# 11: CRISIS AND MENTAL ILLNESS

Time: 30 min.

Format: Lecture, video, discussion

Materials: PowerPoint, Video: "Raymond Smith: Crisis Intervention,"

Video: "Callous and Cruel Use of Force Against Inmates with Mental Disabilities in US Jails," flip chart and markers

**Competencies:** • Describe elements of a crisis.

Describe non-verbal techniques for de-escalating a

crisis.

# Description

This module focuses on crisis in the correctional setting. It begins with the definition of crisis and then uses a video about the danger of using typical correctional interventions on people with mental disorders.

# **During Training**

#### Crisis

## Set Up

Begin by asking, "What is a crisis?" Ask for examples from the learners about crises that they've observed.

Then, define crisis in a correctional facility by saying:

The National Institute of Corrections (2010) defines a crisis as a short-term, overwhelming event that disrupts an individual's stable state, where the usual methods of coping





and problem-solving do not work to restore stability. In such situations, correctional officers may need to analyze the situation and act quickly to keep the crisis from escalating while the facility's crisis intervention team is being called to the scene.

Transition by saying:

Let's see what Mr. Smith says about expecting and being prepared for crises.

#### Video

Play the video "Raymond Smith: Crisis Intervention."

Facilitate the discussion with the following questions:

 Mr. Smith says that there are certain times and places that are commonly associated with crisis. Do you agree?



- Based on your experience, are there any other times/ places/activities that you would add to that list?
- What about when a crisis seems to come out of the blue with no noticeable event causing it? What do you do to handle it?

## The Importance of Preventing Crisis

#### Discussion

Facilitate discussion with the following questions:

 In your experience, what happens when an incarcerated person with mental illness suffers a crisis? (NOTE: they may not know. Move on if there's protracted silence).



 Are correctional facilities well-equipped to handle this kind of crisis? (Note: you may get varying answers depending on where participants work).

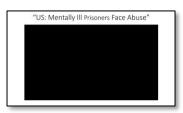
#### Transition by saying:

Correctional facilities are often unprepared for appropriate solutions for crises involving people with mental disorders. In fact, sensational cases have been covered in the media because the response was poor.

Let's look at a short video that focuses on worst-casescenarios when facilities and staff haven't been equipped to respond appropriately.

#### Video

Play the video "Callous and Cruel Use of Force against Inmates with Mental Disabilities in US Jails." This link is embedded in the PowerPoint for this module. The persistent link is:



https://www.youtube.com/watch?time\_continue=1andv= OCaKethFbEg

#### Facilitate discussion:

- What is your response to this video?
- Could you have been one of these responding officers? Do your current policies dictate that you respond in a similar manner?
- With the given information (what you saw and the comments made by officers), would you have done anything differently?
- How many times have you been presented with a person who is not compliant? Have you initiated similar responses as the officers in the video? Have you had moments when you were uncertain how best to respond?
- Can you identity some warning signs that this was not a typical encounter?
- One of the experts says that excessive force isn't just because of a "few bad apples" on staff—that this is

simply the way that prison works and how staff are trained. What could prevent excessive use of force against people with mental disorders?

# Finding Solutions: Non-verbal De-escalation Techniques

### Set Up

#### Say:

We're talking about crisis and have watched some crises playing out in the video. Intervening in a crisis can be dangerous and complex, especially if someone is suffering with a mental illness. We'll talk more about de-escalating crises in a later module, but one foundational skill is non-verbal de-escalation.

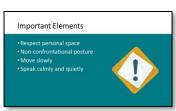


#### Lecture

You may have been trained in observing the body language of others to meet your safety goals. However, as you focus on de-escalating situations, paying attention to your own body language can be just as important.

Here are some elements to always bear in mind:

- Respect the individual's personal space. Invading their space is an immediate threat, even if you don't intend harm.
- Use a non-confrontational posture. Don't clench your fists or hide your hands, as this may create a threat. Keep your hands relaxed and open and in plain sight.
- Keep your movements slow. Moving quickly and suddenly can startle a person and increase their agitation, leading them to react violently or aggressively.



#### Correctional Mental Health

Speak calmly and quietly. The tone and loudness of your voice also provide nonverbal cues. Keep your voice at a lower level than the individual's. A loud voice can be seen as aggressive or insulting, which can escalate the situation.

## Discussion

Facilitate a discussion with the following questions:

- What kind of body language do you, as a CO, usually use at work?
- Would you characterize it as confrontational or non-confrontational?



- What do you think of changing to de-escalating body language?
- What are some circumstances in which you might find it useful? Give some examples.

## SOURCES

## Module 11

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Richmond, J., Berlin, J., Fishkind, A., Holloman, G., Zeller, S., Wilson, M., Rifai, M., and Ng, A. (2012). Verbal deescalation of the agitated patient: Consensus statement of the American Association for Emergency Psychiatry Project BETA De-Escalation Workgroup. Western Journal of Emergency Medicine, 13(1), 17-25.