# Crisis Communication for First Responders

Detective Support and Vice Division Crisis Response Support Section Mental Evaluation Unit

### Define the term "Crisis"

A crisis involves a disruption of a person's normal or stable state. It occurs when a person faces an obstacle that, for a time, overwhelms his or her customary methods of problem solving.

## What type of personal reactions occur during a crisis?

- Emotional upset: anxiety, anger, and shame
- Physical upset: behavioral changes
- Cognitive disturbance: disruption in normal problem solving abilities

## Three Types of Crisis

#### Situational Crisis

 An unexpected crisis that arises suddenly in response to an external event or a conflict concerning a specific circumstance. The symptoms are transient and the episode is usually brief.

#### Maturational Crisis

- A transitional or developmental period within a person's life, such as puberty or "mid-life crisis," when psychological equilibrium is upset.
- Cultural/Social Structural Crisis
  - Disruption of social status or family.

## Principles of Crisis Intervention

- Immediate Intervention
- Limited Goals
- Focus on Goals through Problem Solving

## Establish Officer Safety...FIRST!

- Operate from a position of tactical advantage
- Begin "the process" of de-escalation AFTER you establish that there is no <u>immediate</u> threat, such as:
  - 415 Suspects
  - Possible Jumpers
  - Barricaded Suspects
  - Mentally III Subjects (i.e. Suicide-by-cop, etc.)

### The Basics...

#### I. Time

- Time is on your side
- There is no need to rush...slow down
- It may take time to resolve the situation peacefully...be patient...

## II. Space

- Give the subject <u>space</u>, yet maintain control.
- Convey to the subject that you will respect his/her <u>space</u>.
- Remove distractions (limit number of officers, turn down radios, clear non-essential people from scene).

## III. Background Information

(Medications, Diagnosis, Family/Friends, Issues etc...)

- Obtain information from the subject, PR, neighbors, relatives, witnesses...
- Establish one point of contact (a person to whom the subject responds).
- Ask only one question at a time, such as:
  - Why are you here?
  - Do you want to hurt yourself?
  - Who do you think you are talking to? (test the subject's perception)
  - I believe that you feel you are hearing voices...

## III. Background Information (Cont'd)

- Identify Hooks & Triggers
  - Focus on those things to which the subject responds
  - Avoid those things that aggravate the subject
- Repeat yourself, as necessary, to build rapport and compel the subject to follow your direction.

## III. Background Information (Cont'd)

- Display patience and sincerity when speaking to the subject.
- Limit emotionality.
- Do not make promises you cannot keep.
- Keep the promises you make, but only after subject has met his/her obligation.

If the subject is talking...you are winning!

## Finally...

## Handcuffing Persons With Mental Illness (Manual §4/217.36)

Officers must handcuff a person with mental illness who is taken into custody when the person is not restrained by a straitjacket or restraining straps.

Use only official handcuffs and ensure handcuffs are *double* locked.

**Exception**: Officers may use discretion when the age or physical condition is such that the personal safety of the mentally ill person and/or the officer will not be jeopardized.

### Listen, Empathize, Ask, Paraphrase & Summarize

#### Listen

- Slow down
- Pay attention to verbal/non-verbal clues
- Listen to the whole message
- Allow subject to vent as appropriate
- Remain flexible/receptive

- Empathize
  - Maintain an "understanding" attitude
  - Reassure the subject that their problem can be solved step-by-step

#### Ask

- Ask direct and open-ended questions
- Evaluate the subject's decision-making capabilities

#### Paraphrase

- Paraphrase and repeat the subject's key points back to him/her, for example:
  - So you're telling me that you're depressed because you lost your job...
  - What I'm hearing you say is...
  - I see...
  - Tell me about it...

#### Summarize Key Points

- Communicate and engage all parties during a crisis, i.e., incident commander, tactical, CNT and perimeter personnel, and most importantly, the subject
- Identify what you have, such as:
  - Mental Illness
  - Drugs/Alcohol Abuse
  - 415
  - Neighbor/Family Dispute

- Summarize Key Points (Cont'd)
  - Actively communicate with the subject
    - (verbal/non-verbal)
  - Determine Instrumental and Expressive Needs
    - What brought the subject to this point?
    - Why are we here?
    - What does the subject want?

## Common Roadblocks to Effective Crisis Communication

- Interrupting!! Take your time...
- Interjecting your own views
- Expecting a response
- Letting the subject exclusively direct the conversation

## Common Roadblocks to Effective Crisis Communication (Cont'd)

- Ignoring/missing non-verbal clues/expressions, such as:
  - Clenched Fist
  - Avoiding Eye Contact, etc.
- Judging the subject or his/her actions
- Avoiding the subject's concerns, such as food or a can of soda, etc.

## Final stage - Resolution

- Maintain priority of officer and public safety
- Establish the subject's resolve to surrender without casualty
- Manage/monitor the heightened emotions of the subject and officers that can result from a protracted operation and surrender.

## Stay Up-to-Date on Mental Health Trends and Training

- Facebook
  - LAPDMEU
- Twitter
  - @LAPDMEU



## **Key Learning Points**

- Time, Space, and Background Information
- LEAPS Listen, Empathize, Ask, Paraphrase, and Summarize

## Upcoming 2015 MHIT Schedule

- September 15 through September 18 (DP 10)
- October 6 through October 9 (DP 11)
- October 20 through October 23 (DP 11)
- November 3 through November 6 (DP 12)
- November 17 through November 20 (DP 12)
- December 8 through December 11 (DP 13)

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