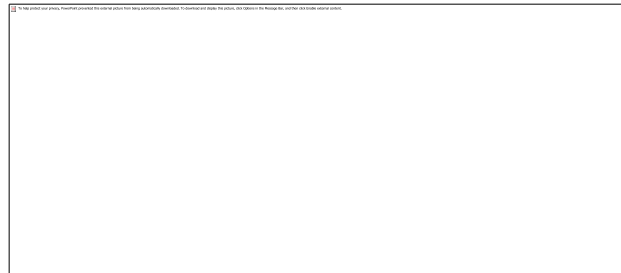


Guidelines for First Responders

Encountering People with an Intellectual Disability
Co-Occurring with Mental Illness (ID/MI)

Dr. Robert J. Fletcher
Founder and CEO
NADD



-
- **Introduction**
 - **Concept of Dual Diagnosis**
 - **Characteristics of Persons with ID/MI**
 - **Identifying Someone with Intellectual Disability**
 - **Guidelines on Responding to Victims with ID**
 - **Communication Strategies and Interventions**
 - **Crisis Management and De-Escalation Strategies**
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Concept Of Dual Diagnosis (ID/MI)

- **Co-Existence of Two Disabilities:
Intellectual Disability and
Mental Illness**
- **Both Intellectual Disability and Mental
Health disorders should be assessed and
diagnosed**
- **All needed treatments and supports should
be available, effective and accessible**

Terminology

Intellectual Disability
Mental Retardation
Developmental Disability
Intellectual Impairment
Learning Disability (UK)

Dual Diagnosis
Dual Disability
Co-Occurring MI-ID
Co-Existing Disorders

Intellectual Disability Criteria

- A. Deficits in intellectual functions
- B. Deficits in adaptive functioning
- C. Onset during the development period



Intellectual Disability Criteria

A. Deficits in intellectual functions i.e

- Reasoning
- Problem solving
- planning
- Judgment
- Academic learning
- Learning from experience



Note: confirmed by both clinical judgment and standardized IQ testing.

Intellectual Disability Criteria

B. Deficits in adaptive functioning that results in failure to meet developmental and socio-cultural standards for personal independence and social responsibility

Deficits in adaptive functioning can include:

- Self care
- Language
- Socialization
- Self-direction
- Money management
- Employment
- Friendship abilities
- Social judgment

Note: Adaptive functioning is assessed by both clinical evaluation and standardized measures.

Intellectual Disability Criteria



- C. Onset of intellectual and adaptive deficits during the developmental period
- Recognition that intellectual and adaptive deficits are present during childhood or adolescence.

Intellectual Disability

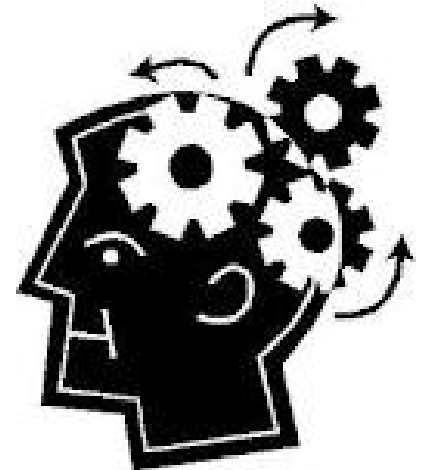
- **1% - 3% of the population**
- **Multiple causes**
- **Diverse group**
- **Does not imply mental illness**

Americans With Disabilities Act (ADA) Title II

- **Prohibits discrimination against people with disabilities in State and local governments services, programs, and employment**
- **The ADA effects virtually everything that officers and deputies do when interacting with people with a disability**

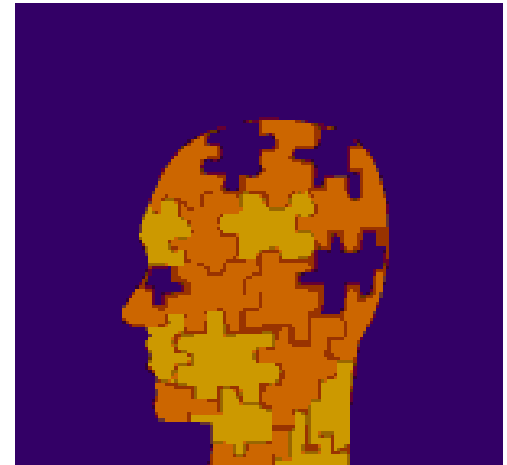
What Is Mental Illness (MI)?

- **MI is a psychiatric condition that disrupts a person's thinking, feeling, mood, ability to relate to others, and daily functioning.**
- **MI can affect persons of any age, race, religion, income, or level of intelligence.**
- **The DSM-IV-TR or the DM-ID provide a classification system of diagnoses.**



What Is Mental Illness (MI)?

- **Mental illness is a biological process which affects the brain. Some refer to it as a brain disorder.**



Common Mental Illnesses in Persons with ID

- Bipolar and related disorders
- Depressive disorders
- OCD
- Anxiety Disorders
- Trauma and Stressor related disorders
- Personality Disorders
- Schizophrenia Spectrum and other Psychiatric Disorders
- Other Disorders

Signs a Person May Have a Mental Illnesses

- **Increased anxiety, panic, or fright**
- **Hearing, seeing, feeling imaginary things (hearing voices is not the same as talking to oneself for company or to reduce anxiety)**
- **Need for instant fulfillment / gratification**
- **Unusual sleep patterns**

Signs a Person May Have a Mental Illnesses

- **False beliefs**
- **Decline in personal hygiene**
- **Family history of mental illness**
- **A functional or behavior change**

Signs a Person May Have a Mental Illnesses

- **Excessive reactivity / moodiness**
- **Heightened emotional sensitivity**
- **Accelerated speech patterns**
- **Lingering sadness**
- **Self-isolation**
- **Memory problems**
- **Changes in appetite**
- **Self-Injurious Behavior**

Definition Of Mental Illness In Persons With Intellectual Disability

- 1. When behavior is abnormal by virtue of quantitative or qualitative differences from baseline**
- 2. When behavior cannot be explained on the basis of development delay alone**
- 3. When behavior causes significant impairment in functioning, and a change from baseline**

A Summary Of Similarities And Differences Between Intellectual Disability (ID) & Mental Illness (MI)

ID: refers to sub-average (IQ)

MI: has nothing to do with IQ

ID: incidence: 1-2% of general population

MI: incidence: 16-20% of general population

ID: present at birth or occurs before age 18

MI: may have its onset at any age (usually late adolescent)

A Summary Of Similarities And Differences Between Intellectual Disability (ID) & Mental Illness (MI)

ID: intellectual impairment is permanent

MI: often temporary and may be reversible and is often cyclic

ID: a person can usually be expected to behave rationally at his or her developmental level

MI: a person may vacillate between normal and irrational behavior, displaying degrees of each

ID: adjustment difficulties are secondary to ID

MI: adjustment difficulties are secondary to psychopathology

**Two to Four Times
as typical population**
(Corbett 1979)

**1/3 of People with ID have co-occurring
MI** (NADD, 2005)



Total U.S. Population:

308,745,538

(U.S. Census Bureau, Census 2010)

Number of People In Total Population With ID:

5,156,050

(1.67% - AAIDD, 2010)

Number of People With ID Who Have MI:

1,701,496

(33% of ID – NADD, 2008)

Prevalence



Total California Population:

37,253,956

(U.S. Census Bureau, Census 2010)

Number of People in Total Population With ID:

622,141

(1.67% - AAIDD, 2010)

Number of People With ID Who Have MI:

205,306

(33% of ID – NADD, 2008)

Characteristics Of Persons With ID/MI

Characteristics Of Persons With ID/MI

- **Biological and psychiatric factors:** Increased prevalence of neurological, sensory, psychiatric, and physical abnormalities.
- **Habilitative factors/personal characteristics:** Skill deficits in critical functional areas makes it difficult to solve the problems of daily living and makes undesirable behaviors more likely.

- **High Vulnerability to Stress**
 - **The impact of a minimally stressful situation can be experienced as significant.**



Characteristics Of Persons With ID/MI

- **Psychological, social, and environmental factors:** Subjected to a lifestyle of chronic stress resulting from prejudice, restrictions of personal independence and control, victimization, exclusion, and lack of experiences that promote mental wellness.
- **Atypical learning histories** that fail to teach desirable behaviors and encourage negative and disruptive behaviors.

Characteristics Of Persons With ID/MI

•Challenges with Coping Skills

- Frequently lack the basic skills required for everyday living; e.g., budgeting money, using public transportation, doing laundry, preparing meals, etc.

•Difficulty with Interpersonal Relationships

- **Individuals with ID/MH typically have difficulty with interpersonal relationships**
- **These interpersonal relationship problems can result in disruption in school, home, work, and social environments**



Characteristics Of Persons With ID/MI

- **Strong need to reduce stress; attempt to run away, false confessions**
- **Not understanding or misunderstanding of questions**
- **Change subject or respond in a tangential manner**

Characteristics Of Persons With ID/MI

- **Problems with receptive and/or expressive language**
- **Slow or no response to questions**
- **Maintain a pleasant image; “painted smile”**

Characteristics Of Persons With ID/MI

- **Excessive motivation to please authority; desire to give the “correct” answer**
- **Bluff understanding/competence**
- **Inability to abstract**
- **Short attention span**

Characteristics Of Persons With ID/MI

- **Uncontrolled impulses/distractibility**
- **Inability to understand the serious nature of the situation**
- **Memory gap**

Identifying Someone with Intellectual Disability

Street Tests

- **Limited vocabulary**
- **Speech impairment**
- **Slow response to questions**
- **Short attention span/distractible**
- **Socially inappropriate**
- **Lacks understanding of the situation**
- **Easily frustrated**

Street Tests

- **Seems too eager to please**
- **Receives SSI**
- **Refers to staff/case worker/supervised or group home/center**
- **Agrees to everything asked**
- **Overly awed or intimidated by uniform, badge, weapon**

Street Tests

- Give he/she articulate directions from one location to another
- Can he/she write name clearly and without difficulty
- Can he/she recognize coins and make change correctly
- If the answer is no to the above, then he/she may have an intellectual disability

Street Tests

- **How many days in a week? Months in a year?**
- **Did you ever attend special education classes in school?**
- **Do you have a caregiver that assist you with daily activities or living skills? “Does someone help you with things you need to do?”**

Street Tests

- Do you have a case worker?
- Do you receive SSI?
- If the answer is yes to the above, then he/she may have an intellectual disability

Responding to Questions

- **Many people with Intellectual Disability are strongly motivated to do what they believe is expected of them.**
- **They learn to listen for certain words or inflections.**
- **They look into faces and may even copy moods as they try to give "correct" answers.**
- **They want to be accepted by and please others. Many have adapted by use of denial.**

Identifying Someone with Intellectual Disability

Responding to Questions: Affirm Last Choice

Q: "You were at the store last night?"

A: "Yes."

Q: "You didn't leave the house last night, did you?"

A: "No."

Q: "You couldn't have done both of them. Which is it?"

A: (Silence)

Identifying Someone with Intellectual Disability

Responding to Questions: Affirm Last Choice

Q: "Did you stay home all night or did you go to the store?"

A: "Store."

Q: "Alright, one more time; did you go to the store last night or did you stay home?"

A: "Stay home."

Identifying Someone with Intellectual Disability

Responding to Questions: Affirm Last Choice

Q: "Do you want to stay here or go?"

A: "Go."

Q: "Do you want to go or stay here?"

A: "Stay here."

Responding to Questions: Agree

Q: "You didn't stay home all night, did you?"

A: "No."

Q: "You went to the store, right?"

A: "Yes."

Q: "You stayed home all night, didn't you."

A: "Yes."

Q: "You didn't go to the store, did you?"

A: "No."

Identifying Someone with Intellectual Disability

Responding to Questions: Repeat Last Word

Q: "Do you understand what I have told you?"

A: "Told you."

Q: "Do you understand that you have a right to remain silent?"

A: "Silent."

Q: "Has any pressure or coercion of any kind been used against you?"

A: "Against you."

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mental health needs.

Guidelines on Responding to Victims with ID

Three Major Needs

- **Victims need to feel safe**
- **Victims need to express their emotions**
- **Victims need to know “what comes next”**

Victims Need to Feel Safe

People often feel helpless, vulnerable, and frightened by the trauma of their victimization. As a first responder, you can address victims' need to feel safe by following these guidelines:

- **Introduce yourself to victims by your name and title. Briefly explain your role and duties.**

Victims Need to Feel Safe

- **Reassure victims of their safety and of your concern for them by being attentive to your own words, posture, mannerisms, and tone of voice.**
- **Ask victims to tell you in just a sentence or two what happened. Ask if they have any physical injuries. Take care of victims' medical needs first.**

Victims Need to Feel Safe

- **Offer to contact a family member or friend; your agency's victim service unit, if such a unit exists; or a crisis counselor for victims.**
- **Be mindful of victims' privacy during your interview. Conduct the interview in a place where victims feel comfortable and secure.**
- **Ask victims about any special concerns, accommodations, or needs they may have.**

Victims Need to Feel Safe

- **Provide a “safety net” for victims before leaving them. Make telephone calls and pull together personal and professional support for victims.**
- **Give victims – in writing – your name and information on how to reach you. Encourage them to contact you if they have any questions or if you can be of further help.**

Victims' Need to Express Their Emotions

Victims need to air their emotions and tell their story after the trauma of the crime. They need to have their feelings accepted and their story be heard by a non-judgmental listener.

Victims Need to Express Their Emotions

In addition to fear, victims may have feelings of self-blame, anger, shame, sadness, or denial. Their most common response is “I can’t believe this happened to me.” This rage can even be directed at people who are trying to help – including law enforcement officers, for not arriving at the scene of the crime sooner. You can facilitate victims’ need to express their emotions by following these guidelines:

Victims' Need to Express Their Emotions

- **Do not interrupt or try to cut short victims' expression of their emotions.**
- **Observe victims' body language, such as their posture, facial expression, tone of voice, gestures, eye contact, and general appearance. This can help you understand and respond to what victims are feeling as well as to what they are saying.**

Victims' Need to Express Their Emotions

- **Assure victims' that their emotional reactions to the crime are not uncommon. Sympathize with victims by saying "You've been through something very frightening. I'm sorry"; "What you're feeling is completely natural"; or "This was a terrible crime. I'm sorry it happened to you.**
- **Counter any self-blame by victims and tell them "You didn't do anything wrong. This was not your fault.**

Victims' Need to Express Their Emotions

- **Talk with victims' as individuals. Do more than just "take a report." Sit down and place your notepad aside momentarily. AS victims how they are feeling, and listen.**
- **Say to victims, "I want to hear the whole story, everything you can remember, even if you don't think it's important."**

Victims' Need to Express Their Emotions

- **Ask open-ended questions. Avoid questions that can be answered with yes or no. Ask questions such as “Can you tell me what happened?” or “Is there anything else you can tell me?”**
- **Show that you are actively listening to victims through your facial expressions, body language, and “We can take a break if you like; I’m in no hurry.”**

Victims' Need to Express Their Emotions

- **Refrain from interrupting victims while they are telling their story.**
- **Repeat or re-phrase what you think you heard victims say. Examples: “Let’s see if I understood you correctly. Did you say ...?”; “So, as I understand it, ...”; “Are you saying ...?”**

Guidelines on Responding to Victims with Intellectual Disability

Victims' Need to Know “What Comes Next”

Victims often have concerns about their role in the investigation of the crime and in the legal proceedings. Some of their anxiety may be alleviated if victims know what to expect in the aftermath of the crime. This information will also help victims prepare themselves for upcoming stressful events and disruptions in their lives related to the crime. You can respond to this need of victims to know “what comes next” by following these guidelines:

Guidelines on Responding to Victims with Intellectual Disability

Victims' Need to Know “What Comes Next”

- **Explain to victims what you are doing as well as the law enforcement procedures for tasks that are pending, such as the filing of your report, investigation of the crime, and the arrest and arraignment of a suspect.**
- **Tell victims about forthcoming law enforcement interviews or other kinds of interviews that can expect.**

Victims' Need to Know “What Comes Next”

- **Discuss the general nature of any medical forensic examinations that the victim may be asked to undergo and the importance of these examinations for law enforcement.**
- **Let victims know what specific information from the crime report will be available to news organizations and the likelihood of the media releasing any of this information**

Victims' Need to Know “What Comes Next”

- **Counsel victims that lapses of concentration, memory losses, depression and physical ailments are natural reactions for crime victims.**
- **Encourage victims to reestablish regular routines as quickly as possible to help speed their recovery.**

Guidelines on Responding to Victims with Intellectual Disability

Victims' Need to Know “What Comes Next”

- **Develop and give to victims a pamphlet that explains “victims’ rights” and lists resources available for help and information.**
- **Advise victims as to what, if anything, they need to do next.**

Victims' Need to Know “What Comes Next”

- **Ask victims if they have any questions. Provide victims – in writing – with the incident referral number and your telephone number, and encourage them to contact you if you can be of further assistance.**

Guidelines on Responding to Victims with Intellectual Disability

Victims of Sexual Abuse

- People w/ ID are more likely to be sexually abused than those without disability (Luckasson, 1992)
- People with ID experience more severe and chronic sexual abuse
- Studies range from a slight increase up to 10 times higher risk (2 - 4 times higher is best estimate)

Guidelines on Responding to Victims with Intellectual Disability

Victims of Sexual Abuse

- Between 1 and 3 percent of Americans have ID, but represent more than 3% of crime victims (Luckasson, 1992).
- People with ID have a similarly higher risk for victimization than people without disabilities.

Guidelines on Responding to Victims with Intellectual Disability

- Determine the nature of the special needs and provide the indicated accommodations
- Treat the person as an adult
- Arrange for a support person to be present but preferably not during the interview

Guidelines on Responding to Victims with Intellectual Disability

- Greeting (introduce yourself)
- Build rapport
- Explain purpose of the interview and answer the unasked concerns
- Recognize the difficult nature of the interview
- Praise the individual (frequently) for participation in the interview
- Acknowledge emotions

Guidelines on Responding to Victims with Intellectual Disability

- Clarify the person's vocabulary
- Modify your vocabulary
- Consider taking breaks
- Consider more than one interview
- Make follow up contact rather than only encouraging victim to contact you

Guidelines on Responding to Victims with Intellectual Disability

- **Be mindful of whether or not victim is “competent” to give consent for medical and or forensic examinations**
- **Explain written information to victims and help them fill out paperwork**
- **Ask if there is anyone they would like to call**
- **Treat adult victims as adults, not children**
- **Speak slowly, directly**
- **Keep your sentences short and use words that the victim can understand**

Guidelines on Responding to Victims with Intellectual Disability

- Watch for pleasers. They may say what they think you want to hear.
- Help victims understand your questions by giving a point of reference. For example, ask “What color was the man’s hair?” rather than, “What did the man look like?”
- Avoid questions that can confuse victims or questions that require mental reasoning or insight. For example, avoid questions that begin with “Why . . . ?”

Guidelines on Responding to Victims with Intellectual Disability

- Know that resources exist to help respond to victims with an intellectual disability. You can contact your local Regional Center, United Way, local police or county department of social services or The Arc of US at 1-800-433-5255 for assistance on how to best serve victims with an intellectual disability.

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An association for persons with developmental disabilities and mental health needs.

Communication Strategies and Interventions

- **People with IDD/MI often have difficulty with communication, especially in crisis situations**
- **Under stressful events, people have difficulty with**
 - **Focus**
 - **Attention**
 - **Concentration**
 - **Calming down**

Intervention

- **Slow down!**
- **Whenever possible, conduct interview in a calm and distraction free setting**
- **Use small words, short sentences, & allow time for processing**

Intervention

- **Establish relationship/trust. State your purpose and expectations in simple terms and repeat when needed.**
- **Prompt the individual to relax; Consider requesting specific behaviors rather than directives to “relax”**

Intervention

- **Avoid assumptions about the individual's ability to comprehend, read, follow directives, or know right from left**
- **Verify your understanding of the person's communication; Repeat what they say**
- **Gently re-direct from distractions or change of subject**

Intervention

- **Confirm comprehension; Ask simple questions to clarify meaning; “Tell me what we are talking about.”**
- **Repeat questions and directives in another way to check response pattern and/or assist understanding**
- **Be direct, avoid colloquialisms, and subtle communication**

Intervention

- **Validate emotions**
- **Provide choices; forced choices between two alternatives**
- **Be patient and tolerant of repetitive questions and comments**

Intervention

- **Avoid “why” and “if” questions**
- **Consider supportive communication techniques such as pictures, gestures, checklists, etc.**
- **Request communication assistance from providers of support**
- **It is likely that the individual will not retain information/rules/directives without repetition**

Intervention

When possible, ask background questions of family, neighbors, support staff, and/or complainant. Obtain history of aggressive and self-damaging behavior including suicide attempts

Intervention

Unless imminent danger exists, take your time

- Allow the person time to express himself or herself and calm**
- Obtain the person’s perspective. Use active listening; repeat what they say, avoid telling them they are “wrong” or “crazy/nuts”**

Intervention

- **Project calm/quiet self-assurance; normal but firm (when indicated) tone of voice**
- **Repeat back what person says and summarize**
- **Maintain non-judgmental manner**
- **Avoid trigger words such as mental health, hospital, commitment, crazy**
- **Encourage the person to talk**

Intervention

- **Minimize distractions**
- **Do not take anger or comments personally;
Remember that you are dealing with a
disease**
- **Encourage the person to problem solve but
with you as a guide/limit setter**

Intervention

- **Do not threaten**
 - **Weapons in belt**
 - **Avoid standing over a sitting person**
 - **Maintain social distance**
 - **Avoid cornering**

Guidelines for Communications

1. Keep your language simple and concrete
 - Point, gesture, model if needed, to assist in making your point
 - Complex questions can be confusing and increase the person's stress level

2. Explain what you are doing even if you think the person does not understand
 - This can have a calming effect
 - Use a soft (non harsh) voice

3. Understand that there is a difference between expressive and receptive language
 - Receptive language refers to the ability to understand language
 - Expressive language refers to the ability to verbally communicate

continued . . .

3. Understand that there is a difference between expressive and receptive language
 - Sometimes an individual's expressive language exceeds his or her receptive language
 - This may give the appearance that the person understands more than he or she does
 - At other times the person understands more than he or she is able to verbally express

4. Be sensitive to the impact that psychotropic medications can have on a person's ability to process information
 - Side effects can cause fatigue, lower ability to concentrate, and impact short-term memory
 - All of these factors can impact a person's ability to maintain a conversation and remember what was said

5. Avoid multi-step instructions

- If too many instructions are strung together, the person may not be able to remember them

6. Do not talk to the person in a childish manner
 - Be respectful and adult-like in your communications
 - They are individuals who are delayed cognitively, but they also have years of life experience

9 Effective Communication Strategies to de-escalate a crisis

When communicating with an individual with ID the following basic strategies can be helpful:

- Give choices whenever possible
- Be specific
- Keep it simple
- Check for follow-through and understanding
- If possible, provide a warning around transitions
 - For example, “In ten minutes we will be leaving to go shopping.”

9 Effective Communication Strategies to de-escalate a crisis

1. Elicit critical information from support providers

- History of violence, property destruction, and/or self-injurious behavior
- Hearing and vision deficits
- Diagnosis including co-occurring mental health issues
- Medication/refusal to take medication
- Triggers; What escalates distress and behavioral
- Concerns
- What de-escalates distress
- What are the person's interests

9 Effective Communication Strategies to de-escalate a crisis

2. Active listening

- Use reflection – reflecting back to the person what was said/heard
- Be attentive
- Maintain good eye contact

9 Effective Communication Strategies to de-escalate a crisis

3. Empathetic responses

- There is a difference between sympathy and empathy
 - Giving a sympathetic response is a response reflecting your feelings
 - Empathy is the ability to understand another person's feelings and to understand how the person views a situation.

9 Effective Communication Strategies to de-escalate a crisis

4. **Maintain a non-judgmental attitude**

- This conveys an attitude that you accept the person
- This does not mean that you are necessarily accepting the behavior
- It is important to maintain a calm, matter-of-fact, and neutral voice
- Aggression leads to aggression, i.e., if care providers are verbally aggressive or hostile, it is more likely that the person will react in kind.

9 Effective Communication Strategies to de-escalate a crisis

5. Avoid power struggles

- It is important in interacting with the people that you work with that you do not get into arguments with them
- Avoid being confrontational and avoid arguing with them.

9 Effective Communication Strategies to de-escalate a crisis

6. Watch your posture and body language

- Avoid any physical stance or posture than can be viewed as challenging

9 Effective Communication Strategies to de-escalate a crisis

7. **Validate how the person is feeling**
 - You can validate the person's feelings without agreeing with the person

9 Effective Communication Strategies to de-escalate a crisis

8. Put the choice back to the person

- If someone's behavior is escalating you can say, "You have a decision to make. You can hit someone or you can..."
- Put it back on the person and remind the person of the more productive and effective choices that can be made

9 Effective Communication Strategies to de-escalate a crisis

9. **Convey respect of the individual; speak directly to the individual**
 - **Use eye contact**
 - **Speak in normal tone**

8 Safety Tips in Dealing with Potentially Aggressive Individuals

- 1. Be aware of who is around you.**
 - Have some idea of where your fellow co-workers are in case you need their assistance.

8 Safety Tips in Dealing with Potentially Aggressive Individuals

2. **Be aware of objects in the environment that can be used as weapons and remove them.**
 - The environment should always be monitored to ensure such objects are not readily accessible to any of the individuals should they become agitated.

8 Safety Tips in Dealing with Potentially Aggressive Individuals

3. **Get to know the individual so you are familiar with the triggers or the antecedents which tend to result in the behavior occurring.**
 - Respond as proactively as possible.

8 Safety Tips in Dealing with Potentially Aggressive Individuals

4. Monitor the environment for noise level and level of activity.

- If the television is loud and radios are loud, the environment can be over-stimulating, and this can trigger escalating behavioral issues

8 Safety Tips in Dealing with Potentially Aggressive Individuals

5. Watch your own position relative to the person

- When interacting with a potentially aggressive person you want to have a door or open space behind you

8 Safety Tips in Dealing with Potentially Aggressive Individuals

6. Watch your tone of voice and your attitude

- If you find yourself becoming frustrated or disbelieving of the person, it can show in your communication
- If you notice this in yourself, it may be a time to rotate with another staff if possible

8 Safety Tips in Dealing with Potentially Aggressive Individuals

7. **Limit setting may be needed**
 - **The rules of the environment / setting may need to be stated**

8 Safety Tips in Dealing with Potentially Aggressive Individuals

8. **Watch how you dress to ensure your dress does not limit your ability to move quickly or potentially cause injury**
 - Jewelry can be easily grabbed, and pens can be used to cause injury

Crisis Management and De-Escalation Strategies

Non-Verbal De-Escalation Strategies

- It is very important to be skilled at helping to de-escalate an aggressive individual
- There are both verbal techniques and non-verbal techniques which can be used to de-escalate a situation
- Being well prepared to use the non-verbal techniques is very important when working in settings where there are individuals who are prone to exhibit unsafe reactions when agitated.

Non-Verbal De-Escalation Strategies

- 1. Monitor your body position and body language.**
 - Do not engage in any posturing that can be construed as aggressive or intimidating
 - For example, don't get in the person's space, point a finger at the person, or give body language cues that signal hostility

Non-Verbal De-Escalation Strategies

2. **Avoid physically putting yourself in harms way.**

- For example, avoid directly facing an agitated person and putting yourself directly in front of that person.
 - This would make the front of your body fully vulnerable to getting hit
 - Keep a safe distance of at least 3-4 arm lengths away if not a little more
 - This will decrease the likelihood of the person grabbing, punching, pulling, or lunging at you.
 - If possible, stand behind a large object.

Non-Verbal De-Escalation Strategies

3. Maintain a demeanor of calmness, neutrality, and confidence.

- You want to present with a non-judgmental demeanor but one that indicates you are also attentive
 - If the person is feeling out-of-control, he or she needs to know that someone around them is going to take control if needed
 - This gives the person a sense of security

Verbal De-Escalation Strategies

1. Use a calm tone of voice

- Avoid showing any strong emotional reaction to the person

Verbal De-Escalation Strategies

2. Use reflective listening

- Reflect back the feelings you think you are hearing and seeing. For example, “I know that must have really upset you.”

Verbal De-Escalation Strategies

3. Avoid threatening punishment

- You can remind the person of the possible consequences of his or her actions without threatening punishment. For example, you can say “Now remember, you are working toward that weekend pass.”

Verbal De-Escalation Strategies

4. **Avoid power struggles**

- It is important the person feels his or her views are important and valid. Getting into a conversation about who is “right” can cause a power struggle, so avoid those conversations.

Verbal De-Escalation Strategies

5. **Do not ignore escalations of behaviors that could lead to severe behaviors**
 - Intervene as early in the stages of escalation as possible

Verbal De-Escalation Strategies

6. Change staffing if necessary

- If the individual is very angry at you, it would not be helpful to continue to try and deal with that person
- Have another staff take over
 - Otherwise the person is likely to continue staying agitated in your presence

Verbal De-Escalation Strategies

7. Affirm that you understand

- You do not need to communicate that you agree with the person's perspective
- Simply understanding that whatever happened was upsetting for that person can be very validating. Understanding the individual's perspective does not mean you are necessarily agreeing with it

Verbal De-Escalation Strategies

8. **Change the subject if it appears to agitate the person more to talk about it**
 - Help the individual focus on something else. If he or she keeps ruminating about the issue that caused the anger, the agitation will continue

Verbal De-Escalation Strategies

9. **Change aspects of the environment**

- For example, decrease stimulation in the environment in order to produce a more calming and peaceful environment.
- Simply turning off a TV or moving people out of the room can have a calming effect

Verbal De-Escalation Strategies

10. **Be limit setting by reminding the person of the rules but do so in a firm, fair manner and with a non-emotional tone of voice.**

Verbal De-Escalation Strategies

11. **Remind the individual of the undesirable consequences that can occur if he or she engages in the behavior**

Crisis Prevention and Management Plan

Crisis Prevention and Management Plan

- Purpose is to help prevent or prepare for a crisis
- It describes how to recognize patterns of escalating behaviors
- It identifies a person's response patterns that are usually affective to prevent a crisis

Crisis Prevention and Management Plan

- It identifies a person's response patterns to manage a crisis when it occurs
- The Crisis Prevention and Management Plan is best developed by a interdisciplinary team

Crisis Prevention and Management Plan

Stage of Client Behavior	Recommended Caregiver Responses
Stage 1: Normal, calm behavior	Use positive approaches, encourage usual routines
Stage 2: Prevention (Identify early warning signs that signal increasing stress or anxiety.)	Be supportive, modify environment to meet needs (Identify de-escalation strategies that are helpful for this patient with DD)
Stage 3: Escalation (Identify signs that the person is escalating to a possible behavior crisis)	Be directive (use verbal direction and modeling), continue to modify environment to meet needs, ensure safety
Stage 4: Crisis (Risk of harm to self, others, or environment, or seriously disruptive behavior, e.g. acting out.)	Use safety and crisis response strategies
Stage 5: Post-crisis resolution and calming	Re-establish routines and re-establish rapport

Crisis Prevention and Management Plan

Stage 1: Normal, calm behavior

First Responder's Action

Stage 1: Normal, calm behavior

Use positive approaches, encourage usual routines

- Structure, Routines
- Programs, conversation, activities, antecedent interventions, reinforcement

Crisis Prevention and Management Plan

Stage 2: Prevention (Identify early warning signs that signal increasing stress or anxiety)

Anxiety may be shown in energy changes, verbal or conversational changes, fidgeting, sudden changes in affect, attempting to draw people into a power struggle

First Responder's Action

Stage 2: Prevention

Be supportive, modify environment to meet needs

- Encourage talking, be empathetic, use non-judgmental approach, be supportive, increase positive feedback, offer choices.
- Use calming object or usual calming approach (e.g. deep breathing)
- Use distraction and environmental accommodation (e.g. noise stimuli, personal space).

Crisis Prevention and Management Plan

Stage 3: Escalation (Identify signs the person with DD's escalating into possible behavioral crisis.)

Increasing resistance to requests, refusal, questioning, challenging, change in tone and volume of voice, sense of loss of control, increasing physical activity, loud self talk, swearing to self.

First Responder's Action

Stage 3: Escalation

**Be directive (use verbal direction and modeling),
continue to modify environment to meet needs,
ensure safety**

- **Use verbal intervention techniques, set limits, remember distance. Use visual aids if helpful.**
- **Reassure, discuss past successes, show understanding.**

First Responder's Action

Stage 3: Escalation

- Describe what you see, not your interpretation of it.
- If the person with DD is able to communicate verbally, identify his/her major feeling state (angry, frustrated, anxious), provide answers to questions, generate discussion, state facts, ask short clear questions.
- For non-verbal patient with DD, adjust responses to him/her.

Crisis Prevention and Management Plan

Stage 4: Crisis (Risk of harm to self, others, or environment, or seriously disruptive behavior, e.g. acting out.)

Verbal threats of aggression, or aggression:

- **Swearing at people**
- **Explosive, threatening**
- **Using threatening gestures to others or self**

Physical aggression to self or others:

- **Hurting self**
- **Kicking, hitting, scratching, choking**
- **Using objects to hurt self or others**

First Responder's Action

Stage 4: Crisis

Use safety strategies

- Ensure your own safety, safety of others, and safety of individual.
- Use personal space and supportive stance.
- Remove potentially harmful objects.

First Responder's Action

Stage 4: Crisis

Use safety strategies

- Use clear, short, calm and slow statements.
- Remind the person with DD of pre-established boundaries; remind him/her about the consequences of his/her behavior but do not threaten him/her.
- Get assistance to keep safe.

First Responder's Action

Stage 4: Crisis

- Use crisis response strategies
- Everyone should agree on a plan for what happens at the time of a crisis and the follow up.
- Take the person to ED with the following:
 - List of medication from pharmacy
 - Essential information for Emergency Department
 - Crisis Prevention and Management Plan

Stage 5: Post-crisis resolution and calming

- **Stress and tension decrease**
- **Decrease in physical and emotional energy**
- **Regains control of behavior**

First Responder's Action

Stage 5: Post-crisis resolution and calming

Re-establish routines and re-establish rapport

- Attempt to re-establish communication and return to “calm” and normal routines

People with Intellectual Disabilities in the Criminal Justice System

How Do People with Intellectual Disabilities Get Involved in the Criminal Justice System?

- People with ID get involved as both victims and offenders more often than people without ID.
- People with ID are 4 to 10 times higher risk of becoming a victim of crime when compared to those without disabilities. (Sobsey, 1994)
- Children with disabilities are 3 to 4 times more likely to be abused compared to children without disabilities (Sullivan & Knutson, 2000)

People with ID in the Criminal Justice System

- **People with disabilities experience significantly higher rate of violent victimization compared to people without disabilities (Harrell & Rand, 2010)**
- **People with ID represent 4% to 10% of the prison population and even a higher rate in juvenile and jail facilities (Petersilia, 2000)**

How Do They Become Victims of Crime?

- **Factors such as impaired judgment, impaired reasoning and lack of knowledge on how to protect themselves, leads to increased vulnerability to victimization (Luckasson, 1992).**
- **Crimes against people with ID are often labeled as abuse and neglect rather than assault, rape or murder.**

How Do They Become Victims of Crime?

- **Many victims with ID may not report crimes because of their dependency on the offender for everyday needs**
- **Police and the courts may not want to get involved.**

What Types of Crime Do People with Intellectual Disabilities Commit?

- Theft or robbery
- Physical assault
- Sexual assault
- Murder

What Problems Do They Face as Victims or Suspects?

- **As suspects, people with ID are frequently “used” by other criminals without them understanding the nature or consequence of their involvement.**
- **Some individuals with ID will engage in criminal activities in order to gain friendship.**

What Problems Do They Face as Victims or Suspects?

- **People with ID are ore likely to:**
 - **Be arrested**
 - **Be convicted**
 - **Sentenced to prison**
 - **Victimized in prison**
 - **Serve longer sentences**

What Problems Do They Face as Victims or Suspects?

- **Once in the criminal justice system people with ID are less likely to:**
 - **Receive probation**
 - **Receive parole**

Some Common Responses That May Affect Their Ability to Protect Their Rights

- **As suspects, people with ID may:**
 - **not want their disability to be recognized (and try to cover it up)**
 - **not understand their rights but pretend to understand**
 - **Not understand commands, instructions, etc.**
 - **Be overwhelmed by police presence**

Some Common Responses That May Effect Their Ability to Protect Their Rights

- **As suspects, people with ID may:**
 - **act upset at being detained and/or try to run away**
 - **say what they think officers want to hear**
 - **have difficulty describing facts or details of offense**

Some Common Responses That May Effect Their Ability to Protect Their Rights

- **As suspects, people with ID may:**
 - **be the first to leave the scene of the crime, and the first to get caught**
 - **be confused about who is responsible for the crime and “confess” even though innocent**

Some Common Responses That May Effect Their Ability to Protect Their Rights

- **As victims, people with ID may:**
 - **Be easily victimized and targeted for victimization**
 - **Be less likely or able to report victimization**
 - **Be easily influenced by and eager to please others**
 - **Think that how they have been treated is normal and not realize victimization is a crime**

Some Common Responses That May Effect Their Ability to Protect Their Rights

- As victims, people with ID may:
 - Think the perpetrator is a “friend”
 - Be unaware of how serious or dangerous the situation is
 - Not be considered as credible witnesses



THANK YOU

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