

Strategic Communications & Crisis Intervention

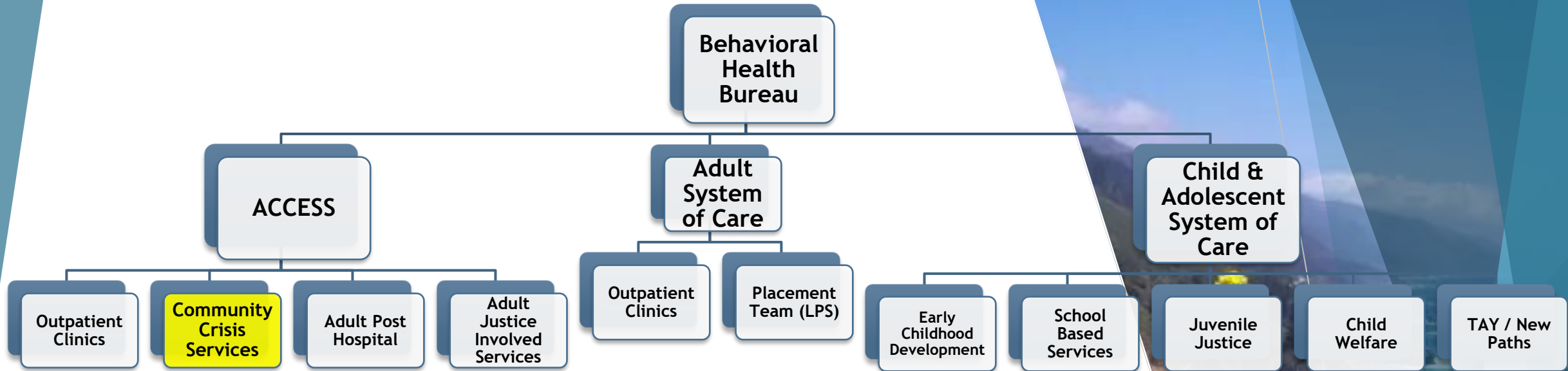
Salinas PD, Fall 2024

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Health Department Behavioral Health Bureau



BHB budget: \$169M

Provider Network Specialty MH / SUD Services

Current # of BH Employees: 399

Overall Position Vacancy Rate: 21%

Total # of clients served FY 23/24: 13,158

Total service value: \$114,131,879.69

Average service value per client: \$8,673.95



Monterey County Behavioral Health

Mental Health & Addiction

*As the Specialty Mental Health Services (SMHS) provider for the Medi-Cal and Safety Net population we serve **adults, children and youth with serious mental illness / serious emotional disturbance** including those with **co-occurring conditions** and those who are **homeless or at risk of homelessness** as well as the **justice-involved**.*

Types Of Services Provided

Case Management and Care Coordination, Individual and Group Counseling, Crisis Residential, Mobile Crisis and Children/Youth Mobile Response, Substance Use Disorder Services (residential, outpatient, sobering center), Referrals to Supported Housing (for qualifying adults), Supported Education and Employment Services, Medication Management and Integrated Primary Care, Peer and Family Support, Drop-In Center with meals, activities and events, Services for the justice involved (Collaborative Court Programs, MH Diversion, Misdemeanor IST Diversion, and Re-entry)

The diagram features a central blue triangle labeled 'TRAUMA'. To its left is a yellow circle with a silhouette of a head containing gears, labeled 'MENTAL HEALTH TREATMENT'. To its right is a green circle with icons of a pill, a wine glass, and a syringe, labeled 'SUBSTANCE ABUSE'. Below the triangle is an orange circle with a house icon and a prohibition sign, labeled 'HOMELESSNESS'. The background is blue with faint icons of a head, a glass, and a syringe.

**MENTAL HEALTH
TREATMENT**

**SUBSTANCE
ABUSE**

TRAUMA

HOMELESSNESS

CALIFORNIA BEHAVIORAL HEALTH REFORMS IMPACTING COUNTY BEHAVIORAL HEALTH (2022-2024)

• New Medi-Cal Benefits

- 24/7 Mobile Crisis Services
- 90-Day Jail In-Reach
- Peer Support Specialists (option)
- Contingency Management (option)
- Mental Health IMD (option)
- Community Health Workers (option)
- First Episode Psychosis (BHSA)
- ACT/FACT (BHSA)
- Evidence Based Practices (BHSA)
- Supported Employment (BHSA)
- Housing (BHSA)
- Enhanced Care Management*
- Community Supports (option)*

• Program/Quality Reforms

- BH Payment Reform
- BH Eligibility Criteria
- Mental Health & SUD Plan Integration
- Documentation Reform
- BH Quality Incentive Program
- Comprehensive Quality Strategy

• CPT Coding

- Fiscal Reporting (BHSA)
- Outcomes Accountability (BHSA)
- FSP Levels of Care (BHSA)
- SB 525 Min Wage
- Centers of Excellence
- Network Adequacy
- Cultural Competence Plan Reform

• Children & Youth Behavioral Health Initiative

- School-Linked Fee Schedule
- FFPSA
- AB 2083
- OYCR
- Incentive Pool

• Infrastructure (Treatment & Housing)

- Behavioral Health Continuum Infrastructure Program (\$2.2 billion)
- \$6.2 billion bond (BHSA)
- No Place Like Home
- Community Care Expansion (CCE)
- Workforce Funding
- Data Exchange

LPS & Crisis Continuum

- SB 43 Grave Disability Criteria
 - Involuntary SUD
 - New medical and personal safety
- AB 2275
- AB 2242
- 988
- Cohort 1 in 2023
- Cohort 2 in 2024

• Housing/Homelessness

- BHSA Housing Category
- Behavioral Health Bridge Housing

• Department of State Hospitals

- Community Based Restoration
- Diversion
- Growth Cap/Penalties

• New Initiatives

- CARE Court

• Parity

- Commercial Plan Contracting Requirement (BHSA)

OVERVIEW

1. Review components of communication skills and techniques
2. Importance of listening and persuasion skills related to effective strategic communication
3. Review skills needed to communicate effectively
4. People with disabilities
5. Team communication during critical incident
6. Elements of Critical Decision-Making
7. Documentation
8. Resources

40 hour / 1 week CIT Academy Curriculum

- Law Enforcement / Mental Health Protocol
- Thoughts Disorders (Schizophrenia Spectrum Disorders)
- Co-Occurring Disorders & Homeless Issues
- Children's Issues
- Mood Disorders
- Personality Disorders
- Excited Delirium (term no longer used)
- Suicide By Cop
- Intellectual & Developmental Disabilities
- 5150 Protocol & Crisis Services
- Legal Issues
- Understanding Memory Loss, Dementia & Alzheimer's
- Trauma & Stressor Related Disorders
- PTSD & Veteran Specific Issues
- Suicide Prevention
- Site Visit(s)
- Voice Hearing Experience (Hallucination Activity)
- Overview of Resources & Resource Panel
- Verbal Intervention Strategies
- Traumatic Brain Injury
- Understanding Cultural Factors
- L.E.A.P. Method / Active Listening
- Success Over Stigma Panel
- Critical Incident Stress Management (CISM)
- Scenario Intervention Training

<https://www.youtube.com/watch?v=C9vbrJNWu4c>

Goals of Strategic Communications in Policing

Improve Safety

Enhanced professionalism and positive community experience

Decrease in complaints

Decrease in liability by enhancing communication and strategic assessment skills

Lessen personal stress

Set the Stage for Strong Communication (Environmental Controls)



Time +
Distance =
Options



Gather Information-
what is happening and
why?



Set initial
priorities



Develop a
plan



Slow down

What's
important
right now?

Re-visit
priorities

Think
through
your choices

How do you want this call to end?

**Impact of Communication and Strategic
Decision Making on OUTCOMES**

Strategic Communications

- ▶ Using Communication skills to *influence* other people's behaviors rather than to *compel* them to do certain things...it's all about *persuasion*
- ▶ Critical aspect of officer safety
- ▶ Goal is to get cooperation
- ▶ Golden Rule = Treat others how you want to be treated
- ▶ Platinum Rule = Treat others the way they want to be treated
- ▶ Reduces probability of a use of force
- ▶ Be flexible and ready to adapt
 - ▶ Flexibility is Strength, Rigidity is Weakness

How do you respond to those with Mental Health related issues now?

- ▶ Discussion
- ▶ What are some of your current strategies?

How to Respond & Support those with Mental Health related issues

Tips:

- ▶ Look for ways to problem solve with them
- ▶ Maintain good boundaries
- ▶ Be respectful - you need to give respect to get it
- ▶ Consult with your team and have a plan
- ▶ Be clear about your expectations - but also flexible and reasonable given their particular clinical issues when appropriate
- ▶ Collaborate with Behavioral Health or other treatment providers who are providing care
- ▶ Be willing to slow things down and take time
- ▶ LISTEN!

Identifying HIGH RISK Behavior

- ▶ Discussion
- ▶ What do you consider HIGH RISK?

Assessing Risk & Managing Liability

- ▶ Suicidal vs Para-Suicidal Behavior
- ▶ Risk to Self- Does it matter if they are bluffing?
 - ▶ Ideations
 - ▶ Intent
 - ▶ Means
 - ▶ Plan
 - ▶ History (the best predictor of future behavior is past behavior)
 - ▶ Life Stressors—"X" Factor
 - ▶ Chronic vs. Acute
- ▶ Risk to Others
 - ▶ General vs. Specific
- ▶ Grave Disability - Insight, Judgment, Behavior, Functioning
- ▶ Psychiatric Risk (When do you need to get a MH Professional involved?)
- ▶ Protective factors (Internal / External)

Four Tenants of Procedural Justice

Voice (Listen - giving people the opportunity to share their perspective and be heard)

Neutrality (Be fair - making unbiased decisions based on consistent and transparent reasoning)

Respect (treating people with dignity and courtesy, and acting professionally)

Trustworthiness (being sincere and explaining actions with empathy)

The Five Universal Truths

All people want to be treated with dignity and respect.

All people want to be asked rather than told to do something.

All people want to know why they are being asked to do something.

All people want to be given options rather than threats.

All people want a second chance at making things right.

Trauma Informed Principles

Safety

Trustworthiness

Collaboration
and mutuality

Empowerment

Voice and
choice

Peer support
and mutual self
help

Resilience and
strengths based

Inclusive and
shared purpose

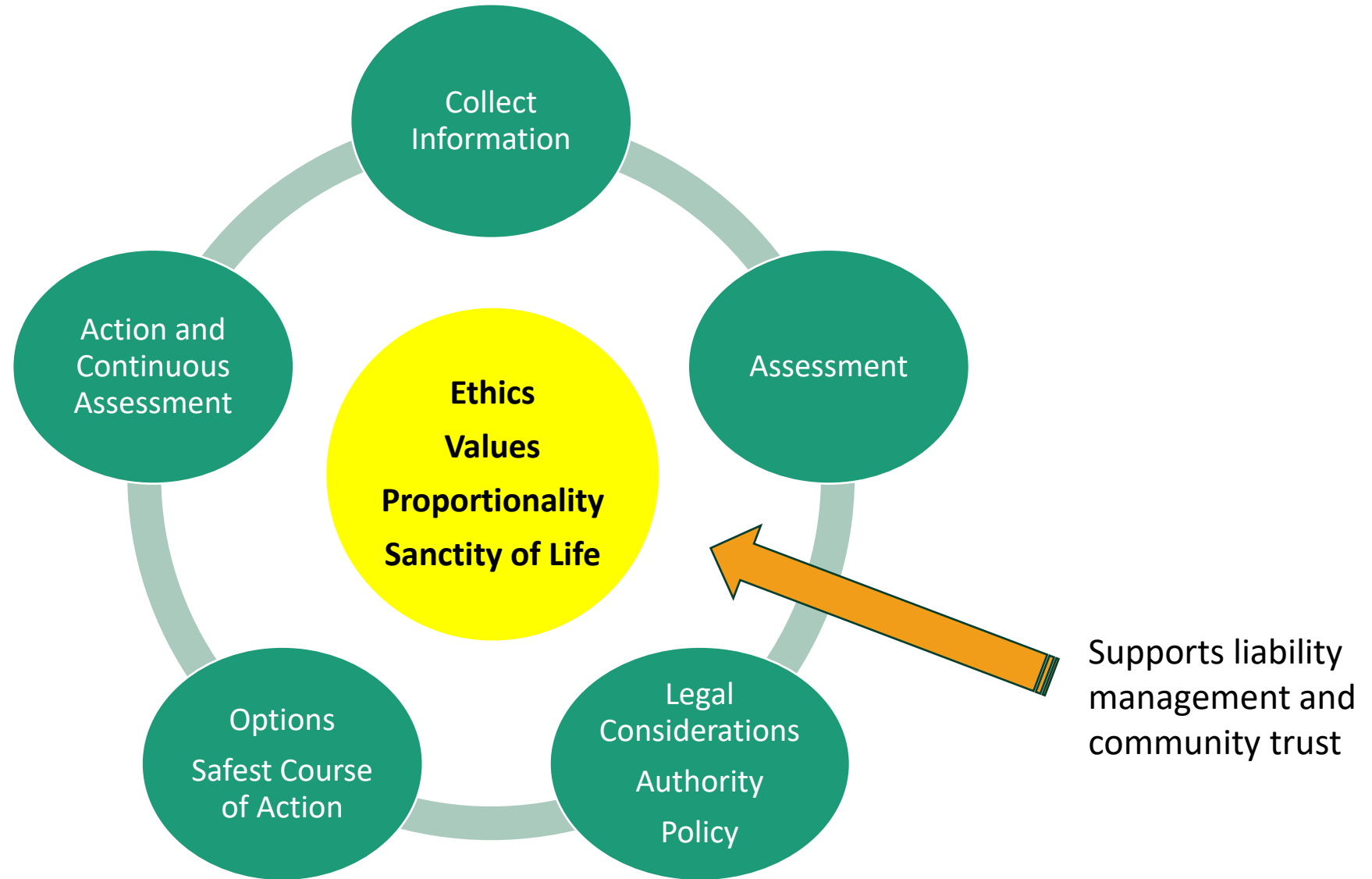
Cultural,
historical and
gender issues

Change process

- ▶ You represent more than yourself
- ▶ Applying the concepts (i.e., the 5 universal truths) internally and externally
- ▶ Practice what you preach & model the behavior you want at all levels
- ▶ Take your ego out of it & check yourself at the door
 - ▶ The more ego is involved, the more difficult the situation
 - ▶ The less ego, the more influence
- ▶ Maintain control of your emotions, actions
- ▶ Know yourself & your triggers
- ▶ Role of partners

Professionalism

Critical Decision-Making Elements



Encouraging a Different Mindset



- **Control vs. Influence:**

Using a *less* authoritarian, *less* commanding and *less* confrontational approach, can give you *more* control.

- Try to give the person a sense that they have some control, because they are in a crisis. They are feeling out of control and normal coping mechanisms are not currently working.

Key Concepts for Effective Verbal De-escalation



- Safety needs always come first
- Decrease the intensity of a situation to return to a pre-crisis state
- Use active listening to gain rapport and build trust
- Set clear limits; communicate directly; create options
- Promote appropriate resolutions based on an assessment of the facts

Phases of Communication

Approach - Impact of physicality

Greeting - Initiating the conversation

Engagement - Strategies to promote communication

Adaptation - Being flexible

Repair - Re-establishing rapport

Incident closure - How we end a contact today could influence a future contact

Police Communication Skills

<https://www.youtube.com/watch?v=y5luR0QZntA>

Communication

Close to 95% of policework is communications

It's not just what you say, it's how you say it

Nonverbal communication

Tone, Volume, Attitude

Use of eye contact

Slow down (low & slow)

Don't take acting out behavior personally

Ignore, deflect & redirect

Be responsive not reactive

Active Listening Skills

Active Listening

- ▶ Minimal Encouragers
- ▶ Open Ended Questions
- ▶ Reflecting / Mirroring
- ▶ Emotional Labeling
- ▶ Paraphrasing
- ▶ “I” Messages / Statements
- ▶ Effective Pauses
- ▶ Summary

Acronym = MOREPIES

Reflective Listening

- ▶ Listen to understand
- ▶ Reflect back their point of view
- ▶ Use brief, concise statements
- ▶ Ask if your understanding is correct
- ▶ Communicate with respect
- ▶ You are listening to understand & build the relationship
- ▶ This let's them know you care about their point of view and them

Reflective Listening

- ▶ Even if you disagree with what they are saying, with their reality, it is important to remember you are just trying to communicate to them that you understand where they are coming from
- ▶ You are not going to talk them out of the symptom of anosognosia or delusions. You are also not going to make those things worse.
- ▶ Delay giving your opinion, even when asked, and remember it's okay to agree to disagree

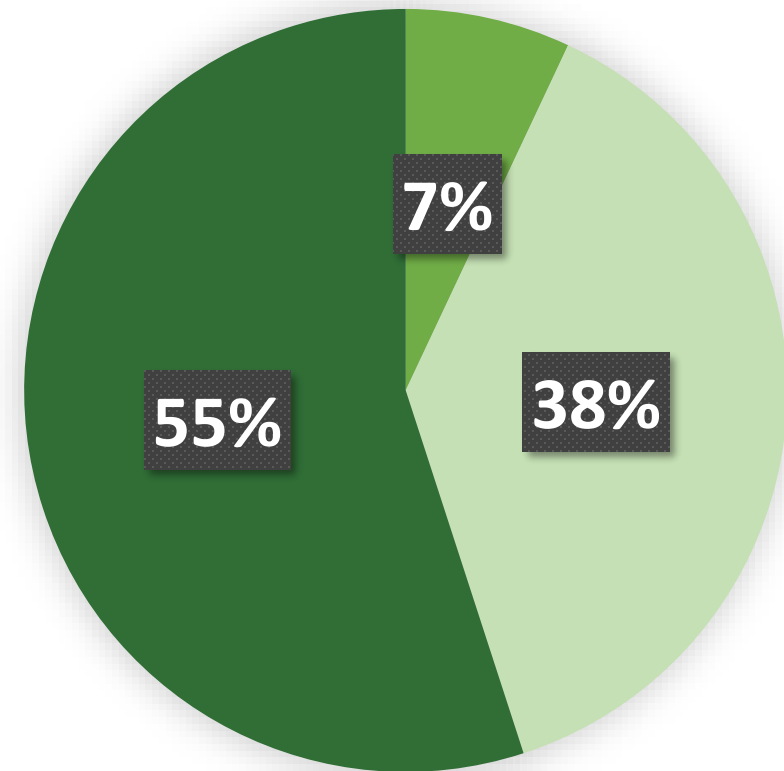
Effective Communication Rule



Three important elements in any face-to-face encounter:

1. **Words Used** (7%)
2. **Tone of Voice** (38%)
3. **Body language** (55%)

There must be consistency across all three elements for effective communication



De-escalation: How Do You Do It? (part 1)



Maintain a safe distance

Use a clear tone and voice

Use a voice volume lower than that of the individual

Use a non-threatening posture (but maintain tactical awareness)

Set limits

Be active in helping

Build hope

Focus on strengths

Present as a calming influence

Demonstrate confidence and compassion

De-escalation: How Do You Do It? (part 2)



Remove distractions, disruptive or upsetting influences

Provide careful, clear expectations, and instructions

Be aware of body language, be congruent

Validate and accept

Be aware that your uniform and tools on your belt may be intimidating

Be consistent

Use “I” statements

Do not make promises you cannot keep

De-escalation: How Do You Do It (part 3)



Determine the person's need for basic needs, including food and water

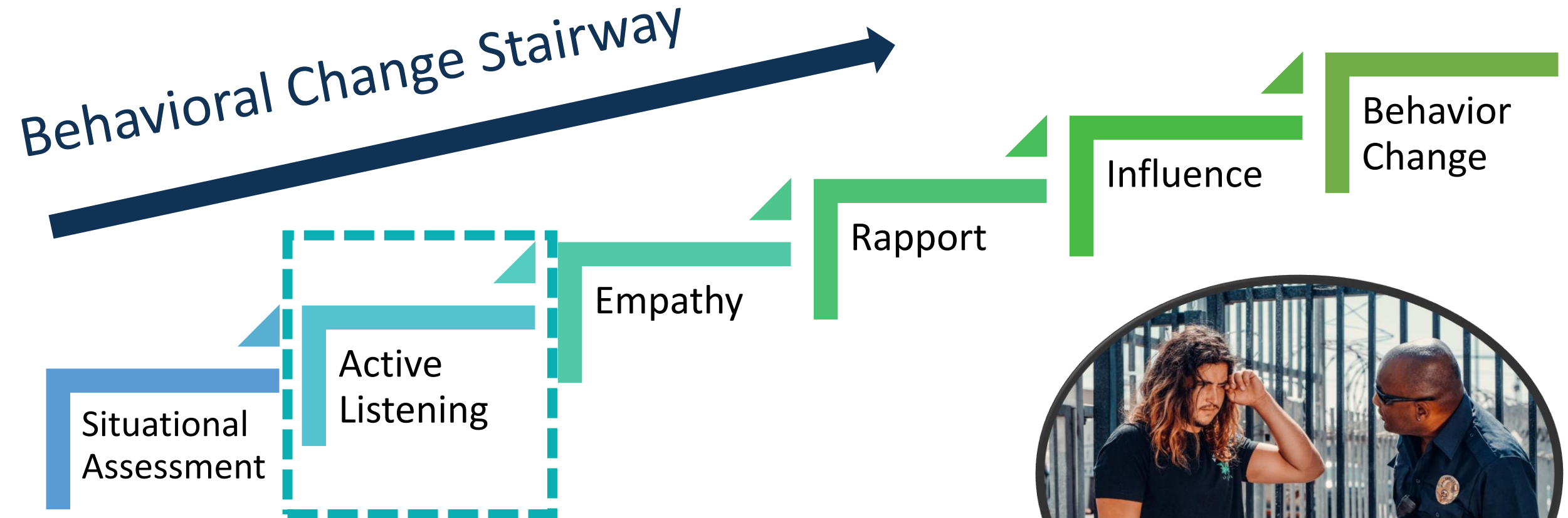
Be patient

Be non-judgmental

Use **active listening** skills

LISTEN

Officer's Role in Influencing Behavioral Change: *ACTIVE LISTENING*





The biggest communication problem:

We do not listen to understand.

We listen to reply.

What Active Listening is NOT



- Advice, judgement, or persuasion
- Discussion of topics not expressed by the person in crisis

***The person's feelings,
values, statements, and
opinions are what count.***



Attentiveness



- Focusing your attention completely on the person in crisis
 - Words used
 - Rate of speech
 - Tone of voice
 - Facial expressions
 - Body language
- Also, pay attention to the above in yourself

Restatement



Restating or “feeding back” and clarifying the FACTS of the person’s crisis

Person in crisis: “I stopped taking my medicine after I was fired and I’m sleeping in my car.”

Officer: “So you were fired from your job” OR “You were fired and you’re sleeping in your car”



Reflecting or “feeding back” the person’s FEELINGS about the crisis:

Person in Crisis: “I don’t understand what’s going on. I was just walking around the park. Someone started yelling at me. I didn’t know what was happening. I wanted to run.”

Officer: “I can see you are scared.”



The Feelings:

Person in Crisis: “I’m a failure. 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.”

Officer: “I can see you are upset about what has happened.”

Summarizing/Paraphrasing



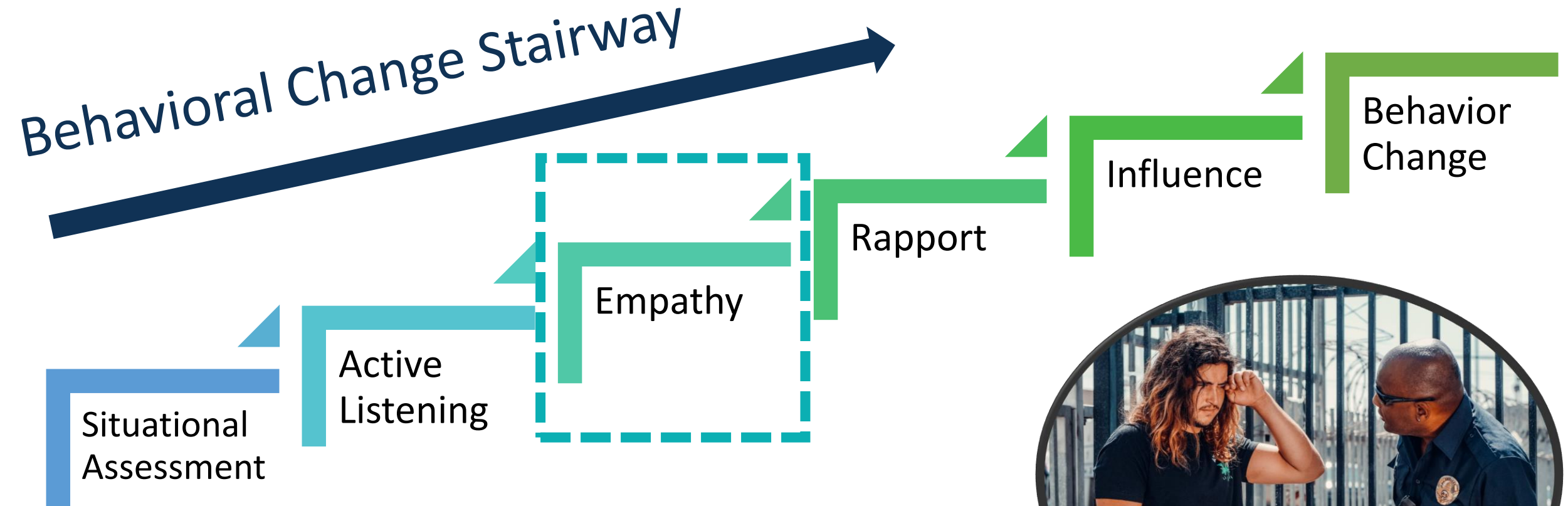
- Sorting through the information presented to pull out and paraphrase the essential ideas.
- Requires you to determine what is important, condense the information, and state it in your own words.

Summarizing/Paraphrasing (continued)



“My husband keeps playing games with me. He is so manipulative. He is telling everyone it is my fault, that I am a bad mother saying I am unstable. I can’t help it if I get depressed at times. Life can be so tough and overwhelming. Now he is trying to keep me from seeing my own kids. I have the court papers that give me custody and he won’t send them back. What do I do?”

Officer's Role in Influencing Behavioral Change: *EMPATHY*



Empathy – What is it?



- Empathy is the ability to recognize, understand, and share the thoughts and feelings of another person
- Empathy is the ability to understand things from another person's perspective

Demonstrating Empathy



Accurately **restating** another person's experience and **reflecting** on their feelings.

Take a walk in my shoes



before you judge me



Empathy: Why is it Important?

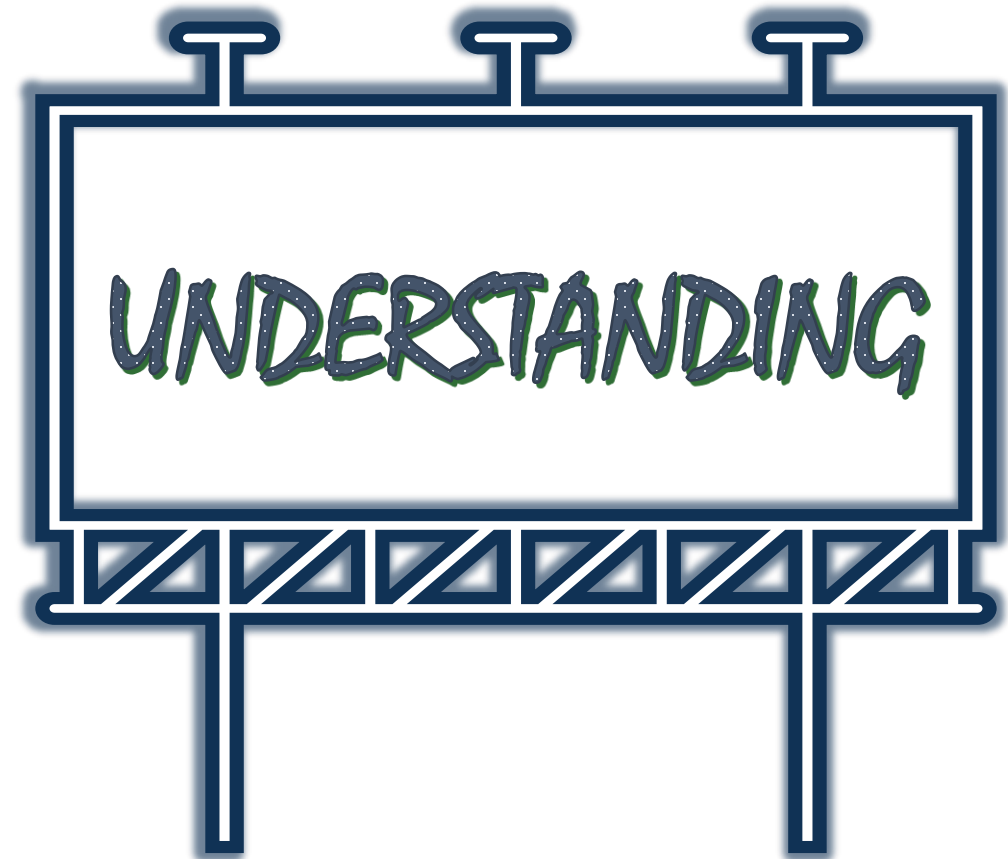


- Conveys understanding
- Can make others feel understood and supported
- Encourages others to share more
- Creates a connection
- Establishes rapport

Communicating Understanding



- Simple, short phrases
- “Interested” tone
- Slow
- At times, tentative...
- Use empathic stems



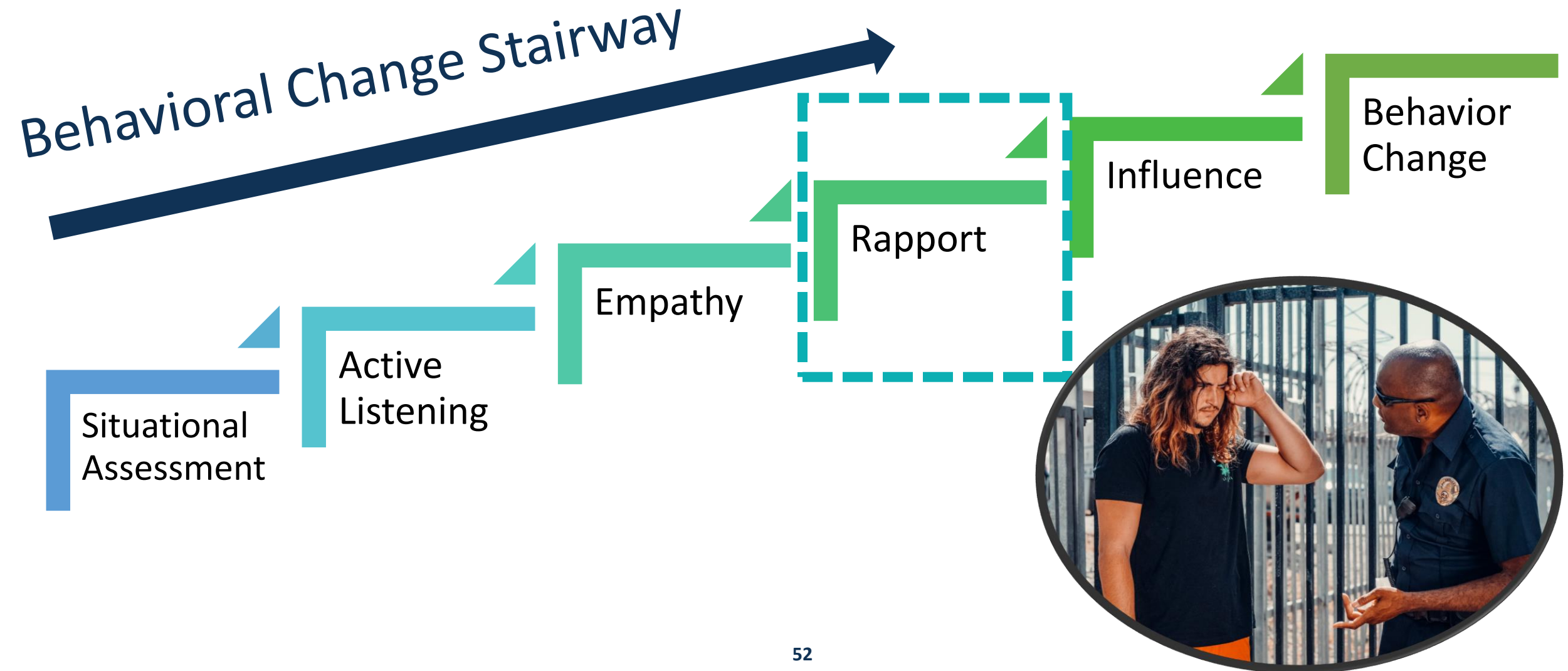
Empathic Stems



- Maybe you feel....
- Sounds like a _____ day
- What a day you've had...
- That is a lot to deal with.
- You wish things were different.
- It's hard for you to know what to do...
- *Right now*, it feels like there is no hope.
- That is the last thing you wanted.
- That's confusing when that happens.



Officer's Role in Influencing Behavioral Change: *RAPPORT*





CONNECT then DIRECT



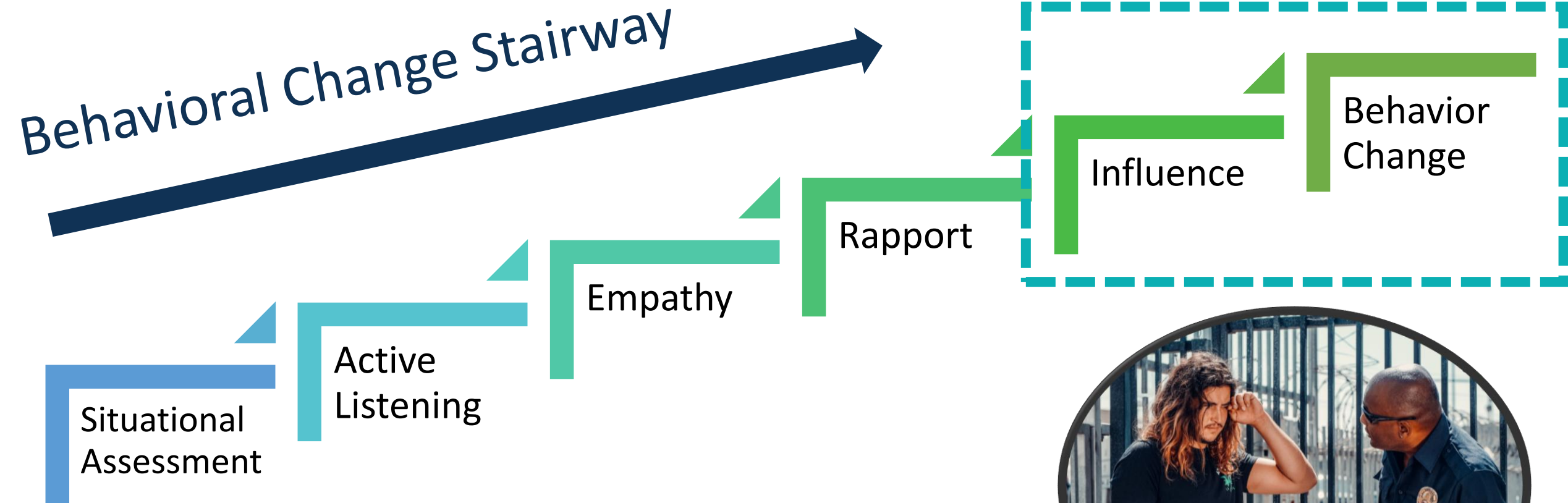
Phrases That May Damage Rapport



“Calm Down”
“Relax”
“I Understand”
“You Should”
“You Shouldn’t”
“Why?”

Officer's Role in Influencing Behavioral Change:

INFLUENCE AND BEHAVIOR CHANGE



Facilitating an Outcome



Once a person is calmer and the emotions around the crisis have been de-escalated, the next step is facilitating the outcome:

- Determine if there is a disability
- Learn what the person may want
- Explore resources to connect the person to – this can include family, friends, community resources
- Involuntary commitment should be the outcome of last resort

The Do's and Don'ts of Verbal De-escalation



DO

- Show empathy
- Reassure
- Use active listening skills
- Be patient
- Build rapport
- Guide the situation toward resolution

DON'T

- Threaten
- Argue
- Challenge
- Order
- Shame
- Blame

To summarize, What is helpful

- Identify yourself & provide clear information
- Define clearly what you can / cannot do
- Ask how they are feeling or doing, ask how you can be helpful
- Acknowledge their pain / situation - Affirmations
- Normalize the signs & symptoms of an acute stress response when they are present
- Listen to understand & avoid interrupting (at least initially)
- Focus on short term goals
- Be accepting of others *without* projecting your own feelings or judgments
- Use of “I” messages
- Be patient & tolerant if people repeat their stories
- Only promise what you can deliver

To summarize,

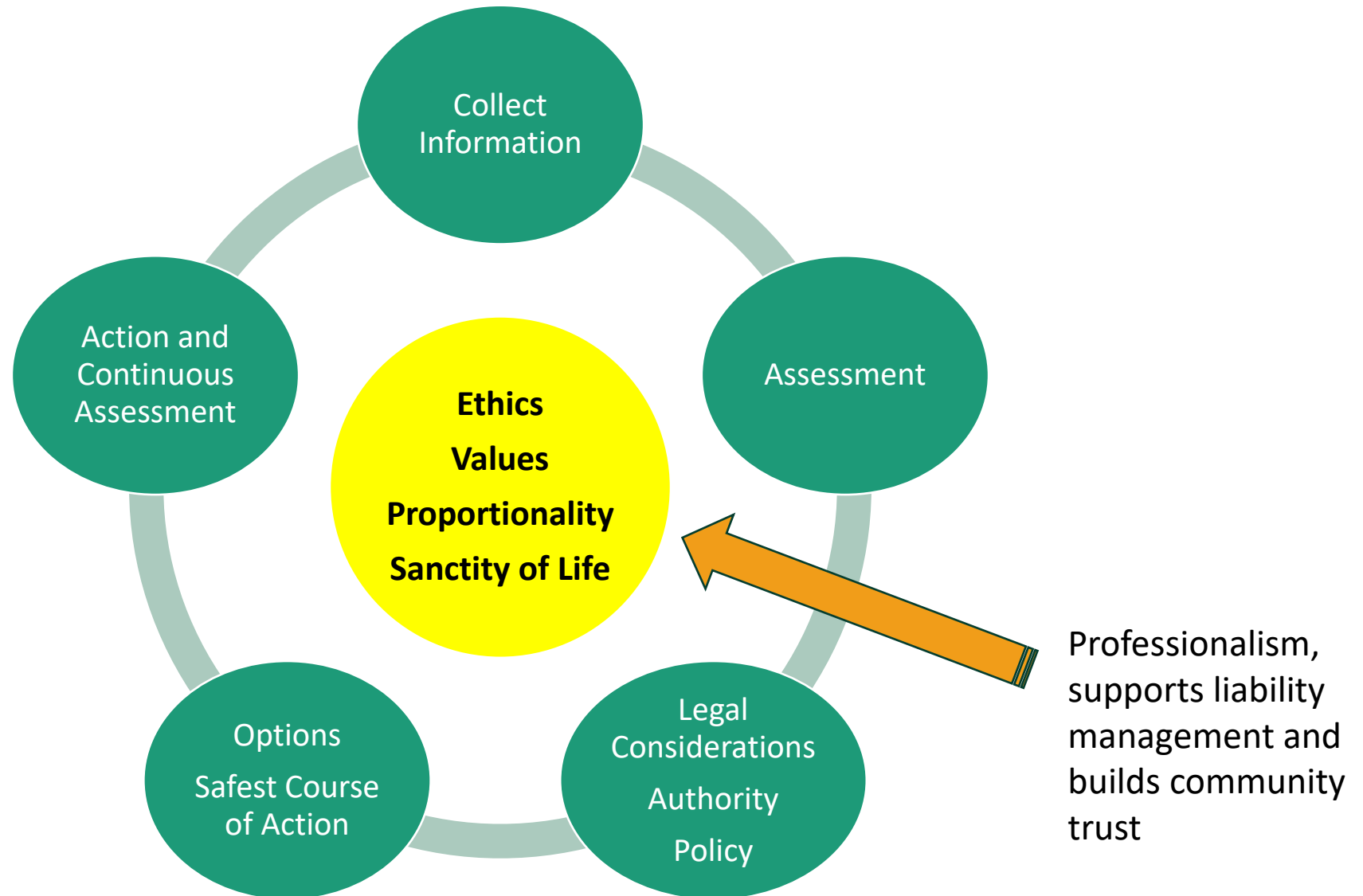
What is NOT
helpful

- Giving advice, telling others what they should or should not do
- Claiming you know what they are going through
- Telling them they shouldn't feel the way they do
- Telling them it could be worse; you don't have it so bad
- Dismissing their feelings abruptly / rudely
- Rushing to resolve the situation without listening to understand their perspective
- Minimizing (At least...)
- Promising everything will be okay
- Taking anger personally and/or responding angrily
- Showing excessive sympathy
- Expecting them to just snap out of it (i.e., delusions)
- Use of "You" messages
- Asking Why questions

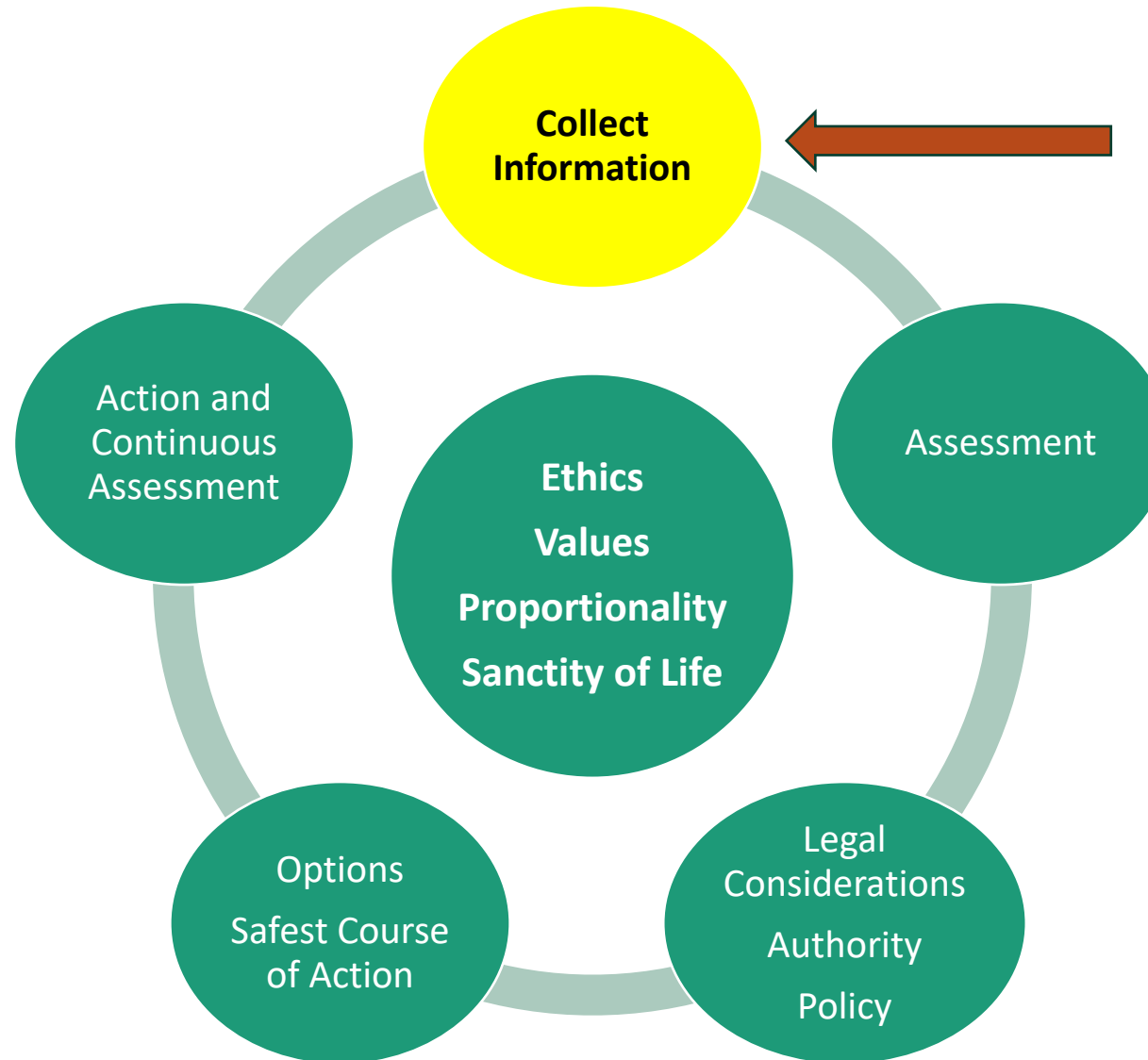


Critical Decision Making & Acute Behavioral Disturbance

Critical Decision-Making Elements



Critical Decision-Making Elements



Information from:
Dispatch, Collateral,
Direct Observation, What
you are being told by RP /
person in crisis / witness,
prior call history, etc.

Using correct,
behaviorally specific
terms for behaviors,
actions, or risk being
observed in complex
situations will help justify
your response.

Critical Decision-Making Elements



What do we have?

Are there indicators of:
Physical disability,
Mental disability,
Intellectual or
Developmental
disability,
Neurocognitive
disability...

And if so, how do we
need to adapt our
approach?

What Is a Mental Disorder?

A **mental disorder** or **mental illness** is a diagnosable illness that:

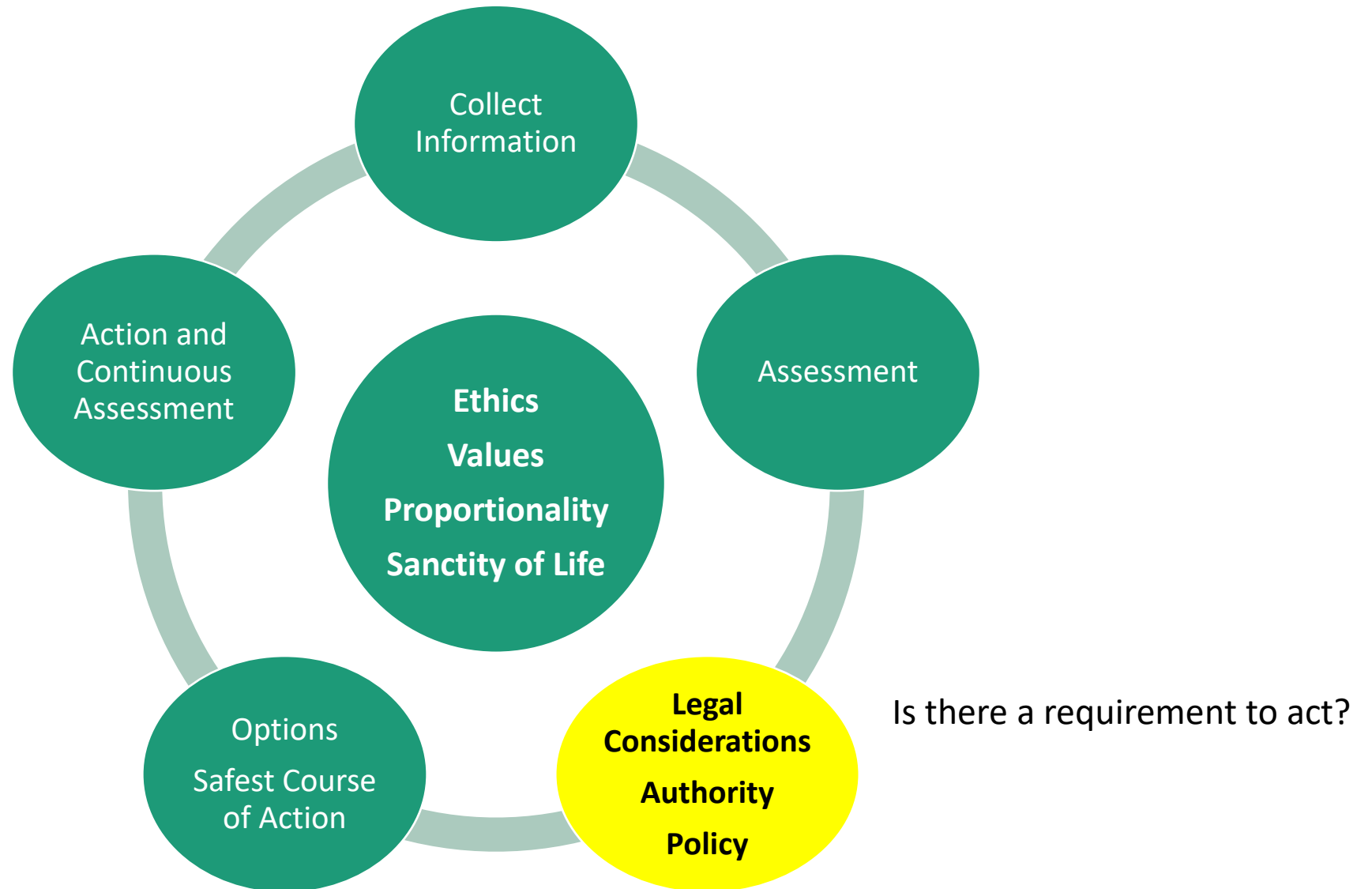
- Affects a person's thinking, emotional state, and behavior
- Disrupts the person's ability to
 - Work
 - Carry out daily activities
 - Engage in satisfying relationships

U.S. Adults with a Mental Disorder in Any One Year

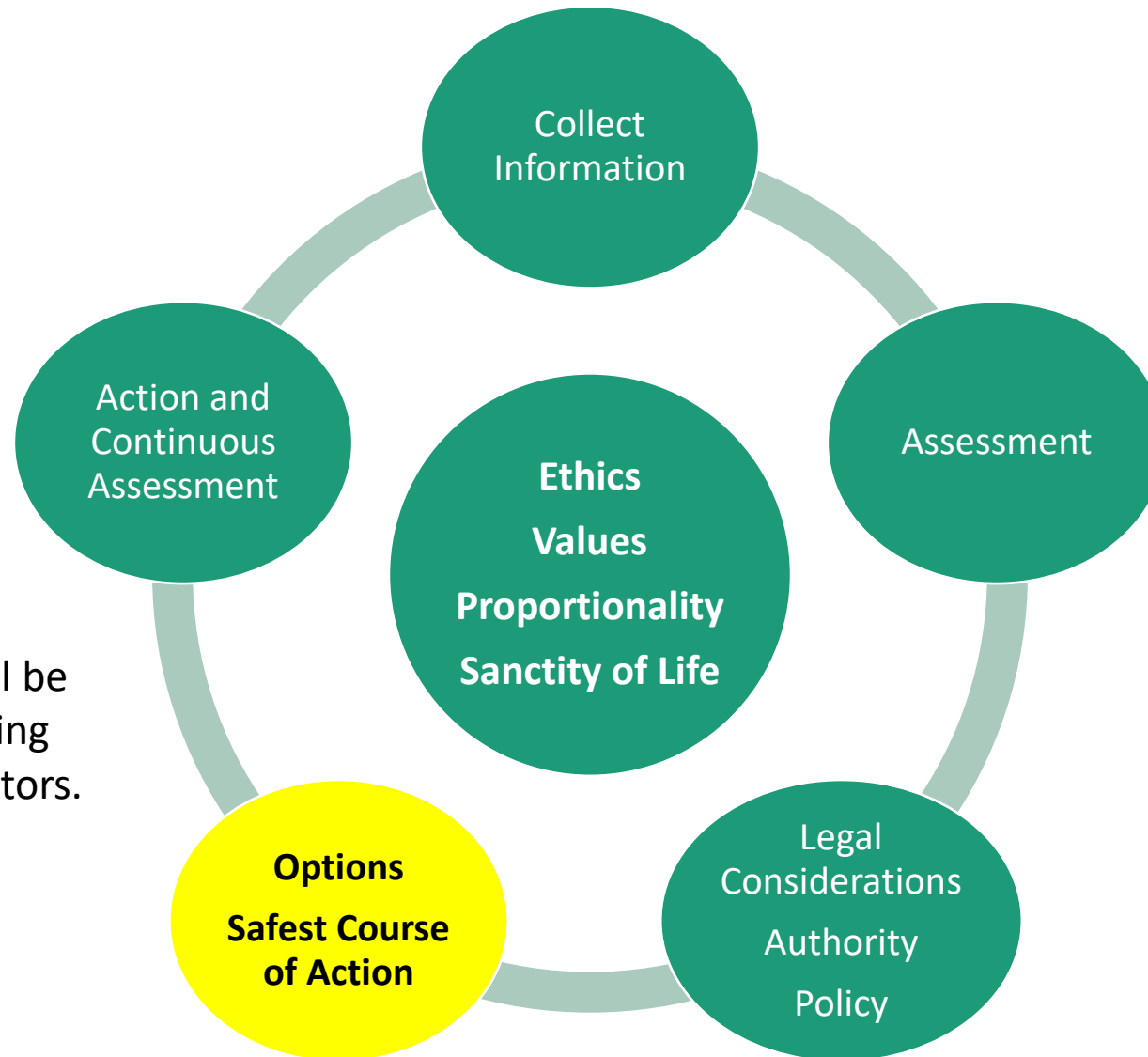
Type of Mental Disorder	% Adults
Anxiety disorder	19.1
Major depressive disorder	6.8
Substance use disorder	8.0
Bipolar disorder	2.8
Eating disorders	2.1
Schizophrenia	0.45
Any mental disorder	19.6

Only 41% of people with a mental illness use mental health services in any given year

Critical Decision-Making Elements



Critical Decision-Making Elements



Reports/Documentation will be strengthened by clearly calling out the decision-making factors.

Types of Encounters

- ▶ Bizarre behavior or situations
- ▶ Disruptive or aggressive behavior
- ▶ Domestic dispute
- ▶ Restraining order violations
- ▶ Property damage
- ▶ Trespassing / loitering / disturbing the peace
- ▶ Threats to others
- ▶ Violent behavior towards others
- ▶ Threats of self harm / Already harmed self



What is your plan?

- ▶ Is there a crime being committed?
- ▶ Is this a mental health or acute crisis?
- ▶ What is your plan to stabilize the situation and keep yourself / public / society / individual safe?
- ▶ Are there resources I can provide the person or family?

Resources

Interventions

- ▶ REMEMBER REALITY!!
- ▶ People are coming to your attention for a reason, they may be on Probation/ Parole (again that's for a reason)
- ▶ Officer safety, public safety, individual safety

Intervention Techniques

- ▶ Engage/Acknowledge
- ▶ Restate
- ▶ Validate the Feeling
- ▶ Set limits on Inappropriate Behavior
- ▶ Give Choices / Outline Consequences
- ▶ Create an Opportunity

Engage/Acknowledge

Intervention techniques do not come in a one-size-fits all. What you are being offered are tools for your tool kit.

1. Acknowledge the problem, why you are there
2. Use Suggestive rather than directive language. If you need to be directive, use “I” statements. “Before I talk to you, I need you to take a seat..”
3. “It seems that you are...”
4. “I noticed that you have been....”
5. “I’m wondering how I can help you because I see that...”
6. Use “I” statements
7. ASK the individual to tell you what is wrong (Present Focus); and ALLOW them to vent if safe to do so
8. Then LISTEN to what they have to say (Builds Rapport)
9. After the individual has been allowed to speak their mind a bit you can interrupt and/or slow them down. “Hey can I ask you a question?” “Let me make sure I’m getting all of this.”

Restate

- ▶ Restate in a clear and non-judgmental way.
- ▶ Purpose: To help the individual understand the problem in a different way; To clarify the issue for yourself. Additionally, it's okay if they correct you if you have restated it incorrectly or mislabeled the emotion. This is another way to prove your trustworthiness and build rapport.
 1. **Re-Frame**-stating the problem in different terms, from a different point of view; provides a different way to look at the situation.
 2. **Reflecting/mirroring**-using the same language and words, reflect back the issue.
 3. **Summarizing**-condensing the issue into a few sentences.
 4. **Restating**-paraphrasing what was said to clarify meanings.
 5. **Clarifying**-simplifying the message/core of issues on a thinking and feeling level.

Validate the Feeling (Happy, Sad, Mad, Scared)

When you acknowledge the feelings that are present you help the individual name what they are feeling and identify where they need help.

When you validate the feeling and call it normal (assuming it is), you provide an opportunity for learning and growth.

When you accurately label the feeling, you show that you are listening and understand. This helps build rapport.

Outline Choices / Consequences

(or give clear and concise directives)

- ▶ Verbally **prompt** the person. Identify and set limits on inappropriate behavior (person vs. behavior)
- ▶ Verbally **redirect** person to use coping skills and discontinue the negative behaviors.
- ▶ **Inform** about the negative consequences if problematic behavior continues. However, it should not be used as a threat or ultimatum.
- ▶ **Praise** them if they are able to de-escalate.

Create an Opportunity

- ▶ Once de-escalated, now what? Have a plan
 - ▶ (jail, hospital, safety plan, referrals, etc.)
- ▶ Create a teachable moment
- ▶ Model forgiveness, accept their apology should they offer it (and you feel you genuinely can)

AB 360 (POST bulletin 2023-65)

Signed into law by Gov. Newsom in October 2023

Went into effect January 1, 2024

Prohibits use of term “Excited Delirium”

Does not prohibit a peace officer from describing the characteristics of an individual’s conduct

“Excited delirium” also includes excited delirium syndrome, excited delirium, hyperactive delirium, agitated delirium, and exhaustive mania.

DSM-5-TR Classifications

- ▶ Neurodevelopmental disorders
- ▶ Schizophrenia Spectrum & other psychotic disorders
- ▶ Bipolar and related disorders
- ▶ Depressive disorders
- ▶ Anxiety disorders
- ▶ Obsessive-Compulsive and related disorders
- ▶ Trauma and Stressor related disorders
- ▶ Dissociative disorders
- ▶ Somatic symptom and related disorders
- ▶ Feeding and Eating disorders
- ▶ Elimination disorders
- ▶ Sleep-Wake disorders
- ▶ Sexual dysfunctions
- ▶ Gender Dysphoria
- ▶ Disruptive, Impulse control and Conduct disorders
- ▶ Substance related and addictive disorders
- ▶ Neurocognitive disorders
- ▶ Personality disorders
- ▶ Paraphilic disorders
- ▶ Other mental disorders
- ▶ Medication-induced movement disorders
- ▶ Other conditions that may be the focus of clinical attention

Acute Behavioral Disturbance

Some Classic Symptoms

Bizarre behavior

Confusion

Disorientation

Unusual agitation or
excitement

Hallucinations

Paranoia

Superhuman strength

- ▶ Violence
- ▶ Intense struggling against restraint
- ▶ High body temperature
- ▶ Profuse sweating
- ▶ Undressing
- ▶ Insensitivity to pain

Acute Behavioral Disturbance

Physical Characteristics

- ▶ Dilated pupils, profuse sweating, hyperthermia, high body temp (103+), flushing, foaming at mouth (rare), uncontrollable shaking, shivering, reparatory distress

Psychological Behaviors

- ▶ Intense terror, extreme agitation, rapid emotional changes, disorientation (place, time, purpose), disoriented about self (grandeur), hallucinations, delusions, scattered ideas, easily distracted, crazed, confused, described as “just snapped” or “flipped out”, “makes other people feel uncomfortable”

Acute Behavioral Disturbance

Communication Behaviors

- ▶ Screaming for no apparent reason, pressured, loud, incoherent speech, grunting, guttural sounds, talking to unseen people, irrational speech

Physical Behaviors

- ▶ Violent behavior towards others, bizarre behavior, aggression towards inanimate objects (glass, shiny objects, overhead lights), running into traffic (at parked or incoming cars), naked (trying to cool off), apparent superhuman strength, seemingly unlimited endurance, resisting violently during detainment / arrest process, diminished sense of pain, self-induced injuries, says “I can’t breathe” (respiratory arrest spiral, exhaustive agitation and excitement)

Medical Emergency



- ▶ The body's safety stops have been removed / overridden
- ▶ Struggling and resisting may indicate an immediate **MEDICAL EMERGENCY** and may not be a criminal act

Response Plan

- ▶ Gather information
- ▶ Assess scene safety
- ▶ Make a plan to safely contain the subject
- ▶ Have EMS on standby and observing from a safe distance (if possible)
- ▶ Attempt to use verbal skills to de-escalate the situation
- ▶ If the subject is communicative
 - ▶ Only one person speaking to subject
 - ▶ Don't ask too many questions
 - ▶ May cause anger and/or confusion
 - ▶ Use tactical paraphrasing
- ▶ If the subject is non-communicative
 - ▶ One person speaking to subject
 - ▶ Use low volume but strong commands
 - ▶ Repeated commands
 - ▶ Look for that one moment of lucidity
- ▶ If communication efforts fail, or are not feasible, and at least one of the following exist:
 - ▶ A danger to the subject,
 - ▶ A danger to officers, or
 - ▶ A danger to other people in the area,
- ▶ Proceed to seizure plan based on your department policy
- ▶ Turn over to medical, Always transport via ambulance

Other considerations

- ▶ Realize not all Acute Behavioral Disturbance calls are the same
- ▶ Try to limit duration and intensity of restraints
 - ▶ Slow down
 - ▶ Deescalate
 - ▶ Have EMS on scene (observing if possible)
- ▶ Get medical involved ASAP and get guidance, have EMS on standby, observing and ready to treat the person
- ▶ Document
 - ▶ Don't diagnose - document what you witness/observe, be descriptive
 - ▶ Document consultation with medical and the recommendations
 - ▶ Document decision making

Important Note!

Never use the term **Chemical Restraints**

Medications are not used to restrain

Medications are used to **TREAT**

Midazolam (benzodiazepine)

Agitation, Anxiety, Panic, Seizures, Acute Distress

Documentation (Information Collection)

▶ The subject was experiencing *Excited Delirium*

▶ The subject was experiencing an *Acute Behavioral Disturbance*

- ▶ Describe IN DETAIL what you saw, heard, smelled and felt.
- ▶ What information was given to you by dispatch?
- ▶ What information was given to you by witnesses?
- ▶ What previous information do you have about the person/location?
- ▶ What does your training and experience tell you?
- ▶ What are medical personnel telling us?

Documentation



Paint a picture with words. Make observations, not judgements.



“Subject had stripped to his underwear and was shouting and attempting to punch anyone who came near. He was observed to be talking to unseen others, yelling and cursing.”



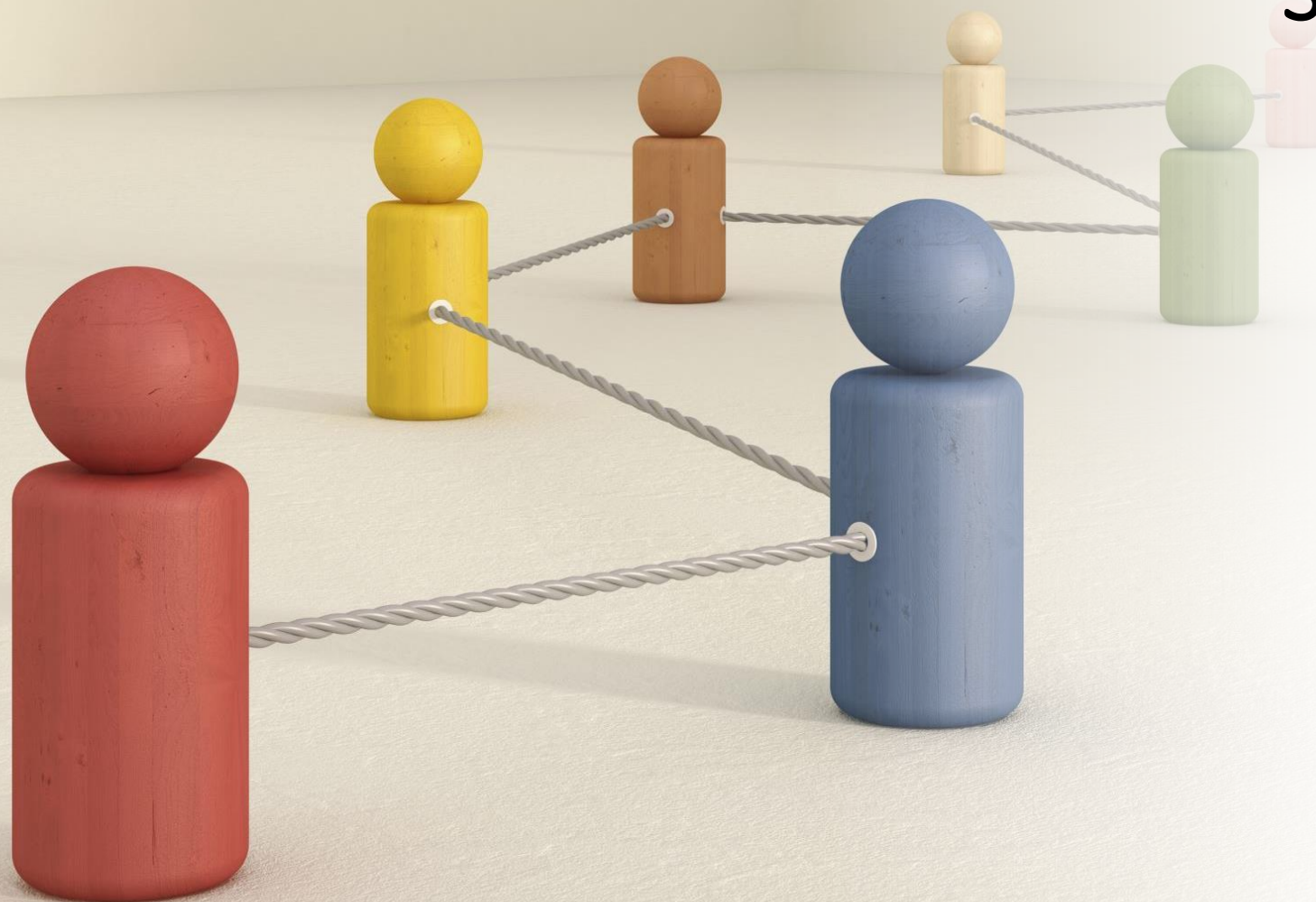
“Subject was aggressive and combative, kicking, spitting and cursing as officers tried to talk to him in order to calm him down. He appeared confused, responded inappropriately to questions asked, and repeatedly screamed, “They don’t know that I’m Satan!!”



“Subject was extremely agitated, breathing rapidly and sweating profusely. Observed repeatedly striking the windows of cars parked on the street with his closed fists and did not appear to experience pain.”

- Agitation
- Verbally aggressive, stating, "..."
- Physically Aggressive
- Mild/Moderate/Severe distress
- Defensive or Offensive stance / posturing
- Confusion
- Impaired cognitive functioning
- Clow to respond to commands
- Delayed response / delay in speech
- Increased pain tolerance
- Inappropriately dressed for conditions (specify how)
- Sweating profusely
- Uncontrolled sweating
- Face and body flushed
- Impaired reality testing
- Decreased level of consciousness
- Responding to unseen persons
- Unsteady gait
- Scratching and hitting self
- Unable to remain still
- Constant movement with seeming distress
- Crawling on the ground
- Laughing inappropriately
- Fighting unseen persons
- Attempting to strike something unseen
- Appeared to be confused about what is real
- Stating, Screaming, Repeating, Yelling "..."
- Rapid breathing
- Severe agitation
- Elevated temperature
- Non-compliant
- Poor awareness to direction
- Unusual or superhuman strength
- Wearing...
- Partially unclothed
- Noted to have (blood, cuts, scrapes, bruises...)
- Hyperactive
- Confused
- Paranoid
- Guarded
- Incoherent
- Disoriented
- Hallucinations (Auditory, Visual, Tactile...)
- Unresponsive
- Bizarre behavior
- Expressing being in pain, difficulty breathing, etc.
- Expressing being afraid, fear, scared
- Hyper-sexual
- Hyper-religious
- Tremors, shaking, twitching
- Anxious
- Hostile
- Panic
- Loud shouting
- Violent outbursts
- Pacing
- Rapid pressured speech
- Difficult to redirect
- Poor fucus or attention
- Distracted by...
- Unfocused eyes / gaze
- Dilated pupils
- Muscle rigidity
- Breaking objects
- Running into traffic
- Hiding in confined spaces
- Expressed _____ beliefs (paranoid, grandiose, persecutory, delusional)
- Hyperventilating
- Eating non-food items
- Banging head against surfaces
- Jumping from heights
- Refusing medical help
- Self-mutilation
- Attacking bystanders
- Attacking first responders
- Breaking windows
- Throwing objects (specify what)
- Repeatedly touching or rubbing objects
- Talking to themselves
- Invading personal space of others
- Holding _____
- Threatening others with _____

Strategic Response to Complex Call Scenario



Small Group Activity Part 1 – Verbal Practice

[https://www.youtube.com/
watch?v=PDkK_rrlAM8](https://www.youtube.com/watch?v=PDkK_rrlAM8)

Small Group Activity:

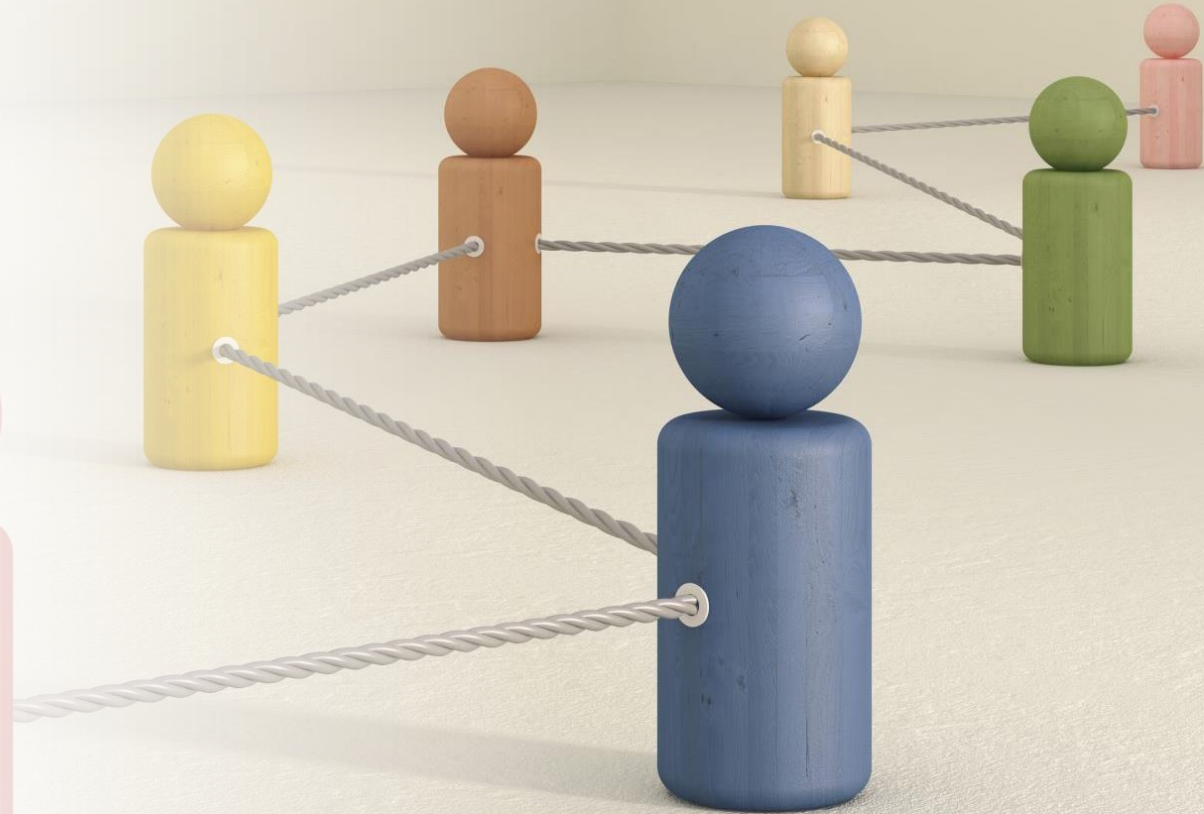
- ▶ Pair up
- ▶ Spend 5 minutes each playing the part of the responding officer
- ▶ Practice your strategic communication skills
- ▶ Be ready to rejoin the group and report out

Strategic Response to Complex Call Scenario

Small Group Activity

Part 2 – Strategic Planning
Exercise

<https://www.youtube.com/watch?v=Kxyzu1DdKm8>



Small Group Activity:

- ▶ Pair up
- ▶ Discuss your strategic approach to the scenario using the Critical Decision-Making Elements
- ▶ Take note of your plan and rationale
- ▶ Be ready to rejoin the group and report out

Critical Decision-Making Elements





Thank you for your time!

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Wrap-Up



Questions?



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