



# CJI Management Quarterly

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Criminal Justice Institute  
University of Arkansas System  
7723 Colonel Glenn Road  
Little Rock, Arkansas 72204

Switchboard:  
(501) 570-8000

Toll Free:  
(800) 635-6310

Website:  
[www.cji.net](http://www.cji.net)

Information compiled  
and assembled by  
**Deborah Flowers,**  
Law Enforcement  
Management Specialist

The Criminal Justice Institute provides management, forensic science, and computer-related education and training, as well as research services and technical assistance, to Arkansas' law enforcement and criminal justice community.

This quarterly newsletter is designed to provide timely information to improve the management, leadership, and performance skills of law enforcement supervisors.

*Your comments and suggestions are solicited and welcomed.*

**Please make copies of this publication and distribute them to others in your agency.**

## LAW ENFORCEMENT RESPONSE TO THE MENTALLY ILL: Part III



Some of the most dangerous calls that law enforcement officers respond to are those that involve a mentally ill person in crisis. In the two previous issues of the *Management Quarterly*, background information on dealing with the mentally ill was discussed, including common myths, causes, and types of mental illness. This information was provided to assist law enforcement, not in diagnosing types of mental illness, but in identifying symptoms and behaviors that may be presented by a person in crisis, whether it is due to mental illness, drug abuse or a combination of the two. In this issue, we will explore the special issues related to response to the mentally ill.

Because cumulative adversity factors related to mental illness (i.e., low socio-economic status, drug abuse, and lack of health care) lead to increased criminal activity and calls for service, law enforcement must often interact with individuals suffering from mental illness. This interaction is often initiated by crisis situations including domestic abuse, hostage situations, suicides, homicides, child abuse, drug overdoses, and/or sexual assault.

Mentally ill individuals are not dangerous; however, circumstances surrounding a crisis event can lead to extreme levels of danger for both the law enforcement officer and a person with mental illness. The way an officer reacts can be paramount in either resolving a crisis effectively or escalating an already volatile situation.

Inappropriate responses by law enforcement officers could result in the injury or death of a mentally ill person. The media and public may react with outrage. Police officers may end up carrying a bag of emotions around for years, including shock, remorse, shame, anger or powerlessness. The following recommendations are being provided to assist law enforcement in de-escalating situations involving mentally ill persons. However, keep in mind, the safety of law enforcement officers should never be sacrificed in any situation and must be dealt with accordingly.

### Resolving a Mental Illness Crisis

Seldom, if ever, will a person suddenly lose total control of thoughts, feelings and behavior. Family members, friends, neighbors or co-workers will usually notice changes beforehand: sleeplessness, ritualistic preoccupation, suspiciousness, unpredictable outbursts or behaviors that are not healthy, such as excessive anger, aggression, substance abuse, promiscuity, spending sprees, and/or excessive gambling. However, when a mentally ill person is in crisis, they are usually terrified by the loss of control over their thoughts and feelings.

While strange thoughts are not uncommon in the so-called "normal" population, a person in a psychotic state will often act on what they are experiencing. Voices may be making life-threatening commands. Messages may be coming from light fixtures. Rooms may be filled with poisonous fumes. Snakes may be crawling around them.

What is the best weapon in resolving a mental illness crisis? Verbal skills and an attitude of "talk to me." Law enforcement officers, by nature of the business, are

taught in all instances that they must take immediate control in crisis situations. Many times this involves rushing in and telling individuals what they must do or how they must act immediately. This leads to the #1 mistake law enforcement officers make when dealing with the mentally ill—they **move too quickly!!!** The goal should be to calm and de-escalate. To resolve situations safely for both law enforcement and the mentally ill, police mentality must be reframed from how quickly the situation can be resolved to how to resolve the situation so there is no escalation to loss of life of either the officer or the mentally ill individual.

It is a good idea to **decrease the stimulus** in the immediate area. Inside a building, televisions and radios should be turned off, and unnecessary personnel or “rubbernecker” should be told to leave the area. A light source should be turned on to enable an officer to observe the body language and appearance of the person in crisis. However, keep in mind that a flashlight shined in the face may appear as an aggressive interrogation.

Law enforcement officers must present themselves as **willing to listen** instead of giving orders. It is very important to someone in crisis that they are allowed to vent their emotions and tell their story even though it may contain false beliefs and perceptions. Allowing them to vent provides two valuable tools for a successful conclusion: it may help reduce anxiety level and allows law enforcement to hear elements of what the individual is experiencing so they know how to respond effectively.

Appear anxious to hear about their problems, **showing empathy** (put yourself in their shoes) and **building a rapport**. Most law enforcement officers will interrupt individuals they are interviewing within a few seconds to start asking questions. The story should be heard and questions asked regarding what is being said.

**Realize that any “wild stories” are extremely important** and consume a person in crisis; however, do not fall into their delusional trap. For instance, an individual in crisis may ask you, “Do you hear the voices, too?” Suppose you

answer yes, and they respond, “Well, what did they say?” If you don’t respond correctly, you have lost your credibility and rapport. The correct response by law enforcement should be, “No, I don’t hear the voices, but I can understand that you do. I understand you are very frightened by what you hear/see.”

### Altered Reality

Law enforcement must accept that whatever a person in crisis is experiencing, it is reality for them. Mentally ill individuals may have a greater need for space. Perceptions are distorted and a six foot police officer may appear several times larger and closer. If anxiety or fear is noted by the approaching officer, the best bet may be to back off to adapt to THEIR comfort zone.

A law enforcement uniform may be helpful or may be a deterrent in dealing with an individual in crisis. Some may respond positively and others may fear the uniform. Rank is not recognized by an individual in crisis and, in most instances, they will select a favorite person to talk with.

It is imperative that responding law enforcement remain calm. A mentally ill person may be experiencing voice interruptions that are making life threatening commands. They may think they are being poisoned, or they may act out the hallucinations, i.e., breaking windows to kill snakes.

### Body Language

Law enforcement officers project a commanding presence to the public. Responding to a crisis can involve a lot of frightening images and sounds—the lights and sirens of the police car, the uniform, handcuffs, guns, batons, mace. All of these can be threatening to someone in crisis, especially if they have not had good experiences with law enforcement in the past.

Your body language may need to be adjusted. Do not block the door, but place yourself between the individual in crisis and the door. Avoid staring. Keep hands open and visible (in front of the body around the mid section). Avoid calling attention to your weapon. Stand with feet at an angle that protects your weapon. If

the mentally ill person is seated, make sure you sit, squat, or kneel to be on their level. Do not stand over them with a commanding or threatening posture.

In some situations, law enforcement officers must take physical control of individuals who are being placed under arrest or being controlled. Touching a mentally ill person in crisis without prior warning has caused many law enforcement officers to lose their lives or take the life of a mentally ill person. Prior to any close contact, law enforcement should inform the mentally ill person of their intent and explain that they are there to help and not harm them. Failure to do this may be one of the most serious mistakes a law enforcement officer can make. If hospitalization is needed, convince them to go voluntarily. Explain all procedures involving touching, transportation, handcuffs, travel and where they are being taken for help.

### Verbal Skills

Because a person has a mental illness, it does not mean they have lost their hearing. The person in crisis may appear as though they do not hear a responding officer, possibly due to voice interruptions. Shouting or speaking loudly is not an appropriate intervention and can escalate a volatile situation.

Speak softly and use simple sentences. Ask open-ended questions to find out as much information as possible about what they are experiencing. “What is your name?” “Do you take medication?” “When was the last time you slept?” “Tell me why you’re so upset?” Threatening, criticizing, or baiting may make matters worse and the consequences could be tragic.

To evaluate the circumstances that have led up to the crisis, family members and friends should also be asked these questions. They may also give you an idea of prior crisis strategies.

When negotiating with a mentally ill person in crisis, there are some helpful suggestions to remember. Be prepared to talk forever. Have one person make the connection, and use a “touchy-feely” talker, an individual who can remain calm. Negotiators can’t be afraid or shocked at the negatives they will hear.

If the person in crisis is suicidal, contract for time to talk or ask the individual to put off suicide. Talking about suicide doesn't cause it. They already have the idea or they don't, and they should be asked about their plan. (When? How? Why? Where?)

### **Techniques for Handling Frequently Encountered Situations**

#### ***"Meaningless Chatter"***

During high levels of anxiety, some people produce a stream of meaningless chatter that is rapid and almost nonstop. The information communicated may be understandable but bears no relation to the problem currently being experienced. Attempt to break through by speaking softly, using short questions to determine the state of mind or existing problems at hand. "What is your name?" "Why are you so upset?" "Where do you work?" "Do you take medication?" The goal is to interrupt the incessant talking by breaking the talk pattern.

#### ***"Conscious but Non-Responsive"***

When severely depressed, individuals may exhibit a catatonic state that is similar to PCP abuse. Don't assume because they don't respond that they don't hear. Make every effort to get a response. Quietly ask questions and be sensitive to any response (i.e., a head nod). If unsuccessful, try to determine the individual's status by body posture and emotion.

In these situations, there is the temptation to begin acting and talking as if the subject were not there. This is a huge mistake! Law enforcement may start to talk about their strategies or the individual in crisis. If this information is not desirable to the mentally ill, the fight may occur in an instant.

#### ***Subject is Hallucinating***

This is a very frightening experience for a mentally ill person in crisis. First, validate that you believe they are having a hallucinatory experience, but at the same time, indicate the hallucination does not objectively exist. If the individual is seeing or hearing things, you need to indicate that you understand these things seem real and frightening, but they do not exist in reality.

Secondly, firmly and empathetically indicate the sensations are due to extreme emotional stress. Re-assure them that once the stress is lessened, hallucinations will disappear. You may have to repeat this assuring message many times before they respond.

#### ***Subject has Paranoid Tendencies***

This most often involves very serious delusions, therefore you must be sensitive, both verbally and physically. Paranoia can cause mentally ill individuals to be suspicious and tense. A law enforcement officer may appear to also be threatening. If fear is detected, become as non-threatening as possible.

Officers may be challenged. "You know what's been happening to me" or "You and the FBI have secret records on me." There may be some sort of elements of truth behind their paranoia. One individual kept telling his psychiatrist the FBI was watching him and wanted to prove his point. On his next visit, he brought a video tape to the psychiatrist, popped it into the VCR, and what do you suppose appeared? An FBI warning.

Announce all your actions beforehand, avoid physical contact until necessary, and remember their personal space/comfort zone may be larger than the general population.

#### ***Subject is Psychotic and Aggressive***

This may be the most troublesome situation for a law enforcement officer to deal with, as the subject may be threatening someone with guns, knives, fists, or verbal threats. If the situation is secure, adopt a non-threatening stance and advise you do not want to get hurt or hurt anyone else. Advise them that you are going to listen, and stress that any further violence will only cause more problems. Allow them to vent their hostility, but don't let down your guard!

#### ***Subject Makes Delusional Statements***

"There are many people who want me dead." "The FBI has records on me." You have three choices—agree with them, dispute them, or defer the issue. Agreeing may cause you to become ineffective. Why would you want someone to go to the hospital if you agree that everything

they say is true? Also, if you agree with their delusions, they may become more frightened because their fears are confirmed. If you dispute them, negotiations may become ineffective, they may withdraw, begin to argue, or act out aggressively. The best advice is to not agree or disagree but acknowledge their view of the world and advise that you are there to help.

#### ***Personality Disorders:***

##### ***"Inadequate Personalities"***

Timothy McVeigh, Ted Bundy, David Koresh...men who involved themselves in criminal activity for self-gain and the thrill. These men are examples of individuals with severe personality disorders. They are shrewd, manipulative and, many times, enjoy holding the police at bay. They do not have hallucinations, delusions, or manifest symptoms of other forms of mental illness. They are usually intelligent individuals who lack morals or feelings for other individuals. Because they know the police are prepared to end their glory abruptly, in many cases they may take hostages. They know it is not in the best interest of the police to harm innocent bystanders.

Because of the high esteem they feel for themselves, they are probably a low suicide risk. Let them vent and enjoy their power. Allow them to focus on having a positive outcome by possibly accommodating their expectations so they won't be demeaned when they are arrested. It is highly likely that the only thing they are able to do right is the wrong thing. Any hostage attempt will in all likelihood be another bungled attempt. They may feel like a trapped criminal and make extreme demands. From their standpoint, they may be in the limelight and feel that the situation is the biggest thing that has ever happened to them.

##### ***Mood Disorders: Depression & Bipolar Disorder (Manic Depression)***

Individuals who are experiencing depression have usually used up all their options to get relief from unrealistic sadness, hopelessness, or guilt. They may be ready to die and are not looking too far down the line. They should be considered a high suicide risk. Their crisis may

involve taking hostages (who are frequently family members), which creates a very real jeopardy. Many times they believe they have “ruined” other people’s lives and therefore should commit homicide. In many instances, they do not care if they are killed or if they die at their own hand. This phenomenon is known in law enforcement as “Suicide by COP.” Indicators of a potential “Suicide by COP” include, but are not limited to, the following:

- ▶ They refuse to negotiate with authorities.
- ▶ They have just killed a significant other (especially if the victim was a child).
- ▶ They demand that they be killed by the police.
- ▶ They present no demands.
- ▶ They reveal they have recently learned they have a life-threatening illness or disease.

- ▶ In an attempt for publicity or to inflict pain, they advise they will only “surrender” to chief, sheriff, or a loved one.
- ▶ They provide a “verbal will.” (“Tell my kids I love them, and I’m sorry.”)
- ▶ They appear to be looking for a manly or macho way to die.
- ▶ They have recently given away money or personal possessions.
- ▶ They recently experienced one or more traumatic events that affected them, their family or their career.

### **Officer Safety Issues**

Violence is usually over predicted in dealing with someone who is mentally ill. The best predictor of violence is previous history of violence and/or mental illness combined with drug abuse.

In many instances, mentally ill individuals involve themselves in

activities or behaviors (drug abuse, multiple sexual partners) that increase their chances of contracting communicable diseases. Law enforcement officers should use protective measures to avoid exposure to TB, HIV, Hepatitis C, and other applicable diseases.

Interviews with individuals who have worked many years with the mentally ill stress the importance of weapon retention. Sometimes mentally ill individuals in crisis are in an extreme arousal state of “fight or flight.” The same chemical reactions that allow individuals to lift tractors or automobiles to save someone may also be present in a person in crisis. Backup in these instances is just as important as those cases involving someone on PCP. Weapons and dealing with the mentally ill are like “oil and water.” They don’t mix, and if they decide they want to get your weapon, they will tire you out. You may give out, but they won’t give up.

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