

Crisis Intervention: Command and Control Paradox

A module within the 8-Hour Responding to Crisis Course

Purpose

- To understand how to approach a mental health-related crisis call.
- To understand basic principles of de-escalation.
- To understand what the officer brings to the challenge of communication with the public.

"It is the wise officer, who can at times, conceal their combat-ready status"

- Is this true?

Discussion: An Officer's Presence

- What is communicated when a police officer enters a room, restaurant or event?
- What might each of the following suggest?
 - The uniform
 - Posture and body language
 - Stance, eye contact
 - No smile
 - Jaded appearance
 - Loud, commanding voice
 - Rigidity or forceful repetition in speech

Command and Control

- Instructions are given and compliance is expected
- Instruction changes to command when the individual does not comply
- The officer goes to a “hands on” approach if the command is not followed
- In short: “Ask, Order, Make”

Discussion

- When are command and control techniques most appropriate?
- When might they be less appropriate or effective?
- How might the effectiveness of command and control techniques differ in a mental health crisis.

Emotional States in a Mental Health Crisis

A person in a mental health crisis may be experiencing some combination of

- Acute anxiety, panic or fear
- Confusion
- Disordered thoughts or beliefs
- Acute feelings of sadness, despair, hopelessness
- Hallucinations
- General distress

How a Crisis Can Escalate

- Discussion:
 - Think of your own experiences – When frustrated, confused or angry what is helpful, what is not?
 - What about a police officer arriving on the scene might increase the distress of a person having a mental health related issue?

Fight or Flight

- With increasing distress a “flight or flight” response can occur
 - hormonal, bodily and cognitive changes
 - Fast acting, more primitive brain functions activated
 - The brain and body are primed for quick and intense action - increased blood pressure, heart rate, respiration, blood flow to muscles
 - The body is now ready to act, not think or reflect

Fight or Flight

- Survival value when faced with an overwhelming physical threat
 - But...ability to think clearly and respond thoughtfully is reduced
 - Reasoning, careful deliberation, impulse control is less available
 - The person is now action oriented
 - May work against a non-violent conflict resolution
 - Increased likelihood of a sudden and potentially dangerous action
 - **Goal: Establish safety by lowering emotional arousal**
 - Return of ability to think and control actions returns

Impact on the Officer

- Intense bodily and emotional reactions with threat can occur in anyone
- Officers encounter life-threatening situations
- Repeated exposure to high stress may increase the likelihood of powerful reactions to future events
 - Changes in thought and judgment, control of impulses
 - May contribute to an over-reaction or unnecessarily aggressive action
- Work to develop self awareness
- Understand: law enforcement-related stress, like military combat, can have a profound impact on body and mind
- If a pattern of powerful emotional reactions or related problems occur:
 - Not a sign of weakness, a biological reaction to extraordinary experiences
 - Seek out supervision and support as needed

Video Example

De-escalating a mental health crisis

The De-escalation Process

- **Goal: Establish safety by lowering emotional arousal**
- Introduce yourself and begin to assess the situation
- Communicate confidence, concern, an intention to help
- Remain vigilant
- Show empathy
 - Listen carefully and show you understand by paraphrasing
 - Acknowledge how the situation must be difficult for the person
 - Show interest in the issues
 - Eye contact
 - Patience, slow the process

The De-escalation Process

Seek a Resolution:

- Problem solving
- Who else can the officer contact to help
- Where will the person go for help
- What are the resources being considered
- How will the person get there
- What can the person expect

Role Play

Role Play:

“Call from 911. Person having mental health crisis on West 25th. Interfering with traffic, trying to talk to people, etc. Merchants are complaining”

In Summary

- A command and control approach is not the best approach for a person in a mental health crisis
- De-escalation with ongoing vigilance is the most appropriate choice for a safe and controlled intervention

Closing Thoughts

“Following a mental health crisis, people will always remember how they were treated and felt. The crisis experience will set the stage for future contacts with that person and or situation. “

Post-test