

# INTRODUCTION TO MENTAL HEALTH AND DE-ESCALATION

Arlington County DHS

## GOALS FOR TODAY

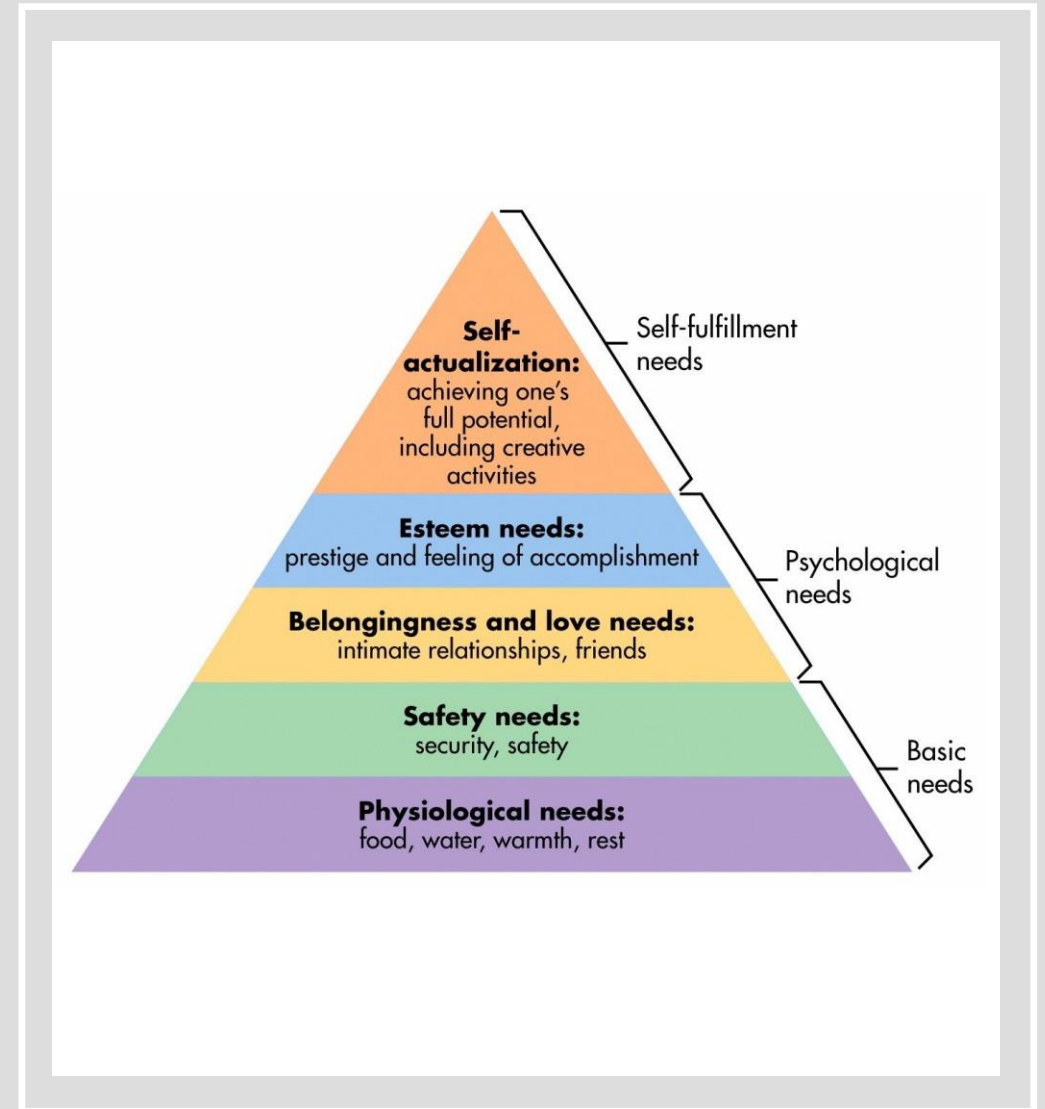
- Discuss and Explore Empathy.
- Provide brief understanding of Mental Health conditions and provide basic De-escalation skills.

# EMPATHY



# HOMELESSNESS

## Maslow's Hierarchy of Needs



# HOMELESSNESS

- Types:
  - Transitional - a state of homelessness that's a result of a major life change or catastrophic event
  - Episodic - currently unhoused or experienced at least three periods of homelessness within the last 12 months
  - Chronic - a homeless individual with a disabling condition who has been homeless for more than one year.
  - *“Hidden” - Individuals who live with others temporarily without a permanent home. Since they lack access to housing support resources and cannot be identified, they are 'hidden' from national statistics on homelessness.*

# MENTAL HEALTH AND PHYSICAL HEALTH

- Every person has both Mental Health and Physical Health
- Diagnoses for both are based on symptoms or test results (ICD10 and/or DSMV).
- Mind/Body Relationship between mental and physical appears more and more apparent.
  - Poor mental health is a risk factor for chronic physical conditions.
  - People with serious mental health conditions are at high risk of experiencing chronic physical conditions.
  - People with chronic physical conditions are at risk of developing poor mental health.

# DEPRESSION

Per the DSM-5 an individual must be experiencing five or more symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.

- Depressed mood most of the day, nearly every day.
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
- Significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day.
- A slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
- Fatigue or loss of energy nearly every day.
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day.
- Diminished ability to think or concentrate, or indecisiveness, nearly every day.
- Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.

To receive a diagnosis of depression, these symptoms must cause the individual clinically significant distress or impairment in social, occupational, or other important areas of functioning. The symptoms must also not be a result of substance abuse or another medical condition.

DEPRESSION





# BIPOLAR DEPRESSION

Combination of both depressive symptoms and mania.

Manic Symptoms may include:

- Abnormally upbeat
- Euphoric
- Jumpy
- Wired
- Racing thoughts
- Pressured speech
- Abnormally talkative, sometimes jumping from topic to topic
- Feeling like you don't need as much sleep
- Poor decision-making and risk-taking
- Being easily distracted
- Irritable or impatient
- Overly self-confident, feeling grandiose

BIPOLAR  
DEPRESSION



# SCHIZOPHRENIA

Schizophrenia involves a range of problems with thinking (cognition), behavior and emotions. Signs and symptoms may vary, but usually involve delusions, hallucinations or disorganized speech, and reflect an impaired ability to function. Symptoms may include:

- **Delusions** - These are false beliefs that are not based in reality. For example, you think that you're being harmed or harassed; certain gestures or comments are directed at you; you have exceptional ability or fame; another person is in love with you; or a major catastrophe is about to occur. Delusions occur in most people with schizophrenia.
- **Hallucinations** - These usually involve seeing or hearing things that don't exist. Yet for the person with schizophrenia, they have the full force and impact of a normal experience. Hallucinations can be in any of the senses, but hearing voices is the most common hallucination.
- **Disorganized thinking (speech)** - Effective communication can be impaired, and answers to questions may be partially or completely unrelated. Rarely, speech may include putting together meaningless words that can't be understood, sometimes known as word salad.
- **Extremely disorganized or abnormal motor behavior** - This may show in several ways, from childlike silliness to unpredictable agitation. Behavior isn't focused on a goal, so it's hard to do tasks. Behavior can include resistance to instructions, inappropriate or bizarre posture, a complete lack of response, or useless and excessive movement.
- **Negative symptoms** - This refers to reduced or lack of ability to function normally. For example, the person may neglect personal hygiene or appear to lack emotion (doesn't make eye contact, doesn't change facial expressions or speaks in a monotone). Also, the person may lose interest in everyday activities, socially withdraw or lack the ability to experience pleasure.

SCHIZOPHRENIA



**10 MINUTE  
BREAK**

# DE-ESCALATION AND CRISIS INTERVENTION TEAM (CIT)

- Why De-Escalate?
- CIT also known as the "Memphis Model" was first developed in 1988
  - Provides law enforcement with crisis intervention training to particularly help those with mental illness.
  - Goals of CIT:
    1. Develop the most compassionate and effective crisis response system that is the least intrusive in a person's life.
    2. To help persons with mental disorders and/or addictions access medical/mental health treatment rather than place them in the criminal justice system due to illness related behaviors.
  - In Arlington County, 75% of ACPD patrol officers are CIT-trained. CIT officers are available to assist with mental health emergencies 24/7.

# 10 PRINCIPLES OF DE-ESCALATION

- Approach individual in a non-threatening manner.
- Give individual time to vent, explain, or complain, and you time to assess
- Using calm tones, give supportive, confident and empathetic statements
- Establish trust and rapport, don't push the initial interaction
- Be aware of the individual's and your posture at all times

# 10 PRINCIPLES OF DE-ESCALATION

- Don't internalize negative comments
- Refocus client to problem at hand
- Ask about medications and doctor's name
- Take a few minutes to re-establish rapport
- Ask about last appointment and medication compliance



# DE-ESCALATION

How to facilitate listening:

- Exclude background noise and other distractions
- Remove others
- Remove distractions
- Remove stressors



# DE-ESCALATION

## Verbal Techniques:

- Remain calm
- Personalize the situation
- Speak, don't yell
- Don't be afraid to talk about the mental illness

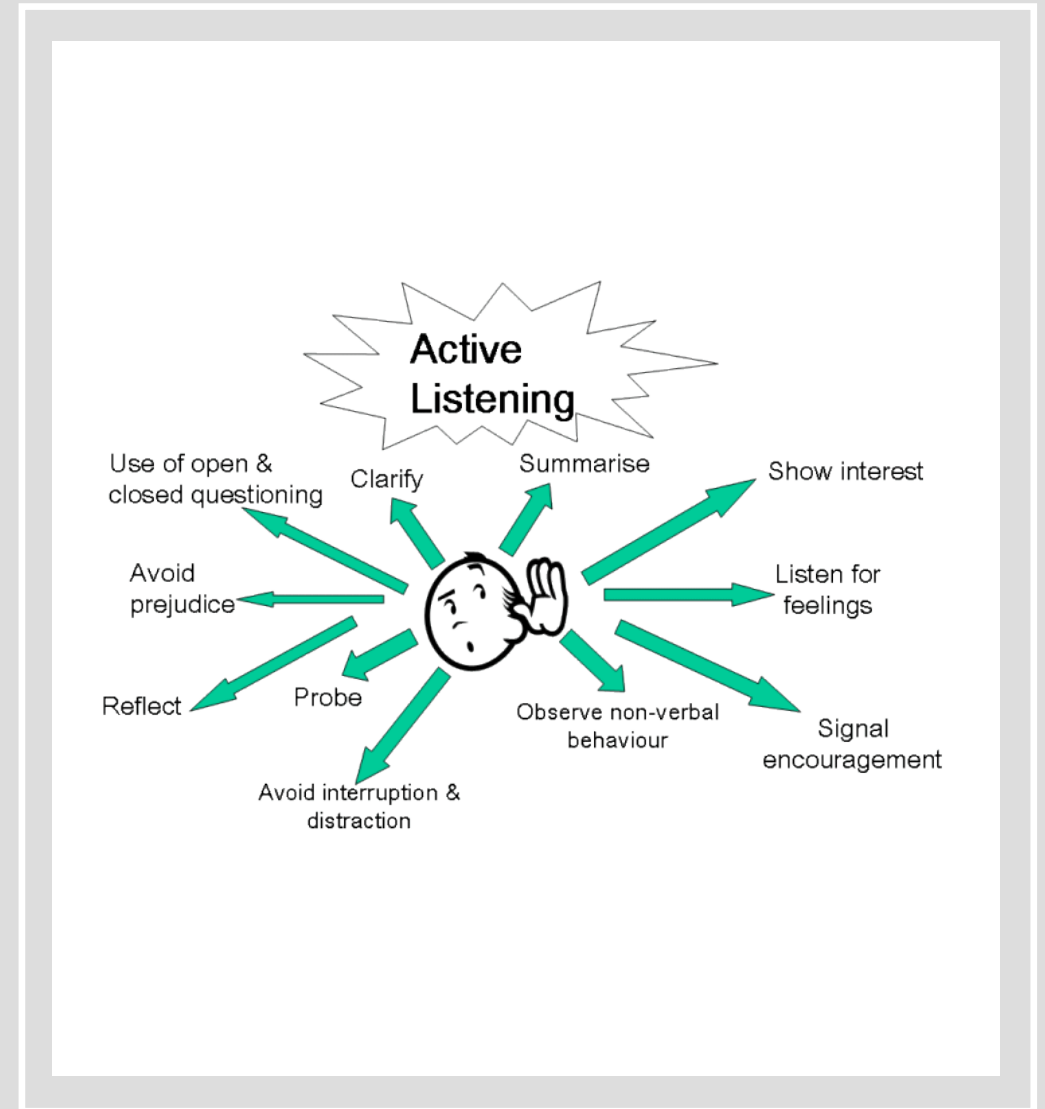
# DE-ESCALATION

- Explain limits and rules in an authoritative, firm, but respectful tone. Give choices where possible in which all choices are safe ones
  - “Would you like to take a few minutes to calm down so we can continue our conversation, or would it be helpful for you to speak to someone else?”
- Empathize with feelings, but not with negative behaviors
  - “I can understand that you are very angry right now, but it is not okay for you to threaten me/us”

# ACTIVE LISTENING

Through communication we can:

- Lower emotions
- Establish rapport, empathy, and influence
- Gather information
- Encourage behavioral change
- Strategize and plan



# ACTIVE LISTENING SKILLS

- Emotion Labeling
- Paraphrasing
- Open Ended Questions
- Minimal Encouragers
- Effective Pauses
- “I” Messages

# EMOTION LABELING

- Identification and articulation of emotions heard
  - “You sound/look angry...betrayed...confused”
  - “I hear sadness...guilt...resentment.”
- Easy to back off if it is challenged
  - “I didn’t say you WERE lonely. I said you SOUND lonely.”
- The person may agree with the emotional label or they may correct you.
  - “I’m not so much angry as I am disappointed.”

# PARAPHRASING

- Putting the meaning in your own words
- Used for confirmation of meaning and to display attentiveness
- Shows not only that you are listening but also that you are understanding the message conveyed
- Restatement of what was said to you (mirroring)

## OPEN-ENDED QUESTIONS

- Questions that require more than a yes/no answer
- Who, what, where, when and how
- Shows interest in listening and understanding
- Gives more freedom of responses
- Avoid confrontational questions

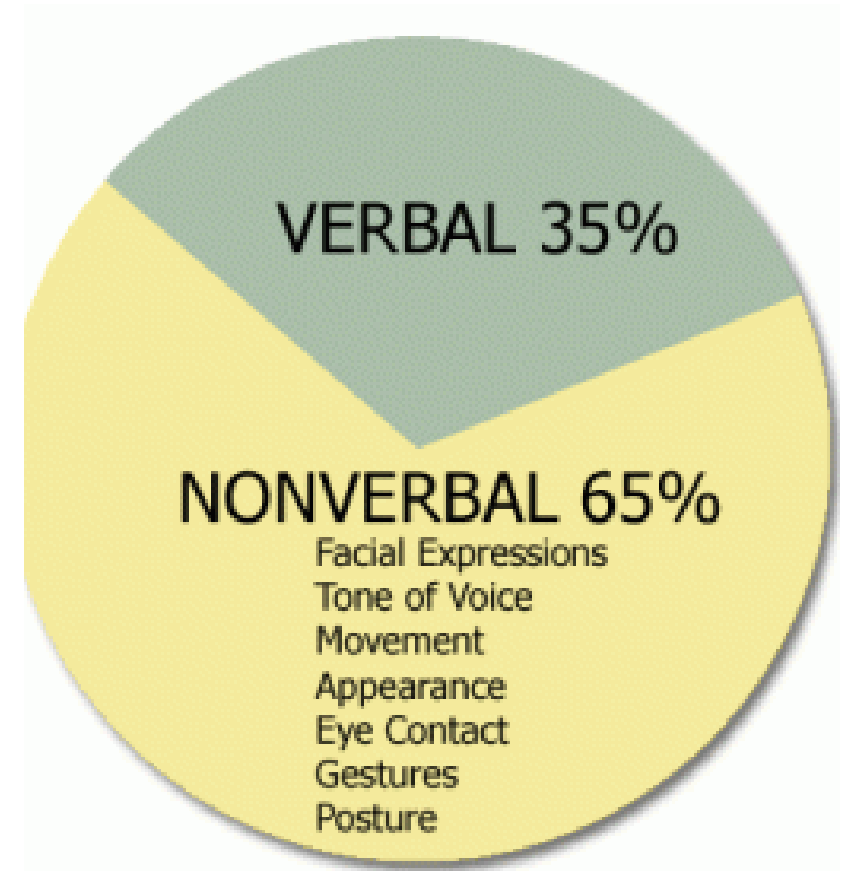


**KEEP  
CALM  
AND  
ENGAGE**



## MINIMAL ENCOURAGERS

- Brief responses (sounds) that indicate you are present and listening
  - “Uh-huh...ok...really?...right...”
- Best used when a person is talking through an extended thought or extended period
- Be careful because it provides opportunity for your mind to wander



# EFFECTIVE PAUSE

- Taking a few seconds of silence during a verbal interaction and is used immediately before/after saying something meaningful
- Is used to help focus thought and interactions
- May indicate that the person is thinking about what you just said
- Effective response to anger – waiting until the person seeks your response. Takes the energy out of it

## I- MESSAGE

- Used when there is a desired action or response
- Can also be used to indicate a corrective action
  - “I need you to try and not yell when you talk to me because it increases my tension making it harder for me to hear your message.”
  - “When you scream at me, I feel like you are being aggressive toward me and that makes it difficult for me to hear what it is you are trying to tell me.”

### I Message Sentence Starters

- I want ...
- I feel ...
- I would appreciate it if ...
- I think ...
- I need ...
- I expect ...
- I wish ...
- I understood you to say ...
- I thought you said ...
- It was my understanding that ...
- I guess I misheard. Please ...
- I would like it very much if ...



ARLINGTON  
COUNTY  
SERVICES

- **Arlington County Behavioral Healthcare (703-228-5150):**

Provides assistance for adults with mental health and/or substance use issues.

- **The goals are:**

- Assist adults with serious mental illness/substance use issues achieve their maximum level of functioning
- Minimize symptoms.
- Reduce the frequency of hospitalizations and enhance their recovery.

- **Services include:**

- Initial and ongoing assessment, case management, individual therapy, psychosocial-educational groups, family support and education, relapse prevention services, psychiatric evaluations and medication services.



ARLINGTON  
COUNTY  
SERVICES

- **Emergency Mental Health Services (703-228-5160):**

Provides immediate assistance to individuals experiencing a mental health crisis.

- **The goals are to:**

- Prevent the crisis from worsening.
- Relieve immediate distress.
- Prevent individuals from harming themselves and/or others.

- **Services include:**

- Services include assessment, crisis intervention and stabilization, short-term counseling, psychiatric services and critical stress management for individuals and families.
- Pre-admission screening is provided for individuals who may require voluntary or involuntary hospitalization and/or who may require either office-based crisis stabilization or residential crisis stabilization.

- **ES Call Form**

Q & A

(aka we're almost done!)