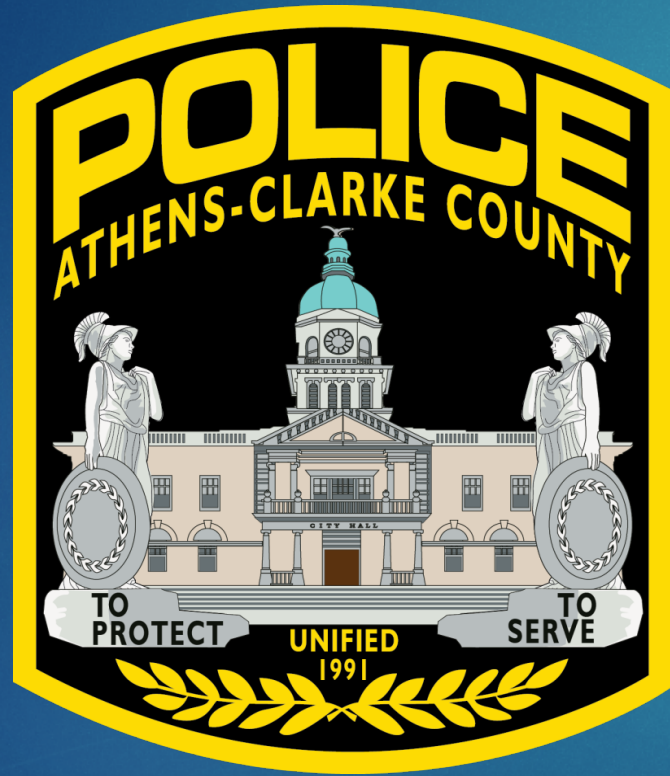


De-Escalation: Tips and Tricks for Court Teams



Katie McFarland, LCSW
SPO Robie Cochran

Justice Mental Health Collaboration

In 2015, ACC PD was awarded the Justice Mental Health Planning Grant from the Bureau of Justice Assistance

In 2017, we were awarded an implantation grant to continue working together and to implement co-responding and increased training.



ADVANTAGE
WHERE HEALTH MEETS HOPE



THE UNIVERSITY OF GEORGIA
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for Leadership Development



What is Mental Illness?

- ▶ A mental disorder is a mental, emotional, or behavioral disorder which causes significant impairment in one of the following areas:
 - ▶ causes significant distress to the person or those around him/her
 - ▶ significantly impairs social, occupational or interpersonal functioning
 - ▶ causes increased risk of injury or death

Stress Can Worsen Symptoms

Too much stress can

- ▶ Cause feelings of anxiety or depression
- ▶ Interfere with sleep
- ▶ Create problems with concentration, forgetfulness
- ▶ Cause irritability
- ▶ Trigger symptoms of psychosis

Commonly Seen Diagnoses that may lead to crisis

- ▶ Major Depression
- ▶ Bipolar Disorder: severe depressions and manic episodes
- ▶ Schizophrenia
- ▶ Schizoaffective Disorder
- ▶ PTSD
- ▶ Co-Occurring Substance Use disorders



Psychosis

- ▶ The person has lost some contact with reality
- ▶ Disturbances in how they think, react, and behave
- ▶ Hallucinations—experiencing sensations—auditory, visual, tactile, olfactory, or taste—that other people say they don't experience.
- ▶ Delusions—fixed, false beliefs or thoughts that no one else believes or understands
- ▶ Paranoia



Suicide

- Eighth leading cause of death in the US.
- Males complete suicide 4x more than females.
- Females attempt suicide 3x more than males.
- Rates higher for white men & women together.
- Rates highest for elders over 65 years of age.
- Up to 80% of suicides have history of severe depression.
- Among individuals with mental illness, suicide rates are highest for those with depression, bipolar disorder, schizophrenia, and borderline personality disorder.
- High risk when someone is recently released from the hospital

Things to DO when Dealing with Someone Who Is Experiencing Suicidal Ideation:

- ▶ Be calm. Be careful not to escalate the situation by your attitude or actions
- ▶ Give emotional support by showing that you take the person seriously.
- ▶ Listen. Ask relevant and concerned questions (open-ended.)
- ▶ Bring the subject of suicide fully into the open. **ASK THE QUESTION!**
- ▶ Insist on the immediate removal of threats (for example, weapons.)
- ▶ Explore support system provided by significant others.
- ▶ Offer realistic hope: Your assistance. Past coping skills. Alternatives.
- ▶ Get professional help.

Things to Avoid when Dealing with Someone Who Is Experiencing Suicidal Ideation:


- ▶ Don't shock or challenge ("Go ahead and do it.")
- ▶ Don't analyze motives ("You just feel bad because. . .")
- ▶ Don't over-react or panic.
- ▶ Don't under-react. Show you care.
- ▶ Don't try to cajole the person out of suicide ("Come on you don't want to do that. . .")
- ▶ Don't argue on the basis of undesirable consequences or try to use reason (for example, "sinfulness" or the futility of the act.)
- ▶ Don't leave a suicidal person alone


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Safety Considerations when intervening with someone who is experiencing a crisis

- ▣ #1 your safety comes first.
- ▣ Be calm, avoid excitement, cautiously observing the person's behavior.
- ▣ Be alert for any weapons the person might have in their possession, or any signs that he/she may have done something risky—cutting self, taking overdose, etc.
- ▣ Gather as much information as possible about the person's behavior to aid professionals.


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- Tactfully remove as many distractions or upsetting influences from the immediate area. This includes bystanders.
 - Establish a calm, clear tone of voice.
 - If you speak to the person, avoid asking rapid-fire questions. Ask simple questions that seek small pieces of information.
 - Keep your verbal and nonverbal behavior consistent.

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- Allow the person time to think between questions, and allow them the time to state their answers and tell their story.
 - If the person doesn't seem to hear and/or understand, repeat the question or statement. Avoid expressing frustration or impatience if the person is slow in responding as they may have difficulty focusing attention on the current interaction.
 - Tactfully work to keep the discussion focused on solving the current problem.

- Listen the statements to determine the crisis
- Avoid “why” questions.
- When possible, allow the person to “save face.”
- Don’t lie to the person or make promises you know you cannot keep.
- Respect their personal space. Some people in crisis may require larger personal space than other people. Use your judgement.



- If the person is shouting or demonstrating other disruptive behavior, but is not directly threatening any other person or him/herself, give him/her time to calm down.
- Avoid getting into power struggles. Tough methods and tough talk will usually result in a defensive reaction and could lead to aggression or violence.
- Threatening will usually not be effective in getting the person to alter or control his/her disruptive behavior. Your goal is to get help.
- If the person makes statements that are based on delusions or hallucinations, don't attempt to directly confront the person with the evidence that their claims and beliefs are false.

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- **Avoid participating in the delusion or hallucination by agreeing with or “playing along” with the person.**
 - **Make statements that show concern for the person’s opinions, feelings, and observations without agreeing with them.**
 - **Do not attempt to minimize fears or dismiss emotions that the person expresses.**
 - **Do not engage in arguing with the person. Ignore attacks on your character, appearance, etc.**

Want to learn more?

- ▶ QPR (Question Persuade Refer) Training: Approx. 2 hours

<https://qprinstitute.com/>

- ▶ Mental Health First Aid- 8 hour training

<https://www.mentalhealthfirstaid.org/>

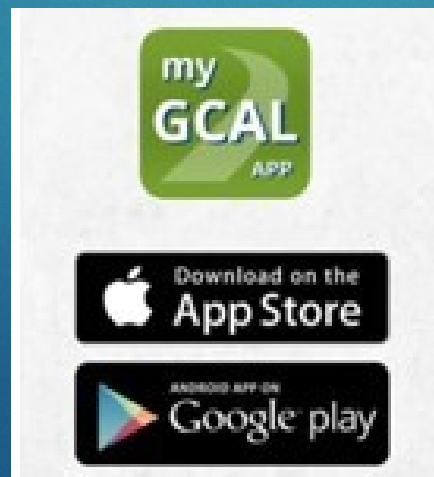
- ▶ CIT training for Law Enforcement and First Responders- 40 hours

<https://www.gpstc.org/about-gpstc/training-divisions/crisis-intervention-team-cit-training/>

Additional Resources



My GCAL phone App



Georgia Department of Behavioral Health and Developmental Disabilities

Community Service Boards
Crisis Stabilization Units
Behavioral Health Crisis Centers



D·B·H·D·D

<https://dbhdd.georgia.gov/be-supported>



NAMI Family to Family Classes
NAMI Basics
Recovery Support Group
Intro to Behavioral Health

<https://namiga.org/>

Contact Us

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