

# Vermont Police Academy

## Interacting with People Experiencing a Crisis



# Current State of Affairs

- ▶ Embedded crisis workers
- ▶ Public Perception Varies
- ▶ Use of Force Policy
- ▶ 988 and Urgent Cares

Mental Health Urgent Care as an alternative to emergency departments

Amelia Duffy, Culture Staff Writer • November 7, 2024



**Pilot project embeds mental health worker at state police barracks**



# Statistics

- ▶ 2023 American Community Survey estimates almost 44.7 million people (13% of population) have a disability.
  - ▶ NAMI: 1 in 20 adults have a serious mental illness, 1 in 6 have any mental illness
  - ▶ 1 in 4 Vermonters have at least one type of disability.
- 

# Vermont Stats

- ▶ VT's 10 CMHC's provided services to 2,500 adults with severe and persistent psychiatric disabilities (CRT) **Ended July 1, 2025.**
  - ▶ Not everyone with a psychiatric disability is in treatment.
  - ▶ Thousands more have mild to moderate symptoms.
  - ▶ People who use CRT services are almost 3x more likely to be charged with a crime than the general population.
- 

The logo of The Claude Pepper Center is a circular seal. It features a central figure, possibly a portrait, surrounded by the text "THE CLAUDE PEPPER CENTER" in a circular arrangement. The seal is rendered in a dark, semi-transparent style against a black background.

mental health

www.claudepeppercenter.org

# De-institutionalization

- ▶ People in crisis in our communities
  - ▶ Short-term hospitalizations and outpatient options are emphasized
  - ▶ VT works hard to create community-based services & supports to enable:
    - Adults to develop and implement their own recovery plan.
    - Youth to grow up in a healthy family, school, and community environment.
- 

# Truths...

- ▶ People with disabilities deserve to be treated with **DIGNITY & RESPECT**
- ▶ People with disabilities come from all walks of life
- ▶ People with disabilities are human beings who may need our help





- ▶ At some point all people experience crisis and/or disability – it is a natural part of the human experience.



**How are psychiatric disabilities  
portrayed by the media?**



5:31 77°



WBZ

CBSBoston.com



**What are stereotypes that we experience?**

**What are stereotypes that a person with a mental illness might experience?**



# What is Stigma?

# Stigma...

- ▶ “Stigma refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses.”
  - President's New Freedom Commission on Mental Health: Final Report (2003)



# Crime Victims with Disabilities

- ▶ Persons with disabilities are:
  - 2 – 10 x more likely to be victim of a crime
    - Persons with developmental disability are even more at risk.
  - Sustain abuse for longer periods of time
  - More likely to be re-victimized by the same person
  - Frequently perpetrator is a caregiver
  - Less likely to have their cases investigated or prosecuted.

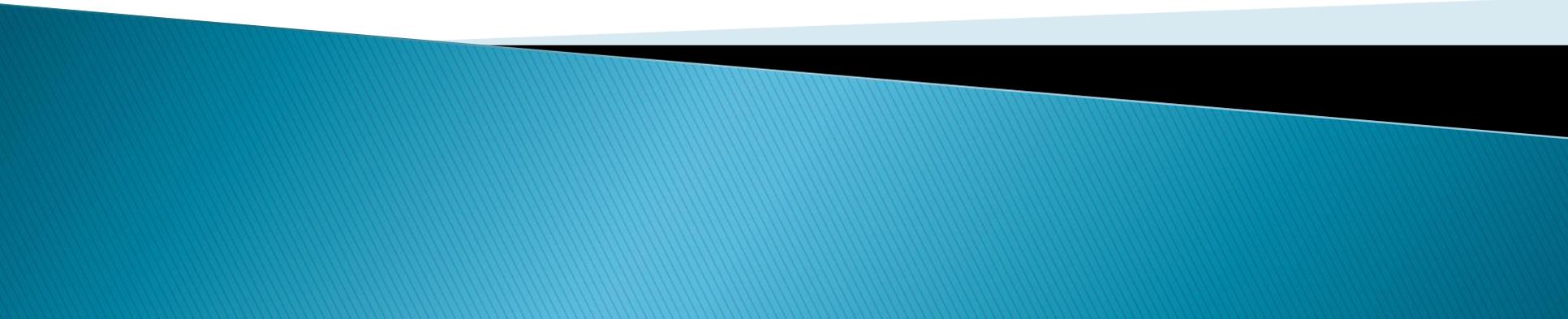
# Stigma & Victim/Witness Issues

- ▶ Credibility
- ▶ Exploitation
  
- ▶ You can have a significant impact!



**What is the ADA?**

# Psychiatric Disabilities

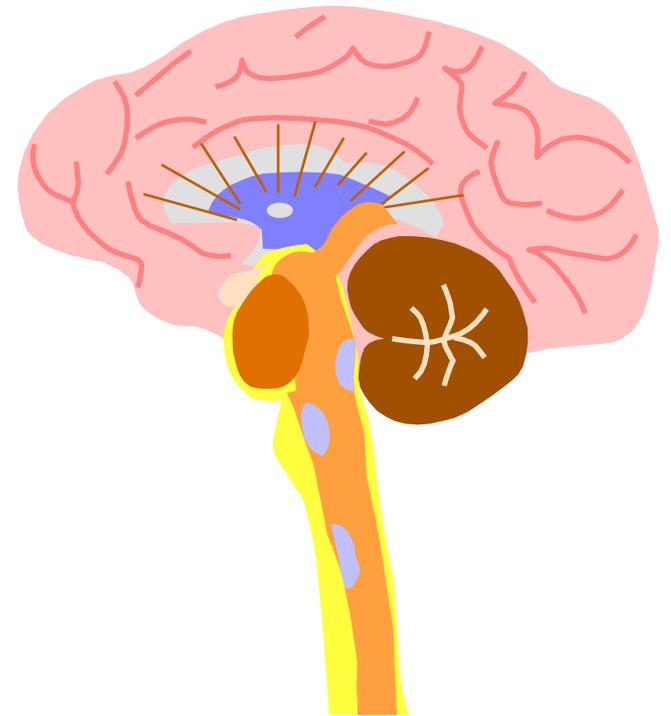


# Psychiatric Disabilities

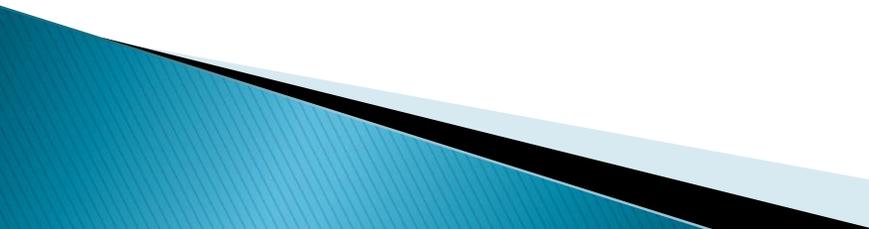
- o Brain-based
  - o Disturbance in thinking, feeling, and relating
  - o Diminished capacity for coping
  - o Vary greatly in symptoms & level of severity
  - o May look different in children
- 

# Causes of Psychiatric Disabilities

- ▶ Often has a medical basis
- ▶ Imbalance in brain chemistry
- ▶ Heredity
- ▶ Environment
- ▶ History of complex trauma
- ▶ May manifest at any age



# Recognizing a Person with an Acute Mental Health Concern

- ▶ Clothing inappropriate to weather
  - ▶ Bizarre clothing or make up
  - ▶ Strange posture or mannerisms
    - Looking around as if being followed
  - ▶ Lethargic, slow/sluggish movements
  - ▶ Repetitious movements, rituals
  - ▶ Self-injury
  - ▶ Emotional response doesn't fit
- 

# Environmental Cues

- ▶ Strange trimmings / decorations
  - ▶ Use of items in inappropriate ways
    - Foil on TV or windows
  - ▶ Soiled clothing
  - ▶ Presence of feces or urine
  - ▶ Childish objects
  - ▶ Pack-ratting, clutter
- 



# Communication & De-escalation



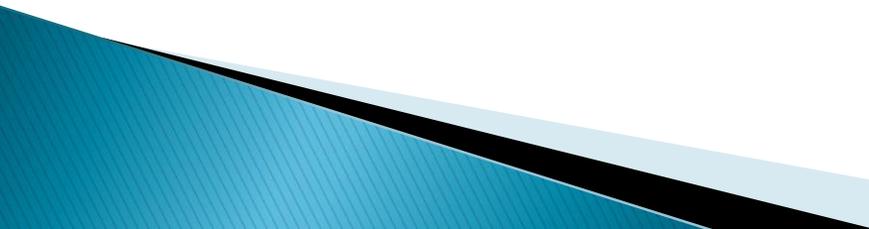
# Crisis and De-escalation

- ▶ Mental and/or emotional distress creating instability or danger; disruptive
- ▶ Assist individuals in finding adaptive solutions:
  - Safe and productive outcomes
- ▶ Time! Time! Time!

# Time: Using it to Your Advantage

- ▶ Slow the situation down
  - ▶ Know extra time may be required for filling out forms, assistance reading, etc.
  - ▶ Time to diffuse & process info
  - ▶ Time to plan, react, obtain resources
- 

# Tone: Demeanor/Approach

- ▶ Remain calm, firm, non-confrontational
  - ▶ Avoid shouting
  - ▶ **Be Respectful**
  - ▶ Ignore Verbal Abuse
  - ▶ Explain why you're there, reassure as needed.
  - ▶ Be professional – appear in control
  - ▶ Tell them your name—not your rank
- 

# Tone: Demeanor/Approach

- ▶ Be patient. Speak slowly.
- ▶ Their response may reflect your approach.
- ▶ Don't "over-assist".
- ▶ They may be unable to respond.
- ▶ Intimidation can exacerbate the situation.
  - Hat, sunglasses, gloves...
  - "L" stance
  - Palms up

# Tone: Demeanor/Approach

- ▶ Sensory impairment can cause abnormal reactions
  - ▶ Anxious because you're there
  - ▶ Avoid touching
  - ▶ Advise before putting hands on
  - ▶ If physical control is necessary, do so quickly and completely.
- 

# Tone: Demeanor/Approach

## Quick Assessment

- ▶ Do you have people who are supports to you?  
a counselor?
  - ▶ Do you have a crisis plan?
  - ▶ Have you taken any medications?
  - ▶ Have you had any thoughts about killing yourself?
  - ▶ Have you hurt yourself in the past?
    - Anyone else?
  - ▶ Do you hear or see things that other people don't? "That must be scary..."
- 

# Tone: Demeanor/Approach

## Police Presence

- ▶ Obviously, a useful tool, BUT...
  - May be frightening
    - Frightening may cause defensiveness
  - May fear sharing info with you
    - You need more info to problem solve
- ▶ They may feel powerless because you are “The Police”
  - May feel as though personal rights are lost

# Atmosphere: Scene/Personal Space

- ▶ It is NOT recommended that officers go alone.
- ▶ Keep the scene calm and controlled.
  - Remove the audience
  - Reduce field chaos – radios, sirens, shouting
- ▶ Maintain personal space.
  - This is non-threatening & safer for everyone.
- ▶ Refrain from rapid or sudden movements as appropriate.
- ▶ Allow pacing when feasible

# Risk Factors for Violence

- Age: 17 – 25
- Sex: Male
- Intoxication: Alcohol and Stimulants
- Intelligence: <90
- Arrest History: Violent crime, Juvenile record
  
- Command hallucinations

# Predictors of Violence

- Past history of violence
  - Types, frequency
- Significant change in behavior
- Increase in Gross Motor Activity  
(i.e. large muscle groups)

# Psychological Considerations

- Emotion versus Reason
- Takes time to settle down
- Building trust and rapport are essential in creating a safe interaction

# It Takes Time to Build a Relationship

- In order to influence someone's behavior you need to have some relationship
  - SLOW DOWN, Don't problem solve the wrong problem
  - Negotiator vs. SWAT
- 

# Introduction

- Personal My name is\_\_\_\_\_
- Authority I am with ...
- Concern Tell me what is going on?

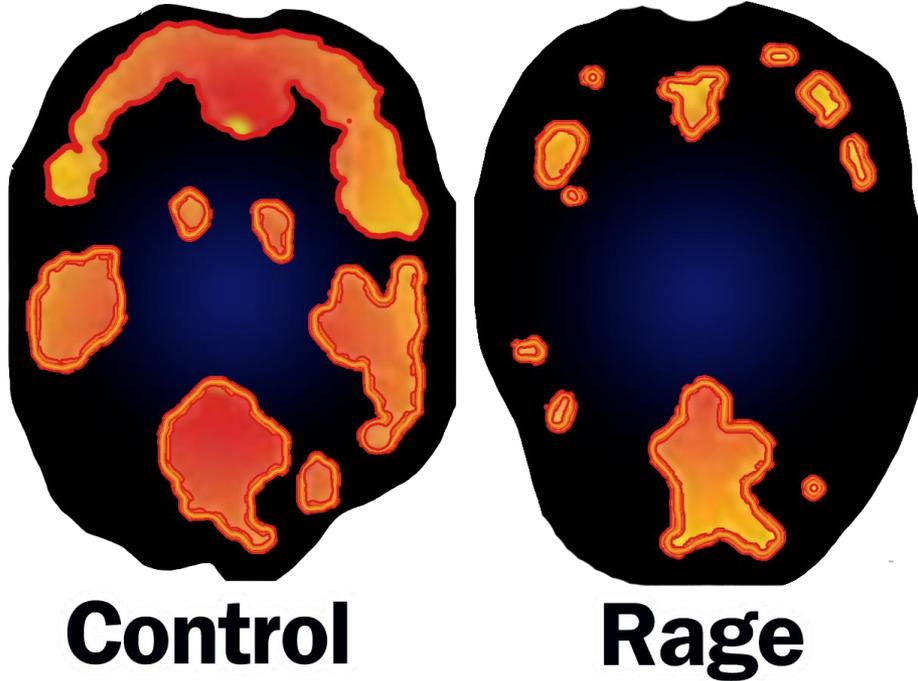
# Active Listening

- “Listen” vs. “Talk”
- 80% Listen --- 20% Talk
- After introduction, let the person have the opening words while you LISTEN

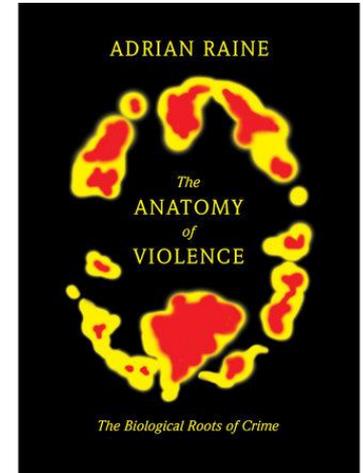
# Be Aware of Values

- Values are what people think is important.
  - Try to clarify what the person's values are.
  - Values influence behaviors!
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# The Physiology of Rage



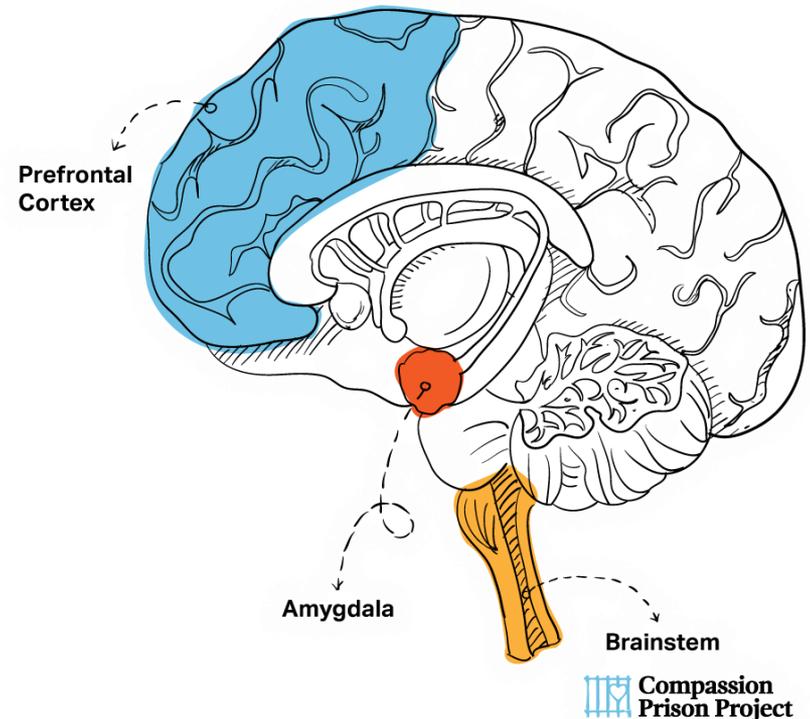
PETscan detects glucose metabolism in various parts of the brain illustrating activity/non-activity.



Recommend Reading: "The Anatomy of Violence" Adrian Raine, April 2013.

# Back to the Brain

- When stressed, fearful, angry or enraged, we tend to experience greater activation of our limbic system, also known as the “emotional brain.”
- This can influence:
  - Problem solving
  - Decision making
  - Judgment
  - Logic
  - Reasoning
  - Impulse control
  - Verbal processing
  - All critical functions to resolve a crisis



# Active Listening Cont.

## ● Emotional Labeling

- The intent of emotional labeling is to respond to the emotion heard in the person's VOICE rather than the content
- For example use phrases like: "You seem" or "You sound..", "You look to me..." or "I hear you are ..."
- Use the same terminology as the person

# Active Listening Cont.

## Emotional labeling cont.

- Avoid telling a person how they feel and focus on how they seem or sound to you
- Don't worry if you label the emotion incorrectly, it's your own perception
- Be aware of YOUR own emotions and what emotions you are conveying

# Active Listening Cont.

## ● Paraphrasing

- Summarize in your words as to what they have told you
- Creates empathy, it shows you're listening and you are trying to understand
- For example: "I want to make sure I have this right... are you telling me...?" or "Are you saying...?", "So, what I hear you saying is..."
- Clarifies statements and themes, allows subject to clarify

# Active Listening Cont.

## ● Effective Pauses (Silence)

- An effective pause is silence
- Most people are uncomfortable with silence and will fill it with talk (12 seconds!)
- Remember, if they talk we get more information, with information comes the ability to resolve a conflict

# Active Listening Cont.

## ● Reflecting/Mirroring

- Simply repeat the last word or phrase the person said and say it in the form of a question
- Provides the person with exact feedback that you are listening
- Guides the person to further explain

# Active Listening Cont.

- Use minimal encouragers

- Encouragers are sounds made to let the person know you are listening and interested
- For example: “Oh” and “Really?” and “Ok”
- Encourages the person to continue talking
- Is natural in conversations

# Use of “Behavior” Messages to Confront

- Used to confront the person about a behavior that is counterproductive, without being accusatory
- Use the formula: “With the (behavior) I am worried because (your reason) and I would like you to (behavior).”
- For example: “With the yelling I am worried because I am afraid I will miss something that is important to you and I would like you to talk with me over here so we can resolve this together.”

# Behavior Messages

- What you want has to be:
  - Clear
  - Observable
  - Reasonable

# Conversational Phrases

- I would like to try to help you.
- Tell me more about what's going on?
- I would like to hear things from your side.
- Could you share that with me?
- This seems important to you.
- You have a lot on your plate right now.

# Phrases That Damage Rapport

- ▶ “Calm Down” – can be perceived as an order which may provoke intense anger
- ▶ “Why” – feels accusatory, creates defensiveness
- ▶ “I understand” – Often used to jump to problem solving; well intentioned but counter-productive
- ▶ “You should(n’t)” – a judgmental statement, implies superiority of the advice giver and may cause receiver to feel inadequate

**Never**  
in the history of  
**CALM DOWN**  
has anyone  
**CALMED DOWN**  
by being told to  
**CALM DOWN**

# Phrases that Help Build Rapport

“Calm down”

- “I can see (hear) how angry you are.”

“I  
Understand”

- “Help me to understand.”

You should /  
shouldn't

- “What are your options at this point?”

# Double Check-in

- ▶ 1<sup>st</sup> – “If it is alright with you, I have a few thoughts/suggestions.”
  - ▶ 2<sup>nd</sup> – “What do you think?”
  - ▶ “What I have seen others do who are in a similar situation is...”
- 

# Communication

- ▶ One officer should be the primary communicator.
    - Less confusing
    - Helps establish trust
  - ▶ Build a rapport & sense of safety.
    - Reassure, repeat your purpose if appropriate
    - Use clues from the setting to start conversation
  - ▶ Keep normal eye contact.
  - ▶ Calm tone, slow pace, concise.
  - ▶ Deaf/HOH
- 

# Communication

- ▶ Don't Lie.
  - ▶ Let them vent when appropriate.
  - ▶ Don't make guarantees you can't keep.
    - Example: ensuring access to treatment or ensuring safety
- 

# Communication

- ▶ Validation, validation, validation!!!
  - “I can see/hear why you’d be scared.”
  - “You’ve really been through a lot.”
  - “You’re dealing with a huge amount of stress right now.”
  - “I am not sure how I would handle this either, let’s try and figure something out together.”
  - “You have every right to be upset, now let’s figure out how to deal with this.”

# Communication cont.

- ▶ **Only use commands when needed.**
  - Give options/choices when appropriate
- ▶ Make your actions and expectations clear
- ▶ Don't tower over-head
- ▶ Discuss reality-based topics: grounding

Use family members\*, peers, friends, mental health services, guardians or other supports whenever possible and appropriate.

# Time: Using it to Your Advantage

- ▶ Take time to create a plan with the person in crisis
  - Being clear about next steps will help them stick to it.
  - Empowerment/engagement = follow through.
  - May mean fewer calls back to the same place dealing with the same situation.

# Remember...

- Do not get into a confrontation over hallucinations or delusions. Validate feelings.
  - Always take the necessary precautions when weapons are involved.
  - Don't underestimate the person due to size, age...
  - Remember that most people with a mental illness you encounter will **NOT** be violent or dangerous.
  - You can likely diffuse the situation without force.
- 

# Child & Adolescent Issues

- ▶ VT's CMHCs/Designated Agencies serve over 10,000 children/adolescents
  - ▶ Additional risk factors –
    - Brain is still developing
    - CJ involvements
    - Family dynamics, divorce, DCF custody
    - Learning difficulties
    - Dual role in society
  - ▶ ADHD
  - ▶ Reactive Attachment Disorder
  - ▶ Depression
  - ▶ Anxiety Disorders
- 

# Children & Adolescents

- ▶ Developmental factors
  - ▶ Get down to their level
  - ▶ Use age-appropriate language
  - ▶ VT statutes on involuntary hospitalization apply
  - ▶ Procedure for involuntary transport
- 

# Suicide

- ▶ Occurs in all walks of life, at various ages
  - ▶ Profound feelings that things will never improve, no one can help you, you have no hope...
  - ▶ Anytime someone threatens suicide it is a call for help and a sign of a severe emotional crisis that should be treated with compassion.
  - ▶ May be attention seeking & may not....
- 

# Welfare Check/Response to Suicidal Persons

- ▶ Maintain personal safety & safety of others
- ▶ Involve a qualified MH professional if possible.
- ▶ Determine intent, plan, method, and means (if any)
- ▶ **Use active listening and take your time!**
- ▶ Focus on their feelings
- ▶ Build realistic hope
- ▶ Guide the person to help
- ▶ Remove means

# Suicidal/Homicidal?

They may feel they have nothing to live for...

.....**But I'll bet you do!!!**

- ▶ Keep person out of kitchen, bedroom...
- ▶ Avoid bathroom; door shut
- ▶ Sharps can be easily hidden
- ▶ Keep clear boundaries
  - Physical & personal

Always ask questions 1 and 2.		Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		Low Risk	
2) Have you actually had any thoughts about killing yourself?		Low Risk	
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.			
3) Have you been thinking about how you might do this?		Moderate Risk	
4) Have you had these thoughts and had some intention of acting on them?		High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?		High Risk	
Always Ask Question 6		Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life?  Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		Mod	High Risk



**YES to 2 or 3 indicates someone should seek behavioral healthcare. If the answer to 4, 5 or 6 is YES, immediately call or text 988, call 911, or ESCORT to Emergency Personnel for care. DO NOT LEAVE THE PERSON ALONE STAY WITH THEM UNTIL THEY ARE IN THE CARE OF PROFESSIONAL HELP**



Download Columbia Protocol app

# Discussion

- ▶ Would someone ask for help if they were serious about suicide?
  - ▶ Is a vertical cut the only serious cut?
  - ▶ If someone wants to kill him/herself, can you do anything to stop them?
  - ▶ Do people who self-injure want to die?
- 

# Suicide Risk Factors

- ▶ History of previous attempts
- ▶ Availability & Lethality of means
  - Firearm in the home?
  - About  $\frac{3}{4}$  of elderly persons who suicide use a firearm
  - Well over half of all suicides in VT are by firearm
    - Far more males than females
    - Females in VT are more likely to use a firearm than other places
- ▶ Often not in treatment
- ▶ Profound feelings of hopelessness

# Suicide Risk Factors

- ▶ Depression or other psychiatric disability
  - ▶ New medication?
  - ▶ Presence of alcohol, history of drug abuse
  - ▶ Family history of suicide
  - ▶ Anniversaries
  - ▶ History of trauma or abuse
  - ▶ Impulsive or aggressive tendencies
  - ▶ Loss (relational, social, work, or financial)
  - ▶ Physical illness
  - ▶ Unwillingness to seek help (stigma)
  - ▶ Local epidemics
  - ▶ Isolation – feeling of being cut off from others
- 

# Protective Factors

- ▶ Easy access to treatment & support, skills in problem solving, conflict resolution.
- ▶ Family and community support
- ▶ Effective clinical care & ongoing support
- ▶ Cultural and religious beliefs that discourage suicide and support self-preservation instincts
  - Department of Health & Human Services, *The Surgeon General's Call to Action on Suicide, 1999.*

# Suicide Statistics by Age in VT

- ▶ Suicide Rate in VT has been steadily increasing over the past 15 years
- ▶ Suicide Rates in 2025 so far is highest in Windsor County.

2025 data from the Vermont Department of Health



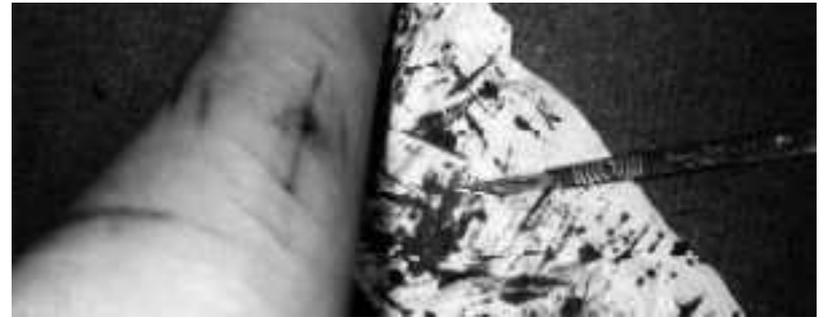
# Suicide & the Elderly

- ▶ Suicides for people 65 years and older and 15-24 y.o. are the only age categories that are steadily growing in 2025.
  - Physical illness ?
  - Divorced/widowed?
  - Loss of social network
  - Social Stressors/World Politics
- ▶ Recent doctor's visit? (related to elders)
  - 20% on the same day
  - 40% within the same week

# Response to Suicidal Persons

- ▶ BE DIRECT!
    - Were you trying to kill yourself?
  - ▶ Allow them to express their feelings whether you agree or not.
  - ▶ Don't say they can't or won't do it.
  - ▶ Maintain professional demeanor
- 

# Self-Injury



- ▶ Inflicting tissue damage on one's self by cutting, carving, hair pulling, burning, head banging, or other means, in order to alter mood (deal with intense emotions).
- ▶ Often don't let wounds heal.
- ▶ Intention may NOT be to cause death.
- ▶ Coping technique...

# What can you do to help?

- ▶ Don't act shocked or disgusted.
- ▶ Take it seriously.
- ▶ Don't assume you know why. Ask.
- ▶ Encourage them to seek help.
- ▶ Distraction or self-soothing:
  - Exercise
  - Hot or cold shower
  - Squeeze ice
  - Squeeze a stress ball or play dough
  - Snap rubber band on wrist

# Involuntary Mental Health Law



# Major Categories of Psychiatric Disabilities

- ▶ Disorder of Thought
- ▶ Disorders of Perception
- ▶ Disorders of Mood –
  - Anxiety, Phobias
- ▶ Personality Disorders
  
- ▶ Suicide vs. self-harm

# Disorder of Thought/Perception

- ▶ Also called psychotic disorders
- ▶ Severe – extreme impairment of a person's ability to sometimes:
  - Think clearly
  - Respond with appropriate emotion(s)
  - Communicate effectively
  - Understand reality
  - Behave “appropriately”

# Thought Disorders...

- ▶ Things you may see:
  - Delusions
  - Hallucinations
  - Major changes in personality
  - Detachment from reality
  - Paranoia
  - Immobility or psychomotor-retardation
  - Difficulty communicating
  - Difficulty concentrating
  - Disjointed thoughts
  - “Bizarre” behavior
  - Speech – “Word salad”

Steven





# Survivors of Trauma

- ▶ Acute Stress Reaction
  - ▶ PTSD
  - ▶ Dissociative Disorder
  - ▶ Borderline Personality Disorder
- 

# Signs Someone is a Survivor of Trauma

- ▶ Hypervigilance/Hyperarousal
  - ▶ Sleep and/or eating disturbance
  - ▶ Nightmares
  - ▶ Anxiety, phobias, rage/anger
  - ▶ Overactive startle response
  - ▶ Dissociating
  - ▶ Lower fight-or-flight threshold
  - ▶ Self injury
  - ▶ Flashbacks
- 

# Substance Abuse Disorders

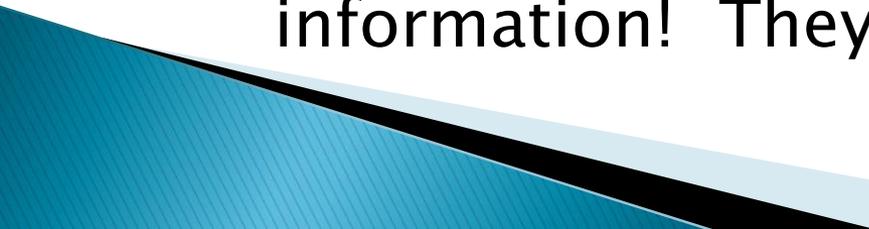
Abuse, dependence, withdrawal...

Self-medicating behavior...

1 out of 2 with a severe mental illness...

Intoxication increases level of dangerousness and unpredictability

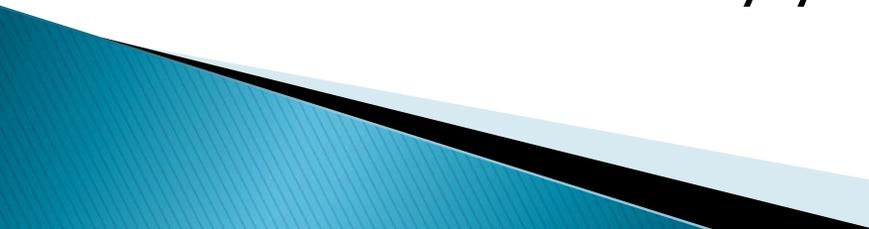
# Psychiatric Medications

- ▶ Ask questions about use when appropriate.
  - ▶ May be a clue re: illness and/or behaviors
  - ▶ Should be transported with the person
  - ▶ Label has valuable info
  - ▶ This is very personal and confidential information! They may not want to share it.
- 

# Psychiatric Medications

- ▶ Why do people stop using medications?
  - Aren't effective – may not be appropriate Rx.
  - Negative primary effects
    - Can impact cognition & emotion
  - Negative side effects
    - Weight loss/gain
    - Diabetes
    - Sedation
    - Nausea
    - Dizziness
    - Blurred vision
    - Tardive Dyskinesia
    - Sexual dysfunction and many others.
  - Can't afford them
  - Feel better so think they don't need them

# Tips for Professionalism

- ▶ Use appropriate, person–first language
  - ▶ If you don't understand what a service provider is doing or telling you, **ASK QUESTIONS!!**
  - ▶ Understand that MH professionals are bound by the same laws as police.
  - ▶ People have the right to be “different.”
  - ▶ Remember why you're there: crime, danger,...
- 

# Discussion...

- ▶ “Why are persons with severe illness living in my community?”
  - ▶ “Can someone who hears voices or sees aliens live on their own?”
  - ▶ “If someone says they want to die, can’t we commit them?”
  - ▶ “How much power do police officers have in getting people into treatment?”
- 

# Treatment & Service Options

- ▶ Natural supports
- ▶ [Vermont 211](#), [Vermont Screen Door](#)
- ▶ Crisis services (phone, face-to-face, ER)
  - Available 24/7
- ▶ Local community mental health centers
- ▶ Private therapists
- ▶ Missions/shelters
- ▶ Social services agencies
- ▶ AA, NA, Detox facilities, residential tx.
- ▶ Group homes

# Transports

- ▶ Follow your agency's policy.
- ▶ Compassion: can be very embarrassing or traumatizing.
  - People who require an involuntary transport are usually not criminals.
- ▶ Use soft restraints if/when appropriate.
- ▶ If speed of application is a concern:
  - Consider using shackles first, apply soft restraints, then remove shackles.