

# When Mental Health Issues Arise in Your Courtroom

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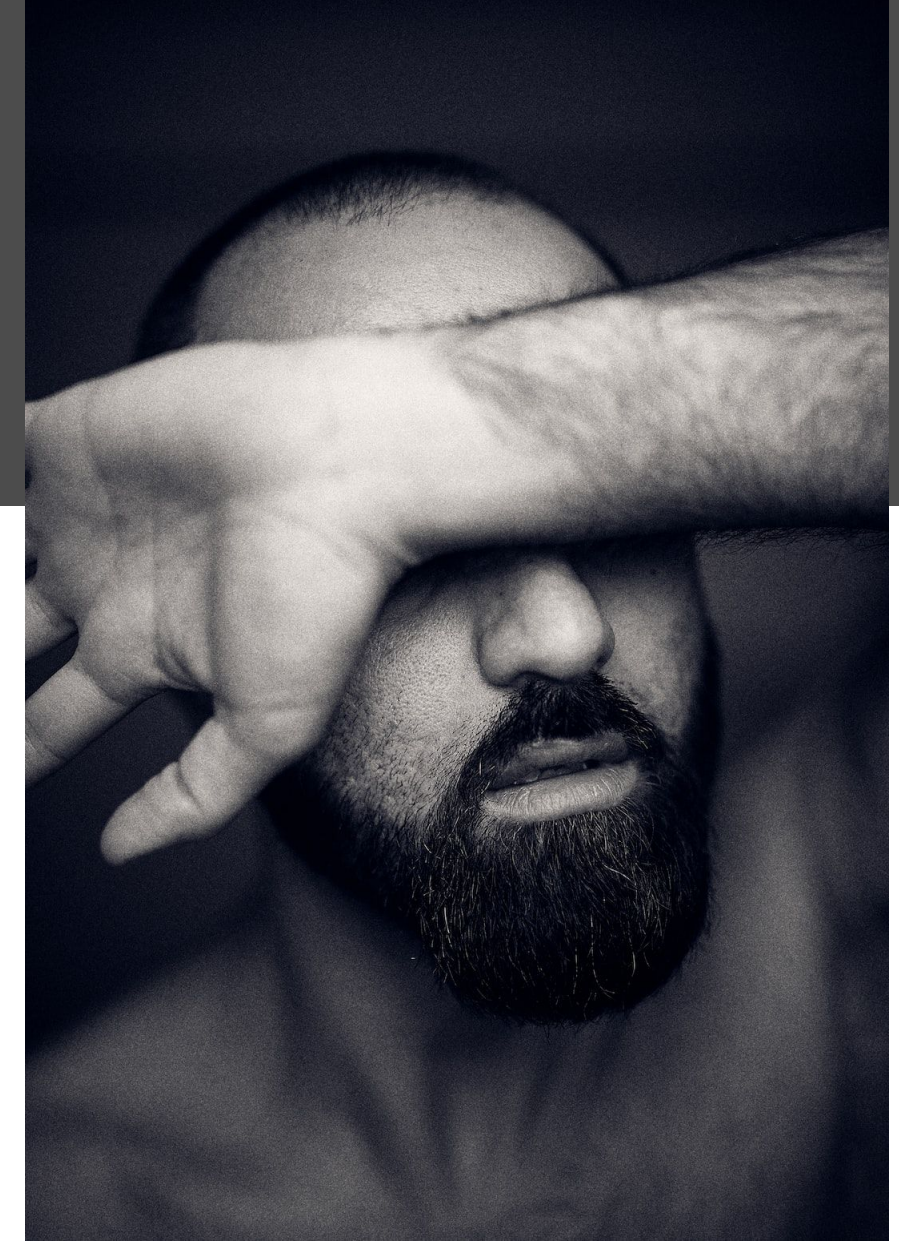


# DE-ESCALATION

## 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

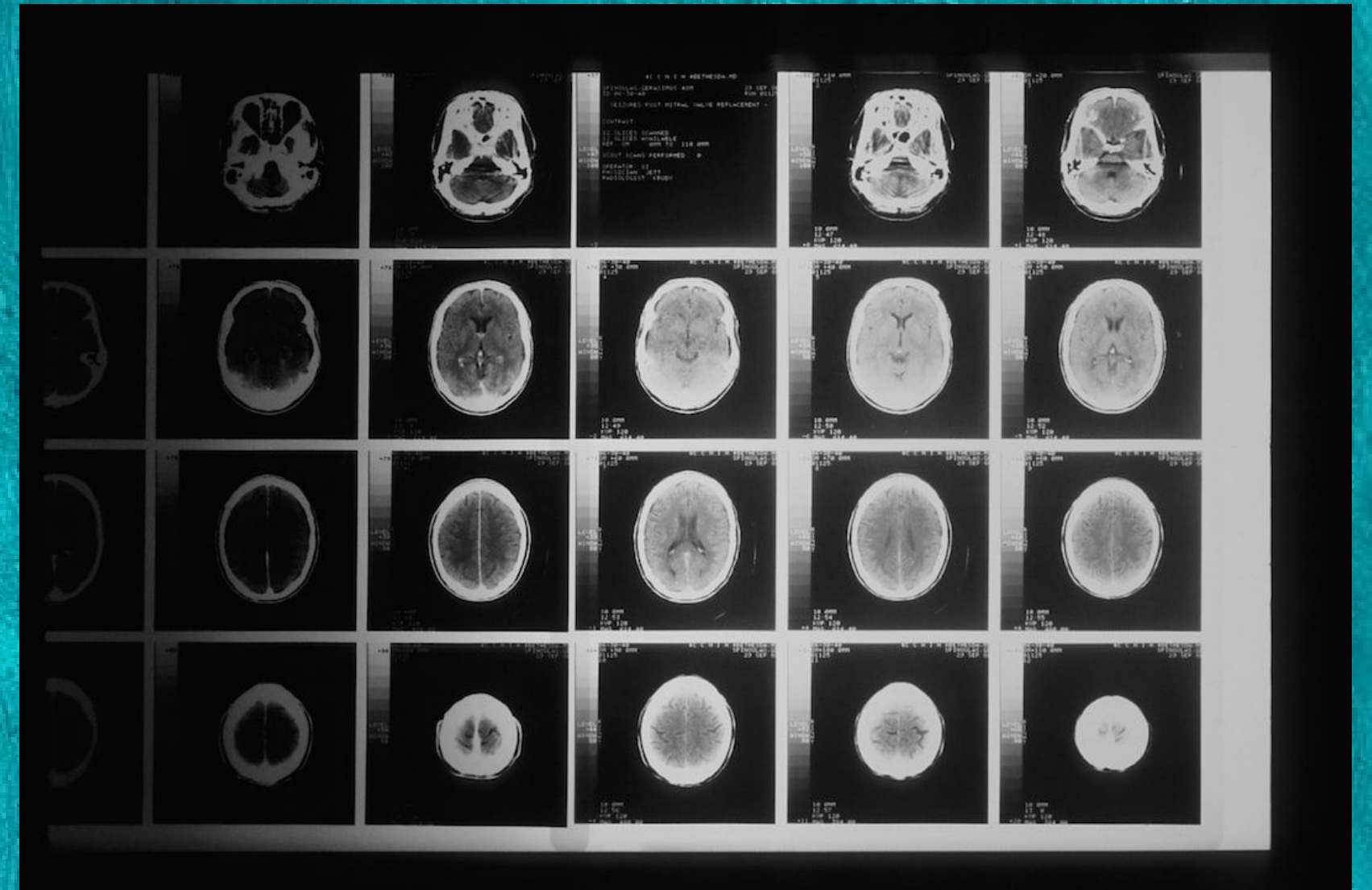


# Mental Illness Defined

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

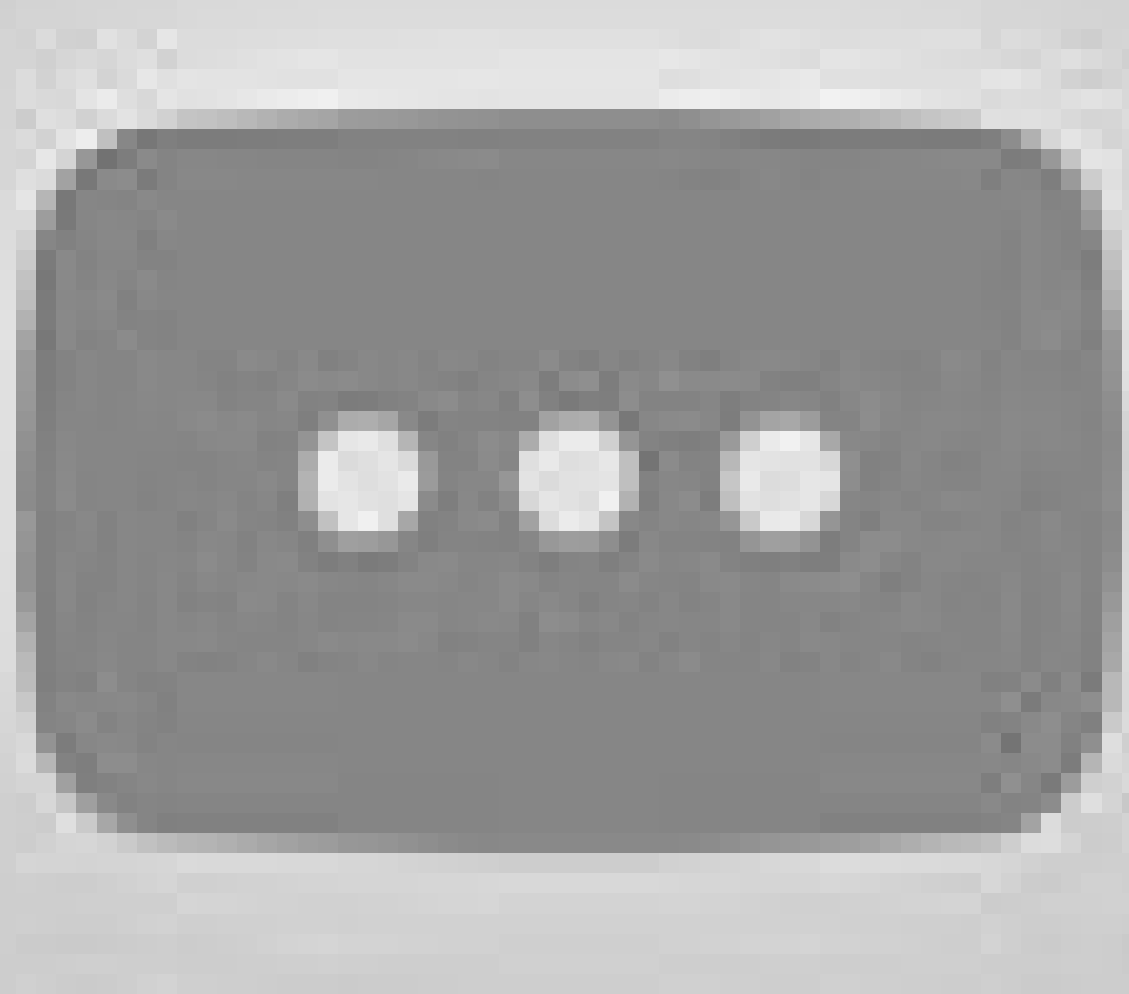
Group of conditions with onset in the developmental period, characterized by deficits or differences in brain processes that produce impairments.

# 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



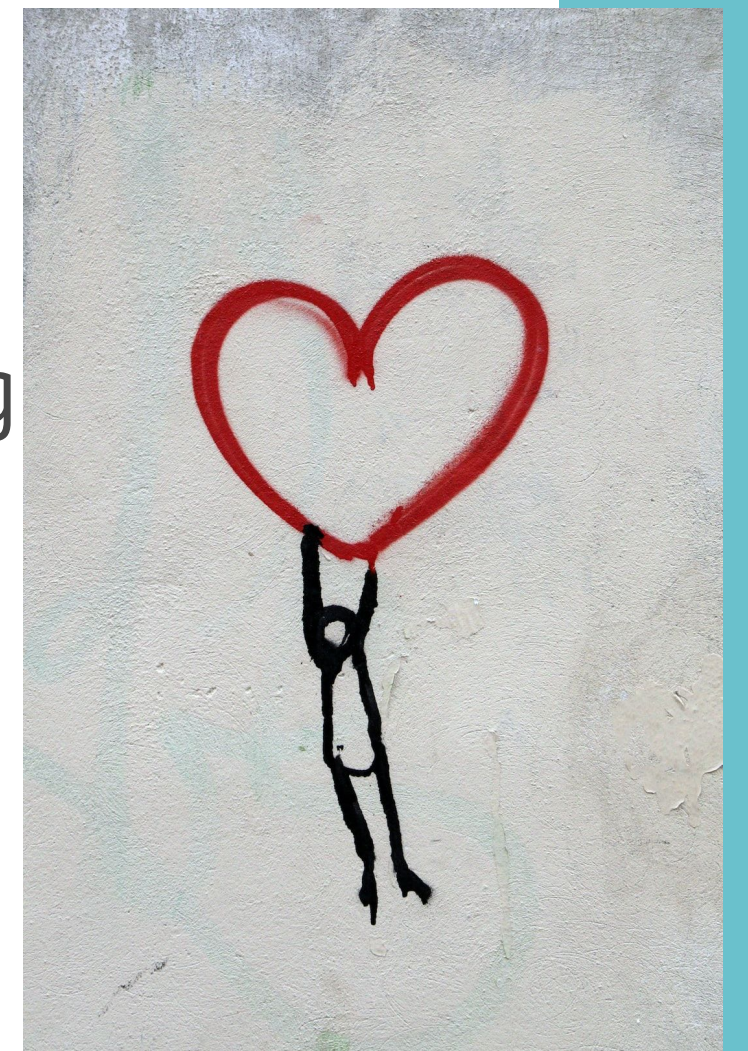
# Depression

- 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



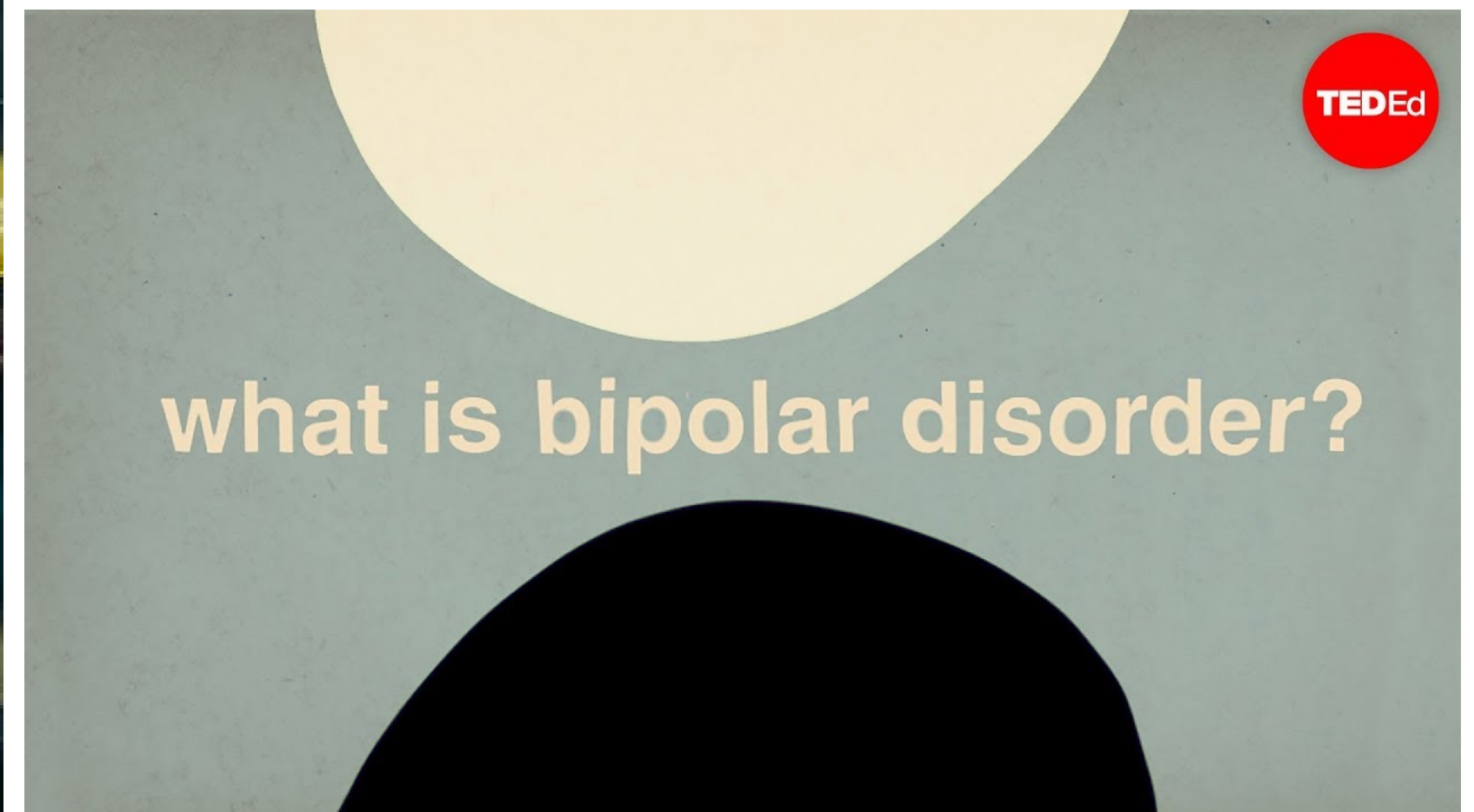
# Managing Depressed Individuals

- 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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