

When Mental Health Issues Arise in Your Courtroom

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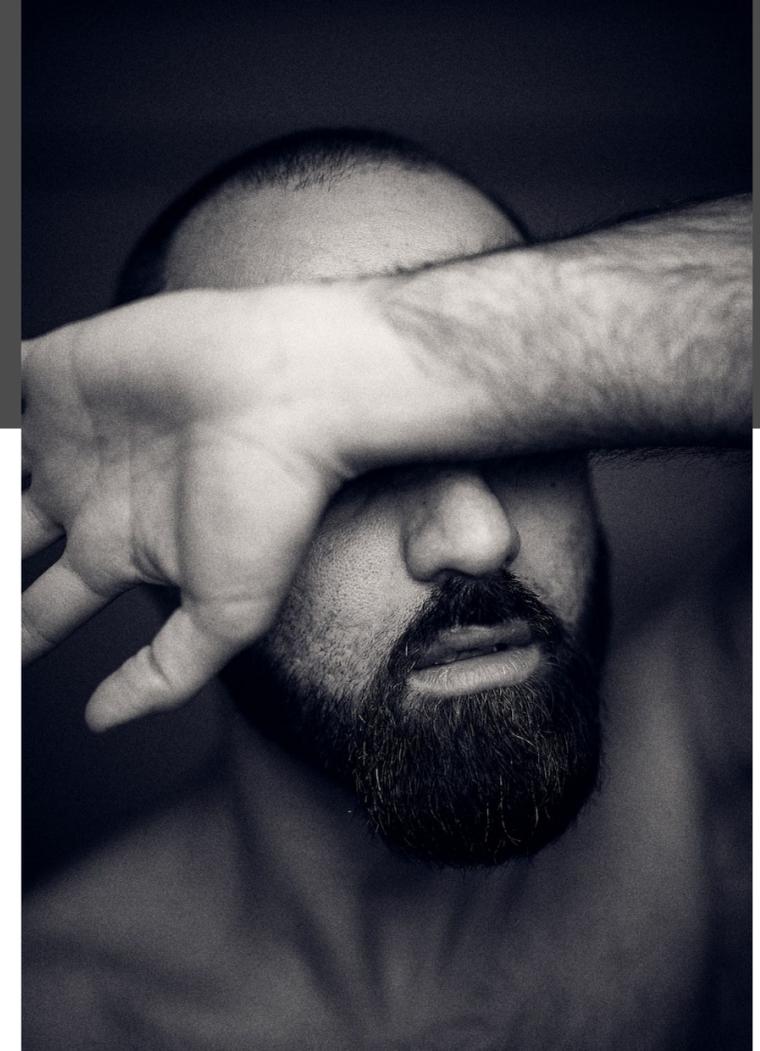


DE-ESCALATION

Police crisis intervention:

- Crisis - emotionally stressful event or traumatic change in a person's life
- Physiological arousal that disrupts a person's capacity to think clearly
- Defined by the person's reaction
- Goal - Reduce the likelihood of force and increase likelihood of voluntary compliance
- Can be used in non-crisis situations

*Create an environment where the conflict can be resolved with minimal risk for those involved.



Communication

- Stay calm - "emotional contagion"
- Use their name - establish a personal connection
- 80/20 Rule
- Most people want to be heard
- *Empathy
- Build rapport - establish a connection
- Pay attention to body language
- Emotions and rational thinking are conversely related
- Don't interrupt

DON'T PANIC

Active Listening Skills

- Paraphrasing - Restate using your words
- Mirroring/reflecting - Verbatim quote
- Emotion Labeling - Identify emotional content
- I messages
- I and We
- Effective pause
- Minimal encouragers
- Open ended questions
- Venting



“ You don’t have to be a psychologist, but you have to think like one. ”



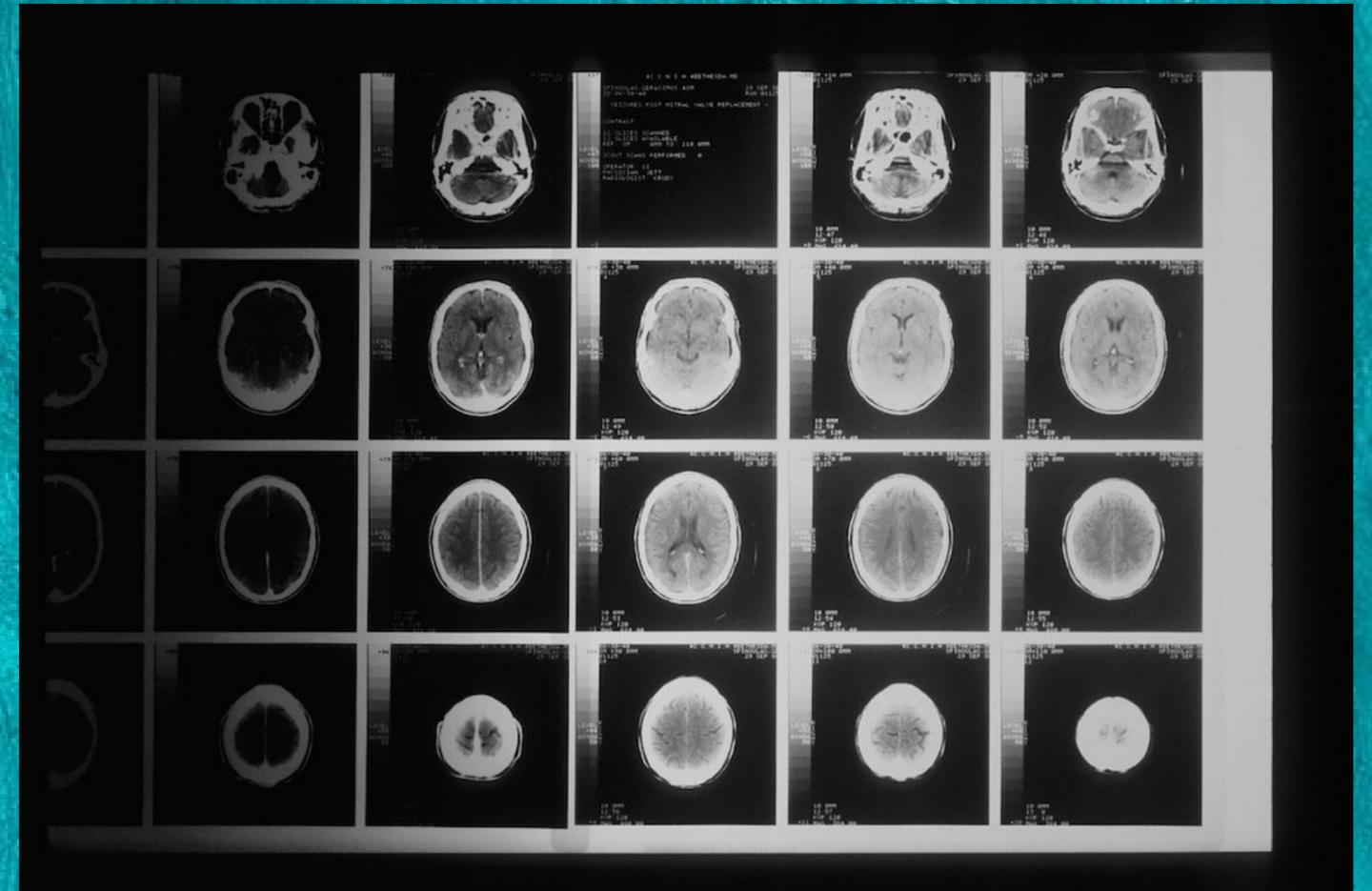
- Requires modification of usual communication patterns
- Special focus on the individual's issues
- Understand the ways in which mentally ill/emotionally disturbed people relate to authority
- How to navigate sensitive areas that can elicit aggressive responses
- Know motivation and needs that can be leveraged effectively
- Eliminate assumptions

Mental Illness Defined

A brain disorder that creates problems with thinking, feeling, and perception that lead to behavior that is considered bizarre and/or inappropriate.

- Varies in length
- Can happen anytime
- Includes both behavior disorders and psychiatric illnesses

Is there a difference between emotionally disturbed and mentally ill?



Some Types of Mental Illness

Bipolar Disorders

Defined by periods of mania and depression.

Anxiety Disorders

Disorders that share features of excessive fear and anxiety and related behavioral disturbances.

Trauma and Stressor Related Disorders

Psychological distress following exposure to a traumatic or stressful event.

Personality Disorders

Enduring pattern of inner experience/behavior that deviates markedly from the norms of the individual's culture, is pervasive, and leads to distress or impairment.

Psychotic Disorders

Defined by delusions, hallucinations, disorganized thinking (speech), abnormal behavior, and negative symptoms.

Additional Types of Mental Illness

Obsessive-Compulsive Disorders

Characterized by the presence of obsessions and/or compulsions.

Dissociative Disorders

Disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, and behavior.

Disruptive, Impulse Control, Conduct Disorders

Conditions involving problems in the self-control of emotions and behaviors that manifest in significant conflict with societal norms or authority.

Substance-Related, Addictive Disorders

Two categories: Substance Use and Substance Induced Disorders

Neurodevelopmental Disorders

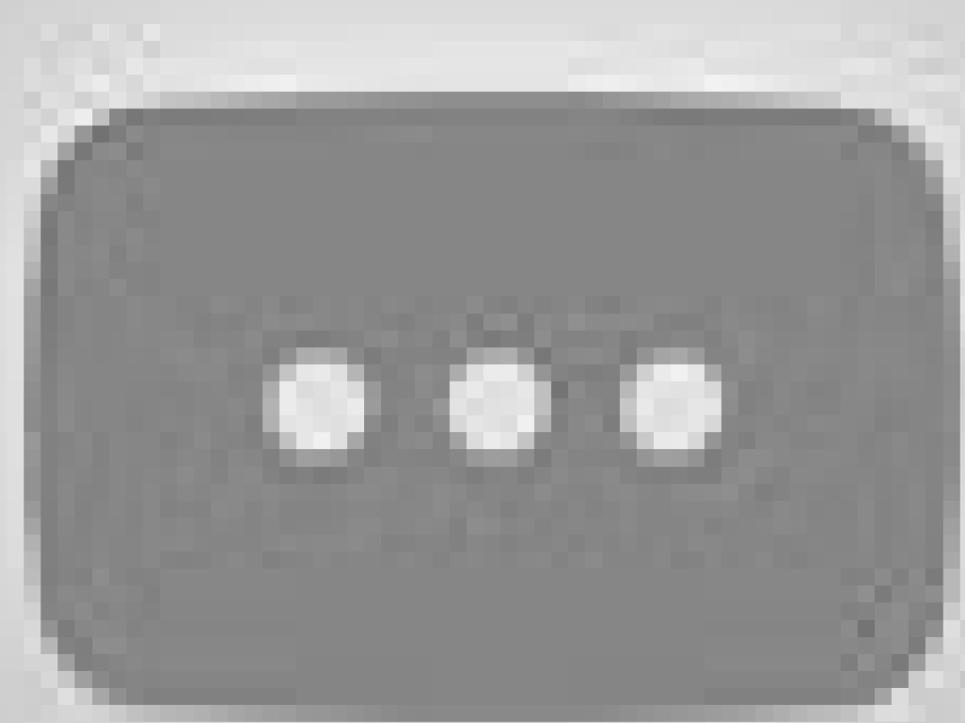
Group of conditions with onset in the developmental period, characterized by deficits or differences in brain processes that produce impairments.

General Guidelines

- Avoid judgment, criticism, preaching, or other styles that convey disapproval
- Respond in a nurturing or matter-of-fact, rational way
- Expect resistance and to be tested
- Reduce their habitual response when they are stressed by an authority figure
- Use problem-oriented questions
- Establishing rapport will depend on the kind of person that is being dealt with



Trauma and the Brain



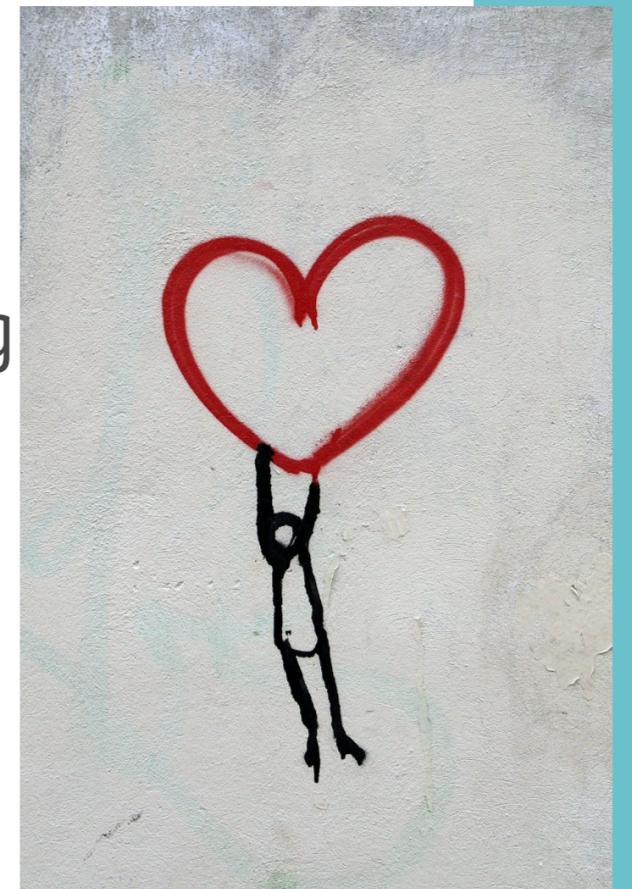
Depression

- Loss of interest in activities that were previously pleasurable
- Pattern of feelings and thoughts
- Includes dejection, gloominess, self-blame, self-doubt, inadequacy, low self-esteem, worrying, guilt, remorse
- Sense of hopelessness and helplessness
- Seen coupled with a variety of other disorders
- Can range from temporary state to a chronic condition
- Includes Bipolar Disorder



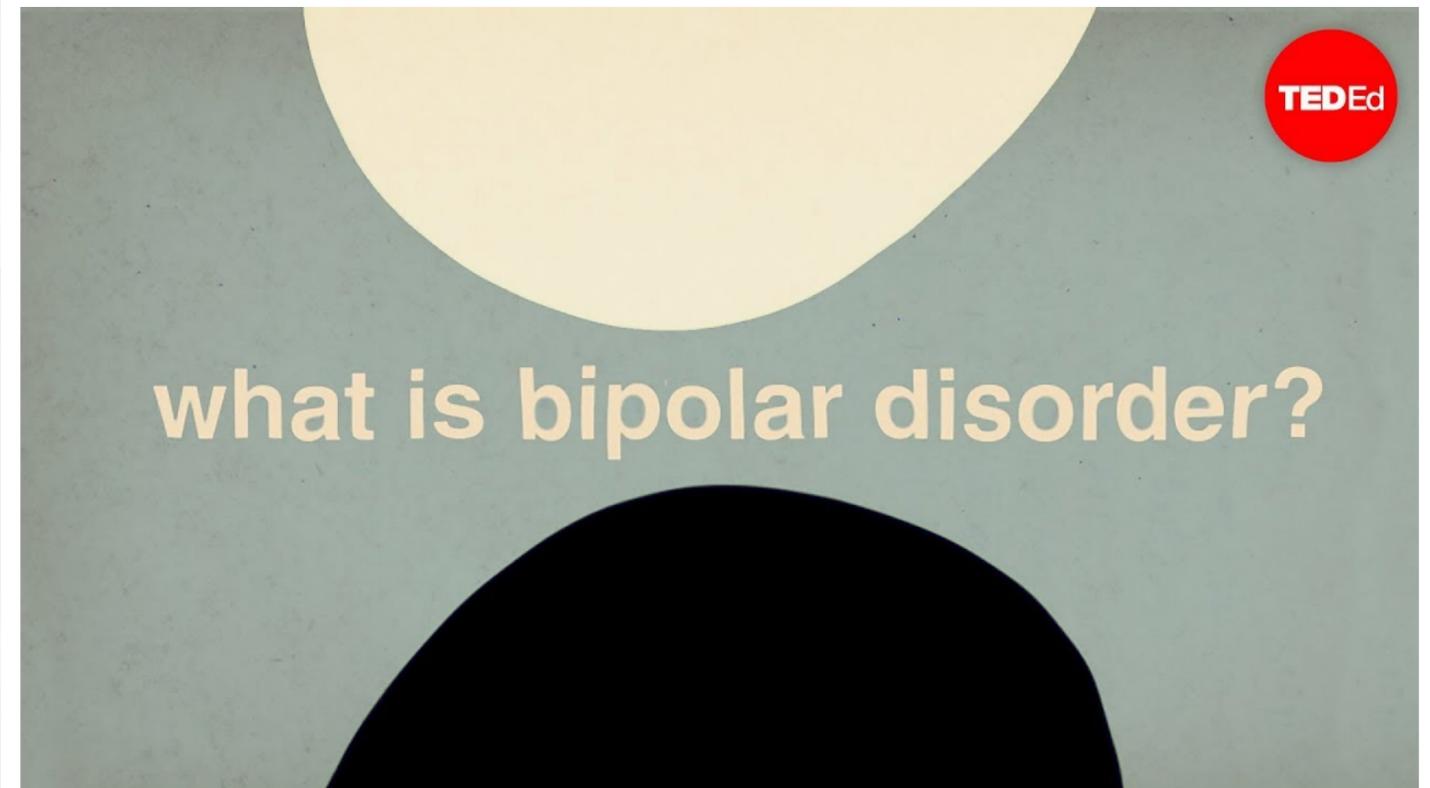
Managing Depressed Individuals

- Exhibit an attitude of caring, warmth, and concern
- Start slowly, and pick up pace of conversation over time
- Ask open-ended questions, expect long pauses
- If they do not respond to open-ended questions, utilize more direct questioning
- Reflect their feelings
- Be reassuring
- Beware of sudden improvement in mood
- Discuss concrete, real-world issues



Mania

- Period of abnormal and persistent elevated, expansive, or irritable mood
- Abnormal increased activity and energy
- Inflated self-esteem or ego
- Decreased need for sleep
- Flight of ideas
- Psychomotor agitation
- Distractibility
- Excessive involvement in risky activities
- Sufficiently severe to cause impairment



Anxiety

- Anticipation of future threat
- Hypervigilance
- Cautious or avoidant behaviors
- Differ by person in what induces fear and anxiety
- Excessive or persistent
- More likely to have suicidal thoughts



Paranoia

- Sense of threat from others
- Believe others are unpredictable, unreliable, and dangerous
- Hypersensitive to potential threats
- Usually develops because of harsh, threatening childhood experiences
- When their beliefs become unyielding and permanent, might be delusional



- Don't use title, rank, or other words of authority to identify oneself
- Avoid arguing with paranoid person about their delusion – accept the delusion as true for them
- Paranoia can be found in a variety of disorders

WHAT IS SCHIZOPHRENIA?

TEDEd



Managing Paranoia and Delusions

- Rapport building is difficult
- Start in a logical, unemotional, factual way
- Keep voice calm and even
- Ask for their view of the situation
- Paraphrase what you have heard without comment or criticism
- Expect rejection and anger
- Stay on your side of the physical and emotional boundaries
- Show respect and interest
- Sidestep delusions
- Build a sense of safety and security by reassuring the person of your desire to help
- Focus on problem solving, being careful not to criticize.
- Focus them on real problems in the here and now.

Antisocial Personality

- Early onset of evidence of disregard for others
- Deceitful
- Impulsive and fail to plan ahead
- Irritability and aggressiveness
- Reckless disregard for the safety of self and others
- Consistent irresponsibility
- Lack of remorse
- Primary motivation is power and control



Managing the Antisocial Personality

- Usual techniques have little effect
- They do not form attachments to other people
- Show them how violence, a threatening posture, or impulsive outbursts are not in their best interest.
- Use non-critical, problem-oriented , rational approach. “How is (xyz) going to help you?”
- Use the buddy approach, sharing criticism and blaming others. “You know how bosses can be. They never understand.”
- “Columbo” approach. Play dumb, being caring, but inept, when they are angry.
- They generally respond to confrontation with anger, so take care to not arouse their anger.
- Be careful about trying to trick them. Promise only what you can deliver.
- Remember they are self-centered and will try to make things easy for themselves.
- Keep them stimulated and involved so they don’t have a chance to “create” entertainment.

Recognize When It Isn't Working

- **Subject will not calm down**
- **De-escalation is not working**
- **Subject will not leave**
- **You feel unsafe**
- **Imminent physical harm**
- **Actions**
- **Statements**

Questions?





THANK YOU.

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