepared to repeat these. Follow procedures indicated on medical alert bracelets or necklaces.

Sometimes it’s better not to arrest someone, even if you have probable cause!
Diagnosis and Intervention
Person with Schizophrenia

- Impaired thoughts, distorted perceptions
- Delusions, hallucinations
- Mood presentation may not fit the situation
- Social withdrawal

- Refrain from laughing or making casual responses
- DO NOT attempt to correct their misperceptions or convince them their delusions are wrong or the hallucinations are imaginary
- Attempts to use logic makes the person more defensive
- Empathize with their feelings
- Be calm, patient, and treat the person with respect
Person with Mania

- Multiple simultaneous activities
- Intrusive, inappropriate
- Elevated mood, emotional lability
- Grandiose delusions
- Possible hallucinations
- Impaired ability to function normally

- Calm matter of fact approach
- Avoid showing negative reactions to person’s behavior
- Do not argue with person
- Be clear and directive
- Do not personalize
Person with Paranoia

- Suspicious, anxious, frightened
- Believes that others are out to get them
- Capable of threatening behaviors, typically out of fear
- Easily humiliated

- Remain confident and maintain eye contact
- Try to conceal personal feelings, as the person may sense discomfort and become more frightened
- Do not challenge beliefs or distorted notions
Person with Depression

- Hopeless
- Can become agitated
- Thin line between anger and depression
- Recurring thoughts of death or suicide possible
- Poor concentration, short term memory problems
- Feelings of hopelessness
- Delusions or psychosis
- Poor concentration

- Instill hope
- Point out options available to person
- Treat them with empathy, understanding, and optimism
- Maintain objectivity
- Provide activities when available
- If possible place with friend or loved one
Fear develops without any logical purpose.

May experience fear of dying, going crazy, and feel panicky.

Overwhelming need to feel safe and avoid places seen as unsafe.

May experience irrational fear, intrusive anxiety producing thoughts (obsessions), repetitive behaviors (compulsions) or intrusive memories (PTSD).

- Reassure the persons that they are not going crazy.
- Allow the person an opportunity to express their fear and confusion.
- Reassure person that they are safe.
- Treat person in a calm and matter of fact approach.
Questions?
References

This material was adapted from numerous sources, including:

Memphis CIT Curriculum

Sam Cochran

Randy Dupont

Georgia CIT Curriculum

*Responding to Individuals with Mental Illness* by Michael Compton and Raymond Kotwicki
References

Connecticut State Department of Mental Health and Addiction Services

Findlay/Hancock County CIT