

**CRISIS
INTERVENTION
TRAINING**



Responding to Calls Involving Emotionally Disturbed Persons



IACP Legal Officer's Section

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Course Curriculum

40-hours

- CIT History
 - Evaluating the EDP
 - Mental Disorders
 - Combat Vets Center
 - Emotional Problems of Children and Adolescents
 - Dementia
-



Course Curriculum

- Developmental Disabilities
 - Psych Meds
 - Suicide Assessment
 - Suicide-by-Cop
 - Site Visits
 - Meeting with Families and Consumers
 - Crisis Intervention Skill Training
 - Role Plays
-



The Tipping Point

- Memphis, TN - September 24, 1987
 - Joseph Dewayne Robinson – BMA, 27 years
 - Paranoid Schizophrenia – mother called police for assistance – probably suicidal subject call
 - 8" kitchen knife to throat
 - Tight perimeter – commands to drop knife
 - Lunged at officers and fatally shot
 - Community outrage
 - Memphis CIT started in 1988
-

Before CIT:



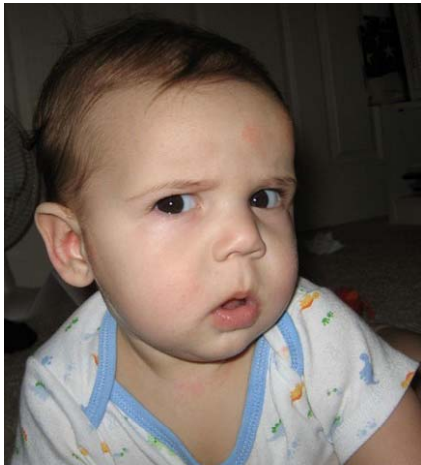
- Family members of the mentally ill distrusted police
 - Criminal justice and mental health were adversaries
 - Police response often resulted in arrest and injuries to subject and officer
 - Police were not prepared to deal effectively with the mentally ill
-



After CIT



- Officers are highly skilled in verbal de-escalation techniques with emotionally disturbed citizens
 - Family members of mentally ill request CIT officers
 - A partnership provides better long term solutions to mental health issues
 - Most clients are taken to medical facilities without injury or charges
-





Officer Safety

- Officer safety is no less important in CIT interventions than in any other police activity
-

Use of Force



- ❑ CIT is not a substitute for the appropriate use of force
 - ❑ Police officers, including CIT-trained officers, cannot reasonably be expected to avoid a use-of-force in a rapidly unfolding, dangerous situation with an imminently/immediately threatening person, mentally ill or not.
-



9th Circuit Decisions

- Deorle v. Rutherford (2001)
 - Glenn v. Washington County (2011)
 - US DOJ v. Portland Police Bureau (9/12/12)
 - *While most uses of force we reviewed were constitutional, we find reasonable cause to believe that PPB engages in a pattern or practice of unnecessary or unreasonable force during interactions with people who have or are perceived to have mental illness*
-



Bottom Line of 9th Circuit Cases

You may be held to a different standard if involved in a confrontation and use of force with a mentally ill person.

9th Circuit “fundamental rules for approaching” a 5150 type call



-
1. Slow it down
 2. Do not increase the subject's level of anxiety or excitement
 3. Attempt to develop rapport
 4. Time is on the side of the police



So, why am I in this class?

- To help officers resolve confrontations, when safe and practical, with less force than the maximum authorized by law
 - Your agency and the community want you to learn de-escalation techniques and confrontation management tactics that minimize the need to use force.
-

So, why am I in this class?



- Increase public confidence - many family members of individuals with mental illness are afraid to call the police because they fear the police may kill their family member
 - The 9th Circuit has reasoned that officers should consider mental illness as a factor influencing the course of action
-



Lack of Confidence among Police

- How many hours of training did you get in the Basic POST Academy?
 - With little training, many officers lack confidence in their ability to effectively respond to individuals in serious mental health crises.
 - Police lack education about mental illness and de-escalation/crisis intervention techniques that have been proven to help de-escalate these situations.
-



Why should you care?

- You have the delegated power to protect, and the obligation to serve, all citizens, and persons with mental illness especially need your protection .
 - Because with CIT you have an opportunity to reduce incarceration, use-of-force injuries to yourself, and injury to mentally ill subjects
-



Mental Disorders & Violence

- Are mentally ill subjects more dangerous than others?





Mental Disorders & Violence

- Media portrayal of violence by individuals with mental illnesses is the major cause of discrimination and stigma against this group.
 - When it occurs, it may be irrational, and thus unexpected
 - Group data is irrelevant for officer safety
 - **LESSON:** The situation and level of imminent danger determines force options for law enforcement, not the type of person (as long as police considered that the subject was mentally ill).
-



Understanding Mental Illness

- How do I know if someone is mentally ill?
 - What are the signs and symptoms of the major mental illnesses I'm likely to encounter?
-



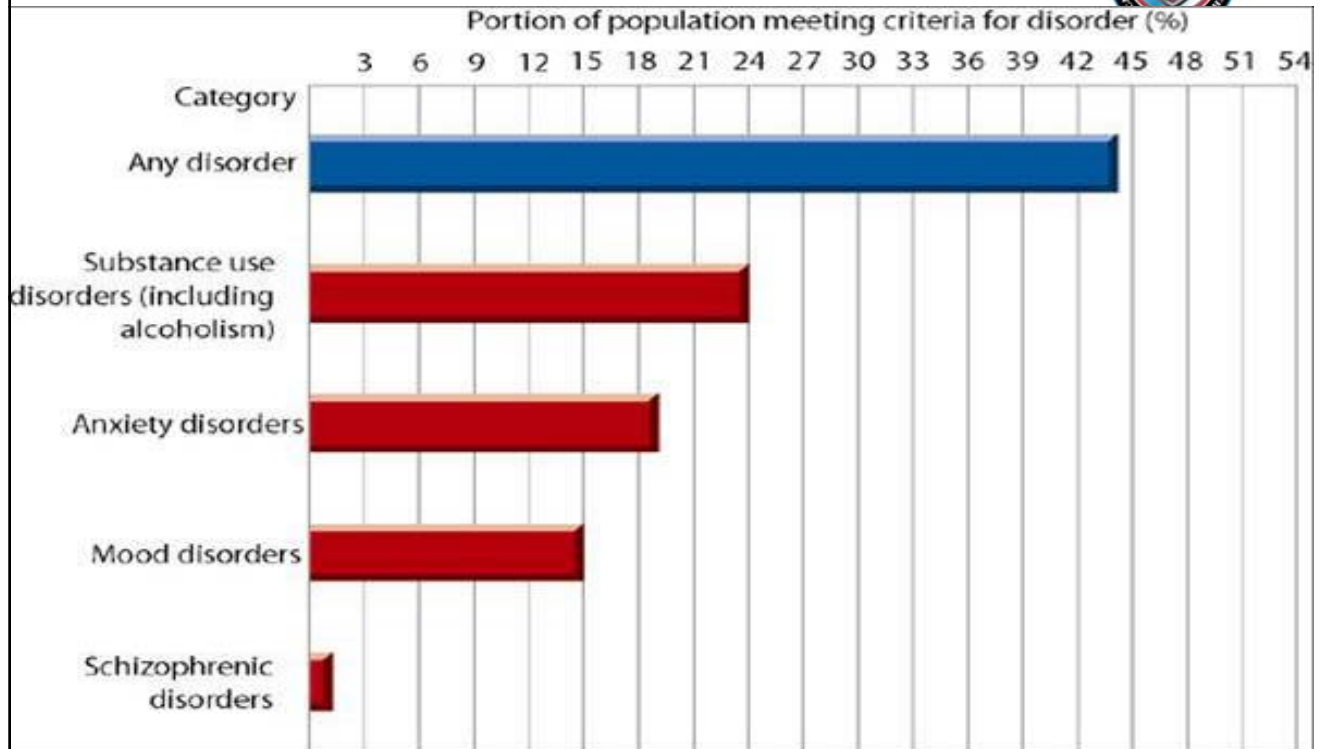
STIGMA

These disorders can affect persons of any age, race, sex, religion, or income.



Mental illness is not the result of a personal weakness, lack of character, or poor upbringing - it is a biochemical disorder – an illness.

Prevalence



Major Mental Disorders



- Major Depression
 - Bipolar Disorder
 - Schizophrenia
 - PTSD
 - Personality Disorders
-

Sapir-Whorf Hypothesis

“Snow”



Alaskan Indians

- 'ice' -sikko
- 'bare ice' - tingenek
- 'snow (in general)' - aput
- 'snow (like salt)' -pukak
- 'soft deep snow' -mauja
- 'soft snow' -massak
- 'watery snow' -mangokpok
- 'snow filled with water' -massalerauvok
- 'soft snow' -akkilokipok
- 90+ others

Californians

- powder
 - packed
 - yellow
-

Field Mental Status Exam (MSE)

(the language used to identify mental disorders)



☐ Appearance

- Speech
- Clothing
- Grooming
- Hygiene

☐ Feelings/Emotions

- Affect
- Mood

☐ Perception

- Hallucinations
- Illusions



☐ Thinking/Cognition

- Thought form
- Thought content
- Intellectual function
- Memory
- Attention and concentration
- Insight
- Judgment/Reasoning
- Orientation
- Delusions

Orientation



- Person
- Place
- Time
- “Oriented X3”



Appearance



- Condition/layering of clothing
- Grooming
- Hygiene
- Physical mannerisms
 - extrapyramidal symptoms (EPS)
 - akathisia
 - activity level (agitation/retardation)
 - stereotyped movements (rituals)

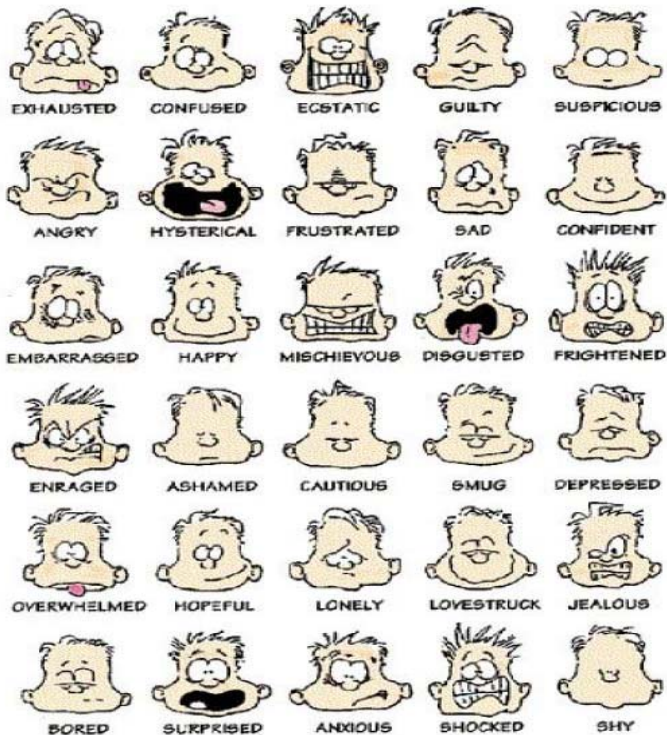


Speech



- ☐ Quantity (excessive verbal production or paucity of speech [terse and unelaborated – (alogia)], impoverished)
- ☐ Volume, rate, rhythm (prosody), tone
- ☐ Articulation
 - ☐ Pressured/mute/slurred
 - ☐ Echolalia

Emotions



EMOTIONS

(Affect)



- Definition- Snapshot display of emotions
- Range
- Changeability (lability)
- Intensity (flat, restricted, intense, expansive)
- Appropriateness/congruence



EMOTIONS

(Mood)



- Definition -sustained feeling tone is MOOD
- Level
 - Depressed
 - Dysphoric
 - Euthymic
 - Euphoric
 - Elated



Perceptual Disturbance



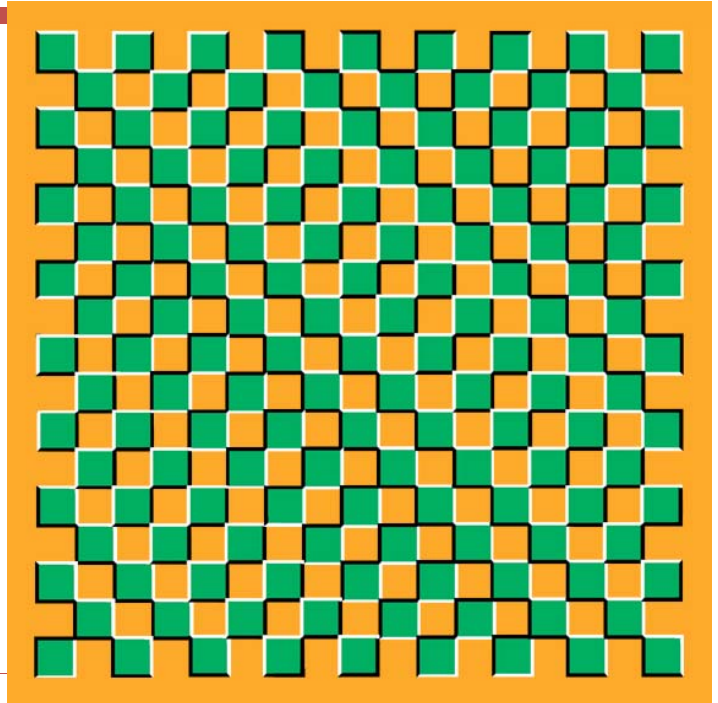
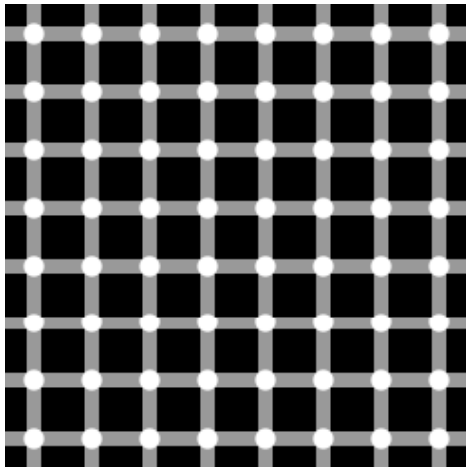
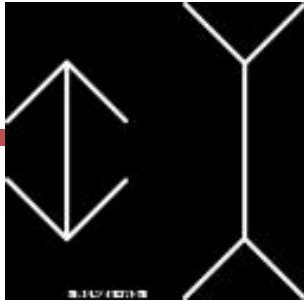
■ Hallucinations

- Visual
- Olfactory
- Tactile
- Gustatory



- MOST COMMON - Auditory (sometimes are commands)

Illusions



The background is a dark, expressive painting. On the left, there is a face with wide, staring eyes, rendered in shades of brown and orange. On the right, a hand is visible, reaching out, with a bright, ethereal light emanating from it. The overall style is abstract and dramatic, with heavy brushstrokes and a mix of dark and light colors.

Delusions

- Persecution
- Grandiose
- Somatic
- Erotomantic
- Reference

SPECIFIC TYPES OF DELUSIONS

- Thought Broadcasting
- Thought Withdrawal
- Thought Insertion
- Threat/control-override*

***TCO -delusions in which patients believe that people are seeking to harm them or that outside forces are controlling their minds**

Intellectual Functioning



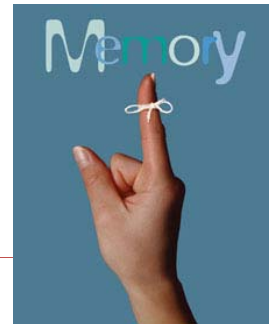
- Fund of knowledge (name of POTUS, capital of state)
- Arithmetic/calculations ($\$5 + \$4 = \$9$)
- Interpret meaning of proverbs or similarities – abstract vs. concrete
- Judgment/reasoning (absurdities)



Memory



- Remote (long term) memory (e.g., high school graduation, 1st grade teacher, name of elementary school)
- Recent (short term) memory (e.g., activity last weekend, dinner last night)
- Immediate memory (e.g., series of numbers or remembering 3 things after 5 minutes)
- Confabulation
- False Memory
- Recovered memory





Attention and Concentration

- Concentration (serial 7's)
- Distractibility
 - Preoccupation
 - Hallucinations
 - Clouded consciousness

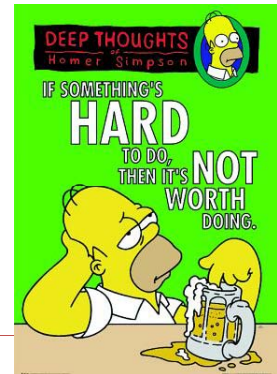


Toronto's CN Tower



Thought Form

- Thought pressure/flight of ideas
- Poverty of ideas/impoverishment
- Loose associations or derailment = thought disorganization
- Tangential
- Circumstantial
- Thought blocking





Thought Content

- Delusions
- Goal directed
- Incoherent
- Neologisms
- Impaired/distorted perception of reality



Mental Disorders most commonly encountered by police



Major Depression



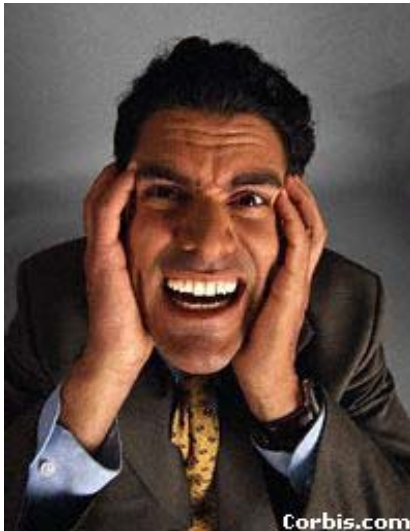
Signs and Symptoms of Major Depression



-
- Fatigue/loss of energy
 - Thoughts of death or suicide - suicide threats and attempts
 - Feeling guilty, hopeless and/or worthless
 - Difficulty concentrating/remembering/making decisions
 - Psychomotor retardation
 - Persistent sad, anxious or empty mood
 - Sleeping too much or too little; early or frequent waking
 - Reduced (or increased) appetite- weight gain or loss
 - Irritability or restlessness
 - Pleasure loss (anhedonia)
-

TERRY BRADSHAW





Mania

(Bipolar Disorder)

What is Mania?

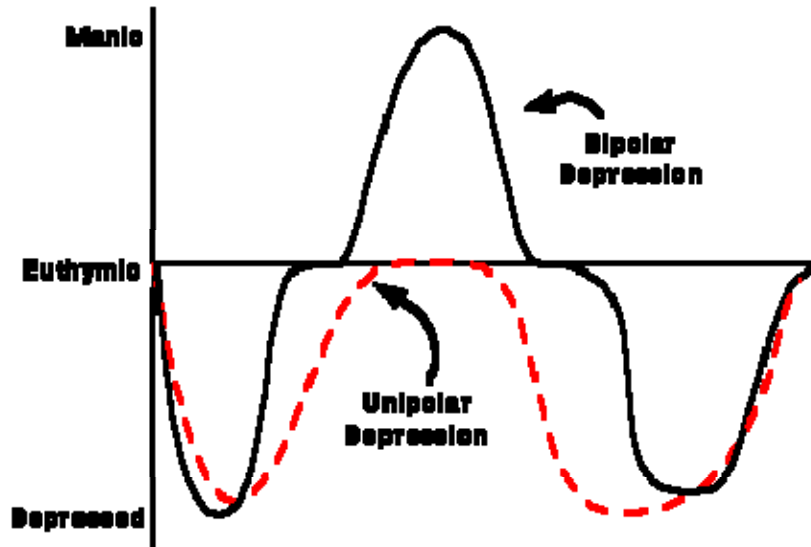


Mania is part of a condition called bipolar disorder, formerly known as manic-depression, and is a heightened energetic, euphoric or hyperirritable state in a cycling mood disorder.

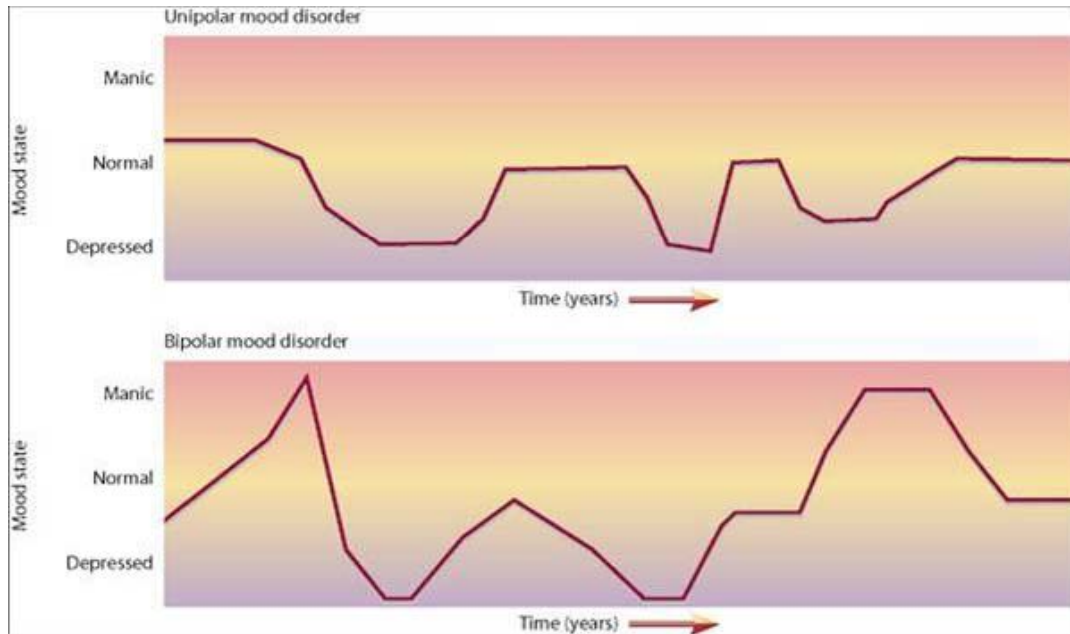
Bipolar disorder usually causes a person's mood to alternate over time (e.g., between symptoms of depression and mania, or to have recurrent episodes of depression or mania, or a mixture of both).



Course of Illness



Actual Cycles



Signs and Symptoms of Mania



-
- Episode of increased physical and mental activity & energy
 - Decreased need for sleep without experiencing fatigue
 - Excessive irritability, aggressive behavior
 - Euphoria with injudicious amorous and sexual excesses
 - Intrusive interpersonal conduct
 - Distractibility
 - Racing thoughts and loud, pressured, rapid speech; flight of ideas (think Robin Williams or Charlie Sheen)
 - Reckless behavior (e.g., erratic driving, sexual indiscretions, spending sprees, overly zealous contact with politicians)
 - Impulsivity and poor judgment
 - Exaggerated optimism and self-confidence
 - Grandiose delusions
-

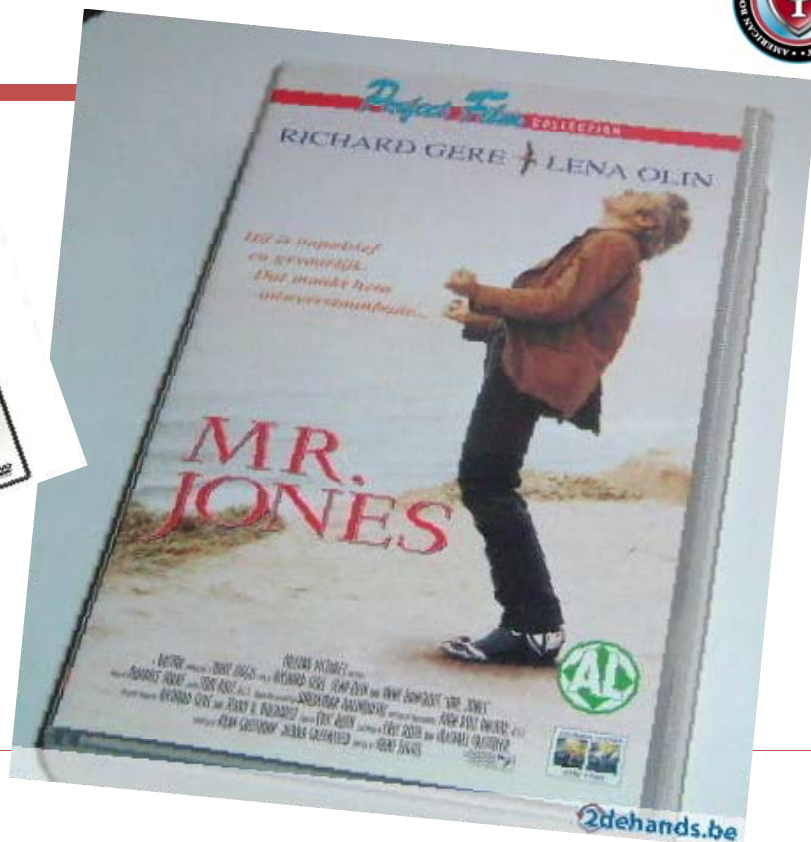
Think Robin Williams/Charlie Sheen



Getty Images



PHOTO: NYPD POLICE DEPARTMENT VIA GETTY IMAGES



Schizophrenia





What Causes Schizophrenia?

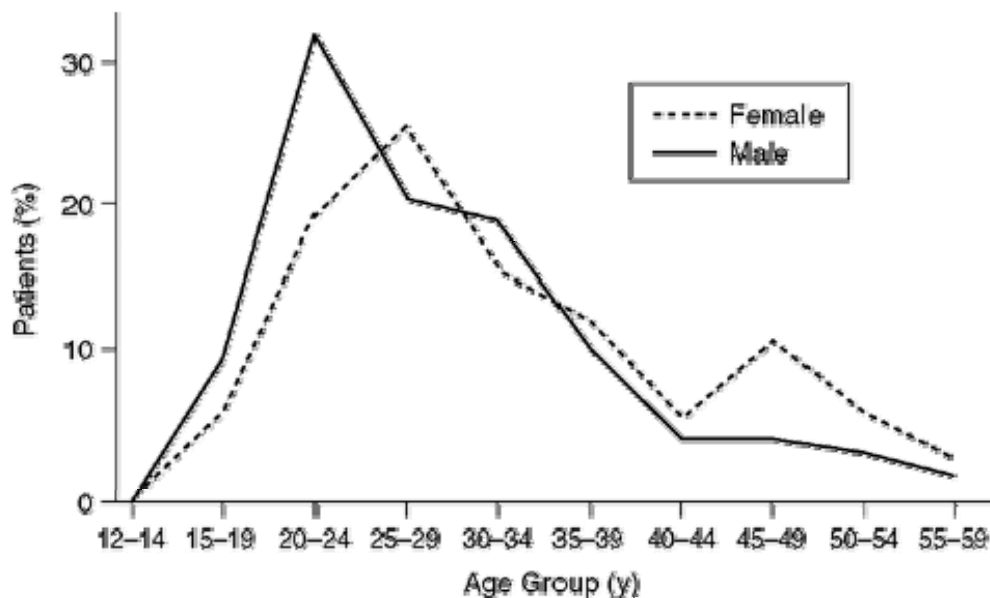
- Combination of genetic, biological (virus, bacteria, or an infection) and environmental factors play a major role
- There is currently no reliable way to predict whether a person will develop the disease.



John Nash, Nobel Prize winner with Schizophrenia. His life story was made into a film, *A Beautiful Mind*.



Age of onset





Symptoms of Schizophrenia



The severity of symptoms varies from one person to another, and typically symptoms will remit and then relapse.

Symptoms are divided into Positive and Negative symptoms.

Positive Symptoms



ABNORMAL THOUGHTS

- Delusions: False *beliefs/thoughts* with no basis in reality – usually bizarre

PERCEPTIONS

- Hallucinations: Disturbances of *sensory perception* (hearing, seeing, smelling, tasting or feeling things that are not there)
-

Positive Symptoms (cont'd)



LANGUAGE

- Disorganized Speech: Jumping loosely from topic to topic, responding with unrelated answers, or speaking nonsensically

BEHAVIOR

- Disorganized Behavior: Seemingly senseless behaviors
-



Positive Symptoms (cont'd)

- Catatonic: Lowered environmental awareness, unresponsiveness, rigid posture, resistance to movement or instructions and inappropriate postures
 - Impaired Perception of Reality – does not view the same external circumstances normally
-

Negative Symptoms



Definition: Restrictions in range and intensity of emotional expression, will, communication, body language and interest in normal activities.

- Restricted (or Flat) Affect: Decreased emotional expressiveness, immobile facial appearance, reduced eye contact and unexpressive body language.
 - Alogia: Reduced speech. Responses are terse and unelaborated.
-



Negative Symptoms (cont'd)

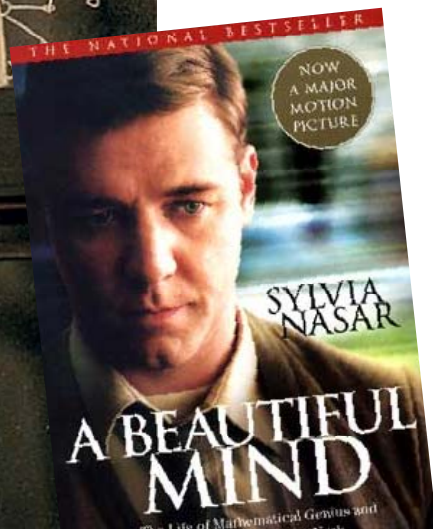
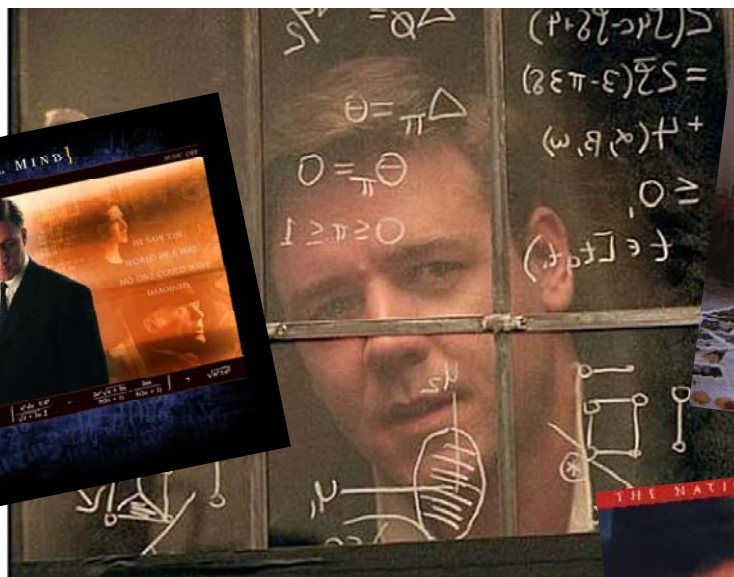
- Avolition: Lacking motivation, spontaneity, and initiative. Sitting for lengthy periods or ceasing to participate in work or social activities.
 - Anhedonia: Lacking pleasure or interest in activities that were once enjoyable.
-



Relationship of Positive/Negative to Dangerousness



- Persons with schizophrenia who predominantly have negative symptoms are lower risk for dangerous behavior toward others
 - Persons with schizophrenia who have positive symptom of persecutory delusions (TCO) and command hallucinations are higher risk for dangerous conduct
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John Forbes Nash

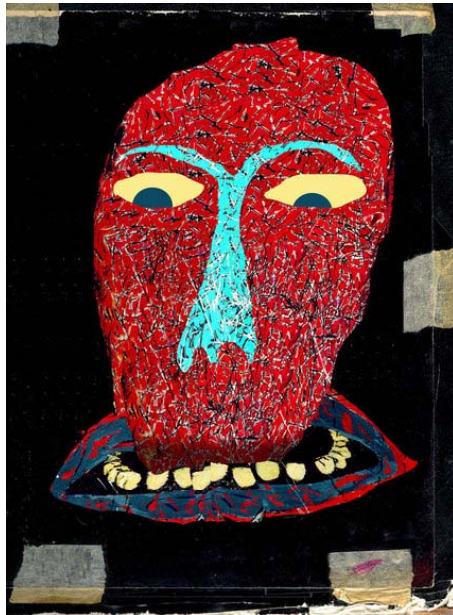
“A Beautiful Mind”



-
- Mathematician - Princeton student to MIT professor
 - Game Theory
 - Developed schizophrenia with delusions that he was working for DOD and a agent named Parcher deciphering Soviet codes in newspapers
 - Lived with his illness without much medication
 - won the Nobel Prize for Economics in 1994
-



Anxiety Disorders



Posttraumatic Stress Disorder (PTSD)



Incidence of PTSD:

Vietnam – 15% - men

9% - women

Lifetime prevalence – 30.9%

26.9% - women

Iraq- Afghan - 20%

Posttraumatic Stress Disorder



- 11/100,000 is the US suicide rate – 2007 study showed 17.3-18.1 with Iraq vets – third leading cause of death in military
 - Military Sexual Trauma - 23%-29% of females report sexual assault in military
-



Posttraumatic Stress Disorder

- Exposure to an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate
 - The person responded to the event with strong feelings of fear, helplessness, or horror.
-

Examples of Trauma



-
- Military combat
 - violent personal assault (sexual assault, physical attack, robbery, mugging)
 - being kidnapped
 - being taken hostage
 - terrorist attack
 - torture,
 - incarceration as a prisoner of war or in a concentration camp
 - severe automobile accidents
-

What Is PTSD?



□ DSM-IV-TR

- A1. Traumatic Event
 - A2. Intense fear, helplessness or horror.
 - B. Re-experienced in 1 of the following ways:
 - Recurrent distressing recollections
 - Recurrent distressing dreams
 - Acting or feeling like the event is happening again
 - Intense psychological distress at exposure to cues
 - Physiological reactivity on exposure to cues
-

Symptoms

Persistent Reexperiencing



- Recurrent and intrusive recollections of the event or recurrent distressing dreams during which the event is replayed
 - In rare instances, the person experiences states that last from a few seconds to several hours, or even days, during which the event is relived and the person behaves as though experiencing the event at that moment – can include hallucinations
 - Intense psychological distress or physiological reactivity often occurs when the person is exposed to events that resemble an aspect of the trauma
-

Symptoms

Persistent Avoidance



- Deliberate efforts to avoid thoughts, feelings, or conversations about the traumatic event
 - Avoid activities, situations, or people who arouse recollections of it
 - Diminished responsiveness, referred to as "psychic numbing" or "emotional anesthesia," usually begins soon after the traumatic event
-

Symptoms

Persistent Arousal



- Persistent symptoms of anxiety or increased arousal not present before the trauma.
 - These symptoms may include difficulty falling or staying asleep that may be due to recurrent nightmares during which the traumatic event is relived, hypervigilance, and exaggerated startle response.
 - Some individuals report irritability or outbursts of anger or difficulty concentrating or completing tasks
-

PTSD Summary Symptoms



The official 17 symptoms of PTSD can be placed into 3 broad groups:

- Reexperiencing: intrusive memories, nightmares, flashbacks, triggered distress;
 - Avoidance: isolation, withdrawal, emotional numbing, detachment, memory gaps; and
 - Hyperarousal: insomnia, irritability, anger outbursts, poor concentration, hypervigilance, exaggerated startle.
-



Treatment Options

- ☐ Medication Management
 - SSRI's
 - Anti-Anxiety Medications
 - Olanzapine
 - ☐ Cognitive Behavioral Therapy
 - Changing how you think about the trauma
 - Replacing thoughts with more accurate less distressing thoughts
 - ☐ Exposure Therapy
-



Battlemind



- Buddies (cohesion)
- Accountability
- Targeted Aggression
- Tactical Awareness
- Lethally Armed
- Emotional Control
- Mission Operational Security
- Individual Responsibility
- Non-defensive (combat) driving
- Discipline and Ordering



Treatment Options

- Eye movement desensitization and reprocessing (EMDR)
 - Group Therapy
 - Marital/Family Therapy
 - <http://www.ptsd.va.gov/index.asp>
-

Personality Disorders





Narcissistic Personality Disorder

- A pervasive pattern of grandiosity (in fantasy or behavior) and excessive need for admiration
 - An exaggerated sense of self-importance
 - Preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love
-



Narcissistic Personality Disorder

- Believes he is "special" and should associate with other special or high-status people
 - Always tries to appear nonchalant
 - Requires excessive admiration
 - Has a sense of entitlement
-



Narcissistic Personality Disorder

- Selfishly takes advantage of others to achieve his own ends
 - Lacks empathy
 - Is often envious of others or believes that others are envious of him
 - Arrogant, haughty, and patronizing
-

Antisocial Personality Disorder (3 or more)



- failure to conform to social norm with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest
 - deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
 - impulsivity or failure to plan ahead
-

Antisocial Personality Disorder



- irritability and aggressiveness, as indicated by repeated physical fights or assaults
 - reckless disregard for safety of self or others
 - consistent irresponsibility, as indicated by repeated failure to sustain steady work or honor financial obligations
 - lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another
-



Psychopathy

FACTOR 1

- Charming
- Manipulative
- Superficial Charm
- Shallow affect
- Lack of remorse



FACTOR 2

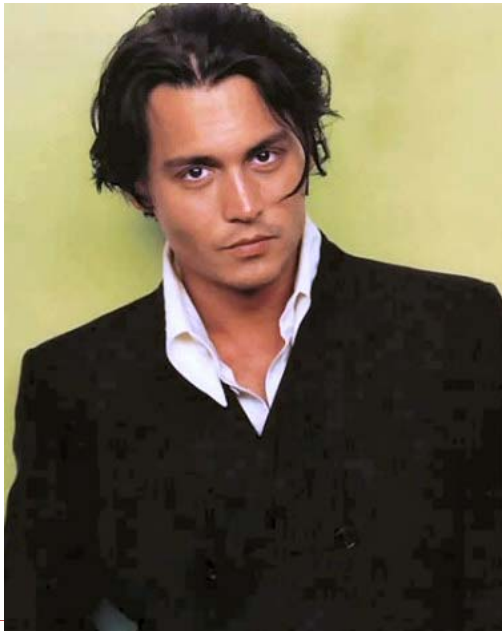
- Failure to conform
- Impulsivity
- Deceitful/lying
- Disregard for others
- Irresponsibility

Borderline PD (BPD)



Celebrity Cutters

Johnny Depp



Johnny has a series of seven or eight scars on his left forearm where he has cut himself with a knife on different occasions to commemorate various moments or rights of passage in his life. In a *Talk* magazine interview he said, "It was really just whatever [times when he hurt himself]--good times, bad times, it didn't matter. There was no ceremony. It wasn't like 'Okay, this just happened, I have to go hack a piece of my flesh off.'"

Angelina Jolie



In June 2001 *Rolling Stone* said Angelina used to hurt herself during her early teens but stopped around the age of sixteen. She explained in a 2000 *Maxim* article, "You're young, you're crazy, you're in bed and you've got knives. So shit happens." But in 1999 *Access Hollywood* interview she explained it more in-depth, "I was..trying to feel something....I was looking at different things..thinking romantically about...about blood. I really hurt myself," and, "I was nearly in the hospital. I nearly cut my jugular vein." She also said in the same interview, "I was just....a kid. I was like 13, And, I was saying that it is not something that is cool. Its not cool. And I understand that it is a cry for help..."

Amy Winehouse (RIP)



On August 23, 2007 Winehouse was seen stumbling the streets with her husband; she was bloody and bruised. It was reported she told blogger, Perez Hilton, "I was cutting myself after he found me in our room about to do drugs with a call girl and rightly said I wasn't good enough for him. I lost it and he saved my life." Her parents-in-law said, after the incident, to boycott her music and stop giving her awards.



Borderline PD (BPD)

- A problem involving intense emotions, impulsivity, interpersonal conflict
 - Name comes from historical (psychoanalytic) view that these people were on the “border” of a psychotic break
 - Behavior is dramatic, manipulative, and creates major dilemmas for police
-



Borderline PD (BPD)

- Most commonly seen in females
 - Unstable and intense personal relationships
 - Impulsivity with relationships, spending, food, drugs, sex
 - Intense anger or lack of control of anger
-



Borderline PD (BPD)

- Recurrent suicidal threats
 - Chronic feelings of emptiness or boredom
 - Feelings of abandonment
 - Self mutilation (e.g., cutters)
-

BPD Self-harming



- Cutting, hitting, smashing, burning
 - Sometimes called, “parasuicidal behavior”
 - Usually is a manipulation (but potentially lethal)
 - Associated with dissociation, feelings of numbness (e.g., seek the physical pain as it provides relief)
-



Borderline PD (BPD)

- Psychosis (delusions, hallucinations, etc.) is rare in this population-it is not classified as a severe mental illness
 - Hospital admissions and EDP calls however, are common
 - Lots of room for police frustration with mental health gatekeepers
-

Crank



10 Years of Meth Use





Acute Crank Psychosis

- Extreme paranoid ideation
 - Well-formed delusions
 - Hyperattentive to environment
 - Hallucinations
 - Panic, extreme fearfulness
 - High potential for violence in reaction to paranoia
 - Looks like Paranoid Schizophrenia
-



The Role of Verbal Tactics



-
- This is tactical communication – a control technique
 - Your ultimate goal is to control and gain compliance through the effective use of words
 - Persons with mental illness are already fearful, and command bearing only increases fear. Successful CIT reduces fear.
-

CIT- Gaining Compliance through diplomacy and persuasion



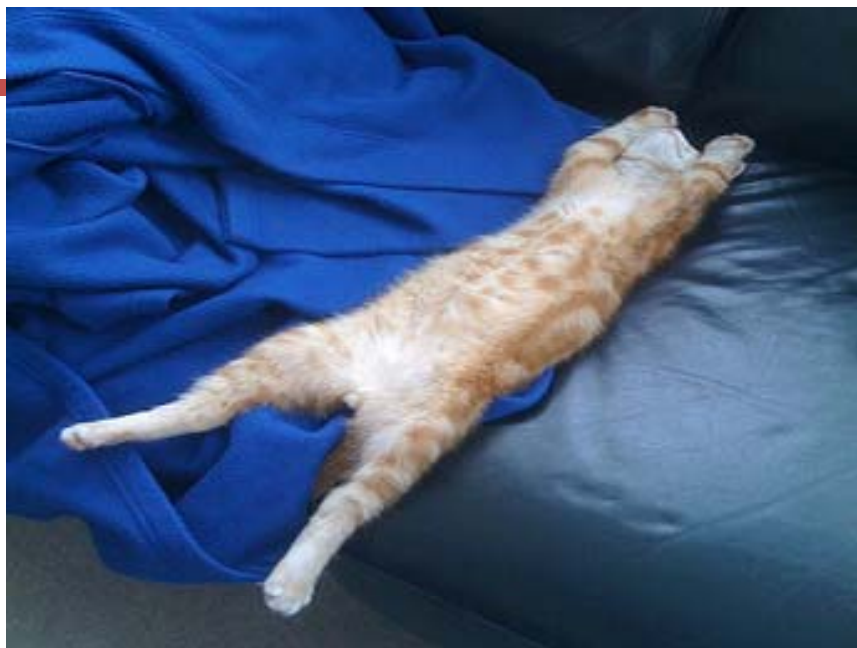
Stages of Crisis Intervention



MySpaceTuning.com







My Objectives



- To identify the role of CIT talk vs. Patrol talk – redirecting and controlling behavior with softer vs. commanding words
 - To teach verbal tactics for establishing rapport, calming, and defusing, without abandoning officer safety
 - To teach strategies for working with persons with mental illness (also works with brain injury, dementia, developmental disability, and hostile subjects)
 - To help you avoid retraumatizing individuals (e.g., combat veterans)
-

Intervention Review



-
- The first minute
 - Pay attention to your voice quality (tone), and avoid body position of stern authority
 - Introduction – here to help
 - Tell me your story
 - Slow it down and listen, listen, then listen some more
 - Use active listening techniques to mine for the emotions (not just the facts) associated with the story
 - Re-state
 - Reflect
 - Reword
 - Paraphrase
-



Intervention Review

- Do nothing initially except establish rapport/relationship
 - Attend to your voice (volume, pace, body spacing (proxemics) and posture, etc.)
 - Talk less/listen more/ask questions rather than make statements
 - Expect intense emotions – attach yourself to them and ride them out (except escalating rage)
 - Invite/pull rather than push/order – ask thoughtfully and respectfully
-



Continued Review

- Frequently paraphrase, reflect, mirror, reword
 - Reassure person they are safe
 - Don't rush – time is on your side
 - IF YOU REMEMBER NOTHING ELSE - The power is in the process of kindness, respect, concern and empathy more than the content of finding the right words
-

BASIC STRATEGIES



LISTEN

PERSONAL SAFETY

AVOID THE EMPATHIZE

QUID PRO QUO QUICK FIX

Questions

