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
Operate from a position of tactical advantage

Begin “the process” of de-escalation AFTER you establish that there is no immediate threat, such as:

- 415 Suspects
- Possible Jumpers
- Barricaded Suspects
- Mentally Ill 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 space, yet maintain control.

- Convey to the subject that you will respect his/her space.

- 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!*
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
LEAPS (Cont’d)

- Empathize
  - Maintain an “understanding” attitude
  - Reassure the subject that their problem can be solved step-by-step
LEAPS (Cont’d)

- 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
LEAPS (Cont’d)

- **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
Mom Sues Police After Son Dies While Taken Into Custody

Incident Date: October 2005
West Palm Beach, Florida
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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